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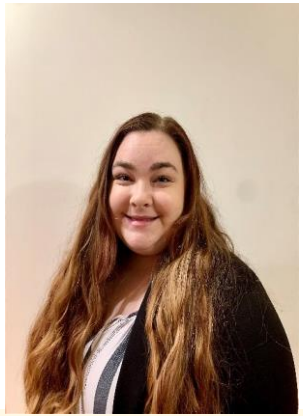
Make Clinical Visits More Personal: Lead With Person-First and Strength-Based Approaches

Speakers



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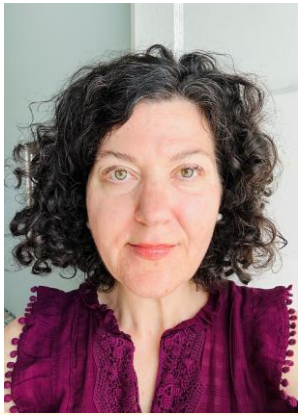

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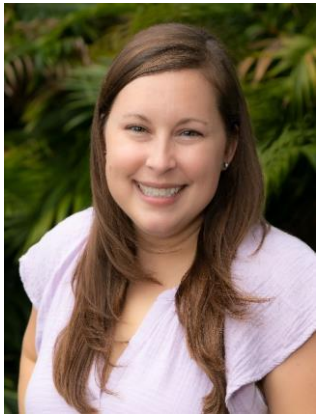

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Diabetes and Language

CONSENSUS REPORT | OCTOBER 17 2017

The Use of Language in Diabetes Care and Education FREE

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Table 1: Guiding Principles for Communication with and about People Living with Diabetes
Diabetes is a complex and challenging disease involving many factors and variable
Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment
Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
Person-first, strengths-based, empowering language can improve communication and enhance the motivation, health, and well-being of people with diabetes

Table 3: Recommendations
Use language that
1. is neutral, nonjudgmental, and based on facts, actions, or physiology/biology
2. is free from stigma
3. is strengths based, respectful, inclusive, and imparts hope
4. fosters collaboration between patients and providers
5. is person centered

Table 2: Key Definitions	
Word/Phrase	**Definition**
Strengths-based language	Opposite of a deficit approach; emphasizing what people know and what they can do. Focusing on strengths that can empower people to take more control over their own health and healing. Example: Lee takes her insulin 50% of the time because of cost concerns (instead of Lee is noncompliant/nonadherent).
Person-first language	Words that indicate awareness, a sense of dignity, and positive attitudes toward people with a disability/disease. Places emphasis on the person, rather than the disability/disease. Example: Lee has diabetes (instead of Lee is a diabetic).

Dickinson JK, Guzman SJ, Maryniuk MD, O'Brian CA, Kadohiro JK, Jackson RA, et al. The Use of Language in Diabetes Care and Education. Diabetes Care. 2017;40(12):1790-9.

Table 4: Suggestions for Replacing Language with Potentially Negative Connotations		
Language with potentially negative connotations	**Suggested replacement language**	**Rationale**
Compliant/compliance, noncompliant/noncompliance, adherent/nonadherent, adherence/nonadherence	"He takes his medication about half the time." "She takes insulin whenever she can afford it." "He eats fruits and veggies a few times per week." Engagement Participation Involvement Medication taking	The words listed in the first column are inappropriate and dysfunctional concepts in diabetes care and education. Compliance and adherence imply doing what someone else wants, i.e., taking orders about personal care as if a child. In diabetes care and education, people make choices and perform self-care/self-management. Focus on people's strengths—what are they doing or doing well and how can we build on that? Focus on facts rather than judgments.
Controlled/uncontrolled, well controlled/poorly controlled	Manage "She is checking blood glucose levels a few times per week." "He is taking sulfonylureas, and they are not bringing his blood glucose levels down enough."	Control is virtually impossible to achieve in a disease where the body no longer does what it is supposed to do. Use words/phrases that focus on what the person is doing or doing well. Focus on intent and good faith efforts, rather than on "passing" or "failing." Focus on physiology/biology and use neutral words that don't judge, shame, or blame.
"Are you a diabetic?"	"Do you have diabetes?" Person living with diabetes Person with diabetes Person who has diabetes	Person-first language puts the person first. Avoid labeling someone as a disease. There is much more to a person than diabetes. When in doubt, call someone with diabetes by their name.

Table 4: Suggestions for Replacing Language with Potentially Negative Connotations		
Language with potentially negative connotations	**Suggested replacement language**	**Rationale**
Regimen, rules	Plan Choices	use words that empower people, rather than words that restrict or limit them
Fail, failed, failure "She failed metformin."	"Metformin was not adequate to reach her A1C goal."	people don't fail medications. If something is not working, we choose a new direction
"Words or phrases that threaten "You are going to end up blind or on dialysis."	"More and more people are living long and healthy lives with diabetes. Let's work together to make a plan that you can do in your daily life.	Many people who are not reaching metabolic goals understand they are at risk for complications. Scare tactics rarely are effective. Work together on specific, achievable, and realistic self-directed goals that can improve metabolic outcomes
Unmotivated, unwilling	John has not started taking insulin because he's concerned about weight gain. He sees insulin as a personal failure."	Few people are unmotivated to live a long and healthy life. The challenge in diabetes management is there are many perceived obstacles that can outweigh the understood benefits. As a result, many people conclude that changes are not worth the effort or are unachievable
Refused	Declined	Use words that build on people's strengths and respect the person's right to make their own decisions
Imperatives Can/can't, should/shouldn't, do/don't, have to, need to, must/must not	Have you tried..." "What about..." "May I make a suggestion..." "May I tell you what has worked for other people..." "What is your plan for..." "Would you like to consider..."	Words and statements that are directives make people with diabetes feel as if they are being ordered around like children. They can inflict judgment, guilt, shame, and blame

Session Goal

Share 3 exercises in skit format of how communication can positively and negatively impact a person with diabetes (PWD).

