

The iCARE-Haaland model – a collection of resources to train health professionals to -
Communicate with awareness and emotional competence

Part D: Continuing the learning and training process

Phase 3: Practice new skills and tools, with awareness



Individual learning tools for guiding participants to put Skills into Action

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1 Introduction to Phase 3: Skills into Action

The focus of this phase is to guide the health professionals to continue to strengthen their skills, and to build confidence to practice the new skills with awareness. After several months of discovering what they need to learn (Phase 1), participants joined a workshop to get background, knowledge and skills on various aspects of communication and emotional competence (Phase 2).

Now, we will introduce tools that help participants practice new skills in their daily work, discuss what they have learnt with colleagues, and enjoy some of the fruits of their hard work – when they take responsibility for respectful interaction as a basis for trust and care.

Skills are not practiced in a vacuum: Continue to follow up

Also in this phase it is important for trainers to introduce the tasks in meetings with participants, whenever possible. After each set of tasks has been completed, trainers should meet with participants and ask for feedback and questions, and discuss what they have learnt. Participants are increasingly seeing the “fruits” of their learning, and are practicing new skills with patients, colleagues and supervisors, often with good results. Sharing these with trainers and colleagues, and being appreciated for their achievements, will stimulate further motivation and learning.

Participants will also experience challenges – e.g. from colleagues who reject the new practices and maybe make fun of them, or use sarcasm. Some will experience “their old self popping up” and see that automatic reactions to emotional challenges are still there, and need to be worked with, still. When participants can meet to share these challenges, and hear that colleagues experience similar things, it will be easier for them to maintain their motivation and continue practicing their new skills, and continue learning.

Support from trainers and supervisors in this phase, is crucial.

Trainers: Revisit the planning process and the method

Please see chapter 8 in the background/methods manual (Part A) for a description of the whole planning process, and of what is needed to make the whole training function well. Please re-read chapter 6 on how to use these tools, and why to use them in the way and the sequence we have presented them.

It is especially crucial to review the methods and purpose of the tasks, and emphasize the importance of observing IN Action – “*thinking when*” you communicate, which allows you to observe also the *emotional aspects* of the communication. And then – to reflect ON Action, which includes “*thinking after*” you have been in the communication situation.

Please also review part B, to remind yourselves about e.g organization of meetings, how to track feedback from the observation and reflection tasks, and other helpful hints.

An important chapter in Part B is chapter 5 on *how to analyse the examples contributed from the participants*, and *how to include them in your training course*. This will also be relevant for the examples from Phase 3, where it is especially important to analyse the changes participants report on, as well as challenges they still have. These themes will be discussed in the follow-up course.

2 Overview of the model, phases and modules

2.1 The model and the phases

Communicating with awareness and emotional competence: Process training to strengthen skills for medical providers

The iCARE-Haaland model; developed with doctors and nurses, implemented in 9 countries with >350 participants. 2016-17: Training trainee doctors and medical students in Cardiff, Wales

Ministries of health in a number of countries are increasingly aware of the need to meet patients' demands for improved quality of care and committed to changing their system to make this happen. They are also aware of the need for action to reduce staff stress, burnout, conflict and high attrition rates which are depleting institutions of key personnel. While training to strengthen patient centered care (PCC) is implemented in many countries in the North, other countries (Eastern Europe, Africa) still lack such programs. Slogans remain as good intentions on hospital walls, e.g at the Kilifi District Hospital on the Kenyan coast (picture). In many countries, training health providers to manage their own emotions and become emotionally competent and resilient to be able to cope well with daily stress and challenges at work is **strongly under-focused**.



The iCARE training enables participants to take responsibility to strengthen skills and perspectives to communicate with awareness, with respect for their own emotions as well as those of their patients, colleagues and supervisors.

Overview of the training phases

Phases	Activity	Duration	Aim
1	Self-observation "in action" and reflection to discover , using guided weekly tasks, on a set of specific aspects of communication and emotions. Monthly meetings to discuss learning; distribute new tasks	1 -4 months* <i>On the job/ during regular work hours</i>	Strengthen participants' self-awareness about their own communication behaviors and the effects when dealing with patients and colleagues, and start a change process.
2	Basic Workshop: Interactive reflection – Experience based learning methods, including results from observation and reflection	½ - 5 days* (½ day x 4) <i>Central place/ full time</i>	Skills training, with feedback. Linking participants' own observations to a number of theories
3	Skills into practice: Informed reflection in and on action . Continue self-observation + reflection during daily routine work, using specific tasks to deepen + confirm learning	3 -4 months <i>On the job/ during regular work hours</i>	Practice new skills in their own working environment; discuss with colleagues; become a role model. Strengthen confidence to practice new skills
4	Follow-up workshop: Interactive and informed reflection . Further training based on results from	½ -4 Days* <i>Central place/ full time</i>	Deepen understanding of issues, especially on handling "difficult" emotions. Confirm

	observations, to summarize and anchor learning to daily challenges faced by participants		and appreciate learning; strengthen confidence; empowerment
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*The training process lasts 6-9 months: It takes time to change behavior, and commitment over time is essential for sustainable change. **Focus: Strengthen trust and relationship with patients and colleagues by treating them with respect.** Key skills: Awareness, and emotional competence. The time period for each phase is flexible. Groups we have trained have allocated the time possible within their context. The essential points are –

- **To allocate enough time** for participants to observe and reflect on their own communication practices, and the effects of these on others – for them to discover and decide that they need to learn, and change (=several months, preferably), and –
- **The more time you and they invest, the deeper and more sustainable the changes will be.**

2.2 Overview of modules in the iCARE-Haaland model training manual

Basic course (12 modules)

Module 1: Introduction of workshop programme and participants

- a) Introduction to course concepts and contents, and introducing participants

Module 2: Communication and conscious learning

- a) How do adults learn? Using learning theory with patients and colleagues
- b) Feedback from observing how you communicate
- c) Gold standard communication theory, skills and strategies in practice

