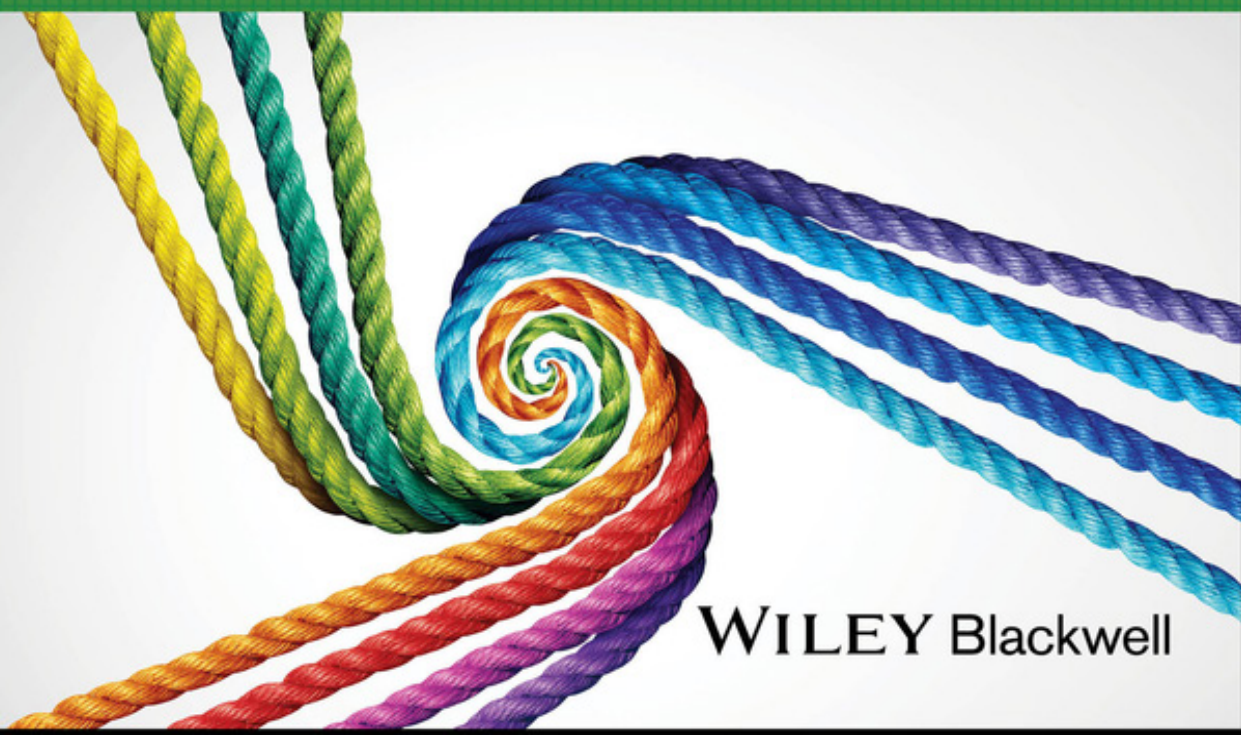# Developing Person-Centred Cultures in Healthcare Education and Practice

An Essential Guide

Edited by Brendan McCormack

WILEY Blackwell

Developing Person-Centred Cultures in Healthcare Education and Practice

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An Essential Guide

Edited by

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Dedication

We dedicate this book to the life and works of Professor Jan Dewing (1961–2022). Jan was a member of the original project team, and while she began the journey with us, she was unable to see it through to the end. Jan's commitment to and passion for person-centred learning have been woven through the project to develop the first pan-European curriculum framework for the education of person-centred healthcare professionals. Her legacy lives on in this and other works and her voice permeates the rich tapestry of person-centredness we are committed to as authors.

Some of us are ... in the paradoxical position of enjoying or even taking for granted significant privilege while also being committed to addressing it in some way or other. This leaves us ... asking: *How can I/we deploy the benefits we have amassed to meaningfully contribute against the oppression of others?* (Dewing 2020)

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Foreword

There is consensus that healthcare systems need to be more person centred. People accessing healthcare services, caregivers and carers have all called for a shift towards person-centred principles based on mutual respect and collaboration between them and health professionals.

