

The workshop should be a place where we discuss our problems and learn from each other how to handle them better. It should also be a place where we share our “successes”, and learn from what each of us does well in our practice.

Define your learning needs: At the end of your Most Significant Change/Best Practice example(s), please answer the following question: **What do you now feel you need to learn about communication skills and management of emotions, from doing these observations for 3 months?**

Important Deadline: July 6th – to enable us to read, understand and use your examples, and to analyse and respond to your learning needs!

Best regards,
(name/course leader) and the training team

4.6 Observation and reflection tasks for trainee doctors - Cardiff training

These sets of tasks were used to train trainee doctors in Wales in 2016 and 2017. We include these tasks here, as many of these were developed to directly observe use of skills related to emotional intelligence and resilience.

We do not include the first two packs here (Pack 1: Basic communication skills (1-4), and Pack 2: What makes you react emotionally – anger and irritation(5-8)), as these were in large parts the same as those described above. We have commented on the changes used in Cardiff, in the original packs 1 and 2, above.

We include here the tasks we developed especially for the Cardiff setting, **NEW tasks 9-16 that have not been used anywhere else**. These are pack 3 (positive emotions, values and vulnerability, kindness to yourself and MSC), pack 4 (criticism of self, and others), and pack 5 (on the influence of (other) professional cultures on your emotions, communication and behaviour). We maintain the numbers on the tasks as we used them in Cardiff, and hope they will not cause confusion with the tasks with same numbers, above. **All additional tasks for the entire course are included here – for the 7 months the course process was run.**

The title of the programme is included only for task 9 – it remained the same for the two courses, each of which lasted 7 months. Some of the tasks were developed for the last course, only, as this course had six half day workshops, and the first course only four.

All tasks are developed by Ane Haaland, some of them with inputs from Debbie Cohen, and in the second year – with inputs from the two trainee doctors who assisted in organising and teaching the course – Thomas Kitchen and Isra Hassan.

Please include reference to the original source when using the tasks:

Communication Awareness Tools Series – Created by Ane Haaland

Observation tasks: Positive emotions, values and vulnerability, kindness to yourself, and MSC

4.6.1 Observation task 9: Positive emotions; their effects on you and people around you

Cardiff University – Wales Deanery: A pilot programme for training trainee doctors

Strengthening emotional intelligence and resilience in the workforce

Reflective process training on communication for person centred care April – October 2016

Introduction

Your observations and reflections on emotional challenges have been extremely interesting reading – thank you all for the huge efforts you have put into these tasks. The examples show that most of you are practicing especially the first three EI skills (1. *Accurately perceiving emotions*, 2. *Integrating emotions with cognition*, 3. *Understanding emotional causes and consequences*). The challenge is now to continue the work towards using the 4th skill more consistently (4. *Managing emotions for personal adjustment*) to turn your understanding of the emotional challenge into action by changing the way you act in these situations. Some are already doing this – and can continue strengthening awareness and practice of how and when to use the full set of skills.

Task 9: Positive emotions, and their effects on you and people around you

Being aware of what makes you feel positive at work is as important as being aware of what makes you feel irritated or angry. Learning to manage emotions is about becoming more conscious about how emotions affect the way you interact with colleagues and patients, and be able to stop automatic reactions – both the negative *and* the positive ones: It can be as “wrong” to act automatically on positive emotions (although less likely), as to act automatically on the negative ones. The aim is to be able to recognize the emotions as they “come”, and stop and think (this can take as little as a few seconds) if you are going to “let them out” or “hold them back” (step back).

Acting automatically on positive emotions, and e.g. be compassionate “all the time”, can lead to compassion fatigue. See the article on training people to be compassionate:

<http://www.deseretnews.com/article/865627360/Can-people-be-trained-to-be-compassionate.html?pg=alland>

This week’s task (June 17-25th)

is to become more aware of how positive emotions “operate” in your workplace, and what happens when they “show up”. What kinds of emotions are likely to be there? Specifically, please observe –

- How do you recognize, experience and positive emotions?
- Are these are automatic or conscious?
- What is the effect of the positive emotions on others, and on you (e.g. is there any effect on your motivation to work or to help another person? On relationship to patients, or colleagues, or to how you feel about yourself? Effect on your energy level? Other?)
- When colleagues show positive emotions, how do you react? (do you e.g. tell her it won’t last? Ask him to be realistic, and objective? Stick to the facts? Comment, sarcastically? Share the emotion, and appreciate, verbally? Smile and show you appreciate, non-verbally?)

