SPECIAL ISSUE ARTICLE

A mixed methods approach to the development of a Person-centred Curriculum Framework: surfacing person-centred principles and practices

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Abstract

Background: Internationally, the development of person-centred healthcare services is of strategic importance. Healthcare education has the potential to contribute to this agenda by preparing the future workforce as person-centred practitioners. However, there is a lack of clarity about how to design, deliver and evaluate curricula to support person-centred learning and practice cultures.

Aim: This article sets out to report on the methodological approach used to distil the key components of a Person-centred Curriculum Framework, and to critically evaluate the implications of this approach for curriculum development.

Methods: The McKinsey 7S methodology underpinned this project. A multiphase, mixed methods design was used to synthesise evidence on the components of a person-centred curriculum framework. The eight design stages included an e-survey, telephone interviews, and multiple national and international stakeholder engagement events. Responses were translated into English and synthesised using an adapted directed content analysis approach. Through the stakeholder engagement events, evidence was then integrated until consensus was reached on the key curricular components.

Results: A total of 24 academics from 10 countries across five disciplines took part in an e-survey, with responses in two languages. In addition, 31 telephone interviews were conducted with learners, educators and policymakers across six countries, in four languages. The survey and interview evidence was synthesised and presented in tabular form for each of the 7S categories, including a curriculum statement mapped to evidence exemplars, together with a set of thematic actions to assist programme teams in operationalising the Person-centred Curriculum Framework.

Conclusions: The project, using a multiphase, mixed methods design, underpinned by the 7S methodology, combined with a multiplicity of stakeholder perspectives, provided a rigorous approach to developing a Person-centred Curriculum Framework that is philosophically and methodologically aligned with person-centred principles.

Keywords: Mixed methods, person-centred, healthcare education, curriculum framework, McKinsey framework, directed content analysis

Introduction
This article builds on the first one in this Special Issue (McCormack et al., 2022), which outlines the use of the 7S methodology (Waterman et al., 1980) in a healthcare education context to develop a Person-centred Curriculum Framework (PcCF). Developing curricula that are emancipatory and pursue a cultural change in practice presents challenges to all those who support learning. Authentic co-design processes are central to creating a culture that enables transformative learning for human flourishing (Cook, 2017; Belita et al., 2020; Quinsee and Parker, 2020; O'Donnell, 2021). Person-centred principles (McCormack and McCance, 2017) were used to inform this curriculum framework development project. A critique of the strengths and weaknesses of this approach, and implications for future curriculum development, are also considered.

Background
Traditional approaches to curriculum development have been informed by educational theory and models typically focusing on aspects of curriculum design at programme level (Barnett and Coate, 2005; Biggs, 2011; Healey et al., 2016). It could be argued that greater agility is required to wholly embrace the philosophical, methodological and pedagogical principles that reflect the complexities of realising person-centredness in contemporary healthcare education and practice. In this Erasmus+ project, academics from six partner universities across five European countries undertook a programme of work to develop a curriculum framework to prepare healthcare professionals for person-centred practice. In an earlier stage of this work, Dickson et al. (2020) employed a hermeneutic praxis methodology to identify co-construction, relationalism, pragmatism and being transformative as the philosophical underpinnings of person-centred learning. These principles also informed the part of the project reported in this article.

Methods
A multiphase, mixed methods design was used to synthesise evidence from multiple sources, to surface the key components of a PcCF. Mixed methods design involves the collection and analysis of qualitative and quantitative evidence, which is integrated to achieve a more complete understanding of a phenomenon than could be achieved using a mono-method (Creswell and Plano Clark, 2017). As this project involved curriculum evaluation and development rather than empirical research, ethical approval was not required, but the Editorial introducing this Special Issue (McCormack, 2022) outlines the ethical principles that underpinned our ways of working. All prospective participants were provided with a project information sheet and a video link, allowing them to self-select if they wished to participate in the e-survey or interviews. The information emphasised their freedom to participate or withdraw, and provided assurances about maintaining confidentiality.

The methodological approach was informed by the person-centred principles of connectivity, attentiveness and dialogue, empowerment and participation, and critical reflexivity, as advocated by Jacobs et al. (2017). Connectivity was demonstrated through a collaborative approach with multiple stakeholders, while empowerment and participation were evidenced in the equity of participation between all project partners. Refining of the evidence to support each 7S category of the PcCF was underpinned by an iterative process of constant critical review, within the project team and in partnership with the participant stakeholders. Being embedded in each stage of the process further demonstrated the principles of attentiveness, dialogue and reflexivity. The eight-stage, mixed methods design optimised opportunities for national and transnational collaboration. The eight stages are shown in Figure 1.

