

International Practice Development Journal

Online journal of FoNS in association with the IPDC and PcP-ICoP (ISSN 2046-9292)



SPECIAL ISSUE ARTICLE

The Person-centred Curriculum Framework: a universal curriculum framework for person-centred healthcare practitioner education

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Submitted for publication: 17th April 2022

Accepted for publication: 31st May 2022

Published: 6th July 2022

<https://doi.org/10.19043/12Suppl.004>

Abstract

Background: Globally, humanising healthcare is a strategic response to a distinct need for person-centred approaches to practice. This movement has largely focused on the artefacts of healthcare practice, with an emergent focus on the role of healthcare education in instilling and espousing the core principles of person-centredness. It is increasingly recognised that how healthcare professionals are educated is fundamental to creating learning cultures where person-centred philosophies can be lived out and aligned with workforce and healthcare policy strategies. In 2019, six European countries began collaboration on an Erasmus+ project, Person-centredness in Healthcare Curricula, to develop a Person-centred Curriculum Framework. The other articles in this Special Issue focus on the methodologies employed by the project team, and this article describes the framework.

Aim: While curricula exist with person-centredness as a focus, aim or component, few embrace person-centredness as an underpinning philosophy and theory, or use a whole-systems approach. This project aimed to develop a universal curricular framework with the agility to work synergistically with existing curricular processes, in pursuit of the development of person-centred healthcare practitioners and cultures.

Methods: The project used an iterative multiphase, mixed methods approach, including an e-survey and interviews. Drawing on authentic co-design principles, to create our framework we engaged with stakeholders in clinical practice and academic institutions as well as healthcare students and those working in health policy and strategic workforce planning.

Results: We present a framework for the design, delivery and evaluation of curricula, structured using a modified version of McKinsey's 7S methodology, resulting in each component having a statement, outcomes, and thematic actions to support the realisation of a person-centred curriculum.

Conclusion: Our Person-centred Curriculum Framework can facilitate congruency between healthcare education and practice in the way person-centredness is defined and lived out through healthful cultures. Given the iterative origins of the framework, we anticipate its evolution over time through further exploration following its implementation and evaluation.

Keywords: Person-centred practice, healthcare education, curriculum framework, curriculum planning, collaboration

Introduction

Globally, the concept of person-centredness has gained momentum, with related models now being embedded in healthcare policy (World Health Organization, 2015). While this is to be celebrated, it is clear that despite rigorous research and scientific inquiry, the underpinning principles of person-centredness remain challenging to embed in practice (Dickson et al., 2020; Titchen, 2021). Internationally, there have been calls to improve healthcare programmes and plan more strategically for a workforce that better understands and embraces working with the principles of person-centredness (McCormack, 2020; O'Donnell, 2021; O'Donnell et al., 2021). Person-centred practice offers a mechanism to co-create healthcare around what people want, necessitating that healthcare professionals meaningfully engage with people (Phelan et al., 2017). Such engagement supports the building of healthful relationships where decisions are made through informed choice (Phelan and Rickard-Clarke, 2020). To achieve this, healthcare professionals and those responsible for curriculum development and delivery require not only clinical competence, but also a values-based commitment to persons and personhood (McCormack and McCance, 2017; Dewing, 2019), and the ability to facilitate authentic partnership working with all persons engaged in teaching, learning and assessment (Phelan et al., 2020).

Healthcare delivery and higher education are interwoven. Focusing particularly on philosophical and pedagogical principles of education curricula, Dickson and colleagues (2020) argue for an innovative person-centred curriculum framework, with the purpose of transformation, and drawing upon the principles of co-construction, relationalism, pragmatism and being transformative, to embed learning into real-world practice. This is of importance, as findings from a meta-synthesis of person-centredness in nursing curricula highlighted that nurse educators were affected by a variety of factors as they sought to work with person-centred principles (O'Donnell et al., 2020). In particular, the core learning required for effective person-centred practice is compromised by conventional approaches to curriculum development that focus on satisfying the requirements of professional regulators and covering a breadth of content to achieve core competencies. Such curricula fail to reflect the breadth of knowledge needed for developing person-centred practitioners. Cook and colleagues (2018) demonstrate that grounding a preregistration curriculum using person-centred principles can enable student nurses to sustain their core practice values over time. This evidence highlights the need for the development of integrated person-centred learning cultures across higher education and practice contexts (Dickson et al., 2020).

