



# Support staff training programme

## Module 1 – Patient insight

In the first of our support staff modules, published in liaison with Johnson & Johnson Vision Care, we take a look at our perceptions of patients and consider how we may influence patient attitudes to contact lens wear.

WELCOME TO THE next module in our series on better patient handling and work practice. As a member of the eye care team, you are the first point of contact for the vast majority of patients. You play a vital role in forming patients' opinions of your practice and, therefore, in the success of your practice's business.

As the first point of contact, you need to draw on a wide range of skills and knowledge to ensure the patient receives the correct treatment as quickly as possible. The series will help you become more effective in your role by building on existing skills and increasing your knowledge.

Over the next six modules, we will advise you specifically on patient management, communication skills, how to turn enquiries into sales and successful marketing, as well as teach you all about contact lens types, their wear and good hygiene.

Modern practices understand that a dissatisfied customer not only represents a lost sale but also a threat to the practice's reputation with their friends, colleagues and family as well. We will teach you how to delight and satisfy your patients with

professional, informed and considerate patient handling.

With the additional training in contact lenses, you will also be able to deal confidently with any initial patient enquiries and guide them to their ideal vision solution, whether it is glasses, contact lenses or both. In doing so, you will make better use of their visit to your practice.

### Important areas to be covered in this module

- ◆ Patient mindset – put yourselves in the place of your patients
- ◆ Patients' attitudes to vision correction
- ◆ The importance of life stages
- ◆ Contact lenses – myths and mysteries.

We will encourage you to take active participation in each module, to discuss and practise your newly acquired knowledge with colleagues. Active participation will both consolidate your learning and increase your enjoyment.

Finally, take time to consider your own work practices and understand what you can do to improve. We hope that our

### MANAGER NOTES

Your role as manager  
In this first module, we help your eye care team understand the patient mindset, attitudes to vision correction and specifically contact lenses. We will encourage a more proactive approach to patient handling and ask your eye care team to put themselves in the place of the patient to achieve greater patient insight. This module is divided into two parts:

- ◆ The role of lifestyles
- ◆ Contact lens myths and mysteries.

### The role of life stages

What people say isn't always what they mean – understand what motivates a patient's question. The patient's personal circumstances will affect their attitude towards vision correction. The need for vision correction can be a problem and needs to be dealt with sensitively. Learn to identify the reasons why a patient could benefit from wearing contact lenses, such as for sport, for cosmetic reasons, for going out, or because they don't like having something on their face.

### Contact lens myths and mysteries

Patients can have misguided perceptions of contact lenses, which hold them back. Every member of your eye care team should be familiar with the most common contact lens 'myths and mysteries' and be able to answer them confidently. Contact lenses are a practical alternative to glasses and give your patients greater freedom – open up your patients' options by initiating discussion about contact lenses.

### See yourself as the patient

How do you feel about vision correction now?

training programme will not only grow your business and practice efficiency but also increase your own job satisfaction and self-worth.

You will:

- ◆ Learn new skills and gain knowledge
- ◆ Apply what you have learnt
- ◆ Be more effective in your work
- ◆ Get greater job satisfaction.

### Challenge your perceptions

During the day, we all make a series of judgements – snap decisions based on things we feel we can safely assume. These judgements can help us in our work, such as anticipating when to replenish stock or what time will be convenient to take lunch.

It's tempting to apply these judgements to people, too. With experience, we feel we know what this or that patient wants. The problem is, when we make such judgements, we stop listening and start working on autopilot.



#### OVER TO YOU

Take a look at Figure 1 above and make a snap decision. What can you see?

Now ask a couple of other people. Did you all see the same thing? How confident should we be in our assumptions?

You'll find some people see a young woman looking away. Others see the profile of an old woman. What people say and what they mean can be two very different things.



### The role of lifestyles in vision correction

You might well question what a picture has to do with how you deal with patients.

You probably feel the assumptions you make about patients – based on your experience – are quite sound and give them what they want. So why do you see patients who are not happy with their current vision correction? What's going wrong?

It's time to rethink those snap decisions and look into the mindset of the patient.

#### OVER TO YOU

First of all, consider the following patient requests:

- ◆ I want some new glasses (male, aged 65)
- ◆ I want some more modern glasses (female, aged 36)
- ◆ I want some more durable glasses (male, aged 27).

How would you respond to these three patients? Briefly discuss the above with your colleagues or write your thoughts down.



As far as you can see, all three are asking for the same thing: spectacles, obviously. Or is it that obvious? The first request seems straightforward and you would expect to refer the patient to the range of frames you have on display. But what of the other two requests? Is there more behind them than is first apparent?