Please reflect on any of the incidences, and analyse *if/how you have used the four EI skills?*

*At the end of the week, reflect on what you have discovered and learnt about how you use and experience positive emotions. Can any of your learning be related to building resilience? If so - how? Finally – think about which **values** underlie the use of your positive emotions.*

4.6.2 Observation task 10: Becoming aware of, and handling Vulnerability

Introduction

Vulnerability is what makes you human, it is what enables you to have a deep connection with another human being. It is why patients seek their doctor – they are sick, and vulnerable – even though in many cases they try their best to hide the vulnerability, consciously or unconsciously. So do the doctors and other health professionals treating them, due to a number of reasons.

Some of the reasons for not relating openly and wisely to vulnerability can be:

- Vulnerability is seen as “weakness”, something to be avoided at all cost. Many **fear** it will make them powerless and helpless, and not able to do their work;
- It is connected to risk, something negative, especially in the medical “model”;
- Some see it as being out of control, and this is dangerous for a doctor;
- It is a strong emotion, and some people feel that if you let people touch your deep emotions, you won’t be able to set boundaries.

You can add many more reasons.

Some dangers of not recognizing and managing vulnerability in yourself (and others) can be:

- Making wrong decisions. You do not get to hear the “full story”, either because you do not listen well (very common), or you do not have the “space of mind” to ask the right questions;
- Unrecognized vulnerability can make you not remember vital information;
- You may overlook crucial issues because the negative emotions cloud your judgment and thinking;
- Fear of dealing with or relating to death can mean patients are not getting their emotional needs met during crisis, and near the end of life;
- Patients’ safety can be affected, and compromised;
- Your own wellbeing can be compromised.

Here are some more reasons for learning to relate openly and wisely to vulnerability:

- It strengthens your ability to be authentic and real, which are key to creating connections with patients, colleagues and partners;
- It makes you more able to learn and to practice empathy and compassion;
- It makes you better able to tolerate uncertainty, and thus strengthens resilience;
- It strengthens your ability to be courageous, with awareness;
- The ability to be vulnerable is the basis for creativity, innovation and change;
- Vulnerability is what connects people deeply to each other.

To be able to relate well to Vulnerability, you need to be able to set functional boundaries.

Vulnerability without boundaries can lead to burnout, and to a number of other problems. The same goes for Compassion – you also need to be able to set healthy boundaries, and thus prevent what is common among health professionals – “Compassion fatigue”.

The key to the learning is strengthening your Awareness – over time, and deciding to focus on positive sides of the work. See <https://www.youtube.com/watch?v=N2MExcvmqU> on the relationship between positivity and wellbeing, for healthcare professionals, and how humanistic health care leads to better outcome for patients.

When people are not familiar with their own vulnerability, and do not recognize it, they are also less likely to recognize when they meet vulnerability in a patient, a friend or a partner. If you are afraid of vulnerability (without knowing it, consciously), you are likely to reject the vulnerability in others. When you reject someone's vulnerability, the person feels hurt, and will often withdraw or get angry. This can lead to conflict.

When a conflict is brewing, look for the vulnerability on both sides, acknowledge and deal with it, and you may be able to stop it from developing. An apology can work wonders, and can communicate to the other person that you had no intention to hurt him or her.

Task 10: Becoming familiar with your vulnerability: June 26th – July 2nd

Reflect on your own knowledge about and relationship to Vulnerability. What does it mean to you, to feel vulnerable?

Do you see it as a weakness, or as a strength? Why?

