

Inspiring Change: Transforming Person-Centred Attitudes through Training of Health Practitioners

Esther Lim Li Ping

27 August 2024



Restricted, Sensitive (High)

Esther Lim



Esther is currently Chief Allied Health Professional (CAHP) at the Singapore General Hospital (SGH). In SingHealth, she is the Group Chief Allied Health Professional (Workforce Planning) and the Director for the SingHealth Centre for Person-Centred Care (CPCC).

As CAHP, she provides oversight for the development and professional practice of Allied Health staff in SGH. Through staff engagement, system improvements and service transformation, she leads the team to realise a sustainable allied health workforce that is engaged, integrated and value-driven.

In the domain of person-centred care, she championed the adoption and adaptation of ESTHER Network in Singapore since 2016. Through education, practice and research, CPCC aims to support SingHealth and beyond, to deliver health and social care that truly matters to patients.

Esther holds a Bachelor of Arts (Social Work) from the National University of Singapore, a Master of Science (Evidence-based Social Intervention) from the University of Oxford and a PhD (in progress) from Jönköping University. She is the first Social Worker and Allied Health Professional to be awarded the prestigious Lee Kuan Yew Scholarship.

Restricted, Sensitive (High)

Declaration of Interest

Esther Lim was the lead coordinator of the Esther Network Singapore who facilitated the implementation and adaptation of the innovation in Singapore. No other competing interests were declared by the other authors.

Restricted, Sensitive (High)

ESTHER Network

ESTHER Network started in Jonkoping, Sweden in 1997. "Esther" is a symbolic 88-year-old lady who requires close coordination across different care settings to address her health and social care needs.

This persona guides "Esther coaches" (health and social care providers) in addressing complex patient needs. Their work is supported through the network, coach training and resources from leadership ("sponsors").

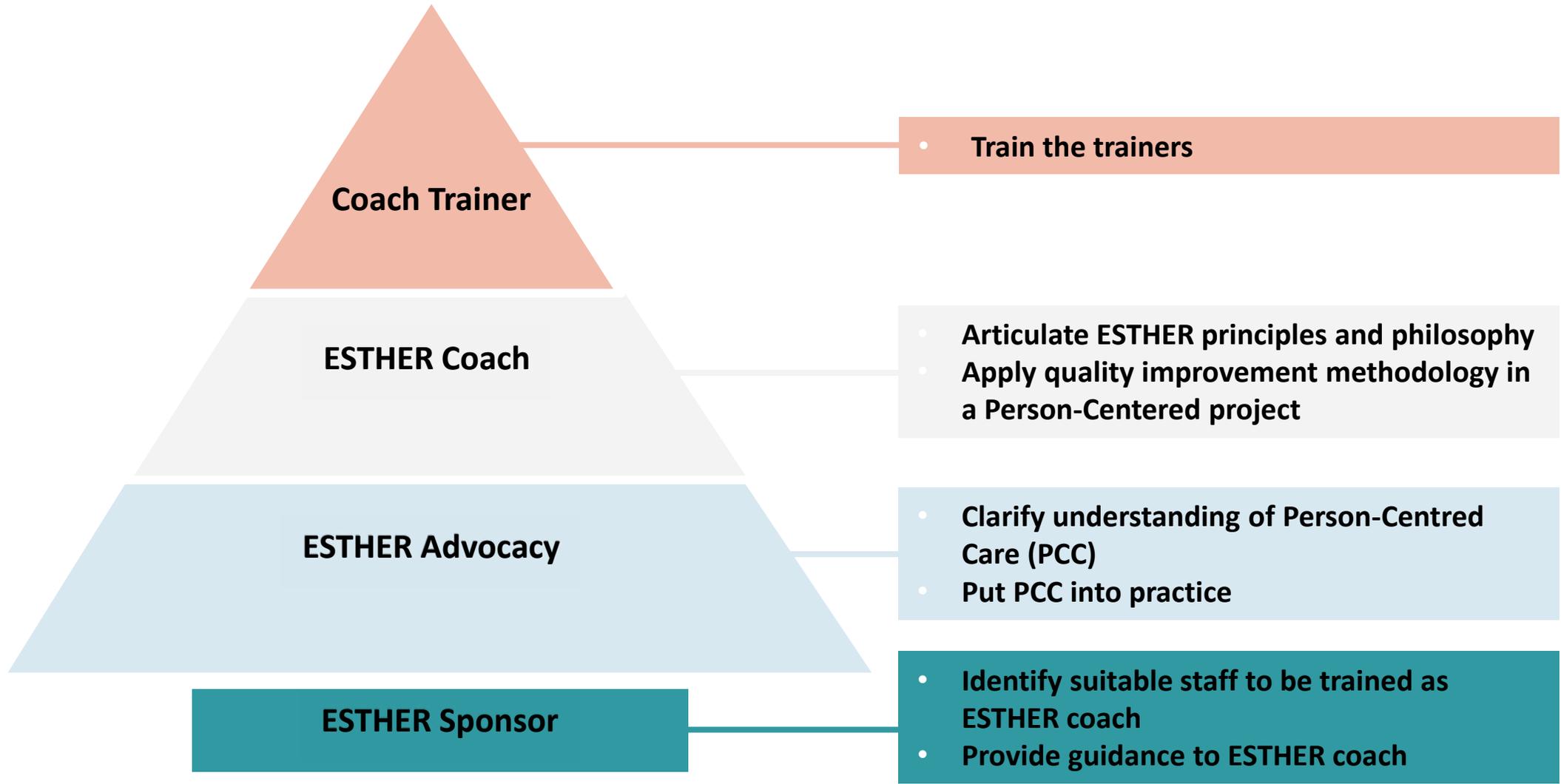
The network advocates a philosophy of person-centred care that always asks

