

Equipping healthcare professionals to care for the whole person

Sharon Ann Falkenheimer^a

^a MD, MPH, MA, PhD(C), Academy of Fellows, Center for Bioethics and Human Dignity, Trinity International University, Illinois, United States

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.¹⁻² However, for decades, Western medicine has tended to employ a biopsycho-social model of care, ignoring spiritual.^{3,4} This is changing due to overwhelming evidence that the spiritual plays an influential and most often positive role in health and healing.⁵⁻⁷ 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 biopsycho-social-spiritual model.⁵ However, with rare exceptions, the medical and spiritual aspects of care

are often still taught separately, rather than wholistically.*8-11 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

The term "wholistic" is used here in place of "holistic" to indicate the focus is on care of the patient as a unified person. "Holistic," in contrast, can be used to discuss combining allopathic and alternative medicine approaches, which is not being discussed.



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 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 International in 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. 12 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. ¹⁴

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 psychospiritual 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.¹³

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 16

Africa • Egypt	Nigeria	Tanzania
EthiopiaGhana	SenegalSierra Leone	• Togo
		• Uganda
• Kenya	• South Africa	• Zambia
Madagascar	South Sudan	
• Mali	 Swaziland 	
Asia		
• Bangladesh	 Malaysia 	 Pakistan
• China	 Myanmar 	
• India	 Nepal 	
Australia and the Pacific		
 Australia 	 Papua New Guinea 	 New Zealand
 Indonesia 	 Philippines 	
Caucasus and Central Asia		
 Armenia 	 Georgia 	 Kyrgyzstan
Europe		
 Albania 	 Germany 	 Romania
 Austria 	 Italy 	 Russia
"Balkans"**	 Lithuania 	 Slovenia
 Belgium 	 Netherlands 	 Sweden
Czech Republic	 Norway 	 Turkey
• Estonia	 Poland 	• Ukraine
• France	 Portugal 	 United Kingdom
Middle East	C	
• Iraq	Palestine	Saudi Arabia
• Israel	 Qatar 	 Yemen
North America		
Canada	Mexico	United States of Americ
** PRIME Network member identified local		

South America and the Caribb	ean	
• Brazil	• Peru	 Uruguay
 Haiti 		
Unspecified (1)		

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." 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. 18

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 satisfaction wherever it is used.

References

- World Council of Churches. [Internet]. Preparatory
 paper N° 11: the healing mission of the church.
 World Council of Churches. 2005. Available from:
 http://www.oikoumene.org/en/resources/document-s/other-meetings/mission-and-evangelism/preparatory-paper-11-the-healing-mission-of-the-church
- 2. The Lausanne Movement. [Internet]. Cape Town commitment: a confession of faith and a call to

- action. The Lausanne Movement. 2011. Available from:
- https://www.lausanne.org/content/ctc/ctcommitment#p2-1
- 3. Engel GL. Need for a new medical model: a challenge for biomedicine. Science. 1977; 196:129–36.
 - http://dx.doi.org/10.1126/science.847460
- 4. Frankel R, Quill T, McDaniel S, editors. Biopsychosocial approach: past, present, future. 1st ed. Rochester, NY: University of Rochester Press; 2003.
- 6. Koenig H, King D, Carson VB. Handbook of religion and health. 2nd ed. New York: Oxford University Press; 2012.
- 7. Koenig H. editor. Handbook of religion and mental health. 1st ed. San Diego: Academic Press; 1998.
- 8. McNamara H, Boudreau JD. Teaching whole person care in medical school. In: Hutchinson TA. Whole person care: a new paradigm for the 21st century. New York: Springer; 2011. [p. 183-200].
- 9. Anandarajah G, Mitchell M. A spirituality and medicine elective for senior medical students: 4 years' experience, evaluation, and expansion to the family medicine residency. Fam Med. 2007;39:313–5.
- Bell D, Harbinson M, Toman G, Crawford V, Cunningham H. Wholeness of healing: an innovative student-selected component introducing United Kingdom medical students to the spiritual dimension in healthcare. South Med J. 2010;103(12):1204–9. http://dx.doi.org/10.1097/SMJ.0b013e3181f968ce
- 11. Peteet JR. Educating medical students about spirituality: lessons from the United Kingdom. South Med J. 2010;103(12):1197. http://dx.doi.org/10.1097/SMJ.0b013e3181f968ff
- Chaput de Saintonge D. Whole person medicine: a manual for PRIME tutors. St Leonards on Sea, UK: PRIME: 2009.
- 13. Chaput de Saintonge D, Simpson R. The good teacher: a values-based approach. St. Leonards on Sea, UK: PRIME; 2013.



- PRIME. PRIME Annual Conference 2016: Inspiring a Global Network of Compassionate Whole Person Healthcare Teachers. Partnerships in International Medical Education; 2016.
- 15. PRIME-international.org. [Internet]. Battle, Sussex, UK: Home PRIME; 2016. Available from: http://www.prime-international.org/home.htm
- PRIME-international.org. [Internet]. Battle, Sussex, UK: PRIME Network Audit Data 2005-2015;
 2015. Available from: https://blu185.mail.live.com/?tid=cmy00jlPe65RG
 Qvmw75af6dA2&fid=
- flLMPswtO8YE6xL6aGMkkhDw2&paid=cm1Mf YbR655RGBnwAeC8u88A2&pad=2016-01-12T11%3A20%3A13.087Z&pat=3&pidx=2.
- 17. PRIME-international.org. [Internet]. Battle, Sussex, UK: Foundation Principles PRIME; 2016. Available from http://www.prime-international.org/foundationprinciples.htm.
- 18. PRIME-international.org. [Internet]. Battle, Sussex, UK: Feedback from PRIME Courses; 2016. Available from http://www.prime-international.org/ feedbackfromprimecourses.htm.

Peer Reviewed

Competing Interests: None declared.

Correspondence: Sharon Ann Falkenheimer, Trinity International University, United States. flyramma@msn.com

Cite this article as: Falkenheimer SA. Equipping healthcare professionals to care for the whole person. Christian Journal for Global Health (Nov 2016), 3(2):129-133.

© Falkenheimer SA This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are properly cited. To view a copy of the license, visit http://creativecommons.org/licenses/by/4.0/

www.cjgh.org

