



Me first

Children and young people
centred communication

Me first

Kate Martin



mefirst.org.uk

Me first



Join the  **#CYPMefirst** conversation

Kate @_common_room

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Me first

Me first aims to improve communication between children, young people and healthcare staff

We have worked in partnership with children, young people and healthcare staff to develop

- The **Me** first communication model
- A one day masterclass
- A website, short films and online resources

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Me first

Me first is not about basic communication skills or how to 'talk to a child'

It is about how to

- put CYP at the centre of conversations about their healthcare
- involve them in choices and decisions
- build on the existing skills of healthcare professionals
- focus on the small, practical changes that can make a big difference
- learn from what works

Use a step by step, structured framework of how to speak to young patients... but not like a robot. (CYP)

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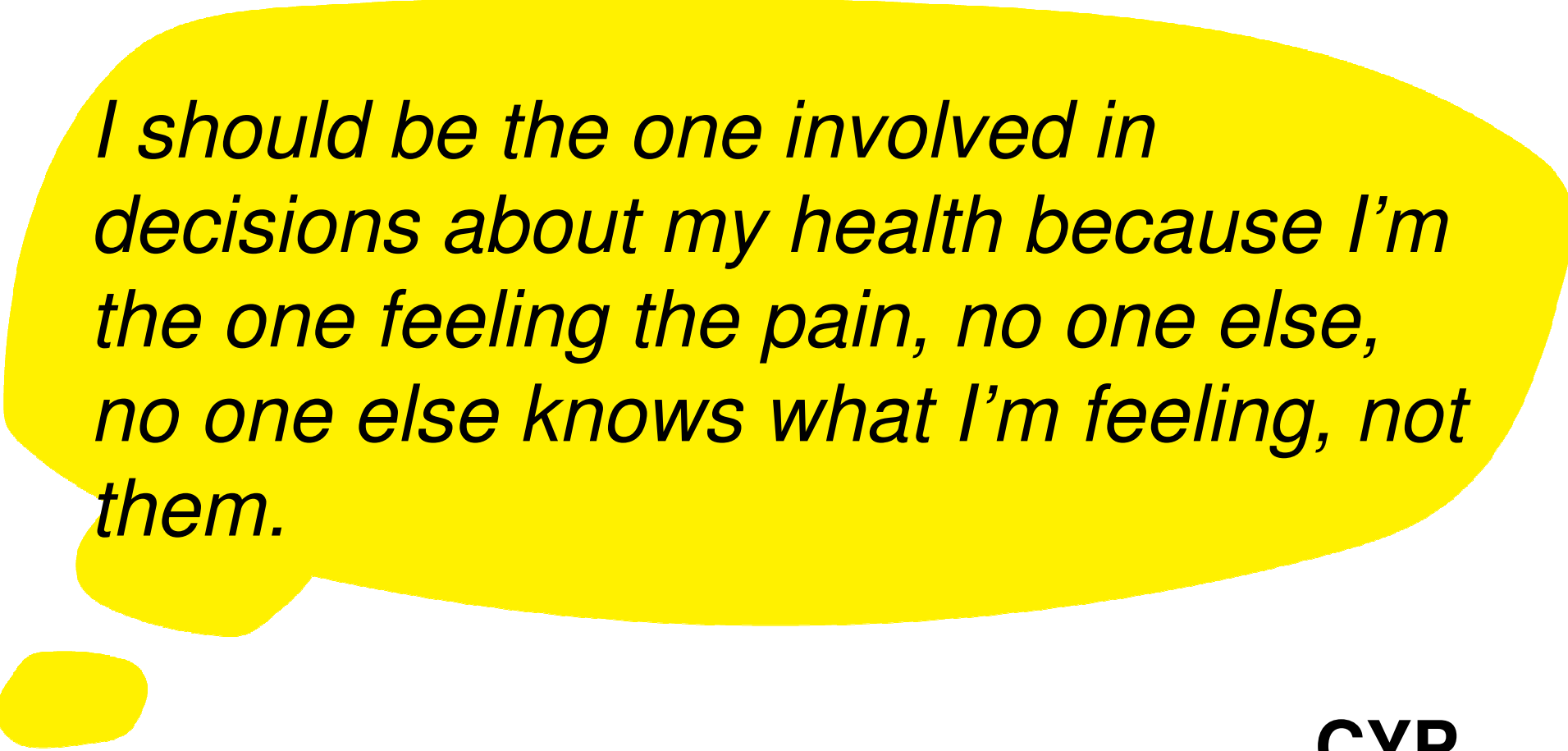
The logo for 'Me first' is contained within a white speech bubble with a small tail pointing towards the bottom left. The text 'Me first' is in a large, bold, dark grey sans-serif font.

