

## WORDS THAT CAN MAKE A DIFFERENCE

BY TONI BRISTOL

Over the years I have written to you about correct word choices when speaking with your patients about their care. Today I want to focus on some of the words which I have heard doctors use when explaining their diagnosis.

When finances are a concern, people are more cautious about financial decisions. Therefore they have to be completely certain that they are doing the right thing before they move forward. It is extremely important that they understand the true value of the services you are recommending.

Unfortunately, doctors will often saythings which under mine the patients' confidence. For example, phrases such as, "You may have...," "I think you have...," or "In my opinion..." If you were a patient and the doctor told you "You might have..." what would you do? You would probably seek a second opinion or just not do anything.

Please consider using statements which show more confidence in your diagnosis such as, "the tests show...," "The results of the testing clearly show...," or "your child has..." If a parent has to move mountains to

get their child through a program of vision therapy, they have to be certain that your program will help. If you say anything which demonstrates your own personal uncertainty of either the diagnosis or the outcome of your program, your patients will likely not follow through with your recommendation.

If you are uncomfortable making such strong statements, or are uncertain of the clinical aspects of providing vision therapy, it is time to attend the Applied Concepts Courses at the annual meeting coming this October. The OEP Foundation Clinical Curriculum is also excellent, as well as the courses provided by Dr. Robert Sanet. There is a wealth of resources available to help assure you provide your patients with the best quality of care.

Getting back to how to communicate with patients; I have also found that it can be very helpful to record your consults and review them later to see how you are actually presenting information to your patients. Listen not only to how you present your information, but also listen for your patients' responses. If you don't like what you hear, it's time to make some changes.

In order to do the recording you should have your patients' permission. You can tell your patients that you would like to record the conference and that you would be happy to send them a copy. It is best if you can use a digital tape recorder so you can email it, put it up on your website or send it to them through a special website which accommodates large documents, such as www.yousendit.com (which offers a free service as well as a paid service; and the free service works very well).

I look forward to seeing you in Denver! As always, if you have any questions or have a topic you would like me to address in an article, please email

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## STUDENT AWARDS FOR EXCELLENCE IN VISION THERAPY

COVD is pleased to announce that the following students received the 2009 COVD Award for Excellence in Vision Therapy during graduation services this spring at their school or college of optometry.

The COVD Excellence in Vision Therapy Award is given to recognize those students who have demonstrated a strong interest and clinical skills in vision therapy. Congratulations to each of these new optometrists!

- Jennifer Shaba Ferris State University, Michigan College of Optometry
- Kelly Meehan Illinois College of Optometry
- Kim Kohne Indiana University School of Optometry
- Amy Camerota New England College of Optometry

- Kimberly A. Brunk Northeastern State University Oklahoma College of Optometry
- Rebecca J. Fleming Pacific University College of Optometry
- Linda Luong Southern California College of Optometry
- Joe Borden Southern College of Optometry
- Dorothy H. Nguyen University of California, Berkeley
- Whitney Barker University of Houston College of Optometry
- Andrea K. Braden & David D. Ernst University of Missouri - St. Louis College of Optometry
- Debbie Luk University of Waterloo