Figure 1: The eight methodological design stages
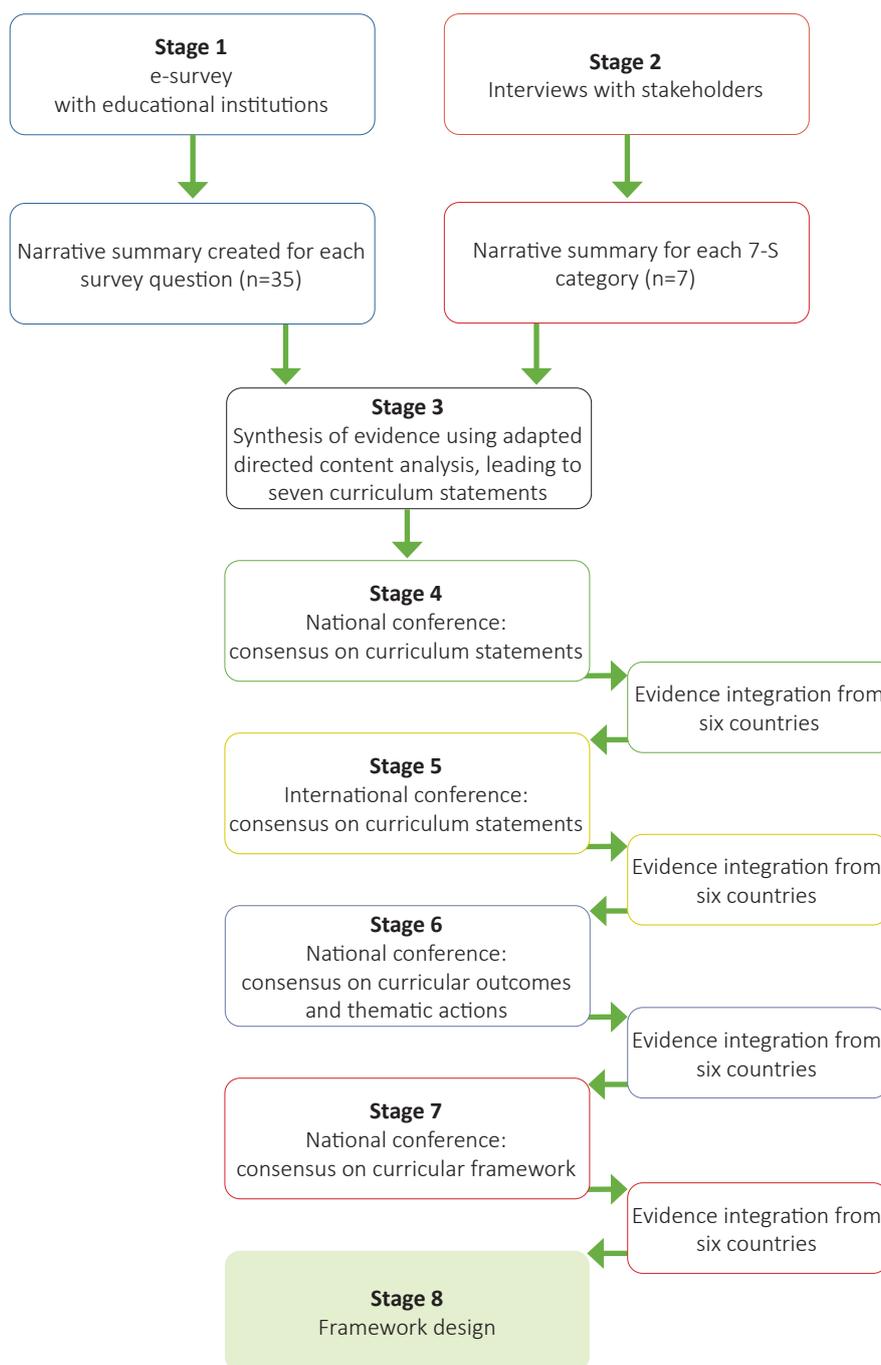
Stage 1: E-survey of existing curricula

A combination of purposive and snowball sampling was used to identify educators who included a person-centred approach in their health-related curricula. The purposive sample was identified by members of the project team as key contacts at their own and other institutions, who were considered well placed to complete the survey. Using this approach, a list of names of 64 staff from 24 institutions was generated. Prospective participants were invited to take part in an online survey. At the end of the survey, participants were asked if they were aware of person-centred curricula offered at other institutions. Using this snowball sampling approach, two additional prospective participants were identified. The final sampling frame therefore included 66 prospective participants.

Prospective participants were sent an email and project information sheet. The email included a link to a 35-item questionnaire developed by the team; the questionnaire items related to each of the 7S categories and was administered online via Qualtrics. Completion of the questionnaire was accepted as an indication of consent. A total of 24 responses were obtained (response rate 36%), from academics in 10 countries (Australia, Germany, Republic of Ireland, Malta, the Netherlands, Northern Ireland, Norway, Scotland, Slovenia and Sweden), five disciplines (medicine, nursing, occupational therapy, health, multidisciplinary), with responses in two languages (English and German). Seven groups of two reviewers analysed sets of five questions. Illustrative responses were extracted and mapped to each survey question. Through the analysis, a narrative summary was written for each of the survey questions. These were independently verified by other members of the project team.

