

WEBINAR

Communicating with emotional competence: Making a difference to Patients, Colleagues and Professionals' own wellbeing

10th November 2023 | 12.00pm - 1.30pm GMT
2.00pm - 3.30pm EST | 7.00pm - 8.30pm ICT

Learn about the iCARE-Haaland model and hear how its application can enhance interactions with patients and colleagues across cultures, and can strengthen health professionals wellbeing.



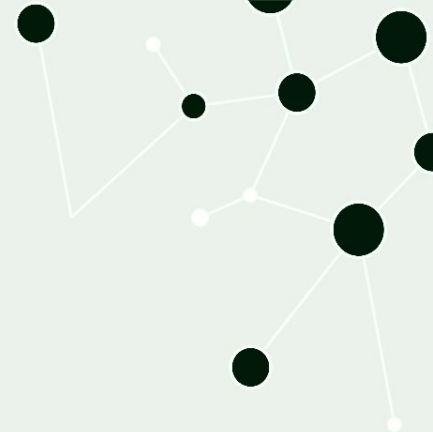
KEMRI | Wellcome Trust

Panel

- Chair: **Jaom Fisher** - Research Enrichment Manager, Public & Community Engagement, Oxford University Clinical Research Unit, Vietnam
- **Ane Haaland** - International Trainer, Social Scientist, University of Oslo, Norway
- **Mwanamvua Boga** - Nurse manager, Senior Trainer, Kenya Medical Research Institute - Wellcome Trust Research Programme (KEMRI-WTRP) Kilifi, Kenya
- **Dr Florence Murila** - Neonatologist/Newborn Unit Head, Kenyatta National Hospital, Senior Lecturer, University of Nairobi, Kenya
- **Nancy Mburu** - Nurse Manager and Trainer, Kerugoya Hospital, Kenya
- **Dr Isra Hassan** - Consultant Anaesthetist, University College Hospital, UK
- **Dr Thomas Kitchen** - Consultant Anaesthetist, Director Canopi- Cardiff, UK

Agenda

- Welcome and Introductions
- Introducing emotional competence and healthcare context
- Introducing the iCARE- Haaland model
- Sharing of experiences of healthcare professionals
- Interactive session with panel discussion and Q&A
- Impact of utilizing Model within healthcare work – results from all countries



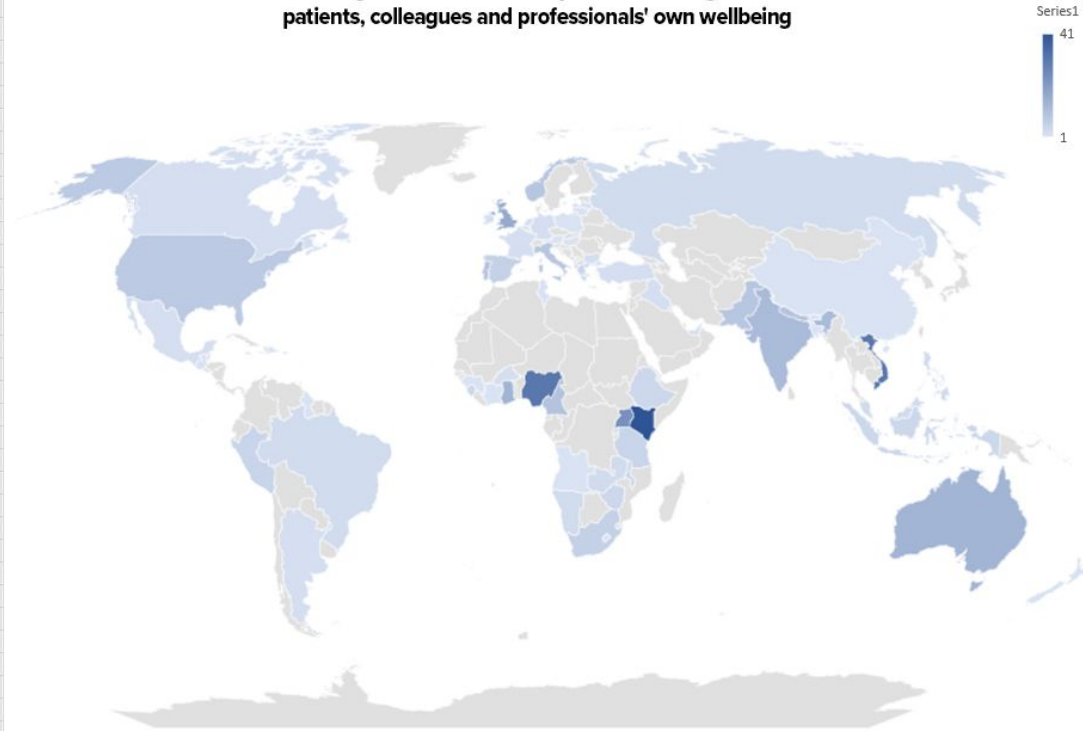
Housekeeping

- ***This webinar is being recorded*** and will be shared on The Global Health Network.
- Due to the number of participants your camera and microphone are disabled.
- Please use the ***Chat feature*** to introduce yourself or for any technical issues.
- Please use the ***Q&A feature*** to post your questions and comment. You can post anonymously.
- There may be an opportunity at the end of the Q&A session to speak to the panel please ***raise your hand*** and we will enable your microphone.
- To enable automated closed captions, click the ***CC icon*** in the toolbar at the bottom of the Zoom window.

