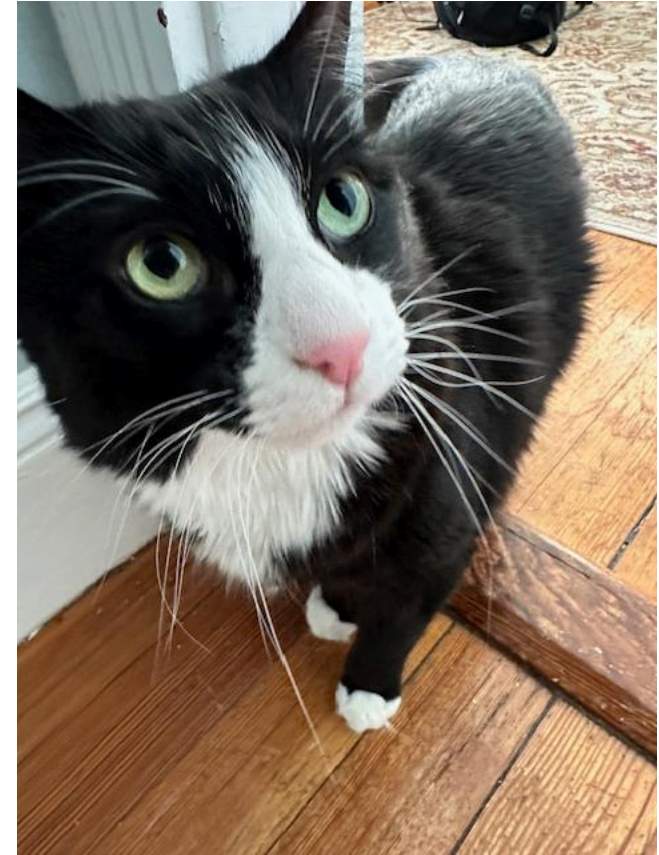# Make Clinical Visits More Personal: Leading with Person-First and Strength-Based Approaches

Holly Hardison, BS
Nicole Rioles, MA

Who Are We?

- Role at T1D Exchange is Quality Improvement Analyst

- Located in Jacksonville, FL

- Has had diabetes for 23 years

- Has a dog named Chunk

- Role at T1D Exchange is Senior Director of Clinical Partnerships

- Located in Boston, Massachusetts

- Has had diabetes for 28 years

- Has a cat named Monty

Disclosures

- The speakers have no disclosures.

What is Person First Language?

- It is a way of speaking that helps avoid dehumanizing or stigmatizing people with chronic illnesses or disabilities.

- It can be used when communicating with [and about] students with chronic diseases.

- It is intended to help people remember that the person has rights, feelings, and dignity, not just a disability or disease.

Tips for using Person First Language

Put the person first.
- Start with the person's name or a pronoun, then add the verb, and finally mention the disability.

Avoid labeling.
- Don't describe people as victims or use terms that imply helplessness, like "afflicted with" or "stricken with."
- Avoid euphemisms: Don't use euphemisms like "physically challenged" or "special."

Examples of Language

42 Factors *that affect* Blood Glucose

FOOD

- ↑↑ 1 Carbohydrate quantity
- →↑ 2 Carbohydrate type
- →↑ 3 Fat
- →↑ 4 Protein
- →↑ 5 Caffeine
- ↓↑ 6 Alcohol
- ↓↑ 7 Meal timing
- ↑ 8 Dehydration
- ? 9 Personal microbiome

MEDICATION

- →↓ 10 Medication dose
- ↓↑ 11 Medication timing
- ↓↑ 12 Medication interactions
- ↑↑ 13 Steroid administration

BIOLOGICAL

- ↑ 20 Too little sleep
- ↑ 21 Stress and illness
- ↓ 22 Recent hypoglycemia
- →↑ 23 During-sleep blood sugars
- ↑ 24 Dawn phenomenon
- ↑ 25 Infusion set issues
- ↑ 26 Scar tissue / lipodystrophy
- ↓↓ 27 Intramuscular insulin delive
- ↑ 28 Allergies
- ↑ 29 A higher BG level (glucotoxicity)
- ↓↑ 30 Periods (menstruation)
- ↑↑ 31 Puberty
- ↓↑ 32 Celiac disease
- ↑ 33 Smoking

