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EDITORIAL

Developing a pan-European Person-centred Curriculum Framework: a whole systems approach

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In this special issue of the *IPDJ* we continue to present the work of the Erasmus+ project focusing on the development of a pan-European person-centred healthcare curriculum framework (Grant number: 2019-1-UK01-KA203-061970).

In the previous special issue we presented the background to the project and the first stage of the work undertaken (a meta-synthesis of curricula, a review of developments in person-centred healthcare, and the philosophical and pedagogical principles to underpin a curriculum framework). In this follow-up special issue we are delighted to present the outputs from the next phases of this work and for the first time, present the finalised curriculum framework. The following three articles collectively describe and reflect on the methodology used to engage with key stakeholders and review existing curricula, as well as presenting the Person-centred Curriculum Framework itself.

Over the past three years, we have been engaged in a pan-European collaborative effort to gain a deeper understanding of perspectives on person-centredness and how these perspectives shape our approaches to educating the future healthcare workforce. It has been argued many times that there are as many views about and perspectives on person-centredness as there are approaches to implementing person-oriented approaches to healthcare systems. It is of no surprise therefore, that when it comes to curriculum models for person-centred education, variation dominates. For those of us involved in healthcare professional education, we know there is little agreement about curriculum theories, curriculum models, or indeed curriculum content, within and between the different professions. We know that curricula are influenced by a variety of factors that are unique to different professions and disciplines; by different ontological positions, and by different constructions of knowledge and the kinds of knowledge that are relevant to each profession. All these conditions shape curriculum development and delivery, and should not be undermined in any attempt to develop multidisciplinary and interdisciplinary models of learning. A person-centred approach to curriculum development is best summed up by this quote from one of the stakeholders in the work reported in this special issue:

> *'… because it helps you take that stage further, because you're not looking at what's the latest treatment for diabetes. It's looking at what's the latest treatment that would work for my diabetes or the person in front of his diabetes, rather than saying, oh, well, the evidence points to do this, do that.'*

Person-centred curricula attempt to place the person 'in front' of their condition, to value biopsychosocial, ecological and humanistic philosophies, and package these perspectives into models of learning and assessment that maximise everyone's potential to be human. We do not need to rehearse the universal challenges that exist in providing healthcare services that are person rather than system oriented. Across the world, balancing economic concerns with the needs of persons is an ongoing challenge. Despite the best of intentions to focus on the person, the reality is that 'money talks' – and a lack of money talks even louder! So, finding models of care delivery that are economically viable and at the same time respect the needs of persons is the holy grail of excellent healthcare delivery. Educating a workforce with this mindset at all levels of a system must be a priority and so it is crucial that curricula seek to embrace these complex issues. The continued posturing about whether caring knowledge is more important than technical knowledge, or more important than systems knowledge is no longer a viable way of shaping curricula – no matter what our professional ideology. Person-centred practices demand that all of us embrace multiple ways of knowing, being and becoming in a continuous evolutionary approach to personal and professional development. If the Covid-19 pandemic has taught us anything, it is that silos and interprofessional rivalry do not lead to effective outcomes for anyone in healthcare. We've learned that we need to put our ego aside and embrace a different way of being that facilitates human flourishing for all. Scharmer (2020) captures this sentiment beautifully when he suggests:

> *'The coronavirus situation provides an opportunity for all of us to pause, reset, and step up. Covid-19, like any disruption, essentially confronts each of us with a choice: (1) to freeze, turn away from others, only care for ourselves, or (2) to turn toward others to support and comfort those who need help. That choice between acting from ego or acting from ecosystem awareness is one that we face every day, every hour, every moment. The more the world sinks into chaos, desperation, and confusion, the greater our responsibility to radiate presence, compassion, and grounded action confidence.'*

Scharmer's call to action applies as much to healthcare delivery as it does to climate change and the most recent healthcare 'scandal' in the UK highlights the urgent need for this shift in perspective. The Ockenden review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (Ockenden, 2022) highlighted the dangers of unidisciplinary practices and silo working, the importance of advocacy and the need for culture change that extends beyond a narrow perspective of 'safety culture' to one that includes an emphasis on relationships that are civil, dignified and compassionate. We have been here before of course, as similar issues were raised by the Mid-Staffordshire inquiry (Francis, 2013) and yet these psychologically unsafe (Brown and McCormack, 2016) healthcare environments persist. This clearly tells us that it is not enough to change the symptoms of an ineffective culture, but that we must take a deep dive into the core characteristics of workplaces and understand the dynamic complexity of deeply engrained patterns (Dewing and McCormack, 2015).