Joining us today

1	Country	Count	Total
2	Kenya	41	387
3	Nigeria	31	
4	Vietnam	31	
5	Uganda	24	
6	United Kingdom	17	
7	Australia	14	
8	Ghana	14	
9	India	12	
10	Portugal	10	
11	Cameroon	10	
12	Nepal	10	
13	(blank)	10	
14	Italy	9	
15	Norway	9	
16	Pakistan	9	
17	United States	8	
18	Spain	6	
19	South Africa	6	
20	Tanzania	5	
21	Greece	5	
22	Peru	5	
23	Sierra Leone	4	
24	Zimbabwe	4	
25	Ethiopia	4	
26	Indonesia	4	
27	Malawi	4	
28	Rwanda	4	
29	Gambia	4	
30	Zambia	3	
31	Namibia	3	
32	Philippines	3	
33	Brazil	3	
34	Russia	3	
35	Malaysia	3	
36	Germany	2	
37	Turkey	2	
38	Singapore	2	
39	Argentina	2	
40	United Arab Emi	2	

Communicating with emotional competence: Making a difference to patients, colleagues and professionals' own wellbeing



Resources

The recording, materials and presentations will be shared on the **CONNECT** knowledge hub

<https://connect.tghn.org/>

<https://connect.tghn.org/training/icare-haaland-model/>

Speaker 1: Ane Haaland

University of Oslo, Norway

- Researcher & trainer
(Communication & Emotional Competence skills)
- Social scientist (UiO)
- Developed & implemented iCARE-Haaland*
Model (w/ doctors & nurses across 9 cultures, since
2006, Lithuania)
- Professional work (30 countries)
- Mentor, coach and writer

Email: ane.haaland@gmail.com



Speaker 2: Mwanamvua Boga

Kenya Medical Research Institute - Wellcome Trust

Research programme (KEMRI), Kenya

- Nurse Manager (KEMRI: acute paediatric nursing; clinical research)
- Trainer (Communication & Emotional Competence Skills, health professionals, researchers, managers - Kenya/Gambia)
- Researcher (Impact of training; published)
- International presenter
- **2017 International award recipient: “Heroines of Health”**



Webinar to introduce the iCARE-Haaland Model November 10th 2023

***Communicating with emotional competence:
Making a difference to
patients, colleagues and own wellbeing***



**Connecting work
experiences to
emotional
learning**



Ane Haaland

Mwanamvua Boga

KEMRI | Wellcome Trust



Ane speaks this after intro of resource people, before Mwana goes into background

Better care with education about emotions?

YES!

- The model we introduce to you today is an empowerment tool that people need, but were never taught
- The Health Care professionals we trained in 10 countries said –
- *management of emotions was the most important skill they gained, and – they did not know they needed this skill*
- Communicating and managing emotions well makes a huge difference in people's lives and wellbeing – including reducing conflict and burnout

HCPs have not been taught –

- To recognize what they are feeling
- How to talk about these emotions
- How to «be friends with» emotions, and use them – not see them as a weakness to be denied/rooted out/ignored
- How to recognize, respect and *respond to emotions in others*
- Using our methods DOES take time – and learning these skills is possible

Better care with education about emotions?

YES!



Using the iCARE-Haaland model

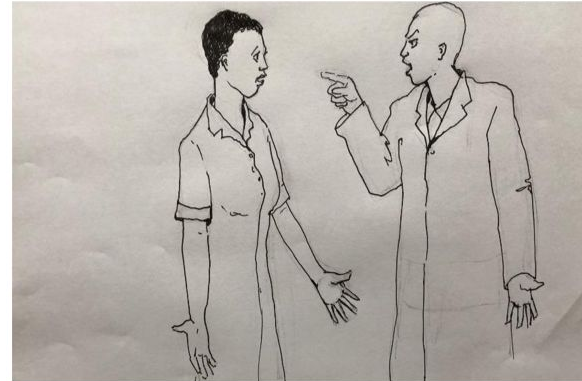
Part 1:

The context:

**What are some of the problems
in health care?**

**Why do health care professionals need
skills on how to communicate
with emotional competence**

Health Professionals work under stressful situations
Many challenges to «Being human»



Emotions

influence Communication behaviors, quality of care, and Well-being

Stress affect carers globally

Health professionals suffer from high levels of stress



Recent Systematic review globally – during covid:

- Almost half (45%) = **stressed**
- **US survey (2014):**
 - 69% stressed
 - 17% highly stressed

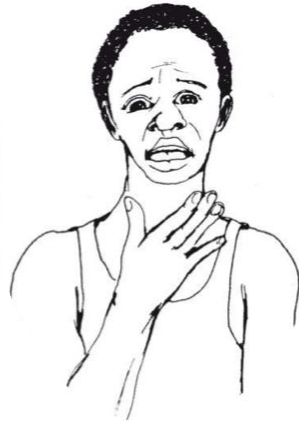
Emotions: Natural part of being ill, and of treating ill patients