Methods

Six universities across five European countries partnered in an Erasmus+ project to develop a curriculum framework for the education of person-centred healthcare professionals. Our project used a multiphase, mixed methods design to triangulate evidence from multiple sources, in order to surface the key components of a Person-centred Curriculum Framework. Methods included an e-survey (n=24) and interviews (n=31), and drawing on authentic co-design principles, we engaged with stakeholders in clinical practice and academic institutions, as well as healthcare students and those working in health policy and strategic workforce planning, to create our framework. Ethical principles were upheld in the conduct of the project. All prospective participants were provided with a project information sheet and video link allowing them to self-select if they wished to participate in the survey or interviews, emphasising freedom to participate or withdraw, and offering reassurance on confidentiality.

The person-centred principles of connectivity, attentiveness, dialogue, empowerment, participation and critical reflexivity, were used to underpin the methodology (O'Donnell et al., 2022). An iterative process of continuous critical review throughout the project, which took place across eight stages, underpinned our refinement of the evidence to support each of the 7S categories used to structure our Person-centred Curriculum Framework (O'Donnell et al., 2022).

The Person-centred Curriculum Framework

Working from the perspective that while person-centred principles may be context-dependent, they are universal and can underpin healthcare education and practice, we present our Person-centred Curriculum Framework (PcCF; see Figure 1 below). The PcCF was developed by engaging with a wide range of stakeholders across different European and UK countries, in several collaborative activities (O'Donnell et al., 2022). This provided a mechanism to understand the challenges of delivering person-centred education and seek consensus on a Framework that could synergistically bring together the philosophical, theoretical, and pedagogical principles required to support a person-centred curriculum. The PcCF is underpinned and shaped by the McKinsey 7S methodology (Peters and Waterman, 2004), which provides a means for understanding and making sense of complex systems, illustrating how effective change can be achieved through the seven key elements of structure, strategy, skill, systems, shared values, style, and staff.

Figure 1 illustrates how the 7Ss come together synergistically with the philosophical principles of person-centredness (pragmatism, relationism, co-construction, and being transformative (Dickson et al., 2020)) to create healthful, person-centred cultures for education and practice. Ultimately, this results in person-centred practice, brought about by the authentic engagement of stakeholders (educators, practitioners, learners, policy-makers), represented at the centre of the model. The coloured spirals represent each of the 7Ss, and the central spirograph represents how each of the four underpinning philosophical principles work together and are woven through and between the 7Ss. We now present the narrative evidence from our Erasmus+ Project (O'Donnell et al., 2022), brought together using the 7S methodology to create the representation of the PcCF. Each of the 7S components of the Curriculum Framework are described below.

Figure 1: The Person-Centred Curriculum Framework



Strategy

Strategy encompasses the whole curriculum framework, identifying the unique selling point of the programme and what makes it different and thus attractive to potential students. In the context of our project, the USP for curriculum development is the explicit and intentional focus on developing person-centred healthcare practitioners. Person-centredness is the standard of healthcare that is aspired to globally, although the way it is conceptualised and translated across multiple contexts remains a challenge (McCormack, 2022). A focus on strategy brings to the fore the requirement for a shared and clear common understanding of person-centredness and what this means for programmes, roles and responsibilities. Furthermore, strategy emphasises the importance of a shared

