

THE CONCEPT OF COMMUNICATION COMPETENCE IN KINETOTHERAPY: CONTENT AND STRUCTURE

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ABSTRACT. In the view of several authors, the notion of competence is approached from different perspectives, and we can certainly attribute to it three components: knowledge, skills and attitudes, in which the attitude has the role of leading, directing, bringing arguments and obtaining a result; and knowledge and skills go beyond competence. The notion of communication competence includes communication capacities obtained over the lifetime and proposes the ability to communicate, transmit, change opinions in different circumstances, in the process of manifestations and mutual actions with other people, applying the system of language standards and speech. The competence of professional communication, together with a specific language of the medical recovery sector, presupposes and includes, in addition to communication components, knowledge from the field of activity. The competence of communication in the medical language admits knowledge, skills and skills in an area where we can identify the main features of the professional communication competence: to apply the knowledge in a professional manner; to reproduce and explain by appropriate means the content of a communication, sources, notes, indications etc.; to communicate problems, solutions, information to colleagues in the medical team, and to patients involved in the recovery process.

Key-words: *competency, communication competence, professional communication competence, medical language of recovery, kinetotherapy.*

REZUMAT. Conceptul de competență de comunicare în kinetoterapie: conținut și structură. În viziunea mai multor autori, noțiunea de competență este abordată din diferite perspective și îi putem atribui cu certitudine trei componente: cunoștințe, abilități și atitudini, în care atitudinea are rolul de a conduce, direcționa, de a aduce argumente și de a obține un rezultat; iar cunoștințele și abilitățile întregesc competența. Noțiunea de competență de comunicare include capacități comunicative obținute de-a lungul vieții și ne propune abilități de a comunica, transmite, de-a schimba păreri în diferite

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circumstanțe, în procesul de manifestări și acțiuni reciproce cu alte persoane, aplicând sistemul de standarde de limbă și vorbire. Competența de comunicare profesională, alături de un limbaj specific sectorului de recuperare medicală presupune și include, pe lângă componente de comunicare, cunoștințe din domeniul de activitate. Competența de comunicare profesională în limbajul medical admite cunoștințe, aptitudini și deprinderi într-un domeniu în care putem identifica principalele caracteristici ale competenței de comunicare profesională: de a pune în practică cunoștințele printr-o manieră profesională; de a reda și de a explica prin mijloace adecvate conținutul unei comunicări, surse, note, indicații etc.; de a comunica probleme, soluții, informații atât colegilor din echipa medicală, cât și pacienților ce fac parte la procesul recuperator.

Cuvinte-cheie: *competență, competență de comunicare, competență de comunicare profesională, limbaj medical de recuperare, kinetoterapie.*

Introduction

In the literature, the notion of competence is approached from different perspectives. Aristotle, Noam Chomsky, J. Raven, L. D'Hainaut, B. Rey, X. Roegiers, M. Minder, have given the term and the notion of competence several concepts with reference to a set of ideas where competence is ability based on knowledge, skills, and skills acquired through learning (Minder, 2003, p.58).

In the vision of R. Gherghinescu, C. Cucos, Vlad Pâslaru competence is *knowledge, ability and skills* (Pâslaru, 2014). Fig.1

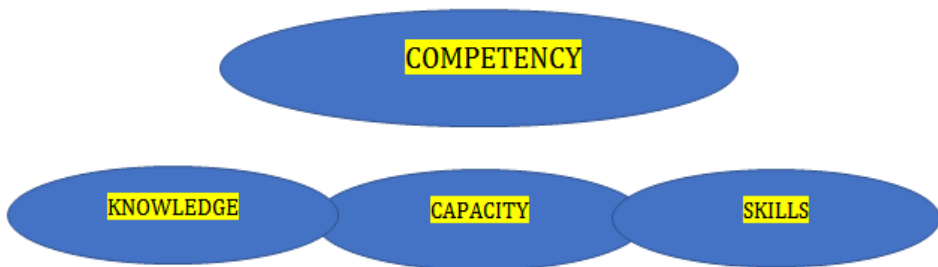


Fig.1. COMPETENCY
(Pâslaru, 2014)

In the opinion of the researchers Vl. Guțu, E. Muraru, O. Dandara, competence is exposed as: *ability to achieve something difficult* (Dumbraveanu, 2003, p. 14).

