# Healthcare Professional Education: Creativity, dialogue and co-production in an interconnected world

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PII: S2949-6977(24)00024-9

DOI: https://doi.org/10.1016/j.socimp.2024.100059

Reference: SOCIMP100059

To appear in: *Societal Impacts*

Received date: 9 August 2023
Revised date: 11 March 2024
Accepted date: 23 April 2024

Please cite this article as: John Stephens, Chris Carter and Lesley Scott, Healthcare Professional Education: Creativity, dialogue and co-production in an interconnected world, *Societal Impacts,* (2024) doi:https://doi.org/10.1016/j.socimp.2024.100059

# Healthcare Professional Education: Creativity, dialogue and co-production in an interconnected world

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| **Title** | Healthcare Professional Education: Creativity, dialogue and co-production in an interconnected world |
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| **Keywords** | *Participation, co-production, dialogue, creativity, healthcare education* |

Abstract:
The short communication reports on the methodologies and societal implications of a research project based on learning development and changing identity for participants (students and 'service users') within a BSc (Hons) Physiotherapy programme module of study. Focus is placed upon co-production within a participatory approach based on the processes of creativity and open dialogue proposed by the theoretical physicist, David Bohm.

Keywords:

Participation, co-production, dialogue, creativity, healthcare education

## Social Impact

Interdependence in an increasingly interconnected contemporary world, highlighted by the COVID pandemic and ongoing situation in Ukraine, underline an existence that is characterised by uncertainty and rapid change. Challenges and opportunities exist in a world where hierarchy and set 'rules' tend to become less relevant each day. This short communication reports on the methodologies and wider implications, the potential social

impacts, for a research project based on learning, development and changing identity for all participants (students and 'service users') across a first-year module of study within a BSc (Hons) Physiotherapy programme, University of Sunderland. Focus will be placed upon co-production within a participatory approach, based on the notions of creativity and open dialogue proposed by the theoretical physicist, David Bohm.

Health and social care across the globe have come under scrutiny in terms of the continuing demands placed upon health and social care systems within a backdrop of ever-increasing concern for the environment and the (largely negative) impact of human lifestyles on it. A logical argument can be presented that very limited, if any, environmental progress will be made unless we are able relate to each other, on an individual, national and international basis to realise the interdependence of existence [1].

A microcosm of this position is reflected in healthcare professional education and particularly the ever-increasing volume within curricula across the world to satisfy increasing diversity of health and social care provision, professional body requirements and employment demands that reflect this. A need to focus on the processes of learning is argued within this article, largely based on the ideas of David Bohm regarding creativity [2] and dialogue [3], in the promotion of non-hierarchical, active learning conversations with a centre rather than sides.

**Methodology**

The published article '*Participation and co-production for learning and development of identities: wherever I go, I meet myself'* [4] sought to explore the value of learning and development of identity through participation in co-produced practical workshop activities involving service users and students across a Year 1 BSc (Hons) Physiotherapy module of study. Co-production was also central to the research project design and operationalisation.

Module workshop activities were not based on pre-written case studies to be enacted by participants. Service users (and students) 'played' themselves. This was followed by data collection and analysis from a series of individual semi-structured interviews (n=11) and a focus group. Academic staff, students and service users (members of the University Patient, Carer and Public Involvement Group [PCPIs]) participated in both data collection and analysis to reflect the principles of participation and co-production.

It is not intended to go into detail regarding the project methods. However, Table 1 below provides an overview of the four steps involved. Definitions for participation and co-production as applied within the project were broad, being 'the willingness to be involved

with confidence and without fear of not being accepted, within a professional and social context' and 'services and products that are planned in full conjunction with clients' respectively [4]. Ethical approval was gained following University ethical review (serial number 011780).

| Step 1 | Step 2 | Step 3 | Step 4 |
|---|---|---|---|
| Design & delivery of workshops | Design, ethical approval & delivery of the research | Individual semi-structured interviews (n=11) & a focus group | Data collection, transcription & analysis to identify emergent themes |

Table 1. Project Steps (adapted from [4])

Six emergent themes were identified. A central theme of identity and self-worth was deconstructed within five interdependent sub-themes; real and safe, person-centred, backstage learning, good to talk and staging of curriculum. In short students made active gains in terms of learning and development of professional identity and PCPIs, many of whom live with long term conditions (both physical and mental health) came to value the opportunity to talk about their lives and an emergent positive view of their life with a long-term condition that had previously held a more negative impact.

