

Ten tips for more effective and satisfying clinical consultations

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In the second Diabetes MILES – Australia (MILES-2) study, the authors asked people with diabetes the open-ended question, “What do you wish your healthcare professionals understood about living with diabetes?”. The resulting answers provide important insights and form the basis of the ten tips presented in this article. These tips for more effective and satisfying consultations are proven and powerful. Most importantly, they are possible in your clinical practice today.

There is growing awareness among clinicians that emotional and physical health are two sides of the same coin. Diabetes can affect a person’s emotional wellbeing, and emotions can impact on how a person manages their diabetes. To ignore the emotional side is to miss vital opportunities to understand how to support a person to achieve better diabetes outcomes. This ideology is at the heart of person-centred, holistic healthcare.

The impact of a consultation can be disproportionate to the time it takes. Many years after diagnosis, people with diabetes can often still remember their first clinical encounters – both helpful and unhelpful advice can shape their attitudes to and feelings about diabetes management for the rest of their lives. It all comes back to communication and interpersonal skills: the key ingredients of clinical consultations (Alzaid, 2014).

We asked Australian adults with type 1 or type 2 diabetes an open-ended question: “*What do you wish your healthcare professionals understood about living with diabetes?*” (Litterbach et al, 2020). The responses of more than 1000 people offer important insights. The main themes of these are summarised in *Table 1*. Overall, participants’ wishes were consistent with clinical guidelines and most form part of the person-centred model

of care that has been promoted for several decades (Rathert et al, 2013).

While some healthcare professionals have made small, positive changes toward person-centred “listening” (Stuckey et al, 2015), fewer have integrated psychological care within their clinical practice. The much needed shift from a biomedical model to this holistic care model has indeed been slow (Speight et al, 2019). This may partially explain the lack of improvement in diabetes outcomes over the past two decades despite many advances in diabetes treatments and technologies (Edelman and Polonsky, 2017).

The qualitative responses from our research (Litterbach et al, 2020) inform ten tips for healthcare professionals to improve clinical consultations with people with diabetes. Many of these may seem to be common sense, but it is clear that they are not universally adopted or sustained in clinical practice. These tips may offer you an opportunity to reflect on your own practice and to consider the simple changes you and your teams can make to achieve more effective and satisfactory consultations – both for people with diabetes and for yourselves. *Table 2* includes quotes from people with diabetes reflecting on positive experiences with their healthcare professionals, related to the tips.

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Article points

1. The ten tips herein all come down to one central topic: communication, mutual trust and respect.
2. When seeing people with diabetes, healthcare professionals need to show empathy, acknowledge the psychological impact of diabetes, and use motivating and empowering language.
3. They should see each person, and their diabetes, as unique, which will require active listening and acknowledgement that the individual is the expert in their own condition.
4. Shared decision-making and agenda-setting will be required to get the most out of consultations.

Key words

- Consultation skills
- Holistic care

Authors

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Diabetes and emotional health is a free, online practical guide for healthcare professionals to support adults with diabetes experiencing common emotional problems, such as diabetes distress or fear of hypoglycaemia. [Available here](#)

Table 1. “Things I wish my healthcare professional understood” – themes and subthemes identified by Litterbach et al (2020).

Main themes	Subthemes
That barriers interfere with diabetes management	Comorbidities and complications; side effects and discomfort of self-management; financial costs; access to products or services
It is easier said than done	Diabetes is hard and I am doing my best; relentless; time-consuming; maintaining stable glucose levels is complex; diabetes is not always my first priority
The full social and emotional impact of diabetes	Impact on daily life; feeling isolated or alone; negative emotional response; impact on relationships [type 1 diabetes only]; psychological resistance to insulin therapy [type 2 diabetes only]
I want, need and deserve more	More information or advice; general dissatisfaction and disillusionment; HCPs’ focus too narrow/biomedical; my expectations of my diabetes care; to be understood, supported and listened to; mixed messages from HCPs
Their judgements, assumptions and negativity are not helpful	HCPs make assumptions; unhelpful language; feeling judged; HCPs have a negative lens or perspective; stigma and discrimination
I wish they knew more about diabetes	Had more knowledge or expertise; knew what it felt like
I am the expert in my diabetes	n/a

HCP=healthcare professional.

