



Emotional Intelligent
Care in Health and Social Assistance

GUIDE ON GOOD PRACTICES

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1. INTRODUCTION

One of the strategic policy aims of the UE is providing sustainable health services within the field of social protection. As recognized by the European Foundation for the Improvement of Living and Working Conditions (“Health Care in an enlarged Europe” 2004) health and social sector is one of the most important aspects of modern knowledge based societies.

This sector has suffered several changes in the past years due to the progressive ageing of population, the increase in illness prevention against treatments and a higher demand, by the citizens, of integrated services which can cover their specific needs. The result is a higher emphasis on care, which implies a higher collaboration among health and social services providers. These changes require an adaptation of workers skills to the new situation in order to be able to match market demands. One of the characteristics of the Health and Social Sector is emotions exchange, both from the user and the professional providing services. Thus, in order to ensure an optimum performance of the tasks it is highly important that workers are aware of their own emotions, as material resources and high technologies are not useful enough if emotions are not duly managed in the health and social assistance services.

The previous stage of the project (needs analysis) aimed at giving an overview of the needs among the workers of this field, with regards to their training. Communication and conflict management were the skills more demanded among workers, mainly to work with the patients’ families and colleagues; to solve complex situations that arise as consequence of the progressive degeneration and for dealing with difficult patients. Stress was another highlighted point stated by the interviewees.

Having identified the needs, it was important to determine whether good practices were or not already available for the workers of the Health and Care Services Sector. The good practices report aims at providing information regarding the situations of the Health and Social Care Services Sector within the partner countries participating in CarEIn project, namely Bulgaria, Czech Republic, Italy, Spain, Poland and United Kingdom, and to provide a list of at least 10 good practices by country. In order to better understand the situation of the sector. The different types of good practices available in each participating country will be different, and they will need to be addressed within the actual situation of this working sector.

A research on the training available on Emotional Intelligence has been carried out by each of the participating countries to determine if the existing needs are or not covered. Moreover, in order to obtain valuable information different interviews were carried out in each country. The profiles of the interviewees were agreed by the members of the consortium for obtaining homogeneous information. A questionnaire was also developed in order for all the partners to obtain the same type of information. The overview, the results of the interviews, as well as the lists of good practices are available within this good practices report.

2. OVERVIEW OF THE HEALTH AND CARE SERVICES SECTORS SITUATION

Health and Care Services Sectors situation is very different from country to country. As it will be shown in this research in some countries professionals of the health and care services sectors are trained on Emotional Intelligence, because the benefits and advantages for the workers and of course for the patients are highly acknowledged. Nevertheless, in some countries, Emotional Intelligence is not addressed, since they are facing some other issues that affect the Health and Care Services Sectors, and therefore they do not pay attention to EI.

In the Czech Republic, for example, even though professionals are well trained in the field of Emotional Intelligence they do not and cannot put their skills into practice, due to the lack of time, and the high pressure in their work places. In other countries such in Bulgaria, there is a great lack of training in this field, and the actual situation of the health and care sector, where aging of staff, or lack of resources, is of great concern, cannot and does not promote training on Emotional Intelligence. Other countries, in the contrary, have developed new training systems for these sectors, as is the case of Denmark. The government is now offering more specific training, addressing the previous existing needs, where Emotional Intelligence training is included. Moreover, in cases like in Italy, there is a strong division regarding both sectors that directly affects the training options. Generally speaking Emotional Intelligence is not a unique skill, but is considered as part of other subjects, such interpersonal communication. A different situation is found in Spain. The health and care system is aware of the benefits that Emotional Intelligence has for the workers of the Health and Care Services Sectors but training on those skills it is not yet included as a subject within the training options available. Nevertheless, this awareness has increased the interest of training providers, as well as of governments, who are slowly promoting the inclusion of some of those skills in the training systems. In the case of Poland, again, a completely different situation is found. Employees of the Health and Care Services Sectors are aware of the advantages of using Emotional Intelligence, and they intuitively try to apply it. There is a lot of information, books, etc., and even courses that address the advantages of Emotional Intelligence at work, but not specific information or training regarding the EI applied to the Health and Care Services Sectors. The government is accepting the importance of those skills but more as a scientific innovation and not as a skill that can be used in various aspects of professional life. Regarding the UK there is a growing belief in the need to engage with Emotional Intelligence and to adopt a lifestyle that recognises and values its importance,

especially in terms of how this can be applied to caring for patients in the Health and Care Services Sectors.

3. HEALTH AND CARE SERVICES SECTORS BY COUNTRY

As already explained the situation of the health and care services sectors varies greatly from country to country. This part of the report aim at providing detailed information of the situation in each of them. In order to easily find the necessary information this part is organized in alphabetic order by country: Bulgaria, Czech Republic, Denmark, Italy, Poland, Spain and United Kingdom.



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BULGARIA

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3.1. Bulgaria

3.1.1. Emotional intelligence in Health and Care Services Sectors: A background

This section will provide information on the situation on the Emotional Intelligence applied in the Health and Care Services Sectors in Bulgaria. It will give an overview on the situation and the recent developments in both sectors. Social care and Health care are separate sectors in the country governed by different ministries and programs and will be regarded separately.

The Health Care Sector

The country started reforming its outdated health system in 1999. The hospital system was reduced substantially to limit reliance on hospitals for routine care. However, the pace of reduction gradually slowed down: in 2004, 258 hospitals were in operation, compared with the estimated optimal number of 140.

In the last two decades the quality of medical research and training decreased due to low funding. In the early 2000s, the emphasis was made on medical and paramedical training as preparation of primary-care personnel in order to overcome shortages resulting from the long-existing emphasis on training specialists. It is considered that the country had an adequate number of doctors but a shortage of other medical personnel. In 2000 Bulgaria had 3.4 doctors, 3.9 nurses, and 0.5 midwives per 1,000 populations. In 2008 the trend increased, moving even further from the required doctors/nurses ratio of 1:2 - there were 36.000 doctors and only 30.000 nurses. According to the information from the nurses association in that year alone some 1831 nurses left the country looking for jobs in the UK, Greece and Spain. This lack of personnel is affecting the quality of the medical services and increasing the costs.

Considerable efforts are being made to revert the trend and keep the medical staff at home but the salaries in the state-run hospitals are significantly lower than the average salaries

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abroad resulting of continuous decrease in nurse's numbers. Moreover, the country is losing the younger and more active of the nurses, midwives and paramedics, and those that decide to stay are increasingly harder to motivate to participate in professional training. The constant lack of funding has additional negative impact on the availability of the professional courses. The focus of this scarcely available training is on professional medical skills, while coping with work-related stress, psychology and emotional intelligence training are rarely organized.

The Social Care Sector

In current situation in the country the social services are associated mostly with support for individuals from groups at risk, who for objective reasons are unable, without assistance from qualified specialists, to meet the basic subsistence needs to integrate fully into social life. In this sense, social services are viewed as one of the main forms of social assistance to individuals, requiring special support.

The social care sector faces several main challenges: rapid ageing of the population and decreased health status; relatively high levels of unemployment and large number of permanently unemployed; poverty and marginalization of certain groups; collapse of the moral values and behavioral deviations. There are several main sources of tension in the sector: increasing expectations and requirements of the citizens related to the availability and quality of the social services; ageing and partially unusable material base in the existing social care facilities; lack of certain types of social care institutions - kindergartens, homes for elderly, etc.; limited state and municipality finances to deal with the problems.

Currently the public consensus highlights several primary objectives: decentralization of management and financing of the social services; deregulation of the social services and providing possibilities for establishing social services as business ventures; and expanding the range of the services. This leads to the following challenges: optimisation of central government-local governments interactions and financing of social services; improving coordination among different organisations and structural levels in the sphere; establishing a system of quality standards related to different types of social services as well as a system for monitoring and control; unstable financing of the social services; lack of administrative resource and motivation in establishing public-private partnerships.

In recent years the social support policy changed its orientation from distribution of monetary benefits, financed entirely from the national budget, towards encouragement of employment and providing social services. Compared to welfare benefits the social services are regarded as a more effective tool for re-integration. This also determines the main purpose of social services – to prevent social isolation and marginalization of persons in need and to create conditions for at least basic subsistence, social networking and integration into public and economic life. The improvement of capability to lead an autonomous way of life and social inclusion are considered the most important components of the social service that dictate the type and manner of provision of these services.

The current trend reveals that the circle of persons, that require social support and assistance, is broadening. There are a number of factors of social, demographic, economic, cultural and other character such as: the wide-spread unemployment, as result of the process of economic and social transformation, the impoverishment, marginalization and social exclusion; the ageing of the population, their degrading health status and increasing number of disabled individuals; in adolescents dropping out of school, use of narcotic substances, growing child criminality; the social deviations in adult behavior, etc.

The steps to face the above-mentioned challenges are harmonization of the social sector legislation with the EU countries; fast development of the non-government sector and increasing its role in offering social services; exchange of best practices and knowledge among EU countries; spreading of good practices in the sector; improvement of training of Health and Care Services Sectors workers, including special training in psychology and emotional intelligence in particular.

Currently in both Health and Care Services Sectors the topic of emotional intelligence is regarded as “exotic” and only few university psychology courses offer some information on the topic. The list of best practices provided clearly indicates that EI still lacks wider understanding and practical approaches on the subject are yet to be developed.

3.1.2. Analysis of experience promoting the EI in the Health and Care Services Sectors

This analysis is based on the information acquired interviewing professionals from the Health and Social sectors. The participants were selected to poses different professional backgrounds. All of them possess university degrees.

The first participant is an expert trainer, psychology and psychiatry, professor at Medical University – Plovdiv, with 6 and a half years of experience, the youngest PhD in Bulgarian medical education. He pointed out that considering the needs of the health and care sector workers there is a need for ventilating, debrizing and supervising of risk groups. When asked what are the social risks of stress and burn out in social and health care professions he pointed out the low and unstable salaries, anomalies in the leadership styles, unclear motivation. In his opinion the training the workers in the sector receive is insufficient and suggests work in small groups for dealing with crisis and traumatic stress.

The second participant is a psychologist, expert trainer, and professor at Medical University – Plovdiv, with 40 years of experience in the field. She considers the overload with learning activities to be one of the elements that produce the greatest stress to the health and social care workers. She also considers the training of the workers to be insufficient.

The third interviewee is a director of Care Home for children with special needs, specialty – pedagogy, MA in health management, applied psychology, with 22 years of experience. She points out that there are a variety of problems related to the work with children with disabilities, and the medical staff works under constant overload. Lack of sufficient number of personnel with specialised qualification is a major problem. In her opinion the overburdens with entire care for children at risk, the policy for future closing of these institutions. This creates uncertainty among the personnel. In direction of increasing the employees emotional condition at work the expert suggested building of a barrier against the stress using psycho-training. She also notes that from financial point of view the training outside the institution is restricted and a good solution is to conduct the training at the workplace.

All the interviewed participants pointed out that among the main reasons for the emotional stress at the work place are the lack of sufficient financing, the low salaries, insufficient training and high median age.

During the meetings in the Medical University Plovdiv the professionals stressed that in general the topics about emotional intelligence, as well as techniques for overcoming stress are being studied in some of the students' courses but mainly on theoretical level. Their practical implementation is significantly lagging due to financial difficulties and educational limitations, as well as some cultural specifics of the country as a whole.



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CZECH REPUBLIC

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3.2. Czech Republic

3.2.1. Emotional intelligence in Health and Care Services Sectors: A background

This section provides information on the situation of the Emotional Intelligence used in the Health and Care Services Sectors in the Czech Republic. The findings of the survey carried out in the WP 2 show the current situation. They are presented in the analysis of specific needs of people with various professions in the Health and Care Services Sectors.

After having been familiar with the conclusions of the research activities, we will be able to understand better the context of the Best Practices compiled in the present report. Thus, we will be given a general overview on the running processes and existing information and documentation. We will have a more precise and deeper understanding of the use of practices including elements of the Emotional Intelligence and it will help us to develop the training programmes for all experts and professionals working in the area of the health services and social care.

People working in the health care services and social care system in the Czech Republic are similar competences and needs for the further training and lifelong education. They must be flexible and their competences are continuously checked and evaluated by certain amount of points for courses which they had finished. The approach to training and educational needs for experts from these professions is very similar to the approach applied nearly in the whole Europe and that is why the implementation of Emotional Intelligence in their professional activities and its reflection in their competences is very desirable. It will be considered as the increase of the quality of their professional competences and of the quality of their personal attitudes to their jobs.

The most important group of professionals is nurses and the main focus is devoted to them. But other professionals won't be neglected and they will be contacted in the frame of the

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dissemination activities. The Best Practices selected are focused mainly on health care and medical services but they include social workers, too. It is very important especially when they work with ethnic minorities who have got different ranking of values and other priorities than the majority of the society.

Unfortunately, there are available studies or analysis neither for the social workers working with ethnic minorities, namely with Roma people, nor for other target group of the project, experts working with people suffering a degenerative illness process. Thus, Best Practices serve like the relevant resources for the development of the desired competences using the elements of Emotional Intelligence.

Despite of the fact, that there is a lack of the resources emphasized the Emotional Intelligence as one of the most important elements in the updated, mainly entirely innovative approach to clients, it is obvious that new training needs and actions have to be defined and implemented. When we take into account that the current approach applied has include some of such elements, it will be easier to describe, analyse and evaluate them and eventually to organise them as basic points for a training programme that should aim at gaining the Emotional Intelligence as a cognitive part of improved competences of the target groups.

The Best Practices were selected in such a structure that could show the real picture of activities both in health care and social services. They are focused on specific competences which are used unconsciously and not systematically but still, they exist.

The most important aim of this project is to disseminate the transferred and adapted training programme and to raise the awareness about the utility of Emotional Intelligence among the experts in the health services and social care sector in partners' countries including the Czech Republic. It responds very much to recognized needs to provide members of the target groups a general framework and approach to the present activities, aimed to improve emotional skills and reduce the psychosocial risks of them. We also believe that all outcomes of the project, not only the training programme but further especially this Guide on Best Practices will support our activities to disseminate the training programme based on

Emotional Intelligence because the experts and professional from target groups are people who work in the praxis and expect and appreciate the help on concrete cases and examples.

3.2.2. Analysis of experience promoting the EI in the Health and Care Services Sector

The findings from the in-depth interviews on how is the Emotional Intelligence applied in the Health Care and Social Services Sector was taken into account for this material. Interviewees were different persons involved in training actions related to Emotional Intelligence in the Health and Care Services Sectors.

All experts have been working at Institute of Nursing of Silesian University of Opava at different positions, mainly as teachers or expert assistants. All of them have wide professional background in the field of health (3) or social care (1). All of the interviewees have had university degree (masters' and higher).

The experts know well not only the situation in health and social service field but they are also aware of educational needs of workers in these fields. Their reflection is therefore very valuable. All of them are experienced both theoretically but especially practically from their both former and present work in hospitals and surgeries.

All experts emphasized that distress is one of the most difficult situation of patients which is very appropriate to be solved using latest, updated competences in Emotional Intelligence. To sum it up: the main risk factors in the field of the health and social care are:

- Work load: “the more intensive the work is, the higher is the risk“
- Time factor
- Working environment
- Work with seriously ill people – demanding work + difficult communication with them and their family members
- Personality of the concrete worker

Experts found the agreement that the health and social care workers are sufficiently trained in the field in EI. However, they admitted, that the conditions of “time pressure and missing relaxation” do not allow the workers to practice their knowledge. They admitted that the theory and practice are quite far and this deserves to be changed.

Experts expressed their opinion that in Czech Republic health and social care professionals should be trained more in communication in emergency situations, in understanding of interpersonal relationships and respect to the others, that their capability of recognition of own emotions should be enlarged and their management improved.

Experts know barriers for the training – they named insufficient IT skills, lack of knowledge of web 2.0 and its usage and communication: language barriers. It limits the methodology used because teachers and experts have got a limited space for an efficient training of workers.



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DENMARK

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3.3. Denmark

3.3.1. Emotional intelligence in Health and Care Services Sectors: A background

It was an important milestone within the Danish social and health care area that a new social and health care education was established in 1991: The so-called “SOSU education” (= The Social and Health Care education). About 30 new Social and Health Care Colleges were established to offer the new education.

In the social and health care education, in short, the students learn how to help and provide care for elderly, ill and handicapped citizens who are unable to take care of themselves.

The education contains two steps, so you can complete the education as a Social and Health Care Helper (SOSU-helper) or as a Social and Health Care Assistant (SOSU-assistant). At the colleges, among other things, the students are taught to perform nursing and caring tasks, but they also learn about which activities they can do with the elderly.

Social and health care employees work in people’s private homes, in nursing homes, in hospitals or in institutions for mentally or physically disabled persons.

The education is a vocational training, and the education is relatively short: The Social and Health Care Helper education: 1 year and 7 months. The Social and Health Care Assistant education: 3 years and 3 months. The admission requirement for the education is a completed primary and lower secondary school or the equivalent.

At present, the education is still offered at 30 educational institutions in Denmark – the same figure as when the education was established but the amount of students is much higher



now. All 30 educational institutions also offer in-service training as an important part of their activities.

Why make a new social and health care education:

There were several reasons for the introduction of this new education:

- 1) It was the wish to establish an education which to a larger extent provided teaching in problem solving rather than just performance of tasks.
- 2) It was the wish to train employees to become more flexible. Previously people were more bound by e.g. being trained for only one sector (for example psychiatric wards or only for the home care).
- 3) There was a lack of labour in the care sector and it was expected that this lack would increase in the future.

It is worth noticing that between 22 % and 25% of all elderly and disabled people receive state care help in Denmark. In Denmark elderly and disabled persons stay in their own home. Only severe cases are institutionalized. It is attempted to avoid institutionalizing if it is in any way possible. In Denmark relatives are not responsible for caring for the elderly and disabled. As a consequence of this many people must be offered help and care in their own home.

- 4) Before 1991 many people working in the care area were not educated for this area – often they only had a short course as their background.
- 5) People who were over-qualified, namely nurses, worked within the area and these could profitably be transferred to work that would suit their competences and qualifications better.

3.3.2. Analysis of experiences - promoting the EI in the Health and Care Services Sector

The present analysis of experiences of Emotional Intelligence promotion in the Social and Health Care Sector has been carried out on the basis of two in-depth interviews: A director of an educational institution offering education and in-service training to the staff of this sector and an expert in communication, burnout and conflict solving in the sector were interviewed.

Within the Danish social and health care system there is generally a good understanding of the importance of employees with emotional intelligence. The term “emotional intelligence” is not used very much, but most people are aware of the importance of the fact that a person - working with other human being in situations in which he/she gets very close to them - must possess what Daniel Goleman refers to as: “the capacity of recognizing our and other’s feelings, of motivating and handling with the emotions in us and in our relationships”

The possibilities of in-service training in the social and health care sector are rather good in Denmark - among other things due to the well developed AMU-system. AMU is an abbreviation of ArbejdsMarkedsUddannelse meaning Labour Market Education. AMU consists of a wide range of in-service training courses.

The courses are short – they often last only one or two weeks or less – and their contents are constantly changing according to the development at the labour market and in science and technology. It is free of charge to take part in the courses and if the participant has an education of 3 years’ duration - or less - his/her employer will furthermore receive compensation for the salary of the employee that takes part in the training. The aim of this is of course to stimulate especially the in-service training for employees with a short education.

The health care sector really benefits from this system as many care persons in Denmark have a short education (see the above). There are many courses related to EI (see chapter 3: Good practices)

Besides the Social and Health Care Assistants have the possibility to take part in KUA-courses KUA is an abbreviation of Kompetenceudvikling for assistenter - competence development for Social and Health Care Assistants:

Basis- module: 20 days: focuses on the identity of the Social- and Health Care Assistant, communication, cultural consciousness, organization and self management, the professional work and health encouragement and prevention.

Even though people know that it is important to work on emotional intelligence, this does not imply that sufficient time is spent on this subject. The new health education is rather compressed as regards content: The students must learn a lot in a short amount of time. Therefore there is a tendency that you do not sufficiently go into depth concerning who you are and how you react in relation to other humans. There is too much focus on learning factual vocational things that are of course also important.

There should definitely be done more work on these competences, both in the educations, further training, in-service training as well as at the work places.

It is very important that the teaching material- and programmes have such a character and quality that they make the students/employees **feel** when they learn things - which they really get in contact with themselves and their emotional lives so that it is not just a theoretical learning. These competences must not only be stored in the brain, but also anchored in the soul and body!

It is a good thing that many educational institutions within this area have a BCW person. . The letters BCW stand for Behaviour, Contact and Well-being. The BCW person, works with class coaching and conflict solving. It does not only imply a planned and scheduled teaching in these subjects but also that the person is available when conflicts actually occur. This means that you can work on the conflict while your emotions in connection with the conflict are still “open”, and therefore you can become more conscious about your unconscious reaction patterns. At the workplaces within this area they are doing more and more work in relation to coaching, supervision and collegial supervision as a method of developing own emotional intelligence.

At workplaces they also have another tool to use, namely the obligatory annual “MUS interviews” (MUS is the Danish abbreviation for employee development interview) to focus on the development of emotional intelligence. A “MUS” interview is a prepared, structured and forward-looking interview between leader and employee. Leaders in Denmark are obligated to arrange the MUS-interview to take place at least once a year with all employees. It is an important human resource tool because here the leader and the employee have the

opportunity to step out of the daily routine. This is where future tasks, expectations, competence development etc. are discussed.

Challenges in connection with the promoting of EI in the social and health care sector

There are issues and problems within this area which we need to work on in Denmark:

One of these is the fact that many of the students recruited for the social and health care education are students who do not have a strong background, neither vocationally nor personally. They chose this education because they think they can cope with it because the education is short. Often they come from poor social backgrounds and have experienced desertion in connection with basic areas of their lives.

These students are not used to reflecting and they have low self-esteem. Naturally they are not the best at providing care for others; they are often vulnerable human beings. It is hard to be empathic if you have not experienced others having empathy for you. It is also a problem in relation to coping with co-operation difficulties and other problems because you automatically and without reflection copy the models of solutions that you have experiences in your upbringing. Therefore it is very important that you prioritize teaching in emotional intelligence for this group. Otherwise they will have difficulties in performing the work in the social and health care sector satisfactory. Another challenge is that Denmark, after always having been an ethnic completely homogeneous society populated almost by Danes only, during the past years have developed into a multi-ethnic and multi-cultural society.

Multiculturalism is a great challenge for most societies, and for Social and Health Care Helpers and Assistants this challenge is particularly large because they must act in situations in which you get very close to another human being, often in very intimate situations. In order to be able to deal with situations where different cultures encounter each other it is very important to know yourself, your limits and your culture well enough to know why you have these limits.

The problem in Denmark exists for Danish Social and Health Care Helpers and Assistants who have to provide care for people of another ethnic background. However, this also applies for the many persons of different ethnic background than Danish, who undergo these

educations. It is important for them to be able to cope with the culture encounter with the Danes for who they must provide care.



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ITALY

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3.4. Italy

3.4.1. Emotional intelligence in Health and Care Services Sectors: A background

This paragraph contains elements emerged from the analysis of the precedent WP2 (Analysis of specific needs of workers from Health and Care Services Sectors) and from reports concerning the Italian situation presented during the first transnational meeting. The two elements are included to provide a reference context where to insert the analysis of the Best Practices and of the interviews included in this report. We need to provide a general frame to permit a correct exam of the presented elements. Italian situation, also due to EI training, cannot leave aside the current legislation that divides and outlines professional categories, their training needs and the entities that will provide training. The general frame is very complex (also for the high number of laws that rule this area) and so is opportune just to include few elements, as it's not opportune to organically face, now, such a complex and difficult subject.

a) Social and health sector in Italy

Specifically, there's a distinction between the social and the health sectors, and in this context the elaboration of an integrated social and health sector is not completed, even if it's provided. To simplify, it's opportune, from EI training's point of view, to specify some elements not related to the real training need of operators, but to their different placement (both institutional and juridical).

The definition and the borders of the social and health sectors feel the effect of the deep transformations that, during the last years, hit the social and health services' system in our Country. Beside the health system's reform, started by decreto 229/1999, the legge quadro 328/2000 introduced a new logic and a new competences' scheme to realize an integrated system of intervention and social services, that put the social and health sector in the middle of a vast organizational operation and of some interventions directed to grant and promote the safety and cure of the person. Beside the individuation of those macro objectives there's the redefinition of the institutional subjects who are in charge to define competencies,



functions, interventions' programs, third sector's role and, last but not least, Ipabs' modifications (entities for assistance and charity).

To overview today's social and health sector is a complex and difficult operation. Most of all, it's a problem concerning sources and classification's modalities regarding the activities that could concern this area. Since January, the 1st, 2002, the Italian Training System in Medicine (ECM) is operative, as provided by Decreto Legislativo 229/99.

ECM rules vocational training and the activities aimed to improve skills and technical, clininc and managerial knowledge, with the objective of efficacy, appropriateness, safety regarding the National social and health service's assistance.

This rule concerns all health operators, both employees and freelancers. Vocational training's duty is also provided by the codes of conduct of every professional figure in health sector. It consists in the participation to didactic activities, organized by accredited entities for ECM, both public and private. It's developed mostly in multi-year training programs with the objectives of the National and Regional Health Plan. Participation to ECM programs grants training credits.

ECM's protagonists¹ are:

- Health operators, both employees and freelancers, as target group of the training courses
- ECM's trainers that must be accredited (health structures, universities, nursing houses, scientific centres, experimental study centres, other technical-scientific structures)

¹ A full list of health professionals can be found visiting this link <http://www.salute.gov.it/professioniSanitarie/paginaInterna.jsp?id=91&menu=strumentieservizi>

- Accredited entities and examiners: The Ministry for Health (National Commission for ECM) and Regions, that must accredit organizers and training activities and examine processes and results
- Professional associations that collaborate for the correct and adequate development of this system.

In the Italian context, Regions have an important role in health sector, while the central administration defines essential levels for assistance and verifies the concrete application, beside the financial planning operations. Regions' role is to organize the regional health service, due to the Region's citizens' health needs and on the resources programs' basis (that are assigned by the central administration and integrated by Regional funds, created by Regional taxations or by citizens' participation in health expenses).

Regarding social services, Italian rules give centrality to Municipalities, which have the administrative function related to social interventions at local level. Municipalities participate in the regional planning and adopt the more functional organization for management, expense and relationship with citizens. The premise helps to understand the complexity of the consideration of the social and health sector and a unique and univocal entity, also if this aspect doesn't fall on real training needs of social and health workers that are not so different, as highlighted in the interviews.

