THE REFLECTIVE APPROACH TO SUPPORT TRAINING IN THE MEDICAL-HEALTH CARE FIELD
L'APPROCCIO RIFLESSIVO A SUPPORTO DELLA FORMAZIONE IN AMBITO MEDICO-SANITARIO

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ABSTRACT

English
The present paper explores the reflective approach as a pedagogical framework for the education of medical and healthcare professionals. Grounded in humanistic, phenomenological, and enactive perspectives, the model emphasizes narrative and autobiographical practices as tools for self-awareness, transformative learning, and the construction of professional identity. It highlights the trainer's role as a facilitator of reflective and relational learning processes.

Italian
Il presente contributo esplora l'approccio riflessivo come cornice pedagogica per la formazione dei professionisti in ambito medico-sanitario. Basato su prospettive umanistiche, fenomenologiche ed enattive, il modello valorizza la narrazione e le pratiche autobiografiche come strumenti di consapevolezza, apprendimento trasformativo e costruzione dell'identità professionale. Viene sottolineato il ruolo del formatore come facilitatore di processi riflessivi e relazionali.

KEYWORDS
Medical and Healthcare Training, Reflexivity, Transformative Learning, Enaction Formazione medico-sanitaria, riflessività, apprendimento trasformativo, enazione

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Introduction: a "meaningful" training to become competent medical and healthcare professionals

In the field of *Medical Pedagogy*, research has long been driven by a renewed concept of training, which is no longer seen as the transfer of knowledge and skills from experts to novices, but rather as an ongoing process in which the trainee can take advantage of opportunities and resources, while being fully aware of the constraints that characterize the initial conditions for their potential learning. We speak of a "meaningful learning experience" when the individual is placed in a position to construct their own knowledge not only from an intellectual and cognitive point of view, increasing their strategies for processing reality, but also from a cultural point of view, thanks to the possibilities of discovery, negotiation, and attribution of meaning to experiences. A learning experience is therefore meaningful when the learner acquires knowledge and learns not so much through a mere transfer of data and information – however appropriately internalized – but through a process of problematization of experiences and life events, managing to attribute new meaning to them, as in Bruner's perspective (Bruner, 1990).

On the other hand, the phenomenological perspective also contributes to highlighting the significance of a formative experience when, by shifting attention from the real world to the attribution of meaning and, therefore, to its construction, it questions the "natural" relationship with the environment, suggesting that the aspiration for objectivity of objectives, meanings, and knowledge is nothing more than a process of social construction (Bertolini, 1988; Margiotta 2011a). In this sense, any situation that leads to reflection on the attribution of meaning to events, capable of inducing a reattribution of meaning, can be defined as "meaningful education" and, therefore, as "formative" in that it allows the individual to orient themselves towards new perspectives, setting aside consolidated but often outdated, crystallized, ineffective knowledge.

A change becomes meaningful for the individual when the formative action initiates a process of reworking and interpreting the change, capable of promoting it and, in some situations, "legitimizing" it, allowing the subject to question all-too-familiar and entrenched cognitive, emotional, and relational repertoires, to experience a different representation of themselves, and to mobilize resources and abilities not previously considered. This is a training process that acts on the expansion and enhancement of reflective, self-aware, and metacognitive abilities and on the ways of attributing meaning and sense to one's own experiences (Demetrio, 2006). For example, the meanings that a student in the medical-health field attributes to their experiences of illness and healthcare will have a profound impact on their "way of

being" as a healthcare professional. Undoubtedly, delving into one's own life stories and improving one's knowledge and understanding of oneself and one's history allows one to build a more effective and fulfilling relationship with one's future patients.

There are many questions that a sensitive student, motivated to evolve, may ask themselves: what are the meanings of becoming a doctor/nurse/healthcare professional and of living the profession? Is there a "medical-healthcare"; knowledge that one feels one carries? Are those who work in the medical healthcare field aware that their personal history affects their relationship with their patients, as well as with their work team? Are the relational modes adopted with patients the same as those to which one has been accustomed in the family or in the educational environment?

