Healthcare Improvement Scotland
ihub
Enabling health and social care improvement

Guide to using a discovery approach for care experience conversations

August 2021

The Care Experience Improvement Model

Improvement Hub

Enabling health and social care improvement

Published August 2021

www.healthcareimprovementscotland.org

Author: Diane Graham, Senior Improvement Advisor, Person-centred Design and Improvement Programme, ihub, Healthcare Improvement Scotland

CONTENTS

About this guide

This guide describes the method used for holding care experience discovery conversations[1] within the Care Experience Improvement Model (CEIM) approach (see page 4).

Terms used in this guide

Care/support journey (or pathway)	The sequence of care or support events that a person follows from the point of their entry into the health or social care system, triggered by illness or need, until the person is discharged or no longer requires the care or support service. This term can be applied to the whole journey or to parts of the care or support service or specific processes or to the whole journey, for example receiving therapy or the admission process.
Care or support team	A group of people who work together directly or indirectly to provide care or support.
Journey touchpoints	Consecutive and easily identifiable stages or key points in a care, support or service journey where the person touches or connects with the **service**, **people** or **environments**. These are points identifiable to the person receiving care or support rather than the behind the scenes steps only seen by those working in the service.
Open-ended questions	Questions that have unlimited response options.
Close-ended questions	Questions that have limited response options, such as Yes or No.
Care experience discovery conversation approach	A qualitative inquiry method that is structured to help a person giving feedback to focus on and talk about their specific care or support journey (or pathway), and helps them to offer insights into how they experienced key moments in that journey.
Qualitative inquiry	Exploring experiences with people (what they see, hear and feel) through conversation and narrative story telling.
Convenience sampling	A sampling technique used by qualitative researchers to recruit participants who meet practical criteria such as being easily accessible, geographical proximity, availability at a given time, or the willingness to participate. An example of this might be a teacher who wants to understand children's experiences of education selecting children to take part from their class or school where they work.

---

[1] It is acknowledged that there are a range of other approaches to holding discovery conversations that could also be used to gather qualitative feedback.

Listening to feedback to improve care and support

Enabling people to have positive experiences of care, treatment and support is an essential component of delivering good person-centred health or social care services, alongside effectiveness and safety. Doing this at care or support delivery level requires effective leadership and a person-centred culture and values. It also requires health and social care teams to adopt a systematic approach to meaningfully collecting, analysing, learning from and acting on feedback to support quality improvement. The Care Experience Improvement Model is an approach that can enable teams to do this successfully.

Approaches used to gather feedback about health and social care services are often focused around what matters to the service, rather than what matters to the people that the service is designed to support. When asked for feedback with this focus it can be difficult to give an honest answer. Especially when asked explicit questions about ‘needs’ or about ‘what could have made things better’. Often, people find it difficult to make value judgements that require an understanding of how services should work or without having had different experiences on which to draw a comparison. They may also be reluctant to do so because of fear that it may impact on their care or support.

Many of these approaches rely on using a survey questionnaire to gather information from as many people as possible in a consistent way, however surveys predominantly measure satisfaction rather than gaining a depth of insight into care experiences (figure 1). This guide outlines how the Care Experience Improvement Model approach to discovery conversations can be used to systematically gather experience feedback. It does this in a way that more effectively enables teams to make improvements that are meaningful for people who use their services and that make a positive difference for the team.

Figure 1 – Care experience and satisfaction data

Experience data is an affective measure based on emotion. To gather this involves an in-depth exploration of how a person's behaviours, attitudes, and emotions are impacted by a range of interactions, processes, or environments within a health or social care system.

Care experience is often used as a diagnostic method to help provide an in-depth understanding of the issues and context and can assist in identifying solutions.

Satisfaction data is a cognitive measure that often involves rating how positive someone feels about an encounter.

Satisfaction can be more suited to measuring the impact of changes and tracking how positively an interaction or intervention is being experienced over time.