This element influence data, analysis and surveys related to training in this sector. This is true both for practices, methodologies, results and needs. Regarding the social and health sector, independently from the single operator's training needs, it's possible to ascertain a clear division between the social and the health sector, that have different rules regarding vocational training, also related to the kind of contract and relationship with the operator².

b) Training: Emotional Intelligence

² For more details about ECM, see the following link: http://asr.regione.emilia-romagna.it/wcm/asr/collana_dossier/doss169/link/doss169.pdf

Surveys pointed out that rarely, in training, EI is considered as a unique skill. Often, analyzing the training courses is possible to find a subset of subjects, from interpersonal communication to conflict management, from active listening to stress management, without a unique denominator related to EI. The majority of the training courses focused on specific competences rather than on a comprehensive approach related to the emotional skills that could be provided by Emotional Intelligence.

A confirmation of it is the national planning of ECM credits, where in the “Common objectives for all the professional categories, the areas and disciplines” it’s possible to verify the absence of the term “Emotional Intelligence”, while it’s used:

- a) Care, relational and management quality for the health services.
- b) Ethics and code of conduct for the social and health care operations with focus on care’s humanization, professional confidentiality and privacy.
- d) Interdisciplinary training aimed to the development of the integration between social and health care activities.
- e) Promotion of the life’s quality and of the quality and safety of living and working environments.
- h) Protection of the social and health care’s facets, including the psychological and weaklings ones.
- i) Promotion of a correct and effective communication.

This element is also present in the bibliographical analysis: only few texts focus on EI in the social and health sector, while its use is more frequent in the area of children education. This element, essential to correctly analyse the Best Practices that follow, must be read understanding that EI, in the past, was connected to managerial soft skills and to sale abilities.

c) *Emotional Intelligence and web 2.0*

Web 2.0 has a different context. Some points must be highlighted, as result from precedent analysis. First of all, web 2.0’s use is a distance learning methodology that the examined

training reports identify as e-learning³. Second, we need to reaffirm that the term web 2.0 isn't particularly known and used, even by experts in training processes and even less by employees without ICT skills. Some examples of use for popular and informative (sometimes also educational) purposes of web 2.0 are more frequent in not formalized or not exclusively training-related contexts. Those examples are aimed to support specific social and health operators' categories, as they are not working in institutional and training sites.

Finally, some (methodological, technical, cultural) perplexities, not to be ignored, concern web 2.0's use in training on EI (as interviews, web research and bibliographic survey show). We need to consider all those elements to analyse the following Best Practices.

3.4.2. Analysis of experiences - promoting the EI in the Health and Care Services Sector

The present analysis of experiences of Emotional Intelligence promotion in the Health and Social Sector has been carried out by taking into account the results of in-depth interviews performed by different persons involved in training actions related to Emotional Intelligence in the Health and Care Services Sectors. For more details about the organization of these Best Practices' and to learn more about their outcomes, we interviewed a Training Manager who plans, organizes and monitors training courses specifically for the social and health sector, and another Training Manager who works in training specifically with stress, also in the social and health sector. Both of them are female, graduated, with more than 20 years of experience.

They were asked about the specific training on emotional intelligence, within this sector in order to know if training is addressed as a global issue or as separated but related skills. In their experience with Health Services, "Emotional Intelligence is divided into different skills affecting the individual's abilities to manage and face the working environment, as:

³ See E-learning in the health sector ([E-learning in sanità](http://asr.regione.emilia-romagna.it/wcm/asr/collana_dossier/doss149.htm)), following the link http://asr.regione.emilia-romagna.it/wcm/asr/collana_dossier/doss149.htm

- Relational critical points, active listening
- Empathy
- Social skills
- Stress management strategies
- Motivational factors

Usually, the term Emotional Intelligence is not used, also because its meaning is not always clear for all the operators. Other terms are used, even if now it's really common to speak about emotions and emotional learning. Since emotions are considered as a resource, a fundamental element in human's adaptation to the continuing environmental changes, this term can be more frequently used".

When asked which topics do Health and Care Services Sectors organizations more frequently ask to be object of training the first interviewee said that "those which are finalized to health operators' work quality's improvement. For example, the improvement of internal communication, team work, emotions management in critic situations, and relationships management with the patient/client", while the second one said that it depends. "As I work mostly in work and stress, I obviously deal with the related safety regulations. It depends also on the purchaser: It's different if the course is asked by an entity or directly by individuals. Health Services usually invest more to obtain an improved production and service's quality".

They were also asked about the students' profiles and their motivations to participate to this kind of courses to what the first interviewee answered that mainly "graduated health operators and administrative staff. For any profile, it's usually fundamental the role which conducts to the contact with patient/client. Generically, if training is organized by the Structure, operators have to participate as it's the same Structure which determinates the target. Otherwise, individuals participate to courses that they choose in a catalogue". The second person interviewed said that "motivations are different, as different is the participants' consciousness. Many are "forced to participate by the Structure", and if the course is not appealing the rejection will be immediate. It mostly happens for lower profiles (which anyway use EI related skills); sometimes training risks to be perceived as another burden to face beside the hard work turns. Participants are usually forced to participate. There is not a

unique situation: Depending on cultural elements (not necessarily connected to roles), there's a higher or lower consciousness about the training course's importance".

Regarding the organizations' motivations to organize/promote this kind of courses the first person interviewed said that "actually, Health Structures are directing their management politics to business-like organizational models, to maintain a stable and successful position considering the patient/client system. Against a significant increase of parallel health organizations, perceptions' quality depends more and more frequently on endogenous variables, as the offered service's quality, the services' rapidity and the ability in giving innovative answers and proposals", while the second one said that "training is differently perceived depending on its benefits' awareness. Some entities offer training because they must do it, some others consider it as a fundamental element for competitiveness and fulfilment of objectives. Sometimes the difference is done by the single Structure's training manager, who makes more aware the entire entity".

The last question was regarding the way courses were planned, in terms of methodologies (traditional courses, distance learning, etc.) and its development (theoretical, participative, etc, to what they said that it depends on the purchaser's request, on his/her expertise in training and on the budget. The methodologies the second interviewee considers as the most useful are those which provide an emotional involvement of the participant. We need to specify that, depending on the budget and on the number of participating operators, it's possible to create a training course which could use distance learning methodologies. The first interviewee said that depending on the request and the needs, the courses were theoretical lessons, practical exercises, role-playings and simulations.



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3.5. Spain

3.5.1. Emotional intelligence in Health and Care Services Sectors: A background

The purpose of this section is to provide a background on the situation of the Emotional Intelligence applied in the Health and Care Services Sectors in Spain. The situation presented below is a summary of the results of the research activities carried out in the WP2 of the present project: Analysis of specific needs of workers from Health and Care Services Sectors.

The conclusions may us help to better understand the context of the Best Practices compiled in the present report. It will provide us with a general overview on the information and documentation available, as well as the development of the Emotional Intelligence as a key topic to develop in the training programmes addressed to all professionals of the Health and Care Services Sectors.

Generally speaking, the Health Care Sector and Social Sector are considered separately, each sector and its workers have different needs and challenges to face. However, the new approach of integrated services, being implemented in most of the Care Services in Europe, will contribute to consider these sectors together and offer common solutions to common problems.

Nevertheless, up to now studies and references are more numerous in Health Care Sector, and specially focused on nurses other than other health professionals. In general, we can state that most of the conclusions and experiences included in these papers may be transferred and adapted to the target group of the project: Health and Care Services Sectors Workers. This fact may be also applied to the Best Practices selected; being most of them exclusively addressed to health care professionals. However, as stated above the integration of both services, health and social, in the same organization and provider, will facilitate the transfer and adaptation of the Best Practices to the Health and Care Services Sectors.



Regarding the specific target group of the project, the professionals working with people suffering a degenerative illness or process, there is no reference, study or analysis on their special situation. However, some of the Best Practices selected are linked to these professionals and to this special area of action of the health and social care services.

Finally, we would like to point out that Emotional Intelligence as a global concept is scarcely present when talking about bibliographical references, training needs and actions. However, skills and competences, when talking about the profile of the health and social care professionals, include some such as interpersonal relations, stress management, burnout and psychosocial risks prevention, which doubtless may be included as Emotional Intelligence.

This lack of general overview on the needs of these professionals regarding emotional competences is common to both, the workers themselves and the health and social care organizations. In general, both groups are aware that the professionals need to be provided with tools, strategies and approaches that allow them to handle better the relationships (with both users and colleagues), conflict situations, stress and the influence of the personal situations of the users and patients. Nevertheless, these needs are approached individually and are addressed by means of scattered training.

The majority of the Best Practices selected respond to the above described model, thus we mostly find actions focused on specific competences rather than a comprehensive approach on the emotional skills that could be provided by Emotional Intelligence.

Therefore, and having in mind this context, the objective of this project of rising the awareness of the utility of Emotional Intelligence among the professionals of the Health and Care Services Sectors in Spain, covers an existing necessity of providing a general framework and approach to the existing actions, aimed to improve emotional skills and reduce the psychosocial risks of these professionals. At the same time, we expect that the project results, and particularly this Guide on Best Practices, will contribute to widespread the emotional training provided to the workers of the Health and Care Services Sectors in Spain.

3.5.2. Analysis of experience promoting the EI in the Health and Care Services Sectors

The present analysis of experiences promoting the Emotional Intelligence in the Health and Social Sector has been carried by taking into account the results of in-depth interviews performed to different persons involved in training actions related to Emotional Intelligence in the Health and Care Services Sectors.

For knowing more about how these Best Practices are organised and learning more about their results in professionals we have interviewed a Training Manager and Consultant in Training as well as another Consultant in Training from a different company. The reason for choosing similar profiles is to be able to compare their experiences and to state whether they have been similar or different. Having different profiles would not have provided comparable information.

The profile of the first interviewee is a consultant with more than 20 years of experience in Psychology and Human Resources. He has a Ph.D. in Philosophy on the role of the emotions on the decision making process. The approach on the Emotional Intelligence used in his organization is different from that of Goleman's: there is an intelligence which applies to any situation (Damasio or LeDoux). Regarding the profile of the second interviewee, she is also a consultant, who has 11 years of experience in Psychology. She has spent 6 out of those 11 years in the training of Emotional Intelligence competences in the Health and Care Services Sectors. She has a Psychology degree as well as a Master Degree in Group Dynamics. For the training that her company offers, she has developed courses on EI, with a general focus, and also training on specific competences.

Their experience in the Health and Care Services Sectors refers to all kind of services related to the Human Resources and Training, including management competences, communication or social skills, (where they include the Emotional Intelligence as one of the skills). Their companies offer services mainly to hospitals, providing training courses on this kind of competences. Sometimes the courses are included in the training plan of the organizations, although most of the time is the company who offers their services to the hospitals. According to the opinion of the interviewees *“since it is a very vocational sector, there is a previous understanding and attitude towards the personal relations and therefore, it exists a general acceptance on this type of training.”* It was equally explained that *“trainees*

come with very high expectations; they want to learn how to face their daily life situations". In some cases, and because they do training in the public sector, "people is also interested in improving their CV (because they get points when they do a course, and this can help to get better jobs)". Among the courses they offer the one on Emotional Intelligence is the most demanded one and they have long waiting lists of people interested on attending it.

When asked about which was the most common approach of the training, if a general focus on Emotional Intelligence or a training related to competences, the interviewees declared that both existed and are offered in the Health and Care Services Sectors.

However, it is important to point out that in the opinion of the first interviewee, training on specific competences has more benefits for the professionals, since *"training on Emotional Intelligence is too theoretical and it does not provide any tool or action to be undertaken"*. The second interviewee agreed and explained that *"the best option would be to train on specific competences but as part of a global and main one which is Emotional Intelligence as a whole"*; *"If time and resources are available it is better to provide training on specific competences, and in case those resources are not available or are limited, then training as a general focus will be the only option"*. Both approaches are used, depending on the actual resources available and according to the needs of each training course. The first interviewee also declared that the training on competences is more cognitive and has better results in its application to daily situations: *"If I have learned how the emotions work, when the emotion appears I can chose the best tool for managing, regulating and predicting the situation. According to this, being Emotional Intelligent means to choose the best mean to the objective, it is to say the best tool for handling a situation involving different emotions: bad news notification, conflicts, etc. Therefore, I can handle my emotions and others'."*

As far as the most demanded topics in the Health and Care Services Sectors are concerned, the first interviewee stated that, at least in the hospitals they have worked with, the most demanded competences are: *"Leadership, Communication and Motivation; and derived from those: Team working, Client orientation and Negotiation."* In his opinion, the most important objective of this kind of training is to provide the professionals with a structured learning process on how to handle emotions and situations, instead of let people learn by experience: Action- Reaction. Nevertheless the second interviewee explained that usually they are asked (by staff working directly with patients) to provide training on *"the management of emotions, communication skills, burn out prevention, and how to work under pressure"*, this is mainly

because *“for this collective stress is inherent to their work, and therefore a good management of the stress symptoms is necessary and it is achieved by a good management of the emotions”*. According to what they have explained, the only common competence requested for training in both cases is communication. It is important to highlight that this difference in the training requests is because in the case of the first interviewee the people demanding the courses are also managers and directives but in the second case are workers who are in direct contact with patients, therefore their training needs are somehow different. Nevertheless, and because managers and directives also request training for staff members some of the competences for which they request training are the same.

Regarding the profile of the trainees and professionals attending these courses, the first interviewee stated that there is a range variety of situations. Nevertheless, he pointed out that *“Regardless, trainees are obliged to do the course or they come voluntarily, in my experience their satisfaction is very high. Topics are special, touching the personal aspects; people like to hear about psychological topics, although sometimes they feel attacked. In general, people attending our seminars and workshops come with a very positive attitude”*. The profiles are different according to the experience of the second interviewee, there is not a variety of situations, and most of the people who attend these courses are mainly staff directly working with patients.

Other aspect demanded to the interviewees was about the reasons leading the Health and Social Care organizations to promote and organise this kind of training. In the experience of the first interviewee, he has identified the management approach based on people/competences as the main cause. It is to say the promotion of the Emotional Intelligence in an organization is mainly related to the personal decision of the managing board. *“Managers which consider workers as the main active of an organization, once they are explained about integral plans to improve the human relations in the organization, which includes the Emotional Intelligence as tool to improve communication, understanding, etc.; they go for it”*. *“However, managers with very economic approach (results orientated) learn from benchmarking and experiences of other organizations, that the person based model has positive results and they also join the trend without a critical consideration.”*

It is surprising to see that the second interviewee has had a very different experience. Regarding the promotion of the Organizations of Emotional Intelligence it was explained that they are the ones offering the courses, not being the addressee who actually asks for the training; they have not often been asked by directives or managers to offer training.

Nevertheless, recently, more often, team coordinators are aware of the advantages of such training and are demanding specific training for their teams.

Finally, the interviewees were required to explain the methodology and approach used in the Emotional Intelligence courses provided by their organizations. The answers obtained showed that both interviewees use the same type of methodology. The first interviewee explained that their approach may be considered as a neurophysiologic one, which explains the reasons and functioning of the actions. *“We consider Goleman’s as self-help growth tool, but this other approach goes further on the definition of the competences and the need of them for being happy.”* As for the methodology, they organise the courses on models since self-recognition is considered as the best way of learning: *“We explain situations and make role plays. People identify the examples with their own experiences: it may be a success (they reinforce an attitude) or a failure (they learn). They make an auto-assessment, they identify their strengths and weaknesses and from this point they develop the competence”.*

In the case of the second interviewee, the answers obtained were similar. She said that even now a days, the *“face to face is the most demanded methodology, but we are starting to offer blended courses (face to face and online)”*. *“The way to prepare the courses is mainly by role play, group dynamics, case studies, situations, debates, they are all practical in order to learn strategies and resources to achieve the aim of providing people with means to face their daily life situations”*; they work this way because *“if the approach is not practical students will acquire knowledge on what feelings are, and that it would be good to manage them, or they will learn about the need to be more assertive, but with no methods to actually manage feelings or to be more assertive”*. The aim of the courses is to provide tools to choose from and to be able to adapt them to the daily working needs of each person.



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3.6. Poland

3.6.1. Emotional intelligence in Health and Care Services Sectors: A background

Tasks performed within analysis on the use of Emotional Intelligence by employees in the health sector and social assistance (WP2) showed that Social awareness is well-developed when it comes to EI (although, so far, we have no hard evidence to support this statement), welfare and healthcare sector employees are aware of the importance of EI in their work and approach EI more intuitively than practically with support of scientific knowledge.

We showed in the previous report that the concept of Emotional Intelligence is known in Poland and applied in various vocational areas. Still, typically, EI is mentioned in business in the context of relations (how to use EI to build satisfactory relations with the boss and subordinates, keep control of projects and tasks, how to use EI to solve an unfortunate conflict with a colleague or handle many challenges which affect professional success, etc.) or in the context of child-rearing. There are many publications (books, articles and even scientific works) in Polish on Emotional Intelligence available. These are typically either scientific works or self-help books describing how to use EI in daily personal or professional life. During the research, we have not found any publications addressed directly to personnel of the healthcare and social welfare sector and employees of similar service-related professions.

Emotional Intelligence is studied at various levels of education, mostly during university studies but is not a common part of curricula, listed in the recommended list of compulsory subjects of the Ministry of Higher Education and the Ministry of Education. EI has not been yet considered a recognised area of scientific research. Attempts are made to ensure its full recognition but they are mostly focused on the concept of popularising the EI as a scientific innovation rather than applying the EI in practice in various aspects of professional life.



Training in Emotional Intelligence offered on the market are typically organised as short (2-3 day) training events delivered by using traditional active didactic methods. Usually, they are addressed to: employees in the business sector (managers, sales staff, and employees), school teachers, educators, trainers (mostly business trainers). No training offer in the area of Emotional Intelligence involving e-learning has been identified on the market for any group of professionals.

There are many community portals for groups of various professionals, including Internet services dedicated to professionals from the healthcare and welfare sector (e.g. a portal for nurses and midwives, welfare employees' portal, portals for doctors, psychotherapists, etc.). Primarily, all the services facilitate exchange of information and experience among community members; publish updates, information and legal advice addressed to specific professional groups, employment offers, training offers, etc. Most of them use their discussion forums as basic communication tools. Typically, the forum can be accessed after registration. No Internet community service dedicated to the professional group of interest contained or presented any information on Emotional Intelligence (search with the "Search" function). No other interactive communication methods supporting e-learning were identified, either.

Experts and employees of target groups who were interviewed during the first stage of the research stressed that they do not have sufficient training in emotion handling when in distress and difficult situations, staying in control and controlling triggers of their negative emotions and communicating in emotional states. In such cases, they follow their intuition, in particular those with longer history of employment. No training in this area, addressed to this vocational group, is offered. Even when such training is offered, it is mostly related to burnout and focused on releasing stress and not on dealing with such phenomena in daily work.

According to respondents, a programme supporting professionals from these groups is needed. It is necessary to introduce a system of courses/training in methods of dealing with cases/conditions difficult for doctors, nurses, psychotherapists, social welfare assistants and other persons working for those in the process of treatment or therapy. Unfortunately, medical universities and schools do not offer such courses and, even if some training which covers these issues is organised, it is not the mainstream activity.

The first stage of the research was a starting point to the next phase of the research, consisting in identifying examples of good practices in promoting Emotional Intelligence among employees of both professional groups i.e. the healthcare and welfare staff.

3.6.2. Analysis of experience promoting the EI in the Health and Care Services Sectors

The system of formal education in such professions as: nurses and midwives in Poland is organised in the form of the first degree university studies (BA studies), specialist and qualification courses and post-graduate studies. Vocational education standards of these professional groups are in line with the European Agreement on Training and Educating Nurses, drawn up and signed in Strasbourg on 25th October 1967 (OJ 96.83.384) and with the requirements with regards to education of nurses and midwives based on the Directive 2005/36/EC of the EP and the Council of the Europe of 7th September 2005 on recognising professional qualifications (OJ EU L.05.255.22). In accordance with the above-mentioned documents, the education of nurses responsible for general care takes at least 3 years of 4,600 hours of theory and clinical practice and the theory consists at least one-third and the clinical training at least a half of the minimum period of education. An analysis of framework curricula of general and specialised education of nurses and midwives showed that none mentioned directly the issue of “emotional intelligence” as a subject of a course. There is one module in the framework curricula of general vocational education, entitled: „Elements of Psychology” which covers preparation of nurses and midwives to shaping correct interpersonal relations, effective communication with people, patients, therapeutic team, adjustment of own attitudes and behaviours, overcoming difficult situations. The course includes: a man in interaction – interpersonal communication, assertive attitudes, stress and difficult situations (reactions, stress symptoms, methods and techniques of coping with stress). It shows that the curriculum does not refer directly to emotional intelligence although it includes all components which form this concept. Courses in this area may be found in curricula of higher vocational schools and institutions, including such studies as: Basic Nursing, Psychoprophylaxis.

The above-mentioned module includes 15 didactic hours (out of the total of 295 hours). After completion of the module, the students should: identify, analyse, control and correct own emotions and behaviour, identify and define their own difficulties in communication, interpret patient’s behaviour, make attempts of assertive behaviour, recognise the source of stress,

apply techniques of coping with difficult situations, effectively communicate with a person, group or therapeutic team.

Respondents involved in the first and the second stage of the research emphasised that Emotional Intelligence related issues are treated as marginal in formal and informal (non-school) curricula and programmes and considered more an interesting observation than presented in the context of systematic learning.

At the second stage of the research, interviews were held with employees of the healthcare and welfare sector and with persons working with these professional groups (trainers, specialists, psychologists). Two interviews were recorded. Of these interviews, one was recorded with a didactic (a woman, Ph.D. in humanities) which teaches basic psychology at the nursing studies in the higher school of vocational education in the Malopolska Region. She is also a very experienced nurse.

When asked about their interest in the concept of EI in our group of beneficiaries, the first respondent said that she knew from experience (e.g. an educator in the Medical Education Centre and higher vocational schools) that both nurses and nursing students were very interested in these topics. These are issues which come in handy both in private and in professional life. Participants appreciate when they can learn about their emotions and identify them, become aware of certain types of behaviour and work on their improvement and development.

In her response she mentioned that it was very difficult to convince doctors to such training. She knows from experience that nurses are more willing to attend such courses. She gave an example from her stays/work in hospitals in Western Europe where it is very often that a doctor sits at the patient's bed, explaining their illness and the treatment process in detail, including planned treatment and things which will be needed, etc. Then the patient feels that they can have an influence on training to a certain extent. "In our hospitals such situations are not common".

For this reason she believes that it is very important that, in such training, emphasis should be also put on how the medical personnel communicates with the patient. Reception of a

message depends on the person who is giving the message. In particular when the information given to the person is new.

In her opinion, training in emotional intelligence may be interesting for the staff of the healthcare and welfare sector. This topic stimulates “development of good interpersonal relations” and helps to work out mechanisms of collaboration between members of a medical team “so that the team works well and people feel good in the team. Not only in the relations between the nurse and the patient but also between nurses and between nurses and doctors.”

Few years ago she organised her own survey among patients of two hospitals (in Krakow and in Tarnow) on communication between medical personnel and patients. It turned out that, according to patients, they had much better communication with nurses than with doctors. For this reason she believes that the training should be organised for medical teams who work together on a daily basis. “It is important that all employees had the need of developing interpersonal relations.”

As regards training methods, the training she has attended was fairly traditional and based on such techniques as lectures, practice and case studies. These were not long but rather short forms of training and came more as an introduction to the topic.

When asked whether e-learning on EI would be interesting to this group, she said that “it would be good that e-learning coexisted with another method and was not offered as the only option”. She believes that introduction of this topic to the education of medical and welfare personnel is very important, as it helps to develop interpersonal relations, cope with difficult situations and build mutual trust and team.

The second interviewee whose interview was recorded was a trainer (M) with 12 years of experience in education, who delivers training and is a consultant in coping with stress, interpersonal communication, negotiations, handling difficult clients/patients. Recently, he delivered short training events (2-3 days) to members of the healthcare and welfare sector.

When asked about the approach of the healthcare and welfare personnel to training in such topics he said that, on the basis of his trainer’s experience he knows that people from these

sectors were very interested in participating in such training. Recently, he himself has conducted at least several such training events to this group of clients. Actually, the topic of the training did not mention Emotional Intelligence directly. Emotional Intelligence was mentioned more often when discussing assertiveness and conflicts.

In his opinion, the problem of expressing emotions as a component of emotional intelligence formed a permanent component of many training events. It was about expressing emotions in conflict, reading interlocutors' emotions and controlling their emotions. Issues mentioned most frequently by participants of such training and analysed during the training was a typical problem of a nurse-doctor relation. *"Not always it is a due to working in full mutual comfort. You may imagine a case like that: an authoritarian doctor and a nurse who does not cope with it. During training, the issue of different types of automatic responses emerges quite often. On the basis of my contacts with the health care people I realised that they are under very strong influence of the principle of the authority."* In the Polish healthcare system the gap in the social reaction to a doctor and to a nurse is too wide.

In his opinion, it is important that the concept of EI does not eliminate rational elements of training in the training programme. *"In theory, we may separate reason and emotions in a person. But, in reality, these two spheres of mind collaborate and these two spheres of life overlap. For this reason, EI training cannot overlook such issues as assertiveness, conflict solving and time management. The concept of assertiveness is strongly related to the EI concept."* He believes that courses in EI are very effective as *"their idea is about making people aware of what they are not aware of, identifying and naming own emotions, mental mechanisms and naming them."* They also teach techniques how to handle it."

As regards training methods applied, in his opinion, the e-learning method is attractive but it would be good that participants could also meet their trainers. Then participants build realistic opinion about the trainer and the entire group and not only on the basis of a voice or a picture. There was a suggestion that, at the beginning of the entire training cycle, a short introductory meeting should be organised to initiate e-learning that would come later during the course. The advantage of e-learning is that it is a very flexible form of training and does not exclude people from their daily rhythm of life.

When asked about motives for selecting this type of training, 3 motives were given:

1. Self-development - “there is a group of person who want to develop”
2. A way to learn about oneself and self-change “People need help because they want to change themselves”
3. Some unsolvable conflicts occur (e.g. a difficult boss or a colleague).

He emphasised that training on EI had been delivered in privatised healthcare. The public healthcare does not use such training very often. He believes that such training should be interesting to our target groups. Appreciation of importance and need for such training is growing among managers and staff of healthcare institutions.

Asked about key training topics, he listed:

- Interpersonal communication and mutual influence resultant from the communication. The ability to adopt in a social group and keep harmonious relations with the environment. In his opinion, “it is not only the matter of competence. There are cases of very competent persons who are not liked. For this reason, the self-collaboration skill is very important:
- In many instances, training in such topics are offered (are ordered) in the context of professional burnout and stress coping. Emotional competences tend to change rapidly when stimulated by the environment. In the healthcare sector, daily contact with suffering may evoke various forms of self-defence, including cynicism. To cope with that, personnel start treating patients instrumentally. It is a form of self-defence, which puts patients at a disadvantage. For this reason, it is important to show how to overcome such burdens. Another issue contributing to professional burnout is salary level in the healthcare sector.



