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EDITORIAL

Educating for a person-centred future – the need for curriculum innovation

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Whether or not we are committed to an explicit person-centred philosophy or focus in healthcare, it is certainly the case that a global change is happening, representing a shift in emphasis from the primacy of new public management and system efficiency, to one that places compassion, dignity and humanistic caring principles at the centre of planning and decision making. Treating patients as persons is a focus of contemporary healthcare policy globally, as indicated by the continued focus on these principles in healthcare practice. In such a global context, the need for healthcare education programmes to plan strategically for a workforce that is ready to respond appropriately is obvious, and education curricula need to be innovative and proactive in this respect. In practice, this 'reality' may seem unreal, as evidence from service-user feedback, patient-experience surveys and patient/family outcome data continues to suggest that only 'modest' improvements in patient experience have been achieved, despite more than 20 years of service improvement, quality improvement and practice developments (cf Harding et al., 2016; Bastemeijer et al., 2019). While there has been major investment into such improvements, as well as into patient safety (and yes, patients are safer – in hospitals at least), these data have not significantly changed over the years. Despite these best efforts, there is little evidence of fundamental change happening to the core cultural characteristics of healthcare practice, and some commentators argue (drawing on culture theory as an explanatory device) that most person-centred developments focus on the artefacts of practice (Davies, 2002; McCance et al., 2013; Dewing and McCormack, 2015) rather than on the core values that drive health and social care delivery.

One way of addressing these issues is through health and social care education curricula, and that is the focus of this special issue of the *International Practice Development Journal*.

The first article in this special issue, is a narrative review of the evidence underpinning person-centredness in the curriculum. In it, Deirdre O'Donnell and colleagues highlight the lack of a consistent focus on person-centred principles, even in curricula that purport to have person-centredness as their underpinning framework. At best, person-centredness is used as a heuristic for containing a diverse range of principles, processes and practices in teaching and learning, rather than being an explicit conceptual or theoretical framework informing all stages of education delivery. Although there are few examples of professional education curricula for healthcare practitioners that adequately prepare them to work in a person-centred way, they are expected to graduate from their professional programmes with the qualities and attributes of a person-centred practitioner. The findings from this narrative review, and the previous work undertaken by the International Community of Practice for Person-centred Practice (PcP-ICoP) in developing a position statement for person-centredness in nursing

and healthcare curricula (McCormack and Dewing, 2019), have been the impetus for the Erasmus+ project that is the driver behind the second and third articles in this special issue, which address the development of a European person-centred healthcare curriculum framework (Grant number: 2019-1-UK01-KA203-061970).

The principles underpinning person-centred practice are universal in nature but are context-dependent in their operationalisation. Therefore, a transnational approach to the project enables the contextualisation of these principles and thus a greater chance of their being implemented in practice. The project partners are: Trinity College Dublin, Ireland; Fontys University of Applied Sciences, the Netherlands; Ulster University, Northern Ireland; Maribor University, Slovenia; the University of South-Eastern Norway; and Queen Margaret University Edinburgh, Scotland. Other members of the PcP-ICoP are associate partners to the project.

The overall aim of this project is to advance the development of person-centred healthcare through an interdisciplinary curriculum to educate future healthcare practitioners and their supervisors, mentors and facilitators. The specific project objectives are:

- The co-creation of a set of themes to underpin healthcare curricula that can be used to develop person-centred practitioners who work with people in a variety of contexts
- The identification of learning outcomes and professional qualities that meet the needs of stakeholders in the partner countries
- The generation of a new curriculum framework for the development of the future person-centred graduate practitioner
- The design of a suite of stakeholder-focused innovative assessment strategies for use in undergraduate curricula

We are addressing these objectives by working in a systematic way as partner and associated partner organisations, using best practices in project management, stakeholder engagement and process monitoring. Ensuring continuous and detailed stakeholder analysis addresses the needs of different stakeholders and these are mapped against key areas of activity as the project progresses. This systematic approach is enhanced by our shared values, agreed ways of working, and clarity of roles and responsibilities, as well as a timeline for key deliverables. The use of a logic model of decision making also ensures that all activities are linked to project objectives, outcomes and outputs, and to quality assessment, impact and dissemination strategies. Many of the associated partners are current 'Erasmus Exchange' partners for student and staff mobility. We are drawing on these continuing networks and funding streams to enable the active engagement of the associated partners with the project activities. A project advisory board oversees the work of the project and is drawn from experts by experience, leaders in the field of person-centred healthcare, curriculum developers, higher education funding bodies, healthcare policy agencies, evaluation researchers and healthcare professional representative bodies.

In the second article in this special issue, Amanda Phelan and colleagues present the findings from the first project output – 'A review of developments in person-centred healthcare'. In this article we consider the emergence of person-centredness, including person-centred care and how it is positioned in healthcare policy around the world, while recognising our dominant philosophical positioning in Western philosophy, concepts and theories. We also critically review the development of person-centred healthcare over the past five years. This article positions the contemporary evidence base as synthesised themes for consideration in curriculum development. Contextually positioning this evidence through the experiences of key stakeholders, as well as developing theoretical principles so that it has the potential to inform curriculum frameworks, is a key stage in curriculum development – this is the focus of the final article in this issue.

In the third article, Caroline Dickson and colleagues focus on the second project output – ‘developing philosophical and pedagogical principles for a pan-European person-centred curriculum framework’. The basis of this article is the detailed and systematic work undertaken by each project partner in stakeholder analysis. Each partner organisation engaged key stakeholders representing a variety of perspectives, including persons who use healthcare services. A key strength of this work is the different approaches to stakeholder analysis used by each partner, as they illustrate the variety of methods for engaging stakeholders in curriculum development – this is informative in itself. However, it is the analysis of the stakeholder data and the resulting principles to guide curriculum development that represent the real innovation of this work. The theoretically informed analysis and synthesis of complementary datasets have resulted in both philosophical and methodological principles that can be applied in practice.

This special issue represents a significant body of work undertaken by international partners in addressing the dearth of research and development available to inform curriculum development. The articles represent the foundational work for ongoing developments planned over the next two years. We are committed to collaborative and inclusive models of working and this has been evident in our Erasmus+ partnership thus far. However, we are also keen to engage with key informants representing as many perspectives as possible, so if as a result of reading the articles in this special issue you are energised by the work, we would be delighted to hear from you!

References

- Bastemeijer, C., Boosman, H., van Ewijk, H., Verweij, L., Voogt, L and Hazelzet, J. (2019) Patient experiences: a systematic review of quality improvement interventions in a hospital setting. *Patient Related Outcome Measures*. Vol. 10. pp 157-169. <https://doi.org/10.2147/PROM.S201737>.
- 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. pp 1-10. <https://doi.org/10.19043/ipdj.5SP.008>.
- Harding, E., Wait, S. and Scrutton, J. (2016) *The State of Play in Person-centred Care*. Retrieved from: tinyurl.com/HPP-PCC. (Last accessed 17th September 2020).
- McCance, T., Gribben, B., McCormack, B. and Laird, E. (2013) Promoting person-centred practice within acute care: the impact of culture and context on a facilitated practice development programme. *International Practice Development Journal*. Vol. 3. No. 1. Article 2. pp 1-17. Retrieved from: fons.org/library/journal/volume3-issue1/article2 (Last accessed 17th September 2020).
- 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 3. pp 1-7. <https://doi.org/10.19043/ipdj.91.003>.

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