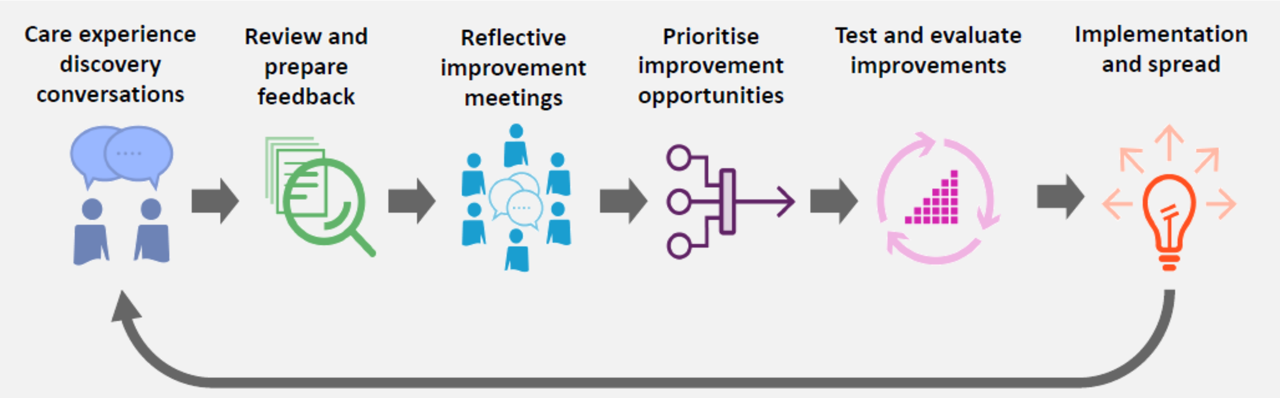
The Care Experience Improvement Model (CEIM)

The care experience discovery conversation is a key concept in the Care Experience Improvement Model (CEIM)[2]. CEIM is a simple framework (figure 2) that guides health and social care teams to reliably develop, embed and maintain a process and the conditions to help them effectively identify and make meaningful improvements directly related to feedback in a person-centred way.

This model supports health and social care teams to:

- **Take a conversational approach** to gathering qualitative care experience feedback from people for whom they provide care and support
- **use a discovery approach** to these conversations, so that care experience is central to the feedback
- **hold at least six conversations monthly**, focusing these across a specific care or support journey or pathway
- **establish a routine multi-disciplinary (where possible) team reflective improvement meeting** that supports a review of the care experience feedback and identification of improvement opportunities, so that acting on feedback becomes the responsibility of everyone rather than only one or two individuals in a team
- **develop pragmatic Quality Improvement (QI) skills** within the team, using a recognised quality improvement approach[3] in order to effectively focus on and respond to the issues identified through feedback, and to
- **identify and try out change ideas**, then implement and embed those that make a positive difference.

Figure 2 – The Care Experience Improvement Model



---

[2] Find out more about the Care Experience Improvement Model at: https://ihub.scot/ceim

[3] The Model for Improvement: https://learn.nes.nhs.scot/2959/quality-improvement-zone/qi-tools/model-for-improvement

Care experience discovery conversations

A person's experience starts from their very first contact with the health or social care system through to their last. Therefore it is important to gather feedback in order to truly understand what shapes their experiences right across their journey of care or support.

A care experience discovery conversation is a qualitative inquiry method that is structured to help a person giving feedback to focus on and talk about their specific care or support journey (or pathway), and helps them to offer insights into how they experienced key moments in that journey.

The discovery conversation approach shifts the focus of inquiry from asking a range of close-ended satisfaction questions, based on service-led topics or priorities, to one where the person is asked a small number of broad open-ended questions relating to the person's experiences across a defined care or support journey. Using this approach generates a natural discussion that can trigger significant memories, emotions or thoughts.

