

PROFESSIONAL COMPETENCIES FOR ACCOMPANYING CHANGE IN HEALTH DOMAIN

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Summary

Major changes different domains in Québec (Canada) and other country in the last decade provided the backdrop for accompaniment-research-training projects. In two projects already done Lafortune (2008a,b; 2012a,b) identified two structured, foundational models (education and health domains) to implement major changes that require an overhaul of professional practices and greater professional autonomy; and to develop expertise in accompaniment-training in using reflective-interactive strategies.

The approach taken, accompaniment-research-training, extends data collection so that the research instruments serve as training tools and vice versa. Another feature is the adaptation and reuse of materials, which leads to evidence of actions taken. Additionally, accompaniment-research-training is characterized by emergent theory building. Among the outcomes of the project described herein are a model for change and a framework of eight professional competencies for accompanying a change.

This text focuses on the frame of reference of eight competencies, which constitutes an integrated, coherent system that includes descriptions of the competencies and professional acts used to accompany and implement change. Two competencies will be presented: C2: Model reflective practice when accompanying change; C3: Take the affective domain into consideration when accompanying change. (Lafortune, 2008a; Lafortune, 2012b).

Introduction

Major changes different domains in Québec (Canada) and other country in the last decade provided the backdrop for accompaniment-research-training projects. In two projects already done Lafortune (2008a,b; 2012a,b) identified two structured, foundational models (education and health domains) to implement major changes that require an overhaul of professional practices and greater professional autonomy; and to develop expertise in accompaniment-training in using reflective-interactive strategies.

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Among the outcomes of the projects described herein are models for change (Lafortune, 2008b; 2012a) in education and health domains. Particularly, there is a framework of eight professional competencies for accompanying a change. It should be noted this new use of the word “accompaniment” is intended to expand the concept of “training” or “coaching” to encompass support that individuals receive in learning situations so that they may progress in the construction of their knowledge (Lafortune and Deaudelin, 2001).

This text focuses on the frame of reference of eight competencies, which constitutes an integrated, coherent system that includes descriptions of the competencies and professional acts used to accompany and implement change. When integrated with the accompaniment model, the competencies constitute a system where reflection and interaction influence the context of the intervention and put the emphasis on realizing change. The frame of reference clarifies how to adopt an accompaniment stance and the reflective practice that results from it. However, nurturing such development requires using the frame of reference in a way that involves self-evaluation, self-observation, self-reflection, and self-teaching (Lafortune, 2008a). After presenting the principles of reflexion and action complementarity in the accompaniment process, two competencies will be presented: C2: Model reflective practice when accompanying change; C3: Take the affective domain into consideration when accompanying change (Lafortune, 2008a).

1. Principles of reflection and action complementarity in the accompaniment process

Eight principles illustrate what we mean by complementarity between reflection and action in the accompaniment process.

Take into account the knowledge, competencies, and previous experiences of the people for whom the change is intended. This allows the accompanied persons to move forward from where they are, while reflecting on changes in their practices.

Cast a critical eye on the consistency (or inconsistency) between beliefs and practices, thoughts and actions (Lafortune, 2004b; Lafortune and Fennema, 2003; Thagard, 2000). This critical perspective can help generate, acknowledge, and benefit from the unsettling effects of change while reassuring staff who feel insecure. It requires an open attitude to differing points of view, which spurs creativity and innovation.

Adjust on the go. Such adjustments help people deal with novelty and force them to look at what they do, why they do it, and how it relates to the desired change. They also are a way to benefit from this greater awareness so that it leads to actions that move the accompanied persons forward.

Take into account the ideas, reactions, and questions of the group. This requires people to accept the unexpected, something that is unavoidable in a situation of change.

People also need to consider ideas, reflections, and discussions and assimilate them into the group reflective process.

Begin the process of self-reflection. Proposing change and seeing that change is implemented requires people to engage in a process of self-reflection about their professional practices so that their intentions are consistent with what they actually do and what they tell others to do.

Begin the process of collective reflection. The self-reflection process is fueled by group reflection where members analyze their practices and exchange critical observations.

Develop a sense of ethics. Developing a sense of ethics requires an opportunity to think about how to behave toward others (Gohier, 2005), “a stepping back and an ability to analyze practices from a theoretical point a view, [an] attitude that opens the door to taking a critical look at morality and personal choice” (Ottavi, 2004, p. 54 [translation]).

Create a climate of confidence and an atmosphere that foster coconstruction. Group discussion is not enough to create a climate of confidence and an atmosphere that foster coconstruction—the group must generate ideas and a collective construct that takes into consideration the contributions of all members of the group.