Module 3: Understanding and managing emotions

- a) Feedback from observing how you manage emotions
- b) Communicating with awareness and emotional competence: Effects of safety, anger and insecurity on how we communicate
- c) What makes people change attitudes and behavior? And why doesn't the patient do what I tell him?
- d) Recognizing, managing and preventing stress with communication and emotional competence
- e) Managing conflict with awareness and emotional competence to maintain dignity and respect

Module 4: The function of research in clinical care

- a) Communicating about research with awareness and emotional competence

Module 5: Building and using communication strategies with emotional competence

- a) Using communication skills and emotional competence to educate patients
- b) Strategies to communicate with awareness and emotional competence

Follow-up course (11 modules)

Module 6: Introduction, celebrating growth and facing challenges

- a) Introduction and review: Gold Standard communication Strategies with patients and colleagues
- b) The Big Changes: Confirmation of growth, and Challenges participants still have

Module 7: Understanding and managing strong emotions consciously:

- a) The many phases of anger: Recognize, acknowledge and handle with respect.
- b) Managing conflict with emotional competence: From confronting – to stepping back, and dialogue
- c) Using power with awareness and emotional competence
- d) Recognizing bullies in the medical profession: Using emotional competence to confront and prevent bullying
- e) We can't always Cure, but we can always Care: Managing death and dying with emotional competence
- f) Professional closeness or professional distance? Conscious use of personal and impersonal language
- g) Using emotional competence to recognize, manage and prevent burnout

Module 8: Building and practicing communication strategies with emotional competence

- a) Working with emotional competence in a research environment: Understanding and communicating about the difference between research and treatment (*optional*)
- b) Strategies for effective information and communication: Communicating with awareness and emotional competence

3 Learning tools for participants: Tasks; endline

Please also review the *introduction to using the self-observation and reflection tasks* in Part B, and revisit and discuss these themes in the first meeting with participants in Phase 3.

It is especially important to review and re-emphasize how and why to do “Observation In Action” (which includes the emotional reactions in the interaction), and how and why to “Reflect On Action”. Ask participants for experiences with using these methods, and ask about challenges they still have. Discuss and share good practices participants have discovered from phase 1.

3.1 Overview of tasks in Phase 3: Skills into Action

Pack 4: 1. Sharing information from the course

2. Observing reactions from colleagues
3. Giving constructive feedback
4. Natural ways to use your skills, and barriers (Throughout the period)

Pack 5: 5. Patterns of communicating with your supervisor

6. Taking care of safety; effects on communication
7. Showing respect for patients' emotions, and the effects of this on you
8. Taking care of your own emotions

Pack 6: 9. Best practice examples

10. Special task: Insights on and questions about research
11. Dealing with patients' emotions – and the effect of this on you: Further reflections on changing the interaction with the patient

Endline questionnaire

Special task: Refresher meeting: Automatic reactions – Reflecting on change

3.2 Observation and reflection tasks Phase 3: Pack 4 (tasks 1-4)

Note: Please include an introduction to the new sets of tasks, with a personal message from the trainers to the participants, and some general comments on continuing with the tasks. Our version of this introduction is below.

3.2.1 *Introducing the new tasks*

It was very good to meet you and work with you all last week. All the trainers have enjoyed getting to know you, and to experience your healthy curiosity and observe your learning.

We trust you have settled well back into your jobs after a week of intensive learning, and are finding ways to practice your communication skills – and also take care of your emotions. It is during this time you will decide how much of what you learnt will become part of your daily routines, and will be turned into new communication patterns with a different effect on colleagues and patients.

As agreed, we are giving you some new tasks to help your learning process further, and to keep reflecting on what you do and how it works. Please keep notes, and we would like to hear from you:

Once per month, we would like to receive one reflection on your practice, or an example of a situation you are handling well. If you would like to send us more reflections and examples, please do so. You decide how much work you would like to put into this process. We are very interested to read your reflections, and as you know – we use them actively to plan the follow-up course.

Throughout the practice period, please pay attention to how you take your new awareness, your skills and your motivation to do things differently, with you into your routines. Where do you find opportunities to use your new skills, and which skills does it feel “natural” to practice? Are there skills you hesitate to use, for any reason(s)? Does it feel awkward to practice some of the skills? If so - how, and why?

Take a moment to reflect on these questions every day throughout the practice period, to monitor your own changes, and take a few notes. If there is a situation you handle differently – please note down what happens, what you do, what the effect is, and any reflections you have. It is also useful to note situations you still have problems with, and let us know about these, so we can plan to handle these during the follow-up course.

It does not matter in which sequence you do the tasks in this pack, as long as you do ***one task per week***. We include a general task (Task 4), which means you can report on “anything” that happens which makes you use your new skills. This is an invitation to share something significant, something that makes you acknowledge you are communicating in a different way (rather than “*classical observation*”). You can report on these kinds of incidences throughout the practice period.

Most of your managers (or Heads of Department, HOD) are aware of the course, but it is still important that you give them information about what you have learnt so far, and about the continuation of the process. This will enable them to support you practicing your new skills. ***Please make it your priority to inform your HOD.*** Below are suggestions for what you can do, and how to observe and reflect on effects of these methods.

With these tasks, we are also distributing an article we trust will inspire further reflections. You will get another article with the next set of tasks. We trust that you will hand in your tasks, or send them in an email to (the trainer) by the required date and save her from “chasing” you! **1st deadline: (date)**
We also attach your many good ideas for how to take care of your emotions!

Do you have suggestions for what to observe? Please send us a note!

3.2.2 Observation Task 1: Sharing information from the course

Note: Please include the header in all tasks, to credit the author and acknowledge source

Communication Awareness Tools Series – Created by Ane Haaland

Observation tasks: Sharing information, observing reactions, giving constructive feedback

Task 1: Sharing information from the course

Note: Please read task 2 on sharing information with your colleagues (below) as well, and decide when to use task 1, and when to use task 2. You can use them as opportunity arises, and do them both within 2-3 weeks.