Capturing the detail of these conversations provides depth and context into how a care journey is being experienced and this can be used to identify improvement opportunities. Using this qualitative method gives a unique understanding that would be difficult to gain from a closed-ended question survey.

Although this conversation method has the ultimate goal of identifying opportunities for future improvement, it avoids focusing on asking people to look forward to an imagined improved future that they have yet to experience. It concentrates instead on what has actually been experienced during the care or support journey and in describing the emotions at key points in that journey.

Being ethical and legal

Before planning to use this approach, you should always check and address your organisation's information governance requirements, which may include completion of a data protection impact assessment (DPIA). Good practice would also call for an information leaflet to be prepared for those people you hold a conversation with. This should outline what the project is about, how you will use the information you collect, your data protection approach, the person's privacy rights and who to contact if the person changes their mind about how they want you to use their insights.

Identifying people to be involved

The Care experience Improvement Model (CEIM)[2] recommends holding care experience discovery conversations at, or close to, the point of care or support. This means that the people invited to feedback may still be receiving some level of care or support from the team, or have recently received care or support services.

The discovery conversation approach is based upon routine qualitative inquiry over time with a relevant subgroup of people who have experience of a particular care journey, support service or pathway. This means that a small number of typical, rather than an exact representative sample, of people will be involved. This requires a convenience sampling method, which simply means inviting people to participate who are easily accessible to you. Selection using this method requires attention to being as unbiased and inclusive as possible and to actively seek to include as many people across a wide a range of characteristics and diversity.

In convenience sampling there is no inclusion criteria, anyone should be able to participate who has the capacity to do so.

How many conversations are needed?

The goal in a discovery conversation is to hear and record detailed experiences. As even one person's story can provide many ideas for improvement or highlight where a team or individual is providing care or support that has been valued.

Studies have shown that around 5-6 conversations routinely undertaken each month may be sufficient over time to provide a good picture of the quality of care experience (Etchells E, 2017)[4]. So, when thinking about the number of conversations needed for improvement purposes we do not need to be constrained by sampling to provide a representative picture of all the users of a service, we simply need to gather feedback consistently over time.

In the Care Experience Improvement Model approach **a minimum of 6 conversations** are undertaken **each month**.

---

[4] Etchells E, Woodcock T. (2017). Value of small sample sizes in rapid-cycle quality improvement projects 2: assessing fidelity of implementation for improvement interventions. BMJ Quality & Safety, BMJ Journals. Volume 27, Issue 1.

Assessing capacity to participate or give consent

Involvement using this approach may not be suitable for people who cannot give their permission or consent to participation. For example, if they are too unwell or if they have a cognitive impairment that limits their ability to share their experiences in this way. When identifying people to be involved in giving feedback it is important to assess their capacity to participate in a care experience discovery conversation in advance.

The Scottish Government's Adults with incapacity (Scotland) Act 2000: guide to assessing capacity, describes capacity to consent as 'the ability to understand information relevant to a decision or action and to appreciate the reasonably foreseeable consequences of taking or not taking that action or decision'. Therefore, a person who lacks capacity will not be able to make an informed decision about whether to give feedback or may be unable to engage fully with the method of enquiry being used.

It is important not to assume lack of capacity. However, where there is no possibility of the person being able to participate, you should then consider how you might gather insights from family members or carers (paid or unpaid), as they may be able and willing to share their experiences of the care or support journey alongside the person.

Supporting people with communication needs

The Care Experience Improvement Model (CEIM) is centred around good communication and using this approach with people who have communication difficulties can sometimes be challenging. People who have Speech, Language and Communication Needs (SLCN) may have difficulties across one or many aspects of communication, such as:

- understanding language (what people say)
- using language (to express their needs, thoughts and wishes), or
- interacting with others (understanding non-verbal rules of communication or using language in different ways to question, clarify or describe)

If a person's communication needs are not understood and addressed, this can lead to less meaningful engagement that is likely to have a significant impact on the use of a discovery conversation approach to understand experiences. This does not however mean that a discovery conversation approach cannot be used with people who have communication needs. Thinking about how we communicate or use language in advance could support the person to engage meaningfully in the conversation (figure 3).

