International Community of Practice for Person-centred Practice: position statement on person-centredness in health and social care

Brendan McCormack* and Jan Dewing

*Corresponding author: Queen Margaret University, Edinburgh, Scotland
Email: bmccormack@qmu.ac.uk

The aim of this article is to position person-centredness in the context of contemporary approaches to curriculum development in health and social care, and identify core principles to underpin person-centred curricula.

Introduction and context
The International Community of Practice for Person-centred Practice (PcP-ICoP) is an international community of collaborating organisations committed to improving the understanding of person-centredness and its advancement in clinical practice, research, education/learning, facilitation, management, policy and strategy. The PcP-ICoP is hosted by Queen Margaret University, Edinburgh with partners from:

- Ulster University, Northern Ireland
- Fontys University of Applied Sciences, the Netherlands
- The University of South-East Norway
- The University of Wollongong, Australia
- Western Norway University of Applied Sciences
- The University of Vienna, Austria
- The Health Service Executive, Republic of Ireland
- Solothurner Spitäler AG, Switzerland
- NHS Lothian, Scotland

The PcP-ICoP co-ordinates a programme of research and scholarship, and supports collaborative publications and presentations, as well as a thriving community of practice for doctoral students who are studying aspects of person-centredness (the SICoP). Each of the partner organisations is engaged in teaching/learning, research and scholarship activities connected to person-centred practice.

A particular focus of the work of the PcP-ICoP has been the positioning of person-centred theory, practice and principles in curricula. While there is increasing evidence of person-centred curricula emerging in different academic institutions and organisations committed to continuous professional development, its application is largely sporadic, inconsistent in approach and operating at varying degrees of explicitness in terms of the representation of person-centred concepts, theories and principles.

To this end, the PcP-ICOP convened two colloquia focusing on person-centredness in the curriculum, the aims of which were to:

1. Share learning from existing curriculum developments
2. Consider the state of the evidence underpinning person-centredness in curricula internationally
3. Develop a shared understanding of person-centred curricula
4. Identify core principles to underpin person-centred curricula

---

Box 1: About the colloquia

The PCP-ICoP convened two colloquia called 'Person-centredness in the curriculum'. A total of 110 (mainly) academic colleagues from collaborating organisations and invited participants who we knew to be working on person-centredness in the curriculum participated in the events.

The first was held at Ulster University. Over one-and-a-half days, participants explored concepts and theories of person-centredness, curriculum challenges and options for addressing these. A key emerging issue was the lack of evidence about person-centredness in the curriculum, resulting in the publication of the narrative review by O'Donnell et al. (2017).

The second event, hosted by Queen Margaret University Edinburgh, focused on exploring how the evidence informed existing curricula and the implications of this evidence for curriculum development. The colloquium was methodologically framed within Critical Creativity (Titchen and McCormack, 2010) and used a variety of creative, reflective and facilitative approaches to advance understanding about person-centredness and options for curriculum development. The participants agreed that a 'position statement' from the PCP-ICoP, drawing on the colloquium discussions, would help to advance ongoing curriculum developments.

The 'reality' of person-centredness

In contemporary health and social care policy, strategy and practice, the language of person-centredness has become commonplace. It is now the 'norm' for government health and social care policy to be underpinned – either explicitly or implicitly – by person-centred principles and concepts. Global healthcare policy positions such as that of the World Health Organization (WHO, 2015) have person- and people-centredness at their core. Significant funding is invested in developing systems, processes and practices that are aimed at innovating approaches to person-centredness and ensuring healthcare systems are responsive to the needs of persons first (Health Foundation, 2017a; Planetree, 2017). For many, these international developments and strategic positions represent a significant shift in thinking about 'what matters' in health and social care provision (Health Foundation, 2017b), while others see them as stating the obvious – that people matter (WHO, 2007). Whether or not we are committed to an explicit person-centred philosophy or focus in health and social care, it is certainly the case that a global change is happening, representing a shift in emphasis from the primacy of managerialism and system efficiency, to one that places compassionate, person-oriented principles at the centre of planning and decision-making at all levels. In such a global context, there is an obvious need for health and social care education programmes to plan strategically for a workforce that is ready to respond appropriately. Education curricula need to be innovative in proactively developing this workforce.

