The Art and Science of the Case Presentation

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Why art and science?

- So much of what we do is below our level of consciousness that it is difficult to first become self-aware, let alone communicate what we do and why we do it to others.
- That which we don't understand we explain by attributing it to the "art" part, the rest is the science of case presentation.
- The most interesting part and that which has the greatest impact is the art part!

Knowledge and Communication the 2 engines of sales (1)

Knowledge: you must have something to sell. You are not selling your knowledge directly but the benefits to the person's life; the satisfaction of their unmet visual needs (their *visual problem* Kraskin), that applying your clinical insights to their unmet needs will facilitate.

Knowledge and Communication the 2 engines of sales (2)

Knowledge: You have the clinical knowledge, the clinical tools, and the knowledge of human behavior that affords you the ability to relate your observations of the patient to help them meet their unmet needs.

Knowledge and Communication the 2 engines of sales (3)

Communication: you have various tools which you use to achieve the goal of mutual understanding of common notions, concepts, ideas, goals, dreams, etc. The vast armamentarium of such tools is never used in *toto* with any one patient or in any one case presentation. Still considered an art, is when to use each tool, and know that that tool was the right tool for the job!

Knowledge and Communication the 2 engines of sales (4)

Communication: This is why no single method of case presentation, no single script, no single approach will work for all patients, or for even a large number of patients. In fact, two different OD's seeing the same patient, may find that they need to use different communication tools.

OEP Leadership Training an eye opener

In the early 1980's OEP sponsored leadership training seminars on each coast. Paulette Sun facilitated one day of the seminar where members of the group were broken down into four subgroups, *controllers, analyzers, supporters,* and *promoters.* This was my first exposure and sensitization to the fact that different groups of people needed to be talked to differently.

Neuro Linguistic Programming NLP the sensitization continues

Not only were there different types of people but at different times, in different situations, while in different moods or tones or body postures, you needed to “be” with and talk with the same person in different ways.

Milton Erickson

In his book, “Uncommon Therapy” he demonstrates in a different but related field, the many different ways he deals with patient communication. This book contains a series of case studies. In each, his treatment is the same (hypnosis) but yet totally different (I had trouble at first even seeing when or where the “hypnosis” had taken place!).

So what?

Each of these, as well as some other management training I had gotten from Toni Bristol, helped me recognize an aspect of what seemed to me to be a gift, the ability to get inside the head of different people, to feel their needs like they were my own, to experience their visual problems like they were my own, to have empathy with my patients wants, needs, desires and goals in life, as being a learned ability or skill.

So what? (2)