Emotional Intelligent
Care in Health and Social Assistance

UNITED KINGDOM

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Emotional Intelligent Care in Health and Social Assistance

3.7. United Kingdom

3.7.1. Emotional intelligence in Health and Care Services Sectors: A background

The purpose of this section is to describe the background of Emotional Intelligence as applied in the Health and Care Services Sectors in the UK based on the results of the research activities carried out in the WP2: Analysis of specific needs of workers from Health and Care Services Sectors.

Within the field of Emotional Intelligence research has often focused on the economic and personal benefits of addressing and achieving a number of competencies in EI. Developed as a management tool to promote business efficiency its role as an agent for change has meant that the transference of EI skills and the positive effect that these will have on individual and patient well-being has been undervalued. However, it is apparent from the research completed that underpins this UK National Report that there is a growing belief in the need to engage with EI and to adopt a lifestyle that recognises and values its importance, especially in terms of how this can be applied to caring for patients in the Health and Care Services Sectors. From a positive viewpoint, this has meant that organisations including charities, care homes, hospitals, health training facilitators and institutions that care for those with degenerative diseases recognise that EI can contribute to patient well-being. However, from a negative viewpoint, it has also meant that many commercial organisations, including the alternative therapy sector and pharmaceutical companies, have used EI as a means of promoting their products. i.e.: for the purposes of research it is difficult to establish the motives and qualifications of individuals who are engaged in promoting Emotional Intelligence as an answer to life's problems.

In the UK, issues concerning the Health and Care Services Sectors are, generally speaking, considered in parallel, recognising that many of the issues faced by care workers are similar whether the worker is employed in the Health or Social Care Sectors. The interaction with patients and their families are similar and the role of Emotional Intelligence is to recognise



these similarities while accepting that issues that are specific to particular sectors may arise. So, for the purposes of this report, the role of Emotional Intelligence in supporting care workers has been applied specifically to those engaged with dealing with patients who are most likely to be elderly but may also include those who may be younger but suffering from degenerative diseases as identified in WP2.

Studies in this field have often been directly related to nursing but with an increasing recognition that the results of these studies can be applied to the project's target group; Health and Care Services Sectors Workers. The transformation from using Emotional Intelligence Competencies in nursing to apply to care workers will, in practice, mean reviewing and revising the content, often changing terminologies to suit the educational level of participants. In the UK, where current nursing trainees are university graduates, it is important to recognise that care workers are recruited on minimum wages and are unlikely to have completed higher education. However, the need to train care workers in Emotional Intelligence, both to help them to manage stressful situations and to provide high quality support for patients, has never been more important as the UK has an ageing population that will continue to put the Health and Care Services Sectors under increasing pressure to provide care that truly meets the needs of individual patients.

To conclude: although the concept of Emotional Intelligence is recognised by professionals in the UK and, in particular by those engaged in training, this terminology is rarely used by care workers although the components that contribute to Emotional Intelligence are understood, along with the desire to learn new strategies for managing their own and the patient's emotional well-being. So, the adaptation of materials should recognise elements that are familiar to care workers: such as managing stress, working with others, working with difficult patients and person centred health care, and that part of the training process should also raise their awareness of the terminology used within Emotional Intelligence.

This will support the objective of this project of rising the awareness of the importance of Emotional Intelligence among the professionals of the Health and Care Services Sectors in the UK and also contribute to the and improve the level of training provided in Emotional Intelligence to health and care workers in the UK.

3.7.2. Analysis of experience promoting EI in the Health and Care Services Sectors

This section is based on in depth interviews completed with Health and Social Care professionals in the UK, reflecting the need to improve and embed Emotional Intelligence methodologies into the training of health and care professionals but, more importantly, to provide training for care workers in these sectors.

The resulting findings seem to reflect a national picture that shows a high level of practical training: in terms of how to physically deal with controlling infection, lifting and handling, health and safety and dealing with specific conditions including epilepsy and ageing, but a much lower level of training in emotional terms including stress management, communicating with patients and intercommunication between management and staff. This was of particular concern to two experts, one a highly experienced doctor and the other a psychotherapist who identified the need for individual health and care providers to contribute to the development of an emotionally intelligent organisation. This was supported by other research carried out in this field that seemed to emphasise a need for organisations to be less target driven and more patient/staff centred. Furthermore, that even on a basic level concerning the style and tone of language in general use in the sector, there was still work to be done, emphasising the need to adopt non-patronising and non-childlike language when communicating with the elderly. It was suggested that this could form part of initial induction training or feature as part of recruitment and interviewing procedures, which were viewed by one respondent as inadequate in terms of ensuring that the right person was employed in the right capacity.

Generally speaking, care workers receive limited training in managing stress and learning how to manage conflict at work, a situation that is also linked to the low level of diversity training, something that needs to be addressed in cities such as London where 360 different languages are spoken and patients increasingly come from a wide range of differing cultures and religions. One expert in particular, a psychotherapist working with the elderly suffering from degenerative diseases and with Jewish holocaust survivors, recognised the need to individually engage with patients while recognising that old age didn't necessarily mean that patients were incapable of individual thought or didn't need stimulating activities. Activities that linked patients, by age, to wartime experiences, simple craft processes or bingo, would not necessarily meet the emotional needs of someone who had survived the holocaust, had worked as a professional musician or as a doctor before reaching old age.

Additionally, both experts emphasised the need to train professionals in promoting Emotional Intelligence with one expert, a doctor with 40 years of experience with patients and training doctors, emphasising that in many cases health professionals were too narrowly trained. This may make them technically good doctors, in terms of diagnosing illness, prescribing treatment and medication, but very poor at dealing with the emotional health of patients as their training in this field was often limited to their own interests outside of formal medical training. He agreed that training had tended to be target driven, managing patients in terms of treatment but not necessarily in relation to their emotional well-being. In fact, the doctor interviewed suggested that “The best doctors often have other degrees”, for example in Arts or Humanities, that give them a wider view of the world and a greater understanding of the patient.

Associated with concerns over the role and responsibilities of care workers, both experts suggested a more holistic approach to training involving care workers in experiencing best practice through observation and discussion in the workplace. The very best training it was suggested reflects work place practice with Emotional Intelligence forming a major part of how to manage patients and to the stress implicit in working in a sector that has to deal with patients who will not recover.

To conclude: best practice suggests that training should be delivered in context and through using language that is appropriate to the educational level of the learner. It should reflect situations that occur in the workplace and that practitioners, whether doctors, nurses or care workers, need to develop an enhanced awareness of the relationship between the medical and emotional needs of patients. Furthermore, training should recognise the importance of Emotional Intelligence and, more specifically, aim to develop an emotionally intelligent organisation: this issue was raised by both experts who also recognised that current employment practice for managers in the UK rarely includes a proviso that they should have an understanding of, and ideally, a specific qualification directly linked to managing Health and Care workers. In terms of delivery, it was suggested that the use of ICT as a training methodology works well when it is conducted in association with face2face learning, using ‘blended learning’ strategies. The idea that ‘learning should be fun’ and that people learn best when learning engages their sense of humour should be recognised as forming an essential component of any on-line package.

4. GOOD PRACTICES PROMOTING THE EMOTIONAL INTELLIGENCE ON HEALTH AND CARE SERVICES SECTORS

A research on good practices was carried out in each of the participating countries of the CarEIn project. A minimum of 10 good practices regarding the training on Emotional Intelligence for the Health and Care Services Sectors has been provided by country, giving the most remarkable examples available.

4.1. Bulgaria

The Emotional Intelligence is still considered an “exotic” topic and the training on the subject is mostly limited to theoretical university courses. However, there are training courses, both public and private that although are not entirely focused on the theme include some practical information. One of the most recent is the “Psychology of health (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)” and “Anxiety and quality of life (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)” courses, organized by Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine.

In the recent years some research results were published: “Analysis of the results of the research of professional stress among doctors in pre-hospital healthcare in the course of a health reform” by the private Medical center and office for occupational medicine Lazur EOOD, Varna which show that interest in the related topics is gradually increasing.

The influence of work environment risks on stress and behavioral professional exhaustion syndrome (burnout syndrome) occurrence is analyzed in “Professional Exhaustion Among Nurses Working In A Clinic For Paediatric And Genetic Disorders At “Sv. Georgy” University Multiprofile Hospital For Active Treatment, Plovdiv”, 2008.

The Regional inspectorate on protecting the public health in Veliko Tarnovo organized one-day seminars on the topic of professional burnout in teachers, medical workers and social care workers.

It is to be noted that the subjects of EI and stress management although slowly are starting to get into the focus of attention of public Higher education institutions, local governments and private research organizations. However the topic development is still in its infancy.

GOOD PRACTICE Nº 1	
ACTIVITY DESCRIPTION	<i>Courses in Occupational Medicine of the Faculty of Public Health, MU - Sofia: Health evaluation of workers.</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Faculty of Public Health, MU - Sofia</i></p> <p><i>The new Faculty of Public Health was founded in 2001 with the support of the Stability Pact. The faculty is in the structure of the Medical University - Sofia, the oldest and most prestigious academic organization in the field of medicine and public health in Bulgaria. The faculty was established by joining the former Department of Social Medicine and Health Management and the Faculty of Health Care. Its mission is integration and creation of a unified methodological basis for educational and scientific activities in the field of public health. The faculty team includes highly qualified academic lecturers and experts with national experience in health policy and health management. They are authors of a number of important scientific studies, books and teaching guides. Some of them are consultants in the Parliament and the Ministry of Health.</i></p>
TARGET	<i>Medical and nonmedical professionals from RIOKOZ, RIOSV, specialists and supervisors in safety and health at work of companies and organizations, students and professionals working in SOM.</i>
SUBJECTS	<p><i>Assessment of the health status of workers.</i></p> <p><i>Electronic health integrated file - annual health analysis.</i></p> <p><i>Professional morbidity.</i></p>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of the provided services.</i>
OTHER ASPECTS	<i>Paid course. Duration: 3 days</i>

REFERENCE	http://mu-sofia.bg/node/27 <i>For information and registration for courses: tel (02) 943 25 42</i>
TRANSFERABILITY	<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 2	
ACTIVITY DESCRIPTION	<i>Health care professionals in the system of occupational medicine (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine</i></p> <p><i>PT and UHC Departments at MU Sofia organize courses and individual trainings for specialists and bachelors with non-medical and medical education. Annually the Rector of MU-Sofia prepares and approves a plan-schedule, which is sent to the chief nurses of the medical institutions in the country.</i></p> <p><i>The courses and individual trainings are paid. The fees are specified by the Academic Council of MU-Sofia. The graduates of the various forms of continuous education receive a certificate.</i></p>
TARGET	<i>For nurses, health inspectors, social workers, paramedics, workers in communities, municipalities, unions and others.</i>
SUBJECTS	<p><i>Health care professionals in the system of occupational medicine.</i></p> <p><i>Practical assessment activities of the health status of workers and population</i></p>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>

REPERCUSSIONS ORGANIZATION	ON	<i>Improvement of the provided services.</i>
OTHER ASPECTS		<i>The tuition fees (4.00 lv / day) can be paid at the opening of the course, and invoices are issued when the details for the health institution are specified. From 09/01/2008 a participation fee of EUR 15 leva for each course is introduced. Medical University - Sofia, PT and UHC Departments, Duration: 3 days</i>
REFERENCE		<i>www.mu-sofia.bg tel. 9152 135</i>
TRANSFERABILITY		<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 3	
ACTIVITY DESCRIPTION	<i>Psychology of health (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine</i></p> <p><i>PT and UHC Departments at MU Sofia organize courses and individual trainings for specialists and bachelors with non-medical and medical education. Annually the Rector of MU-Sofia prepares and approves a plan-schedule, which is sent to the chief nurses of the medical institutions in the country.</i></p> <p><i>The courses and individual trainings are paid. The fees are specified by the Academic Council of MU-Sofia. The graduates of the various forms of continuous education receive a certificate.</i></p>
TARGET	<i>for bachelors and specialists in health care</i>
SUBJECTS	<p><i>Psychology of health</i></p> <p><i>Stress and health</i></p>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>

METHODOLOGIES		<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Improvement of the provided services.</i>
OTHER ASPECTS		<i>The tuition fees (4.00 lv / day) can be paid at the opening of the course, and invoices are issued when the details for the health institution are specified. From 09/01/2008 a participation fee of EUR 15 leva for each course is introduced. Medical University - Sofia, PT and UHC Departments, Duration: 5 days</i>
REFERENCE		<i>www.mu-sofia.bg tel. 9152 135</i>
TRANSFERABILITY		<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 4	
ACTIVITY DESCRIPTION	<i>Healthcare Management – thematic unscheduled course</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine</i></p> <p><i>PT and UHC Departments at MU Sofia organize courses and individual trainings for specialists and bachelors with non-medical and medical education. Annually the Rector of MU-Sofia prepares and approves a plan-schedule, which is sent to the chief nurses of the medical institutions in the country.</i></p> <p><i>The courses and individual trainings are paid. The fees are specified by the Academic Council of MU-Sofia. The graduates of the various forms of continuous education receive a certificate.</i></p>
TARGET	<i>MScs, BAs and specialists with medical and non-medical education</i>

SUBJECTS		<i>Methodology and methods of health management; Anthropology of individual and public health; Sociology of healthcare; Medical ethics; Healthcare policy; Social psychology of healthcare management; Management of outpatient health care; Hospital management; Management of health projects; Management of health care and others.</i>
OBJECTIVES		<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES		<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Improvement of the provided services.</i>
OTHER ASPECTS		<i>Medical University - Sofia, Departments PE and UHC. Duration: 20 days (200 hours) It is held in the form of thematic panels with a duration of 10 to 30 hours.</i>
REFERENCE		<i>www.mu-sofia.bg tel. 94 34 304</i>
TRANSFERABILITY		<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 5	
ACTIVITY DESCRIPTION	<i>Pedagogical problems of health care (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>

ORGANISERS	<p><i>Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine.</i></p> <p><i>PT and UHC Departments at MU Sofia organize courses and individual trainings for specialists and bachelors with non-medical and medical education. Annually the Rector of MU-Sofia prepares and approves a plan-schedule, which is sent to the chief nurses of the medical institutions in the country.</i></p> <p><i>The courses and individual trainings are paid. The fees are specified by the Academic Council of MU-Sofia. The graduates of the various forms of continuous education receive a certificate.</i></p>
TARGET	<i>For bachelors and specialists in health care</i>
SUBJECTS	<i>Pedagogical problems of health care.</i>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of the provided services.</i>
OTHER ASPECTS	<i>The tuition fees (4.00 lv / day) can be paid at the opening of the course, and invoices are issued when the details for the health institution are specified. From 09/01/2008 a participation fee of EUR 15 leva for each course is introduced. Medical University - Sofia, PT and UHC Departments, Duration: 3 days</i>
REFERENCE	<p><i>www.mu-sofia.bg</i></p> <p><i>tel. 9152 135</i></p>
TRANSFERABILITY	<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 6

ACTIVITY DESCRIPTION	<i>Anxiety and quality of life (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)</i>
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COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine</i></p> <p><i>PT and UHC Departments at MU Sofia organize courses and individual trainings for specialists and bachelors with non-medical and medical education. Annually the Rector of MU-Sofia prepares and approves a plan-schedule, which is sent to the chief nurses of the medical institutions in the country.</i></p> <p><i>The courses and individual trainings are paid. The fees are specified by the Academic Council of MU-Sofia. The graduates of the various forms of continuous education receive a certificate.</i></p>
TARGET	<i>For bachelors and specialists in health care</i>
SUBJECTS	<i>Anxiety and quality of life</i>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of the provided services.</i>
OTHER ASPECTS	<i>The tuition fees (4.00 lv / day) can be paid at the opening of the course, and invoices are issued when the details for the health institution are specified. From 09/01/2008 a participation fee of EUR 15 leva for each course is introduced. Medical University - Sofia, PT and UHC Departments, Duration: 3 days</i>
REFERENCE	<p><i>www.mu-sofia.bg</i></p> <p><i>tel. 9152 135</i></p>
TRANSFERABILITY	<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 7	
ACTIVITY DESCRIPTION	<i>Pedagogical and psychological aspects of the relationship patient-medical team. (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine</i></p> <p><i>PT and UHC Departments at MU Sofia organize courses and individual trainings for specialists and bachelors with non-medical and medical education. Annually the Rector of MU-Sofia prepares and approves a plan-schedule, which is sent to the chief nurses of the medical institutions in the country.</i></p> <p><i>The courses and individual trainings are paid. The fees are specified by the Academic Council of MU-Sofia. The graduates of the various forms of continuous education receive a certificate.</i></p>
TARGET	<i>For bachelors and specialists in health care</i>
SUBJECTS	<i>Pedagogical and psychological aspects of the relationship patient-medical team.</i>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of the provided services.</i>
OTHER ASPECTS	<i>The tuition fees (4.00 lv / day) can be paid at the opening of the course, and invoices are issued when the details for the health institution are specified. From 09/01/2008 a participation fee of EUR 15 leva for each course is introduced. Medical University - Sofia, PT and UHC Departments, Duration: 5 days</i>
REFERENCE	<p><i>www.mu-sofia.bg</i></p> <p><i>tel. 9152 135</i></p>

TRANSFERABILITY	<i>It is directly related to target group.</i>
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GOOD PRACTICE Nº 8	
ACTIVITY DESCRIPTION	<i>Stress and psychosomatic disorders (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine</i></p> <p><i>PT and UHC Departments at MU Sofia organize courses and individual trainings for specialists and bachelors with non-medical and medical education. Annually the Rector of MU-Sofia prepares and approves a plan-schedule, which is sent to the chief nurses of the medical institutions in the country.</i></p> <p><i>The courses and individual trainings are paid. The fees are specified by the Academic Council of MU-Sofia. The graduates of the various forms of continuous education receive a certificate.</i></p>
TARGET	<i>For bachelors and specialists in health care</i>
SUBJECTS	<i>Stress and psychosomatic disorders</i>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of the provided services.</i>

OTHER ASPECTS	<i>The tuition fees (4.00 lv / day) can be paid at the opening of the course, and invoices are issued when the details for the health institution are specified. From 09/01/2008 a participation fee of EUR 15 leva for each course is introduced. Medical University - Sofia, PT and UHC Departments, Duration: 3 days</i>
REFERENCE	<i>www.mu-sofia.bg tel. 9152 135</i>
TRANSFERABILITY	<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 9	
ACTIVITY DESCRIPTION	<i>Quality of life and health (Plan schedule for continuing education of nurses, midwives and associated medical specialists in 2010)</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Medical University – Sofia, Department for postgraduate training and university-hospital coordination, Faculty of Public Health, Department of Occupational Medicine</i></p> <p><i>PT and UHC Departments at MU Sofia organize courses and individual trainings for specialists and bachelors with non-medical and medical education. Annually the Rector of MU-Sofia prepares and approves a plan-schedule, which is sent to the chief nurses of the medical institutions in the country.</i></p> <p><i>The courses and individual trainings are paid. The fees are specified by the Academic Council of MU-Sofia. The graduates of the various forms of continuous education receive a certificate.</i></p>
TARGET	<i>For bachelors and specialists in health care</i>
SUBJECTS	<i>Quality of life and health</i>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Classroom learning</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>

REPERCUSSIONS ORGANIZATION	ON	<i>Improvement of the provided services.</i>
OTHER ASPECTS		<i>The tuition fees (4.00 lv / day) can be paid at the opening of the course, and invoices are issued when the details for the health institution are specified. From 09/01/2008 a participation fee of EUR 15 leva for each course is introduced. Medical University - Sofia, PT and UHC Departments, Duration: 3 days</i>
REFERENCE		<i>www.mu-sofia.bg tel. 9152 135</i>
TRANSFERABILITY		<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 10		
ACTIVITY DESCRIPTION		<i>How to avoid the syndrom of the emotional burnout</i>
COUNTRY		<i>BULGARIA</i>
YEAR		<i>2010</i>
ORGANISERS		<i>Regional Inspectorate for Protection and Control of Public Health in Veliko Tarnovo, SINDY Health Programme - Healthy children in healthy families</i>
TARGET		<i>Pedagogues, medical and social workers</i>
SUBJECTS		<i>Techniques and methodes for dealing with stress and finding balance between professional tasks and duties and personal leisure time. The profesions involved are those who have direct contact with people: pedagogues, medical profesionals, social workers and etc. Ways of coping with the consequences of prolonged exposure to significant social stress.</i>
OBJECTIVES		<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES		<i>Day seminar</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improvement of skills and knowledge.</i>

REPERCUSSIONS ORGANIZATION	ON	<i>Improvement of the provided services.</i>
OTHER ASPECTS		<i>Seminar – duration 1 day</i>
REFERENCE		<i>www.riokoz-vt.com/sindi.htm tel. 062 62 0161</i>
TRANSFERABILITY		<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 11

ACTIVITY DESCRIPTION	<i>Analysis of the results of the research of professional stress among doctors in pre-hospital healthcare in the course of a health reform</i>
COUNTRY	<i>BULGARIA</i>
YEAR	<i>2006</i>
ORGANISERS	<i>Med. center and office for occupational medicine Lazur EOOD, Varna Dr. M. Peycheva - Nikolova</i>
TARGET	<i>doctors working in pre-hospital care – general practitioners and specialist</i>

SUBJECTS	<p><i>The aim of this study is to determine the impact of new conditions and requirements of the organization of health care on the level of professional stress, compared to the parameters of that stress in general practitioners and specialists, the impact of various demographic factors and opportunities for its reproduction. The main tasks of the empirical study are:</i></p> <p><i>Identifying major stress factors and the degree of expression in different categories of medical workers.</i></p> <p><i>Establishing the level of satisfaction with labor in the groups.</i></p> <p><i>Determining the subjective level of mental and physical health through self-assessment.</i></p> <p><i>Analyzing the personal characteristics, behavior type A, localization of control and their impact on stress in the workplace.</i></p> <p><i>Analyzing the impact of gender, marital status and number of children in the family on the stress at work.</i></p> <p><i>Review of preferred ways of dealing with stress in order to develop further anti-stress program.</i></p>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Situation and needs analysis</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of the provided services.</i>
OTHER ASPECTS	<i>Research</i>
REFERENCE	<i>tel. 052 61 23 85</i>
TRANSFERABILITY	<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 12

ACTIVITY DESCRIPTION	<i>Professional Exhaustion Among Nurses Working In A Clinic For Paediatric And Genetic Disorders At “Sv. Georgy” University Multiprofile Hospital For Active Treatment, Plovdiv</i>
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COUNTRY	<i>BULGARIA</i>
YEAR	<i>2008</i>
ORGANISERS	<p><i>1 Clinic of Pediatrics and Genetic Disorders, UMHAT – Plovdiv</i></p> <p><i>2 Department of Social Medicine, Medical University – Plovdiv</i></p> <p><i>3 Department of Social Medicine, Medical University – Sofia</i></p> <p><i>I. Georgieva¹, E. Karaslavova² and D. Todorova³</i></p>
TARGET	<i>Health workers</i>
SUBJECTS	<p><i>Health specialists work in environment hiding physical as well as psycho-social risks. The influence of work environment risks on stress and behavioral professional exhaustion syndrome (burnout syndrome) occurrence among specialists in Health care delivery at the Department of Pediatrics, UMHAT “Sv Georgy”, Plovdiv, is analyzed in the present work.</i></p> <p><i>The significance of psycho-social risk factors and the responsibility of the managing staff for their controlling.</i></p> <p><i>A burnout self-test (Maslach, Jackson, 1986) for estimation of professional and emotional exhaustion, depersonalization (dehumanization) and decline in labour achievements techniques for reducing and surmounting of stress at possibilities for burnout syndrome prevention.</i></p>
OBJECTIVES	<i>Gain and develop skills and knowledge on the topics.</i>
METHODOLOGIES	<i>Research, tests and solution analysis</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of skills and knowledge.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of the provided services.</i>
OTHER ASPECTS	<i>Research</i>
REFERENCE	<i>http://www.medun.acad.bg/cmb_htm/Sestrinsko_delo/3-2008-original.html</i>
TRANSFERABILITY	<i>It is directly related to target group.</i>

4.2. Czech Republic

In the sector of health care and social services in the Czech Republic is becoming obvious that the training in Emotional Intelligence (EI) may cause a crucial improvement of the quality of competences of professionals and other workers who are active in this field. Many people already use many elements of EI but they are not regularly and widely educated and especially trained in it. They use them more or less naturally, unconsciously. They need to change this situation. There is strong evidence from many discussions and dialogues between educators on one side and professionals and workers on other side that there is a need to be trained and to benefit from the training in EI in the work of such trained person. Courses of EI should answer to requirements for the necessity of having competences improved in EI and should cover a gap in a current curriculum of education for people working in the field of health care and social services.

Moreover, it would be very desirable when such course reflects approaches, good experiences and practices applied successfully in other European countries. The present situation does not meet urgent training needs of trainees: the content of courses is rather theoretical and methods which are used for the training do not help trainees to be able to transform gained knowledge into practice and to improve their competences. Present curriculum is old-fashioned, rigid and needs to be qualitatively changed in terms of the incorporation both new content and methods.

The research carried out in WP2 has indicated that there is an urgent need for a new training methodology that will be more focused on present experience of adult trainees and learners. They have got experiences coming from their everyday practices but there is a lack of framework and connection between the theory and praxis. The new methodological approach should meet special needs and reflect specific psychological risks arising from their tasks. There is annual conference at the Silesian University where issues connected with the implementation of EI in the everyday praxis of professionals are discussed, too.

The Czech Association of Nurses takes part in such discussions and brings the information about new trends in its magazine.

Thus, it is possible to say that there is a need to improve the current approach of professionals in the field of health care and social services in terms of a better incorporation of EI in the education and training of all people who are active in these fields.

Emotional Intelligence (EI) is becoming a centre piece in the area of psychology. IE is making its way into the academic curricula at educational institutions, such as Universities and Medical Schools. More importantly, it is a subject of interest for professionals across sectors looking to expand their knowledge, proficiency, and expertise. Awareness of the value that applied EI has in management has been increasing within last few years. There are already studies that prove its importance. IE has become popular even when many of its measures have not yet been implemented.

