Communication & Leadership Skills in Ophthalmology

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Introduction:

Strategies to manage growing demand in ophthalmology clinics have led to an expansion in non face-to-face patient contact[1]. These changes have been rapidly propelled by the COVID pandemic. Therefore, generating a void for a range of different sets of communication skills to deliver care[2].
Consequently, clinicians are becoming increasingly reliant on verbal communication. This reduces the ability to utilise "non-verbal cues"[3].

Our aim was to explore current level of communication skills training amongst hospital based ophthalmic professionals in the UK. Moreover, we accessed areas where additional education might be most required.

Methods:

An online survey including dichotomous and open questions was drafted by a training skills company. It was then reviewed/approved by a group of senior glaucoma and ocular surface specialists (ECOS-G UK). This was administered to the 35 UK based ophthalmic clinicians.

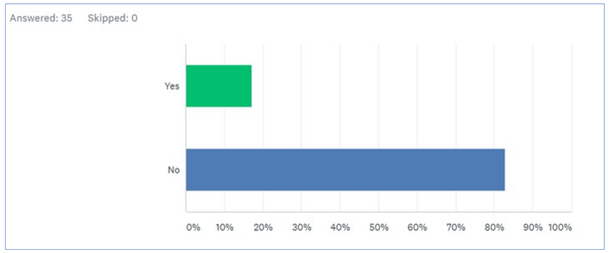


Figure 1 - Have you ever received any formal training on communication skills relating to glaucoma and the related issues relating to adherence?

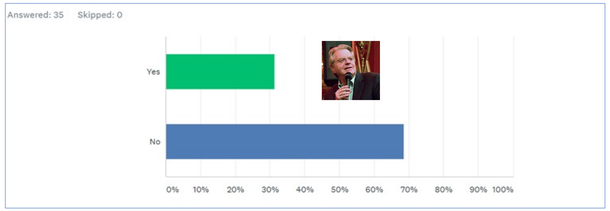


Figure 2 - Have you ever received any formal training on communication skills training relating to treatment of Ocular Surface Disease

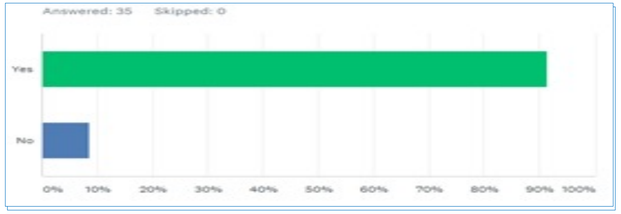


Figure 3 - Do you think you would benefit from a communication skills training specifically designed for treatment of glaucoma / ocular surface disease?

Results:

There were 35 responses (all respondents completed the survey) – 60% of respondents were "Consultants", 14% "Staff Grade", 14% "Other" (Locum, Associate Specialist, retired Consultant, Speciality Doctor), 6% "post CCT Fellow", 3% "ST7" and 3% "ST3".

83% stated they had never received communication skills training relating to glaucoma and treatment adherence (Figure 1). 69% had never had any formal training on communication skills relating to Ocular Surface Disease (Figure 2).

91% of respondents thought they would benefit from communication skills training (Figure 3). Common themes identified included – active listening, treatment adherence and concordance, open questions, patient centred decision making, and utilising plain and jargon-free language.

Conclusions:

The findings of this survey highlighted the lack of formal communication skills training. It will inform the development of an online training programme.

References:
1. **Doctors' numeracy and communication skills need to improve.** Thornton, H. BMJ : British Medical Journal 2012 Vol. 344
2. **Ticking the ICE box: the future of doctor-patient communication in a post-covid world.** Whitaker, p. BMJ 2021 Vol. 373 Pages n870
3. **Clinical and communication skills conquer all.** Dinah, AF. BMJ 2001 Vol. 322 Issue 7288 Pages 711

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