

First impression and frame of reference <b>Observation and interpretation</b>
<b>Short description</b>
<p>The aim of this exercise is to distinguish between observation and interpretation. Your own frame of reference influences the way you perceive another person starting from the first impression.</p> <p>You will observe and recognize different signs of non-verbal behavior in a first impression. How do these signs affect your interpretation of a person? Be aware of your own frame of reference.</p>
<b>Duration:</b> 15-30 minutes
<b>Learning goals</b>
<p>The student</p> <ul style="list-style-type: none"> <li>• describes the difference between observation and interpretation</li> <li>• describes the own frame of reference</li> <li>• recognizes the effect of (non-)verbal behavior of the client / peer student on the first impression of the other and vice versa</li> <li>• is aware of the influence of the first impression, also in relationship with the own frame of reference.</li> </ul>
<b>Materials:</b> Whiteboard
<b>Instructions</b>
<p>Introduction: Physiotherapists often have limited time for the anamnesis, the physical examination, to diagnose, and to discuss a treatment plan. Getting to know each other well is often not possible or not a priority. The physiotherapist relies on his own impression of the client. But how reliable is this first impression? And what is the influence of the first impression on your behavior?</p> <p><b>Option 1</b> The students already know each other (a little).</p> <ul style="list-style-type: none"> <li>• Write down four things you have <b>observed</b> of the person sitting next to you. Remember that this lesson is about the difference between observing / perceiving and interpreting.</li> <li>• Finally, write down four characteristics of yourself. How do you perceive yourself?</li> <li>• Learn in a short conversation how you are perceived by your fellow student and how you perceive yourself and vice versa.</li> </ul> <p><b>Option 2</b> As a teacher, you can write a few questions about yourself. Things you want to share or reveal, like place of birth, hometown, how many brother and sisters you have (are you the youngest or the oldest), hobbies, sports, car brand, prefer cats or dogs, political preference 😊 etc.). Everyone</p>

writes down their answers to these questions for themselves. Afterwards, you collect the different impressions.

When the students give their answer, ask why they think that of you:

“What did you see, or what in my appearance resembles what you think of...?”

It could be your accent, your clothing, your self-confidence, your age, your resemblance to someone they know or generalization.

“Most people of your age have two children.” Or “to work here, you should have an academic degree.”

Only after all questions have been answered do you 'expose' yourself.

Explain to the students that they reveal more of themselves in fact, then you do of you.

What they think of you, gives an indication of their frame of reference. For example, people who do not know anyone with an academic degree are more likely to think that you did high school, what is already a high level of education for them.

You can then link to the following questions:

- Now you know a bit about my background. To what extent and in what way does this influence the way you approach me as a physiotherapist?
- Which of the above information do you find necessary to know about a client with whom you have not previously met, and why?

### Option 3

The teacher asks the students to share their first impression of the teacher. What do you observe and what do you think of me? You can collect the impressions in a mind map on the whiteboard and discuss the answers (what is correct and what is incorrect, do you see any biases?)

### Option 4

Same exercise as option 3, now connected to a client with limited health literacy.

You can connect to the experience of your students during internships (think of one of the clients from your internship) or show this [clip](#).

Ask the students: What do you think of people with limited health literacy?

They can share anything they think. Afterwards discuss the possible biases students may have.

Explain that everyone has biases, and first impressions. **It is important to be aware of our own biases and that we should not act on our biases or first impressions.**

And then ask: if they have family members with limited health literacy – and how students would like their family members to be perceived by health care professionals in a first impression?

### Reflection

Everyone has their own frame of reference, their own **Standards (S), Experiences (E) and Perceptions (P)** (interpretations of what you perceive) that determine how you see and interpret things.

You usually expect other people to see things, the way you see them.

When you do not understand, you tend to react: "I don't understand why he does not understand that...".

At such a moment you are **SEP**-ing yourself. You assume that the other person views the situation from the same Standards, Experiences and Perceptions (interpretation) as you do. Which is obviously not the case.

Everyone has their own **SEP**. You can only expect understanding from the other, if you first show that you understand the SEP of the other.

And everyone has biases – when you are aware of your biases you can decide not to act upon them!

### Tips for supervisors

Question: How can you bridge the gap between your SEP and the SEP of the other?

Answer: By using a lot of **LSQ; Listening (L), Summarising (S) and Questioning (Q)** gives you insight into the frame of reference/ SEP of the other person.

Why is this part of the curriculum?

1. Recognizing the effect and importance of not acting on first impressions
2. Being able to give and receive feedback based on observations
3. Practice LSQ with each other. This can be in a conversation about a personal experience as well as a therapeutic cases (students' own experiences as patients).

### References