



## 10. Students' perception about Transversal Skills in university studies

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### Introduction

The changing environment of today's societies requires constant transformation and adaptation, and professionals must continue learning to learn skills actively to adapt to changes and complexity. In the current situation, and in the future, the healthcare and social professions face the challenge of acting in complex and unpredictable situations: they are faced with an ever-aging population, epidemiological transitions to chronicity, pandemic outbreaks (such as the currently ongoing Covid-19 pandemic), and increased social inequalities with the associated vulnerabilities, among other issues. These challenges require professionals who can analyze situations using critical and creative thinking, who can make decisions when faced with large amounts of information and that involve the patient/user, and who can manage difficult (and mundane) situations with appropriate interpersonal and emotional skills. To meet these challenges, we must start to improve the training of healthcare and social services professionals in the areas of transversal skills (hereafter, TS) throughout their undergraduate and postgraduate training journeys.

The relevant TS necessary to face changing environments include: i) learning to learn, ii) communication, iii) critical thinking, iv) emotional management, v) interpersonal and citizen-oriented skills, vi) collaborative working, and vii) leadership, among others. Currently, curricula and training programmes for professionals have gaps in their approach to TS: they are excessively centred on the transmission of knowledge per se, rather than on the teaching-learning strategies, which are fragmented and limited to subjects and/or disciplines. This fragmentation is also present in professional practice in the health and social services, where interdisciplinarity and the service-user/patient-centred approaches are not sufficiently implemented in everyday practice.

Along this line, the students' perceptions of their knowledge about TS, their preferred environment to develop these skills, and their actual experiences should be assessed, as this provides important information for teachers. This can help tutors to continuously reshape the discipline materials and to tailor the components to meet the student needs. If lecturers employ more appropriate training and assessment strategies that are adapted to student needs, it is assumed that students could achieve a higher degree of development in critical thinking, interpersonal skills, and learning to learn.

This chapter focuses on the development of student perception about TS in university studies, their engagement, and preferential teaching-learning approaches specifically related to

critical and creative thinking, interpersonal/socioemotional, citizen-oriented skills, and learning to learn.

## Methodology

Qualitative research was used to explore the engagement and preferential teaching-learning approaches on TS; more precisely, seven focus groups were carried out with more than 30 students from different areas of healthcare and social care studies (including medicine, nursing, dental medicine, human biology, social sciences, and social work) who were from Spain, Finland, or Croatia. These focus groups were carried out virtually, with a semi-structured script. The sessions were recorded and transcribed for all groups, and the transcriptions were analyzed for content to identify the main perceptions of the participants about TS (while preserving anonymity and confidentiality). Free, prior, and informed consent was obtained.

This qualitative approach was used to gain an in-depth understanding of social issues based on exploring the opinions, knowledge, perceptions, and concerns of individuals about TS. The focus group discussion aims to obtain data from a purposely selected group of individuals rather than from a statistically representative sample of a broader population.

## Results

We present the results based on the three dimensions that guided the focus group with the students: (1) information and previous experience about TS; (2) personal attitude and perception of importance/value, and (3) perception of barriers and facilitators for the implementation of TS in higher education.

### Information and previous experience about transversal skills

This dimension explored the level of information and knowledge about the concept of TS, as well the students' personal experiences with TS in the university. In general, students had difficulties in defining TS. They expressed TS as being related to professional practice: trainable skills strongly influenced by experience, which are indispensable for job performance and crucial for teamwork, independent of professional discipline. They also expressed the acquisition of TS as a continuous, lifelong, uninterrupted learning process in which reflection is fundamental. Individual decisions and actions are taken into consideration based on the consequences that have been experienced.

However, the overall student perception was that there is insufficient TS work in the courses, and that there is a lack of feedback from teachers. The students felt that they have had "brushstrokes" of TS, but that TS are presented only in a few disciplines and without enough depth. They also mentioned a lack of connection between the TS and the teaching-learning process at the university.



