Dare to communicate well as an optometric assistant

Sharon Dyer

Pacific University
Abstract
This thesis surveys the current literature regarding the role of the vision aide and patient communication in an optometric office. Topics included and covered are verbal, non-verbal, and written communications. Suggestions are presented in handling various situations of patient communication. This thesis can be used as an instructional aid and reference manual for training an optometric assistant.

Degree Type
Thesis

Degree Name
Master of Science in Vision Science

Committee Chair
Nira Levine

Subject Categories
Optometry
Dare To Communicate Well

As An Optometric Assistant /

by

Sharon Dyer

A thesis presented to the faculty of the
College of Optometry
Pacific University

In partial fulfillment
of the requirements for the
Doctor of Optometry Degree

Optometric Assistants - Handbooks, Manuals, etc.

February 1982
Dare to Communicate as an Optometric Assistant

Thesis Submitted by Sharon Dyer

Thesis Accepted by Dr. Nira Levine

Grade: A
Acknowledgement

The author wishes to acknowledge Professor Nira Levine for her assistance in completing this thesis.
Abstract

This thesis surveys the current literature regarding the role of the vision aide and patient communication in an optometric office. Topics included and covered are verbal, non-verbal, and written communications. Suggestions are presented in handling various situations of patient communication. This thesis can be used as an instructinal aid and reference manual for training an optometric assistant.
### Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREFACE</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td>2 - 4</td>
</tr>
<tr>
<td><strong>THE TELEPHONE</strong></td>
<td>5 - 25</td>
</tr>
<tr>
<td><strong>Incoming Calls - General Guidelines</strong></td>
<td>7</td>
</tr>
<tr>
<td><strong>Making Appointments</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>Screening Incoming Calls</strong></td>
<td>13</td>
</tr>
<tr>
<td><strong>Common Questions and Potential Answers</strong></td>
<td>15 - 16</td>
</tr>
<tr>
<td>1. Charge for a Vision Test</td>
<td>15</td>
</tr>
<tr>
<td>2. Charge for Contact Lenses</td>
<td>15</td>
</tr>
<tr>
<td>3. Refund for Contact Lenses</td>
<td>15</td>
</tr>
<tr>
<td>4. Charge for Glasses</td>
<td>16</td>
</tr>
<tr>
<td><strong>Less Frequently Asked Questions</strong></td>
<td>16 - 19</td>
</tr>
<tr>
<td>1. Definitions of Optometrist, Ophthalmologist and Optician</td>
<td>17</td>
</tr>
<tr>
<td>2. Age of Child for First Vision Exam</td>
<td>17</td>
</tr>
<tr>
<td>3. Need for Vision Examinations Even if the Child Passed a School Screening</td>
<td>18</td>
</tr>
<tr>
<td>4. Frequency of Vision Examinations</td>
<td>18 - 19</td>
</tr>
<tr>
<td>5. Difference between Ophthalmologist and Optometrist</td>
<td>18</td>
</tr>
<tr>
<td><strong>Problems With a Prescription or Emergency</strong></td>
<td>19</td>
</tr>
<tr>
<td><strong>Confidential Information</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>Placing the Caller on Hold</strong></td>
<td>21</td>
</tr>
<tr>
<td><strong>Cancelled Appointments</strong></td>
<td>22</td>
</tr>
<tr>
<td><strong>Placing Calls</strong></td>
<td>22</td>
</tr>
<tr>
<td><strong>Terminating Calls</strong></td>
<td>23</td>
</tr>
<tr>
<td><strong>Personal Calls</strong></td>
<td>24</td>
</tr>
<tr>
<td>Section</td>
<td>Pages</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>GREETING IN THE RECEPTION ROOM</td>
<td>26 - 33</td>
</tr>
<tr>
<td>Greeting the Patient</td>
<td>26</td>
</tr>
<tr>
<td>Unscheduled Visitors</td>
<td>28</td>
</tr>
<tr>
<td>1. Drop-in Patients</td>
<td>29</td>
</tr>
<tr>
<td>2. Frame Repair Drop-ins</td>
<td>30</td>
</tr>
<tr>
<td>Delayed Appointment Schedule</td>
<td>31</td>
</tr>
<tr>
<td>Dress and Appearance of Assistants</td>
<td>31</td>
</tr>
<tr>
<td>PATIENT SCHEDULING AND RECALL</td>
<td>34 - 36</td>
</tr>
<tr>
<td>FRAME SELECTION</td>
<td>37 - 41</td>
</tr>
<tr>
<td>DISPENSING GLASSES AND ADJUSTMENTS</td>
<td>42 - 44</td>
</tr>
<tr>
<td>DISPENSING CONTACT LENSES</td>
<td>45 - 46</td>
</tr>
<tr>
<td>FEES</td>
<td>47 - 52</td>
</tr>
<tr>
<td>STAFF COMMUNICATIONS</td>
<td>53 - 56</td>
</tr>
<tr>
<td>Verbal</td>
<td>53</td>
</tr>
<tr>
<td>Nonverbal</td>
<td>55</td>
</tr>
<tr>
<td>Written</td>
<td>55</td>
</tr>
<tr>
<td>MALPRACTICE CONSIDERATIONS</td>
<td>57 - 62</td>
</tr>
<tr>
<td>WRITTEN COMMUNICATION TO PATIENT</td>
<td>63 - 67</td>
</tr>
<tr>
<td>Patient Recall</td>
<td>64</td>
</tr>
<tr>
<td>Office Forms</td>
<td>65</td>
</tr>
<tr>
<td>Thank-You Letters</td>
<td>66</td>
</tr>
<tr>
<td>COMPLAINTS</td>
<td>68 - 75</td>
</tr>
<tr>
<td>NONVERBAL/ODDS AND ENDS</td>
<td>76 - 82</td>
</tr>
<tr>
<td>Office and Reception Area</td>
<td>76</td>
</tr>
<tr>
<td>Bulletin Board and Magazines</td>
<td>77</td>
</tr>
<tr>
<td>Special Attention for Children</td>
<td>78</td>
</tr>
<tr>
<td>Miscellaneous Ideas</td>
<td>78</td>
</tr>
<tr>
<td>Making Patient Feel Important</td>
<td>80</td>
</tr>
</tbody>
</table>
Follow-Up With Patients Who Have New Prescription
Follow-Up on Lab Orders
Assisting the Practice Growth
Code of Ethics and Conduct

CONCLUSION
Preface

In order to get the point across and add interest, this paper will be written in the second person.

In addition, to avoid confusion, the receptionist or vision aide will be referred to as "she" and the doctor as "he" when necessary. The author (a female optometry student) recognizes the variations of the above assumptions, but also recognizes that the majority of receptionists are female and that the majority of doctors are male.
Introduction

Communicate: To impart information; to reveal, to convey. This is Webster's definition of the word that is so important to human relationships, including those inside and outside the optometric office. The first step in the optometric service is patient communication, and it is a continuing process. The skills are so important for the optometric practice that the receptionist must learn to communicate.

We all impart information continually to others; the patient, the doctor, those outside the office. The goal is to effectively convey high quality, positive, professional, and enthusiastic messages to our patients in order to maintain control and create a pleasant environment. Don't leave patient's impressions of you to chance. Form them!

It is no secret that the first step to success is to make the office "look good." For the most part, patients use a variety of criteria to select a professional office. Knowing little about technical skill, the average patient selects an optometrist based on emotion. An expensive piece of equipment will not impress the patient unless he also remembers the office as a place where he is warmly welcomed as a special and important person. Knowing this, we should take advantage of every opportunity to communicate the kind of professionals we are in subtle, sometimes silent, ways. In this manner, we can create a favorable image and serve as our own public
relations agents. The rewards are far more than dollar income for the patients' sake, there is the personal benefits of satisfaction, prestige, and respect for the receptionist herself.

There is a need for an aide to be able to communicate ideas and create better understanding in day to day relationships. Questionnaires sent out by *Eye Talk* journal for vision aides concluded, "one area in which there seemed to be a sign of trouble was patient communication." Fortunately, better communications can be learned by everyone who wants to put the effort into it. Practice and hard work are the best ways to get good information across before bad information can block understanding. These techniques mean being quick to answer unvoiced questions before they are magnified out of proportion with worry. It is important to keep alert by using continual effort, hard work, and constant education to avoid indifference that can occur with the typical office routine.

The aim of the communicative process is to get the point across. Situations in which this is important are when:

1) explaining fees,
2) people are wearing glasses or contact lenses for the first time,
3) a change in lenses will require adaptation,
4) introducing special lenses or frames that will aid the patient's needs,
5) educating patients about optometry, etc...
Conserve time when getting the point across so the patient does not become confused with rambling. Once the patient makes a decision about frames, for example, start talking about the options such as tints. The patient is not a passive person. He is receiving information and deciding if the staff is interested in him and in solving his vision problem. The degree and quality of rapport in each encounter determines how good the patient relationship will be.

The purpose of this paper is to develop an office manual for receptionists which includes guidelines for patient-receptionist and doctor-receptionist communication. Those "pat" answers are just guidelines; facial expression, vocal tone, and personality are also important in sounding sincere. One must take into account all that has been said to the patient because repeating suggested answers can backfire when used inappropriately. The techniques of communication are what counts since every situation is different. This is why communication is a skill that must be studied and learned. Unless you constantly move forward, you'll find it hard to become and remain successful. In the end, you'll get the type of patient you deserve, the one reflecting a positive mental attitude.
The Telephone

A patient enters the practice by one of two methods: he either appears in person or he calls on the telephone. The telephone is the most frequent route of initial patient contact. For this reason, the telephone is considered one of the most important pieces of equipment for a successful optometric practice. Over 95% of the practice may come from telephone calls. The telephone is also the more difficult route to enter the office in terms of communication because there is no opportunity for nonverbal communications such as facial expression, head nodding, or smiling to create an impression or reinforce an idea. All the telephone transmits is the medium of sound. It is essential to use the phone correctly, for the patient's first impressions of an office and its personnel come through telephone conversations with the optometric assistant. From the moment you pick up the phone, you have the potential of helping the practice by building good patient relations or hurting it by losing patients.

Using the phone correctly takes practice and instruction. It should be one of your best skills in order to create an image of expertise, professionalism, and concern for the patient. To create excellent first and lasting impressions with patients, it is necessary to be 1) pleasant 2) efficient 3) able to use proper telephone etiquette and techniques.
Make it a point to be cheerful before answering the phone. Telephone company tests show that the listener will know if your are happy or sad -- smiling or not. Courtesy cannot be over-emphasized, even when individuals call the office and become discourteous. Always be courteous in return! Respect is important when answering the telephone. A common and irritating mistake is to pick up the receiver in answering a call while still talking to another person in the office.

Efficiency is learned through practice. A new optometric assistant should have a script of suggested answers which will allow her to answer questions without hesitation (such as uhm...) or without misinformation until the answers become spontaneous. The suggestions for calls in this paper can be used or modified to suit the office.

Proper telephone etiquette and technique should communicate a friendly interest and sincere concern for the patient so that he'll feel pleasantly obligated to keep the appointment he has made. Try to answer the telephone promptly, never later than the second ring. A good telephone voice with the proper tone, speech volume, speed and distinctness combined with manners, politeness, and expression put the patient at ease and portray a feeling of warmth. Think of patients as friends for they really are. Since the patient can't see the person answering, the office is judged by all these factors in the voice. Should this initial contact sound hurried or disinterested, the patient will have no regrets about cancelling the appointment since he doesn't feel that he is welcome or that someone cares. Use the proper
language. (See table 1). Stay away from slang ("yeah") or technical terms ("hyperopia") so as not to offend the patient. To improve your telephone techniques, use a tape recorder to learn mistakes that need correcting. Also, check to see if the local telephone company provides courses or complementary publications about telephone use. Self improvement in this area means more satisfaction in handling daily telephone calls, improvement of your image, a better office image, and increased patient communications.

Incoming Calls - General Guidelines

When a call is received, it is important to follow these guidelines:

1) Identify the office with a "smile" in your voice: "Good morning, Dr. Dyer's office, Bonnie speaking."

2) Identify the caller's name and correct spelling early so that you can use it during the conversation or call him back in case of disconnection. If the caller fails to give a name, ask politely, "With whom am I speaking, please?" or "May I ask who is calling, please?" To confirm a name, "Would you please spell your name for me?" Never be so abrupt to say, "Who is this?"

3) Determine the reason for the call and write it down. Appointments can be entered in the appointment book.

4) Conclude business by obtaining telephone numbers and when they may be reached at them. In the case of no phone, ask for a number and address where they may be reached. Repeat information to check for correctness.

5) Terminate the call by thanking the caller and allowing them to hang up first.