There are many ways that can effectively support communication to gather and understand experience. Often a good starting point is finding out if the person has any existing communication strategies or tools they use. For example they may use an AAC device (augmentative or alternative communication); visual communication approaches such as boardmaker, photosymbols or talking mats ™; or a signing system such as Makaton or Signalong. Carers and relatives may also be able to help identify communication strategies or supports that will allow you to hear experiences from someone who has speech, language and communication needs.

Figure 3 – practical communication advice

Avoid	Try instead
Using long sentences and complex explanations	Use short sentences with one piece of information for each sentence.
Using jargon	Use simple language and words the person is familiar with
Using negatives	Use positives where possible. If you have to use a negative, emphasise this by your tone of voice
Using complex prepositions such as before, after	Say things in the order they happen (First, next, last).
Talking for the person	Give plenty of time for the person to respond. Be aware of non-verbal communication and check you have understood, if you are not sure.
Losing focus of the discussion's purpose	Use the person's name to keep the focus; use pictures of the main topics; use a tick or cross images to indicate if something is going well or is more difficult, and make sure the conversation doesn't last too long.
Using complex questions	Use open-ended questions throughout.

Planning discovery conversations

Planning how you will approach a care experience discovery conversation is important. Creating a conversation plan helps you and the person you will have a conversation with to be clear about the focus of the discussion and its purpose. It also helps to guide the conversation so it stays on track as much as possible (see appendix 1 – Example care experience discovery conversation planning).

It is important to remember that any conversation plan will be unique to the person who created it. In addition, where a single conversation plan is used by multiple people to initiate conversations, the delivery of these are likely to be different because of many factors that include the person's conversation style, their confidence, their curiosity, or their previous experience in having this type of conversation. As long as the conversation follows the agreed care or support journey and uses a discovery approach, the core data will be consistent but the variation in conversation style may provide an even broader range of insights for the care team.

It is vital that a conversation plan isn't used as an interview script or a checklist. Its purpose is simply to provide question prompts that help guide the conversation along the care or support journey being explored.

There are four key steps in planning a care experience discovery conversation. These are:

Step 1 Define a care/support journey to explore with feedback
Step 2 ask 1 or 2 broad discovery questions at each touchpoint in the care/support journey (using open-ended rather than close-ended questions)
Step 3 'dig deeper' into experiences to generate more insight and context, and
Step 4 record feedback in the words of the person (avoiding summarising or bullet pointing).

Step 1 - defining a care or support journey

A 'care/support journey' is rarely linear and always unique, so for the person giving feedback this could start well before an episode of care or support and continue on well after they leave the service. For that reason the care or support team must first define the scope of the journey they wish to gather feedback about. Initially, this could be a small part of the service or care/support journey or it could be the whole journey. It could equally focus on a particular intervention, activity or process, such as therapy treatments, medicines rounds, meal-times, support planning, self-directed support, home visits, outpatients appointment and so on.

Defining a care or support journey in advance can offer a team enough structure to frame their discovery conversations so that they can maintain a broad level of consistency with everyone they speak to.

Once a care or support journey has been selected then it is important to define the start and endpoints of the journey. This should be based on how the person giving feedback would understand these rather than how the service would describe them. For example, a **person's start point** for a GP visit or social care inquiry might begin with them navigating an automated phone line to make their appointment, whereas the **service's start point** may only focus on receiving the call to request an appointment.

Once the start and end points have been defined, key consecutive steps in the journey, between the start and end points, are identified. These are specific and easily identifiable points in the care or support journey where the person touches or connects with the service, people or environments (figure 4). These are points perceptible to the person receiving care or support rather than the behind the scenes steps only seen by those working in the service, so the person will be able to see, hear or feel these during their journey. This guide will refer to these points as 'touchpoints' from this point onward.

