Person-Centred Care. Implications for Training Psychiatrists

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Aims

• Person Centered Training and Curriculum Scoping Group (PCTC)
• Why should we be interested in Person Centred Care?
• What is Person Centred Care?
• Scope of Person Centred Care?
• Relevance to Postgraduate training
• Recommendations for training
Person Centered Training and Curriculum Scoping Group (PCTC)

- *Neurosciences Commission* - neurosciences in the curriculum for its core trainees.
- *Curriculum Committee* - to review the current core curriculum
- PCTC – set up to examine the implications of a person-centred approach for the curriculum and training for core trainees
- Group members: expertise in psychiatric education, clinical psychiatry and lived experience
- Chairs – Jed Boardman & Subodh Dave
- PCTC - reported in 2018
Why should we now be interested in Person Centred Care?

• Concerns that routine NHS care has become commodified and impersonal, with a focus on profits not persons
• Francis Report (2013) standards of care at Mid-Staffordshire
• Lack of parity of esteem between physical and mental health services
• Past history of criticism of Psychiatry
• Practice of medicine has changed. Shift in focus from the patient as acquiescent subject to that of a participatory agent
• Person-centred care - now explicit in UK health policy
• Mental Health Professionals – are person-centred?
General Medical Council 2017. Generic Professional Capabilities Framework. Domains

1. Professional values and behaviours
2. Professional skills
3. Professional knowledge
4. Capabilities in health promotion and illness prevention
5. Capabilities in leadership and team working
6. Capabilities in patient safety and quality improvement
7. Capabilities in safeguarding vulnerable groups
8. Capabilities in education and training
9. Capabilities in research and scholarship
Some definitions of person-centred care

The good physician treats the disease; the great physician treats the patient with the disease. Osler (1849–1919), quoted in Harding et al (2015, p. 14)


[Patient-centred medicine] represents a style of consulting where the doctor uses the patient’s knowledge and experience to guide the interaction. Byrne & Long (1976)

[Patient-centred care is when] the physician tries to enter the patient’s world, to see the illness through the patient’s eyes. McWhinney (1989)

[There are] 8 principles of patient-centred care: (1) Respect for patients’ values, preferences and expressed needs; (2) Coordination and integration of care; (3) Information, communication and education; (4) Physical comfort; (5) Emotional support and alleviation of fear and anxiety; (6) Involvement of family and friends; (7) Transition and continuity; (8) Access to care. Gerteis et al (1993)

[The] model of the patient-centred clinical method has six interconnecting components: (1) exploring both the disease and the illness experience; (2) understanding the whole person; (3) finding common ground regarding management; (4) incorporating prevention and health promotion; (5) enhancing the doctor–patient relationship; (6) ‘being realistic’ about personal limitations and issues such as the availability of time and resources. Stewart et al (1995)

Patient-centred care [is] closely congruent with, and responsive to patients’ wants, needs and preferences. Laine & Davidoff (1996)

Patient-centred medicine has five distinctive dimensions: (1) a biopsychosocial perspective; (2) patient as person; (3) having power and responsibility; (4) therapeutic alliance; and (5) doctor as person. Moad & Bower (2000)

Patient-centred care (a) explores the patients’ main reason for the visit, concerns, and need for information; (b) seeks an integrated understanding of the patient’s world – that is, their whole person, emotional needs, and life issues; (c) finds common ground on what the problem is and mutually agrees on management; (d) enhances prevention and health promotion; and (e) enhances the continuing relationships between the patient and the doctor. Stewart (2001)

[Patient-centred care means] providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Institute of Medicine (2001, p. 6)
Patient and Person Centred Care

“providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (Institute of Medicine, 2001 Crossing the Quality Chasm)

Four dimensions (Leplege et al, 2007):
1. addressing the person’s specific and holistic properties
2. addressing the person’s difficulties in everyday life
3. viewing the person as an expert and focusing on participation and empowerment
4. respecting the person ‘behind’ the impairment or the disease.

Health Foundation (2013) Person Centred Care: From Ideas to Action. Four elements:
1. Affording people dignity, compassion and respect
2. Offering coordinated care, support or treatment.
3. Offering personalised care, support or treatment
4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.
Person Centred Care

• We suggest these can all be related to a broad overarching (or underpinning) ethical idea that patients should be “treated as persons.” (Entwistle and Watt, 2013)

• central principle of ‘personhood’, described by Bill Anthony as simply “people with severe mental illness are people” (Anthony, 2004).