In our course, we see vulnerability as a natural feeling which we “just” have to learn to recognize, accept, appreciate, and manage. There is much wisdom in your vulnerability. See Brene Brown's Ted-talk on Vulnerability, https://www.ted.com/talks/brene_brown_on_vulnerability?language=nb and https://www.ted.com/talks/brene_brown_listening_to_shame?language=nb

And how do you apply this to your work? The challenges are many. Here is one: What would you have done? <http://heartsinhealthcare.com/doctors-dont-cry/>

So in your daily work, and at home, pay attention to (some of) the following:

- What makes you feel vulnerable?
- How aware are you of your vulnerability – how do you notice that you are feeling vulnerable?
- How does your vulnerability (and other emotions?) influence your work?
- How do you react to yourself not being perfect (if/when that happens)? Does it impact on your self-worthiness in any way?
- What makes you value yourself as a good doctor, in relation to vulnerability?
- When you feel vulnerable – what do you do to handle it, and how does this make you feel?

You can also look at your relationship with friends and family – how aware are you of your vulnerability, and how do you deal with it?

See the attached article: *The Wisdom of Vulnerability*.

The MSC story to be delivered on July 6th:

An example, and the link between Vulnerability and Emotional Intelligence

Please pick an example from insights you have had about vulnerability and describe what happened.

What made you pick this example – why is this significant to you?

Then, analyse your example by identifying which of the EI skills you used, and how.

Reflect on where you are re the use of the 4 EI skills, and which of the skills you still need to strengthen.

Reflections on the link between managing your vulnerability and being resilient: Please add your thoughts on this.

An additional note on empathy, for further reflections

To practice compassion, you need empathy. Empathy is a skill that can be learnt – it is the skill to feel WITH people, and it is closely connected to practicing the 4 skills of being emotionally intelligent:

- To recognize the person’s feeling and perspective as true for him/her, and
- Get a perspective on the feeling, for yourself;
- Recognize your own possible judgment, and take a step back from this;
- Recognize the emotion, and possibly the causes and consequences in the other person, and
- Communicate the emotion(s) to the other person.

To practice empathy, it requires that you can connect to vulnerability – your own, as well as theirs.

4.6.3 Observation task 11: Being kind to yourself, with awareness

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 11: How well do you treat yourself? July 24th – August 2nd

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?
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- 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 tasks 9-11. Deadline: (date)

4.6.4 Pack 4: Observation and Reflection Tasks on criticism (12,13,14), and an MSC story.

Please include a reference to the original tasks:

Communication Awareness Tools Series – Created by Ane Haaland

Observation tasks: Criticism of self and others

Introduction: Criticism

Criticism can help you grow, and it can destroy your confidence, your joy of work and your joy of life. Your attitude and practice to giving and receiving criticism can have a really important impact on your quality of life and the quality of the life of others. There are three main aspects: Criticizing yourself, criticizing others and receiving criticism. The potential to use these well is as big as the potential to make real damage.

In this task we will talk about your “Inner Critic” as a part of you, as if it can be separated from the rest of “You”. By doing this, as an exercise, it can become easier to get the “Inner Critic” in perspective – to see how it helps you and how it can limit you. This can be useful for deciding which action you need to take to use your “Inner Critic” in a constructive way. For ease, we refer to it as a “He”.

Criticizing yourself: Recognizing your Inner Critic – Protector, Destroyer, or a Mix?

When your “Inner Critic” is functioning well it can help you to excel, technically and non-technically, by being alert and ready to ask questions, give his opinion and help prevent you from making mistakes. However, the “Inner Critic” is usually a very rational character and often is inexperienced with (and largely insensitive to) the emotional aspects of an interaction. Through your work on this course so far, you have discovered (or confirmed) the importance of recognising and managing emotions as an essential part of your work.

The “Inner Critic” can also be a real “saboteur” by demanding excellence (the way he defines this) in every aspect of work and life, wanting it all to be “Perfect”. To achieve this, the “Inner Critic” can use a number of strong actions towards you: Judging you, condemning you, ridiculing you, or shaming, rejecting or damning your actions – or you as a person. If the “Inner Critic” is “helped” by a critical colleague (or partner) the impact can be destructive and difficult to get a perspective on, and/or shake off.

