A Guide to Having Conversations About What Matters
Conversations That Matter: An Introduction

When health care providers have a conversation about what really matters to the patients they care for, it helps them to build trust, develop empathy and understand them. When patients are invited into a conversation that uncovers what’s important to them, the care they receive becomes aligned with their preferences, as well as more person- and family-centred.

Everyone who works with patients in health, social or community care across BC is invited to add one simple question into their practice each and every day, in order to improve care: “What matters to you?”

This resource provides tools specific to providers (in the first section) and then for patients, family members or caregivers (in the second section), to help make these conversations easier.
## Table of Contents

**Providers: Why This Conversation Is Needed**  
3

- Asking What Matters  
4  
- Establishing an Empathetic Relationship  
5  
- Understanding Your Patient in the Context of Their Life  
7  
- Making Time and Space for Questions  
9  

Listening to What Matters  
11  
- Active Listening  
11  
- Listening for Shared Understanding  
14  

Doing What Matters  
15

**Patients & Family Members or Caregivers: Why This Conversation Is Needed**  
16

- Preparing for the Question  
17  
- Sharing What Matters  
19  
- Partnering for Action  
21  

**Moving Forward Together**  
22  

**References**  
23
PROVIDERS:
Why This Conversation Is Needed

Wouldn’t it be amazing if we could understand what is most important to the patients we support or care for? If we could have “What matters to you?” conversations each and every day that truly invite patients and their family members or caregivers into a partnership in their care? We think this is possible!

Health care providers across BC are being asked to add one simple question to every patient interaction in order to improve care. That question is, “What matters to you?” Anyone who works with patients in health, social or community care is invited to participate and embed this question into their practice.

“What matters to you?” is a simple question with the goal of encouraging meaningful conversations between patients, family members or caregivers, and their health care providers. When providers have a conversation with the patients they care for about what really matters to them, it helps them to build trust, develop empathy and understand their patients.

Asking “What matters to you?” also helps to ensure that care is aligned with patient preferences. While providers almost always deliver a medical diagnosis, offering a preference diagnosis* is also vital.1 When patients are invited to have a conversation about what matters to them, we are better able to understand their wants and needs.1

Patient preference is at the heart of person- and family-centred care. Creating the space, time and relationship for a “What matters to you?” conversation is easy and involves three simple steps:

2. Listening to What Matters.

Whether you have just started asking “What matters to you?” or have already been asking this question for a while, this document has some tools and examples to help you along the way.

*Preference diagnosis: the doctor’s inference of the treatment the patient would choose if they were fully informed.1
Asking What Matters

The first step in beginning a conversation is to ask “What matters to you?” Sometimes this question may not be the right fit, so we encourage you to make it your own and adapt it to the context where you work.

Here are some suggestions for different ways that you can ask, “What matters to you?”:

<table>
<thead>
<tr>
<th>What is important to you at the moment?</th>
<th>What would you like to achieve as a result of our work together?</th>
<th>What can I do to best support you in your care today?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For your care, what’s your ideal scenario?</td>
<td>Is there anything else you want to tell me that I haven’t asked about?</td>
<td>What are your goals and how can I help you achieve them?</td>
</tr>
</tbody>
</table>

To ask what matters to a patient and their family members or caregivers, it’s important to foster open communication and support them to speak honestly and directly, by:

- Establishing an empathetic relationship.
- Understanding the person in the context of their own life.
- Making time and space for questions.

Continue reading for examples of how to ask the question and where you may want to embed it into your practice!
Establishing an Empathetic Relationship

Empathy is the ability to recognize and respond to emotion.\(^2\) It is key in communication. Sometimes, in a busy environment, it can be difficult to find the time to foster empathy and create the conditions to ask, “What matters to you?” Time pressure and worrying about responding appropriately to patients’ different emotions can feel like a challenge.\(^3\)

Let’s look at these two items more closely:

**Time Pressure**

While time pressure is a major challenge in providing care, research shows that patients usually need only 90 seconds or fewer at the beginning of a conversation to state their concerns.\(^3,5\)

Asking your patient “What matters to you?” and providing time to respond establishes a foundation for trust and disclosure.\(^3\)