Despite stakeholders and policy documents supporting the implementation of person-centred healthcare, the process is slow and unclear in many countries. Thus, students in nursing, medicine and health programmes must be better prepared with theoretical and practical knowledge to practise and further develop this philosophy after completing their education. Unfortunately, university curricula in healthcare and medicine often lack philosophical, pedagogical and practical content about person-centredness. Dedicated course leaders and teachers wanting to share their knowledge of person-centred healthcare with students often find a lack of governance and support at university and department levels. It is far too uncommon to find institutional boards and student representatives in higher education institutions who have decided that the ethos and practice of person-centred healthcare must be integrated into the entire educational process. This attitude might be because there is no systematic and rigorous methodology for educating students and concerned clinicians in this field.

Therefore, the Universal Curriculum Framework for Person-centred Healthcare Practitioner Education presented in this book is an applauded endeavour to equip students to practise person-centredness in care, particularly in changing healthcare systems. The curriculum framework was developed by researchers and specialists in healthcare and education representing several European countries with diverse health systems. The project sought to advance the development of person-centred healthcare through an interdisciplinary curriculum to educate future healthcare practitioners and their supervisors, mentors and facilitators. Because person-centred principles and shared values frame the curriculum, the generic design of the curriculum also makes it useful outside Europe.

The authors identify a set of thematic actions to help shape how shared values influence the effective functioning of a team and contribute to cultivating a healthy learning culture. Respecting self-determination and negotiated autonomy are central to a person-centred ethos, focusing on working *with* rather than *on* persons. The values that are fundamental to the work of the educational setting, whether academic or clinical, are operationalised through the curriculum framework. The curriculum framework is particularly useful as it conveys the ethical and philosophical content of person-centred healthcare and provides an implementation strategy for the curriculum with practical actions, methods and tools.

I highly recommend this book because the Universal Curriculum Framework for Person-centred Healthcare Practitioner Education focuses on a person-centred philosophy and practice and extends beyond a vague understanding of this approach, helping all educators to develop the knowledge and skills in learners of person-centredness in healthcare.

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November 2023

Acknowledgements

Introduction

INTRODUCTION

In this introductory chapter, we provide an overview of the collaborative work we have engaged in to create the first person-centred curriculum framework to inform the development of curricula to educate healthcare practitioners. We provide an overview of the need for such a framework as well as sharing the systematic and rigorous methodology we adopted in our work. We demonstrate the iterative and reflexive approach we adopted to the development of the curriculum framework. Finally, we present the full Universal Curriculum Framework for Person-centred Healthcare Practitioner Education.

The major content of this chapter is drawn from previously published papers written by all the co-authors of this chapter. We have summarised and adapted the text from these previously published papers to present a synthesis of that work and introduce the reader to the curriculum framework itself. The complete collection of papers underpinning this chapter is listed in Table 1.1 and we would encourage you to visit this collection of papers for a deep understanding of the research and each stage of the development process that led to the finalised curriculum framework.

PERSON-CENTRED HEALTHCARE POLICY AND PRACTICE

Person-centredness, underpinned by robust philosophical and theoretical concepts, has an increasingly solid footprint in policy and practice, but research and education lag behind. In the first phase of the curriculum framework development project, we considered the emergence of person-centredness, including person-centred care and how it is positioned in healthcare policy around the world, while recognising our dominant philosophical positioning in Western philosophy, concepts and theories (Phelan et al. 2020). We critically reviewed the published literature for the period 2016 and

TABLE 1.1 Published Papers on Which this Chapter is Based.

Cook, N.F., Brown, D., O'Donnell, D. et al. (2022) The Person-centred Curriculum Framework: a universal curriculum framework for person-centred healthcare practitioner education. International Practice Development Journal 12 (Special Issue), Article 4. https://doi.org/10.19043/12Suppl.004

Dickson, C., van Lieshout, F., Kmetec, S. et al. (2020) Developing philosophical and pedagogical principles for a pan-European person-centred curriculum framework. International Practice Development Journal 10(2) (Special Issue). http://dx.doi.org/10.19043/ipdj.10Suppl2.004

McCormack, B. (2020) Educating for a person-centred future – the need for curriculum innovation. International Practice Development Journal 10 (Special Issue). http://dx.doi.org/10.19043/ipdj.10Suppl2.001

