

Guidelines for Using the Diabetes Care Concerns Assessment Form

Addressing the first two questions “What is hardest or causing you the most concern about of caring for your diabetes at this time and what is difficult about it” serves two important functions. First, it demonstrates that the health care provider or educator is interested in addressing the patient’s primary concern, i.e. provide patient-centered care. This approach may seem obvious but many patients tell us that their visits usually begin with a discussion of test results (e.g. A1C, lipids, blood pressure) or that classes begin with a discussion about the definition of diabetes and that the conversation never gets around to the patient’s concerns. We are not suggesting that test results be ignored but rather that health professionals begin visits by discussing the patient’s primary concern and then address the clinical issues.

The second function that these questions serve is that they help to identify the area where the patient is most likely to be motivated to make a change. Patients are not as likely to change behavior to address the health professional’s concerns (unless they are as concerned as the health professional), as they are to solve problems that concern them. The questions/responses below are examples of ways of helping patients describe their primary concerns.

- Summarizing e.g. “Let me summarize what I’ve heard you say (or wrote on the form). Then we can see if I’ve got it right.”
- “How does this concern affect your diabetes self-care?” Or “how does this issue affect the rest of your life?”
- “What have you tried before to solve this problem and how did it work?”

Question 3 asks “how would you describe your thoughts or feelings about this issue?” Many health professionals avoid asking about feelings because they don’t know how to make the patient feel better. This is a mistake. Feelings do not need to be (and usually cannot be) solved. Feelings need to be expressed and explored for two reasons. First, the intensity of patients’ feelings usually predicts the level of their motivation to make a change to improve the situation. Second, the expression of strong feelings to an empathetic listener is, in and of itself, therapeutic. Listening builds rapport. Many health professionals are surprised to learn that a study (1) in JAMA found that physician visits were on average shorter when the physician responded to patient’s attempts to bring up psychosocial/emotional concerns than the visits in which the physicians did not respond to such issues. Below are a few examples of appropriate responses to patients’ expressions of feelings.

- Empathy “It sounds like you have had a rough time of it”
- Clarification “It sounds like you are really frustrated by your glucose readings when you are working so hard to bring them down.”
- Interest “How are you dealing with these feelings?”

This is usually a good time to review what patients have circled on the assessment form. Sometimes talking about an issue results in a change in a patients agenda, e.g. patients

may have indicated on the form that they didn't want to set a goal but as result of exploring the issue they do. Or maybe the reverse happens i.e. they change from wanting to set a goal to not wanting to set one. If patients indicate that they do not want to set a goal at this time, ask if they wish to discuss it further today and how you can be most helpful (e.g. talk about another issue, make a referral).

If in response to question 4 patients indicate that they would like to come up with a plan, it may be tempting to move to setting a short-term goal quickly. However it is usually a mistake focus on problem solving before the problem and the patient's emotional response have been explored fully. Problem solving too soon often leads to one of two mistakes. First, if the patient and you haven't gotten to the core issue you may end up solving the wrong problem. Second, problem solving too quickly may prevent patients from experiencing the full intensity of their emotions thus diminishing their motivation to act. When patients have had a chance to fully describe their concerns and express their feelings it's time to help them explore possible solutions. The following are some questions that can be used for this part of the conversation.

- “What would have to change in order for you to feel better?” i.e. identifying goals.
- “What are some steps that you could take to help make things better for yourself?”
- “What can I do to help you?”
- “What will you do when you leave here?”

To increase the probabilities of succeeding have the patient create a concrete plan. e.g. Rather than “I guess I should talk to my husband about this.” Create a concrete plan such as “I will discuss the changes I would like to make in our eating habits with my husband tonight right after he gets home from work.” Plans that are concrete in terms of who, what, when, where are much more likely to be carried out than vague, generalized plans. It is helpful to inform the patient that you will ask about how the plan turned out at your next visit because it communicates interest and adds accountability. We find it useful to encourage the patient to think of their plans and short-term goals as self-management experiments. We point out that discovering what doesn't work is just as important as finding out what does work. In either case the experiment yields new knowledge that can be used for revising the plan and conducting the next experiment. The new knowledge can also help in tailoring the self-management plan to better fit the patient. Respond to other questions and concerns as appropriate.

Using the Diabetes Concerns Assessment Form in Groups

This assessment form can also be used prior to a group education program or group visit, and/or incorporated into an existing assessment form. The information can then be discussed with an individual participant during the educational program or incorporated into class discussions. For example the instructor could ask questions similar to those on the “diabetes concerns assessment” form during class and encourage the group to discuss their answers. Knowing that others have had similar experiences and feelings helps patients feel less alone with these issues.

As an alternative, the questions can be used as the basis for an interactive learning

exercise during which pairs of patients discuss their answers to the assessment questions for a specific length of time (e.g., 5 minutes each). In this exercise, each patient in a pair will get to be both a speaker and a listener. For the first 5 minutes one patient presents his or her answers to the listener who asks open-ended or reflective questions to help the speaker explore and express the issues involved.

Encourage listeners to refrain from giving advice, problem solving or offering reassurance. They should encourage the expression of emotion but not try to make the speaker feel better. The job of the listener is to understand the issue from the point of view of the speaker. After 5 minutes the patients switch roles and repeat the exercise. We often have each patient present their partner's issue (which encourages attentive listening during the exercise) to the entire class during the large group discussion that follows the paired sharing exercise. The two overall goals of this exercise are first to have patients experience seeking to understand another person and second to experience being understood by another person. Listening attentively leads to understanding. Understanding leads to acceptance. Active listening has wide applicability in every day life.

1. Levinson W, Gorawara-Bhat R, Lamb J. A study of patient clues and physician responses in primary care and surgical settings. *JAMA* 248:1021-27, 2000.