



Learning for Professional Practice

The developing professional

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There is an expectation that we will keep on learning and developing as practitioners. That we will grow in confidence and expertise moving from just qualified to expert in a seemingly smooth transition. Unfortunately like many things in life developing as a professional is not that simple, this paper looks at how we develop as learners and professionals and some of the complexities behind many a learning journey.

There will be a number of learning activities attached to this paper some will be appropriate for individuals to undertaken, others are more aimed at managers and senior managers and others could be used as themes for departmental discussions or even regional meetings.

The Institute of Medical Illustrators includes in its CPD Handbook¹ a useful quote from the Allied Health Professionals project^{2,3} as a definition for CPD, also adopted by the Health Professions Council⁴:

‘... a range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.’

The part we are addressing in this paper is about how ‘professionals maintain and develop throughout their career’.

The transition from formal education to informal learning can be a massive change, from having someone closely examine and mark your work to taking personal responsibility for your own CPD. Sessions within an organisation or provided by a professional body like the Institute of Medical Illustrators can help but just doing what is asked is not enough to grow and develop as a professional.

We have a broad range of individuals in the profession at different stages of their career and learning journey, as suggested by Table 1. These learners might not be all at the same level of professional competence or expertise but all will be ‘developing as professionals’ the ‘D’ in CPD. As expressed by Henry Ford “Anyone who stops learning is old, whether at twenty or eighty. Anyone who keeps learning stays young. The greatest thing in life is to keep your mind young.”

To develop as professionals, as well as support individual career development, we need to understand more about the processes involved and the impact that different aspects of how we learn have on us as individuals.

This paper has been developed to look at three aspects:

1. From student or trainee to the world of work
2. The impact of learning and reflection on performance and competence.
3. Confidence, overconfidence and cultural differences in confidence

From student or trainee to the world of work

Students don't emerge from university or college as fully-fledged professionals. They will have many of the attributes of professionals but there is a big difference between learning in a safe environment compared to the pressure and scrutiny of working and learning in a clinical environment. Real-world learning and simulated learning can only go so far to develop professional skills and attributes that are necessary in the workplace.

This is one of the reasons why we do not expect students straight out of university or college to be able to submit work for Continuing Professional Development (CPD) as soon as they start work. The two years before audit can take place is designed as much to support students in their professional development as it is for them to develop a CPD portfolio⁵.

Activity 1

Part 1 How did it feel when you were starting out?

Think back to when you first started work after college or training. How confident were you when you first started as a clinical photographer, artist, videographer, Illustrator, designer? What was it you found the most difficult?

Part 2 What support do you need to give?

Having thought about this what are the implications for you and your department if you take or have taken on a recent graduate in terms of the support they need?

Table 1 Career and learning journey stages

- New starters including recent graduates
- Those who are 2 years in and developing their CPD portfolio for possible audit
- Those in profession for many years in different positions and levels of responsibility
- Returners to the profession
- Those who have started to get involved in clinical photography though it is not their main qualification
- Those who have (allegedly) seen it all and done it all
- Those coming up to retirement
- Retired, but possibly still following up as a freelance an aspect of their career e.g. medicolegal photography, consultancy.

The impact of learning and reflection on performance and competence.

If we look at how individuals learn we find that not everyone will learn at the same pace or even in the same way. For more about personal differences see earlier publications about 'Personalising your learning'⁶ and 'Adding variety to your learning activities'⁷.

It might appear likely that learning is going to progress in a linear fashion i.e. as we get older we learn more and more up to the point where we start to age and have memory problems. In practice learning is not linear it is more often moving from a plateau up to a higher level, there can be an accumulation of knowledge followed by understanding, the "Ah hah" moments. The other issue is that learning is not enough on its own. Learning for learning's sake may be fine as a student but in the real world learning has to translate into the practical ability to be able to complete a task and more than that to be competent.

The use of reflection as a tool for supporting learning and improving performance is common practice in healthcare. However, taking reflective approach to our work which should logical lead to an automatic increase in our abilities can lead instead to more uncertainty and doubt which can affect performance so rather than seeing an improvement there can be a drop in performance. This was examined by Candy et al⁸ in Boud's 1985 book 'Reflection: Turning Experience into Learning'.

"When people first set out to improve their performance through reflective learning, they notice a distinct drop off in performance once their habitual level of skill is disrupted. This phenomenon is sometimes referred to as conscious incompetence."

An example of this would be where a clinical photographer is asked to develop an awareness of what they do and how they interact with the patient in the studio and how this could be improved. Then their attention is divided between observing, and the behaviour being observed, with the likely decrease in competence and often confidence in their own ability. This change in practice can lead to a reaction with a need to return to normal practice i.e. re-establishing the old equilibrium, see Figure 1.

