Relationships Matter: The Role for Social-Emotional Learning in an Interprofessional Global Health Education

Toby Treem Guerin

Introduction
The health care field must continually adjust to meet the needs of people and populations even as there are changes in the health care workforce, access to health care, population distributions, and environmental determinants of health. A relatively recent effort to ensure that health care systems provide comprehensive and efficient care in this fluid environment is through increased collaboration across professions. The once-siloed approach to health care services is taking steps to evolve into a comprehensive interprofessional practice model covering both preventive and reactive health care services. In recent years, schools of public health, medicine, and other health professions have started to define the core competencies essential for success in the interprofessional health care context.¹ The field of global health, which includes practitioners from multiple health and non-health disciplines, is moving in the same direction and beginning to define core competencies for graduate global health education.²

Mastery of concrete skill sets, often referred to as “hard skills,” remains important and essential at all graduate-level educational institutions. The need to master academic skills, concepts, and principles is necessary to pass matriculation exams and professional boards in most areas of practice. In recent years, institutions have expanded hard skill instruction to incorporate experiential and practice-based learning to encourage development of “soft skills” as well. Soft skills, as referenced in this paper, focus on relationships with oneself and others. These include the social-emotional virtues necessary for successful short- and long-term interpersonal interaction such as empathy, vulnerability, mindfulness, sensitivity, curiosity, tolerance, and detachment among others. The global health environment represents a dynamic field with diverse practitioners that rely upon partnerships and collaborations. Even with the best information, and resources, a project may never reach its full potential due to the people involved. Practice-based learning that focuses on teaching these soft-skills represents a way in which individual attributes can be enhanced to improve team effectiveness.

Practice-based learning is defined by the following key theoretical foundations:

- is situated within practice-relevant contexts;
- involves reflexivity, participation and dialogue;
- occurs in many communities of practice (including workplace, academic, multidisciplinary communities);
- involves a process of socialization into professional/occupational worlds, roles, identities and career paths;
- involves engagement, through industry partnerships, in practice-based teaching and learning activities; and
- develops capabilities and behaviors that will enable graduates to contribute to local communities and society as responsible citizens and professionals who display ethical conduct and duty of care.³

In this way, practice-based learning provides a perfect context in which to expose students to the learning

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necessary to function as a member of a team. Through these learning methods, students begin to explore the connection between theory and practice, interact with clients/patients, and tackle ethical, professional, and personal issues. As graduate institutions move to incorporate interprofessional education (IPE) into their curriculum, practice-based learning provides a useful avenue to train students to work and communicate effectively across professions. Given the growing value placed upon collaborative practice in global health, practice-based learning should be recognized two within a broader course of study or may emerge as part of another discussion. As global health curricula and competencies are defined, the instructional foundation of practice-based learning and soft skills training requires reexamination. This paper explores the integration of social-emotional instruction into global health education, specifically highlighting its role in interprofessional learning environments. The first part discusses the foundations of social-emotional learning (SEL). It then explores the applicability of SEL in interprofessional and global health education.

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as a valuable teaching tool in the global health education portfolio.

The inclusion of practice-based learning in the curriculum is extremely valuable to development of relational abilities. Students apply hard skills to dynamic real-life or simulated environments while benefitting from a faculty supervisor and the freedom to reflect upon their experiences. Within the context of legal education, two seminal reports, the MacCrate Report and the Carnegie Report, emphasized the need for legal education to prepare students for the practice of law. The reports advocated for more practice-based learning experiences for law students. As a result, institutes of legal education continue to explore methods to incorporate practice-based learning within their curricula. The emphasis on practice-based learning is more pronounced and developed within many of the health sciences where it provides fundamental clinical training for students as well as the opportunity to learn team skills.

