

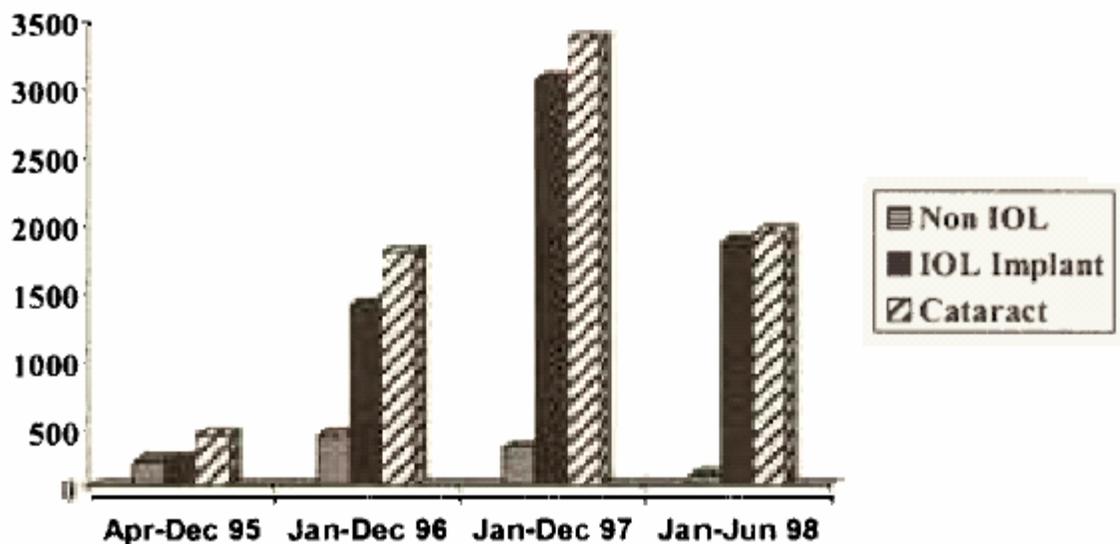
## Counselling - A success story

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"Performing an old cataract operation is a crime" asserts Padmashree Dr. G. Venkataswamy, the pioneer of the concept 'High Volume High Quality Cataract Surgeries at Low Cost'. Few organisations however have developed strategies at par with his thoughts. One such successful eye care organisation is Netra Niramoy Niketan Vivekananda Mission Ashram Eye Hospital, Chaitanyapur, West Bengal.

Vivekananda Mission Ashram, a philanthropic organisation, is located north-west of Haldia Port near Chaitanyapur on Chaitanyapur - Kukurahati bus road, rural Medinipur District of West Bengal. It is accessible from Calcutta by train, bus and ferry. Reaching Vivekananda Ashram, one can see the services offered in the field of education, training and health to the down trodden. The dedicated, committed and service minded 'Athma' behind the scene is 'Swami Biswanathananda'. His charismatic leadership has paved way for a vocational training centre for the adult blind, blind school, general high and higher secondary schools, college, and a sixty six bedded eye hospital apart from relief work and other religious activities. The hospital though located in a rural area, has a credit of performing Cataract Surgeries, with greater acceptance of IOLs from the patients.

"Patient Counsellors make a major contribution in increasing the uptake of cataract surgeries particularly Intra-ocular lens (IOL) surgeries", feels Dr. Asim Kumar Sil, Medical Officer of the Netra Niketan Vivekananda Mission Ashram Eye Hospital. When the hospital was started in 1995, 50% of the 377 cataract operations performed between April and December were ECCE with IOL. In 1996 ECCE with IOL were 78% of 1714 cataract operations performed.



*Performance of Surgery in the Year 95-98*



*Netra Niramoy Niketan, Vivekananda Mission  
Ashram, Chaitanyapur*

cataract operations performed. In 1997 it was 91% of 3269 cataracts, and till June 1998 it was 96% of 1866 cataracts. In the last year the productivity rate is 892 surgery per ophthalmologist and the surgery per bed amounts to 50. The cost recovery in 1998 has crossed 150%.

“Our cataract surgery is IOL based”, claims Dr. Subhasis Halder, Medical Officer In-Charge of the organisation.

Dr. Halder also agrees that good counselling has been one of the prime contributors behind the dramatic increase in the volume of work performed. When Dr. Halder was asked how he does patient counselling successfully, he pointed his finger to a smiling Ranjan Acharya.

