The diabetes counselling course at Knuston Hall: a 30-year journey

Person-centred care and a listening approach can translate into effective diabetes care for patients. But how can this be successfully achieved in practice?

In this article, Dr Anne Kilvert and Dr Charles Fox, organisers of the Knuston Diabetes Counselling Course, share their experience of the 30-year journey towards a successful diabetes counselling service, and provide practical insights into how best to achieve outcomes for the benefit of patients.

Introduction

During a consultation:
• Do you ever feel stuck with a patient who has diabetes and is trying to fit this long-term condition into a busy life?
• Do you feel frustrated when someone ignores your advice?
• Do your patients tend to be more concerned about other priorities in their lives rather than their diabetes?

Most people lead complicated lives and for those living with diabetes, things are even more difficult. Diabetes self-management may not be their top priority when they come to see you, while for you as a health care professional, diabetes is the reason for, and focus of, the consultation.

If two people in a consultation have a different agenda, it is unlikely to result in a positive outcome. The person with diabetes can leave feeling that they haven’t been listened to, while the health care professional may regard the process as a waste of time or may deceive themselves about what they have achieved.

To be productive, a consultation needs to be collaborative, which means that we, as health care professionals, must work from the patient’s agenda and avoid making judgements on their behaviour. In the real world, people only make changes when ready to do so, not when pressure is put on them by a third party. Telling people that they must make changes often leads to resistance rather than positive action.

Person-centred care and the core conditions

Person-centred care describes a process of consultation whereby the agenda is set by the patient, not the health care professional. Person-centred care does not apply in an acute situation, such as a myocardial infarction or a surgical emergency, where the doctor has to act (often urgently) in the best interests of the patient. However, in a long-term condition such as diabetes, the person lives with the condition day in, day out and becomes accustomed to making their own management decisions. It is not surprising that when a health care professional, who sees the person once or twice a year, gives detailed lifestyle advice, the recipient of this advice may feel upset or even angry. Allowing the person to set their own agenda is an essential part of working with people with long-term conditions.

Carl Rogers, the guru of person-centred care, defined three core conditions, which must be in place for a successful collaborative interaction:
• Congruence – being real, being yourself, conveying honesty and authenticity.
• Unconditional positive regard – conveying a sense of prizeing the other, irrespective of their behaviour – similar to parental regard.
• Empathy – sensing accurately the
Course focus
Diabetes counselling course at Knuston Hall

feelings the person is experiencing and communicating this understanding to the person.

These terms may not fit well with our view of the professional relationship we have with our patients. As health care professionals, we are conditioned to focus exclusively on the diabetes, reducing the person with diabetes to a bystander (Figure 1). In reality the person with diabetes makes decisions hour by hour about their own control and the health care professional who only spends an hour or two with them in a year, is not likely to have much impact on these decisions. If we can focus on our patient’s perspective of their diabetes, while demonstrating these core conditions, the interaction will be a richer and more productive experience. We can only promote behaviour change by working through the patient’s beliefs and feelings (Figure 2).

30 years of the Diabetes Counselling Course
The Advanced Diabetes Nursing Course, a traditional education course for diabetes specialist nurses, transferred from Birmingham to Northampton in 1984. In the second course, an afternoon devoted to patient education ended in uproar as Chris Gillespie, clinical psychologist, challenged participants about the quality of patient education. He argued that current curricula focused on topics such as glucose metabolism and the anatomy of the pancreas, rather than addressing the emotional needs of people, who were struggling with the difficulties of living with diabetes. This passionate debate made us realize that what we needed was a course focused on listening to the patient and helping them to make their own management decisions. This would require a new consultation style in which the health care professional is no longer the ‘expert’ providing advice but becomes a facilitator of behaviour change. If this philosophy is applied, the frustrations and barriers described in the introduction diminish and the process becomes truly collaborative.

We designed a three-day course focused on the philosophy of patient-centred care, listening and communication skills and invited consultants and specialist nurses to take part in the pilot of this new Diabetes Counselling Course. We chose the location of Knuston Hall, an adult education centre in rural Northamptonshire, and as a result the course has become known as the Knuston Diabetes Counselling Course. The early courses took place once or twice a year with up to 30 participants. Communication skills were based on Gerard Egan’s method of helping (‘The Skilled Helper’), using role play and video recordings.

Over the years, we made minor alterations to the curriculum but felt something was missing. Participants were very positive about the way the course had enhanced their listening skills but many of us continued to feel ‘stuck’ with patients who were struggling to make positive changes in their diabetes self-management. To address this concern, the faculty took the decision to make a major change and incorporate empowerment training into the course. In 2008, Bob Anderson, educational psychologist and empowerment expert from Michigan, US, came to Knuston to help us develop a new course, which combined training in both communication skills and empowerment.

What is empowerment?
Empowerment places the responsibility and the decision-making with the patient. In the context of diabetes, the health care professional’s role becomes a process for helping people think about where to go next with their diabetes, in particular those who are ‘stuck’. This philosophy, developed by Bob Anderson and Marti Funnell, acknowledges that health care professionals have been trained in the acute ‘directive’ medical model but a different approach is needed when dealing with a long-term condition like diabetes where self-management is the key to success.