There are many situations where giving feedback is useful – and depending on the situation and your goal, you can choose different methods. The first task for this week will be to **explore methods for sharing info from the course process** with colleagues and/or HODs.

An important question to ask is: **What do you want to achieve? What is your aim?** Your aim determines your method. For example, if you want them to be motivated to go to the next course, you need to share something which makes them **feel positively** about learning in the course. Pure info about the contents would not achieve this, but a positive example of how you yourself have learnt, might inspire them. Another example – if your HOD and colleagues are wondering if the process is useful, your aim could be to show usefulness by giving an overview of the contents of and methods used in the course, linking it to research (if appropriate), and then sharing an example of what you do differently as a result of the course. If possible – show them how you now communicate differently by **demonstrating** it to them (“Show, don’t tell”). This method would address both **general** usefulness (“macro view”), and **personal** usefulness (“micro view”).

Remember not to overload – let them ask, don’t “force feed”!!

What to share, and how

During the course (and the preparation period), we dealt with a number of different topics. How do you choose what is important to share, and how much? There is no fixed answer to this, but a few guidelines may be useful when you explore (with awareness) what works best:

- ✓ **Share something which is important to you** – something you learnt, which you have found useful in your work, something which has made a difference. If you can link this to a recent situation at work – preferably one some of them have observed – it will make even more sense to them (they will see the relevance to their own work).
- ✓ **Telling a story/giving an example from your own learning** is (usually) a non-threatening method which invites listeners to reflect, and ask questions. If you share an example of what you learnt during the observation period (also mistakes you made – let them “laugh at you”), it might make them interested to also start observing themselves, e.g. on how they listen.

- ✓ **Share an overview of the topics in the course** (attached, for easy ref) if colleagues are asking for this, or if you are asked to tell about “what did you all do”. After an overview, you can ask colleagues what they want to hear more about, and share examples and stories (remember what made YOU learn – probably role-plays and practice of skills?)
- ✓ **Invite them to ask:** They have probably observed you doing things differently. Ask if they would be interested for you to share something, and let them define what it should be. Have a couple of recent examples ready to share if no one comes up with a question right away.
- ✓ **Use empathy to decide what to share:** How do your colleagues feel? Are they relaxed? Sad? Overwhelmed? Curious? Choose a topic which is appropriate for the situation, and relevant to your colleagues. Be sure to focus on “this is what I am doing now, because...”, rather than “This is what you should do...”
- ✓ **What to avoid:** Moralizing, and judging. They do not have the insights you have, and will probably make many mistakes you no longer make (if you ever did!). Be careful not to judge – but rather state, or better – show by being an example – how you solve or deal with different situations now. Invite them to join you, and to ask questions, if they like.

When to share, and where?

You are already doing a lot of sharing, and have probably found many good situations to share. Both formal and informal situations can be useful – basically, you have to be an opportunist and take the chance whenever you see one.

- ✓ If you have not already done so, it might be useful to ask the HOD for a (brief) formal meeting, to let the HOD take charge and “legalize” talking about the course, and encourage your colleagues to discuss with you. In such a meeting, it could be useful to give an overview of what you did in the observation period, plus course contents, and then share a couple of examples of what you have found useful in your work. In such a meeting – use the methods from the course: Ask a question, and ask them to discuss with each other before giving answers. This will encourage them to be more involved, and reflect more.
- ✓ **Continue in informal settings:** After such a meeting, informal situations might be the most useful. Ask what your colleagues would like you to share.

A good guideline might be: ***Be an ambassador – not a missionary!***

TASK: Please make notes about what methods you use to share information, and how it works. Choose an example to describe the effect of what you do, on the other person.

3.2.3 Observation Task 2: Observing the reactions of your colleagues

How do your colleagues react to you after the course? Are you met with ***friendly curiosity*** (“so you have learnt new skills? What have you learnt? Tell me/show me/share a story”)? Or ***scepticism*** (“new methods? How do you know they work? These patients are simply difficult, no methods will help”)? Or ***jealousy, or judgement, or sarcasm*** (“who are you to know so much better?”) – maybe because your colleague has had to cover for you and do extra work while you were away? Or – any other reaction. (Note: There were many such reactions to participants from the first courses – there may be fewer now, as more people are informed about the course.)

All these reactions are natural, and to be expected. The question is – how do you handle them? Do you get your antennae out and take a step back, or do you protect yourself in the “old” way? Below are some possible reactions you may find yourself using (to scepticism/ judgement/ hostility/ sarcasm). The first ones are “automatic emotional reactions”; the last ones are where you start to use your emotional competence:

- **Attack back**, respond with same “tone”
- **Judge** your colleague for being “unfair”
- **Withdraw, leave** (after showing nonverbally what you feel/mean?)
- **Feel hurt**, but don’t know what to do (what **do** you do?)
- **Take a step back** – recognize, acknowledge and then suspend/set aside your emotional reaction, and act constructively
- **Look for the reason behind the reaction** (how do you find out?)
- Any other reaction?

Please note what you do, and what the effect is of your action, on your colleague.

Also – what is the effect on you? Do you carry resentment with you, and plan to get back on him/her?

Or have you seen/understood/talked about the feelings behind the action, and “cleared the air”?

If you carry any feelings with you – how have you taken care of them? Reflect on what you do well, and what you still need to learn more about. You can also share a situation where you met positive interest from your colleague, and describe what happened and how you felt.

NOTE: If colleagues are sarcastic to you, they are trying to put you down, to make you “smaller” than them (often without being conscious that this is what they do). They will only succeed, if you agree to be “made smaller”. The best way to meet sarcasm, is to take a step back and be neutral – don’t let it “get to you”. Behind sarcasm is often insecurity.

Share an example of how you handled sarcasm from a colleague.

