

4.3 Observation and reflection tasks Phase 1: Discovery (Tasks 1- 4)

NOTE: Whenever possible, these tasks should be sent out to participants (together with the handout above on how to carry out the tasks), and then discussed with them – in a common meeting or in smaller groups. Our experience is that when this is done, participants are much more likely to carry out the tasks in the correct way (Observation “In Action”) from the beginning and get maximum benefit and learning from the course.

4.3.1 Observation task 1: How well do you listen to others?

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: Listening skills, Discussion habits, Inspiring or hindering communication

KEMRI-Wellcome Trust – Kilifi County Hospital

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

Preparation Pack 1: A series of self-observation and reflection tasks on listening, asking questions, and influences on communication, and a story of change

Introduction: Communication and Dialogue

Learning about our own communication habits is a necessary step to understand how to develop and implement effective health communication strategies, how to communicate better with our patients and colleagues, as well as how to manage change in our organization. Becoming aware of what we do, and understanding the effect of our actions on others, is a first essential step for improved communication skills and for insights on how to teach others.

Thus, you are invited to **observe** your own communication practices in the weeks before the intensive skills training course in Kilifi 5th – 9th August. This pack contains 4 tasks – each to be done during one week. You will receive a new pack of observation tasks after one month.

Please use one task per week. An important key to making effective observations is **focus**: 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, or your mobile phone, to note observations. Always carry it with you.

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

NB: 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.

Observation task 1: How well do you listen to others?

In the first week (*and also as a supplement in the subsequent weeks*) – notice how you use the most fundamental communication skill (*often called “the mother of communication skills”*): **Listening**.

Observation week 1: How do you listen to others? April 10th – 16th

When interacting with another person, how do you listen? Do you

- **Listen politely** until the other person has finished, and then respond?
- **Listen impatiently**, and formulate your response after the first half sentence – because you “know” what he/she will say, and interrupt when you think “you got it”? (*“listen with your mouth full of words”*)
- **Listen attentively** with the conscious intention to understand the other person’s point of view and ask questions to find out more what the other person is thinking? And only then – offer your own ideas? (*Do you also appreciate verbally and/or non-verbally what the other person is saying, without necessarily agreeing with him/her?*)
- **Listen with “ears, eyes and heart”**, also trying to understand the feelings behind the words?
- **Respond (automatically)** to his/her statements with your own opinions?
- **Other pattern?**

Observe **when** you use the different methods and what are the **results** or outcome - especially what feelings your different listening methods seem to bring out in the other. Pay attention to whether your “daily mood” (*relaxed? Stressed? Sad? Angry/irritated?*) influences how you listen.

Have fun! And please make notes on your observations.

4.3.2 Observation task 2: How do you discuss, and ask questions?

Listening and asking questions are the two most fundamental communication skills a health professional uses in her/his work. We often call them “*the mother and father of the communication skills*”. We thus continue this “introduction round” by inviting you to look at how you use the “father skill” – how you ask questions.

You can continue to pay attention to your listening habits also when you start new observations on **discussion habits**, until you have a clear picture of what you do.

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

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

Since the act of asking questions by many is connected to “challenging power” in countries with strong hierarchical cultures, we ask you keep an eye open for this aspect. We also suggest that you observe and reflect on how asking questions relates to your own use of power.

By paying conscious attention to how you communicate, you will become a better communicator. Understanding how we function, and what works well (and not so well) is the first step to understanding others. It is essential for developing effective strategies for teaching others, and for ensuring that the teaching leads to action.

Looking at not only **what** you are saying or doing, but also on **how** you say and do it – and this week, at how you listen to verbal and non-verbal answers, is crucial. The effect on others of what you say and do, and how you listen, is the other crucial part. Start looking at this, and at the feelings you have

– and at what reactions you bring out in the other person. Understanding the effect of *feelings* on communication *outcome* is key in this learning.

Observation Week 2: Discussion habits (17th – 23rd April)

When you discuss with another person, do you usually:

- Respond to his/her statements with your own opinions?
- Ask questions to find out more what the other person is thinking, what her opinions are, and what her experiences are - related to the topic?
- If asking questions, are they closed (inviting yes/no-answers), or open (inviting more information from the other person)?
- Do you ask questions to win an argument or to get information?
- Any other pattern? (Describe)

Observe in what type of situations you use the different methods, and what are the *effects* or outcome (*do you feel good/bad/indifferent? Does the other person feel good/bad/indifferent?*) Reflect on whether you participate in a discussion with an awareness of how you want the quality of the discussion to be (*superficial – ping/pong arguments, or a deeper, more exploratory discussion?*) or if you “just discuss” - automatically.

Have fun. And please make notes!

Addition: For health professionals who work to diagnose patients (*from the set of tasks we used with trainee doctors, Wales*):

When asking questions from a patient, do you usually:

- Ask on “autopilot”, i.e. following a standard (predetermined) line?
- Ask mainly closed questions (inviting yes/no answers)?
- Ask open-ended questions (inviting more information), followed by probing?
- Ask a mixture of closed and open-ended questions (*are you aware of when you do what, and for what reasons?*)?
- Ask many “why” questions? (Why? Discover reasons behind what patients say, or do?)
- Ask questions giving only two options (*is it like this, or like that?*)
- Do you consider what “type of patient” you meet, and decide consciously what type of questions you should ask? If so – how do you decide/on which criteria?
- Or do you have other habits for asking questions? (Describe)

Reflect on how stress/having little time (and if relevant – your mood of the day), influences how you ask questions, and gather information.