- **Fear, insecurity, anger:**
 - common, for patient and provider
- **Emotional care**
 - impacts patient outcome
- **Patients: high priority**
 - on how medical staff meets their emotional needs
- **Medicine defined to treat disease,**
 - not to deal with emotions



Has any of you been trained –

- ***how to recognize and manage emotions (your own, and others'), and***
- ***How to take care of your wellbeing?***
- ***If you have – please put a YES on the chat***



Health professionals have many challenges related to emotions



Burnout
Mental problems
Quitting the profession
Suicide

Burnout rates among health personnel: 30-80%

- **Burnout** = physical and emotional exhaustion:
 - *from long-term emotionally demanding work*
- **Affects** mental and physical health:
 - interpersonal skills
 - job performance
 - career satisfaction

Dubale et al. BMC Public Health (2019) 19:1247
<https://doi.org/10.1186/s12889-019-7566-7>

BMC Public Health

RESEARCH ARTICLE

Open Access

Systematic review of burnout among healthcare providers in sub-Saharan Africa



Benyam W. Dubale¹, Lauren E. Friedman², Zeina Chermali^{3,4}, John W. Demninger⁴, Darshan H. Mehta⁴, Atalay Alem¹, Gregory L. Frizzione^{5,6}, Michelle L. Dossett^{7,8} and Bizu Gelaye^{3,9*}

Limited interventions to promote professionals' well-being, prevention, and coping with burnout



How do emotions affect the way you communicate with patients and colleagues?



“When overwhelmed by work, sometimes I find myself shouting even when asked a simple question.”

HCP, Kenya

“When people suddenly treat me with no respect I frequently react spontaneously, do not control myself, and just stop communicating with such people.”

HCP, Latvia

Many reports globally on **disrespectful care**

Exploring the Prevalence of Disrespect and Abuse during Childbirth in Kenya

Timothy Abuya^{1*}, Charlotte E. Warren², Nora Miller³, Rebecca Njuki⁴, Charity Ndwiga¹, Alice Maranga⁵, Faith Mbehero⁶, Anne Njeru⁷, Ben Bellows¹

PLOS ONE | DOI:10.1371/journal.pone.0123606 April 17, 2015

CONFRONTING DISRESPECT AND ABUSE
DURING CHILDBIRTH IN KENYA

PROJECT BRI

January 2014

THE HESHIMA PROJECT

No woman should be hit, yelled at, or abused in any way during childbirth. However, laboring women in Kenya and elsewhere may experience inhumane treatment at hospitals and clinics. This abuse is a key yet overlooked reason that only four in ten pregnant women in Kenya deliver at health facilities (Kenya NBS and ICF Macro 2010).



***Need to strengthen
kindness!***

THE MID STAFFORDSHIRE
NHS FOUNDATION TRUST
PUBLIC INQUIRY

Chaired by Robert Francis QC

**Report of
the Mid Staffordshire
NHS Foundation Trust
Public Inquiry
Executive summary**

Literature on emotional labour states -
An important reason for the low ability to handle challenges:

Lack of awareness and skills to recognize and manage emotions

- ***Problem = Unacknowledged:***
 - *emotional competence not taught in medical and nursing schools*
- ***Studies show: Profound need***
 - ✓ *To bridge the gap between medical and emotional aspects of care*
 - ✓ *Teach emotional management to Health Care Professionals*

*Mann (2005), Bagdasarov (2013), McQueen (2004), Smith and Gray 2000)

Emotional Labour:

..the act or skill involved in the caring role, in recognizing the emotions of others and managing our own"



Evidence from Literature: The value of communication in healthcare

Good communication

- Creates *safer work environments*
- Lessens patients' *distress, anxiety and depression*
- Strengthens *patient-centered care and satisfaction.*
- Enhances provider's *confidence and job satisfaction*
- Help *prevent staff burnout*



Strategies needed to build essential competence:

Communication and Emotional intelligence skills

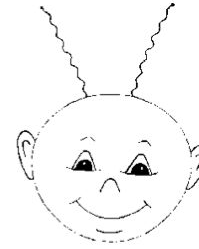


Part 2:

Why and how I built the model How it works, and why



Working in health care in Asia, Africa and Europe for decades – I discovered:



- **A lack of practical learning models and tools - to train health professionals -**
 - To strengthen self-awareness about communication and emotions;
 - Build their Emotional Intelligence, and
 - Reflect critically on how they communicate with and relate to others
- **No model described**
 - using self-observation and Reflection In-Action and On-Action to get insights into -
 - *How to learn systematically and gradually to build reflective skills, and to recognise and manage emotions, in a safe way*
- ***I saw the price people were paying for not having this knowledge and these skills***

So I started to build the iCARE-Haaland Model:

Communicating with awareness and emotional competence



***In collaboration with
doctors, nurses,
researchers and
managers***

***Starting in TB
hospital, 2006, in
Siauliai, Lithuania
Mwana joined 2009***

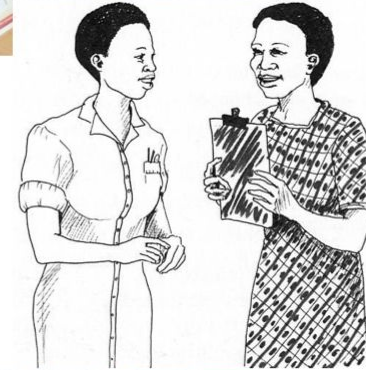
***So far: 400+ trained
In 10 countries***

