MEDICAL EDUCATOR´S CONCEPTIONS ABOUT GENERIC COMPETENCES IN ARGENTINA: CONTRIBUTIONS FOR CONSENSUS BUILDING IN HEALTHCARE PROFESSIONS EDUCATION

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Who I am and Where I come from

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Overview

• Challenges in Medical Education
• Context: Medical training in Argentina
• Theoretical Framework
• Leading Research Questions
• Methodology
• Preliminary Results
• Some ideas and Concerns
• Perspectives
Challenges in Medical Education

“Professional education has not kept pace with these challenges, largely because of fragmented, outdated, and static curricula that produce ill-equipped graduates...Laudable efforts to address these deficiencies have mostly floundered, partly because of the so-called tribalism of the professions—ie, the tendency of the various professions to act in isolation from or even in competition with each other.”
Lancet 2010

“...Medical education is at a crossroads... Some observers have looked out over this unstable terrain and declared, pessimistically, that disaster is at hand... Bleakley, Bligh and Browne envision a different landscape... In this vision, the staunchly individualist hero-doctor is no longer the ideal”
Identity, Power and Location 2011

“Health profession training is not walking through the right path. It should focus on providing better health care and safer systems; which requires individual and collective competence”
Medical Teacher 2017
“One of the major challenges for medical training programs all over the world is to comply with society’s demand for specialists with a holistic view and a patient-centered approach. This has resulted in the introduction of non-specialty-specific, generic competencies, such as communication skills, collaboration, and understanding health care systems; these are implemented in training programs with the help of competency frameworks”

Journal of Graduate Medical Education 2016

“Better standards, better physicians, better care”
The Royal College of Physicians and Surgeons of Canada: “CanMEDS is a framework for improving patient care by enhancing physician training”.

ACGME Core Competencies
Medical Education Evolution

1910 Flexner Report
- High standards for admission
- Expanded science-based curriculum
- University/teaching hospitals

✓ Outcome Based Medical Education
✓ Competency based medical education

2010 Carnegie Foundation Recommendations
- Standardization and individualization
- Integration
- Habits of inquiry and improvement
- Identity formation

"The curricular structure of medical training still runs largely along strict traditional lines, with "watertight" subject areas divided into stages: Basic, Pre-Clinical, Clinical and Internship or Professional Practice"

(Tuning Latin America-Medicine)
“The combination of generic and specific competences integrated into a curricular plan comprises and determines the qualification profile corresponding to the minimum competences a person must have on finishing their studies in order to engage in professional practice” (CINDA (Inter-University Development Centre), 2004). (Tuning LA)
Health Human Resources Training Field

National Ministry of Education

Higher Education System
- University
  - Undergraduate
  - Postgraduate
- Non-University
  - Technician

National Ministry of Health

Health System
- Medical Residencies
- Specialists

Fragmentation

Pan American Health Organization / World Health Organization

Modified from MSAL Argentina
Theoretical Framework
“Debats in Competency Based Medical Education”

All visions might have a place in medical education…
“the issue is when and how to apply these interconnected philosophies appropriately”

Implementing competency-based medical education:
Frank, Snell, Englander, Holmboe, ICBME Collaborators
Theoretical Framework
Curricular Reform

External Influences
- Society
- Government
- Students
- Accreditation Systems

Organizational Influences
- University/ Hospital Organization
- Tradition- Discipline

Internal Influences
- Teachers and Planners’ Conceptions

Stark & Lattuca, 1997

Adv Health Sci Edu 2013
Theoretical Framework
Relevance of a “shared language”

“The paradigm shift brought about by the advent of competency-based medical education (CBME) can be characterized as an adaptive change. Currently, its development and implementation suffer from the lack of a lingua franca. A shared language is needed to support collaboration and dissemination across the world community of medical educators”

“Ambiguity around the language of CBME has been highlighted as an important barrier to the adoption of the new Paradigm”

Robert Englander, Jason R. Frank, Carol Carraccio, Jonathan Sherbino, Shelley Ross, Linda Snell & on behalf of the ICBME Collaborators (2017) Toward a shared language for competency-based medical education, Medical Teacher, 39:6, 582-587
Theoretical Framework
Generic Competences (GC)

**Tuning Project**
2 sets of competences.
“Competences which could be general to any degree, and which are considered important by society” (Generic)
“Specific competences, are those competences which are subject-area related. These are intimately related to the specific knowledge and practices of a field of study, and give identity and consistency to the particular degree programme”

**Constant changes and dynamism**
- education being oriented towards developing generic skills
- success in the labor market is linked with such competencies

Semeijn 2006

“...the context determines the generic competences to include in the list of each region/country and the emphasis given to some .....and the way to present it in semantic terms.”

