

# Teaching Communication Skills: An Australian Optometry Program's New Course

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## Abstract

*After a review of the literature, the authors describe the experience of developing and teaching a new communication skills course at Flinders University in South Australia. A follow-up survey indicated that optometry students fully embraced the course and reported that their communication skills had been enhanced in 20 specific domains. The specific skills/tasks for which the most improvement was reported included the ability to accurately reflect feelings and content back to the other person, allowing time for silence, being more self-aware when communicating, and relating effectively with a person who is emotionally distressed.*

**Key Words:** communication skills, optometry, education, teaching, curriculum

## Introduction

Effective communication skills are considered a critical element of the optometrist-patient relationship and an essential element of successful optometry practice. In its "Code of Conduct for optometrists," for example, the Optometry Board of Australia (OBA) emphasizes the importance of developing relationships with patients that are built on openness, trust and good communication.<sup>1</sup> The OBA describes a range of specific communication skills required for patient care, including listening, compassion, responding to questions respectfully and treating each patient as an individual.

The purpose of this article is to identify and explore a range of possible strategies and approaches for the development and effective teaching of a dedicated communication skills course within an optometric education program. First, we review the relevant literature. Second, we describe the key elements of a communication skills course introduced at Flinders University. Third, we report the findings of a student survey regarding the effectiveness of the new course in terms of reported changes in student confidence levels for 20 specific communication skills or tasks. We also summarize student feedback in the areas of curriculum structure, teaching methodologies, assessment tasks, learning outcomes and faculty expertise/effectiveness.

## Literature Review

Within the optometric education literature, there has been some limited discussion regarding the need to teach optometry students effective communication skills to ensure that they become effective practitioners. Kaplan<sup>2</sup> presented the view that any communication skills course taught within an optometric program needs to emphasize effective interprofessional communication. Kaplan described an elective course at the University of Houston that focused on helping students to develop their interview skills. For the first six weeks of the semester, students attended formal lectures and participated in role-playing before undertaking a written examination to determine whether they could progress to the clinical phase. Students

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were also required to learn a range of relevant psychological terms and concepts in order to help them understand patient behavior. Kaplan believed that “there is a carryover to a private practice setting” of the communication skills that students developed throughout the course but presented no data to support this claim.

Levine<sup>3</sup> advocated the need for teaching affective skills (that focus on feelings and emotions) in optometric education programs. He was of the view that the “art” of optometric care is not inborn and can be acquired as part of the clinical experience. The author described an elective communication skills course within the optometry program at Pacific University that emphasized the importance of specific counseling skills such as reflection, confrontation, summarization, clarification, closed and open questioning, and directive and indirect leading. Students developed their “attending skills” in a range of role-play situations. This involved: “... facing the patient squarely, maintaining good eye contact, leaning slightly toward the patient, maintaining an open posture, and remaining relatively relaxed. Psychological attending skills include listening to both the verbal and nonverbal messages of the patient, while at the same time being attentive to one’s own verbal and nonverbal behavior.”

Australian academics Thompson et al<sup>4</sup> commented that it is a common misconception that communication skills are immutable and entirely dependent on personality, and firmly believed that these skills can be taught to optometrists. Using questionnaires and interviews, they surveyed 65 new patients who required contact lenses for the first time and concluded: “Aspects of the patients’ satisfaction were significantly influenced by specific interpersonal communication skills of the clinician optometrist [including] empathy, information exchange, willingness to explain, clarity of instructions and optometrist comfort in the interaction. ... The results of this study are consistent with those from other health care settings which show that doctor-patient relation is important in determining patient outcomes and success with treatment.”

Wallis<sup>5</sup> reflected on the range of skills required by professional optometrists and concluded that communication and affective skills are highly important. He lamented that communication skills, while so essential for safe and effective practice, were not usually taught in optometric programs. He expressed the view that an optometrist without effective communication skills “becomes a technician, or worse, a machine.”<sup>5</sup>

British optometric academics Howard and Ehrlich<sup>6</sup> identified seven specific communication skills they believed were important, including the physical setting, helping the patient to feel at ease, the use of appropriate questioning techniques, active listening, summarizing information, avoiding jargon, and breaking information into small chunks. They also promoted the need for optometrists to be able to effectively communicate with patients from different cultural backgrounds and with a range of patient age groups. Howard and Ehrlich suggested optometrists video-record and review their consultations as part of an ongoing commitment to professional development. Presumably they would see a similar role for the video-recording and reviewing of simulated/standardized patient (SP) interactions as part of student learning at university.

