STORYAID.EU
GROUP WORK GUIDE

ERASMUS+ PROGRAMME

2014-2020
KEY ACTION 2: STRATEGIC PARTNERSHIP

HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

AGREEMENT N°2019-1-ES01-KA203-065728

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July 2021

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Introduction to the Course

Current healthcare training relies upon a comprehensive understanding of the bio-medical model of medicine. However, it is widely acknowledged that it is necessary to develop curricula which incorporate a more rounded perspective in order to achieve a greater degree of humanism in healthcare. The need for the health workforce to understand and value humanism has never been greater: Europe faces increased demands for health services due to ageing populations, rising patient mobility, and a diminishing supply of health workers caused by retirement rates that surpass recruitment rates. Under these conditions, healthcare systems are being placed under unprecedented pressure and there is a great risk for the principles of humanism to become side-lined even further.

This course presents a clear approach for integrating the principles of humanism in the delivery of healthcare. It proposes that storytelling can become a crucial tool for educators to reveal the hidden and silent stories of patients, healthcare professionals, loved ones, and vulnerable populations, and in particular through the practice of interprofessional collaboration. By clarifying the positive impact of humanistic approaches on healthcare outcomes as well as providing specific tools and real-world case studies for implementing humanistic principles in healthcare practice, this course provides a compelling justification and concrete pathway for healthcare students to make humanistic healthcare part of their everyday working lives.

Introduction to the Workshop Guide

The course uses Group Workshops as a key teaching method. Workshops are absolutely essential to achieving the learning outcomes of the course and their content should not be overlooked or replaced by any of the other teaching methods. The workshops are particularly crucial for:

1. **Cultivating an understanding of the *practice* of humanistic care** by conducting group work that involves students confronting questions about the specific interactions involved in delivering humanistic care thus going beyond the theoretical ideas presented in the course lectures.

2. **Understanding the complexity of delivering humanistic care in real-world scenarios**, which is developed through groups being presented with problem-based case studies.

3. **Learning what it means to incorporate storytelling into their daily practice**, by considering in what specific scenarios storytelling can be helpful, communicating stories in a context-appropriate manner, and experimenting to find what personal storytelling style they are most comfortable using in their work.

4. **Appreciating the merits and challenges of interprofessional collaborative practice** through group members having to resolve a healthcare issue collaboratively.

5. **Becoming more self-aware** of their actions, preconceptions, communication styles, and interactions with others by being exposed to a wide range of group work challenges and being asked to work with a range of student colleagues.

This Workshop Guide outlines the suggested workshops which are recommended to be carried out for every module of the course. The modules consist of:

Module 1: Introduction to Humanism

Module 2: Introduction to Storytelling

Module 3: Introduction to Interprofessional Education

Module 4: The Power of Stories

Module 5: Mindfulness in Healthcare

Module 6: Intercultural Understanding

Module 7: Creating Safe Spaces

Module 8: Creating Supportive Networks

Module 9: Collaborative Storytelling

Module 10: Self Care

Module 11: Storytelling, Humanism and Leadership

Module 12: Reflection

The remainder of the Workshop Guide outlines the workshops in detail. For each workshop, a description of the group work is included along with 'discussion points' which should be given to the students to use during their group discussions as a way of facilitating their work.

Module 1 – Introduction to Humanism Workshop

Learning objectives

- Learn how to use humanism in healthcare practice
- To apply the concept of humanism to a practical scenario
- To understand how humanism can help to overcome challenges in healthcare

Group Work

Description: During this group work we will analyze a scenario and discuss how humanism could be incorporated and utilized in its development and solution.

To start: Divide class into random groups. Groups will read through a case study involving a situation in a healthcare setting. Using the theories, concepts and core attributes discussed during the lecture groups will be asked to analyze and develop a new version of the scenario which incorporates a more humanistic approach.

Next: Take 5-10 minutes and allow a representative (Group Leader) from each group to present a summary of what the group developed for the new, best practice scenario.