Keep a pencil and paper handy for taking notes about the conversation and messages. It is a good idea to jot down the patient's name when he first identifies himself so that you
<table>
<thead>
<tr>
<th>Say</th>
<th>Don't Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>previous or former patient</td>
<td>old patient</td>
</tr>
<tr>
<td>reception room</td>
<td>waiting room</td>
</tr>
<tr>
<td>vision analysis and consultation</td>
<td>eye exam, eyes tested</td>
</tr>
<tr>
<td>interrupted schedule</td>
<td>Dr.'s late</td>
</tr>
<tr>
<td>change in schedule (postponment)</td>
<td>cancellation</td>
</tr>
<tr>
<td>doctor is with a patient</td>
<td>Dr. is busy</td>
</tr>
<tr>
<td>take care of</td>
<td>pay for</td>
</tr>
<tr>
<td>periodic vision examination</td>
<td>routine eye check, recall or checkup</td>
</tr>
<tr>
<td>initial payment, remittance</td>
<td>Checkup</td>
</tr>
<tr>
<td>improved bookkeeping</td>
<td>down payment</td>
</tr>
<tr>
<td>emergency eyewear</td>
<td>budget plan</td>
</tr>
<tr>
<td>the assistant, office manager</td>
<td>spare glasses</td>
</tr>
<tr>
<td>eyewear</td>
<td>office girl</td>
</tr>
<tr>
<td>combination lenses, multifocals</td>
<td>spectacles</td>
</tr>
<tr>
<td>continuous vision lenses</td>
<td>bifocals</td>
</tr>
<tr>
<td>outdoor lenses</td>
<td>trifocals</td>
</tr>
<tr>
<td>complete vision care</td>
<td>sunglasses</td>
</tr>
<tr>
<td>tissue reaction</td>
<td>multiple glasses</td>
</tr>
<tr>
<td>fluorescein</td>
<td>abrasion</td>
</tr>
<tr>
<td>practice</td>
<td>colored dye</td>
</tr>
<tr>
<td>fees for</td>
<td>business</td>
</tr>
<tr>
<td>frame fee</td>
<td>price for</td>
</tr>
<tr>
<td>vision care</td>
<td>cost of frame</td>
</tr>
<tr>
<td>congress, conference</td>
<td>eye care</td>
</tr>
<tr>
<td></td>
<td>convention</td>
</tr>
</tbody>
</table>

- 8 -
(Table 1 continued)
call to confirm
your name goes here
budget plan, preferred bookkeeping
educational seminar
you select the day
one moment please
for the Dr.'s record
have I made myself clear?
investment
help me understand
your look nice!
—your visual needs
  your comfort
  your appearance
  your position
frame selection room
contact lens adaptation room
improved methods
professional fee
prescribing glasses
see your optometrist (or doctor of optometry)
call to remind or verify
sign here
time payment
school, course
when are you going to pay?
just a minute
for me or us
do you understand?
cost
what do you mean?
That looks nice on you!
saving you some $ or the cost

calling bar
crying room
new or modern
the doctor's charge is
selling glasses
see your eye doctor
don't have to ask to have it repeated. Messages should be accurate with the date and time on each message. Deliver the message as soon as the doctor has free time. Forgetting to transmit an important message may provoke a call to another office.

Additional tips:
1) listening carefully and attentively (particularly to complaint calls),
2) expressing an interest,
3) using the caller's name frequently, and
4) acknowledging comments appropriately.
5) Use "Please", "thank you", and "you're welcome" frequently.
6) Always let the patient know that the call was appreciated.

If a patient calls to cancel an appointment, always ask if it may be rescheduled at a later date and write it down. This is an important point to avoid malpractice in abandonment of previous patients. If the assistant neglects to ask new patients they may forget to call back or call another office to make an appointment.

One of the most common calls is the one to schedule an appointment. Scheduling is important to a smooth day for everyone -- the doctor, patients, and the aide. If done incorrectly, patients must wait. They can become very annoyed and uncooperative before they even see the doctor. The receptionist should try to educate phone shoppers and make it a goal to schedule them for an appointment, if possible. Samples follow:

APPOINTMENT PROCEDURE

Standard greeting: "GOOD MORNING (afternoon). THIS IS DR. DYER'S OFFICE, BONNIE SPEAKING." If the caller did not give his name:

"May I ask who is calling, please?"
1. A patient calling for an appointment.

"IS THIS FOR CONTACT LENSES OR REGULAR EYEWEAR?" If the patient is a contact lens wearer, have him wear his lenses to the exam. Schedule the appointment later in the day so that the doctor may check the fit after several hours of wear.

"WHEN WAS THE LAST TIME YOU WERE EXAMINED IN THIS OFFICE?" This will tell you whether the caller is a new or previous patient. If a new patient, ask: "How long since your last vision exam?"

"LET ME CHECK THE DOCTOR'S SCHEDULE." (Avoids a long pause.)

"WE DO HAVE AN OPENING AT (DATE AND TIME) OR (DATE AND TIME). WHICH WOULD YOU PREFER?" (Always give the patient a choice of two alternatives. This approach eliminates lengthy discussions and long pauses. If these times are unsatisfactory, give two more choices.)

"FINE, WOULD YOU PLEASE SPELL YOUR FULL NAME, MR. GIBSON."

"AND YOUR AGE?" If your office discusses fees, a good opener:

"DO YOU HAVE VISION INSURANCE?" (This also educates patients that it is available. If the patient has special financial needs such as medicare or medicaid, understanding of his coverage can be discussed.)

"OKAY, MR. GIBSON, WE WILL LOOK FORWARD TO SEEING YOU ON (DATE AND TIME). THANK YOU FOR CALLING." Be positive!

2. A non-emergency patient requesting an appointment the same day.

"I would like to accommodate you, Mr. Gibson, but the doctor has a full schedule today. I will make special arrangements to have Dr. Dyer see you the day after tomorrow -- this Friday, (date and time). Or, you can leave your name and telephone number and I will call you if by chance there is a change in our schedule today."

or

"It sounds as though Dr. Dyer should see you today even if it is for a brief consultation. I can schedule you at (time) this afternoon."

Always repeat the time of day and the date when making an appointment.
3. Patient requesting an appointment on weekend or evening.
(Depends on office policy.)

"The doctor's appointment days are __, __ (don't say you
don't work evenings.) We appreciate your busy schedule.
However, we find that most of our patients are able to
get our of work (school) a little bit early or arrange to
go late one day. The doctor begins at 8 in the morning.
We generally try to schedule the last full exam at 4 p.m."
Offer evening hours only if the patient will not attempt to
arrange his schedule or seems not to be able to come in any
other time.

4. Appointment for children during school hours.

"Dr. Dyer wants to see children during the day when they
are at their best. We can furnish excused absences from
school if necessary." Try to reserve late afternoon for
contact lens and adult patients who leave work early to
keep their appointments.

5. Patient calls to state he will be late for the appointment.
Or, the patient arrives late.

"We are very sorry that you (will or have been) delayed, Mr.
Gibson. We do have another patient scheduled within a half
hour. There would not be enough time for the doctor to
thoroughly examine your eyes and vision. I will reschedule
your appointment to give Dr. Dyer adequate time to perform
his usual complete and thorough examination."

6. No show appointments

Call within fifteen minutes of a "no show" appointed time to
ascertain if the patient is expecting to keep the appointment.
If not, there still may be time allowed to notify a waiting
stand-by emergency patient. The call is necessary as frequently
the patient may be confused and arrive later in the day, or
the next day or even a week later. Calling the patient shows
sincere interest and may avoid an embarrassing confrontation.
If a patient has previously missed scheduled appointments as
indicated on your records, fit them in at the end of a day
where they can no longer 'mess up' a day's schedule.

No receptionist should ever be drawn into a dispute, argument,
or policy debate on the phone. Any questions, such as eyewear
breakage or some other matter which must entail an eventual patient
visit, should be turned as speedily as possible into an appointment
or an invitation for the doctor to return the call.
Screening Incoming Calls

Screening incoming calls to the doctor is important when the doctor is with a patient. A scheduled patient deserves the doctor's time and should not be interrupted unless necessary. The experienced assistant can handle the majority of callers without the doctor's personal attention.

Calls that should be put through to the doctor immediately include:

1. calls that seem like an emergency
2. calls from other doctors
3. long distance calls
4. personal calls for the doctor from friends and family (depending upon doctor's policy)
5. an unhappy patient or unsatisfactory progress report, if potential malpractice, and will not cooperate to come in for a visit.

If the assistant must call the doctor away from a patient, do it quietly such as with a signal light. Whenever a patient calls and asks for the doctor, an assistant should always reply, "I'm sorry, Dr. Dyer is with a patient. How may I help you?" Never say, "The doctor is busy" which implies that the doctor doesn't have time for the caller and is rushed. Sometimes patients think that they must speak with the doctor to make an appointment.

A hypothetical conversation follows:

Patient: "Is Dr. Dyer in?"

ASSISTANT: "Yes, but he is with a patient right now. May I help you?"

Patient: "I would like to speak with him."
ASSISTANT: "May I take a message and have Dr. Dyer call you later?"

Patient: "I'll call him later."

ASSISTANT: "It would be best if he returned a call to you, otherwise you may call again when he is occupied with a patient and is unable to come to the telephone." (Spoken with a smile!)

Patient: "This is Mr. Gibson." (He is giving in and is now telling his name.)

ASSISTANT: "If you want to make an appointment, I have the appointment book right in front of me...." Make an appointment if the caller would like to schedule.

Besides not taking up the optometrist's time the assistant has educated the patient by indicating that an appointment should be made.

Since incoming calls are being screened, it is necessary that the aid is able to answer many questions that will be asked. With consumerism in the rise, calls asking about price are more frequent. Each office has a different policy with respect to quoting fees. In the past, the rule was to never state fees. Instead, change the direction of the conversation asking, "IN WHAT WAY ARE YOUR EYES BOTHERING YOU?" or "HOW LONG HAS IT BEEN SINCE YOUR LAST VISION EXAM?" It is becoming more common to give patients a general idea, a range, of the fees involved. The most important thing to remember about quoting fees is to have complete control over what is being quoted. The telephone shopper is a potential patient when educated about the complexity of the services offered and the variety in frames and lenses available, depending upon the prescription.
Common Questions and Potential Answers

1. WHAT DOES THE DOCTOR CHARGE FOR A VISION TEST?

"The fee for the regular examination is ___. This includes a brief history of general health and previous eyecare, an eye health examination including a test for glaucoma, a refraction which evaluates the eyes' ability to focus and see clearly, and an evaluation of the ability of the eyes to work together." --pause--

"The rest of Dr. Dyer's fee is based on the kind of vision care services your particular condition will require, such as a contact lens exam, vision therapy, or glasses. Our fees are always in keeping with the services rendered. The important thing to consider is if the doctor you choose will give you the best professional care." --pause-- "Would you like to make an appointment with Dr. Dyer?"

2. WHAT DOES THE DOCTOR CHARGE FOR CONTACT LENSES?

"A contact lens examination, which includes the basic examination and ___ month follow-up is ___. During the examination Dr. Dyer takes the proper measurements of the eye to determine the size and kind of contact lenses needed." "In addition to the professional service fee, one pair of soft lenses and accessories are ___; one pair of oxygen-permeable lenses and accessories are ___; one pair of hard lenses and accessories are __." --pause-- "I can make an appointment with Dr. Dyer for you on ___ or ___.

3. WHAT TYPE OF REFUND DO YOU HAVE IF I CAN'T ADJUST TO THE CONTACT LENSES?

The answer to this question depends on your office policy. One suggestion:
"Every effort is made to successfully fit you with contact lenses. In the event you are unable to adapt, a material refund is ___." (service fees for time involved are not refundable since if they are having trouble, they've probably spent quite a bit of time in the office.)

If there is a positive response: "I can make an appointment with Dr. Dyer for you on ___ or ___.

If there is a negative response:

1. "I am happy to mail our contact lens information packet to you."

2. "Thank you for calling. Please feel free to call us if we may be of any further assistance."
3. For a fearful or loyal previous patient: "Would you like to speak with Dr. Dyer? I can have him return your call."

4. HOW MUCH DO YOU CHARGE FOR GLASSES:

"The cost of frames range between $ and $ depending on a number of factors such as: metal, plastic, or rimless. High fashion designer frames naturally cost more." "The cost of lenses is based on your prescription. It varies with single vision, bifocals, trifocals, or no-line bifocals. It also depends upon the power of the prescription, if prism is necessary, and if you choose a tint." --pause-- "As you can see, (name), there are many variables in the cost of glasses. If you have a current prescription, stop in and we can provide more detailed information regarding the exact costs." If no current prescription: "The important thing to consider is if the doctor you choose will give you the best professional care. Would you like to make an appointment with Dr. Dyer?"

If the person is really interest in the cost of lenses, they will still ask for prices. Make it a rule to quote only ranges, qualifying figures, depending upon the power, type of bifocal, tints, etc... Have the price list available. Ask what type of lens (bifocal etc.) they are now wearing, and give a range. Emphasize that these ranges are just estimates and that a firm price can not be quoted until the patient's prescription is known. Remember, maintain control over what is quoted.

Less Frequently Asked Questions

Other common questions are also asked. Organized optometry is a somewhat new profession compared to medicine (ophthalmology) of opticianry. Due to this fact, patients will confuse the three professions and inquire about the type of professional with whom they are making an appointment. Part of the job of the optometric assistant is to educate patients or prospective patients about the eye care profession, recommended frequency of periodic examinations, and their vision.
1. IS HE A "REAL" DOCTOR? WHAT IS THE DIFFERENCE BETWEEN AN OPTOMETRIST, AN OPHTHALMOLOGIST, AND AN OPTICIAN?

"Dr. Dyer is a doctor of optometry, specializing in examination, diagnosis, and treatment of visual condition. He handles all visual problems except those requiring immediate surgery or diseased conditions requiring medication. If there happens to be eye disease present, the optometrist, who has been trained by eye physicians, can detect these diseases. If it is found that you did have a disease and that you did need the services of a different profession, he would readily refer you to that professional.

"An Ophthalmologist is a medical doctor specializing in diagnosis, surgery, and treatment of eye diseases. The relationship between them is similar to the relationship between a general practitioner and other specialists in the medical profession.

"An optician is not a doctor and either makes lenses or fits them to the eye according to the doctor's prescription.

"How may we help you?"