It can be helpful to step through how and where a person might experience these touchpoints as they go through the care or support journey that has been selected. Pulling these points of contact or connections out will help to define the journey you want to understand with feedback, see Figure 5 for an example of this.

It is important to remember that you are identifying how the **person using the service** connects and interacts with it, rather than including any backroom steps that the person wouldn't recognise, see, feel or hear.

Figure 4 – touchpoints example: going into hospital

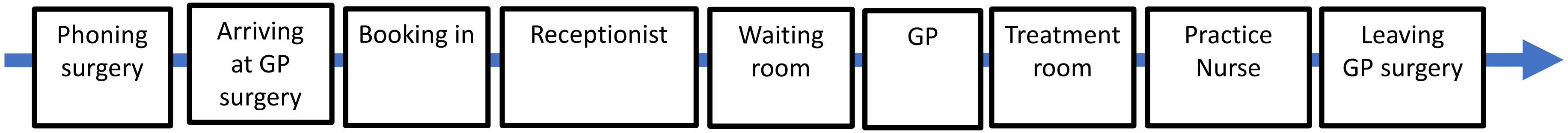
Service	People	Environments
Appointment letter	Receptionist	Hospital
Arriving	Healthcare worker	Clinic
Admission process	Nursing staff	Waiting room
Treatment	Medical staff	Treatment room
Receiving medication	Therapy staff	Ward
Discharge	Housekeeper	Bed
Leaving	Porter	Toilet

Figure 5 – Journey steps with touchpoints example: a GP visit

1. **Phoning** the GP for an appointment
2. Arriving at the **GP surgery**
3. **Booking in** with the **Receptionist**
4. Sitting in the **waiting room**
5. Consultation with the **GP**
6. Transferred to the **treatment room**
7. Treated by the **Practice Nurse**
8. Leaving the **GP Surgery**

Once the touchpoints have been identified, these can then be used to generate a linear pathway (figure 6) by mapping them in a chronological order. This helps to visualise and frame the journey you will hold care experience discovery conversations about. This can also be given to the person offering feedback to act as a visual aid to focus them on sharing their experiences across the care or support journey and help them to include each of the touchpoints.

Figure 6 – example of linear visual pathway mapping the care journey touchpoints



This first step is intended to give you a very broad outline of the care or support journey to help you to undertake step 2. Try not to get caught up in too much detail and complexity; keep it as simple as possible and focussed on the way the person that uses the service or process will experience it, not on what you do to provide it.

Step 2 - discovery conversation framework

Once a care or support journey has been defined the next step is to plan a simple conversation framework (see appendix 1 – conversation planning template) using the visual pathway created with the care/support journey touchpoints. This is done by developing a small number of 'open-ended' questions (figure 7) that introduce and help to explore experiences across each touchpoint in the journey. It is preferable to only have one of this type of question for each touchpoint where possible and, if that isn't possible, a maximum of three. This is because the aim is to hold a two-way conversation that avoids it feeling like an interview and where the person giving feedback says the most during the conversation and is able to tell their story around that touchpoint as uninterrupted as possible.

In a discovery conversation open-ended questions (figure 8) are used to start the conversation and keep it moving so that the person stays on track in describing their experiences of the touchpoints across the pre-defined care journey pathway. This will form the core framework for your discovery conversation.

Figure 7 – Open-ended vs close-ended questions

Open-ended questions are questions that have unlimited response options.

For example:

Q. What would make you use this service again?

Q. How did you get to work today?

Q. What happened at the meeting?

Close-ended questions are questions that have limited response options, such as Yes or No.