Currently, it is possible to come identify institutions offering trainings on Emotional Intelligence. Unfortunately, there are not enough training opportunities to meet the increasing demand in the Health and Care Services Sectors. Generally, there are seminars and courses providing trainings on EI skills that are suitable for a wide-range of professionals. However, it would be valuable to have more of them specifically aimed at the health and social care professionals. It would be beneficial to modify the existing educational curricula on EI and to adapt them to the needs of the target group to achieve an EI training that is both solid and integrated. Presently there is an available curriculum that is accredited by Ministry of Labour and Social Affairs offering an educational program of self-reflection for assisting professions (<http://www.mojevzdelavani.eu/sebepoznavani.php>)

During our search of good practices we have taken into account a discussion with the leader of Institute of Nursing which supports vocational education of nurses and includes Emotional Intelligence seminars in its curriculum, as well as our interview with the trainer from Business Development Institute who administers also seminars on Emotional Intelligence for care providers.

The results of both interviews with focus on obtaining subjective data of leader's opinion agreed upon the raised interest of nurses attending these seminars. The subject of Emotional Intelligence had not been a part of the school curriculum before and both of the interviewed people stated it could be one reason why they have become more interested in

this matter. The last interview was carried out with a trainee of the course on Emotional Intelligence, who works as a manager for the Institute for Women and who describes some of the benefits gained at the course.

We have assessed the information obtained during these interviews.

In fact, the subject EI is carried out more or less not as the specific training but still as the part of psychological subject, included in curricula and concerning development of individual skills, stress management, empathy, assertiveness etc. According to this statement it is the one problem mentioned before at this report, which requires modification of the existing educational curricula on EI to ensure that these trainings addressed to the target group will be more solid and integrated.

Interviewees pointed out the importance of EI education in order to offer complex training programmes that will fit well to the needs of students in their further careers. In the context they emphasize that students should gain not only the expert knowledge but moreover to have positive approach to the work with patients and learn more about psychology and communication. They have agreed with the effectiveness which can improvement of social skills of employees bring for employers themselves.

The most demanded topic by the Health and Social sector organizations according to some of interviewees was the one related to care provider and patient, such as communication in difficult situation, stress management, prevention of burnout syndrome.

Participation in the courses on EI some of interviewees saw as the influence of institutions where the course is part of obligatory trainings, but participants of the course on EI do not understand or believe in its importance. These people usually consider the course being a “loss of time” and it is very difficult to raise their attention and interest. On the other hand there are more students who are highly motivated and they do hope the new skills and competences acquired in the training on EI will work well for them. They are interested in the topic and in improving the quality of the services they provide and the quality of their lives too.

Most of the interviewees thought these trainings should be provided by interesting way, solely face to face form; through workshops and combine the theoretical approach with the practical exercise motivate trainees to the action.

There are numbers of trainings available at private and public institutions that could be easily modified for the target group. Many of the courses that were found during this research include stress management and control intended to minimize or prevent conflicts to become more empathetic and to have the ability to deal with difficulties at the workplace while maintaining an appropriate level of efficiency and effectiveness. Many of these courses and seminars teach participants ways to improve their communication and problem solving skills through workshops and exercises. There are institutions, such as hospitals, medical centres, and nursing homes that consider training on EI skills crucial for their employees.

Private organizations play an important role in making EI trainings available. It is evident that they have recognized the need to meet the demand. They have made EI trainings accessible to public. In some cases, online registration is an option. Some of the seminars available are presented by certified speakers, specialists, and psychologists.

The description bellow contains information on trainings provided by the private, public, and non-profit sectors on national level. At the end, a list of web-sites is included to show the implementation of EI by some institutions and organizations.

GOOD PRACTICE N° 1	
ACTIVITY DESCRIPTION	<i>TRAINING: RELATIONSHIPS AS A PART OF A CAREER with focus on Emotional Intelligence</i>
COUNTRY	<i>Czech Republic</i>
YEAR	<i>2010</i>
ORGANIZERS	<i>Municipality of the Town district: Ostrava - South (ÚMOB – JIH) Taking place at the K-TRIO Cultural Centre in Ostrava-Hrabůvka</i>
TARGET	<i>Personal Care Assistants, Social Workers, Tutors, Nurses and other professionals</i>
SUBJECTS	<i>The training with focus on emotional intelligence is aimed at all individuals who are interested in improving and applying their skills and strategies at the workplace. It is intended for those who feel the necessity to boost their personal strengths to better deal with difficulties.</i>
OBJECTIVES	<i>Participants will enhance their adaptability skills, organizational skills, and interpersonal skills to effectively deal with changes, plan and work systematically and better understand others.</i>
METHODOLOGIES	<i>The theoretical section and the practical section complement each other.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of communication skills and stress management skills that result in better emotional health at the workplace</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improving the quality of the services provided by employees Improvement of work relations</i>
OTHER ASPECTS	<i>Will start on 16th October 2010, Duration: 40 hours</i>
REFERENCE	<i>http://www.ovajih.cz/view_doc.php?section=91&doc_id=1019</i>
TRANSFERABILITY	<i>It does not apply exclusively to the target group. Other attendants may benefit as well.</i>

GOOD PRACTICE Nº 2	
ACTIVITY DESCRIPTION	<i>Emotional Intelligence Practicality</i>
COUNTRY	<i>Czech Republic</i>
YEAR	<i>2010 yearly, according to contract</i>
ORGANIZERS	<i>Lector MUDR. Martin Daniel , Course takes place at the Ethno Studio, Prague</i>
TARGET	<i>This course is aimed at individuals whose goal is to increase their own Emotional Intelligence. Scientific research has proven that increasing the emotional literacy of employees can improve the effectiveness of a company. Emotional Intelligence enhances teamwork and problem solving, improves communication with clients, managers, and co-worker; thus, it has a direct impact on the company's productivity.</i>
SUBJECTS	<i>Participants will learn the basics of Emotional Intelligence through theory and practice. They will have the opportunity to demonstrate their theoretical knowledge through exercises. They will learn about non-verbal communication.</i>
OBJECTIVES	<i>Promoting and fostering an interest in the teaching and utilizing Emotional Intelligence.</i>
METHODOLOGIES	<i>Participants will complete role play exercises that will be videotaped. These tapes will be later reviewed to identify verbal and non-verbal communication between the participant to gain more self-awareness and improve communication skills.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Higher self-awareness, improved communication and interpersonal skills, and the ability to utilize Emotional Intelligence to become a happier and more successful person.</i>
REPERCUSSIONS ORGANIZATION	ON <i>An increasingly successful workplace, enhancement of the quality of services, increased productivity, improved teamwork and work relations.</i>
OTHER ASPECTS	<i>2 day seminar- 16 hours completed; price according based on the number of attendants;</i>
REFERENCE	<i>http://www.kurzy-skoleni-seminare.cz/1088-emocni-inteligence-v-praxi http://www.smysl.com</i>
TRANSFERABILITY	<i>Suitable for all professionals</i>

GOOD PRACTICE Nº 3	
ACTIVITY DESCRIPTION	<i>How to cultivate self-awareness and improve the quality of human life</i>
COUNTRY	<i>Czech Republic</i>
YEAR	<i>2010</i>
ORGANIZERS	<p><i>VEVA CZ has traditionally played a part in public education for 17 years. Its mission is to teach leaders, managers and professionals to cultivate self-awareness to achieve personal growth, prosperity, and improve problem solving skills. Values of VEVA CZ are awareness and change, quality service, sharing and support, ingenuousness and acceptance.</i></p> <p><i>PhD. Eva Velechovská is the first certified lecturer of the psychological system called enneagram. She is a supporter of educational programs of Emotional leadership and Emotional and Social development.</i></p>
TARGET	<i>All professionals, suitable for leaders, coaches, managers</i>
SUBJECTS	<i>Emotional Intelligence and Social Intelligence are the key to become more successful and resilient.</i>
OBJECTIVES	<i>Build Emotional Intelligence skills, raise self-awareness of strengths and weaknesses, improving communication, leadership, and adaptability skills</i>
METHODOLOGIES	<i>Enneagram is a dynamic psychological system that identifies emotional and cognitive tendencies of an individual, such as defensive mechanisms. It raises self-awareness that the individual needs to better identify and address his/her needs.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Increased self awareness, improved problem solving skills.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Promotes and emphasizes leadership as a fundamental part of a successful institution.</i> <i>Better leadership skills lead to a more productive and efficient workplace.</i>
OTHER ASPECTS	<i>Enneagram is useful for making analysis</i>
REFERENCE	<i>http://www.zdravotni-kurzy.cz/</i>
TRANSFERABILITY	<i>Suitable for coaches, leaders, supervisors</i>

GOOD PRACTICE Nº 4	
ACTIVITY DESCRIPTION	<i>Emotional Intelligence 1, Emotional Intelligence 2, Emotional leadership</i>
COUNTRY	<i>Czech Republic</i>
YEAR	<i>2010</i>
ORGANIZERS	<i>Courses APAS</i>
TARGET	<i>Suitable for leader, managers, and other professionals who work in teams.</i>
SUBJECTS	<p><i>Theory: Idea-emotions-ego, definitions of notions, usage of philosophy constructivism, Feelings, Stress, Conflict, Self-assessment, Self-confidence, Self-control, All aspects of communication, our responsibility and competences.</i></p> <p><i>Development of EI competences.</i></p> <p><i>Self-awareness – knowing one’s feelings and be able to make decisions, taking into account options and consequences.</i></p> <p><i>Self-control – being able to manage one’s emotions.</i></p> <p><i>Motivation – show enthusiasm and initiative</i></p> <p><i>Empathy – show a genuine understanding of a person’s situation to be truly supportive</i></p> <p><i>Emotional Intelligence – knowledge of one’s emotions, strengths, weaknesses. The ability to read social cues and interactions. The ability to be assertive and supportive.</i></p>
OBJECTIVES	<i>Support of independence, personal responsibilities, teamwork, communication among workers. Improvement of relationships, self-motivation, efficiency. Respect to ourselves and others. Awareness values and strengths.</i>
METHODOLOGIES	<i>Presentation of theory. Practical training. Individual assessment.</i>
REPERCUSSIONS PARTICIPANTS	<p>ON <i>Improved communication skills</i></p> <p><i>The ability to read more effectively social interaction.</i></p> <p><i>Raised self-confidence</i></p> <p><i>Knowledge of stress management techniques</i></p> <p><i>Increased ability to be empathic</i></p>

REPERCUSSIONS ORGANIZATION	ON	<i>Increase of efficiency and productivity at workplace. Better work relations.</i>
OTHER ASPECTS		<i>Workshop for personal development “Emotional leadership “ – via outdoor activities</i>
REFERENCE		<i>http://www.apas.cz/kurzy/</i>
TRANSFERABILITY		<i>It could be used also for other professionals than stated.</i>

GOOD PRACTICE Nº 5	
ACTIVITY DESCRIPTION	<i>Communication and Interaction with Client This is an item in the “EDUCATION – APPROACH TO QUALITY” project directed to professionals of the health and social sector.</i>
COUNTRY	<i>Czech Republic</i>
YEAR	<i>2010</i>
ORGANIZERS	<i>Regional Hospital JIČÍN a.s. Participants will receive a certificate upon completion of the seminars.</i>
TARGET	<i>The educational module is aimed at employees of the hospital. A total of 446 staff at the hospital, including: physicians, head physicians, nurses, and sanitary staff, will attend the seminars.</i>
SUBJECTS	<i>-Communication with patient -Emotional Intelligence -Empathy, Communication, active listening, assertiveness -Self-examination and self-control, self-criticism, flexibility -Burn out syndrome -Stress relaxation methods</i>
OBJECTIVES	<i>The aim of the educational module is to develop EI skills to better meet the needs of patients and to improve interpersonal skills among employees who are in contact with the hospital patients.</i>
METHODOLOGIES	<i>Methods are not stated.</i>

REPERCUSSIONS PARTICIPANTS	ON	<i>Awareness of preventive techniques for the management of emotions and stress. Improvement of communication between staff and patient.</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Support further education of professionals in order to improve conditions at the workplace, the relationships among workers, and enhancing communication between employees and patients and their relatives.</i>
OTHER ASPECTS		<i>Suggested start date is May 2010 and the seminars will go on during year until May 2011. A total number of 30 cycles of seminars with an average of 15 employees per cycle. 1 cycle of the seminar takes 2 days</i>
REFERENCE		<i>http://www.esfcr.cz/zakazky/zadavaci-rizeni-na-dodavatele-skolicich-aktivit-pro-projekt?lang=1</i>
TRANSFERABILITY		<i>It is closely related to the target group. It is held within one institution but it could be transferred to other health and care sector institutions as well.</i>

GOOD PRACTICE N° 6	
ACTIVITY DESCRIPTION	<i>What are my competences and how to develop my personal and professional skills?</i>
COUNTRY	<i>workshop at Malé náměstí in Prague, Czech Republic</i>
YEAR	<i>23. 6. 2010, from 10am to 5 pm (doors open at 9:45 am)</i>
ORGANIZERS	<i>Neziskovky.cz, o.p.s.</i>
TARGET	<i>Addressed to managers and supervisors of non-profit organisations, as well as other employees of the non-profit sector.</i>
SUBJECTS	<i>Key words: my role and expectations, skills and self-assessment, efficiency at work, personal and professional development, self-examination, work-life balance, goal setting and planning. Contents: What are my competences? determination and analysis of own skills, self-assessment, module of work-life balance and how to use it, creation of own personal and professional development</i>

OBJECTIVES		<i>Be able to define and analyze own skills and be able to use them. Be able to make a self-assessment and know how to plan short-term and long-term goals in personal and professional development. Awareness of work-life balance and know how to use it.</i>
METHODOLOGIES		<i>Interactive approach, individual work, module illustrations, discussions, and work in groups, theoretical entries.</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Help attendants to fulfil their responsibilities at work to earn promotions. Identify personal goals and expectations. Provide analysis and self-assessments to better understand their abilities and options to improve their lives and achieve harmony and as well as preventing Burn out syndrome. Be able to evaluate completed work and support personal and professional growth.</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Professional development, healthier workforce, increased efficiency and productivity,</i>
OTHER ASPECTS		<i>Course is limited to 12 people. Everyone will get a certificate after completing the course.</i> <i>Fees: 1488 Kč, 1264 Kč (for member in Neziskovsky.cz), 1190Kč(for holders of ISIC/ALIVE/ITIC cards)</i>
REFERENCE		<i>http://neziskovsky.cz/cz/vzdelavani/otevrene-kurzy/temata-kurzu/vsechny-kurzy/4238.html</i>
TRANSFERABILITY		<i>Non-profit sector, health sector, social services sector</i>

GOOD PRACTICE N° 7	
ACTIVITY DESCRIPTION	<i>How to deal with communication barriers and EI for assisting careers</i> <i>Conference</i>
COUNTRY	<i>Teaching Hospital – Convention hall, Jihlavská 20, Brno, Czech Republic</i>
YEAR	<i>12-13.3.2010</i>
ORGANIZERS	<i>Agency IN LINE COMMUNICATIONS, s.r.o.</i>

TARGET	<i>Medical staff and nursing staff, nurses, midwives, medical laboratory technicians, nutrition assistants, physiotherapists, occupational therapists, dental technicians, social workers, emergency personnel, pharmaceutical laboratory assistants etc.</i>
SUBJECTS	<p><i>How to deal with communication barriers (12.3.2010)</i></p> <ul style="list-style-type: none"> <i>-Attendance</i> <i>-Introduction to efficient communication</i> <i>-Influences on our perception</i> <i>-Key factors of dealing with people</i> <i>-Apparent and unseen psychological motives and concealed needs</i> <i>-How to improve our behaviour and attitude (Method NLP, MBA)</i> <p><i>EI for assisting careers (13.3.2010)</i></p> <ul style="list-style-type: none"> <i>-Attendance</i> <i>-Concept of Emotional Intelligence</i> <i>-Self-examination of emotions, recognition of emotions of others</i> <i>-Empathy for assisting personnel</i> <i>-Self-control and how to manage negative emotions</i> <i>-Utilizing of EI in confrontation with others</i>
OBJECTIVES	<i>Improvement in communication, how to become assertive and face the conflicts at the workplace successfully, stress management</i>
METHODOLOGIES	<p><i>Presentation of Method NLP</i> <i>The aim of the method is to determine common signs of success to achieve solutions.</i></p> <p><i>Presentation of Method MBA</i> <i>Strategy and strategic management aimed at leaders, managers and supervisors to help them become successful at their profession.</i></p>
REPERCUSSIONS PARTICIPANTS	ON <i>Knowledge of verbal and non-verbal communication. Focus on own emotions and habits, modules of behaviour which can be useful while facing difficult situations.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of relationships and communication among people at the workplace and increasing effectiveness and services carried out by assisting professionals.</i>

OTHER ASPECTS	<p><i>2 day fee 984 CZK (Includes taxis)</i></p> <p><i>1 day fee 492 CZK (Includes taxis)</i></p> <p><i>Groups of 4 fee 888 CZK (with taxis included) per person.</i></p> <p><i>Price includes printed materials, refreshments and certificate of attendance.</i></p>
REFERENCE	<p><i>http://konference.vzdelavanisester.cz/konference-100312-100313.html</i></p> <p><i>http://konference.vzdelavanisester.cz/konference-100312-100313-program.html</i></p>
TRANSFERABILITY	<i>Health and Social sector</i>

GOOD PRACTICE N° 8	
ACTIVITY DESCRIPTION	<i>How to deal with conflict and stress management, how to prevent burn out syndrome</i>
COUNTRY	<i>Czech Republic</i>
YEAR	<i>20. – 21. 11. 2009</i>
ORGANIZERS	<i>Agency IN LINE COMMUNICATION, s.r.o.</i>
TARGET	<i>Nurses and other sanitary staff</i>

<p>SUBJECTS</p>	<p><i>How to deal with conflict at the workplace (20.11.2009)</i></p> <ul style="list-style-type: none"> -Attendance -Introduction of conflict and its types -Selective perception -Module conflict, Conflict management -Conflict within teamwork, identification with tactics in dealing with conflict -What can you manage and solve. <p><i>How to prevent Burn out syndrome and stress management (21.11.2009)</i></p> <ul style="list-style-type: none"> -Attendance -Importance of psychology, neurology and immunology -Stress in light of psychology, Test -MBA - Stress and crises -Burn out syndrome and possible solutions -Consequences of stress, solutions
<p>OBJECTIVES</p>	<p><i>To gain ability to prevent and manage stressed factors, improvement of attitudes and conflict resolution at the workplace, knowledge of stress management.</i></p>
<p>METHODOLOGIES</p>	<p><i>Conference – Presentation, Test, Discussions</i></p>
<p>REPERCUSSIONS PARTICIPANTS</p>	<p>ON <i>Improved conflict resolution skills, knowledge of methods to minimize stress.</i></p>
<p>REPERCUSSIONS ORGANIZATION</p>	<p>ON <i>It is improvement in quality and productivity.</i></p>

OTHER ASPECTS	<p>2 days- 976 CZK (Includes taxis)</p> <p>1 day- 488 CZK (Includes taxis)</p> <p>Groups of 4 and more participants 878 CZK (with taxis included) per person.</p> <p>Price includes printed materials, refreshments and certificate of attendance.</p>
REFERENCE	<p>http://konference.vzdelavanisester.cz/konference-091120-091121.html</p> <p>http://konference.vzdelavanisester.cz/konference-091120-091121-program.html</p>
TRANSFERABILITY	<p><i>It could be transferred into other institutions at the framework of health and social sector.</i></p>

GOOD PRACTICE Nº 9

ACTIVITY DESCRIPTION	<p><i>Successful stress management – relaxing and anti-stress techniques, rules of mental health as the approach to personal and professional prosperity.</i></p>
COUNTRY	<p><i>K-Centrum in Prague, Senovážné náměstí 23, Czech Republic</i></p>
YEAR	<p><i>2. 11. 2010; from 9am to 4 pm</i></p>
ORGANIZERS	<p><i>WOX, a.s.</i></p> <p><i>Mgr. J. Wiesnar, psychologist, professor at university and consultant in Larra cz, s.r.o.</i></p>
TARGET	<p><i>It is not specified.</i></p>

SUBJECTS	<p><i>Stress: Basis mechanisms and origin: psychosomatic consequences of stress and trigger of stress, difficult situation, communication as the emphasizing trigger of stress.</i></p> <p><i>Methods of stress management: How to cope with anger and aggressiveness, individual approach as anti-stressed program, from yoga to autogenous training, motivational program against frustration and monotony, trance of daily routine, Burn out syndrome, imaginary exercises and self-examination, Jacobs-progressive relaxation.</i></p> <p><i>Dynamic relaxation techniques, audiovisual relax appliances.</i></p> <p><i>Lifestyle and attitudes: Principles and rules of health living, active relaxation.</i></p> <p><i>Diagnosing of mental energy capacity: current condition of internal energetic reserves, train of thought as the indicator of sense, individual anti-stress program, learned aggression and passivity, how to prevent crisis at the workplace</i></p>
OBJECTIVES	<p><i>Presentation and explanation of stress management with all its aspects and psycho physiological reactions which are connected with stress. By using module illustrations teach participants and practise appropriate and efficient resolutions. How to cope with stress factors and interpersonal conflict, pro active approach and attitudes to themselves, relaxation.</i></p>
METHODOLOGIES	<p><i>Usage of interactive methods and modules accompanied by audiovisual techniques, exercises, discussions, tests, and provided feedback etc. Each participant will obtain an assessment and recommendation on what skills he can cultivate and how to fulfil their potential.</i></p>
REPERCUSSIONS PARTICIPANTS	<p>ON <i>Awareness of suitable techniques and approach in dealing with stressors.</i></p>
REPERCUSSIONS ORGANIZATION	<p>ON <i>Minimizing conflicts and misunderstanding among workers as well as increasing quality of provided work.</i></p>
OTHER ASPECTS	<p><i>Each participant will obtain his personal assessment through psycho diagnostic.</i></p> <p><i>Fee 3828 CZK (including taxes) per person</i></p> <p><i>7270 CZK (taxes included, for 2 attendants from the same company)</i></p> <p><i>10340 CZK (taxes included, for 3 attendants from the same company)</i></p> <p><i>13020 CZK (taxes included, for 4 attendants from the same company)</i></p>

REFERENCE	http://www.vox.cz/kurzy/rozvoj-osobnich-dovednosti/uspesne-zvladani-stresovych-situaci-antistresove-a-relaxacni-techniky-pravidla-dusevni-hygieny-jako-cesta-k-osobni-i-profesni-prosperite-7992/
TRANSFERABILITY	<i>It is suitable for all sectors.</i>

GOOD PRACTICE Nº 10	
ACTIVITY DESCRIPTION	<i>Personal efficiency at work means efficiency of all company.</i>
COUNTRY	<i>K-Centrum in Prague, Senovážné náměstí 23, Czech Republic</i>
YEAR	<i>1-2.11.2010, from 9am to 4pm</i>
ORGANIZERS	<i>Association WOX, a.s.</i>
TARGET	<i>Opened to public</i>
SUBJECTS	<i>Realistic introspection on personal efficiency, options of increasing the efficiency, training with focus on creativity and decisions making, time management from different points of view, setting of priorities, decision making and consequences, coping with conflicts and difficult situations, emotion control, and stress factors, brainstorming and development of ideas, eliminating maladaptive habits</i>
OBJECTIVES	<i>Focus on personal efficiency, how to be creative and make changes, time management and flexibility. How to avoid conflicts and stress. Learn how improve individual skills. Be able to use theoretical knowledge and put it into practice.</i>
METHODOLOGIES	<i>Exercise, assessment.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Increased self awareness, improved conflict resolution skills</i>
REPERCUSSIONS ORGANIZATION	ON <i>Increased effectiveness at the workplace and greater productivity</i>

<p>OTHER ASPECTS</p>	<p><i>Each participant will obtain his personal assessment and recommendation for further personal development.</i></p> <p><i>Fee per person: 7 188 Kč(includes taxes)</i></p> <p><i>13 660 CZK (taxes included) for 2 from the same company</i></p> <p><i>19 410 CZK (taxes included) for 3 from the same company</i></p> <p><i>24 440 CZK (taxes included) for 4 from the same company</i></p>
<p>REFERENCE</p>	<p><i>http://www.vox.cz/kurzy/rozvoj-osobnich-dovednosti/osobni-efektivita-jednotlivce-efektivita-cele-firmy-7914/</i></p>
<p>TRANSFERABILITY</p>	<p><i>It is suitable to use as a study material.</i></p>

4.3. Denmark

The ten examples of training activities below are all further education activities that are arranged in co-operation with EPOS and the individual provider of the courses. EPOS is a national in-service training board. Its task is to develop and initiate further educations within the social and health care area. It is one of the 11 boards of further education who jointly cover all branches of the labour market in Denmark. It was established in 1994.

EPOS is formed according to the AMU-legislation. AMU is an abbreviation of Arbejds Markeds Uddannelser (Labour Market Educations). (See chapter 2 for further explanation)

The labour market educations hold a central position in the Danish education policy objective of lifelong learning on the labour market. They contribute to the creation of a flexible labour market by giving the individual the opportunity to continuously acquiring qualifications and competences that are in demand on the labour market. www.epos-amu.dk

All the courses mentioned below are organized *specifically* for the staff in the social and health care sector.