Despite the increasing focus on practice-based learning across disciplines, the “soft skills” that are critical to practice-based learning — and indeed to professional practice — remain a tertiary topic for instruction. The skills may be the focus of a class or

Part I: Foundations of Social-Emotional Learning

Social-Emotional Learning Core Competencies

According to the Collaborative for Academic, Social, and Emotional Learning (CASEL), the core competencies in the SEL field include: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. CASEL defines these competencies as follows:

- **Self-awareness** — accurately assessing one’s feelings, interests, values, and strengths; maintaining a well-grounded sense of self-confidence.
- **Self-management** — regulating one’s emotions to handle stress, control impulses, and persevere in overcoming obstacles; setting and monitoring progress toward personal and academic goals; expressing emotions appropriately.
- **Social awareness** — being able to take the perspective of, and empathize, with others; recognizing and appreciating individual and group similarities and differences; recognizing and using family, school, and community resources.
- **Relationship skills** — establishing and maintaining healthy and rewarding relationships based on cooperation; resisting inappropriate social pressure; preventing, managing, and resolving interpersonal conflict; seeking help when needed.
- **Responsible decision-making** — making decisions based on consideration of ethical standards, safety concerns, appropriate social norms, respect for others, and likely consequences of various actions; applying decision-making skills to academic and social situations; contributing to the well-being of one’s school and community.
These components of SEL are not espoused simply as virtues but as competencies that improve learning. According to CASEL, these components are “based on the understanding that the best learning emerges in the context of supportive relationships” and that “social and emotional skills are critical to being a good student, citizen, and worker.”  

Since SEL is a relationship-based concept, it is closely aligned with conflict theory, which explores the interaction between individuals and groups within society and how they leverage power, control, and resources. A commonly used conflict mode assessment tool, the Thomas-Kilmann Conflict Mode Instrument, emphasizes the existence of five conflicts styles (avoid, accommodate, compromise, collaborate, and compete). At any decision-point, an individual may use any one of five conflict approaches. The graph below depicts the five approaches from two perspectives.

The x-axis of Figure 1 represents assertiveness or “the extent to which one tries to satisfy others’ interests,” and the y-axis represents cooperativeness or “the extent to which one tries to satisfy his or her own interests.” Put in pure relationship terms, the y-axis is relationship with others and the x-axis is relationship with oneself. Kenneth W. Thomas and Ralph H. Kilmann assert that every person is capable of using all five conflict-handling behaviors; the behaviors a person uses are a combination of the person’s predispositions and the specific situation. An individual’s social and emotional capabilities influence his or her appropriate level of assertive or cooperative behaviors when addressing conflict.

Conflicts impact everyone involved in a team and may impact bystanders and observers as well. Traditional methods of conflict resolution focus on punishing the “offender,” often without considering the “victim” and without exploring the impact on bystanders. In a group context this punishment (reaction) manifests itself in a variety of ways, such as isolation (removing someone from the group), avoidance (no longer working with someone or no longer delegating work to the person), and factions (group division, often supporting the victim or the offender). Under some circumstances the reaction may resolve the situation. In many instances, the reaction escalates the situation.

**Restorative Practices**

Tools exist within the educational field to help students learn how to build relationships, develop social and emotional skills, and manage conflicts before they escalate. Restorative practices is a social science that integrates concepts from a variety of disciplines and fields in order to build healthy communities, increase social capital, decrease crime and antisocial behavior, repair harm, and restore relationships. The restorative practices philosophy incorporates the core competencies of SEL and views conflict as an opportunity for learning. Restorative practices guide reactive behavior and increase individual and group abilities to repair the harm when conflict occurs, both of which are critical to successful teamwork.