Stage 2: Stakeholder interviews

Purposive samples of educators, students and professional regulators were identified in each partner country. Potential participants were given project information sheets and a link to the project video. Within the six participating countries (the Netherlands, Northern Ireland, Norway, Republic of Ireland, Scotland, and Slovenia), 31 online interviews (a minimum of five per country), were undertaken between January and February 2021, by the respective national project team members. Each interview was recorded and ranged in length between approximately 20 and 70 minutes. Participant profiles are shown in Table 1.

Table 1: Participants by country							
Background	**Ireland**	**Netherlands**	**N. Ireland**	**Norway**	**Scotland**	**Slovenia**	**TOTAL SAMPLE**
Learner	2	3	2	2	1	2	12
Educator	2	2	2	2	3	2	13
Regulator	1	1	1	1	1	1	6

The interviews were transcribed in the primary language of each partner country and translated into English. Translations were undertaken by bilingual project team members and checked by native speakers of the primary language who also had proficiency in English. Team members in each country carefully read and analysed the interview transcripts, mapping them to each of the 7S categories to produce a narrative summary for each category.

Stage 3: Synthesis of curricular statements

The evidence from the survey and interviews were synthesised using an adapted form of directed content analysis. This type of analysis commences with a coding agenda and is a deductive process that allows concepts within the data to be identified and mapped to existing theory, enabling an extension of the theory to a different target context (Mayring, 2000; Hsieh and Shannon, 2005; Kibiswa, 2019). The team adapted the Assarroudi et al. (2018) analytic framework within four phases of analysis, as described in Table 2. Team members then integrated participant evidence for each of the 7S categories of the draft PcCF into a set of corresponding curriculum statements.

Table 2: The four phases of analysis	
Phase	**Step**
Phase 1	1. Transcripts were cross-checked with the evidence source for narrative validity by each partner country's project team members 2. Transcripts were carefully read in full to gain a preliminary orientation of the text 3. Text was examined with a review of each 7S category and coding rules within the analysis matrix 4. Text excerpts identified as an incomplete representation of either the specific 'S' in the category or subcategory, keeping in mind the coding rule, were noted and reviewed again at the end of analysis for potential inclusion 5. Any text identified as necessary, but outside the scope of a specific 7S definition and the coding rules, was given a preliminary category name. These were refined at the end as an expansion of the 7S category 6. Text aligned with a particular 7S was coded to a master spreadsheet that was electronically shared with the whole project team. Evidence excerpts were inserted after translation into English
Phase 2	7. Evidence was reviewed by inter-country project team pairs to enhance inter-rater reliability, and to enable a revision of categories and coding agenda (horizontal check as a validation of coded evidence). Third parties resolved any conflicts*
Phase 3	8. Project team members were paired in order to read through all evidence in the context of alignments of the 7S categories with each other (vertical check as a summative review of evidence summative review)
Phase 4	9. Curriculum statements for each of the 7S categories were agreed
	* This process was not required as there was agreement in step 7

Stage 4: National conferences

Four online national conferences were convened in April 2021 by the project team, with some partners co-hosting a joint event. Attendees were presented with an overview of the project, and discussions were facilitated in breakout rooms, focusing on review of each of the curriculum statements identified in Stage 3, by considering the following questions:
- What resonates with your lived experience?
- What would challenge you?
- What is missing?

This led to critical discussions that resulted in modifications to the curriculum statements to reflect stakeholders' perspectives and contexts that would otherwise impede the implementation of the PcCF.

Stage 5: International consensus conference

In May 2021, a day-long international consensus conference was held online. Stakeholders with an interest and role in supporting healthcare curricula and person-centred education were invited to participate, and there were 185 online participants. The programme enabled a presentation of the project and allowed breakout discussion sessions to consider the following areas:
- Implementation and integration of person-centredness in education and practice settings: moving from theory to practice
- Changing culture to create the person-centred practitioner
- Changing culture to create the person-centred educator
- The McKinsey 7S methodology and its implications for practice
- Curriculum philosophy: why does it matter?

The conference was recorded, and each breakout session was led by two project team members: one person to facilitate discussion and another to moderate the chat forum. Summary narratives were submitted for each group and reviewed by the team in the context of further refinement of the 7S constituent elements of the developing PcCF.

Stage 6: National consensus conferences

Following the integration of contributions from the international consensus conference, and the subsequent revision of the draft PcCF, national consensus conferences were held in November 2021. A

standardised programme and presentations were prepared by the project team so as to be adaptable to national languages and contexts. A total of 40 attendees contributed to these events. Each of the components of the draft PcCF was reviewed. Breakout rooms facilitated critical consideration of each of the 7S categories, and corresponding curriculum outcomes, in response to the question: *What actions do you think you would have to take to see this happening in your curriculum?* These discussions generated a set of thematic actions that would assist programme teams in operationalising the 7S elements to underpin person-centred curricula.