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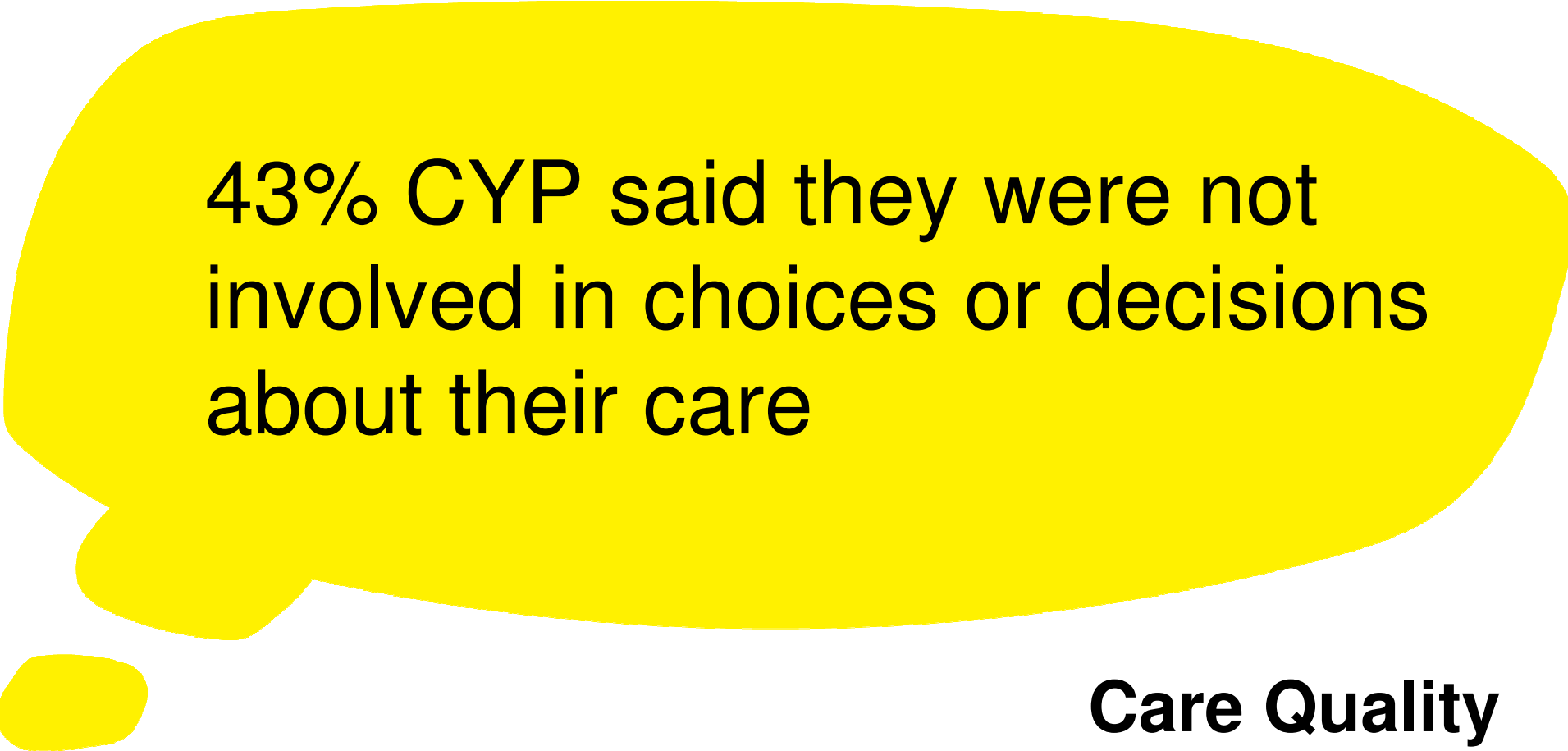
Communicating with CYP in healthcare:
what are the key issues and challenges?

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I should be the one involved in decisions about my health because I'm the one feeling the pain, no one else, no one else knows what I'm feeling, not them.