“What matters to Esther?”

Focus is on engaging service users to find out what they value

Restricted, Sensitive (High)

Training of Healthcare Practitioners in PCC



Restricted, Sensitive (High)

Contents of ESTHER Advocacy Training

Aim

To create awareness and understanding of Person-Centred Care in health and social care delivery.

2-hour face-to-face didactic teaching + discussion

| Part | Duration | Content |
|------|----------|---|
| 1 | 60 mins | <ul style="list-style-type: none"> • Concept of Person-Centred Care (PCC) <ul style="list-style-type: none"> ○ A contextual understanding, by applying PCC into practice ○ Both sharing and caring aspects • The foundation of ESTHER Network and its PCC philosophy |
| 2 | 15 mins | <ul style="list-style-type: none"> • An Esther's Journey <ul style="list-style-type: none"> ○ Reflection on what mattered to Esther, what care providers did differently • Engaging with Esthers |
| 3 | 45 mins | <ul style="list-style-type: none"> • Sharing from ESTHER advocates <ul style="list-style-type: none"> ○ Individually think about (1) key learning points, (2) Integrating sharing and caring practices at work • (By invitation) Project Sharing by ESTHER Champions |

Restricted, Sensitive (High)

Applying PCC into Practice

Sharing

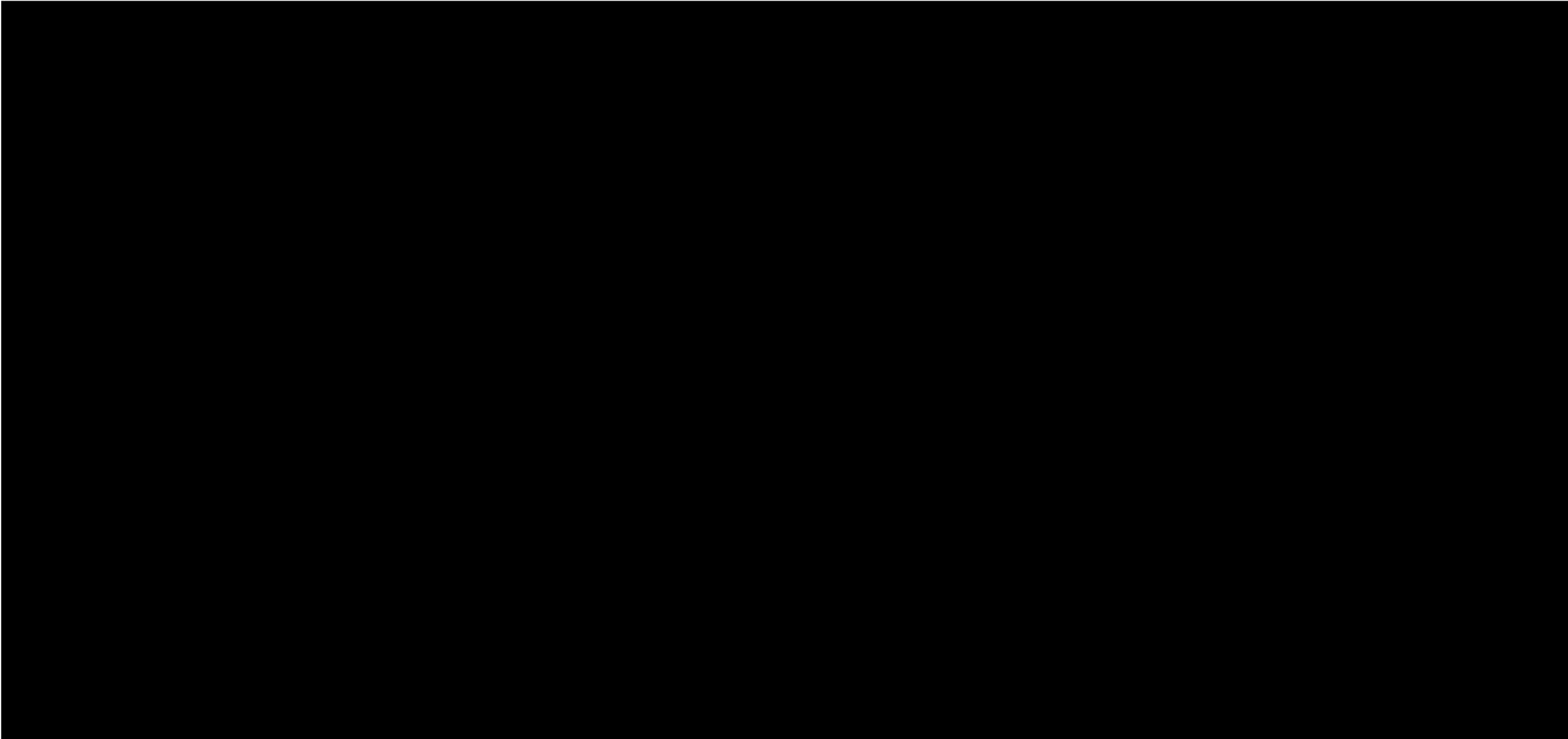
1. Provide information
2. Educate client and family
3. Encourage client to share
4. Encourage client to ask questions
5. Allow client to involve others in the discussion
6. Allow client to identify their goals of care
7. Allow client to choose (within available means)
8. Help to coordinate care

