9 Challenges to implementing iCARE training

9.1 The quest for the ”Quick fix“

Some planners, managers and providers have questioned the length of our training period. A “***quick fix”*** is often requested - they wish we could achieve the same results, but in much shorter time. Unfortunately, the wish for a quick fix does not take into account the realities of how people learn, how they become motivated to change, and the time it requires to change communication patterns which have been used for years, or decades. Behaviour change theories confirm these realities. The literature also clearly shows the lack of satisfying results from short training courses and analyses the reasons for the lack of results: The short time span of the training courses is often identified as a main barrier to sustainable learning. Participants may gain new knowledge, but there is not enough time or attention given during the courses to help participants put the new knowledge into practice that fits their working realities.

There is unfortunately no short-cut to good quality training which challenges and helps to change providers' deeply held attitudes and habits. This training initiates and builds providers' ability and motivation to take responsibility for how they communicate with others *(instead of blaming others for the problems*). It is a slow empowerment method that gives results.

One could of course reduce the training period, the number of observation and reflection tasks and the number of days used in the workshops in the iCARE-Haaland model. The results or outcome, however, would then be different than those we have shown in the original course. Literature strongly supports the longitudinal model and shows that training over a longer period of time gives better results. The key aspect is to acknowledge that change takes place over time and must be supported and encouraged on a regular basis. To implement this kind of training requires understanding and commitment from managers and leaders.
The model can be adapted to local needs with this understanding as a foundation.

9.2 Fitting into curriculum plans and regular learning

The model is built as a continuing medical education (CME) course, designed to give trained professionals additional skills to be able to communicate better with patients and colleagues, and to take better care of their own health. As a CME course, formats can be made based on the needs of the group one is to work with. Thus, the iCARE model schedules have been formed to fit into the cultures where it has been conducted. In some places, running a workshop for health professionals for five or three days has been a challenge, as colleagues have had to take over their work for this period. However, this has been possible, as managers and participants have seen the value of learning over a concentrated period of time, and give the participants a chance to immerse themselves in the learning. Other professional courses are also run over several days, so in most places it is a question of recognising the need for building this capacity and making the course a priority for the institution.

Fitting this sort of course into a regular curriculum can however be a challenge. In Cardiff, monthly workshops of three hours' duration were run, with one of the six workshops in the second course being run from 09 - 14.30. What was missed in these short workshops was the opportunity to develop deeper reflections that could be further explored the next day(s). We also missed the possibilities to explore emotional challenges over time: When participants had to go back to their medical work after the workshop, there was a limit to how much we could challenge.

On the longer day, when initial discussion of feedback and theories was followed by a role-play, there was a significant difference to the depth of the reflection and the learning.
Despite the limitations, important learning took place in Cardiff.

The most important features to include in a course plan in a medical institution are – running the course process over time, and basing the learning on the self-observation and reflection tasks, and on critical thinking and supportive group work. These features are already there in many institutions, and can be further developed by using the experiences and tools of this model.

9.3 Lack of trainers with experiential learning capacity

Good trainers are the heart of the model. The realisation is growing to support that experiential learning methods are the most effective ones to train professionals on communication and emotional competence. However, in cultures where the didactic learning methods are predominant, such trainers will be hard to find, and must be carefully trained – over time.
It is important that organizations and institutions invest in building trainers' skills over time, through mentorship and regular courses. Trainers must be encouraged to and given time to support each other, and to carry out regular Training of Trainers' workshops before and after the workshops for participants.

9.4 Challenges for participants

9.4.1 Balancing work and assignments

Participants in our courses are in general working full time, and must find time to carry out the assignments for the training: Filling out the baseline questionnaire (1-2hours, in the first week), carrying out the observation and reflection tasks and taking notes on their findings (5-10 minutes, daily) and then writing up the most significan change story (20-30 minutes, once a month). Some participants struggle to find this time, but – usually see this learning as essential. Common comments at the end of the process are – the assignments are tough, but please do not take them away, or reduce them: it is by doing these tasks that we really learn to see ourselves, and discover what we need to learn.

The training needs for participants to be committed to the learning, and decide to do the tasks – for their own reasons. Thus, it is essential that the training is voluntary. Still, some participants find it hard to find the time to do the writing.

9.4.2 Reflective practice may not be a tradition

Most participants struggle initially with carrying out the self-observation and reflection tasks: the tradition to look critically at their own behaviour, systematically and over time, is not a common way of learning. Many may have been observed by others, who have defined what "the problems" are in the way they have e.g. performed a task. With such practice, the power remains with the one who observes.

Most participants in our courses pick up the skills to observe themselves over time, with good support from trainers and from each other. Once they do learn these methods, they really appreciate them. But without support from someone who knows how they work, and has carried them out herself – many choose not to do this work. After all – getting to know what your challenges are, can be uncomfortable – and it usually means you do have to do something to change. Resistance to change is very common!