

We brought together young people, their parents, doctors, and nurses to talk about the conversations they have together.



BETTER CONVERSATIONS

At the workshops, we learned that everyone gets a lot more out of the conversation if doctors and nurses communicate a few simple things at the beginning, middle, and end.

First, the clinician explains the consultation process:

Explain the process *before* you start.

"This is how I work out what's going on..."

"First, the young person will talk, uninterrupted..."

"Second, the parent will add their contribution..."

"Third, I'll speak to the young person alone..."

"Having listened to everyone, I will then explain to both of you what is going on."

Second, the clinician should relate the diagnosis to symptoms the young person is experiencing:

The clinician should find out what's going on in the young person's life. Conversations that focus on the young person's life are more effective than conversations that focus on the disease.

"What do you think is contributing to your condition?"

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"X (symptoms) leads me to believe you have Y condition."

For example: "Because you're breathless playing football and your mother hears you coughing at night, it leads me to believe you have..."

Find out what effect the illness is having on the young person's life, e.g. school, mood, sleep, relationships with peers.

Third, the clinician should involve the young person in planning 'what happens next':

Telling a young person what to do rarely changes their behaviour.

Let the young person set the goals: "What would 'being well' mean to you?"

Involve them in the problem solving.

"How can we work together to achieve this?"
and...

"What do we do if this doesn't work out?"

Help young people tap into their resourcefulness.

Watch the short films online at:

► www.talklab.nhs.uk