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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Using person-centred principles to inform curriculum

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Abstract

Background: This article focuses on the key reflection and learning by team members involved in preparing a bachelor of nursing curriculum in an Australian university, using person-centred principles and philosophical underpinnings as a conceptual framework. Conceptual frameworks, although used in many settings and with multiple applications, are essential organising structures that embed key factors in curriculum design. The bachelor of nursing curriculum aims to equip individuals to think critically and establish practices that are compassionate and transformative. It is therefore important that we reflect and determine how we will enact and evaluate the living document of the curriculum as it unfolds from its commencement in 2019.

Aim: This article aims to demonstrate how team members used a conceptual framework with embedded principles of person-centredness and the Person-centred Practice Framework to guide the structure of the curriculum.

Conclusion: The conceptual framework has supported the team to develop a curriculum that will help students develop and work in person-centred ways. This will in turn facilitate the building of effective and cohesive knowledge and practice, which is essential for the development and flourishing of successful registered nurses who can contribute to the creation of healthful cultures.

Implications for practice development:

- Strategic and intentional use of the Person-centred Practice Framework, along with person-centred principles, are key steps in the preparation of a bachelor of nursing degree that enables graduates to practice authentically within their identified values and beliefs

Keywords: Curriculum, conceptual framework, person-centred, Person-centred Practice Framework, transformation

Introduction

Developing a new curriculum in an undergraduate nursing programme brings opportunities to explore and facilitate person-centred approaches to learning and care. Core to this is building a programme of study that is engaging and helps students develop the knowledge, skills and attributes needed for compassionate practice. We would like to share our reflections on undertaking the development of a new curriculum, informed by a person-centred conceptual framework, in a school of nursing in New South Wales, Australia. We have chosen to use Rolfe and colleagues' (2001) framework for reflective practice as our model to structure this article.

What?

Rolfe's framework for reflective practice describes a three-phrase process: What?, So what? and Now what? The first phase is a descriptive level of reflection – here, it identifies and describes a conceptual framework developed for a bachelor of nursing degree that was being accredited against the registered nurse standards of the Australian Nursing and Midwifery Accreditation Council (ANMAC, 2012).

Those wishing to become a registered nurse in Australia need to complete a degree, in most cases a three-year bachelor of nursing offered by a higher education provider. All degrees that lead to registration in Australia are assessed by the ANMAC against its registered nurse accreditation standards (2012) and approved by the Nursing and Midwifery Board of Australia. This assessment and accreditation process occurs approximately every five years.

The bachelor of nursing at the University of Wollongong underwent an accreditation assessment in 2018. The curriculum was initially prepared by a team of academics at the school of nursing. Its preparation against the ANMAC standards was a two-year project and involved industry representatives, students and people who have experienced care, as well as academic staff.
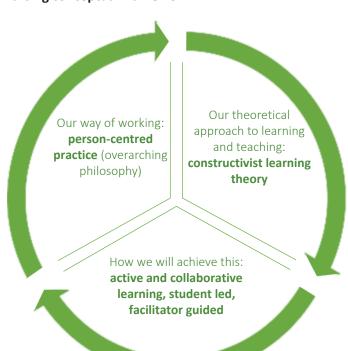
ANMAC Standard 2 requires:

> *A clearly documented and explained conceptual framework for the programme, including the educational and professional nursing philosophies underpinning its curriculum'* (p 10).

A conceptual framework is an organising structure that provides an integrated system of premises (McEwen and Brown, 2002). It connects and provides guidelines for all curriculum-related decisions, including content, scope, assessment, teaching and learning strategies. Conceptual frameworks in undergraduate nursing curricula help determine the knowledge important to the development of a registered nurse by providing a structure for how this knowledge should be defined, categorised and scaffolded throughout the degree (McEwen and Brown, 2002).

Conceptual frameworks should be an extension of the school or faculty values and be reflective of their beliefs about education and nursing practice. The school of nursing chose to build a conceptual framework using components that fit well together (see Figure 1), and these were developed from an in-depth analysis of the school's values and commitment to person-centred practice.