Stage 7: National consensus conferences
A second round of national consensus conferences in November 2021 examined the developing PcCF as a whole, including the curriculum statements and thematic actions for each of the curriculum components. Four national consensus conferences were held, either individually or co-hosted by partners, with a total of 80 participants. Again, the team developed a template presentation, customisable for use at each national event. Attendees considered the developing PcCF, and how the outcomes and thematic actions could be realised. Following these conferences, the team undertook a mapping exercise to map the curriculum components against the underpinning methodological, philosophical and learning environment principles identified by Dickson and colleagues (2020). This approach provided confirmation that the developing PcCF was aligned with core person-centred principles.

Stage 8: Framework design
Each project team partner who attended a project meeting in February 2022 was invited to produce a creative expression representative of the PcCF. These were shared, and a rationale was provided by each partner for their preferred creative expression. Through this process, an illustrative image was agreed in principle, and a team subgroup subsequently met to revise this. This image was further critiqued and refined until agreement was reached that the illustration was representative of the finalised PcCF (see Figure 3, page 11).

Findings
The project findings include a set of tabular evidence, curriculum statements, outcomes, and thematic actions for each of the 7S components of the PcCF (Table 3).

Table 3: The shared values component of the Person-Centred Curriculum Framework

Extract showing summary of e-survey evidence	Narrative summary of interview evidence	Curriculum framework statement	Mapping against person-centred principles (Dickson et al., 2020)
Q21: Curriculum vision and influences? There is a diversity of statements about shared values, ranging from general and superficial to detailed and comprehensive. Recurring themes include: continued learning and development of self and others in dynamic and evolving contexts, and the development of desirable practitioner attributes such as criticality, compassion, authenticity, respectfulness, creativity and specialist knowledge. While the general shaping of visions is less evident in the responses, there is some reference to internal shaping by institutional objectives and priorities. *Q22. Team stated values?* Twenty-one respondents reported the stated values of their course team. An eclectic range of values was identified, the most frequent being: respect (7); being collaborative (5); being person-centred (4); equality (4); fostering good/healthful relationships (4); and self-determination (4). One respondent indicated that the course team's values were not stated, and two participants left this question blank. *Q23. Stated values influencing curriculum delivery?* Participatory, reflective and problem-solving approaches to learning and culture that accompanies and supports each student along their learning trajectory, while acknowledging their uniqueness as a person. *Q24. Stakeholder matching?* Various methods are employed to match multiple stakeholder values with the curriculum's stated values during curriculum design and delivery. Experiences show that, while person-centredness may reflect global and national policy/regulatory requirements, in some settings it is only valued by a few lecturers, and some practice managers do not clearly understand the supportive and responsive environment. Some educational teams explicitly share their stated values around person-centredness when delivering the curriculum, as well as co-designing with stakeholders, particularly with practice educators and (increasingly) service users. Some teams aim for congruence between their shared values and taught theories, e.g. action research and person-centred leadership. Leadership also includes personal leadership, promoting self-awareness, and being responsible for and developing oneself personally and professionally. Blended learning enables individual and group work and learning, thereby being responsive to differing learner needs. Practicals also enable the connecting of theory and practice. Where one team emphasised the therapeutic relationship as fundamental to person-centred care, others referred to the student-educator relationship, where the student experience is central, and a range of support systems traverse the university and practice environment. Support includes explicitly helping learners to engage with the values and beliefs underpinning the curricula, as well as their own values and beliefs. It also includes access to activities and networks alongside/outside programme activities. Educator expertise is also valued, and fosters professional autonomy in teaching practice. Feeling valued as learners and educators is important as it fosters belonging, and creates conditions for connectedness.	Shared values of person-centredness are identified as core to curriculum formation and maturation. They can be developed inductively and are open to staff and student contribution and review. The shared values are lived by staff and students in the curriculum journey. They include aspects of self in the context of developing students' self-awareness and self-evaluation, as well as relationships with others, teamwork, seeing individuals' uniqueness and potential. This is underpinned by mutual respect, partnership, openness, supporting diversity, voice and choice, empowerment (student and service user), and advocacy. Care is firmly aligned with person-centredness rather than task-based activity, and thus a critical humanistic engagement with others is a major element within the values. As many healthcare programmes require collaborations for student engagement in both higher level institutions and clinical practice environments, shared values of person-centredness must be understood, prioritised and operationalised throughout all settings via experience and role modeling. The use of person-centred frameworks in a curriculum provides understanding of the levels of person-centredness, and clarity of key philosophical principles as applied to practice. The student's education enables a structured approach to build up person-centred values and competencies in care delivery. This transforms care for all stakeholders. Shared values are important in the curriculum, as they explicitly state the ethos of the programme and identify the agreed expectations and outcomes for all stakeholders. Most importantly, the experience of implementing person-centred shared values enhances public confidence in care and professional standing.	Shared values of person-centredness frame the curriculum, explicitly state the ethos of the programme, and identify the agreed expectations and outcomes for all stakeholders. They focus on the development of learners' personhood. The core person-centred curriculum values promote a focus on relationships with others, and appreciating the uniqueness/ potential of all persons. These values are made explicit in the curriculum through an intentional focus on working with, rather than on, persons.	*Framework:* Lifeworld *Philosophical dimension:* Relationality *Methodological principle:* Curriculum encourages connectivity with self, other persons, and contexts. *Learning environment:* Creating caring relationships that foster mutuality.