GOOD PRACTICE Nº 1	
ACTIVITY DESCRIPTION	<i>Communication in teams</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>"Social- og Sundhedsskolen København" (Copenhagen Social and Health Care College) www.sosukbh.dk</i></p> <p><i>Authorized to offer this AMU-course (See description of AMU courses above)</i></p>
TARGET	<i>Employees in the social and health care sector</i>
SUBJECTS	<ul style="list-style-type: none"> <i>- Transferring of important information into concrete action</i> <i>- Interpretation options</i> <i>- Clear requirements for messages between groups of employees</i> <i>- Description of information flows</i> <i>- Information technology aids</i>
OBJECTIVES	<p><i>After completing the training the participant is able to contribute to the improvement of communication in the company and its teams, including the isolation and the solving of communication problems, and transfer of important information into decision and action. The participant can improve his/her own communication and thereby give messages with less interpretation options and distinguish important messages from unimportant ones. With the purpose of being able to formulate clear requirements for messages between groups of employees in the organization the participant is able to describe information flows.</i></p> <p><i>Furthermore the participant can apply information technology aids in the work on communication.</i></p>
METHODOLOGIES	<p><i>Duration: 3 days.</i></p> <p><i>Teaching, discussions, cases, exchange of experiences.</i></p> <p><i>There is no exam in connection with this training. The teacher assesses individually whether the participant has reached the goals and the Educational institution must issue a certificate for the participants who reached the goals.</i></p>

REPERCUSSIONS PARTICIPANTS	ON	<i>Improvement of the communication skills of the individual employee.</i>
REPERCUSSIONS COMPANY	ON	<i>Better co-operation</i> <i>Better mental working environment</i>
OTHER ASPECTS		
REFERENCE		<i>www.epos-amu.dk</i>
TRANSFERABILITY		

GOOD PRACTICE Nº 2	
ACTIVITY DESCRIPTION	<i>Personal development for work and further education</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<i>“SOSU Nord.” Social and Health Care College</i> <i>Authorized to offer this AMU course (See description of AMU courses above).</i> <i>www.sosunord.dk</i>
TARGET	<i>Employees in the social and health care sector</i>
SUBJECTS	<ul style="list-style-type: none"> <i>- Handling of personal development reviews</i> <i>- Goal setting for own qualifications</i> <i>- Tackling of situations in which there is resistance</i> <i>- Mechanisms that respectively promote and limits/restrict precise and clear communication.</i>

OBJECTIVES		<i>The participant is able to acquire new knowledge and is motivated for further development and education, professionally as well as personally with the purpose of matching the changing needs of the work place and the labour market as a whole. The participant can set clear wishes and goals in relation to own qualifications and education with the purpose of matching the needs of his/her own working field. The participant is able to handle personal development reviews including the establishing of contact to - and to be understood by - other humans, tackle situations in which the participant meets resistance including the understanding of psychological mechanisms that respectively promote and limits/restrict precise and clear communication.</i>
METHODOLOGIES		<i>Duration: 5 days.</i> <i>Teaching, exercises, exchange of experiences.</i> <i>There is no exam in connection with this training, but the teacher assesses individually whether the participants reached the goals.</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>More job satisfaction</i> <i>Better knowledge of yourself</i> <i>Higher self-esteem</i>
REPERCUSSIONS COMPANY	ON	<i>The employees are motivated for learning new things and for developing themselves.</i>
OTHER ASPECTS		
REFERENCE		<i>www.epos-amu.dk/</i>
TRANSFERABILITY		

GOOD PRACTICE N° 3	
ACTIVITY DESCRIPTION	<i>Prevention of violence, conflict resolution and development</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<i>STV Social and Health Care College (Social- og Sundheds-skolen Skive, Thisted, Viborg) Authorized to offer this AMU course. (See description of AMU courses above) www.sosu-stv.dk</i>

TARGET		<i>Employees in the social and health care sector</i>
SUBJECTS		<ul style="list-style-type: none"> - <i>The development perspective in the treating of the violent client</i> - <i>Prevention of violence and handling of conflicts</i> - <i>Your role in the prevention of violence</i> - <i>Current legislation and regulations within the area</i> - <i>Support and caring for the employee who has been exposed to violence.</i>
OBJECTIVES		<i>The participant is able to handle situations with violence that occur in connection with work within the social- and health care area – on the basis of current regulations and legislation. The participant is able to support and maintain the development perspective in the treatment of the violent client both in connection with, and after the client’s violent behaviour. The participant is able to work in a conflict limiting and violence preventing manner. The participant has an insight in the client’s background for practicing violence as well as the power - and powerlessness - mechanisms that occur in the helper relation. The participant can support and act with care towards the victim, the violent person and the observer during and after an episode of violence and can independently contribute to violence being regarded as a joint concern at the work place.</i>
METHODOLOGIES		<p><i>During: 5 days</i></p> <p><i>Teaching, discussion, cases, role playing, exchange of experiences.</i></p> <p><i>There are no exams in connection with this training The educational institution must issue an education certificate for participants that, according to the teacher’s assessment have reached the goals that have described in the goal description.</i></p>
REPERCUSSIONS PARTICIPANTS	ON	<i>Employees - who are working with clients with whom the possibility of violence on the part of the client is present - are provided with tools that give them the opportunity to deal with the violence.</i>
REPERCUSSIONS COMPANY	ON	<i>Less violence at the work place</i>
OTHER ASPECTS		
REFERENCE		<i>www.epos-amu.dk/</i>

TRANSFERABILITY	
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GOOD PRACTICE Nº 4	
ACTIVITY DESCRIPTION	<i>Conflict handling in the social and health care work</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>The Social and Health Care College in Western Sealand (Social- og Sundhedsskolen Vestsjælland)</i></p> <p><i>Authorized to offer this AMU course (See description of AMU courses above).</i></p> <p><i>www.sosinvest.dk</i></p>
TARGET	<i>Employees in the social and health care sector</i>
SUBJECTS	<ul style="list-style-type: none"> <i>- Signs of conflicts and the development of these.</i> <i>- Prevention of conflicts</i> <i>- Methods for handling conflicts</i> <i>- The values of the Danish Services' Act/Health Law.</i>
OBJECTIVES	<p><i>In the daily work the participant can recognize and react in case of signs of conflicts based on knowledge about the birth, the development and the closure of conflicts. Furthermore the participant can contribute to the prevention of conflicts because of his/her knowledge of conflicts, own role and relations that may initiate conflicts. By means of knowledge of basic methods of handling of conflict the participant can contribute to the fact that conflicts are handled and closed professionally in a constructive and developing manner for citizens, patients, relatives and colleagues. Furthermore the participant can base his/her conflict solving work on the section about user involvement in the Danish Services' Act or on the value of the Health Law ensuring respect of the individual human being.</i></p>

METHODOLOGIES		<p><i>Duration: 3 days</i></p> <p><i>Teaching, discussion, cases, role playing, exchange of experiences</i></p> <p><i>There is no exam. The educational institution must issue an education certificate for the participants that, according to the teacher's assessment, have reached the goals described in the goal description.</i></p>
REPERCUSSIONS PARTICIPANTS	ON	<i>Better ability to avoid and handle conflicts.</i>
REPERCUSSIONS COMPANY	ON	<i>Fewer conflicts at the work place</i>
OTHER ASPECTS		
REFERENCE		<i>www.epos-amu.dk/</i>
TRANSFERABILITY		

GOOD PRACTICE Nº 5	
ACTIVITY DESCRIPTION	<i>Work environment in the social and Health care work – Ethics and behaviour</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<p>SOSU Næstved – Center for Social and Health Care Educations (Center for social- og sundhedsuddannelser)</p> <p><i>Sanctioned/authorized to offering this AMU course (See description of AMU courses above).</i></p> <p><i>www.sosu-naestved.dk</i></p>
TARGET	<i>Employees in the social and health sector</i>
SUBJECTS	<ul style="list-style-type: none"> <i>- To take care of yourself physically and mentally</i> <i>- To take care of the citizen physically and mentally</i>

OBJECTIVES		<i>With a starting point in previously acquired knowledge about work environment the participants further develop the professional vocational skills, resources, attitudes and action possibilities, which can improve own work environment in the social and health care work. Furthermore, from an ethic perspective, the ability to work creatively and reflecting in relation to transfers of persons is developed. The participants become able to improve their physical and mental work environment viewed in the perspective of interpersonal relations in the social and health care work.</i>
METHODOLOGIES		<i>Duration: 3 days</i> <i>Teaching, discussion, cases, exchange of experiences</i> <i>There is no exam. The educational institution must issue an education certificate for participants who according to the teacher's assessment have reached the goals described in the goal description.</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>The individual employee contributes to the improvement of the work environment.</i>
REPERCUSSIONS COMPANY	ON	<i>Improvement of the physical and mental work environment.</i>
OTHER ASPECTS		
REFERENCE		<i>www.epos-amu.dk/</i>
TRANSFERABILITY		

GOOD PRACTICE Nº 6	
ACTIVITY DESCRIPTION	<i>Intercultural competence in job performance</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<i>“Professionshøjskolen” VIA University College</i> <i>Authorized to offer this AMU course (See the description of AMU courses above).</i> <i>www2.viauc.dk/paedagog/viborg/Sider/default.aspx</i>

TARGET		<i>Employees in the social and health care sector</i>
SUBJECTS		<ul style="list-style-type: none"> - <i>Methods and tools for identifying behaviour forms and expectations determined and conditioned by the citizen's culture.</i> - <i>Professional and authoritative action and distinguishing between acceptable and unacceptable forms of behaviour in given situations.</i> - <i>Professionally ethic correctness in the job performance in connection with ethnic and cultural differences, and on the basis of this: Handling of differentiated service performance.</i>
OBJECTIVES		<i>The participant, through using intercultural conducts and tools, handle the meeting with ethnic and cultural diversity in a professional manner in his/her job performance. During this, the participant is conscious about culturally induced diversity in behaviour and service needs, and on the basis of this, he/she can differentiate his/her authority- and service performance. The job function includes: Intercultural understanding based on professional respect for diversity. Distinguishing between acceptable and unacceptable forms of behaviour in the job performance in relation to cultural diversity.</i>
METHODOLOGIES		<p><i>Duration: 3 days</i></p> <p><i>Teaching, discussion, cases, role playing, exchange of experience</i></p> <p><i>There is no exam. The educational institution must issue an education certificate for participants who according to the teacher's assessment have reached the goals described in the goal description.</i></p>
REPERCUSSIONS PARTICIPANTS	ON	<i>The employee is more confident and competent, and is more capable of acting in the meeting with citizens with another ethnic background.</i>
REPERCUSSIONS COMPANY	ON	<i>The companys' employees are more capable of providing care for citizens with another ethnic background.</i>
OTHER ASPECTS		
REFERENCE		<i>www.epos-amu.dk/</i>
TRANSFERABILITY		

GOOD PRACTICE Nº 7	
ACTIVITY DESCRIPTION	<i>Appreciative communication in the care work</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<p>AMU Funen "AMU-Fyn"</p> <p><i>Authorized to offer this AMU course (See description of AMU courses above).</i></p> <p><i>www.amu-fyn.dk</i></p>
TARGET	<i>Employees in the social and health care sector</i>
SUBJECTS	<ul style="list-style-type: none"> <i>- Relevant values in the objects clause of the Health Law and the Services' Act</i> <i>- Basic appreciative principles</i> <i>- Basic appreciative communication tools.</i>
OBJECTIVES	<i>In daily work the participant can take professional responsibility for establishing appreciative relations in the work with health care and nursing. In this work the participant can have a starting point in the relevant values that are reflected in the objects clause for either the Health Law, or the Services' Act. On the basis of understanding of basic appreciative principles the participant can apply basic appreciative communication tools in daily practice. Furthermore the participant can contribute to, and take responsibility for a respectful, dignified and developing dialogue with users/patients, relatives and colleagues.</i>
METHODOLOGIES	<p><i>Duration: 3 days</i></p> <p><i>Teaching, discussion, cases, role playing, exchange of experience.</i></p> <p><i>There is no exam. The educational institution must issue an education certificate for participants who, according to the teacher's assessment, have reached the goals described in the goal description.</i></p>
REPERCUSSIONS PARTICIPANTS	ON <i>The employee is conscious about – and is capable of practicing appreciative communication.</i>
REPERCUSSIONS COMPANY	ON <i>Better communication and better mental work environment at the work place.</i>
OTHER ASPECTS	

REFERENCE	www.epos-amu.dk/
TRANSFERABILITY	

GOOD PRACTICE Nº 8	
ACTIVITY DESCRIPTION	<i>The employee as an active participant in the processes of change</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>Herning Social and Health Care College “Social & SundhedsSkolen, Herning”</i></p> <p><i>Authorized to offer this AMU course (See description of AMU courses above).</i></p> <p><i>www.sosuherning.dk</i></p>
TARGET	<i>Employees in the social and health care sector.</i>
SUBJECTS	<p><i>-To participate in dynamic processes</i></p> <p><i>-Different tools and methods that promote the process of change.</i></p>
OBJECTIVES	<p><i>The participant can apply tools and methods that promote processes of change in relation to own job - in skilled as well as unskilled jobs. The participant can understand his/her</i></p> <p><i>own role in a process of change and can participate actively in changing of organization and structuring of working procedures, processes of handling of problems and other dynamic processes relevant to the job function of the participant.</i></p>
METHODOLOGIES	<p><i>Duration: 2 days</i></p> <p><i>Teaching, discussion, cases, role playing, exchange of experience.</i></p> <p><i>There is no exam. The educational institution must issue an education certificate for participants who, according to the teacher’s assessment, have reached the goals described in the goal description.</i></p>
REPERCUSSIONS PARTICIPANTS	<p>ON <i>Understanding of own role and responsibility in connection with processes of change. .</i></p>

REPERCUSSIONS COMPANY	ON	<i>The employees contribute to changes on the work place.</i>
OTHER ASPECTS		
REFERENCE		<i>www.epos-amu.dk/</i>
TRANSFERABILITY		

GOOD PRACTICE Nº 9	
ACTIVITY DESCRIPTION	<i>Collegial supervision in the social and health care area</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>The Social and Health Care College, Southern division "Social- og Sundhedsskolen Syd"</i></p> <p><i>Authorized to offer this AMU course (See description of AMU courses above).</i></p> <p><i>www.sosu-aabenraa.dk</i></p>
TARGET	<i>Employees in the social and health care sector.</i>
SUBJECTS	<ul style="list-style-type: none"> <i>- Basic principles and methods of collegial supervision.</i> <i>- To be able to provide and receive collegial supervision.</i> <i>- Dialogue-based work place culture</i> <i>- Development of own personal and professional competences through reflection and questioning processes.</i> <i>-Development of personal and professional competences of one's colleagues through reflection and questioning processes.</i>

OBJECTIVES		<i>With a starting point in the daily work of the participant, the participant can provide and receive collegial supervision within the social and health care field based on knowledge of the basic principles and methods. The participant can contribute to developing a dialogue-based culture at the work place. Through reflection and questioning processes the participant can contribute to the development of personal and professional competences - for him/herself as well as for colleagues.</i>
METHODOLOGIES		<i>Duration: 5 days</i> <i>Teaching, discussion, cases, role playing, exchange of experiences.</i> <i>There is no exam. The educational institution must issue an education certificate for participants who, according to the teacher's assessment, have reached the goals described in the goal description.</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>The employee can work better on the development of own professional as well as personal competences.</i>
REPERCUSSIONS COMPANY	ON	<i>Dialogue-based work place culture</i>
OTHER ASPECTS		
REFERENCE		<i>www.epos-amu.dk</i>
TRANSFERABILITY		

GOOD PRACTICE N° 10	
ACTIVITY DESCRIPTION	<i>The employee's personal resources in the job</i>
COUNTRY	<i>Denmark</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Esbjerg Social and Health Care College "Social- og Sundhedsskolen Esbjerg" Authorized to offer this AMU course (See description of AMU courses above). www.sosuesbjerg.dk</i>
TARGET	<i>Employees in the social and health care sector</i>

SUBJECTS		<ul style="list-style-type: none"> - Organizational learning and own competences - Formulation of vision and action plan for own additional contribution - Formulation of own qualifications in relation to a work situation including application in the company/group/team.
OBJECTIVES		<p>Based on the company's goal the participant can formulate, in writing, a personal vision and an action plan for his/her own additional contribution in the company in connection with new tasks, new forms of co-operation and new collaborators/partners. Based on the company's vision, strategy and goal for a self-managing group the participant can contribute to the ensuring of client focus in all tasks. In co-operation with colleagues the participant can identify, prioritize and select the action strategy which further develops a well-functioning team in the best way.</p>
METHODOLOGIES		<p>Duration: 4 days; Teaching, discussion, cases, role playing, exchange of experience. There is no exam. The educational institution must issue an education certificate for participants who, according to the teacher's assessment, have reached the goals described in the goal description.</p>
REPERCUSSIONS PARTICIPANTS	ON	<p>Greater zest and job satisfaction</p>
REPERCUSSIONS COMPANY	ON	<p>The employees' personal resources are used to the satisfaction of the employees, the work environment and the citizens who receive care.</p>
OTHER ASPECTS		
REFERENCE		<p>www.epos-amu.dk</p>
TRANSFERABILITY		

4.4. Italy

Social and health sector in Italy is sensitive to the EI training benefits. The main problem in finding useful elements for this survey is the fact that often EI is not considered for itself, but it is divided in many fragments. It's not always easy to find best practices on EI; on the contrary, training courses with fundamental elements are easy to find, even if they have different nomenclatures. This is caused by different factors: One is that often the term Emotional Intelligence is used in connection to training courses related to other subjects (for

example, selling or educational processes) and is identified with them. Another element is that, technically, this term has a difficult translation, so it's preferred a training course's nomenclature that could be more easily understood. Beside it, Italy is sensitive to this subject and, with ECMs, single operators can choose training events related to EI. Different considerations regard stress, mobbing and burn out. Those elements were recently included in the national regulation on safety at work⁴. Article 28 provides the evaluation, by the employer, of the working stress. This new element in the Italian rules on safety and health permits to consider training elements related to stress as directly connected to safety and health at work as well as actions on psychosocial risk prevention.

Regarding social and health operators, we need to point out that for different categories of persons, work develops in turns. Moreover, mostly in the nursing sector, there's a continuing qualified operators' research: It must be considered in analysing training courses that obviously provide a consistent theoretical part. The number of methodological and didactic choices doesn't come only from a cultural approach, but it more probably depends on the limits of the logistic resources and of the training, as placed by the work organization.

The last element that must be considered relates to the best practices. Regarding social and health assistance, Italy has not a uniform landscape both in the public and in the private contexts. There's a "leopard skin system", in a context where local and regional entities have a fundamental role. This element must be considered also in analysing best practise that will follow.

Beside it, a high sensitiveness is out of doubt in the social and care sector about EI subjects. See, for example, a pilot project⁵ of the Marche Region's Health Agency, aimed to the creation of a "training dossier":

⁴ DECRETO LEGISLATIVO 9th of April, 2008, n. 81

"Attuazione dell'articolo 1 della legge 3 agosto 2007, n. 123, in materia di tutela della salute e della sicurezza nei luoghi di lavoro".

⁵ http://www.ars.marche.it/nuovo/html/download/formazione/art_dossier_per_sito.pdf

“Health professions are characterized, beside a technical and operational skill related to the duties and the profession’s contents, that must develop on scientific and technological research, are also connoted by ethical skills, underlying the daily activities, supporting the judgements’ and decisions’ system; analytical and intuitive skills, implicating critical thinking and analytical skills, imagination, creative problem-solving and risk approach under uncertainty, as it’s the core of the health professions; relational and communicative skills, the fundamental background of the relationship system with patients and colleagues; situational skills, linked to specific work places and context and to the continuing changes; managerial skills, implicating the organizational and managerial ability for activities, work groups or, at more complex levels, work organization”.

With such a view on the social and health operator, the EI dimension is fundamental, even if it’s not explicit. The following best practices’ list must be read in this way: Some elements, connected to Italian context’s non-homogeneity, must be considered.

From the best practices research, few elements emerge in connection to University education: It highlights the absence of an institutional University high education on EI in health professions”. Almost all the courses dedicated to social and care operators are ECM accredited. Another interesting element is the fact that, relating to relational skills, health professions are quite unified (i.e., they contain users’ different categories). We tried to include direct interest courses for the target group, with different elements also with regard to methodologies, duration and approach modalities to the subjects, to include useful elements for analysis and considerations.

GOOD PRACTICE Nº 1	
ACTIVITY DESCRIPTION	<p><i>Advanced course for communication skills development in the user/client relationship.</i></p> <p><i>Health Service</i></p>
COUNTRY	<i>Italy</i>
YEAR	<i>2006-2008</i>
ORGANISERS	<p><i>CTC, the Managerial Training Centre and Business Management of the Chamber of Commerce of Bologna, created to provide, with the help of trainers and teachers of National and International level, real services in training and management.</i></p>
TARGET	<i>Health and care operators, nurses, administrative operators in Health Services</i>
SUBJECTS	<ul style="list-style-type: none"> - <i>Duties and role of the health operator</i> - <i>Personal motivation in client/user management</i> - <i>Communication techniques development: Concrete applications</i> - <i>Correct configuration of the client/user relationship and contact</i> - <i>Information management; Facilitation techniques</i> - <i>Self consciousness</i> - <i>Assertive communication in the daily client/user management</i> - <i>Proactive listening techniques improvement</i> - <i>Guidelines elaboration</i>
OBJECTIVES	<i>Improve the user/client relationship, providing methodologies, concrete tools for difficult situations' management, stimulating an effective change in individual motivation for relationships strategies.</i>
METHODOLOGIES	<p><i>Traditional courses and follow-ups for each course/group.</i></p> <p><i>General follow-up for each edition.</i></p> <p><i>Questionnaires for course's evaluation, learning contents' evaluation, "knowledge", "how-to-do knowledge" and "how-to-be knowledge" and "how-to-improve knowledge" exploration.</i></p>

REPERCUSSIONS PARTICIPANTS	ON	<i>Service's quality improvement for health operators; individual improvement and improvement of client/users relationship; empathy skills improvement.</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Health operators' role comprehension's improvement for better communication strategies and higher qualitative standards in organization.</i>
OTHER ASPECTS		<i>ECM</i>
REFENCE		<i>ctc@ctcformazione.com</i>
TRANSFERABILITY		<i>It is directly related to target group</i>

GOOD PRACTICE N° 2

ACTIVITY DESCRIPTION	<i>Training course "The relationship with patients in healthcare environment" – Communication skills, emotion management, conflicts resolution.</i>
COUNTRY	<i>ITALY</i>
YEAR	<i>2008/2009</i>
ORGANISERS	<i>Università degli Studi di Siena</i>
TARGET	<i>Doctors, Psychologists, nurses and other healthcare operators working in public or private structures or as freelances, graduated or with diploma.</i>
SUBJECTS	<i>The course provided specialized training on: Communication in healthcare contexts; Relational dynamics; Use of the non verbal communication; Help relationship in sanitary situations, empathy, listening, dialogue, etc.; Social abilities and conflict resolution; Stress management of healthcare staff. The burnout symptom; Communication behaviour observation; Listening; Emotions management; Stress management.</i>

OBJECTIVES		<i>The improvement of communication with patients and families, developing a positive and emotionally harmonic relationship. Psychological needs' understanding and management. The improvement of tools for stress and emotions management in difficult relationships.</i>
METHODOLOGIES		<i>Technical and practical course. Use of interactive methodologies to facilitate the adult's learning.</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>The improvement of communication skills for relationships with patients and families. Stress management.</i>
REPERCUSSIONS ORGANIZATION	ON	<i>The improvement of services' quality. Improvement of work relationships</i>
OTHER ASPECTS		<i>Private course, 8 daily classes and e-learning between May and January.</i>
REFERENCE		<i>http://www.corem.unisi.it/comrel.php?id=didattica</i>
TRANSFERABILITY		<i>It is directly related to the (graduated) target group</i>

GOOD PRACTICE N° 3		
ACTIVITY DESCRIPTION		<i>Leadership's basis: lead with Emotional Intelligence.</i>
COUNTRY		<i>Italy</i>
YEAR		<i>2010</i>
ORGANISERS		<i>Interateneo- gruppo Ulisse- private trainers</i>
TARGET		<i>Individuals, supervisors, managers.</i>
SUBJECTS		<i>Emotional Intelligence at work; concrete use of EI at work; Improvement of relational skills.</i>
OBJECTIVES		<i>The improvement of EI skills at work and the improvement of their use in daily activities.</i>
METHODOLOGIES		<i>e-learning</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Comprehension of EI-related elements.</i>

REPERCUSSIONS ORGANIZATION	ON	<i>The improvement of management and leadership performance</i>
OTHER ASPECTS		<i>E-learning; 12 months; 3 hours classes.</i>
REFENCE		<i>http://www.interateneo.it/corsi/index.php?ida=25&idc=127195587661147&ido=127245829041551</i>
TRANSFERABILITY		<i>It is directly related to target group</i>

GOOD PRACTICE Nº 4		
ACTIVITY DESCRIPTION		<i>Communication at work: The role of Emotional Intelligence into a Diabetes Health Services.</i>
COUNTRY		<i>Italy</i>
YEAR		<i>2010</i>
ORGANISERS		<i>Regione del Veneto - Azienda ULSS 16 di Padova</i>
TARGET		<i>Doctors; nutritionists, nurses, administrative staff, social and health operators.</i>
SUBJECTS		<i>Emotions' role into a Diabetes Health Services Emotional Intelligence Emotions and their management Tools for emotions management The brain and its system</i>
OBJECTIVES		<i>Emotions identification as part of organization; EI description; Emotions mapping: qualities, intensities, fundamentals, cognitive elements. Emotions management; Emotions management tools</i>
METHODOLOGIES		<i>Traditional course; teamwork and didactic cases' analysis</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Work quality's improvement; improvement of personal motivation</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Service quality's improvement</i>

OTHER ASPECTS	<i>ECM - Sponsored by: Bayer S.p.A. Diabetes Care Viale Certosa, 130-20156 Milano</i>
REFENCE	<i>http://ecm.regione.veneto.it/ecm_app/eventi/xls/programma33109.pdf</i>
TRANSFERABILITY	<i>As it relates to an also not graduated target, and as it concerns a degenerative illness, it is directly related to target group</i>

GOOD PRACTICE N° 5	
ACTIVITY DESCRIPTION	<i>Emotional Intelligence for individuals and groups: residential workshop for team-work</i>
COUNTRY	<i>Italy</i>
YEAR	<i>2009</i>
ORGANISERS	<i>A.D.R. □ Analisi delle Dinamiche di Relazione- Apeg associazioni pediatri in gruppo</i>
TARGET	<i>Doctors, paediatricians, healthcare operators</i>
SUBJECTS	<i>Teamwork problems; EI in teams: Theoretical aspects; Cooperation Problematic issues in cooperation; Emotional and Social Intelligence Role playing for learning; Conflict management; Evaluation tests; Negotiation and EI</i>
OBJECTIVES	<i>Focus on teamwork difficulties, to be improved through Emotional and Social Intelligence. Emotions management skills' improvement. Conflict management.</i>
METHODOLOGIES	<i>Residential course. Traditional classes and groups for role playing. Use of multimedia supports for learning.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>The improvement of individuals and groups. Relational skills' improvement.</i>
REPERCUSSIONS ORGANIZATION	ON <i>The improvement of workplace's environment; conflicts management at work; improvement of services.</i>
OTHER ASPECTS	<i>ECM- 22 hours</i>
REFENCE	<i>www.formazione.it</i>

TRANSFERABILITY	<i>It's directly applicable to the target group. Interesting training format.</i>
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GOOD PRACTICE Nº 6	
ACTIVITY DESCRIPTION	<i>Caregiver and Alzheimer</i>
COUNTRY	<i>Italy</i>
YEAR	<i>2010</i>
ORGANISERS	<i>ENDOFAP Liguria. http://www.endofapliguria.it</i>
TARGET	<i>Professional trainers</i>
SUBJECTS	<i>Mapping of the patient and of the illness Introduction to the illness' development, role playing</i>
OBJECTIVES	<i>Development of conversational therapy, a non-pharmacological way of care for the patient and the family. Learning of the 12 steps of the methodology. Improvement of relational skills and Emotional Intelligence.</i>
METHODOLOGIES	<i>Traditional course - role playing</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of the relationship with patient; Stress management's improvement.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improvement of the health service</i>
OTHER ASPECTS	<i>12 hours, ECM accredited</i>
REFENCE	<i>http://www.endofapliguria.it/attachments/079_ECM_2010.pdf</i>
TRANSFERABILITY	<i>It is directly related to target group</i>

