Good Conversations for healthcare professionals

– a one sheet summary

This is about a new and genuinely quick way of approaching patients whose problems are a poor 'fit' for the medical model. This particularly includes older people with multiple morbidities, people of any age with illness that defies useful diagnosis, frequent attenders and most of those with mental health problems. Amongst these groups will be patients who are lonely, lacking fulfillment, bored or otherwise disenchanted or troubled by life. Inspired by work in Scotland, the local group, Keynsham Action Network (KAN), is leading a collaborative project with St Monica Trust and others to introduce **Good Conversations** to Keynsham.

The Fife Shine Project

The inspirational Scottish experimental initiative is based in Fife, South East Scotland. The focus of this initiative is to improve the lives of older people with long term ill health, vulnerability and loneliness. It was launched by the Fife Public Health Department with support from the locally-based International Futures Forum (IFF) – an organisational think-tank. In a nutshell, the project aims to add a new dimension to the conversations health and social care professionals have with their patients/ clients. The project is an example of what IFF calls *transformative innovation*, meaning a new way of being and doing that creates entirely new options for practice. This particular transformation entails a shift from problem-based to ***Solutions-focused*** **Practice**. This involves using techniques derived from *Solution-Focused Brief Therapy (SFBT)*. The 'solutions' that emerge tend to produce outcomes that are unique to the individual patient and these are referred to as ***Personal Outcomes***. They are not 'fixes' but rather ways of coping and thriving despite life's challenges.

Solutions focused practice

Solution focus provides an effective option when no straightforward and sustainable 'fix-it' is available. Instead of seeking to define the patient's issues solely in terms of a medical diagnosis, Solution-Focused Practice enables ways of framing and understanding that reveal beneficial options which are often quite simple, local and inexpensive.

These solution-focused approaches assume that change is inevitable and that the professional's role is to support people to notice, take control and to shape change in ways helpful to them. The focus is on guiding the person to identify their *hopes*. This often includes revealing strategies that individuals have already used to achieve their goals, usually without realising it. A key technique for this is to encourage thinking about exceptions or instances from the past when the person has, perhaps briefly, experienced the life they want, or at least had fewer difficulties.

This all requires a set of simple skills that makes possible a different sort of conversation. One of the key skills concerns what questions to ask and exactly how to ask them. Experiencing success with this as a practitioner can be very rewarding.

'Good Conversation' technique

There is a huge evidence-base showing that the quality of conversations with professionals has a big impact on outcomes for patients and on job satisfaction for professionals (Research Review of Doctor-Patient Communication). This particular 'Good Conversations' technique is based on SFBT (see above). This began in the USA in the 1960s and early 1970s from the ideas of Milton Erickson, and was then developed by a group of psychotherapists including Steve de Shazer. It has since spread across the world and has been adapted to various settings outside psychotherapy. It is quite simple, quick to learn and quick to use. This makes it suitable for use in primary care.

Personal Outcomes based practice

A useful way of understanding this is in terms of connecting to the person on the basis of '*what matters to them*' as opposed '*what's the matter with them'*; then using what matters *to* them to help them identify exactly what changes they need to make. It is an *asset-based approach* – that is building on their strengths and their deeper (or *intrinsic)* motivations; then using that information to plan the support they need. From that point on, it is much like Social Prescribing (SP) – with support provided as much as possible from and by the local community. This requires a system that includes close collaboration with local community networks. This enables a service that is led by what the person really wants, not necessarily what the professionals have to offer in the way of services or treatments.

This approach makes the customary evaluations of *outcomes* (usually in terms of targets and measurements – often merely *outputs*) difficult because action is bespoke to the individual. However, as SP gains traction and the limitations of measurement become recognised, evaluation is becoming less of an obstacle.

From Service-led to Outcomes Focused			
Features	**Traditional/ Service-led**		**Personal Outcomes and Asset-Based Approaches**
Engagement/ assessment	Deficit model: needs, pathology, dysfunction assessed (What's the matter with you?)	→ T R A N S F O R M →	Assets-based model: focus on what matters most and what outcomes an individual wants to achieve (What matters to you?)
Service provision	Expert provision of services		Identify and build on individual's strengths, abilities, existing social networks and community resources… then addition of services/ input if required.
Practitioner role	Treat, fix, "do to"		Empower, collaborate, "do with"
Role of Person	Passive recipient of care		Actively involved in own care
Choice	Pre-determined, service-led		Flexible, innovative, creative response to care planning
Performance/ Evaluation	Outputs-activity: throughput,, number of admissions, discharges, waiting list times		Outcomes – impact of services on individual's life. Realisation of personal outcomes

Reference:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/

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