Tip 1: Showing empathy

This is the first tip for a reason: it is central to holistic care. What is empathy and how can we show empathy without becoming emotionally attached? Empathy is a cognitive rather than an emotional form of understanding the person’s experiences, feelings and perspectives (Hojat et al, 2015). As such, it is different from sympathy. Being empathic does not require the healthcare professional to experience and introspect the person’s emotions, as this could divert the focus from the person’s experience to the professional’s own.

Using open-ended questions builds rapport and trust, enabling exploration of the person’s experiences and better information-sharing. Healthcare professionals are then better informed about the person’s needs and better able to promote effective treatment options.

Tip 2: Acknowledging the psychological impact of living with diabetes

Participants expressed the wish for their healthcare professional to acknowledge the psychological burden of living with diabetes (Litterbach et al,

2020). Normalising this burden can help the person feel less alone or isolated. Responses such as “*That’s understandable. You know, many people with diabetes feel that way too*” may help to reduce feelings of, for example, guilt and blame, when they realise that what they feel is not uncommon (Fisher et al, 2019).

Diabetes UK’s [Diabetes and emotional health](#) is a free, online practical guide for healthcare professionals to support adults with diabetes experiencing common emotional problems, such as diabetes distress or fear of hypoglycaemia. This guide has many practical tips on how to respond when people with diabetes share their emotional struggles and what questions to ask to further explore their support needs.

Tip 3: Active listening

Closely related to empathy and acknowledging emotional impact is “active listening”, which includes attending to both what a person says and how they say it. Although this may seem one of the easiest skills, many healthcare professionals struggle to give the person space to express themselves. This can be because they fear it will lead to long

Table 2. Examples of positive feedback from people with diabetes about clinical consultations.

Tip	Quotes from adults living with diabetes
1. Showing empathy	<ul style="list-style-type: none"> ● <i>"I have searched for 16 years for a non-judgemental, easily accessible diabetes team who listen, hear, trust me, respect me and have a very high level of up to date knowledge. I am so very, very lucky to have that team now."</i> (T1D) ● <i>"I'm really fortunate, my [HCP] has excellent empathy skills. She knows it's hard work and that there are factors other than diet and exercise that effect blood glucose levels."</i> (T1D)
2. Acknowledging the psychological impact	<ul style="list-style-type: none"> ● <i>"My [HCP] is really good and seems to understand the battle and sometimes frustration that comes with managing diabetes."</i> (T1D) ● <i>"We have a couple of great educators who have a realistic take on what it's like to live with diabetes."</i> (T1D)
3. Active listening	<ul style="list-style-type: none"> ● <i>"They [HCPs] listen and work with my understanding of what is happening in my life."</i> (T2D) ● <i>"They [HCPs] listen to you and they do help with most questions and they are open to changing and trying new ideas."</i> (T2D)
4. Setting the agenda	<ul style="list-style-type: none"> ● <i>"Every issue I raise is dealt with satisfactorily by my [HCP]."</i> (T2D) ● <i>"My [HCP] is very understanding, but maybe he needs to be more prescriptive about what I should do and what I should avoid."</i> (T2D)
5. Seeing each person as "unique"	<ul style="list-style-type: none"> ● <i>"[My HCP] understands me and my disease perfectly."</i> (T2D) ● <i>"[My HCP] values me as the person with diabetes and what I think – is very important to me, and is exactly what I want from my [HCP] when I need help."</i> (T1D)
6. Shared decision-making	<ul style="list-style-type: none"> ● <i>"I really like my current [HCP]... He has a phrase that 'we are a team, you are the captain, we all need to work together'. Resonates with me."</i> (T1D) ● <i>"I am lucky to have an excellent [HCP]... We discuss issues and together make a decision, or with some issues I may go away and think and research it further before returning to him with my decision."</i> (T1D)
7. Using motivational and empowering language	<ul style="list-style-type: none"> ● <i>"My [HCP] doesn't blame, judge and is always positive and encouraging. That enabled me to feel positive about myself and the ability to make positive changes."</i> (T2D) ● <i>"My [HCP] has a very positive attitude to diabetes and has encouraged me to see it as treatable."</i> (T2D)
8. Ensuring continuity of care	<ul style="list-style-type: none"> ● <i>"I am very happy with my care as my medical records can be accessed by both my General Practitioner and Diabetes Educator. Other specialists send through the details after my appointments, so I have very comprehensive shared care."</i> (T2D) ● <i>"My [HCPs] work as a team and are current in their respective knowledge of treatment methodology, research on trends of diabetes progress. I feel fortunate to have a well versed team."</i> (T2D)

