

Optometrists Are Not Communicators

Dr. Harry Basman*

Excerpts from Dr. Harry Basman's Address to CAO General Business Meeting — St. John's 1981

Verdict: *In the majority of cases — guilty as charged*

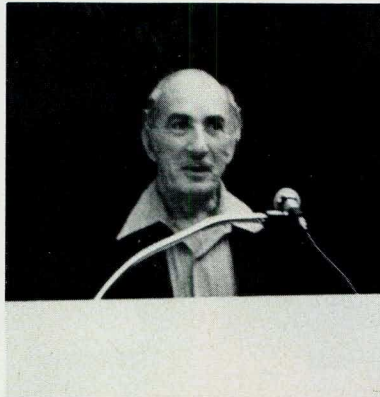
Prognosis: *If we don't get off our seats and start becoming communicators then we are going to wake up some day, in the not too distant future, and discover we are no longer a full service profession.*

In the past, the ground rules were very clearly defined. Optometry was a full service profession and not one optometrist questioned that or failed to provide a full service to the public. The ophthalmologist did his very own thing and felt it was extremely unethical to have any connection at all with opticianry. Opticianry accepted the fact that it knew its place and stayed strictly in the background.

To illustrate the importance of effective communication, there is the story told of ancient times in which a Christian is thrown into the arena with a lion. The Christian immediately kneeled down to pray and he noticed that the lion, too, was taking a reverential pose on its knees. "This is a miracle," he said. "I must be communicating with him." The lion looked up and said, "I don't know what you're doing, but I'm saying grace."

That is not the kind of communication we need. From the viewpoint of the practicing optometrist, there are two main parts to communications:

1. Communicating with patients.
2. Communicating with the community at large.



Our primary goal in conveying optometry's message should be four-pronged:

1. To educate — explaining what constitutes optometric care.
2. Establish the optometrist as the primary source of vision care.
3. Enhance the rapport between the patient and optometrist.
4. Demonstrate true professionalism by separating optometrists from the eyeglass merchandisers who some consumers mistakenly believe do what we do. In this respect we must inform consumers that our purpose and function are far beyond that of just "fitting glasses." Now let us deal with part one — communicating with patients. Remember, the patient in your chair is a human being — full of the usual fears and apprehensions common to most. Most of your patients are apprehensive about their vision, and worried because it isn't as good as it was or they wish it would be. Their biggest fear in most cases is that there is something drastically wrong and they may be in danger of going blind. This latter fear is especially true of the older patients. Take the time to

treat that patient exactly the way you would like to be treated — that is the cardinal rule of communications — reassure them — take the time to explain what their visual problem is and show them how well it can be corrected — and above all — reassure them that their visual problem is *not* a rare occurrence, and that they are not going blind. Take the few minutes necessary to educate the patient and explain what constitutes optometric care. Enhance the rapport between your patient and yourself. These steps in communications are simple basic decency, and also darn good business. Patients appreciate your explanations and assurances and become your best source of advertising. There is no better source of practice-building than a satisfied appreciative patient. I speak from over thirty years of experience and not from a theoretical viewpoint.

Remember, basic point two — people tend to hear only what they want to hear, and most never remember enough of your explanation to relate it properly to their friends and families. Do supplement your communication with the printed word. The best vehicles we now have in this department are:

- a) The eye charts on which you can explain cataract, glaucoma, pathology, presbyopia, anatomy, etc.,
- b) The Family Guide to Vision Care — this guide makes each patient an instant expert, and they can return home and show off their new knowledge to family and friends — communications in action.
- c) Sam and Susan visit the optometrist — I am constantly amazed

*Dr. Basman is Past-President of the Manitoba Optometric Society, and now serves as Executive Director of the Society. He is also Chairman of the Western Provinces Communications Program.



Through a child's eyes.

An international symposium on Vision: Its Relationship to Learning

Sponsored by The Alberta Optometric Association, Thursday, November 12, 1981 - Four Seasons Hotel, Calgary, Alberta.

Symposium Topics and Speakers:

Identification of Children with Vision Problems That Interfere with Learning

Dr. J. Pierce, Bsc., O.D., PhD., in Psychology, F.A.A.O., F.C.O.V.D.

Director of Vision Function Lab, Centre for Developmental and Learning Disorders, Associate Professor of Optometry, University of Alabama

The Team Approach to the Learning Disabled Child - The Optometric Approach

Dr. William Ludlam, O.D. MSc. Director of Learning Disability Diagnostic Clinic, Director of Strabismus Clinic, Professor of Optometry, Pacific University

The Team Approach to the Learning Disabled Child - The Educational Approach

Dr. J. Rosner, O.D. Director of

Pediatrics, Professor of Optometry, University of Houston

Panel Discussion with Guest Lecturers

Delegates should arrange for their own accommodation as early as possible.



