

The need to train trainers

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For some years, the Italian health organizations have placed training at the centre of their initiatives to ensure the quality and safety of their services. The continuous scientific and technological progress, the rapid changes in care demands linked to the ageing population and to immigration, and the limited economic resources available, all require particular attention to the acquisition of adequate skills on the part of professionals and to the continuous need for refresher courses. The success of the health policies and improvement in healthcare depends on those who dispense healthcare, and on the performance of professionals independently of the type of health system and the resources available.

Improvement in the quality of training has thus become strategic. However, although on the one hand we can quote the great Nelson Mandela in maintaining that "Education is the most powerful weapon which you can use to change the world." (1), on the other hand we must acknowledge the fact that many healthcare operators have not been taught anything about quality and safety as part of their formal training (2). The responsibility for directing professionals towards a type of learning that will enable them to deal with change and to favour the development of a health service at an advanced level lies with their trainers, and when we speak of trainers we mean the academic community, the national health service in all its ramifications, the scientific community and the organisations representing healthcare professionals. Action must be taken at the level of basic training of professionals, with a constant renewal of training on the basis of innovation and of the results of scientific research. Action must be taken at the level of post-basic training in order to develop innovative curricula answering to the

new need for professionals prepared for operating in differing contexts, with differing and ever newer types of patients, caregivers and users in general.

This is why the the postgraduate programme of the University of Parma now offers first level master's degrees for professionals in healthcare professions aimed at developing competences answering to the needs of the health organization to guarantee to the patient continuity of treatment and a reduction in the risk of infections correlated to healthcare, to manage the problems of chronicity, and to face with seriousness and professionalism the issue of palliative care. The work projects that constitute the backbone of the master's degree teaching course have been the subject, and will continue to be the subject in this issue of the magazine, of various scientific articles.

The didactic methods to be used in post-basic training cannot be solely the traditional ones, partly because the ways of acquiring information in a globalized world have changed drastically, and not only owing to the advent of Internet. Trainers will have to utilize new teaching models and review the ways of learning, with recourse to the resources of modern pedagogy and didactics available in the health care environment. And scientific research in the world of healthcare professions is investing the efforts of numerous researchers in the analysis of training methods designed to take up the challenge of innovation, as this issue of the magazine also points out.

The WHO is committed to supporting these efforts to introduce an evidence-based approach to training and practice, and the European Union has published recommendations as to the key skills for the right lifelong learning (3) underlining in particular

the necessity for collaboration between clinical practice and the organizations involved in the professional training of healthcare workers. From this collaboration there have arisen indications not only as to the use of evidence based learning but also as to the alternative methods of training such as multidisciplinary training and “situated learning”.

Whereas in the past the health services were geared towards individual action on the part of the various professionals, nowadays the quality and safety of clinical practice and healthcare processes are based on the skills not so much and not only of the individual operator as on the clinical teams and their degree of co-ordination and integration, with the support of an organizational environment enabling the attainment of objectives. The achievement of optimal clinical outcomes is not linked exclusively to the competence of each individual professional; the reliability of the system also plays an important role. An effective training activity should thus be based on principles such as sharing, group work, co-ordination, integration and collaboration. In particular, the skills can more easily be put into practice when the training process involves all the professional figures that take part in the healthcare process. In this sense it is important to acknowledge the complementary skills of the various professionals and the non-technical skills that are fundamental to the functioning of groups. There is a need to develop, in addition to the technically specific competences, the meta-skills that allow for a common action among the various professions.

The concept of situated learning has been presented by Lave and Wenger (4), who propose a radical reinterpretation of the concept of learning, affirming that learning cannot be considered in a totally reductive way as being induced from the teaching; and, differently from the classic visions that see it as being linked to the individual sphere, it is seen rather as a social practice, that is, an active process that takes place within a participative framework (4). Social interaction is of great importance; one becomes part of a community of practice the aim of which is the production of knowl-

edge so as to transmit convictions and behaviours to be acquired. When beginners or those newly arrived move from the edge to the centre of this community, they become more active and take on the role of experts. The individual does not learn through lessons that convey a definite quantity of abstract knowledge that will then become absorbed and applied in other contexts, but learning by doing. This a model of learning that involves the individual in situations of real practice, in which he will be required to assimilate notions in relation to the action that he is carrying out.

What has been said above depends on the presupposition that the training of healthcare personnel, and obviously training in general, requires specific professional preparation. The trainer of healthcare personnel cannot and need not be a healthcare professional recruited for teaching pro tempore on the basis of professional qualifications such as seniority or having attained a prominent position in his or her healthcare career, but rather an expert professional who has developed specific pedagogic and andragogic competences in a didactic setting or by means of specific training courses. Unfortunately, the commitment of the Italian healthcare organization to placing training at the centre of its initiatives for the upholding of the quality and safety of its services has still to be adequately directed towards the training of trainers. However, things are moving and in the very next issue of the magazine we shall be able to bear witness to this with a scientific article.

References

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