- ↑ 14 Niacin (Vitamin B3)

ACTIVITY

- →↓ 15 Light exercise
- ↓↑ 16 High-intensity & moderate exercise
- →↓ 17 Level of fitness/training
- ↓↑ 18 Time of day
- ↓↑ 19 Food and insulin timing

The arrows show the general effect these 42 factors seem to have on blood glucose based on scientific research and/or our experiences at diaTribe. However, not every individual will respond in the same way, so the best way to see how a factor affects you is through your own data: check your blood glucose more often with a meter or wear a CGM and look for patterns.

ENVIRONMENTAL

- ↑ 34 Expired insulin
- ↓↑ 35 Inaccurate BG reading
- ↓↑ 36 Outside temperature
- ↑ 37 Sunburn
- ? 38 Altitude

BEHAVIOR & DECISIONS

- ↓ 39 More frequent BG checks
- ↓↑ 40 Default options and choices
- ↓↑ 41 Decision-making biases
- ↓↑ 42 Family and social pressures

diaTribe

Read more about the 42 Factors at **diaTribe.org/42FactorsExplained**

Sign up for diaTribe's updates at **diaTribe.org/Join**

T1D Exchange
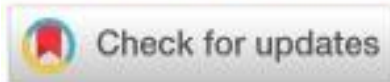
Person First Language

- Is neutral, non-judgmental, and based on facts, actions and physiology/biology.

- Is free from stigma.

- Is strengths-based, respectful, inclusive, and imparts hope.

- Fosters collaboration between patients and health care professionals.

- Is person-centered.

Diabetes and Language

The Use of Language in Diabetes Care and Education FREE

Jane K. Dickinson ✉; Susan J. Guzman; Melinda D. Maryniuk; Catherine A. O'Brian; Jane K. Kadohiro; Richard A. Jackson; Nancy D'Hondt; Brenda Montgomery; Kelly L. Close; Martha M. Funnell

Check for updates

Corresponding author: Jane K. Dickinson, dickinson@tc.columbia.edu.

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.

Conversation Tools: open-ended questions
Talk less, listen more (50%)

How: please tell me more

Why do you think that might be happening?

What might be going on?