GOOD PRACTICE Nº 7	
ACTIVITY DESCRIPTION	<i>Professional motivation and burnout prevention.</i>

COUNTRY	<i>Italy</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Univerona – società privata</i>
TARGET	<i>All professions</i>
SUBJECTS	<i>Needs, emotions, sense of individuals. Self realization. Consideration on the professional life of participants. Improvement of motivation for a better healthcare service.</i>
OBJECTIVES	<i>New perspectives for comprehension of needs of individuals, colleagues and users. Burnout syndrome prevention Relational skills' improvement Improvement of relationships with patients</i>
METHODOLOGIES	<i>Traditional course, team work</i>
REPERCUSSIONS ON PARTICIPANTS	<i>Improvement of self-consciousness Improvement of motivation</i>
REPERCUSSIONS ON ORGANIZATION	<i>Improvement of relations with patients, families and between colleagues</i>
OTHER ASPECTS	<i>ECM- 3 days</i>
REFENCE	<i>http://www.educare.it/univerona/formazione/corsi_ECM/ECM_motivazione.htm</i>
TRANSFERABILITY	<i>It is directly related to target group</i>

GOOD PRACTICE N° 8

ACTIVITY DESCRIPTION	<i>Relational psychology course for healthcare operators</i>
COUNTRY	<i>Italy</i>
YEAR	<i>2010</i>
ORGANISERS	<i>IMePS Istituto di Medicina e Psicologia Sistemica</i>

TARGET	<i>Doctors, dental surgeons, biologists, nutritionists and other healthcare operators.</i>	
SUBJECTS	<i>Neurosciences and brain system</i> <i>New way for medical diagnosis</i> <i>Stress, coping and emotion management</i> <i>Burn-out syndrome management</i> <i>Healthcare counselling</i> <i>Communication techniques and styles, relational skills</i> <i>Emotional Intelligence</i> <i>Help relationships in healthcare services</i>	
OBJECTIVES	<i>Improvement of self-consciousness and relational style</i> <i>Counselling and Mediation techniques learning</i> <i>Improvement of relational qualities at work</i>	
METHODOLOGIES	<i>Traditional classes, seminars, practical workshops, role playing, photo collages, sculpture, film and videotapes.</i>	
REPERCUSSIONS PARTICIPANTS	ON	<i>Improvement of the therapeutic alliance with patients and families</i> <i>Emotions and conflict management</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Improvement of healthcare services</i>
OTHER ASPECTS	<i>Annual duration, 100 hours (80 hours for classes, 20 hours for workshops)</i>	
REFENCE	<i>http://www.imeps.it/</i>	
TRANSFERABILITY	<i>It is directly related to target group</i>	

GOOD PRACTICE Nº 9

ACTIVITY DESCRIPTION	<i>Emotional Intelligence and training processes</i>
COUNTRY	<i>Italy</i>
YEAR	<i>2009/ 2010</i>

ORGANISERS		<i>Università di Urbino, Facoltà di Scienze della Formazione</i>
TARGET		<i>Graduated and professionals working in intergenerational education relationships.</i>
SUBJECTS		<i>Emotions and learning, education, self-development, communication Non-verbal communication Empathy Emotional Intelligence</i>
OBJECTIVES		<i>Improvement of emotion management, communication, EI skills.</i>
METHODOLOGIES		<i>100 hours of traditional classes, teamwork, meetings with experts; 25 hours of e-learning.</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Training on emotions theories and management, interpersonal skills, EI</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Improvement of interactions and didactic methodologies</i>
OTHER ASPECTS		<i>Annual course, fees.</i>
REFENCE		<i>http://www.uniurb.it/it/portale/index.php?mist_id=20&lang=IT&tipo=IST&page=178&aa=&id=1175130</i>
TRANSFERABILITY		<i>Not directly applicable to the target group. Interesting training and e-learning methodologies</i>

GOOD PRACTICE N° 10

ACTIVITY DESCRIPTION	<i>Expressive Counseling for healthcare professions</i>
COUNTRY	<i>Italy</i>
YEAR	<i>2009</i>
ORGANISERS	<i>Associazione Com.e</i>
TARGET	<i>All healthcare professions</i>

SUBJECTS		<i>Laughing psychophysiology</i> <i>Laughing anthropology</i> <i>Positive Emotions and healthcare</i> <i>Humour fiction</i> <i>Contact and group trust exercise</i> <i>Body expression</i> <i>Humour therapy at the Hospital</i> <i>Therapeutic theatre and improvisation</i>
OBJECTIVES		<i>Use of different communication tools with patients and families.</i> <i>Improvement of empathy, humour therapy, trust and relationships with patients and families.</i>
METHODOLOGIES		<i>2 theoretical courses and 3 workshops</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improvement and use of new communication tools to help resolving interpersonal critical dynamics</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Improvement of the healthcare service's quality</i>
OTHER ASPECTS		<i>ECM, 2 days of duration, fees</i>
REFENCE		http://www.com-e.org/documenti/9038811%20Abstract%20e%20CV.pdf
TRANSFERABILITY		<i>It is directly related to target group</i>

4.5. Spain

The Spanish Health and Care Services Sectors is slowly becoming aware of the benefits that training in Emotional Intelligence may have for workers in this field. It is important to highlight that during the past years, more and more people, involved in this sector is becoming more aware of its importance, and of the existing needs and benefits of training workers of this field on EI. Thanks to this, new training courses have been created and developed, in the private and public sector.

Those courses are specifically designed for health and social care workers, and therefore they take into consideration their special needs, and the specific psychosocial risks arising from the development of their tasks. Not only courses have been created, conferences and seminars have also taken place in order to keep raising awareness and improving the satisfaction of the needs in this area, and to implement EI measures in this field. All those measures show the increasing concern in this sector about the health of their workers and the services they provide.

The aim of those courses and training activities is to increase and improve the qualification of the workers of the Health and Care Services Sectors as well as to increase their motivation and satisfaction in the development of their obligations. By doing this, another objective is reached, which is the improvement of the quality of the services provided by those workers, as well as the quality of life of people suffering from a degenerative sickness or process.

Even though this awareness is rising quickly, it was not too easy to find good practices directly related to the target group, because many measures have not yet been implemented. One of the main problems found, during the search of good practices on the Health and Care Services Sectors about training on EI, is the lack of awareness of the advantages that it can have during the development of the workers daily tasks in the short term as well as in the long term. Workers know that they do need some training, but they are not conscious on the benefits that EI can have for them, their patients and for the place they work in. Even if there are not so many specific courses to train those workers, it is important to point out that during the last few years, the government, and the private institutions have promoted the EI for unpaid carers (those who take care of sick and dependent people but are not paid for their job, usually family members). This is important because not only awareness has been raised but measures to cover the needs have taken place and now EI is slowly becoming part of the

training for workers on the Health and Care Services Sectors. Slowly, the public sector is getting more interested in this area, for example, the Regional Government of the Basque Country, promoted a research on the needs of EI training in this field. The research was done through a consulting agency called “Ingema”, which focused on the importance of EI to prevent the psychological risks of this sector.

(<http://www.zerbitzuan.net/buscador.php?pag=2&enviar=1&id=47&op=6&titulo=&autor=&mat-eria=&anno>)

As mentioned above, there are many courses, to help, support and train un-paid carers, not only technically but also psychologically, helping them to manage and prevent all kind of situations, to become more empathetic and to be able to do a better job, while taking care of sick or depending people, in order to improve their life quality. This training covers also the risks (psychological risks) that they may suffer while doing their job. This training, on how to confront specific situations, how to motivate yourself, how to be more empathetic, etc. is provided by private and public organizations. The training is provided considering that those un-paid carers do not have a specific qualification for taking care of others. This is, of course, a very good starting point, since many of those courses could easily be transferred and adapted for the Health and Care Services Sectors, since many of the risks and situations are the same for both, professional and un-paid carers. Professionals, with qualifications on health or social sciences do not receive specific training on those issues and thus they could take good advantage of it, in order to improve their social skills, the quality of their services and the life quality of their clients. A good example of this could be the workshops that some organizations, such as FUNDADEPS (nongovernmental organizations aiming to promote health through training), organize.

(<http://www.fundadeps.org/Actividad.asp?grupoAct=Personas%20Mayores&tipoactividadAct=Formación&tematicaAct=&titulo=Talleres%20de%20reducción%20del%20estrés%20para%20cuidadores%20de%20personas%20dependientes&codactividad=133&cargado=1>).

In the search of good practices, not many, but very good examples of the implementation of EI in the Health and Care Services Sectors have been found. The aim, of the selection made, is to provide examples of good practices which are representative of the different sectors in which they have been developed. Private, as well as public institutions have carried out initiatives on EI training as well as actions on psychosocial risk prevention. Two examples of the initiatives developed by the public sector have been selected, being one of

them a research study on the risks to which those workers are exposed which shows the increasing interest and worry of a regional government in this matters. The second one refers to the implementation of measures (training courses) to give an answer to the existing needs of the workers in the health sector.

Regarding high education institutions (universities) only one example of good practices have been found, but it is very noteworthy, because it includes EI as part of the curriculum of the Nursing Degree. It is a very good example for other high education institutions, which may also want to implement EI as a subject in their university degrees (not only for the nursing degree but also for doctors, psychologists, or other care studies).

The private sector could be said, to be more aware of the benefits of EI in work relationships. There are companies which have been created in order to start giving response to the existing needs of training on EI. More and more private and public organizations (hospitals, care centres, insurance companies, etc.) are demanding training on EI for their workers. Those companies are specialized on providing specific training to fulfil the needs of the health and social care workers.

The above initiatives are directly related to the target group, but there are many other ones available (private and public), that although not directly related, could be easily transferred and applied to the target group. These courses are mainly addressed to un-paid carers who may need specific training to confront the situations they are facing. Those courses mainly cover the stress management or the stress control. In this case, the causes creating stress are the same for paid and un-paid cares. Therefore they could also be used for workers of the Health and Care Services Sectors. Of course those courses would need to be adapted, in order to include and prevent the specific risks related to the labour relations and arising in the workplace, but the basis for them is already available. Out of the many courses available, we have decided to include one for being the most representative of the type of courses found, and therefore available. In general terms they are short courses, but strongly point out the importance of Emotional Intelligence applied to the care sector.

The last good practice selected is from a religious institution which main goal is to provide care and assistance. In order to promote health and social care they offer different services.

Among them, they offer training to students, as well as professional and non professional workers interested in acquiring more knowledge on providing care. One of the courses they offer is about how to manage stress deriving from the development of their job. This kind of training could be transfer to professional workers, and will also be very interesting for students who want to work as carers.

GOOD PRACTICE Nº 1	
ACTIVITY DESCRIPTION	<i>Course aimed to improve abilities and develop strategies to face, in a more adequate way, the different type of situations derived from a profession in the health and care sector.</i>
COUNTRY	<i>SPAIN</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>CALSER VIDA</i></p> <p><i>It is a private company aiming to provide all kind of services for elder and sick people as well as for private companies working in the health and care sector. Among the services provided, they have training courses for people working in this field, offering specific courses of EI.</i></p>
TARGET	<i>Nurses, physiotherapists, occupational therapists, other sanitary workers, professionals dealing with patients.</i>
SUBJECTS	<p><i>Course provided by specialized trainers on:</i></p> <p><i>Communication in sanitary contexts;</i></p> <p><i>Relationship between the sanitary worker and the patient;</i></p> <p><i>Use of the non verbal communication;</i></p> <p><i>Help relationship in sanitary situations, empathy, listening, dialogue, etc.</i></p> <p><i>Social abilities and conflict resolution;</i></p> <p><i>Information obtaining and transmitting among people in a sanitary situation;</i></p> <p><i>Patient during a transfer/wait in a sanitary centre;</i></p> <p><i>Communication skills with kids and teenagers;</i></p> <p><i>Communication skills with elderly people;</i></p> <p><i>Stress of sanitary staff. The burnout symptom;</i></p> <p><i>Mobbing within sanitary centres.</i></p>
OBJECTIVES	<i>Gain and develop skills and strategies to face and to act adequately in all kind of circumstances which are common in the health and care sector, in order to be better trained when facing difficulties at a psychological level</i>

METHODOLOGIES		<i>Long distance learning</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improvement of communication skills and stress management, consequently a better emotional health at work</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Improving the quality of the services provided by workers. Improvement of the work relationships</i>
OTHER ASPECTS		<i>Private course. Cost 120€. Available at all time (continuous training) Duration: 200 hours;</i>
REFERENCE		http://www.calservida.com/formacion.html
TRANSFERABILITY		<i>It is directly related to target group.</i>

GOOD PRACTICE Nº 2

ACTIVITY DESCRIPTION	<i>1st and 2nd Seminar on health of the professional carer “Professional Health as an Strategic Involvement” and “Health in our hands” are two Seminars with the aim of improving the quality of the working life of health and care workers</i>
COUNTRY	<i>SPAIN</i>
YEAR	<i>2007 and 2009</i>
ORGANISERS	<i>Fundación Mario Losantos del Campo It is a nongovernmental organization which aim is to work on the health and education field. They perform their activities in four main areas: professional socio-sanitary assistance, mourning psychology, scientific investigation for degenerative diseases and social assistance in development projects.</i>
TARGET	<i>Professionals and students of the health and care sector</i>
SUBJECTS	<i>Analyze the needs of the health and care workers for their own self care; Provide tools and develop strategies to prevent, detect and face the burnout symptom; Give ways to be aware of the risks deriving from their profession;</i>

OBJECTIVES		<i>To raise awareness among Health and Care Services Sectors workers of the importance of their own care in order to prevent problems and be prepared to confront them, and to avoid negative consequences in their personal and professional life.</i>
METHODOLOGIES		<i>Day Seminar</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Awareness of the importance of knowing the risks of their professions and acknowledgement of ways to prevent the risks. Provision of better services and improvement of their own life and that of their clients.</i>
REPERCUSSIONS ORGANIZATION	ON	<i>Improving relationships among workers in the work place, as well as, those of the workers with patients.</i>
OTHER ASPECTS		<i>1 Day Seminar delivered by experts from different health and care sectors.</i>
REFERENCE		http://www.fundacionmlc.org/
TRANSFERABILITY		<i>It is directly related with the target group.</i>

GOOD PRACTICE Nº 3		
ACTIVITY DESCRIPTION		<i>Contribute to the training in dementia of professional workers and to raise awareness of the needs of treating the diagnosis and the treatment of dementia from the point of view of different welfare levels.</i>
COUNTRY		<i>SPAIN</i>
YEAR		<i>2010</i>
ORGANISERS		<i>Alzheimer Foundation</i> <i>It was created in 2006 as an integral project for the investigation, training and sanitary assistance of people suffering Alzheimer in the Region of Murcia (Spain). They have created a training area in order to have better prepared professional in the centres they have and in the ones they will open (as the new centre which will open in 2011), and to give better services to their clients, people suffering from Alzheimer.</i>
TARGET		<i>Health and social workers of the Alzheimer Unit of the San Basilio Residence (mainly auxiliaries and nurses)</i>

SUBJECTS	<p><i>Care for the patient: Dementia types; Alzheimer diagnosis and treatment. Nursing care; Alimentary care; Importance of the technical care; Importance of the cognitive stimulation;</i></p> <p><i>Care for the professional worker: Importance of the team work; Help relationship training; Stress management; How to face behaviour or psychological symptoms when dealing with patients with Alzheimer; How to deal with mourning within the working place; Guidelines on how to take care of yourself, for the professional worker</i></p>
OBJECTIVES	<p><i>Contribute to the training of professional workers dealing with people suffering from Alzheimer. To give more detailed knowledge on the sickness and how to behave with patients suffering from it. How to face different situations that may arise when dealing with this people.</i></p>
METHODOLOGIES	<p><i>The course is a classroom course, with workshops by giving real and practical examples in the field. At the end of the course there will be a participation in the dementia department of HUVA centre, to put in practice what is learnt.</i></p>
REPERCUSSIONS PARTICIPANTS	<p>ON <i>Improving knowledge on how to face and prevent all kind of situations as consequence of their job.</i></p>
REPERCUSSIONS ORGANIZATION	<p>ON <i>To improve the quality of work done by the professionals</i></p>
OTHER ASPECTS	<p><i>34 hours course, out of which 16 are focused on the care of professional workers. Free for workers of the San Basilio Residence Centre.</i></p> <p><i>Besides specific care techniques, they provide their workers, as part of the basic knowledge needed EI strategies. The Foundation gives equal importance to care techniques and social and psychological abilities and preparation.</i></p>
REFERENCE	<p>http://www.fundacionalzheimer.org/files/EL%20CUIDADOR%20PROFESIONAL%20ENFERMEDAD%20DE%20ALZHEIMER.pdf</p>
TRANSFERABILITY	<p><i>It is directly related with the content and target group.</i></p>

GOOD PRACTICE Nº 4	
ACTIVITY DESCRIPTION	<i>Research on the psychosocial risks of the health and care sector workers and on the risks of taking care of dependent people</i>
COUNTRY	SPAIN
YEAR	2008
ORGANISERS	<i>Basque Department of Employment and Social Affairs. Research study carried out by INGEMA and published by “Zerbitzuan”</i>
TARGET	<i>Health and care organizations</i>
SUBJECTS	<i>Risk prevention for health and care workers</i>
OBJECTIVES	<i>Study and determine the risks of the health and care sector workers and provide them with the guidelines on how to prevent those risks by, for example, training the worker</i>
METHODOLOGIES	<i>Needs analysis and guidelines development on how to overcome the risks</i>
REPERCUSSIONS PARTICIPANTS	ON <i>A better knowledge of the risks related to their profession</i>
REPERCUSSIONS ORGANIZATION	ON <i>Improve the quality of their services provided by the public sector, and reduce the risks of their workers within the workplace, aiming to reduce work absenteeism, among others.</i>
OTHER ASPECTS	<i>Research of the Public Government</i>
REFERENCE	http://www.zerbitzuan.net/buscador.php?pag=2&enviar=1&id=47&op=6&titulo=&autor=&materia=&anno=
TRANSFERABILITY	<i>The results of this study may be transferred to other health and care organizations, public and private. Also, the methodology used could be a reference for other similar studies.</i>

GOOD PRACTICE Nº 5	
ACTIVITY DESCRIPTION	<i>National meeting aiming to foster the management of emotions and conflicts related to the welfare task of nurses</i>
COUNTRY	SPAIN

YEAR		2005
ORGANISERS		<p><i>Nurses Union</i></p> <p><i>It is a private nongovernmental organization created in 1994. It was created with scientific aims to give support to the nurses' community in order to protect their interests. It has very close relationships with other European companies and organizations of this sector. They have a specific area for partners training.</i></p>
TARGET		<i>Nurses</i>
SUBJECTS		<p><i>Identify emotional alterations deriving from the relationship between nurse and patient.</i></p> <p><i>Learn how to use preventive and palliative techniques for the management of emotions and stress</i></p> <p><i>To develop communication skills among nurses and with patients, in order to help them improve the conflict management skills</i></p> <p><i>Identify the advantages of the techniques and instruments presented during the course "Taking care of nurses".</i></p>
OBJECTIVES		<p><i>Improve the emotion and conflict resolution skills of nurses. To prepare the "Declaración de Montbrío" which will include the measures that are necessary for nurses to reach the social objective of their job and to improve the health of the community, by improving the health of the professional workers who take care of them. It will suggest administrative and sanitary changes that are needed according to nurses' experiences and recommendations.</i></p>
METHODOLOGIES		<p><i>For the Montbrío Declaration, an online debate took place and nurses and health and care centres were contacted to obtain a bigger participation and more detailed information about the needs of the workers in this area.</i></p>
REPERCUSSIONS PARTICIPANTS	ON	<p><i>Raise awareness of the actual needs and provide tools to confront the conflicts</i></p>
REPERCUSSIONS ORGANIZATION	ON	<p><i>Taking care of the emotional health of the health and care workers will improve the services provided by them to customers and patients.</i></p>
OTHER ASPECTS		

REFERENCE	http://www.enfermeriacomunitaria.org/documentos/libros_ponencias/reunion_invierno_4/4reunion.html#Declaracion
TRANSFERABILITY	<i>It aims to identify the needs and provide training exclusively for the health sector, but it could be transfer to the care sector, just adding some of the specificities of the sector.</i>

GOOD PRACTICE Nº 6	
ACTIVITY DESCRIPTION	<i>Course for health workers to teach them to be aware of the main risks and of the possible work accident, including psychosocial risks.</i>
COUNTRY	<i>SPAIN</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Nursing Association</i> <i>Created in 1995 is a non-profit organization aiming to provide services and activities to their associates, mainly nurses, in order to improve their security and professional development in the fulfilment of their tasks. It also offers information, guidance, and documentation concerning topical subjects such as employment, education, training, courses and social/economic benefits.</i>
TARGET	<i>Workers of the health sector</i>
SUBJECTS	<i>Risks of the health sector:</i> <i>Among the services they provide they have detection, prevention and causes assessment of the risks of workers of the health sector, including mental risks, health at work, work sickness, professional sickness, as well as physical risks deriving from the manipulation of all kind of substances or from the development of their daily tasks.</i>
OBJECTIVES	<i>Be aware of the main risks and of the possible work accidents for the health sector workers, including psychosocial and physical risks</i>
METHODOLOGIES	<i>Online</i>
REPERCUSSIONS ON PARTICIPANTS	<i>Awareness of the risks derived from their work, including the emotional ones and improvement of their health at work</i>
REPERCUSSIONS ON ORGANIZATION	<i>Better preparation of their workers, improvement of risk prevention policy</i>

OTHER ASPECTS	<i>220 hours course; Cost 135€; Certificate given by the “Universidad Internacional de Valencia”</i>
REFERENCE	http://www.asoenfermeria.com/catalogo-cursos/cursos-viu/prevencion-de-riesgos-laborales-en-el-sector-sanitario1/
TRANSFERABILITY	<i>It could be transferred to the care sector, taking into consideration its specificities and the characteristics of the organization providing them.</i>

GOOD PRACTICE Nº 7	
ACTIVITY DESCRIPTION	<i>Psychosocial applied sciences; it is a main subject of the Nursing Curriculum of the University of Seville. It is taught during the first year as an introduction of the basic psychological aspects of their future profession</i>
COUNTRY	<i>SPAIN</i>
YEAR	<i>2010</i>
ORGANISERS	<i>University of Seville (Nursing Undergraduate Department)</i>
TARGET	<i>Nursing Undergraduate Students</i>
SUBJECTS	<i>Psychosocial applied science, among other materials, has a chapter on interpersonal relations with others, health and social workers, patients and family.</i>
OBJECTIVES	<i>The aim of this subject is to qualify students in the psychosocial aspects of the practice of their profession; to train students to identify, manage and solve conflicts; to foster students’ enthusiasm to keep learning and to develop skills to identify their own needs.</i>
METHODOLOGIES	<i>Class room courses, analysis and discussions, relaxation techniques, workshops.</i>
REPERCUSSIONS ON PARTICIPANTS	<i>Better training for nurses’ future career.</i>
REPERCUSSIONS ON ORGANIZATION	<i>Professional better prepared will be able to provide better services to the clients and with a reduced risk for them</i>
OTHER ASPECTS	
REFERENCE	http://www.us.es/estudios/titulaciones/planes/plan_35_21/ asignatura_350001

TRANSFERABILITY	<i>All the aspects considered in this course could also be addressed to professional carers. Taking into account the specificities of each health and care sector could be adapted to train those students or workers</i>
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GOOD PRACTICE Nº 8	
ACTIVITY DESCRIPTION	<i>Training on social and communication skills</i>
COUNTRY	<i>SPAIN</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Osakidetza (Public Health and Sanitary Service of the Basque Country, Spain)</i>
TARGET	<i>Health and care workers of Basque Public Institutions</i>
SUBJECTS	<p><i>Quality of the treatment and end users information; Rights and obligations of the end users of the public services of Osakidetza. 20 hours (4 actions of training planned)</i></p> <p><i>Interpersonal relations and difficult situations management. 15 hours (3 actions of training planned)</i></p> <p><i>Positive and listening skills. 15 hours (3 actions of training planned)</i></p> <p><i>Communication and expression skills. 10 hours (2 actions of training planned)</i></p>
OBJECTIVES	<i>To provide training to health and care workers of the public sector to help them in the realization of their daily tasks, when in direct contact with patients.</i>
METHODOLOGIES	<i>Class room courses</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Better training and preparation to fulfil the tasks of their jobs; improve their motivation and satisfaction in their daily work</i>
REPERCUSSIONS ORGANIZATION	ON <i>Provision of better services to the clients, decrease the work absenteeism</i>
OTHER ASPECTS	

REFERENCE	http://www.osakidetza.euskadi.net/v19-osk0048/es/contenidos/informacion/organizacion_gestion_osk/es_og/adjuntos/formacion/planFormacion.pdf
TRANSFERABILITY	<i>It is directly related to the target group, but it could be transfer to other public organizations as well as to private ones working in this field.</i>

GOOD PRACTICE Nº 9	
ACTIVITY DESCRIPTION	<i>Training courses specially designed according to the needs of the work centre requesting them, on personal and professional skills, communication skills and customer service.</i>
COUNTRY	<i>SPAIN</i>
YEAR	<i>2010</i>
ORGANISERS	<i>OMPLUS SALUD, consulting company which provides training for the development of social and professional skills. They are specialists on the health sector, and collaborate with private and public hospitals.</i>
TARGET	<i>Health workers of the sanitary sector</i>

SUBJECTS	<p><i>Personal skills:</i></p> <p><i>Stress management; Relaxation techniques; Self esteem; Feelings management; Conflict situation management in the sanitary sector; Burnout, how to prevent it and face it.</i></p> <p><i>Professional skills:</i></p> <p><i>Personal Leadership; The power of motivation; Leadership techniques; Time management; Organization skills; Quality and work satisfaction in the sanitary sector; Innovation and growth; Trainers training; Conflict resolution; Change catalyst; Negotiation skills;</i></p> <p><i>Communication skills:</i></p> <p><i>Positivity and Empathy; Interpersonal communication; Non verbal communication; Bad news management;</i></p> <p><i>Customer service:</i></p> <p><i>End user attention; Care of the carer; Aggressiveness management; Phone communication</i></p>
OBJECTIVES	<p><i>Give support to public and private health centres to improve the quality of the services they provide as well as their staff skills, in order to obtain better results in the work place.</i></p>
METHODOLOGIES	<p><i>Class room courses, online training and continuous training workshops. They develop specific training according to the needs of each customer.</i></p>
REPERCUSSIONS PARTICIPANTS	<p>ON <i>Better training and qualification of the staff to confront all kind of situations and to increase the satisfaction of workers in the service they provide.</i></p>
REPERCUSSIONS ORGANIZATION	<p>ON <i>Better knowledge of the needs of the company and their staff; improvement of the services they provide.</i></p>
OTHER ASPECTS	
REFERENCE	<p>http://www.omplus.net/</p>
TRANSFERABILITY	<p><i>Their job is focused on the health sector, but the training they provide could also be applicable to the care sector.</i></p>