Asking, “What matters to you?” also saves time in the long run by strengthening the provider-patient partnership, which can make care more efficient.\(^3\)

**Worrying About Patients’ Emotions**

When patients, family members or caregivers are asked, “What matters to you?” they may react with a variety of feelings that can make you, the provider, uncomfortable. In this moment, a response of genuine respect and curiosity, as well as recognizing the emotion, is enough.\(^2,6\) This can be accomplished simply through a comment such as, “I can see you’re upset.”\(^7\) It is not necessary to “fix” an issue or problem solve right away.\(^6\)

When providers show they are emotionally in tune with their patients, patients feel more comfortable and trusting, and strategies will surface within a non-judgmental care environment.\(^3,6\)

To help build a relationship with your patient, you need to be able to respond to emotion effectively. If these emotions are either ignored or poorly acknowledged it can make it seem like you don’t care. On the other hand, when you address and acknowledge emotion, it helps to build strong relationships. Effectively managing emotion can be a challenge, but PEARLS is a tool that can help you along the way.\(^8-10\)
PEARLS is a tool developed by Gabriel and Dutton.11

**Partnership**
- **What is it?** An explicit statement indicating willingness to work collaboratively with the patient to reach particular goals.
- **What does it accomplish?** Reduces patient fears of isolation; demonstrates interest in the patient and commitment to their health.
- **Example:** “There are several options for treating your high blood pressure. Let’s review some of these, and we can decide together what would be the best approach for you.”

**Empathy**
- **What is it?** The ability to understand a patient’s situation, perspective, and/or feelings, and communicate that understanding to the patient. It does not require that you feel the same way or agree with the patient.
- **What does it accomplish?** Lets the patient know they are understood.
- **Example:** “I can only imagine how frustrating it must be for you to be here in the hospital and away from your family for so long.”

**Apology**
- **What is it?** Acknowledgement of one’s possible involvement in a negative or unwanted outcome for a patient. It can include apologies for failures or suffering.
- **What does it accomplish?** Potentially diffuses patient’s anger or frustration over negative outcome. Builds trust.
- **Example:** “I am sorry you had to wait so long to see the doctor this morning.”

**Respect**
- **What is it?** Remaining non-judgmental and accepting another person as a unique and valued individual. One does not have to “like” someone to convey respect. It is expressed through verbal and nonverbal behaviours. Nonverbal behaviours can include attentive listening, nodding, eye contact, shaking hands, etc.
- **Example:** “I admire how hard you have worked to [strengthen your hip and walk without a cane].”

**Legitimation**
- **What is it?** Communicating acceptance and validation of patient’s feelings. Normalizing patient’s emotional response.
- **What does it accomplish?** Validates patient’s experience and emotions. Lets the patient know they have been understood. May diffuse patient’s strong emotions (e.g., anger).
- **Example:** “Your reaction is very normal. Most patients are very anxious when waiting on test results.”

**Support**
- **What is it?** Explicit statement that you are available to the patient and want to help.
- **Example:** “Let me know what I can do to help.”
Understanding Your Patient in the Context of Their Life

Asking “What matters to you?” is about working to understand what matters to a patient within the larger context of their life. No patient wants to be seen as a disease or a list of symptoms, but rather as a whole person.

Getting to know a person’s background and cultural beliefs and practices is an important step in aligning care with preferences, wishes and needs. For example, Indigenous health and wellness was disrupted through a process of colonization that produced the Indian Residential School System, the Indian Act, and Indian Hospitals. These institutions resulted in “the significant degradation of First Nations health and wellness, practices, beliefs, and values, creating a legacy of trauma and health and social inequities.” Given this history, many Indigenous people have had negative experiences that impact their trust and confidence in the health care system.

Patients and their family members or caregivers change their lives and organize themselves to respond to the demands of managing their own health. “Minimally Disruptive Medicine” is a person- and family-centred approach to help understand how each person’s available supports are uniquely affected by their health condition.

“I want them to know who I am, not what disease am I, or what age am I, or how tall am I. I’d like them to listen. I’d like them to talk. I’d like to feel like I understand.”

Lona Munk
Patient Partner, Kelowna

Practicing cultural humility will go a long way in establishing a relationship. “Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.”