Activating training courses that support medical and healthcare professionalism with an ethical-humanistic approach therefore involves both the personal and existential levels, where the intention cannot be to inform/shape students ("tell you how to do") but to assist their autonomous *transformation* through community learning experiences that also concern the social and cultural reality to which they belong.

1. Theoretical assumptions supporting pedagogical medicine

The conceptual background to our hypothesis for university education in the medical-health field that "puts the learner at the center" (Zannini, 2008) brings together several models, relating to as many theoretical perspectives (see Zambianchi & Scarpa, 2020), which offer interconnected possibilities for reading and interpreting the processes through which professional identity is constructed: These theoretical perspectives outline the following constructs:

- *personalistic construct*, derived from Maritain's humanistic vision (1969; op. orig. 1936), which places the person at the center of the educational act in order to enhance their anthropological integrity and axiological integration, in the belief that every crumb of knowledge can be generated or regenerated only from the individual needs of authentic *self-realization*, thus recognizing the countless and omnipresent opportunities for learning and, at the same time, renouncing the practice of transmitting pre-established knowledge;
- *construct of apprenticeship and practice*, which from the social theory of learning developed by Vygotsky (1934) leads to the concept of situated learning

developed by Lave and Wenger (2006), allowing learning to be explained as a form of participation in expert practices (Wenger, 2006), taking part in a community: "doing in historical and social contexts that give structure and meaning to what we do" (Lave and Wenger, 2006, p. 47);

- *construct of transformative learning*, which Mezirow (1990, 1991) developed from Bruner's (1986) on the function of culture as a "primary forum" for interpersonal negotiation of meaning, sense, and direction of actions, according to which individuals, in order to construct their professional identity, need to deconstruct and reconstruct knowledge – through a reflective approach to knowledge of themselves and the world – that is not always functional to the context, nor free from distortions;
- *construct of reflexivity*, first discussed by Schön (1983) and Mezirow (1991) but here derived from the analyses of Mortari (2003), according to whom individuals learn from experience and acquire awareness of themselves and the world when they reflect on what is happening in order to seek its meaning, and Margiotta (2011b) who, starting from Dewey's reflections, reiterates the pedagogical significance of the link between reflective thinking and educational processes;
- *enactive construct*, primarily attributable to Merleau-Ponty (1945) but taken up by Varela, Thompson and Rosch (1992), according to whom knowledge is acquired through action: not cognition as representation – that is, abstract manipulation of symbols carried out by a mind separated from the body – but rather embodied cognition as generative – that is, *enactive* – action in and on the environment, involving both transformation and contextual co-evolution of the individual-environment system. According to this view, the system learns as it *trans-forms* itself through action (which is bodily) and knows because it transforms itself; at the same time, it transforms itself because it knows. The lesson to be learned is that the evolutionary dimension of *embodied cognition* leads us to say that just as there is no mind that governs the body, but rather both – body and mind – dialogue to constantly produce a shift forward in horizons and to broaden the worlds of experience (and this is what consciousness does), so too does it become decisive for education to be configured in these terms.

This conceptual background can find justification in a comprehensive training proposal to support competent and reflective medical and healthcare professionalism, based on the hypothesis that the numerous meanings associated with the "otherness" – and medical and healthcare professions are dedicated *to*

others – cannot be separated from knowledge of the main characteristics of human development, awareness of primary and secondary human needs, the ability to act in ways that satisfy them, and the ability to relate to others in a helpful, caring, and attentive manner.

2. Methodological assumptions supporting pedagogical medicine

The methodological assumptions on which we believe a training program for medical and healthcare students can be based, capable of responding to the need to "combine clinical competence with attention to the relational, ethical, communicative, and existential dimensions of care" (Zannini, 2011), have many similarities with the assumptions described below (see Margiotta & Zambianchi, 2013).

