

Every patient is different and the way practitioners communicate with them should be tailored on an individual basis. The Vision Care Institute (TVCI) is acutely aware of this and has created a new CET-accredited course which addresses the issue of improving patient communications by helping practitioners acquire a better understanding of their personalities.

Effective Patient Communication seeks to build on the practitioner's strengths and identify shortfalls. The course has been created in association with specialists in psychometric testing, and uses Hogan's Personality Inventory (HPI). It may not be the most familiar of names, but the test is widely used in the realm of human resources. HPI evaluates seven aspects of interpersonal behaviour that influence managerial or, in this instance, practitioner performance. The test is concerned with how a person is seen by others, such as with their distinctive interaction style or reputation. **Dr Kamlesh Chauhan**, head of TVCI, says this was an important factor when devising the course: 'We wanted a test which focused on the way people are viewed rather than how they think they are viewed. Understanding how you are perceived by patients allows the practitioner to start communicating more effectively.'

Scores on the 200-question test are designed to predict how a person will be described by others. Therefore, the HPI is like an interview, but one that systematically focuses on a person's potential performance as a practitioner.

Delegates attending the course are invited to complete the HPI online prior to the day of the course and receive the results before the afternoon sessions.

The day in question

The course began with opening statements on why effective patient communication was needed. Dr Chauhan outlined the pitfalls of poor patient communication from a regulatory perspective, citing both General Optical Council fitness to practise committee findings and a *Journal of the American Medical Association* study on malpractice lawsuits, which found patients were less likely to pursue legal proceedings if they liked their practitioner.

A short brain-storming session followed, with delegates invited to offer what they thought constituted effective patient communication.

It's good to talk

Simon Jones spends a day on Johnson & Johnson's Vision Care Institute's new patient communication course



Dr Chauhan outlines the pitfalls of poor communication

Answers varied from 'eye contact' to 'body language,' and many delegates felt there was a need to put patients at ease in a consulting room environment so they were open with information. All were aware of the need to communicate effectively with patients, but many said they were unsure of how to become better at doing so.

Dr Chauhan then introduced the seven elements of the Hogan scale:

- Adjustment
- Ambition
- Sociability
- Likeability
- Prudence
- Learning approach
- Interpersonal sensitivity.

Each element was expanded on, and delegates were given working examples – such as prudent attitudes towards record keeping and interpersonal sensitivity to the differing needs of patients. The thought of analysing psychometric tests might have seemed daunting, but Chauhan explained the seven elements in a clear and concise fashion.

On completion of the morning session, delegates had the chance to evaluate the results of their HPI tests individually.

Each element of the Hogan scale is scored and comes with strengths, shortcomings and recommendations

for development. For example, the HPI suggests that delegates with low interpersonal sensitivity scores may find it difficult to feel empathy for patients. Practitioners with low scores in this area may find it difficult to act professionally when dealing with certain types of people and may be open to increased risk of being sued for negligence by patients. To avoid this issue and strengthen this particular trait, the HPI makes a number of recommendations, such as attempting to show more tact and trying to be more diplomatic.

Strengths and weaknesses

After lunch delegates were divided into smaller breakout groups to explore further the results of their personality tests and how they could use the findings to improve their communication skills.

Listening to the attendees speaking candidly about their different strengths and weaknesses was refreshing. The frank round-table discussions helped the delegates interpret the results of the HPI test and address aspects they didn't understand or disagreed with. Delegates were invited to apply the scenarios to test findings – either from experience or hypothetically. Most had no problems with divulging their scores, which shaped the areas they would like to address most. Those who didn't seem to open up as much were coaxed by the excellent faculty leaders. The impression was that the delegates found the afternoon session therapeutic – getting the chance to speak openly with other clinicians on a subject that probably doesn't come up that often in their professions.

Speaking to the delegates after the course, it was clear they had enjoyed the day and found the experience useful. However, it was worth noting that one or two felt that the title of the course was a little misleading; one said he thought the course was going to cover more direct practitioner to patient communication. This practitioner added that he found the course incredibly useful and worthwhile but thought the course was going to offer example dialogues or role play scenarios. ●