Respectful engagement that recognizes and strives to address power imbalances inherent in the health care system leads to cultural safety. “Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.” This kind of environment supports deeper conversations about what matters to a patient.
When understanding your patient in the context of their whole life, some key questions by Abu Dabrh, Gallacher, Boehmer, et al. for you to consider are:

Does the patient have the necessary capacity and social supports to undertake the work of treatment?

How do the available resources of this health care setting impact the treatment plan?

What would life look like with this treatment in place?

Is the treatment sustainable and at what cost?

How might the treatment change over time?

Having a conversation with your patient to understand their ability to follow treatment plans is important. There are different factors (e.g., accessible funds or coping skills) that can impact a patient’s ability to take on the responsibilities (e.g., organize appointments with a specialist or pick up prescriptions) you are expecting will make a positive difference in their health.

Consider asking about different factors that affect a patient’s day-to-day life. Inviting patients to bring family members or caregivers to appointments can help to gain understanding.

Taking the San’yas Indigenous Cultural Safety Training, an online training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Indigenous people, will support you to ask “What matters to you?” with cultural humility and in a more culturally-safe way.

Patient Abilities and Responsibilities

PATIENT ABILITIES
Available time
Social support (e.g., family or friends)
Work
Education and literacy
Accessible funds
Different physical and mental abilities
Existing or changing symptoms (e.g., pain, mood)
Coping skills

PATIENT RESPONSIBILITIES
Gather and understand information
Organize and plan (e.g., appointments, transportation, prescriptions and other logistics)
Speak and listen to health care providers
Set goals and change lifestyle
Follow care plan
Monitor side-effects or any changes in health

If any of these factors are outside of your realm of expertise, or your patient’s, accessing other members on your care team for support will be beneficial.
Making Time and Space for Questions

It can feel overwhelming to find the time and space in a busy day to ask patients “What matters to you?” Yet the question is asked across the continuum of care, from acute and primary to residential and community care. Here are some creative ways to embed the question into practice each and every day.

**Acute Care**

Ideas to embed asking “What matters to you?” into acute care:

- Include in pre-admission process
- Enquire at admission
- Document on charts
- Create visual reminders such as on a “head-of-bed poster,” whiteboard or unit bulletin board
- Integrate in care planning/care conferences
- Embed in discharge planning

**Detailed example:**

**Tool:** Write “What matters to you?” at the “**head of bed**” and provide materials for the patient and their family members or caregivers to record their thoughts.

**Scenario:** Read the “What matters to you?” whiteboards, papers or other notes at the head of bed. If there is no information at the head of bed, invite patients and their family members or caregivers to write what matters to them. You can ask “What can I do to best support you in your care today?” or “Is there anything else you would like to share?” If the answer to these questions differs from what is written at the head of bed, update the information.

**Primary Care**

Ideas to embed asking “What matters to you?” into primary care:

- Include in pre-appointment questionnaire
- Post on clinic bulletin board
- Discuss at the start of the appointment
- Integrate when planning treatment together

**Detailed example:**

**Tool:** New patient form at a primary care clinic.

**Scenario:** When new patients are given a form to fill out before an appointment, include a question that asks, “What’s important when you visit your primary care provider?” or “What should the team know when we are working together?” As a provider, take a minute to read what the patient wrote before entering the room, acknowledge what they wrote and ask any probing questions. You can also ask the patient, “What is most important to you at the moment?”
Residential Care

Ideas to embed asking “What matters to you?” into residential care:

• Include on intake forms
• Embed in P.I.E.C.E.S. (or other) assessments
• Integrate in care planning and care conferences
• Create visual reminders such as artwork or posters

Detailed example:

**Tool:** Set up care conferences that include family members or caregivers, especially if the resident they support cannot attend or has difficulty communicating their preferences. Integrate questions into the care plan that ask what’s important to them and the resident.

**Scenario:** Insert a question such as “What matters to you/your family member in this home?” into the care planning template for family members or caregivers. Ensure the answer is documented for the rest of the care team to see. Questions such as “What makes for a good day for the resident?” and “What would you like us to bring forward to the rest of the team?” capture residents’ and families’ experience and concerns.