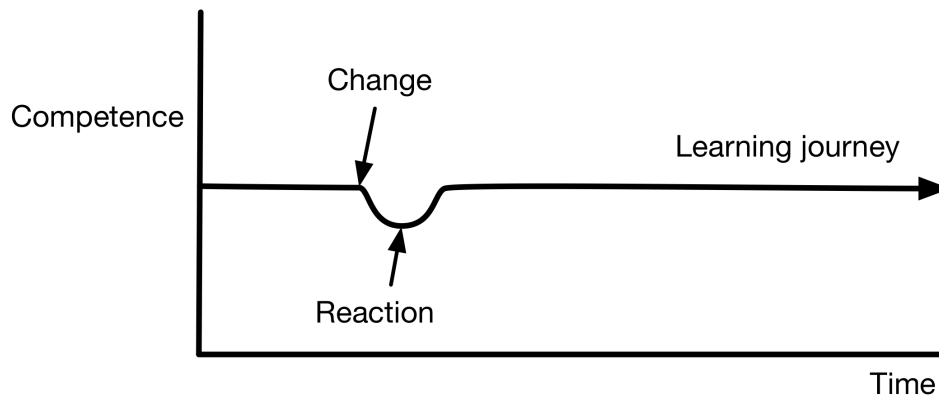


Figure 1. Diagrammatic representation of the effect of reflection on competence.

As Powell, expressed this “It is extraordinarily difficult to identify what one is learning when engaged in a learning task or at a time quite close to that period of activity: try to identify something which you learnt today!”⁹

This disparity between deeper reflection and performance means that many developing professionals need as much mentoring and support as new starters if in different ways. In a busy department the opportunity to try new ways of working, and improving how we work with patients and other health professionals may not always be available but they are necessary if the profession is to move forward and if staff are to develop professionally.

The aim of professional development and deeper reflection is for movement to a higher level of achievement and competence to be able to work better and take on more complex tasks i.e. to grow as a professional. Moving back to the same old plateau as in Figure 1 is not moving forward. There is a need for support and mentoring for a professional to overcome conscious incompetence so they can build and move to a higher performance level, see Figure 2.

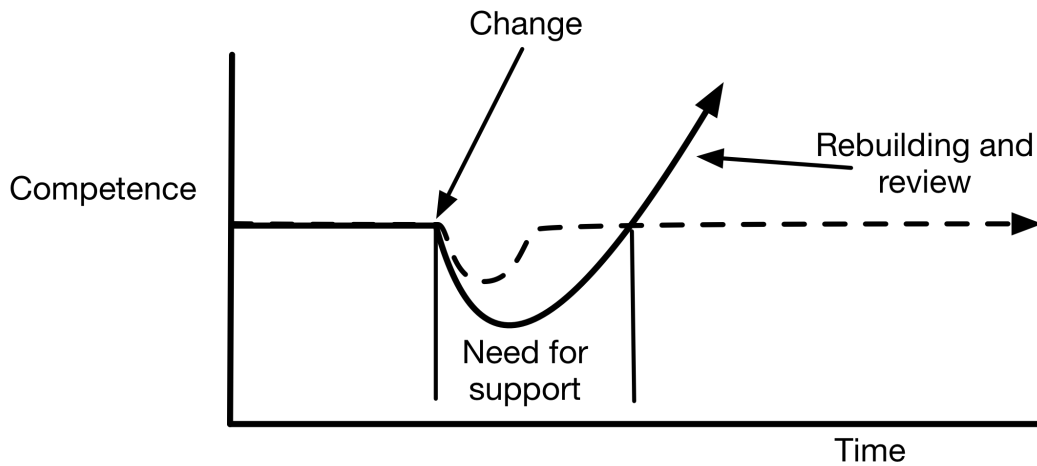


Figure 2. Diagram showing the need for support to overcome conscious incompetence so can build and move to a higher level of competence.

If you can provide the support for the phase change as they move up to a higher level it is also important that this new level of skill is supported otherwise the danger is that a professional their competence can decline and their competence moves back down the old levels and ways of working, see Figure 3.

As Candy expresses it “If you manage to support them through this phase, and bring about the desired change in [] skills, the next problem you will face is the likelihood of their ‘backsliding’ or slipping back into the old habits and patterns as soon as they stop concentrating. It is at this stage that you will need to provide new referents, or new ways of judging themselves, until new habitual patterns are established.”¹⁰

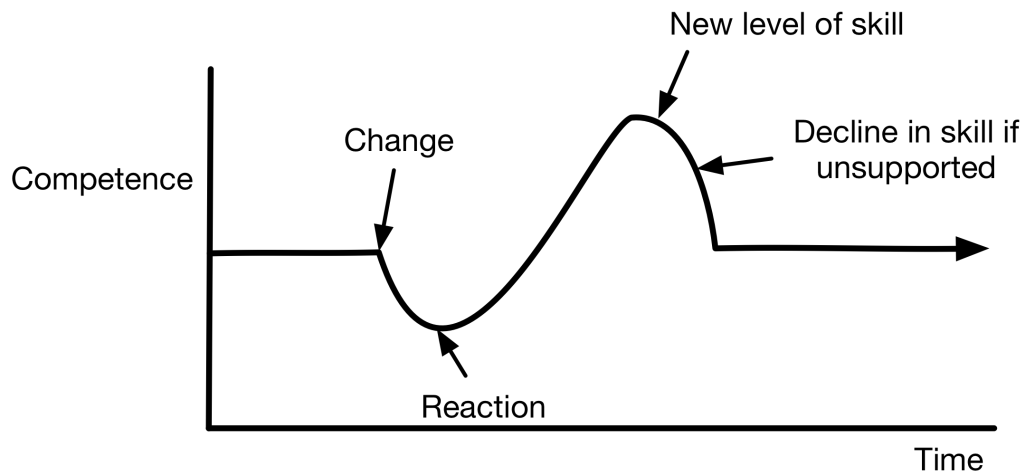


Figure 3. Diagram showing the effect of lack of support following the development of a new level of skill.