Caring

1. Respect client's values, preferences and expressed needs
2. Validate client and family's fears and anxieties
3. Express concerns
4. Offer emotional support
5. Enhance physical comfort
6. Recognize practitioner's personal values and biases
7. Acknowledge practitioner's vulnerability and limitations (practitioners as persons)

Krupat E, Rosenkranz SL, Yeager C M, Barnard K, Putnam SM, Inui TM. The practice orientations of physicians and patients: the effect of doctor-patient congruence on satisfaction. *Patient Education & Counseling*. 2000;39:49-59.

Use of Storytelling





Restricted, Sensitive (Hig

Inviting Reflection

“I felt the fulfillment ... outcome showed that looking into the patient’s individual situation and being sensitive to individual patient’s need will gain trust and cooperation from them for a smooth care delivery”

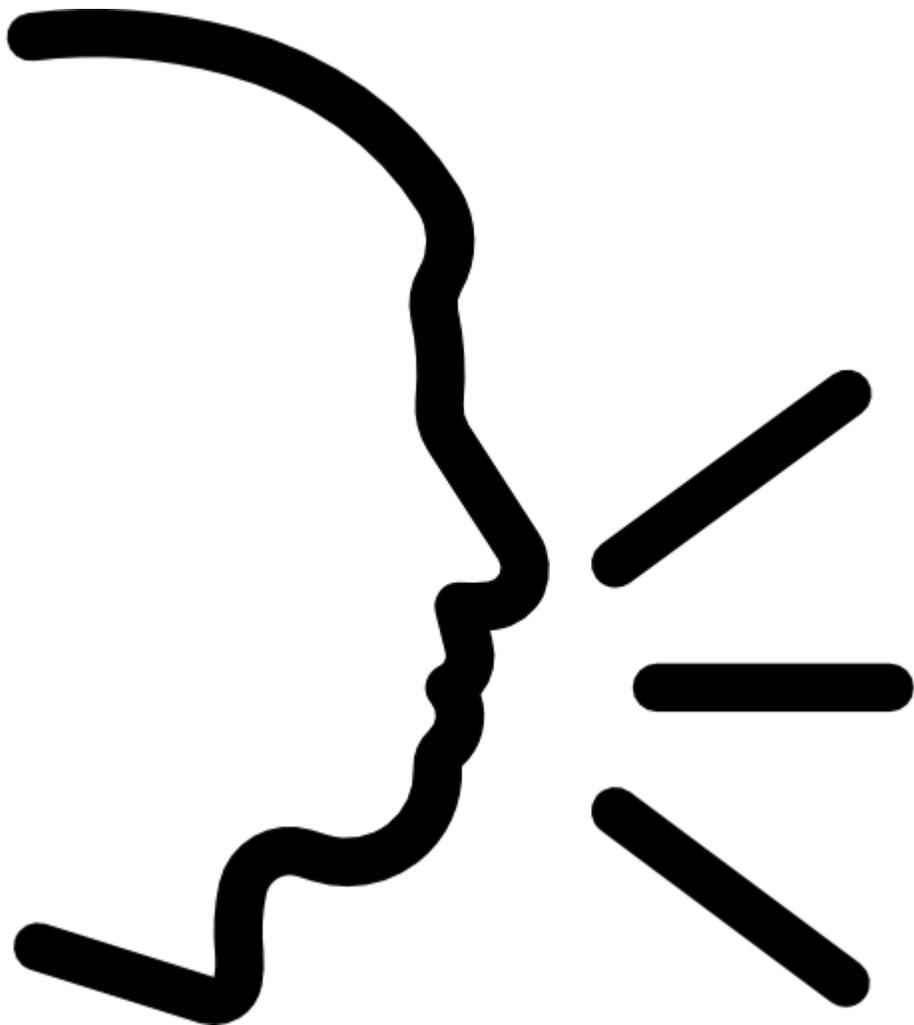
“I feel that if I’m the patient, I would also like to receive patient centered care. I would like to be empowered to have shared decision-making between the team and I”