Tuning Journal for Higher Education 2014

**Key, transversals, cross-curricular, core, soft**
Van der Vleuten: “domain-independent” → generic competences are those “that spill over from one discipline to be potentially developed within all the others”

**Sociedad Española de Educación Médica (SEDEM)**
“competencias huérfanas” (orphan competences)
“deficit in health care professional education”

**Pros and cons of separation**
**Difficulties**
The thematic group for medicine in the TUNING AL 2011-2014 project agreed to work together on one of the generic competences, which is also identified as a specific one – “ability to communicate or connect”. This agreement was based on the implicit and explicit importance of this competence both within medical practice and outside it.

GC are always understood in the light of the disciplinary area and that “in practice, generic competences do not seem to be rigidly separated from specific subject competences. They rather appear as further variations to be considered within the range of subject-specific competences”
Research Background

Different ways of including GCs
The National Directorate of Human Capital first introduced the concept of transversal competences in 2013

GCs included as Accreditation Standards for Medical Residencies
Transversal contents are incorporated as a standard for accreditation in healthcare team residencies in 2015

Information analysis of Internal Medicine Reference framework to describe teamwork competence approach.

“Block” unique to discipline and “Block” of transversals contents.

In the area of professional competences, GCs integrated in an occult manner within professional activities

Questions

Educational planners in Argentina have different conceptions of GC?

Heterogeneity with references of GCs in accreditation process and frameworks is related to different conceptions?
Leading Research Question

What are medical educational planners and policy makers conceptions regarding Generic Competences in Argentina?
Why explore “Conceptions”?

Definitions
“Conceptions are beliefs or ideas that function as lenses through which people view and interpret the world. These conceptions are important because they act as cognitive filters that may influence teachers’ and workplace supervisors’ teaching strategies and students’ learning strategies”

“Teaching practices are influenced by teachers’ conceptions of learning and teaching, even though teachers are generally only partially conscious of those conceptions”

Peters, Clabeout, Marc van Nuland (2017): A Qualitative Exploration of Multiple Perspectives on Transfer of Learning Between Classroom and Clinical Workplace, Teaching and Learning in Medicine

Relevance
- Conceptions have impact on curriculum planning
- They are useful for understanding complex scenarios with many actors involved
- Planners might act as agents for change (or resistance)
- Possibility to construct from teachers’ previous knowledge
- Necessary for consensus building

Difficulties and Limitations
- They are Dynamic
- They are influenced by context and social phenomenon.
- They must be inferred, as they are only partially conscious
- They are not the only factor influencing curricular planning
**Objective:** Explore educational planner´s conceptions regarding Generic Competences in Argentina

**Design** Qualitative exploratory study

**Methodology**
- Semi-structured interviews to key informants of health sciences curricular planning in Argentina.
- Sample:
  - Medical/Health professions education experts (Specialization or acknowledged trajectory in the area)
  - Current or past involvement in curriculum planning and policy making in medical education (Ministries: Frameworks and policies/ Universities: Authorities and Program Director or coordinator)
- Data Collection: Same interviewer (RL). All were recorded and transcribed. Spanish language. The number of interviews was defined by theoretical saturation criteria
- Data analysis: Initial analysis contributed to Categories definition. An independent analysis was conducted by both researchers (RL- CH) to minimize subjectivity of the interviewer. Results of selected categories are presented. Documentary review was conducted as triangulation method.
• What do you think Generic Competences are? How do you define generic competences?
• There are different terms—transversal, generic, orphan, domain-independent, soft… do you find them all consistent? Do you find one more appropriate or accurate than others? Do you think they all refer to the same? Why do you think there are so many definitions? Which one do you think is more suitable to describe the process?
• What differences specific from generic competences?
• Advantages of separation? In which cases do you consider it useful to separate generic and specific features from professional competence?
• Have you witnessed different moments in educational planning regarding generic and specific competences? Which stages do you recognize in this process? When does the difference between specific and generic competences emerge?
• At what point and why is this distinction introduced in the teaching of medicine?
• Do you believe generic aspects of competences should be included in professional profiles? In learning outcomes?
• In those curriculums you have participated, how are generic aspects approached?
• Have you chosen to enunciate them apart from specific aspects? Why?
• What planning decisions have to be made regarding integration or separation of generic and specific aspects of competences, namely in curricular planning, subjects, frameworks, activities
# Data Analysis

