

This self-awareness activity can help all employees prepare for the next phase of working during COVID-19. The goal is to promote awareness of individual and team needs during the transition, and to support healthy conversations between management and teams. Some teams may want to use the tool as pre-work before participating in a [Talking Circle](http://iservice.prv/eng/hr/oicm/topics/talking-circles-solution-infographic.shtml).



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| **Instructions**  Set aside 15-30 minutes for this activity. Think of this is a personal space to help you process your experience during COVID-19 using notes, narrative, drawings – you choose. What are you discovering about yourself, your work, your team? How do you want to incorporate this learning moving forward? Feel free to skip questions that don’t seem appropriate or that may feel too difficult to answer right now, or to complete the reflection over multiple sittings.  **How to use for a team conversation**  Each person should feel safe to express their thoughts and feelings if they want to. Sharing can happen after a period of self-reflection, or in a meeting.   * Start by setting some ground rules together (ex. Listen to understand, stay curious, etc.). These conversations can be hard. Be prepared for emotions – this is normal. The aim is to listen to, not fix, the issues shared. Take breaks as needed. * Go through the questions one by one. For each question, invite each person to share their thoughts and/or feelings, verbally or in writing. Sharing is voluntary. Remember to be respectful of one another’s perspectives and experiences. * For assistance in using this tool, contact ESDC’s Workplace Mental Health Unit:  [EDSC.SMMT-WMH.ESDC@hrsdc-rhdcc.gc.ca](mailto:EDSC.SMMT-WMH.ESDC@hrdc-drhc.net)   **Filling out this activity may bring up some difficult feelings. If you need assistance, contact a friend or a family member, or reach out to one of the services listed below. You don’t have to go through this alone.**  [Employee Assistance Program (EAP)](https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/employee-assistance-services/employee-assistance-program.html): 1-800-268-7708 or 1-800-567-5803 for people with hearing impairments (only available for ESDC employees and their families)  First Nations, Métis, and Inuit [Hope for Wellness Help Line](https://www.canada.ca/en/indigenous-services-canada/news/2018/05/247-first-nations-and-inuit-hope-for-wellness-help-line-now-available-online.html): 1-855-242-3310  [ESDC’s Peer Support Program](http://iservice.prv/eng/hr/mhw/peer_support_program.shtml) (PSP): [NC-HR-RH-PSP-GD@hrdc-drhc.net](mailto:NC-HR-RH-PSP-GD@hrdc-drhc.net)  **If you’d like help preparing to discuss any of these concerns with your direct supervisor, please contact the** [Office of Informal Conflict Management](mailto:NC-OICM-BGIC-GD@hrsdc-rhdcc.gc.ca) **(**OICM**)**: 1-866-382-7502 |

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| 1. What are my three biggest concerns preparing for the next phase of working in the time of COVID-19? (Ex. Related to returning to the physical workplace; commuting; teleworking; social interactions; work content and priorities; team relationships, etc.) | | |
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| 1. To feel safe (e.g. physically, psychologically), supported, engaged, motivated in my work, what do I need from…. | | |
| My organization? |  | |
| My Manager/ Supervisor/ Team Leader? |  | |
| My Team Members? |  | |
| Myself? What is within my sphere of control |  | |
| 1. a) What are some things that I **have appreciated /** **would like more of in my working life** moving forward as a result of my experience during COVID-19? | | |
| b) In order to maintain these, what would I need from… | | |
| My organization? | |  |
| My Manager/ Supervisor/ Team Leader? | |  |
| My Team Members? | |  |
| Myself? What is within my sphere of control? | |  |
| 1. a) What are some things that I want **less of in my working life** going forward as a result of my experience during COVID-19? | | |
| 1. In order to have less of these, what would I need from… | | |
| My organization? | |  |
| My Manager/ Supervisor/ Team Leader? | |  |
| My Team Members? | |  |
| Myself? What is within my sphere of control? | |  |
| 1. a) What are some relationships, activities, roles, beliefs, etc. that I have **lost**, or that have **ended**, as a result of COVID-19? These can be inside, or outside, of the workplace. For example, a generalized loss of a sense of safety; financial security; of a particular way of doing things; a project that has been cancelled; etc. | | |
| 1. In order to honour this process and allow me to accept that things have changed, what would I need from… | | |
| My organization? | |  |
| My Manager/ Supervisor/ Team Leader? | |  |
| My Team Members? | |  |
| Myself? What is within my sphere of control? | |  |