Improving Psychological Care for Heart Failure Patients

Enhancing patient care and experience the psychological way

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Improving Access to Psychological Therapy in Heart Failure Project
Improving Psychological care in Heart Failure Team

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Overview

1. Brief updates
2. Is there a better term than heart failure?
3. Learning cafe
4. Teach-back
5. Group exercise
Overview

1. Brief updates
2. **Is there a better term than heart failure?**
3. Learning cafe
4. Teach-back
5. Group exercise
Is there a better term than heart failure?

We surveyed patient opinion.

WHY?

“Heart failure” is thought to provoke distress but little research exists on this.

WHO?

174 members of HF support groups across the UK
What did we survey?...
1. Patients preferred terms for HF

6 proposed diagnostic terms:

1. Heart failure
2. Reduced heart capability
3. Heart muscle weakness
4. Heart pump impairment
5. Cardiac dysfunction
6. Compromised heart functioning

• Most popular? Reduced heart capability
• Followed by? Compromised heart functioning and heart muscle weakness
• And heart failure? Ranked 4th out of 6

“Terminology should not destroy hope...using terms such as ‘reduced’ doesn’t say things can’t be improved”
Is there a better term than heart failure?

What did we survey?...

2. The associations patients have with the terms

“If you go into your clinic appointment today and the doctor says you have "[term x]", they would be suggesting [connotation Y]”....

Connotations indicating distress

“...your condition is life-threatening”

“...you will need a heart transplant”

“...your condition is untreatable”

Connotations indicating quality of life

“...you will have difficulty walking”

“...you will have some problems washing or dressing yourself”

“...your condition will prevent you performing usual activities”

“...your condition will lead to you becoming anxious or depressed”

“...you will experience significant pain or discomfort”
Is there a better term than heart failure?

What did we find?...

2. The associations patients have with the terms

More participants agreed or strongly agreed with the distress connotations and the quality of life connotations for “heart failure” than for any of the alternative terms.

The term heart failure is associated with negative beliefs around illness severity and quality of life.

1 in every 2 people given the diagnosis of “heart failure” would be distressed

1 in every 3 people given an alternative diagnostic term would be distressed

But can we actually change the term?

So why is this important?...
So why is this important?

Beliefs about health - impact on physical and psychological outcomes.

“Heart failure portrays no hope and has a very negative effect which heightens your anxiety. It promotes negativity and no future”

Health care professionals should seek to explore illness beliefs, attitudes and perceptions when sharing a diagnosis with patients so that misconceptions may be identified and corrected as appropriate.
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Learning Cafe

What is it?

The learning cafe is for people who have had a heart transplant. People meet once a month, to talk about their heart transplant. It is patient led.

Why is it important?

Significant emotional distress and behavioural disturbance. Outcomes associated with access to support from fellow heart transplant recipients. Sharing experiences and discussing ongoing management.
Feedback to date

The chance to discuss concerns and worries

Feeling I’m not alone

Chance to chat to others in a similar situation
Future Directions

- Graduate Group
- Mentorship
- Carer group
- Christmas Dinner?
Overview

1. Brief updates
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3. Peer support
4. Teach-back
5. Group exercise
Introducing teach-back in an advanced heart failure clinic.

“Good communication between healthcare professionals and patients and carers is essential for the best management of heart failure.” NICE 2010

What is teach-back?
• A method for ensuring understanding in a non-shaming way
• Asking patients to explain in their own words what they need to know or do
• An indication of how well YOU communicated the information, NOT a "test" of the patient
• A chance to check for understanding and, if necessary, re-explain and check again
• An evidence-based approach to improving patient-provider communication and patient health outcomes (Schillinger, 2003)

Use of teach-back in heart failure populations has been linked to...
• Improved staff communication
• Improved patient self care knowledge
• Increased patient satisfaction
• Reduced readmissions
What was our aim?

To evaluate the introduction of teach-back use by a cardiologist in an advanced heart failure clinic at the Golden Jubilee National Hospital.

What did we do?

**Design**- We used the model for improvement was used to implement and evaluate the application of teach-back in an advanced heart failure clinic at the Golden Jubilee Hospital.

**Measures**- Use of teach-back communication skills, patient experience, patient knowledge and staff confidence.

**Sample**- 27 patients attending the advanced heart failure outpatient clinic at the GJNH between June and August 2015

**Process**-

<table>
<thead>
<tr>
<th><strong>Pre-training</strong> (n=13)</th>
<th><strong>Training</strong></th>
<th><strong>Post-training</strong> (n=14)</th>
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<tbody>
<tr>
<td>Clinic observation and measures.</td>
<td>Consultant completes online teach-back training module</td>
<td>Clinic observation and measures.</td>
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What did we find? (1)

Staff communication improved.

Patient experience ratings of...

- Communication
- Communication barriers
- Emotions
- Outcomes

...did not change.

Staff confidence increased.

Patient knowledge increased.

### Percentage of teach-back skills observed pre and post training

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<thead>
<tr>
<th>Skill</th>
<th>Pre-training</th>
<th>Post-training</th>
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<tr>
<td>Discuss teach-back topics</td>
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<td>Include family members if present</td>
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<td>Display comfortable body language</td>
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<td>Use plain language</td>
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<td>Use caring tone</td>
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<tr>
<td>Use open questions</td>
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<td>Take responsibility for learning</td>
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<td>Avoid closed questions</td>
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<td>Document use of Teach-back</td>
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<td>Use materials to support learning</td>
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<td>Explain and check</td>
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- Staff confidence increased.
- Patient knowledge increased.
What did we learn...

The introduction of a standardised, well evidenced, communication tool into an advanced heart failure clinic is a time and cost effective means of achieving modest improvements in staff confidence and communication.

Dr John Payne – Consultant Cardiologist
Teach-back is a really simple way to check patient’s understanding.

- It involves asking patients to explain or demonstrate, in their own words, what you’ve discussed with them – for example:

  - ‘To be sure I’ve explained this consent form clearly, can you tell me what you are agreeing to?’
  
  - Or ‘Please show me how you will use the asthma inhaler, so I can be sure I have given you clear instructions.’

- Or ‘We discussed a lot today. Can you tell me what you found most important?’

- If patients don’t restate the information correctly, then try explaining again using different words, drawing a diagram or simplifying instructions, then use teach back again.

- If, after two or three attempts, the patient still does not “get it,” then ask a colleague for help or look for another explanation such as the need for an interpreter.
Example 1: Using medical terms
Example 2: Using plain language
Example 3: Using teach-back
Putting teach-back into practice

- Use a caring tone of voice and attitude.
- Display comfortable body language and make eye contact.
- Use plain language.
- Ask the patient to explain back, using their own words.
- Use non-shaming, open-ended questions.
- Avoid yes or no questions.
- Emphasize that the responsibility to explain clearly is on you, the provider.
- If the patient is not able to teach-back correctly, explain again and re-check.
- Use reader-friendly print materials to support learning.
- Document use of, and patient response to, T-B
Try it out

- Go into pairs
- One of you will be the clinician and the other the patient
- The clinician will be given a set of care instructions and will have to use the teach-back method to communicate the information effectively to the patient
- You will get the chance to swap roles, and try a different scenario
- Time for feedback/ reflection at the end
Reflections

- What went well?
- What was challenging?
- Do you think you could use this method in practice?

www.teachbacktraining.org/interactive-teach-back-learning-module