Essential understanding of Values-Based Practice (V-BP) comprises:

1. **The point of values-based practice.** Values-based practice rather than giving us answers as such aims to support **balanced decision making within frameworks of shared values** appropriate to the situation in question.

2. **The premise of values-based practice.** The basis for balanced decision making in values-based practice is the ‘democratic’ premise of **mutual respect for differences of values.**

3. **The process of values-based practice.** Again like a political democracy, the values democracy of values-based practice supports **decision making through good process rather than prescribing pre-set right outcomes.** There are **ten key elements of the process** of values-based practice covering clinical skills, professional relationships, and the inter-relationship of science (evidence-based practice) and values-based practice as well as dissensus in partnership decision making.

Assessment of the global understanding of V-BP and the extent to which it has been incorporated into practice relies on the ability to test inter-related elements.
## VBP Elements based on clinical skills

<table>
<thead>
<tr>
<th>Element</th>
<th>Title &amp; Content Descriptor</th>
<th>Knowledge, Skills, and Attitudes/behaviours</th>
<th>Possible assessment methods</th>
</tr>
</thead>
</table>
| 1       | **Awareness of Values:** Self-aware of one’s own values and aware of others’ values. **Central Premise = Respect for differences of values** | **K** What are values?  
**A** Self awareness  
**KS** Eliciting Ideas, Concerns, & expectations (ICE)  
**KS** Eliciting Strengths, Aspirations & Resources (StAR)  
**K** Legal and human rights frameworks  
**A** Respect for difference | **EMQ**  
Significant Event analysis; reflective portfolio;  
talk aloud protocol (can be OSCE station)  
**OSCE**  
**OSCE**  
Written questions  
‘White space’ examples  
OCE Station ‘Health-talk on line’ examples’ |
| 2       | **Reasoning about Values:** The importance of clinical ethics and professional codes  
Why different processes are needed in complex situations & if values conflict. | **K** Professional codes (eg Good Medical Practice)  
**K** ‘Four principles’ and other ethics precepts  
**KS** Principles reasoning  
**KS** Case-based reasoning (Casuistry)  
**KS** Decision analysis  
**A** Clinical judgement | **MCQ**  
MCQ and short answer questions  
**OSCE station**  
**OSCE station**  
OSCE station 2 different methods of DA  
Mini-CEX |
| 3       | **Knowledge about values:** where and how to search for evidence about values | **S** Critical analysis  
**K** Why is values evidence more difficult to access than bio-medical scientific evidence?  
**KS** Conventional searching techniques (Google-scholar and Medline)  
**KS** VaST searching | **OSCE station or short answer question**  
Short answer question  
On-line computer  
**OSCE station**  
On-line computer  
**OSCE station** |
| 4       | **Communication Skills:** extending the basic clinical communication skills to skills for eliciting values | **S** Asking the appropriate values questions – progressing from ICE to ICE-StAR  
**S A** Identifying value agendas  
**S** Conflict resolution  
**K** Adaptive work, non-confrontational communication and clinical leadership | **OSCE**  
OSCE  
OSCE (video scenario) Mini-CEX  
Reflective portfolio |
**VBP Elements based on professional relationships, and the inter-relationship of science (evidence-based practice) and values-based practice as well as partnership in decision making. The shared framework for V-BP**

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| 5       | Person-values-centred practice | **K** Many varieties of person-centred medicine  
**S** Overcoming problems of mutual understanding  
**S** Overcoming problems of conflicting values  
**S** Case-based reasoning and person-centred medicine  
**SA** Applying clinical guidelines in a person centred way | Short answer question  
Scenario based OSCE  
Scenario-based OSCE  
Written or OSCE  
DOPS, Mini-CEX or OSCE station based on a NICE guideline (UK) |
| 6       | Extended Multidisciplinary Team-work: | **K** Shared sets of values  
**K** Differences of values (importance for balanced decision making)  
**K** Protocols and toolkits: the advantages and disadvantages for teams  
**S** Balanced decision-making and risk-sharing | Safeguarding scenario OSCE  
Written question  
Written question  
OSCE 360degree feedback |
| 7       | The two-feet principle: Clinical Decisions based on Evidence & Values | **K** understanding that failure to elicit values is more often responsible for consultation failure than ignorance about science and treatment options.  
**S** Applying best available evidence to the individual (based on knowledge of their values) | OSCE – locating relevant sectors on Dowie’s diagram  
Mini-CEX and DoPS  
OSCE |
| 8       | The Squeaky wheel principle: Where to focus attention on values | **S** maintain a focus on the appropriate clinical evidence when immersed in value–laden situations  
**A** **S** Applied cultural awareness | Mini-Cex DoPS, OSCE and reflective portfolio.  
Mini-Cex DoPS, OSCE and reflective portfolio. |
| 9       | The science-driven principle: | **K** advances in medical science & technology drive development of evidence-based and values-based practice. | Written questions |
| 10      | Partnership in decision-making | **K** Consensus and Dissensus  
**S** Applied clinical leadership in dissensus | Written questions  
OSCE |
| Universal | A shared framework for VBP | **K** basis for balanced decision making in individual cases | Can only be tested in group exercise |