In a 2008 article in *Optometric Education* on interacting with patients, Gross et al emphasized the importance of effective communication skills to ensure that interpersonal exchanges are “empathetic, easily understood, culturally competent and compassionate.”<sup>7</sup> They advocated the need for well-designed curricula and suitable pedagogies in optometric education. Their pilot survey of 88 third-year and 44 fourth-year students at the Illinois College of Optometry indicated that despite an array of patient encounters during their clinical experiences, respondents reported very modest gains in confidence regarding their communication and interpersonal skills. Gross et al poignantly expressed that optometry students are typically expected to develop their communication skills through passive learning models, such as clinical observations, and not via more focused and proactive teaching methodologies.

Spafford has conducted several small-scale surveys in Canada that highlight the importance of communication skills in optometric schools. In reporting the findings of one preliminary examination on delivering bad news, she advocates the need for more explicit teaching of communication skills in university teaching clinics, especially regarding the appropriate use of counseling skills and the displaying of empathy while maintaining a professional distance.<sup>8</sup>

There have been several journal articles in recent years regarding teaching communication skills in the related field of ophthalmology. They provide some insight into what might be included in an optometry education program. Similar to optometry, there is scant empirical evidence regarding the long-term professional impact of teaching communication skills within a university ophthalmology program.

In a survey<sup>8</sup> of 147 U.S. ophthalmologists,<sup>9</sup> communication and interpersonal skills were identified from a list of 17 ophthalmology-related skill sets as being the most important. It was generally considered that these skills should be taught prior to commencing a professional career in ophthalmology.

A pilot study by Vegni and Moja<sup>10</sup> involving 11 ophthalmologists in Northern Italy who participated in a 16-hour communication course found that communication competence was enhanced. The authors concluded that following the course, participants became more attentive to patients’ psychological needs, both in terms of general quality of consultation (patient centeredness) and in terms of using specific interpersonal skills. The authors acknowledged that, due to the small sample size, the results were preliminary. They also advocated the need for further research (with a larger sample) to evaluate the ongoing impact that education and training has on communication skills in clinical practice.

An online survey of 225 Canadian ophthalmologists<sup>11</sup> found the vast majority believed that it is important to communicate effectively when delivering “bad news” to patients. The authors concluded that communication skills training would be beneficial for

future ophthalmologists and should be included in the university curriculum. While there was no consensus on the precise nature of how communication skills should be taught, the most popular methodologies recommended by the survey respondents were interactive small group discussions, video presentations of proper communication techniques and the practicing (role-playing) of scenarios.

Hahn, in an article for *Ophthalmology* on providing glaucoma medication, concluded that “patient-centered communication techniques can engage the patient in shared decision-making.”<sup>12</sup> He emphasized the importance of addressing the psychological needs of patients by actively listening to ensure patients feel that they have been heard and understood. Hahn et al<sup>13</sup> subsequently conducted a study of 23 ophthalmologists and 100 regularly scheduled patients with glaucoma. The physicians received a three-hour educational program on patient-centered communication skills that included role-plays and videotaped vignettes of simulated patient encounters. The authors concluded from the study that community physicians had significantly improved their communication skills as a result of undertaking the program.

There has been increasing discussion over the past three decades regarding the need to develop effective communication skills in medical students so that they may become more effective and humane medical practitioners. For example, in 1999, Aspegren<sup>14</sup> conducted an extensive literature search of 180 articles concerning the teaching and learning of communication skills in medicine and recommended that all students should have communication skills training and that the focus should be on experiential learning.

In 1999, the Association of American Medical Colleges<sup>15</sup> conducted a survey of 144 medical schools in the United States regarding the teaching of communication skills. Of these, 85% reported using a combination of discussion, observation and practice in teaching these skills. The primary teaching methods consisted of small group discussions and seminars (91%), lectures and presentations (82%), student interviews with SPs (79%) and

student interviews with real patients (72%). The provision of both formal and informal feedback to students was identified as a key aspect of the assessment process. More objective methods of assessment, such as the use of SPs, were less common.