In nursing studies, students stated that some training is done at the beginning of the degree (and especially in the first year), which is then integrated into other subjects—but not with sufficient intensity, given the real needs of practice.

Human biology students said that critical and creative thinking is not adequately encouraged, with more value placed on reproducing the theory given in class. According to students, this leads to a loss of critical thinking throughout the degree course. Regarding interpersonal/socioemotional and citizen-oriented skills, students see themselves in a very competitive environment and believe that the university should foster a more collaborative environment and encourage teamwork. On learning to learn, the general student view was that the subjects offered tend to focus on content rather than on competences.

Medical students mentioned that they work on transversal competences in seminars, and specifically with the PBL methodology (problem-based learning); however, they felt that this pedagogical approach is not integrated into other courses.

Social service students specified that critical and creative thinking is strongly developed during studies and assignments, based on an evidence-based approach and on previous studies. On interpersonal/socioemotional and citizen-oriented skills, they cited some disciplines which have adequately involved these skills, but claimed that the Covid-19 pandemic slowed down the development of these competences. On learning to learn, they stated that it has been developed in the courses, albeit without any specific orientation, and they pointed to the more individual perspectives during this process when they stated that enjoying learning helps *per se* helps to develop this skill.

## Personal attitudes and perceptions about importance/value

This dimension considered the student's perception of the usefulness of TS as a health professional or social professional. In general, students affirmed that the three TS are important in professional life, and that their connection and visibility depends on the length of the professional practice. However, the most prominent TS differ according to the characteristics of each professional career.

In human biology, for example, students stated that learning to learn is more important for their professional development, considering that the main future professional careers are related to research and constantly-updated facts. Social service students believed that all skills are important, but they stressed adding the users' perspective—in other words, that it is important to be critical on behalf of the service users, and not only from their own perspective. Medical students highlighted interpersonal/socioemotional and citizen-oriented skills in the perspective of patient communication and the communication of bad news. They also stated that learning to learn is important for keeping up to date with new developments in the field (research, medicines, innovations, etc.).

Understanding of what it means to be a trained professional in TS also varied from course to course. Social service students felt that the meaning of TS is to be connected to future working life skills, for example, managing the skill to interact effectively but kindly with others. According to the students' answers, all work-life encounters touch on one of these skills: in service user interface situations, in all decisions that must evaluate different situations, and in working community interactions in which you must regulate yourself or

control someone else's emotional regulation. Nursing students stated that self-knowledge is the sign that one is trained in TS. For human biology students, the professional who is correctly trained in TS is the one who communicates effectively (scientific field) and horizontally (knowledge sharing). Medical students stated that, apart from the competences related to patient communication, the development of critical thinking is fundamental for a good physician to be able to face situations in his or her professional practice.

However, students, and especially medical students, see themselves as underprepared in TS, especially in learning and critical thinking. They stated that they work a lot on communication with the patient in the degree course, and that is the skill for which they see themselves trained. Nonetheless, they would like to work more on the other skills and feel that the amount of information given in the course does not allow for the development of these competences. The human biology students also did not feel that they had been trained in transversal competences and mentioned the large amount of content and exams that only valued rote memorisation of content but not critical thinking.

### Perception of barriers and facilitators for the implementation of transversal skills in higher education

This dimension contemplated the elements that facilitate or hinder the implementation of each TS. In general, students advocate using a higher level of participatory methodologies in all aspects—from classroom methodology to assessments that prioritise differentiated elements. Classroom methodologies imply more contact with real cases, new ways of learning and seeking knowledge, more discussion between teachers and students, and forms of teaching that prioritise the acquisition of knowledge in a more critical way, beyond rote memorisation of a large amount of content. This implies the need for greater proximity of teachers to students, better qualification of teachers in participatory methodologies, and availability of students and teachers to participate in this process.