REGISTRATION: ADVANCE AFTER
REGISTRATION SEPTEMBER 30
\$50°° ☐ \$65°° ☐

Symposium includes scientific program and lunch.

Name: _____

Address: _____

Code: _____

Profession: _____

Representing (Company or Organization): _____

Please make cheques payable to:

Alberta Optometric Association
#2, 9333 - 50th Street
Edmonton, Alberta T6B 2L5

at the responses I get to my distribution of vast quantities of this coloring book. It finds its way into the school room and the teacher often uses it to explain vision to her class, and it finds its way to the parents who are corralled into examining the artistic coloring the child did in the book.

d) The CAO and AOA pamphlets on each and every imagineable topic — I'll discuss more about this shortly.

e) The wall plaques or table models of the schematic eye as well as various texts can also be utilized to educate the patient.

Communications with the community at large — get your head out of the sand and get out and communicate. Both the Western Communications Program and New Brunswick simultaneously got the idea that we ought to produce audio visual presentations. Steps are now being taken to assemble a large number of slides into presentations and scripts will be prepared so they can either be shown on the cassette or the slides can be shown and the optometrist can give his own talk in conjunction with the slides. The initial presentations will likely be (A) "The Eye" — how it works; (B) Pediatric Optometry; and (C) The profession of optometry. It is to be hoped that given the material and/or complete presentations, we'll get larger and larger numbers of optometrists going out to speak to career days — PTA meetings — service clubs, schools, etc.

It must also be kept in mind that any and all public relations has to start and be nourished by the practising optometrist in his or her office and in the community at large. The public must be educated on the role of the optometrist - his education and expertise and the services he offers. Remember — if we don't blow our own horn, then nobody else ever will, for we know optometry best, and it is our mandate to pass that knowledge on.

There are three more forms of communications that should be touched on:

Institutional Advertising

No one individual has the means or the time or expertise, to launch a good program on his own, so it only makes common sense for various provinces to pool their money and talents to create a sustained effective institutional advertising program. This was the rationale for British Columbia, Alberta and Manitoba to launch the Western Communications Program. Our last couple of meetings have been attended by Saskatchewan and Ontario and we find that we do have many interests and desired programs in common.

The first issue was to establish that institutionalized advertising was simply the promotion of an image — the image of optometry. One of the basic purposes behind the consumer education program is promotion of professional optometry through the media to combat commercial influence. Promoting good vision care gives the patient something to consider other than the cheap eyeglasses he has been reading about in the newspaper and seeing on TV.

The Western Communications Program accepted the conclusions of the survey carried out by the American Optometric Association entitled — "A survey of United States Homemakers". This gave us our target — the homemaker — and research pointed to the use of the Reader's Digest as the publication best suited to our needs.

We decided on a budget of \$100.00 per member plus \$15.00 per member for travel as we decided we had to keep right on top of the program and have frequent meetings. We agreed to base our payments on a per capita basis. In 1980, we had 5 insertions in the Reader's Digest — pediatric. The first one stressed the need for early examinations and we ran this in three issues. The second insertion stressed the need for routine vision care for school-age children and was run for two insertions in the Reader's Digest. The third insertion has run in the May and June 1981 issue of the Reader's Digest.

Efficiency studies show we reaped our maximum benefits with the

seven ads in the Digest, and we will be running a mini page ad on the second insertion in the September issue of Chatelaine Magazine.

Of course, the first question from critics and opponents of the institutional advertising program is: "Can you guarantee that this program will bring even one single new patient into my office?" The answer is definitely no. The purpose of the program is to promote the image of optometry and of the optometrist as the primary eye care practitioner and not to try to attract new patients. If we do our job properly, over a sustained period, then the acquiring of new optometric patients will be the crop. First, you have to prepare the ground and plant the seed, and the end result is the harvest. Those optometrists who want assurances of instant new patients are in the position of wanting to have the harvest before the seeding.