Latvia, Russia, UK/Wales, Norway, Namibia, Zambia, Kenya, Gambia, Tanzania

The iCARE-Haaland Model

Key features

- *The training empowers health care professionals -*
- *To strengthen their self-awareness –*
- *To manage emotions with empathy and confidence, and*
- *To increase their capacity to take responsibility for respectful interactions.*
- *This creates a basis for the trust that good care requires.*
- **Part A: Background, methods**
- <https://connect.tghn.org/training/icare-haaland-model/icareresources/part/>



iCARE-Haaland Model:

Reflective guided learning, over time

Evaluation showed:

- *Learning to manage emotions was the most important skill they gained; and*
- *they did not know they needed it*
- *Link: Mwana and Ane presents method: <https://www.youtube.com/embed/IGJvdkv-dXs>*



Training aim:

Strengthen awareness of the **effects of one's own communication habits on other people**



Discover, reflect, set new goals:

To communicate with awareness and respect for emotions



In other words:

Emotional competence – can turn.....

- **frustration and emotional exhaustion, into-**
- **...understanding, and emotional connection**



Often also resulting in better (medical) outcomes

Reflective learning process – 6-9 months: Changing habits takes time

- **Phase 1: Discovery.** Self-observation and reflection on your own, on the job learning (4 months)
 - **Awareness building:** Weekly tasks – to discover
<https://connect.tghn.org/training/icare-haaland-model/icarerresources/part-b/>
- **Phase 2: Basic Workshop (3-5 days)**
 - Links observations to theory and practice, using experience-based learning and **reflective practice**
<https://connect.tghn.org/training/icare-haaland-model/icarerresources/part-c/>
- **Phase 3: Skills into practice (3 months)**
 - Observation and **informed reflection** in daily routine work, to strengthen self-awareness
<https://connect.tghn.org/training/icare-haaland-model/icarerresources/part-d/>
- **Phase 4: Follow-up workshop (3 days)**
 - Summarizes and anchors learning to daily challenges
<https://connect.tghn.org/training/icare-haaland-model/icarerresources/part-e/>



Evidence from literature on communication skills training:

Developing professional identity and core human values requires -

- Training conducted over time,
- Using -**
- Experiential learning methods
- Critical reflection
- Supportive group processes
- ***The iCARE model includes all of these features***



Methods that make the model «work»:
***Awareness Training and
Reflection In and On Action***



The course is voluntary

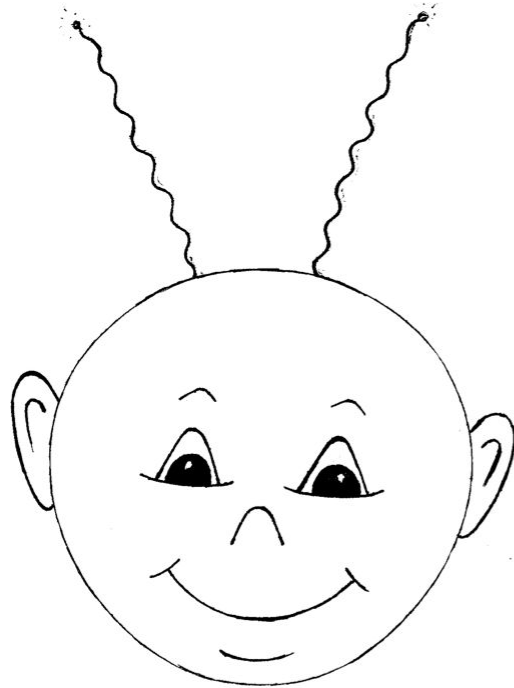
People join because –

- *They have seen they need to learn how to communicate better –*
- ***And they really want to do so***



The most important skill:

Awareness

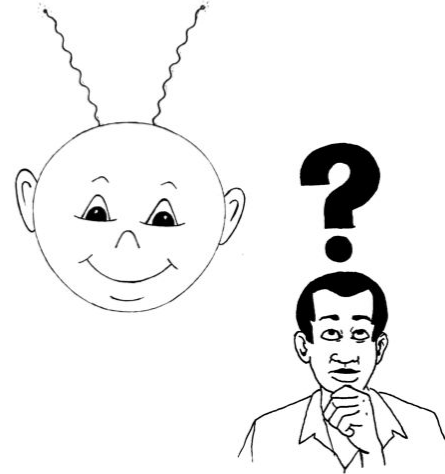


- ... about how you communicate with others;
- The effect that your communication has on others;
- How emotions affect how you communicate

The iCARE-Haaland Model - Key features:

How the process works

- **Decision:** I want to communicate better; I need to learn (*voluntarily!*)
- **At work:** Self-observation over time
- **Discover:** my behavior may hurt others
- **Reflect:** *Do I want this?*
- **Learn (course):** Skills to recognize and manage emotions & relationships
- **Experience:** New skills work better
- **Decide:** *I am changing*
- **Process** triggers *inner motivation* to change - sustainably