Community Care

Ideas to embed asking “What matters to you?” into community care:

• Include on consultation forms
• Document on charts
• Identify on treatment plans

Detailed example:

**Tool:** Use the initial consultation and resulting treatment plan as an opportunity to understand goals that are significant to the client.

**Scenario:** If a patient was recently discharged from the hospital and you are visiting them for the first time in the community, take the opportunity to find out “What are your goals and wishes today and over the next few months as we work together?”, “How can I help you achieve them?”, “What gives you hope?” and asking “Is there anything else you want to tell me?” Document the client’s response to these questions in a centralized location so all team members have access to their goals and hopes. Remember, what matters may change, so continue to check in with the patient.
Listening is one of the most valuable skills a provider can develop. Asking “What matters to you?” is about deep listening in order to understand what is being communicated.

Check-out some of the following verbal and nonverbal approaches that show active listening.

**Active Listening**

The question “What matters to you?” provides an opportunity to pause and think about what a patient is sharing. One way to do this well is through a skill known as active listening. Active listening means deliberately concentrating on what is being said rather than just passively hearing the message of the speaker. It is often said, “most people do not listen with the intent to understand; they listen with the intent to reply.” If we don’t deeply and actively listen, we can miss important meaning in conversations.
Verbal Communication for Providers

Part of active listening is demonstrating with your questions and responses that you are paying attention to the person with whom you are speaking. Here are some active listening techniques that will also build mutual understanding and trust with your patient and their family members or caregivers.

**Paraphrase**

Summarizing and repeating back what you heard, in your own words, is a foundational technique for active listening. When paraphrasing, avoid adding judgmental language (e.g., “It sounds like you haven’t been trying very hard to do your exercises”) that may make a patient feel dismissed or defensive.

For example: “So what I am hearing you say is this: (repeat their answer but use different words or phrases). Is that correct?”

**Clarify Meaning**

Don’t jump to conclusions about what your patient is trying to say. Asking clarifying questions can help even if you think you know what your patient is telling you. Give your patient plenty of opportunities to clarify or elaborate, and then summarize what you heard. This will ensure you aren’t just hearing what they are saying, but understanding what they mean.

For example: “You mentioned that your mood has been depressed lately. Can you tell me more about that?”

**Ask Open-Ended Questions**

Clarifying questions help you confirm what a patient is saying. It’s also valuable to ask open-ended questions that allow you to uncover new information. Strategic questioning is the practice of asking open-ended questions that help a patient to consider their priorities, explore their ideas, and develop their thoughts. These types of questions produce more meaningful information than simple yes-no questions.

For example: Your patient might say, “I don’t want to feel tired every day.” Strategic questions you could ask include: “How would your life be different or better if you had more energy? What would you be able to do that you feel you can’t do now?”

**Allow Pauses**

Active listening doesn’t require you to have an answer to everything. In fact, sometimes the best thing you can do is simply let the patient pause and think without trying to rush them to a conclusion or recommendation. This shows you are trying to understand, rather than react. It may feel awkward to sit through silence, but interrupting it may also interfere with your patient’s thought process.

For example: Your patient has just described five different situations where they notice stomach pains in their day to day life. You write down these examples as the patient is speaking, and wait until they’re finished to ask questions about commonalities between the situations.
Nonverbal Communication

When you are listening, nonverbal cues can be more effective in communicating attitudes and emotions than verbal cues.\textsuperscript{21}

Body Language
Consider using the following approaches when meeting with a patient and family members or caregivers.

-------------------------------------

Body posture\textsuperscript{22,23}
- Position yourself in relation to the patient.  
  Where possible, if they are sitting, you should sit; if they are lying down, ensure that you’re not towering over them.
- Use open body orientation.  
  Lean forward to indicate your interest and never appear closed off by folding your arms across your chest.
- Consider body language such as positive head nods and hand gestures, as these can help to demonstrate interest or agreement and emphasize your message.

-------------------------------------

Facial expression\textsuperscript{22,23}
- Remember that emotions come across strongly through facial expressions.  
  Try to keep an open and interested expression even when hearing something you may disagree with.

-------------------------------------

Eye contact\textsuperscript{22,23}
- Maintain eye contact throughout the conversation.