3.2.4 Observation Task 3: Giving constructive feedback to a colleague

It may be very tempting (and an automatic emotional reaction) to want to tell your colleagues they should practice communication skills the way you do it... and to judge them when they don’t.

We are sure you don’t fall into this trap, but rather take a step back to decide what you can do to help them learn! Your colleagues will probably feel a mixture of curiosity, envy, admiration and ...? – about your new skills. Your best chance to motivate them to learn is by **showing them** (without showing off!) **your new skills in natural situations**, let them observe, and discuss/invite them to ask questions. Demonstrate, if appropriate, using the “good situation/skills”.

If you give them direct (but constructive) feedback on a situation you have observed them using “bad” methods, be very careful – this can easily be felt like “*you are now the expert telling others what to do*”, and colleagues would likely resent it. (*It would also be unfair – as they have not learnt the skills yet*). If a colleague **invites** you to observe her/him, then please give feedback (in private), following the rules from the course (positive first, then specific/ constructive). Let your colleagues know that you are happy to give them feedback, but let them take the initiative.

Please observe and reflect on what works and what you still need to improve regarding how you give constructive feedback, adjust your methods as you learn, and discuss how use these skills, with your colleagues. Share one example with us of how you have shared information or given feedback.

Deadline: (date)

3.2.5 Observation Task 4: Natural ways to use your skills, and barriers

NB This task can be used throughout the period of Phase 3

How are you doing with your changes – which new skills are becoming “natural” to you? Are there skills you are finding pleasure in using, because of how it makes the other person feel, or how it makes you feel, or – the results it brings, or – all of the above??

Are there skills you hesitate to use, for any reason(s)? Does it feel awkward to practice some of the skills? If so- how, and why?

You can report on “anything” that happens which makes you use your new skills, and the effects these have on the other person(s), and on you. This is an invitation to share something significant, something that makes you acknowledge you are communicating in a different way (rather than “classical observation”).

You can report and reflect on these kinds of incidences throughout the practice period.

Note learning needs continuously: It is also useful to note situations and skills you still have problems with, and let us know about these, so we can plan to handle these during the follow-up course.

NOTE: The next pack will be on communicating with your supervisors. You could start paying a bit of attention to this when you have time and opportunity.

Have fun! And please make notes on your observations. *Questions, comments, examples to: (..)*

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3.3 Observation and reflection tasks Phase 3: Pack 5 (tasks 5-8)

3.3.1 Introduction to pack 5

We trust that you have now almost forgotten (??) that you are taking part in the health communication learning process, and that practicing communication skills with awareness has become – routine? Or – are you still deciding consciously when and how to practice your new skills? Maybe a bit of both?

Several examples of your successful practice of the skills have filtered back to the training team, and this is of course very inspiring for us. Your continued learning, and also communicating about it to us, is keeping up the motivation in the hard-working training team!

We trust that you have communicated well with your HODs after the workshop, and that you have managed to share some of your new skills with colleagues. We are looking forward to the reports about your learning, and – about your challenges. Telling us about challenges means that we can bring them up in the follow-up course in (date), and really use the opportunities that this process learning offers.

Even though you are the (x) group to be trained, the course is still being shaped, and your comments and contributions are very useful. So – please keep telling us your ideas, to help us continue to improve the course!

In this next set of observations, we ask you to focus your attention on **how you communicate with your supervisors**, on what happens when you create a safe situation for patients, and on what happens when you deal with patients' emotions, as well as your own. We trust this should give you some interesting moments at work!

You – a trainer? In a separate letter, we will invite you to apply to become a trainer in health communication. We are going to expand our trainers' group, and look forward to reading about why you want to become a trainer, how you plan to use the skills you get, and – why you think we should select you for this position. These are the questions we will ask you to answer, so – start thinking!

3.3.2 Task throughout: Natural ways to use your skills, and barriers

The task to stay aware, and keep reflecting on how you use your skills, will continue.

Do you take your awareness, your skills and your motivation to do things differently, with you into your routines? How? Where do you find opportunities to use your new skills, and which skills does it feel “natural” to practice? Are there skills you hesitate to use, for any reason(s)? Does it feel awkward to practice some of the skills? If so- how, and why?

Do you share course info with colleagues? Do you give feedback? What do you learn?

Take a moment to reflect on these questions every day throughout the practice period, to monitor your own changes, and make a few notes. If there is a situation you handle differently – please note down examples of what happens, what you do, what the effect is, and any reflections you have.

Note situations you still have problems with, and let us know – for the follow-up course.

This task can be done throughout the practice period.

3.3.3 Tasks 5a and 5b: Patterns of communicating with your supervisor

Hierarchy, status and power influence how we communicate. Both national and professional cultures have their own power structures that set out norms (mostly unwritten) for how we should – and should not behave, and how we should interact with persons at different levels in the hierarchy. For most of us, the influence happens on the subconscious level, and our reactions are mostly automatic. A lot of emotions have to be suppressed to be able to keep the “status quo”, and as we know – this can have a high cost.

But does it have to be that way? Or is there a way to increase our awareness about how important relationships at work affect us, and take steps to improve? Could it be the case that if one person in a relationship takes steps to improve, this might affect the other one positively, too, if there is a way to focus on a common goal? A way to focus on learning, rather than judgment?

These two observation tasks (2 weeks) are about observing and mapping your pattern with a significant person (or persons) in your working life: Your immediate supervisor(s).

The relationship with a **supervisor** is usually very important for how comfortable a person is at work, for how he or she relates to colleagues, and for how well the person can carry out his or her duties.

We invite you to observe the patterns of your relationship with your supervisor, and the effect of it on different aspects of your life. As the patterns become clear to you, we invite you to reflect on them, and start deciding what you would like to **change** (but NB – *don't do this too early – give yourself time to really understand what is happening, first!!*)

Remember – becoming irritated and having conflicts is a natural part of life. How you feel towards the people at work, including those with power over you, will often automatically determine how you act when you sense you are threatened (i.e. not treated fairly, not understood, not given support, not appreciated or respected, being blamed, etc). Dealing well with conflicts is a very useful skill for relationships with patients, colleagues, supervisors, friends and personal partners (husband or wife, and other family members).