Figure 1: Bachelor of nursing conceptual framework

The bachelor of nursing has three interacting components. The first is the overarching philosophy of the Person-centred Practice Framework. This framework is described as an approach to practice established through the formation of healthful relationships between those who provide care, those who receive care and those who are significant in their lives. It is underpinned by values of mutual respect for persons and the individual's right to self-determination. It is enabled by cultures that focus on empowerment, which are used to develop continual approaches to practice improvement. (McCormack and McCance, 2017)

The theoretical approach to teaching and learning in our curriculum is constructivist theory. Constructivist learning theory is situated within a larger constructivist epistemology that acknowledges multiple socially constructed truths, perspectives and realities. Its premise is that students explore new and old ideas by collaborating and speaking with each other and with their facilitator. Within a community of learning, students are helped to make sense of and develop new knowledge by considering and reflecting on past experiences (Peters, 2000; Brandon and All, 2010). Constructivism offers a framework for teaching as it places emphasis on what students need to do to construct knowledge and the types of learning activities they need to achieve desired outcomes. Our intention is for students to build knowledge in a community of learning, with the opportunity to collaborate in the classroom with each other and their facilitator of learning. Using active learning, students explore and scaffold knowledge within the context of nursing to create healthful cultures and environments. Deep approaches to learning are favoured, as these require students to reflect, hypothesise and apply knowledge (Biggs and Tang, 2011). Using experience is integral to student learning and relates, in one form or another, to what has occurred before, whether this experience was gained during an earlier semester, in the professional workplace or in life in general. We ask learners to bring themselves to every learning opportunity and consider how experience(s) can impact on and affect new learning. This is generally explored individually before coming to class so that it can then be applied constructively, and used as a foundation and stimulus for learning (Knowles et al., 2015).

Having an experience does not necessarily lead to learning (Boud et al., 1985). The key to learning is to use active engagement to encourage students to use their earlier experiences. Therefore the third

component is active and collaborative learning that is student led and facilitator guided. Active learning is an approach for in-depth learning that draws on creativity and syntheses and integrates numerous learning methods, such as critical reflection, engagement with the senses, using multiple intelligences and interacting with other people (Dewing, 2010). Active learning embeds critical thinking in the learner and encourages lifelong learning to promote retention of knowledge and skills. It supports whole-person learning, thereby making learning deeper and more meaningful (Middleton, 2013).

The conceptual framework was designed to prepare students for their role as transformative registered nurses who will work in diverse, complex and rapidly changing environments. The framework helps them to:
• Create person-centred learning cultures
• Build new knowledge through engaging in deep approaches to learning
• Reflect critically by challenging their perceptions of knowledge
• Build self-confidence, and practice confidence and competence
• Develop leadership for practice
• Use ethical practice

So what?
Rolfe et al. (2001) consider this part of the reflective model to be where a situation is broken down to try to make sense of it by analysis and evaluation, drawing on previous experiences and knowledge. The team's intention was to embed principles of person-centredness and the Person-centred Practice Framework (McCormack and McCance, 2017) within the conceptual framework so as to guide the structure of the curriculum, and it is important to explore how this was done and what it looked like in action. This section will focus on the philosophical approach to the conceptual framework, using the Person-centred Practice Framework.

Professional programmes that are supported by academic excellence, facilitation of professional and personal growth and development of communities of practice are key to person-centred environments. Person-centred language has become commonplace and, generally, is the standard for government health and social care policy. In this context, there is a need for nursing education programmes to plan strategically for a workforce that can work appropriately and compassionately in healthcare in person-centred ways (International Community of Practice for Person-centred Practice (PCP-ICoP, 2017).

The challenge of embedding person-centred practice and placing values at the heart of the curriculum and the learning environment must be met in order to transform workplace culture by preparing students for future leadership and practice as registered nurses. To enable this, the school of nursing team committed to engaging in meaningful, sustained and innovative learning by establishing a person-centred conceptual framework.

The bachelor of nursing curriculum aims to develop graduates who are able to practice authentically within their identified values and beliefs. This supports the application of knowledge and skills acquired throughout their programme in care that is professional, safe and effective in its design, delivery and outcomes. Our vision is for graduates to possess the attributes to be effective change agents who actively contribute to the creation of healthful cultures.

A clear, person-centred conceptual framework must be based on the person-centred principles of participation, inclusion and collaboration, and on the Person-centred Practice Framework. These were our foundation, the bedrock on which we built our curriculum.

Bringing many and varied voices and perspectives to the process enabled a curriculum that reflected the needs and hopes of students, staff and industry. Although this created a tricky space to manoeuvre in at times (Dalrymple et al., 2017; Darwin, 2017), the time invested brought a true representation of collaboration. In constructing person-centred practice, the articulation of our inherent values is

fundamental (McCormack and McCance, 2017), and underpinning all processes were our school values of 'working with and for people'.

Aspects of the Person-centred Practice Framework that were specifically influential are outlined in Table 1, with examples of what this looked like as we developed our conceptual framework and curriculum.