Finally: The module leader will slowly work through model case and stimulate a discussion about what things the groups considered but also things that they may have overlooked during the exercise

Example scenario: Michael is 45 years of age. He has worked as a waiter in a local café for 20 years. He is a smoker. Adam, a health care professional is caring for Michael in a six-bedded unit. Adam has just been told by the Medical Consultant that he has a growth in his stomach. Adam did not ask the Consultant any questions when told about the growth, nor did the Consultant give any further information. Adam was with the Consultant when he broke the news to him and now approaches Michael to take his blood pressure. Michael appears upset, he is wiping a tear from his eye. Adam proceeds to take his blood pressure and records the result telling Michael that his blood pressure is fine, and that he shouldn't worry. Adam leaves to record the next patient's blood pressure.

Discussion Points

- Discuss how each professional group may have had a different approach to humanistic care depending on their type of work.
- Discuss the attributes that are perceived as most important in humanistic care.
- Discuss the benefits and perceived barriers to using a humanistic approach to dealing with patient centered care.
- Outline the strategies one can use to incorporate more humanism in daily practice.

Module 2– Introduction to Storytelling Workshop

Learning objectives

- To understand the concept of storytelling in healthcare.
- To learn about and use components of storytelling in practice.
- To learn how to use storytelling within a healthcare setting.
- To appreciate how storytelling can be used to solve problems in healthcare settings.

Group Work

Description: During this group work session we will be analyzing a case study and discussing the ways in which it could include the incorporation of storytelling.

To start: Divide the class into groups at random. For 25-30 minutes, read and analyze the case below. Use the material provided in class to discuss which areas could have incorporated more elements of storytelling.

Next: Take 5-10 minutes and allow a representative (Group Leader) from each group to present a summary of their group's discussions and conclusions.

Finally: For the last portion of the session review the "model case" below together as a class and discuss how it differs to the original case. Did your groups cover all the points? Did they come up with new ideas?

Cases for Exercise: One night on Emergency Medical Service duty, I witnessed a fellow colleague paramedic's experience. He was caring for a patient with an acute onset of chest pain. He examined him and diagnosed an acute myocardial infarction. He administered the appropriate medication and therapy and organized his transfer to the cardio-centre. Family members were very frightened regarding the prognosis for the patient. My colleague was very blunt and outlined to the family what the next steps were for his treatment and told them not to have high expectations for the outcome. The family members were now even more distraught and followed the ambulance to the hospital. In the hospital, the patient's condition deteriorated rapidly and he required CPR. The family came running in during CPR and were in shock and very emotional. Eventually the patient died. My colleague informed the family that they could collect their loved one's belongings at the front desk.

Discussion Points

- Discuss how storytelling could be used within a healthcare setting in order to improve patient centered care.
- Discuss a time when you feel storytelling would be beneficial to both your own practice and your patients' care.
- Consider the range of benefits and perceived barriers to using storytelling in daily practice.
- Outline the possible ways with which you can use storytelling in your daily practice to solve problems.

Module 3– Introduction to Interprofessional Education (IPE) Workshop

Learning objectives

- To deepen the understanding of theories of IPE in healthcare.
- To learn and use components of IPE in practice.
- To understand how to identify and use the fundamentals of IPE in collaborative practice.

Group Work

Description: This involves playing an interprofessional education game called iPEG.

To start: Divide the group into teams at random.

Rules: The dice is thrown, and the counter moved to the relevant square. If the player lands on a ''task card'' square, the students pick up a task card and follow its instructions. If the player lands on a ''discussion card'' square the students should discuss case scenarios in mixed groups.

Preparation: The module leader will establish task cards and case scenarios prior to the workshop.

Discussion Points

- What did you learn about other professions today?
- How does this exercise make you perceive your current interprofessionalism?
- What are some strategies you could use to incorporate interprofessionalism into your daily practice?

Module 4 – Collaborative Storytelling Workshop

Learning objectives

- To gain an experience of collaborative storytelling.
- To develop a deeper understanding of collaborative practice.

Group Work

Description: Group storytelling and empathetic/reflective listening.

To start: Individually take 5 minutes to develop a story you would like to tell about yourself. This is your personal story (it must be real, NOT fictional). Each person will share his/her story with the group.

Next: Take 5-10 minutes and allow volunteers to participate and contribute to how these stories have affected them. Secondly, consider if these stories were offered by a patient. Volunteers must pick another's story and reflect (in the group) on how the story could be taken into consideration when they are beginning to think about what they should do to support the individual.

Finally: For more discussion refer to the model case below. As a group make reflections on the discussion points listed below.