Make a map: WHAT makes you react? And HOW?

The first task is to define what kinds of situations you are faced with in relation to your supervisor, and how you react in these situations. What is it that makes you react positively, and makes you able to deal well with your challenges? What makes you react negatively? Is it better, or worse on certain days? Is it better when you have slept well, or feel well for other reasons? Is it worse when you have other troubles at home? Does stress influence how you react?

The key is to become conscious of what makes you react, so you can recognise the danger signals and take action to stop the automatic (emotional) reactions.

Make a map to become more familiar with your patterns of reactions. Make your own system for taking notes if you want to add other aspects. The important thing is that you observe what makes you react positively and negatively every day during one whole week as you interact with your supervisor, and that you write it down several times during the day (as soon as possible after it happens). *Otherwise, you will forget!* Keep the list in your pocket, perhaps? Or note on your phone?

Example: Write down in some detail a typical example of what makes you react positively or negatively, and that results in preventing/solving a conflict, or contributes to starting one. Write down as many as possible of the things that make you react. You could add a few things of your choice (e.g. how long does the good feeling or the irritation/anger last? What makes it go away?), but do not add too many things. The secret behind good observation is to keep the task **simple, and focused.**

NOTE: If you *do not* feel much irritation, ask yourself: Am I *not* irritated at all? Or do I just hide my feelings of irritation because I do not want to deal with it? Or are we simply communicating and cooperating well?

Task 5a (week 1): Reacting to my supervisor

Day	Action, reaction or situation that makes you react positively (be specific – what especially is it that triggers you?)	How do you react (automatically, or with awareness?)	Comments (e.g. on how you deal with your reaction)
1			
2			
3			

	Action, reaction or situation that irritates you/ makes you angry (be specific – what especially is it that triggers you?)	How do you react (automatically, or with awareness?)	Comments (e.g. on how you deal with your reaction)
1			
2			
3			

My example:

Comments and reflections, including surprises, on what you have discovered and what you have learnt. For example, comment on what could have influenced your own reactions to the incident (*use more space if needed*).

Task 5b (week 2): The effect of your reactions on yourself, and on your supervisor(s)

We trust that you have now started to see what is the pattern of your reactions to your supervisor. Now is the time to also look at **the effect** of your reactions on yourself, the way you feel, and the way you react to your colleagues and patients (and if you like – also the way you react to friends and partner/husband/wife).

Day	Action, reaction or situation that makes you react positively (be specific – what especially is it that triggers you?)	How do you feel? (<i>effect</i>)	How does it make you react (give examples)?	What could have influenced the way you react?
1				
2				
3				
	Action, reaction or situation that irritates you/ makes you angry (be specific – what especially is it that triggers you?)	How do you feel? (<i>effect</i>)	How does it make you react (give examples)?	What could have influenced the way you react?

1				
2				
3				

My example:

Comments and reflections, including surprises, on what you have discovered and what you have learnt (*use more space if needed*):

Comments and reflections on the effect of your actions, on your supervisor(s):

3.3.4 Task 6: Taking care of safety; effects on communication

In the course, we dealt with how you create a safe situation for yourselves, and for your patients, and discussed how **feeling safe** affects communication. Please check your notes to review which aspects affect how safe you feel, and what are important actions you can take to make the patient feel safe. Note here what they were:

- **Making me feel safe:**
- **Making patients feel safe:**
 - How are you using this knowledge in your daily work? What are you doing to create safe situations for yourselves? How does this affect the way you communicate?
 - How do you use the knowledge to create safe situations for patients? What are the effects on communication?

Observe and reflect throughout the week on what you do, and on whether (and how) it makes a difference to how you communicate, and to how the patient(s) communicate. Reflect specifically on how creating a safe situation relates to **showing respect**.

Describe a situation which illustrates how you use your new methods.

3.3.5 Task 7: Showing respect for patients' emotions; the effect of this on you

Further reflections on changing the interaction with the patient

Many of you describe how you have become more aware of patients' emotional needs before and during an interaction, and how you have responded to and met these needs in different ways than before, including treating them with respect. You also describe how meeting these needs makes you feel different than when using your "old" behavior, and many have noted the difference in the

relationship when you show respect to the patient. One of you asked if using such behavior, e.g. listening and showing respect, did something to your “inner person”, and contributes to changing your own mood from being sad to feeling joy, or changes your mood in any other way.

Does it?

In the next couple of weeks, take time to observe what you do to meet patients’ needs, and how it “works”. Reflect on what happens in these interactions you have with patients, and what the effects are of this type of interaction on yourself (especially on how you feel), and on your work. Some ideas for what to observe:

- What is it you actually do when you “show respect”? How do you know the patient is “getting your message” of showing respect?
- What happens to the relationship between you and the patient when you treat him/her with respect?
- What happens to your energy/mood when you treat the patient with respect?
- What happens to your emotions?
- Any other effects or reflections?

You could look at the “classical” health care provider-patient relationship as a “Good Mother – Dependent Child”-relationship (*where the HCP is the “Mother” who knows/has the power, and the patient is the “Child” who is dependent on the “Mother’s” goodwill/positive reactions, and “does what she is told”*). The type of relationship we are suggesting as more constructive is an “Adult – Adult”-relationship, with respect as a basis and partnership as an aim. The two types of relationship have different effect on the patients – and on the health care provider, especially related to emotions. We will discuss this further in the course.

3.3.6 Task 8. Taking care of your own emotions

In your daily work, you are often faced with situations that make you upset, or sad, or frustrated, or angry. Not all of these fit into the situation described under task 3.

Many of you have made a note of good ways of taking care of yourselves – and we would like for all of you to please make some mental notes about what you do on this, which works well, and be able to share some of these with colleagues during the workshop.

