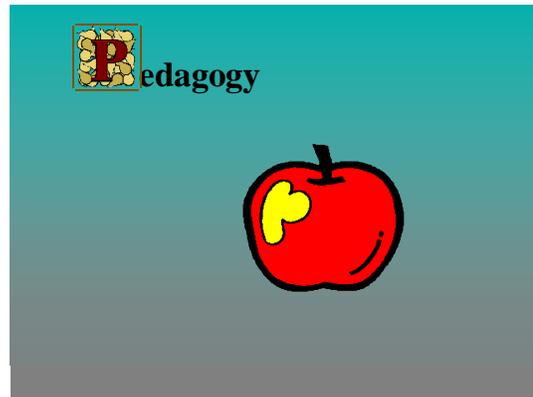


THE CONCEPT OF COMPETENCE: A MEANS TO STRUCTURING THE NURSING CARE PROGRAM

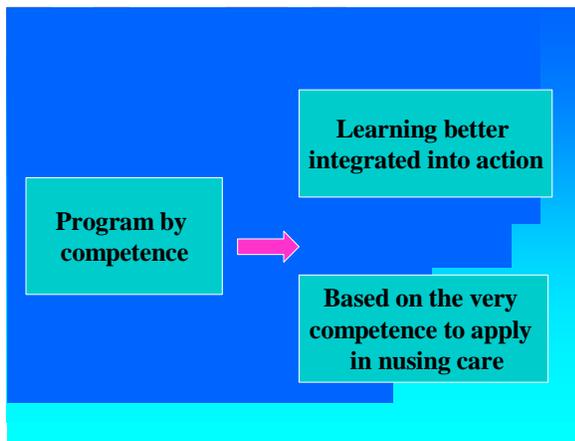
Margot Phaneuf, 28-04-03
Revised 07-12-05

The nursing program must prepare well-trained professionals for action in the field, able to face difficult realities, to solve complex problems and to make serious decisions. Thus, in order to prepare young nurses to take on these very heavy responsibilities, a program which integrated action better/more efficiently was proposed by the Ministry for Education. Some teachers disagree, others worry and feel a little overwhelmed, wondering why such a great amount of work has been imposed upon them.



What makes this situation more difficult is that no collective reflection was taken on this subject to inform us of the advantages, the limits and the difficulties of this kind of program. The teachers had to plunge into this complex reality with great courage, but alas, also with little preparation. They worked long and hard, but the enormous task of adapting their teaching to this program still remains. The program has now been implemented and it is necessary for us not only to adapt to it, but also to discover all its advantages in order to make an optimal application of it and to see how it can bring corrective measures to the weaknesses of the former programs.

We have to recognize that it is almost a cultural revolution for us because this orientation requires



important methodological and organisational changes. Instead of being organised as in mechanical and associationist approaches, around theoretical concepts and very precise behavioural objectives, this program is based on the very competences nursing professionals should practice and apply with patients. Consequently, such a program should not be centered on long enumerations of very analytical knowledge to be acquired by students: this approach is more global and is more easily converted into action. This means that teachers will have to mourn the depth and breadth of the content of their courses and this

in turn will raise new concerns about evaluation. This “dis-ease” is normal, because change always comes with some insecurity.

Let us be precise: what makes the concept of competence difficult to understand and apply is that this term is polysemous and that its significance, seemingly obvious, can take on different meanings and nuances. For some, this term has a narrow definition of know-how or a simple application of knowledge in concrete situations. In this sense, it does not differ from our former program, which also targeted the practical application of knowledge. For others, it assumes the broader meaning of knowledge in action, of the mobilization of knowledge and the assets of experience to solve professional problems. In this vision, competence is thus not limited to a simple, rational application of memorized knowledge to concrete cases.

Misconceptions

For some people, the term competence has a narrow meaning of:

- . practical know how,
- . knowledge application in concrete situations.



WARNING

- **We must avoid assimilating competence only to theoretical knowledge, to practical know-how or personal skills; there is competence only when all those resources are joined and implemented.** Le Boterf 2000, pg. 33.

