

Interprofessional education

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**ASSIGN
BUSTER**

This assignment will be about my thoughts and feelings relating to the interview that I have conducted with a healthcare professional. According to Bud, Gogh & Walker (1985), they defined reflection as "the context of learning as a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations," (as cited in Androgynous & Davie, 1997, Para. 4).

Through this reflection, I hope to understand the strengths and weaknesses of the interview and how I could make it a learning experience for future application.

2. Reflection of the Interview

2. 1. Description

My group, consisting of 4 pharmacy and 2 nursing students, was assigned to Professor Bad. He researches on the ethical issues concerning biomedicine, combining his past specialization in philosophy to formulate his thoughts and writings. He was part of an advisory committee in many notable international organizations such as UNESCO and WHO to name a few.

In addition, he is an editor-in-chief for his own journal publication, called Salsa Bioethics Review. My group managed to get some help from his assistant to secure a meeting room for the interview. The interview questions were aimed at finding out about his roles and responsibilities, a clearer insight into bioethics with case examples and his inter-professional communication experiences. During the interview, I was tasked with note-taking alongside another pharmacy student, while there were 2 audio-visual crew members manning 3 digital cameras and 1 photo camera.

We delegated a nursing and a pharmacy student to conduct the Interview with the Intention of providing 2 different viewpoints from the questions asked as well as to provide a more focused and centered conversation. 2. 2. Feelings Before the interview started, we realized that 2 out of the 3 digital cameras had roughly 30-40 minutes worth of video recording capacity which might not be enough. My feelings then were that of disappointment because I had planned to combine different angles of the Interview Into our video-making.

However, my Initial apprehension was short-lived as the interviewee was amiable and enthusiastic, and I felt relaxed and warmed up to him quickly. During the interview, I was tensed because I was typing rapidly but my group members' poise and confidence in their roles made me reassured. Overall, the interview was a success as everyone executed heir roles expertly and I felt a sense of accomplishment for our efforts in planning and executing the interview. 2. 3. Evaluation The Interview was an eye-opening experience as have never done an informational interview before.

After reviewing the video recording, I noted down the strengths and weaknesses of the interview. Firstly, using Jean's 'SOLES' model, the interviewers were sitting squarely, had an open posture, leaned forward, maintained eye contact, but were a little tensed. One of the interviewers, Celia, kept twirling his pen and even dropped It at one point. Arc, on the other hand, kept spinning in her Secondly, the content of the interview covered multiple areas and it helped us to understand thehealthprofessional better.

However, the questions did not transit well from the preparation to the exploration stage. An example was the quick transition of understanding the interviewee's roles and responsibility to finding out about abortion. Lastly, the interviewers displayed sufficient communication skills. They responded to the interviewee's answers with nods and verbal cues such as "uh- huh" and "yes". The questions asked utilized the social penetration theory to explore and create self-awareness through self-disclosure.

Alton and Taylor (1987) highlighted that self-disclosure and social penetration was co-related: Self-disclosing and learning about others is the process of penetrating deeper into the selves of those people? and enabling others to penetrate ourselves and gain a deeper understanding of us. This process of penetration is a gradual one, in which each communicator reveals layers of personal depth. (as cited in Doyle, 2004, Para. 6) However, the interviewers could have slowly crafted out the phrasing of the question in their head before asking the question, especially if it was impromptu.

This would allow the interviewer to understand the main intention of the question without multiple questions asked. 2. 4. Analysis After evaluating the strengths and weaknesses of the interview, I decided to explore how these factors might have affected the interview. Firstly, prior to the interview, we did our research into the interviewee's background and tried to understand his roles and responsibilities as well as the concept of bioethics. This enabled us to craft our questions according to how the interviewee responded to show that we had listened and understood his perspective.

According to Minnie 2005), he described it as " active learning" and added that " it involves using the communication cycle and the ability to demonstrate what you have understood when you listen to another person" (peg. 86). This concept is further supported by Egan (1986) who theorized that " the goal of listening is understanding" (as cited in Minnie, 2005, peg. 86). Hence, this was an area of communication skills which we executed well, albeit some minor fidgety body language which I had highlighted earlier that could have been misinterpreted as being inattentive.