Model case: *An Elder was admitted to hospital having been affected by a severe stroke. The Elder was in bed surrounded by other Elders and loved ones speaking excitely to each other. The nurses informed the hospital volunteer in the ward, in front of the Elder indicating that they couldn't speak and was incapable of communicating with anyone. Evidence for this came from another professional who they enthusiastically respected they had made this clear to the family. They immediately introduced the volunteer to the family and left. The volunteer turned to speak to the family only to be met with disgust. The loved ones, voiced their upset, and felt ill-treated and proceeded to ask politely, the volunteer to leave. "I'm sorry," said the volunteer, "what have I done?"*

"Why," said the loved ones, "didn't you greet the Elder?" The volunteer felt embarrassed and asked why this had continued to take place in the ward. (non-invasive intervention). They proceeded to retell, how they felt their dignity had been continually compromised. The volunteer apologised profusely, and turned to the Elder in the bed and bowed asking for their apology to be accepted by the Elder and the family. (non-interruption of the person's story). The Elder smiled and the loved ones immediately warmed to the manner in which the volunteer responded. The nurse returned, speaking to the volunteer and smiling at the family members, but without acknowledging the Elder. Immediately the volunteer asked the nurse if they could speak to them outside of the ward, and informed the nurse that the Elder should be accorded respect and hoped that together they could apologise for ignoring the Elder who still had a central role in the family ("guide" & "traveller"). The nurse and the volunteer returned and bowed, apologising both to the Elder and family. The nurse also stated that they would ensure that other staff would be made aware of the knowledge she had learnt (collaborative bridge). 14 weeks later, the Elder was able to venture outside of the ward to explore the hospital with their family, and found that the nurses, doctors and staff, accorded her the respect and dignity by bowing first to her, before greeting the Family members (Physical, Emotional and Anagogical experience).

Discussion Points

- How does the use of story enable patient centred care?
- What are some of the strategies you could use in your daily practice to incorporate and honour your patients' stories?
- What are some perceived benefits and barriers to the story analysis?

Module 5 – Mindfulness in Healthcare Workshop

Learning objectives

- To develop an understanding of mindfulness
- To understand how to apply mindfulness to your daily practice

Group Work

Description: During this session we will try to experience a range of practices related to mindfulness. After each exercise we will explore how they have affected us and you will be encouraged to commit to the exercise you prefer on a daily basis for 4 weeks. The exercises can be completed within 5-10 minutes, however you can take longer if you feel able to do so. You are also encouraged to write a paragraph about your personal thoughts after you have completed the mindfulness exercise of your choice. Further information about the value of mindfulness exercises can be found here: https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/mindfulness-exercises/art-20046356

1) **Pay attention:** Try to take the time to experience your environment with all of your senses — touch, sound, sight, smell and taste. For example, get the group to take a break to have a drink or snack and ask them to take the time to smell, taste and truly enjoy it.
2) **Focus on breathing:** Take a seat, take a deep breath and close your eyes. Focus on your breath as it moves in and out of your body. Continue sitting and breathing for the duration of the exercise.
3) **Sitting meditation:** Sit comfortably with your back straight, feet flat on the floor and hands in your lap. Breathing through your nose, focus on your breath moving in and out of your body. If physical sensations or thoughts interrupt your meditation, note the experience and then return your focus to your breath.
4) **Walking meditation:** Find a quiet place 10 to 20 feet in length, and begin to walk slowly. Focus on the experience of walking, being aware of the sensations of standing and the subtle movements that keep your balance. When you reach the end of your path, turn and continue walking, maintaining awareness of your sensations.

Finally: For further group discussion and exploration please refer to the model case below.

Model Case: An out-patient became agitated in the foyer of a major teaching hospital. He stood next to a phone, prodding the buttons and turning a bit of paper around and round as he become increasingly agitated. This behavior concerned the security guards and receptionists behind a protective barrier. The out-patient attempted to ask a passing doctor for help, but unfortunately, this request went unheeded. A local nurse saw the man, scruffy, wearing torn jeans and generally unkempt.

