

DIABETES



Scenarios *for* Success

in Patient
Communication

**A Training Guide for
Healthcare Professionals**

**Luz Maria Bella-Cruz, MA
David Correa, MBA, BSN, RN**



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Scenarios for Success in Patient Communication: Diabetes *(A Training Guide for Healthcare Professionals)*

This book is the second in a series designed specifically to improve communication between the healthcare professional and patients with diabetes.

The first book, *Scenarios for Success in Patient Communication (A Training Guide for Healthcare Professionals)*, is used nationally at conferences, on websites and in healthcare organizations, health literacy libraries and higher education.

The scenarios are real; however, the names and photos are not those of actual patients.

Scenarios are designed to:

- raise staff awareness
- stimulate creative thinking
- ensure patients become full participants in protecting their health
- train the trainer

Scenarios can be used in:

- classroom training
- staff meeting discussions
- individual staff coaching by supervisors
- staff self-study



Luz Maria Bella-Cruz, MA



David Correa, MBA, BSN, RN

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Scenarios for Success in Patient Communication: Diabetes (A Training Guide for Healthcare Providers) is a gift to the healthcare community on behalf of our patients and staff at University Health System (UHS).

Introduction

Diabetes is a complex disease that can be managed with medication, exercise and diet. Patients' participation in, and understanding of, their healthcare are important components of managing this disease.

To send feedback or request additional consultation, please contact the Center for Learning Excellence at University Health System, attention:

Luz Maria Bella-Cruz, MA
LuzMaria.Castillo@uhs-sa.com
210-743-6300

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scenario

1



Wound Care

Ms. Jackson, a 37-year-old patient, was told by the doctor to clean, pat and cover her wound with a disinfectant cleaner. She went home and cleaned the wound with household bleach and used toilet paper, napkins and old rags to cover the wound. After cleaning the wound with the bleach, Ms. Jackson suffered a second degree chemical burn and developed an infection.

Issues to discuss:

1. What teaching methods could have been used with Ms. Jackson to educate her on how to properly care for her wound?
2. What educational materials could have been used with Ms. Jackson?
3. As a team, develop a scenario using the teach-back or return demonstration technique that can be used with Ms. Jackson.



Incorrect Insulin Administration

Mr. Covin, a 28-year-old patient, arrived at the clinic stating that insulin was leaking from his pen when he injected it into his body. The doctor wrote an order for the nurse to review insulin injection instructions with him. The nurse educator asked the patient to demonstrate with a demo pen how he was injecting the insulin. The educator noticed that Mr. Covin was removing the top cap and not the second cap underneath the insulin pen. The patient did not know that there was a second cap that needed to be removed from the pen to inject the medication.



Incorrect – removing only one cap



Correct - removing both caps

Issues to discuss:

1. How would you have handled this situation?
2. What are some teaching tools or techniques that could have been used with Mr. Covin?
3. How could communication between the patient and healthcare team be improved?

scenario

3



Incorrect Dosage of Expired Insulin

Ms. Ying, a 62-year-old patient with diabetes, was using her deceased mother's insulin because she could not afford to buy her own medication. The insulin was expired and was also the wrong dose for her. Ms. Ying thought that all insulin medication was the same.

Issues to discuss:

1. What teaching methods could clinical staff use to educate Ms. Ying about diabetic medication?
2. At what point should the clinical team begin to teach patients about their disease processes?
3. What other educational tools can be used to promote effective communication?



Sharing Foreign Medications

Fatima went to the clinic because she was having dizzy spells. She said she knew she had high blood pressure because she had the same symptoms as her husband. In the assessment, the medical assistant (MA) asked, “Are you taking any medication for your high blood pressure?” The patient said she had been taking her husband’s high blood pressure medication from Mexico. After the examination, the physician determined that Fatima did not have high blood pressure. The dizziness was due to taking the medication that was not prescribed to her.

Issues to discuss:

1. How can you encourage your patients to be open and honest about the medications or treatments that they are taking?
2. Create a teach-back scenario for Fatima.
3. What educational tools should be used to teach patients about not sharing medications?