Restorative practices include a wide spectrum of approaches designed to treat everyone involved in a situation with respect. Ranging from informal to formal processes, restorative practices create opportunities for people to understand and be understood, thus addressing the relationship with others and the relationship with oneself. The range of methodologies under the restorative practices umbrella includes affective statements and questions, circles, mediation, and conferences. The picture below represents the continuum of restorative practices articulated by the International Institute for Restorative Practices:
Informal restorative practices focus on proactive development of social emotional competencies. Such practices include affective statements and affective questions. Affective statements are statements that focus on how an action positively or negatively impacted the speaker. By communicating feelings, affective statements help support empathy and understanding between people. Affective questions ask the individual who caused the harm to explore how his or her behavior impacted others. The use of affective questions helps support vulnerability and sensitivity. Affective statements and questions provide a common language for students and faculty to manage the subtleties of interpersonal relationships. Without the tools to communicate with an affective statement, avoidance of a situation may lead to harbored animosity or gossip, which can impact the success of the team and potentially the client/patient.

Examples of affective statements are as follows:

1. I feel frustrated when people are talking while I am trying to teach. I lose my ability to concentrate.
2. I am proud when I see you all working together on this problem. It demonstrates that you have learned the material.
3. I feel appreciated when you ask me my opinion before making a decision.

Circles, or asking people to sit in circles for a common purpose, represent another type of informal restorative practice. Although the content and context of the circle may vary, most circles are commonly defined by their circular shape, use of a facilitator or circle keeper, and ability for people to speak one at a time and listen to each other. Within the restorative practices context, circles help establish relationships and build connections and also have the dual role of repairing harm and rebuilding relationships. The collective nature of the circle allows for transparency of communication and gives power to all participants. In the group context, circles are used to establish group norms, problem-solve around challenging situations, and debrief experiences. When conflict occurs, circles bring everyone involved together to determine what happened, how everyone was affected, and what needs to happen to move forward. The circle focuses on building support and accountability—rather than shame and blame—while simultaneously addressing all five SEL core competencies.

Moving along the restorative practices spectrum, mediation and conferences can be used as tools to explore a situation with potential conflict or manage conflict once it has occurred. Mediation and formal and informal conferences bring together two or more individuals who are, or may be, involved in a particular conflict. Both processes utilize the skills of a neutral facilitator to assist with the conversation. Mediation is most appropriate for a discrete interpersonal situation. For example, one can imagine a situation in which two individuals within a group have trouble working well together. Mediation provides a private setting for the two to discuss what is happening and determine a process for moving forward. Alternatively, a mediation can be used to bring people together to plan for situations where the potential for conflict is likely.

When multiple people are involved, or the situation impacts more than a discrete group, a conference is more helpful. Conducted informally (impromptu following an event) or formally (planned as part of a disciplinary process for example), conferences bring everyone together that was impacted by a situation to discuss how they were affected and how to repair the situation moving forward. Key aspects of a conference include circle formation, inclusion of everyone involved, and a collaborative agreed-upon outcome.

Part II: SEL and Interprofessional Collaborative Practice Competencies

In 2011, a consortium of graduate health education organizations known as the Interprofessional Education Collaborative (IPEC) published a seminal report on IPE that identified four primary competency domains (1) values/ethics for interprofessional practice; (2) roles and responsibilities; (3) interprofessional communication; and (4) teams and teamwork, each with general competency statements. Although foundations for social-emotional competencies exist in many of the 38 IPEC general competency statements, few fully integrate SEL as a distinct component. With small adjustments to language, many of the existing IPEC competencies can integrate SEL concepts. Figure 3 identifies a few examples.
Although subtle in the adjustment, the inclusion of words such as “recognize,” “appreciate,” and “understanding,” fully integrate social-emotional elements into the competencies. Cultivation of social-emotional skills equips individuals to address changing internal and external dynamics and maintain rational decision-making abilities. Instead of relying on instinct or luck, students from all disciplines can understand and manage team situations by learning to view interactions as a spectrum of choices comprised of dependent variables. This interconnected perspective leads to more strategic decision-making and, ideally, more successful team projects.

Part III: Teaching Social-Emotional Competencies

The competencies of SEL can be taught. A meta-analysis of 213 school-based universal SEL programs found that SEL participants demonstrated “significantly improved social and emotional skills, attitudes, behavior, and academic performance” as compared to controls. Research has shown that effective SEL programs must be taught in a way that is sequenced, active, focused, and explicit (called “SAFE” practice). Research in this area is focused on SEL initiatives and “whole-school” restorative practices in the primary school context. The value of SEL is likely similar at the higher education level, but additional research is necessary.