CYP



43% CYP said they were not involved in choices or decisions about their care

**Care Quality
Commission, 2014**

CYP say:



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- That communication is often between healthcare staff and parents.
- That communication with CYP is often limited to 'social talk' and non-health related issues.
- They are less involved in making choices and decisions, or discussions about treatment.
- They are not asked how things should happen.

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What impact does this have?

Poor communication and/or lack of involvement in choices and decisions can:

- Make CYP feel anxious and out of control.
- Cause CYP to be resistant.
- “Make you feel like a condition, not a person”
- Make CYP feel excluded: “You sort of feel left out. I feel like my parents are the ones with the condition, not me.”
- Cause conflict

Conflict in paediatric healthcare:

The three most common causes were 'communication breakdown', 'disagreements about treatment' and 'unrealistic expectations'. Significant time was taken up by these conflicts; most often staff nurses, consultants, doctors in training and matrons.

Forbat *et al.*, 2015

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Website and resources

www.mefirst.org.uk

- Freely accessible
- All our tips are available on line
- Short films showing model in practice
- Everything can be downloaded
- Shared resources that you can apply to your area
- Upload your own resources and ideas
- Please tweet #CYPMefirst



Top Tips

Here are some practical suggestions from healthcare professionals about how to see a child or young person alone or with their parents and how to engage them in conversation.



Click on the notepad to start filling in your notes

How to engage a child or young person +

How to see a child or young person with their parents +

How to see a child or young person alone +

How to deal with issues around confidentiality +

What are your action points?



Add to conversation



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How do I know that you are going to listen to me?

Show me that you want to listen to me



Why am I here?

Help us all (you, me and my parents) to get a shared understanding of why I am here, my goals, and what the problem is



What are my choices?

Ensure I understand the choices available to me and their pros and cons



How do you know what is important to me?

Explore my views and preferences



What decision have we made?

Help us all to reach a shared agreement on what is going to happen next



What will happen next?

Summarise the conversation, check our understanding, and help me to remember

Me first



How do I know that you are going to listen to me?

Show me that you want to listen to me

- Introduce yourself to me first
[#Hellomynameis](#)
- Give me an overview of the key steps of the conversation.
- If my parents are with me
 - Let me know that you want to hear from me first and then my parents so we all know that we will be heard
 - Check whether I want to speak to you alone

Some don't even say 'hello, my name is... how are you?'. It's hard to talk to them about sensitive things as it is, especially if they don't even introduce themselves. (CYP)

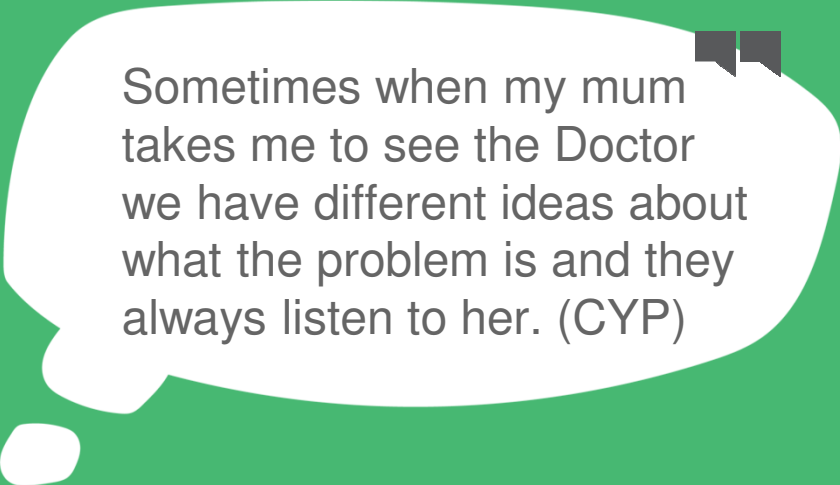


Why am I here?



Help us all (you, me and my parents) to get a shared understanding of why I am here, my goals, and what the problem is

- Find out why I think I am here - ask me first and then my parents.
- Ask me about all of my concerns, about my life and not just my condition or symptoms.
- Explain to me why I am seeing you specifically and what your expertise is.