2. Eight professional competencies for accompanying change

The eight professional competencies that emerged from the accompaniment-research-training project are the following.

Competency 1 Take a stance conducive to the process of accompanying change

Competency 2 Model reflective practice when accompanying change

Competency 3 Take the affective domain into consideration when accompanying change

Competency 4 Maintain reflective-interactive communication in preparing for and facilitating the change process

Competency 5 Utilize professional collaboration to move the change process ahead

Competency 6 Make use of action plans to accompany the change process

Competency 7 Use evaluation in the change process

Competency 8 Use professional judgment, acting ethically and critically

Two competencies are presented in the present text.

2.1 Competency 2: Model reflective practice when accompanying change

Several expressions denote the process of reflecting on and analyzing one's practice. Donnay and Charlier (2006) use the expressions “analysis of practices,” “reflective approach,” and “reflective practice” to express this idea, while Perrenoud (2003) uses “reflective practice.” In the field of education, one expression may have different meanings, and more than one expression can be used to communicate the same idea. We use the term “reflective practice” in this frame of reference as it is the one that is the most clearly defined in the literature (Lafortune and Deaudelin, 2001; Schön, 1994; St-Arnaud, 1992) and best represents the meaning of the second professional competency for accompaniment. It has three components: reflecting on and analyzing one's practices, initiating action, and building an adaptive model of practice (Lafortune and

Deaudelin, 2001). These three elements involve actions or experiences, as well as adjustments flowing from individual and collective analyses.

Reflective practice

Reflective practice is the act of stepping back to critically examine one's operating modes and analyze, both individually and collectively, the acts and actions carried out in the course of a professional intervention. This critical perspective involves an awareness of one's consistencies and inconsistencies, thoughts and actions, and beliefs and practices. It comprises three components: reflecting on and analyzing one's practices, initiating action, and building an adaptive model of practice.

Reflective practice evolves over the course of peoples' careers and in response to their various experiences. The reflective process creates a dynamic whereby they continue to progress in their fields through ongoing assessment of their intentions, objectives, goals, beliefs, and values. It entails engaging in a continuous process of constructing the theoretical foundations of one's practice, either individually or by interacting with others (from Perrenoud, 2003). In fact, reflection becomes an integral part of the professional practice of staff who accepts these principles.

Donnay and Charlier (2006), who mainly use the term "analysis of practices," propose three functions of this activity: 1) to understand one's practice, 2) to change one's practice, and 3) to become more professional. For these authors, analyzing practices improves people's understanding of their practices by helping them build, based on their experiences, the theoretical and practical knowledge by which they can explain the meaning of their actions. It also is a way of changing their practices because after analyzing their experiences and comparing them with those of their colleagues, individuals can adjust their actions or make different choices the next time around. This type of analysis also helps improve the professionalism of staff affected by the change as it gives them "a better handle on work situations ... [and] a reflective analysis [of their] practice [makes] possible ... the transfer of the acquired experience to other situations" (Donnay and Charlier, 2006, p. 88 [translation]).

In the conceptual background outlined here, the process of -reflective practice has three phases: (1) reflecting on and analyzing one's practice, (2) transferring what one has learned to future action and consideration of these experiences, and (3) developing an adaptive model of practice.

Reflecting on and Analyzing One's Practice

Reflecting on one's practice involves describing it in such a way that others can understand it well enough to be able to use various aspects of it for their own purposes. Analyzing entails making connections and comparisons, and providing justifications and explanations. It requires a willingness to accept having one's ideas and practices called into question and challenged by colleagues. This means that reflecting on and analyzing one's practice must not be limited to discussing what has been done with a group of

accompanied individuals. Reflection and analysis are only useful if they involve an intention to change practices.

Analyzing and reflecting on one's practice consists of examining its various aspects—past or future actions (interventions, approaches, strategies, etc.), competencies and skills acquired, knowledge built, and attitudes adopted. It also involves establishing links between these various aspects. These links also have to be understood, which is achieved by describing the approaches and explaining why one approach was chosen over another and how they were implemented; by describing the reactions of the accompanied individuals and discussing the reasons for these reactions as well as their consequences; and by pinpointing and explaining difficulties encountered and successes achieved to both oneself and the accompanied individuals. It could also be added that the advantage of analyzing one's practices with colleagues is that actions can be compared and contrasted and people can become familiar with other approaches and other ways of analyzing practices. All of this helps them build their models of practice and develop representations that ensure consistency between beliefs and practices, and thoughts and actions (Lafortune and Fennema, 2003; Lafortune, 2004a; Thagard, 2000). Reflecting on and analyzing one's actions leads to changes in practices in keeping with the foundations of the change.

