Communication Concerns for the Ophthalmic Photographer

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Introduction

As ophthalmic photographers, we interact daily with patients. Wong has noted the vital role the patient plays in the quality of photographic results.[19] Shields mentions the importance of "friendliness" in his article "Strabismus and Eye Plastic Photography."[13] Canto states "the easiest way of obtaining more consistent results is to obtain the highest photographer–patient relationship." He briefly mentions diplomacy and politeness,[2] but an article on equipment modifications cannot be expected to deal indepth with communication systems, problems, and solutions.

Other than a mention in technical papers similar to the above, ophthalmic photography literature shows little or no history of a major concern for studying patient–photographer relationships. There is no listing concerned with communication in the Ophthalmic Photography Index. There is no full length article directed solely toward communication and the ophthalmic photographer.

During a fluorescein procedure, the patient and photographer are thrust together for a brief time (15-30 minutes), during which the photographer explores a very private part of the patient—his eyes. In this group setting, the photographer must act in a variety of technical and communicative roles. Aside from obtaining technically correct photographs, the photographer must act as initiator, information giver, and coordinator. With so much responsibility on the photographer, he must learn to be a good communicator.

This paper will delineate basic communications concerns of the ophthalmic photographer, drawing from the literature of other health care professionals. It will offer concrete proposals for good patient–photographer interactions and practical suggestions for dealing with problem patients.

What Is Communication?

There are at least ninety different published definitions of communication. They contain fifteen major themes, three of which are disputed between definitions.[20] I'd like to let communication professors argue about the standards and intricacies of communication, and use a simple, practical definition for this article.

Communication is a process by which individuals share thoughts and feelings, intentionally or unintentionally. Viewing communication as a process recognizes its cyclical nature (Statement—Feedback—Statement). "Share" indicates a mutual involvement of communicator and receiver. Itemizing thoughts and feelings reminds us that both facts and emotions can be communicated. Noting the intention or lack thereof leaves the avenue of nonverbal communication open.

Haney and Stewart[12] have described the communication process in eight distinct steps:

1) The transmitter formulates something to communicate.
2) The transmitter encodes a message in a set of stimuli he thinks the receiver will comprehend.
3) The transmitter conveys the message.
4) The message travels to the receiver.
5) The receiver intercepts the message.
6) The message enters the receiver's brain.
7) The receiver processes the message.
8) The receiver acknowledges the receipt of the message.

This cycle may end, or continue indefinitely. If, for any reason, there is an interruption in this cycle, or one step is eliminated, conditions for optimal communication do not exist.17

Communication Barriers

Mehrabian and Reed[8] have formulated a set of hypotheses relating to communicator and addressee attributes. These hypotheses can be used to predict variations in communication accuracy. They can serve as a guide to help prevent communication barriers from forming.

H1: "The accuracy of a communication is directly correlated with the communicator's or addressee's level of cognitive development and is determined by the lower of the two levels."8

Talk to your patient in simple, clear language. Avoid complex medical jargon. When you must use a medical term, follow it with a short simple definition. For example, "Today we will be taking pictures of your cornea, the clear part in the front of your eye." Studies show that although half of the general adult population is interested in scientific issues, only one quarter were knowledgeable about them.[9] Keep it simple.

H2: "The accuracy of communication between two individuals is correlated with the degree of similarity between coding rules for single or multichannel communications."8

Communicate with the patient using straightforward, plain English. Do not use street lingo or medical jargon, unless it is appropriate.

If the patient does not speak English, try to arrange for a translator. Often a relative or friend of the patient can help in this way. Many large hospitals and medical centers will distribute a list of employees with second language talents. If your place of employment does not have such a list, suggest it to the patient representative.

If you find yourself photographing many patients who do not speak English, but speak a common language (e.g., Spanish)—try to learn that language. You do not need conversational ability. Learn key phrases from the translator. When a patient is addressed in his own language, it not only facilitates communication, but helps put him at ease.

H3: "The accuracy of a communication is inversely cor related with the magnitude of the positive (or negative) communicator or addressee attitude toward the referent of the communication. Of the communicator's and addressee's attitudes, the one which deviates most from neutrality is the determiner of the communication accuracy."8

If your patient is anxious or upset about the procedure, stress the ease and simplicity with which your photographs can be done. By remaining relaxed and at ease, you will help calm the patient. Extremely anxious patients do not process information well. Make short, clear demands in a soft, calm, and firm tone of voice. [15] This technique works well for patients who have a nauseous reaction to fluorescein.

Some elderly patients are apathetic and uncaring. The most you can do for them is give them comfort and support.6 Never underestimate the strength of a smile.