2. HOW OLD SHOULD MY CHILD BE BEFORE A FIRST VISION EXAMINATION CAN BE PERFORMED?

a. "Every child should have a professional vision examination before entering school. First, the data obtained from the examination serves as a base line to be used for comparison with future testing. Without basic findings, it is impossible to evaluate if a change has occurred when a future test is performed. Second, 80 percent of learning is achieved through the use of the child's eyes. Many children who have difficulty in learning may have a vision problem inhibiting their educational growth. The fact that the child can see a wall chart testing distance acuity does not assure you that vision problems do not exist."

b. "A child should be examined at least by age three if either parent or other children in the family have a significant vision problem. A child who has a "turned eye," either intermittently or constantly, should be seen at any age. A child who demonstrates poor vision, poor depth perception, poor body coordination, inability to participate in sports activities requiring visual ability, or general eye discomfort should be examined."

c. "A child often does not complain about his vision, as he does not know that vision can be more clear or comfortable. He has no frame of reference to which he can compare his vision. As a parent it is difficult to assess your child's discomfort or use of excessive effort to perform visual tasks. An optometrist can determine this through an examination."
3. MY CHILD PASSED THE SCHOOL TEST, AND THE TEST WAS GIVEN BY A REGISTERED NURSE. DOES MY CHILD STILL NEED A VISION EXAM?

a. "Most schools test distant vision only. However, most school screenings are designed to screen problems."

b. "A screening is not a comprehensive vision examination. Unfortunately, screenings do not recommend a referral for a professional examination until the child is already demonstrating trouble. Most screenings may allow a child to be as blurred as 20/40 acuity at distance before a referral is recommended. In other words, the child must be twice as close to the chart to see what normal children can see. Most screening tests do not measure the child's ability to perform for near work. Most of the child's learning and vision world in school is at a near distance. Also, screening tests do not test for the child's ability to have the two eyes work together as a team."

c. "All children should have a professional optometric examination to determine if vision problems exist or are developing. It is sound common sense to use preventive care."

4. I'M FIFTY YEARS OLD AND I ONLY NEED GLASSES TO HELP ME READ. I READ JUST FINE, EVEN WITHOUT MY GLASSES SOMETIMES. MY PARENTS NEVER NEEDED GLASSES EXCEPT TO READ, AND THEY NEVER HAD THEM CHANGED THAT OFTEN. WHY DO I HAVE TO GO FOR ANOTHER EXAMINATION WHEN IT'S ONLY BEEN THREE YEARS SINCE I GOT MY GLASSES?

a. "Chances are most likely that you are just fine. However, vision and eye health changes happen gradually over time and often without symptoms."

b. "It is very possible that you are tired at the end of a day. You may be able to see well, but with stress and energy."

c. "An important part of your regular examination is to determine the health status of your eyes. When an internal eye examination is performed, both the health of your eyes and possible general health disorders are evaluated. In most cases, poor general health or eye health cannot be determined by you, since they are asymptomatic. The examination allows early detection of developing vision and health problems such as glaucoma which can lead to blindness. This early detection avoids a crisis situation."

5. WHY SHOULD I VISIT AN OPTOMETRIST WHEN AN OPHTHALMOLOGIST IS A SPECIALIST WHO CAN PROVIDE BOTH MEDICAL AND VISION CARE?

a. "It has long been known that approximately five percent of all patients seen have eye medical problems. The remainder of patients have either no problem, or they have vision problems."
b. "Why see just an ophthalmologist when the optometrist is the licensed professional who provides vision care for healthy eyes. More importantly, an optometrist who detects an eye disease will refer you to the ophthalmologist who specializes in that eye disease."10

6. HOW OFTEN SHOULD A PERSON HAVE A VISION EXAMINATION?

a. "It is recommended that children have a yearly examination until they are finished with their education in college."

b. "Adults ages 25 to 40 should have a vision exam every 2-3 years, depending upon their visual needs and if they wear glasses."

c. "Adults over 40 should have a yearly examination since glaucoma and other sight-threatening diseases are more frequent with increasing age. Also, their vision usually changes more noticeably so that often there is difficulty seeing at near."

Problems With a Prescription or Emergencies

If a patient calls and is having problems with a new prescription or frame, indicate, "I'm sorry you are having some discomfort and I know Dr. Dyer will want to see you as soon as possible."

Try to have them come in at 5:00 or as soon as possible. If it is an emergency situation, have the patient come in immediately.

Emergencies include:

1. Sudden loss of clear vision or side vision
2. Halos around lights
3. Suddenly seeing floating spots or flashing lights
4. Pain in or around the eyes
5. Double vision

If any of these symptoms are present, it is necessary for the patient to come in as soon as possible so that the doctor can perform diagnostic tests to determine if these signals might be a disease symptom or eye condition. Try to have the patient come in the same day, rescheduling appointments as necessary to be able to see the emergency.
Confidential Information

In screening calls and taking messages, do not inadvertently give out unnecessary information to a patient. For example, if another doctor calls and would like to talk to your doctor, it is more professional to say, "Dr. Dyer is just finishing with his patient. He'll be right with you." Do not reply, "Oh, no, Dr. Dyer isn't doing anything right now."

If the doctor is out of the office for the day, you should know how to answer and take a message without saying where he is. "Dr. Dyer is out of the office today." Do not tell the patients of Dr. Dyer's daily activities, or phone numbers where he can be reached, to avoid misinterpretations.

If the doctor will not be in for several days, simply state to a patient, "The doctor has an appointment available for you on (date and time) or (date and time), which would you prefer?" The only exception to giving out information is when the doctor attends post-graduate courses to increase his optometric knowledge. Say, "Dr. Dyer is attending post-graduate work at ___ University this week, name. He has appointments available . . ." This is an important way of letting patients know the doctor is not a stagnating professional.

If a voice on the phone states, "This is the credit bureau. Mr. Gibson has given the optometrists as a credit reference. May we ask how long he has been a patient there, and what his credit rating has been in your office." Similarly, if someone calls and states, "This is Mrs. Gibson, would you sum up our family account and tell me the balance?" How do you handle this confidential information situation? It is common practice to give credit
information over the phone, but legally protect your office and the patient by replying, "I'm with a patient now and can check the records later. If you will leave your name and number, I'll return your call before five." Then, check the phone number of the credit bureau in the directory, and if the call is legitimate, provide this information as a service to the patient. For a spouse or relative asking for information on a patient's account, first call the patient to make sure it is okay to reveal this information.13

Putting the Call on Hold

Should there be a patient at the desk when the phone rings, the patient in the office has priority. For example:

ASSISTANT: "Good morning, Dr. Dyer's office."

Caller: "Yes, I'd like to make an appointment."

ASSISTANT: "May I ask who is calling?"

Caller: "Mr. Gibson"

ASSISTANT: "Will you hold the line for just one moment, Mr. Gibson."

On Return: "Thank you very much for holding, Mr. Gibson. May I help you?"

After giving the phone greeting, ask who is calling and ask the caller to hold for one moment. If it looks like it will take longer, ask for the phone number and state you will call the patient back in whatever time you can safely promise. Do not break promises about returning calls.

A few minutes means a few minutes not 15 or 30 minutes. If it is necessary to answer a second telephone line while on the first one, excuse yourself, then give the usual greeting to line two. Politely listen to a statement of the second caller's reason
for calling, then say, "Mr. Gibson, I'm on another call. Can you hold for just a moment or would you rather I call you back?" Proceed according to the reply.

If the assistant must leave the phone to obtain information, determine in advance if it will take longer than a minute. For times longer, offer to call back and DO IT! If the patient chooses to wait, thank him for doing so. Never leave anyone on hold for more than 30 seconds without getting back to them. Upon returning to a patient who has been on hold, get his attention before relaying a message. An opening statement such as, "Mr. Gibson, I have found the information you have requested. Thank you for holding." While the patient is on hold, it is a nice idea to have phones where soft music can be played, indicating you are still there. If for some reason the patient is "cut off," be sure to call back and apologize.

Cancelled Appointments

If a patient calls to cancel an appointment, make it a point to try to reschedule it at a later date. If the assistant neglects to ask, the patient may forget to call back, or may call another office to make an appointment.

Placing Calls

When placing calls, plan for it by organizing what you want to say and the information necessary. Identify yourself and the office promptly. State the purpose of the call clearly and always close the call pleasantly. For large companies, it is a good idea to get the name of the person representing the department. If a
number to be called is in doubt, consult the telephone directory or assistance. Allow sufficient time to permit the individual to answer the phone, at least ten rings (one minute) are necessary.

Both emergency and frequently called numbers should be conveniently located nearby the phone where the patient cannot see them. When ordering items from the lab by telephone, be sure to give all information from the order form in the order it is printed. Be sure to have the lab person read it back to you so it may be checked for accuracy. Part of the daily routine is to call and confirm patient’s appointments. This can either be done late the date before or early the same day as the appointment. Occasionally the patient will need to reschedule.

At times the doctor will want you to contact another person who may be hard to reach. Place a call only when the doctor can come to the phone immediately. When placing the call identify yourself and state your business. "Hello, this is Dr. Dyer's office, Bonnie speaking, Dr. Dyer would like to speak to Dr. Blank sometime today when it is convenient."

**Terminating Calls**

Usually it is up to the assistant to terminate a call. After chatting with a patient long enough to establish a feeling of personal contact, terminate the call without offending the patient. Suggestions for a friendly termination for someone who has time to talk all day: (1) At the first pause, make a brief remark concerning whatever he is talking about then slide into a friendly brisker tone: "I certainly want to hear more about that when you come in -- it sounds interesting. Now, let's see, that will be
We'll see you then, Mr. Gibson, and thank you for calling." If the first approach fails, and the patient ignores the concluding remarks, try (2) In the middle of one of your own sentences say "... oh, my gosh -- the lab heater! I was enjoying our chat so much I forgot to turn it off! I'll have to run, Mr. Gibson..." Naturally, rotate the excuses from "lab work" to "the doctor is calling you." It works because the assistant interrupts her own talk, not the patients, and the patient feels complimented that his conversation was so fascinating that the assistant forgot about the lab work.15

**Personal Calls**

The two main purposes of business telephones are (1) to make it easier for the public to do business with you and (2) to enable you to promote and expedite the business entrusted to you by the patients. Any side use of the phone that tends to hinder or interfere with these purposes constitutes an infringement on a patient's or the office's time.16 It should not have to be mentioned that a lengthy personal phone call on the business phone is very annoying to the optometrist. Not only is work not being done, but a constant busy signal is a good way to lose patients. If the call is personal and a patient walks in, immediately terminate it and finish it later. Reserve personal calls for lunch break and keep them short.

Additional telephone tips include listening carefully and attentively (particularly for complaint calls), expressing an interest, using the caller's name frequently, and acknowledging
comments appropriately. Use "please", "thank you," and "you're welcome" frequently. Always let the patient know that the call is appreciated. When the doctor's phone rings, be prepared for anything!! An an optometric assistant, you must learn to pleasantly control patients. Either you will manage the patients or they will be more than willing to manage you and the office. This must be done lightly, tactfully, with humor if necessary, but firmly.

The telephone is a vital tool in optometric practice for a satisfactory patient relationship to exist. An effective telephone voice conveys the personality of the assistant as well as the office, and may be a deciding factor which makes a caller a continuing patient. The telephone personality may be your office's best advertisements if common sense and courtesy are used to win patients and friends.
Greeting in the Reception Room

A patient's impression of the office is determined by what the office communicates. Your goal is to establish a positive rapport as soon as the patient walks in the door. Answer the door promptly since timing is important. Even if your first greeting to a patient is beautifully gracious, it loses its effect if the patient is upset because of a lengthy wait. If occupied on the phone with a patient and another enters, acknowledge him with a smile and bring the telephone conversation to a close as quickly as possible to care for the incoming patient. Expect your patient and greet him. It is most important to acknowledge a patient's presence. Don't make him feel that he is intruding on your busy day.

Greeting the Patient

The friendly atmosphere is enhanced by correctly remembering a patient's name and using it when greeting him. Considering his name is in the appointment book, typed on the daily schedule, and has been called to confirm the appointment, he feels you should know him. It has been said that the first ten words spoken are worth the next ten thousand. Make those first words count. Avoid saying, "Hello, Mrs. Gibson, how are you?" It sounds innocent enough, but she may tell you of the depressing day she's had and you might be sorry you asked. Hence, avoid asking a question that you don't know the answer to. Instead, say, "It is nice to see you, Mrs. Gibson, we've been looking forward to your visit." For
elderly and the very young, you may assist in taking off heavy coats or overshoes. Note something specific about each patient and find a way to work it into a compliment. Comments include, "thank you for being so prompt;" "you look good in that dress;" "are you doing anything special for the holiday?" "you must be very busy in the store this holiday;" "how are little Bobbie and Susie?" Give the patient a registration or preadmission form to gather necessary financial and medical history. It is a good idea to jot down on the patient record a few personal notes about the patient. You can later begin to chat with previous patients by using these notes as background information for conversation at the next appointment. Items to include are recent events in the family's life such as birthdays, anniversaries, holidays, vacations, school sports, and hobbies.

After greeting the patient with a certain amount of friendly conversation to make them feel welcome, the patient may keep talking and talking, throwing the office off schedule. Sometimes patients are lonely and for some elderly patients, the visit to the Optometrist may be the highlight of their day. The overly talkative ones must realize that there is work to be done, too. After listening to their stories for a short amount of time to develop a good rapport, tactfully change the subject if the phone doesn't rescue you. State, "I do want to chat more but Dr. Dyer is signalling me. We can talk more next time when there is more time." If this doesn't work, politely tell them the truth that you must finish the task in order to get it in the mail. Lab work may rescue you. There is always a verification or repair that must be
done before the patient comes in to pick up his glasses. Excuse yourself politely in these situations. Make it a habit to close all doors behind you to increase efficiency and stay on schedule. An inner-office door will waste time since it invites doorway conversation. Courtesy demands that the doctor stop, look up, smile, say "hello", and answer at least one question and often more.

**Unscheduled Visitors**

If a person comes in that is not expected say, "Hello, may I help you?" Spoken with a smile, this allows the stranger to identify himself. If the stranger identifies himself as "Dr. Blank," ask him to be seated, excuse yourself, and inform your doctor that Dr. Blank is in the reception room. If the unknown caller simply states "I would like to speak with Dr. Dyer." As his name and nature of business. If he will not state his name or nature of business, inform him firmly, "I cannot allow you to speak with the doctor unless I know your name and the nature of your business."