In practice, this 'reality' may not seem quite so real as evidence from service-user feedback, patient-experience surveys and patient/family outcome data continues to suggest high levels of dissatisfaction with care experiences (The King's Fund, 2016). While service improvement, patient safety and continuous quality improvement programmes have seen major global investment (and, yes, patients are safer in hospitals at least) these data have not significantly changed over the years. Therefore, a focus on what are commonly referred to as the 'human factors' in healthcare is seen as important, and significant efforts are being made to develop systems, processes and practices that prioritise such factors (Gurses et al., 2011).

However, despite these best efforts, there is little evidence of fundamental change happening to the core cultural characteristics of health and social care practice; some commentators argue (drawing on

culture theory as an explanatory device) that most person-centred developments focus on the artifacts of practice (Davies, 2002; McCance et al., 2013) rather than the core values that drive health and social care delivery. One way of addressing this issue is through health and social care education curricula. In a narrative review of the evidence underpinning person-centredness in the curriculum, O'Donnell and colleagues (2017) highlighted the lack of a consistent focus on person-centred principles, even in curricula that purported to have person-centredness as their underpinning framework. At best, person-centredness is used as an 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 educational development. Since the review undertaken by O'Donnell, there have been a number of developments in person-centred curricula. Meanwhile, some universities have developed curricula explicitly underpinned by person-centredness, as illustrated in Table 1.

Table 1: Person-centred curricula	
Institute	**Degree/curriculum outline**
PhD in person-centred healthcare, University College of South-East Norway, Campus Drammen, Norway	The aim of the programme is to educate for research into new knowledge that can develop and support person-centred healthcare practice, including the health-promoting, biomedical, organisational and political preconditions for such practice. The programme is conceptually and theoretically framed within the work of McCormack and McCance (2010) but draws on key concepts and principles in person-centred research, such as respect, autonomy, participation, justice, dignity, trust, patient safety and rights – all of which are central to healthcare practice and policy
MSc, Person-centred Practice Framework, Queen Margaret University (QMU), Edinburgh, Scotland	The MSc in Person-centred Practice Framework offered at QMU is an interprofessional masters programme that focuses on educating for person-centred practice in a variety of practice contexts. The framework is centred around core modules that lead on to individual specialty pathways of learning. The framework is conceptually and theoretically informed by a specifically designed framework derived from different theories of personhood and synthesised into a new model called the 'ripple model of person-centredness'
Undergraduate nursing curriculum, Ulster University, Northern Ireland	The undergraduate nursing curriculum has been in existence since September 2012. It is conceptually and theoretically informed by the work of McCormack and McCance (2010). The curriculum integrates person-centred principles and values into all aspects of the curriculum, including learning in practice, assessment and process/outcome evaluation
Undergraduate nursing curriculum, Dalhousie University, Nova Scotia, Canada	The undergraduate nursing curriculum was developed in 2015/16, with the first cohort of students starting in September 2016. It is conceptually and theoretically informed by concepts and theories of 'people-centredness' operationalised through the systems theory of McCoy and Anema (2012). Principles of people-centredness are woven through all aspects of the curriculum and reflect macro, mezzo and micro dimensions of healthcare delivery and nursing practice

Mirrored knowing
These Haiku are re-presentations of the potential of person-centred curricula.

Silence moving bodily
Cold air becomes warm
Hands and heart in unison

Embodied knowing of self
Reconnected space
Mirrored learning in action

New insights come into view
Paths revisited
Enlightenment of being

Safe vulnerability
Framed beauty nourished
Consciously being present

Person-centredness for real
This poem is presented as a synthesis of the discussions, reflections and explorations that occurred at the second PcP-ICoP colloquium and informs the structure and content of this position statement.

Person-centredness everywhere
We make noise as if to scare
Person-centredness at the core
We don't disagree and if you dare

I see it in text
I feel it in voice
I hear it in noise
I experience it as choice

We act as if it's real
We respond as if we know
We lean to a present
A present that cannot grow

To a future that is real
Where persons really matter
To a practice that contains all of the chatter
Where persons sing loud with joyous intent

Person-centredness everywhere
We make noise that doesn't scare
Person-centredness at the core
We dare to disagree and are not afraid to care

The essential dimensions of person-centredness to inform curriculum development
It is clear that existing developments in person-centredness are informed by different perspectives and agendas. There is an inconsistent approach to how these articulate the essence of person-centredness and how they could be represented in curricula. As argued elsewhere (Buetow, 2016; Dewing and McCormack, 2017), the lack of clear theory-informed definitions or systematic theory development tested in different contexts, and a tendency to aim for simplicity rather than grapple with complexity,

have resulted in this inconsistency. However, it is equally important to recognise that this is not a call for a singular notion of person-centredness; such a normative approach would have the effect of reducing a complex phenomenon to the status of a 'thing'.