New referents include the back-up of managers, co-workers, peers and professional organizations like the Institute of Medical Illustrators. The aim is for these to provide the learner with new standards against which they can measure their performance, without it becoming a complex system of rules. If it is only the individual who has developed up to a higher level of working it can be hard to maintain that level if no one else is either at that level or trying to achieve the same level as they will feel as if they are fighting against the current standard.

This challenge is even more important for staff that are new to the profession as they are not only trying to master the new skill, but also to monitor and reflect on the process of mastering the new skill at the same time. Similarly someone who is new to the department may have to unlearn some practices as well as learn new ways of working in a new environment.

Whilst support is necessary in developing as a reflective practitioner given sufficient mentoring learners should not only be able to reflect on their own performance but then be able to carry out that reflection on their own through to a new enhanced level of performance.

Activity 2

Part 1 Individual activity.

Reflect on your personal experience and think back to a time when you reflected on part of your practice with a view to taking it to the next level or just improving what you do. Did you experience 'conscious incompetence' or even just a feeling of lack of confidence as you reflected on your practice? If so how did you overcome this or how did someone support you to overcome this feeling?

Part 2 Group activity.

As a small group, clinical team or if you meet up with other illustrators or as a group of healthcare workers or scientists pose the same question as in Part 1 and compare notes as to how you overcame any difficulties and moved to a higher level of performance and what you could do to support others who are starting out on their professional journey or staff who are long to move to a more advanced level of practice.

Confidence, overconfidence and cultural differences in confidence

There is a difference between competence and confidence. Someone can be very competent but lacking in the confidence necessary to practice. There is then a need to build up their confidence through careful support and mentoring, unfortunately something that might not be possible in a busy department. Confidence whether over- or under- confidence can affect the way we are perceived by others and ourselves as professionals.

At the other end of the spectrum is someone who is unskilled but very confident. This type of person even has their own eponym attached to their behavior as it is known as the Dunning-Kruger Effect after the authors of a paper “Unskilled and Unaware of It: How Difficulties in Recognizing One's Own Incompetence Lead to Inflated Self-Assessments.”¹¹

As defined in Wikipedia “The Dunning–Kruger effect is a cognitive bias manifesting in unskilled individuals suffering from illusory superiority, mistakenly rating their ability much higher than is accurate. This bias is attributed to a metacognitive inability of the unskilled to recognize their ineptitude.”¹²

Dunning and Kruger conclude in their paper that “We propose that those with limited knowledge in a domain suffer a dual burden: Not only do they reach mistaken conclusions and make regrettable errors, but their incompetence robs them of the ability to realize it.”¹³

Interesting but hopefully not relevant for qualified medical illustrators. I have more concern with the opposite of the Dunning-Kruger Effect which is expressed as a quote from Bertrand Russell explains matters “One of the painful things about our time is that those who feel certainty are stupid, and those with any imagination and understanding are filled with doubt and indecision.”¹⁴

It is in a series on cognitive biases what one blog describes as the “The Worse-Than-Average Effect: When You're Better Than You Think”¹⁵. The same writer goes on to explain in the blog “But there's a flip-side to the Dunning-Kruger: sometimes the competent don't know when they're competent. This is the worse-than-average effect. This means that when you're good at something, you tend to assume that other people are good at it as well. So, when you're faced with a difficult task that you are good at, you underestimate your own ability.”

The impact of cultural variations in learning and perception of own abilities has been noted in the literature. Heine et al¹⁶ compared American and Japanese attitudes to self-regard and looks at cross-cultural comparisons especially aspects of self-criticism.

There is an aspect to reflection that appears negative in that it seems to encourage self-criticism, even negativity. However, it is important to reflect equally on what goes well. Any reflection on practice should accentuate the positive as much as the things we need to improve. As Burns and Bulman comment about reflection “... you cannot comment on reflection unless you have ‘had ago’ because until then you will never know what reflection is. Although reflection takes time to develop and can have personal costs, it has the power to enlighten, empower and emancipate.”¹⁷

Activity 3

Part 1 Self-reflection.

Reflecting back over the past month, 3 months or longer make a list of all the things you have achieved and all of the things that have gone well and how your personal practice has developed and improved. Relive how you felt when things worked well.

Part 2 Sharing and dissemination.

Think of ways to share one or more of your achievements whether through your LinkedIn profile, bulletin board or other social media or a short piece for the IMI Newsletter. If you are not confident to do something on your own you could share what you have done and ask for any collaborators to support writing a paper for this journal or presenting a paper at a conference.

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