

## For Better Practice: Identifying Your Concerns: Guide for Clinicians

### Using *Identifying Your Concerns* with Individual Patients

The questionnaire *Identifying Your Concerns*, the next tool in the toolkit, is designed to help you discuss with your patients their concerns regarding their diabetes. Patients should be given the opportunity to fill out the questionnaire prior to their visit or while in the waiting room. The first two questions—*“What is hardest or causing you the most concern about caring for your diabetes at this time?”* and *“Please write down a few words about what you find difficult or frustrating about the concern you mentioned above”*—serve two important functions. First, asking these questions demonstrates that you are interested in addressing the patient’s primary concern (i.e., in providing patient-centered care). This approach may seem obvious, but many patients say that their visits usually begin with a discussion of test results (e.g., A1C, lipid, and blood pressure values) or that classes begin with a discussion of the definition of diabetes and that the conversation never gets around to the patients’ 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 identify the area where the patient is most likely to be motivated to make a change. Patients are not as likely to change their behavior to address the health professional’s concerns (unless they are as concerned

about them 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 example: *“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. However, 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 found that physician visits were on average shorter when the physician responded to patients’ attempts to bring up psychosocial/emotional concerns than when the physician did not respond to such

issues.<sup>1</sup> 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 patient's agenda. For example, 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—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 that day and how you can be most helpful (e.g., talk about another issue, make a referral).

If, in response to question 4 (*"What would you like us to do during your visit to help address your concern?"*), patients indicate that they would like to come up with a plan, you may be tempted to move to setting a short-term goal quickly. However, focusing on problem-solving before the problem and the patient's emotional response to it have been explored fully is usually a mistake. Problem-solving too quickly 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, diminishing their motivation to act. When patients have had a chance to fully describe their concerns and express their feelings, it's then 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?"* (identifying goals)
- *"What are 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 probability of success, have the patient create a concrete plan. Rather than a response such as, "I guess I should talk to my husband about this," encourage the patient to 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, and where are much more likely to be carried out than vague, generalized plans. Inform the patient that you will ask about how the plan turned out at your next visit. This 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 seems appropriate.

### **Using *Identifying Your Concerns* in Groups**

*Identifying Your Concerns* 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 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, trying to solve problems, 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 his or her 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 everyday life.

<sup>1</sup>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. [PMID: 10944650]