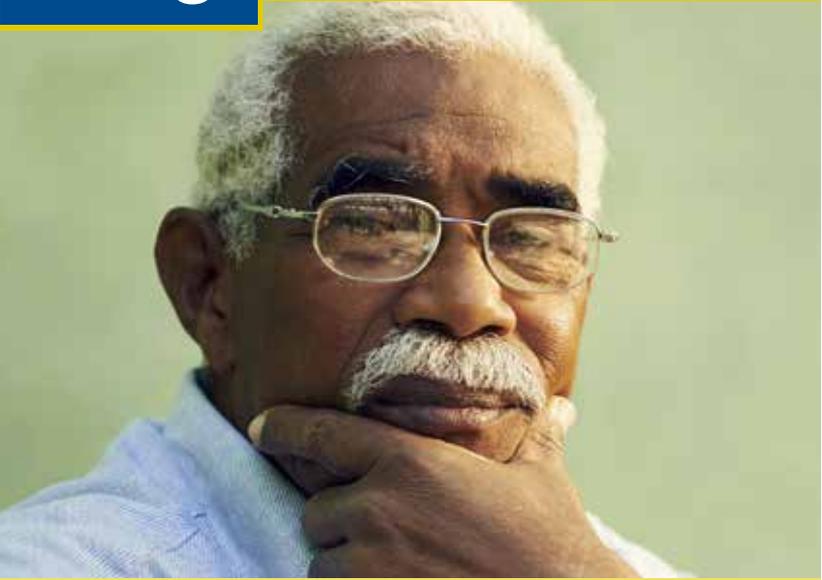


Leaking Medication

Ms. Delaney, a new patient with diabetes, requested a counseling session with the pharmacist for her insulin medication. During the session, the pharmacist discovered that Ms. Delaney was not priming the insulin pen before taking the medication. She asked the pharmacist if that was why the medication leaked after injection. Ms. Delaney was not aware she was supposed to hold down the needle in her arm for seven seconds after injecting the medication.

Issues to discuss:

1. What teaching methods could be used to assess that Ms. Delaney understands how to use her insulin pen?
2. Why is the teach-back or return demonstration method important?
3. What should have been done at the time that Ms. Delaney was first given the insulin pen?



Toe Amputation

The nurse was training Mr. Sutton as he was being discharged. Mr. Sutton had gangrene on the toes of his right foot. On his left foot, all of his toes were amputated. The nurse asked, "When did your toes get amputated?" Mr. Sutton replied that when his toes had gangrene and they shriveled up into sticks, he got a pair of scissors and cut them off himself. He said, "I did not bleed to death, but my foot got infected because I left my cut open, so it got maggots inside." The nurse realized that the maggots probably had eaten the dead tissue off his toes. He told the nurse he never went to the doctor because he had no insurance and was afraid they would cut off his leg.

Issues to discuss:

1. What are some of the issues presented in this scenario?
2. How could the healthcare professionals encourage Mr. Sutton to seek diabetes education?
3. What teaching techniques could be used to educate Mr. Sutton about his medical condition?



Eye Drops

Mr. Gallo, a Spanish-speaking patient, visited the clinic for his routine appointment. During his exam, the physician noted that the patient's eye pressure was above normal. Mr. Gallo informed the provider that he was currently using two glaucoma eye drop medications. The attending provider prescribed an additional eye medication to lower his eye pressure. During the discharge process, Mr. Gallo and his wife were asked if they understood the medication instructions. Both nodded their head yes. At the next appointment, Mr. Gallo stated he was only taking one eye drop prescription. He thought he was to discontinue the other two eye drop medications.

Issues to discuss:

1. What are some techniques that can be used with Mr. Gallo to promote effective communication?
2. What could have been done differently during the discharge process?
3. Since Mr. Gallo has two eye drop medications, what measures could be taken to ensure that he understands how to use the medications correctly?



Sugar Free Cookies

Mr. Bolz, a 42-year-old patient, had frequent episodes of high blood sugar at night. The dietician asked Mr. Bolz to tell her what he was eating during the night. Mr. Bolz said, "I'm eating a bag of sugar-free cookies every night because they are 'sugar free.'" Mr. Sutton did not know that the cookies can be high in carbohydrates and can raise blood sugar levels.