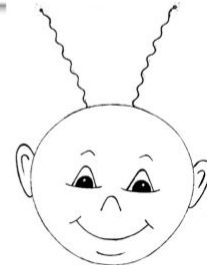
The essence of iCARE learning: **Reflection In Action**

- **«Think While»**
- **Experiencing what you are doing whilst you do it:**
- ***During the event***
- ***Makes you aware of the emotional reactions – your own, and the others'***



After observations (end of each day):
Reflection On Action

- **«Think Back»**
- Reflect on and understand what has taken place -
- **AFTER** the event
- *Awareness of the emotional reactions:*
- *Much more limited – often forgotten*



Emotions are contagious



*...and can lead to
**automatic emotional
reactions** and
behaviour*

Key to aware reflection:
Learning to take a step back



Stepping back helps
break the cycle of
automatic emotional
reactions and
behaviour.....
And much more!

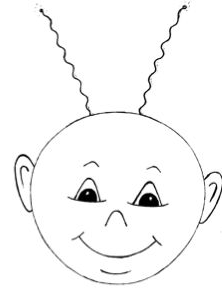
***Awareness training,
and EC = needed***

Why does Reflection In and On Action lead to insights, deep learning, and change?

Some main reasons:

- **Learning is safe, emotionally:**
- **Discovery phase:** The participant owns and controls what she shares
- **Interactive reflection** in workshops: Trainers explore and invite sharing, and do not judge
- **Relevance:** Observation examples from their own work
- **Informed reflection:** Participants own the new skills; they practice and get feedback – often very positive
- **The sequence** builds, gradually deepening insights and confidence, and new habits

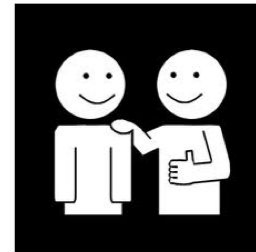
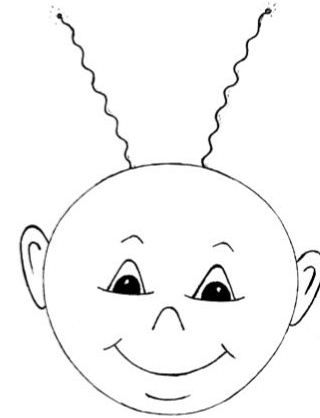
- **Useful part:** [Example of changing practice on respect, Kenya:
https://media.tghn.org/medialibrary/2020/06/iCARE-Haaland_manual_090620.pdf](https://media.tghn.org/medialibrary/2020/06/iCARE-Haaland_manual_090620.pdf)



After 6-9 months, across 10 countries:

Similar trends of changes

- **Strengthened awareness in all work**
 - **Improved relationship with patients and colleagues**
 - **Recognize emotions, step back from wanting to blame, and take responsibility to communicate well**
 - **Treating patients as persons; do not judge**
 - **Fewer conflicts**
 - **Reduced stress and burnout**
 - **Increased job satisfaction**
-
- **Kenya:** Managers confirm providers' assessment of change. **External evaluation confirm these results**
 - 3 HCPs reflect on usefulness of skills within work context:
[Connect – Three providers on usefulness of skills – YouTube](#)



Results of training, Wales:
«Changing mindsets»

“The training has changed my mindset and my outlook on so much. I now feel more relaxed and happy. Honestly!”

“When I signed up, I was thinking of leaving medicine. The work is still the same now, it is just how I look at it that has changed. I don’t feel stressed or demotivated. I am surprised at how much effect the training has had.”

Trainee doctors, Wales

Let us hear from our guests



**Nancy
Mburu**



**Thomas
Kitchen**



**Florence
Murila**

**Isra
Hassan**



Speaker 3: Dr Florence Murila

Kenyatta National Hospital + University of Nairobi, Kenya

- Consultant neonatologist
- National trainer (newborn care, CPAP training)
- Chair & Vice-Chair, medical committees
- Researcher/trainer (MOH, Kenya, WHO & UNICEF)
- Writer (30 publications, 10 book chapters)
- Participant/consultant (national progs - child mortality)
- **Paediatrician Hero award 2018**

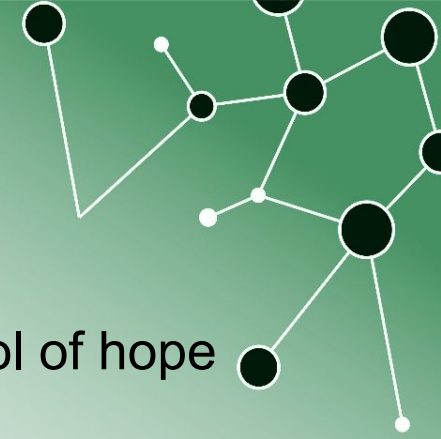




Speaker 4: Nancy Mburu

Kerugoya Hospital, Kenya

- Newborn Nurse Manager (as leader - transform to symbol of hope & healing in community)
- Pediatric Registered Nurse
- National facilitator & trainer (clinical, communication/EC)
- Dedicated to neonatal health + excellence in care
- Passion for education & mentorship
- Leader - fosters growth & success for HCPs



