How precision questioning can make Advance Care Planning conversations actually happen

What three palliative care practitioners found, and what happened when a student nurse tried one question

A case study by Judy Rees at Conversaurus, with Saskie Dorman, Siobhan Aris and Helen Slocombe

Background

Clean Language is a precision questioning technique with growing evidence of impact in healthcare settings. It helps people express themselves in their own words, without the questioner's assumptions getting in the way. An exploratory survey published in BMJ Open Quality (Dorman and Rees, 2024) found that practitioners across a wide range of clinical roles described it as enabling clearer understanding, deeper engagement, and faster access to what patients actually need.

This case study focuses on one specific application: advance care planning (ACP) conversations. It draws on the experiences of three palliative care practitioners who were introduced to Clean Language through the NHS England South West End of Life Network and have been using it in clinical practice since 2023: Saskie Dorman, Palliative Care Consultant, Forest Holme Hospice, University Hospitals Dorset NHS Foundation Trust; Siobhan Aris, Developmental Nurse Consultant, Palliative and End of Life Care, Cornwall Partnership NHS Foundation Trust; and Helen Slocombe, End of Life Lead across Bath Swindon Wiltshire (BSW) community.

The Need

Advance care planning conversations are widely recognised as important. They help ensure care reflects what actually matters to each person, rather than what clinical convention assumes. Yet they are frequently not happening, and the barrier is rarely indifference.

It is fear.

Clinicians who care deeply about their patients still avoid these conversations because they do not have a reliable tool to reach for. During Dying Matters Week 2025, Helen spoke with hospital staff about advance care planning. A newly qualified nurse told her directly: she avoids these conversations with end of life patients because she does not know what to do when they start. Helen's observation: this is probably the experience of many colleagues, and may explain why important conversations are not happening.

A second risk is that when conversations do happen, care gets shaped by clinical assumption rather than patient need. Words like 'support' or 'comfortable' can mean very different things to different people. If those meanings are not surfaced, care can be offered in a form that does not address the real issue, which is both ineffective and, as Siobhan noted, expensive.

The Solution

All three practitioners introduced Clean Language questions into their everyday consultations, particularly 'What would you like to happen?' and 'What kind of...?' They did not implement a formal protocol. Each experimented in their own setting, starting cautiously, often with a single trigger word.

Siobhan chose the word 'support.' Every time a patient used it, she asked 'What kind of support?' She consistently discovered that what she had assumed the patient needed was not what they actually needed.

Helen used Clean Language for the first time with a dying man whose family wanted to know whether he understood what was happening and whether he was afraid. By following his own metaphor ('I'm going to be going over the wall soon') she had a conversation that revealed he was at peace and looking forward to being reunited with people he loved. The conversation gave both the patient and his daughter things they had never previously been able to say to each other.

Saskie used 'What would you like to happen?' with a patient who was bedbound and very near death. The patient identified two things: to speak to a family member in America and tell him she loved him, and to get outside in the sunshine. Both were made possible.

Helen was invited to speak to student nurses about advance care planning. She opened the session using coaching image cards and Clean Language questions, taught the approach explicitly, then demonstrated how it supports ACP conversations. One third-year student described a moment from her own practice: a patient whose wife spoke for him whenever he was asked what he wanted. The student had tried one question: 'What do YOU want to happen?' She described the result as 'like magic.' The patient spoke. The conversation shifted. He died at home as he wished. She had heard of this kind of questioning in a lecture. She had not known it was called Clean Language.

> *"Like magic — we heard what he had to say, and then could put everything in place, and he died at home as he wished." — Third-year student nurse*

Costs

Initial training for Saskie, Siobhan and Helen was funded by NHS England South West through the South West End of Life Network, with no direct cost to participants or their organisations. Ongoing use of Clean Language in clinical practice has required no additional financial outlay.

Clean Language conversations do not tend to take longer than conventional consultations. In many cases they are faster, because the questions cut to what actually matters. Siobhan noted that identifying what a patient genuinely needs from the outset reduces the likelihood of care being offered and then declined, avoiding significant waste.

For teams wishing to get started, Conversaurus offers an introductory lunch-and-learn at £250, and in-house cohort training (6 to 12 people) from £950.

Challenges

All three practitioners described an initial period of feeling clumsy. Siobhan, experienced in communication and having completed many training courses, was surprised: 'I didn't anticipate feeling so clumsy with it.' This is worth naming: practitioners with strong existing communication skills may underestimate the adjustment required.

Some Clean Language practices are counterintuitive, particularly repeating the same question more than once. It takes practice to discover that this tends to make patients feel more heard, not less.

Clean Language is not the right tool in every situation. In acute or emergency contexts, directive communication is often necessary. And for some clinicians, the challenge is different: not clumsiness with a new technique, but the absence of any technique at all.

Impact

For patients: things that might otherwise have remained unsaid got said. A man described by his family as 'a closed book' spoke openly about what lay beyond death and his wishes for his daughters. A bedbound patient spent her final days as she had chosen. A patient referred for 'support' was able to say precisely what she needed.

For families: in Helen's account, the conversation created a moment of closure the daughter described as something she had 'always known' but never heard her father say aloud.

For practitioners: Saskie, after twenty years in palliative care, described Clean Language as 'completely refreshing and energising.' All three reported increased confidence in emotionally difficult moments. Siobhan left the core questions on her office whiteboard; colleagues began photographing them.

For student nurses: one session surfaced practitioners already using Clean Language instinctively, and gave others a first encounter with an approach they had been looking for without knowing it existed.

Lessons

Just try it. Saskie: 'experiment and play and explore.'

Feeling clumsy at first is normal. It reflects how different the approach is, not a lack of skill. Practising with colleagues first is a low-stakes way to build confidence. Choosing one trigger word or moment in a consultation helps integration without having to hold the whole method in mind.

Brief exposure matters. Student nurses and newly qualified clinicians who encounter Clean Language even once may already be closer to using it than they know. Some are already doing it without knowing its name.

The fear that makes clinicians avoid advance care planning conversations is not a character flaw. It is the absence of a reliable tool. Give people the tool, and the fear shifts.

Next Steps, Sustainability and Scaling

Conversaurus is currently delivering structured training in hospices in Yorkshire, the North East, and the South West. A pilot at Forest Holme Hospice, funded by University Hospitals Dorset Charities and evaluated by Saskie Dorman, found measurable shifts in communication style and possible reductions in work-related frustration. That evaluation is to be submitted for peer-reviewed publication.

Saskie's team at University Hospitals Dorset has recently launched a Planning Ahead for End of Life electronic form, designed to be simple and accessible. It includes the prompt 'What would they like to happen?' as one of a small number of questions. This is Clean Language embedded directly into institutional practice.

The longer-term goal is for precision questioning to become a standard part of advance care planning training for newly qualified nurses and student nurses, giving every clinician something reliable to reach for in the conversations they currently avoid because they are frightened, not because they do not care.

Find Out More

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Clean Language in Healthcare resources page
https://conversaurus.com/clean-language-in-healthcare/

Dorman S, Rees J. Using the communication technique of Clean Language in healthcare: an exploratory survey. *BMJ Open Quality*. 2024;13:e003102.
https://doi.org/10.1136/bmjoq-2024-003102

Video interviews with NHS clinicians using Clean Language:
youtube.com/playlist?list=PLEzehoyf73dmMvsq_JFPBlIhuornglPu5