Non-judgmental

T1D Exchange
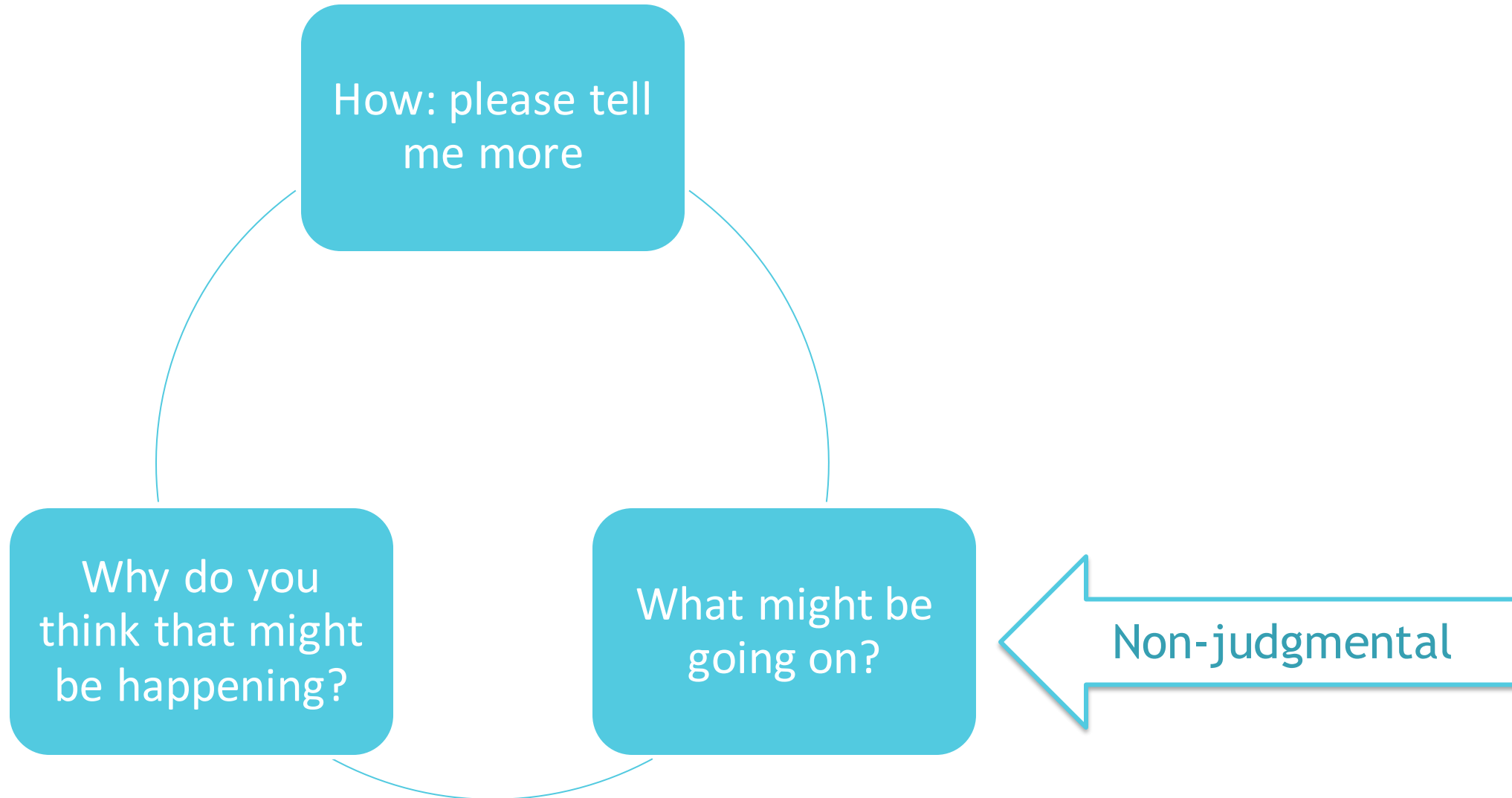
Engagement Tools: Label feelings and beliefs

Sprinkle feeling words frequently

Sounds like you were feeling...