Speaker 5: Dr Isra Hassan

University College Hospital, United Kingdom

- **Consultant Anaesthetist and Perioperative Care**
- Lead trainer (Perioperative Medicine, London UCLH)
- Passionate about improving wellbeing of professionals
- Facilitator (Sessions for peers & students - national/intl)
- Presenter (Academy of Medical Royal Colleges & several other professional bodies)





Speaker 6: Dr Thomas Kitchen

Wales, United Kingdom

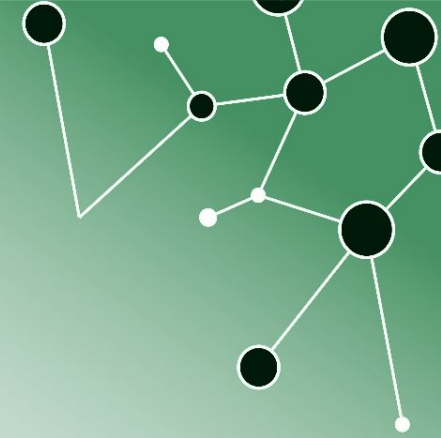
- **Consultant Anaesthetist**

- Director - Canopi (mental health support for health care staff)

- Welsh Clinical Leadership Fellowship (HEIW, UWTSO, MIT).

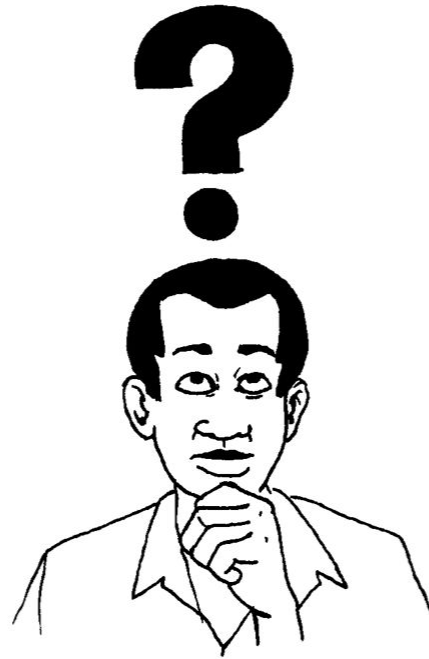
- Lecturer - emotional intelligence (Cardiff Medical School)

- **Passionate** about how emotional wellbeing relates to performance and behaviour



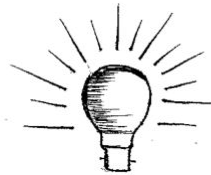
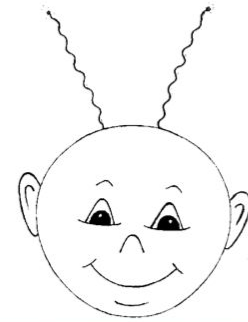


Questions from all of you



Part 3:

Results and conclusions: 17 years of using the model



The iCARE-Haaland model:
Introducing a culture of reflection
within hierarchies

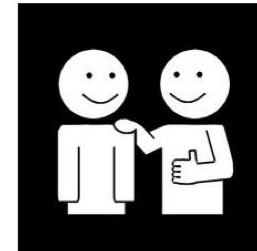
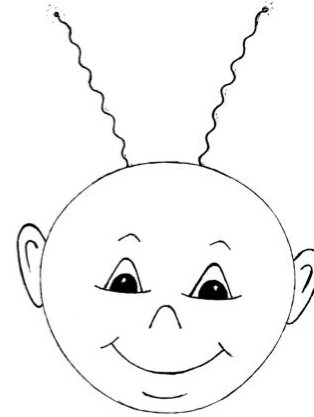


Awareness and respect (EC)
change how people communicate

After 6-9 months, across 10 countries:

Similar trends of changes

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 - **Improved relationship with patients and colleagues**
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-
- **Kenya:** Managers confirm providers' assessment of change. *External evaluation confirm these results*
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Mwana's article – training in neonatal care units in Kenya




Wellcome Open Research

Wellcome Open Research 2022, 7:223 Last updated: 05 SEP 2022



RESEARCH ARTICLE

Strengthening respectful communication with patients and colleagues in neonatal units — developing and evaluating a communication and emotional competence training for nurse managers in Kenya [version 1; peer review: awaiting peer review]

Peris Musitia^{1*}, Mwanamvua Boga^{1*}, Dorothy Oluoch^{}¹, Ane Haaland², Jacinta Nzinga¹, Mike English^{}^{1,3}, Sassy Molyneux^{}^{1,3}

¹Health Service Unit, KEMRI Wellcome Trust Research Programme, Nairobi, Kenya

²Institute of Health and Society, Faculty of Medicine, University of Oslo, Oslo, Norway

³Nuffield Department of Medicine, Oxford Centre for Global Health Research, Oxford, Oxford, UK

Preliminary findings: Mwana's research on effects of training in neonatal units

Changes

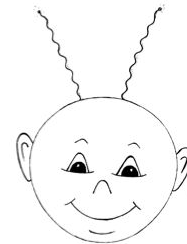
- **Increased self-awareness** and ability to **recognize emotions**
- **Skills inspire to change:** Patients = fellow human beings; **respect**
- **Parents follow their instructions** – and appreciate them
- **Apply skills**, see them working: Strengthens confidence to use skills
- **Recognise feeling of burnout:** take action, ask time off: Do not explode
- **Colleagues** see them as role models; ask them for help