More recently (2012), Hausberg et al<sup>16</sup> studied the effectiveness of a communication skills course that was introduced at the beginning of their medical program. Based on self-rated questionnaires and independent evaluation of videotapes, students reported a significant increase in their communication skills compared with those in the comparison group. The authors identified self-reflection activities and the ongoing practice of core communication skills as being critical in helping students to consolidate their learning and further develop their communication competencies throughout the curriculum.

In summary, the literature indicates a wide range of opinion, often not specific in nature, regarding strategies and approaches for the effective teaching of a communication skills course in optometric education. To gain further insight and ensure that the curriculum we planned to introduce at Flinders University reflected the needs of the broader optometry profession, we consulted with a range of experienced optometrists and the Optometrists Association Australia.

## **The Flinders University Experience of Teaching Communication Skills**

### *Overview*

In March 2012, Flinders University introduced an innovative course, Communication for the Consulting Room, into the third year of the Bachelor of Medical Sciences (Vision Science)/ Master of Optometry double degree program. This double degree is one of the entry qualifications for practicing optometry in Australia. Approximately 36 students, typically with the highest GPA scores from their secondary school education, enter via the undergraduate program each year. The curriculum was developed with the objective of preparing students for their first clinical experiences in their fourth year as well as

assisting them to develop the necessary communication and interpersonal skills required to forge successful careers in optometry.

A new course coordinator, with a Doctor of Counselling qualification and extensive higher education experience teaching communication skills, was appointed. Two additional sessional tutors with master or doctorate level qualifications in counseling and/or psychology were also appointed. In addition to drawing on his own expertise in curriculum development, the course coordinator undertook a review of the literature and consulted with two senior members of the Optometrists Association Australia and with five practicing optometrists who had an average of 30 years professional experience.

Approval was received from the Flinders University Social and Behavioural Ethics Committee in March 2013 to conduct a confidential survey of students who completed the course when it was taught again from March to June (semester one) 2013. The questionnaires were confidentially administered in class at the commencement of the second semester in July 2013. They were designed to identify what, if any, learning outcomes and/or specific communication skills students felt that they had developed as a result of participating in the course. Feedback on teaching effectiveness was also requested to enable ongoing continuous improvement of the course. The findings of this survey are included below.

### *Curriculum structure*

Based on the literature review, consultation and knowledge of the area, the broad curriculum structure (and timetable) for the 13-week course was developed. (Table 1)

### *Teaching methodologies*

A range of teaching methodologies was utilized in order to enhance student learning. Considerable emphasis was placed on skills-based learning that engaged the students in practical activities and real-world scenarios. More specifically, this involved students submitting a reflective journal online prior to each workshop and then discussing aspects of the reflective questions in small groups. Considerable emphasis was placed on discussing case stud-

**Table 1**  
**Curriculum/Timetable**

Week	Workshop Title
1	Introduction to communication
2	Self-awareness & emotional intelligence Introduction to Myers-Briggs Type Indicator (MBTI)
3	MBTI (continued) Reflective practice
4	Respect, empathy, listening, non-verbal communication The whole person
5	Assumptions and stereotypes Creating the right environment
6	Working in groups (1)
7	Conflict and misunderstandings Working in groups (2)
8	People experiencing strong emotions and distress
9	Patients in different stages of the lifespan Patients fulfilling particular life roles Patients experiencing long-term conditions (mental & physical)
10	Culturally competent communication Communicating with indigenous peoples
11	Ethical communication Interprofessional communication Avoiding professional burnout
12	Group presentations
13	Review of topic Role-plays and scenarios
14	Oral examination (mini interview)

ies (in small groups) at the start of the semester. Role-playing became more prominent as the students developed their self-awareness and knowledge of the extensive range of specific communication skills/tasks that they needed to develop. In 2013, actors/SPs were introduced to enhance the role-plays as a “real” learning experience for the students. Similarly in 2013, role-plays with SPs were introduced as one element of the oral exam.

The majority of workshop teaching was provided within three small tutorial groups consisting of approximately 11 students and one tutor/educator. No separate formal lecture was provided, although there was typically a brief information and discussion component for the entire class (usually no more than 30 minutes in duration) at the beginning of all the three-hour workshops. The class often reconvened briefly with the topic coordinator at the end of the workshop to clarify, summarize and gain student/tutor feedback as to whether the workshop’s learning outcomes had been achieved as planned.