The local nurse asked the man to sit down, and asked him what was wrong and whether she might be able to help (**the intention of practice is clarity**). Immediately the man began to cry and stated that he had enough money for a taxi, but couldn't read the piece of paper he was given to call the taxi so that he could go home and have dinner with his friend (**clarity being fully aware**). The nurse asked whether she might also ask the security guard to come over and help, and suggested that he repeat what he had said so that the security guard could phone the taxi, and make sure the right one arrived (**perception and of choices in thoughts, words, and deeds**).

The nurse called the security guard, sat until the man finished relating his story, confirmed with the man in front of the guard, that he had enough money for the taxi. She asked the man, before she left, if he felt comfortable with the security guard looking after him, and asked the guard if he felt able to continue to take care of the man. Both agreed that they were comfortable with each other, and the local nurse left.

Discussion Points

- How did practicing mindfulness feel? Was it difficult for you?
- Do you feel like mindfulness will be beneficial to your practice?
- How can you incorporate mindfulness into your daily work life?
- What do you believe mindfulness will do for your patient care?

Module 6 – Intercultural Understanding (ICU) Workshop
Learning Objectives
- To deepen students' understanding of theories and concepts of ICU in healthcare using "cultural value dimensions"   - To learn how to use components of ICU in practice   - To appreciate how ICU is used to enhance communication in healthcare
Group Work   Description: During this group work session we will be analyzing our own countries and comparing them to others' cultural profiles using the 6-D Model discussed in class.   Use this link: https://www.hofstede-insights.com/country-comparison/   To start: Find your country, or a country that you think has a similar culture to your own. Review your country's culture profile.   a. Are the scores consistent with your understanding?   b. What are the implications of your country's culture profile for own practice and in the healthcare setting?   c. The website enables you to compare countries. Select one or more countries of interest to you and compare the culture profiles.   Next: Divide the class into groups at random participants will compare their country results with each other and discuss cultural differences and similarities.   Important: It is important to emphasise that cultural value dimensions are only a tool; putting other people into strict categories would defeat the purpose of the exercises and end up being an act of stereotyping. We have to keep in mind that these simply point to dominant tendencies in people's behaviour; their preferences are not black and white, but can be plenty of shades of grey too. It is also important to note that there are no right or wrongs in evaluating people's cultural behaviour. It is more important to understand that behaviour and values/beliefs can differ and we need to understand their deeper meaning, in other words, the reason *why* people behave in a specific way or why they hold a specific belief or value. Cultural value dimensions will raise one's awareness that there is a diverse range of possible of behaviours, beliefs, and value systems that are shaped by culture.   There are many attributes within culture; you can find more resources by visiting the links below: Watch an interview with Geert Hofstede on his perspectives on cultural dimensions: https://www.youtube.com/watch?v=wdh40kgyYOY   An explanation on the Power Distance (the degree to which power differentials within society and organisations are accepted.): http://home.sandiego.edu/~dimon/CulturalFrameworks.pdf
Discussion points   - Do you think your culture impacts your daily work?   - What have you learned about your own culture and that of others?   - How can you practice ICU in your healthcare setting?   - How can you use these concepts and understandings of other cultures to enhance patient care?

Module 7 – Creating Safe Spaces Workshop

Learning objectives

- To understand Global Reference Theory & Quantum Dynamic Spatial Architecture
- To learn how to design a safe space in practice within a healthcare setting

Group Work

Description: Understanding the connections that can emerge when you embody another's authentic values and story is a very important part of cultivating meaningful interactions and collaborations with others in your professional setting. To practice creating a safe space opens up the potential to experience the stories of others and to carefully listen to these experiences.

To start: Individually take 5 minutes to think of two values that are fundamental to how you live your life. The group is split into pairs, and it is there that they share their beliefs.

Next: The pairs have 10 minutes to share and process the following portion. The person who offers the belief (the Sender) gives no further explanation, but the Receiver must examine how this belief is important and then offer a personal story that supports that belief. This role switches so that the Sender and Receiver reverse roles. All beliefs must be real and meaningful to participants' lives. The group now reconvenes for the receivers to share the belief they heard and how they also value that belief by sharing their real story that justifies its acceptance.

Finally: For more discussion refer to the model case in the case studies document on the StoryAidEU website so that the group may wish to explore further the process.

