



IACLE
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Communication with our Interns in Clinical Settings

L Sorbara



Successful Verbal Communication

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- As eye care professionals, you will have many opportunities to communicate with your interns. We must do everything possible to make sure that the lines of communication are open and clear in each direction from doctor to intern and intern to doctor.
- Successful communication is based on three key principles.
 - Knowing your interns
 - Constructing a focused message that fits that intern
 - Delivering that focused message using specific communication skills (and providing feedback)



Know your Interns

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- You must know your interns ... and not just by name. You must understand "what makes them tick." As we all know, interns are individuals and will have different responses to the same message.
- Think of your interns as having filters fitted over their ears. Some filters are thin and allow your message to pass with little distortion while other filters are dense, distorting the original message. It is your job to understand the filter through which they are receiving and sending communications and craft your message so that it is received with little distortion.
- Once you understand your intern's communication styles and needs, you must develop a focused message and communicate that message in the way the intern will best respond . You must be able to *recognize* communication opportunities and *seize* them as they arise.
- Knowing your intern, communicating a focused message, and seizing communication opportunities are the basic communication principles that will positively affect your ability to assess and educate the intern .



Communication Clash points



- **Effective Generational Communication: (generations.com)**

Baby Boomers (1946 to 1964): Events and conditioning during our formative years formulate how we see the world and social justice and follow this during our entire life:

- NASA, Man on the moon, patriotism, optimism, better than Russia, but change moved slowly
- Children were raised by “top down” method, children seen and not heard, raised on tradition, lived through aftermath of a world war, Korean War, Kennedy era, Martin Luther King, jump....how high attitudes and if answered with a “why” would be seen as disrespectful, rude or arrogant
- Core values include optimism, team orientation, personal gratification, health and wellness, personal growth, work and involvement

Generation X (1965 to 1977):

- Corporate layoffs and corruption, inflation, energy crisis and nuclear proliferation
- Latch key kids, eating in front of TV
- Core values include diversity, thinking globally, balance, techno-literacy, fun, informality, self-reliance and pragmatism



Communication Clash points



- Effective Generational Communication: (generations.com)
 - Generation Y (1977 to 1990's)
 - Grew up being defined by 9/11, bombings (Oklahoma City), school shootings
 - Raised in a child-focused environment
 - Core values include optimism, civic duty, confidence, achievement, sociability, morality, street smarts and diversity
 - Millennials (1990's to present): Events and conditioning.....
 - Grew up with internet, social media, Dungeons and Dragons, 9/11, cell phones, quick transition to SMART phones, Virtual Reality, I-Pad and I-Pod
 - Google became a verb! Want information fast and expect it quickly. Seen as impatient and technically savvy
 - Children raised to ask questions, encouraged to talk, get involved, all family life plans are made together with parents, consulted on how to be punished,
 - Technology changed the rate of change into a shorter time frame...from Mac to I-phone and every 2 years need a new e-gadget as current is obsolete, on an upgrade cycle
 - Core values are a sense of social justice, philanthropy and maturity that comes with growing up in an economically depressed time



Collaboration Clash points

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TEACHERS

- Baby Boomer/Gen X,Y
 - Super independent
 - 3X increase in rate of divorce
 - Mum in the workplace
 - Latch key kids (on their own not supervised)

STUDENTS

- Millennial
 - All about teamwork
 - Monitor their achievements (especially on social media)
 - Want to be #1 in the team; in sports they are from the “everyone wins” world
 - Are “too” collaborative



Branding Issue of Millennials

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Some think they are lazy, entitled, tech dependent, narcissistic, dim, impatient and all about me, me, me,

- But by 2020 they will be 50% of the workforce
- By 2025 75% of the global workforce
- They will approach working the same way as they approach learning



What do Millennials Want?

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- 1) They want to be provided with the opportunity to share their voice (at home encouraged to talk)
- 2) They want to be heard and welcomed
- 3) When they are challenged they want specific answers (they will email CEO's etc to find out)
- 4) They want to collaborate with their peers before making decisions
- 5) They want active learning environments**



How to connect with Millennials

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- 1) We created a new method of teaching for them...the flipped classroom....in order to tap into their collaborative spirit
- 2) Give them group work and use technology but encourage independent work and reward it to encourage self-esteem
- 3) Give them a clear roadmap and spell out the final deliverables!



