

### **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

Element	Title & Content Descriptor	Knowledge, Skills, and Attitudes/ behaviours	Possible assessment methods
1	<p><b>Awareness of Values:</b> Self-aware of one's own values <b>and</b> aware of others' values.</p> <p><b>Central Premise = Respect for differences of values</b></p>	<p><b>K</b> What are values?  <b>A</b> Self awareness</p> <p><b>KS</b> Eliciting Ideas, Concerns, &amp; expectations (ICE)  <b>KS</b> Eliciting Strengths, Aspirations &amp; Resources (StAR)  <b>K</b> Legal and human rights frameworks  <b>A</b> Respect for difference</p>	<p>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'</p>
2	<p><b>Reasoning about Values:</b>            The importance of clinical ethics and professional codes            Why different processes are needed in complex situations &amp; if values conflict.</p>	<p><b>K</b> Professional codes (eg Good Medical Practice)  <b>K</b> 'Four principles' and other ethics precepts  <b>KS</b> Principles reasoning  <b>KS</b> Case-based reasoning (Casuistry)  <b>KS</b> Decision analysis  <b>A</b> Clinical judgement</p>	<p>MCQ            MCQ and short answer questions            OSCE station            OSCE station            OSCE station 2 different methods of DA            Mini-CEX</p>
3	<p><b>Knowledge about values:</b> where and how to search for evidence about values</p>	<p><b>S</b> Critical analysis  <b>K</b> Why is values evidence more difficult to access than bio-medical scientific evidence?  <b>KS</b> Conventional searching techniques (Google-scholar and Medline)  <b>KS</b> VaST searching</p>	<p>OSCE station or short answer question            Short answer question</p> <p>On-line computer OSCE station</p> <p>On-line computer OSCE station</p>
4	<p><b>Communication Skills:</b> extending the basic clinical communication skills to skills for eliciting values</p>	<p><b>S</b> Asking the appropriate values questions – progressing from ICE to ICE-StAR  <b>SA</b> Identifying value agendas  <b>S</b> Conflict resolution  <b>K</b> Adaptive work, non-confrontational communication and clinical leadership</p>	<p>OSCE            OSCE            OSCE (video scenario) Mini-CEX</p> <p>Reflective portfolio</p>

**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**

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