It is important to remember that the “Inner Critic” fundamentally intends to help you (e.g. to achieve excellence, or as close as possible to perfection). His role is to be critical; believing that he has the “only solution”, “the Truth” – and he can be very forceful. The “Inner Critic” will almost never be satisfied – he will never give you a “pat on the back” for doing a good job, even if you managed to meet 99% of his criteria. The “script” for the “Inner Critic” is written during a person’s childhood – experiences of how parents and other family handle criticism will formulate how you relate to this very central emotional behaviour.

Most “Inner Critics” “see” vulnerability as weakness, as something to ignore or to be gotten rid of. Reflect on – how did your “Inner Critic” relate to what you observed (about vulnerability and being kind to yourself) the last weeks? (=Reflection ON action!)

Getting to know how *your* “Inner Critic” operates can help you get him in perspective, help you to recognize him and manage him in a constructive way – adjusting your childhood “script” by learning emotional intelligence.

4.6.5 Observation task 12: Recognizing your Inner Critic; how (s)he operates

Pay attention to how you criticize yourself (= how your “Inner Critic” operates). Do you –

- Ask critical questions to help you do a better or more professional job?
- Criticize yourself for most of what you do? How does the criticism affect what you do? How does it make you feel?
- Criticize yourself for all of what you do? If yes – how does it make you feel?
- Criticize yourself for failing to do something?
- Criticize yourself for forgetting or not thinking of something you could/should have done?
- Criticize yourself when you have chosen not to do something? If yes – how does it make you feel?
- Criticize your actions, *in general*?
- Criticize yourself as a person? If yes, how does this make you feel?

- Criticize both your actions and yourself as a person?
- Feel that you need to be “perfect” most of the time? When/in which situations? How does it make you feel?
- Feel you need to be “perfect” all of the time? How does it make you feel?

Further observations: Does your “Inner Critic” -

- Have power over you, or do you have power over it?
- Take your emotions into account, or your patient’s emotions, or your colleague’s emotions? If yes – how?
- Judge, condemn, ridicule, give you a sense of shame, or reject you or your actions? In which situations? With what effect (how do you feel? What do you do)?
- Does the judging, shaming or rejection get worse if you feel insecure or vulnerable? Does it only happen if you feel insecure or vulnerable?

Reflections ON action:

When you have an overview over how your “Inner Critic” operates in you, make some further reflections on the following questions:

- Are the questions the “Inner Critic” asks, appropriate? Do they help? Or can it be a habit that does not help you do a better job?
- Does the criticism usually make you act, or does it make you passive? Or some of both? (Identify?)
- Are the actions you take because of the “inner Critic” automatic? Are you becoming aware of this?
- How strong is the criticism from your “Inner Critic”? Too mild? Appropriate? Too strong?
- Are there any situations, or moods, where your “Inner Critic” seems to be most active? What are these, and why do you think he is most active then? What “triggers” your “Inner Critic”?

Further Reflections on Action, using Emotional Intelligence:

Recognizing your “Inner Critic”, how it operates and what kind of emotions it can cause in you and others is a “mix” of using the EI skills 1-3: You recognize the emotion (skill 1), you think and reflect (skill 2), and you discover that many of the emotions are caused by the way your “Inner Critic” operates (skill 3).

The other part of skill 3 – to look at the (potential) consequences of the “Inner Critic’s” actions, can be a useful exercise to carry out: What are/can be the consequences if you act based on the opinions or suggestions of the “Inner Critic” (skill 3)?

After doing these reflections – you can look at what you do for skill 4 – taking actions based on your analysis. One of these actions might be to bounce back (skill 4), helping to protect you or heal you from the pain. There are several other possibilities.

Finally – you can take notes on your insights gained from using the EI framework to learn about your “Inner Critic”.

Taking action – bouncing back after feeling low, after being criticized by your “Inner Critic”

Observe further:

- What makes you “bounce back” to feeling ok, and in balance/out of pain again?
- Do you do anything specific to help you bounce back? What? How?
- How long does the emotional effect of the “Inner Critic’s” “attack” last?

There could be a number of other actions you take after being criticized – please observe what you do, and try to find your pattern! When you have seen the pattern, the next steps usually become clear.