That might have left you feeling...
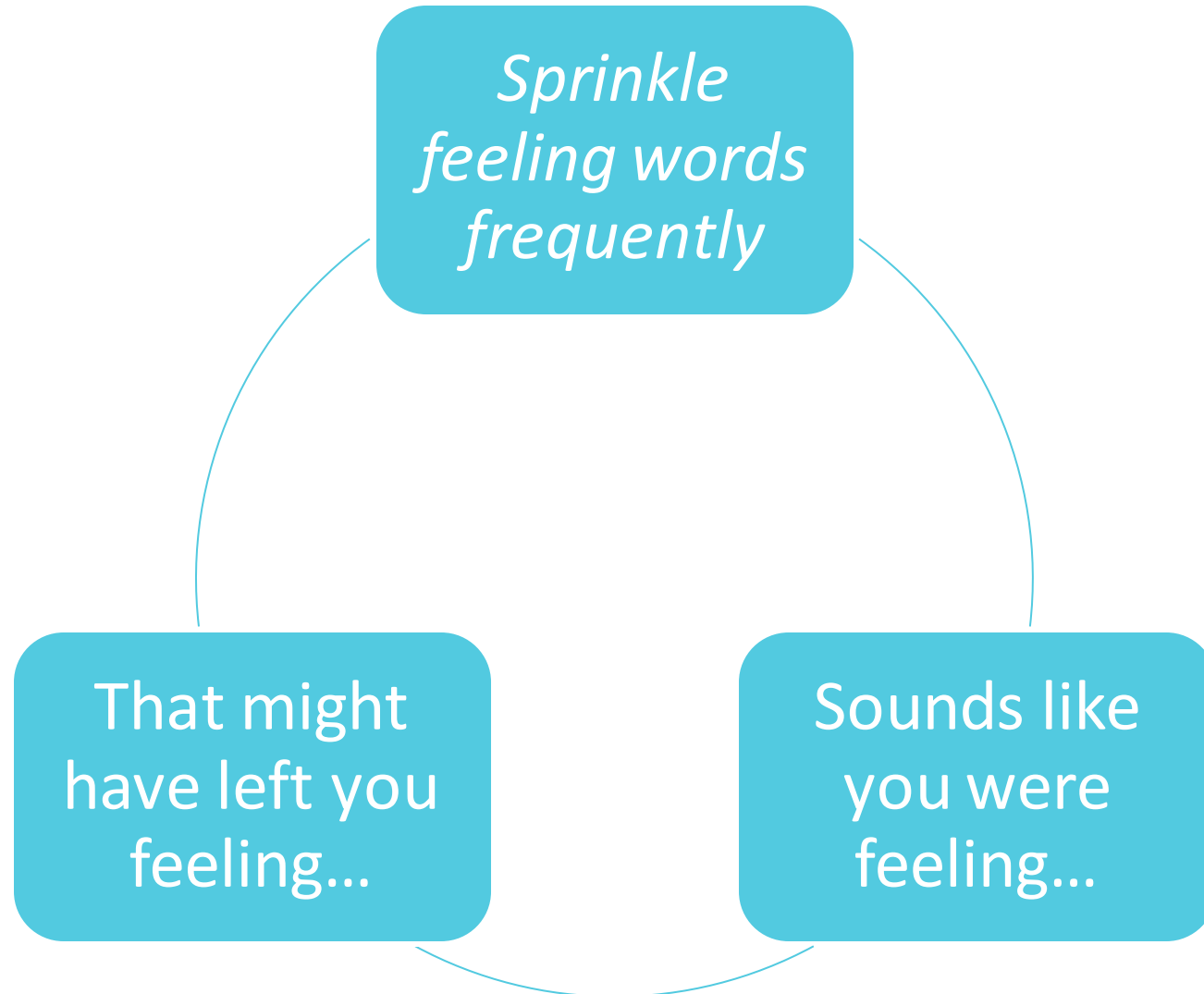
Summarize and reflect

So, you are saying that...Is this correct?

Let me see if I understand...Do I have that right?

Normalize and accept without judgment

So many of the kids I talk with feel the same way.

It makes sense that you would feel that way under the circumstances.

If I were in your shoes, I'd probably feel the same way.

Guidelines and directions for two skit examples

- Example of scenarios
  - One person can represent the clinician.
  - The other person can present the person with diabetes (PWD); you can trade off roles and include a role of a PWD's parent.

- Goal is to:
  - Make PWD/family feel supported and empowered in their diabetes management.

  - Build rapport and trust so that a relationship can blossom towards mutual understanding and more effective communication.

  - After the skits in the breakout exercise, we will spend the last 10 min. together sharing from the breakout.

T1D Exchange

Role Play Exercises: skits to explore how language can influence people with diabetes (PWD)

Topic 1: student with a recent diabetes diagnosis

Student with new T1D diagnosis

- 14 years old
- Diagnosed in last 3 months
- Transitioning to CGM and pump use next month
- Plays sports
- Doesn't know anyone with T1D
- Set goal of using diabetes devices during sports.

Topic 2: student who has moved to the school district recently.

Student who is new student with T1D

- 9 years old
- Moved to district last year
- Has lived with T1D for five years
- Uses automated insulin delivery (AID) system
- Set goal of giving student access to phone for diabetes use and not texting friends.

Discussion

- How did use of language influence the attitudes, behavior, comfort level between the nurse and student and/or nurse and family?

- How did use of language and assumptions lead to outcomes in the visit?