Nonverbal communication skills are most effective when they mirror patients’ and family members’ or caregivers’ own body language and speaking tones. It’s important to practice cultural humility, as some of these nonverbal communication skills will not apply for patients with certain lived experiences or cultural backgrounds.\textsuperscript{22,23}
Listening for Shared Understanding

Problem-solving is an important part of the work that you do when providing care. Sometimes, this can lead to a habit of “listening to reply” instead of “listening to understand” because you may be focused on solutions.

To come to a shared understanding with your patient, practice inquiry:

**Do less talking: Keep you answers short and clear and do not interrupt.**
If you don’t want to forget an important question, write it down.²⁴ At the end of a health care visit, patients may be processing what you have told them, or feel like they are out of time. Take a minute to stop and ask, “Have I given you all the information you need?”, “Do you have any other questions for me?” or “Would you like to set up another appointment to ask more questions?”

**Do more asking: Don’t ask too many questions though!**
Choose wisely and always pause (count to 10 if you need to) before the next question to give the patient adequate time to consider and share their answer. Offer them a pen and paper in case that helps them think about their response.²⁴

**Listen and acknowledge: Respond through positive body language such as nodding and smiling, and appear relaxed and unhurried (even if that may not feel like that’s the case).**
If you find it hard to focus, repeat what the patient is saying in your head. This will also help you summarize – when you do, speak from their point-of-view, not your own. Listen for the big picture, not the details. If you disagree with something they say, consider under what context it might be true. You can understand someone without agreeing with them. You can also inquire in a non-confrontational way, such as “I’d be interested to know why you think that?”²⁵

“Often people feel overwhelmed because they feel they have to solve that problem. First you are going there to understand, to listen to the problem.”

Lillian Hung RN PhD
Clinical Nurse Specialist
Vancouver General Hospital
While asking and listening to what matters is critical, you must do something about what you hear. Once you have a better understanding of your patients’ wants and needs, you’ll want to embed their preferences into care planning and create the space for a true partnership in care.

Since this is a patient-provider partnership and a patient may not initially have the experience, skills or support to navigate their care, providers can play an important role in educating patients and empowering them, where possible, to be the leaders in their health journey.

Many providers now share care with interdisciplinary teams. Not all providers will have had the opportunity to ask “What matters to you?” but they all need to know their patients’ answers. It is important to find ways, such as documentation, huddles and care conferences, to ensure care preferences have been shared and are integrated into practice.

When possible, stay in touch. Build in time for you or another member of your care team to reach out to patients. Whether it’s about test results, checking in about their goals or simply to see how they are recovering, these small, meaningful gestures build trust.

Since it is a team effort to ask what matters, listen to what matters and do what matters, you can raise awareness about the “What Matters to You?” initiative year-round through other resources such as posters, lanyards, lanyard cards, bookmarks, buttons and stickers. You can order or download these free resources at WhatMattersToYouBC.ca.

Partnership is a value of the Patient Voices Network (PVN). A partnership is viewed as being mutually-beneficial since co-creation occurs to achieve a collective vision. Partnership is also seen as an opportunity to learn from others and share everyone’s knowledge widely.
What does it mean to truly be heard by your health care provider? One patient described her answer: “It means a clinician treats me like a unique individual, with feelings, experiences and a life outside the walls of a hospital or exam room.” As unique individuals, each of us answers “What matters to you?” differently.

The partnership between you and your provider is the key to person- and family-centred care. You can get ready for a “What matters to you?” conversation with these three steps:

1. Preparing for the Question.
Preparing for the Question

Have you ever been in a position where it feels hard to bring up a topic with your provider? We’re less likely to speak up to people in positions of authority, and since providers often have more medical information and control access to services, it can be difficult to bring up some issues. As well, when we are embarrassed or being polite, we might downplay or sugarcoat what we are saying to a provider.

Figuring out what to say to your provider can start with some self-reflection.

To prepare for a meeting with someone on your care team, you can practice by thinking of a more personal situation, such as a conflict with a good friend. When this happens, and you want to talk about it with your friend, what do you do?

Some patients will sit down with a notebook and pen, go out for a long walk or talk to someone who they can trust. Figure out how you best prepare for conversations and start practicing for when a provider asks you, “What matters to you?”