If he asks for the doctor's home address or phone number say, "I'm not permitted to give that information." Never give the doctor's address or home telephone number.

Ophthalmic salesmen often drop in without an appointment whenever they happen to be in the area. The assistant should discourage this practice since it is important that they be seen yet not interrupt the general flow of the office. Make the sales representatives an appointment for a specific amount of time, such as thirty minutes, and only for optical salesmen. Insurance and other
salesmen for the optometrist's personal life should not be seen unless the doctor desires to do this. Protect the doctor from "detail men," who show products to stimulate sales, that the doctor does not want to see.

Drop-In Patients

If the stranger is a non-emergency drop-in patient, accentuate the positive. Make it a point to educate the patient, "The doctor is with a patient now, and when he's with a patient, he give his full attention to that person. That's why you need an appointment to make sure you get the same undivided and uninterrupted attention. Dr. Dyer can see you (date at time) or would (date at time) be better?" If this is satisfactory, make the appointment and give the patient an appointment card. If there just happens to be a time available when the patient walks in, try to fit patients in, appointment or not. If the patient can't make it at a scheduled time, acknowledge that you realize how difficult it is to come in at times. Be certain to obtain the name and telephone number so you can call him when an appointment becomes available due to cancellations. If there are special circumstances, the doctor may stay late. Potential patients can be turned away because of a full schedule only to run into a no-show or a postponement after the unidentified walk-in has left the office. Handled tactfully, a gracious "no" keeps the goodwill of the patient and also keeps the schedule intact. For emergencies, "Squeeze" them in.
Frame Repair Drop-Ins

Frame repair drop-ins do so since most frame repairs appear quite simple to most people. Frame repair is time consuming, depending on the nature of the repairs, and it is good to inform the patient, "It is going to take some time to finish this. You may pick it up in a few hours or tomorrow." Tact is important since people depend on their glasses to function. An emergency would apply to someone who has a high prescription and can't function without them. This is a good opportunity to point out how an emergency pair of glasses is a wise idea.

Patients generally expect and deserve free adjustments and minor repairs if they have recently received their glasses from your office. Depending on office policy, the patient should receive free repairs unless records prove that that pair of glasses wasn't obtained at your office or that the pair of glasses was dispensed so long ago that there is a legitimate reason to charge for a repair. If the patient abused his glasses, it may be necessary to charge for repairs.

Delayed Appointment Schedule

If for any reason the optometrist will be delayed in seeing the patient inform him, "I'm sorry, Mrs. Gibson, we have been delayed a little bit this morning with a particularly difficult and challenging patient. We'll be ready for you in just a few minutes." If it will be longer than a few minutes, try to be more specific so that the patient will have the option of running a small errand that she may have. When far behind schedule, call the next patient to warn them and ask if they would prefer to be rescheduled at a
later time. In this way, the office will again be on schedule and it will not irritate an entire afternoon of patients having to wait a long period of time for their appointments.

A good optometric assistant is a teacher that answers routine questions about equipment and techniques. It is important to impress upon the patient the importance of regular checkups, which are often neglected since vision changes can be quite subtle. Remind and reinforce them about handling and caring for eyeglasses and contact lenses, proper lighting, posture, etc.... Never answer a questions when you are not confident of the right answer. When clinical questions arise that only the doctor can answer, be very positive and say, "I don't know, only Dr. Dyer can answer that question." Malpractice and legal matters will be stressed and covered in more depth in a later section.

Dress and Appearance of Assistants

The assistant's personal appearance is extremely important in the business world because it reflects on you as well as your doctor, the office, and the profession. The patients you meet everyday judge you by appearance first, behavior second, and then services. You are the first person the patient sees when he comes into the office. To be sure that that image he first sees is the best, keep a check-list and look over it regularly.

Clothing alone doesn't make an assistant, she should have high standards for personal care too. Points to keep in mind are hairstyle, make-up, hands, jewelry, and perfume. Hair should be neat,
clean and easy to manage. Elaborate, unmanageable styles can waste time by requiring frequent refreshing to keep them attractive. An aide should be able to forget about her hair while she is working. Obvious make-up is objectionable in any profession that works with the public. Too much eye make-up is the most common example of poor personal grooming. Highlight your attractive features as inconspicuously as possible to remain professional. Hand grooming may be more important than you think. In a health care office, many people equate cleanliness with clean hands. Coloring your nails draws attention to them, so always wear tone-down colors. Very long nails are ridiculous in an office where you must type, fit frames and instruct on insertion and removal of contact lenses. Jewelry should be kept simple and to a minimum. Dangling bracelets that constantly clank against a desk and each other can be annoying. Sweet, heavy perfume in an office can be very uncomfortable and objectionable to others, particularly for those with allergies. More deodorant and less perfume is a good rule to follow. Lastly, it is a good idea to keep on hand emery boards, deodorant, and toothpaste to use on breaks when necessary.

Next to personal appearance, people judge you on behavior. You can quickly unravel a good impression created by careful grooming through inappropriate behavior. Some of the more common examples to avoid are:

- Loud talking or laughing.
- Slang or "crass" language.
- Lack or promptness in greeting patients, or lengthy breaks and lunch hours.
- Sitting on desks.
- Smoking during office hours.
- Undue chatting and familiarity with co-workers.
Lack of interest in duties.  
Chewing gum.  
Biting nails.  
Lack of humility; inability to admit a problem exists.  

To summarize, in greeting the patient in the reception room, show him you are happy he is there. Treat everyone alike (even the rude patient), act professionally, and build the patient's ego with sincere compliments. To increase your effectiveness as a professional, you must look and act like one.
Patient Scheduling & Recall

After the examination the patient will be turned over to the assistant to finish the patient's visit. The examination often results in further testing or recommended therapy to solve the patient's problem. If further testing is recommended, schedule the patient in the usual manner when the doctor would like to see him again. If the patient has no current prescription change or problems now, but needs to be seen at a much later date, offer to call him at that time to set up an appointment. Most patients appreciate it if you will call them, if they agree to it now, ahead of time. Otherwise, the office will call to make an appointment, but it will appear as if you are being "pushy". If this is not agreeable, offer to mail them a postcard when the doctor would like to see them again. Have the patient address a recall postcard to himself and inform him that you will mail it and contact him to schedule an appointment at that time.

Referral

If the patient needs to be referred to another professional, it is important for legal reasons that the receptionist calls and makes an appointment for the patient at this time. Remember to document all referrals in the patient record. The office has a responsibility to see to it that the patient receives further care if it is needed.

Follow-Up Scheduling

If the patient will receive therapy from your office at this time, it may consist of vision therapy, contact lenses, or glasses.
If the young patient needs vision therapy to solve his problem, many offices schedule a consultation so that both parents can be present to discuss the problems, the program for therapy, the fees, the benefits, and the necessary commitment to home training. Depending on the office policy, schedule the patient for a consultation visit. If contact lenses will be ordered for the patient, inform the patient of the office policy on payment and policies for contact lenses. Although many offices can dispense from a large inventory of stock, many still have to order the necessary contact lenses. Inform the patient that you will call him for a dispensing appointment when his lenses arrive. If the patient needs glasses, you have another opportunity to communicate, educate, and motivate the patient.
Frame Selection

In frame selection, it is important to establish control early. Complaints about frames are more frequent than those about lenses. A stylist should guard against "browsing" and unnecessary patient disappointment. A patient isn't so willing to listen to the disadvantages of a large eyesize after she has decided she's like it. The frame can say a lot to the patient in terms of comfort and satisfaction. The frame will be with the patient for a long time, and will still be communicating long after she leaves the office.

To obtain and maintain control, here are some guidelines:

1) Seat the patient at the dispensing table. Say, "Have a seat and let me show you some of the newest styles that will complement your facial structure, coloring, and that will coordinate with your wardrobe."

2) Show interest in the patient as a special person. Let her know that you care about her personal needs.

3) Establish your creditability, stay up-to-date on the latest styles.

Discover the patient's favorite colors and the general style of her clothing -- sporty, business, or trendy. Now discuss facial shapes and ask her if she prefers metal or zyl plastic frames. Select no more than four to six frames that will be suitable for her style and her prescription. Frame situations to avoid are:

1) A goggle frame which will cut off the area of a bifocal
2) A large or rimless frame in a high plus or minus (greater
than 4.0D prescription. In these cases, try to keep the eyesize down to less than 50 or 52, depending on the patient.

Areas to be encouraged are:

1) A properly fit bridge area.
2) A proper frame size with lines that enhance facial characteristics.
3) A frame that doesn't rub on the cheeks with smiling.
4) The proper frame depth in multifocals and progressive addition lenses.

It is essential to know what the lab is capable of producing. Check the catalog for special orders in color, eyesize, bridge, and temples. If the patient must come back for another frame selection because the original order is impossible to fill, the patient's confidence in the office suffers. This is also inefficient. With each frame selected, discuss the frame's merits and how it will coordinate with the patient's needs and lifestyle. If there are any questions, have the doctor check the frame for the final fit and measurements.

If the patient is a child and it is his first pair of glasses, say to the parent ahead of time, "Let's find a frame which he likes, then I'll discuss the price and features of the frame which will be of interest to you." If the parent is concerned about price or durability, they will usually say so at this time. It is important to limit frame choices to four so as not to confuse the child. For his first pair of glasses, tell the youngster the story of the child who people thought was clumsy and not very smart. Actually he couldn't see very well and needed glasses, but nobody
knew it. Emphasize, "I want you to understand you will see better and more comfortably with glasses." Then change the subject to talk about his favorite color and frames.

There is always an occasional patient who is upset at having had glasses prescribed or recommended, and is reluctant to wear them. It is necessary to continuously remind them of the necessity of clear, comfortable vision and the fact that glasses are now very stylish. Glasses can even enhance certain features when properly chosen. They have designer labels and come in different styles, colors, and sizes.

To do this, stock frames that will please patients, be comfortable on them, and have their friends ask, "Where did you get your good-looking glasses?" It is also important to stock only quality frames so that the patient doesn't have problems with continual breakage. Try not to show any frame that is no longer made. It is difficult to explain to a patient that it is no longer manufactured if his frame breaks two months after he receives it. Along the same line, if a patient is thinking of keeping his old frame for his new lenses, check to see if the frame is still available in case there is frame breakage in the near future. The patient must be made aware of the situation, whatever it is. To avoid problems, make it a rule to never suggest they keep their old frame.

The aide must be a salesperson when showing patients frames. Handle the frames tenderly, like the important items they are. Treating frames with disrespect tends to contradict an expensive
price tag. Most patients wearing common-place frames aren't likely to be enthusiastic or generate referrals. Speaking well is important. You are using salesmanship to sell ideas and understanding. The patient usually is receptive and wants a solution to his problem, but wishes he didn't have the problem. Since he may be unhappy about the whole idea, he needs a bit of "selling" for motivation.

Demonstrate the options. Visual aids show the patient different tints, bifocals, differences between materials (weight and thickness), name and other engravings, decals, and custom designs. Show the patient a sample of an edge thickness chart or an old, large frame with -1.00 in one side and -5.00 in the other. These are ways of conveying the ideas of thickness, weight and the need for a cosmetically appealing frame. Develop the "want" in all the various options. Point out the possibilities in sunglasses, sport glasses (ski and swim goggles), or occupational glasses. People will willingly spend money for what they want rather than what they need. Often people are unaware of the various frames and lenses available. People want to know about their eyes and the eyewear available. They may not accept ideas such as styling at this time, but at least they know that you took the time to point out some alternatives available in tints, style, bifocals, occupational or hobby lenses, etc...

One way of demonstrating and developing a desire for fashion is to wear fashionable eyewear yourself. Even if you don't need a prescription, wear frames from the board with plano lenses and very them from day to day. Stylists tend to sell the eyewear that they wear more than any other in the office.
When presenting eyewear, start with the most expensive first. Cost is all relative to what is expensive and less expensive. Personalize compliments, "Mrs. Gibson, that frame looks lovely on you. It compliments your facial structure, hair, and complexion. It will also accent this season's earthy prints prefectly." Once they have made a decision on a frame, know when to stop talking and showing other frames. Once the decision is made, any other frames will just confuse the patient. Don't be reluctant to quote fees. Consider the number of times a patient wears glasses compared with the total cost of eyecare services. An expensive dress for special occassions may be worn only three or four times.

The frame selection is just one more opportunity to communicate to the patient that you care for him and are interested in selecting the frames and lenses that will suit his needs and lifestyle. The doctor may do a fantastic job examining and prescribing, but the patient must be happy with how the glasses look and feel or the practice may lose patients.
Dispensing Glasses and Adjustments

Patient education never ends. Routine dispensing and adjusting of eyewear are just two more opportunities to review with the patient the points made at the case presentation after the exam. After verifying the glasses from the lab, call the patient to let him know that the glasses are ready to be dispensed. Background information and repetition are necessary at dispensing to reinforce ideas. For some satisfied patients, it may be two or more years before they again come in to the office. This last impression should be just as important as the first. Generally, the dispenser does most of the talking as there are probably no further decisions to be made. Explain just what the lenses will do and will not do. Demonstrate to the patient the ranges of his vision with near and far charts. Be sure he knows how multifocals will work, especially for first time wearers. Every patient should understand why he must wear glasses well enough to explain it to another person. Ask youngsters to explain to you what they are going to tell their playmates who ask why they are wearing glasses.

