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.

The evaluation consists of mostly the same questions as in the baseline, with a few additions to invite you to reflect on and specify changes you have observed.

We suggest you use this evaluation in the following way:
1) Fill out as much as you can, individually
2) Meet in a group to discuss your notes, and get further feedback
3) From the group, note any additional comments or insights
4) In the group, make suggestions (based on your reflections on the evaluation questions) for a three and a half days' follow up workshop in (dates)
    a. Which issues would you like to bring up?
    b. Could you make some role-plays to demonstrate the problems you would like to deal with (please give suggestions on what to make the role-play on, and if possible – how you would do it)?
    c. Do you have situations you now deal well with, which you would like to show?
    (Remember – we learn as much from each others' successes, as from each others' problems!)
 Please give your answers to (address)

Thank you! (name)

NOTE: Please provide more space after each question – we have compressed the questions here.

A. Information about you
Profession: **Years of service:**

B. Questions about you and patients* (please use more space if required): Qualitative assessment and reflections
*If you are not dealing daily with patients – please relate questions to situations you are dealing with in your daily work, and make a note, describing your work situation.

1. a) What are you good at when communicating? Please give an example and describe a situation when you were communicating well with a patient or parent

    b) What was the effect of your communication on the patient or parent? Please comment on changes

2. a) Which communication skill(s) are you still not so good at with patients/parents?

    b) Give an example of what happened with a patient/parent because of this.

    c) Comment on what you think is the cause of the main communication problems, and what knowledge and skills you would need to deal better with the challenge(s)

3. Do patients /parents /clients understand your information and/or follow your advice? **Yes/no**

    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 har 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.