Person-centered approaches for functional learning in professional programmes

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South Africans face complex challenges due to various biological, environmental, and economic risk factors (Black et al. 2017). The cumulative effect of these risks has resulted in the classification of the Quadruple Burden of Disease (QBD) in South Africa (Basu 2018). The QBD includes HIV/AIDS, tuberculosis, violence, and injury, maternal, new-born and child health, and non-communicable diseases (Basu 2018). Students within professional programmes, such as speech-language pathology and audiology, who enter the workforce, are consequently tasked with providing services to populations that are affected by the QBD. Within their scope of practice, they provide a wide range of communication-enabling services to populations from young to old who may experience challenges in interacting with others in their everyday contexts. Research has shown that for meaningful outcomes for individuals to be achieved, service delivery needs to be tailored not only to the condition or associated difficulties, but also to individuals' personal circumstances (Snyman et al. 2016). It is essential that graduating students demonstrate a holistic, person-centered approach when interacting with the populations they serve.

Over the past few decades, professional training programmes tended to prioritise biomedical topics (e.g. site of lesion/diagnosis and management/rehabilitation frameworks) over engagement with clients' psychosocial concerns (Ekberg et al. 2014). This is due to the immense technical knowledge required in professional programmes, and is compounded by the profession-specific accreditation criteria, which primarily focus on technical skills and training. Focusing solely on these skills risks creating a workforce ill-prepared for the person-centered, integrated models of care needed to address global health priorities (WHO 2015). Academic preparation focused on facilitating person-centered care (PCC) is vital to ensure students are able to face real-world challenges and play a key role in shaping the future professional body.

PCC is recognised as the cornerstone of quality health-care delivery and is associated with positive health outcomes (Gary et al. 2020). The Institute of Medicine (2001) defines *patient*-centered care as a partnership among

practitioners, patients, and their families. Currently, there is a move to refer to individuals as clients, rather than as patients, highlighting the move away from the biomedical perspective and outlining the responsibility of health-care professionals to serve those they treat. Person-centered approaches ensure that the decisions made respect clients' wants, needs, and preferences, and that clients have the education and support they need to make decisions and participate in their own care, as well as participate in quality improvement efforts. This approach aligns with the International Classification of Functioning, Disability and Health (ICF) (WHO 2001), which provides a framework for implementing person-centered approaches.

To practice PCC, priority needs to be given to students learning how to communicate effectively and build sincere empathetic relationships with the individuals and families they treat (Kitson et al. 2013). Teaching and training of PCC through interaction, modelling, and application are scaffolded across year groups. In general, this has been challenging to achieve due to a number of reasons. One example is the lack of confidence of educators in their own knowledge about teaching PCC, and since many educators did not have the training themselves, Silverman aptly puts it as 'the blind leading the partially sighted' (Silverman 2009). This is compounded by lack of resources, such as funding limitations for training academic lecturers and clinical educators, inviting guest lecturers, or employing additional staff to train students in PCC. These challenges have been identified across both high- and low-income contexts (Tai et al. 2018). Challenges can impact role-modelling by lecturers and result in a gap between theory and practice, where academic teaching does not necessarily equate to real-life clinical environments. Students in professional programmes need to be trained to provide evidence-based practice that is guided by research, that they are competent to apply and that meets the needs of the population served, i.e. person-centered (Figure 1).

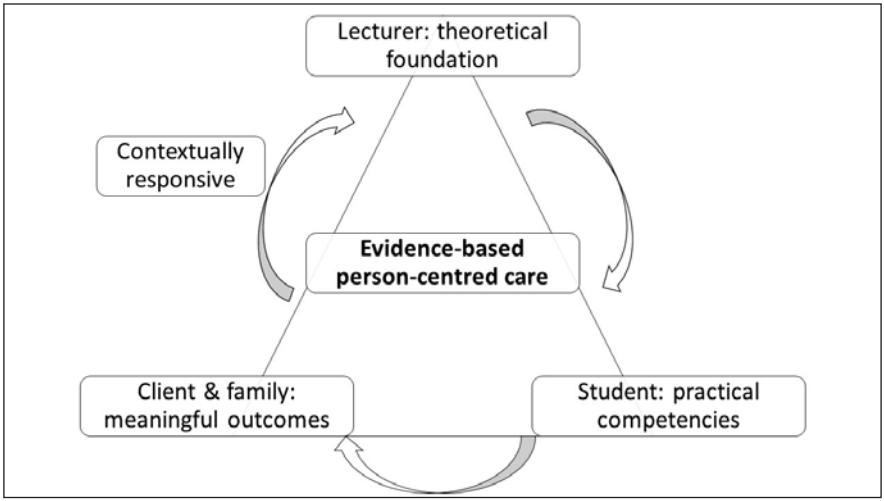

Figure 1: Proposed model for a person-centered approach for functional learning in professional programmes