- Child on public insurance
- Transitions of care
- Diabetes distress

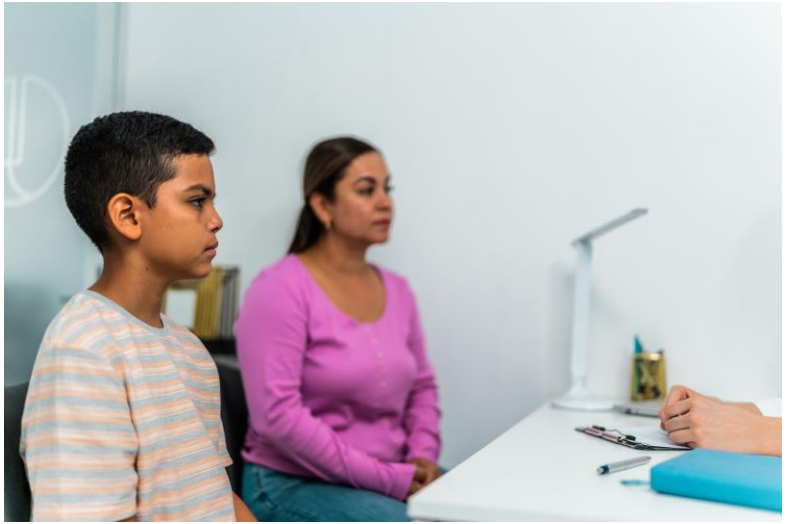
Child on Public Insurance of Hispanic/Latinx Background

Background: A mom and her 12-year-old son are at the pediatric endocrinology office for their first visit after a referral from the pediatrician.

They visited their pediatrician to address her son's constant fatigue, and as part of the labs, an A1C was completed, which came back at 8.9%.

They use public insurance and are of Hispanic/Latinx background.

Recap



1. Did the care team listen to and validate the moms' concerns?

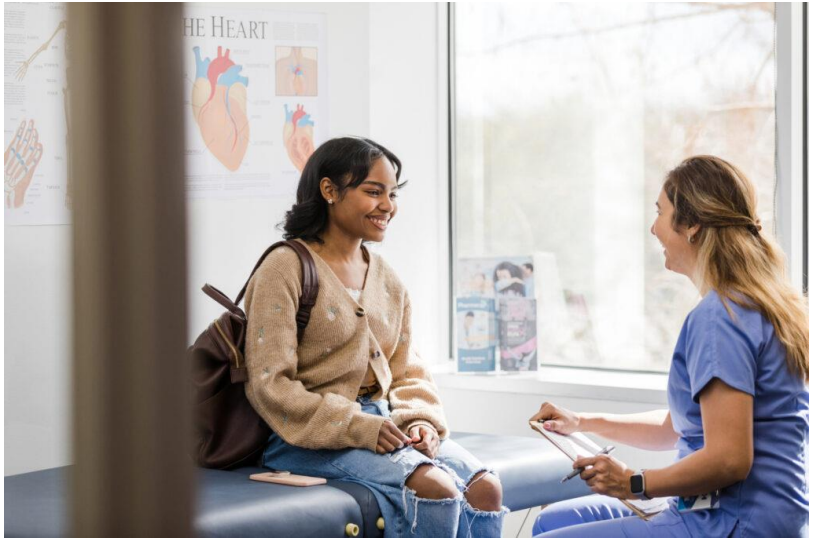
2. Was there an assumption of diagnosis based on history and lifestyle?

3. Was nonjudgmental and person-centered language used in communicating with the mom and the son?

Transitions of Care

Background: A teenager is transitioning from pediatric to adult care.

She is nervous about the transition and does not feel confident in her skills to manage her care independently.



Recap

1. How can we, as care team members, ensure the people with diabetes feel supported and ready to transition to adult care?

2. Can we provide resources to them on moving to adult care?

3. Can we ensure that we support them with our words and celebrate this time as a “graduation” into adult care?

4. Can we start the transition conversation earlier to ensure that the person with diabetes feels confident and ready to transition?

Diabetes Distress

Background: A 26 years old, who has type 1 diabetes for nine years, is seen. Her last two A1cs were 13.6% and 9.3%.

- She uses MDI for insulin and is prescribed a CGM but doesn't often wear it.
- She has been working part time, is uninsured, and recently signed up for a Medicaid plan.
- She reports that she does not like devices on her body and does not like to take insulin in public or check BG in public.
- She doses basal insulin consistently, at home, and does not always bolus for meals.
- She has been hospitalized twice for DKA in the last three years.
- She communicated diabetes distress in her last visit.

Recap

In scenario 1

1. Did the HCP understand the PWD's goals?
2. Did the HCP effectively share her goals for the visit?
3. Did the HCP make the PWD feel comfortable or confident?

In Scenario 2

1. Did the HCP understand the PWD's goals?
2. Did the HCP effectively share her goals for the visit?
3. Did the HCP make the PWD feel comfortable or confident?
4. What tone was set?

Recommendations from the PWD Advisory Committee

- Ask what is important and motivating. Learn how the practice help can keep PWD motivated during the marathon that is living with diabetes.

- It helps to remind providers that when someone uses the word "diabetes," they are essentially saying "you." Therefore, any adjectives around this word can ultimately place blame and cause diabetes distress.

THANK YOU!

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