Unless you are someone who tends to feel comfortable with everyone, it takes some time and energy to get to the point where you can relax and share your health values and priorities with your provider, as you would with a friend or family member.

Take a moment and try to answer the following four questions from The Patient Revolution:

What is one non-medical thing about your life you think your [provider] should know?

What is one thing your [provider] is asking you to do for your health that feels like a burden or feels harder than it should?

What is one thing your [provider] is asking you to do for your health that is helping you feel better?

Where do you find the most joy in your life?

Please answer the questions above and then share your responses with your provider. This can help you feel more comfortable and confident in your next meeting with them.

BCPSQC.ca
Now, consider your answers. Are there any that you could share with your provider? Sometimes the thing that keeps us from speaking up isn’t obvious. Think about a recent visit you had with a member of your care team, and what you did or didn’t say. Did you hold back from saying something?

Maybe one or more of these barriers (from The Patient Revolution) will be familiar to you:

- I don’t want my comment or question to make me appear unintelligent or concerned about the wrong things.
- I don’t want to be a burden to my provider.
- I don’t want my provider to think of me as a difficult patient.
- I assume that decisions need to be made right away.
- I worry I’ll be judged if my choices are different from what most other people would do.
- I worry I’ll be judged for considering cost in making decisions about my health.
- I assume that the provider’s recommendation is the only option or the best option.
- I assume that if an aspect of my life is important, the provider will ask me about it.

Have any of these ever impacted one of your visits? If so, think about different ways you could reframe your barrier into one of these conversation starters from The Patient Revolution:

- I want to talk about...
- It is important to me because...
- It might help you to know...
- I want this conversation to lead to...
- I’m nervous this conversation will lead to...

Feeling comfortable and ready for deeper and more meaningful conversations with your provider can take some time. One way to start is by setting one goal for your next appointment, such as sharing your greatest joy in life or a barrier that is preventing you from following your care plan.
If you are a patient, prepare for your health care visits by reflecting on what matters to you. Try putting distracting sounds and thoughts to the side for just a moment and focus on your breathing. Think about who you are and what you are facing right now. Now, what is the most important thought that comes to mind that you wish your care team knew about you? Begin thinking about the issues ahead of time and keep notes on your thoughts.

If you are a family member or caregiver, what comes to mind that you want the care team to know about you and the one you are caring for? Bringing written notes to a health care appointment can be helpful. And remember, you don’t need to wait to be asked! We invite you to tell your health care provider what matters to you, if you feel comfortable.

Shifting from sharing “What’s the matter” with a provider to involving them in “What matters to you” can be a big change. After you have shared what matters to you, listening to understand the provider’s perspective will help you decide which treatment options and outcomes are most valuable to you. One way to do this well is through a skill known as active listening.

Active listening means deliberately concentrating on what is being said rather than just passively hearing the message of the speaker. It is often said “most people do not listen with the intent to understand; they listen with the intent to reply.” If we don’t deeply and actively listen, we can miss important meaning in conversations.
Active Listening for Patients

Part of active listening is demonstrating with your questions and responses that you are paying attention to the person with whom you are speaking. Here are some active listening techniques that will also build mutual understanding and trust with your health care provider(s).

**Paraphrase**

Summarizing and repeating back what you heard, in your own words, is a foundational technique for active listening. You may be receiving a lot of information at once from your provider, and repeating it back in your own words will also help you understand and retain what they’ve said.

For example: “So what I am hearing you say is this: (repeat their answer but use different words or phrases). Is that correct?”

**Clarify Meaning**

Asking clarifying questions can help even if you think you know what your provider is telling you. Give your provider plenty of opportunities to clarify or provide more details, and then summarize what you heard. This will ensure you aren’t just hearing what they are saying, but understanding what they mean.

For example: “You said this treatment can have some mild side effects. What are those?”

**Allow for Train of Thought**

Active listening doesn’t require you to have an answer to everything. In fact, sometimes the best thing you can do is simply let providers explore results, options, and thoughts with you. This shows you are trying to understand, rather than react. It also allows providers to follow a train of thought; interrupting may interfere with your provider’s thought process.

