ARE WE TRAINING FOR COLLECTIVE INCOMPETENCE?
Three common educational assumptions & their unintended impacts on healthcare teamwork
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“This presentation will draw on empirical research to illustrate how some of our conventional educational assumptions constrain our ability to produce competent teams. Three assumptions will be considered in detail: ‘competence,’ ‘problem solving,’ and ‘teamwork.’ In each case, we will consider both what the conventional assumption focuses our attention on (i.e. the important contributions it has made to our educational practices) and what it distracts us from (i.e. blind spots it has created). Weaving together a series of brief clinical stories and empirical research findings, this presentation supports us to consider how to productively reorient ourselves so that we can approach competence, problem solving and teamwork in ways that maximize collective competence of our healthcare teams.”

Every way of seeing is a way of not seeing; in selecting, we deflect; in emphasizing, we create blind spots. But those deflections and blind spots have value and can constructively shift our perspectives.

• COMPETENCE

Competence is one of our major educational assumptions and goals. It goes without saying that the individual is at the center here: competence is always individual. However, we are long past the days when the doctor-patient relationship was quite simply one on one. In a teaching hospital in particular but also in the larger world, it is not one isolated doctor making decisions but many examining the same issue and articulating individual solutions. What matters is not just the individual competence to find a solution but the individual’s awareness of other thoughts and ideas, the individual’s intuition to foresee in what directions different approaches will lead, and the individual’s ability to take in the larger perspective and harness elements in a productive way to create the best solution for the patient.

Bibliography: The Question of Competence by Lorelei Lingard, on the importance of collective competence

• PROBLEM SOLVING

In our obsession with solving problems, we skip over how we define problems. Problem solving can tend toward narrow, chiseled paths. Thinking about what the problem actually is opens new perspectives and leads to important discoveries. It is at the heart of all creative and intellectual enterprise.
• **TEAMWORK**

We tend to use the metaphor of the machine for illustrating health care, with the well-oiled, smoothly and efficiently running machine as the goal. But machines are *complicated* rather than *complex*, and the metaphor forces us to focus on the parts rather than on the whole. Health care is *complex*: the relationship of the parts is more important than the parts themselves. The questions we need to be asking about health care teams include

- What situation/scenario would cause or make it worthwhile for a team to change its direction?
- Under what conditions is pulling apart in teamwork actually more constructive and functional than coming together?

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*Notes by Anne Levy, PhD*

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