- In the few weeks before the workshop, we thus encourage you to pay special attention to how you take care of emotions – your own, and the patients’. Also look at the effect of managing your own emotions in dealing with patients, colleagues etc)

This is the most difficult task to do well, and – we can see you have made great progress on this.

3.3.7 Finally – a Preview: Preparing your Best Practice Examples

In (month), we will ask you to select your “Best Practice” example”, and bring it to the training with you. The “BP” is a situation which has happened since the (date of) training where you felt you used your communication skills well, and got a good result. We would like you to **show us** what happened – as a role play/demonstration in front of the group.

We will give you more details in (date/month) – but we mention this already now – in case you get a very good example already in this month! If you do, please take careful notes about what happened, what you said and did, and the effects – and on **why** you think this is a good example.

Please write: Examples, with reflections, on the tasks, and hand it in by (deadline).

We are looking forward to meeting you all again in (date/month), and to continue the learning process!

Best regards from the training team.

Have fun! And please make notes on your observations. *Questions, comments, examples to (..)*

NOTE: The follow-up course is set for (dates), to allow the trainer group to have more opportunity to use their skills with you. Please feel free to suggest topics you would like to learn more about.

3.4 Observation and reflection tasks Phase 3: Pack 6 (“freepack”)

The reports from your observations have been sent in very promptly, indicating that you are continuing the work and the learning. Very inspiring to us, and thank you for being prompt!

This is the final observation pack before the follow-up training, and – the purpose is to provide a framework for focusing your observations and prepare for the training. There is no need to write anything – but if you have something you want to share with us, we are always open for your contributions. On a voluntary basis this time.

3.4.1 Best Practice Examples: Show us what you have learnt!

In the last pack we gave you a “preview” of what we ask you to do this time: bring one “product” with you to the training, though – an example of your “Best Practice”, a situation which has happened since the last training/workshop where you felt you used your communication skills well, and got a good result. We would like you to **show us** what happened – as a demonstration in front of the group.

To prepare for showing the example to the group, please find a colleague (or two or more, if needed) from the course to practice the demo with, at least once before the course, and also invite the colleague(s) to show the demo with you in front of the group in class. The demo should be short – no more than 5 minutes, with a brief introduction to what the situation was, and who was involved. It could be an interaction with a patient, a parent, a colleague, or a supervisor. Anything you want to show us, which demonstrates something you are proud of having managed. At the end, please tell us **why** this situation was important to you, and what you learnt from it.

By sharing your best examples with each other, you practice the communication and emotional competence skills, and also become aware of who in the group is a resource on what kind of skills. Thus, if you know that colleague X is good at e.g. handling anger, and colleague Y has a good way of making shy people talk, you can seek their advice if you have a problem with using these skills in the future. In other words – you become more aware of each other as resource persons.

To be able to fit the examples well into the training, we need that you let (the trainer) know, by (date), what the THEME of your example is: No details, just the theme, and the situation you will show us. We had a problem in the last follow-up course because we simply did not know what participants came up with, and therefore the planning was a challenge. However – the quality of what participants showed us, and the importance of the themes, were so profound that all problems vanished... The best practice examples, and the discussion of these themes, made the follow-up training truly successful.

3.4.2 Special task: Insights on and questions about research

Learning to handle issues related to research tasks better is an important part of the course. Please make notes on insights you have had about how to handle patients or colleagues well, related to research, and – bring your Best Practice example to the workshop. Also – please bring questions you have on dealing with research in your work.

3.4.3 Dealing with patients' emotions – and the effect of this on you: Further reflections on changing the interaction with the patient

In last month's pack there were many tasks – so we take the opportunity to repeat one of them in this pack – assuming you might not have gotten time for these:

Many of you describe how you have become more aware of patients' emotional needs before and during an interaction, and how you have responded to and met these needs in different ways than before. You also describe how meeting these needs makes you feel different than when using your "old" behavior, and many have noted the difference in the relationship when you show respect to the patient. One of you asked if using such behavior, e.g. listening and showing respect, did something to your "inner person", and contributes to changing your own mood from being sad to feeling joy, or changes your mood in any other way.

Does it?

In the next couple of weeks, take time to observe what you do to meet patients' needs, and how it "works". Reflect on what happens in these interactions you have with patients, and what the effects are of this type of interaction on yourself (especially on how you feel), and on your work. Some ideas for what to observe:

- **What is it you actually do when you "show respect"?** How do you know the patient is "getting your message" of showing respect?
- **What happens to the relationship** between you and the patient when you treat him/her with respect?
- **What happens to you?**
- What happens to **your energy/mood**?
- What happens to **your emotions**?
- What happens to **the way you work** (dealing with other patients, colleagues etc)
- Any other effects, or reflections?

ALSO: Please continue to make notes on what you do to take care of your own emotions!
We are looking forward to meeting you all again soon, and to continue the learning process!

Best regards from the training team.

Have fun! And please make notes on your observations. *Questions, comments, examples to: (...)*

3.4.4 Observation task repeat: Being kind to yourself, with awareness

Note: The following task is from the training with medical doctors in Cardiff, 2016-2017. We include here this task again, as being kind to yourself is something many people struggle with, and the task needs to be repeated at least once a year!

Introduction: Kindness and appreciation

It is relatively easy to be kind to others and to enjoy the good feelings and gratitude such kindness usually sparks in the other person: It makes you feel good yourself. Kindness comes as a natural action and most of us do not hesitate to be kind to others. Appreciating others for something they have done may not be common in the medical culture, but – this is a skill you can learn. When you see the positive effects of using appreciation consciously and genuinely, many adopt this skill as an important part of their communication “vocabulary”. Many experience that kindness and appreciation can lead to better teamwork, less stress and less conflict. The positive emotions you introduce by being kind, are contagious.

