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.
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
- **Mwanamvuva 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
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

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

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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

The Global Health Network
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 thes 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»

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**Emotions**

influence Communication behaviors, quality of care, and Well-being
Stress affects carers globally

Health professionals suffer from high levels of stress

Recent systematic review globally – during COVID:

- Almost half (45%) = stressed

  - 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

*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*, 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
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!
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/icarereresources/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](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/icarereresources/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/icarereresources/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/icarereresources/part-d/

- **Phase 4: Follow-up workshop (3 days)**
  - Summarizes and anchors learning to daily challenges
    https://connect.tghn.org/training/icare-haaland-model/icarereresources/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

Branch, W: Teaching professional and humanistic values: Suggestion for a practical and theoretical model. PCC 2015
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’

Schøn (1987) and Hawkridge (2000)
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
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 Mburo

Florence Murila

Isra Hassan

Thomas Kitchen
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, UWTSD, 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

- Strengthened awareness in all work
- Improved relationship with patients and colleagues
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Mwana’s article – training in neonatal care units in Kenya

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 Musitia¹*, Mwanamvua Boga¹*, Dorothy Oluoch², Ane Haaland², Jacinta Nzinga¹, Mike English³¹,³, Sassy Molyneux³¹,³

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/icarereresources/part/](https://connect.tghn.org/training/icare-haaland-model/icarereresources/part/)
"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»
“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 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 team workers
  – 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]
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

Inclusive, supportive, relevant professional

www.Connect.tghhn.org
Thank you.