Given the complex nature of global health with its focus on interprofessional practice in situations that are often highly-charged and unfamiliar, SEL offers an opportunity to help bridge gaps between professions, manage uncertainty and conflict, and lead to better team outcomes. As Professor Rowthorn commented in her description of an interprofessional global health project in Malawi involving six professional schools from the University of Maryland, Baltimore, the “success of bringing students and faculty from different professions together is based on a multitude of subtle and intangible profession-specific and personality factors that are hard to predict and manage.” SEL and restorative practices offer skills and methods to preempt and manage the variables of global health education.

The quickest and easiest way to build sequenced and active SEL in the graduate curriculum is through the use of informal restorative practices in the classroom and other educational settings. This serves the dual purpose of managing relationships and conflict in the moment and teaching students how to employ restorative practices in the future.

When a student communicates a concern, complaint, or critique regarding a patient or a peer’s actions, the student should be encouraged to use an affective statement or the faculty can ask an affective question to increase understanding. Without changing curriculum significantly, faculty and students can

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**Figure 3**

**Incorporating SEL with the IPEC Competencies**

<table>
<thead>
<tr>
<th>IPEC Competency</th>
<th>IPEC with SEL add-on</th>
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<tbody>
<tr>
<td><strong>VE6.</strong> Develop a trusting relationship with patients, families, and other team members.</td>
<td><strong>VE6 + SEL</strong> Use social-awareness and interpersonal skills to establish and maintain trusting relationships with patients, families, and other team members.</td>
</tr>
<tr>
<td><strong>RR4.</strong> Explain the roles and responsibilities of other care providers and how the team works together to provide care.</td>
<td><strong>RR4 + SEL</strong> Recognize and appreciate the roles and responsibilities of other care providers and how the team works together to provide care.</td>
</tr>
<tr>
<td><strong>CC6.</strong> Use respectful language appropriate for a given difficult situation, crucial conversation, or interpersonal conflict.</td>
<td><strong>CC6 + SEL</strong> Use appropriate communication skills for a given difficult situation or crucial conversation. Demonstrate appropriate conflict-management behavior to handle interpersonal conflict.</td>
</tr>
<tr>
<td><strong>TT4.</strong> Integrate the knowledge and experience of other professions – appropriate to the specific situation – to inform care decisions, while respecting the patient and community values and priorities/preferences for care.</td>
<td><strong>TT4 + SEL</strong> Integrate knowledge, experience, and respect of other professions – appropriate to the specific situation – to inform care decisions, while understanding how experiences may be interpreted differently by people from diverse cultural perspectives and frames of reference.</td>
</tr>
</tbody>
</table>

*The first two letters indicate the IPEC competency domain in which the noted subcompetency is listed. “VE” is the Value/Ethics domain, “RR” is the Roles and Responsibilities domain, “CC” is the Interprofessional Communication domain, and “TT” is the Team and Teamwork domain.*
begin to implement circles in a variety of ways. Instead of holding a debriefing session or case study discussion in a traditional classroom format, the instructor can use a circle process to facilitate the discussion while simultaneously providing background materials on the theory and value of restorative practices. Interprofessional groups can use circles at the inception and culmination of a project. A few key questions, posed in a circle format, may lead to identifying assumptions, establishing expectations, and defining roles. Faculty can conduct staff meetings in circles as well.

Students should also be educated on the availability of formats such as mediation and conferencing, and institutions should be encouraged to promote the effective use of the tools to address conflictive situations when they arise.

Interspersed throughout the curriculum additional skill instruction can support restorative practices. In particular, exercises designed to promote consensus building, active listening, emotional intelligence, and problem-solving all teach SEL. Faculty who teach in the interprofessional context should receive training and information on SEL and basic restorative principles including affective statements and questions and the use of classroom circles.