Take into consideration the ages of the patients. The second patient is a woman in her thirties. She's asking for some more 'modern' glasses. You can safely assume that she does not like the way she looks in her current glasses and that her request is largely driven by a desire to look good. Maybe she wants to update her image or look a bit younger?

You could show her the range of the latest designer frames and she would be fairly satisfied. However, bearing in mind what triggered her enquiry – vanity – you should also suggest contact lenses. Why? Because contact lenses would eliminate the vanity problem altogether. After all, your eyes don't date. By using the cosmetic benefits as a reason for trying contact lenses as a 'hook', you are possibly offering a better solution than the one she had in mind.

Now you can probably see the hidden need in the third patient's request. Try and find out why his existing glasses aren't 'durable' enough. Maybe he plays sport in them and is worried about his glasses breaking? Sport is the hook, the reason why he may consider contact lenses. Contact lenses for sport and glasses for everyday wear may mean he doesn't need to buy a new pair after all, leaving you with a satisfied customer.

Not having 'perfect vision' can make people feel inadequate or uncomfortable.

The patient's age or recent changes in their personal circumstances or their career are what we refer to as 'lifestyles'.

To a certain degree, you are probably already aware of the effect of lifestyles, from embarrassed teenagers requiring vision correction for the first time ('Mum, do I have to...') to the middle-aged complaining that their arms are just not long enough any more for reading ('I must

be getting old...'). Lifestyles play a key role in vision correction. Gaining greater understanding yourself will help you to better understand a patient's real needs – rather than acting on autopilot.

So before you book an appointment, hand them over to a colleague or make a purchase suggestion, take a few minutes to understand what the patient is really asking for. As your understanding of patients' mindsets grows, you will be better equipped to help them.

Research undertaken by Johnson & Johnson Vision Care into the eye care market identified the key lifestyles and attitudes to vision correction. Vision is a primary sense; therefore, the need for vision correction can be a problem for the patient, a source of concern. Because you deal with vision correction every day, poor vision is something quite normal and natural to you. But for many patients, vision correction evokes a number of negative feelings and responses. (Figure 2).

Patients are unlikely to express these fears outright. They are more likely to focus on needing to 'see properly' – not willing to admit that it affects them emotionally as well.

There will be lifestyle considerations, too, and a desire to find a solution to their problem with minimal fuss. So easy access to perfect vision is the overt need, but the research shows that underlying all this is a need to be 'normal' again, in how they look and how they feel.

Lifestyles play a key role in patients' attitudes to vision correction. Being 'normal' means different things to different age groups. Consider the following age groups:

- ◆ Child
- ◆ Teenager
- ◆ Young adult
- ◆ Older adult.

#### OVER TO YOU

Take a moment to think about what they are likely to be doing in their lives at each lifestage. What are their priorities, hopes, worries? How does their need for vision correction affect them?



These lifestyles make patients susceptible to change. Here's a summary of some of the main differences in the various lifestyles, their aims in life and attitudes to vision correction. (Figure 3).

External sources of influence can also trigger a desire for change. These triggers can be:

#### People

- ◆ Family, friends, colleagues
- ◆ Celebrities.

*Life events*

- ◆ Getting married
- ◆ Taking up a sport or hobby
- ◆ Changing jobs
- ◆ A divorce
- ◆ Vision deterioration or prescription change.

*External influences*

- ◆ Their eye care professional
- ◆ The media
- ◆ Advertising.

**OVER TO YOU**

If you don't have one already, why not develop a lifestage questionnaire for patients to complete before they see the eye care professional.



Within the context of vision correction, it is vital to be aware of these life triggers and the effect they have on the patient.

Think back to the various age groups. An unhappy teenager confronted with a poor eye test result can be greatly comforted by trying contact lenses. And a bride-to-be may welcome the opportunity to have a more natural look in her wedding photos, without her glasses.

We need to be aware that eyesight is a big deal and that every patient needs to be treated on an individual basis. Don't be afraid to suggest a suitable alternative to what the patient has asked for. As the

**PICTURE THE SCENARIO**

**Role play**

Try out what you have learnt to date about lifestages by putting yourself in the following situations. Allocate the role of an eye care team member to yourself, and the role of a patient to a colleague or a friend. How would you now react to the following enquiries? What is the hook?



- ◆ I work in a lab and my glasses get in the way when I am using a microscope (female, mid 20s)
- ◆ I can't see the blackboard properly (teenager)
- ◆ I used to just need my glasses for reading but I'm wearing them more and more recently (male, late 40s)
- ◆ My glasses give me a headache. I get really annoyed with them (male, mid 20s)
- ◆ My daughter said my glasses are so old-fashioned, it's embarrassing! (female, early 50s)
- ◆ I keep losing my glasses when I go out (female, 19)
- ◆ I think I need glasses (female, early 20s)
- ◆ I want to surprise my husband with a new look (female, early 30s).