Participant quotes derived from the study published by Litterbach et al (2020). Study participants' insights are not relevant to tips 9 and 10.

HCP=healthcare professional; T1D=type 1 diabetes; T2D=type 2 diabetes.



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monologues or because they feel ill-equipped to respond to visible distress. But is this fear substantiated? On average, a patient talks for about 90 seconds about their concerns when invited to

do so (Langewitz et al, 2002). They are, in general, well aware of the limited consultation time and they do not expect long consultations (Hajos et al, 2011; Mazzi et al, 2016).



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Active listening creates opportunities for the person with diabetes to trust and feel confident to confide in you without fear of judgment or blame. An open and honest conversation about the person's current issues or barriers (e.g. their reasons for not taking medications) will inform ways to overcome these, leading to more effective and sustainable diabetes management plans. Developing active listening skills requires practice. During your next consultation, refrain from interrupting a person while they speak, and show signs (eye contact, nodding) that you are paying attention to what they are saying.

Tip 4: Setting the agenda and agreeing today's priorities

In a large international survey, most healthcare professionals considered it helpful for people with diabetes to prepare questions prior to the consultation (Holt et al, 2013). However, agenda-setting is not yet routine in clinical consultations. When it is, healthcare professionals interrupt the person after just 11 seconds on average, usually with a statement or closed question (Singh Ospina et al, 2019), which shut down the conversation.

At first, people with diabetes may be surprised to be invited to set the agenda as it has not been part of their past experience, or they may not have a specific agenda. That is fine; it is about offering the opportunity. If they do not take it up now, maybe they will at the next consultation, after they have given it some thought.

If agenda-setting is not part of your routine practice, consider how you could try this. If there are too many agenda points, make a plan that discusses the highest priorities today, and agree how and when to address issues not covered at this time. Between consultations, you could refer the person to online or written resources. This will also help them to formulate their needs and concerns, and potentially their own ideas about what may help.

Tip 5: Seeing each person as unique and not a "textbook case"

Participants in our study felt their healthcare professionals assumed that medical textbooks provide a blueprint for achieving ideal diabetes outcomes, such as an HbA_{1c} in target (Litterbach et al, 2020). Similarly, healthcare professionals often

ask, "Why are people with diabetes not motivated to follow my recommendations?" This may be because:

1. They have experienced that following recommended guidelines does not guarantee the expected outcomes.
2. Diabetes requires a predictable routine that is a huge effort, often unsustainable, and is not a one-off but all day, every day.
3. Each person with diabetes has different needs and experiences, and wishes to be recognised for their own expertise in managing this condition.
4. Hormones, other medications, sleep quality, weather, incidental exercise, and the list goes on, all impact glucose levels.

While evidence-based clinical recommendations are essential and provide directions for what works, there has to be a realisation that one size does not fit all when managing a chronic condition. Personalised care leads to better outcomes because these fit better with the person's beliefs, needs and concerns.