• Each offers useful pointers to key issues and good practice

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International Perspectives

Core components of PC approaches (World Psychiatric Association)

• ...of the person (of the totality of the person’s health, including its ill and positive aspects)

• ...for the person (promoting the fulfilment of the person’s life project)

• ...by the person (with clinicians extending themselves as full human beings with high ethical aspirational)

• ...with the person (working respectfully, in collaboration and an empowering manner)
Why Person-centred care?

• Ethical Case
• Consumer case
• Professional case
• Instrumental case
• Economic case
• Legal case
Concepts related to person-centred care

- Shared decision making
- Self-management support
- Co-production
- Personal Recovery
- Values-based practice
- Human rights
- Ethics and Philosophy

- Social Inclusion.
- Compassion, Empathy, Kindness
- Spirituality
- Reflective Practice
- Patient Narratives
- Formulation Skills
Barriers to the implementation of person-centred care

• Clinician’s Attitudes
• Clinicians Knowledge
• Clinicians Skills
• Resource Constraints
• Organisational Culture and Leadership
• Training in Person-centred care
• Assessment of Person-centred care
Bridging Intention and Action

Core Curriculum Survey 2013

• 1 in 5 respondents believed that the core curriculum failed to impart effective training in empathy and caring skills, and in leadership.

• Dissatisfaction with the coverage of the following subject areas in the curriculum: Neurology, Psychopharmacology, Perinatal psychiatry, Out of hours and emergency psychiatry, Treatment outcomes, **Values-based practice, Ethics, compassion and person-centred care**

Content analysis of core curriculum

• Person-centred care was not mentioned explicitly

• There were references to ‘recovery’, ‘co-operation’ ‘respect’ and ‘peers’.

• There was no reference to ‘co-production’, ‘values’, ‘personalisation’, ‘personal budgets’, ‘ethics’, ‘human rights’, ‘self-care’, ‘self-directed care’, 'shared decision making', 'partnership working', 'peer support', the 'value of learning from lived experience'

• language of the curriculum in some parts appeared to reflect a paternalistic model rather than a collaborative model

Survey of Trainees and MRCPsych Course Organisers

• course organisers and trainees thought that it was important or very important to include concepts in person-centred care in formal training, but that these were frequently not being taught

• almost a third of MRCPsych courses did not involve people with lived experience in the delivery of the MRCPsych Course
MRCPsych Core Training and Exams

- MRCPsych training – Locally organised
- Formative Assessments - case-based discussion (CbD), Assessment of Clinical Expertise (ACE), mini-Assessed Clinical Encounter (min-ACE)
- Summative Assessment (formal examinations) consisting of 2 written papers (Paper A and Paper B) and a clinical exam (Clinical Assessment of Skills and Competences - CASC)
- Assessment drives learning.
Create a curriculum that is ‘person-centred’

a. Language of the curriculum should reflect its ‘person-centred’ nature:
   - Patients are people first and peoples lived experience of mental health challenges occurs in the lived experience of their life ‘as a whole’.
   - The need to afford people dignity, compassion and respect.
   - The need to provide a collaborative or co-productive approach to decision making
   - The need to offer coordinated care, support or treatment.
   - The need to offer personalised care, support or treatment.
   - The need to support people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.
   - The need to enable people to positively contribute to their own care and treatment
   - The need to enable people to learn from and value their experience

b. To include in the curriculum relation competencies related to Person Centred Care, including shared decision making, self-directed support, co-production, collaborative care and support planning

c. To include in the curriculum competencies related to broader aspects of Person Centred Care (ethics, human rights, social inclusion etc).

d. Reinforcing the importance of a set of Core values of Psychiatrists
   - Promote RCPsych document of Core values of Psychiatrists
   - RCPsych publications and documents should demonstrate consistency with these core values
   - Incorporate relevant aspects of values-based skills training into the curriculum.
MRCPsych Training

Strengthen the role of users of services in planning and delivering MRCPsych courses and supplementary skills training

• Include users of services in planning and delivering MRCPsych courses and supplementary skills training

• Create guidelines and standards for course organisers for working with users of services in the teaching for the MRCPsych courses.

• Promote the involvement of trainees in Recovery Education Colleges or related opportunities in their local areas
Examination and Assessment

• Specifically assess and examine competencies related to Person-Centred Care
  • ensure that person-centred training related competencies are adequately and appropriately assessed in both summative (MRCPsych papers and CASC examination) and formative assessments (e.g. Work place based assessments).
  • Review the current formative assessment tools to ensure consonance with the revised curriculum, with explicit criteria to assess person-centred care.
  • Ensure that person-centred care domains are given appropriate weight in summative exams.
Thank you

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https://www.cambridge.org/core/journals/bjpsych-bulletin/article/training-in-psychiatry-making-personcentred-care-a-reality/CA2A63A03302A4495137923D85571F93