Table 3 demonstrates key transition points in the analytical process, and the associated findings for the shared values component of the PcCF. Column 1 shows the narrative summary of responses to a snapshot of four e-survey questions relating to the shared values component (Stage 1). Column 2 shows a narrative summary of interview evidence (Stage 2). The resulting curriculum statements, shown in column 3, also underwent stakeholder critique (Stages 3-5). The curriculum statements were then mapped to the philosophical and methodological principles identified by Dickson and colleagues (2020), as demonstrated in column 4.

Summaries of the findings for the components of the PcCF for each of the 7Ss are shown in Table 4.

Table 4: Summary findings including 7S statement and thematic actions for each 7S category of a Person-centred Curriculum Framework		
Statement	**Thematic actions: working towards statement**	**Mapping statements to the person-centred curriculum framework and principles (Dickson et al., 2020)**
Statement 1: Strategy The strategic focus of a person-centred curriculum is threefold: 1. Developing person-centred learning cultures 2. Developing competent and confident person-centred practitioners 3. Developing flourishing cultures that nurture authentic professional and therapeutic relationships This strategic focus is embedded in a humanising philosophy that views person-centredness as a way of being.	• Promote person-centredness being explicitly stated in the organisational mission/vision/core values • Foster a shared, clear, common understanding of person-centredness and what this means for programmes, roles and responsibilities (operationalisation into other Ss) • Adopt authentic, collaborative, interdisciplinary development of curricula in partnership with all stakeholders which, alongside person-centredness, becomes the unique selling point to the outside world • Consider adapting and translating the language of this curriculum framework to ensure that the various users' (academic, stakeholder and student) perspectives are recognisable and understandable for all	*Framework:* Purpose, Lifeworld and Systemworld *Philosophical dimension:* Transformative, Co-constructed, Relational and Pragmatic *Methodological principle:* Curriculum is transformative and enables journeying through knowing, doing, being and becoming a competent and committed person-centred practitioner *Learning environment*: • Learners experience and practice person-centredness • Learners are helped to become brave in expressing their voice to challenge practice • A culture of safety, relationships and learning is co-created • Safe learning environments are created for exploration, shared understanding, decision making, and action • Freedom of individual expression is encouraged • Taking risks and (calculated or intentional/moral) experimentation is encouraged, supported and subject to wider critique through reflective processes • Caring relationships that foster mutuality are created • Learners understand the relevance of person-centred practice through contextualised learning in real-life experiences
Statement 2: Structure A person-centred healthcare curriculum is underpinned by the philosophical principles of personhood and a theoretical framework of person-centred practice/healthcare, so that person-centredness is the 'golden thread' through the whole curriculum. The curriculum is constructivist, increasing in complexity as learners move through the programme, which offers learners flexibility in what is learned, as well as when and how to learn, within regulatory and programme frameworks. Key stakeholders are involved in the co-design of the curriculum and its delivery. Evaluation is ongoing and learners work collaboratively for continuous quality improvement.	• Establish an easily accessible, active stakeholder/practice advisory board • Map person-centred principles across programmes, in diagrammatic or visual representation to clearly demonstrate links to the curriculum • Cultivate personal and professional growth to embody person-centredness, with an emphasis on enabling students to use insights as future professionals • Foster active learning through negotiated educator/learner autonomy, creativity and flexibility for what is learned and how to enhance intrinsic motivations and learning, balanced against the demands of other stakeholders • Inspire learners to take an active role in their education and encourage them to express their feedback, make changes and engage in critical thinking • Establish (multi)stakeholder collaborative/communicative spaces, particularly between university and practice contexts and teams, to co-design, deliver and evaluate a person-centred curriculum	*Framework*: Purpose, Lifeworld and Systemworld *Philosophical dimension:* Transformative, Co-constructed and Pragmatic *Methodological principle:* • Co-constructionist approach to curriculum design and implementation where the curriculum is flexible and adaptive to the learner • Curriculum is built on a philosophy of pragmatism *Learning environment*: • Person-centredness is embodied by all involved in and supportive of the curriculum • Pre-conditions are created by those with a stake in the curriculum to co-create the processes necessary for curricular design • Practitioner and service-user experiences are evaluation criteria used to critique and promote knowing, doing, being and becoming a person-centred practitioner • Safe spaces evolve into brave spaces, in which everyone feels comfortable with diversity and experiences respect, inclusion and emotional support