GOOD PRACTICE Nº 10	
ACTIVITY DESCRIPTION	<i>Tailored training courses for health and care sector organizations asking for specific courses.</i>
COUNTRY	<i>SPAIN</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Equipo Hermes, is a consulting company, providing services to the health and care sectors as well as to the human resources, education and social services. They provide class room and online training for the mentioned fields.</i>
TARGET	<i>Private and Public health and care organizations; Professional Workers of this sector; Other private and Public institutions as well as NGOs.</i>
SUBJECTS	<p><u>Training for group intervention:</u></p> <p><i>Group dynamics; Professional worker with groups, conflict resolution; Skills for group intervention: therapeutic groups.</i></p> <p><u>Training for family intervention:</u></p> <p><i>Communication with patient's family and/or with disable people.</i></p> <p><i>Stress of the patient's or disable person's family</i></p> <p><u>Human resources area:</u></p> <p><i>Professional Stress: prevention and management: The burnout symptom</i></p> <p><i>Keys for successful work in the care and sanitary area</i></p>
OBJECTIVES	<i>To provide training services for the private and public health and care sector to improve their performance in managing interpersonal relations</i>
METHODOLOGIES	<i>Ad hoc courses, specifically designed according to the needs of the trainees or/and of the health and care organization. They are taught online and in class room sessions.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improvement of communication skills of workers when dealing with groups or families. Learning how to prevent and manage stress, and to motivate workers for the development of their daily tasks.</i>
REPERCUSSIONS ORGANIZATION	ON <i>Better preparation of their staff in order to improve working conditions and the quality of the services provided.</i>
OTHER ASPECTS	

REFERENCE	http://www.equipohermes.com
TRANSFERABILITY	<i>It is directly related with the target group.</i>

GOOD PRACTICE Nº 11	
ACTIVITY DESCRIPTION	<i>Courses on Stress Management, such as “Take care of other, without getting burned”; “Emotional Intelligence to help others”.</i>
COUNTRY	SPAIN
YEAR	2009 – 2010
ORGANISERS	<i>Humanizar.es; Portal de Humanización de la salud; depends on San Camilo Centre which is a religious institution providing assistance to sick people as well as training to students, professionals and other people interested in learning care methods. They count with a training department and provide class room and online courses, seminars, conferences and postgraduate studies.</i>
TARGET	<i>Students and professionals of the health and care sector as well as un-paid carers or any other person interested in learning caring methods</i>
SUBJECTS	<i>Self control, motivation, empathy, social skills, getting to know your own feelings and other people’s feeling better in order to develop better inter personal skills.</i>
OBJECTIVES	<i>Obtain a better self knowledge and learn how to control yourself when interacting with others, especially when they are going through a difficult situation, mainly a disease.</i>
METHODOLOGIES	<i>Online courses with a tutor for solving questions.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Trainees will learn about themselves and how to treat and understand others. Communication skills will be developed as well as conflict confrontation. Those courses also aim to motivate professional and not professional carers and to increase their satisfaction degree in their daily working life</i>
REPERCUSSIONS ORGANIZATION	ON <i>Provision of better and more specialized services, workers’ motivation, improvement of the relationship among workers and with clients.</i>

OTHER ASPECTS	<p><i>100 hours course; taught online. It is a private course with a price of 150€, which is addressed to every person who wants to know more about Emotional Intelligence and especially for those who want to help others.</i></p>
REFERENCE	<p>http://www.humanizar.es/cursos/2009_2010/09_curso_ayudar_sin_quemarse.html</p>
TRANSFERABILITY	<p><i>This course is already addressed to people who want to help other and it highlights the importance of Emotional Intelligence when assisting others. The important aspects of EI treated here could be applied for professional workers, by emphasizing the specific needs of their work.</i></p>

4.6. Poland

As already mentioned in the first part of this report available on the Polish market, the training offered on emotional intelligence is quite poor. It is difficult to find training in this area, addressed directly to the workers employed in health care and social assistance. While those that appear are usually conducted in the context of burnout but do not learn how to handle emotions in difficult situations, to maintain control over the factors causing the negative emotions, to communicate in emotional situations. However, after deeply analysis of training provision proposed by both the colleges and universities which educate future specialists on health and social services, psychologists, therapists, etc. as well as commercial training institutions, which offer short forms of training for different professional groups we have selected 11 examples of activities relating to the concept of Emotional Intelligence or containing elements of the conceptual field, which can be considered as a good practice:

We would like to give a special attention for the first two good practices, which contains examples of courses with topics of Emotional Intelligence, included in the vocational programs on the undergraduate studies for nurses (GP No. 1) and on postgraduate studies for trainers, teacher and educators (GP 2). The third good practice (No 3) is also related to higher education on Psychology management, mainly addressed to heads of teams/units in companies and enterprises but after modification of the programme, some elements of the workshop on EI subject may be also focused on the workers employed in health care and social assistance.

Good practices No 4-10 are examples of short form of trainings and workshops offered by commercial training organisation. There are mainly workshops focused on emotional and social intelligence components, types of emotional intelligence and possibilities of their assessing. Some of them are strictly addressed to our target groups, another one are addressed to businnes but after modification may be also focused on the workers employed in health care and social assistance.

The last good practice is the internet service contains only information on Emotional Intelligence (EI), addressed to people who are interested in this subject or would like to learn more about it.

GOOD PRACTICE Nº 1	
ACTIVITY DESCRIPTION	<i>Classes on “Emotional intelligence and reflective thinking in nursing care” on Nursery study</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2009-2010</i>
ORGANISERS	<p><i>State Vocational College, Institute of Nursing - Specialised Nursing Department</i></p> <p><i>32-600 Oświęcim, Kolbego Street 8</i></p> <p><i>Public School established on 1 July 2005 as a joint initiative of the local government of Oswiecim district, Malopolska Voivodeship and Oswiecim city. Patron of the college assumed the Jagiellonian University. Speciality of “Nursing” has been opened in the academic year 2009/2010. Includes 3-year full-time study and 1,5-year bridging studies</i></p>
TARGET	<i>Nursery students (1st degree studies)</i>
SUBJECTS	<p><i>Course “Nursery Basics” at the nursery studies</i></p> <p><i>Topics covered:</i></p> <p><i>Collaboration of a nurse with care and therapeutic team</i></p> <p><i>Health concepts: a holistic health concept and social and ecological health concept</i></p> <p><i>Emotional intelligence and reflective thinking in nursing care</i></p> <p><i>Theories of nursing</i></p> <p><i>Communication with a patient, patient’s family, important persons and the therapeutic team</i></p> <p><i>Stress-handling tactics</i></p>

OBJECTIVES	<i>Independent identification of health problems of a person, family and social group, goal setting, planning, implementation and evaluation of effects of care for patients, correct communication with a person in different health conditions and with a therapeutic team, ensuring nursing care complaint with human and professional ethical principles, planning and implementation of health promoting tasks and prevention, treatment and rehabilitation tasks, self-assessment and critical analysis of own achievements; conclusions from the self-assessment and analysis used for stimulating vocational and personal development, conscious application of modern knowledge and its use for the purposes of nursing, independent search for knowledge necessary for increasing the quality of provided care, respect for human rights, including national traditions, culture and religion, active participation in development of the profession of a nurse and participation in the work of professional organisations and associations.</i>
METHODOLOGIES	<i>Duration of classes on “Emotional intelligence and reflective thinking in nursing care” – 10 hours</i>
REPERCUSSIONS ON PARTICIPANTS	<i>justification of the importance of providing personal and vocational training to nurses, development of professional standards in nursing, defining the importance of nurse’s knowledge about themselves and their patients as regards their experience, needs and requirements. Understanding patients in terms of a connection between health and everyday’s life, justifying the concept that nursing is predominantly about applying knowledge, skills and solving problems in the aspect of individual patient’s needs, presentation of the process of communicating with a patient, family and the team, presentation of the nursing process on the basis of selected nursing theory and the rationale behind it.</i>
REPERCUSSIONS ON COMPANY	<i>Preparing for practicing the profession of a nurse</i>
OTHER ASPECTS	-
REFERENCE	http://www.pwsz-oswiecim.edu.pl
TRANSFERABILITY	<i>directly related to target group</i>

GOOD PRACTICE Nº 2	
ACTIVITY DESCRIPTION	<i>Post-Graduate Studies “Trainer of Cognitive Skills”</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2009/2010</i>
ORGANISERS	<i>Warsaw University, Department of Psychology ul. Stawki 5/7 00-183 Warszawa</i>
TARGET	<i>The studies are addressed to all those interested in improving cognitive operation of others, primarily to those working or intending to work as personal development trainers, memory skill trainers, teachers from all level of education, HR employees and trainers organising personnel training.</i>
SUBJECTS	<p><i>The programme of the studies (the curriculum) is divided into three thematic blocks:</i></p> <p><i>“Basic knowledge on cognitive functioning” – the aim is to familiarize students with basic knowledge about human cognitive functioning. Includes: 4 lectures with 28 hours, and workshops with 20 hours.</i></p> <p><i>“Selective Cognitive Skills Training” includes course on “Emotional and social intelligence”.</i></p> <p><i>In this study unit provided mainly workshops with the knowledge and opportunity to train some cognitive skills. Includes: 8 hours of lectures, 28 hours of seminars and workshops 92 hours.</i></p> <p><i>This unit includes lecture on Emotional and social intelligence, focused on emotional and social intelligence components, types of emotional intelligence and possibilities of their assessing. The workshops are dedicated to developing social skills and the ability to recognise, analyse and control emotions.</i></p> <p><i>“Cognitive functioning in specific conditions” includes: 20 hours of lectures and 40 hours of workshops.</i></p>
OBJECTIVES	<i>Acquisition of skills to better use their potential and constant learning, deepening their own knowledge, changing careers and acquire new competences.</i>
METHODOLOGIES	<i>Lectures, seminars, practical workshops</i>

REPERCUSSIONS PARTICIPANTS	ON	<i>The development of cognitive skills, The use of their intellectual and emotional potential in the work environment</i>
REPERCUSSIONS COMPANY	ON	<i>To improve the quality of work done by the professionals</i>
OTHER ASPECTS		<p><i>Postgraduate Studies “Trainer of Cognitive Skills” lasts 1 academic year - from October to June; include 240 hours (two semesters), consist on 18 meetings in the form of weekend (Saturday and Sunday). Each meeting takes 14 hours of lectures. Recruitment takes place once a year during the summer holidays.</i></p> <p><i>The cost of study for the entire academic year is 5 900 PLN</i></p> <p><i>Classes “Emotional and social intelligence” lasts 16 hours (lectures - 4 hours workshop - 12 hours)</i></p>
REFERENCE		<i>http://www.psych.uw.edu.pl/podyplomowe/trenerprogram.php</i>
TRANSFERABILITY		<i>It can be directly related with the content and target group.</i>

GOOD PRACTICE Nº 3	
ACTIVITY DESCRIPTION	<i>Psychology Management</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2010</i>
ORGANISERS	<p><i>The College of Banking in Poznań</i></p> <p><i>A non-public college in the Wielkopolska Region, conferring the title of a master, offers 37 types of 1st and 2nd degree studies, 129 specialisations in total as well as more than 150 post-graduate curricula.</i></p>
TARGET	<i>The studies are addressed to all heads of teams/units in companies and enterprises, who wish to develop their leadership skills and increase their effectiveness in managing people.</i>

<p>SUBJECTS</p>	<p><i>Curriculum:</i></p> <p><i>Introduction to psychology in business</i></p> <p><i>Management styles and leadership</i></p> <p><i>Building effective teams</i></p> <p><i>Organisation of manager's work</i></p> <p><i>Organisational culture</i></p> <p><i>Conflict management in an organisation</i></p> <p><i>Negotiations and mediations in business</i></p> <p><i>Change management in an organisation</i></p> <p><i>How to assess employee's potential</i></p> <p><i>Selection and recruitment</i></p> <p><i>Self-motivation, motivating others</i></p> <p><i>Shaping one's image as a manager</i></p>
	<p><i>Techniques of presentation</i></p> <p><i>Personal development of a manager</i></p> <p><i>Emotional intelligence in business</i></p> <p><i>types of emotional intelligence and their development in the context of a professional career; the role of emotional intelligence; diagnosing emotional intelligence; managing one's emotions; development of empathy – use of emotional intelligence at work</i></p> <p><i>Communication in an organisation</i></p> <p><i>Assertiveness applied</i></p> <p><i>Stress in manager's work</i></p> <p><i>The art of persuasion and techniques of influencing people</i></p> <p><i>Psychology of relations with strategic accounts and trade partners</i></p> <p><i>A coaching session</i></p>
<p>OBJECTIVES</p>	<p><i>The key objective of the Post-Graduate Studies in Psychology of Management is to learn about the latest trends in management and the skill of using them in practice.</i></p>

METHODOLOGIES		<i>80% of courses are interactive; typically in the form of skill training by using active didactic methods; basic concepts are communicated in presentations and moderated discussion. Students analyse case studies, do practical exercises and take part in games and simulations.</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>building own authority, building effective teams creative approach to problem solving and achieving expected results</i>
REPERCUSSIONS COMPANY	ON	<i>Development of leadership skills More effective management skills Manager's development</i>
OTHER ASPECTS		-
REFERENCE		<i>www.wsb.poznan.pl</i>
TRANSFERABILITY		<i>After modification of the programme, the workshop may be also addressed to the workers employed in health care and social assistance</i>

GOOD PRACTICE Nº 4

ACTIVITY DESCRIPTION	<i>Workshops for nursing personnel managers entitled „Quality Systems in Nursing. Building Right Interpersonal Relations in Dealings with Patients and Colleagues”</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2010</i>

<p>ORGANISERS</p>	<p><i>Centrum Edukacji Menedżerskiej Promotor</i></p> <p><i>61-702 Poznań, ul. Gwarna 13,</i></p> <p><i>A training and consulting company providing services to personnel and organisations of the health care sector entities, public and local administration entities, enterprises, etc. Collaborates with the National Chamber of Laboratory Diagnoses providing specialised, professional training and other projects in support for diagnosis and with the Main Chamber of Nurses and Midwives as regards organisation of training and other projects addressed to Polish nurses and midwives.</i></p>
<p>TARGET</p>	<p><i>The workshops are addressed to managers of the nursing staff in public and non-public healthcare entities – nursing managers, head nurses/ chief nurses, ward nurses, sole proprietors and heads of entities in the nursing and midwife services sector, representatives of District Chambers of Nurses and Midwives.</i></p>

<p>SUBJECTS</p>	<p><i>In the part related to the emotional intelligence:</i></p> <p><i>A process approach to the quality, examples of nursing procedures – workshop</i></p> <p><i>Motivating employees to maintaining high quality of services</i></p> <p><i>Social skills in the work of nurses and midwives:</i></p> <p><i>effective communication with patients</i></p> <p><i>accurate assessment of others, subjectivism when assessing others</i></p> <p><i>assertive attitude in the work of a nurse and “difficult” patients,</i></p> <p><i>Contact phases and social competences required in each phase – training of skills</i></p> <p><i>Teamwork principles – effective leadership and motivation</i></p> <p><i>Conflicts and their constructive solution,</i></p> <p><i>Employee assessment and effective motivation tools</i></p> <p><i>Stress at work; handling stress in difficult situations:</i></p> <p><i>sources of stress at work – organisational, interpersonal, individual</i></p> <p><i>stress handling, control of stress inducing factors</i></p> <p><i>Professional burnout in the work of medical staff – identification and prevention</i></p> <p><i>Mobbing – identification of the phenomenon, prevention methods</i></p>
<p>OBJECTIVES</p>	<p><i>Improving the quality of work performed by nurses and midwives, including legal requirements, management system standards as well as good nursing practice, with a particular emphasis on patient’s view point, their expectations and quality of nurses and midwives’ work they perceive.</i></p> <p><i>Description of factors affecting the quality of work of nurses and midwives.</i></p> <p><i>Acquiring skills of proper building relationships of the nursing staff with patients and colleagues.</i></p> <p><i>Presentation of tasks of nursing management staff which improve quality perception by patients and influence nurses and midwives’ comfort of work and commitment.</i></p> <p><i>Improving communication between nurses and doctors and nurses and patients as well as techniques of coping with stress and conflict solving.</i></p>

METHODOLOGIES		<i>4-day workshop, consultations</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improving proper relations of the nursing staff with patients and colleagues</i> <i>Improving nurse-doctor and nurse-patient communication</i> <i>Coping with stress in difficulties and in conflict</i> <i>Development of emotional intelligence</i>
REPERCUSSIONS COMPANY	ON	<i>Enhanced perception of service quality by patients</i> <i>Higher commitment and comfort of work of nurses and midwives</i> <i>Effective time management by nurses and midwives</i>
OTHER ASPECTS		<i>Full fee charged for the workshop. Cost per 1 participant – PLN 790.00</i> <i>Duration – 4 days (19.5hrs)</i>
REFERENCE		<i>http://www.promotor.poznan.pl</i>
TRANSFERABILITY		<i>After modification of the programme, the workshop may be also addressed to the workers employed in health care and social assistance</i>

GOOD PRACTICE Nº 5

ACTIVITY DESCRIPTION	<i>Training “Psychological aspects of working in the health care, difficult cases” covering the area of IE and communication with patients.</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Merkury Consulting, Łódzka Grupa Szkoleń; Ul. Powstańców Śląskich 21; 95-100 Zgierz</i> <i>A training and consulting firm specialising in training and workshops supporting and developing skills of persons working in business and education sector. Runs on site and in retreat training, including integration training. Training supported by psychological background and individual consulting work with clients. Each group session run as a workshop or training session.</i>
TARGET	<i>directly related to target group</i>

SUBJECTS	<p><i>Emotional intelligence and effective communication with patients and their families</i> (initiating a contact, recognising own and other party's emotions, effective communication techniques, persuasion – rephrasing, elaboration, enlightening, metaprogrammes).</p> <p><i>Difficult communication cases when working with patients and their families (coping with conflict and strong emotions in a patient and their family, working with a conflict, giving bad news)</i></p> <p><i>Stress and professional burnout in the health care sector</i> (techniques of effective reduction of stress, professional burnout – causes, mechanism, consequences, prevention, the art of self-motivation, how to keep the life-work balance)</p>
OBJECTIVES	<p><i>The training's objective is to develop psychological aspects of work in the health care sector.</i></p>
METHODOLOGIES	<p><i>A series of 3 training x 2 days each (at least 10x 60min).</i></p> <p><i>Interactive lecture, team brainstorming, wheel analysis of problems, group discussion, focused discussion, case study, work with body and voice coaching, audiovisual materials, simulations and psychological games, coaching</i></p>
REPERCUSSIONS ON PARTICIPANTS	<p><i>The skill of giving information in a completely comprehensible way, reducing a possible objection on the part of the interlocutor, effective persuasion, recognising and identifying emotions and their sources in oneself and in the interlocutor, reacting to the emotions in a way preventing a conflict or by solving an existing conflict, stress reducing skill in situations of a strong tension by applying suitable techniques and a possible change of the pattern of reaction to difficult events over a longer time horizon, The ability of noticing early symptoms of professional burnout and prevention of its escalation thanks to reduction of stress and self-motivation.</i></p> <p><i>Development of emotional intelligence</i></p>
REPERCUSSIONS ON COMPANY	<p><i>As above</i></p>

OTHER ASPECTS	<p><i>The content and duration of training may be modified to tailor it to the needs of the contracting organisation.</i></p> <p><i>The price of a training package of 3x 2day training for groups up to 18 participants is PLN 18,000.00</i></p> <p><i>The price of a module (a 2-day training) – PLN 7,000.00</i></p> <p><i>The price of one training day for a group up to 18 participants with training programme structured on request – PLN 4,000.00</i></p>
REFERENCE	http://www.merkuryconsulting.pl
TRANSFERABILITY	<i>directly related to target group</i>

GOOD PRACTICE N° 6	
ACTIVITY DESCRIPTION	<i>Workshop “Trainer’s emotional intelligence – a fashion or a need of our times?”</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2010</i>
ORGANISERS	<i>MATRIK Management Trainers' Club</i>
TARGET	<i>Trainers</i>
SUBJECTS	<p><i>Emotions and how they affect us:</i></p> <p><i>Four levels of competence in emotional intelligence how to recognise and name specific feelings and emotions which we feel Effective dealing with emotions and feelings without harm to ourselves and others – holistic satisfaction and the impact of what we eat on our well-being Emotional and sentimental convictions</i></p>
OBJECTIVES	<i>Development of personal and professional competences of trainers.</i>
METHODOLOGIES	<i>Short 3-hour workshops delivered by using active methods</i>
REPERCUSSIONS ON PARTICIPANTS	<p><i>Personal and professional development of trainers.</i></p> <p><i>Exchange of experience and knowledge between participants, contributing to the integration of trainers’ environment.</i></p>

REPERCUSSIONS ON COMPANY	<i>Improving the quality of work and interpersonal relations.</i>
OTHER ASPECTS	<i>Workshops organised by the Silesian Trainers' Club at the Matrik Association. Cost – PLN 30.00 for 3-hour workshops, members of the Club – free of charge</i>
REFERENCE	http://www.matrik.pl
TRANSFERABILITY	<i>After modification of the programme, the workshop may be also addressed to the workers employed in health care and social assistance</i>

GOOD PRACTICE Nº 7	
ACTIVITY DESCRIPTION	<i>Training “Emotional intelligence in welfare work”</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2008</i>
ORGANISERS	<i>Opolskie Forum Organizacji Socjalnych; Pl. Św. Sebastiana 3, 45-030 Opole www.ofos.opole.pl, ofos@op.pl</i>
TARGET	<i>Employees of welfare institutions or those, who aspire to work in welfare institutions and are interested in own development, in particular in terms of recognising, communicating one's emotions and handling one's emotions in difficult cases when working in the welfare sector, for example, volunteers working in the institutions of social assistance</i>

SUBJECTS	<p><i>Core information on emotional intelligence and emotional intelligence in one's professional work</i></p> <p><i>Emotional intelligence in servicing welfare clients</i></p> <p><i>Emotional intelligence as a factor supporting the culture of collaborating with other welfare employees</i></p> <p><i>Emotional intelligence as a factor supporting the culture of collaborating with employees in other institutions</i></p> <p><i>Emotional intelligence as a factor supporting the culture of collaboration with local groups</i></p> <p><i>Own development</i></p>
OBJECTIVES	<p><i>Increasing the awareness of the importance of emotional intelligence in professional life</i></p> <p><i>Learning the use of emotional intelligence to increase the efficiency of work in the area of social welfare</i></p> <p><i>Reflection of participants over their own emotional development in the context of career planning in the area of social welfare</i></p> <p><i>Improving psycho-social competence</i></p>
METHODOLOGIES	<i>1 Day Training</i>
REPERCUSSIONS ON PARTICIPANTS	<i>Improvement of communication skills and improving psycho-social competence</i>
REPERCUSSIONS ON COMPANY	<p><i>Improving the quality of the services provided by workers.</i></p> <p><i>Improvement of the work relationships</i></p>
OTHER ASPECTS	<i>Duration 8 hours</i>
REFERENCE	<i>http://www.ofos.opole.pl/viewpage.php?page_id=8</i>
TRANSFERABILITY	<i>Directly related to target group</i>

GOOD PRACTICE Nº 8

ACTIVITY DESCRIPTION	<i>Emotional Intelligence</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2009</i>

ORGANISERS	<p><i>eduPartners</i></p> <p><i>Szkolenia i Doradztwo Sp. J.</i></p> <p><i>40-133 Katowice, ul. Górnika 3</i></p> <p><i>A private firm, on the market since 2002, focused on projects on increasing and developing the competence capital of enterprises through training and personnel consulting</i></p>
TARGET	<p><i>Managers of all levels</i></p> <p><i>HR staff and managers</i></p> <p><i>Specialists</i></p>
SUBJECTS	<p><i>The essence of EI</i></p> <p><i>Emotional and social competences conditional upon developing emotional intelligence: self-awareness; self-regulation; motivation; empathy, social skills; How to train one's emotional awareness? Tuning emotions and thoughts; What use can you make of feelings in your professional life? ; Definition of emotions; Differences between „an intelligent character” and „emotional character”; Positive and negative emotions; Organisational ingenuity and group IQ; Managing and controlling one's emotions; Awareness of own emotions and self-awareness; Managing emotions; The ability to self-motivate and emotional self-control; Recognising emotions in others; Starting and keeping relations with others – the skill of managing other people's emotions; Emotions in communication – practicing different forms of communication – the Bono hats method; Empathy ; The roots of empathy and its development; Empathy and ethics; Basics of social intelligence; Organising groups/teams: the basic leader's skill including initiating and coordinating team efforts; Negotiating solutions mediator's talent, conflict prevention or extinguishing existing conflicts; Starting personal relations: ease of starting relations with others,</i></p>
	<p><i>Social analysis skill: the ability to detect and intuitive guessing of feelings, motives and concerns of others. Knowledge on how and what others feel may lead to effortless creating a bond with others or developing the feeling of mutual understanding; Self-diagnosis of own level of emotional intelligence; Questionnaires and tests</i></p>

OBJECTIVES	<i>Development of soft skills, improving the skills of identifying and recognising own and employees' emotions, creating self-motivation skill and managing own and employees' motivation, learning new rules for constructive looking at an employee</i>
METHODOLOGIES	<i>Individual and group practice/exercises, interactive lecture.</i>
REPERCUSSIONS ON PARTICIPANTS	<i>Understanding the effective combination of such skills as: self-control, enthusiasm, persistence and the skill of motivating oneself and others to action in order to achieve professional success.</i> <i>Developing the ability to control emotions</i>
REPERCUSSIONS ON COMPANY	<i>Improving the quality of work and interpersonal relations in the work environment</i>
OTHER ASPECTS	<i>Commercial course</i>
REFERENCE	<i>kontakt@edupartners.pl</i> http://www.edupartners.pl/szkolenie-inteligencja-emocjonalna.html
TRANSFERABILITY	<i>After modification of the program, the workshop may be also addressed to the workers employed in health care and social assistance</i>