Conclusion
As the push to develop interprofessional competencies for global health continues, educators should look to the body of SEL and restorative practices scholarship as a framework to help students develop the skills essential for successful teamwork. Ignoring the importance of SEL comes at a risk. As one prominent educator noted, education is essentially collaborative and we need to teach students the social and emotional skills necessary to be successful in a collaborative environment:

Intrinsically, schools are social places and learning is a social process. Students do not learn alone but rather in collaboration with their teachers, in the company of their peers, and with the support of their families. Emotions can facilitate or hamper their learning and their ultimate success in school. Because social and emotional factors play such an important role, schools must attend to this aspect of the educational process for the benefit of all students.\(^{38}\)

By instilling an increased understanding of relationships through social-emotional concepts, and infusing restorative practices to prevent and address harm, individuals can work more successfully in diverse team environments. The IPEC competency initiative already recognizes the importance of collaboration, respect, and communication in providing quality care and creating positive interprofessional environments. As an emerging pedagogical framework, the interprofessional global health field will benefit by thinking beyond traditional core competencies of IPE and integrating SEL into global health curriculum.

References
8. See American Bar Association Task Force on the Future of Legal Education, Report and Recommendations (January 2014), available at <http://www.americanbar.org/content/dam/aba/administrative/professional_responsibility/report_and_recommendations_of_abatask_force.authorcheckdam.pdf> (last visited October 10, 2014). “At present, the system faces considerable pressure because of the price many students pay for their education, the large amount of student debt, consecutive years of sharply falling applications, and dramatic changes, possibly structural, in the market for jobs available to law graduates. These factors have resulted in great financial stress on law schools, damage to career and economic prospects of many recent graduates, and diminished public confidence in the system of legal education.” Id., at 2.
10. Id.


15. C. R. Seal et al., “Social Emotional Development: A New Model of Student Learning in Higher Education,” *Research in Higher Education Journal*, no. 10 (March 2011): 1-13, [available at](http://www.aabri.com/manuscripts/10672.pdf) (last visited October 10, 2014) (commenting on the social emotional development model is “organized along two dimensions: (1) recognition of self and which includes awareness and consideration; and (2) regulation of relation and task, which includes connection and impact”).


18. Id.

19. Id.

20. Id.

21. An example of an affective statement may be, “It makes me uncomfortable when I see you ignoring Sandy” or “I appreciated you volunteering to help me.”


23. Examples of affective questions include: What happened? What were you thinking at the time? Who has been affected by what has happened? What do you think you need to do to make things right?


27. A multi-party process in which all of the people affected by a behavior or a conflict that has caused them harm are convened for a meeting to have a conversation about that situation. The goal of the conference is to create an agreement that will repair the harm. During the conference, all participants have an opportunity to discuss what happened, how they were personally affected, and how the harm can best be repaired. This process may be used in conflicts involving large numbers of people and is often used as an alternative to juvenile court. MACRO Maryland, *MACRO Consumers’ Guide to ADR Services in Maryland*, 5th ed. (December 2013), [available at](http://www.courts.state.md.us/macro/pdfs/consumersguide/adrser-vices.pdf) (last visited October 10, 2014).


32. See IPEC, *supra* note 8.

33. V. Rowthorn, “A Place for All at the Global Health Table: A Case Study about Creating an Interprofessional Global Health Project,” *Journal of Law, Medicine & Ethics* 41, no. 4 (2013): 907-914, at 912 (“Some student teams have been more successful in terms of team dynamics, informal selection of leaders, communication, and conflict resolution than others, and more successful years were likely a result of luck, rather than a systemic effort on our part to teach them these skills.”).

34. See Durlak et al., *supra* note 16, at 408.


36. See Rowthorn, *supra* note 33, at 8.

37. See Mirsky, *supra* note 35, at 2 (“[T]he informal practices have a more far-reaching effect because they are cumulative and become part of everyday life.”).