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Category</th>
<th>Categories Operationalization</th>
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</thead>
<tbody>
<tr>
<td>Conceptions</td>
<td>Definition and Terms</td>
<td>• Competence Definition</td>
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<tr>
<td></td>
<td></td>
<td>• Generic Competences</td>
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<td></td>
<td>Curriculum Inclusion</td>
<td>• Specific/Generic Relation</td>
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<td></td>
<td></td>
<td>• Advantages and disadvantages according to enunciation</td>
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<tr>
<td></td>
<td>Teaching and learning</td>
<td>Learning process</td>
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<td></td>
<td></td>
<td>Teaching strategies</td>
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<td></td>
<td>Assesment</td>
<td>Assesment tools</td>
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</tbody>
</table>
Results

✓ 12 interviews
✓ Interviews lasted between 26 and 86 min (media of 56 min).

Characteristics of Interviewees (as reported by them)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (F/M)</td>
<td>Female: 8, Male: 4</td>
</tr>
<tr>
<td>Profession (P/E)</td>
<td>Physician: 8, Educational Sciences: 4</td>
</tr>
<tr>
<td>Undergraduate Education Involvement (U)</td>
<td>11</td>
</tr>
<tr>
<td>Postgraduate Education Involvement (Pg)</td>
<td>10</td>
</tr>
<tr>
<td>Ministerial/ Reference Framework-building Involvement (Mi)</td>
<td>7</td>
</tr>
<tr>
<td>Public/Private Management (Pu) / (Pr)</td>
<td>Public: 5, Private: 7</td>
</tr>
<tr>
<td>Health system participation (H)</td>
<td>6</td>
</tr>
</tbody>
</table>
“Definition and Terms: Competence”

- Are linked to professional performance in a certain area
- Involve a located and contextualized side - can’t be regarded in abstract
- An useful construct, model, helping practice to be operative; despite implied learning fragmentation. Observable matters allow planning and assessment
- Models are viewed as means to approaching the complex, yet they are partial views, leaving other sides “blind”
- The term competence itself is viewed as trouble-leading. Outcomes rather than competences might be mentioned

[...]“...Speaking about competencies would be like denaturalizing some part of of the educational phenomenon, the social phenomenon... when it comes to practice you see the need for competencies... it is a very useful conceptual construct but I perceive it as rather limited, failing to embody other issues I find relevant...” (F, E, U, Pu)

[...]<i>“..Sometimes I’d rather not use the word competences and say what outcomes are you thinking? Or what are you expecting to...?”</i> (F, P, Pg, Mi, Pu)
Definition and Terms: GC

- Everyone manifested difficulties in finding a precise definition.
- GC were agreed to be those which go across different specialities, but they describe them mainly in healthcare professions.
- GC are those everyone should have - depending on each profession, some might require further development.

“Core” “basal” “long-lasting” “Subcompetences” “transversals” “general” “generic attributes” “generic values”

“…are hard to denominate, to delimit… they’re slippery… they run the risk of being confused with good manners or good practices, i.e. the proper thing…” (F, P, U, Pg, Pr, H)

“…I see them as transversal to different professions… they go across the different fields of work in varying degrees. If you think of different workplaces then competences are transversal to all of them, yet in different professions or places you need some more than others… generic competences are necessary for any profession…” (F, P, Pg, Mi, Pu)
“Definition and Terms: GC”

- GCs are context-dependent according to most of the interviewees.
- Some believe there are “Generic competences”, and then generic ones that are unique to health care professions, they become specific within the context of professional activities.
- GCs are linked by many of the interviewees to humanistic domains, social in general..., something exceeding technical intervention and going beyond what is unique and specific to a professional area or discipline.

