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Having the Conversation

How to start, maintain and close a person centred conversation and make a plan

The conversation starts because you ask an **‘OPEN’ QUESTION** e.g. “How are you feeling about that?”, “What are you expecting?” either as a way of you introducing the subject, or as a response to a **‘CUE’** given by the patient e.g. “They tell me things are not looking good”, “I’ve been wondering what’s going to happen next?”.

When you have asked this the person will need time to process the question and think how they are going to respond, so they need time.

That time can seem very uncomfortable to the health or social care worker waiting for a response, but **SILENCE & SPACE** is essential.

When the person speaks, they will start to outline the issues and concerns for them. This is their agenda, not ours. We can show we are listening by nodding & minimal responses such as ‘yes’, ‘really?’, ‘go on’ etc.

When they have told us several things it helps them to know we have heard it and we can demonstrate this by **SUMMARISING** what they have said in their own words or by paraphrasing the conversation so far.

Even though they may have told us several things, we do not know that they have told us everything they want to say. So we then have to ask a **SCREENING** question e.g. “What else is there?”.

We then need to give them further **SILENCE** to see if there is something else. If there is we need to listen, **SUMMARISE** and **SCREEN** again until the patient says “There is nothing else”.

At that point we need to **INVITE A PLAN** from the person, by asking “What would help?”, “What would make a difference?” and the person will consider all they have discussed, being able to see it more clearly now that they have voiced it, and will start to think about what they can do that will make a difference. (Note that we are not asking what WE can do to help.) This the start of THEIR plan.