A process of open dialogue within co-produced workshop design and delivery that embraced uncertainty and impermanence (there are not absolute right or wrong answers) enhanced learning and a contextual appreciation of a broader 'whole' for all participants. Table 2 below provides a summary of participant activity.

| Participant Group | Activity |
|---|---|
| Students | Design & delivery of workshops<br>Interviews – interviewed<br>Focus Group – participants<br>Data analysis |
| PCPIs | Design of research project<br>Design & delivery of workshops<br>Interviews – interviewed & interviewers<br>Focus Group – participants and facilitator<br>Data analysis |

| | |
|---|---|
| Academic Staff | Design of research project<br>Design & delivery of workshops<br>Interviews – interviewers<br>Data analysis |

Table 2. Participant Activity (adapted from [4])

The approach carries fascinating implications for education and life in general wherever human interaction exists. Existing ‘things’, including people, are understood not just based on their constituent parts and structure but also on function, co-existing as a coherent whole characterised by constant movement and therefore change [5]. Any notion of reality is dependent upon how human beings interact with this movement, and are indeed part of the movement, and how this movement fits within the established worldview of any particular cultural group(s), represented by the ‘rules’ as set by professional regulatory bodies. This was positively reflected within the project through confidence in confidentiality enabling participants to engage in dialogue from a ‘safe’ position and the freedom to be themselves. No case studies were used, participants (students and PCPIs) ‘played’ themselves which is believed to enhance the environment for coproduction to minimise any preconceived hierarchy of right or wrong.

**Implications**

Complexity is emphasised further within healthcare professional education in the aspiration to deliver person-centred health care [6]. Simplistically, this can be represented through the necessary interaction of research / evidence-based practice, individual (‘patient’) need, and self-awareness and insight of the practitioner being present within decision-making. Indeed, education in general arguably should reflect this process in being part science and part art to form the basis for learning and development that encompasses both the individual and societal context. It is argued that learning and development should not result in ‘crystallisation’ into absolute views (whether personal or collective). Although challenging at times to fully appreciate that there may not be a ‘right’ answer, engagement with and celebration of ‘similarity’ and ‘difference’ as a basis for education in person centred care is critical for learning, development and practice.

Study themes that include ‘identity’ and self-worth’ highlighting the value of dialogue (‘good to talk’) [4], have clear implications for the processes of service user participation in education and a wider impact in relation to relationships and wellbeing in general.

Service User involvement in healthcare professional education has been advocated. In 2009, Morgan and Jones [7] carried out a literature review to identify approaches to involve service users within curricula. Thirty papers relating to pre-registration and eleven post-registration reported on both service users and students benefitting from involvement, but limited evidence that involvement changed behaviour in practice. It is indicative of the continuing advocacy for service user involvement that the first comprehensive textbook was published in 2021, 'The Routledge Handbook of Service User Involvement in Human Services Research and Education' [8], that contains forty-eight chapters drawn from work carried out across the globe.

The Patient, Carer and Public Involvement (PCPI, 'Service User') group was established at the University of Sunderland in 2014. PCPIs are members of the public, some living with long-term conditions including both physical and mental health conditions. The role offers personal learning and development opportunities for the PCPIs themselves. PCPIs are involved in student recruitment and the delivery of the Physiotherapy programme at all levels, supporting students in developing their communication, assessment, and clinical skills, through input to workshop activity and also contributing a role to some programme assessments.

As already highlighted, there is an explicit expectation within healthcare that the person is at the centre of the services that they use, and an expectation of regulatory and professional bodies that PCPI is both explicit and embedded in healthcare related courses. The PCPI group at the University of Sunderland currently number 250 members and is representative of all protected characteristics and respect of equality, diversity and inclusion. Operationally, the group adopts Tew's Ladder of Participation, a modified form of the well-known Arnstein's Ladder of Citizen Participation representing levels of participation, rating participation from 'high' to 'low' forming an interesting synergy with the interpretation of the projects processes of participation and co-production.

Participation, as defined earlier has at its heart the process of open dialogue, the creation and active engagement of participants to promote equal status and space as the most important prerequisites of communication and the appreciation of differing personal beliefs [3]. An essential aspect of open dialogue is that participants (aim to) suspend immediate action or judgment and give themselves and others the opportunity to become aware of the thought process itself, ie space for reflection. This facilitates movement to a new position of understanding and development. The process should not be confused with negotiation, a process that lends to compromise, an outcome that nobody really wants, and the risk of fragmentation of ideas and the unwitting promotion of intolerance. It is our belief that open

dialogue is / should be at the heart of healthcare professional education and is at the root of participation and co-production.