Discussion Points

- When the Sender articulated their beliefs, were you curious?
- As a Receiver, how far did your heritage or culture help to understand the belief?
- When you provided evidence to the Sender using your own story to acknowledge their belief, what emotion did you experience? And why?
- As a Sender, what impact did hearing the reflected story have on you?
- What are some perceived benefits and barriers to valuing beliefs?

Module 8 – Creating Supportive Networks Workshop
Learning objectives • To understand why supportive networks are essential. • To identify strategies for creating supportive networks.
Group Work Description: During this workshop we will be experiencing the caring environments that are created by supportive networks. To start: Ask the class to identify (by writing on a piece of paper) what they believe from the following: *"All quality ….. must be ………"* The facilitator groups the answers and divides the class into groups (or individuals) that believe the same thing. Groups (or individuals) have 15-20 minutes, to convince others to join their group. Next: The exercise stops when the time has finished or the groups can no longer change. Finally: The groups (or individuals) that remain, are asked to reconvene as a large group.
Discussion Points a) How did the groups maintain their size? b) What strategies did the group use to access further members? c) Did the size of the group ensure success and/or stability? d) Did you feel safer in the group? If so, why? **e)** What roles did members demonstrate during the formation of the group?

Module 9 – Collaborative Storytelling Workshop

Learning objectives

- To develop an experience of Collaborative Storytelling
- To understand the meaning of Collaborative Practice.

Group Work

Description: Creating Healing Communities involves the experience of collaborative storytelling.

To start: The group receives a list of 20 healthcare disciplines. E.g. oncologists, psychiatrists, haematologists, etc.

Next: The group is divided into two groups. Each group is given 10 disciplines. Their only job is to link their group of disciplines with the model case. Once done, the group must then integrate all 20 disciplines so that the 15-year old boy, his parents, siblings (2 brothers and 1 sister) Aunty, and Grandfather, are involved with the care and healing of the 15-year old boy.

Finally: For more discussion refer to the model case below. As a group make reflections on the below discussion points

Model case: *An attending physician on rounds enters a hospital room with a team of medical students and asks his patient this question: "How can we do a better job of caring for you?"*

The patient, a 15-year-old boy, has been in and out of the hospital 30 or 40 times for treatment of short bowel syndrome, a condition where nutrients are not absorbed properly and commonly requires surgical removal of the small intestine. This veteran of the health care system says he's been very happy with the care he has received over the years, but, when pressed, says: "I have great doctors and nurses here—but can you please talk to each other?"

https://nebula.wsimg.com/191adb6df3208c643f339a83d47a3f28?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1

Discussion Points

- How can professionals ensure that they are communicating effectively with each other?
- What are some of the strategies you could use to ensure that the young boy is a part of the healing community?
- What are some perceived benefits and barriers to the collaborative story?
- Is there a difference between collaborative practice and collaborative storytelling?

Module 10 – Caring for Oneself Workshop

Learning objectives

- To understand the concept of "Caring for Oneself"?
- To identify strategies to achieve "Caring for Oneself".
- To understand how to incorporate "Caring for Oneself" into everyday practice.

Group Work

Description: During this group work session we will be analyzing a case study and discussing the ways in which it could include the concept of "Caring for Oneself".

To start: Split up class into groups at random. For 25-30 minutes, read and analyze the case below. Use the material provided in class to discuss which areas could have incorporated more elements of selfcare.

Next: Take 5-10 minutes and allow a representative (Group Leader) from each group to present the key points that emerged from the group discussion.

Finally: For the last portion of the session review the "model case" below together as a class and discuss ways in which it differs from original case. Did your groups cover all the points? Did they come up with new ideas?

Cases for Exercise:

Case study: A woman was admitted to hospital as a result of a foot injury. The woman also revealed that she had Diabetes type 2 for two years. This resulted in immediate intervention by a doctor at admission. Within a relatively short time, she had been seen by 7 healthcare professionals each examining the injury with no additional advice. She was becoming increasingly anxious and worried about the state of her injury and asked each subsequent healthcare professional what she needed to do now so that she could go home. After 4 hours, she told the only nurse visible that she now felt better and was going to leave. She thanked her for listening and proceeded to get dressed. With the absence of any other responsible person nearby, the nurse asked for her to wait. The woman said she had waited long enough and was going home. The nurse repeated for her to wait, and stated that she couldn't leave unless someone had given her permission to do so. The nurse asked her why she was in the hospital, and that she felt responsible for her. Again the woman thanked her but was determined to leave. The nurse was unable to challenge her and returned to her station phoning the reception for support.