The notion of competence would then become only a useless formula because nursing work requires the nurse to understand complex human situations, to analyse them, to anticipate difficulties and complications, to evaluate risks and to set up adapted means by mobilizing the emotional and behavioural capacities of the nurse, along with suitable intellectual, technical and organisational tools.

Le Boterf gives us a warning because, for him, competence is at the crossroads of vocational training, the work situation and the student life experience. It is

necessary to stress that this definition clarifies an important aspect of this debate by taking into account the human being and his/her personal evolution, also called internal factors, which are determinant in the development of top-notch skilled professionals.

But what is a competence? It can be defined as above.

Wrongly understood, a program structured by competence can have the appearance of a pragmatic philosophy at the service of the work world or as Jacques Tardif mentions, quoting Boutin and Julien, it can look like a return to behaviourism (2003, pg. 36). But as it is presently applied, it is of unquestionable interest. It stresses the process of training and can lead to a better integration of knowledge. It guides us to a greater

Competence definition

- **It is a complex concept based on an integrated set of knowledge, of acquired experience and personal evolution, appropriate for a given care aspect which, when mobilized in a concrete situation, appeals to cognitive, psychomotor, organizational, technical skills and adapted socio-emotional behaviour, the whole, working in synergy and making possible the exercise of the nursing profession at a level of performance compatible with the nurse's role and functions.**

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autonomy of the young graduate by facilitating her adaptation to complex situations and thus allows a better transfer from the knowledge acquired in school to workplace situations. The differences between an organization by competences and other various orientations reside in the fact that this program is of a systemic and constructivist nature in which everything must be viewed in an integrated way. As seen, there is a relationship, almost a consanguinity between this type of organization and the bases of [the program approach](#).

To develop competences is a praiseworthy goal, but still we should specify that if a subject is qualified in a given field, it is not enough for her to have specific knowledge, skills and resources. It is also necessary for her to be able to reflect, to develop critical thinking skills and to mobilize all her capacities to face a situation or to solve a problem at the proper time. Even if a nurse has acquired knowledge and the assets of experience, if she cannot have recourse to them at the right moment and use them thoughtfully and in a synergic way, one cannot say that she is really competent.

Also, in order to develop these essential competences for nursing practice, the necessary training must be adapted. Let us say that actually, this type of program does not reject the meaningful assets of the former models, but aims at improving them and at pushing back their limits.

One of the main differences is that this program invites us to count on well-integrated knowledge rather than on isolated skills or points, on problem-solving strategies rather than on superficially learned concepts. It leads us to center the training on more global targets, rather than on various behavioural objectives. As an approach by competence is based on constructivist principles, knowledge is conceived in an interactive way with other disciplines, but contextualized according to the needs of the nursing students.

Competence-based Program Characteristics

- **Increasing and autonomous construction of knowledge**
- **Dynamism of the student; decrease in theoretical oral courses and increase in personal research**
- **Autonomous work and groupwork**
- **Connections with already acquired knowledge**
- **Methodology aiming to help the student to be more responsible, to practice metacognition and to control her success**
- **Global tasks of progressive complexity autoevaluations and frequent formative evaluations with dynamic strategies**

The enclosed illustration offers a comparison to differentiate between two types of programs, one competence-based and the other using a mechanical and associationist approach. It aims at showing their essential differences. It should, however, be admitted that in practice, the variations are not always as pronounced as in this chart and that the vision and the perspicacity of teachers

have, with time, brought multiple improvements to the course settings and to their teaching strategies.

This comparison also clarifies the fact that in a competence-based program, the accent is placed more particularly on student learning, rather than on teaching.

ASPECTS OF TRAINING IN SUCH A PROGRAM

In such a program, the organization of teaching activities is indeed special because one of its characteristics is that the training requires the dynamism of the students in a determining way. Throughout their training, the students must remain active and be invested in their knowledge acquisition in order to integrate it and to master the components which culminate in a given competence, which presupposes "facilitating" strategies at the teaching level. But how can we judge whether the student's actions clearly demonstrate the acquisition of a given competence?

The student shows the appropriation of a competence in:

- expressing her capacity to deal adequately with a problematic situation similar to what she will have to face in the work environment, i.e. a situation where the attitudes, the values, the behaviours, the skills, the organisational and relational techniques, and the specific actions related to this competence are used in a synergy of action.
- faced with complex situations, demonstrating her capacity to set up suitable and effective actions which characterize a high level of care quality.

