

# Patient Counselling at Aravind Eye Hospital

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## Introduction

For patients, a visit to a hospital is often a new and frightening experience. Though interaction with patients seems routine to the hospital staff, the experience of receiving health care is not routine to the patients. The attention, attitude, and the information the hospital staff provide are very important to the patients. The unspoken thoughts from a patient to a health care professional which is narrated below shows the necessity for effective communication and the mode of dispensing it in health care:

*“I am a patient. Needing professional treatment is a discomfoting experience for me because I do not fully know what is going on. Usually I know more about me than anyone else in the world. It is rare that another person can tell me something about me that I do not already know or understand. Now, however, I find myself in a situation that is an exception to this rule. I believe that because of your position, your knowledge of your profession, and your accessibility to my health records, you know more about me than I know about myself. Therefore, when you speak I listen and I probably will remember a lot of what you say. I am eager to find out as much as I can about myself from you. The more I can find out about myself, the more secure I become, and the more comfortable I feel about my position as a patient. Not only are your words important to me but how you say those words and what you do while you talk to me are equally important.”*

With this aspect in mind, patient counsellors were introduced in 1992 at Aravind Eye Hospital as there was a felt need that the greater individual time and attention required by patients could not be fulfilled by doctors or the nursing staff. The patient counsellors were meant exclusively for spending more time with the patients and also to act as an interface between the clinicians and the patients. They are responsible for increasing patient

satisfaction, creating awareness about eye care services, helping patients make informed decisions, and generating demand.

The counselling department functions with the broad objectives to:

1. Provide compassionate care and personal attention to all patients, treating them equally, promptly in a friendly and courteous manner
2. Provide accurate, reliable information and guidance to patients as per their needs and requirements
3. Allay fear and anxiety of the patients and their attendants
4. Create awareness about hospital services.
5. Help patients to overcome their barriers in accessing the available hospital services including overcoming their negative attitudes, misconceptions about pain, side effects and recovery
6. Assist patients in informed decision-making in the areas of admission, surgery, pre-operative care, post-operative care, discharge, follow up care and special procedures.
7. Enhance acceptance rate for surgery and of newer services provided by the hospital
8. Encourage discharged patients to be motivators
9. Strengthen the liaison between hospital and patients through interpersonal relationships and thereby enhance the image of the organisation in the community.

## Eligibility criteria

To be a counsellor at Aravind Eye hospital the most important requirement is good communication skills and also the ability to empathise with people. Other than that the basic educational qualification required is a twelfth pass.

## Training

Different types of training are provided to the counsellors. All the counsellors at AEH are initially

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Table 1: Functions of counsellors in different working areas

Sr. No	Working area	Function
1.	a) Units (Where cataract patients are seen)	<ul style="list-style-type: none"> <li>- To minimise the waiting time of patients</li> <li>- Explains the various clinical procedure patients will undergo</li> <li>- Provides information about care to be taken in case the patient has systemic diseases</li> <li>- Provide information about other eye diseases</li> </ul>
	b) General (Cataract) Counselling Room	<ul style="list-style-type: none"> <li>- Provides information about the various surgical procedure and technologies</li> <li>- Allay fears and help the patients in informed decision making</li> <li>- Helps the patients to accept surgery with greater confidence</li> <li>- Provides information about various facilities and pricing</li> <li>- Eases the admission procedure</li> </ul>
2.	Specialty services	<ul style="list-style-type: none"> <li>- Explains about the complications of the disease</li> <li>- Need and importance of continuous medication and follow-up</li> <li>- Explains the treatment procedures</li> <li>- Clarifies all doubts the patients will have</li> <li>- Provides psychological support in helping the patient to live with the disease</li> </ul>
3.	Operation Theatre services	<ul style="list-style-type: none"> <li>- Be with the patient</li> <li>- Provides physical and psychological support</li> <li>- Allay fears of the patient in the block room</li> <li>- Explains about anesthetic procedures the patient will undergo</li> </ul>
4.	OP New Counselling	<ul style="list-style-type: none"> <li>- Provides information about the various surgical procedure and technologies</li> <li>- Allay fears and help the patients in informed decision making</li> <li>- Helps the patients to accept surgery with greater confidence</li> <li>- Provides information about various facilities and pricing</li> <li>- Eases the admission procedure</li> <li>- Assess the patients according to their background about their capacity to pay</li> <li>- Provides information to free patients about greater facilities available in the paying section</li> </ul>

Sr. No	Working area	Function
		<ul style="list-style-type: none"> <li>- Provides information to free patients with systemic problems about lack of care in free section for treatment of systemic problems and motivates them to undergo the treatment in paying section at minimal cost</li> <li>- Free patients with problems other than cataract are directed to specialty clinics in paying section. The patients are explained the seriousness of their disease and the necessity (urgency) to undergo treatment in paying specialty</li> </ul>
	Review counselling	<ul style="list-style-type: none"> <li>- To give guidelines for review patients</li> </ul>
6.	Ward	<ul style="list-style-type: none"> <li>- Provides information regarding pre-op and post-op care</li> </ul>
7.	Camp	<ul style="list-style-type: none"> <li>- Motivates the patients advised for surgery to undergo the surgery at the base hospital</li> <li>- Allays fears of the patient</li> </ul>

provided an in-house 2 years training. This training is divided into 2 parts:

1. Basic training covering anatomy and physiology of human body, common eye diseases, basic nutrition, handling emergency (4 months)
2. Departmental training covering counselling in different areas of the hospital (20 months)

During the in house training for greater exposure they are sent to the other branch hospitals of Aravind. Evaluation of the trainees is an ongoing process done on a six monthly basis. This is done through both theory and practical exam.