For example: Your provider is sharing different options for your stroke recovery. You write all of the options and star the one you are most interested in. That can then be the option you ask about first after the provider has shared everything they were thinking of.

**Ask Open-Ended Questions**

Clarifying questions help you confirm what your provider is saying. But it’s also valuable to ask open-ended questions that allow you to uncover new information. These types of questions produce more meaningful information than simple yes-no questions.

For example: Your provider might say, “This treatment is the best option for you.” Strategic questions you could ask include: “What are my other treatment options? What could happen if I decided not to follow this treatment plan?”
Partnering for Action

Sharing your stories and views about the treatment options and outcomes you value is key to creating a strong partnership with your provider. As well, how you want to be involved in your care, and the decisions you want to make related to your care, can change over time.\textsuperscript{29}

If that’s the case, re-connecting with your provider and explaining any current or foreseeable changes will ensure that your treatment plans are adjusted in a timely manner and remain supportive of your needs.

When you experience a change in your health, you suddenly find yourself working with new people. Shared decision making is when there is a series of conversations between you and your care team.\textsuperscript{12} These conversations are based on evidence and all reasonable options, from doing nothing to exploring different tests, treatment, management and support.\textsuperscript{12}

If you would like to start having conversations that will lead to shared decision making between you and your health care providers, try asking the following series of questions.

1. What is important for me to retain my quality of life?\textsuperscript{30}
2. Do I really need this test or procedure?\textsuperscript{31}
3. What are the risks?\textsuperscript{31}
4. Are there simpler, safer options?\textsuperscript{31}
5. What happens if I don’t follow these suggested courses of action?\textsuperscript{31}
6. Do I have enough information to make an educated choice?\textsuperscript{30}

You can ask all of these questions in one appointment, and revisit them as often as you would like (e.g., perhaps you don’t have all the necessary information after reviewing all of your answers). When acting on what matters, it is helpful to ensure that: (1) you are aware of the choices, (2) you have discussed the relevant options, and (3) you have shared your preferences.\textsuperscript{32}

a. No: Get the necessary information and go back to the question.\textsuperscript{30}
b. Yes: Put the best action into place.\textsuperscript{30}
Patients are the true experts on their own needs and experiences, and so asking, listening and responding to what matters to patients is a key feature of person- and family-centred care.\(^{33}\)

When a health care provider starts a conversation by asking what really matters to the patient they are caring for, they are taking an important step in ensuring that their daily practice goes beyond routine and is truly meeting the needs of their patients.

The resulting conversations engage patients in shared decision-making and help build trust and empathy. Ultimately this leads to higher quality care that aligns with what’s important to patients.\(^{34,1}\)

Once you’ve had the conversation, we’d love to hear how it went! Head to WhatMattersToYouBC.ca where you can choose to answer any of the following:

- Who did you talk to?
- How did it feel?
- What happened?
- What will you do differently in the future?
- What was helpful in preparing to ask or answer the question?

If you want to get more involved in this work, we invite you to join us! We want to make participation easy, so we’ve developed some resources to help raise awareness about asking “What matters to you?” including:

- Posters
- Lanyards
- Lanyard cards
- Bookmarks
- Buttons
- Stickers

You can download or order these free resources at WhatMattersToYouBC.ca or give us a call at 604.668.8210. The website is also a great place to check out for more resources and information. Please join us!
References

7. Christensen T. Industry Voices—3 ways to pay attention to patients that have even more impact than empathy [Internet]. Newton: FierceHealthCare; 2018. Available from: https://www.fiercehealthcare.com/practices/industry-voices-3-behaviors-may-matter-more-than-empathy
13. First Nations Health Authority. #itstartswithme creating a climate of change; cultural safety and humility in health services delivery for first nations and aboriginal peoples in British Columbia [Internet]. Vancouver: First Nations Health Authority; 2016. Available from: http://www.fnha.ca/wellness/cultural-humility
31. Choosing Wisely. 5 questions to ask your doctor before you get any test, treatment, or procedure [Internet]. Philadelphia: Consumer Reports; 2016. Available at: http://www.choosingwisely.org/wp-content/uploads/2018/03/5-questions-poster_8.5x11-eng.pdf