For example:

Q. Did you attend the clinic?

Q. Do you like vanilla ice cream?

Q. When were you born?

Figure 8 – Example discovery conversation 'open-ended' questions

Q. Tell me about…

- when the carer came into your home?
- coming into the ward/department?
- when you spoke to someone for the first time?
- meeting the staff when you arrived?

Q. Walk me through what happened…

- when the nurse came to your house?
- when you attended the clinic?
- when you first arrived at the care home?
- during medication rounds / at mealtimes?

Q. What happened then?

Q. What came next?

Q. What else?

Step 3 – digging deeper

Once the discovery questions are defined it can be helpful to also prepare a small number of broad open-ended questions for each touchpoint that dig deeper into experiences and emotions at certain touchpoints in the care or support journey. These types of questions should normally emerge from and be led by the conversation, but we can prepare a few of these questions ahead of the conversation just in case they are needed as a prompt. Digging deeper helps us to gain a better understanding of the emotions and context behind how these points have been experienced. See some examples of these types of questions in figure 9.

Figure 9 – Digging deeper about emotions example questions

Q. What were your first impressions?

Q. How did that make you feel?

Q. What did that feel like?

Q. What were your thoughts?

Q. What was important to you about that?

In addition, there are times during a discovery conversation where it is necessary to clarify details or certain facts to understand more about the experience. In doing this it would be acceptable to use a small number of close-ended questions. This type of question often start with; who, what, when, why, and how, for example, ‘who was it that said that?’.

See appendices 2 and 3 for examples of a basic conversation plan.

Listen more than you talk. Use the 80/20 rule, where the person should be speaking at least 80% of the time and you only 20%. Leave silences and pauses to allow the person to think about what they want to say. Avoid filling silences too quickly to allow people who need to reflect the time to consider their response.

Follow the person’s lead. Let the person lead the conversation, and only carefully prompt them with open questions when you feel you need to help them continue telling their experiences of the care or support journey you have introduced.

Try not to make assumptions that you know how the person feels or what they are trying to say.

Step 4 - record feedback in the words of the person

Recording conversations

There is no easy way to capture conversation feedback. The three main approaches normally used are:

- Handwriting the conversation as it happens,
- involving another person in the conversation to act as scribe to write down what is being said, or
- recording the conversation using an electronic device such as an audio recorder and then transcribing later.

In most cases, feedback is gathered anonymously (i.e. not recording the person's name or other personal details) however if you feel it is necessary to gather personal information you should check and apply your local Data Protection/GDPR and consent policies.

It is important that whatever method is chosen it aims, as much as possible, to avoid summarising or abbreviating the feedback given, so that the voice of the person giving feedback is clearly evident in the written format.

Sharing what was heard with the team

The format and method for sharing feedback should be determined by the preferences of the wider care or support team and the ways they find easiest to help them reflect on information. Methods used will depend greatly on whether feedback is being shared with the whole team or mainly with a multi-disciplinary improvement group.

Some of the formats and methods that could be used include:

Format	Method for sharing
▪ Full unedited hand written notes of each conversation ▪ Typed up handouts of all feedback conversations gathered during the month ▪ Reports, theming and grouping feedback stories	▪ Reflective improvement meeting review ▪ Email to team members ▪ Post on team notice board ▪ Summarised on 'you said, we did' boards

Starting and ending conversations

Following introductions, the person leading a conversation should explain that their role is to listen and record the experiences of the person giving feedback to better understand the particular care or support journey. They should also explain how the information will be used by the team.

At the end of the conversation it is helpful to summarise and feedback to the person what was heard to check that their experiences have been recorded accurately.

Dealing with distress

The wellbeing of the person giving feedback should always be our first concern. Reflecting on experiences may arouse emotions that need to be acknowledged and responded to sensitively. It is important to look for signs of distress and provide options such as taking a break and coming back later, or checking with the person if they wish to continue talking about the issue making them distressed, for example you could say ‘you seem upset talking about that, do you want to continue to explore this further or would you prefer to leave it for now and move on?’ It is important not to assume that they don’t wish to talk about it, as it could be important to the person to discuss it regardless of the emotions associated.