For trained girls refresher training are conducted every year twice when the patient load is less in the hospital for example during Pongal (January) and Diwali (Oct-Nov). Evaluation for the seniors is also done every year in Feb or March through theory exams.

## Coordination

The counsellors are now an inextricable part of the hospital system. Though they belonged to one department-the counselling department - their services are required by all departments of the hospital. The counsellors need to coordinate with the following department is as follows:

## Performance assessment

Two main indicators are used for assessing the counsellors performance.

The counsellors performance is assessed based on the **acceptance rate** in camp as well as in the general cataract counselling of paying section. This refers to the number of patients who opt for surgery from the total number who are advised for surgery by the doctor. Currently 80% of the patients require no extra motivation for surgery, the remaining 20% require and this is provided by the counsellors. So the total acceptance rate in the camps is around 95% whereas in the paying section it is at 60%. At the end of each camp the acceptance rate is looked into as a part of monitoring the camp performance. In the paying section the acceptance rate is reviewed on a daily basis.

$$\text{Acceptance rate} = \frac{\text{No.of patients opting for surgery}}{\text{Total no. of patients advised for surgery}}$$

Another indicator is the **follow up rate** which is measured by the number of patients coming for review check-up after cataract surgery, to the total number of patients who were operated. In specialty clinics this refers to the number of people who turns up for

Table 2: The other department that the counsellor will have to co-ordinate with are:

No	Area of Coordination	Task
1.	OPD	<ul style="list-style-type: none"> <li>- To manage the crowd and reduce the waiting time of patients by getting information from OPD nurse like who has to be dilated, who has to be sent to refraction, checking the case sheet to finish all the preliminary test like blood sugar, BP</li> <li>- To coordinate in arranging doctors for the unit/ clinic</li> <li>- According to the instructions provided by the nurses to patients, the counsellors have to accompany the patient to the correct specialty clinic or to any supportive services</li> </ul>
2.	Admission Counter	<ul style="list-style-type: none"> <li>- To accompany patients to Admission counter</li> <li>- To coordinate in room allotment and room reservation</li> </ul>
3.	MRD	<ul style="list-style-type: none"> <li>- To handover all the case sheets of the patients getting admitted from camp to registration counter</li> <li>- To handover all the case sheets of OP Patients from camp to MRD so that the details are coded and case sheet is filed</li> </ul>
4.	Ward	<ul style="list-style-type: none"> <li>- For obtaining list of people on whom surgery was not performed due to systemic problems or other complication and provide this information to ward staff</li> <li>- To send the correct number of patients to theatre so that the patients do not have to wait near the theatre</li> <li>- To ensure that the patients are back to their own room after surgery</li> <li>- To help in discharge rounds by explaining to the patients the do's and don'ts while the doctor is providing post operative check up</li> </ul>
5.	Operation Theatre	<ul style="list-style-type: none"> <li>- To shift the patients to theatre</li> <li>- To coordinate in arranging patients for theatre</li> </ul>
6.	House Keeping	<ul style="list-style-type: none"> <li>- For making food arrangements to patients who are brought for surgery at free hospital and those who remain at camp hospital</li> <li>- To coordinate with housekeepers by providing pending and discharge list which would be helpful to clean the rooms and make arrangement for next admission.</li> </ul>

No	Area of Coordination	Task
7.	Transport Department	- To coordinate in the discharge process so that transport charges of the patients are taken care of.
8.	Camp Section	- To provide relevant information (no. of patients discharged, pending cases, no. of patients discharged on their own) to camp organiser regarding discharge of patients.
9.	Stores	- To ensure the supply of patient information series like pamphlets, forms used by counsellor in camps, registers and postcards for writing letters to patients. - Provide information to stores regarding the availability of brochures and ordering.
10.	Computer Section	- To provide admission list, discharge list, pending list and surgical list to counsellors especially in camp and free section.

an appointment compared to the total number of appointments given for follow up checkup by the counsellor on a particular date. The follow up rate for cataract camps is 85 % to 90% whereas in specialty clinics it is 80%. Follow up rate is reviewed on a monthly basis.

$$\text{Follow up rate} = \frac{\text{No. of patients who keep their appointment on a particular day}}{\text{Total no. of follow up appointment}}$$

This indicators are assessed on a monthly basis.

## Conclusion

Counselling is thus seen to address several important functions related to marketing of eye care services. It becomes an important indirect marketing tool as it has direct impact on improving the quality of the 'product'. As patient compliance is very important for successful treatment outcome and since clinical

outcome is always attributed to the provider and never to the patient the patient compliance with treatment becomes all the more crucial. The counsellors are able to convince the patients of how they form a partner in the healing process. Another important role played by counselling is in moderating the expectations of the patients.

Often it is not the lack of a particular service that upsets the patients, but the lack of knowledge about the available services or procedure. If the patients know the reason behind services or a particular procedure that are not available or even know why the service is not available, they are less likely to complain.

It is very important for hospitals which do not have counselling services to initiate this activity and for those hospitals which have counsellors to keep refining their patient counselling services in order to enhance patient satisfaction.