Issues to discuss:

1. How can simple explanations be useful in this scenario?
2. What other teaching strategies could be used to help Mr. Bolz understand nutritional requirements?
3. What other healthcare team members should be involved in Mr. Bolz's care?



Insulin Under The Tongue

Ms. Tran was diagnosed with diabetes for the first time and was discharged from the hospital. She went directly to the pharmacy to pick up her medicine. When Ms. Tran went to her follow-up appointment her blood sugar remained elevated. The provider asked, “How do you take your insulin?” The provider discovered that Ms. Tran was squirting the insulin under her tongue. The pharmacy technician had typed the insulin instruction to say SL (sublingually – taken under tongue) instead of SQ (subcutaneously – injected under the skin).

Issues to discuss:

1. What measures could have been taken to prevent Ms. Tran from taking her insulin incorrectly?
2. Why do you think it is important for the provider to ask the patient, "How do you take your insulin?"
3. What other action items could be addressed to prevent this scenario from happening again?

scenario 10



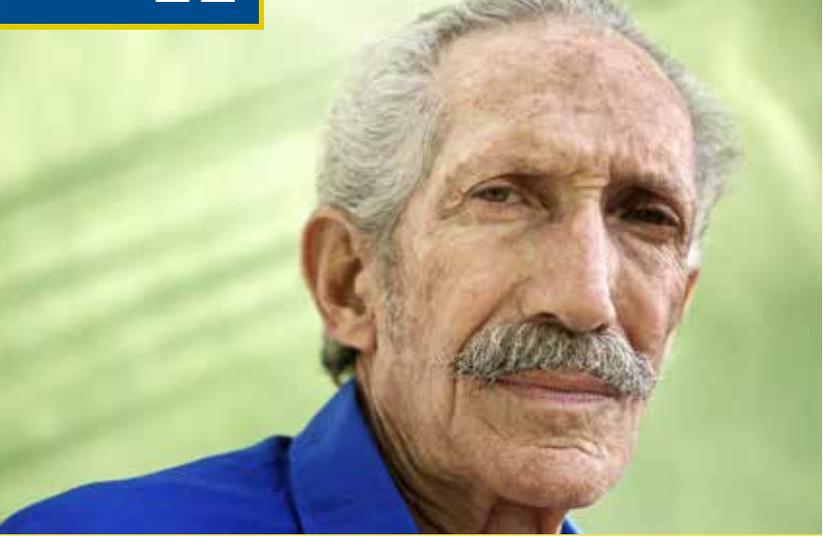
Blood Sugar Check

Adam, a 16-year-old patient, was diagnosed with diabetes at 14. He visited the clinic fitness center to exercise. After Adam finished exercising, the RN asked him if he could show her how he checks his blood sugar. Adam pulled the meter and the insulin syringe out of his bag and proceeded to check his blood with the syringe needle. The RN stopped him and asked if he had any other supplies to check his blood sugar. Adam said “No, this is what I use all the time.” Adam had never attended a class on diabetes and did not know he needed a lancet to prick his finger to check his blood.

Issues to discuss:

1. Should teaching methods be approached differently when dealing with teenagers?
2. At this point, what measures should be taken to ensure that Adam understands how to check his glucose?
3. What other members of the family should be included so that Adam understands and makes the best choices for his healthcare?

scenario 11



Eye Stroke

Mr. Rossi was watching TV and had sudden loss of vision in one eye. He went to the eye doctor and was diagnosed with having high blood pressure and had suffered an eye stroke (Branch Retinal Artery Occlusion). He lost all his vision in one eye. Mr. Rossi had stopped taking his blood pressure medication because he felt fine and did not think he was supposed to continue taking it.

