

# Me first: improving communication between children, young people and healthcare professionals

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COMMON ROOM



# Me first

Children and young people centred communication



## Introduction

The Health Education England mandate (HEE, 2016) is clear that improved training in communicating and involving children and young people (CYP) in decisions about their care has a significant part to play in improving their health.

The most significant enabler of shared decision making with CYP is an ability to engage meaningfully with them, to explore their understanding and needs.

The Care Quality Commission (CQC, 2015) national CYP inpatient survey results showed that 43% of children and young people said they were not fully involved in decisions about their care.

While the Chief Medical Officer's report (DH, 2013) highlighted the need for improved communication with CYP. It outlined the need for listening to CYP, providing accessible information using an appropriate level of language and engaging and treating CYP with respect.

## Aim

To improve the health outcomes for children and young people by enhancing the knowledge, skills and confidence of healthcare professionals (HCP) in communicating with CYP.

## Method

All of the resources have been co-developed with CYP and HCPs, and have a strong evidence base in research.

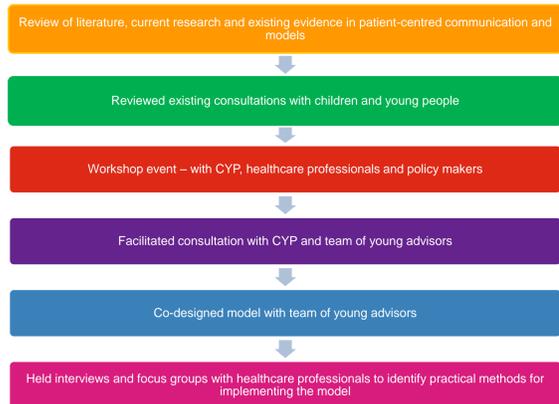


Figure 1 – How CYP experience informed our design

Me first has designed and developed four educational tools:

1. The **Me first** CYP-centred communication model, (figure 2) provides a practical framework to support children and young people centred conversations in healthcare and is based on a review of current literature and research. It is the first healthcare communication model of its kind, designed for and with CYP.
2. A suite of practical advice and tips for how to communicate with specific ages of CYP as well as CYP with communication impairments or learning disabilities.
3. The **Me first** masterclasses, are co-delivered with young people, support healthcare professionals to apply the **Me first** model to their practice. It builds on attendee's existing skills and expertise, and utilises quality improvement techniques to enable HCPs to embed learning in their clinical practice. The impact of the masterclass on communication skills with CYP was assessed using Effective Listening and Interactive Communication Skills (ELICS) questionnaire (King et al., 2012).
4. The **Me first** website [mefirst.org.uk](http://mefirst.org.uk) contains all the learning materials needed to support the **Me first** training, an interactive communication model to enable healthcare professionals to build their own conversations and apply the model to their practice and a resource hub, which enables users to share tools, projects, and ideas from throughout the UK.

## Results

Masterclass: Over 400 HCPs trained to date

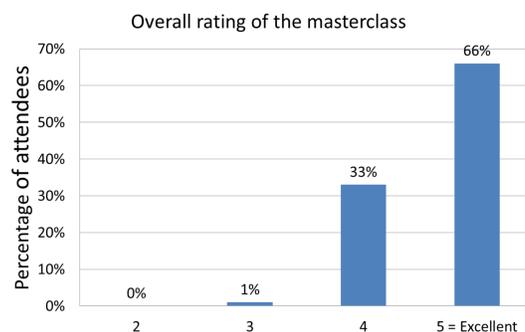


Figure 3 – feedback from Me first masterclasses

Evidence Based Practice Unit - impact evaluation

- by self-report questionnaire and interviews
- each item is scored 1 (Not at all) to 7 (to a very great extent)
- higher scores on each of the four subscales indicate they are engaging with that behaviour to a greater extent.

	Mean	Median	Interquartile range
<b>Action-Oriented Listening</b>			
Prior to the Masterclass	5.27	5.25	5.00-6.00
1 month after the Masterclass	6.07	6.25	5.75-6.75
<b>Exploratory Listening</b>			
Prior to the Masterclass	5.31	5.15	5.14-5.71
1 month after the Masterclass	6.14	6.14	6.14-6.86
<b>Consensus-Oriented Listening</b>			
Prior to the Masterclass	5.36	5.43	5.14-5.86
1 month after the Masterclass	6.18	6	5.57-6.86
<b>Receptive listening</b>			
Prior to the Masterclass	5.62	5.67	5.17-5.83
1 month after the Masterclass	6.47	6.67	6.00-7.00

Figure 4 – impact of the Masterclass on communication skills with young people

Findings from this independent evaluation demonstrate a significant increase in HCPs attitudes towards collaborative practice with young people. This increase was maintained at the four-to-six week follow-up. It also showed that HCPs communication behaviours improved.

100% of professionals interviewed took something away from the masterclass that they were now using in their practice to make care more collaborative and young person centred.

## Discussion

There are significant benefits in involving CYP in conversations about their healthcare because doing so:

- Respects CYP's right to make choices and decisions about their care and body (Coyne, 2006)
- Enables CYP to feel more in control, develop a sense of ownership of their health or condition, and increases treatment adherence (Donnelly & Kilkelly, 2011; Levetown, 2008)
- Minimises conflict between CYP, parents and HCPs (Donnelly & Kilkelly, 2011)
- Improves patient safety, allows earlier detection of problems, and can prevent HCP from missing vital information (Ha & Longnecker, 2010)
- Encourages help-seeking behaviour – poor communication can prevent CYP accessing healthcare.
- Enhances CYP's skills for future health decisions (Alderson, 2007).

Clinical implications:

- **Me first** communication model should be embedded into all HCPs practice
- **Me first** has established a free network of Communications Champions to share ideas with the aim of embedding organisational goals in practice and growing the reach of **Me first**
- Training needs to be sustainable so **Me first** have designed a train the trainer programme.

## References

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Figure 2 – The Me first communication model



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