In order to reach that point, each training situation must propose key concepts to structure the knowledge required using various dynamic cognitive strategies. The training realization mechanisms suggested must also be organized in progressively increasing difficulty which gives the student the opportunity to develop her knowledge, her clinical judgement, her skills and her autonomy little by little. As an example, we can take the situation of a diabetic patient.

Comparison Between Programs

Competence-based

- **Integrated and contextualized knowledge**
- **Global learning targets close to reality**
- **Active strategies aimed at in-depth learning and student autonomy**
- **Emphasis on the knowledge acquisition process and on problem solving**
- **Organising presence of the end purpose**

Traditional

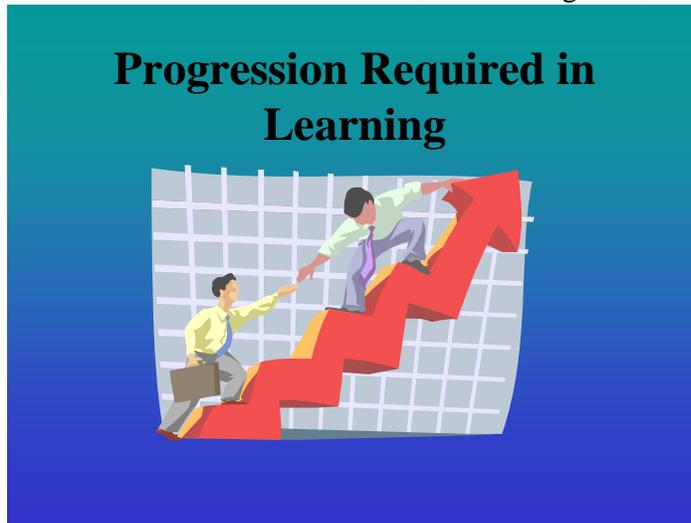
- **Isolated, divided knowledge, by drawers**
- **Targets precise behavioural objectives**
- **Passive learning strategies where the teacher is active**
- **Emphasis on memorisation and knowledge build-up**
- **Knowledge combination without marked influence on the final achievement**

Initially, the situation suggested could be that of a non-insulin-dependent patient with no complications. Later, the case of a patient who is insulin-dependent with circulatory problems

could be seen, and later still, that of a patient suffering from serious diabetes with renal and ocular complications. All these situations must allow the student to learn the anatomy of the pancreas and pathophysiological elements of the hormonal system, as well as the sociological elements concerning the family, work or study milieu, and if needed, the psychological, environmental, ethical and legal elements of the situation.

As one can see, a program structured by the concept of competence has considerable advantages. However, it is necessary to apply it with respect for the direction which first led to its conception, i.e. the will to plunge the student into situations of growing complexity reflecting a reality more and more like the care milieu reality such as it is, according to her training level. It should be remembered that one hardly learns to swim out of water! This means that each part of the course must give place to exercises proposing problems of varying complexity, according to the capacities of the student, but always reflecting reality.

This type of program also has the characteristic of favouring the relevance of course contents rather than their exhaustiveness, and their global, rather than their detailed nature. To consider



the well-foundedness of a program organization, it is necessary to ask ourselves what is essential. What kind of nurses do we want to see graduating at the end of training and moving onto the labour market? In other words, we have got to consider the finality. Are the students to be indecisive, clumsy workers as regards to organisational matters, intellectually inarticulate and ill-equipped to deal with reality and its demands? On the other hand, are they to become skilful technicians but with little assertive/affirmative clinical judgement?

Or are they instead to become nurses

who are capable of fast and sure decision-making, ready to mobilize their capacities in synergy and at appropriate times? Are they to be real professionals, familiar with the scientific, organisational, relational, technical and ethics requirements of care? Without considering the finality of a program, one exposes oneself to fragmented, compartmentalised teaching, composed of areas of knowledge which are closely related to each other but not connected to the needs of the discipline of nursing, and in which attention to detail too often draws attention away from the essential.

This sentence I found by chance while reading was never so true:

“Tell me something and I forget, teach it to me and I remember, let me participate and I learn”.