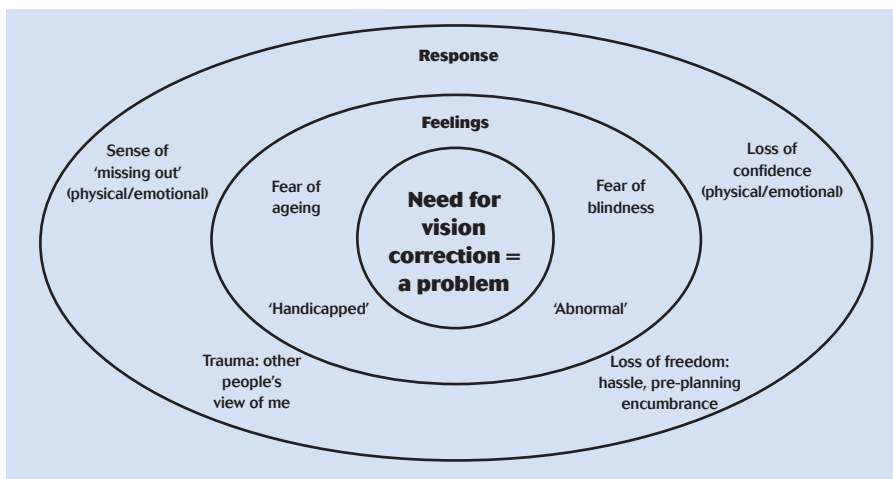


FIGURE 2. Negative feelings and responses evoked in patients by vision correction

expert, you have better knowledge of what is available and the patient may not have considered their options.

If you give them an appropriate hook, patients will be more open to trying contact lenses.

Of course, suggesting contact lenses potentially opens up a new set of concerns or even fears for the patient. Next, we will focus on what patients think about contact lenses and how to give them the best advice.

**WHAT PATIENTS REALLY THINK ABOUT CONTACT LENSES**

To begin with, make a list of things you have heard about contact lenses, things you've read in the news or been told by friends. Who can and can't wear lenses? What are the advantages/drawbacks?

As a member of the eye care team, you are more informed than most people so you are likely to already have a reasonably accurate view of contact lenses. You are probably asked certain questions over and over again – you may even find some of them annoying! Yet some questions you may wish you could answer but find you have to refer patients to a colleague instead. To help you deal with general contact lens enquiries, we will take you through the main questions and misconceptions patients have concerning contact lenses. Not only will this help you make contact lenses more accessible to patients but it will also reduce chair time, making your

practice more efficient. And remember, there is no such thing as a stupid question, whether it's a patient's or your own.

Don't let ignorance hold patients back.

**Common contact lens questions and fears**

- ◆ You have to put your finger in your eye – no way
- ◆ Contact lenses are painful
- ◆ Contact lenses dry your eyes out
- ◆ Contact lenses are unhealthy – I heard about it in the news
- ◆ The lens can get lost in your eye
- ◆ Cleaning contact lenses is such a hassle – you have to carry round loads of stuff
- ◆ Contact lenses are uncomfortable and take ages to put in
- ◆ Can I sleep in them?
- ◆ What if I forget to remove them after a night out?
- ◆ They cost a fortune
- ◆ Contact lenses get damaged easily
- ◆ You can't alternate between lenses and glasses
- ◆ Contact lenses are for vain people
- ◆ I wore them before and didn't like them then
- ◆ I need bifocals so I can't wear contact lenses
- ◆ My astigmatism means I can't wear contact lenses
- ◆ My optician's never offered them so they must be bad/no good for me
- ◆ I don't like the idea of the optician

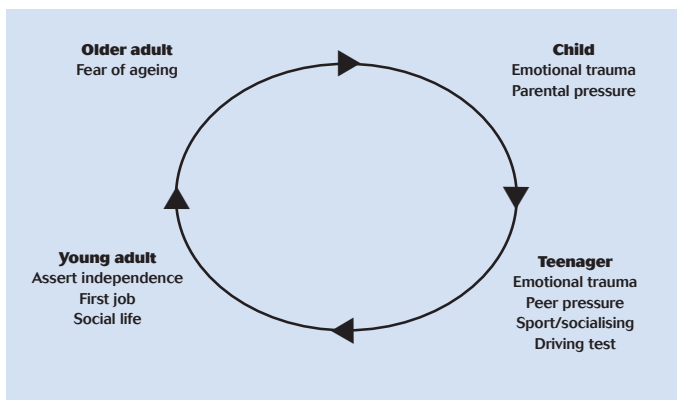


FIGURE 3. How attitudes to vision correction change with pressures at different lifestages

- getting so close to me during the fitting
- ◆ I'd love to try coloured lenses but you can't wear them all the time/if you don't need vision correction
- ◆ I've booked in for an eye test, my optician will get annoyed if I take up his time asking about contact lenses.