Sharing from ESTHER Advocates

“Required initial investment of time, but perhaps overall time was saved”

“It was a more fulfilling experience as I worked out shared goals with the patient”

Restricted, Sensitive (High)

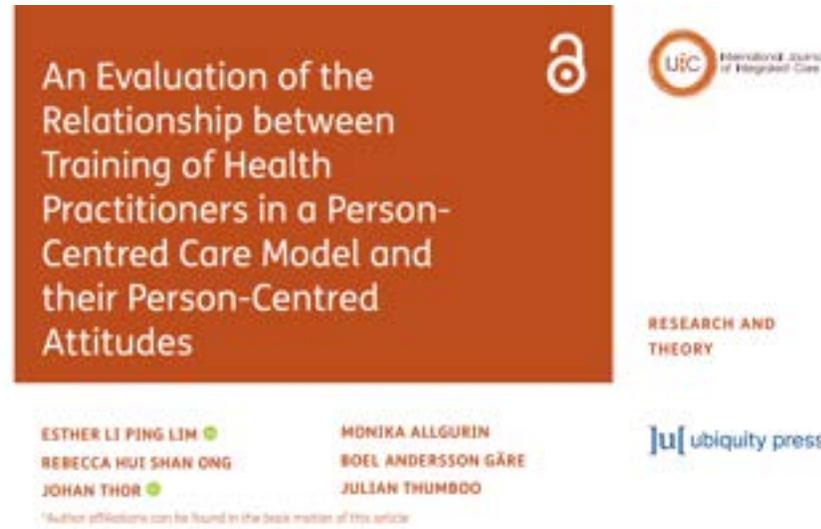


“To what extent did PCC advocacy training translate to changes in the person-centredness of healthcare practitioners?”

Restricted, Sensitive (High)

An Evaluation of the Relationship between Training of Health Practitioners in a Person-Centred Care Model and their Person-Centred Attitudes –

International Journal of Integrated Care



Restricted, Sensitive (High)



Article

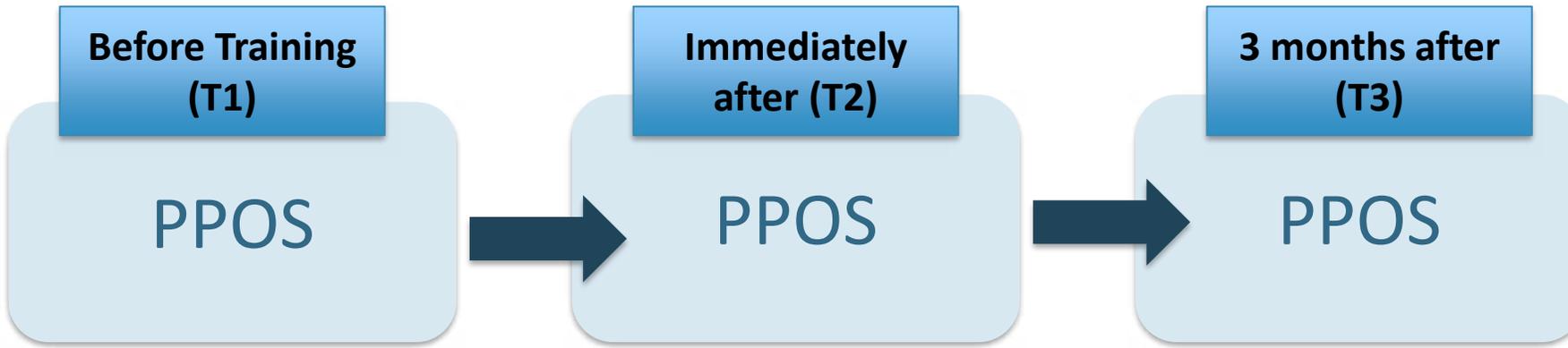


Aim of Study

- To evaluate the relationship between training and PCC attitudes (caring for, and sharing of power, control and information with, service users) among health practitioners.
- To explore the relationship between practitioners' characteristics (sex, profession and work experience) and person-centredness.