Tip 6: Shared decision-making

With today's plethora of diabetes management options, including a range of technologies, medications and dietary approaches, people have choices and may have strong preferences. Some participants highlighted that they are the expert in their own diabetes and that they often come to consultations knowing more about the latest advances than their healthcare professional (Litterbach et al, 2020). Others rely on their healthcare professional as "the expert", and want to be given detailed guidance and plans.

Shared decision-making is a shift in power from the healthcare professional controlling the interaction to a collaboration between the healthcare professional and the person with diabetes. It is a process of sharing information and expertise: the healthcare professional providing accessible and evidence-based information about available treatment options, costs and benefits; and the person with diabetes sharing what matters to, and works for, them.

Tip 7: Using motivational and empowering language

There is consistent evidence that self-efficacy is a key determinant in behavioural change. Yet

clinical conversations are still highly focused on risk reduction, with an emphasis on what the person with diabetes “should avoid” or what they “should be doing better”, rather than identifying where they are already doing well and building upon that positive foundation. In our study, some participants reported their healthcare professional(s) to be very supportive and encouraging, or they appreciated their positive outlook (Litterbach et al, 2020).

Healthcare professionals are ideally placed to support people with diabetes to identify their strengths and skills, which can enhance their empowerment (Kristjansdottir et al, 2018). In this respect, NHS England’s *Language Matters* document is a practical resource for reflecting on the words and language that can empower and motivate people living with diabetes (Cooper et al, 2018).

Tip 8: Ensuring continuity of care

Diabetes care involves multiple healthcare professionals, each with their own expertise and perspectives. People with diabetes reported a lack of consistency in advice and messages, and in continuity of care (Litterbach et al, 2020). There was a desire for team-based care, with communication between all team members.

Higher continuity of care has been found to be associated with lower mortality rates (Pereira Gray et al, 2018). It is difficult to determine with certainty why this relationship would exist, but the authors speculated that trust (built over time) and open communication lead to greater disclosures, better tailoring of care to the person’s needs, and greater likelihood of optimal self-care and taking medications as recommended.

Tip 9: Taking small steps

When making changes in lifestyle and management, we often advise people with diabetes to go slow and take small steps towards achieving their short- and long-term goals. This advice is also helpful for healthcare professionals who want to enhance their consultation skills. Reflect on your current practice, consider what works and what you would like to change. Think about the changes you could make, what you would like to achieve, how and when. Then evaluate after a couple of consultations what has been going well and how to improve further next time.

Tip 10: Making consultations more satisfying for yourself

Working in a health setting and caring for others can, at times, be demanding and stressful. Many factors contribute to work stress; one is the quality of communication and interpersonal relationships in the work setting. When experiencing frustrations, and perceiving that this is because “patients are not motivated”, take a step back and reflect on what the reasons may be.

Person-centred care benefits the individual with diabetes as well as the healthcare professional, and may reduce the risk of work burnout. Having a better understanding of the person’s perspective facilitates shared decision-making, and will very likely impact the person’s motivation to engage with the agreed action plan. This affects the therapeutic relationship, to the satisfaction of both parties.

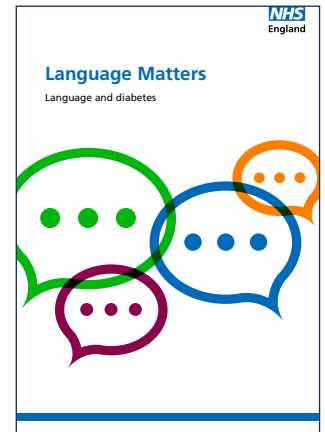
Conclusion

These are ten tips, but they all come down to one central topic: communication, mutual trust and respect. These tips for more effective and satisfying consultations are proven and powerful. Most importantly, they are possible in your clinical practice today. ■

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NHS England’s *Language Matters* document provides practical examples of language that will encourage positive interactions with people living with diabetes and, subsequently, positive outcomes.

[Available here](#)

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