

Conversations about shielding and de-shielding in renal: A guide for staff

Facing the challenges that COVID-19 is bringing can feel easier for people to manage in the context of safe and supportive relationships with their renal team. Individualised discussions will be essential in supporting people with difficult and complex decisions about shielding and de-shielding.

You'll already be very skilled at communicating. However, these conversations may feel challenging for staff and patients as they involve discussing new and complex issues, ongoing uncertainty and risk (to self and others), involve behaviour change and often bring strong emotions. Below are some key communication skills that can help to guide these conversations. You can find examples of how to introduce the ideas in the pages that follow the summary below (Ctrl+Click on each title).

Introducing the conversation: How we introduce ourselves and start a conversation can have a powerful impact on how helpful this is for someone. A few minutes at the beginning helping to put someone at ease can be really useful. Asking permission to share information or talk about something with someone can have a big impact on how this is received.

Hearing each person's story: Listening non judgementally and openly, empathising, validating their feelings, exploring what has been the hardest for them and the things they have done to manage are all really important.

Information sharing: How we approach information sharing can make a real difference. The 'elicit-provide-elicit' model of information exchange is helpful for this (Miller & Rollnick, 2013). 1) Understand what the patient knows, and what they would like to know, 2) Provide information in as neutral a way as possible, 3) Ask what they make of the information.

Discussing Risk: The Health Belief Model (see Champion & Skinner, 2008) is a useful framework. Following health advice, a person's behaviour depends on perceived severity and susceptibility, alongside perceived benefits, barriers and confidence in taking the recommended action. Exploring these in your conversations can be really useful. It's also important to check their understanding of the things people can do to help stop the spread of COVID-19; thinking together about why this is important in dialysis units.

When someone is having difficulty following the advice: It's really important to avoid trying to 'persuade' someone of the 'right' thing to do but instead, step back and explore this with them non judgementally: Are there financial, practical or emotional difficulties? Do they need further support or information? Invite them to think with you or others about how they might manage these challenges.

When people struggle to 'de-shield' due to anxiety: Explore what might be behind their anxiety and validate their worries. Consider any vicious cycles they may be in and the downsides to this level of restriction. With permission, discuss how they might start to take gradual steps to increase their range of activities at a pace that is right for them.

Follow up: Arrange a time to check in with someone again to review how they are doing. If someone is really struggling to talk, respect this but keep the door open to speaking again.

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Look after yourself: Having these conversations can be emotionally draining for you too. If you can, give yourself some space after difficult or emotional conversations and seek support from colleagues. If you feel you could benefit from some more support in relation to your wellbeing, all NHS Trusts will have their own Health and Wellbeing/Staff Support services and there are some national support services for NHS staff too.

Introducing the conversation

- Connection and the relationship can be one of the most important factors to influence outcome from a conversation
- Create time for individual conversations with people
- Think creatively about ways to keep in contact (e.g. video call, phone)
- Take time to introduce, put someone at ease and **ask permission**
“Would it be okay for us to spend a few minutes talking about this now?”
- If someone doesn't want to speak at that time, respect this and open up the possibility of future conversations

Hear their individual story

- Listening openly and without judgement is one of the most powerful and helpful things we can do
- Ask open ended questions, empathise, listen and validate their concerns
- Ensure they understand and are aware of what they are being asked to do and why
- Look at what this means for them, the challenges this brings and what they are able to do to best manage this
- You may need to 'hold' difficult emotions someone is bringing
- Find out how they have been managing so far
- Be curious about what is hardest for them (as this will differ person to person)

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“It sounds like you’ve done really well to manage to stay at home most of the time. Would it be okay if I ask you a bit about the things that have been harder for you?”

- Reinforce things they have already been doing to manage the challenges
- Consider whether they need further support

Information sharing

Use the elicit-provide-elicited model (Miller & Rollnick, 2013)

1. Check that you understand what the patient knows, and what they would like to know
2. Provide information in as neutral a way as possible (with permission)

“Would it be okay if I share some information I have about shielding/the changes to shielding?”

3. Ask what they make of the information (this really helps them to think what the information means to them personally/individually)

Accessibility

- Is the information in an accessible format for this individual? What adaptations might be needed?

Discussing Risk

Explore non judgementally what the person knows and understands about risk. This will be different for each person.

The Health Belief Model (see Champion & Skinner, 2008) is a helpful framework to draw on:

The extent to which an individual will follow health advice depends on:

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- **Individual and background factors:**
 - Consider their individual context (e.g. age, health condition(s), cultural/religious beliefs)
 - be open to hearing / exploring a person's beliefs
 - Listen out for where peoples' beliefs may not be accurate and approach this sensitively
- **How susceptible they perceive they are to COVID-19 and how serious this could be for them**

The elicit-provide-elicite cycle can be useful here

"Do you mind me asking how much you already know about Covid19 and how this can affect people with kidney disease?" (Elicite)

"I can see you know quite a bit already about this - would it be okay if share a few more bits of information with you about things to do with risk for people with renal disease and Covid19?" (Provide with permission)

"Can I ask what you make of the things I've just told you? What does this mean for you?" (Elicite)

N.B. Avoid using percentages and instead use '1 in 10' or '25 in 100' (but remembering to stick to the same common denominator).