[...] “... (GC) are all those that aid towards the effort coming together in processes that are beneficial to people they work with, people they work for, and for the community… making that specific competence result in positive, beneficial outcomes…” (F,P,Pg,Mi,Pu)

[...] “...one thing is for sure, there are generic competences that are unique to some professions and become specific…” (F,P,U,Pg,Mi,Pr,H)
“Definition and Terms: GC”

✓ Tensions were manifested regarding the term “Generic Competence”.
✓ Most of them think there is tension: A conceptual cross between the terms “generic” and “competence”, a certain lack of consistency as a competence is expressed as a whole and, by generating a category that names them as generic competences, a differentiation, a dissociation is generated.
✓ For some, Competences involves some specificity

[...] “... Indeed, the point is if you create the category then you’re already stating that it’s different… in fact it’s a part of your performance, you can’t split it. You don’t first learn anatomy and then learn generic skills.” (M,P,U,Pg,Mi,Pr,H)

[...] “...some difficulty with the generic and competences issue, as far as competences have a located question and a contextual question and a specificity… I think there is a crossing in terms of what’s generic and what’s a competence… I find there’s a certain difficulty in linking generic and competence in one term… competences are defined as a whole, therefore what is the generic part within that whole that’s namely a specific competence?...” (M, P, U,Pr, Mi, Pu, H)
“Specific/Generic Relation”

- Most interviewees consider generic competence learning needs to be regarded within discipline and practice.
- In their view a competent action or a competence does involve both something generic and something specific, taking place within context. They are linked “in action”, they actually coexist, competence is one in action.
- The generic-specific division results from utilitarian enunciation purposes to understand a highly complex issue.

[...] “...I think there’s only one competence and there are activities where professionals showcase their competences… I think if you keep this in mind then any model, whether specific or generic, will be a valid model as long as you consider that if you paint generic green and specific blue the overlapping spot will be where the competence really is, not either on one side or the other” (M, P, U, Pg, Pu, Mi, H)
Advantages and disadvantages according to enunciation

- Interviewees agree GCs must be visible in the curriculum for practical purposes
- Attention must be paid to the way they are enunciated, risks are implied:
  - Intent statements might be void
  - Might be presented as complementary
  - Might not be viewed as part of something more comprehensive/integrated
  - Might be taken as optional

[...] “...first I think everything needs to be enunciated, what you pursue as essential. The way it is enunciated is crucial, as it might lead to interpretation… What is not enunciated, what is not objectively stated, what cannot be approached concretely and formally from an education… eventually turns up from a different side…” (F,P,Pg,Mi,Pu)

[...] “...a positive discrimination concept might be used. If we fail to talk about it we risk not placing them in training, not taking them into account. So we need to enunciate them in order to get rid of this notion that only the competence that is specific for a discipline is valid… If you place them there then we’re like saying keep in mind you need to work on this. So I think that’s their practical use, not to make them lose visibility…” (M,P,U,Pg,Pu,Mi,H)

[...] “…if I fail to include it then it will get lost and if I include it in isolation then it becomes banal…” (M,P,U,Pg,Pu,Mi,H)
Synthesis of Results

- Difficulties with the term “Competence”
- Difficulties with definition of GCs, but they agree GCs are relevant in training, go across different “heath team specialities”, they exceed technical intervention, are context-dependent; everyone should have them, depending on each profession, some might require further development,
- Lack of agreement with GC denomination
- Relevance of making GCs visible in documents
- Enunciation mode matters and implies potential risks
Heterogeneity with referencies of GCs in accreditation process and frameworks.

Review of documents

Explore educational planner’s conceptions regarding generic competences in Argentina