Issues to discuss:

1. What are some measures that could have been taken to assess Mr. Rossi's understanding of his medical condition and medication?
2. What are some teaching methods that could be used to help Mr. Rossi understand his medical condition?
3. What other family members could benefit from knowing Mr. Rossi's condition?

scenario 12



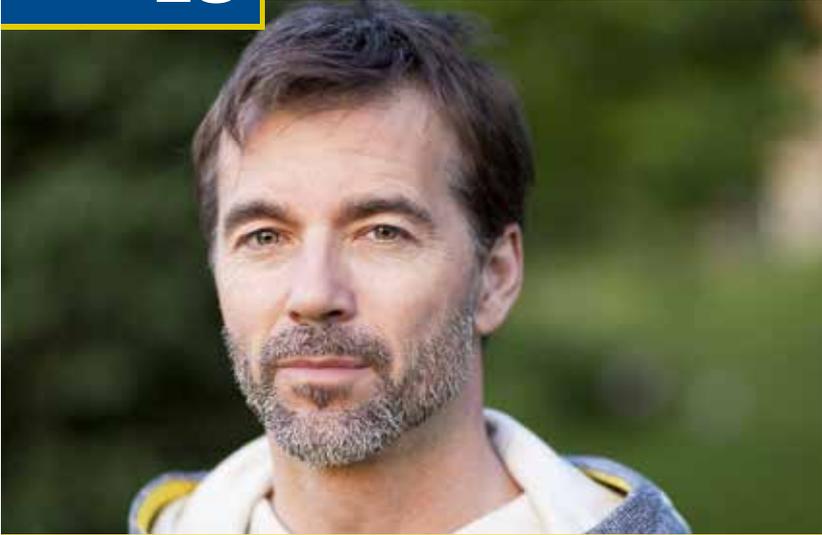
Medication Refills

Ms. Mueller, a 35-year-old patient with diabetes, called the clinic repeatedly for her diabetes medication refill. The RN who was reviewing the patient's medication record noticed that a 90-day prescription supply had previously been issued. She asked the patient, "Is there any reason you need a refill because you were issued a 90-day supply?" The RN discovered that the patient was taking a double dose of her diabetes medication. After assessing the patient for understanding, the nurse realized that the patient was not making changes to her diet and thought that taking twice the dosage would lower her glucose.

Issues to discuss:

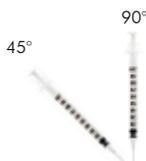
1. To achieve better outcomes for Ms. Mueller, what are some things you could do to help her understand how to take her medication correctly?
2. After reviewing the correct method of taking medications, what else should be done to help Ms. Mueller understand her illness?
3. What could be done to help Ms. Mueller understand her medication label so that she is aware of the total number of refills available?

scenario 13



Insulin Shots

Mr. Sanders, a 40-year-old patient with type I diabetes, attended his health education class. He told the educator that he had been taking insulin for a year and could not figure out why his blood sugar remained out of control. The nurse educator asked him to show her how he was administering his insulin. Mr. Sanders administered his insulin using a 45-degree angle rather than using the appropriate 90-degree method. The health educator informed Mr. Sanders that his body was not receiving the full amount of insulin because the insulin was being injected incorrectly.



Issues to discuss:

1. Why would the teach-back or return demonstration method be necessary in teaching patients how to properly administer insulin with a syringe?
2. How could pictorials be useful in teaching patients about properly administering diabetic injections?
3. What could be done to ensure that abnormal levels are caught sooner?

scenario

14



Sports Drink Remedy

Rose, a 19-year-old patient with diabetes, had just moved to the United States from Mexico. She was being evaluated by an ophthalmologist for a twitching eye lid. Rose was told that the twitching could be due to stress. She was also diagnosed with myopia (near-sightedness). Rose was told by the provider to buy a sports drink to help with the stress. During the eye examination, Rose asked the doctor how she was supposed to put the sports drink in her eye.

Issues to discuss:

1. What could have been done differently to teach Rose about understanding how the sports drink could have helped with her condition?
2. What is one of the first things the healthcare professional should do when finding out that the patient was from another country?
3. Name three different tools that a healthcare professional could use in this scenario.

scenario 15



Sharing Lancet Needles

Mr. Avery, a blind patient, came with his brother to get training on the glucose meter. Mr. Avery's brother helped him check his blood sugar and gave him his medications and insulin shots because he was also a diabetic patient. The health educator found out that Mr. Avery's brother was using the same lancet needles to check his blood. The brother thought that since they were related, it was okay to use each other's needles to save money on the supplies. They also used the lancet needles several times before disposing of the needles.