Help patients overcome their concerns by booking an appointment for a contact lens comfort trial.

How many did you have on your list? How many do you think are true? Could you confidently answer them all? Some of these questions need to be answered in more detail in modules four and five on Contact Lens Options and Contact Lens Application and Removal.

In this module, we will address the contact lens myths and mysteries which can seriously hold patients back from even asking about contact lenses let alone trying them. Most of them fall into four categories. It's easy to address these unfounded concerns with a little knowledge.

**WHAT PATIENTS THINK AND HOW TO REASSURE THEM**

Patient is worried about eye health, or lenses being unnatural.

*How to reassure them:*

- ◆ Contact lenses do not weaken your eyes and cannot get lost in your eye
- ◆ Always follow your eye care professional's lens care instructions for healthy eyes
- ◆ Contact lenses must be fitted and prescribed professionally to ensure you get the most appropriate lens and eye care
- ◆ Contact lenses are medical devices and are strictly monitored
- ◆ Conventional soft lenses contain water which allows your eyes to breathe
- ◆ Modern lens materials, such as in Acuvue Advance, offer up to three times more oxygen than traditional materials
- ◆ Lenses should be comfortable, even for those with allergies and patients who have previously stopped because of discomfort
- ◆ Most modern lenses, such as Acuvue, are UV-blocking, offering protection from harmful UV rays.

Patient dismisses contact lenses as a hassle.

*How to reassure them:*

- ◆ Daily disposable lenses mean you do not have to worry about solutions or cleaning
- ◆ Many modern brands, such as Acuvue, have a visibility tint (Acuvue also has a '123' inside-out indicator)
- ◆ Most people get used to their lenses within days if not sooner.

Patient thinks contact lenses damage easily or are expensive.



**Treat patients as individuals and listen to what they are really saying to you**

*How to reassure them:*

- ◆ Disposable lenses are available in packs so there is always a replacement lens at hand
- ◆ Contact lenses cost much less than you think – for the majority of patients, comfort is more important than price.

Patient says contact lenses are not for me because...

*How to reassure them*

- ◆ Modern contact lenses are miracles of technology. Most people who wear glasses can also wear contact lenses
- ◆ Some people that wear glasses also wear contact lenses for certain activities
- ◆ Eye care professionals are trained in contact lens fitting – you should not hesitate to ask about your suitability for lenses, whether your eye care professional has suggested them before or not
- ◆ Coloured lenses are available for all day wear even for those who do not need a vision correction.

And don't forget the benefits of wearing contact lenses:

- ◆ Better all round vision
- ◆ Convenient for sport
- ◆ Unaffected by weather – no more steaming up
- ◆ No need to have an object on your face

- ◆ Vision correction without the stigma of glasses
- ◆ Feel more attractive and self-confident.

Contact lenses give patients the freedom to choose.

**PICTURE THE SCENARIO**

Write a short role-play involving a patient who has some serious hang-ups about contact lenses. You can make them as difficult as you like. Act out the scene to help you remember the facts you have learnt.



**Summary**

Patients come in all shapes and sizes and they all have different needs. Treat each one individually and listen to what they are really saying – rather than just hearing what you are expecting to hear. A thorough understanding of lifestages and the concerns common to patients at these junctions will give you insider knowledge to their thoughts and concerns.

Armed with this knowledge, you will be better able to guide them through what can be the very confusing and intimidating field of vision correction. In the next two modules, we will focus on your communication skills and how you deal with enquiries.

**Well done You've completed the first module. To help you review what you have learnt, try to answer the questions below. If there are any you are unsure about, you can use the page reference to find the correct answer**



- 1 What are lifestages? (P28).
- 2 Why can the need for vision correction be a problem for some patients? (P28).
- 3 What needs should you consider when dealing with a young adult? (P29).
- 4 How can those needs differ if the patient is in their 50s, for example? (P29).
- 5 Who or what can influence patients' attitudes towards different types of vision correction? (P29).
- 6 How would you answer the following patient queries? (P30):
  - ◆ I'm squeamish about putting my finger in my eye
  - ◆ Contact lenses aren't safe
  - ◆ I would like contact lenses but I don't want to wear them all the time
  - ◆ Can I wear contact lenses if I have an astigmatism?
- 7 What should you do if a patient asks for contact lenses? (P30)
- 8 What are the benefits of wearing contact lenses? (P30)