Being kind to ourselves is another aspect of kindness. “Self-kindness” can have many similar positive effects on ourselves as kindness can have on others. When you are kind to yourself it can also have positive effects on the people around us. **However, many of us hesitate to be kind to ourselves.**

Why is it like this?

Task (repeat): How well do you treat yourself?

Please pay attention to the following:

- When were you last kind to yourself? What did you do? How did it make you feel?
- What triggers you to be kind to yourself?
- Are there times when you feel you want to be/need to be kind to yourself, and then stop, or do not do it? What happens – what are reasons you don’t do it?
- The things you like to do to be kind to yourself – do you make these a priority? Or do you find reasons to set them aside and rather do something for others?
- How do you feel when do you do something well? What do you do? (Ignore? Appreciate?)
- When patients, colleagues or others thank you or appreciate you for something you have done well, how do you react? Do you acknowledge and thank them (gracefully? Shyly?), or do you “talk it down”, saying eg “it was nothing”, or something to diminish the importance, and their appreciation?
- Do you say No to things you know will drain you of energy/make you very tired? Why/why not? How does it make you feel?

Also pay attention to - how much time do you spend being kind to yourself, per day? Per week?

Reflect on possible reasons you find it hard to be kind to yourself. Here are some ideas:

- You find it easier to prioritize other people’s stuff, rather than your own;
- You do not think it is necessary to be kind to yourself, as long as you are kind to others;
- You judge people who are being kind to themselves, as selfish. You do not want others to see you as selfish.
- When you say No to things you know will drain you of energy/make you very tired, you feel bad, or guilty. You would rather say yes, because you do not want to disappoint the other person (you would rather bear the consequences/disappoint yourself);

- You do not feel you are worth being kind to;
- Other reasons... (are they always the same, or do they differ?)

Some further thoughts for your Reflection On Action:

- When you are being kind to yourself, is this the same or different from being selfish? How?
- Is your choice of action linked to Intention in any way? If so, how?
- How do people around you (colleagues, family) think about the idea of being kind to yourself? What kind of understanding/perception (of being kind) are their opinions based on?

Also reflect on the effects of being kind to yourself:

- When you were kind to yourself, how did it make you act towards others?
- When was someone kind to you? How did it make you feel? Did it make you want to be kind to others?

MSC: Please share examples of what you have observed and learnt, and how you have handled the challenges described in other tasks. Deadline: (date)

3.5 Endline questionnaire

Note: Before the follow-up course, you can give participants an “Endline questionnaire” to help them describe and reflect on the changes they have made since they started this learning process. The questions are the same as in the baseline questionnaire, with a few questions added to describe changes, and examples of how these are practiced.

The endline can be analysed and used to select examples for presenting the “Big Changes” to the participants in the follow-up course (and thus enable them to identify and celebrate their own learning and results), and also for research purposes.

Below is an example of an endline used in Kilifi, Kenya.

Communicating with emotional competence

Final evaluation of the communication process, and preparation for the follow-up course.

Dear participants,

We trust you are finding opportunities to practice your communication skills in your daily work, and continue to reflect on and discuss the effect of using the new skills.

Below is a final questionnaire to assess changes in your communication knowledge, attitudes and practices with patients, colleagues and supervisors from (date), when you started doing observation tasks, till (date), when you have integrated learning into practice. This evaluation should assess results of your own investment in learning, from baseline, observations, writing the stories, observations of conflicts and anger, skills training course in February, and the process after the course to do further observations and to integrate new learning into practice.

- b) What do you do to make them understand? Give an example
 - c) Please explain how you know the information/advice was understood
 - d) Give another example of when information/advice was not understood, and reflect on why it was not understood.
 - e) How do you know it was not being understood?
 - f) Please comment on changes on how you give information and advice, and on changes you have seen because of this.
4. Has there been any **change** in the way you treat people with respect, and the way you are being respected? Please comment, and give an example illustrating your point(s).
5. a) In which situations do you feel safe at work?
- b) How do you communicate when you feel safe? Please give an example, and comment on **changes** you have noticed.
6. a) In which situations are you feeling insecure or afraid when taking care of patients?
- b) How do you communicate when you feel insecure or afraid? Please give an example, and comment on **changes**.
7. How do you act when you are Overwhelmed? Fearful?? Angry? (– pick the ones that trigger you most, and describe your reactions, giving an example, and comment on **changes**.)
8. a) How do you handle conflict? Do you confront? Evade? Leave it to others to take the initiative? Please describe, and give an example of what you do.
- b) Reflect on how effective it is in reaching your goal, and what you would like to learn to handle conflict better. Comment on **changes**.
9. In your work situations, what makes patients angry?
- b) How do you handle an angry patient/parent? Give an example of how you did/did not manage to calm an angry patient/parent, and comment on changes in your way of handling angry patients.
- c) How did you feel about your efforts to calm down the angry patient/parent?
10. What makes patients/clients/parents afraid or scared? Give an example from your work; explain how you handled it, and what the effect on the patient/parent was. Comment on changes in the way you meet patients who have fear
11. What makes patients open up and give you the information you need, without fear? Describe what you do to make this happen, and on changes you have made.

12. What are main changes you have made in managing your own emotions, and emotions of the patients? Please give an example of each (or refer to ex in other questions)

13. Judging patients, and colleagues

- a) Please give an example of how you have **judged** a person, verbally or non-verbally, and the effects on you and on the other person.
- b) Please give another example of when you did **NOT judge** (i.e. you stopped your initial wish to judge). What happened, and what was the effect?

B. Questions about research and medical procedures

14. What further knowledge and skills do you need to understand research and be able to communicate with patients well about it?

C. Communicating with colleagues and superiors

15. What are you good at when communicating with a colleague, and with a superior? Please describe a situation where you have:

- a. Handled a **colleague differently** from before, comment on the changes, the effect on you, and the effect on the colleague.
- b. Handled a **supervisor differently** from before, comment on the changes, the effect on you, and the effect on the supervisor

16. What are your main problems/challenges in communicating with a colleague, and with a supervisor? Please give examples.