The woman was challenged by a security guard and the nurse as she attempted to leave the ward, and was asked to put on the blue smock and lie down to wait for the next healthcare professional.

Model Case: A woman was admitted to hospital as a result of a foot injury. The woman also revealed that she had Diabetes type 2 for two years. This resulted in immediate intervention by a doctor at admission. Within a relatively short time, she had been seen by 7 healthcare professionals each examining the injury with no additional advice. She was becoming increasingly anxious and worried about the state of her injury and asked each subsequent healthcare professional what she needed to do now so that she could go home. After 4 hours, she told the only nurse visible that she now felt better and was going to leave. She thanked her for listening and proceeded to get dressed. With the absence of any other responsible person nearby, the nurse asked her to wait. The woman said she had waited long enough and was going home. The nurse asked her why she was in the hospital, and that she felt responsible for her. Again the woman thanked her but was determined to leave. After making some inquiries the nurse was told that the woman had an injury and that people were concerned about it due to her also having diabetes. (**the freedom to speak ones truth**)

The nurse applied her knowledge of CFO, and asked the woman for some advice. She proceeded to tell her about her Aunt who had been affected by diabetes and who had accidentally stepped on a nail. The nurse sat opposite the woman, looking all the time directly into her eyes and breathed deeply. When she finished speaking, she asked the woman, what she should do (**ability to meditate and explore ones conscience**). She was a new nurse and wanted to help her Aunt but wasn't aware of the process of getting a GP and other help. "Can you help me?". The woman smiled, and couldn't believe she didn't know (**freedom to define ones humanity and heritage without objectification**). The woman proceeded to tell her how to find a GP, and what she had learnt when she was first diagnosed with diabetes. The nurse said she was forever grateful and wanted to know why she had given such good advice, and why

she wasn't following it herself? The woman smiled, put on the blue smock and lay down to wait for the next healthcare professional. The nurse thanked her for her advice and promised to follow everything she'd said (**ability to define the physical, emotional and spiritual support one requires without fear of inhumane consequences**).

Discussion Points

- In the model case, why do you believe the nurse shared her story?
- How do you think the woman felt about the nurse's story, and why did she engage with the nurse?
- Can you describe the authentic roles that were being demonstrated?
- Do you sense that the roles of Healthcare Professional and In-Patient changed and, if so, in what way?

Module 12– Introduction to Reflection Workshop

Learning objectives

- To understand theories of reflection within healthcare settings.
- To understand concepts of reflection in healthcare.
- To learn how to incorporate the reflection cycle into your daily practice.

Group Work

https://positivepsychology.com/introspection-self-reflection/

Description: Self reflection exercise, followed by meaningful group discussion

To start: For the first 5 minutes each individual in the class will reflectively answer a series of questions.

Next: The facilitator will go through each question and participants will be asked to volunteer to share what they personally thought about these questions.

Next: For 15-20 mins each individual will reflect using the Gibbs Cycle about a time that they viewed humanistic care being delivered or when they were being humanistic towards someone.

Finally: The class will go through the discussion points listed below and evaluate the use of reflection in their personal life and healthcare practice.

Example questions:

1. Am I using my time wisely?
2. Am I taking anything for granted?
3. Am I employing a healthy perspective?
4. Am I living true to myself?
5. Am I waking up in the morning ready to take on the day?
6. Am I thinking negative thoughts before I fall asleep?
7. Am I putting enough effort into my relationships?
8. Am I taking care of myself physically?
9. Am I allowing matters that are out of my control to stress me out?
10. Am I achieving the goals that I've set for myself?

Gibbs cycle

- Description of the experience.
- Feelings and thoughts about the experience.
- Evaluation of the experience, both good and bad.
- Analysis to make sense of the situation.
- Conclusion about what you learned and what you could have done differently.
- Action plan for how you would deal with similar situations in the future, or general changes you might find appropriate.

Discussion Points

- Discuss how this could be used within a healthcare setting in order to improve patient-centered care.
- Discuss a time when you feel that self refection would have been beneficial to both your own practice and your patient's care.
- Discuss the benefits and perceived barriers to using self reflection in your daily practice.