Optional addition – reflections on your power role

Reflect on your possible assumptions about the other person, re how you ask questions:

- Do you assume (or expect) your patient will ask questions if he/she wonders about something?
- To what extent do you invite patients to ask questions?
- How aware are you about the power relation between you? Influence on interaction?
- How aware are you about how “being in the doctor’s office” can influence the patient, regarding giving important/sensitive information?

- If the patient is from another culture – is this a culture where there is a strong hierarchy in the school system as well as in the health system? How do you think this can influence the patient’s ability or willingness to bring up questions with you?

4.3.3 Observation task 3: Personal communication to build relationship and trust

We trust that observation has now become a natural part of your daily life and that you have discovered many things about yourself. If you feel you have not yet got “the hang of it” please discuss with your colleagues about how they do their observation and may be what they have found out. This is a good way to get over a (natural) resistance to this task.

The observations are a **compulsory** part of the preparations for the course, however, how much effort you put into them is up to you. The observation is **an invitation to learn more** and learn deeper – and you are the one deciding how deep you want your learning to go on this topic. It will **not** be compulsory to share from your observations during the workshops – what you see is yours. We do know however that if you discuss your observations and reflections with others it will help both you and the other person(s) to learn better. *(It is compulsory, however, to send in written reflections once a month.)*

In the third week, you are invited to observe **your own successful strategies to communicate well, and especially build relation and trust with patients**. What do you do specifically that has a good effect? What do you do which seems to limit or disturb the interaction or communication? When you have time off from work it is also often a good time to observe situations with family and/or friends, and how you communicate in this environment.

Obs Week 3: Do you inspire or hinder good communication? (24th - 30th April)

When you participate in a task or discussion with colleagues or others – what is it you do which contributes to the following:

- ✓ Make people open up and give their ideas and offer their cooperation/participation, etc.
- ✓ Make people feel good and positive – raise their spirits
- ✓ Create good cooperation, and learning
- ✓ Motivate people to take action
- ✓ Facilitate clarity
- ✓ Other? (describe)

When you meet a patient – what is it you do which contributes to the following (list from the Cardiff training for trainee doctors):

- ✓ Make patients/guardians feel safe to open up and tell us about their issue
- ✓ Make patients/guardians feel free to ask questions
- ✓ Help clarify the patient’s expectations
- ✓ Make patients/guardians feel seen as people
- ✓ Make patients/guardians feel good, and positive
- ✓ “Read” the patient’s emotions, and respond appropriately (Use empathy? How?)
- ✓ Establish good relationships and cooperation
- ✓ Raise the patient’s spirits (if appropriate)
- ✓ Add humour (at your expense, or neutral, if appropriate). Other? (describe)

Also observe what you do (or **don't** do) which **hinders** good cooperation or learning, or hinders/prevents people from contributing their ideas. Do you interrupt? Criticize? Show a negative face? Make gestures that show you know better, or disagree?

One way to find out could be:

- If you are in a situation/discussion which feels negative or unpleasant – ask yourself what has been your contribution to the situation, by what you have **done or said**, or what you have **NOT done or said**. Reflect on **how** you have said things – could this have contributed (the tone of voice is a very important communicator)? Reflect on your **feelings** – if and how they could have contributed to the situation/problem (look especially for feelings of being unsure, or afraid, or angry, or frustrated)?
- Or was there something you **did** (criticize a patient/person for what he/she had done (or not done), make fun of others at their expense, come late for an appointment/class, show obviously you did not like/approve of something, etc)?

Have fun – take notes!

4.3.4 Observation task 4: What have you learnt?

Reflection: The Most Significant Change

You have now been observing your own communication habits for three weeks and possibly seen some changes in how you work. This often happens when people start becoming more aware of what they do and don't do in relation to others – to patients, colleagues or superiors.

We invite you to reflect about what has happened – alone, and/or with your colleagues, and to share with us a story (or example) which describes **the most important, or significant, change** you have felt or experienced during this time. A story is a description of a situation that made you realize something important.

Please tell the story, and also add **WHY** you think this is significant to you.

If you feel like drawing, or illustrating, the story – please feel free to do so, and bring the drawing to the training course with you, or give a copy to Mwanamvua Boga

Please write your story and other comments on the computer and send by **8th May** to (name/contact) or write by hand and give to (name/contact).

– This is a compulsory exercise!

NOTE: You are also welcome to share notes from your observations with us. The more we know about you, the better we can adjust the course to meet your needs and deal with your specific problems and challenges. Your notes from the observations will also give us examples to use in role-plays and exercises in the course.

All materials you contribute will be treated confidentially. If we use anything you have contributed for making course materials, we will make sure the situation you describe is “anonymized”, so it cannot be identified back to you.

Best regards, Mwanamvua Boga and all the course trainers

Next meeting on 8th May in (venue)