Warn them of a normal adaption period of two to four weeks. For people ordering a higher power prescription for the first time or perhaps after have worn contact lenses for years, warn them of the perceptual changes that may cause confusion. Generally, a high plus (+3.00 or greater) prescription will cause everything to seem smaller and further away; an astigmatic (1.00 cylinder or greater) prescription may seem to cause straight lines to
appear bowed or slanted. A first time bifocal wearer will notice the line and it may be more difficult to climb stairs. Some patients may seem slightly clumsy during adaptation as he adjusts to the lenses and begins to perceive the world through his new lenses. These are all common observations during the adaptation period. To avoid complaints later, the patient must be aware of them as "NORMAL ADAPTATION." On the other hand, avoid planting these "problems" in the minds of patients who have worn high power prescriptions of this nature in the past. Simply state, "many patients experience a two to four week adaptation period to their new frames and lenses." Remember, your patient's attitude not only begins with you, but ends with you, too. Plant an enthusiastic, positive seed.

When the patient has her new glasses on, she's seeing well, the frame fits comfortably, and she is becoming aware of how she looks, compliment her, not the frame. "You look great in your new glasses; that color looks nice with your hair." Enthusiasm generates enthusiasm.

Review the care of materials and give the patient a case. Show the patient (especially children) how to handle glasses. After dispensing their new eyewear is a good time to hand out pamphlets or other information about their eyes so that they can refer to it later. Studies show that patients are likely to remember only a fraction of what they were told. If the doctor requests a progress exam, make an appointment for the patient one month later. When the patient is ready to leave, reinforce a positive attitude. Don't say, "If you have any problems..." since it will plant negative
ideas. Instead, tell her, "let me know how much you enjoy your new eyewear, and how many complements you receive."

Emphasize that she is welcome to return for a realignment whenever necessary. Remind them that there is no charge for this service. This avoids the problem of the patient coming in eight months later saying her glasses never were suitable. Worse yet, the patient never comes back.

Lastly, compliment and thank the patient. Set the stage for future referrals with a compliment, "Thank you for coming in. Send us more nice patients just like yourself." Let the patient know you appreciate her coming to you for her visual needs and that it was a pleasure to serve her. After dispensing is a good time to have the patient address to himself a recall postcard, or ask if they would rather be telephone for their next routine examination. Whatever, make sure the patient is aware of the month and year that he should be seen next.

A word about routine adjustments, instead of being thought of as a necessary evil, think of them as an opportunity for service. The aide, as a standard routine, should obtain the patient's name and record card on such occasions. If appropriate, remind the patient how much time has elapsed since the last eye-health exam. Especially if the frame is old and ready to fall apart, suggest they use it as a back-up or rough work pair of glasses. Many patients tend to forget how long it has been since they've been in and won't take the initiative unless gently reminded. Merely reminding them is often enough encouragement to make an appointment."
Dispensing Contact Lenses

A contact lens patient has his own special requirements as early as the first scheduled appointment, which should be after several hours of wear. For the patient that has new contact lenses recommended during the contact lens examination, send home some information pertaining to the type of lens the doctor has recommended. After the office receives and verifies that the lenses are correct from the lab, the new lenses are ready to be dispensed. Call the patient and make a contact lens dispensing appointment. Let the patient know that quite some time will be spent in the office to learn all the important instructions when they receive their lenses. A young mother may be encouraged to please leave the children at home so that she may carefully learn about her contact lenses.

It is important that the entire office is clean, but the contact lens area should be immaculate. The supplies of solutions, care kits, and tissues should all be neatly arranged and available. A wastebasket and a nail clipper should be handy. The sink should be kept clean and spotless. Due to the emphasis on contact lens hygiene, the assistant's personal grooming must be the best. It would never do for an assistant to have unkept nails or make-up that smears when demonstrating insertion and removal. It is best if the office is arranged so that the contact lens area is not visible from the reception room or the receptionist's window. Usually the patient is nervous enough without being on display.
Educational films with contact lens patients are a good idea before the patient begins learning. They help to relax the patient and gives them a chance to see what they are about to do. Be familiar with the policies of the office and the doctor's answer regarding contact lenses. The patient will be better informed and the assistant will have a more varied and rewarding career if she has the answers to such problems as mixed, lost, or scratched lenses.
Fees

Great communication is necessary when collecting fees. An assistant should develop a realistic, positive attitude toward fees. How you feel about fees is transmitted to the patient by your speech or mannerisms. If you expect problems, you very often get them. If you think your fees are fair and deserved, your attitude will project this and the patient accepts them.

The practice of optometry has its business aspects and it should be run as such. The patient is willing to pay top dollar for excellent service and top quality products. The optometric examination is not an everyday occurrence. On the average, patients have their eyes examined are provided with new eyewear every two to three years. This makes the cost of annual vision care relatively low. If the patient commits himself to contact lenses or vision therapy, he must be willing to pay for more service that each require. Confidence, "extras," and professionalism should have sold the service rendered, so there will be little reason to question a fee. After the examination or frame selection, a financial arrangement commitment must be made according to office policy.

Psychologically, the easiest and the best time to collect is at the desk right after the patient has been cared for. The patient has either (1) been relieved of some discomfort or pain (2) received new glasses or contact lenses or (3) at least had an adjustment or some difficulty corrected which improves his appearance or his feelings of goodwill. Following this care, the patient is
gratefull and pleased. This gratitude will never be as strong as at this time and will diminish as the days pass. 

Set the stage for fee collection on a cash basis by having a notice in the reception room stating:

OFFICE POLICY

PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED.
A DEPOSIT IS REQUIRED TO ORDER MATERIALS, AND THE BALANCE IS DUE ON DELIVERY.

Payment for services and materials must be made by cash, check, Master Card, or Visa.

For patients who question your policy, explain, "because of the rising costs of billing, an increase in postage, paper, and labor, our payment policy keeps costs down. We can pass on savings to our patients by keeping our fees at the present level, or raise them as little as possible." Besides the policy notice, the service slip can emphasize strong points when properly constructed and explained. It can point out all the services offered, showing how complex the visual system is.

Before collection, the fee must be presented. In some offices this is done by the doctor, and in some offices this is done by the assistant. Collections are made easier if the doctor presents the fees to the patient after the examination in certain cases of lengthy and costly services. A problem contact lens patient or a vision therapy patient will accept a high fee if the doctor presents it after explaining the complexities of their problem.

When unraveling a fee, some of it can be done nonverbally by having the ledger card ready. Without says a word, actions such
such as adjusting the receipt and ledger card communicate that you are expecting payment. After this pantomime, proper terminology is critical for fee collection. Never ask, "How would you like to pay for this?" Naturally, they would like to pay nothing. Break down the fee, "the frame is $\$, the lenses are $\$, and the tint is $\$. This is the amount for the examination, $\$, and the total for today is one hundred seventy." (Avoid saying "dollars" when quoting the fee, it is a shock word.) (Pause,) and wait for a reply. It is best to overstate policy, then back down later:

1. If the patient doesn't have all of the money today, ask for the service and half the materials.

2. If he does not have that, receive at least the payment for the exam.

The following examples illustrate that it is important to obtain some payment. If the patient pays the entire bill, no problem.

3. If the patient asks, "Do I pay for this today?" Answer, "that will be fine, I'll write you a receipt."

4. If he is short on money, state, "The USUAL procedure is to have payment on the day services are rendered. We need to have at least part of the payment before ordering your glasses (or contacts) and the balance in full is due on delivery." Most patients are willing and eager to do the customary thing as long as they understand why.

5. Lastly, if the patient is still fidgeting, restate the payment for services policy, "I at least need payment for the visual examination today."

If the patient exclaims, "Oh, I forgot my checkbook!" The patient is trying to tell you he's not going to pay today. Remind him, "We take Visa or Master Card, if that would be more convenient for you!" If he has neither credit, cash or check, why should your doctor "carry" them if Visa will not? The optometry office is not in the banking business, particularly during times of high interest rates.
If the patient has no money and it seems likely that he will be able to pay shortly (tomorrow or next payday) stammer, "that's all right (uncertainly) .... It shouldn't make too much difference,... I guess, (uncertainly) if you mail it in tomorrow. But, remember, we'll have to wait to receive your deposit before ordering your eyewear." Hand him an envelope, but first say, "let me stamp it for you." But, before you do, make a quick notation (muttering softly aloud to "yourself") "Will pay balance by mail tomorrow." As you paste the stamp on the return envelope, state,"I put a special notation for the auditor on your card..." Then smile. Make sure he knows you are expecting payment on a certain exact date.

If it seems unlikely that they can afford a large payment and request a small monthly budget plan because of expensive family illness, tell him, "I'm sorry to hear that. Maybe we can arrange a credit plan." Don't make any promises, and follow the office procedure for special requests such as this one. Obtain the necessary information to run a credit check on the patient.

If the patient gets upset at fee payment when services are rendered, remember: Those that complain the loudest are to be the most suspect. If he resents your questions or refuses to answer questions, you can bet it is because he doesn't have any good answers to give you. If a patient exclaims, "What's the matter? Don't I look honest to you?" Remember, any honest person is unlikely to say this, and an honest person never objects to polite business questions.
If a patient asks you to fill out his insurance form so that his insurance company will pay the bill, gently explain the USUAL procedure. Positively stress to him your office does one better! All he has to do is staple his receipt to his claim form and all of the necessary information is on the form. If he balks, educate the patient. Let him know that there are so many different insurance companies that the office can not keep track of payments. Remind the patient that his insurance is between his insurance company and him. The USUAL procedure is for the patient to pay the day of the exam and his insurance company will reimburse him according to his benefits. Sometimes patients are confused, and think that his benefits cover everything, when it is actually only a percentage. It is best if the office does not get caught-up in the middle. As a service to the patients, it is helpful to know what some of the benefits of the local insurance companies are, so that you may explain them to the patient.

Generally, it is important to receive the balance the day the lenses are dispensed. If the patient owes money, he may soon rationalize that the care wasn't that good (anyway), that the doctor is rich, that there are other bills to pay, so he is justified in not paying the doctor. The patient is in possession of his correction. Pushing him for payment may cause him to sue for malpractice. The patient that owes money distorts reality, so avoid this situation with a prompt payment policy.

If a patient feels that a fee is too high after you've reviewed and itemized it, restate and itemize it again, emphasizing the tests that were taken. If he is still confused, remove the patient from
the reception room, it may be necessary to call the doctor.
No patient should ever leave the office without knowing your
fee structure and when the doctor expects to see them again.
Staff Communications

Communication between staff is essential for a well-organized office as well as for good patient communication. As with patients, it can be verbal, written, or nonverbal. The optometrist and assistant are necessarily in a very close interdependent relationship for a large part of every day. For a harmonious association, with little friction, it is a good idea to maintain office relationships where there are few personal elements injected. If a pleasant atmosphere cannot exist, the association should be terminated, otherwise it will be evident to the patients.

Verbal

Verbally, the proper terminology is important in the office. Regardless of how familiar the office staff may be, the optometrist should always be addressed as, "Doctor" at all times in the office. Since he has worked hard and attended school for many years, he has earned the title and expects to be addressed accordingly. If you don't show respect for your employer, no one else will. Similarly, mutual respect should be present when the doctor addresses the receptionist. Depending on office policy, referring to an aide as the "business manager," "office manager," or "frame stylist" instead of "the girl at the desk" shows more respect for the position.

Staff and educational meetings are an important avenue to discuss office policy, problems, and exchange ideas. They also contribute to personal and group growth. An awareness of other's
needs develops. One topic that should be taboo at staff meetings is personal salary grievences. Save those for a one on one private discussion. To prepare for the staff meeting, have members take turn picking and researching a topic to present. In this way, both problems and possible solutions may be explored.

At other times, the aide will need to communicate to the doctor information when patients are present. Whisper (out of the earshot of the patient) brief facts to keep the doctor informed. Examples include: "Mrs. Bigbeam lost 20 pounds on her diet. She hopes you'll notice." "Mrs. Grayhair's daughter, Joyce, had a baby girl last week..." "Mrs. Red-eye's husband deserted her. Don't inquire about him. She is upset." "Mr. Sourpus is out there bothering the other patients, work him in first." These are important time-savers and enhance the professional office image as a pleasant place.

Sometimes it may be necessary to interrupt a patient at the end of the exam who is telling the doctor all about her past problems or discussing all the details of her latest project. Meanwhile the office is running behind schedule. Politely interrupt and "rescue" the doctor by stating (somewhat urgently): "Dr., I hate to interrupt you, but you have an important long distance phone call." It is up to the assistant to take over at this point and select a frame or whatever the doctor directs.

There are bound to be times when there are questions about why a situation was handled a certain way. If this happens between the doctor and the assistant, NEVER question each other in
front of a patient. Pick a time that will be private. In this way confidence and professionalism will be communicated to the patient, rather than office confusion.33

Nonverbal

Private codes and signals are probably the best help to save time and maintain patient control and confidence. Each office will develop nonverbal codes which serve the purpose. Signal lights behind the patient's chair to inform the doctor when the next patient has come in or if there is an emergency. Hand signals for the same purpose will work too. Inform the doctor of schedule changes by altering the exam room schedule as you seat the patient and tell him the doctor will be with him as soon as possible. Without saying a word, write the new patient's name between the regularly scheduled patients. Place a line through cancellations, an "X" through no shows, or a "✓" before the name of the patient who just arrived. In this way, the doctor can budget his time more effectively.34

Written

Written communication between staff is an efficient means of distributing information. When the employee first starts her position, the doctor communicates what is expected with a job description, schedule of responsibilities, and information about how to perform those duties. Commonly this information is combined in a procedure manual. Many tasks are done routinely, either daily, weekly, or monthly. Others will be communicated as the need occurs.
Notes about every patient contact and contract should be recorded. Even a no charge appointment should be written in the patient's record for legal reasons. Notes are also important used as reminders. When a recent patient calls concerning his care, the assistant represents the office and he will expect her to know all about him even though a different assistant personally worked with him in the past. Any unique arrangement should be written in more than one place. Special credit arrangements and money received, for example, must be written on the patient's record, ledger, and calendar to avoid misunderstandings about billing. Proper organization will avoid situation such as sending the patient a bad credit notice for a delinquent bill when other arrangements were made or money received.