| Table 4: Summary findings including 7S statement and thematic actions for each 7S category of a Person-centred Curriculum Framework *(continued)*		
Statement	**Thematic actions: working towards statement**	**Mapping statements to the person-centred curriculum framework and principles (Dickson et al., 2020)**
Statement 3: Systems Person-centred curricula promote focused approaches to teaching, learning and assessment that explicitly articulate the philosophical principles of personhood and enable flexibility in programme delivery. Key to person-centred teaching, learning and assessment (TLA) methods are educators and leaders who are committed to embodying the values of person-centredness and adopting an overarching facilitative approach to their practice. Facilitated learning and assessment strategies should be core to TLA.	• Support educators in becoming person-centred facilitators of workplace and workbased learning and assessment • Draw explicitly on educational/ pedagogical theories related to adult (professional) student learning, with consideration given to how to include this in the education of professionals • Offer alternative assessment methods per programme to give choice, while still achieving learning outcomes • Ensure connections from strategy, structure, systems through to assessment are aligned to help students focus on outcomes • Create safe reflective spaces throughout programmes to enable learners to explore their personhood • Develop opportunities for learners to be immersed in realistic practice environments (simulation, living labs etc.), to enable authentic learning • Co-design (university/practice) assignments to foster shared values, understanding and commitment • Develop a system supporting student ownership of own learning • Monitor learning and progress with developmental tools such as learning analytics, as well as individualised and consistent mentorship • Emphasise the effectiveness of arts-based and creative methods as a means of connecting people with their personhood • Dare to challenge traditional systems to create and 'let go' of old ways of doing and being	*Framework:* Purpose, Lifeworld and Systemworld *Philosophical dimension*: Transformative, Co-constructed, Relational and Pragmatic *Methodological principle*: • Curriculum is transformative and enables journeying through knowing, doing, being and becoming a competent and committed person-centred practitioner • A co-constructionist approach to curriculum design and implementation where the curriculum is flexible and adaptive to the learner • Curriculum encourages connectivity with self, other persons, and contexts • Curriculum is built on a philosophy of pragmatism *Learning environment*: • Communicative spaces create opportunities for social learning and meaning-making • Safe spaces evolve into brave spaces
Statement 4: Shared values Shared values of person-centredness frame the curriculum, explicitly state the ethos of the programme and identify the agreed expectations and outcomes for all stakeholders. They focus on the development of learners' personhood. The core person-centred curriculum values promote a focus on relationships with others, and appreciating the uniqueness and potential of all persons. These values are made explicit in the curriculum through an intentional focus on working with, rather than on persons.	• Identify specific ways of being person-centred in approaches and attitudes to students and colleagues (fostering healthful cultures). Role model reciprocal respect and understanding in working and learning relationships • Promote reciprocal and authentic interest in the lifeworld of other persons, see them as 'owners' of their own lifeworld, and then co-create from the shared/blended lifeworlds • Make values explicit. Encourage conversations about the importance of values and creating healthful cultures • Provide opportunities for shared decision making and active participation, using consensus and/or spaces to create shared purposes and interpretations of a person-centred curriculum • (Co-)translate discussions to ensure the language of this curriculum framework is meaningful, recognisable and understandable from the various users' (academic, stakeholder and student) perspectives, and explicitly linked through local policies, documents and concepts	*Framework*: Lifeworld *Philosophical dimension*: Relational *Methodological principle*: Curriculum encourages connectivity with self, other persons, and contexts *Learning environment*: Creating caring relationships that foster mutuality