To help curriculum developers navigate the complexity while maintaining in-depth understanding, colloquium participants suggested all curricula could be underpinned by a set of 'core dimensions of person-centredness', with:

1. Explicit articulation of the interconnected nature of underpinning concepts that represents their diverse colours, passions and intentions
2. Respect for persons' values and beliefs
3. Articulation of personhood and its contextualisation
4. Strategy for enabling persons to make autonomous decisions about their health and wellbeing
5. Movement in and out of different contexts without being constrained by 'hard' boundaries
6. Respect for diversity while creating a feeling of oneness
7. Interconnected relationships that are respectful, inclusive, reciprocal and engaged
8. Flourishing for all persons
9. Empowerment of health and social care professionals through active learning, maximising opportunities for autonomy and shared meaning making
10. Risk-taking, facilitated in a culture that is mindful, engaged, creative and reflective

Key questions to be asked by curriculum developers
About the content:
1. What is our collective understanding of person-centredness?
2. How can we embed shared values and beliefs in a cohesive and consistent curriculum?
3. How do we translate key curriculum (statutory/mandated) requirements into a language that is consistent with person-centred values?
4. What would student outcomes look like in a person-centred curriculum?
5. How do we develop a theoretically robust curriculum that embraces key person-centred concepts?
6. How do we ensure that 'function follows form' in our curriculum design?

About the stakeholders
7. Who are the stakeholders and how do we work with them?
8. How do we enable all voices to be heard?
9. Who do we want our graduates to be?
10. How do we bring diverse groups together with a shared purpose?
11. How could individual career development be aligned with the ambition of developing a person-centred curriculum?

About structures and processes
12. What structures and processes do we need to co-create curricula between faculty and students?
13. How do we create/facilitate safe, open and creative spaces?
14. How do we make best use of available time to create a living curriculum of person-centredness at all levels of the organisation?
15. How do we live person-centred values?
16. How do we organise continuous professional development for educators to work in a person-centred way?
17. How do we facilitate autonomy while maintaining a sense of common purpose?
18. What structures are needed to support sustainability of person-centredness in the curriculum?
19. How can a 'living' person-centred curriculum be sustained in the long term?
20. What evaluation methodologies are best suited to determine the effectiveness of person-centred processes and outcomes for all stakeholders?
21. What strategies can be most effectively used to integrate person-centred curricula with research programmes that also embrace person-centred principles?

Key considerations in the development of a person-centred curriculum
We have identified key considerations in the development of a person-centred curriculum. This list is not linear or exhaustive and will vary with individual organisations and regulatory requirements. The themes below are intended to capture the idea of 'the living curriculum' – that is, a focus on professional education and faculty ways of working.

1. ***Develop a co-creation strategy including:***
   a. Stakeholder analysis
   b. Individual and group values clarification
   c. Agreed ways of working
   d. Timeframe to completion and key stages
   e. Engagement with regulators
   f. Working groups

2. ***Focus on areas of commonality, not differences***
   a. Listen with all our senses
   b. Use strengths-based planning methods

3. ***Envision the graduate/postgraduate practitioner***
   a. Who are they?
   b. What is their future?
   c. Why are they needed?
   d. Where will they practice?
   e. How will they learn?