Lecture Key based on conceptions

Semi-structured interviews to key informants

Synthesis of main conceptions

Review of documents
<table>
<thead>
<tr>
<th>Lecture Key based on conceptions synthesis</th>
<th>National Resolution Nº 1314/07 - Basic Curricular Contents, accreditation standards and professional activities reserved for physicians</th>
<th>National Resolution Nº 1342/07 - Criteria and basic standards for Health team residencies accreditation</th>
<th>Guide for elaboration of specialities frameworks – Criteria and Methodology 2013</th>
<th>National Disposition Nº 104/15 - Standards for residencies accreditation Contenidos requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning outcomes are expressed as competences?</td>
<td>Yes. Professional competence is organized in 4 dimensions.</td>
<td>Majority of outcomes are expressed as competences.</td>
<td>Propose a definition of competence to be considered when writing outcomes</td>
<td></td>
</tr>
<tr>
<td>GC are mention? a similar term is used? Which one?</td>
<td>No. Gc or similar terms aren´t used</td>
<td>No. Gc or similar terms aren´t used</td>
<td>Transversals competences and “Block of transversals contents” within “Health team”</td>
<td>Establishes transversal contents as an accreditation standard</td>
</tr>
<tr>
<td>GC are included?</td>
<td>Yes. They mention professional activities that include generic and specific competences</td>
<td>Yes. They mention professional activities that include generic and specific competences</td>
<td>Yes, but it is not referred how to link them to professional activities.</td>
<td></td>
</tr>
</tbody>
</table>
What are medical educational planners conceptions regarding Generic Competences in Argentina?

- Resistance to using the term competence

- There is general agreement on what generic competences are, though lack of precise definition

- GCs go across different health professions

- Are context-dependent

- Relevance of making GC visible but with difficulty with the term generic competence, construct under construction

- Use of different/multiple denominations

Heterogeneity with referencис of GCs in official documents is related to the differences in conceptions?

- Not all documents make a definition of competence explicit

- Documents evidence a lack of consistency (to name GCs or not, and how to).

- Guide mention transversal aspects to “health team specialities”

- GCs appeared related to profesional activities

- GC are included but not all documents name them.

- “Block of transversal contents” & “transversal competences” Contents/competences mix-up
…Actually this evolved with the growth of health sciences´ careers, research in medical education, with increasing acceptance of contributions of other disciplines in the health sciences career” (F,E,U,Pg,Pr)

…teaching teams which, in our case, answer to two logics, namely those of the healthcare system and the educational system –the former not always prone to change” (F,E,U,Pu)

“…once you finish (medical career) the discipline matrix is so strong, so strong that deconstructing it or being able to work with generic competences would require double effort…I think it’s a major challenge. I believe it’s being increasingly considered and approached…” (F,P,Pg,Mi,Pu)
“...I believe one of the main **change drivers** is thinking you can improve what you’re doing...there are high stakes favoring their **feuds**, let’s say, so why would they change when they’re OK like that. No one is willing to risk their **power**, so it’s hard to budge in such a structure, **change is unlikely**…” (M,P,U,Pg,Mi,Pr,H)

“...I believe these are hard roads to tread since **power** stands in the middle, and this also needs to be said, each one exerts power over their own piece and therefore any process... **any cross-cutting process would involve yielding power**. When you cross-cut you yield power. You’re surrendering a piece of your lot. **Interdiscipline is yielding power**, you’re surrendering to someone else something you owned... it’s a loss of power both at an individual and an institutional level...” (F,P,Pg,Mi,Pu)
Concerns

**About methodology:**

- Was the interview protocol adequate to explore the objective in depth?
- Sample was correctly delimited and justified? Should other actors influencing Health Resources building policies be included in the sample?
- Theoretical framework showed most relevant theories and concepts?
- Should we do an intra-interview analysis for contradictions?
- Should be conduct a document analysis of national regulatory instruments?
- Should be conduct further research on other factors operating in the curriculum reform?
Perspectives: Contributions for Consensus Building

These locally generated data showed that medical educators in Argentina lack of precise common definition of Generic competences, revealing some difficulties with association of terms “Competence” and “Generic”. Conceptions of GC as those that go across different professions appeared, but somehow restricted to health field.

- Need to build a shared language (competences, generic competences)
- G/E Separation is useful in planning
- Generic Separated can be viewed as “non medical” / “soft”, extra, optional, non-pertinent
- Nothing relevant should be taken for granted – must be made explicit

- Maybe, according to planning levels this distinction has different implications
- International synthetic competences frameworks that include EPA (Entrustable professional activity) might be useful in our field?
- This tensions around denomination might exist in other medical educators that share this competence conceptions?

We must work in finding meeting points between logics of education and healthcare systems.

We must invest in improving health team work by lowering competiveness and tribalism.
¡¡¡Muchas Gracias!!!

Questions? Suggestions? Feedback?

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