GOOD PRACTICE Nº 9

ACTIVITY DESCRIPTION	<i>Emotional Intelligence Training</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2010</i>
ORGANISERS	<i>HOMO CREATORE</i> <i>Ośrodek Doradztwa i Treningów Szkoleniowych</i> <i>Sejmikowa 4, 04-602 Warszawa</i> <i>A private enterprise, 10 years on the market. Homo Creatore offers soft business skills (psychological and social) training to persons on different levels in the hierarchy of an organisation – managers, specialists as well as consulting services in the field of management, motivation and recruitment.</i>
TARGET	<i>Managers and specialists, mainly from the business sector</i>

<p>SUBJECTS</p>	<p><i>Introduction to the world of emotions:</i></p> <p><i>Mechanisms ruling development of feelings and emotions:</i></p> <p><i>“Positive” and “negative” emotions and their impact on creating interpersonal relations; learning the language of emotions; taking control over emotions and feelings; definition of stress, in terms of our sensitivity to stimuli – things that we can have influence on and inborn aspects, techniques facilitating changes of feelings and emotions, Introduction to the world of emotional intelligence:</i></p> <p><i>Emotional intelligence, the mechanism of developing emotions and the so-called „emotional infection”, emotional control matrix, the spiral of emotions, positive leadership – improving emotional intelligence of a team leader.</i></p> <p><i>Tools i.e. practical methods of dealing with stress and emotions: Breathing exercises, short relaxation techniques, working with body techniques, how to organise one’s day</i></p> <p><i>Closing the training:</i></p> <p><i>Participants determine their plans connected with using their knowledge and skills from the training in their professional and private life, closing discussion.</i></p>
<p>OBJECTIVES</p>	<p><i>The purpose of the training is to learn new skills and learn how to:</i></p> <p><i>Discover and strengthen internal pillars supporting the emotional balance, change one’s emotional state quickly, enter into and keep constructive relations with others, use one’s intuition to take effective decisions and actions.</i></p>
<p>METHODOLOGIES</p>	<p><i>Interactive workshops oriented towards gaining specific, practical skills and training these skills. Exercises prepared on the basis of real life cases encountered by participants at work. Individual and group exercises, role plays with simulation of typical and difficult professional cases. Tests, games and business games.</i></p> <p><i>Training based on the methodology specific to training/teaching adults.</i></p>
<p>REPERCUSSIONS ON PARTICIPANTS</p>	<p><i>Development of personal skills necessary in the work environment.</i></p>
<p>REPERCUSSIONS ON COMPANY</p>	<p><i>A better knowledge of the risks related to their profession</i></p>

OTHER ASPECTS	<p><i>The training is typically offered as in-company training. Its content is prepared on request of a specific firm, group or department. In-company training uses real life examples based on experience of its participants (collected before the training during interviews with participants) in its exercises and cases. For this reason, with all likelihood, solutions obtained during the training can be related directly to work easier than in the case of an open training.</i></p> <p><i>A training module is typically 2-day x 8hrs/day.</i></p> <p><i>The firm suggests that, in case of 2-day training, the 3rd day should be prepared and delivered about 1 month from the end of the main training module. The third day is to summarise the experience from introduction of new behaviours, asking questions and running additional exercises, reinforcing the outcomes of the training.</i></p>
REFERENCE	<p>http://www.homocreatore.pl/art186,Trening_inteligencji_emocjonalnej</p>
TRANSFERABILITY	<p><i>After modification of the programme, the workshop may be also addressed to the workers employed in health care and social assistance</i></p>

GOOD PRACTICE Nº 10	
ACTIVITY DESCRIPTION	<i>Training “Emotional Intelligence”</i>
COUNTRY	<i>Poland</i>
YEAR	<i>2010</i>
ORGANISERS	<i>ProFirma Sp. z o.o.; ul. Podolska 21; 81-321 Gdynia; A private training firm</i>
TARGET	<i>Managers and business specialists</i>

SUBJECTS	<p><i>Measuring competences – components of emotional intelligence</i></p> <p><i>Building self-awareness, managing emotions, self-motivation</i></p> <p><i>Recognising emotions in others (empathy as a fundamental skill when dealing with people)</i></p> <p><i>Shaping useful interpersonal skills</i></p> <p><i>Determinants of effective communication</i></p> <p><i>Determinants of an emotionally intelligent organisation</i></p> <p><i>Self- and one's offer presentation</i></p>
OBJECTIVES	<p><i>A training session focused on the importance and use of emotional intelligence in everyday's practice. Participants practice emotional intelligence-based skills so that they can use it in a straight, efficient and effective way. During the session we learn how EI helps to solve an unfortunate conflict a colleague, leads to a successful close of a deal, builds a satisfactory relationship with the superior and subordinates, helps to control tasks to their successful completion and cope with many challenges which affect professional success.</i></p>
METHODOLOGIES	<p><i>1 or 2-day interactive training</i></p>
REPERCUSSIONS ON PARTICIPANTS	<p><i>Improving the skills of good identification, assessment and expression of emotions; Getting access to feelings or generating feelings when needed; Gaining awareness of the importance of emotions and knowledge based on the emotions; Learning how to control emotions to support emotional and intellectual development.</i></p>
REPERCUSSIONS ON COMPANY	<p><i>Developing competences in the area of: emotional intelligence, team work, communicating, effective interpersonal relations</i></p>
OTHER ASPECTS	<p><i>2-day training event</i></p>
REFERENCE	<p>http://www.profirma.com.pl/x.php/1,166/Inteligencja-emocjonalna.html</p>
TRANSFERABILITY	<p><i>After modification of the programme, the workshop may be also addressed to the workers employed in health care and social assistance</i></p>

GOOD PRACTICE Nº 11
ACTIVITY DESCRIPTION *Internet portal <http://inteligencjaemocjonalna.com>*

COUNTRY	<i>Poland</i>
YEAR	<i>N/A</i>
ORGANISERS	<i>The service belongs to a private firm Kotyrap.com Daniel Kotyras, ul. Zamiejska 11a/10, 30-382 Kraków</i>
TARGET	<i>Each person entering the web sites of the service is a user</i>
SUBJECTS	<i>The service contains information on Emotional Intelligence (EI) grouped in the following categories: IE in business IE in child rearing, IE in daily life IE basics A list of publications on the EI</i>
OBJECTIVES	<i>The service provides the following services: offers information on broadly defined emotional intelligence; provides its users with the opportunity to comment and publish opinions on selected entries published in the service</i>
METHODOLOGIES	<i>N/A</i>
REPERCUSSIONS ON PARTICIPANTS	<i>Learning about EI</i>
REPERCUSSIONS ON COMPANY	<i>N/A</i>
OTHER ASPECTS	<i>Open to all Internet users, free of charge. Following registration in the service, users may comment and publish their opinions on selected entries in the service.</i>
REFERENCE	<i>http://inteligenciaemocjonalna.com/</i>
TRANSFERABILITY	<i>Directly related to the target group</i>

4.7. United Kingdom

The UK Health and Care Services Sectors is slowly becoming aware of the benefits that training in Emotional Intelligence may have for workers in this field although as previously stated the use and acceptance of this terminology has yet to reach the majority of care workers who support patients on a daily basis. The idea that including modules in Emotional Intelligence in the training of all workers in the Health and Care Services Sectors has yet to be embedded into UK training procedures, with much of the findings from various studies remaining in the domain of research publications rather than the practical development of training courses. However, best practice from other training materials that include Emotional Intelligence and deliver training in association with ICT indicate that a course that reaches the project objectives and involves a degree of multi-sensory applications, using sound and video, for example, to support learning would ensure that successful learning could take place.

Regarding best practice in the Health and Care Services Sectors it should be recognised that while there is little support for family and volunteer carers both in terms of financial and emotional help, some recognition of Emotional Intelligence and its role in supporting care workers has begun to occur but this is often at Management and Graduate levels rather than for care workers in general. The difficulty in the UK seems to be in putting into practice what are seen as the theories of good management and patient care. Of course, this may be as a result of lack of time or financial resources but the role of Emotional Intelligence and the importance of ensuring that it becomes less of a theory and more of a reality in the UK must be seen as a priority.

However, the sharing of best practice and the role of Emotional Intelligence has produced some interesting studies that were included in the UK National Bibliographic Report for WP2. These included a number of research papers: 'The emotional labour of nursing – Defining and managing emotions in nursing work' (Gray: London 2008), 'Compassion and smiles: what's the evidence?' (Smith: London 2008) and 'Emotional Intelligence: A Core Competency for Health Care Administrators' (2007) that provided some guidelines and training suggestions related to what assessment procedures could be followed. However, these like many other examples available online have been aimed at nurses and administrators, still leaving care workers without adequate training. So, what follows are three examples of what is available in the UK as very little training is currently provided in this field in the UK

GOOD PRACTICE Nº 1	
ACTIVITY DESCRIPTION	<i>Clinical Leadership in Mental Health Care The course is organised around 6 main themes. The tutorial staff guide/ support participants to develop their professional portfolio through the facilitation of reflective sessions and the use of learning logs. Participants are supported to meet the requirements of the summative assignment through a formative consultation process.</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Kings College London</i>
TARGET	<i>Team managers engaged in Clinical leadership in Mental Health Care</i>
SUBJECTS	<i>The roles and responsibilities of the clinical leader. Developing the leader within and managing self. Assertive Communication and Managing Performance Managing resources/ Monitoring the Quality of Care Leading, managing and implementing change in clinical practice Decision-making in Clinical Practice</i>
OBJECTIVES	<i>To enable course participants to develop/ enhance their clinical leadership skills, to demonstrate the competencies required of them and to set them out on a structured pathway to develop/ maintain their continuous professional development.</i>
METHODOLOGIES	<i>6 full study days, supplemented by guided student-centred study.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improved clinical leadership skills</i>
REPERCUSSIONS ORGANISATION	ON <i>Improving the quality of clinical leadership</i>
OTHER ASPECTS	<i>Costs on application</i>
REFERENCE	<i>6KNIN613: Kings College London</i>
TRANSFERABILITY	<i>Developing the leader within and managing self provides a view of the leader in relation to emotional intelligence in the Health Sector.</i>

GOOD PRACTICE Nº 2	
ACTIVITY DESCRIPTION	<i>A new and innovative way to assess your personal stress levels linked to real and practical approaches to reducing stress. Using holistic and alternative medicine strategies 'Managing Stress' gives you the opportunity to develop short, medium and long-term solutions leading to a less stressful life. Featuring a high degree of interactivity and numerous Internet links, 'Managing Stress' has been developed after months of research into what causes stress and how it can be reduced. Based on the growing need to find alternative remedies to tranquillisers and avoiding 'Quick-fix' solutions, 'Managing Stress' provides a gateway to a less stressful future.</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>The Foundation for European Initiatives</i>
TARGET	<i>People engaged in the care sector and in managing themselves and others in a variety of situations.</i>
SUBJECTS	
OBJECTIVES	<i>To enable course participants to develop/ enhance their clinical leadership skills, to demonstrate the competencies required of them and to set them out on a structured pathway to develop/ maintain their continuous professional development.</i>
METHODOLOGIES	<i>Built around a self-assessment created to assess stress levels. Not intended to provide a clinical assessment of how stressed you are but should give you an indication to whether you need to consider further action. Each question raises issues that are more fully covered in another part of the course.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improved awareness of recognising the symptoms of stress and putting stress reduction strategies into place</i>
REPERCUSSIONS ORGANISATION	ON <i>A less stressful and more emotionally intelligent workforce</i>
OTHER ASPECTS	<i>CDRom £24.99</i>
REFERENCE	<i>www.tfei.org.uk</i>

TRANSFERABILITY	<i>This course will support and enhance the Managing Stress Module identified as providing an essential element of the CarEIn training course.</i>
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GOOD PRACTICE Nº 3	
ACTIVITY DESCRIPTION	<i>NVQ Level 2 in Health & Social Care (Adults)</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>City Gate Training Centre: private organisation, London based,</i>
TARGET	<i>For those already working in the care sector, this course supports work experience with formal learning.</i>
SUBJECTS	<p>Course modules</p> <p><i>Communication Skills</i></p> <p><i>Caring in Practice</i></p> <p><i>Understanding Care in the Social Context</i></p> <p><i>Understanding Equality - Promoting Diversity</i></p> <p><i>Understanding Rights</i></p>
OBJECTIVES	<i>Understand how social problems can affect your job in care. Understand what is meant by equality and discrimination. Understand legislation that covers care work and protects those in care. Understand the rights to care, complaint procedures, confidentiality and privacy.</i>
METHODOLOGIES	<i>You will explore topics such as equality, discrimination and stereotyping. You will look at how prejudice affects society as a whole and what happens when there is prejudice within a care environment. Using cartoons, case studies, interviews and reports, you will see how these problems can affect your day-to-day work.</i>
REPERCUSSIONS PARTICIPANTS	ON <i>The course helps to develop a better understanding of the social issues involved in working within care.</i>
REPERCUSSIONS ORGANISATION	ON <i>Improving the quality of care within an organisation</i>

OTHER ASPECTS	<i>Cost on application</i>
REFERENCE	http://www.cgtraining.org.uk/courses/NVQ_health_social_care_level_2_adults.html
TRANSFERABILITY	<i>Contains materials and methodologies appropriate to target group.</i>

GOOD PRACTICE Nº 4	
ACTIVITY DESCRIPTION	<i>Emotional Intelligence</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>The Royal College of Psychiatrists: Education and Training Centre Professional Development in Mental Health Care</i>
TARGET	<i>Directly addressing the skills doctors, clinicians and managers need to be successful in their roles.</i>
SUBJECTS	<i>Research shows that emotional intelligence is a key ability in building and maintaining successful relationships at work. This is a core skill in leading teams, coping with change and managing and resolving conflicts in the Health Sector.</i>
OBJECTIVES	<i>To explore the meaning of emotional intelligence, the difference that it makes in practice and how to develop it in the Health Care Sector</i>
METHODOLOGIES	<i>1 day interactive workshop</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improved Health and Social Care leadership skills</i>
REPERCUSSIONS ORGANISATION	ON <i>Improving the quality of emotional care within an organisation</i>
OTHER ASPECTS	<i>£225.00</i>
REFERENCE	http://www.rcpsych.ac.uk/pdf/CETCPPD2010.pdf
TRANSFERABILITY	<i>Developing the leader within and managing self provides a view of the leader in relation to emotional intelligence in the Health Sector.</i>

GOOD PRACTICE Nº 5	
ACTIVITY DESCRIPTION	<i>Time Management</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>The Royal College of Psychiatrists: Education and Training Centre Professional Development in Mental Health Care</i>
TARGET	<i>Directly addressing the skills doctors, clinicians and managers need to be successful in their roles.</i>
SUBJECTS	<i>Getting the most from our time is a challenge for all of us. The demands placed on clinicians within the NHS increases constantly and it becomes increasingly difficult to find time for the things that really matter to us.</i>
OBJECTIVES	<i>To explore time management strategies, the difference that good time management makes in practice and how to develop it in the Health Care Sector</i>
METHODOLOGIES	<i>1 day interactive workshop</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improved Health and Social Care leadership skills</i>
REPERCUSSIONS ORGANISATION	ON <i>Improving the quality of emotional care within an organisation</i>
OTHER ASPECTS	<i>£225.00</i>
REFERENCE	http://www.rcpsych.ac.uk/pdf/CETCPPD2010.pdf
TRANSFERABILITY	<i>Providing a view of how interactive workshop training can enhance professional performance.</i>

GOOD PRACTICE Nº 6	
ACTIVITY DESCRIPTION	<i>Negotiation and Influencing Skills</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>

ORGANISERS	<i>The Royal College of Psychiatrists: Education and Training Centre Professional Development in Mental Health Care</i>
TARGET	<i>Directly addressing the skills doctors, clinicians and managers need to be successful in their roles.</i>
SUBJECTS	<i>The ability to negotiate and influence on a day-to-day level is an essential skill whether it be agreeing priorities, workloads or other key deliverables. This workshop focuses on cooperative negotiation working towards outcomes that meet the needs of all parties and support long-term relationships.</i>
OBJECTIVES	<i>To explore the meaning of negotiation and influence, the difference that it makes in practice and how to develop it in the Health Care Sector by using specifically designed case studies to support and maximise learning.</i>
METHODOLOGIES	<i>1 day interactive workshop</i>
REPERCUSSIONS PARTICIPANTS	ON <i>Improved Health and Social Care leadership skills</i>
REPERCUSSIONS ORGANISATION	ON <i>Improving the quality of emotional care within an organisation</i>
OTHER ASPECTS	<i>£225.00</i>
REFERENCE	<i>http://www.rcpsych.ac.uk/pdf/CETCPPD2010.pdf</i>
TRANSFERABILITY	<i>Providing a view of how interactive workshop training can enhance professional performance.</i>

GOOD PRACTICE Nº 7

ACTIVITY DESCRIPTION	<i>Assertiveness Training</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>The Royal College of Psychiatrists: Education and Training Centre Professional Development in Mental Health Care</i>

TARGET		<i>Directly addressing the skills doctors, clinicians and managers need to be successful in their roles.</i>
SUBJECTS		<i>This workshop enables participants to develop their ability to act assertively, even in the most difficult situations, such as feeling unpopular and not wishing to offend others.</i>
OBJECTIVES		<i>To explore the meaning of assertiveness, the difference that it makes in practice and how to develop it in the Health Care Sector</i>
METHODOLOGIES		<i>1 day interactive workshop</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improved Health and Social Care leadership skills</i>
REPERCUSSIONS ORGANISATION	ON	<i>Improving the quality of leadership within an organisation</i>
OTHER ASPECTS		<i>£225.00</i>
REFERENCE		http://www.rcpsych.ac.uk/pdf/CETCPPD2010.pdf
TRANSFERABILITY		<i>Providing a view of how interactive workshop training can enhance professional performance..</i>

GOOD PRACTICE Nº 8	
ACTIVITY DESCRIPTION	<i>Communication Skills</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>The Royal College of Psychiatrists: Education and Training Centre Professional Development in Mental Health Care</i>
TARGET	<i>Directly addressing the skills doctors, clinicians and managers need to be successful in their roles.</i>
SUBJECTS	<i>A key role for mental health professionals is communicating effectively with patients, their carers and with other professionals, particularly those from other agencies. By getting our message across and by understanding the views and needs of others we can reduce the likelihood of conflict and disagreement.</i>

OBJECTIVES		<i>This highly practical workshop looks at the things that make for effective communication and introduces key communication skills that can be used whether communicating with individuals or groups.</i>
METHODOLOGIES		<i>1 day interactive workshop</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improved Health and Social Care leadership skills</i>
REPERCUSSIONS ORGANISATION	ON	<i>Improving the quality of leadership within an organisation</i>
OTHER ASPECTS		<i>£225.00</i>
REFERENCE		http://www.rcpsych.ac.uk/pdf/CETCPPD2010.pdf
TRANSFERABILITY		<i>Providing a view of how interactive workshop training can enhance professional performance.</i>

GOOD PRACTICE Nº 9

ACTIVITY DESCRIPTION	<i>Professional Diploma in Health and Social Care</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Albion College, London</i>
TARGET	<i>Potential nursing assistants wishing to gain employment in the care sector.</i>

SUBJECTS	<p>ASSESSMENT <i>Assessment is based on internally and externally set assignments</i></p> <p>COURSE STRUCTURE</p> <ul style="list-style-type: none"> • Taught Modules • <i>Introduction to The British Health and Welfare System</i> • <i>Introduction to Anatomy and Physiology</i> • <i>Introduction to Nursing Assisting</i> • <i>Introduction to Nutrition</i> • <i>Pharmacology/Administration of Medications</i> • <i>Infection control and contamination</i> • <i>Long Term Care Institutions/Long Term Service- User Care</i> • <i>Home Healthcare</i> • <i>Functions and duties of health care givers/ personnel</i> • <i>Elderly patient care</i> • <i>Patient positioning and transport</i> • <i>Patient Environment and Bed making</i> • <i>Personal Care of the Patient/Service-User</i> • <i>Special Care /care of gastrointestinal system, urinary system and the nervous system</i> • <i>Patient/Service User with Mental illness-care/ activities</i> • <i>Measuring Vital Signs</i> • <i>Health and safety/ Emergency Care/ Cardiopulmonary Resuscitation (CPR)</i> • <i>Patients/Service-User and the death process</i> • <i>Assessments/Care plans/Observation Record</i> • <i>Employability skills/Teamwork</i> • <i>Interpersonal skills</i> • 12-Month Work Placement
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OBJECTIVES		<i>A range of subjects related to providing qualified nursing assistants reflecting the perceived aims of the course to develop tactful, patient, understanding, dependable and helpful carers who are should able to work as part of a team and have good communication skills. To prepare students for employment in the health and social care sector as nursing assistants.</i>
METHODOLOGIES		<i>This is a two year full time programme. It combines one year of tuition and one year of paid work experience in a care home.</i>
REPERCUSSIONS PARTICIPANTS	ON	<i>Improved opportunities for employment in the Social Care sector</i>
REPERCUSSIONS ORGANISATION	ON	<i>Improved levels of care through training</i>
OTHER ASPECTS		£4,750 + VAT
REFERENCE		http://www.emagister.co.uk/professional_diploma_in_health_and_social_care_london_courses-cinst-188101.htm#programa
TRANSFERABILITY		<i>Contains materials and methodologies appropriate to target group.</i>

GOOD PRACTICE Nº 10

ACTIVITY DESCRIPTION	<i>Level 3 NVQ in Health & Social Care</i>
COUNTRY	<i>UK</i>
YEAR	<i>2010</i>
ORGANISERS	<i>Brit College, London</i>
TARGET	<i>Suitable and open to candidates of 18 years of age and over, of either gender and there are no entry barriers on grounds of race, creed or previous academic attainment or learning. However NCFE recommends that Candidates should have ideally achieved qualifications in a related area at Level 2 or above.</i>

<p>SUBJECTS</p>	<p><i>There are 4 mandatory units:</i></p> <p>Unit 01 <i>Promote effective communication for and about individuals.</i></p> <p>Unit 02 <i>Promote, monitor and maintain health, safety and security in the working environment.</i></p> <p>Unit 03 <i>Reflect on and develop your practice (Personal and Professional Development).</i></p> <p>Unit 05 <i>Promote choice, well-being and the protection of all individuals.</i></p> <p><i>Four (4) optional units from the following list or from Generic route:</i></p> <p>Unit 28 <i>Contribute to care planning and review.</i></p> <p>Unit 29 <i>Contribute to planning, monitoring and reviewing the delivery of service for individuals.</i></p> <p>Unit 30 <i>Support individuals to access and use services and facilities.</i></p> <p>Unit 31 <i>Support individuals to develop and maintain social networks and relationships.</i></p> <p>Unit 32 <i>Support the social, emotional and identity needs of individuals.</i></p> <p>Unit 33 <i>Prepare your family and networks to support individuals requiring care.</i></p> <p>Unit 34 <i>Provide a home and family environment for individuals.</i></p> <p>Unit 35 <i>Contribute to the protection of individuals from harm and abuse.</i></p> <p>Unit 36 <i>Contribute to the prevention and management of abusive and aggressive behaviour.</i></p> <p>Unit 37 <i>Provide frameworks to help individuals to manage challenging behaviour.</i></p>
<p>OBJECTIVES</p>	<p><i>To recognise the skills and competences of candidates in the workplace. The qualification is about the delivery of physical, emotional or enabling care to clients/service users.</i></p>
<p>METHODOLOGIES</p>	<p><i>2 years: The candidate will usually be delivering care in support of, and under the direction of, a colleague who is accountable in the area of practice.</i></p>

REPERCUSSIONS PARTICIPANTS	ON	<i>Improved Health and Social Care skills</i>
REPERCUSSIONS ORGANISATION	ON	<i>Improving the quality of care within an organisation</i>
OTHER ASPECTS		£3,500 + VAT
REFERENCE		http://www.emagister.co.uk/level_3_nvq_in_health_social_care_west_ham_courses-cinst-243022.htm
TRANSFERABILITY		<i>Providing a view of how interactive workshop training can enhance professional performance.</i>

5. CONCLUSION

The situation of the Health and Care Services Sector is very different within the countries of the European Union. Some countries are already aware of the advantages that the use of Emotional Intelligence may have for the workers of the Health and Care Service Sector, and of course for the patients, and are slowly implementing measures to make available training on this subject.

Nevertheless, in most of the countries (among the ones in which the research was done), not many courses or training options are available with regards to Emotional Intelligence specifically for the Health and Care Services Sectors. In most of the cases the competences are addressed separately, in order to provide training on specific issues, such as stress management, but they are not yet considered as a whole. In many occasions workers know they need Emotional Intelligence, they even use it, but they are not actually aware of what this is. They still do not know the term EI, but they do know that training on specific skills (which are part of EI) will facilitate the development of their work, such as communication, conflict resolution, etc.

Short training courses, on specific competences, are available on every country, but it is not always easy to find. Countries like Bulgaria, Czech Republic or Poland still have a long way to go, regarding EI. Although, it is important to highlight that EI is already being implemented because its advantages are well acknowledged for other areas of work, such as business, selling, etc. In those countries, information on EI is available but courses are hard to find for workers of the Health and Care Services Sector. In Bulgaria, the government is facing changes in the health sector and does not have the resources to implement EI on the training available. In the case of the Czech Republic the main difficulty found is the migration of workers looking for better pays, so the ones good trained and with good EI skills leave the country in the case of Poland a lot of information is available but not specific for the Health and Care Services Sectors.

The situation is a bit better in Italy, Spain, Denmark and the United Kingdom, where more resources are available addressing the needs on EI of those workers, although each country faces different situations, when dealing with training on EI. Italy for example needs to address first the legislation changes, and the different rules that apply to each sector. In Spain, the slow implementation and the lack of recognition of the advantages of EI by some

sectors does not facilitate the development of training material in this area, although the recognition of its importance by some local governments is raising awareness of its benefits for the workers of the Health and Care Services Sectors. Regarding the United Kingdom and Denmark, it is possible to conclude that their main issue when dealing with training on EI is the fact that are countries with high rates of immigration with different cultures and religions, and it is hard to train people with different backgrounds in this specific field. In Denmark they also have to solve the lack of interest of the workers of this sector who join because of the short training required.

As final conclusion we can say that although EI is quite well known as beneficial in certain areas of work, such as business, it is still not so acknowledged that it can bring advantages also to the workers of the Health and Care Services Sectors, and in the end to the patients too, because they will be receiving better services. There is still a lot of work do to improve the situation of those workers and to raise awareness of the positive things that its training will provide.