

Experimentation of the FEHAP Quality Reference System in Initial and Continuous Training the Co-Author Learner in the Self-Assessment Process

Sylvie LARSONNIER* and Franck CLUZEL

Institute of Nursing Education, Fondation Léonie-Chaptal, France

Article Information

Received date: May 16, 2017

Accepted date: May 24, 2017

Published date: May 30, 2017

*Corresponding author

Franck Cluzel, Institute of Nursing
Education, Fondation Léonie-Chaptal,
19, rue Jean-Lurçat, Le Haut du
Roy, 95200 Sarcelles, France,
Email: f_cluzel@fondation-chaptal.fr

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Keywords Self-evaluation; Quality
approach in training; Quality culture;
Transferability; Acculturation; Safety
culture of care

Abstract

Training organizations are invited to implement a quality approach and to demonstrate the quality of their training offer. Initiated since the Bologna agreements with regard to initial training and since decree 2015-790 of 30 June 2015 for continuing education, quality has become an unavoidable element. The challenge for the structures is to develop a quality culture by associating both their employees and their learners.

Context

In recent years, quality policies have developed in several areas of activity in order to meet economic and regulatory requirements. Institutions have had to face the Demand for Quality by rethinking their organizations, their psychosocial dimensions and their quality approach (DQ). The quality policy of an institution includes all the guidelines and objectives it has set itself in the field of quality, as well as the stated objectives in terms of customer satisfaction. To implement this quality policy, the institution implements an approach that interrogates several fields of its organization.

The concept of quality has many definitions since it is multi-dimensional. It is a relative and subjective concept because it focuses first on the concept of conceiving in order to satisfy a client. Today quality is measured primarily by customer satisfaction and has become a central dimension of management. For the manager, quality is concerned with the organization of work and the processes of change. The industry has been interested in quality management in companies to optimize the production of goods and production costs. Also expanded to the world of health as early as 1996, healthcare institutions have had to satisfy this approach.

While these establishments are involved in certification processes, there is currently no requirement for certification for paramedical training institutes. If we consider that a training institute must meet the needs of the learners and meet the competence requirements expected of users and tutors concerning the quality of the training offered, this approach becomes an opportunity for which the institutes owe themselves reflect. Since the Bologna agreements in 1999 (Bologna Agreements (or Sorbonne-Bologna process) is a commitment to build a European Higher Education Area), the training of paramedical professions has undergone a series of changes. As for continuing education organizations, they are invited by Decree No. 2015-790 of 30 June 2015 to develop a culture of the quality of teaching and training provided. Faced with these different challenges and the demands on the quality of teaching in relation to the expected competences, it is essential to make more effective the mastery of the process of training both material and intellectual. The changing and changing regulatory, European or university context makes the training situation very complex. The quality approach can then be a tool facilitating the understanding of this complexity.

The project In order to meet the legal and regulatory obligations regarding the quality of the training offer, the Fondation Léonie Chaptal proposed to coordinate a joint working group of various structures and expertise in June 2015 within the ROF (Training Organizations Network) of FEHAP. The construction of a quality reference system in order to carry out a self-assessment. Self-assessment consists in making a diagnosis on the existing, integrating the key processes of an organization, based on a validated referential.

This group has chosen to develop a manual that can be used by both initial and continuing training organizations and that can be developed over time. This framework incorporates the six quality criteria required by Decree 2015-790 of 30 June 2015 on the quality of continuing vocational training activities. This project was the subject of several working meetings, a review and then a validation by the Board of Directors of FEHAP (Federation of Hospitals and Assistance to Persons),

which examined this file and reserved a very favorable opinion. Thus, the dynamic quality was seized as an opportunity, but leaving the core profession and educational requirement a privileged place. This guide is presented in the form of a guide that can be used by training organizations. The objective is to achieve ownership and involvement of users and professionals in this process.

Results - Discussion - Conclusion

This survey work allowed us to objectify the importance of the participation of nursing students as actors in their training and future health professionals. Self-evaluation seems to be understood and perceived positively. It is identified as a quality tool for diagnosing the different training processes. Beyond the diagnosis, this approach is experienced as a dynamic element. Learners refer to the Plan-Do-Check-Act (PDCA) principle and the possibility of questioning professional practices in favor of users, and perceive quality in its complexity and not just as a tool. The transferability of their participation in the self-assessment in a professional situation is perfectly identified, which suggests that they will not “suffer” quality, but will be co-authors. The concept of acculturation takes on its full meaning here and applies to live experimentation. It is a set of phenomena that result from continuous and direct contact between groups of individuals of different cultures and that leads to changes in the initial cultural patterns of one or both groups. It is therefore not only a matter of describing the loss of a culture of origin (de-culturation) but also, and perhaps above all, the appropriation of a new culture. Cultures are built in contact with others and are not impermeable, isolated by tight borders. There are therefore no pure cultures and other cultures. The bet is then for future caregivers to appropriate these new models and transpose them into a professional situation. The various indicators found throughout the interviews contribute to the emergence of a new culture, corollary to the improvement of the quality and the safety of the care wanted by the HAS (High Authority in Health). It identified two main levers [1]. The first is the implementation of continuous efforts to improve quality and safety. The second promotes the development of a safety culture of care. Thus, the development of this culture contributes to the control of the risks and must allow the safety of the care to be improved. On the other hand, the elements found during interviews demonstrate the impact of the 2009 nursing training referential in the change of posture of the learners. Indeed, the reflexive posture, the competency-based approach and the teaching units relating to safety and the quality of care show “a paradigm shift that takes

place in the sense that objective pedagogy is swept away by the Socio-constructivism [2]. They become true reflective practitioners. In clinical training, the 2009 reference framework allowed the formalization of the use of professional situations as an educational tool. Nursing students analyze and build their knowledge. In this case, their participation in self-assessment contributes to the construction of knowledge and builds their professional identity because “they learn to confront their knowledge and ideas. Self-analysis is favored in logic of “contextualization and decontextualization” and becomes a way of acquiring knowledge and skills [3]. Thus, the implementation of analyzes of professional practices in initial training allows students to develop reflective practice, both in progress and after action. It contributes to professionalization. Future professionals are already questioning the processes, the organization and the quality of their practices confirmed during the interviews testifying to a true paradigm shift in favor of quality culture. Finally, the participation of learners in self-evaluation was perceived in a very positive way. They felt valued and listened to. It was a time of constructive exchanges based on the real of the student activity and not on the prescribed.

Prospect

Several perspectives were identified after the test phase of the quality reference

- Adjustment of the reference system and make available to the FEHAP training organizations.
- Training - auditing action for the FEHAP Training Organizations (auditor's charter, audit framework, audits process).
- Performing cross-audits from an audit benchmarking.
- Research work in partnership with the University of Paris II Panthéon Assas on the subject of the process of self-evaluation within the framework of the Quality approach in Institute of training in Nursing: An opportunity to analyze the activity?

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