Journal of Optometry (2014) 7, 79–85

Journal of Optometry

www.journalofoptometry.org

ORIGINAL ARTICLE

The primary eye care examination: Opening the case history and the patient's uninterrupted initial talking time

Jonathan S. Pointer*

Optometric Research, Higham Ferrers, UK

Received 15 February 2013; accepted 27 March 2013
Available online 27 June 2013

KEYWORDS
Optometric case history;
Patient's talking time;
Primary eye care examination;
Sight test

Abstract
Purpose: The uninterrupted initial talking time (UITT) of optometric patients was measured in response to the clinician's opening question: ''Do you have any problems with your eyes or your sight?''
Methods: UITT was measured surreptitiously by the optometrist. Also noted was whether an eye/sight problem was claimed by the patient and whether or not this was subsequently confirmed by the examination.
Results: Data were collected from 822 adults, mean age 59.1 yrs (SD 17.6), range 16.0–92.0 yrs. UITT data were positively skewed; median value 28.87 s (IQR 19.81–43.03 s) and no statistically significant difference between genders ($p = 0.9$). 53% of patients had completed their opening statement by 30 s, and 90% after 1 min. 75% of these individuals (age range 26–75 yrs) had a median UITT 27.82 s; younger patients (16–25 yrs) spoke for a significantly shorter time (18.39 s: $p = 0.002$) and elderly patients ($\geq$76 yrs) a significantly longer time (37.27 s: $p = 0.003$) than the majority value. Previously unexamined patients, habitual spectacle wearers, and individuals presenting with an eye/sight problem all recorded a significantly longer UITT ($p \leq 0.006$) than their peers. The practitioner's opening question had a sensitivity of 0.54/specificity of 0.95, and a positive predictive value (PV) of 0.78/negative PV of 0.87: with a calculated value of $\kappa = 0.53$, the strength of agreement between subjective claim and objective outcome could be regarded as 'moderate'.
Conclusion: These data suggest that an optometric patient's UITT of <30 s is unlikely to prove disruptive to the clinical routine.

* Correspondence address: Optometric Research, 4A Market Square, Higham Ferrers, Northamptonshire NN10 8BP, UK.
E-mail address: jonathan.pointer@virgin.net

1888-4296/$ - see front matter
http://dx.doi.org/10.1016/j.optom.2013.05.002

PALABRAS CLAVE
Historia optométrica;
Tiempo de conversación del paciente;
Primer examen visual;
Prueba de visión

Examen visual en atención primaria: inicio de la historia y tiempo ininterrumpido de conversación inicial del paciente

Resumen
Objetivo: Se midió el tiempo ininterrumpido de conversación inicial de los pacientes optométricos como respuesta a la pregunta introductoria del clínico: ''¿Tiene Vd. problemas de visión, o en los ojos?''
Métodos: El optometrista midió el tiempo de modo subrepticio. También anotó si el paciente reportaba cualquier problema de visión/ojos, y si esto se confirmaba o no posteriormente mediante el examen.
Resultados: Se recolectó información de 822 adultos, con edad media de 59,1 años (DE 17,6), rango 16,0–92,0 años. Los datos del tiempo estaban sesgados positivamente; valor mediana 28,87s (IQR 19,81–43,03 s) y sin diferencia estadísticamente significativa entre sexos ($p = 0,9$). El 53% de los pacientes completó el informe introductorio a los 30 s, y el 90% al cabo de 1 minuto. El 75% de estos pacientes (rango de edad 26–75 años) empleó un tiempo medio de 27,82 s; los pacientes más jóvenes (16–25 años) hablaron durante un tiempo considerablemente menor (18,39 s: $p = 0,002$) y los pacientes de mayor edad ($\geq$76 años) emplearon un tiempo considerablemente superior (37,27 s: $p = 0,003$) que el de la mayoría. Los pacientes no examinados previamente, los portadores habituales de gafas y los pacientes con un problema de visión/ojos registraron un tiempo significativamente superior ($p \leq 0,006$) al de sus homólogos. La pregunta introductoria del médico tuvo una sensibilidad de 0,54/especificidad de 0,95, y un valor predictivo positivo (VP) de 0,78/VP negativo de 0,87: con un valor calculado de $\kappa = 0,53$, el grado de la concordancia entre la queja subjetiva y el resultado objetivo podría definirse como ''moderado''.
Conclusión: Los resultados de este estudio sugieren que un tiempo ininterrumpido de conversación inicial de un paciente optométrico de <30 s es improbable que pueda perturbar la rutina clínica.

Introduction

It is probably the case that the majority of optometric appointments originate with the patient's receipt of a recall mailing from the practice. Typically patient attendance is for a vision-related assessment and professional advice regarding the provision of a refractive appliance. However, unfamiliar visual symptoms can provoke anxiety and might also result in the making of an appointment for an examination.

At the point of attendance the patient might well have more than a single vision-related issue they wish to raise, but may not necessarily broach what they perceive as the most serious one first.[1] It is the optometric professional's task when opening the case history to solicit the chief or current concern(s) underlying the patient's visit.[2] To this end, a suitably 'open' initial question is usually addressed to the patient,[2–4] who should then ideally be allowed to make a temporally unrestrained verbal response. But it can be precisely at this opening stage that the consultation can go awry: the fear acknowledged anecdotally by many practitioners is that, if given free rein, the patient's monologue will likely be lengthy, often straying off topic and potentially disruptive to the clinic's appointment schedule.

Is there any evidence to support this apparent belief in a latent garrulity of many of our patients? Specifically within optometry there appears to be none. The study to be reported here investigated for the first time the unrestrained initial talking time statistics of patients attending for a routine eye examination at an optometric practice in the UK.

Methods

In this investigation the uninterrupted initial talking time (UITT) in response to the question ''Do you have any problems with your eyes or your sight?'' was recorded covertly from patients attending for a routine sight test at the author's optometric practice. The study adhered to the tenets of the Declaration of Helsinki.

Subjects

Patients were taken *seriatim* as they presented for a routine sight test over a ten-month period between February and November 2012 inclusive. Care was taken that there was no duplication of individuals within the subject pool. So far as the author could judge, all socio-economic groups were included in the data set. Four patient groups were excluded from the data collection exercise: specifically, these comprised school-aged children and teenagers aged <16 yrs, the physically or mentally infirm, very elderly patients aged >95 yrs, and a very small number of patients for whom English was not the first or native language. The reason for exclusion was that all four of these subject groups usually