McCormack, B. (2022) Educating for a person-centred future – the need for curriculum innovation. International Practice Development Journal 12 (Special Issue). www.fons.org/library/journal/volume12-suppl/editorial

McCormack, B., Magowan, R., O'Donnell, D. et al. (2022) Developing a Person-centred Curriculum Framework: a whole-systems methodology. International Practice Development Journal 12 (Special Issue), Article 2. https://doi.org/10.19043/ipdj.12suppl.002

O'Donnell, D., McCormack, B., McCance, T. and McIlfatrick, S. (2020) A meta-synthesis of person-centredness in nursing curricula. International Practice Development Journal 10(2) (Special Issue). http://dx.doi.org/10.19043/ipdj.10Suppl2.002

O'Donnell, D., Dickson, C.A.W., Phelan, A. et al. (2022) A mixed methods approach to the development of a Person-centred Curriculum Framework: surfacing person-centred principles and practices. International Practice Development Journal 12 (Special Issue), Article 3. https://doi.org/10.19043/ipdj.12Suppl.003

Phelan, A., McCormack, B., Dewing, J. et al. (2020) Review of developments in person-centred healthcare. International Practice Development Journal 10(3) (Special Issue). http://dx.doi.org/10.19043/ipdj.10Suppl2.003

2021 to show how person-centred healthcare has evolved over this time. We drew on published evidence of person-centred healthcare developments, as well as information gathered from key stakeholders who engaged with us in this project as partner organisations. We identified five themes underpinning the literature and stakeholder perspectives.

1. Policy development for transformation.
2. Participatory strategies for public engagement.
3. Healthcare integration and co-ordination strategies.
4. Frameworks for practice.
5. Process and outcome measurement.

These themes reflect the World Health Organization's global perspective on people-centred and integrated healthcare and give some indication of development priorities as we continue to develop person-centred healthcare systems. However, our review

methods also revealed the need for intentional development of individuals and teams as person-centred practitioners within pre- and postregistration programmes. The centrality of caring relationships and possessing holistic care skills is highlighted, but the day-to-day challenges experienced in practice result in the context in which learning takes place not being supportive of the developments needed. Therefore, if the global developments highlighted are to be sustained and developed at scale, then we need many role models of person-centred practice integrated at every level of the healthcare system who can facilitate person-centred learning cultures, wherever such learning takes place.

The need for healthcare education programmes to plan strategically for a workforce that is ready to respond appropriately is obvious, and education curricula need to be innovative and proactive in this respect. In practice, this 'reality' may seem unreal, as evidence from service user feedback, patient experience surveys and patient/family outcome data continues to suggest that only 'modest' improvements in patient experience have been achieved, despite more than 20 years of service improvement, quality improvement and practice developments. While there has been major investment into such improvements, as well as into patient safety (and yes, patients are safer – in hospitals at least), these data have not significantly changed over the years.

Despite these best efforts, there is little evidence of fundamental change in the core cultural characteristics of healthcare practice, and some commentators argue (drawing on culture theory as an explanatory device) that most person-centred developments focus on the artefacts of practice rather than on the core values that drive health and social care delivery. O'Donnell et al. (2020) highlighted the lack of a consistent focus on person-centred principles, even in curricula that purport to have person-centredness as their underpinning framework. At best, person-centredness is used as a heuristic for containing a diverse range of principles, processes and practices in teaching and learning, rather than being an explicit conceptual or theoretical framework informing all stages of education delivery. Although there are few examples of professional education curricula for healthcare practitioners that adequately prepare them to work in a person-centred way, they are expected to graduate from their professional programmes with the qualities and attributes of a person-centred practitioner.

It is the drive to address these ongoing challenges in developing person-centred healthcare services that motivated us to undertake the research that is the bedrock of this book. The work began in 2019 when McCormack and Dewing published a position statement on person-centredness in the curriculum. This position statement formed the basis of the case of need and the detailed funding proposal submitted to the European Commission Erasmus + Strategic Partnerships for Higher Education funding stream (KA203-990E7AB4). The research and development work undertaken is all in the public domain (Table 1.1). However, being cognisant of our earlier commentary on the challenges associated with making person-centredness real in the curriculum, we were committed not just to providing a curriculum framework but also to helping make sense of the framework through practical actions, methods and tools. So, this book provides practical applications and, if worked with, an implementation strategy for the curriculum framework developed by the project team who are also the co-authors of this book.