Main reasons:

- **Direct relevance** and applicability of the training, to their daily work

Impact

- Builds sense of **professional identity and core values**
- Greater reported **job satisfaction and wellbeing**
- **Reduced feelings of stress and burnout**
- **Go home feeling good** about what they have done



Key conclusion:

Emotional insight central to participants, across cultures

- *“For me, one of the most important topics was about confidence, feelings and care for feelings. If you are able to take care of your own feelings, you will be able to take care of the feelings of those people who are near you. I realized and try not to forget that by helping myself I help my health.”*

Lithuania, 2007

- *“Vulnerability – we have got many names for it. I recognised it as a group of emotions. This gives it validity, and makes it ok to feel these emotions. To know that other people experience them as well is very helpful. I can now deal with them. Before, I did not understand what it was.”*

Wales, 2016

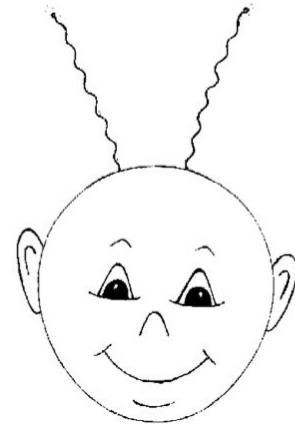
- Further examples: <https://connect.tghn.org/training/icare-haaland-model/icarerresources/part/>

Insight

”Emotional intelligence has really helped me.

- It’s a good thing. Most of the time you react automatically and become emotional and at the end of the day it doesn’t solve anything, it worsens the situation. You become more frustrated, tensed and more stressed. Something of which when you are calm and handle it with a sober mind, it wouldn’t have stressed you”*

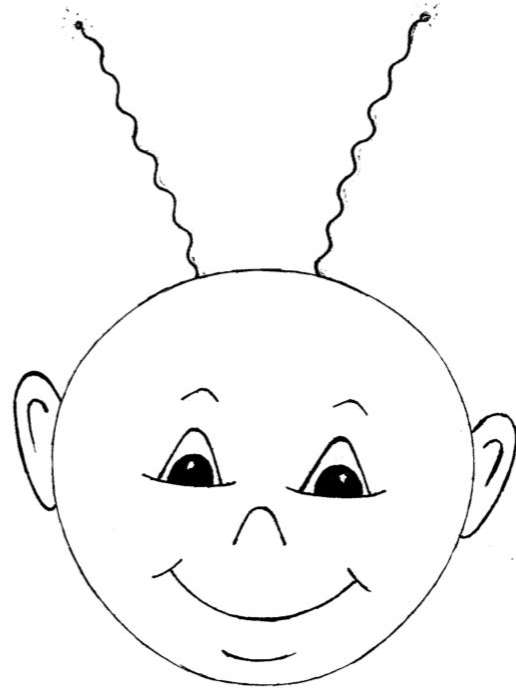
Subcounty health manager, Kilifi



Some key changes that influence people's work and lives:

1. Listening with awareness

- *«I am a good listener – or so I thought»*



«It is amazing....»

- *“My journey to self-discovery has been interesting. It’s amazing how much people can tell when given a listening ear. I discovered that giving others an opportunity to express themselves leads them to confide more than what they had anticipated, rather than interrupting and judging them as I used to. For me....my new Motto is "patience pays”.*

HCW, Kilifi



2. Handling patients with awareness - finding **reasons** behind behaviour

- *Listening, with the intention to understand*
- *Exploring - also emotions*
- *Finding **reasons** for behaviour - rather than judge, blame or dismiss*



«I am far kinder to myself»

- *“I now accept that I am good at my job and am open to criticism as an opportunity to learn and develop and become better. I no longer take rudeness so personally, I am able to more effectively manage the emotions provoked in me when people behave in a rude manner and adjust my behaviour accordingly.”*

– Trainee doctor, Wales



More aware...

- *“Yes, I have started to really listen to my patients and colleagues in a different way and I am more aware of people's vulnerabilities that lie behind emotions.”*
- *“I feel I'm more aware of the underlying feelings that drive patients behaviour. “*
 - *Trainee doctors, Wales*



3. Recognize automatic reactions

Take a «step back»!

- *«During conflict situations I stop, freeze and try to collect my thoughts and never react immediately with my response. I usually let patients shout out their problem. At the same time I really feel lousy: unsafe, affronted and unfair involved. But the pause lets me to think a bit and to respond quietly.»*

- *HCW, Latvia, 2007*



«I think before I speak – and hold back from reacting»

- *« I pay far more attention to how I communicate with colleagues. I think before I speak a lot more than I used to but I am also more inclined to hold back from reacting by analysing the situation first»*