#### *Assessment methods*

Four assessments were developed for

the course. First, students were required to undertake background reading each week, including the relevant chapters from the designated textbook *Communication: Core interpersonal skills for health professionals*,<sup>17</sup> and then submit their responses in the form of various online self-reflection activities (which were only for the tutors to read). These reflections were also used as the basis for student discussion at weekly tutorials (of 11 students) that were conducted within the three-hour weekly workshop format. Second, attendance at all 13 workshops was compulsory and students were evaluated on their participation. Third, all students were required to work on a group project and conduct a formal presentation (in groups of three or four) on one of a range of specific communication and health-related topics. The fourth assessment was an oral examination (mini interview). It involved assessing the ability to practically apply, in a range of situations and contexts, the communication skills learned in the course. Students had to satisfactorily complete all four assessment tasks in order to pass the course. **Appendix A** is a summary of the information that was provided to

the students regarding the assessment tasks.

To help monitor student progress and provide constructive comments, each student was supported by two one-on-one interview/coaching sessions. The sessions were provided by the educator/tutor to help identify specific communication skills and behaviors that students wished to enhance as part of their ongoing learning and development. Refer to **Appendix B** for the Assessment of Workshop Participation Form that students completed and brought to the session as the basis for a two-way discussion and for tutor feedback. Students were also required to provide a Personal Learning Statement that summarized key areas of learning that they had explored in their reflective journaling.

#### *Sample teaching resources*

**Appendix C** contains sample reflection questions that students were required to respond to and submit online prior to each workshop. They were also used as the basis for weekly tutorial discussions (except for week 12 when the group presentations were scheduled). Student requirements for the group project and presentation are included in **Appendix A**.

#### *The Myers-Briggs Type Indicator*

Participants were able to gain insight into their personality type and preferred communication style by experiencing the Myers-Briggs (Personality) Type Indicator (MBTI). The MBTI is an approach to personality type that is used internationally in a range of communication, leadership and team development programs. It was introduced into the curriculum to assist students in becoming more self-aware of the way they interact with others and the manner or style in which they are likely to communicate with patients.<sup>17</sup> As a result, students were able to gain valuable insight into their personality type and how this affected their communication style. The MBTI preferences of these students were used during the following semester to assist in the organization of problem-based learning (PBL) groups within other courses to ensure a balance of personality types in each group.

### Additional follow-up workshops

As part of a strategy to build on the foundational communication skills developed in the course, six more specialized workshops were conducted with the same students (as part of the clinical skills course) in the following semester. Each three hours in duration, these were typically more optometry-specific and involved extensive role-playing with SPs in areas such as taking a case history, delivering bad news (for example, presbyopia and age-related diseases), obtaining informed consent for cataract surgery, contact lens compliance and genetic counseling. Refer to **Appendix D** for sample role-play scenarios used in an “informing the patient” workshop.

In addition, prior to the students undertaking their compulsory work placements in an optometric practice (in the fourth year of the program), a four-day pre-placement intensive workshop was introduced in 2013 for the student cohort that had completed the inaugural communication skills course in 2012. This program included more than eight hours of role-playing (with SPs) a range of challenging scenarios such as dealing with emotional patients, overcoming complaints regarding the optometrist being “too young,” addressing inappropriate patient behavior and communicating effectively with patients who are “in a hurry.” Other interactive sessions and discussions were also facilitated within the workshop on similar scenarios

under the theme of “managing difficult conversations.”

### Student Survey Findings

Although participation in the survey was not compulsory, 32 of the 33 students who studied the course completed the first questionnaire and all 33 completed the second.

Questionnaire 1 asked students to rate their confidence to perform 20 specific communication skills or tasks: (a) before commencing the course and (b) at the completion of the course. A scale from zero to 10 was used whereby zero indicated students felt they were “totally lacking in confidence” and 10 indicated they were “very confident.” The “before” and “after” scores were aggregated and the difference between the two was calculated for each of the 20 skills/tasks. The 20 skills/tasks were then ranked according to the level of reported change that responders felt had occurred from commencement to completion of the course. **Table 2** summarizes the results.

Overall, students reported a considerable increase in confidence regarding their general communication skills levels. The specific skills/tasks for which they reported most improvement included the ability to accurately reflect back both feelings and content to the other person, allowing time for silence, being more self-aware when communicating, and relating effectively with a person who is emotionally distressed.