4.6.6 Observation task 13: *Receiving criticism/feedback: acknowledge, defend, or a mix?*

The way we react to criticism often has deep roots to how we were taught this skill as a child. Many people have never been taught well, and/or have traumatic experiences related to being criticized. Others may have a troubled relationship to power and find it difficult to relate naturally in the (medical) hierarchy.

Some common reactions to criticism are:

- Going into automatic defence mode when someone points out they have made a mistake, or that they should do things in a better/different way. This kind of reaction has a base in the assumption (which is usually subconscious) that the person criticizing them wants to hurt them;
- Assuming the person criticizing them is “always right”, especially if he/she is a person in power (and is using it to make a point/to punish), and go automatically into a subservient role where you don’t ask questions, just obey. This kind of reaction is also usually subconscious.

Such emotional reactions can reduce or block off a person’s opportunity to learn from feedback, or criticism.

For others, receiving criticism is seen as a natural part of learning to improve one’s practice, and they take it in stride, and integrate the learning. How well you take it in is often dependent on how the other person communicates it – if it is with awareness, kindness and a “clean” professional intent, or – if it is an emotional outburst from a colleague who is irritated and just “lashes out” at you, and/or others.

To distinguish – we can say that criticism is often given automatically, without awareness or concern about how the other person will receive it, while feedback is usually given with awareness and a conscious intent for the other person to learn.

Observation task 13: How do you receive criticism?

To become aware of how you react and respond to criticism and feedback – please observe:

- When people criticize **your actions** – how do you react? (Automatic? Controlled?)
- What do you do, or say?
- How do you feel?
- When people criticize you **as a person** – how do you react? How do you feel?

Reflect ON Action – once you have seen your patterns:

- What influences your reactions to criticism? (e.g. the person/status of the person who criticizes? The way he/she criticizes – tone, intent, emotion behind? Your own emotions? Other?)
- How do you use the criticism? What influences your decision to use or not use it?

- Are there times or situations where you feel it is more difficult to receive criticism? Or more easy?
- Is it more difficult/easy to receive feedback from certain people? What kind of people, why?

Reflect on how you are using EI in these situations: *Recognizing the emotions? Thinking about them? Reflecting on causes and consequences? Taking different action?*

Some common ways people react to criticism:

- Automatically – rejecting the criticism (especially if it is given in a destructive way);
- Automatically – accepting the criticism without thinking about whether it is “right” or “wrong”;
- Listen with your mouth full of words, waiting till the person is finished, and then telling him/her that he/she is not perfect, either;
- With awareness – recognizing your emotions (=what are they?), and stepping back from them, to be able to take in the contents of what the other person says;
- Thanking the person for the feedback, acknowledging your mistake, saying you will do your best to improve.

Please take time to observe how you respond to the different opportunities for learning that life and work presents to you, every day!

4.6.7 Observation task 14: Criticizing *others*: When, Why and How do you do it, with what effect?

Your own “Inner Critic” also has a role in how you criticize others – often without you being conscious about how this happens. The person you criticize can experience it as destructive, if the criticism is given automatically, without awareness or concern for how the other person might receive it, or for his/her emotional state, or ability to learn from it. The other person can experience criticism – or feedback - as constructive – when you give it with awareness of your own as well as the other person’s emotions, and with a conscious intent.

This task is about becoming aware of what your intentions are when you criticize/give feedback, and of what are the effects of your feedback on the other person. As for most communication situations – there is no “solution” or single approach that fits all – each situation and person demands an individual approach, based on your EI analysis. ***For each situation, decide if you criticized, or gave feedback, and why.***

Task 14: When, Why and How do you criticize, and how do they react?

Observe the following in each situation when you criticize or give feedback to others:

- What prompted you to give feedback (or was it criticism?)
 - Was it an automatic reaction or response?
 - Was it invited? Planned? Based on observation?
- How did the other person react? (?how do you know you “read” the reaction in the right way?)
- How did you feel yourself? (e.g righteous, balanced, pleased)
- How did your emotions affect the way you gave criticism/feedback?