Issues to discuss:

1. What are some things that could have been done differently?
2. Would the teach-back or return demonstration method be effective with the brother of this patient? Explain how.
3. What other measures could be taken to assess the patient's brother is understanding how to properly dispose of the lancets?

scenario 16



Controlling Spouse

Ms. Lugo was trained to check her blood sugar with the glucose meter. During the training her husband, Mr. Lugo, was very controlling, negative and made comments such as, "She's not going to remember to do that," "She's not going to take the meter to work" and "Her job won't let her do it because she's always busy at work." Mr. Lugo kept giving reasons why Ms. Lugo would not be able to check herself with the glucose meter. During the class, Mr. Lugo did the "hands-on" demonstration instead of his wife and the educator noticed he was doing it incorrectly. When the educator tried to correct him, Mr. Lugo got angry.

Issues to discuss:

1. To promote a learning environment, what changes could be made to improve the outcome for this scenario?
2. What techniques could the educator use to foster a learning environment for both the patient and husband?
3. What other measures or techniques could be used to ensure that both Ms. Lugo and her husband understand the disease process?

scenario 17



Insulin Versus Pills

Mr. Reynolds was recently diagnosed with diabetes and discharged from the hospital. During the discharge process, he met with the RN to learn how to take his insulin. The previous nurse on duty told the RN, "He knows how to use his insulin so you don't need to show him." During the training, Mr. Reynolds told the nurse that he already knew how to take his insulin and did not need any training. The RN further questioned the patient and asked, "How do you take your insulin?" Mr. Reynolds responded, "I take a pill every day." The RN took him back to his room for instruction on administering insulin.

Issues to discuss:

1. Why is it important not to make assumptions about how a patient is taking medication?
2. What shift report changes could be implemented in your organization to ensure effective communication between shifts?
3. What are some things that healthcare professionals can do to assess the level of a patient's understanding with healthcare instructions or treatment plan?

scenario 18



Insulin Pen

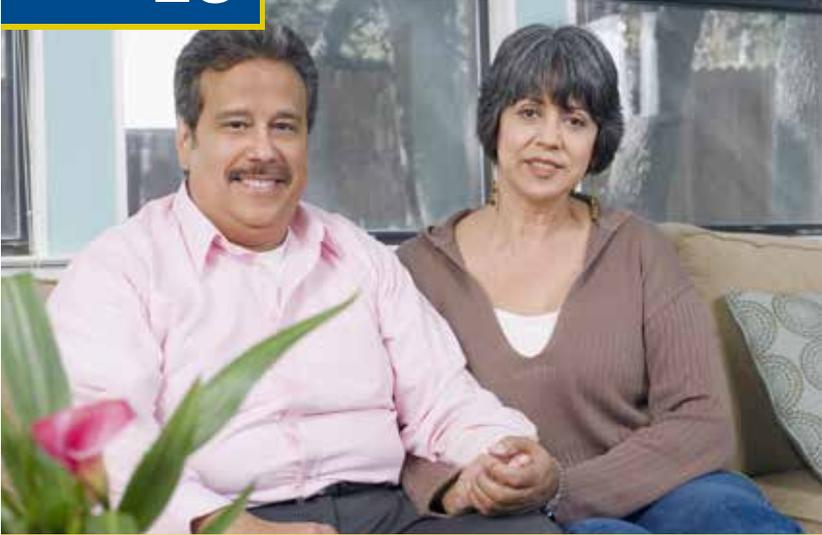
A provider asked the nurse educator to review taking insulin with Ms. Olivarri, a 47-year-old patient, as she was being discharged from the hospital. The educator asked Ms. Olivarri if she had her medications with her and she said she did. The nurse educator noticed the pen was half full of air, which is not normal. The educator asked the patient to demonstrate with a demo pen. She was using a syringe to withdraw the insulin from the pen needle and then injecting herself. Ms. Olivarri had been using an insulin vial and thought she needed to use a syringe to take her medication.



