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Are patients with poorer vision more polite? A study examining door closing tendencies in patients with poor vision

Sidath Wijetilleka¹ · Gwyn Williams¹

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With many changes to patient flow and the minimisation of unnecessary movement in patient treatment pathways becoming more important in planning new ophthalmic service delivery, it is easy to forget that there are individual variations between patient groups that are often overlooked. It was noticed that patients attending Singleton Hospital with worse vision tended to make a point of closing the clinic room door more consistently at the end of the consultation than those with better vision. If this relationship were found to be significant then tailored care could then be provided based on predicted behaviour. Patients who close the door themselves, which we will call 'polite' patients for the purpose of this study, may benefit from having their door closing tendencies taken into consideration in optimising service delivery and patient flow. It would also be interesting to know if patients with poorer vision are in fact 'politer' than their better seeing counterparts. There is no previously published study that has looked at this phenomenon before.

The clinic rooms at Singleton are designed with the patient closest to the door so the natural tendency is for the patient, upon completing the consultation, to reach the door first. A patient was deemed 'polite' if they closed the door behind them, or at least attempted to, while those needing assistance or for whatever reason were escorted to the door by the clinician were excluded from the study. All patients were seen in a number of medical retina clinics by one of two ophthalmologists. No invitation to close the door was

given. A better seeing vs poor seeing patient was defined as vision worse than or better than 0.3 LogMAR (6/12 Snellen).

Over the course of the study 300 consultations were eligible for inclusion, of which 138 people had vision better than 0.3 LohMAR in their better eye; out of these only 40 closed the door behind them (29%). There were 162 patients with vision worse than 0.3 LogMAR in their better eye and out of these 138 closed the door behind them (85%). This result was statistically significant with p < 0.05 with statistical analysis via χ^2 test.

It is interesting to hypothesise as to why patients with poorer vision are 'politer', according to our study. Perhaps it is a case of patients with better vision not being so attuned to how their actions affect the people or the environment around them. Perhaps patients with worse vision are accustomed to adapting their home circumstances such that unexpected variations may lead to trips or falls. Whatever the reason this is the first study that has demonstrated this outcome and this knowledge of expected patient behaviour may be important in helping us plan eye services. For example patients attending a low vision clinic may benefit from having the door propped open to avoid potential struggles with door closing upon leaving. It is also an important anthropological finding that independent to this is worthy of further study.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Sidath Wijetilleka sidwijetilleka@doctors.net.uk

¹ Singleton Hospital, Swansea, UK