Module 1

Mindset

Orientation

and

collection

Module learning objective:

— Increased awareness of strengths and challenges ofprofessional practice in relation to person-centred healthcare.

This module introduces trainees to the concept of mindset – the lens through which we habitually see and respond to the world. Person centred healthcare is also introduced as the key concern of the training. The module draws on reflective learning to help trainees consider their particular mindset in relation to the benefits and challenges of person centred healthcare.

In this module we hope to:

— Introduce you to the idea of mindset and how it shapes you

— Help you consider how person-centred care can be supported through the use of stories

Bringing about changes in care practices and outcomes through story-based training requires an awareness of several:

— The prior knowledge/understanding trainees bring to the role

—The challenges/limiting factors in implementing person-centred healthcare

—The assumptions and concerns in their understandings of the role of health care professionals in supporting ageing and well-being

— If, and how, trainees use or understand stories in their current roles

— How to collect and work with a story to support person-centred care

Person-centred Care

A model 'in which individuals, families and communities are served by and are able to participate in trusted health systems that respond to their needs in humane and holistic ways' (World Health Organisation 2007: 7)[1] . It requires changes in established organisational structures and practices towards:

(1) Understanding the person: the personal experience of illness/disability; the different dimensions of life requiring support; the person's values and preferences in care; what is important to the person's identity and wellbeing;

(2) Engagement in decision-making: involvement in decision-making processes; wishes shape decisions and care plans; flexible care services tailored to individual preferences; information and options are shared in a clear format;

(3) Promoting the care relationship: friendly, caring and respectful interactions; continuity and coordination in care relationships; positive attitude to person's capabilities and roles; reciprocity in care relationship (Wilberforce et al. 2017)[2] .

1. World Health Organisation (2007) People Centred Health Care: A Policy Framework. Switzerland: World Health Organisation (WHO).

2. Wilberforce, M., Challis, D., Davies, L., Kelly, M. P., Roberts, C. and Clarkson, P. (2017) Person-centredness in the community care of older people: A literature-based concept synthesis. International Journal of Social Welfare 26(1): 86-98.

Person-centred Care presents a 'more humanistic, dialogic and collaborative relationship where lay people in need of medical care are still recognised as resourceful and capable' (Britten et al 2017). Person-centred care can be said to depend on an understanding of health outcomes that are broader than the treatment of disease, but rather on addressing illness and considering interpersonal relations.

Mindset, and categorical and cognizant thinking

Mental models, or mindsets, affect sense-making as they provide our frameworks for making sense of life. They are part of how we are socialized into the world and so are shaped by our education and also our professional identities and understandings: 'The mental models become viewed by individuals as the way the world works'[3]. A core aim of the story-based learning pedagogy used in this training is focused on moving the professional from categorical to cognizant thinking, which is facilitated by becoming more aware of our mindset. Categorical thinking characterizes routine performance and working under pressure, whilst often being resistant to change. It can determine how we approach new information – by falling back on our old mental models. Cognizant thinking is more reflective and entails a high level of cognitive responsiveness, entailing flexibility so that more than a habitual mental model can be drawn upon, which can create new and creative ways of thinking and reveal the limitations of our existing mental models. Reflective learning is a necessary part of the process to move from categorical to cognizant thinking.

3. Rydén, P., Ringberg, T., & Wilke, R. (2015). How managers' shared mental models of business–customer interactions create different sensemaking of social media. Journal of Interactive Marketing, 31, 1-16.

Exercise 1.1

Exploring your own mindset and attitudes towards ageing

- Foundation
- No
- Short

We all categorise the world in order to help make sense of it. We all have frames of reference and typologies that we rely on. Becoming more aware of these is an important part of beginning to think about the concept of mindset and what this means

1.1.1

Work in pairs with a colleague.

— Each pick two letters from the alphabet at random, write them down on a sheet of paper and give it to your colleague.

— Now, work on your own. For both of the letters you have been given, write down on the paper a word that, for you, exemplifies a characteristic of ageing that begins with that letter.

— Draw an image that you associate with each of those words and ageing.

— Exchange sheets of paper with your colleague.

— Discuss the words you have chosen, and the images you have drawn.

For example, are they positive or negative about ageing? Do they suggest inherent bias about or preconceptions of ageing?