For one's own benefit and as a reminder, keep a small notebook to write down tasks that need to be done such as reordering supplies. The notebook with a score pencil can be kept in your pocket, if necessary. Don't wait to make a note of it! If put off until after that "one little chore" to write it down, there is a good chance of forgetting it. A quick key word will suffice if the office is particularly busy. Embarrassing moments can be saved by not forgetting what is needed.

Additional memory reinforcers are "warning flags" to notify you that the supply is down. Use a reorder reminder for each item that is used and when you hit it, reorder immediately. An organizational order directory indexed by product's names is
helpful for ordering. Write the company's name, address, phone, the item ordered, description, quantity ordered, price, and the delivery time needed.

To increase efficiency, store supplies near point of use. Make a location map where supplies are stored so that all employees can find the stock. Daily items should be easier to reach than weekly or monthly ones. To keep inventory in control, rotate stock by using up each box before opening a new one.\(^3\)\(^5\)

MALPRACTICE CONSIDERATIONS

Although alluded to in other sections, the intra-office communication topic would not be complete without reference to common malpractice mistakes. Confusion, resulting in a malpractice suit, often begins with a breakdown in communication and understanding. The office as a team can prevent or reduce the risk by being educated about and constantly aware of malpractice situations.

Malpractice suits are on the rise for health professionals. In the optometric office, the optometrist is binded by a legal maxim: "Respondeat superior," Latin for "Let the master answer." In the eyes of the law, the optometrist can be held liable and sued for the wrongful acts of an employee. An optometric aide also can be sued.\(^3\)\(^6\)

The most important advice is to watch what is said in and outside the office. Confidentiality is of utmost importance.
Also, document everything so that there is a record of what was said and done, in case a patient doesn't follow the doctor's recommendations. If an error is made on the chart, draw one line through the mistake, initial and date it, then record it correctly. Points to keep in mind:

1. **WATCH WHAT YOU SAY ABOUT YOUR DOCTOR OUTSIDE THE OFFICE.**
   It's best to keep the emphasis on your employer as a person when asked about him or his clinical skill. An ethical doctor doesn't guarantee results. Never compare your doctor's work with that of another's nor criticize another doctor to avoid slander. Without mentioning a name, you can slander the "other doctor" in town or the doctor 50 miles south. If someone is listening who is friends with the "other doctor," you could be charged with slander.\(^{37}\)

2. **NEVER DIAGNOSE, NOR ATTEMPT TO JUDGE A PATIENT'S SYMPTOM.**
   Just by saying, "there, there, Mrs. Gibson, it's nothing to worry about. The doctor will take care of everything!" This statement implies that the aid has categorized the problem and made an evaluation of the patient's response, diagnosing. When she promised that the doctor will "take care of everything," it is not only a prognosis but a verbal guarantee. It would be better to say, "Once Dr. Dyer examines you, you can be certain that he will give you the best care possible for your condition." If anyone asks you a clinical question, say, "I don't know, only the doctor can answer that question for sure."\(^{38}\) The optometrist is not expected to guarantee a cure. When a doctor undertakes
treatment of a patient, he agrees to use ordinary diligence and skill; no inference of negligence may be created by the fact that a poor result is obtained. If a warranty or guarantee is made, then the doctor will be held to the warranty. The optometric aide can be just as vulnerable as the doctor with regard to making a verbal guarantee. A remark such as assuring the patient of good results as he is leaving the office should be avoided.

3. **KEEP CLINICAL AND FINANCIAL INFORMATION ABOUT PATIENTS CONFIDENTIAL.** To accomplish this, be certain that records are not in plain view. When talking about a patient's case, do so only behind closed doors. If a patient's friend or relative becomes inquisitive, asking how so-and-so likes her new contact lenses, tell them that you don't know. Maybe so-and-so tells everyone about her contact lenses, but nobody in the office should. If the phone rings and the voice asks for a patient's financial information, even if he claims that he is the patient, the only safe reply is, "I'm swamped in the frame room right now, but if you give me your number, I'll check your records and call you back." And before you do, check the number, contact the person financially responsible for the ledger card for permission to release confidential information on his card to anyone, even if his spouse called. Perhaps they are in the midst of a bitter divorce battle at this time.

4. **MAKE DETAILED RECORDS.** Aides are usually in charge of keeping patient records, in conjunction with the doctor. When an office becomes busy, the patient record can suffer the omission of an
entry, such as when a referral is made. This omission can prove costly if a malpractice claim is filed. Even if the patient is told to consult a medical doctor, it must be in the record, or it wasn't done. Better yet, call the other professional and make an appointment for the patient, remembering to write it down on the record. Record any patient's comment regarding his health or his care by the doctor and alert the doctor. Record all appointments— even cancellations and no-shows. Patients have sued doctors for abandonment (failure to follow-up) and won even though three follow-up appointments were scheduled and the patient never came. The appointments were made, but there was no record of cancellations. The assistant had erased the name after each cancellation and filled the appointment time with another patient's name. Also, make a note on the patient's record. Make attempts to contact the patient to reschedule and record these. Abandonment can be avoided with accurate recordkeeping. Before a doctor can terminate his relationship with a patient, he must (1) obtain the consent of the patient, (2) give the patient sufficient notice of termination, or (3) determine that the patient is no longer in need of treatment. Therefore it is important to always ask to reschedule an appointment that is cancelled and call no-shows to reschedule.

If the patient is to be referred to another professional, it is critical that patient permission is first obtained and that the referral documented on the patient's chart. Obtain either the patient's or parent's signature on a referral form. If the patient refuses to follow a doctor's instructions, and the doctor
has the records to back him up, he will not be held liable. The patient will be contributing to negligence. However, adequate documentation is the only proof of a doctor's instructions and of when the patient should return for treatment.

5. **NEVER GIVE A PATIENT A MEDICATION OF ANY KIND WITHOUT YOUR DOCTOR'S EXPLICIT APPROVAL.** This includes "harmless" items such as aspirin, cough drops, and vitamin tablets. The following is an example of a "trap": The optometrist is out of the office for the day and a patient comes in with an irritated eye, begging for something to comfort her eye. It may be tempting to give the patient some comfort drops, but do not perform the duties you are not qualified to perform. Make contact with the doctor or someone he has designated to refer to when he is absent.

6. **BE ON GUARD AGAINST OFFICE MISHAPS, AND WORK THOROUGHLY.** The office should be kept clean for a spotless image. The staff should keep a special eye on the senile or crippled patient, as they are more likely to fall. Inadvertence, or oversight, is a key part of any contact lens claims. The best defense against claims of this sort is a careful in-office system of prescription verification and recordkeeping. Instruct new personnel carefully. For safety eyewear, remember to specify safety lenses.

7. **BE COURTEOUS. NEVER ARGUE!** A pleasant, competent assistant can make the difference between a satisfied, happy patient and an angry, suit-prone one. Assume the patient has a legitimate problem and acknowledge that if he is having trouble adapting to the correction, everything possible will be done to help. Never admit a mistake is the office's fault! Carefully check the prescription and contact the doctor.
In summary, document everything! Be sure that records are clear, accurate, and contemporaneous. Record all referrals, failure to follow instructions, patient contacts, etc. Make certain the patient understands any problem that may occur while adjusting to his prescription and how to care for his lenses. Maintain a sound attitude and professional manner. Don't persistantly push the delinquent patient in collections. Often this is the final push that drives a patient to sue. It is easier for a collection agency to take over with an unreasonable patient. Lastly, communicate full and clear instructions to each patient.
Written Communication to Patient

Written materials can serve to educate patients about their visual condition, to instruct them in their treatment, to remind them of periodic vision care, and to create a feeling of good will.

Written material reinforces what was said, and the patient has a source of reference if he forgets details about his care. Preprinted pamphlets are available from different sources. They come in handy to give to the patient after briefly explaining their vision problem. Many offices have these informational brochures in the reception area. These can include a pamphlet about history of the office and a synopsis of the doctor's education and experience.

Consultation forms given to a patient at a vision therapy consultation emphasizing the nature of the problem are given at some offices. Article reprints of selected topics may also be considered to give the patient under certain circumstances. The more the patient is aware of how complex the visual system is, the more he will come in for preventative vision care. The pamphlets create a knowledgeable patient and this can save time in describing his condition and presenting the treatment.

Instruction booklets save time when given to contact lens patients and vision therapy patients. When the information is readily available, it aids in communicating the main points about the proper way to accomplish the task. For the office, it insures
that the patient has been insturcted properly, nothing being forgotten. Some offices develop their own set of instructions rather than rely on the printed material that comes with the contact lenses or vision therapy equipment.

**Patient Recall**

Recall systems remind patients when it is time for their vision exam. It also shows your patients that you really care about the health and functioning of their eyes. An effective recall system encompasses all phases of practice management. If the doctor or staff fail to satisfy or please the patient on the original office visit, then generally nothing will work to get the patient to return. If a written recall is used, a post card is a common method to contact the patient. If addressed in the patient's own handwriting after the last visit, it has more attention value. A sample recall statement on the postcard may be:

Dear

Eyes do change, slowly, without notification, with changes in age, health, the amount and kind of seeing one does. Vision must be periodically checked, BEFORE blur or discomfort occurs, if problems are to be prevented.

When your eyes were examined on (date) you were advised that a complete new visual analysis should be made in (Date)

In response to your request to be notified, this card will remind you it is time to make your appointment. If you are unable to make your appointment immediately, please keep this card as a reminder.

Please call in advance and we will make an appointment which will be convenient for you.

Sincerely,

C.D.

Optometrist
Another type is a "Happy birthday to your glasses" announcement. It is important to chat with the patient and mention that you will mail a card as a reminder.

Office Forms

Office forms are a written medium of communication. The completeness of a registration pre-examination form communicates. The ideal office form communicates thoroughness and professionalism. Even visit slips can communicate the complex nature of the visual system. The quality of the print and paper subtly "speak" to the patient, contributing to the office's image. In some offices, if the appointment is made for a child, the office mails the family a parental information form which the parents are asked to fill out and bring the day of the examination. Typically it covers a detailed history about the development and difficulties the child has experienced.

For school age children, ask the parents if they would like a vision report sent to the school. Often school screenings resulted in the referral to the optometrist's office originally. If not, offering to send the child's vision report to the teacher emphasizes to the parents that you care. Meanwhile, the vision report educates the teacher about vision problems related to learning. It also provides a good opportunity to mail the teacher an educational pamphlet explaining the role of vision in learning. Surprisingly, a teacher's curriculum at college does not include many details about vision's role in learning. If taught some of the common signs for children with a vision problem besides failure on the distant Snellen chart, the teacher becomes a source for
referral. They are generally quite receptive as they become frustrated in teaching a child with a vision handicap. The teacher can be informed as to when the child needs to wear his glasses, and can make certain he wears them at those times. Be certain to obtain the patent's permission and signature on a release form before mailing any reports to teachers or other professionals. When mailing reports or referrals, it is important to type them on quality paper with a letterhead. If more than two or three mistakes are made, type the report over. All outgoing mail can create a professional image or destroy one.

Thank-You Letters

Finally, written communications can be practice builders, creating good will. Thank-you cards should be sent to patients who tell a friend about your office. The card lets the previous patient know that his friend took the advice and that the office appreciates the referral. It is an acknowledgement that is not only good manners, but a "positive reinforcement." For variety, have different thank-you letter wordings in case two of three are sent to the same person. Moreover, note in the patient's record each time a thank-you letter is sent, and whether it was letter #1, #2, or #3.

Example of thank-you letters follow:

Dear

Your thoughtfulness in referring Mr. (name) to us for visual care is most appreciated and we want you to know it.
We are always pleased to have a person referred to us by you, (name). It is such a satisfaction.

It is our sincere hope that we may always retain your confidence.

Cordially yours,

O.D. 45

Dear : 

Again it is a real pleasure to thank you for referring one of your friends for visual care. Mr. (name) came to my office several days ago at your suggestion.

Your confidence is greatly appreciated and may I assure you it will always be justified.

Sincerely yours,

O.D. 46

Dear : 

Thank you for referring Mr. (name) to me for visual care. Your confidence in my service is deeply appreciated.

I want you to know that I will handle Mr. (name's) visual problem with utmost care and completeness so that he will have the finest vision and comfort possible.

Kindest regards,

O.D. 47

Similarly, holiday and birthday cards can be sent to all or only key patients to maintain pleasant feelings of good will. These "extra" thoughtful gestures are appreciated by the patient and reinforces a positive patient relationship.
Complaints

If there is a complaint, handle it with tactful control. Unfortunately, there are going to be complaining patients in every optometric office, as there are in every type of service or commercial business. Consider it a challenge and take a positive attitude. The complainant can be thought of as a learning experience. If the complaint occurs more than once, the office has feedback as to its function and efficiency and corrective measures should be taken. A complainant is indicating that he still is willing to communicate, even if it is at a more emotional level. If there is a feeling of freedom to state a problem, and if it is readily accepted and acknowledged by the office, it is highly probable there can be a simple solution.

Complaints must be dealt with promptly and effectively. The assistant should be aware of the generally accepted formula regarding patients. For each complaining patient an office has, approximately ten other patients will be directly influenced to seek care elsewhere. Nobody knows how many are indirectly affected. On the other hand, a satisfied patient will influence between four to seven people to seek care from your office. Negative enthusiasm obviously spreads faster than any positive enthusiasm the office has attempted to create. From the standpoint of numbers alone, it behooves the entire staff to listen to and do something about each and every patient complaint.
The implications of malpractice can be devastating. More important than money in a malpractice lawsuit (for most doctors are insured to cover these losses) are the other problems it brings. Included are the time lost, mental and public embarrassment, and harassment that an office can face because of the suit. Hence, complaints must be dealt with conscientiously.