It is helpful to be prepared in advance with information on local support services and contacts that could help the person if they require more in-depth support.

Next steps

Once care experience discovery conversations have been held, recorded and suitably formatted the feedback should then be reviewed by a multi-disciplinary team at a **reflective improvement meeting**.

To find out more about reflective improvement meetings, see the associated guidance on the Improvement Hub (ihub) website at https://ihub.scot/ceim

What people have said about using this approach

> We gained a lot of pleasure from spending time in simply having an open conversation with a patient.
>
> *CEIM learning programme participant, NHS Grampian*

> This has been extremely valuable for our team. It has allowed us to delve deeper into the relationships that we have with our patients and their families
>
> *CEIM learning programme participant, NHS Fife*

> We have proven that this model is possible in a client group with cognitive and sensory impairment, in a busy receiving unit.
>
> *CEIM learning programme participant, NHS Grampian*

> I’ve learned about the power of conversation and active listening. It shouldn't be something to be scared of and can massively increase staff confidence.
>
> *CEIM learning programme participant, Angus Health and Social Care Partnership*

> When someone wants to share feedback now I’m more likely to dig deeper and ask how it made them feel, rather than just saying ‘oh thank you that’s lovely’.
>
> *CEIM learning programme participant, NHS Greater Glasgow and Clyde*

> The difference this has made for us as a team is in realising that the input we have with those patients and families has made a real difference.
>
> *CEIM learning programme participant, Aberdeenshire Health and Social care partnership*

Acknowledgements

With thanks to **Ciara Robertson**, Improvement Advisor, Healthcare Improvement Scotland for her expertise and input regarding communication support; **Deborah Baldie**, Senior Nurse, NHS Tayside; and **Donna Hughes**, Head of Person-centred care, NHS Fife, for their support in reviewing and testing this guide; and **Chris Sutton**, Portfolio Lead (People-led care), Healthcare Improvement Scotland; **Caroline Sturgeon**, Education and Workforce Development Adviser, Scottish Social Services Council (SSSC); and **Jess Alexander**, Learning and Development Manager, Scottish Social Services Council (SSSC), for their expertise and assistance in the review and editing of this guide.

Suggested reading

1. Martin G. P., McKee L., Dixon-Woods M. (2015). Beyond metrics? Utilizing 'soft intelligence' for healthcare quality and safety. Social Science & Medicine, Volume 142 19-26.
2. Bridges C. and Nicholson C. (2008). Service improvement using patient narratives: engaging with the issues. International Journal of Older People Nursing 2, 1–6.
3. Civica and In Health Associates. (2015) Making Sense and Making Use of Patient Experience Data. Available from: https://bit.ly/3bX1pCy [accessed 19 March 2021].
4. Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. (2009) The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers.
5. Scottish Government. (2000) Communication and Assessing Capacity - A guide for social work and health care staff. Available from https://bit.ly/388BGpx [accessed 19 March 2021]

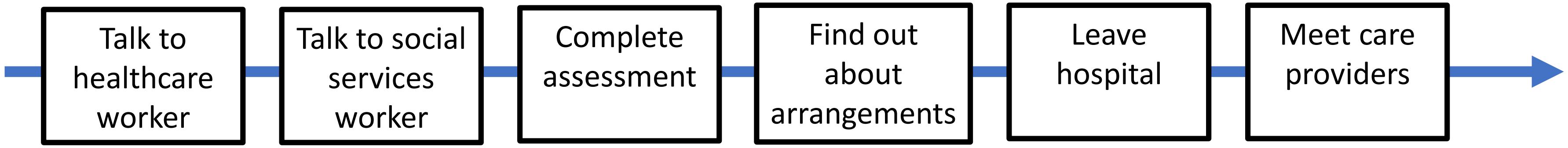
Appendix 1 – Example care experience discovery conversation plan