CAO Communications:

CAO has been aware for some time that it has failed miserably in its own communications with the grass roots portion of optometry — the practising optometrist. The Canadian Journal of Optometry is an excellent publication in its present form, but it was never really intended to be and certainly is not, a communications vehicle. CAO's excuse is that it cannot afford to launch a membership newsletter and my reply is that CAO cannot afford to not launch a membership newsletter. The councillors, the presidents and the executive directors all know of the excellent work done by CAO, but the average member has to wait till the provincial annual meeting to get a quick summary of CAO endeavors and that just isn't good enough. Optometrists cannot be expected to stand behind and support policies and programs they hear about only briefly after their success or failure. I am pleased to note that an Interaction resolution on July 3, 1981, gave CAO the green light to launch such a newsletter.

cont'd. on pg. 102

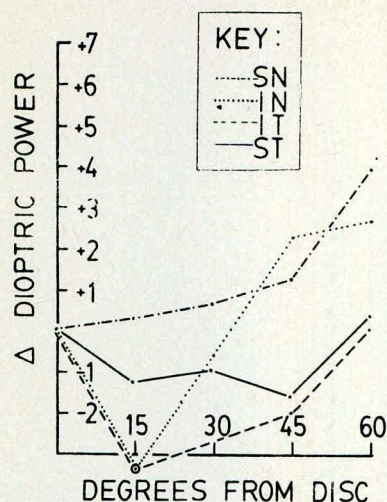


Fig. 10

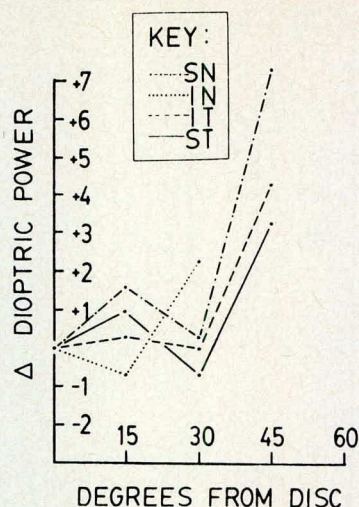


Fig. 11

SUBJECT #

of QUADRANTS

WHICH QUADRANT(S)?

	SN	IN	IT	ST
1	1			
2	0			
3	1			
4	0			
5	1			
6	4			
7	3			
8	1			
9	1			
10	3			
11	1			
12	3			
13	2			

Table 1.

globe. The lowered retinal level nasal to the nerve head, on the other hand, is unexpected, and suggests (as mentioned above) that some degree of outpouching of the retina inferior and nasal to the nerve head is to be expected in the normal

population.

The ophthalmoscope lens powers required for viewing the retina in the vortex vein region are similar to those reported earlier, although we found increases in plus on the order of 5 to 6 D were necessary, in con-

trast to the 4 to 5 D change reported earlier.

The embryonic and clinical implications of this study merit further investigation, and certainly should stimulate some speculation.

cont'd. from pg. 88

Association Newsletters

These have room for a lot of improvement. An enlightened membership is a strong membership, and the problem with provincial newsletters is that they are too infrequent and don't contain enough information. I plead guilty on Manitoba's count for I still haven't found the time to get out newsletters as frequently as I feel they are warranted. There is so much to pass on to the membership and too much in one letter is as bad as too little. The answer is frequent newsletters, appearing at pre-set intervals. These newsletters should automatically be sent to every provincial president — to every CAO councillor and to every provincial office or executive director. If we are to work as a unit, all of us must be kept completely informed of every single thing that has happened to optometry in every part of Canada.

Eye Charts

Manitoba has made very effective use of these charts — each year, we supply 20,000 free to the Manitoba Department of Education and they distribute them to all of the schools in the province. This chart is used in

schools of nursing, and in university lecture halls, as well as in the offices of our members, and in many medical offices. In 1980, the Western Communications Program made the decision to have the charts printed with their provincial names and use them in a manner similar to Manitoba. All used up their orders in a short time. At our last meeting, we decided to revise the chart, and at our next meeting we'll finalize our revisions and order a large amount of new charts.

Eye Plaques

British Columbia — as an outcome of the Reader's Digest messages, had an office plaque developed — stressing vision care of the young child. They had it produced by a workshop for the mentally handicapped and made it available to their membership and to the other provinces at cost. This is an excellent in-office public education item. If you are interested in having a great number of three year old patients, then get a plaque. Believe me — it works only too well.

The Family Guide to Vision Care

This, of course, was an American

publication and we received permission to reprint it. We met in Winnipeg and revised the wording to suit our Canadian needs and had 375,000 copies made up at a cost of 5.7 cents each. This is an excellent hand-out item. The last item I want to mention is pamphlets. The Western communications program intends to produce pamphlets with distinctively Canadian content. We feel the need for this as most CAO pamphlets are close copies of the AOA pamphlets. Our first efforts will be directed at production of pamphlets on: sunglasses — children's vision — low vision — optometric treatment — the Canadian optometrist — contact lenses.

We are going to go ahead full blast on the audio-visual presentations. Contact lens fitting PR will be stressed as the optometrist and not the optician, must be recognized as the specialist in contact lens fitting. We are planning to go ahead with third party support advertising — placing full page ads in trade journals describing the availability of occupational vision care programs.

The fields to tackle are endless — all we need is money and time.