2.1 Adoption of a group setting as a training resource

Participants in professional training experiences form a specific "training group"– or working group – based on their interest and motivation to learn. A training group operates within a predefined spatial and temporal setting, with the ultimate goal of accessing new technical, scientific, applied, and relational knowledge. While the content and methodology are declared from the outset, it is not possible to define the *process* in advance, as it will be determined by the intersubjective dynamics and outcomes of the interrelationships between participants. Compared to other formal learning groups, "training groups are characterised by a specificity concerning the fact that the learning/development path they are involved in "does not consist in the transformation of human and material resources into a product or service, but in the transformation of a particular resource: themselves" (Muti, 1986, p. 117). In this sense, the group is used as a fundamental training tool in that it allows, on the one hand, individuals to address their problems and difficulties in an empathetic atmosphere of collegial sharing and discussion of issues of common interest and, on the other hand, to evaluate and consider different and highly effective perspectives and solutions compared to those that can be derived from one's own point of view. In other words, through active discussion and the interaction of *multiple perspectives*, a training group allows individuals to successfully address numerous problems, to recognize and respect others, and to see how diversity is an opportunity rather than an obstacle to personal growth. In some ways, a "common mind"; takes shape in a training group, where everyone

can increase their knowledge and pragmatically address problematic situations by finding new, enriched, and unprecedented solutions in a collegial sharing that is not only cognitive but also emotional and social in nature. Training groups offer numerous possibilities in terms of both opportunities and risks, and this is one of the basic reasons why group training requires the trainer to have solid and specific knowledge and skills relating to group leadership and management. In fact, the communicative intertwining, often complex but always significant from a relational point of view, allows the creation of an "intersubjective bond" that can either support or block the evolution of learning that takes place in a group – as well as in an individual – by virtue of the nature of the experiences shared collectively and the ability to let rationality prevail over emotion in order to attribute the "right meaning" (Bion, 1972).

2.2 Use of narrative and autobiographical techniques

In training future healthcare professionals, where the aim is not so much to inform them as to assist them in interpreting their role, understanding the necessary routine actions, and enhancing their knowledge and skills as professionals, the narrative approach is fundamental. In addition, it is all the more effective when it places the trainee at the centre of a "bridge" between being a patient on the one hand and a healthcare professional on the other, allowing them to reflect on their professional identity.

Autobiographical narratives support active learning, as they allow individuals to distance themselves from themselves and encourage reflective introspection through a re-examination – and perhaps even a reconstruction – of their own experiences and related events. The introspective journey through self-narrative allows individuals to discover and integrate the "core meanings" (Demetrio, 2006) of one's experiences. With regard to this process of self-awareness, it is as if the pieces of a puzzle suddenly come together, regardless of chronological order, to offer themselves to the individual's understanding in the globality and temporality of the present, so that individual circumstances of life can instantly become narratable thanks to the demolition of ancient – often painful – crystallisations that oppose or prevent change (Demetrio, 1996, p. 89). In a training path *in a group*, the experience gained, both on an intrapsychic and intersubjective level through the sharing of stories and *the group* reflection, becomes an integral part of each person's view of the world, involving both the explicit level (content consciously brought up in response to questions and prompts) and the implicit level (content attributed to oneself, linguistic choices, emphasis on events), emphasising that

through meaningful experiences and the social construction of new meanings, the way we see and feel ourselves in a given context changes and, as a result, the narrative of our own story changes. Bruner (1990) defines the "principle of reflexivity" as our ability to look back on the past and change the present in light of that past, or even to change the past in light of the present. This is a process of *empowerment* in which people have the opportunity to increase their sense of self-efficacy and feel that they can influence their own destiny and the context to which they belong, thanks to the expansion of "interpretative possibilities".