Reflecting ON action – for each situation:

- What was your **intention**? Was this **conscious** (e.g. to help the person learn, to make the person feel better, to strengthen the team.... Etc) or **automatic** (eg to give praise and applause, to punish the person, make the person realize how stupid/irresponsible/etc they had been)?
- Do you do anything differently when giving “planned” criticism/feedback compared to “unplanned” criticism/feedback
- How do you choose the time and place to criticize/give feedback?

Reflect on your findings and make your notes.

Any questions or comments?

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Pack 5: Observation and Reflection Tasks on professional cultures

Please include credit to the source of the tasks, in all tasks:

Communication Awareness Tools Series – Created by Ane Haaland

Observation tasks: The influence of professional cultures on emotions, communication and behaviour

4.6.8 Observation task 15: Becoming aware of the influence of (other) professional cultures on your emotions, communication and behaviour

Introduction

Collaboration across professional cultures is an essential part of in a doctor’s life, yet it can also be a common source of irritation, judgment and conflict. Doctors work with nurses, midwives, administrators, healthcare assistants, physiotherapists, dietitians, pharmacists, occupational therapists, psychologists... and the list could go on. Doctors also work with colleagues at different points in the professional hierarchy who could somehow be seen as having a “different culture”.

We feel emotionally safe when people around us are **like us** – when they share our culture(s), values, opinions and ways of identifying and solving problems. Even though we know intellectually that we have to live and work within diversity, it does not prevent us from reacting, often automatically, when others around us think and act differently from what we believe is “right”. Often reactions are based on preconceived ideas (mainly subconscious) and generalizations about other groups, which can be based on single or repeated negative experiences with members of this group by yourself and/or colleagues. We can feel emotionally unsafe, pre-judge them automatically, and expect (again often subconsciously) more negative experiences. Needless to say, this is usually a very poor basis for positive teamwork and good collaboration.

Becoming aware of what triggers your automatic reactions to colleagues from other professions with whom you work can help you learn to recognize these reactions, step back, and learn to act with (more) emotional intelligence.

In the next two weeks, we ask you to observe IN Action how you behave and communicate when you cooperate with e.g. nurses, midwives, administrators or medical colleagues higher up in the hierarchy.

When choosing a group to observe, ask yourself – why am I choosing this group? Is it because I am at ease with them, and therefore observing will be easy (and “not take time”)? Or is it because I have a conflict with professionals in this group? Reflect – and then choose consciously.

Observe one group for at least three days; then switch to another group – after asking the same questions.

Task 15: Communicating across professional cultures

a) Negative emotions and reactions: Oct 2nd – 8th

Observe the issues or incidents that make you irritated or angry when communicating and collaborating with colleagues from other professions. For example:

- What is it that the nurse says or does (or doesn't say or do when you are there) that brings out irritation or judgment in you?
- Is there a (perceived) attitude to you as a doctor, which makes you react?
- If you react, is this automatic? What do you do, or say? How do you feel?
- How does the reaction(s) influence the way you communicate with that person?
- How does it influence collaboration?
- How does it affect your mood? How easily can you “shake off” such moods/emotions?

You can choose another group than nurses. *It is wise to focus on one group at a time, for at least 3 days.*

When you reflect ON Action, please consider what might be **reasons behind** the nurse (or other professional) acting in this way. Is there an intention to hurt or irritate? Or is the nurse operating according to standards and rules you are not familiar with? Reflect on whether you could have pre-judged that member of staff before you interacted with them? Was this based on your cultural assumptions or on something else?

An example: You are a young registrar working in the theatre for the first time in this hospital, and you are in charge. The nurse who is working with you has been doing the list for 10 years, and knows the operation very well. Yet, Yet, without you sharing anything other than your name when you politely introduce yourself she takes a “subordinate” role to you, as this is “how things are”. Reflect on – how do you think she feels (even though she knows this is “how things are”)? What is it that you could do in this situation, as the registrar (or in another position), to facilitate a good working relationship and build the basis for good patient centred care?