Restricted, Sensitive (High)

Methodology



5-statement questionnaire:

- Providing an accepting and caring environment
- Communicating with compassion and empathy
- Integrating and coordinating care
- Promoting shared-decision making
- Treating patients as equal partners

Restricted, Sensitive (High)

Patient-Practitioner Orientation Scale

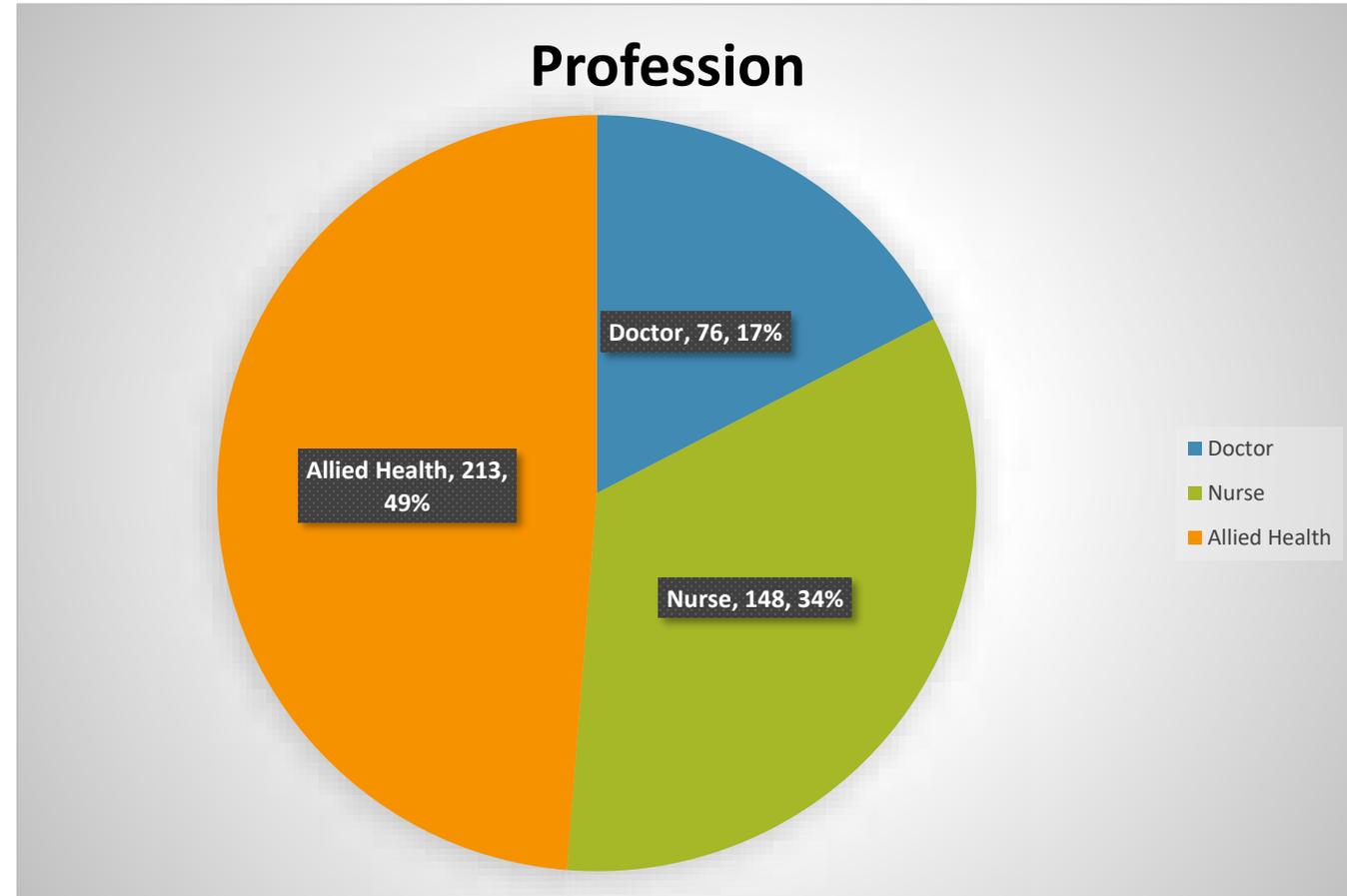
The statements below refer to beliefs that people might have concerning doctors, patients, and medical care. Read each item and then blacken in the circle to indicate how much you agree or disagree with each.