3. The narrative and phenomenological methodology underlying the reflective approach

The methodological approach that we consider most appropriate – given the epistemological background outlined above – relates to the phenomenological-hermeneutic paradigm which, unlike the neo-positivist paradigm, does not aim to define generalisable laws but rather seeks to study the data in depth, elements and knowledge acquired through various research tools, foregoing an objective description and explanation of the facts in favour of hermeneutics, i.e. an interpretation and understanding of the meanings that a given situation, context or interaction may have for the subjects concerned (cf. Baldacci, 2001).

Aware of the limitations of the phenomenological-hermeneutic method – primarily subjectivity, which, based on personal experience and interpretation, makes it difficult to generalise and empirically verify findings – we will provide some useful notes for the design of training courses that, in our opinion, can also be adopted in the medical-health field: the proposal is a "mixture" of the narrative methodology borrowed mainly from Demetrio's perspective (1996, 2000) and Mortari's proposal (2007), which integrates grounded theory and the phenomenological method.

In our view, narrative methodology effectively supports the operational aspect of specialised transformative educational programmes, enabling the generation – enactment – of "meaning" based on experience and its interpretation, while the phenomenological method guides the analysis of the discussion material that emerges from interactions during the programmes themselves.

3.1 Narrative thinking in Bruner's conception

Starting from Dewey's (1967) assumption that it is the narrative mode of thinking that allows us to reflect on experience, Bruner (1986, 1990) has extensively documented that experiences take the form of the narratives used to describe them, also highlighting that personal meaning – and therefore personal reality – is constructed during conceptualisation and narrative expression, which thus characterises the way humans interpret and attribute meaning to their experiences. In the author's conception, narrative thinking, which unfolds through the actions, intentions and experiences that shape people's lives, is that which makes use of "fabulae" and deals with the intentions and purposes of individuals: "narrative deals with the vicissitudes of human intentions", says Bruner (1988, p. 21) and, therefore, with their actions. This cognitive mode unfolds through the creation of possibilities and, instead of addressing the abstract and the general – as paradigmatic thinking does – it focuses on the particular, that is, on interpretation rather than deduction or induction, and on what can also be intuitively grasped and, therefore, also enhanced with conjectures that are credible even if not necessarily true. Furthermore, as it is not subject to verification in terms of criteria of truth or falsehood, narrative thinking encourages creativity, imagination and invention. By not considering the correspondence to the truth of the narrated facts to be relevant, but rather their essence, as a subjective and shared representation of a certain reality, narrative thinking allows for a plurality of representations of the world and, in particular, guarantees their permanence over time. Bruner's assumption is that narration responds to the need to reconstruct reality by assigning it a specific meaning at both a temporal (historical) and cultural (contextual) level. Although narrative characterises thinking about human situations in their social and cultural context, while paradigmatic thinking connotes a decontextualised cognitive mode, the two types of thinking are never completely separate. On the contrary, narrative thinking – which is the basis of natural language – is the main way in which individuals organise their knowledge of the world and of themselves. In this way, narration also becomes a tool for *social interaction* and the *negotiation of meanings*, around which shared and formalised worldviews take shape. At all levels, human knowledge is therefore based on the narrative mode of thinking, since it is precisely this that allows humans to understand and interpret – that is, *to make sense of* – the reality they experience, whereby narration contributes to the generation of knowledge and, therefore, of culture.

3.2 Narrative and autobiographical practices

There have been numerous studies and research projects focusing on the use of narrative elements, and these have made significant contributions in terms of models and perspectives. Pulvirenti (2008, p. 12) states that narrative interviews offer researchers "great potential for accessing the object of their research, allowing them to «get closer» to the cognitive world of their interlocutors, to recognise their representations of reality, and to pursue the changes that research generates, as a moment of clarification and therefore of transformation of representations of reality". The importance of telling one's story is in fact connected to the possibility of "uncovering" intimate meanings in one's life, retracing one's experiences and one's life events. Narrating oneself is therefore a "re-membering, that is «rebuilding the body» of one's own experience that the succession of actions and situations had «dismembered», making it unrecognisable even to ourselves" (*ibidem*).

