******Reflective activity 1: what’s my role within a personalised care and support planning conversation?**

When we start to consider personalised care and support planning conversations, it is worth spending a little time reflecting on your role as the healthcare professional within that consultation. This tool will allow you to think through the ***ethos*** of a personalised care and support planning consultation, and your ***role***, and consider what difference this then makes to your ***behaviours and communication*** during the consultation.

Please use the reflective tools in this section of the practice pack to consider the characteristics and skills you use in a personalised care and support planning consultation.

|  |
| --- |
| **The ethos or philosophy of personalised care and support planning consultation** |
| How much do you agree or disagree with the following statements? |
| ***The person with a long term condition is in charge of their own life and managing their condition(s)*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***The person with a long term condition and the healthcare professional are equals, and experts*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***The person with a long term condition is the main decision-maker in terms of how they live with, and manage, their condition(s)*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| **Reflections – what does this mean for me?** |

|  |
| --- |
| **My role in a personalised care and support planning consultation** |
| How much do you agree or disagree with the following statements? |
| ***My role is about coming up with solutions to the person’s problems*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***My role is to facilitate a discussion - we don’t always come away with a goal and a clear plan*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***My role is about giving advice; it’s up to people if they follow it*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***My role is to help people work out what matters to them and how they can live well with their condition/s*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***My role is to persuade people to make the right decisions to manage their health, even if they want to do something different*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| **Reflections – what does this mean for me?** |
| **The attributes and style of a personalised care and support planning consultation** |
| How much do you agree or disagree with the following statements? |
| ***It’s important to show genuine interest in people – using specific consultation techniques alone won’t be enough*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***Building relationships with people is key to care and support planning: continuity and building rapport are essential*** |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***A non-judgmental approach is mostly achieved by the use of positive non-verbal’s and this will make a difference to how the patient’s relationship with the healthcare professional is maintained***  |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| ***It’s useful and possible to challenge people***  |
| **Strongly disagree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |
| **Reflections – what does this mean for me?** |

**What is so important about how we communicate?**

In both health and social care, communication is usually at the heart of the intervention or the treatment. It may even be the intervention or treatment itself. The relationship that is formed between the practitioner and client is essential to successful outcomes and this is shaped by our communication with that person - both verbal and non-verbal. Working in partnership with patients requires a number of organisational factors to be in place, but within the consultation it can only be delivered through the use of ‘person-centred language’ and positive non-verbal behaviours.

**Ethos and Philosophy**

The language used within consultations, is a key part of delivering person-centred care. The words and language you use reflect your values and philosophy.

If you have a long term condition; the reality is that you live with it every day. Most of the day to day decisions and on-going management are down to you. People with long term conditions gain experience from living with their condition, and ultimately know what will work for them. They bring this experience to the conversation, but can then benefit from the opportunity to talk things through and from a collaborative approach which brings in the technical expertise of the professional (care and support planning).

**Roles within a personalised care and support planning conversation**

Traditionally the roles of health services are viewed as cure or care, with the healthcare professionals being the key ‘actor’ in a ‘fix it’ role. Long-term conditions are different - they are incurable. The diagram above illustrates that most of the care delivery in long-term conditions is self-management with or without support. This means that the role of the healthcare professional, who ultimately may only spend a few hours a year with a person, is about sharing technical ideas and expertise, allowing people to work out what solutions work for them and sometimes challenging ambivalence or health beliefs. Ultimately, individuals will only do things if they are important to them and if they have the support, abilities and skills to do so. A good care and support planning conversation can be therapeutic and may contribute to supporting people to live well with their condition.

**The attributes and style of a personalised care and support planning conversation**

Personalised care and support planning conversations, use a style and core skills common to many consultation ‘techniques’ (open questions/reflections/positive non-verbal communication). However, this is enabled by a process of preparation, ensuring the person’s agenda is at the centre, as well as providing an opportunity for the professional to facilitate a discussion which might challenge the individual’s ideas. It is only possible to effectively challenge people in a trusting relationship with a high level of rapport and respect. Demonstrating empathy (genuine interest/understanding of a person’s feelings) is also critical to enable change in behaviour and improved outcomes.

The Year of Care team have several tools you can use to consider the individual behaviours/competencies (of the healthcare professional) during a personalised care and support planning conversation. You may wish to use these tools to reflect and develop on your own consultations.