Issues to discuss:

1. When using the pen needles, what are some techniques that can be used to ensure that the patient understands how to use them correctly?
2. Why is it important to speak slowly and encourage the patient to be open and honest?
3. What are some other factors that should be considered when assessing Ms. Olivarri's level of understanding?

scenario 19



Family Inclusion in Health Education

Mr. Rodriguez had diabetes for 10 years before he began taking his condition seriously. He visited the clinic for dietary and medication training. Mr. Rodriguez did not take his wife to the appointment with him when the RN demonstrated the diabetic training. Mr. Rodriguez embraced the training and lost weight because he had limited his carbohydrate intake. At the next provider visit, Mr. Rodriguez brought his wife, who cried as she asked questions. Mrs. Rodriguez said she was concerned because she did not know why her husband had stopped eating the food she was making at home. She had been making tacos with flour tortillas for breakfast for years. When the RN explained why Mr. Rodriguez could not eat the tacos for breakfast anymore, she turned to her husband and said, "It's either the medication or me!" They never returned to the clinic for another appointment.

Issues to discuss:

1. Why do you think it is important to include the spouse or family in the education process from the beginning?
2. Why should the healthcare professional not ask closed-ended questions to assess the patient's understanding of the disease process, medication or diet?
3. Why do you think it would be useful to revisit teaching about proper use of medication, diet and exercise with someone who has been diagnosed with diabetes for years?

scenario 20



Lentil Soup

Ms. Gasca, an elderly, obese patient with diabetes, ended up in the emergency center due to symptoms of gas pain, constipation and abdominal discomfort. She was admitted and diagnosed with a fecal impaction (constipation). Ms. Gasca mentioned to the dietician that fiber was recommended as part of the diet. Some of the foods suggested were lentil soup and beans. Ms. Gasca said lentil soup is inexpensive so she ate it for every meal.

Issues to discuss:

1. What teaching tools could be used to increase her knowledge of eating the right foods?
2. At what point should a member of the healthcare team assess patient understanding of such things as eating a proper diet?
3. Health literacy experts encourage healthcare team members to speak to patients at a level that can be understood. Using simple language, how could you tell Ms. Gasca she has a fecal impaction?



University Health System San Antonio Texas

University Health System is a nationally recognized teaching hospital and network of outpatient healthcare centers, owned by the people of Bexar County. In partnership with UT Medicine San Antonio, the practice plan of The University of Texas Health Science Center, it is consistently recognized as a leader in advanced treatment options, new technologies and clinical research.

For the past four years, University Hospital has been ranked the best in the San Antonio region by U.S. News & World Report, and is among the top 50 in the nation for the care of kidney disease. University Hospital's Emergency Department is the busiest in the region, with nearly 70,000 visits each year. It is the premier trauma center for a vast, 22-county region of South Texas — one of only 15 Level I trauma centers in Texas. And it is

home to the highest designated pediatric trauma center in the region, and the only center in South Texas for the care of children with serious burns.

The University Transplant Center is a twice-awarded Medal of Honor recipient from the U.S. Department of Health and Human Services, and achieves patient outcomes exceeding national averages for kidney, liver and lung transplantation.

University Health System provides healthcare for families close to home at our many clinic locations, including the historic Robert B. Green Campus, Texas Diabetes Institute, 13 neighborhood clinics across the community, five ExpressMed urgent-care clinics and four outpatient renal dialysis centers. The Harlandale ISD School-based Health Center, a collaboration with the Harlandale Independent School District, helps keep district students healthy and in the classroom.

University Health System is Bexar County and South Texas' first health system to earn Magnet status. Only about 6 percent of U.S. hospitals have earned this prestigious designation from the American Nurses Credentialing Center — the gold standard in nursing care in the United States. Magnet hospitals and health systems offer patients reassurance they are being cared for by a team with a proven track record for providing excellent care and positive outcomes for their patients.

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