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The importance of communication in therapeutic footwear provision

Jaap J. van Netten, PhD[1]*, Anthony Francis[2], Ashley Morphet[3], Lauren V. Fortington[4], Klaas Postema[5], Anita E. Williams[6]

1 – Department of Surgery, Ziekenhuisgroep Twente, Almelo and Hengelo, the Netherlands

2 – National Centre for Prosthetics and Orthotics, Department of Rehabilitation, Sport and Nutrition, School of Allied Health, College of Science, Health and Engineering, LaTrobe University, Melbourne, Australia

3 – Northern Health, Melbourne, Australia

4 – Australian Centre for Research into Injury in Sport and its Prevention (ACRISP), Federation University Australia, Ballarat, Australia

5 – Centre for Rehabilitation Medicine, University Medical Centre Groningen, University of Groningen, Groningen, the Netherlands

6 – Directorate of Prosthetics, Orthotics and Podiatry, School of Health Science, University of Salford, Salford, United Kingdom

* - Corresponding author:

Jaap J. van Netten, PhD

Zilvermeeuw 1

7609 PP Almelo

jaapvannetten@gmail.com

+31-88-7083727

Abstract

Background and aim: To increase acceptance of and adherence with therapeutic footwear, a shift in recent years has been made from a product-centred approach to a person-centred approach. We aim to describe two communication techniques accompanying this shift.

Techniques: Person-centred communication and shared decision making tools.

Discussion: With person-centred communication, the clinician focuses on the client rather than their illness. The main features of this communication style involve engaging with and hearing the attitudes of the client to their condition, and discussing acceptance and expectations, in a structured consultation. Critical to this process is ensuring the client actively chose their therapeutic footwear. A crucial aspect concerns presenting clinical evidence in a meaningful way and ensuring this is understood. When shared decision making tools are applied, the likelihood that therapeutic footwear will be accepted and used can be improved. These techniques also apply to other orthoses, or assistive technologies in general.

Clinical relevance statement:

Person-centred communication is an essential clinical skill that can increase acceptance of and adherence with therapeutic footwear, through listening and engaging with the client and communicating relevant evidence in a meaningful way.

Background and aim

When a client chooses not to wear technically perfect therapeutic footwear, the opportunity for achieving the maximum potential for good health and mobility is lost; such footwear may end up in the cupboard.[1-4] Perhaps the most important reason for not adhering with therapeutic footwear is lack of acceptance.[5,6] This may concern the client's acceptance of their condition; if the underlying illness is not accepted, the footwear will not be accepted at all. Or this may concern one's need for the footwear; footwear is part of someone's identity, and therapeutic footwear replaces something that is normally worn.[5,6] Additionally, a client's expectations influence adherence with therapeutic footwear. Does the footwear look, fit, feel and bring the outcomes like they had imagined? When expectations are not met by outcomes, the client is less likely to adhere with their footwear.[7]

Both acceptance and expectations cannot be easily seen or assessed during physical examination. Communication is needed to assess these factors, making this is an essential clinical skill, needed in addition to other core clinical skills such as physical examination and detailed analysis of biomechanics and gait patterns.[8-11] The importance of communication is also seen from negative consequences such as non-adherence and dissatisfaction resulting from clients not feeling listened to or understood by their clinicians.[5,6,9,12] The recent shift from a product-centred approach to a person-centred approach in the prescription of therapeutic footwear again underlines the importance of communication.[13] The aim of this clinical note is to describe two communication techniques accompanying this shift.

