Equipping healthcare professionals to care for the whole person

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Abstract

Western medical education has only recently sought to attend to the spiritual aspects of the patient. The overwhelming evidence of the role the spiritual plays in health and disease has led to movement to adopt a bio-psycho-social-spiritual model of care. However, these efforts often lack wholistic integration. The purpose of this article is to describe a program and international network helping to address the need for curricula and methods to educate healthcare professionals in whole person care wholistically and to make the availability of these resources more widely known to those likely to benefit from and use them. The UK Christian charity PRIME: Partnerships in International Medical Education provides a free curriculum and training opportunities for this purpose. PRIME’s approach and course have been widely sought and accepted by professionals from different cultures and faith groups and has developed into an international network.

Introduction

Christians recognize the importance of caring not only about the physical, mental, emotional, and social needs of patients, but of attending to their spiritual needs, as well. However, for decades, Western medicine has tended to employ a biopsychosocial model of care, ignoring the spiritual. This is changing due to the overwhelming evidence that the spiritual plays an influential and most often positive role in health and healing. As a result, since the 1990s, many North American and United Kingdom medical schools have given increased attention to the spiritual aspects of care and worked to transition to a biopsychosocial-spiritual model. However, with rare exceptions, the medical and spiritual aspects of care are often still taught separately, rather than wholistically. Healthcare professionals trained in this way may have never seen whole person care actually practiced or modelled and may struggle with or be at a loss how to care for their patients in this way.

In addition, although many parts of the non-Western world are much more wholistic in their approach to life than the West, their medical...
education systems tend to be based on Western models. They also need to learn to incorporate the spiritual aspects of care into healthcare professional education and practice. Many are low income countries (LIC) with serious shortages of healthcare facilities and professionals, especially healthcare professional educators. These countries, Christian hospitals, and healthcare professional training programs would greatly benefit from the availability of a free curriculum in whole person care and education in how to use and teach it. The purpose of this article is to describe a program and international network helping to address these needs and to make the availability of these resources more widely known to those likely to benefit from and use them.

An Internationally Accepted Curriculum and Training in Whole Person Care

Partnerships in International Medical Education (PRIME) [www.prime-international.org], a Christian charity in the United Kingdom, has developed a curriculum on whole person care, which is available for free and has been accepted and used in many countries and among many faith groups. The curriculum is based on studies and evidence related to patient-centered medicine, the doctor-patient relationship, and communications skills and incorporates biblical and Hippocratic values. The goals of PRIME’s Whole Person Medicine (WPM) course are two-fold: to equip healthcare professionals to provide whole person care and to train them to teach others to care for the whole person.

The PRIME WPM curriculum includes a manual consisting of three parts: 1) Introduction and Spiritual Basis, 2) A Course in Whole Person Medicine, and (3) Teaching Methods, and a CD with teaching resources, including PowerPoint presentations of each lesson. Any healthcare professional who is in agreement with the PRIME principles and ethos may teach the course. When requested, PRIME tutors, i.e., teachers, assist in whole person training in other countries. However, the user determines the duration, format, and comprehensiveness of the training and whether it is given as stand-alone training or part of another course. The duration of training varies with the location and time available and typically ranges from three to 20 hours. The most comprehensive course, as given by PRIME at its annual international conference, lasts approximately three days.

Part I discusses course aims and assumptions, the spiritual basis and history of WPM, and the sources of its core content. The second part of the manual begins with a discussion of course planning and management. It begins by outlining PRIME’s principles: 1) integration of the spiritual with “evidence-based medical practice from a Christian perspective,” 2) the importance of learner-centered educational methods, 3) providing a safe atmosphere of mutual respect and kindness, 4) the importance of modeling “what we teach by the way we teach;” and 5) the importance of building healthy relationships in both teaching and medical practice.

Course content is broken down into six topics with lesson plans, Power Point presentations, and teaching notes. The first topic seeks to get students to think critically about their setting. The second focuses on helping participants identify with and reflect on illness from the point of view of the patient. The third lesson presents a model which helps bring together the bio-physical and psycho-spiritual aspects of healthcare by considering seven levels or aspects of an illness and how to best manage them from the physical, mental and spiritual perspectives. The fourth topic is “Whole Person Medicine in Action,” which uses faculty and student role play to model use of the WPM method with a simulated patient, identifies the physical and

† PRIME also publishes a manual, The Good Teacher: A Values-Based Approach, which may be of interest to readers of this journal.
non-physical (emotional, personal, spiritual) aspects of the illness, and discusses how the latter might be handled by healthcare professionals. A presentation is included on spiritual care, the difference between religion and spirituality, how to take a spiritual history, and appropriate spiritual care to support the patient’s coping style and spiritual practices. It emphasizes the health impact of unforgiveness and regrets and the importance of always giving the patient hope and assurance the professional will not abandon him or her. The fifth lesson helps participants apply what they’ve learned when they return home: each evaluates what he would like to change, identifies likely allies and opponents, and plans specific steps to take toward their goals. The final section brings closure; participants share what they have learned and hope to do, submit a course evaluation, and receive course certificates. The last part of the WPM course manual on teaching methods focuses mainly on adult learning methods such as role-play, brainstorming, pre-tasking, using visual materials, summarizing, and evaluation and assessment. Research is in progress to describe how such plans for whole person medicine training have been implemented in a variety of nations and will be published separately.