Co-production as a collaborative model of working has long been advocated, although there is little agreement about what co-production is, what effects are being sought, or the best techniques to achieve an effect [9]. This may seem frustrating to a certain extent but in fact accurately encapsulates the uncertainty of contemporary society and would support the notions of participation and open dialogue cited. Oliver, Kothari and Mays [9] discuss the possible implications of such uncertainty in relation to research raising concerns regarding the impact of costs both in terms of use of funding and also in terms of managing relationships, time and possible threats to credibility. Many of the tensions regarding co-production (and indeed participation) we would argue concerns power and hierarchy, in turn governed by fear [1]. Fear of being ‘wrong’, losing reputation, position in society and so forth.

Nicholls et al [10] argue for the promotion of connectivity in physiotherapy (and by implication healthcare) practice which has a logical extension to education. This view dismisses a previously prevailing western biomedical view of healthcare and supports the development of collaboration and co-dependence, the benefits of which can be seen in this project [4]. Although on a very small scale, there are interesting possibilities for wider healthcare professional education that makes participation and coproduction both an interesting and also challenging concept which promotes creative thinking as a thing of ‘beauty’ [2] to power learning and development.

Bohm [2] discusses the common notion of ‘beauty’ as a subjective response of the individual. In contemporary society, the ‘truth’ is no longer owned by science or art or any particular cultural group. There is an issue of truth as corresponding to the facts but also ‘true’ in the context of ‘being true to self’, for example as in the terms he/she/they. Bohm [2] argues a link between science and art in the pursuit of presence and education as a thing of beauty to be viewed as a constantly changing coherent whole. We would argue that this is the context for participation and co-production (whatever the definition or model) with open dialogue both informing and supporting in the pursuit of learning and development being paramount.

In conclusion, within a complex, constantly changing contemporary world with uncertainty a central tenet, there can no longer be any fixed ideal of (healthcare professional) education driven by hierarchy and power. Active participation through co-production, however defined, that is driven by a process of open dialogue and creativity is suggested as a means to support learning and development for all participants. There are ‘rules’, but these are also

subject to change and should be used for guidance rather than some concrete ‘truth’. We could choose to celebrate such ambiguity and uncertainty presented by ‘similarity’ and ‘difference’ in working towards an ever-evolving coherent whole rather than a focus on absolutes within notions of ‘right’ and ‘wrong’ that tends to provide a fragmented world view.

**References**


1. Hahn T. N, (2021) *Zen and the Art of Saving the Planet.* London: Penguin
2. Bohm D. (2004) *On Creativity.* London: Routledge
3. Bohm D. (2004) *On Dialogue.* London: Routledge
4. Stephens J., Carter C., McMahon S., Howard B. and Scott L. (2023) Participation and co-production for learning and development of identities: wherever I go, I meet myself. *Journal of Evaluation in Clinical Practice.* Available at https://onlinelibrary.wiley.com/doi/pdf/10.1111/jep.13911
5. Bohm D. (2007) *Wholeness and the Implicate Order.* London: Routledge
6. Miles A. & Asbridge J.E. (2017) Person-Centered Healthcare - moving from rhetoric to methods, through implementation to outcomes. European Journal for Person Centered Healthcare 2017 Vol 5 Issue 1 pp 1-9
7. Morgan A. & Jones D. (2009) *Perceptions of service user and carer involvement in healthcare education and impact on students' knowledge and practice: a literature review. Medical Teacher*, 31 (2), pp.82-95
8. McLaughlin H., Beresford P., Cameron C., Casey H. and Duffy J. (2021) *The Routledge Handbook of User Involvement in Human Services Research and Education.* London: Routledge
9. Oliver K., Kothari A. & Mays N. (2019) The dark side of co-production: do the costs outweigh the benefits for health research? *Health Res Policy Sys*. Available at https://doi.org/10.1186/s12961-019-0432-3 (accessed 24/072023)
10. Nicholls D. A., Atkinson K., Bjorbaekmo W.S. (2015) *Connectivity: An emerging concept for physiotherapy practice. Physiotherapy Theory and Practice*. Available at DOI: 10.3109/09593985.2015.1137665 (accessed 24/07/2023)


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**Declaration of interests**

☐ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☒ The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

The article that the short communication is based on an article submitted to the 'Journal of Evaluation in Clinical Practce' as declared at the Article Template