For this reason, it can be said that personal stories serve to enhance individuals' possibilities and abilities to value their own skills, identify additional resources within themselves, their group and their social environment, organise themselves and, in essence, activate themselves as architects of their own lives. From this, it can be deduced that autobiographical narration has a powerful empowering function (Cambi, 2003), the value of which is recognised by psychologists (as it promotes the analysis and understanding of personality), anthropologists (as it allows for an in-depth comparison between cultural similarities and differences), sociologists (who have facilitated the identification of group interrelationships), historians (who draw fundamental elements for an in-depth knowledge of local history from life stories), and pedagogues (as an innovative means of supporting teaching-learning processes in any educational context), not least because it facilitates the alternation of work from the individual to the collective level (cf. Argyris & Schon, 1998). Therefore, in the current human condition, narrative/reminiscent acts and communication through storytelling constitute a study and analysis tool that is increasingly used to promote learning – both individual and group learning – based on everyday experiences and practices. Personal storytelling, in fact, defines a sort of "formal structure" of the individual that somehow accounts for those worlds of knowledge and emotional and affective feelings that are entirely internal, entirely intimate, and thus become explicit and public biographical substance. Autobiographical techniques focus on the subjectivity and uniqueness of individual experiences, allowing the person to retrace and revisit their own experiential and learning paths. Thanks to narration, the expression of an internal thought becomes an expression of the self

(*autobiography*), specifically involving those cognitive processes, affective dynamics, emotional patterns and value models that constitute – in a historical dimension – the most authentic heritage of the person. In other words, narration allows the individual to reveal themselves to themselves, to question themselves and to attribute new meaning – and finally to find meaning – even to the most archaic sediments of their existential intimacy. Narrative methodologies – especially autobiographical ones – encourage what Spaltro (2004) defined as "beautiful formation" at any age and in any condition, thereby indicating a type of education capable of proposing and implementing new ways of thinking and behaving with the primary aim of producing personal well-being and wealth, evolution and development for all. It can therefore be said that in an educational framework that is far removed from traditional paradigms of knowledge, understood as something that some possess and others do not, and that the former can pour into the minds of the latter (see the *Nuremberg funnel* metaphor), the narrative approach connotes the fundamental aspects of self-centred training which, by combining the individual essence with their abilities and skills, "helps people to reveal themselves, to see themselves, to think and think about themselves, to remain in memory, in their own and in that of others" (Demetrio, 1998), thus becoming generative – *enactive* – of new knowledge and new learning.

3.3 Accessing things as they happen to promote reflexivity

A *reflexive approach* to support specialist training courses can also be derived from the phenomenological perspective, in particular from the indications of Mortari (2007), who emphasises that the products of thinking – despite their fragility and transience – determine a framework within which criteria are established and processes are generated, thanks to which human existence takes on meaning and individuals can connect with, and even intimately know, their own essence. In order to undertake an analytical and interpretative approach to human experience that is as careful and profound as possible, the author proposes a completely unique teaching strategy – *educating people to think with themselves and with others* – thanks to the hermeneutic capacity of this practice to emphasise a plurality of perspectives.

Assuming the primacy of shared thinking and reasoning within the interpretative framework opened up by social constructivism, which conceives the ability to think as the result of participation in a community of discourse, then from an educational point of view it is essential to encourage experiences in which peers think together

and, therefore, organising learning contexts that take the form of "discourse communities" where students compare their ideas and co-construct spaces for thinking. Promoting the social dimension of thinking is fundamental, but this should not make us forget its individual dimension, that "silent dialogue" that the subject engages in with themselves in order to seek self-understanding. It is a vital need for human beings to stop and think in order to question their own ideas and dialogue with themselves. If we do not develop reflective thinking, in which the self keeps itself company, giving voice to the duality inherent in the life of the mind, we run the risk of living fragmented lives, lost in the thoughts of others (Mortari, 2002a, pp. 199-200).