language that is meaningful for all persons, including students, educators and practice partners across organisations (Short et al., 2018). The PcCF presented is synergistic with the Person-centred Practice Framework (McCance and McCormack, 2021) as a means of making explicit the core concepts that inform the development of competent person-centred healthcare practitioners. The Person-centred Practice Framework, as an underpinning theory for our curriculum framework development project, encapsulates the 7Ss through the core constructs of macro context, prerequisites and practice environment. Embedded at every level of curriculum design and delivery should be person-centred ways of being that characterise interpersonal relationships; this is consistent with the person-centred processes of the PcCF. Such ways of being must be supported by an organisation's strategic goals, with person-centredness explicitly stated in its mission, vision and core values, and 'known' throughout the organisation. This strategic embeddedness enables the development of curricula through authentic, collaborative, interdisciplinary partnerships with all stakeholders which, alongside person-centredness, becomes its USP. A curriculum developed in this way would be expected to embed a humanising philosophy that views person-centredness as a way of being, foster person-centred learning cultures where everyone will flourish, and facilitate transformative personal and professional growth as competent and confident person-centred practitioners (van Schalkwyk et al., 2019).

Structure

In keeping with the strategic drivers, the philosophical principles of person-centredness should be evident in how the curriculum is co-constructed with key stakeholders (Dickson et al., 2020). All stakeholders should be represented, including educators (in academic and practice settings), students, strategy and policy leaders, and recipients of healthcare. This could be achieved by establishing an active stakeholder or practice advisory board with the intention of creating collaborative, communicative spaces conducive to authentic co-design, delivery, and evaluation (Virgoleso et al., 2020). A partnership approach to curriculum evaluation is also advocated. By triangulating stakeholder perspectives, the evaluation of a person-centred curriculum can support robust and continuous quality improvement. This could be achieved using a range of instruments and approaches to highlight areas for development so that the curriculum's structural design remains dynamic and responsive to changing educational and healthcare priorities (Cook et al., 2018; O'Donnell et al., 2020).

The structure should be designed in the context of regulatory, organisational, programme and quality standards (Franco et al., 2019). A fundamental intention is to explicitly demonstrate that person-centredness is the 'golden thread' running through the programme structure and associated documents (Royal College of Nursing, 2012). This golden thread can be demonstrated by mapping person-centred principles in a diagrammatic or visual representation to highlight linkages throughout the curriculum that are also evidenced in supporting documents, learning outcomes, unit structures and processes, and assessment methodologies. The curriculum structure should reflect increasing levels of complexity commensurate with a constructivist approach to learning, where the level of challenge increases as learning occurs (Charles, 2018; Dickson et al., 2020).

Affording optimal flexibility in terms of what, when and how learning is organised is aligned with the principles of autonomy and self-determination, which are indicative of person-centredness. The curriculum structure should therefore foster active learning and use creativity to inspire learners to enhance their critical thinking and intrinsic motivations for personal and professional growth in the development of their person-centred practice (Bristol et al., 2019).

Systems

Systems that support the development and delivery of a person-centred curriculum should align the teaching, learning, and assessment (TLA) methods with the curriculum outcomes, explicitly articulating the philosophical principles of personhood (McCormack and McCance, 2017). A person-centred approach reflects the principle of co-construction and requires flexibility, offering choice for learners and supporting them in understanding their own learning needs in relation to person-centred

practices (Gaebel et al., 2018; Dickson et al., 2020). Key to person-centred TLA methods are educators and leaders who are committed to embodying the values of person-centredness, using facilitated learning and assessment strategies. They encourage multi-stakeholder assessments and portfolios where learners can use creativity to demonstrate their learning. The systems supporting ownership of learning include developmental tools such as analytics to monitor learning and progress. Learners should also have individualised and consistent coaching and mentorship. Creating safe, reflective spaces throughout programmes enables learners to explore their personhood (Wald et al., 2019). Facilitated small-group reflection gives learners opportunities to explore what is important to them, along with learning from practice. This is fundamental to having cultural humility, whereby learners critically reflect on their values, beliefs and assumptions in the context of shaping their worldview, and how they interact with others (Sanchez et al., 2019). Spaces for reflection and critical dialogue are core to person-centredness and require experienced facilitators of learning to help learners make sense of their experiences.