T. Cartaleanu, O. Coșovan, V. Goraș-Postică decides, therefore, about competence: *“whatever the field, competence is guided by performance and effectiveness, being directly supported by extrinsic factors and intrinsic determinants for the conduct of any individual in part”* (Goraș-Postică, 2008, p. 7).

Thus, competence translates directly into a global dominance of a category of complex situations, by mobilizing various resources, by referring to action and the effective use of a set of resources. The integrity of competence is presented by the definitions in the literature: competence is an integrated set of knowledge, skills and attitudes that allow the subject, in front of a category of situations, to adapt, solve problems and realize projects (Voiculescu, 2011, p. 16).

In the view of researchers D. Potolea and S. Toma (2010), the notion of competence includes two dimensions: the objective-social dimension, where specific competence implies certain knowledge and skills valid in relation to the quality criteria of competence; the subjective-professional dimension refers to the person's ability to select, unify, use appropriately knowledge and skills to perform a learning task or a professional commitment in accordance with some qualitative principles (Potolea, 2010).

According to Vladimir Gutu, competence is defined as a *“set of capacities”* to act / activate in indefinite situations through: the sphere / field of activity; the level of non-determination of activity contexts; the argumentation of choice of the instruments of action (empirical, theoretical, axiological).

In the context of several visions, we can certainly attribute to the concept of competence the three components: knowledge, skills and attitudes, in which the attitude has the role of conducting, guiding, bringing arguments and achieving a result; and knowledge and skills complement the competence.

A part of language competence is communication competence. Oswald Ducrot and Jean-Marie Schaeffer define the communicative competence of Dell Hymes as a sum of social rules that allow the use of grammatical competence; it overpasses the competence of Chomsky and E. Coșeriu (Roventă-Frumușani, 2005, p. 436).

Sociolinguist Dell Hymes, taking Chomsky's theses, talks about the concept of *“communication competence”* for the first time in 1966, giving him the ability to produce and interpret messages in given situations. Daniela Roventă-Frumușani speaks in this sense of a communication competence indispensable to communication success, which does not coincide with linguistic one, but consists in knowing those rules that guide the use of speech

in a certain social context: "communication competence" is the result of the interaction: "*linguistic competence, socio-cultural competence, encyclopaedic competence and generic competence*" (Rusu, 2008, p. 65).

In the view of A. Pamfil, the competence of communication is the set of knowledge and abilities that the subject mobilizes in the comprehension. Also, in the definition of communication competence, the situations in which communication competence is expressed are: the understanding of the language, the oral and the written text; producing the language, the oral text and the written text (Mândruț, 2012, p. 219).

Beyond certain trends, communication competence is a key competence category in a global world, in the absence of which neither knowledge nor learning can be built. It is a key element for our success as a stakeholder in the prophylactic or rehabilitative process, with the goal of developing and improving a range of key competences (Callo, 2003, Ionescu, 2001). T. Callo mentions that the following principles must be observed and achieved in the effective training of communicative competences: relational; the communication environment; of pre-communicativeness; the motivational necessity; of personalization; of the partnership; of activation; responsibility; of communicative intent; equality and agreement; of socialization.

Thus, through communication competence we mean the ability to transmit and change ideas in different situations, in the process of interaction with the participants in the rehabilitation act, on the one hand and on the other side with the medical team we work with, using in properly the language and speech standards system and the choice of the appropriate communication situation.

Professional competences are given by an integrated and dynamic set of knowledge, skills and abilities that are designed to solve complex situations (Callo, 2003).

For these reasons, I. Lupu, V. Cabac, S. Gâncu states that the notion of competence complements the notion of qualification, "*A qualification is acquired when a competent body finds that the level of learning reached by a person has reached a certain standard of knowledge, skills and general skills*".

The European Qualifications Framework and the *National Qualifications Framework in Higher Education*, record two fundamental categories of competencies:

- *Professional competences*: cognitive skills; functional-action competencies;
- *Transversal competences*: Role skills; relative to market rigidities (table 1).