How to connect with Millennials

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- 4) Allow check in points for collaboration with you...give specific office hours, they are close to their parents and check in all the time
- 5) They want access to information but need the tools for independence.....they are diverse, tech savvy, socially accepting
- 6) They value choice, efficiency, integrity and customisation....everything made just for them, so teach them how to present change but still being respectful to you



Evidence Based CL Learning

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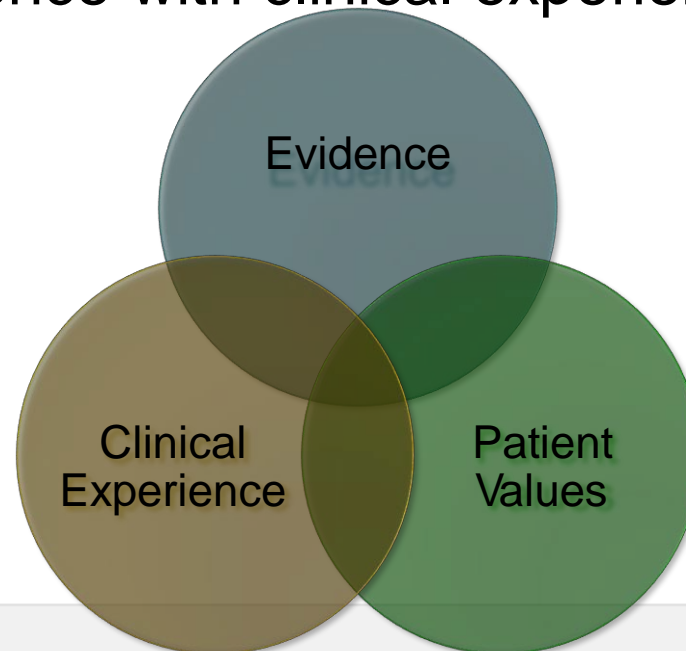
- Intern/Doctor responsibility to the Patient to provide most up-to-date care
- Encourage the use of “evidence” based in the current literature to manage cases
- WHY? “Slippery Slope of Knowledge” is in a downward direction from year of graduation



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- Clinical decisions should be **“evidence-based”** wherever possible.
- **Evidence-based medicine:** The integration of best available evidence with clinical experience and patient values.

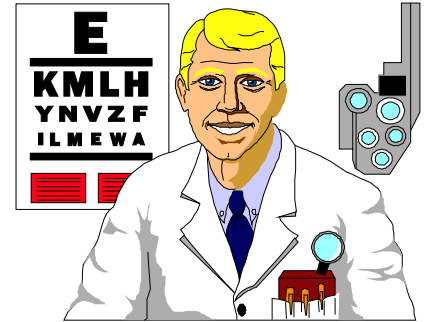




How can we improve ?

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- Increase knowledge base
 - attend lectures
- Communicate with colleagues
 - study days
 - email / telemedicine
- Practice “Evidence Based Medicine”
 - equally applicable to optometry
 - particularly applicable to contact lens practice
 - rapidly developing field



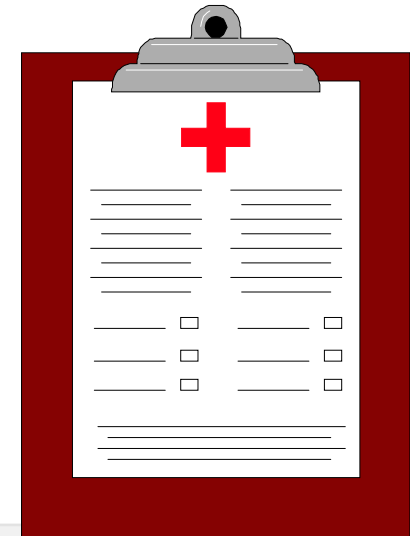


What is Evidence-Based Medicine?