Therefore, *educate to think* means educating them to "take care of the life of the mind", that is, to cultivate thoughts that transform the experiences of the individual in relation to others. There are some fundamental aspects of "thinking" that must be taken into account by those who design training courses in the field of Medical Pedagogy, based on a reflective approach, aspects borrowed from Mortari (2002b, pp. 62-70):

a) the need to *think about questions of meaning*, i.e. to ask oneself some fundamental questions about the meaning of existence, personal actions and behaviours, and one's social role. These are difficult questions for the mind, as there is no single or correct answer, but only a plurality of indeterminate hypotheses. This highlights the importance of knowing how to dialogue with oneself, of knowing how to remain silent with oneself and listen to one's thoughts, without losing touch with reality in a continuous dialogue with others, based on authentic dialogue aimed at the co-construction of meaning;

b) the need to confront the *destructive function of thinking*, since often, even if unconsciously, individuals are significantly influenced by crystallised views, outdated ideas, prejudices and beliefs originating from cultural and social conditioning that undermine the clarity needed for a critical and objective examination of reality; education in thinking therefore aims to make individuals aware of negative and destructive mental attitudes, in order to initiate renewed scenarios of meaning. Therefore, in the context of training for medical and healthcare professions, promoting understanding of the patient not only from a medical diagnosis point of view but also, and above all, from a human point of view, tending, at a teleological level, to achieve acts of empathy in the sense indicated by Edith Stein (1917), i.e. as primary cognitive acts at an interpersonal level (cf. Scarpa & Zambianchi, 2023);

c) the need *to think as a reflection on one's own actions*, both as "reflection in action" (*while* acting) and as "reflection on action" (*at the conclusion* of the action). This is, of course, a substantial cognitive process of thought, as it allows us to learn to consciously evaluate our actions and behaviours and thus to embark on a genuine process of self-education;

d) the need *to think about one's own thoughts*, in the sense of embarking on a process of self-reflection, self-understanding and self-monitoring, with the aim of encouraging the mind to think about itself and its products, thus allowing access to the passive dimension of cognition, where thinking one's own thoughts allows for deep attention to the self, a key phenomenon for the care of the life of the mind.

In this view, it follows that *teaching how to think* becomes the tool through which to promote a process of "cognitive self-understanding", consisting of becoming aware of conceptual frameworks and cognitive criteria, from which patterns of meaning can be developed.

4. The role of the trainer in the medical-health field

From the above considerations, it is clear that training in the medical-health field that aims to draw on *trans-formative* didattics requires the teacher/trainer/researcher to take on a role that is not instructional but rather one of facilitating interrelationships and communication, capable of entering into a relationship of empathic closeness with learners and ensuring attention to both the group and the individual (Giachery, 2001). The trainer's role will therefore be to encourage the exchange of experiences through a number of essential actions:

- listen actively and non-judgmentally to learners' contributions, valuing the contributions that emerge and providing appropriate positive reinforcement;
- encourage everyone to participate, without forcing them, avoiding monopolisation of the discussion by any one person or overlapping;
- promote confronting among participants, avoiding taking sides or offering solutions.

The role of the trainer in the medical-health field can therefore be understood in the Brunerian sense of "scaffolding", as their main task is to stimulate reflection on established experiences or new practices, mediating and facilitating exchanges and discussions within the group. On the other hand, by leading the group of learners

in a participatory manner, the trainer puts themselves on the line, gaining personal enrichment from the experience, just like the others. This is all the more possible the more they are open to the ongoing retraining of their operating and interactive methods, which will mainly refer to thoughtful action rather than the mechanical application of theoretical-practical and routine protocols. It is also essential for trainers to be able to understand, without prejudice, the characteristics of the context in which they operate, in order to bring out the unknown and the unexpected, with a view to the ultimate goal of their intervention, which is the maieutic action of encouraging and supporting *adult learning*, starting from the recognition, analysis and enhancement of their practices and experiences. It follows that trainers must be highly qualified professionals. Their skills must be thoroughly acquired and consolidated through training that must also – and above all – involve working on themselves. Managing a group/class means that the trainer is not exempt from personal implications that directly involve them in the knowledge processes activated from time to time and whose complexity and unpredictability they must take on board, given that, being invested with a specific responsibility – by professional mandate – they cannot fail to be aware of the opportunities and risks implicit in their every action and reaction (cf. Demetrio, 2006).