Empowerment is based on six principles:
• Diabetes is a self-managed disease.
• Responsibility rests with the patient.
• The consequences of their choices happen to them.
• We cannot share in these risks.
• Our responsibility is to provide information to help them make decisions.
• Patients are our partners.

These principles may sound fairly obvious but in practice health professionals often feel responsible for their patients and their disease outcomes; when a patient develops complications of diabetes, the professional may believe they have failed in their duty of care.

The Empowerment approach consists of five steps:
• Identify the problem.
• Explore feelings.
• Set goals with the patient.
• Make a plan together.
• Evaluate the result.

These steps can be incorporated into any consultation and are based on standard problem-solving techniques. Exploration of feelings may not be part of normal clinical practice and many health professionals are afraid to let people express feelings in case they lose control of the consultation and ‘open a can of worms’. Like most health care professionals, we encounter people who are so angry about having diabetes that they are unable to come to terms with managing their condition. For others, emotions about life circumstances may prevent them from dealing with their diabetes; they value the chance to talk about the problem with someone who is able to acknowledge their feelings. Until strong negative emotions are addressed, discussing options for change will be impossible.

What does the Knuston course offer?
The three-day course takes participants experientially through the stages of empowerment. People frequently arrive with reservations about how the person-centred, listening approach can translate into effective diabetes care, particularly within the time constraints of the average clinic appointment. We address this concern during the course and most
participants leave with an enthusiasm to take a different approach in future consultations.

Curriculum
The course comprises large group sessions, where we discuss the philosophy and implementation of person-centred care, and small groups (triads), where practical skills are learned. An experienced facilitator supports each triad and participants take turns to be client, counsellor or observer. The real work of the course takes place in these triads, where the counsellor addresses a genuine situation that the client would like to resolve. In these confidential small groups, the client is taken through the stages of the empowerment process by the counsellor, while the observer provides feedback. This process allows each participant to experience the effectiveness of the empowerment approach. In the final session we use professional actors to bring diabetes-based scenarios to help participants practise their skills in a protected but realistic situation. The course ends with structured feedback, which includes the strategy of applying person-centred care in the real world. The ethos of the course is to support and protect the participants throughout the learning process.

Faculty
The faculty has been remarkably stable over many years. Facilitators come from different backgrounds – nurses, doctors, psychologists, all with extensive experience in working with people with diabetes using the person-centred approach. The structure of the course demands a ratio of participants to faculty of 3:1 so the present faculty of six supports a course of 18. The essence and philosophy of the course derive from members of the faculty, who each bring their own qualities and skills and come together as a functional team of equals.

Outcomes
We receive very positive feedback at the end of each course and people often come as a result of recommendations from colleagues. Some diabetes teams regard attendance at Knuston as an essential component of the training of new team members. Sue Roberts, former National Clinical Director for Diabetes, came to the first course we organised for consultants only and incorporated the Knuston philosophy into the National Service Framework for Diabetes. Over 30 years, many well-known adult and paediatric consultants and diabetes specialist nurses have attended the course. We are often approached at meetings by people who tell us that coming to Knuston completely changed their approach to patient care. Here are some quotes taken verbatim from the evaluation forms:

- ‘Many thanks for an excellent life enhancing experience.’
- ‘Best course I have done. So valuable to my practice.’
- ‘V enjoyable. I had such an amazing time. V insightful. I’ve learnt so much about myself and my ability.’

Until recently we have struggled to find a way of measuring the impact of the course but, having enlisted academic help from Professor Tim Dornan, we are now in the process of using validated (phenomenological) methodology to analyse the outcomes.

Knuston Ireland
Colleagues in Ireland decided to make the course accessible to health care professionals in both the North and South of the country. Two courses have already been run in Galway in 2015 and 2016 and the intention is to offer an annual Irish course. Some of the English faculty participated in the first two Irish courses but the future aim is to provide an all-Irish faculty. The two faculties will continue to collaborate to allow cross-fertilisation of ideas.

Support from pharma and links with academic institutions
Over the years we have had invaluable financial support in the form of unrestricted grants from pharmaceutical companies. This has enabled us to keep down the costs to ensure that the course is accessible. We have had links with Warwick University in the past and the course is currently offered as a module in the Leicester University Masters in Diabetes. The course is accredited for specialist registrar training by the Royal College of Physicians of London.

The future
As there is a constant turnover of professionals working in the field of diabetes, there will always be a need for an empowerment course. The Knuston course has evolved since it was first designed in 1987 and it will continue to do so. Until recently we have relied on word of mouth for recruitment but we are now embracing social media to publicise the availability of Knuston on both sides of the Irish Sea. The nature of the course restricts the number of participants to a few dozen a year and we are working on plans to deliver the course content in a more widely accessible format, including e-learning for suitable parts of the curriculum.

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The next UK course is in May 2017 and we still have a few spaces. To register an interest visit the website www.diabetescounselling.co.uk.

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