DEVELOPMENT OF A UNIVERSAL CURRICULUM FRAMEWORK FOR PERSON-CENTRED HEALTHCARE PRACTITIONER EDUCATION

The findings from the evidence synthesised by Phelan et al. (2020) and O'Donnell et al. (2020) and the previous work undertaken by the International Community of Practice for Person-centred Practice (PcP-ICoP)[1] in developing a position statement for person-centredness in nursing and healthcare curricula (McCormack and Dewing 2019) were the impetus for developing a person-centred curriculum framework for educating healthcare professionals, supported by funding from the European Union Erasmus + Strategic Partnerships for Higher Education Programme (Project ID KA203-990E7AB4). The project partners were Trinity College Dublin, Ireland; Fontys University of Applied Sciences, The Netherlands; Ulster University, Northern Ireland; University of Maribor, Slovenia; University of South-Eastern Norway; and Queen Margaret University Edinburgh, Scotland. The overall aim of this project was to advance the development of person-centred healthcare through an interdisciplinary curriculum to educate future healthcare practitioners and their supervisors, mentors and facilitators.

We worked in a systematic way as partner organisations, using best practices in project management, stakeholder engagement and process monitoring. Ensuring that continuous and detailed stakeholder analysis addressed the needs of different stakeholders, these were mapped against key areas of activity as the project progressed. This systematic approach was enhanced by our shared values, agreed ways of working and clarity of roles and responsibilities, as well as a timeline for key deliverables. The use of a logic model of decision making also ensured that all activities were linked to project objectives, outcomes and outputs and to quality assessment, impact and dissemination strategies. We drew upon our collective continuing networks to enable the active engagement of a broad range of interested parties with the project activities. A project advisory board oversaw the work of the project and was drawn from experts by experience, leaders in the field of person-centred healthcare, curriculum developers, higher education funding bodies, healthcare policy agencies, evaluation researchers and healthcare professional representative bodies.

In addition to the review of global developments in person-centred healthcare (Phelan et al. 2020) to contextually position the project, we undertook three

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[1] The International Community of Practice for Person-centred Practice – Community Interest Company(PcP-ICoP CIC) is an international community of academics and healthcare providers who are interested in advancing knowledge in the field of person-centred practice. Note here that 'practice' is taken as being in any field: care, education, research, management, policy, etc. The ICoP co-ordinates a programme of research and scholarship, and supports collaborative publications and presentations as well as a thriving community of practice for doctoral candidates and postdoctoral academics who are all committed to researching and developing aspects of person-centredness. All the members are engaged in teaching and learning, research, scholarship and quality improvement activities connected to person-centred healthcare. Visit www.pcp-icop.org for further information.

further phases of work towards developing a person-centred curriculum framework for educating healthcare professionals.

- Developing philosophical and pedagogical curriculum framework principles.
- Designing a curriculum framework development methodology.
- Designing a person-centred curriculum framework for educating healthcare professionals.

Developing Philosophical and Pedagogical Curriculum Framework Principles

A participative hermeneutic praxis methodology was created as a means of systematically guiding the co-creation of the principles underpinning the curriculum framework development. The process, consistent with person-centredness, was grounded in respect for personhood and mutuality. Phases and steps in the process were realised progressively, guided by a form of practical reasoning and moral intent. Each partner participated actively in the process that was characterised by critical and creative dialogues. Understanding and respect for each cultural background and language used were key to the process, as well as mutual adequacy and growth for individuals and the team. Through mutual processes of inquiring about *what* is significant in the context of the project and *how* to apply it in a situation, a co-constructed praxis design was generated.

Further methodological guidance was sought from the philosophical tradition of hermeneutics. Using the hermeneutics perspective of Gadamer and Dutt (1993), we aimed to develop an understanding of the study focus using the subjective interpretation of individuals as well as the collective consciousness of the group. Understanding arises from repetitive reading of the various datasets; being open to the concepts being sought; being aware of our prejudices and critiquing/allowing them to be critiqued in light of newly formulated meanings (Boomer and McCormack 2010).