| | Disagree | Disagree | Disagree | Disagree | Disagree | Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 25% | 50% | 75% | 100% | 100% |
| 1. The doctor is the one who should decide what gets talked about during a visit. | <input type="radio"/> |
| 2. Although health care is less personal these days, this is a small price to pay for medical advances. | <input type="radio"/> |
| 3. The most important part of the standard medical visit is the physical exam. | <input type="radio"/> |
| 4. It is often best for patients if they do not have a full explanation of their medical condition. | <input type="radio"/> |
| 5. Patients should rely on their doctors' knowledge and not try to find out about their conditions on their own. | <input type="radio"/> |
| 6. When doctors ask a lot of questions about a patient's background, they are prying too much into personal matters. | <input type="radio"/> |
| 7. If doctors are truly good at diagnosis and treatment, the way they relate to patients is not that important. | <input type="radio"/> |
| 8. Many patients continue asking questions even though they are not learning anything new. | <input type="radio"/> |
| 9. Patients should be treated as if they were partners with the doctor, equal in power and status. | <input type="radio"/> |
| 10. Patients generally want reassurance rather than information about their health. | <input type="radio"/> |
| 11. If a doctor's primary tools are being open and warm, the doctor will not have a lot of success. | <input type="radio"/> |
| 12. When patients disagree with their doctor, this is a sign that the doctor does not have the patient's respect and trust. | <input type="radio"/> |
| 13. A treatment plan cannot succeed if it is in conflict with a patient's lifestyle or values. | <input type="radio"/> |
| 14. Most patients want to get in and out of the doctor's office as quickly as possible. | <input type="radio"/> |
| 15. The patient must always be aware that the doctor is in charge. | <input type="radio"/> |
| 16. It is not that important to know a patient's culture and background in order to treat the person's illness. | <input type="radio"/> |
| 17. Humor is a major ingredient in the doctor's treatment of the patient. | <input type="radio"/> |
| 18. When patients look up medical information on their own, this usually confuses more than it helps. | <input type="radio"/> |

Results

Sample Size

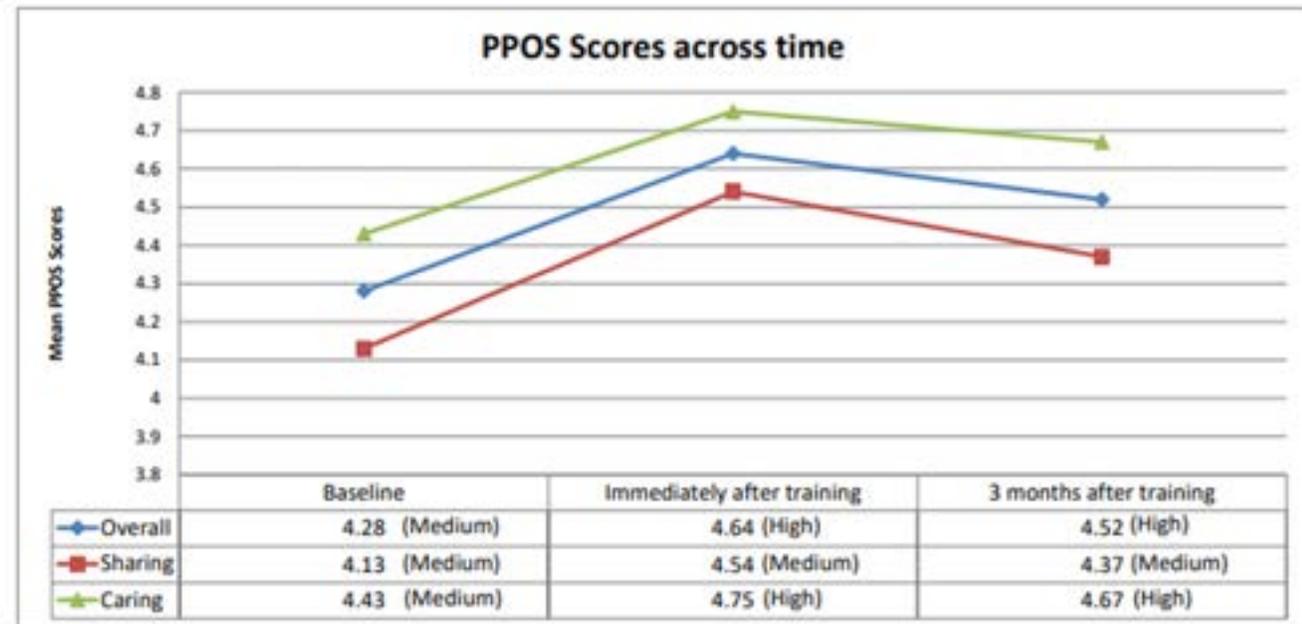
- 437 healthcare providers
- Age (mean): 36.3
- Male 22.2%, Female 77.8%
- Years of experience (mean): 11.84



Restricted, Sensitive (High)

Results

- Baseline PPOS scores collected before the training showed **Caring scores were higher than Sharing scores**
 - Females were more person-centred
 - Caring scores varied by profession (Doctors > AHPs > Nurses)
 - Overall and Sharing scores varied by work experience (11 – 20 years of experience > newer or more experienced co-workers)
- Immediately after the advocacy training (T2), **Overall, Sharing and Caring categorical scores increased from baseline (T1)**
- 3 months after the training (T3), these **scores decreased from T2 but are still significantly higher than T1**