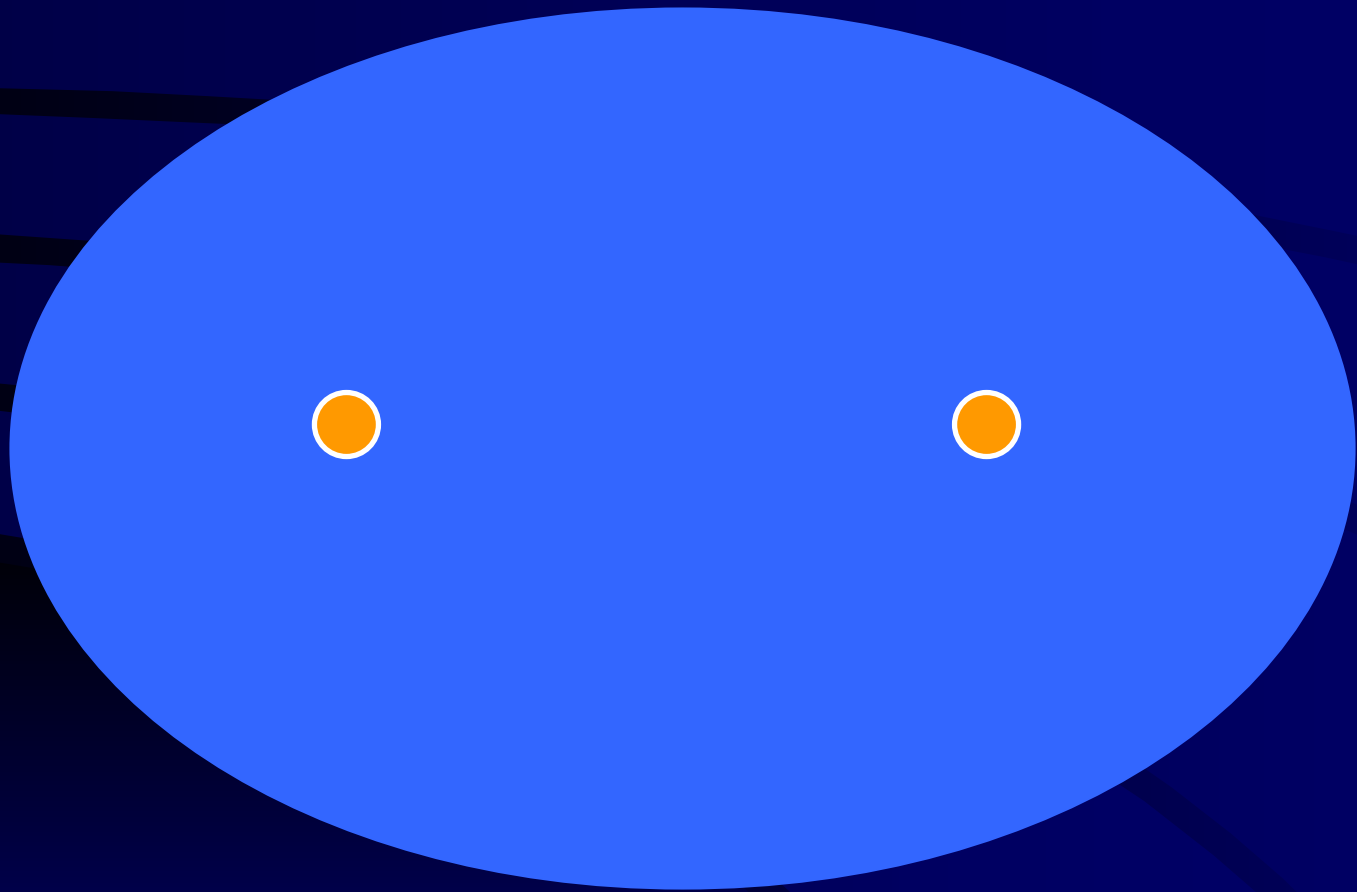
These life experiences helped me to identify how I gained these insights. They helped me personally understand the immense control over so many variables that I had acquired over the years. They helped to uncloak some of the art (*there's much there I still don't know or understand and may never know or understand*) and help it become more of a science.

40 minutes too short!