So, in considering the need for us to act from an eco-perspective and the importance of addressing deeply engrained cultural characteristics of healthcare, we adopted a whole-systems approach to the development of the person-centred curriculum-framework. The evidence presented in the first *IPDJ* Special Issue pertaining to this work and the stakeholder engagements we undertook in the development of the curriculum framework, suggest to us that any curriculum that purports to focus on a person-centred philosophy needs to extend beyond 'understanding person-centredness' to helping all practitioners develop the knowledge, skills and expertise in creating the kinds of workplace cultures where all persons can flourish. This is clearly not the responsibility of any one practitioner or indeed any one profession. Instead, it requires engagement of all professionals, service users, all layers of organisational governance and leadership and all parts of complex organisational systems. We have tried to reflect this complexity in our proposed curriculum framework. We do not however see it as a recipe, but instead see it as a heuristic device that can help teams engage in critical discussions about curriculum content, the systems needed to enable meaningful learning and the cultures

that are required to facilitate effective learning and development. We have not limited the idea of 'curriculum' to learning that happens in formal education institutions but consider the framework as being applicable to programmes of learning that happen through the health system.

A word about ethics

We did not seek formal ethical approval for the project work reported in this special issue as it sat outside the boundaries of work requiring such approval. However, we worked within an ethical framework informed by the five principles of person-centred research (van Dulmen et al., 2017). *Connectivity*: we devised processes of stakeholder engagement that were collaborative, inclusive and participatory. Our stakeholder engagement methods were constructed to ensure maximum participation, equality of voice and freedom of expression. In addition, the project team report to an advisory group of key stakeholders from across Europe, who monitor every aspect of the programme planning and delivery. *Mutuality*: as is highlighted by an article in this Special Issue (O'Donnell at al., 2022), we designed a stakeholder engagement strategy that provided multiple opportunities for engagement and re-engagement. Project team members participated alongside participating stakeholders in discussions and debates as a means of creating consensus. *Transparency*: all stages of the project development were shared openly through a database developed by the project team. This database will have all the data available to participating stakeholders and anyone else interested in building on the work undertaken. *Sympathetic presence*: while ensuring transparency, we also respected the confidentiality and anonymity of participating stakeholders. The various events and engagements could not be anonymous, but any information collected was anonymised before input to our database. *Negotiation*: in our engagement sessions, we engaged in rounds of negotiation with participants about meanings, interpretations and decisions about what to include in a finalised curriculum framework. All these decisions can be tracked in the database, thus demonstrating a systematic and respectful approach to the collation of information provided by participating stakeholders.

We hope the work presented here will stimulate discussion, debate, and a desire to consider how best we can prepare existing and future health professionals for their roles in complex healthcare systems. We are not providing a prescription for addressing the multiple issues that need to be addressed, nor are we suggesting that every element of the presented curriculum must be in place for a curriculum to be person-centred. However, we are wanting to challenge the status quo, raise consciousness and stimulate action to help everyone in healthcare think about how best to provide person-centred healthcare to persons, people and populations. As one participating stakeholder said:

> *'I've had people say to me, that, you know, why do we need to learn about person centredness, of course we're person centred? People go, oh, we are person centred. There is something about making sure that the whole idea and way of working actually is pulled out… and dismantled and put back together for people to understand what person centredness is about.'*

References

Brown, D. and McCormack, B. (2016) Exploring psychological safety as a component of facilitation within the Promoting Action Research in Health Services (PARiHS) framework through the lens of pain management practices with older people. *Journal of Advanced Nursing*. Vol. 25. Nos. 19-20. pp 2921-2932. https://doi.org/10.1111/jocn.13348.

Dewing, J. and McCormack, B. (2015) A critique of the concept of engagement and its application in person-centred practice. *International Practice Development Journal*. Vol. 5. Suppl. Article 6. pp 1-10. https://doi.org/10.19043/ipdj.5SP.008.

Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary*. London: The Stationery Office.

Ockenden, D. (2022) *Ockenden Report – Final: Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust*. London: The Stationery Office. Retrieved from: tinyurl.com/Ockenden-final. (Last accessed 31st May 2022).

Scharmer, O. (2020) *Eight Emerging Lessons: From Coronavirus to Climate Action*. Retrieved from: tinyurl.com/Scharmer-lessons. (Last accessed 31st May 2022).

van Dulmen, S., McCormack, B., Eide, T., Skovdahl, K. and Eide, H. (2017) Future directions for person-centred healthcare research. Chp 18 *in* McCormack, B., van Dulmen, S., Eide, H., Skovdahl, K. and Eide, T. *Person-centred Healthcare Research*. Oxford: Wiley-Blackwell. pp 209-218.

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