Coding "Good Conversations" in Geriatric Trauma

Quick reference for ED Clinicians

This handout distils the conversation coding work into three practical lenses:

1. **Seeking the narrative & offering space**
2. **VR-CoDES-P Lite – how you respond to emotion**
3. **SDM rights hierarchy – where the decision is sitting**

1. Seeking the narrative & offering space (top priority)

In the workshop case, the "better" version opens with:

"So Terry – **tell me about your dad**?" … "Need to extract the narrative… Did you create space for the true trajectory?"

Goal: move from *"Is it ok if we let him die?"* to *"What matters to him, and how do we match treatment to that?"*

Table 1. Narrative & space: better vs worse moves

Conversation move	What "better" sounds like	What "worse" sounds like
Seek the person's story ("seeking narrative")	"Tell me about your dad/mum." "What have the last few weeks been like for her?" "How has he been since the last fall?"	Launching straight into ARP/ICU talk without asking who the person *is* or what's been happening.
Name the possible terminal event	"With these injuries and his frailty, this **might be a terminal event** over the next days to weeks. I want to talk honestly about that with you."	"Anyway, just checking if it's ok for us to let him die."
Offer space for meaning-making	"Families often need time to make sense of this. What's going through your mind as you hear this?"	Moving quickly to forms / logistics; no invitation for questions or feelings.
Create space for the true trajectory ("offering space")	"Sometimes families don't tell us the whole deterioration at first – that's ok. Can you walk me through what's been changing over the past few months?"	Narrow questions that shut down detail: "He was fine until this fall, right?"

If you only remember one thing:

Start with the story. Stay long enough in the story that the trajectory becomes visible.

2. VR-CoDES-P Lite – how you handle emotion

When families show fear, anger or guilt, the coding scheme looks at whether you **provide space** or **reduce space** in your first response.

Codes (simplified):

- **E** – Explicitly names the emotion/content
- **N** – Non-explicit (hinting, not naming)
- **P** – **Provides space** (invites more)
- **R** – **Reduces space** (closes it down)

Table 2. VR-CoDES-Lite at the bedside

Family says… (cue/concern)	Better response (E/P = providing space)	Risky response (R = reducing space)
"I'm scared he's going to die."	"I can hear you're **scared** – can we talk that through together?" (**E+P**)	"Well, that's possible. Let's focus on what's next." (**E+R**)
"The nursing home let him fall – I'm so angry."	"It sounds like you're **angry** about what's happened. Tell me more about what's worrying you." (**E+P**)	"Falls just happen at his age – we can't get into blame now." (**E/N+R**)
"I don't want him to suffer."	"Not wanting him to suffer is really important. Let's talk about what that would look like in the next few weeks." (**N+P**)	"We'll keep him comfortable," and then changing topic, without checking what comfort means to them. (**N+R**)

Bedside rule of thumb:

When you hear emotion, **name it and lean in**, rather than pivoting away.

3. SDM rights hierarchy – where is this decision sitting?

The coding manual uses a **5-tier hierarchy** to locate the dominant *decision stance*: whose voice is actually driving the plan. Higher tiers = stronger rights alignment.

Table 3. Decision-making stance (simplified for ED)

Tier	Stance	What it means in practice	Typical "better" language	Risky language
1. Wishes & Preferences (+4)	Person's **own** current or clearly documented wishes lead.	Capacity present for this decision; you treat their stated preference as the default.	"She's told us before she'd rather stay at home, even if that's risky."	Ignoring a clear ACD / prior statements.
2. Supported Decision-Making (+3)	You **support** the person to decide (simplified info, supporters, extra time).	You try all reasonable supports before stepping down.	"Let's ask him in simple terms – I can explain the options and you can help him answer."	Going straight to family consent without attempting to involve the person.
3. Substituted Judgement (+2)	Family/SDM speak *as if the person could* – based on known values, narrative.	Used when capacity absent despite support.	"Given what you know of her, **what would she say** if she were sitting here with us?"	"What do *you* want us to do?" (without reference to the person's values).

4. Best Interests (+1)	Clinician welfare calculus dominates.	Used when no reliable wishes/supporter exist; should be structured and time-limited.	"We can balance the risk of admission with the risk of discharge…let's discuss that."	"He's 79, in a nursing home – it's not as if he gets out to the shops."
5. Limited Guardianship (0)	Tribunal-appointed guardian decides for a narrow issue.	Last resort: after all above tiers considered and documented.	"The guardian has directed admission; we'll still try to honour what we know of her wishes."	Using "the guardian" to shut down discussion or override known preferences.

4. Putting it together in a frailty / falls ARP conversation

Use this as a micro-checklist during or after the scenario:

1. **Did I seek the narrative first?**
   - "Tell me about your dad/mum."
   - "How has life been since the last fall?"
2. **Did I offer space for emotion and meaning?**
   - At least some responses were **E+P / N+P**, not "let's not get into that now."
3. **Did I signpost the decision and present options?**
   - "We need to think together about how to look after him tonight."
   - "We could keep him here with comfort medicines, or transfer for scans and IVs…"
4. **Did I explicitly elicit wishes/values?**
   - "What would he usually hope for in this situation – more time at any cost, or comfort even if time is shorter?"
5. **Where did the stance end up on the hierarchy?**
   - Can I honestly say we stayed mostly in **Wishes / Supported / Substituted** (Tiers 1–3)?
   - If not, is there a clear reason we had to rely on Best Interests / Guardianship (Tiers 4–5), and is that documented?