Two processes key to understanding the data were the hermeneutic circle (Heidegger 1967) and the fusion of horizons (Gadamer and Dutt 1993). The hermeneutic circle is the idea that understanding of the data as a whole is established by reference to the individual parts and understanding the parts by reference to the whole. Neither the whole dataset nor the parts can be understood without reference to the other, and hence a circle of constant movement between the parts and the whole is established. Interpretation is never free of presupposition; what we know cognitively, precognitively and feel (preunderstanding) is the frame of reference ('horizon') from which a person starts. During dialogue with others, everyone starts from their own horizon and through listening, questioning and theorising, these personal or cultural 'horizons' were challenged, became broader and fused with others, resulting in a new, more encompassing understanding of what is needed to prepare practitioners for person-centred practice.

Approach Used to Collaboratively Design Curriculum Framework Principles

The overall process consisted of three co-designed phases that demonstrated movement between the parts and the whole, intersecting on several occasions of critical dialogue.
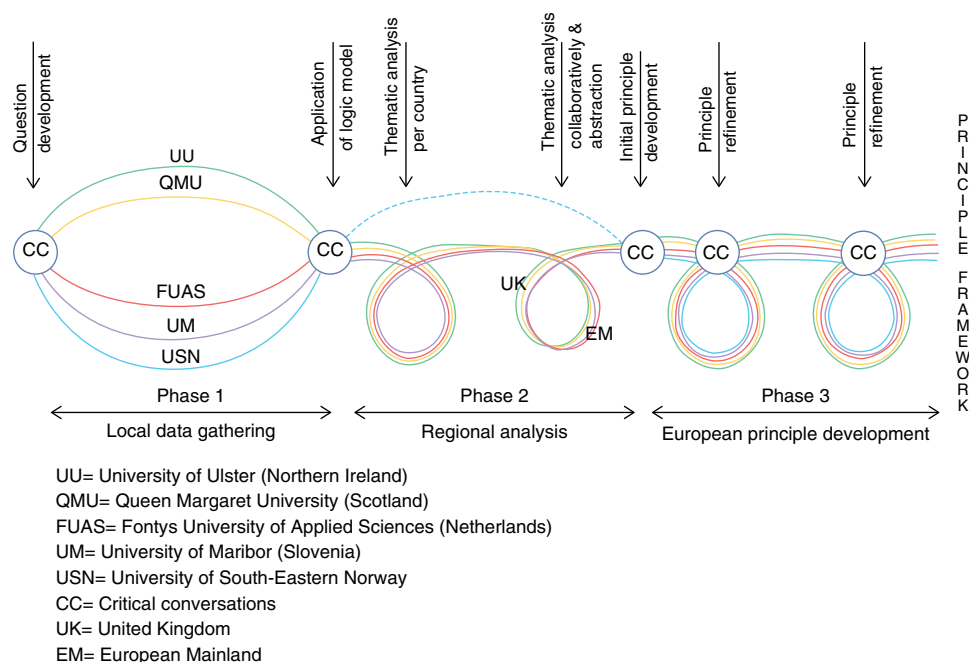
FIGURE 1.1   Overview of participative hermeneutic praxis methodology.

Critical conversations aimed at collaboratively reflecting on and working with the data and creating the opportunity to fuse horizons were key processes (Figure 1.1).

- *Phase 1 – 'Moving from the whole ...'*: the project group co-constructed questions to engage with stakeholders in the UK, Netherlands, Norway and Slovenia to collect perspectives on what is needed to enable person-centred practice to become a reality. Each project partner used differing methods to engage with stakeholders to capture their views.
- *Phase 2 – '... to the parts ...'*: moving through the hermeneutic circle, the intention of the second phase was to understand and create new meaning, through fusion of horizons. Multiple rounds of data analysis were conducted. A first step was a thematic analysis in each country, then a collective analysis of the whole dataset with partners. The third step was an abstract level of data analysis in which the partners engaged in theorising, using the Person-centred Practice Framework and Hart's (2019) purpose, life and system world model. Methods used were creative workshops with all six partners and working in subgroups to synthesise data, identify and map themes within the datasets through moving up and down different levels of abstraction.
- *Phase 3 – '...and back to the whole...'*: during this phase, the analysed data were used for development of the principles framework which would inform the development of a person-centred curriculum framework in the next phase of the project.

'A person-centred curriculum is person centred if it is transformative (purpose), grounded in a philosophy of pragmatism (systems world) and enables all learners to co-construct (lifeworld) and experience connectivity with oneself, other persons and contexts (lifeworld) throughout their personal learning journey'

FIGURE 1.2   Core principles underpinning a person-centred curriculum.