Also consider the potential consequences, for example the effect on your ability to listen well to patients and colleagues, and to provide the Patient Centred Care you would like to give.

b) Positive emotions and reactions: October 9th – 15th

Observe the issues or incidents that make you feel positive and open when communicating or collaborating with colleagues from other professions. For example:

- What was it that the nurse (or other staff) said or did which triggered your positive reactions or response?
- Was there a (perceived) attitude to you as a doctor from the other staff member which made you respond positively?

- When you reacted positively, was this automatic, or with awareness (and EI)? What did you do, or say? How did you feel? What was the effect?
- How did the reaction(s) influence the way you communicated with that person?
- How did it influence collaboration?
- How did it affect your mood? For how long did the positive emotion last?

You can choose another group than nurses. It is wise to focus on one group at a time, for at least 3 days.

When you reflect “On Action” – try to summarize -

- What are all the different actions you take, that encourages a good working relationship? (be specific – try to identify the different actions, emotions, moods, etc)?

Consider the reasons behind the nurse(s) acting this way, and the consequences.

For both the negative and the positive emotions and reactions – reflect on what is/are the links to your vulnerability, and to the way you are criticizing yourself, and others?

Please reflect on your findings and make your notes.

Any questions or comments?
(names/contacts)

4.6.9 Observation task 16 (voluntary): Examples of confrontation and conflict – automatic reactions, and reasons behind

In the last workshop, several of you requested that we deal with how to confront others in a (more) constructive way. Some offered to give us examples of what situations that have irritated you.

Please give us your examples, urgently – by October 10th.

For us to be able to use the examples in the workshop (of course anonymously, as usual) – here is a guide on how and what to write:

1. **Describe what happened:** Who did what, who said what, what were reactions, and effects/outcome? Were there any automatic reactions, from anyone?
2. **What was your role:** What did you do or say, in what way?
3. **Blame:** Did anyone blame anybody, or anything?
4. **Emotions:** Which emotions were shown, from both/all sides? How?
5. **Reasons:** What do you see as the main reason(s) this situation resulted in a confrontation/ended in a conflict?

Please write down the example(s) spontaneously, as you experienced and remember it/them.

Then – please reflect on the questions below.

You can share these reflections with us, or keep them for discussion in the workshop.

6. **What were possible emotions behind what happened:** What do you think triggered or angered the other person(s)? What could have been the emotions behind her/his actions? What was triggered in you, and what were emotions behind your own reactions? Any relation to feeling vulnerable?
7. **Values:** Were any values possibly triggered, in any of the people involved? Which ones?
8. **Intentions:** What do you think was the intention of the person who showed anger (or other strong emotion)? What were your own intentions behind what you said and did? Were any of these intentions conscious?

Further reflections to learn more about your own role in and contributions to conflicts:

- **Your mistake:** Think about the last time you made a mistake at work. What happened?
- **Colleagues' response:** How did colleagues (from all professions) around you respond to your mistake? Were you challenged? By whom? How?
- **Your emotions:** How did you feel when you made the mistake? How did you feel when you were challenged? Any relation to feeling vulnerable?
- **Your response:** What did you do? Did you "defend" yourself? Explain why you did what you did? Blame others/blame resources/blame the situation? Acknowledge your mistake, take responsibility? Take action (what action)? Apologize?
- **Instincts and intentions:** What instincts/values were triggered? Were your intentions conscious?

NB: This is a reflection ON Action. For this theme, it can be wise to start with reflecting on the (recent) past. You can then take these questions with you and observe IN Action what happens next time you are in a confrontation, or conflict – and observe what you actually do and say, and what are the emotions behind. This is when you really learn!

Any questions or comments? (names and addresses)

4.7 Examples of Most Significant Change stories, and insights

Below is a visual summary of how the self-observation and reflection tasks can function, when professionals become aware of how they communicate, what is the effect of their communication, and then take responsibility to communicate in a different way.

The first part – "The cycle of emotional blame" – shows the common situation before the course, when health providers were often unaware, and tended to blame others for (communication) problems.

The second part – "The cycle of emotional balance" – shows a common effect of the process, when providers have become aware and are practicing emotional competence.

The example shows the insight a nurse had when managing a situation in the hospital – with awareness. Her conclusion could have been the title of this course!