

Communication in Chronic Disease Care: A Collaborative Conversation Map

Sanjay Kalra^{1,2}, Saurabh Arora³, Nitin Kapoor^{4,5}

Abstract

Chronic diseases require long term commitment from both the patient and the treating physician for improving their clinical outcomes. This journey can be made more easier if a proper communication bridge can be made between both of them. This paper describes an alliterative C-based flow-chart to describe a Collaborative Conversation Map for chronic disease care. It crafts a map which serves as a checklist for chronic health care providers, especially those dealing with obesity and diabetes. This conversation map is concordant with the WATER (welcome warmly, ask and assess, tell truthfully, explain with empathy, reassure and return) conversation approach described earlier.

Keywords: Chronic disease, diabetes, obesity, person centred care, psychosocial issues, therapeutic patient education

DOI: <https://doi.org/10.47391/JPMA.24-38>

Introduction

Chronic disease management requires a significant amount of collaboration between the person living with chronic disease, his/her care giver, and the health care team.^{1,2} This is especially true for persons living with obesity and diabetes, who need to learn, and implement self-care and self-management skills, as well as monitor and maintain desired habits and behaviours. We share a collaborative conversation map, designed to enhance competency and capability in communicating with persons seeking health care (Figure)

The Initial Conversation

One must commence with a welcoming smile, and try to make the person feel at ease. A compliment, such as "you are looking good today!", or expression of concern ("you don't seem to be doing well") or even cautious query ("I hope all is fine at home") provides a perfect start to any discussion or dialogue.

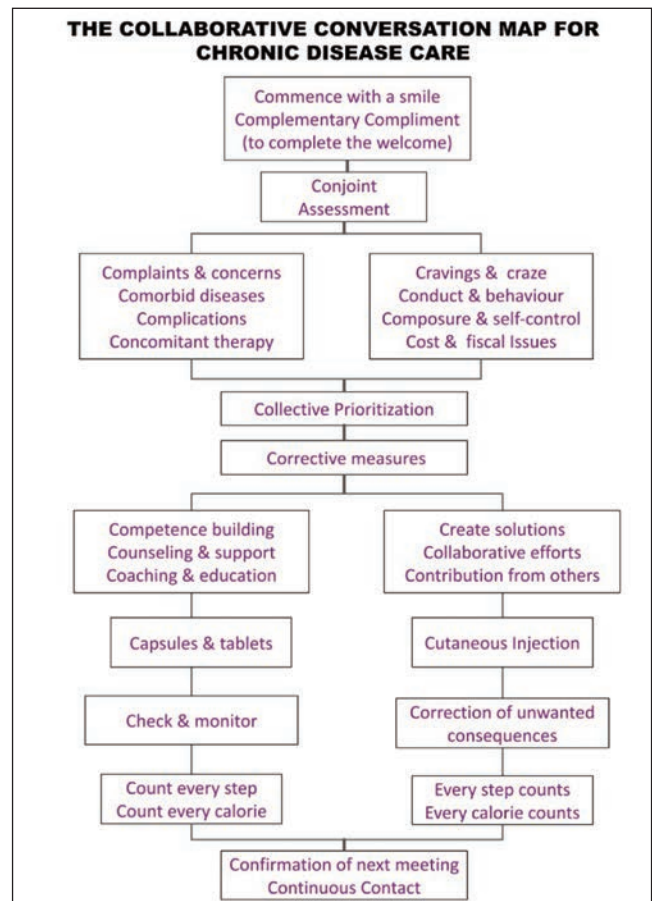
¹Department of Endocrinology, Bharti Hospital, Karnal, India;

²University Center for Research & Development, Chandigarh University, India;

³Department of Endocrinology, Dayanand Medical College and Hospital, Ludhiana, India; ⁴Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India; ⁵Non communicable disease unit, Baker Heart and Diabetes Institute, Melbourne, Victoria, Australia.

Correspondence: Sanjay Kalra. e-mail: brideknl@gmail.com

ORCID ID: 0000-0003-1308-121X



The aim of the clinical conversation is to assess the patients concerns and complaints, and understand his/ her needs and wants, in a non-judgmental manner.³ This is best done in a conjoint manner. One must ask about comorbid diseases, complications and concomitant therapy. A describe enquiry into personal, social and dietary history (cravings/ craze, conduct/ behaviour, composure/self-control, and cost/economical issues) is helpful in planning therapy. Thus, the initial part of our map corresponds to the W (welcome warmly) and A (ask and assess) steps of WATER model of clinical conversation.^{3,4}

The Mid Conversation

Once rapport has been established, or strengthened, and the patient's chief issues have been understood, the conversation should be steered towards potential corrective measures. Decision regarding management should be taken in a shared manner. Focus should be taken

in a shared manner. Focus should be on enhancing self-care capability and capacity, through counselling, coaching and other contribution.

An empathetic explanation of the non-pharmacological and pharmacological measures required to alleviate a particular disease or dysfunction is necessary as well. This may include medication counselling, insulin technique and the need for pharmacovigilance. Continued and concerted emphasis on monitoring and motivation is essential in chronic disease care. It is important to count every calorie, and stack every step, as every calorie counts towards and every step supplement, our effects towards weight and glucose control. The mid conversation is concordant with the T (tell truthfully and E (explain with empathy) levels of WATER.

The Conclusion

Every conversation should end on a satisfying note, and this is true for medical interactions as well. Each interaction in the clinic should be complete on its own, but should also keep all stakeholders looking forward to future meetings.

Chronic disease care requires continuous contact with the health care team. Each visit reinforces a spirit of optimism, provide a summary of the decided plan, and conclude with an agreement upon when to meet. This sums up the R (reassure and return) of the WATER approach.

Summary

The Collaborative Conversation Map provides guidance, as well as a checklist, for health care professionals who manage chronic illness. It adds substance, and science, to the art of chronic disease care, as well as the art of conversation.

References

1. Grover A, Joshi A. An overview of chronic disease models: a systematic literature review. *Glob. J. Health Sci.*. 2015;7:210.
2. Kalra S, Verma M, Kapoor N. The Quintessential Quincunx: A model for health care delivery. *J Pak Med Assoc.* 2022;72:572-3.
3. Kalra S, Kapoor N, Deshpande N. Obesity-friendly language. *J Pak Med Assoc.* 2022;72:1237-8.
4. Kalra S, Kalra B, Sharma A, Sirka M. Motivational interviewing: the water approach. *Endocr J.* 2010;57: S391.