Table 1: Influential aspects of the Person-centred Practice Framework	
Macro context	• Strategic frameworks – the team overtly using the Person-centred Practice Framework to guide the development of the curriculum so that person-centred practice is prominent and threaded through every aspect of the degree. For example, patient stories are used during small group teaching sessions to help students to understand the person within the 'big picture' in healthcare. This allows them to consider and debate issues that might impact on the macro context of health • Strategic leadership – engaging with people who facilitate person-centredness in everyday practice to ensure visible input and influence in the curriculum, including from multiple health districts, clinicians, graduates and current students
Prerequisites	• Professional competence – using creative means to ensure our students value the knowledge, skills and attitudes necessary for a registered nurse to plan, provide and evaluate care • Developed interpersonal skills – engaging in strategies to facilitate students to consider what compassionate care means to them and looks like in their own practice, so we move towards developing registered nurses who choose to interact with others in a way that goes beyond developing rapport. Teaching sessions, including those in the clinical simulated tutorials, help students to practice these developing interpersonal skills in a safe environment, which allows the important element of feedback from their peers and their facilitator • Knowing self as a key component of self-awareness – helping students understand the basis for why and how they care for others. This begins in the first year of the curriculum and is embedded throughout, helping the students deepen this understanding • Clarity of beliefs and values – initial contact with students asks for consideration of what personal values are and how they might fit with an organisation in the delivery of authentic and skilled care • Commitment to the job – valuing the role of the registered nurse and modelling commitment to lifelong learning to affirm the profession and its impact on people's lives
Care environment	• Shared decision-making systems – the school demonstrated organisational commitment by developing and strengthening ways of working in collaborative, inclusive and participatory ways with our industry partners and students. For example, a course advisory board of external industry partners will meet yearly to help ensure the curriculum is developed and progressed collaboratively • Power sharing – this was a strong theme as we prepared our curriculum, with increased student participation in processes to reach mutual agreement on what learning should encompass and look like. A student curriculum committee has been formed to give students a voice in the curriculum development. To date, this committee has advised on assessment activities and the structure of the small group teaching sessions
Person-centred processes	• Shared decision making – a focus on co-creation of material and subjects. Interested staff have worked together to develop all course materials, including the learning guides, assessment and resources • Engaging authentically – close professional connections with industry and students to ensure the conceptual framework facilitates students to achieve person-centred outcomes. Inviting industry partners and experts in care delivery has ensured that these connections combine to produce evidenced-based teaching guidelines
Person-centred outcomes	• Feeling of wellbeing – industry partners expressed genuine satisfaction with the end product, saying they believed this would help produce registered nurses who would lead the profession in person-centred approaches • Healthful culture – the lived experiences of students, staff and industry partners in the process reflected a person-centred culture where shared decision making, authentic relationships, leadership, and innovation were present – all leading to flourishing

The Person-centred Practice Framework challenges students to move their approach to nursing care from one with moments of person-centredness to one where they embrace a true culture of person-centredness in their everyday practice (McCance et al., 2012). For example, during a students' work placement experience, learning objectives and activities can help them work with people receiving care in genuine partnerships.

In addition, person-centred concepts have been embedded throughout the curriculum – for example, critical reflection, which increases the students' capacity for learning and to identify their own strengths and areas for improvement. Critical reflection is the key to connecting theory and practice (Boud et al., 1985). Students are asked to reflect on practice, as this helps them identify the skills and knowledge underpinning compassionate care. To promote development of critical thinking and reflective skills, relevant activities and assessments have been woven throughout each subject, including those conducted in the clinical setting. These are scaffolded throughout the degree to help students to learn and practice using the concepts. Scaffolding as a pedagogical concept (Coombs, 2018) provides support for students early in their degree and is reduced as the student progresses. Scaffolding is used to motivate and support a progression in learning, helping students gain the confidence to build the skills and knowledge needed for practice. Each small goal intentionally builds towards the achievement of a larger one and thus towards the students' independence, and regular feedback is provided so students can assess their own progress. The improved confidence that scaffolding brings leads to better critical thinking and the development of higher order cognitive processes (Coombs, 2018).

Active learning is used throughout the curriculum to help students develop the knowledge and skills needed to plan and make nursing care decisions. Active learning, as the name suggests, involves students in doing things using multiple senses, and thinking about what they are doing (Dewing, 2010). It focuses on the student as a learner, requiring them to participate in every aspect of the class. The aim of active learning is to provide students with an opportunity to think critically about the content through a range of activities that help them prepare for practice as a registered nurse. This is time for 'heads-on' and 'hands-on' activities that encourage immediate discussion with peers and/or tutors.