Questionnaire 2 was more pedagogy focused and sought feedback regarding curriculum structure, teaching methodologies, assessment methods, learning outcomes, students’ experience with the MBTI and faculty expertise/effectiveness. Some questions required responders to rate using a five-category scale (ranging from poor to excellent), while others involved writing open-ended (optional) responses. The results of this questionnaire are included in the following sections.

#### Curriculum structure

Optional written feedback provided some insight into the respondents’ perceptions of the curriculum and the way it was structured. Typically, the course was perceived as highly stimulating, thought-provoking and beneficial in

**Table 2**  
**Changes in Confidence to Perform Specific Communication Skills/Tasks**

**Question:**

Please rate your confidence to perform each of the following communication skills or tasks by marking the scales provided with an X to indicate your confidence levels:

- (a) before commencing this course
- (b) after completing this course

**Scale: 0** = “Totally lacking in confidence” and **10** = “Very confident”  
Please attribute a reason(s) for any difference in your ratings.

Rank	Score	Skill or Task
1	+108	Reflect back content (i.e., paraphrase) to the other person
2	+108	Reflect back feelings to the other person
3	+101	Allowing for silence when communicating with others
4	+91	An understanding of how my own self-awareness influences communication with others
5	+85	Communication with someone who is distressed
6	+80	An awareness of how my own values influence my communication with others
7	+76	Summarize what the other person has said
8	+76	Appropriately use questions (including open & closed questions)
9	+70	Not stereotyping or making assumptions about the other person
10	+69	Empathize with the other person
11	+63	Managing conflict with another person
12	+63	Communicating with people from a different stage of the lifespan (e.g., children, adolescents, elderly)
13	+62	Actively listen to the other person
14	+61	Making an initial introduction & building initial rapport with others
15	+61	Physically attending & the appropriate use of body language
16	+57	Communicating in a culturally safe and aware manner
17	+55	Working and communicating effectively within a team
18	+51	Challenge or confront another person (in an appropriate way)
19	+50	Use self-disclosure appropriately when talking to others
20	+17	Matching the other person's language and communication style

terms of communication skills development and heightened self-awareness. **Table 3** contains illustrative student quotations on the course and its structure.

### Teaching methodologies

Using a five-category rating scale, students were surveyed regarding the effectiveness, in terms of assisting them in their learning, of the five primary methodologies utilized in the course. The results are summarized in **Table 4**.

The scenario/case study-related activities and the small group discussions were most highly evaluated by the students in regard to enhancing their learning. Role-plays and then reflective journaling were ranked next. The team project was seen as the least valuable methodology, perhaps partly due to students having experienced similar learning approaches in other courses and in their earlier years at university and secondary school.

Optional written responses that were received also emphasized the importance of the small tutorial group discussions in enhancing student engagement and learning. **Table 3** contains illustrative quotations regarding the main methodologies utilized in teaching the course.

### Assessment methods

The survey included a question on student perceptions of the effectiveness/suitability of the assessment methods for the course. The responses, on a five-category rating scale, indicated that overall the assessment tasks were considered to be reasonable and quite beneficial. The results are summarized in **Table 5**.

Several students wrote additional optional comments indicating that they had been a little uncertain regarding what was required for some of the assessment tasks (refer to **Table 3**). The oral exam in particular was seen by these students as a challenging experience and some concern was expressed regarding the degree of difficulty of some of the questions and/or role-plays. There was also some written feedback regarding the practical benefits of the group project/presentation (and the accompanying teaching on group dynamics) and how this, and the course