Ranjan Acharya was counselling a patient and his relatives about the need, importance, and advantages of Intra-ocular lens implant. The group was reassured that IOLs are tiny transparent convex lens, made of Polymethyl methacrylate - harmless plastic substance inserted in the eye permanently during surgery and does not create any irritation. He expressed patiently, politely and in low voice eliminating the fear and anxiety of the patient and his relatives. Ranjan Acharya was put up in shy and his face become red when Dr. Halder introduced him as the major force and strength of the organisation. When Ranjan Acharya was questioned about the difficulties faced by him, he was recalling the early days of the hospital, where he used to spent considerable time with a patient explaining elaborately the advantages of intra-ocular implant and the draw backs of cataract eye glasses but within a year he had enough instances of successes; the follow-up patients were the best examples to interact with new patients. ‘Seeing is Believing’- a simple principle that helped to increase IOL surgery to

96% out of the total cataract operations performed.

Meanwhile the next patient arrived. Ranjan Acharya acknowledged and received the patient in a warm and friendly manner. He quickly went through her medical records, medical diagnosis, and doctor’s advice and appreciated her visit to the hospital for an eye check up. The discussion started on general topics such as where the patient is from, how she came to know about the hospital, how she felt about the care provided, etc and slowly Ranjan started explaining the need and importance of cataract operations to her. He started listing out the advantages of IOL implantation as below:

- No need to wear glasses (+10 dioptre spectacles)
- Cumulative recurring expenditures towards aphakia correction are costlier than paying for an IOL implant.
- Absence of complications and common minor post-operative problems.
- Quality of output and success rate.
- Guaranteed perfection and quality of vision; Images are clear and of the same dimension without distortion.
- Full vision is obtained very early.
- Less hospital stay and less recovery period.
- Income saved because of less recovery period.
- Quick mobility; Early to work.
- More patient productive after IOL implantation.

Listening to all these enlightening advantages from Ranjan, the patient whole-heartedly agreed for IOL implantation and requested for immediate admission.

Everyone in the organisation agrees that counselling is a helping process that not only reduces the burden on doctors but also helps in gaining the confidence of the potential patients. Counsellors assist patients in decision making by giving clear information about the surgery, preoperative care, postoperative care, discharge and follow-up care. Counselling enhances patient satisfaction and the satisfied discharged patients act as catalysts in bringing new patients to the hospital. The message has spread and people are willing to pay a part of the fees for IOL implant.

As Dr. Asim Kumar Sil says, “Very often the counsellors are more effective motivators than doctors”. The counsellor sits at his desk in the outpatient department with the model of an eye, specimen of cataract IOL, one pair of +10 dioptre spectacles and information materials on common eye diseases printed in the local language. The counsellor starts counselling after going through the doctor’s advice. Counselling plays a domi-

nant role if a patient prefers conventional cataract surgery on the grounds of cost. Sufficient time should be allocated to discuss the personal problems. In case of the patient's desire to postpone surgery on grounds of harvest, and other economical reasons, the counsellor has to understand the situation and answer accordingly.

Apart from promoting IOL implant, the counsellor could be used to educate the patients on safe medication practice, follow-up care, and maintenance of personal hygiene. Most important, the counsellor makes an appeal to the discharged patients to motivate other potential patients to undergo surgery as well as to visit outreach screening camps organised in their area. Effectiveness of counselling is enhanced when the relatives of the patients also take part in the discussion. Patients and their relatives are made to feel at ease by sharing their problems with the counsellors.

Today industry is competitive and in order to survive, business must do more than provide better goods and services; they must deliver a high standard of quality customer service to stay ahead of their competitors. Quality customer service should not only meet the customer's expectations-it must strive to exceed expectations. A person who has completed his schooling, and has a flair for communication and interested in social service could be identified as a trainee in patient counselling. The selected person has to be exposed to the basic anatomy and physiology of the eye, common eye diseases, general surgical procedure, cataract operations with IOL implantation, other common surgeries and community work. A special training in effective communication and interpersonal relationships is required. Hypothetical questions commonly raised by the patients ought to be tackled with satisfactory answers.

Patient counselling improves the quality of service, builds up confidence of patients, creates awareness among the community for IOL surgery and facilitates high volume, high quality surgeries at low cost. Ultimately the hospital can maintain cost recovery and ensure financial viability for growth, expansion and modernization.