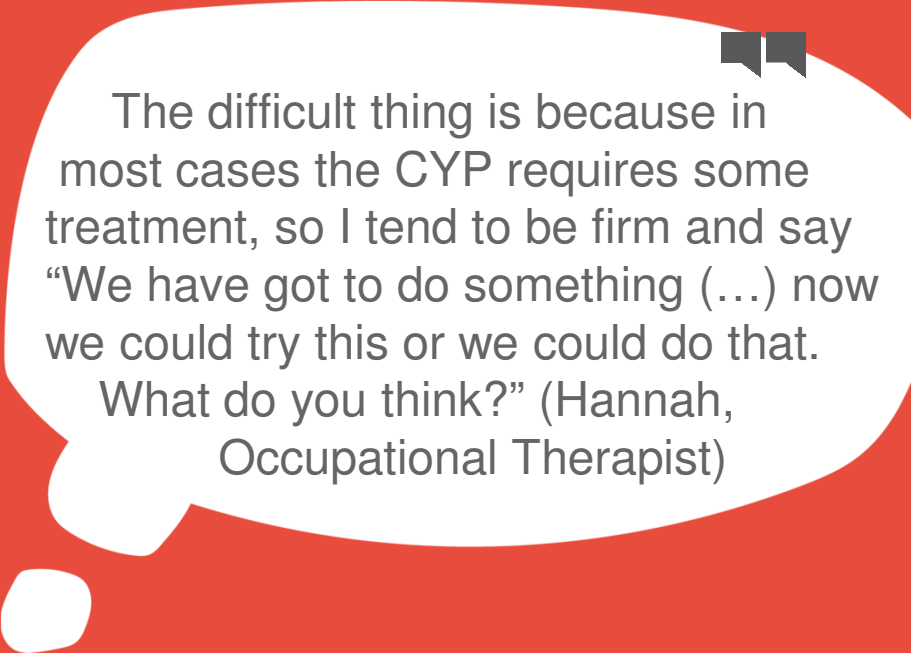
Sometimes when my mum takes me to see the Doctor we have different ideas about what the problem is and they always listen to her. (CYP)

What are my choices?



Ensure I understand the choices available to me and their pros and cons

- Ask me about what I think could help.
- Remember there are always choices
 - Options about *what* can happen
 - Options about *how* things can happen
- Talk with me about the pros and cons of my different options.



The difficult thing is because in most cases the CYP requires some treatment, so I tend to be firm and say “We have got to do something (...) now we could try this or we could do that. What do you think?” (Hannah, Occupational Therapist)

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How do you know what is important to me?



Explore my views and preferences

- Ask me what I think would work best for me and my life.
- Ask me if there is anything I'm worried or unsure about.
- Find out my hopes, aims and goals as these will influence my choices.
- Discuss whether my choices will help me to achieve these goals.

This is their disease, they have lived with this, they know more about it than I do sometimes. By understanding that, it helps us make shared decisions.
(Amy, Practice Educator)

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What decision have we made?



Help us all to reach a shared agreement on what is going to happen next

- Check that we *all* agree on what is going to happen.
- Check that we *all* agree on how it will happen.

I like to say “We can always go back to other options if this does not work for you. It’s OK to change”. It helps alleviate the pressure of agreeing to a treatment plan.
(Faraday, Physiotherapist)



What will happen next?

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Summarise the conversation, check our understanding, and help me to remember

Summarise and check

- That we have covered everything
- If I have any questions
- That I know what I need to do and look out for
- That I am clear about what to expect next, what to do if something differs from the agreed plan and how any changes will be communicated with me
- What will help me to remember this

At the end of the conversation you just want them to repeat and say 'you've got this, you need to do this, this and this to sort it.' One clear cut way, so you remember everything and to make some notes to take

At the end of each appointment, I ask a young person and parent separately to rate out of 10 how helpful the appointment was. And if it was say, 6/10, I would ask "Let's think about what would make it 7 out of 10 for you today."

(Anna, Nurse Consultant) mefirst.org.uk



The impact of the Masterclass on communication skills with young people

We have now trained over 200 healthcare professionals .

Me first has been independently evaluated by the Evidenced Based Practice Unit (UCL and Anna Freud Centre).

Three survey's: Pre training, at the end of the session, and 6-8 weeks post-training.

Me first significantly improves each the attitudes and communications skills of attendee's and this increase is sustained at time point 3, 6-8 weeks post training.

- Action –orientated listening
- Exploratory listening
- Consensus orientated listening
- Receptive listening

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