Fortunately, there are basic procedures to follow in satisfying complaints. First, immediately isolate the loud complainant from other patients in the reception room. Say, "Come right in and let's see what is bothering you." escort him to the doctor's private office, the lab, or any convenient private area, depending upon the office. It would be only natural for those listening to the complainant's comments to begin wondering if they've chosen the right optometrist, if they hear a patient speaking negatively about the doctor who very shortly will be treating them.\(^49\)

Time is important to the complainant. If made to wait, even for a short while, it will only add fuel to the fire. Unless there is another office emergency, it is always best to deal with a loud, angry patient immediately.

Give the patient attention. The assistant must assume the patient has a legitimate complaint and in turn must make a concerted effort to calm him. Let the patient know that you are there to listen and that you are genuinely concerned about the problem. Keep a positive attitude and maintain self control. Don't take the complaint personally if it is not directed at an individual. Ask the patient to have a seat (it
is more difficult to complain sitting down in a lower position), and let him have time to air his complaint.

Often talking it out makes the problem appear less serious. Realize that if the patient is experiencing some discomfort, illness, or social pressures (such as a disruptive home life), his behavior will be distorted.

Avoid social pleasantries and chit-chat, as the patient is extremely concerned about the problem and does not want to be distracted. Instead, if the patient's complain is vague, or he lacks the terms to describe his problem, ask questions and acknowledge his concerns:

"What can I do to help?"

"It is apparent you are worried and concerned. We are also. The doctor wants your vision to be enhanced as much as possible, to be comfortable, and for you to maintain clear efficient vision. Is there some aspect of your vision problem which you feel you do not understand?"

Be very careful to avoid pat phrases or guarantees such as, "It will be all right."

After understanding the problem, seek a solution. Every effort should be made to correct the problem as soon as possible. This is true even if the patient requires another examination. The patient expects that something will be done. Verify and recheck his prescription against the original order and his chart. Check the frame for alignment and adjust, if necessary. If an error in the order is found, make no statements to the patient. Never admit the office or lab is to blame. Notify the optometrist at this time and inform him of the facts. Record the incident on the patient's chart for future reference.
In his book, *How to Communicate in Optometric Practice*, Gregg offers guidelines for optometrists when dealing with a problem. It would be good for everyone in the office to be aware of these points.

1. **"TRY TO SEE THE PATIENT'S POINT OF VIEW"**

   Maybe he has a point. Listen to his complaint, but look for hidden meaning. "I can't stand these glasses." may simply mean that he doesn't like the frame color.

2. **TAKE THE ATTITUDE THAT THE PATIENT IS ALWAYS RIGHT**

   He is right in terms of his present understanding, although he isn't always right. The fault may have been faulty communication in the first place. Take a positive approach to solve the problem.

3. **BE CAREFUL NOT TO RIDICULE THE PERSON OR HIS IDEAS**

   Handle illogical demands in a professional manner.

4. **MAINTAIN AN AIR OF DIGNIFIED ASSURANCE**

   Assurance is communicated with everything that is done as well as everything that is said. Assure the patient that everything will be done to try to solve his problem.

5. **DEVELOP AN ENTHUSIASM THE PATIENT CAN FEEL**

   Enthusiasm is of great importance as a vehicle for communication. Both verbal and nonverbal messages of enthusiasm and true concern are particularly needed when there is potential misunderstanding.

6. **USE YOUR FINEST PERSUASION**

   Persuade the patient to understand what is best for him, not to talk him into something. Demonstration combined with enthusiasm and assurance will persuade the patient that these are the best possible lenses that may need adaption.

7. **BUILD YOUR BEST PROFESSIONAL MATURITY**

   Practice it in order to increase the rate of learning. When maturity shows through, problems are solved before they arise. Be cautious of what is said that may create patient misunderstanding or alarm."
Gregg also cites ten areas for communication failures in an optometrist's office:

1. **DISRESPECT FOR OPPOSITE VIEWS**
   
   A one-sided presentation of a solution, explanation, or an attitude toward others can offend the listener. Be willing to consider other alternatives.

2. **ATTEMPTING TO CLASSIFY EVERYTHING**
   
   This implies that there are no exceptions to rules, no room for another point of view.

3. **INADEQUATE INFORMATION**
   
   One can't explain without the facts and is bound to result in misunderstanding. When discovered, the patient will not trust the office again.

4. **TOO MANY ENCYCLOPEDIC TERMS**
   
   Although they have become so common to the office staff, technical terms will tune listeners out. They must be briefly explained if used so that the patient doesn't have to feel stupid for asking the meaning. Equally important, the patient may never understand what is being said and is too shy to ask. This creates an obvious barrier.

5. **FAILURE TO UNDERSTAND AND JUDGE BACKGROUND**
   
   Explanations will differ depending on who you are speaking with. A college graduate may be more familiar and interested in certain topics than others with little general education or little experience in an optometrist's office.

6. **FAULTY CONCLUSION DRAWING**
   
   If the listener can't follow the conclusion drawn, he won't understand.

7. **NOT ENOUGH LISTENING ON THE PATIENT'S PART**
   
   He thinks he knows more than he does or there are interruptions so that there is misunderstanding of the problem. The patient has a limited vocabulary for what bothers him and after listening, more questions should be probed while again listening.

8. **MISJUDGEMENT OF MOTIVES**
   
   Both the office and the patient wonders if the other really means what is said. Misunderstanding of motives behind what is said might occur if the patient thinks the staff has something personal to gain.
9. OVER-GENERALIZATION

This is a two-way street. Patients often believe a method of treatment that helped one person will help another who they perceive "has that same trouble." Office staff who remember that one particular frame fit the thin nose of the last five patients may assume it will benefit all with the same problem, ignoring other options such as nose pads, etc...

10. INCORRECT EVALUATION OF NEEDS

Failing to solve the problem that exists, then giving an explanation that doesn't apply is fertile ground for misunderstandings. This is where careful listening to the patient's needs is critical.

With these points in mind, try to prevent communication failures from occurring in the first place. Make it a policy to encourage all patients to return for readjustments on new eyewear.

Specific areas of misunderstanding and complaints will be outlined. Explaining fees in a professional way reduces confusion. If the patient feels the fee is too high after you've reviewed and itemized it, re-emphasize the services and materials. Should he remain confused or state, "I'll pay for these glasses, but not until later when I see if they are satisfactory." Remove the patient to a private area, call the optometrist and he will explain according to his own policy. He might state, "We need the fee for the materials to be ordered. The office will make every effort to assist you in adapting to your new glasses. Do you have any concerns or questions?" Perhaps the patient has some unvoiced fears about his vision. If this is not the case and the patient is just being obnoxious, it might be appropriate for the optometrist to firmly state, "For a good patient relationship to exist, I feel it is most important that the patient has confidence in the doctor's ability. If you don't feel this way, Mr. Gibson, and I get this impression from what you said, I would rather you went to another optometrist."
Unfortunately, this situation catches the assistant off guard, and she can make the mistake of guaranteeing the service or glasses, which must not be done.

Other problem situations which can arise:

Patient:  "This isn't the frame I picked out."

ASSISTANT:  "We'll certainly get whatever you want; let's look at the samples once again to be sure about it."

or:  "You do look nice in that frame; did you prefer another color?"

Patient:  "My appointment was for today, not next Tuesday."

ASSISTANT:  "We'll take you now just as soon as the doctor can get to you."

or:  "Rather than hurry by taking you now, could you possibly come back Wednesday?"

Patient:  "Your glasses are making my eyes worse."

ASSISTANT:  "It may seem that way, but it is because you see better than the old way, and that makes it just seem worse."

Patient:  "Your fees are too high."

ASSISTANT:  "Yes, isn't everything high?" Said tactfully, no aloftness. It is a positive, sympathetic, and hard to argue with answer.

or:  "Perhaps you'd like to select a less expensive frame."

This approach points out to the patient that the fee depends not only on his needs, but also on what he selects as a solution to his problem. Make it clear that the total fee isn't merely what you decide to charge him.

or:  "I guess it does seem high, but so many services and costs go into it; here, let's look at this fee slip...." Turn the statement into an advantage by explaining the fee structure in a detailed way that may have been too aggressive until the patient asks this question.
Many patients will not complain and it is up to the office to find out how the patient is getting along. Truly try to help concerned patients in determining problems before they become complaints. An occasional telephone call from the assistant to a patient may also avoid complaints from getting out of hand, nipping them in the bud. Preventing a misunderstanding is easier than dealing with it later.
Nonverbal/Odds and Ends

Office and Reception Area

Researchers in the area of nonverbal communications claim that as much as 90% of the meaning that is transmitted between two people in face-to-face communication can be nonverbal, and when in conflict, the nonverbal will win, such as in sarcasm. If this is true, the importance of studying and using nonverbal as well as verbal communications in the office is a paramount importance. The office itself communicates. The office should communicate: "This is a warm, friendly, efficient place." The office must be "First Class" because the quirk of human nature is that "People judge a book by its cover." A basic rule of public relations: If you have a good story to tell, don't wait to be asked. This is true both inside and outside the office, and it takes energy to maintain a professional, warm level.

The office should convey a feeling that caring, efficient, and responsible people are here. Try to make all rooms look spacious, efficient, and clean. Dust daily and polish furniture regularly. Black instruments show dust readily and must be wiped daily. Plastic covers on instruments when not in use not only protect them from dust, but also smoke damage in case of fire. Clean with alcohol the face shields, head and chin rests, and the retinoscopy lens. Keep everything neatly in place. The way an office smells is important
to create positive feelings. Encourage no smoking by having an attractive sign or poster prominently placed. Also, don't invite smoking by not having ashtrays available. Deodorizers keep the office smelling clean. Flowers, in season, have a fresh, lively scent, and are visually appealing.

The reception area should be tastefully decorated and furnished. Wall decor can include optical illusions or photos that provide conversation pieces. If patients remark about them it gives the staff a chance to explain the illusion's effect and emphasize that vision involves more than an image on the retina. Vision involves interpretation, as well as memory, learning, innate traits, and more. Decorate the office seasonally and for holidays to make patients feel festive and enthusiastic about the office.

**Bulletin Board and Magazines**

Bulletin boards can tastefully display articles and items about vision. Newsclips about recent advances in eyecare, comic strips about eyecare, and other items of interest such as patient's accomplishments, can be shared with all patients. The articles should be carefully chosen, trimmed, and mounted. If the bulletin board is a mess, it communicates a poor image. Articles should be current, not left to yellow and fade with age. Well done, a bulletin board can be an appropriate tool for communication and a good image builder.

Magazines in the reception area should be carefully chosen. There should be a variety to appeal to different types of
patients: young and old, male and female. Include the popular, easy to read publications as well as scientific, dignified ones. Fashion magazines reinforce the fashion concept in a subliminal way, which may be remembered at frame selection. Other reading material can include brochures and pamphlets available to educate patients about vision and the services available.

Special Attention for Children

For the children, it is practical and important to have a special place for them in the reception room. A small table and chairs, chalkboard, books, toys, and puzzles keep children occupied and also welcomes them. If puzzle pieces are marked on the back, it aids in designating to which puzzle the pieces belong. Children love to receive something from the doctor. It is a good idea to have balloons, small toys, and buttons for daily visits. Bravery awards and achievement certificates are appreciated, especially after a long vision therapy program. All treats are special to children, no matter how small. On the topic of children, other points should be made. Don't talk down to the child or just talk to his parents. Warm the child up, gain his confidence if he is apprehensive, and he will be your friend. Also, after a little one uses the restroom, it is a good idea to check it when he is finished!

Miscellaneous Ideas

Other ideas for visual communication include a variety of odds and ends.

1. Place a basket for used eyeglasses in the reception area for the needy. If a patient asks, "How much of a trade-
in can I get on my old glasses?" Tell them they can donate them and receive a tax deduction. Be sure to give him a receipt.

2. A "Please Register" sign informs patients that they are to check at the desk when entering.

3. For easier collections, a sign stating the payment policy politely but firmly gets the message across.

4. If the staff leaves the office during the lunch hour, hang an "Out to Lunch" sign on the door and leave it there for the full hour to give the staff the rest they need.

5. If national credit cards are accepted, be sure to display the signs at the main desk where patients are presented their bill.

6. In the dispensary, let the manufacturers' fashion eyewear posters become part of the decor. They tell patients that you understand their fashion needs and offer the kind of fashion frames they want.

7. To set a cheerful mood and allow for more privacy, use a sound system which plays appropriate music. Avoid trendy, loud music that would offend any class of patients. While placed on hold, music played to the caller makes the wait more pleasant. Music also confirms that the patient wasn't accidentally "cut off." For doorbell or telephone calls, some offices prefer nonstandard types of chimes to alert the staff of a caller.
Making Patients Feel Important

Before, after, and during the exam, it's the little things done that count. Providing coffee, tea, or cookies is a small consideration that patients appreciate. Help patients with their coats in the winter. Lift the foot-rest for the elderly. Keep a box supplied with frequently requested items for patient convenience. Items to include are: small combs, plastic rain hoods, needles and thread, disposable diapers, emery boards, safety pins, and any other convenient item.59

Make it a point to try to remember and use names. One's name is an identifier. When talking with patients, remember body language communicates your sincerity and commitment to those who are observant. Guidelines include: looking a patient in the eye shows interest when speaking to them, head nods and leaning forward facilitate conversation and tells the patient that you are interested in what is being said. Being at the same level, both sitting or both standing, indicates equal status. A raised eyebrow or a head shake indicate amazement or doubt. Lowering vocal tone tells of authority, and varying tone and rate of speech makes conversation more sincere. It is important to recognize these nonverbal signals early in order to react appropriately.60

Follow up on patient care both short and long term. Be sure to think of each patient as an individual, thinking of what care each needs. For every grammar school-aged patient, make it a point for the parents to sign a release so that a report to the teacher may be sent.
Follow-Up on Lab Orders

Often patients will ask how long it will be to receive their new glasses or contact lenses. Know the labs you deal with, consider the prescription and the "extras" such as tint or bifocal, and overestimate the approximate time. If there is a delay with the lab such as breakage or a special order for materials, ask the lab to notify the office. It is important to keep track of orders in an office file so that if there is a delay, and the lab has not contacted the office, you can call the lab. If the order is late, call the patient and explain before the patient calls the office in an irritated state. When the order comes back from the lab verify the prescription for accuracy so that the patient receives precisely what was ordered, avoiding embarrassment to the office.