H4: "The accuracy of a communication is inversely correlated with the magnitude of positive (or negative) communicator (addressee) attitude toward his addressee (communicator)."8

Bigotry has no proper place in patient–photographer relationships. Leave your prejudices at home. Respect your patient as an individual.

Many elderly patients have had strokes and cannot cooperate. A person with count finger eyesight in both eyes cannot be expected to properly follow the fixation point. Hearing impaired patients require a louder voice. Patients lacking personal hygiene can be bothersome. Extremely photophobic patients cannot be expected to enjoy fundus photography. Any "nonperfect" patient can create anxiety. As a health care professional, you should learn to deal with each difficult situation calmly. Do not let problem patients affect your positive attitude.

Some problem patients may be of your own making.11 Answer positively to the patient who asks too many questions, or wants further explanation.

H5: "Accuracy of communication is inversely correlated with the rate of information processing attempted by the communicator of the addressee. The limits of communication accuracy are determined by the faster of the two rates employed by the communicator and addressee."8

Do not speed through explanations, instructions, or consent forms. It is better to take a little extra time. An explanation of the fluorescein procedure is most effective with the full attention of the patient. Don't expect complete understanding if you are explaining the procedure while taking pictures, making injections, or completing paperwork. Set aside the minute it takes for a proper explanation. Use eye contact and ask for feedback to confirm understanding.

Other Communication Problems

There is so much interaction with so many patients in a typical health care situation, that a set of guidelines, even with the most appropriate explanation, cannot always solve your problems. Other issues are bound to crop up. What should I call the patient? First name? Last name? How can I make the patient feel like a person, not just a case? Should I use nonverbal communication? Touch the patient? How do I know the patient understood? Let's look at these issues one at a time.

While it is true that most of us have been called many things in the past, we all prefer to be addressed respectfully by strangers. In the German language there are two words for "you"—the formal (Sie) and informal (du). The formal is used by strangers (including health care professionals) until permission is given for familiar use. While you cannot duplicate that usage in English, you can show respect for your patients by addressing them as Mr./Mrs./Ms. Last Name, or Mr./Mrs./Ms. First and Last Name.

While little has been written on the subject, there is a collection of opinions by nurses and patients in the AORN Journal.' The consensus seems to be in favor of a policy of asking how the patient would like to be addressed.

While we are on the subject of names, I'd like to alert you to the ignominy of having your name mispronounced. If you have difficulty with a name, or the patient looks at you funny when you use it, ask the patient for the correct pronunciation. Not only will you learn a new name, but the patient will be made to feel more like an individual.

Our health care system automatically depersonalizes patients. [7] We refer to patients as diseases ("the diabetic I had the other day") or case numbers. Trying to be quick and efficient, we leave little time for personal attention while hurrying the patient through our assembly line procedures. Communication is a process by which *individuals* share thoughts and feelings. Effective communication can only occur when you treat your patients with the respect of individuals.3

Patient compliance in colon preparation for a barium enema examination was studied by Fordham. [5] He found much better preparation by patients who had received a letter and a phone call after their appointment was scheduled, as opposed to just a phone call, just a letter, or neither. In his discussion the author cited behavior analysis and behavior modification as potential explanations. He missed the fact that he was treating his patients with plain old personal attention—something we all respond to.

When communication is discussed, nonverbal communication (facial expressions, gestures, actions) is often ignored. You read nonverbal cues daily. Facial expressions have a greater impact on first impressions than do either vocal tone and inflection, or vocabulary. [16] Touch is an extremely potent communicant. [14,18] Your personal style and judgment determine the intensity of your tactile communication. Lending an arm, or a

hand on the shoulder are usually in good taste. Experience is the best teacher here.

Nonverbal communication is often used by patients as a mechanism for feedback. Becoming aware of facial expressions and gestures can aid your understanding of a patient's attitude. Do not rely on nonverbal feedback as your sole gauge of the patient, however. If in doubt, ask. Verbal communication can be less ambiguous than nonverbal.

You can give feedback nonverbally also. Keeping eye contact when your patients are speaking lets them know you're listening. Remaining calm lets them know there is nothing to worry about. Smiling lets them know you care.

Summary

Studying patient-photographer relationships is a worthwhile endeavor for the ophthalmic photographer. As a group, the patient and photographer have a preassigned task to complete the best technical quality photographs in the least amount of time. Good communication aids in the adequate and prompt completion of the task. This paper has articulated many practical suggestions for better interpersonal communications, including:

1) Talk to patients in an easy to understand language, at an easy to understand pace.
2) Keep a favorable attitude toward *all* of your patients.
3) Show respect for your patients as individuals.
4) Be aware of nonverbal communication, and its proper role in patient-photographer relationships.
5) Recognize and give feedback to complete the communication cycle.

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