The hermeneutic process continued with multiple rounds of identification and refinement of principles. A small workgroup with representatives from the different countries/partners led this process. Multiple draft versions of the framework were shared with partners for critique. As part of this process, the principles were checked with original stakeholder data to ensure consistency.

Through these iterative processes, consensus was reached about the core principles underpinning a person-centred curriculum (Figure 1.2). To be person-centred in healthcare, attention needs to be paid to a triadic relationship between the practitioner's competencies and commitment, together with the local environment. There also needs to be a whole-system understanding and support for person-centredness. Practitioners who 'care with' others, rather than 'care for' or just 'about' others, are essential. They need to acknowledge and work with the whole person and to be reflective and a good communicator. There needs to be reciprocal understanding and practitioners need to be able to reveal discrepancies between actual and espoused practices through critical reflection. Practitioners need to feel a responsibility for being competent and courageous in challenging and changing their practice and so championing person-centred practice. There is also commitment to living person-centredness and to connect with (those upholding) related perspectives. This requires facilitators of learning and learners to role model person-centred ways of being and to live out person-centred ideals in their interactions and in navigating conflicting values, structures and policies. Both the theory and practice of person-centredness need to be understood in order for a person to become a proficient person-centred practitioner.

There needs to be a local person-centred environment and culture valuing staff diversity and expertise, sensitive to and understanding experiences, feelings and needs of all stakeholders. A collaborative inclusive and participative approach in the development of any relationship and student-teacher nexus is needed. However, issues of culture, context and the behaviours of people, across healthcare and academic settings, act as barriers to individual learning. Generally, a whole-system approach is needed in organisational thinking and design, in which there is minimal bureaucracy and structures and processes act as servants to the lifeworld and relationships of persons and not the other way round, which is often more common. A supportive meso-/macro-context that provides guidance for developments in effective learning environments is essential, for example for critical conversations with organisational leaders and managers and with experienced clinical and academic staff where boundaries are removed. In this context, the focus could be on coping with challenges to person-centred practice, as

well as reflecting on the intended outcomes of innovations in person-centred practice, ultimately enhancing student (and practitioner) opportunities to learn and practise in more person-centred ways in a safe environment. Learning can only happen in an environment where the evidence and knowledge of clinical and academic staff are contemporaneous. This set of philosophical dimensions, methodological and pedagogical principles for person-centred curriculum design is shown in Table 1.2.

Designing a Curriculum Framework Development Methodology

We adapted the 7S methodology of Waterman et al. (1980) to design the person-centred curriculum framework. Originally developed as an organisational analysis framework, the 7S methodology deals with snapshots of complex systems, usually as a means of change management. These complex systems are contemporary, or desired. Using the 7S methodology assists with the identification and alignment of the seven elements to achieve a desired future state; this can be, for example, through the addition, supplementation or enhancement of some or all of the seven elements. Therefore, although Waterman et al. describe the methodology as a 'gap analysis', it is perhaps better to see it as a *thematic analysis* permitting identification of areas of deficit that can be augmented/amended to align all elements of the system, but which can also identify areas of 'added value' which can be realigned or employed elsewhere. 7S can also potentially assist with the relationships (functional or dysfunctional) between the elements, meaning it is more powerful than a 'simple' gap analysis, i.e. where there are two fixed points that need to be brought closer together. Gap analysis often focuses on 'bad practice' or 'what is wrong' that causes the gap to exist, but use of the 7S methodology allows identification of 'good practice across the whole system' through the thematic analysis approach.

The 7S methodology recognises seven elements of a system and divides these into 'hard' and 'soft' elements (Figure 1.3).

The 'hard' elements are:

1. strategy
2. structure
3. systems.

The 'soft' elements are:

4. shared values
5. skills
6. style
7. staff.

Shared values are core to all the elements and Figure 1.3 shows the interconnectedness and interdependence of the elements and the centrality of shared values. It also highlights that a change in one element can affect all the others. All elements of the 7S methodology are equally important to the functioning of the complex system, and they are all mutually related and interdependent: they form and operate as a web.

TABLE 1.2 Principles for Person-centred Curriculum Design.