- *Trainee doctor, Wales*

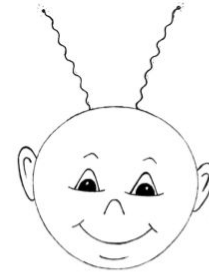


**4. Recognizing insecurity –
take action to step back**

**5. Recognize and respect
the other person's perspective –
as well as your own**



6. Taking responsibility to communicate better



- *“Thanks to this course, I have learnt a lot and have broken the barriers that are hindering me to communicate effectively. I have realized that I am the problem when it comes to communication. I have decided to have a change and that change is me!”*

HCW Kilifi



7. Taking care of your own wellbeing

- *“I have become aware of situations that make me feel good and bad at the same time. When I am appreciated and respected my spirits become high and this promotes my performance. I can smile for long and become energetic and even overcome myself without noticing or complaining”.*

Kilifi, 2012

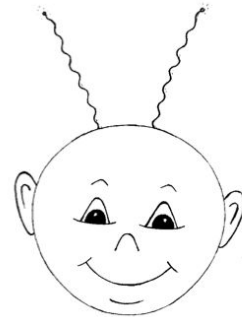


It's lifelong learning:

«I feel a heightened sense of awareness of my own emotions.»

- *«I feel a heightened sense of awareness of my own emotions. I recognize emotions like anxiety and vulnerability and try to find the triggers and manage them. It is a life long learning as different situations can challenge me in different ways but this journey of discovery is an exciting one.»*

- *Trainee doctor, Wales*



Time for a paradigm shift in medical education:

**Acknowledge and act on the need
for emotional competence to be
recognized, respected, and **taught****

- ***Why is this so essential?***
- Many doctors and nurses quit service
- Training institutions need to recognize professionals' human needs to have their emotions acknowledged, respected and ***taught as a resource*** –
- ***A resource to connect to patients, and allow professionals to be more human – to patients, and to themselves***

An important need: Changing perceptions of emotions

- From:



- ***Being emotional = negative, weakness***
- ***Emotions = a problem***

- To:



- ***Being emotional = natural***
- ***Emotions = a resource***

Conclusions – and opportunities

- **Emotional competence**
 - makes HCPs able to treat themselves and patients with more *empathy and compassion*
- **HCPs who are emotionally intelligent are –**
 - More humanistic towards patients and colleagues
 - Kinder to themselves, and can cope better with stress
 - Better teamworkers
 - More likely to stay in the profession
- **Training requires time – it is not a quick fix**
- **It takes effort and dedication** – like every lifelong journey!
- ***More research is needed to investigate how these skills can be taught and evaluated, and included in all medical education***

Thank you!



Part 4:

Where to find info if you want to start a training course

- Please see Part A – the training manual – especially chapters 1 and 8
- And get in touch with Ane and Mwana
- <https://connect.tghn.org/training/icare-haaland-model/icareresources/part/>
- Chapter 1: Why and how to organize training: Overview, Concepts, and History [page 7, [pdf](#)]
- Chapter 8: Planning and organizing iCARE training process [page 195, [pdf](#)]

Connect

An online platform for research field-workers and community-based health workers

WEBSITE RESOURCES:

- training materials, articles, blogs, reports, tools & templates, videos, discussion forums, webinars,
- English and Vietnamese



- **Building on 10+ years of research** exploring ethical dilemmas, engagement challenges & benefits of role as 'connectors', **and development of capacity building training and resources** focused on communication, emotional competence & resilience, and stress management (KEMRI & OUCRU engagement teams).



CONNECT to build trust and understanding between communities and research institutes

Training : Communication skills

Quality information in field research



Discussion Groups

41 GROUPS

The lived experiences of Covid-19 by front line health workers

This group is for attendees of the CONNECT EWorkshop in Hanoi (October). The lived experiences of Covid-19 by front line health workers. Connect with other participants to introduce yourself, reflect on the webinar themes and your own work and discuss after the event.

2 Members · 1 topic

LATEST POST

Janet commented on **Has your role as healthcare worker during covid times affected how people interact with you?**
Listening to the stories shared by the front line health workers during the CONNECT webinar in January it was evident that many health care workers, particularly in the early days of Covid-19 ...
2 weeks ago · [Read full post](#)

Reports

RESEARCH REPORT

Reviewing and Responding to Community Feedback During Health System Crisis: Lessons Learned from the COVID-19 Pandemic Response in KEMRI County



Videos



Articles

The need for empathetic healthcare systems

Healthcare systems, "empathetic design" by Amy C. Larson, Boston Globe



Webinars

Voices from the Pandemic: COVID-19 experiences in Asia

Jointly hosted by KEMRI and CONNECT, this webinar will introduce digital stories created by community members in Nepal, Indonesia and Vietnam. We will also discuss and explore their methods in participant work and how they can be integrated into research.



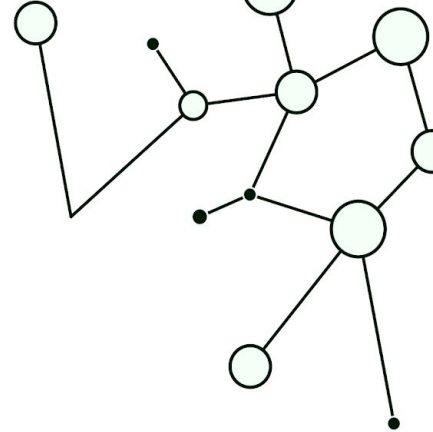
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Thank you.



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