Learning activities, such as case studies, are used to help students understand the relationships between care, caregiver and care recipient. Where possible, small group activities and assessment pieces adopt creative approaches to learning, including critical creativity. These activities facilitate a deeper approach to learning (Biggs and Tang, 2011), helping promote the cognitive skills needed to manage complexity. For example, a small group case study can intentionally engage students in a meaningful way by presenting a problem (Biggs and Tang, 2011). To solve it, students undertake a deep level of thinking by adopting appropriate cognitive processes for handling the information. Delivering a case study in this way elicits an active response from students by building on what they know and encouraging them to confront and discuss misconceptions.

Within the educational setting, facilitators construct positive learning environments (Biggs and Tang, 2011) to foster collaboration and address power issues between facilitators and students. Inside a positive learning environment students can make mistakes and then critically reflect on and learn from them, so knowledge and practice is strengthened. This is essential if students are to feel engaged and comfortable to raise issues that may be challenging. In addition, facilitators devise situations where critical dialogues are fostered through creative, challenging and multidirectional safe communicative spaces, in both university and clinical settings. A requirement of this approach – and a potential limitation – is that staff need to be supported to develop appropriate teaching and facilitation practices. Access to ongoing professional development to support this has been included alongside the curriculum. Monthly professional development sessions and conjoint teaching opportunities for sessional and tenured staff have been adopted.

Given that interpersonal skills are core to compassionate human interaction, teaching and learning strategies to enable students to build and use such skills are scaffolded throughout the degree. The aim is for students to gain the confidence to communicate in a variety of situations and with a variety of people. Deep approaches to learning are adopted, where students are required to participate actively in the development of interpersonal skills in small group sessions, role plays and the simulated clinical learning environment (Biggs and Tang, 2011). Scenarios where students participate in case conferences, handovers, and in work with other members of the interdisciplinary team are used

throughout. Active engagement with the learning activities encourages students to become more immersed in learning, with the intention of increasing engagement, improving motivation and enhancing relevance, which are components that facilitate learning (Ramsden, 1992).

Our learning and assessment strategies encourage students to consider their practice while being authentic to their values and beliefs. This facilitates them to become active and motivated learners who seek, question and analyse new information and draw appropriate and logical conclusions. Students are consistently encouraged to make connections between theory and practice experiences, so they can understand the processes required for their practice to develop. Reflection is also integrated into the practice experience so that students will value it as evidence of practice learning outcomes.

Now what?

This stage of reflection combines the process of exploring alternatives and planning action that will be put into practice to develop or change practice. When pondering what needs to be done to make things better, we have contemplated the 'Key considerations in the development of a person-centred curriculum' set out by the International Community of Practice for Person-centred Practice (PCP-ICoP, 2017). This has helped reflect on work undertaken and forward planning. We believe we have established processes that will facilitate our ongoing growth towards a person-centred curriculum. The key considerations focus attention on ways of working that enable professional person-centred education.

Our team has co-created a conceptual framework to underpin our curriculum. Considerable work in recent years has highlighted the value of partnerships between people to establish learning in sustainable and meaningful ways (Healey et al., 2014; Bron et al., 2018; Bryson, 2018). We have continued to co-design aspects of the curriculum with stakeholders, including industry and students. Envisioning the graduate has been a constant focus for our team as we consider what they will look like and how they will contribute to healthful cultures and practice. Person-centred concepts, theories and principles have been central so far and as the curriculum continues to be delivered, these need ongoing and regular evaluation by all stakeholders so that we remain true to our values and our bedrock. To do this, we will use a person-centred evaluative tool. Work by Dewar and colleagues from the University of West Scotland, such as 'improving experience', 'collaborative sense making' and 'emotional touchpoints' are tools that can be adapted and applied in our evaluation (My Home Life Scotland, 2019).

As we move forward implementing the curriculum, a key aspect that requires our attention is that of the eighth consideration of the PCP-ICoP statement – how we develop our workplace culture. Truly adhering to our school values and ensuring they mirror person-centred principles requires time and space, along with reflection by all team members. Integrating challenge and support within the team will bring growth and lead to flourishing, if authentically and bravely employed. This will be evident in staff authentically engaging with students and seeking ways to enhance their learning experiences and their experience of being a part of the school of nursing. Staff are currently working with students to create strategies around how we can build this sense of belonging, how we can meet expectations and how we can support more effectively.