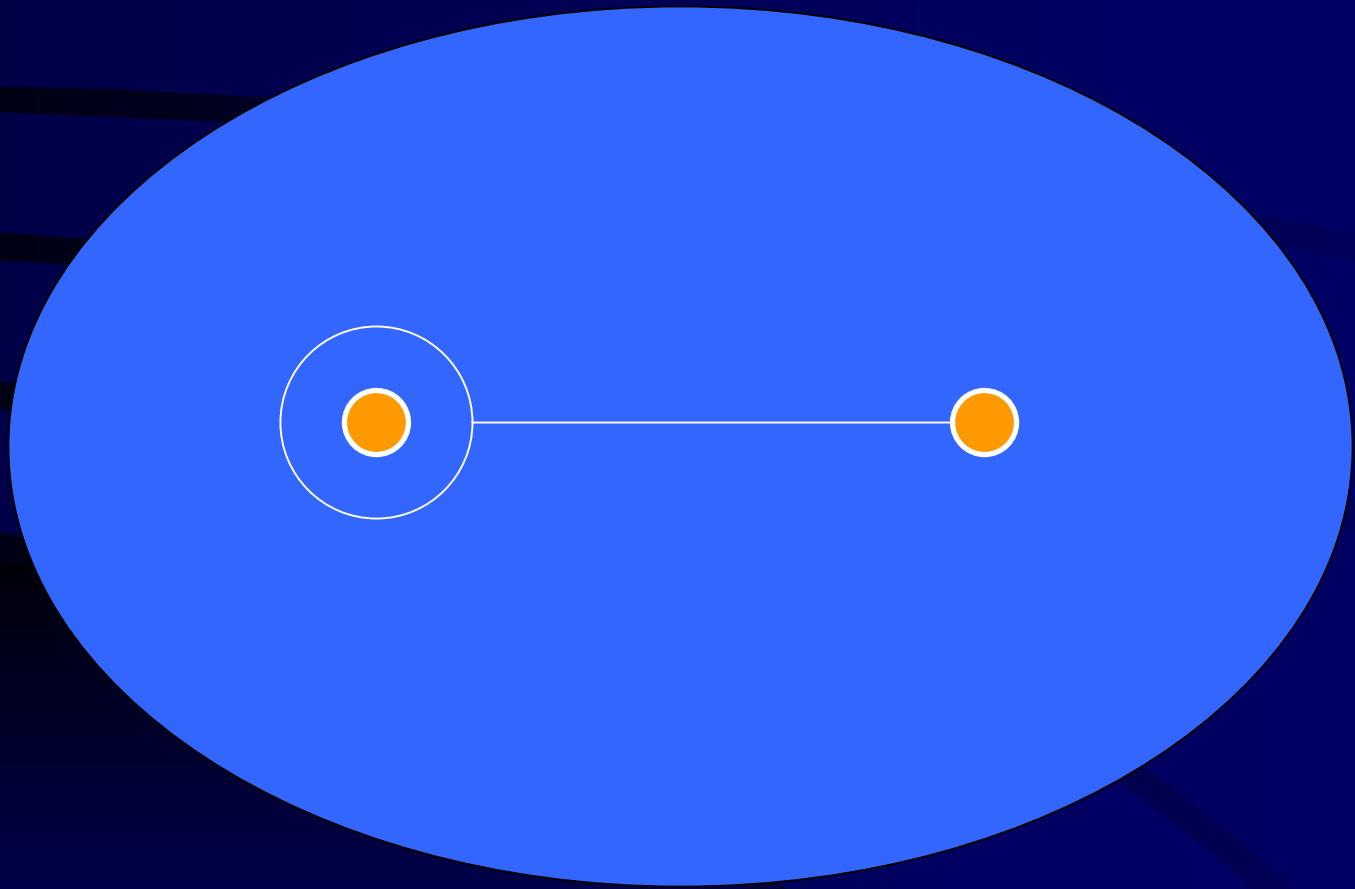
Some things I know I control but subconsciously.

- My voice
- My posture
- My breathing
- Degree of eye contact
- Speed of movement
- Speed of speech
- Degree of inflection in my speech
- Embeddedness/Idea Space