Fortunately, the interviewee did not jump to conclusions and continued to speak enthusiastically. Secondly, the usage of the social penetration theory to encourage self-disclosure was a good way to explore and create self-awareness in the interviewee. Skunk, Meadows, Interring, Tooth & Sooner (2011) defined self-disclosure as " the act of opening one's self up and revealing information not available otherwise" (slide. 3). Levine, Marshall, Wood, Elliott & Wright (n. D.) illustrated the stages of the theory as " an orderly process which goes through different stages over time.

As interpersonal exchange gradually progresses from the superficial to the more intimate our real selves are revealed" (Para. 3). The four stages to this process are Orientation Stage, Exploratory Affective Stage, Affective Stage and Stable Stage. As we moved from stage to stage, our questions became more personal. For example, in the exploratory affective stage, he revealed how he was a cradle Catholic. When we reached the affective stage where questions were more personal, we asked him if there were any conflicts between his religion and his bioethics research, such as abortion.

Finally, at degree of trust and understanding was established, he revealed his personal relationships with his wife, who is a Catholic too, over his line of work. In addition, he was not afraid to display his emotions such as frustration. In the end, he showed self-awareness as he could distinguish between the ethical issues of work and his religion. I felt that this was proof that we had managed to fulfill the intended objectives of this model which was to "escalate a relationship, and moving it from one stage to another." (West & Turner, 2009, p. 81) Lastly, the initiation stage to the exploration stage could have transited better. West & Turner (2009) highlighted that "self-disclosures occur in the context of time- that is, self-disclosures get more intimate as a relationship progresses, and time effect the meaning of disclosure. (p. 289) Hence, questions related to the interviewee's present life could be asked first before delving into the past. 2. 5.

Implication/Conclusion Although I was not conducting the interview, however, I imagined myself to be in the shoes of the interviewer and thought out what could be done differently.

With the insight I have gathered after evaluating and analyzing, I felt that asking multiple questions could have been avoided as it confused the interviewer hence some of his reply did not address the question.

Snow(2012) revealed that " when people are reverse, they tend to ramble, and their questions tend to trail off into series of possible answers" (Para. 8). Thus, the interviewer could have avoided this by taking some time to craft out the question before asking it. Rattail (n. D.) highlighted that " stopping a conversation to ask the right questions is far superior to nodding along in ignorance," (as cited in Snow, 2012, Para. 8). Hence the interviewers could

have used linking sentences to steer the interviewee back to the right direction. 2. 6. Action plan After reflecting on the interview, I thought of an action plan to integrate my experiences into future interviews, especially with a patient, since I will become a nurse. Firstly, I will continue to use Jean's " SOLES" model to show attentiveness to the interviewee and in the case of the patient, display that I am able to empathic with him/her. Secondly, preparation is crucial. Prior to any interview, I will ensure that if equipments are needed, I will check for its usability.

The questions planned will be formatted correctly to ensure proper transition and if the reply does not answer the question, I would not hesitate to rephrase and repeat the questions again to get a more definite answer. More importantly, I will give the interviewee time to process and answer the question without bombarding him/her with multiple questions. Lastly, Multiprogramming's (2012) highlighted some criticisms of the social penetration theory, " gender, age, religion, social experience (maturity), and ethnic background could greatly influence resistance to certain self-disclosures" (Para. 2). In that situation, I will utilities other exploration skills such as the Shari Window model, which consists of 4 stages; open, hidden to others, blind to oneself, and unknown to oneself and others. 3. Conclusion of the reflection This assignment is a reflection of my inter-professional experience with a healthcare professional and the communication skills that I have applied to ensure an effective communication. I was exposed to various methods to enhance exploration skills, such as social penetration theory and Shari Window model.

In addition, I learnt about the understanding. It is with this insight knowledge acquired that I hope to apply to patients in future to show empathy and improve the nurse-patient relationship.