How to find the ideal words in consultations

by Jen Bateman, Clinical Psychologist

> *"Words are, after all, the most powerful drug used by mankind"*
>
> **Rudyard Kipling**

What and why

- The clinician's choice of words can be viewed as a powerful intervention that has the potential to be either restorative or harmful.
- As an intervention, using appropriate language costs nothing, has no side effects and need not take any additional time, as this "How-to" intends to demonstrate.
- Whilst communication is a skill that we are all always developing, we can equip ourselves with some shortcuts in the form of key words and phrases that people living with diabetes tell us they find helpful.
- NHS England published the *Language Matters* guidance in 2018. Grounded in research evidence and co-authored by a group of stakeholders that included people living with diabetes, it is an important acknowledgement that despite an ever-increasing range of treatment, education and self-management options, the proportion of people that achieve and maintain healthy HbA_{1c} and good outcomes remains low.
- Choosing words that are supportive, collaborative and empathic can have an important influence on the people we support.

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Words do more than reflect reality – they *create* reality

Language:

- Reflects and shapes our thoughts, beliefs and behaviours.
- Persuades, changes or reinforces beliefs and stereotypes.
- Impacts self-confidence and motivation to engage in self-care behaviours.
- Influences physical health and emotional wellbeing.

Communication principles to strive for

Seek to be more:	Seek to be less:
✔ Empathic	✘ Stigmatising
✔ Empowering and inclusive	✘ Shaming or blaming
✔ Respectful	✘ Authoritarian
✔ Trust-building	✘ Demanding
✔ Person-centred	✘ Disapproving
✔ Encouraging	✘ Discriminating
✔ Clear	✘ Stereotyping
✔ Reassuring	✘ Assumptive
✔ Understanding	✘ Pre-judging
✔ Exploring	✘ Judgemental
✔ Culturally competent	✘ Threatening
✔ Collaborative	

Modelling language

The *Language Matters* guidance from NHS England (2018) provides some suggested words and phrases that you can model. These are guides that can be adapted to your own preferences, keeping true to the communication principles. The table below provides some practical examples to consider.

Avoid	Consider replacing with an alternative, such as	Communication style
"Before you come to see me, I want you take 4 blood tests a day for 3 days, so I can check what's going wrong"	"It may be helpful to do some more blood glucose monitoring, so we can better see the patterns. In an ideal world, as many as 4 a day for 3 days would be great, but I realise that's challenging! What feels manageable to you?"	Demanding ➡ collaborative
"Your HbA_{1c} is too high"	"Your HbA_{1c} this time is higher than recommended"	Judgemental ➡ fact-based
"It's being so overweight that is causing you to have all these problems"	"There are many reasons why we eat. Would you like to talk about them?"	Shaming ➡ curious
"The diabetics/patients I support tend to find *xyz* helpful"	"The people with diabetes I support tend to find *xyz* helpful"	Condition-first language ➡ person-first language
"Why were you so high here?" (when looking at a blood glucose monitoring diary)	"I can see your blood glucose levels were higher here. Can you recall what was going on that day?"	Demanding ➡ explorative
"You're not compliant"	"Diabetes can be difficult to manage every day. What gets in the way for you?"	Labelling ➡ explorative
You don't acknowledge that appointments are running late when you greet the person.	"I'm seeing you later than your appointment time and I appreciate you waiting"	Unboundaried ➡ respectful of boundaries (which fosters trust)
"You're in denial"	"Many people I support find it difficult to come to terms with their diabetes. This is natural and the process often takes time."	Stigmatising ➡ empathic

Guidelines for the diagnosis conversation

The diagnosis of diabetes provides an important window of opportunity to convey two key messages that have been demonstrated to impact positively on clinical outcomes three years later (Polonsky et al, 2010).

The two key messages to convey are **a sense of seriousness** and **a sense of hope/optimism**.

For example:

"We know that diabetes is a serious condition and, if it's not managed, can have serious consequences.

The good news is that there are lots of treatment and management options available, so if we work together there's no reason why you can't live a full and healthy life with diabetes."

How could you make a change?

- Reflect on your use of diabetes-related words, both verbally and in written documents such as letters, medical records and journal articles.
- Colleagues will vary in their skill and confidence to adapt their language. Be a role model to your team members.
  - Start to use these word swaps in team discussions and meetings.
  - When you catch yourself using words you're moving away from, deliberately correct yourself.
  - Share quality-improvement strategies in your clinics.

By doing so, we all have a part to play in changing the culture of diabetes care towards being truly person-centred.

Consultation checklist

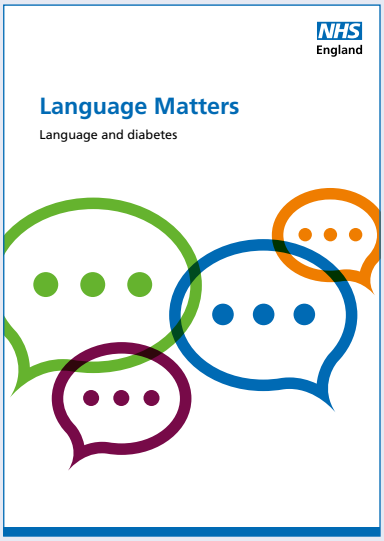
- ❑ Am I demonstrating a friendly, welcoming presence (e.g. smiling, making eye contact, introducing myself)?
- ❑ Is my tone of voice encouraging or at least neutral?
- ❑ If the appointment is late, have I apologised/acknowledged this?
- ❑ Have I found at least one opportunity to encourage the person about some aspect of their health/self-management behaviour (e.g. coming to their appointment)?

Quotes from participants in *Language Matters* research

- *"I hate 'sufferer' too. 'Lives with [diabetes]' is better, and my child has type 1 and is not a 'diabetic'. Would you introduce another child as 'myopic'? Doubt it very much."* Parent of a child living with type 1 diabetes
- *"Being described as 'non-compliant' is awful and does not reflect the fact that everyone is doing their best. Maybe not the same best as someone else, or even their 'best' best – but just the best they can at that moment. Life is way more than diabetes and it isn't always given top priority. Life gets in the way."* Person with type 1 diabetes
- *"I've been spoken about – rather than to – in my presence."* Person living with type 2 diabetes
- *"Ask me about how I feel, talk to me about numbers, but don't treat me 'as' numbers and use language that doesn't judge me."* Person living with diabetes

Resources

- *Language Matters. Language and diabetes.* Practical guide from NHS England to encourage positive interactions with people with diabetes: bit.ly/3t0UQXg
- *A New Language for Diabetes: Improving communications with and about people with diabetes.* Position statement from Diabetes Australia offering alternatives to commonly used expressions: bit.ly/2MrIsyJ
- *The Ormskirk Model: A new HbA_{1c}–time-in-range, solution-focused model.* Article outlining a solution-focused approach to diabetes care: bit.ly/3t4gA4v
- *Why Language Matters in diabetes care.* Overview of the international Language Matters movement: bit.ly/2O8IrM9



References and further reading

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