Before facilitating students' person-centered perspective to service delivery for their clients, lecturers have to apply a person-centered approach to engaging students (Figure 1). This requires the reimagining of 'traditional' teaching approaches. The University of Pretoria has recognised this as important, and implemented it through the advocating of inquiry-based learning (IBL), problem-solving, and flipped classrooms, encapsulated by the FLY@UP campaign. These strategies have aimed at increasing students' engagement in their own learning. Engagement has always been a central focus of successful teaching, but the person-centered focus led to the increased focus on cognitive and agentic engagement (Reeve 2013). Cognitive engagement is the use of higher-order questions that are complex and challenge students to explain, justify, and rationalise *with* lecturers and their peers (Jamaludin & Osman 2014). Agentic engagement goes a step further where self-learning is proactive before, during, and after learning activities, and is facilitated with the support of the lecturer (Reeve 2013), thus aligning with IBL principles. These approaches open the space for students' perspectives to be considered within their learning environment. Facilitating this person-centered approach can, however, be challenging for lecturers even under traditional teaching situations, such as in classroom learning.

Despite these challenges, within the Speech-Language Pathology and Audiology curricula (University of Pretoria), fostering PCC amongst lecturers and students is an ongoing priority. Many lecturers and clinical educators have received PCC training through freely available online courses, including the IDA institute located in Denmark, and in-house training workshops. Student PCC training is scaffolded with face-to-face theory classes provided in the first two years of study, and implementation of PCC approaches practised in clinical settings in the senior years (third and fourth years). On a theoretical level across modules, lecturers use the ICF framework to teach students how to move beyond the biomedical model that focuses on clients' conditions, to a biopsychosocial model. Students learn how disability can differ between clients, even if the same degree of condition is present, due to person-specific facilitators and barriers that impact participation in their various contexts. Lecturers in professional programmes need to provide students with condition-specific knowledge, while facilitating a person-centered approach. Students need to have a strong theoretical foundation to managing clients' condition-specific challenges, while implementing a person-centered treatment plan. This requires students to demonstrate an intricate continuum of skills, which can only develop with the support of lecturers that follow a person-centered teaching philosophy when conveying content and interacting with students. Clinical encounters are achieved either through role-play or through authentic clinical appointments. This format of training has been helpful for students and clinical educators to engage in PCC and reflect on the experience. This direct interaction and feedback creates individualised learning activities for students and highlights areas that require refinement.

The mandate to flatten the curve through social distancing as a result of Covid-19 resulted in a global shift to use technology, which has driven widespread educational reform, shifting expectations of teachers and students towards technology-mediated education, student-centered, simulated, and team-based learning. This raised additional challenges and limitations for lecturers to implement a person-centered teaching approach. Students struggled because developing person-centered therapeutic skills require repeated practical opportunities to practise and refine these skills. The national lockdown meant that in-person theoretical teaching and practical learning opportunities were suspended. Students, however, still required practical opportunities to practise developing their theoretically sound intervention abilities in a way that would

prepare them to deliver PCC to complex and diverse South African populations. Additionally, students in the speech-language pathology and audiology programme are required to deliver services to the public and accumulate a minimum of 400 clinical hours, in order to register with the Health Professions Council of South Africa. It fell to lecturers to find solutions to these complex problems.

Complex problems require coordinated, multi-tiered solutions that access as many entrance points as possible (Jones et al. 2015). Innovative approaches are required in low-resourced, high-risk situations, but evidence-based methods are often lacking (Engle et al. 2011). Lecturers in the professional programmes of speech-language pathology and audiology had to be innovative in identifying various approaches for continued practical learning for the students during the Covid-19-related national restrictions. Online platforms were accessed to reach students across the country. To facilitate PCC skills within the online space, the flipped classroom model has been used at first- and second-year levels, in terms of which students are responsible for their own learning. With the flipped classroom approach, students' first exposure to PCC material occurred before class, typically by means of prescribed reading, followed by an online lecture and multimedia materials with online live class time being interactive, dedicated to assimilating, applying and progressing understanding to higher levels. The majority of the current student cohorts are from the 'generation Z' group and have an innate readiness for technology-mediated learning, which may have made them more receptive to these changes, although accessibility had to be a consideration.

In terms of clinical training at a senior student level, simulated learning was used. Simulated scenarios cannot replace practical in-the-field learning, but considering the national lockdown restrictions, dynamic approaches to teaching and practical training were required. This approach allowed teaching and learning that replicates real-world practice environments, in safe, immersive learning spaces. The lecturer developed real-world case studies and during a virtual session, would role-play as the client so that students could engage and practise their PCC skills. Although stressful and initially unfamiliar, the students enjoyed this process, including the immediate feedback and discussion that followed. The sessions were also recorded, allowing students to watch themselves again, and identify possible strengths and limitations. Video essays were an additional avenue used to develop person-centered communication

skills through multimodal experiences, allowing for the expression and creation of self-knowledge. Final year speech-language pathology and audiology students were required to record themselves explaining a profession-specific concept to a non-speech-language pathologist or audiologist. Considering the nation-wide lockdown, the person had to be someone they were living with. Concepts included complex conditions, such as auditory neuropathy spectrum disorder, or intervention techniques, such as auditory highlighting for language facilitation. Students were required to explain these concepts appropriately, while demonstrating counselling and person-centered techniques. They then had to demonstrate a contingent intervention activity conducted within an everyday routine. This encourages students to maintain a functional person-centered approach in intervention, so that progress is individualised and applicable to the client and family.