Although the trainer has direct responsibility for designing the training programme and choosing the methodology and procedures, the outcomes of the experience do not depend exclusively on the trainer, who, despite their essential role in supporting the group's enactive capacity, is also an integral part of it, actively participating in every stage of the process, sharing in collective discoveries and reflections and in attributing meaning and significance to shared experiences. To this end, the trainer must be careful to create non-judgmental working conditions and remain vigilant so that no one – including themselves – is tempted to judge the trainee. Instead, they must pay the utmost attention to listening to and welcoming everyone's observations, reflections, questions and suggestions, so as to allow everyone the freedom to experience emotions, to talk about themselves, to explore and to analyse. This operational professionalism protects against possible conflicts – or helps to resolve them – that typically arise due to group dynamics, connected to the feeling of not being listened to, recognised, valued, etc., while helping the trainer to use any "cognitive conflict" as a starting point for fruitful reworking of dysfunctional thoughts, mental crystallisations and ineffective behaviours, thereby creating the conditions for experiencing a sense of trust in oneself and others, which encourages and enables change and *trans-formation*.

5. Conclusions

We emphasise the importance of focusing both on teachers' responsibilities and on their role as experts, promoting in the field of medical and healthcare professional training, a pedagogical approach based on reflection on one's own experiences, one's own life and self-awareness, in the belief that excellent training results can be achieved by using what students feel, think or do and, starting from this premise, building a basis for discussion and training to increase knowledge, awareness and skills. All this expresses a very important concept, as it highlights that the only way to learn to be a good medical professional is *to do*, where "doing" must always be underpinned by sound knowledge, i.e. not to remain stuck in experience or practice alone, but to always keep in mind the theoretical framework of reference because, according to Paparella (2000), facts in themselves have nothing to say if there is no theoretical background to justify the "doing" itself. And if this knowledge is not recognised, it inevitably has no chance of expressing itself in competence.

The competence of a healthcare professional is not a quality of individuality alone, it is not disconnected from the context in which it is practised, it is not unrelated to concrete relationships with the team to which they belong, with their training and professional groups of origin, with the specialist support network, because beyond confirming themselves by taking action, they above all need to compare themselves and talk to others. It is also necessary to take a comprehensive look at the system of meaning and significance of the directions in which professional skills should be developed, with at least two clear objectives: on the one hand, to encourage a reflective reading of the elements of professional competence, in terms of "full and empty", on the other hand, highlighting that learning from experience does not always mean "doing things and talking about what you do" or "giving an account of what you do", but also means bringing out the implicit knowledge connected to those principles, rules and criteria that enable you to develop operational models, make decisions and express assessments that together constitute the framework within which your professional competence develops.

In this perspective, it can be concluded that professional competence, as outlined by Paparella (2000), cannot be understood as a static body of skills or technical knowledge, but rather as a dynamic process of constructing and reconstructing knowledge within context. It is nourished by the interaction between theory and practice, between reflection and action, between individual experience and relational dimensions, and it takes shape as a situated and continuously evolving form of knowing. From a pedagogical standpoint, this implies the need to promote educational pathways that foster reflexivity, professional dialogue, and the sharing

of knowledge, so that implicit understanding can emerge and be transformed into explicit and conscious knowledge.

In conclusion, competence is not merely the outcome of a training process, but the expression of a reflective, critical, and open professionalism, capable of learning continuously from experience and transforming it into meaningful knowledge.

Author contributions

According to international standards: the first author, Stefano Scarpa, is the creator of the research project; the second and last author, Elena Zambianchi, is the scientific coordinator of the entire project. The authors contributed jointly to the writing of the article from different perspectives.

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