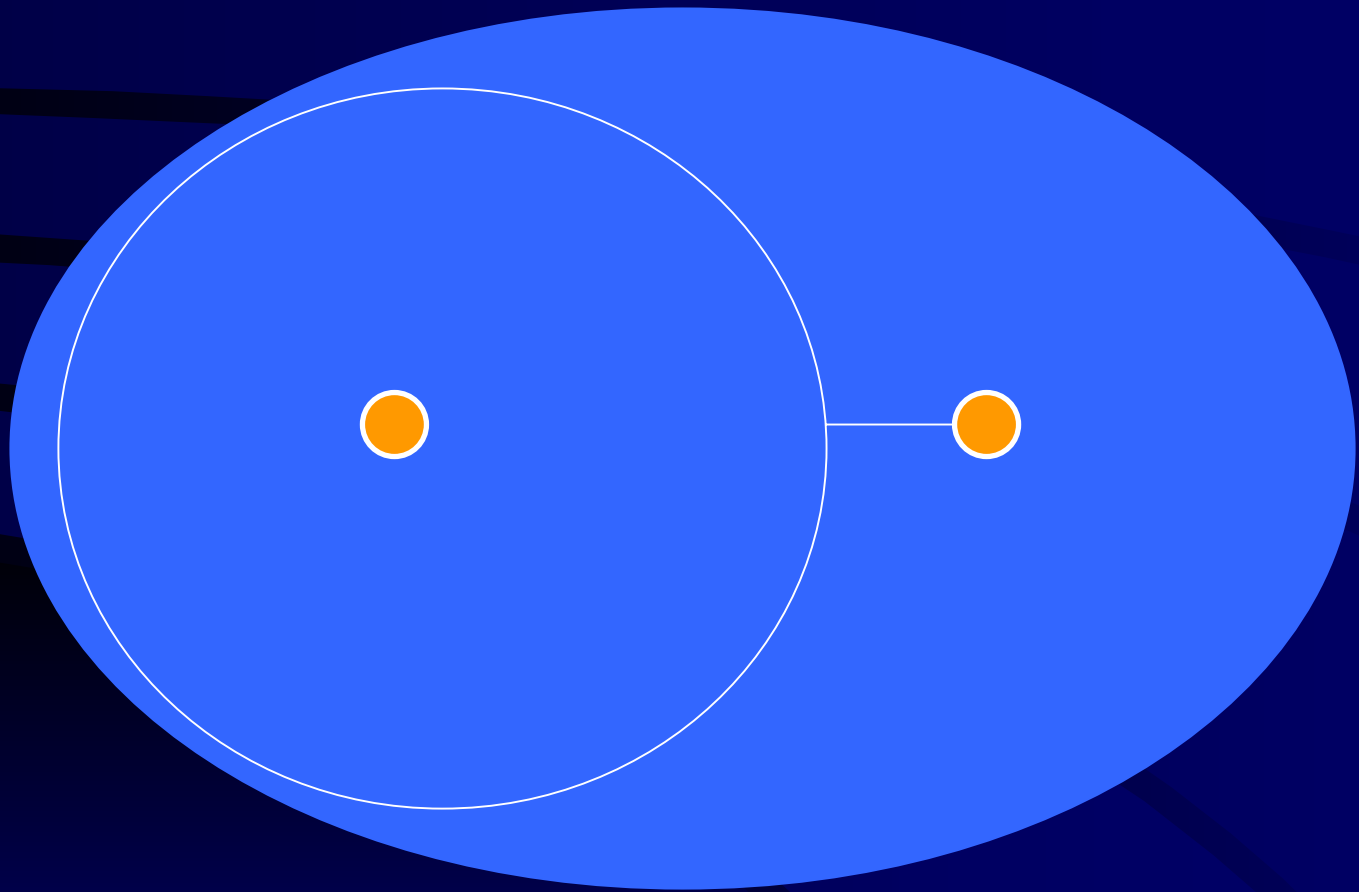
Embeddedness/Idea Space



Embeddedness/Idea Space
Highly Embedded



Embeddedness/Idea Space Unembedded



Adjust to the patient

- It has been said, “Be interested, not interesting!”
- Match their tone, be similar or one level of energy higher.
- Get them talking about themselves and their interests. Their avocations and their vocations and maybe even their vacations! If you know what they do, then you will be in a better position to help them do that better and more efficiently.

When does the case presentation start?

It begins coincidental to the moment the whole area of exploring a visual problem enters the patient/parents mind before you or your office comes into the scene. The PR (public relations) that is present in the society sets the stage. The preconceived ideas held by the patient/parent (their *mental models* Senge) will drive, support or subvert your overt dialogue.

Establish the Legend

Much of the look and feel of the physical environment and palpable attitude of your staff has much to say to the patient. This includes things like: ease of finding your building, your suite in the building, your location near things that they know, the cleanliness of the grounds of your building, the manner in which they are spoken to...