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.. the conscientious, explicit and judicious use
of current best evidence in making
decisions about the care of individual
patients

McMaster, Canada
Oxford, England





The practice of EBM requires the integration of:

- *individual clinical expertise*
with the
- *best available external clinical evidence* from
systematic research



Evidence-Based Medicine

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- Individual clinical expertise
 - the increasing proficiency and judgement that clinicians acquire through clinical experience and clinical practice
 - reflected especially in more effective and efficient diagnosis





- Best available external clinical evidence
 - clinically relevant research
 - especially from patient-centred research
 - accuracy and precision of diagnostic tests
 - the power of prognostic markers
 - efficacy and safety of therapeutic, rehabilitative, and preventive regimens



Evidence-Based Medicine

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- Emphasises the need to move beyond clinical experience
- Teaches clinicians how to use - and critically appraise - relevant scientific literature
- Ensures that px get most relevant and up-to-date clinical care



Evidence-Based Medicine:

Fundamentals

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1. The clinical problem to be solved

- gather information
- pose an appropriate question
 - diagnosis
 - treatment
 - prognosis

2. The clinical evidence to be assessed

- search the literature
- review the abstracts of the most relevant, up-to-date papers



Evidence-Based Medicine:

Fundamentals

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3. The critical appraisal skill

- obtain, read and digest most appropriate paper
- assess relevance to your patient
- assess validity of paper
 - methodology
 - results
 - conclusions
- produce a CAT
 - Critically Appraised Topic



4. Apply the information

- Evaluate the applicability of the study to your patient



Students will gain skills and expertise in:

- searching online databases
- appraising the quality of research
- evaluating potential application
- incorporating evidence into practice



“Typical” Scenarios

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- What is the chance that this keratoconic will progress to require a graft ?
- What is the best method to manage this patient with CLPC ?
- How safe is it to fit this patient with monovision?
- How can I manage this patient with SEAL's ?
- Should I fit this keratoconic with flat, aligned or apically clear RGP's ?



“Typical” Scenarios

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- How can I best manage this patient with SMILE stain?
- What is the best drug of choice to manage vernal kerato-conjunctivitis?
- What is the best way for me to manage this EW patient with sterile infiltrates?
- How can I make high-riding lenses sit lower?
- How much oedema is present in this patient who shows 3 striae?



Strategies used:

1. Orientation session with interns
2. MEDLINE searching in clinic setting
3. Present interesting case to colleagues at end of rotation

 Literature search

 CAT

 presentation skills

 EBCL skills



Format of the CAT

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1. Title of the Article/Authors, appraised by whom
2. What is the Clinical Bottom Line?
3. Describe the Clinical Scenario (SOAP* format)
4. Write out your Question
5. Outline the study results briefly

* Subjective, Objective, Assessment, Plan



Continue to answer these questions



6. Is the study valid?

- Was there a representation and well-defined sample of patients at a similar point in the course of the disease?
- Was follow-up sufficiently long and complete?
- Were objective and unbiased outcome criteria used?
- Was there adjustment for important prognostic factors?

7. What are the results?

- How large is the likelihood of outcome event(s) in a specified period of time?
- How precise are the estimates of likelihood?



Continue to answer these questions



8. Will the results help me in caring for my patients?

- Were the study patients similar to my own?
- Will the results lead directly to selecting or avoiding therapy?
- Are the results useful for reassuring or counselling patients?

9. Comments

10. Other References

- written CAT is 2-3 pages
- orally presented to educator and classmates, 5-10 minutes each



Evaluation/Assessment:

1. Quick-Consult Manual
 - details procedures
2. Database
 - previous searches & CAT's
3. Survey
 - has EBCL practice been useful ?

The Role of the “Teacher”

- Be prepared to accept that you don’t know all the answers
 - even if you think you do !
- Encourage on-line searches while px is “in the chair”
 - can’t hold the intern’s hand for ever !
 - get intern to pull relevant paper for critical appraisal ASAP
- Encourage open-discussion and debate
 - different opinions can prove useful
 - you just might learn something new !
- Suggest that when in practice 2-3 hrs per week of looking at clinical problems using EBM approach will serve px better



When Delivering Feedback

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1. Show excitement about their improvement from week to week
2. Deliver feedback in the same way you want to receive it i.e. being constructive
3. Give feedback immediately with current examples just like Google; want life in real time, no waiting
4. They want verbal recognition when they have done something correctly; they have collected “likes” most of their life



When Delivering Feedback



5. Set expectations around feedback that both positive and negative feedback will be given
6. If direct feedback is not motivating they will give up as they feel not appreciated and will go to their close relationships such as mother or coaches etc for boost in self-esteem
7. Be honest...recognise where they come from and meet in the middle
8. Back up points with facts as there is no trust in seniority and the time it took to get where you are



When Delivering Feedback



9. They look for meaningful work and need motivation to get there so empower them to make some decisions on their own
10. We need to connect the dots for them
11. They foremost want to be happy in their career choice and so you should relay the benefits to them