

## Structure

### 1. Declarative title:

Feeling like I'm failing a test, parents' and adolescents' opinions of diabetes clinic appointments.

**Commentary on:** Coyne I, Pembroke S, Sleath B, Brenner M, Roche EF, Hilliard C, Cody D. Adolescents, parents, and providers' experiences of triadic encounters in paediatric diabetes clinics: A qualitative study. *Health Expect.* 2023 Nov 20;27(1):e13916. doi: 10.1111/hex.13916. Epub ahead of print.

### 2. Implications for practice and research:

- Developing communication skills is essential for healthcare professionals to enhance practice and avoid alienating adolescent patients.
- Further research should be undertaken with young adults who disengage from the clinic to understand how to best improve services and health outcomes.

### 3. Context

Diabetes is a long-term health condition that requires continuous high-intensity self-management to prevent complications. This can be challenging for teenagers striving for independence and developing a sense of self. Maintaining engagement with adolescents with diabetes has favourable outcomes. Coyne et al. (1) undertook a qualitative study in two clinics in Ireland. The study aimed to understand the perceptions of attending diabetes clinics and experiences of consultations from multiple viewpoints. Researchers completed individual interviews, or focus group, with adolescent patients, their parents, and the healthcare team. This is a preliminary study that will inform the development of an intervention and subsequent experimental study with the purpose of improving clinical experiences and engagement of adolescents living with diabetes.

### 4. Methods

Patient and parent involvement informed the study. Ethical agreement was granted by the two hospital sites and the university ethics board. A convenience sample was recruited from three participant groups; adolescents aged 11-17 (n=13), parents (n=14) and professionals (n=7). Participants chose to either attend individual, or focus group, interviews. Coyne et al. (1) report using inductive qualitative methods such as constant comparison and thematic analysis. However, the final themes correlated closely to the interview schedule questions, suggesting a more deductive approach. The final themes were identified through consensus discussion, and accuracy was checked against data within the research team. Researcher experience and reflexivity were unreported, making it hard to determine co-existing clinical relationships with the participants, which may have affected recruitment and interpretation of the study findings. The organisation of diabetes clinics for adolescents may vary with other contexts making it hard to transfer the findings.

### 5. Findings

Coyne et al. (1) identified four themes highlighting barriers to effective consultations: feelings about clinic structure, focus of clinic encounters, communications with HCPs and individual roles within consultations. These barriers can cause adolescents to withdraw

from consultations, causing parents to feel the need to protect them. Adolescent participants favoured meeting members of the team who invested time with them and offered a more informal, person-focused communication style. Engaging teenagers within their appointments is difficult for some professionals; however, it remains imperative as it is important that teenagers remain engaged as they become more independent in the management of diabetes.

## 6. Commentary

Attending clinic can be a source of anxiety for adolescents and their families. This study (1) further establishes how the structure of clinic processes and nature of communications can affect adolescents' and their parents' feelings about attending clinic. Demonstrating how focusing on glucose measurements or medical details of diabetes rather than the person behind the diagnosis is counterproductive in engaging both teenagers and their parents. In fact, this may cause families to withhold or fabricate information as a means of self-preservation (2). It is imperative that adolescents engage during this development period as health behaviours are established during this time period (3). This is particularly important with diabetes. This study clearly outlines that health provider's communication style needs more development; it presents a positive first step towards improving clinics through developing interventions that can be used alongside agenda-setting tools, and offering adolescents and families choices regarding who they see in the clinics, that help young people feel heard, offer increased autonomy and influence engagement. The authors acknowledge some limitations, highlighting a limitation of convenience sampling; the study sample was almost entirely female (n=33); further purposeful recruitment of the experiences of patients not attending clinic may prove useful. The wide age range between the youngest and the oldest patients, and the longevity since diagnosis within the sample may also impact individual experiences described; younger children may be more comfortable sharing experiences than older teenagers, and those with a shorter length of diagnosis duration may have lower HbA1c levels and feel less anxious.

## 7. References

1. Coyne I, Pembroke S, Sleath B, Brenner M, Roche EF, Hilliard C, et al. Adolescents, parents, and providers' experiences of triadic encounters in paediatric diabetes clinics: A qualitative study. *Health Expectations*. 2024;27(1):e13916.
2. Lawton J, Waugh N, Noyes K, Barnard K, Harden J, Bath L, et al. Improving communication and recall of information in paediatric diabetes consultations: a qualitative study of parents' experiences and views. *BMC Pediatrics*. 2015 Jun 10;15(1):67.
3. GOV.UK [Internet]. [cited 2024 Feb 22]. Improving young people's health and wellbeing: a framework for public health. Available from: <https://www.gov.uk/government/publications/improving-young-peoples-health-and-wellbeing-a-framework-for-public-health>

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**Competing interests** No, there are no competing interests for any author