Table 4: Summary findings including 7S statement and thematic actions for each 7S category of a Person-centred Curriculum Framework *(continued)*		
Statement	**Thematic actions: working towards statement**	**Mapping statements to the person-centred curriculum framework and principles (Dickson et al., 2020)**
Statement 5: Style A person-centred style of leadership to deliver the curriculum is authentic, collaborative and cooperative, and embraces the principles of 'collective leadership' where all persons are engaged, with co-creation evident in quality and governance structures and processes. There is a shared responsibility for humanising healthcare, achieved through collective leadership for delivering curriculum outcomes.	• Promote flexibility, openness, authentic cooperation and democratic processes in the organisation • Create and support an effective community of ambassadors of person-centredness present among all groups involved in the curriculum development and delivery (for example, educators and managers) • Foster recognition, trust and use of educational team member's talents and learning needs to ensure action is taken towards developing and delivering a person-centred curriculum/culture • Role model person-centred ways of being in actions, presence and authentic involvement, when engaging with students, staff and stakeholders • Use the language of distributed leadership	*Framework:* Lifeworld *Philosophical dimension:* Relational *Methodological principle:* Curriculum encourages connectivity with self, other persons and contexts *Learning environment:* Diversity is welcomed and respected
Statement 6: Skills The knowledge, expertise and skills needed by educators are embraced by the other components of the framework, and collectively these go towards creating the conditions for all learners to flourish in a culture that is underpinned by the shared values of person-centredness.	Develop skills to be a person-centred facilitator, to enable: • Being responsive to feedback through individual and team practices • Developing psychologically safe learning environments to create the conditions to be both challenging and supportive, and value individual personhood • Creating person-centred environments where everyone can flourish • Fostering relationships that are reciprocal, respectful, inclusive and collaborative • Supporting or coaching learners in choosing their pathway in a flexible curriculum	*Framework*: Lifeworld *Philosophical dimension*: Co-constructed and Relational *Methodological principle:* • Curriculum encourages connectivity with self, other persons and contexts • A co-constructionist approach to curriculum design and implementation, where the curriculum is flexible and adaptive to the learner *Learning environment:* • Practice-based mentors are engaged as part of the programme team • Person-centredness is embodied by everyone engaging and communicating authentically • All involved in the curriculum accept moral responsibility for others
Statement 7: Staff All persons involved with the curriculum need to embody the values of person-centredness through an explicit commitment to the facilitation of learning. Team capabilities need to be built on individual professional expertise that embraces the knowledge, skill and expertise to facilitate critical, reflexive, collaborative learning.	• Build the complement of capabilities of the team to embody a culture of person-centredness to enable delivery of a person-centred curriculum • Create sustainable opportunities for the academic team/education partners to develop their knowledge, skill, expertise and facilitation in critical, reflexive, collaborative learning and mentorship • Ensure job role specifications reflect the capabilities of the team needed to deliver a person-centred curriculum	*Framework:* Lifeworld *Philosophical dimension:* Co-constructed and Relational *Methodological principle:* • Curriculum encourages connectivity with self, other persons, and contexts • A co-constructionist approach to curriculum design and implementation where the curriculum is flexible and adaptive to the learner *Learning environment:* • Educators show courage, humility, and vulnerability in the facilitation of learning • Critical questioning is embedded in learning processes

The cumulative findings were then integrated to form an illustration of the PcCF, as shown in Figure 3. The coloured brush strokes represent each of the 7S components that come together in synergy with the philosophical principles of pragmatism, co-construction, relationalism and being transformative, to achieve person-centred practice.

Figure 3: The Person-centred Curriculum Framework
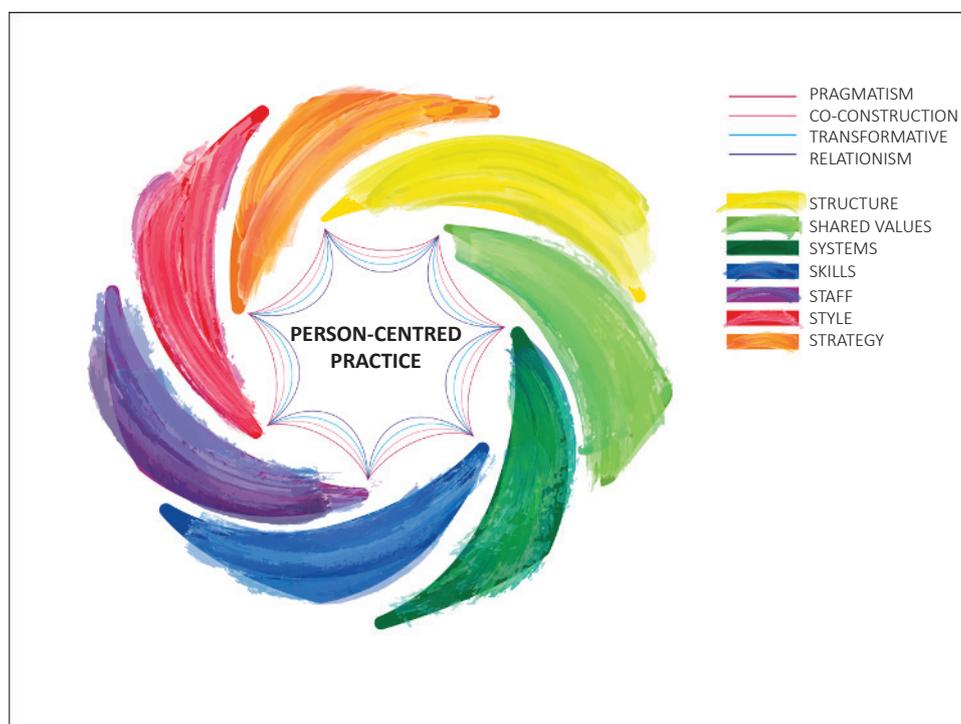
Discussion

A key challenge in developing a curriculum framework is capturing the complex operational system in which a curriculum exists (Quinsee and Parker, 2020). We argue that approaching a curriculum as a complex whole-system acknowledges and facilitates consideration of the context, approach and relationships required to develop person-centred healthcare practitioners. Viewing the curriculum as a living system, and keeping visible the philosophical principles of pragmatism, co-construction, relationalism and being transformative is both a means and an end for the development and operationalisation of a person-centred curriculum. Whereas traditional approaches to curriculum development focus on student or learner development (Kelly, 2009), our PcCF seeks to create the conditions for human flourishing for everyone involved in the curriculum.