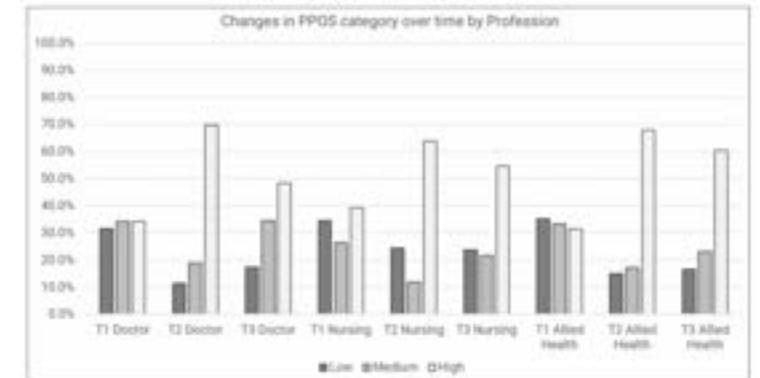


Restricted, Sensitive (High)

Results

Overall PPOS Scores

- Both **males and females** were more likely to have a **higher Overall PPOS category** over time
 - Females score higher than males
- Individuals from **all professions** were more likely to have a **higher Overall PPOS category** over time
 - Slightly greater increment of the effect at T3 for **AHPs**



Sharing Scores



- Degree of improvement was larger for sharing after training

Caring Scores



- Both males and females were more likely to have a **higher PPOS Caring category** over time

Restricted, Sensitive (High)

Discussion

Macrosystem

- Caring aspect of PCC is more prevalent than the Sharing aspect of PCC reflecting **inclination towards a more paternalistic approach**
- **Cultural factors and traditions** contribute to this tendency
- Achieving a shift towards equal partnerships with service users requires a **long-term commitment involving infrastructure, systemic approaches and effective leadership**

Mesosystem

- Training positively impacts practitioners' person-centredness but its effects wane over time -> **challenges in sustaining outcomes**
- **Positioning organization as a learning health system** with shared vision and systems thinking may promote collective team learning and accountability
- **Alternate between learning sessions and workplace practice** to reinforce learning and cultural change

Restricted, Sensitive (High)

Microsystem

- Lower PCC literacy of health practitioners locally reflects the **need for reflexivity** to further augment training
- **Leverage on the evolving role of professionals** to drive person-centred care
- Health practitioners' **perception of service users**



Snippet of the EN PCC Training VAP

MENU

SingHealth Person-Centred Care Advocacy eLearning (For Doctors) RESOURCES HELP

▼ SingHealth Person-Centred Care A...

Introduction ✓

Two Models of Person-Centred C...

Mdm Thenmozia's Video

Five SingHealth Domains of Perso...

Caring and Sharing Practices

Mdm Teo's Video

Patient- or Person- Centred Care?

Conclusion

ESTHER Advocacy Training

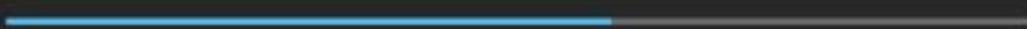
Learning Objectives:
At the end of the e-Learning, all participants should be able to:

1. Recall contemporary model of Person-Centred Care
2. List five SingHealth domains of Person-Centred Care
3. Explain how to apply the principles of Caring and Sharing into clinical practice



Click on  button below to view captions.

SingHealth
Defining Tomorrow's Medicine

||       

Limitations and Further Studies

- **Despite the large sample size, inclusion of a comparison group would strengthen internal validity that the changes are attributed to training**
- **More work needed to explore how mindset (attitudes) translate to practice (behaviours)**

Restricted, Sensitive (High)

Adaptation into elearning for larger reach

- Less than 20 mins
- Compatible with laptops and small screens
- Motivational design to increase the rate of completion
- Interactive design to keep learners engaged
- More videos, less words



eLearning on SingHealth Person-Centred Care Advocacy

This module on SingHealth Person-Centre Care Advocacy consists of a short survey to discover your person-centred orientation, an eLearning, questions to test your understanding and a discussion thread to share your person-centred practice. You will be able to download your certificate after completion of your questions and discussion. The estimated time for completion is about 30 minutes.

