

## Superior Chairside Manner: 23 Steps to Achieving It

Superior chairside manner is an attribute of high performance optometrists. Studies among patients in hospitals and of primary care physicians consistently show that patients place higher value on the quality of the communication with a doctor than on technical competence, which they are unable to judge. The highest level of patient satisfaction occurs when a genuine caring and compassion is perceived from caregivers. When patients feel cared for, a relationship of trust is established and patients become more open in dialogue and more compliant with a doctor's recommendations. Patients develop strong bonds with doctors they trust, who listen attentively to their individual interests and needs and recommend solutions in an understandable way.

Below are some concrete behaviors that will enhance your chairside manner and convey your competence and caring. Remember that the highest degree of patient satisfaction and compliance will occur when patients perceive a genuine caring and compassion from you.

1. As you enter the exam room: smile, look the patient in the eye and warmly greet the patient by name.
  - "Great to see you again, Mrs. Jones. Thanks for coming in. We appreciate your trust."
2. Wash your hands in front of the patient.
3. Briefly engage in small talk unrelated to eye care. When the discussion is all business, a personal bond is less likely to develop. Ask questions about patients' personal lives. Asking about a patient's children, hobbies, job or interests is the easiest way to build trust. Patients never tire of talking about themselves.
4. Ask permission to make a product recommendation after the exam. "After completing my exam, I would like to recommend what I think will best satisfy your needs. Would that be okay?"
5. Explain the purpose of each test, as performed, in lay person language.

6. Never rush or tolerate interruptions. Give undivided attention to each patient. If it is necessary to briefly divert attention, always first say: "Excuse me."

7. Encourage questions and dialogue, while maintaining eye contact.

- "What do you want from this visit?"
- "Is there anything I said that wasn't clear?"
- "Is there anything you wanted to ask about today?"
- "Are you experiencing any problems with your vision since your last visit?"

8. Listen attentively. Too often busy doctors project their own values and concerns into situations and make snap judgments based on objective diagnoses alone. Patients rate communication with doctors in inverse proportion to the doctor's share of the dialogue.

- Avoid body language that signals impatience or disinterest.
- Align facial expressions with patients' feelings. When patients convey pain or difficulty, let your face demonstrate your concern. When they express happiness, share their satisfaction with a smile.
- Use nods and phrases to signal your attention ("I see" or "That's interesting").
- Paraphrase patient's statements to demonstrate your understanding.

9. Avoid reading a patient record while engaging in dialogue with patients. This signals a lack of attention and listening.

10. Acknowledge and validate any feelings expressed by a patient. Empathizing with feelings conveys sympathy for their situation.

- "I understand what you must be going through"
- "I can understand why you feel that way,"
- "I know that can be difficult."

11. Treat every patient concern as important and legitimate.

12. Never directly contradict or disagree with a patient's feelings or judgments. Avoid direct criticism of patient behavior or statements. Patients are embarrassed by rebukes or by being contradicted and may become defensive or withdraw from dialogue. Patients frequently act from ignorance, not bad intentions. They should always be allowed to save face, even if obviously wrong. When it is necessary to point out an error or risky conduct, sandwich it between compliments. First acknowledge the patient's good intention, point out the mistake, then compliment the patient on their concern for their health.

13. Never cut a patient short in conversation. Avoid instant diagnoses of situations and jumping to conclusions about treatment plans. Patient stories need to be heard. They may reveal hidden conditions or hidden needs

14. Compliment patients on compliance with your instructions, for their interest in their ocular health and for the perceptiveness or relevance of their questions.

- “I am pleased that you are replacing your lenses as we advised.”
- “It is great that you are prudent and have your eyes examined every year.”
- “That’s a great question. I wish more people would ask me about that.”
- “Not many people are as observant as you are.”

15. Determine the patient’s daily visual environment.

- “To recommend what’s best for you, I need to understand what vision demands you have both at work and during leisure time. Would it be okay to ask a few questions?”
- “During the day, where do you spend most of your time?”
- “During the day, how long are you exposed to direct sunlight?”
- “How many hours a day do you use a computer?”
- “Tell me about your hobbies and sporting activities.”

16. Note patient preferences, interests, daily activities, idiosyncracies and relationships in the patient file, for future reference.

17. When engaging in dialogue with patients, do so at the same eye level. Never stand and talk to a seated patient. Sitting signals you intend to listen patiently.

18. Conduct subjective refraction patiently.

- Never rush a patient; it may cause patients to question the accuracy of refraction.
- Avoid scientific explanations of what you are doing.
- Say: “Even though we have all the examination technology to tell us about your vision, I still like to know your personal preferences.”
- Say: “I’ll have you look through two different lenses. Even though neither choice may be perfect, I want you to say which one looks clearer.”

- If a patient is indecisive, say: “Or do they look about the same? It’s always okay if you think the choices look about the same.”
- Offer encouragement: “You’re doing fine” or “We’re almost done.”

19. Summarize exam findings in lay person’s language. Avoid jargon, acronyms and technical language.

20. Recommend the best spectacle lens or contact lens solution (s) for the patient’s needs.

- Avoid lengthy menus of lists of options.
- Preface recommendations with the word “I”: (“I would like you to...” or “I want you to...” or “I would feel better if”). This conveys personal interest in the patient’s welfare. Prefacing recommendations with “You should...” creates distance.
- Explain the end benefits of your recommendation, not a litany of product features.
- Tie the recommendation(s) to your findings: “Based on what we have discussed about your lifestyle and exam results, I recommend....”

21. Tell the patient when you want them to return.

- “I would like to see you again 12 months from now to be sure everything continues to be fine with your vision, and so we can update your prescription if needed. We’ll schedule an appointment on your way out today, and we will send a reminder a week or so before your next appointment.”

22. Allow the patient to voice any final thoughts and thank him or her for coming in.

- “Is there anything else we need to discuss today?”
- “Thanks for trusting us with the care of your eyes. I look forward to seeing you next year. In the meantime, if you have any questions or problems, be sure to call us.”

23. Avoid “hand on the doorknob” closing conversations. This signals your impatience to get on to the next task.