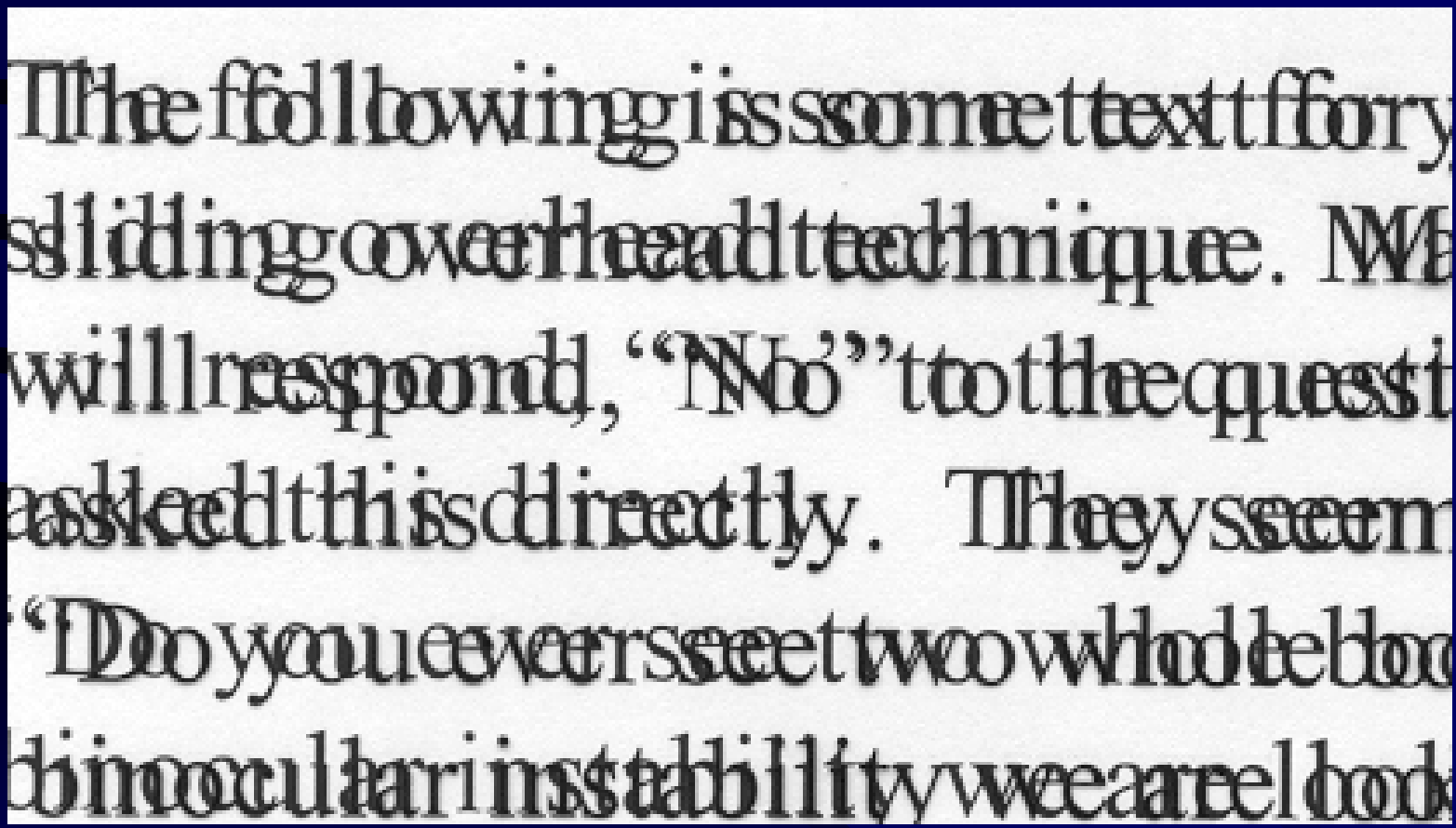
Establish the Legend (2)

….. the pictures/success stories in your reception area, the book (What our patients say about VT) in your reception area, your ego wall (Getz 1979), your family pictures, all communicate things to your patients. As Barstow said many years ago, occasionally walk into your office and view it from the perspective of a patient, not as you do day in and day out.

Some of the mechanics

- Desks
- Book cases
- Plaques on the wall
- Tape recorders
- Use of optometric terminology
- Demonstrations
- Use of analogy
- Graphs and timelines
- Paint pictures of outcomes