Follow-Up With Patients Who Have New Prescriptions

Following up on new prescription glasses after dispensing by phone shows that the office cares. Two to three weeks after dispensing place a call to the patient, "This is Dr. Dyer's office to check and see how you are adjusting to your new prescription." If there are any problems, make an appointment for an office call before the patient seeks care elsewhere.

Assisting the Practice Growth

Be loyal in and out of the office. Before a doctor can practice optometry, there must be patients. The aide becomes one of the office's personal advertisements. She can represent her doctor in the community and to the public not only in
areas such as service organizations, community affairs, and more. Carry the doctor's business card with you. If anyone asks where you work, give them the card and watch the practice grow. Proper conduct and attitude within the office can do much to keep the patients. Generate a feeling of enthusiasm about your work. Enthusiasm is contagious.

In Fundamentals for the Optometric Assistant, Steven Bates lists a Code of Ethics and Conduct which is worth repeating:

Code of Ethics and Conduct

1. The Golden Rule should be applied in spirit, as well as in fact, at all times.

2. In all your professional contacts, you should be honest and loyal, and serve to the best of your ability.

3. Hold in strictest confidence the details of professional service rendered by your doctor.

4. Refrain from providing any service for which you are not specifically trained or licensed to perform.

5. Make no derogatory remarks which would imply that the doctor had not provided the best treatment possible for his patient.

6. Make no derogatory remarks about the profession of optometry.

7. Realize your obligation to continue your education, and avail yourself of all educational activities to increase your skills.

8. Make every attempt to attend educational seminars provided by the optometric profession.
Conclusion

For those with the desire to learn, practice and hard work are needed to learn the art of communication. Whoever communicates well and effectively is practicing an art that is stimulating, challenging, and exciting. The importance of saying the right thing at the right time can not be overestimated. Moreover, whether you are an experienced assistant or a novice, your professional communication can always be enhanced.

Keep communicative skills sharp and build up a reputation with experience. Techniques and skills come from constant usage everyday, with every patient encounter. You can not rely on reputation and experience alone to achieve the goals of communicating. Methods to keep communicative skills sharp are given by Gregg:

1. "THINK OF COMMUNICATING AS AN ART, AN ART WHICH IS A PLEASURE TO PERFORM.

   If you think of it this way, it will stimulate you to keep up. You want to delicately guide the patients. Control the environment for the patient for the finest vision care.

2. PRACTICE THE ART OF COMMUNICATION DAILY.

   Work at it. Start by following the fundamentals to build a foundation with purpose, forethought, and logic. However, don't rely so on phrases so that one sounds like a robot without a human touch.

3. DEVISE NEW TECHNIQUES THAT WILL WORK FOR YOU

   After learning some of the basic management techniques for communication develop and use new ones to personalize a definite style.
4. DEMONSTRATE, TEACH, AND EDUCATE THE PATIENTS AND THE PUBLIC WITH VISUAL AIDS.

This is a great way to get practice communicating. Don't let it get tiresome and repetitive. Change visual aids every few years to make a point and keep things interesting. Remember, the biggest complaint against professional offices by their patients is the "lack of explanation" about their problems. The more demonstrating you do, the faster you'll get at it.

5. REVIEW THE COMMUNICATION PRINCIPLES PRESENTED FREQUENTLY.

They will not change, you will. \(^{62}\)

The life of a professional assistant is one of learning and maintaining all skills, especially communicative ones, for self-improvement. Time must be set aside with a busy schedule to reflect how a situation could better be handled. When the patient leaves, he has developed either a positive or negative impression of the office. He at first assumes you are competent, all the rest is communication that you are capable and friendly. Being enthusiastic about optometry is easy. Not only let it happen, encourage it! The rewards of effective communication are many, including challenge and personal gratification.
References


5. American Optometric Association, Section VIII.


9. Martus 45.

10. Martus 46.


13. Kuhn BL: Dear Judi Letters to an Optometric Assistant. 82.


27. Soder A(editor): Styling for Children. 16.


29. Kuhn BL: Dear Judi Letters to an Optometric Assistant. 117-118.


34. Kuhn BL: Dear Judi Letters to an Optometric Assistant. 49-50.

35. Kuhn BL: Dear Judi Letters to an Optometric Assistant. 28-33.


**DARE TO COMMUNICATE WELL AS AN OPTOMETRIC ASSISTANT**

**Evaluation Form**

Please evaluate each major section, then give overall reaction.
$1$--Excellent; $5$--Poor

<table>
<thead>
<tr>
<th>Section</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. The Telephone</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Completeness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Topic Organization</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Readability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Usefulness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Comments, Suggestions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **2. Greeting in the Reception Room** |  |  |  |  |  |
| a. Completeness | 1 | 2 | 3 | 4 | 5 |
| b. Topic Organization | 1 | 2 | 3 | 4 | 5 |
| c. Readability | 1 | 2 | 3 | 4 | 5 |
| d. Usefulness | 1 | 2 | 3 | 4 | 5 |
| e. Comments, Suggestions: |  |  |  |  |  |

| **3. Patient Scheduling and Recall** |  |  |  |  |  |
| a. Completeness | 1 | 2 | 3 | 4 | 5 |
| b. Topic Organization | 1 | 2 | 3 | 4 | 5 |
| c. Readability | 1 | 2 | 3 | 4 | 5 |
| d. Usefulness | 1 | 2 | 3 | 4 | 5 |
| e. Comments, Suggestions: |  |  |  |  |  |

| **4. Frame Selection** |  |  |  |  |  |
| a. Completeness | 1 | 2 | 3 | 4 | 5 |
| b. Topic Organization | 1 | 2 | 3 | 4 | 5 |
| c. Readability | 1 | 2 | 3 | 4 | 5 |
| d. Usefulness | 1 | 2 | 3 | 4 | 5 |
| e. Comments, Suggestions: |  |  |  |  |  |

| **5. Dispensing Glasses & Adjustments** |  |  |  |  |  |
| a. Completeness | 1 | 2 | 3 | 4 | 5 |
| b. Topic Organization | 1 | 2 | 3 | 4 | 5 |
| c. Readability | 1 | 2 | 3 | 4 | 5 |
| d. Usefulness | 1 | 2 | 3 | 4 | 5 |
| e. Comments, Suggestions: |  |  |  |  |  |

| **6. Dispensing Contact Lenses** |  |  |  |  |  |
| a. Completeness | 1 | 2 | 3 | 4 | 5 |
| b. Topic Organization | 1 | 2 | 3 | 4 | 5 |
| c. Readability | 1 | 2 | 3 | 4 | 5 |
| d. Usefulness | 1 | 2 | 3 | 4 | 5 |
| e. Comments, Suggestions: |  |  |  |  |  |

given to:  Dr. Reiss  Dr. Neff  Dr. Schuman  Dr. Jacobs
Receptionists:  Dr. Barbara T. Fehr  Dr. Walter T. Wallner  Marti Fredrick
7. Fees
   a. Completeness  
   b. Topic Organization  
   c. Readability  
   d. Usefulness  
   e. Comments, Suggestions: 

8. Staff Communications
   a. Completeness  
   b. Topic Organization  
   c. Readability  
   d. Usefulness  
   e. Comments, Suggestions: 

9. Malpractice Considerations
   a. Completeness  
   b. Topic Organization  
   c. Readability  
   d. Usefulness  
   e. Comments, Suggestions: 

10. Written Communication to Patients
    a. Completeness  
    b. Topic Organization  
    c. Readability  
    d. Usefulness  
    e. Comments, Suggestions: 

11. Complaints
    a. Completeness  
    b. Topic Organization  
    c. Readability  
    d. Usefulness  
    e. Comments, Suggestions: 

12. Nonverbal/Odds and Ends
    a. Completeness  
    b. Topic Organization  
    c. Readability  
    d. Usefulness  
    e. Comments, Suggestions:

13. Overall Reaction, Suggested Changes, Comments:
DARE TO COMMUNICATE WELL AS AN OPTOMETRIC ASSISTANT
Evaluation Forms Summary

Four Optometrists and four receptionists were requested to evaluate
the thesis. The directions were: Please evaluate each major section,
then give overall reaction. The scale used was from 1 to 5. 1--Excellent;
5--Poor.

<table>
<thead>
<tr>
<th>Section</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Telephone</td>
<td>1.219</td>
</tr>
<tr>
<td>2. Greeting in the Reception Room</td>
<td>1.16</td>
</tr>
<tr>
<td>3. Patient Scheduling and Recall</td>
<td>1.44</td>
</tr>
<tr>
<td>4. Frame Selection</td>
<td>1.25</td>
</tr>
<tr>
<td>5. Dispensing Glasses &amp; Adjustments</td>
<td>1.19</td>
</tr>
<tr>
<td>6. Dispensing Contact Lenses</td>
<td>1.25</td>
</tr>
<tr>
<td>7. Fees</td>
<td>1.125</td>
</tr>
<tr>
<td>8. Staff Communications</td>
<td>1.094</td>
</tr>
<tr>
<td>9. Malpractice Considerations</td>
<td>1.125</td>
</tr>
<tr>
<td>10. Written Communication to Patients</td>
<td>1.16</td>
</tr>
<tr>
<td>11. Complaints</td>
<td>1.0</td>
</tr>
<tr>
<td>12. Nonverbal/Odds and Ends</td>
<td>1.06</td>
</tr>
</tbody>
</table>
Dare to Communicate Well as an Optometric Assistant-Evaluation Results

In general, both the optometrists and the assistants who read the completed thesis were enthusiastic about the material and rated it quite highly. In general, the major criticism was the typographical errors in the final copy, which distracted the reader. Most thought it was quite useful and some requested a copy, if available.

The evaluations requested the readers to rate each section on four criteria: completeness, topic organization, readability, and usefulness. A scale from one to five was utilized, 1 being excellent and 5 being poor. The results were unquestionably skewed in favor of ratings 1 and 2. The section that was rated lowest was "Patient scheduling and Recall" while the sections that were rated highest were "Complaints" and "Nonverbal." (See enclosed tabulation of total points for each section.)

Seldom did the responders comment under each individual section; however, of those who did, the major suggestions were:

1. Might have included an approximate time frame for scheduling patients for different services. In general, to manage the appointment book the assistant must know time allowance for each specific service. Should develop a code to save appointment book space: PVA=Previous patient-visual analysis; NVA=New patient-visual analysis; PE=Progress exam, etc.

2. Say, "please be seated" instead of "have a seat."

3. Questions about the terms: 'challenging patient,' and 'improved bookkeeping.'

4. Detail men are sometimes important--don't always turn them away.

5. Many don't like to give their age--especially to someone over the phone.

6. For a late patient, start exam anyway--will use the remainder of the time and patient will be so involved, will return. Otherwise may be upset that not taken and will not keep 2nd appointment.
7. Call no-shows within 5 minutes so can use emergency list. Most people are on time, so can catch a miss with a prompt phone call.

8. It is valuable to have several phone trunks--Telephone Co. will make a survey to see if needed. If phone is busy much of the time, prospective patients will phone elsewhere.

9. About walk-in patients: can state had a postponed appointment so can work in. Otherwise patients gradually form a habit of dropping in.

10. A plus Rx makes objects look larger and closer. (Instead of as on p. 42 smaller and further away.) This is the usual reaction.

11. Include guidelines for dealing with 'undesirables' that drop in for 'free' adjustment (non-patients) when assistants are alone.

12. Include possibility of making recall appointment before patient leaves office. (i.e. 1--2 yrs. ahead).

13. Include section on how to present the 'multiple' frame idea--"This section is mainly sportwear...."

14. Excellent source (on staff communication) and organization---extremely important.

15. Excellent, calm approach to problem solving. (Of complaints)

16. Perhaps more specific examples. (Nonverbal section)

OVERALL COMMENTS INCLUDE:

1. Readability was hampered by frequent editing problems. Overall reaction: excellent and very useful!

2. Excellent job--very easy to read--well organized. Would be a very useful teaching aid for an assistant. The tone is enthusiastic!

3. The thesis could easily be incorporated into a policy manual. It is an excellent job of explaining why a certain procedure should be followed instead of just relating an attitude of "Just do it because I said to." My only negative comment would be directed at the typographical errors, they tended to distract from the well organized material.

4. Great. Typing errors only criticism.

5. I felt typing was poor, with lots of mistakes. Margins placement was incorrect on right side. I feel it was well put together, taking
you through each area.

6. All in all an excellent paper--one that could teach much to new (and many existing) practitioners. I would like a copy if available!

7. Excellent work. Feel that some areas would have need for amplification. Recognize this need on basis of experience. Realize that can't write a book and as a thesis this covers area in about as much depth as can be. However--sections need additional material. This is a fine piece of information particularly for the new office.

In summary, the four optometrists and four receptionists who read the thesis rated it highly and gave some excellent suggestions for improvement. There seemed to be little difference in the manner they rated it. No general trend was followed by either group. The evaluations of the thesis will be used in determining which sections will be published in the future.