Service: arranging social care at home from hospital

Broad service user steps:

1. Talk with healthcare worker about social care needs
2. Talk with social services worker about care needs
3. Complete assessment with social services worker
4. Find out about social care arrangements and start date from hospital staff or social services.
5. Leave hospital following discharge
6. Meet care providers for the first time at home and begin receiving care and support

Journey map


Talk to healthcare worker

Talk to social services worker

Complete assessment

Find out about arrangements

Leave hospital

Meet care providers

Experience of arranging social care at home from hospital

Journey	Discovery questions (examples)	Digging deeper questions (examples)
Talk to Healthcare worker	Tell me about how your social care needs were identified?	• How did it feel when talking about your care at home needs? • How were your family (or carers) involved in the discussion?
Talk to social services worker	Talk me through your conversation with the social services worker.	• What were you hoping for when the social services worker came to speak to you? • What things were most important to you about the conversation with the social services worker? • How were your family involved in the conversation? • How did it feel to have that discussion about social care support?
Complete assessment	Tell me about the assessment?	• What happened during the assessment? • How did you feel during your assessment?
Find out about arrangements	Tell me about what happened when your package of care was offered and you were asked to confirm?	• What were your thoughts when you were told about the package of care agreed for you? • What happened after that?
Leave hospital	What happened on the day you were discharged from hospital?	• What arrangements were made for you? • How was your family involved in your discharge? • What was it like going home after being in hospital for that time?
Meet care providers for the first time	Tell me about the first visit from your home care provider?	• How did you feel? • What were your first impressions? • Was there anything that happened during that first visit that you hadn’t expected?

Experience of the Minor Injury Unit

Journey touchpoint	Discovery questions (examples)	Digging deeper questions (examples)
Going to MIU booking in	• Walk me through what happened when you first arrived at the Minor Injury Unit? • What did you have to do in order to book in?	• What were your initial impressions? • How did that feel? • Tell me about what happened after you booked in?
Assessment / Triage	Tell me about what happened during your assessment?	What was that like?
Examination / having tests	Walk me through what happened when you were given your examination/had your tests done?	• What did it feel like having an examination / tests? • Who was there during your tests and who carried them out?
Treatment or advice	What kind of treatment or advice were you given?	How did it feel to have that treatment? / What did you find most helpful about the advice you were given?
Leaving the MIU	Tell me about what happened at the end of your visit?	What mattered to you most about your visit to MIU?
Follow-up / support	Tell me about going home and how you managed when you arrived?	How did you describe what happened to your family?

Experience of arriving in a hospital ward

Journey touchpoint	Discovery questions (examples)	Digging deeper questions (examples)
Arriving in the ward	• Tell me about what it was like when you first came into the ward? • What happened throughout that initial period before you were settled in the ward?	• What were your first impressions? • What was important to you about your care when you first arrived? • Are the same things important to you now?
Being in the ward	• Walk me through the routines in the ward (for example, medicines rounds, meal times, getting washed etc.) • What does a good day in the ward look and feel like?	• How do you feel at those times? • How have staff helped you to adjust to the ward environment? • In what ways have you been able to be as involved as much as you wanted to be? • What is it like when its not so good on the ward?
Examination / tests	Tell me what happens when you have your tests / consultations / examinations?	• What does that feel like? • Did you always understand what was happening and why?
Receiving information / advice	What kinds of information or advice have you had while you’ve been here?	• In what ways has that been helpful to you? • If some of this advice wasn’t as helpful, tell me in what way it wasn’t helpful and how it impacted on you? • Are there things you feel you need to know that you haven't been told about so far?

Appendix 3 – conversation planning template

Journey	Discovery questions	Digging deeper questions
Starting point		
End point		

Published August 2021

Improvement Hub
Healthcare Improvement Scotland
www.ihub.scot

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.ihub.scot