**Table 3**  
**Student Written Feedback**  
**Illustrative Quotations**

Questions:	
1) <i>What aspects of this course <b>most helped</b> you to enhance your communication skills?</i>	
2) <i>What aspects of this course <b>least helped</b> you to enhance your communication skills?</i>	
3) <i>Please comment freely on your overall opinion of the course. Do you have any suggestions for improvement?</i>	
1. Course structure/ general comments	... well set up. I have incredibly enjoyed the topic and I am surprised about how much I have learned and am applying in real life. It is a good topic to have for [an] optometry career. ... excellent in every way in helping students to learn about many different life skills and communication strategies and apply them in real life situations.
1. Role-plays	...helped reinforce what we learned and discussed in class [and were] most beneficial in improving [my] communication skills. I really loved the [role-plays with] the standardized patients.
3. Reflective journaling	... because it brought out my values, beliefs and emotions that I rarely think about. ... very valuable as they helped identify weaknesses that need further development.
4. Small group discussions (including case studies)	... were quite informal as it gave everyone a chance to have their say and share their thought [which] created an environment that was safe and without pressure.
5. Faculty expertise	The teaching team provided great skills and knowledge to help us in our course. The knowledge of the tutors was essential for my learning.
6. Myers-Briggs Type Indicator	... assisted [me] in understanding the way that I react and the way I interact with people ... very effective for self-awareness. Myers-Briggs was very interesting but I think too much emphasis on it.
7. Assessment methods	I think the assessment criteria [were] appropriate. The group project helped me to become more self-aware [and to gain an] understanding of how my personality can affect other group members.

**Table 4**  
**Effectiveness of Teaching Methodologies in Assisting Learning**

Question: <i>How effective were each of the following in assisting you to learn?</i> Student Evaluation (N=33)			
Methodology / Activity	Excellent and Good	Average and Adequate	Poor
1. Scenarios & case studies	33	0	0
2. Small group discussions	31	2	0
3. Role-plays	31	2	0
4. Reflective journaling	30	3	0
5. Team project & presentation	27	6	0

**Table 5**  
**Student Evaluation of Assessment Methods**

Question: <i>How effective do you consider each of the four assessment tasks for this course?</i> Student Evaluation (N=33)				
Assessment Task	% of Marks	Excellent and Good	Average and Adequate	Poor
1. Pre-workshop online reflective journals	15%	27	2	0
2. Workshop participation	10%	31	3	0
3. Group project & oral presentation	25%	28	5	0
4. Mini interview/oral exam	50%	22	1	0

more generally, had impacted positively on their ability to work in teams both at university and in the workplace.

### Learning outcomes

Using a five-category rating scale, students were asked to rate their perceived level of learning against each of the five course objectives. **Table 6** summarizes the results.

Overall, the feedback was very positive in terms of students rating their perception of whether the learning outcomes had been met, with 99% of all student responses evaluating this as either “excellent” or “good.” Of note is that only two “average” responses were received and no student reported his or her learning outcomes as “adequate” or “poor.”

### The Myers-Briggs Type Indicator

Student responses on a five-point scale regarding their experience with the MBTI were: Excellent (22) Good (3) Average (8) Adequate (0) Poor (0).

**Table 3** contains several illustrative comments received regarding the MBTI. While generally very positive, several students expressed some ambivalence regarding the time and focus given to the MBTI in order to raise student self-awareness, particularly in regard to communication strengths and areas that might require further development.

### Faculty expertise and effectiveness

Students’ feedback was obtained on how they perceived the skills, knowledge and effectiveness of the teaching team in delivering this course. The aggregated student responses indicated an outstanding level of evaluation: Excellent (27) Good (6) Average (0) Adequate (0) Poor (0).

**Table 3** contains illustrative quotations regarding the effectiveness of the teaching faculty.

### Conclusion

There is limited evidence regarding the effectiveness of teaching communication skills within university optometric education programs. Our survey of students who had completed a dedicated optometry course on communication skills in 2013 indicated that the students fully embraced the course and

**Table 6**  
**Student Evaluation of Learning Outcomes**

Question: <i>Please provide feedback on your learning for each of the following course objectives</i>			
Student Evaluation (N=33)			
Learning Outcome	Excellent and Good	Average and Adequate	Poor
1. Demonstrate and apply the key principles of effective interpersonal and interprofessional communication in health care	33	0	0
2. Demonstrate the ability to reflect on personal communication skills and identify areas for further development	32	1	1
3. Demonstrate a greater understanding of your own values and the impact of your values and judgments on communication	33	0	0
4. Demonstrate and apply the ability to work collaboratively and make effective oral team presentations	32	1	0
5. Demonstrate and apply the ability to communicate in a culturally safe and ethical manner	33	0	0

believed overall that their skills had been enhanced in a broad range of specific domains. Some even described the impact of this experience as “life-changing.”

While our study represents a rudimentary assessment of outcomes, we believe the course “Communication for the Consulting Room” has helped students to develop effective and appropriate communication skills, which will underpin successful and rewarding careers in optometry. However, further evidence-based research is clearly required, especially with regard to the inherent supposition that students retain the reported initial improvement in their communication skills as they progress further in their chosen profession.