Initiating Action

In a process of reflective practice, initiating action is a necessary step in expressing the level of reflection and the relevance of the analysis. Initiating action requires people to achieve a deeper level of awareness in order to bring about lasting change. It is part of the transference process that results from reflection and analysis, and it leads to individual and collective reexamination of actions in order to foster interaction, debate (not confrontation), and adjustments in view of future actions.

Reflecting on and analyzing practices entails questioning one's previous practices and considering changes to one's actions in future interventions. Some people may say, "I can't believe I didn't do this before" or "I'll use what we did today and adapt it to my practice." However, in practice, in the rush of work, people forget what they intended to do, and the reflections and analyses do not necessarily translate into action. At other times, the new awareness does bring about changes in people's actions over the short term, but not viably over the long term. In light of these observations about accompanying reflective practice, it is clear that actions, and particularly opportunities for reviewing them, must be planned. In this way, people can set realistic challenges, meet them, and then reexamine them. Moreover, if actions are not successful, it makes it easier to examine what got in the way. It is, however, important to avoid judging the content of the actions and especially the fact that they were not successful.

This process of reflection, analysis, and translation into action and later review must be repeated several times before moving on to the third phase, which is when people develop their models of practice and explicitly describe how they conceptualize their

professional activity or the accompaniment of people who intervene or provide accompaniment. People can improve their models of reflective practice by presenting them to their colleagues. The models evolve over the course of their careers as they review them from time to time and analyze, question, and adjust them as needed.

Developing a Practice Model

Reflective practice also consists of building and adapting one's own model of practice (see Lafortune and Deaudelin, 2001). The process is divided into three parts: describing and explaining one's practice, presenting the theoretical and practical dimensions leading to particular actions, and studying existing models and adapting and reorganizing them into a coherent representation (text, diagram, table, drawing, list of categories, list of characteristics or principles, and so on). To build and develop representations of their models, people need to reflect deeply on their practices and analyze their beliefs (conceptions and convictions) in the light of their previous actions. The unusual and complex nature of the process creates a need for group accompaniment and for accompaniment providers to go through the same process and develop their expertise in this type of accompaniment (Lafortune, 2005, b, 2007).

Model of Practice

For example, in health domain the model of practice represents in a way the professional's vision of training, learning, and evaluation. In a process of accompanying a change that involves prescriptive elements, the model of practice includes not only how individuals perceive the accompaniment process, but also the theoretical foundations, aims and intentions they have integrated or are in the process of integrating into their own models of practice. Their models of practice guide all their decisions and professional acts when accompanying others.

In developing their models of practice for accompanying change, people organize the representations, values, attitudes, and knowledge that guide their professional activity. They construct their models based on theoretical knowledge but also on their professional expertise (training and experience), the difficulties they have encountered in the accompaniment process, and their analysis of these difficulties (Cohen-Azria, Daunay, Delcambre, and Lahanier-Reuter, 2007).

Model building is a conceptual process used to develop models of professional practice that can subsequently be adjusted or modified on the basis of a person's knowledge culture or accompaniment experience. In engaging in a process of change, the accompanied individuals continuously transform and adapt their own models of practice. In some respects, the models serve as a starting point (previous knowledge) from which to approach change as they seek to understand it.

Reflective practice facilitates the change process, the updating of practices, and the development of professional competencies for accompaniment. It helps organize ideas and structure thinking, while also assisting in the preparation (planning and predicting)

and evaluation of interventions. By replacing an intuitive process with a reflective one, people set up a dialogue between what they do, how they do it, and what they need to construct in order to change, update their practices, and develop their professional competencies. The reflective process involves stepping back and taking a critical look at one's own practices, but also individually and collectively analyzing interventions and decisions made when taking action. A critical perspective requires greater awareness of one's consistencies and inconsistencies and possible disconnects between thinking and actions as well as beliefs and practices.

2.2 Competency 3: Take the Affective Domain into Consideration When Accompanying Change

Taking the affective domain into consideration when accompanying change is necessary to understanding the affective reactions arising from change situations, especially if the change situation leads to cognitive dissonance and potentially fundamental reexamination. In change implementation where the accompaniment is professional in nature, consideration of the affective domain is approached from a cognitive perspective. This means understanding what is happening, not letting oneself be distracted by the affective reactions that emerge, and stepping back to react through informed choices that lend a certain continuity and coherence to the entire process. This perspective presupposes knowing one's own reactions to intense emotional situations and being able to predict affective reactions when preparing to intervene as well as possible adjustments along the way.

