



## INV Training itinerary

### Use of the Self-Observation Protocol

#### FCSD

#### Frequency.

*We've had 5 drop-outs since the start of the testing. Two of them, for personal reasons and other three, because of changes in functions or workplace.*

*The 13 participants that remained from the 18 have shown a high level of response during the first 4 weeks (two first deadlines). Since the 3d deadline, however, there's been a remarkable descent in the number of received protocols. This can be explained because of the lack of contact between some of the professionals and the person they work with, during the Easter Holidays. After these holidays the volume of received protocols has remained low. We're studying this and trying to correct the situation through motivational e-mails and through individual contact with participants.*

*Regarding the frequency, in general, professionals have sent 1 or 2 protocols, every two weeks.*

*The number of received protocols, according to the deadlines, are shown in next table:*

Deadline	28/03/2014	14/04/2014	28/04/2014	12/05/2014
Nr.of protocols	17	20	7	8

## **Accuracy.**

*Most protocols have been completed briefly. There is reflection but we miss depth and there are fluctuations from one time to the other, in the accuracy with which they are filled in.*

*Most of the participants seem to have difficulty finding theoretical reference points for the evaluation.*

## **Events recorded**

*The recorded events are all kinds of situations, mostly with negative or difficult elements (refusal to participate in an activity, a negative attitude towards a proposal or towards the professional(s)/other persons...), but also some which describe positive, happy or successful moments (a positive unexpected reaction to a proposal, when the person acts or reacts in a new and positive way...).*

*Most of them are about situations that occur in a context of daily life, of "informal" learning routines. But there are also others that take place in "formal" learning situations.*

## **Results.**

*The use of the protocol 'forces' them to reflection, something there's little time and little habit for, in daily practice (recording events and doing it in a systematic way). (This is being valued positively by the participants who have explicitly stated so, though they also complain that it's supposing a big effort for them because they are not used to it).*

*We see a critical reflection regarding the vision they have, as professionals, about the person they're working with.*

*But we are not sure they have really comprehended the Pedagogical model as a model. They have difficulties to analyze their emotions, to relate to similar situations and the emotions involved and to evaluate their own ways of acting/handling situations.*

*We get the feeling that they're just "answering" the questions and not really making a deeper reflection with reference to the model. They don't use its elements to explain the reality they're describing and evaluating. The axioms or phases included in the Pedagogical model are never referred to.*

## **Staff meetings**

*Participants think that most of the reflections they make about the events and the interventions are important to comment in the team.*

*Items to be discussed can go from “searching for agreement about how to act in specific situations or in front of specific attitudes/acts of the person” and “searching for new ways to work with the person, because the current ones are not having the desired effect” to “analyzing the way they see the person”.*

*We don't know if they're actually bringing these items to their teams.*

*It might be an idea to ask the participants about the structures of their services that enable or hinder this kind of collective development, decision-making or implementation of changes (direct care professionals not always have autonomy to redefine their actions or objectives that often depend on programs made by technical teams).*