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## Appendix A: Assessment Requirements

### 1. Pre-workshop activities/reflective journal (15%)

Before the start of each workshop, students are required to complete the online activity for that week. You will be asked to write a brief reflective paper (approximately 250-500 words) that you should submit online and print to bring with you to the workshop.

### 2. Workshop participation and two personal learning statements (10%)

Each week, a three-hour workshop will be conducted. Workshop attendance is compulsory. The pre-workshop readings will be assumed knowledge, and your participation will be assessed.

All students are required to attend two individual feedback sessions during the semester. There is a mid-semester (formative) session and an end of semester (summative) session where individual feedback on your participation in the program will be provided by your tutor.

You are required to come to both feedback sessions with a Personal Learning Statement (250-500 words) that summarizes your strengths and limitations, as highlighted in your reflective journaling. Both Personal Learning Statements must be submitted electronically 24 hours prior to the feedback session.

### 3. Group project and oral presentation (25%)

During the semester, in groups of three or four, you will spend time working on a group project, which will culminate in a group oral presentation in Week 12. Each group will be assigned a different topic on which to present.

The project will focus on a group of individuals who have specific communication issues or needs when accessing optometry/healthcare services. The presentation should be 20 minutes long (plus 5-10 minutes for questions).

### 4. Oral examination/mini interview (50%)

At the end of the semester, an oral examination will be conducted in the form of a mini interview. The interview will assess your knowledge, ability to apply what you have learned and ability to reflect on your own skills and learning.

## Appendix B: Form for Assessment of Workshop Participation

Personal Learning Statement submitted indicating effective and insightful reflective practice (Tutor to circle YES or NO)

	Often	Sometimes	Rarely / Never	Area Needs Attention
Demonstrates self-awareness, an understanding of personal values and an ability for personal reflection (reflective journal)				
Attends, arrives on time and actively participates in workshop discussions and activities				
Demonstrates key principles of effective communication including developing trust, respect and rapport				
Demonstrates a range of communication skills including active listening, empathy, appropriate use of body language and suitable questioning				
Demonstrates the ability to communicate in a culturally safe and ethical manner				
Demonstrates the ability to work effectively and collaboratively in groups				
Demonstrates the ability to be aware of the needs of others and to modify behavior in response to constructive feedback				

Comments by student:

Other observations by tutor:



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## Appendix C: Sample Reflective Journal Questions

### Self-awareness (Week 2)

- What is self-awareness and why is it important for health professionals to be self-aware?

### Emotional intelligence (Week 3)

- Reflect on your relative strengths and weaknesses in the context of Goleman's notion of emotional intelligence "competencies."

### The whole person (Week 4)

- a) Identify and reflect on some of your core values. b) What specific kinds of patients might you have difficulty with because of a potential clash of values?

### Working in groups (Week 7)

- Reflect on the group process during the initial "forming" meeting that you had in class with your project group, including the contribution that you and others made and the "roles" that group members undertook.
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## Appendix D: Sample Role-Play Scenarios (from "Informing the Patient" Workshop)

- 1) Steve is a 52-year-old accountant who has been wearing reading glasses for several years. He presents today noting that he thinks he needs stronger reading glasses again. His distance vision is 6/7.5 (20/25) OD and 6/9-1 (20/32) OS. He is in good health, not taking any medication and has no significant family history. From your examination you find that he now has 0.25D of myopia in each eye that was not present 2 years ago, and he needs a slight increase in his reading prescription. However, you also note that he has early nuclear cataracts in both eyes and a significant cortical spoke cataract encroaching on the visual axis of the left eye. You are required to formulate a plan to advise Steve of your findings and consider referral for consultation with a cataract specialist. How will you now inform Steve?
  - 2) Gerald is a 27-year-old cook. He presents for a routine eye examination as he wants a new frame. His last eye examination was elsewhere several years ago. VA is 6/6 (20/20) OU with his present -1.00D Rx. He is on medication for bipolar disorder and is otherwise healthy. He is vague about family history but knows of an uncle who "went blind from something." On examination all external and internal findings are normal and there is no change in his spectacle Rx. However, he has IOPs of 34 and 35 mmHg. Given the IOPs and alarming family history, you conclude he is a glaucoma suspect and want to refer him to a glaucoma specialist. How do you inform Gerald?
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