A person-centred curriculum draws explicitly on educational theories that relate to adult (professional) education. Educators are prepared through appropriate programmes and work alongside experienced facilitators, enabling them to find their own style of facilitating learning (Gaebel et al., 2018). They are supported in becoming person-centred facilitators of workplace and workbased learning and assessment. They use a range of methods including flipped classrooms, hybrid classrooms, simulated learning and social learning. Opportunities are created for learners to be immersed in realistic practice environments, such as simulation and living labs, to enable authentic learning. The curriculum offers a choice of assessment methods and learners should co-design assessments in order to foster shared values, understanding and commitment.

Shared values

A person-centred curriculum is underpinned by the shared values that frame it, explicitly stating the ethos of the programme. These values express the meaning of healthfulness for all stakeholders: focusing on the development of learners' personhood and on relationships with others, appreciating the uniqueness and potential of all persons. Respect for self-determination and negotiated autonomy are central to a person-centred ethos, and there should be an intentional focus on working with, rather than on, persons. Teams, including all stakeholders, should agree specific ways of being person-centred in their approaches and attitudes to students and colleagues. They should role-model reciprocal respect and understanding in working and learning relationships. According to Hart (2019), it is through authentic interest in the lifeworld of other persons and knowledge of their own lifeworld that team members including recipients of care are able to co-create shared, or blended, lifeworlds. The explicitly stated ethos of the programme should enable the identification of agreed expectations and outcomes for all stakeholders. Co-translating discussions will ensure the language of this curriculum framework is meaningful, recognisable and understandable to the various users, and explicitly linked through local policies, documents, and concepts (Virgoles et al., 2020). For example, practice assessment documents can be supported by practice learning handbooks written in a common language for all stakeholders who are using them (as in the case for Northern Ireland Practice Assessment Document and its associated Practice Learning Handbook). Co-created, this can facilitate shared values to be espoused in a tangible, meaningful and applied way.

Conversations are encouraged on the importance of values and creating healthful cultures, where decision making is shared, staff relationships are collaborative, leadership is transformational, and innovative practices are supported (McCormack and McCance, 2017). Other practical ways the shared values can be evidenced include: making the curriculum ethos explicit in programme documents, including induction and recruitment material; encouraging educators and learners to explicitly acknowledge and discuss the shared values; creating opportunities for shared decision making; and active participation using consensus and/or spaces to create shared purposes and interpretations of a person-centred curriculum (Leal Filho et al., 2018). Curriculum teams can develop a values statement

describing what person-centredness could and should mean to everyone (based on, and fostering, shared meaning and embodiment), and its impact on healthful cultures. Shared values should actively embrace challenging viewpoints, role modeling how competing perspectives and peer feedback are managed through different models of dialogical practices. These values are instrumental to enabling embodiment and congruence between what is espoused and behaviours in practice.

Style

Style refers to the style of leadership used to design and deliver the curriculum. Consistent with the philosophical principles of person-centredness, the leadership style should be authentic, collaborative and co-operative (Dickson et al., 2020). This form of transformative leadership is committed to lifelong learning, critical engagement and authentic collaboration, as well as moral and social purpose (Carey and Coutts, 2021). It cultivates diverse thinking and an open sharing of differing perspectives that promote person-centred values and cultures. It is achieved through effective role modeling of person-centredness in leadership practices that foster authentic engagement with students, other staff and all stakeholders (O'Donnell, 2021).

Leadership style should embrace principles of collective leadership, where all persons are engaged through democratic processes (Raelin, 2018). This should be explicit in quality and governance structures and processes, in order to embed clear expectations of ways of working. In this context, leaders create and support an influential community of ambassadors of person-centredness. This approach fosters a shared responsibility for achieving the curriculum outcomes, with the aim of humanising healthcare professional learning alongside innovative practices (Al-Husseini et al., 2021). Consistent with Cardiff and colleagues' (2018) model of person-centred leadership, the approach should foster trust, and effectively use and develop the talents, expertise, and perspectives of all those who contribute to implementation of the curriculum.

