The transition from competence to capability: implications for a clinical & professional programmes

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• Who are we?

• Training for clinical practice?
• Professional practice?
• Employability?
• Other?
Culinary skills
• What culinary skills do you need?
• What additional skills/attributes would you need to do this well?
• How is this relevant to your teaching?
ARE WE TRAINING STUDENTS FOR

• Competence or Capability?
COMPETENCIES

*What individuals know or are able to do in terms of knowledge, skills & attitude.*

**Assessment**

- In stable environments
- Of familiar problems
- With predictable circumstances

Fraser & Greenhalgh 2001; Phelps et al 2005; Gardner et al 2006
MILLER’S PYRAMID

does

shows

how

knows

how

knows
IS COMPETENCY ENOUGH?
Students were signed off as competent to perform clinical tasks but these tasks were frequently in simulated contexts.

PREPAREDNESS FOR PRACTICE

Multi centre qualitative study Illing et al 2013
The competency literatures tend to assume that competencies are generalisable...but there is little evidence to support this
Simply knowing how to undertake a medical procedure and ‘tick the competency box’ is not enough.
Knowing when **not** to take action and how to take things forward when guidelines and protocols do not cover the situation is equally important.
Research commissioned by the General Medical Council 2014 showed newly qualified doctors encountered difficulties with:

• Prioritisation
• Angry or confused patients
• Clinical Disagreement
• Team issues
• Dealing with complexity & uncertainty
• Dealing with own emotional response
• Self care

Monrouxe et al 2014
ARE COMPETENCIES ENOUGH?

Film 1
In today’s complex world
WE MUST EDUCATE NOT MERELY FOR COMPETENCE BUT FOR
CAPABILITY

Fraser & Greenhalgh 2001; O’Connell et al 2014
Threshold Concept?

Troublesome knowledge?
WHAT IS CAPABILITY?

Cairns 2000; Fraser & Greenhalgh 2001; Stephenson 1998
The ability to:

• Use competencies in new, uncertain, complex and changing circumstances
• Formulate and solve problems in both familiar and unfamiliar settings
• Adapt, change, improve performance

WHAT IS CAPABILITY?

Cairns 2000; Fraser & Greenhalgh 2001; Stephenson 1998
UPENDING THE PYRAMID

does
shows how
knows how
knows

capability

knows
knows how
shows how
DOES

competence
UPENDING THE PYRAMID
COMPETENCE IS AN ESSENTIAL UNDERLYING COMPONENT OF CAPABILITY
THE ABILITY TO FUNCTION IN A COMPLEX CLINICAL SITUATION OFTEN DEPENDS ON THE INTERACTION OF SEVERAL COMPETENCIES....
Able to identify underlying principles

...PLUS
ADDITIONAL SKILLS AND QUALITIES
Know how to learn
Self aware
Live and work effectively with others
Comfortable with “not knowing” and uncertainty
Have confidence & self efficacy
Be creative & able to work outside the box
A CAPABILITY FRAMEWORK

- Be creative think outside the box
- Confidence & self efficacy
- Know how to learn
- Comfortable with not knowing & uncertainty
- Ability to identify underlying principles
- Live & work effectively with others

Knows
Knows how
Shows how
Does
A CAPABILITY FRAMEWORK

Be creative think outside the box

Self aware

Know how to learn

Confidence & self efficacy

Ability to identify underlying principles

Comfortable with not knowing & uncertainty

Live & work effectively with others

Knows how

Shows how

Does

knows
A CAPABILITY FRAMEWORK

Integrate

Adapt to unexpected and changing circumstances/setting

Confidence & self-efficacy

Know how to learn

Self-aware

Be creative think outside the box

Live & work effectively with others

Comfortable with not knowing & uncertainty

Ability to identify underlying principles

A CAPABILITY FRAMEWORK

Neve & Hanks 2016
Be creative & think outside the box

Self aware

Know how to learn

Able to identify underlying principles

Confidence & self efficacy

Live & work effectively with others

Comfortable with not knowing & uncertainty

Know limits & when to ask for help

Integrate

A CAPABILITY FRAMEWORK

Knows

Knows how

Shows how

Does

Adapt to unexpected and changing circumstances/setting

Neve & Hanks 2016
What does this means for your teaching and assessment*?

*When we say assessment we mean any formative or summative activity
Learning “should not only take us somewhere; it should allow us later to go further more easily”

Bruner 1960, p. 17
THINK OF AN AREA OF TEACHING YOU ARE INVOLVED WITH
1. Are you teaching for competence of capability? Why?

2. Which will your learners need in the real world? Why?

3. What are you already doing to enhance your teaching to develop learners’ capability?

4. Is there anything else you could do?
WHILE YOU ARE WATCHING

From your earlier flip chart and the capability framework....
Can you see this team demonstrating capability?
Can you see evidence of health professionals integrating competencies and attributes in practice?
Which elements of capability can you identify?
PROMOTING TEAM CAPABILITY

Film clinical skills
Film debrief
DE-BRIEF

• What elements of capability can you see?
• How might a debrief help us identify capability?
• Which elements might a debrief draw out?
• What questions might you ask to enhance that?
CAPABILITY IN PRACTICE

• Even qualified doctors struggle as we saw earlier
COULD YOU ENHANCE YOUR TEACHING TO INCLUDE CAPABILITY?
IS CAPABILITY A THRESHOLD CONCEPT?
CAPABILITY

Liminality
CAPABILITY

Struggling?

Avoiding?

Confused?
CAPABILITY

Transformative
Thinking alone

What, if anything, has got you thinking differently today?

How will you implement capability in your own curriculum/teaching?
references

- Baruch 2016 Doctors as Makers
- Neve H, Hanks S. “When I say......... Capability”. Medical Education 2016; 50: 610-611