

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.