Technique

Person-centred communication

The main feature of person-centred communication is involving the client in all steps of the process of therapeutic footwear provision. This involvement is not simply asking what colour or style they prefer. Rather, this fundamentally involves engaging with and hearing the attitudes of the client to their condition, and to their experiences with their body not doing what they would want it to do.[5,6]

Person-centred communication involves structured consultation around various elements. Based on two models[14,15], a therapeutic footwear consultation could be organised as follows:

- Initiate the session, by introducing all involved (this is most important in multidisciplinary treatment with various clinicians present at the same time).
- Provide structure to the consultation, by asking a client for their priorities, outlining the elements covered during the consultation, and ensuring these are in line with each other.
- Gather and provide information. A client in your consultation room has double needs: they need to feel known and understood, and they need to know and understand. For you as a clinician, discussing acceptance and expectations of the therapeutic footwear is essential during this step.
- Build a relationship, by making sure a client feels listened to and understood.

- Make shared decisions and plan the next steps, whereby jointly negotiated and agreed on treatment plans are the key.
- Close the session, by summarising what has been discussed and what steps will follow.

Shared decision making tools

Shared decision making can be defined as clinician and client working together to make clinical decisions and health care choices and is the intersection between evidence-based medicine and person-centred communication.[16,17,18] Shared decision making is crucial to ensure maximum involvement of a client, and includes providing the client the opportunity to decide for themselves whether to continue with the process or not. Provision should not continue until the client has confirmed they are actively choosing the therapeutic footwear, rather than passively receiving them (and then not wearing them).

As people often overestimate the benefits and underestimate the harm of interventions, a key aspect of shared decision making is to provide clear, relevant and meaningful clinical evidence to inform the client's decision to accept, or reject, the proposed clinical treatment.[19] This involves explaining the disorder, the treatment options, and the clinical evidence, without using negative emotional language or medical jargon. For example, when a prescribing clinician is labelling the foot of someone with rheumatoid arthritis as 'difficult', they can feel guilt and shame for their feet and the challenge they are giving the clinicians.[6] Such negative communication breaks down the relationship and removes the opportunities for the client to have a voice on any part of the prescription process.[6]

An understanding of the disorder may be clear to the clinician, but they need to be certain it is understood by the client receiving the footwear. When you describe that "15 in every 100 people with diabetes will experience a foot ulcer", you can only ascertain the client's understanding of this information when you ask the essential follow-up question: "in your own words, can you tell me what this means to you?"[16-19] This question is an important tool in shared decision making, and ensures that the focus is on the client.

The use of visualisation tools such as option grids can also assist in the decision making process and may be particularly useful at low levels of health literacy. The previous statement can be easily pictured with 100 pair of feet, of which 15 are coloured red. The importance of ensuring that the explanation was understood can be seen in the following example. A person with diabetes needed therapeutic footwear after a foot ulcer episode, and the clinician assumed they understood why. However, in a qualitative study, the researcher was told:

"Well, the doctor seriously just kept talking, saying it is to protect your feet. I was left wondering, to protect from what?"[20]

As such, the poor communication threatened the person's foot health. The process of shared decision making needs to be embedded in person-centred communication, and is greatly enhanced when simple tools are applied to ensure the communication is effective and understood.

Discussion

Communication is a behaviour we use every waking hour of every day. This does not necessarily make us experts in communication. When it is needed in specialized settings, such as therapeutic footwear provision, communication is a skill that needs practice. With the shift to a person-centred approach, and with the increasing importance of evidence based medicine and shared-decision making, the requirements for communication during this process have changed over the last decade. This is well exemplified in the provision of therapeutic footwear, with the increasing evidence on the importance of person-centred communication in this field.[3,5-9,12] However, the techniques described here also apply to other orthoses and indeed, assistive technology in general. We need to improve our evidence on person-centred communication and shared decision making in other prostheses and orthoses related fields, while at the same time applying the already existing insights in our daily clinical practice.

Key points

- To increase acceptance of and adherence with therapeutic footwear, person-centred communication is essential.

- Person-centred communication involves engaging with and hearing the attitudes of the client to their condition, and discussing acceptance and expectations, in a structured consultation.

- Shared decision making is needed to ensure clients actively chose their therapeutic footwear; a crucial aspect concerns presenting clinical evidence in a meaningful way and ensuring this is understood.

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