The methodological approach used in this project had several strengths. Our innovative adaptation of the 7S methodology served as an effective theory-driven means of representing the complexity of healthcare curricula, enabling key components to be distilled. The use of adapted directed content analysis enabled the synthesis of multiple sources of evidence in a systematic and rigorous way, through the mapping of the survey and interview evidence to the emergent curriculum statements (Table 4). These curriculum statements were subsequently reviewed transnationally by the project team, and at the national and international consensus conferences, until consensus was achieved, thereby ensuring international relevance. Importantly, this methodology considers all aspects of curriculum development equally, rather than privileging individual programme design (Virgolesi et al., 2014). Our PcCF can be refined based on its use and evaluation in different and changing contexts, thus ensuring its contemporary relevance. It offers a dynamic approach to curriculum development and to curriculum renewal (McLeod and Steinert, 2015). Its relevance to curriculum renewal is particularly

important, as the PcCF enables teams engaged in the education of healthcare practitioners to review existing curricula and consider what aspects need to be changed, further developed or enhanced, and thus in itself represents a form of critical evaluation.

Traditional approaches to curriculum design typically draw on multiple sources of feedback and seek to engage key stakeholders (Keogh et al., 2010). However, adopting a narrow focus on programme development may lead to a blinkered view of its potential. It may also neglect some aspects of what Hart (2019) referred to as lifeworld (the relationships within the curriculum), and systems-world (the complexities of the context within which the curriculum is situated). While the methodology used in our project facilitated the synthesis of evidence from multiple stakeholders, such inclusive and participatory approaches were also aligned with the philosophical principles of person-centredness (Jacobs et al., 2017), where equity of 'voice' respects personhood and acknowledges the realities of practice. Working collaboratively with and through partner organisations, and the Person-centred Practice International Community of Practice (cpcpr.org/icop), enabled the team to fully exploit its collective international networking potential by deploying multiple opportunities for dialogue with stakeholders. The integrative, social interpretation of evidence enabled the cultural currency of the framework to be considered and influenced by participants. Additionally, by drawing on the perspectives of learners, educators, and policymakers (such as commissioners and professional regulators), major stakeholder groups were represented. The subsequent integrative and social interpretation of evidence enabled the cultural currency of the framework to be explored.

At the initial stakeholder engagement events, it became evident that not all participants had a clear understanding of person-centredness. Given that the purpose of our PcCF is to span international education and practice settings, the importance of establishing a clear understanding of person-centred concepts and principles was highlighted. This ongoing and rigorous approach to stakeholder engagement provided multiple opportunities for the leveraging of opinions across contexts that focused on ensuring the international relevance and quality of the resulting curriculum framework (Belita et al., 2020). Quinsee and Parker (2020) suggest the engagement approach should capture the dynamic landscape in which education is situated. Their iterative 'CIRCLE' model of engagement enables stakeholder perspectives to be repeatedly revisited in order to achieve a nuanced and authentic approach to educational change management. Jacobs and colleagues (2017) refer to this as connectivity, and suggest it creates conditions for co-construction and human flourishing, consistent with our underpinning philosophical principles.

As with any project of this scale and complexity, several limitations were recognised, and steps taken to mitigate their influence. It could be argued that the use of the 7S methodology limited freedom of thought by following a fixed framework but this was addressed through extensive stakeholder engagement, and a robust, multiphase methodology. Stakeholders were encouraged to offer honest insights and competing views were welcomed and valued. Although stakeholder engagement processes were iterative, at times different attendees, who were not always familiar with previous discussion points and processes, attended the national conferences. This led to some duplication of effort and repetition in responses but this was considered confirmatory rather than a limitation, as the range of viewpoints added to the eclecticism and richness of the evidence. Language and cultural factors created the potential for misinterpretation between stakeholders from different countries. This was mitigated by the transnational review of evidence at each stage by the project team to ensure consistency of approach in the use of terminology and interpretation of evidence. Furthermore, the transnational review enabled any methodological departures to be identified and addressed, such as variance in how evidence was analysed across each of the 7Ss. In surfacing the components of the PcCF, there was a conscious effort by the team not to confirm the findings until all design stages had been completed and verified. This ensured methodological rigour across the iterative stages in the integration of evidence (Creswell and Plano Clark, 2017).

Conclusion

In our project, viewing a curriculum as a complex whole-system has enabled the development of an agile and living framework that can accommodate, and adapt, to ongoing evaluation and emerging evidence gained from experience of its real-world application. In developing our Person-centred Curriculum Framework, it was of fundamental importance that our methodological approach was consistent with the philosophical principles of person-centredness. Embedding a philosophy of person-centredness is therefore considered essential in creating the cultures required to support person-centred approaches to learning and practice.

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