Students listed different kinds of strategies and assignments which develop TS, including group discussions, collaborative learning, oral exams in groups, self-assessment and peer review after collaborative learning, assignments/essays (with bibliography as well as with one's own experiences in the field), group discussions based on the work experience, a learning environment that is perceived as safe for practicing TS, analysing cases, using virtual reality, and case simulation.

According to the social service students, studying in groups and discussing together (collaborative learning), with teacher supervision of discussions and reflections, are useful strategies for developing transversal competences.

Nursing students claimed that methods such as simulation and gamification are necessary for effective learning of transversal competences. However, these methods require a qualified teaching staff with clinical experience that is trained in these methodologies. Additionally, new methodologies are needed to effectively transfer the complexity of clinical cases. These methodologies are in stark contrast to traditional lectures and PowerPoint lectures, which are characterised by monotony and simplicity.

The human biology students suggested using more practical cases to deal with the application of theory, as is done in medical studies. They also mentioned having more participatory spaces, in which they can feel comfortable.



The medical students agreed with the need for more participatory methodologies, and that this should be more highly valued in the final mark. They added that more value should be placed on internships, a time during which students can develop many of the TS. However, medical students believe that all these methodologies and tools are good, as long as they promote real student participation.

The barriers perceived by students to the development of TS, in general, focused on the design of the degree curriculum, characterized by having: i) an extensive syllabus that does not provide space to develop competences and skills that go beyond memorisation of content; ii) exams that do not reflect the acquisition of knowledge but rather prioritise the amount of content memorised (e.g., multiple-choice tests); and iii) transmissive teaching methodologies, related not only to the teaching strategies but also to the general approach of the faculty program. The students also noted a lack of feedback when working with TS and a lack of teamwork and multidisciplinary work in which more TS can be developed.

The social service students added that the development of TS can be blocked by having a negative community atmosphere as well as a mindset that is against innovative processes. Medical students also pointed out that the current learning process contradicts their understanding of medicine and their future relationships with patients: while they are being taught to see the disease first and then move to the person, they believe it should be seen first as a person-centred process, starting at the university level.

Overall, students were aware that while it is not an easy task to assess TS (due to its more subjective aspects as compared to grading multiple-choice tests), assessment is necessary, and that assessment methodologies should be changed to have clear guidelines.

Students gave important generalized suggestions for how to improve their studies based on their subject: i) social service students suggested that it would be valuable to incorporate more peer review and to highlight the importance of feedback from service users; ii) nursing students recommended combining different assessment strategies and using appropriate rubrics (including for TS); iii) human biology students proposed adapting the assessment according to the specific TS of each discipline; and iv) medical students suggested that the final course mark should place more emphasis on group work.

## Conclusions

It is evident from the feedback from the student focus group that the acquisition and development of TS, in addition to the formal, structured knowledge obtainment for each area and discipline, is fundamental during university studies. This transversal knowledge, according to the students' perceptions, is an important element for training effective professionals.

Higher education is a versatile process that offers students the possibilities to develop their knowledge, abilities, and attitudes so that they can participate actively in wider society, being involved in active citizenship as well as in successful professional careers. The development of TS should be a continuous, participatory, and dialogical process. In this sense, new teaching and learning approaches are needed to address TS; these will require a change in the role of

teachers, from being knowledge transmitters to being learning facilitators, as well as an active attitude on the part of students. TS should also be viewed as assessable learning objectives; for this, it is essential to introduce assessment strategies for these competences into the curricula, with clear and accessible guidelines for students, including student involvement in the assessment process (tools for self-assessment and peer evaluation). If lecturers employ more appropriate training and assessment strategies that are completely adapted to student needs, it is assumed that students could achieve a higher degree of development in critical thinking, interpersonal skills, and learning to learn.

Based on the recognition of the relevance of TS in addressing the challenges of the future, this guide supports opportunities to acquire and develop key competencies, including core competencies, in different educational environments: face-to-face training, simulation, and e-virtual learning. Acquiring such competencies benefits not only future professionals but also patients and clients, as professionals with these skills can offer better healthcare and social care based on a patient/user-centered approach.