Understanding affective reactions involves both the cognitive and the affective domains. It is a skill that, allied with theory, is honed in the field. Understanding affective reactions over the course of the process and recognizing manifestations (from oneself and others) fosters better understanding of resistance from accompanied individuals and, consequently, better regulation of one's own actions (Lafortune and Lepage, 2007). A reflective practice tied to the affective domain of accompaniment spurs involvement from both accompaniment providers and -accompanied individuals in a change process.

In the process, accompaniment providers play various roles in promoting implementation of the change. They are called upon to act, observe their actions, adjust their interventions, provide an example in action, raise awareness of what they are doing, and show ways to transpose this modeling in the actions. Analysis of interventions carried out as part of an accompaniment plan (Lafortune, 2004b) reveals three levels (see Lafortune, St-Pierre, and Martin, 2005) of taking the affective domain into consideration: (1) the affective presence, (2) affective modeling, and (3) affective instrumentation:

1. *Affective presence:* Accounting for the affective domain among trained accompaniment providers and accompanied individuals. This first level refers to interventions carried out as part of the accompaniment process that ensure that the affective domain of these people's experiences is directly taken into consideration, e.g., adjust one's actions when resistance or pleasure is observed.

2. *Affective modeling*: Showing that the affective domain is being taken into consideration in interventions with accompanied individuals. This second level refers to taking a step back from the action so that accompanied individuals realize that the affective domain is being taken into consideration and can better take it into account in the accompaniment in their workplace, e.g., show that changes are being made to the action according to ongoing interaction observed among group members. This basically involves explaining actions by putting them into words to help accompanied individuals understand and become aware of them.
3. *Affective instrumentation*: Providing ideas on ways to take the affective domain into consideration in subsequent actions. This third level refers to intervention ideas provided in the action by drawing parallels with the ongoing accompaniment process, e.g., provide the means to adjust one's actions when resistance or openness is observed. This basically involves providing the means to take the affective domain into consideration by ensuring that these are sensible and related to what has happened or is happening.

These three levels demonstrate the difficulty of accompanying people who have to implement a change that involves content and also inspires feelings of both fear and pleasure, which can lead to withdrawal, curiosity, or engagement.

Some precise means can help accompany reflection with regard to consideration of the affective domain from a cognitive perspective. Here are examples of moments of reflection or platforms for discussion that can be used to interact in accompaniment:

Ask to describe a situation where change accompaniment has engendered or could engender a show of emotion: the emotions in question, the manifestations, the possible causes for this show of emotion.

Ask to explain what aspect of a change accompaniment process could lead to pleasant or unpleasant affective reactions. Ponder questions like: How might an unpleasant affective reaction spur accompaniment? How might a pleasant affective reaction hinder accompaniment?

In the case of an intervention where similar past experiences give reason to believe that the road ahead will be very difficult, ask what affective reactions might emerge.

Following an intervention considered to have been a failure, what affective reactions came out of it? Ask for categories considered to be effective or ineffective.

Questions like the following can be worked into a questionnaire introduced by a description of the intervention: What affective reactions are at issue (recognition)? What aspects drew out these affective reactions (causes)? How were these affective reactions anticipated (prediction)? Why did these affective reactions emerge (causes)? How did these affective reactions influence the intervention (effects)? How were affective reactions taken into consideration (solutions)?

These suggestions are part of a cognitive perspective of taking the affective domain into consideration. This vision underlies this frame of reference and the competency.

Taking the affective domain into account from a cognitive and professional perspective

Taking the affective domain into account from a cognitive and professional perspective involves exposing and describing the situation, recognizing the affective dimensions at issue, and being able to list the causes and consequences of actions underway or already completed. Recognizing affective reactions makes it possible to take these reactions into account as they emerge, and to draw on the experience to adapt solutions to other contexts on the basis of one's own affective reactions, those of others, and those that emerge from the interaction. Taking the affective domain into account from a cognitive perspective requires an understanding of the overall situation that enables one to take the critical distance necessary to act to foster a change.

To take the affective domain into consideration in a cognitive -perspective, we need to know what constitutes the affective domain and its components: attitudes, emotions, self-concept, engagement, beliefs, and attributional beliefs of control (see Lafortune, 2008a, for more explanations).

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