4. ***Review person-centred concepts, theories and principles***
   a. Consider different conceptions of personhood
   b. Review person-centred literature
   c. Analyse key concepts
   d. Use democratic processes, such as nominal group technique, to capture the plurality of views and respect difference
   e. Develop curriculum conceptual framework

5. ***Knowledge and skills development of stakeholders***
   a. Create communicative spaces for reflection and learning
   b. Use emancipatory facilitation methods so that all voices are heard
   c. Explore teaching, learning and facilitation methods through critical and creative ways of working

6. ***Assessment strategies***
   a. Informed by curriculum conceptual framework
   b. Driven by the vision of the graduate/postgraduate practitioner
   c. Underpinned by a commitment to a flourishing graduate/postgraduate
   d. Capture the diverse talents of students
   e. Unfold the personhood of learners
   f. Maximise individual and collective potential

7. ***Process and outcome evaluation***
   a. Continuous evaluation of curriculum development, implementation and sustainability processes
   b. Identification and sharing of key learning
   c. Stakeholder-informed evaluation
   d. Evaluation integrated throughout the curriculum
   e. Outcome identification informed by stakeholder analysis

8. *Workplace culture development*
   a. Foster faculty ways of working informed by shared person-centred values
   b. Enable individual and team development for person-centred ways of working
   c. Create spaces and places for individual and team reflection
   d. Build 'self-care' strategies
   e. Implement high challenge with high support strategies

References
Buetow, S. (2016) *Person-centred Health Care: Balancing the Welfare of Clinicians and Patients*. London: Routledge.
Davies, H. (2002). Understanding organizational culture in reforming the National Health Service. *Journal of the Royal Society of Medicine*. Vol. 95. No. 3. pp 140–2.
Dewing, J. and McCormack, B. (2017) Creating flourishing workplaces. *In*: McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Chichester, UK: John Wiley & Sons.
Gurses, A., Ozok, A. and Pronovost, P. (2011) Time to accelerate integration of human factors and ergonomics in patient safety. *BMJ Quality & Safety*. Vol. 21. No. 4. pp 347-351. http://doi.org/10.1136/bmjqs-2011-000421.
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 March 2017).
McCormack, B. and McCance, T. (2010) *Person-centred Nursing: Theory, Models and Methods*. Oxford: Wiley-Blackwell.
McCoy, J. and Anema, M. (2012) *Fast Facts for Curriculum Development in Nursing: How to Develop and Evaluate Educational Programs in a Nutshell*. New York: Springer.
O'Donnell, D., Cook, N. and Black, P. (2017) Person-centred nursing education. *In*: McCormack, B. and McCance, T. (Eds.) (2016). *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Chichester, UK: John Wiley & Sons.
Planetree (2017) *Solutions*. Retrieved from: planetree.org/solutions-2 (Last accessed 16th March 2017).
The Health Foundation (2017a) *Person-centred Care Resource Centre*. Retrieved from: tinyurl.com/HF-PCC-resource (Last accessed 16th March 2017).
The Health Foundation (2017b) *Putting Person-centred Care Into Practice*. Retrieved from: tinyurl.com/HF-PCC-into-practice (Last accessed 16th March 2017).
The King's Fund (2016) *Public Satisfaction with the NHS in 2015*. Retrieved from: tinyurl.com/KF-NHS-satisfaction (Last accessed 16th March 2017).
Titchen, A. and McCormack, B. (2010) Dancing with stones: critical creativity as a methodology for human flourishing. *Educational Action Research*. Vol. 18. No. 4. pp 531-54. https://doi.org/10.1080/09650792.2010.524826.
World Health Organization (2007) *People-Centred Health Care, A Policy Framework*. Retrieved from: tinyurl.com/WHO-PCC-policy (Last accessed 16th March 2017).
World Health Organization (2015) *WHO Global Strategy on People-centred and Integrated Health Services: Interim Report*. Retrieved from: tinyurl.com/WHO-PCC-global (Last accessed 16th March 2017).

Brendan McCormack (DPhil Oxon, BSc Hons, FRCN, FEANS, FRCSI, PGCEA, RMN, RGN), Head of the Divisions of Nursing, Occupational Therapy and Art Therapies; Head of the Graduate School; Associate Director, Centre for Person-centred Practice Research, Queen Margaret University, Edinburgh; Professor II, University of South East Norway, Drammen, Norway; Extraordinary Professor, Department of Nursing, University of Pretoria, South Africa; Professor of Nursing, Maribor University, Slovenia; Visiting Professor, Ulster University.
Jan Dewing (PhD, MA, MN, BSc, RN, RNT, Dip Nurs, Dip Nurs Ed), Sue Pembrey Chair in Nursing, Director, Centre for Person-centred Practice Research, Head of Graduate School, Queen Margaret University, Edinburgh, Scotland; Professor II, Western Norway University of Applied Sciences; Visiting Professor, University of Maribor, Slovenia.