Skills

Those designing and delivering a person-centred curriculum should have the capabilities to collectively create the conditions for learners to flourish in a culture that is underpinned by shared values of person-centredness (Cook, 2017; Dollinger et al., 2018). Educators require the knowledge, skills, and expertise to be facilitators of person-centred learning, and will use communication and active listening skills to create an environment where learners and educators are seen as partners (O'Donnell, 2021). Educators should adopt a leadership style that creates a psychologically safe, open environment where learners can share thoughts and experiences (Brown and McCormack, 2016; Wald et al., 2019). Such an environment can be achieved by fostering relationships that are collaborative, respectful, reciprocal and inclusive, with the shared goal of supporting learners to choose their pathway in a flexible curriculum. Educators provide feedback and feedforward that is timely, transparent and practical, and actively seek feedback themselves through ongoing evaluations and responding to it. They draw on self- and peer critique to develop their knowledge, skills and expertise (Gómez and Valdés, 2019). Educators can recognise and celebrate individual achievements. They have the skills to create the conditions for everyone to flourish in a culture that is underpinned by the shared values of person-centredness (Cook, 2017). For educators to work in these ways, they need to be supported to develop their knowledge, skills, and expertise through critical, reflexive and collaborative continuous learning (Sheppard-Law et al., 2018).

Staff

To design, deliver and sustain a person-centred curriculum, all persons involved need to embody values of person-centredness through an explicit commitment to the facilitation of learning. Team capabilities must be built around staff (leaders and educators) with the necessary knowledge, skills, and expertise to facilitate critical, reflexive, collaborative, and engaged learning (O'Donnell, 2021).

Leaders should invest in staff development, paying attention to the diversity of team members and their individual learning and development needs. This ensures the necessary attributes are present to deliver the curriculum (Bruggeman et al., 2020). Leaders should recognise and create opportunities

for the staff team to develop their knowledge, skills and expertise in critical, reflexive, collaborative learning – for example, through induction, peer-supported activities, sharing best practice, curriculum design initiation events and curriculum evaluation workshops. Critical, reflexive learning, peer learning and mentorship provide other ways of facilitating the development of person-centred staff (Manley and Jackson, 2019). These practices facilitate staff to articulate and illustrate the meaning of person-centredness for professional practice, curriculum development and delivery. Psychologically safe spaces underpin the delivery of safe spaces for collaborative learning (Turner and Harder, 2018). Leaders should be attentive to optimum staff-student ratios and diversity of skills to realise effective teaching, with facilitation at the heart of teaching, learning and assessment practices.

Discussion

Cervero and Daley (2018) articulate that there is consensus on the need to reform professional healthcare education due to the significant shift in how healthcare is delivered – with the Covid-19 pandemic underlining the effects of such a shift without the proper structure. As highlighted above, reform towards person-centredness in healthcare is also an accepted priority globally, and education has a key role to play in achieving it. Some commentators propose that educational reform should be addressed by curricula that are aligned with the healthcare practice environment (Cervero and Daley, 2018; Fawaz et al., 2018). However, this presents a unidirectional flow that assumes the healthcare practice environment and culture are optimal, with healthcare education institutions lagging behind. There is little evidence to support such an assumption. However, this does highlight the need to adopt a whole-systems approach to the development of person-centred practice, and therefore the education of the future healthcare workforce. Our PcCF is representative of authentic co-design with stakeholders, with its implementation underpinned by co-adoption of its principles by education, practice and other stakeholders such as commissioners and workforce strategists. The PcCF is offered as a supportive model to facilitate congruency between healthcare education and practice in how person-centredness is defined and lived out. Such a supportive model requires stakeholders to work in partnership to positively influence and advance learning strategies that embrace all the 7Ss presented in the McKinsey methodology. Indeed, the PcCF goes further and addresses an often-overlooked element in curricula, that of an explicit and coherent set of beliefs (philosophy) to frame the context of learning and development (Mukhalalati and Taylor, 2019). This is captured in our consensus view of a curriculum being transformative in nature, grounded in a philosophy of pragmatism and experienced connectively (Dickson et al., 2020). As well as being able to co-exist in the healthcare culture they enter, healthcare professionals need to be agents for progression and change through engaging with their emancipatory attributes (Freire, 1972). Our PcCF therefore recognises the pivotal role that an explicit philosophy plays in enabling learners to acquire the knowledge, skills and attributes of person-centredness in a manner that facilitates the translation of that learning into practice (Mukhalalati and Taylor, 2019).