- **The benefits they perceive of following the advice**

"I wonder if I can ask what you think the benefits are of following the guidance/advice?"
- **Whether there are barriers that would prevent them from following the advice** (e.g. financial, practical)

"Sometimes even if we really want to follow health advice, there are things that can get in the way. Do you think this might be the case for you?"
- **How confident they feel doing what they have been advised/asked to do**

"How confident do you feel that you'll be able to do the things we discussed?"

Risk to others:

- Sensitively cover the issue of the wider context of the safety of other patients.
- Asking permission and using the elicit-provide-elicite can be really useful here too.

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“The tricky thing with COVID-19 is that people need to think both about risk to themselves and also risks to other people. Would it be okay if we spend a few minutes talking these things through today? (Asking permission)

“What do you know about the things people can do to help stop the spread of COVID-19?” (Elicit)

“I wonder if it would be okay if I share some more information with you about what this means for patients at dialysis units/who are dialysing?” (Provide)

“What do you make of this?” (Elicit)

“From what we’ve talked about today, is there anything you think you might be able to do towards helping to keep the dialysis units as safe as possible for everyone?”

When someone is having difficulty in following the advice (in relation to risk to themselves or others)

- Recognise if these situations bring feelings of frustration for you and try to step back from these feelings.
- Frustration is more likely to lead to us taking a persuasive approach which can mean someone is then less open to change.

Consider:

- Are there difficulties in their understanding of the information/advice they’ve been given?
 - *With permission, re-visiting this using the elicit-provide-elicite cycle and ensuring the way information is given is accessible for them*
- Are there practical and/or financial pressures someone is facing?
 - *With permission, discuss this to understand the specific challenges they are facing*
 - *Do they need to access more support?*
- Are there emotional/psychological reasons?

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- *With permission, explore what they are finding most difficult. What types of things have been helping them so far?*
- *Do they need to access more support?*

Invite them to think with you (or others) about how they might manage the challenges

“It sounds like this is a really tough situation for you for lots of reasons. We know that what people with renal conditions are being asked to do at the moment because of COVID-19 is very hard. Would it be okay if we spend a few minutes thinking if there is anything else you might try to help you to manage the things you’re being advised/asked to do?”

When people struggle to ‘de-shield’ due to anxiety:

- Explore what is behind their anxiety (see ‘Hear their Individual Story’ above)
- Validate their worries – anxiety is a natural response in this context. Validate their aim of keeping themselves as safe as possible

“The COVID-19 situation has been really hard as initially everyone was told to really restrict their lives and stay at home. From talking to you today, I can see how well you’ve stuck to these, even though it was hard.....

Now that some restrictions are being lifted, it can be really tough to work out what you can and can’t do because of your health condition and what you feel comfortable with personally.....

It’s also totally understandable for it to be really anxiety provoking to start to do things you’ve had to stop doing for the past few months, especially when you’re naturally still feeling worried about risk”

- Consider together the vicious cycle of: restricted activity – reduced confidence – greater anxiety – restricted activity

“Some people have found that they’ve got into a cycle of following all the advised restrictions, then losing confidence and becoming more anxious which means they restrict themselves further. Have you noticed this in yourself at all?”

- Look at the disadvantages of this level of restriction for them

“So taking the step of staying at home all the time means you feel you are protecting yourself as much as possible.....The downside to this is that you’ve noticed

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yourself feeling really down because you haven't been able to do things that are good for you such as going for walks....and the less you're doing the more anxious you feel about doing these again."

- Ask if they would be happy to think with you about how they might take steps to increase their confidence

"Would it be ok if we have a think about whether there are things you feel able to do to try and break this vicious cycle we spoke about? Maybe we could start with thinking about one small thing you feel able to start with. Starting with really small steps can be one way to approach it and gradually building up at your own pace. Do you have any ideas of something you might be able to start with?"

- Discuss how they might take a graded approach at their own pace
 - Begin with least 'risky' / anxiety provoking activity first
 - Gradually work up their list as they become more confident
- Plan regular check ins with you or another member of the team

Follow up

- Arrange a time to check in with someone again to see how they are doing.

"Would it be okay if I come back to talk to you/phone you again in a few weeks to see how you're getting on?"

- If someone is really struggling with the conversation, respect this but keep the door open to speaking again.

"I can see this is something that is really hard for you to talk about today. Would it be okay for us to maybe have a chat another time about it and see how you're getting on and if there's anything I can help with? Or is there anyone else in the team who you'd prefer to speak to about this?"

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Look after yourself

- Talking with people about issues that bring strong emotions can feel emotionally draining for you as well.
- It's really important to remember to look after your own well-being.
- If you can, maybe give yourself some space or a quick break after the conversation if this is possible.
- Try to schedule tricky conversations this so that it happens at a quieter time in your day.
- Talk to colleagues (or your manager) - it can be really good to find some space/time to 'offload' before the end of your working day.
- If you're feeling you could benefit from some more support in relation to your wellbeing, all NHS Trusts will have their own Health and Wellbeing/Staff Support services and there are some national support services for NHS staff too.

NHS helpline (7am - 11pm) - call 0300 131 7000 or you can text FRONTLINE 85258 available 24/7

<https://www.practitionerhealth.nhs.uk/covid-19-workforce-wellbeing>

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