Demonstration example - double vision - overhead sliding

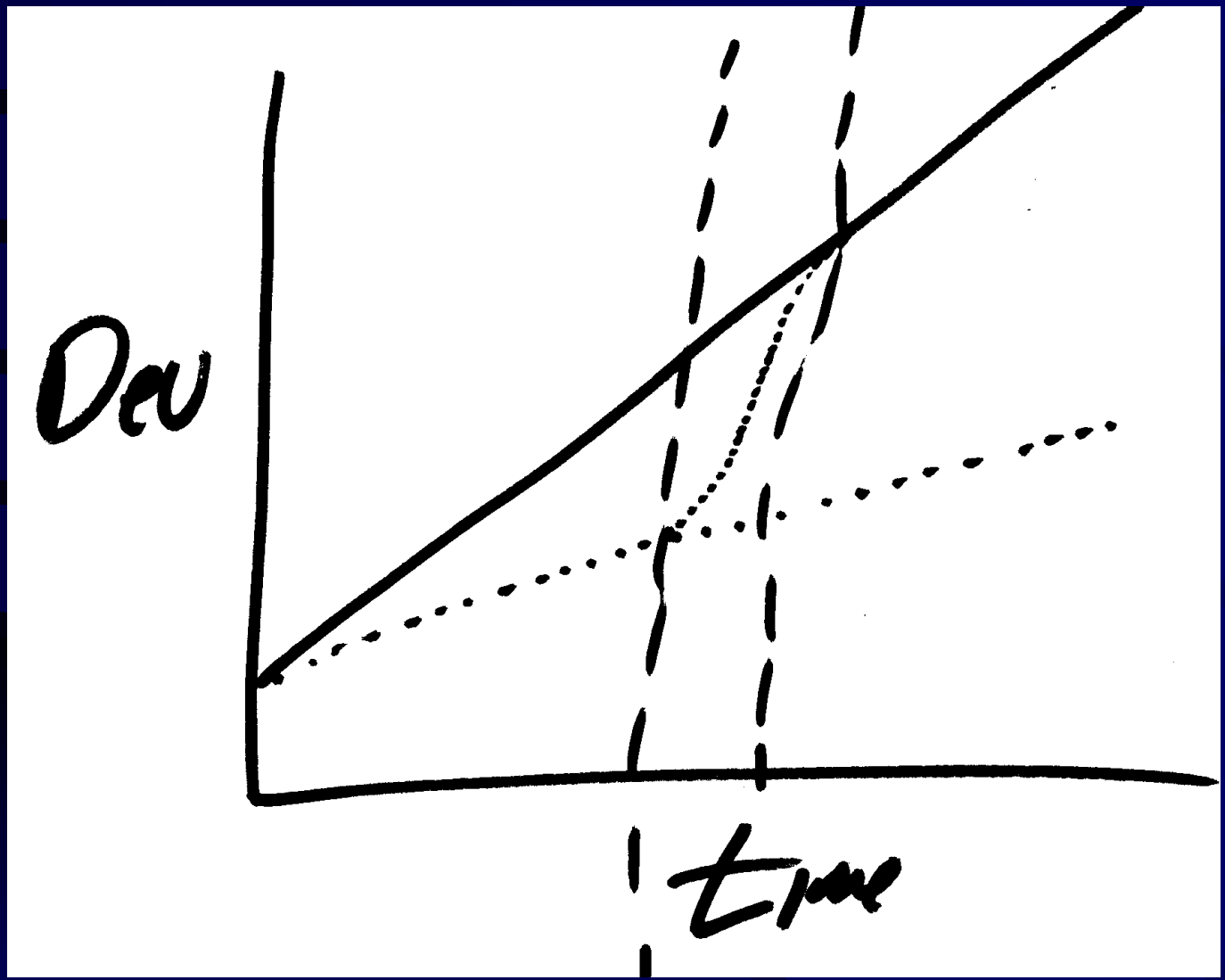


Analogies

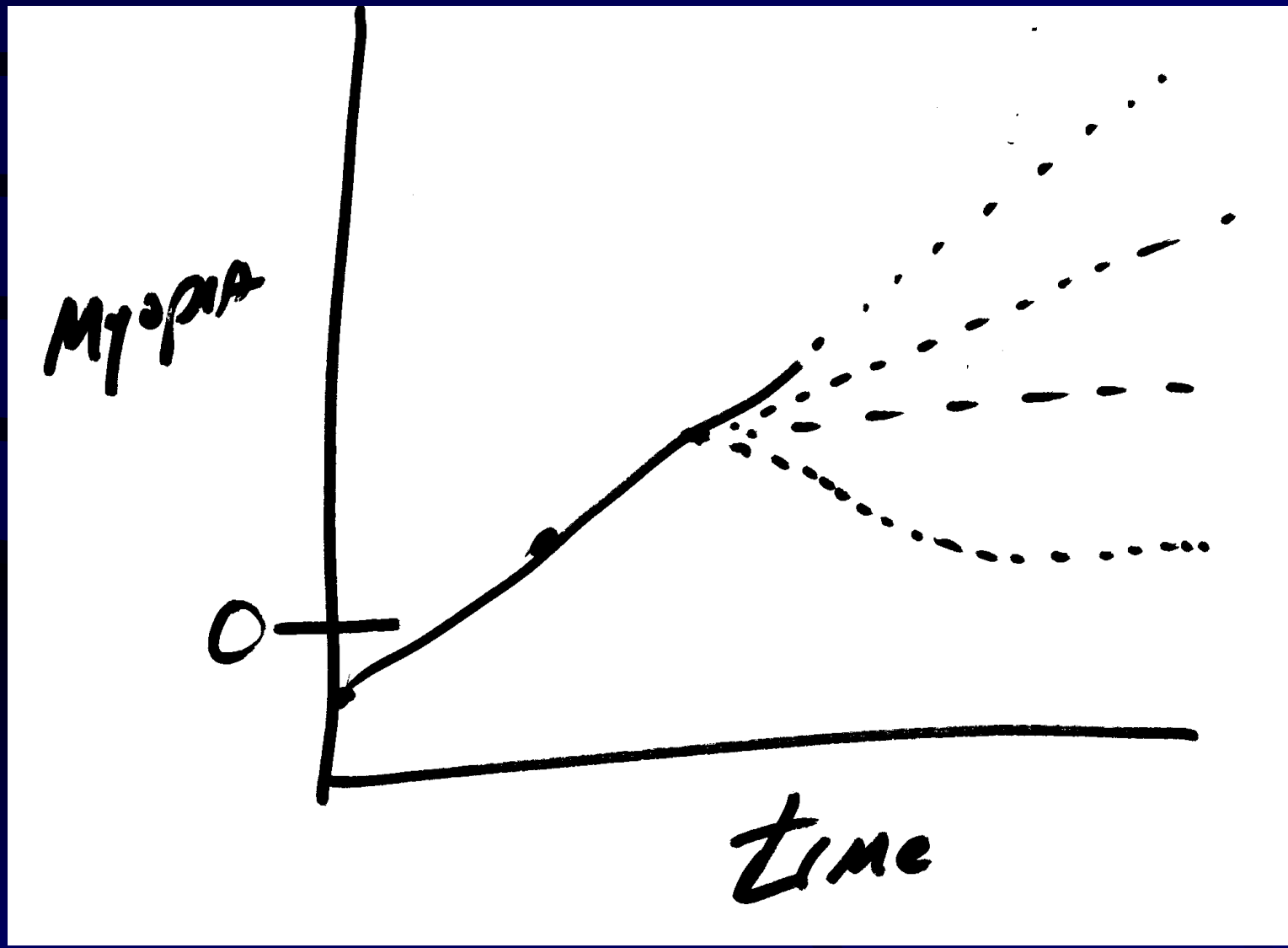
Analogies map the unknown onto the known to help a person gain insight and understanding into something that they are not familiar with.

- Tool box analogy for LRVP's
- Auditory speed mismatch to understand the relationship of ocular motor dysfunction (tracking problems) to poor comprehension.

Graphs and Timelines



Graphs and Timelines (2)



Treatment Alternatives Paint Pictures

- Do nothing
- Compensatory lenses
- Lens treatment
- Vision therapy plus a treatment lens

Treatment Alternatives Paint Pictures (2)

As I explain each of the alternatives I attempt to use language that would trigger in the patient/parent vivid pictures of what life is or will be like if they choose the alternative I am discussing. These pictures need to be behaviorally relevant to be effective. Often the pictures are painted during the testing (ex. Head movement/close working distance seen during motilities or performance testing).

References

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