

## 4.2 Introduction to using self-observation and reflection tasks

*The introduction and the tasks are all part of the Communication Awareness Tools series, created by Ane Haaland. They have been used in all countries where iCARE-Haaland model is implemented.*

*NB: This introduction is important for participants to read, and for the trainer to explain during meeting(s) to introduce and/or discuss the course. The main reason is that such tasks are new to most participants, and they will not be used to doing tasks where there is “no right, and no wrong answer”. It will take them time to get used to this, and to get used to observing themselves.*

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KEMRI-Wellcome Trust and Kilifi District Hospital

## Communicating with awareness and emotional competence Process training for health providers March 2019 – Nov 2019

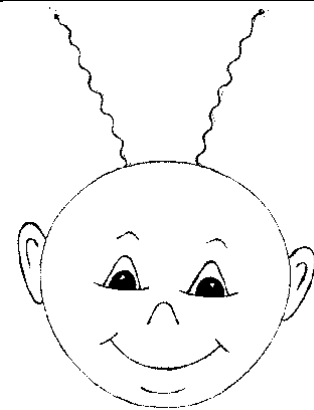
### Introduction to self-observation and reflection practice: How to become a better communicator

To communicate is an important part of our work as health providers. When interacting with others, we all have our own communication style. But how well does it work, to achieve our goals – whether the goal is to e.g. get an upset mother to agree to let her child have a lumbar puncture, or to resolve a problem with a colleague?

To find out how well it works, we need to develop **awareness** about our own personal communication style. Understanding how we ourselves function is the first step to understanding others.

By paying conscious attention to how you communicate, and taking action to change what does not function well, you become a better communicator. The method described below is helping you to discover and reflect on your own personal style.

We have a mascot to “carry with us” to help us in this work – our “awareness friend”, who was “born” in Kilifi in 1995.



#### **What is an observation task?**

##### ***A method to become aware of how you interact with others***

Through a guided task, you are invited to observe **how you communicate** with patients and colleagues, and to observe **the response** to your communication in the other person. You observe a specific defined thing you do, one thing at a time. For example – how do you listen to patients? And what is the response from the patient when you listen well, or not so well? When you do this repeatedly over a week, you start to see the pattern of how you use this skill in different situations, and in different moods. For example, if you get stressed by something or somebody, or you feel sad or irritated - does this influence how you listen?

Looking not only at **what** you say or do, but also at **how** you say and do it, is crucial. The **effect** of what you say, on others, is the other crucial part. Start looking at this, and at the feelings you have, and at what you bring out in the other person. Understanding **the effect of feelings or emotions** on **how you communicate** is key in this learning.

### **Why is this method important?**

Because – when you **see** exactly that what you do, does not get the result you want (e.g. a good collaboration with the patient) – then you have a choice to change your habit, or decide you need to improve your skill. This decision can come from you observing your own practice and reflecting on how you influence the problem by how you communicate – or influence the solution to the challenge by communicating in a different way. You then become motivated to learn – for your own reasons.

Reflective practice has been shown by research to be an effective method to improve providers' communication skills. Essentially, you develop your own capacity to learn, which you take with you for the rest of your professional (and personal) life.

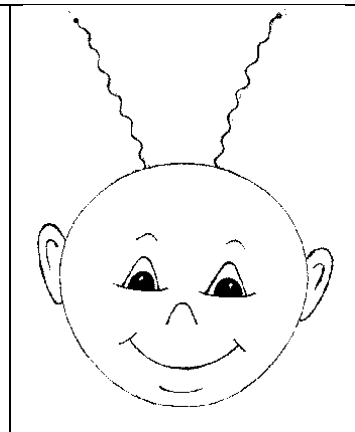
### **How do you do it?**

Observing your own practice will be a new practice for most of you, and it will take time before you become familiar with the method. But it is simply a matter of practice. Participants in previous courses tell us that when they started seeing how useful it is (and this usually happened the first few weeks), they wanted to continue to learn this way.

You can learn to look at yourself by e.g. imagining that you have “antennae” on your head, like our mascot below. Or you can think you have a little invisible observer who sits on your shoulder and sees what is going on, and helps you remember what you said and did in a certain situation. Or – anything else that enables you to create a “friend” who helps you learn about yourself.

#### **Some practical methods for doing the observations:**

- Carry this page of instructions in your notebook.
- When you plan your day, plot in one or two times or situations when you know you will be interacting with others (e.g. seeing patients, during breaks, meetings, discussions, etc).
- Before the meeting/other event, read the instructions again to remind yourself what you are looking for.
- Try to be aware during the meeting or conversation how you behave regarding the habit you are observing.
- After the meeting/event, reflect on what you have observed in your own behaviour, and make a few notes.



**If you do this once or twice per day, you will start to see a pattern.**

Most of you may be used to having others observe you to tell you what you are doing (focusing mostly on what you do wrongly, which can be very de-motivating). It is useful to ALSO have others observe you, but you can learn a lot by observing yourself. When you discuss your observations with colleagues, you will learn even more.

**The key to useful observation is to *focus*: observe only one main habit at a time.**

If you look for one or a few things, you will be able to see the pattern in what you are doing, and become aware of what you need to learn more about – and what you do well, and can help others

learn from. If you look at too much at the same time, you will not see the patterns. You can use a small notebook to note observations, and always carry it with you.

### ***For how long do you do one task?***

Usually, you do one task for one week. During this time, you are usually able to see the pattern of how you use the particular skill you focus on.

You can, however, continue to pay attention to your skill in focus, also the following week(s). For example, you start observing your listening habits, and you can continue observing these also when you start new observations on ***how you ask questions***, until you have a clear picture of what you do. Listening and asking questions are closely connected, but you need to focus on one at a time to be able to discover your pattern well.

### ***Why do you have to observe for such a long time?***

It takes years to develop habits, and it takes time and effort to change them. A main reason communication skills training rarely result in changes in providers' practice, is time: Most courses are offered from two to five days, with no preparation, and no work after the course.

There are many communication skills you use as a provider. When you become aware of how you use these, one by one, in your daily work practice, you get a realistic picture of what you need to learn to become a better communicator. After the first workshop, you use your new skills and continue to observe, and reflect on how the new skills function in your daily work, at your own pace. When you then decide the new methods work better than the old ones, change comes naturally.

***Research and experience has showed that learning about communication is more effective when it is done over time, and builds on a period of self-observation.***

### ***Couldn't we have an option where we just come to the 5 days' course?***

In theory you could – but – this would mean you would be far behind the others who have observed their own habits for 3 months, and we would have to adjust the learning to your (slower) pace. The others will know from observation what they want to learn and will have many examples to contribute.

### ***How can trainers know if I do my observation?***

We can't. Our attitude is – you are an adult who has decided to learn communication skills, and we assume a lot of the learning is your own responsibility – with our guidance. If you decide to put effort into doing the observations, we know that you will learn a lot better than if you don't. But how much you want to do – this is your decision. We will encourage you and support you.

### ***The other person needs to change – not me!***

You can always choose to put the blame for the problem on the other person. This may be “true” in some ways, if a person has acted strange. However, in an interaction, there are always two (or more) persons. As you cannot change what the other person does, blaming the other will not help you solve the problem. You can however change ***what you do*** – by adding insights (*e.g. understanding why a sick person appears angry and “stubborn”, and understanding your own natural reactions to such a situation*), and developing skills to meet different challenges. Then, you can solve the problem, and contribute to better care for patients – and for yourself.

***Good luck in your discovery! (email addresses/contacts – course leaders/coordinator)***

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