Framework purpose, lifeworld, systems world	**Methodological principle**: the philosophical approach to curriculum design	**Pedagogical principles**: teaching, learning and assessment (TLA) and the context of learning
Purpose (person-centred outcomes)	**Philosophical dimension:** transformative	A person-centred approach to teaching, learning and assessment
	Methodological principle: curriculum is transformative and enables journeying through knowing, doing, being and becoming a competent and committed person-centred practitioner	**TLA strategies:** 1. Learning is holistic, focusing on multiple ways of knowing the whole person 2. Teaching, learning and assessment approaches guide learners journeying through knowing, doing, being and becoming a person-centred practitioner 3. Learning is progressive: progressing to the point where person-centredness is embodied as a learner, practitioner and leader of person-centred practice 4. Reflexivity is integral to active learning approaches, enabling movement from preconsciousness, through consciousness to critical consciousness, creating perspective transformation as a person-centred practitioner 5. Active learning enables new insights to become translated into actions to be tested and evaluated in practice 6. Eclectic teaching, learning and assessment strategies draw on critical creativity as well as technical-rational approaches to enable learning to be systematic and incremental with deliberate intent 7. Learners and facilitators learn together with and from each other, shaping new knowledge **Learning environment:** 8. Person-centredness is embodied by all involved in and supportive of the curriculum 9. Learners experience and practise person-centredness 10. Learners are helped to become brave in challenging practice

(Continued)

TABLE 1.2   (Continued)

Lifeworld 1 (health-care relationships)	**Philosophical dimension:** co-constructed	**TLA strategies:**

Philosophical dimension:
co-constructed

Methodological principle:
a co-constructionist approach to curriculum design and implementation where the curriculum is flexible and adaptive to the learner

TLA strategies:
1. Learning is participative, inclusive and collaborative in all learning relationships
2. Opportunities for creating shared social responsibility, in co-creation of curricula, based on moral intents
3. TLA are sensitive and responsive to these mutual learning needs which are open to negotiation
4. Learners determine their own learning pathway
5. Learners at different stages of the learning journey are encouraged to learn together
6. Learners and teaching staff actively engage in mutual learning

Learning environment:
1. A culture of safety, relationships and learning is co-created
2. Safe learning environments are created for exploration, shared understanding, decision making and action
3. Preconditions are created by those with a stake in the curriculum to co-create the processes necessary for curricular design
4. Educators show courage, humility and vulnerability in the facilitation of learning
5. Practice-based mentors are engaged as part of the programme team
6. Freedom of individual expression is encouraged
7. Taking risks and (calculated or intentional/moral) experimentation are encouraged, supported and subject to wider critique through reflective processes
8. Practitioner and service user experiences are evaluation criteria used to critique and promote knowing, doing, being and becoming a person-centred practitioner
9. Safe spaces evolve into brave spaces in which everyone feels comfortable with diversity and experiences respect, inclusion and emotional support

Lifeworld 2 (learner relationships)	**Philosophical dimension:** relational **Methodological principle:** curriculum encourages connectivity with oneself, other persons and contexts	**TLA strategies:** 1. Fundamentals of person-centredness are continually revisited 2. Learning involves maximising generation and transmission of multiple sources of evidence to support knowledge of person-centred practice 3. Person-centred facilitation is embedded in TLA approaches 4. Social learning and meaning making are encouraged through safe communicative spaces 5. Opportunities are given to reflect on relationships with others and with materials and space **Learning environment:** 6. Person-centredness is embodied by everyone engaging and communicating authentically 7. Critical questioning is embedded in learning processes 8. Caring relationships that foster mutuality are created 9. Diversity is welcomed and respected 10. All involved in the curriculum accept moral responsibility for others
Systems world (environmental/ organisational structures, processes, administration) to create a systems world that supports the life-world in realising purpose	**Philosophical dimension:** pragmatic **Methodological principle:** curriculum is built on a philosophy of pragmatism	**TLA strategies:** 1. Theory and practice are intertwined 2. Debate and discussion create opportunities to deconstruct idealism vs realism 3. Engaging in enquiry-based learning to become facilitators within the whole and multi-layered contexts 4. Learning is embedded in movement between local, national and global contexts 5. Generation and sharing of multiple sources of evidence will support the development of competence (knowledge, skills and attitudes) in a person-centred way