Conclusion

By strategically and intentionally using the Person-centred Practice Framework (McCormack and McCance, 2017), along with person-centred principles, we believe we have provided key steps to preparing a bachelor of nursing curriculum that will enable graduates to practice authentically within their identified values and beliefs. Ongoing evaluation and refinement will be required to ensure we build a person-centred curriculum that will facilitate our graduates to contribute to compassionate and healthful environments.

References

Australian Nursing and Midwifery Accreditation Council (2012) Registered nurse accreditation standards 2012. Retrieved from: tinyurl.com/ANMAC-RN-standards (Last accessed 23rd January 2019).

Biggs, J. and Tang, C. (2011) *Teaching for Quality Learning at University*. (4th edition). Berkshire, UK: Open University Press.

Boud, D., Keogh, R. and Walker, D. (1985) (Eds.) *Reflection: Turning Experience into Learning*. London: Kogan Page.

Brandon, A. and All, A. (2010) Constructivism theory analysis and application to curricula. *Nursing Education Perspectives*. Vol. 31. No. 2. pp 89-92.

Bron, J., Bovill, C. and Veugelers, W. (2018) Distributed curriculum leadership: how negotiation between student and teacher improves the curriculum. *Journal of Ethical Educational Leadership*. Special issue 1. pp 76-98.

Bryson, C., Flint, A., Bovill, C. et al. (2018) Decision-making in partnerships: tools to support partnership planning. *In* Bryson, C. and Flint, A. (2018) (Eds.) Proceedings of the RAISE International Colloquium on Partnership. June 23. *RAISE Student Engagement in Higher Education Journal.* Vol. 2. No. 1. pp 110-111. Retrieved from: tinyurl.com/RAISE-Bryson (Last accessed 6th March 2019).

Coombs, N. (2018) Educational scaffolding: back to basics for nursing education in the 21st century. *Nurse Education Today*. Vol. 68. pp 198-200. https://doi.org/10.1016/j.nedt.2018.06.007.

Dalrymple, S., Auerbach, A. and Schussler, E. (2017) Taking a community approach to curriculum change. *International Journal for the Scholarship of Teaching and Learning*. Vol. 11. No. 2. Article 5. https://doi.org/10.20429/ijsotl.2017.110205.

Darwin, S. (2017) Harnessing the potential of the student voice to enhance curriculum (re)formation. *In* Walker, R. and Bedford, S. (2017) (Eds.) *Research and Development in Higher Education: Curriculum Transformation*. Vol. 40. pp 141-152.

Dewing, J. (2010) Moments of movement: active learning and practice development. *Nurse Education in Practice*. Vol. 10. No. 1. pp 22-26. https://doi.org/10.1016/j.nepr.2009.02.010.

Healey, M., Flint, A. and Harrington, K. (2014) *Engagement through Partnership: Students as Partners in Learning and Teaching in Higher Education*. York, UK: Higher Education Academy.

Knowles, M., Holton, E. and Swanson, R. (2015) *The Adult Learner. The Definitive Classic in Adult Education and Human Resource Development*. (8th edition). Oxford: Routlege.

McCormack, B. and Dewing, J. (2019) International Community of Practice for Person-centred Practice: position statement on person-centredness in health and social care. *International Practice Development Journal*. Vol. 9. No. 1. Article x.

McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Oxford: John Wiley and Sons.

McCance, T., McCormack, B. and Dewing, J. (2011) An exploration of person-centredness in practice. *Online Journal of Issues in Nursing*. Vol. 16. No. 2. Manuscript 1. https://doi.org/10.3912/OJIN. Vol16No02Man01.

McEwen, M. and Brown, S. (2002) Conceptual frameworks in undergraduate nursing curricula: report of a national survey. *Journal of Nursing Education*. Vol. 41. No. 1. pp 5-14.

Middleton, R. (2013) Active learning and leadership in an undergraduate curriculum: How effective is it for student learning and transition to practice? *Nurse Education in Practice*. Vol. 13. No. 2. pp 83-88. https://doi.org/10.1016/j.nepr.2012.07.012.

My Home Life: Scotland (2019) *Resources for Practice*. Retrieved from: tinyurl.com/MHL-scotland (Last accessed 13th March 2019).

Peters, M. (2000) Does constructivist epistemology have a place in nurse education? *Journal of Nursing Education*. Vol. 39. No. 4. pp 166-172.

Ramsden, P. (1992) *Learning to Teach in Higher Education*. London: Routledge.

Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical Reflection in Nursing and the Helping Professions: A User's Guide*. Basingstoke, UK: Palgrave Macmillan.

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