International Support Network for Whole Person Care and Education

PRIME has an “international network of professional healthcare educators, committed to integrating rigorous science and compassionate care for the whole person - body, mind and spirit.” At present, PRIME’s international network exceeds 600 members from 65 nations (Table 1).

**Table 1. Countries represented in the PRIME network**

| Africa          | Asia          | Africa          |
|-----------------|---------------|-----------------|
| *Egypt*         | *Bangladesh*  | *Nigeria*       |
| *Ethiopia*      |               | *Senegal*       |
| *Ghana*         |               | *Sierra Leone*  |
| *Kenya*         |               | *South Africa*  |
| *Madagascar*    |               | *South Sudan*   |
| *Mali*          |               | *Swaziland*     |
| Nigeria         | *Malaysia*    | Tanzania        |
| Senegal         | *Myanmar*     | Togo            |
| Sierra Leone    |               | Uganda          |
| South Africa    |               | Zambia          |
| South Sudan     |               |                 |

| Australia and the Pacific | Asia | Australia and the Pacific |
|---------------------------|-----|---------------------------|
| *Australia*               | *Malaysia* | *Papua New Guinea* |
| *Indonesia*               | *Myanmar*   | *Philippines* |
|                           | *Nepal*      |                 |
|                           | *New Zealand*|               |

| Caucasus and Central Asia | Europe | Caucasus and Central Asia |
|---------------------------|--------|---------------------------|
| *Armenia*                 | *Germany* | *Georgia*     |
|                           | *Italy*  | *Kyrgyzstan*   |
|                           | *Lithuania* |                 |
|                           | *Netherlands* |       |
|                           | *Norway*   |               |
|                           | *Poland*   |               |
|                           | *Portugal* |               |
|                           | *Romania*  |               |
|                           | *Russia*   |               |
|                           | *Slovenia* |               |
|                           | *Sweden*   |               |
|                           | *Turkey*   |               |
|                           | *Ukraine*  |               |
|                           | *United Kingdom |   |

| Middle East              | Europe | Middle East |
|--------------------------|--------|-------------|
| *Iraq*                   | *Germany* | *Palestine* |
| *Israel*                 | *Italy*  | *Qatar*     |
|                           | *Lithuania* | *Saudi Arabia* |
|                           | *Netherlands* |         |
|                           | *Norway*   | *Yemen*     |
|                           | *Poland*   |               |
|                           | *Portugal* |               |
|                           | *Romania*  |               |
|                           | *Russia*   |               |
|                           | *Slovenia* |               |
|                           | *Sweden*   |               |
|                           | *Turkey*   |               |
|                           | *Ukraine*  |               |
|                           | *United Kingdom* |   |

| North America | Europe | North America |
|---------------|--------|---------------|
| *Canada*      | *Germany* | *Canada*      |
|               | *Italy*  | *Mexico*      |
|               | *Lithuania* | *United States of America* |
|               | *Netherlands* |         |
|               | *Norway*   |               |
|               | *Poland*   |               |
|               | *Portugal* |               |
|               | *Romania*  |               |
|               | *Russia*   |               |
|               | *Slovenia* |               |
|               | *Sweden*   |               |
|               | *Turkey*   |               |
|               | *Ukraine*  |               |
|               | *United Kingdom* |   |

**PRIME Network member identified location only as “Balkans” and not by country**
Although formal evaluation is limited to reports from PRIME tutors and partners and further research is needed, there are indications that PRIME’s model of “networking experienced medical teachers from developed countries with those in developing countries has proved successful in promoting sustained, positive changes in poorly resourced situations.” PRIME’s work continues to expand and is making a significant contribution to the international network. PRIME’s model of “networking experienced medical teachers from developed countries with those in developing countries has proved successful in promoting sustained, positive changes in poorly resourced situations.” Participants have rated WPM training highly for its practical value and for how it changed their view of medical practice and made it more meaningful and enjoyable.

Summary and Conclusion

Western medical education has only recently sought to attend to the spiritual aspects of the patient. PRIME provides a free curriculum and training opportunities to provide whole person care according to the bio-psycho-social-spiritual model. PRIME’s approach and course have been widely sought and accepted by professionals from different cultures and nations and it has developed into an international network. PRIME’s work continues to expand and is making a significant contribution to the spread of WPM internationally. It is hoped these efforts will enable educators throughout the world to take advantage of PRIME’s resources to train colleagues and students in whole person care and improve healthcare professional and patient satisfaction wherever it is used.

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