The PcCF is emergent, being co-designed with stakeholders who themselves may be on a journey of realising what person-centred practice is and how it should be lived out. It is also informed by pioneering educational approaches used to underpin existing curricula, which are synergistic with the Person-centred Practice Framework of McCormack and McCance (2017). The adapting of the 7S methodology, originally intended for business and organisational science contexts, to a healthcare education context required careful attention and a systematic approach to stakeholder engagement. This necessitated clearly defining the shared values underpinning the curriculum, in order to guide and shape decision making in using the methodology (McCormack et al., 2022).

Success in implementing the components of our PcCF cannot be viewed in isolation from the wider need for those engaging with this framework to embrace its underpinning philosophy and the principles of person-centredness. This was a factor evident throughout the iterative development process, whereby stakeholder engagement exercises illustrated a deficit in understanding of person-centredness, despite the common use – or misuse – of the term for some time. This emphasised the need for our framework to translate theoretical and philosophical principles into practice for all

stakeholders through the use of statements, outcomes and thematic actions that all espouse person-centredness. It is anticipated that this will advance understanding of what person-centredness is, and contribute to its being lived out in educational and clinical practice.

Embedding the Person-centred Curriculum Framework

Introducing a new curriculum framework need not be an all-or-nothing approach. Our PcCF is designed to sit alongside existing curriculum design processes, and to be flexible with institutional and other requirements (e.g. professional, statutory, and regulatory body requirements). In any context, moving towards person-centred practice is a process of culture change; delivering a person-centred curriculum is not just a case of doing, it also requires a philosophy of educational practice underpinned by commitment to the purpose, with support at micro, meso and macro levels across education, practice and social policy arenas (Dickson et al., 2020; O'Donnell, 2021). Curriculum reform is a significant undertaking, particularly when encouraging educationalists to embrace innovation, as those involved are asked to move away from established and predictable ways of working (Lemay and Moreau, 2020). Leadership to move the agenda forward is a key prerequisite, alongside knowledge and skills in transformational change methodologies (Cook, 2017). The framework we present is structured to support that transition, and to engage curriculum planners in reflexive processes of design and evaluation that are person-centred. Lemay and Moreau (2020) advocate a model for curriculum reform with three key parallel processes: a curriculum reform strategy; a change management strategy; and curriculum development steps. Such approaches can be used effectively to advance the application of our PcCF, and future work by our project team will focus on the development and publication of curriculum support resources and toolkits to further support implementation in practice.

Conclusion

Our aim has been to develop a universal curriculum framework for person-centred practice that takes a whole-systems approach, founded upon authentic stakeholder engagement. Given the iterative nature of its development, as our Person-centred Curriculum Framework is adopted and applied over time further work to review and enhance it is anticipated, informed by its application in educational practice. We believe that our framework is pioneering and the beginning of a journey to enhance both education and clinical practice, through philosophically informed approaches to person-centred practice and education.

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Acknowledgements

The research reported in this article is part of a programme of work undertaken through an Erasmus+ Key Action 2 project grant (Person-centredness in Healthcare Curricula: Grant Number: 2019-1-UK01-KA203-061970). The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

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