Lecturers encouraged a person-centered approach to their practical teaching by also including a reflection report section as part of the video essay assessment, so that students' perspectives of the assessment format could be collected and considered. For the video essay assignments, final-year speech-language pathology and audiology students obtained an average of 70.8% (SD ± 8.2) in a shared, early-intervention-focused module. Reflective feedback that was gathered highlighted three main themes, namely clinical application, skills obtained, and challenges. All students reported that the video essay assisted them in achieving a better understanding of the profession-specific concepts and improved their ability to explain them to clients, thus enhancing their ability to provide person-centered services. Many of the students reported that they had the opportunity to develop their clinical skills, but they found the method of assessment to be challenging. Innovative teaching and assessment approaches, such as video essays, may be effective to encourage inquiry, problem-based learning when in-person engagement is not feasible. Video essays were successful in helping students to develop person-centered intervention skills, as they were able to reflect on their service delivery abilities, and identified aspects they felt needed to improve, thereby developing their clinical skills through a person-centered teaching approach. Going forward, such approaches to practical student learning should be considered as part of a hybrid-approach to teaching and learning in professional programmes.

The Covid-19 pandemic has not only affected the way in which we, as lecturers, teach but also the way in which treatment is provided in healthcare.

In accordance with Sustainable Development Goal 4, education and training needs to focus on equipping students with the requisite knowledge, skills, attitudes, and values to create a sustainable future. To this end, students should cultivate critical and creative thinking skills, engage in authentic interdisciplinary learning activities and develop a value system that emphasises responsibility to self, others, and the planet. To equip our students with what may be the future of clinical practice, we exposed the senior students to developing their PCC skills through telehealth. Telehealth is the delivery of health-care services by health-care professionals where distance is a critical factor, through using information and communication technologies (ICT) (Monaghesh & Hajizadeh 2020). In line with the HPCSA regulations, students provided intervention to clients using telehealth mediums, including WhatsApp, telephone, and virtual platforms (Zoom, Microsoft Teams). This allowed the maintenance of client-clinician therapeutic alliance and continued service delivery.

There are a number of challenges in achieving successful online teaching and learning in general, which are compounded when training students to develop clinical skills such as PCC. The online format of teaching and learning requires students and clients to have access to a workable device, a power source, and a stable internet connection. Many of our students initially struggled due to the lack of resources. However, with the support of the University to secure devices for students in need, as well as Tshwane and Johannesburg municipal WiFi projects, the majority of the students were able to access and participate in online learning. The long-term sustainability of such projects; however, remains a major concern. According to a Cisco white paper report (2019), as an emerging economy, South Africa is considered to be less 'digitally ready' than its peer middle-income countries. Besides the lack of infrastructure, the general affordability of access to, and usage of, technology for the general public remains a growing concern. Costs of airtime, data, and electricity are increasing, and the lack of growth of the economy leads to further inaccessibility and unavailability of tools (Marivate et al. 2021). The future success of online teaching, learning, and training in South Africa is also very much affected by the erratic electricity supply in the country due to load-shedding, and the lack of electricity in more rural areas. Is saying that this is the best we can do in the current circumstances good enough for our students and clients?

Although various institutions and institutional bodies have been supportive, and have provided access to online systems and training, the bandwidth

required does not always make it feasible to use in order to provide certain class discussions or telehealth intervention sessions. Thus students may need to provide services through WhatsApp or over the telephone. This may be more accessible for the families served, but could create confusion amongst students when applying treatment protocols across diverse platforms. Furthermore, the continuous updating of the software results in additional difficulties for lecturers, students, and clients as they have to continuously learn and become accustomed to new settings.

Students have also reported that they find online learning 'boring' because they cannot interact directly with peers and lecturers. Online learning formats remove the socialisation and networking opportunities typically offered at the higher education level. Students experience online fatigue and tired eyes from staring at smartphones or laptop screens every day, all day long (Laili & Nashir 2021). It was also mentioned that online learning is more complicated because the number of assignments from lecturers increases and requires students to send photos and videos, download materials, and upload tasks once completed. These tasks take a long time and require stable internet connections.

Conclusion

Although we support online teaching and learning, lecturers should tread with caution as one size is not always suitable for all. This may be especially true in professional programmes where face-to-face interaction is still necessary to develop students' technical and PCC skills. Students must be able to provide dynamic person-centered services to diverse populations across multiple settings, be it online or in-person. Ultimately, it is each lecturer's responsibility to reflect on whether they have prepared sufficiently to do this.

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