Comment on what you think is the cause of the problem. Comment on **changes**.

17. Which improvement in communication with your colleagues would make a difference to you in your daily work?

Please comment on what **you** could do to make such an improvement possible.

18. How have you **continued to learn** after the course?

19. Do you have suggestions for topics we should deal with in the follow-up course? Please give reasons for your suggestions.

3.6 Refresher course: Special task

Note: About two years after the training had finished, we invited the participants to a brief half day's "Refresher meeting" (many had requested this). We asked them to carry out a special observation task before we met, to have a more solid "personal evidence" of how they were now using their skills, and where they could benefit from new input from the trainers. As usual, participants sent in

their reflections to the trainers, who used them to prepare a short presentation with themes for discussion and further learning.

Most of the course was spent exchanging experiences and learning from each other about what worked well, and where they still had challenges.

The trainers listened, summed up, and gave a few inputs to repeat important principles, illustrated by the participants' own descriptions.

The task we sent out is copied below:

Communicating with patients and colleagues

Awareness and skills review, (date)

Review special: Stopping automatic reactions – stepping back

You have over the last year(s) after the communication training course probably got a very good idea of what makes you irritated or angry at work, and how these feelings affect you. You may also have discovered further how the feelings influence the way you communicate with colleagues or clients who inspire these reactions in you.

Note: I say these people *“inspire”* the feelings and reactions in you – not *“cause”* them.

What is the difference?

If they **inspire** feelings and reactions, it means **you have a choice** – you can practice how to recognize the feelings, step back, and have a choice on how to act (*rather than reacting automatically, which most people do until they start paying attention, and become aware – like many did before the training*). **This means you take responsibility for the action you take – it is yours, and you can decide how to react. You can focus on a common goal, and be strategic.**

If we say they **cause** the feelings and reactions in you, **it means you don't have a choice**. It means you are the victim of other people's feelings and actions, **your pattern is to re-act**, and you do this **automatically**, without thinking. This is a very common way to react.

For example - someone does not show up on time, you get irritated, and the moment the person shows up, your automatic reaction is to say in an angry tone: **“YOU ARE LATE”**, looking accusingly at the person. Your reasoning (*if it enters your mind*) is: He/she caused me to react like this.

This means you give the other person the responsibility for your reaction – it is his/her fault, and you have no power over your reaction. It “just happens”. The emotions rule, they take over. (You are of course in a position to change this – when you become aware of your patterns!)

Irritations and conflicts are natural – constructive response needs to be learnt

During the course process you looked at how you communicate when you are irritated or angry.

We stated that having conflicts is a natural part of life, and that we are faced with many small and some bigger irritations every day. What makes a difference in whether the irritations develop into a “sour hour” or day at work, and even result in conflict, is – **how you respond**.

Task: Automatic reactions: Reflecting on change. (dates)

The task is to (observe and) reflect on your patterns of reacting to irritation and conflict, and then decide:

- How do I usually react?
- Is there anything I want to change?

Pick one or two situations you meet often in the week, and where you are not happy with your reaction, and the effects of your reactions on the other person. Make a plan what to do.

When the situation(s) occur, you will recognize it/them. Try the following:

Stop yourself from how you usually react (*automatically, emotionally*). Take a “mental step back”:

- Make a decision on how to react differently (*e.g. listen? Ask? Focus on common goal?*)
- See what happens. Reflect, assess, and make further plans

When reflecting – pay attention to also how you felt behind the irritation or anger, and what happened to this feeling when you reacted in a different way.

Comments and suggestions to: (address)

4 Analysing tasks and preparing for workshop

4.1 Why and how is this analysis important?

Reading and analysing observation tasks and endlines is an important and inspiring task for trainers.

Trainers read participants' feedback with the following purposes in mind:

- **Analyse and understand** participants' own self-assessment of communication habits at baseline, and make presentations to give feedback (for Big Changes module);
- **Analyse and understand** what participants have learnt during the observation and reflection period, and find good examples to feed into modules;
- **Appreciate the hard work** the participants have done, and acknowledge their learning;
- **Recognize how the reading affects them as trainers** (e.g. they may feel empathy with participants, they are touched by some of the stories, they recognize the learning from when they were doing the same tasks themselves, they are looking forward to learning more from the group, etc). Trainers use these reflections to establish relationship with the participants in the workshop: they share their thoughts with the group, which also communicates to the group that the trainers have read their work;
- **Discover the direct/expressed learning needs** the participants identify and **detect the unexpressed needs** – those that the providers are not aware they are having. Discuss these in the trainer group, and agree on how to approach them;
- **Pick out good examples of challenges, insights and learning**, for use in the different modules;
- **Pick out stories or examples of typical problems/situations** and turn them into role-plays or demonstrations.

See guidelines and examples of how to carry out this analysis and how to make a summary of trends in the responses, in part B, chapter 5, from p 61. The materials from this analysis will be included into several of the module presentations for the follow-up workshop – see each presentation for details.

4.1.1 Guidelines for analysing observation and reflection tasks

Reading the examples and most significant change stories from participants is one of the most enjoyable tasks for the trainer: You will most likely be amazed and inspired by what the participants have discovered, and humbled by what they have learnt by continuing to use the tasks over time – and what they are willing to share. It is very important to treat their stories and learning examples with respect and make sure you protect their anonymity: sometimes their stories reveal serious mistakes they have made and learnt from, and other times – great successes that they share, with pride. All these examples need to be treated in a way that hides the participant's identity. Sometimes you need to make small changes in the stories you use as examples, to make sure the participants are not recognised (e.g. change the name or the department or place a person works).

When reading the stories: **Ask yourself – what are you looking for?** You look for trends, insights and examples. When you have summarized the findings from the endline, you can use examples from the observations to illustrate the main points.

Remember - the more you use the feedback from the tasks actively in the workshop, the more relevant participants will experience the workshop teaching to be.