Table 1. Fundamental categories of professional and transversal competencies

COMPETENCY		
Professional skills	knowledge	<i>knowledge, and use of terminology specific to physical therapy</i>
		<i>explaining these notions to the patient's meaning</i>
	abilities	<i>applying and solving complex situations</i>
		<i>constructive reflection</i>
<i>Creativity</i>		
Transversal competences	value acquisitions	<i>responsibility and involvement</i>
		<i>interaction with the patient and the medical team</i>
		<i>personal and professional development</i>

Professional competencies, being cognitive and functional-action, fully covers professional requirements regardless of the field of activity. The foundation of the training process is the competency-based approach, which aims at developing sustainable skills, able to help the specialist in medical recovery, communicate in complex professional situations.

Professional communication competence, involves competencies that relate to a language specific to physical therapy and includes, in addition to the components of communication competence and knowledge in the field. The competence of professional communication in medical language would require knowledge, skills and abilities with reference to the specialized language.

In this respect, V. Goraș-Postică observes that the competence of professional communication includes the action of combining and using the knowledge, skills and attitudes in order to obtain the proposed results. Having professional skills means having a set of specific features and features: researching and examining different occupational situations, reporting a general principle to a particular case, implementing practical knowledge, using specific skills, collaborate with people in the group, clarify an unpredictable problem or situation, inform or transmit some information (Ionescu, 2001).

All this would generate that competencies result in expressing a domain according to a determined level; so we can identify the following features of professional communication competence:

- ✓ to communicate in the specialized language;
- ✓ to apply the knowledge through a professional treatment of the field;
- ✓ to reproduce and explain by adequate means the content of the recuperation program;
- ✓ to inform about, problems, solutions, etc. both colleagues in the medical team as well patients participating in treatment;
- ✓ to develop learning skills in order to be able to continue training throughout our careers, realizing that we have no identity as specialists without continuous training.

Material and methods

By examining the literature, from the perspective of those analyzed in the vision of the specialized language training in kinetotherapy, we define the notion of professional communication competence through: knowledge, skills, attitudes that reflect the selection, combining and using ability that corresponds to the integrated ensemble, coherent and open; and other purchases (values and attitudes) that are specific to medical recovery in order to resolve with positive results in problem situations.

The analysis of the situation in the field allows us to accept from the above-mentioned data, to develop the transposition of the general professional competences into professional communication skills.

The trends in education policy relevant to higher education, presented in the European documents issued following the Bologna process, call for a skills characterization, highlighting the role of skills in the training of physiotherapy specialists and others.

Throughout evolution, a lot of notions, ideas about the notion of competence have emerged - about the competence of communication and less about the competence of professional communication. Making a synthesis and analyzing the sources about each one in particular, we outlined a table for professional communication competence (Table 2):

Table 2. Essential components and attributes of professional communication skills to kinetotherapists

Characteristics of professional communication skills:	Actions of professional communication competence:
<i>- an integrated and dynamic set of knowledge (knowledge, understanding and use of specific language) and skills (application, transfer and problem solving, creativity and innovation).</i>	<i>- to communicate in a language specific to the field of medical recovery</i>
<i>- knowledge, skills and abilities with reference to specialized language</i>	<i>- to put into practice the knowledge through a professional treatment of the medical field</i>
<i>- Investigate and examine different professional situations</i>	<i>- to inform about the problems, solutions, and information that may occur in the recovery process</i>
<i>to have an assembly of features and specific features</i>	<i>- to reproduce and explain by appropriate means the content of the recuperation program.</i>
<i>- to delimit specific work-specific limits</i>	<i>- to combine and use knowledge, skills and attitudes to achieve the proposed results</i>

Conclusions

The analysis of the specialized literature allows me to highlight the following aspects:

- ✓ Competencies reflect an attribute of being a whole of knowledge, capabilities and attitudes, willing to give the physical therapist the attitude to achieve a goal, a role, to accomplish a task, constantly evolving and evolving.
- ✓ Competence in the instructive-educational process becomes part of the process training, has a triadic structure, is outlined in different levels of professional development.
- ✓ Professional communication competence refers both to competency issues, as well and those of communication competence.

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