Restricted, Sensitive (High)

SingHealth

#OneSingHealth: Person-Centred Care (PCC)

Launch of SingHealth Centre for Person-Centred Care (CPCC)

To bring together SingHealth's PCC initiatives and promote PCC awareness and practice

**Empowering Individuals.
Everyone Matters**

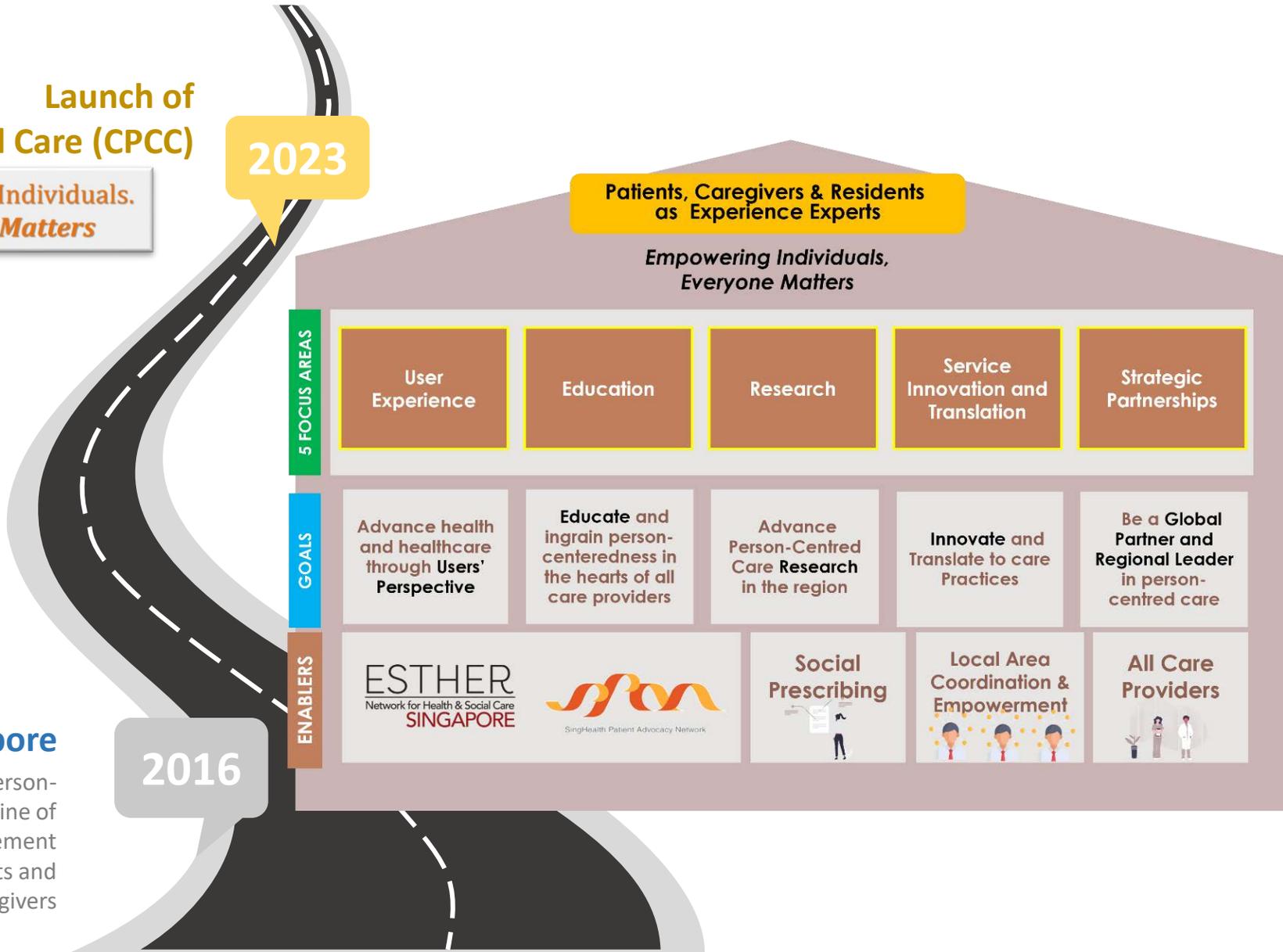
2023

Launch of ESTHER Network (EN) Singapore

ESTHER
Network for Health & Social Care
SINGAPORE

To promote the philosophy of person-centred care (PCC) and train a pipeline of ESTHER Coaches to drive improvement work to better serve patients and caregivers

2016



Conclusion

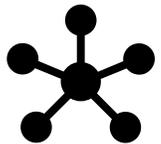


A 2-hour PCC training has potential to positively influence health practitioners' mindset towards person-centredness



BUT

More work is needed to achieve power equalization within a paternalistic and clinician-centric culture



Community of practice and organizational support structures crucial to sustain and further augment PCC training of health practitioners

Restricted, Sensitive (High)

1st Asia-Pacific Person-Centred Care Conference 2026

Organised by the SingHealth Centre for Person-Centred Care (CPCC)

Aims to bring together experts in person-centred care from all over the world to share and learn from one another



**Register your interest here
to receive updates for this
important event!**

Restricted, Sensitive (High)