

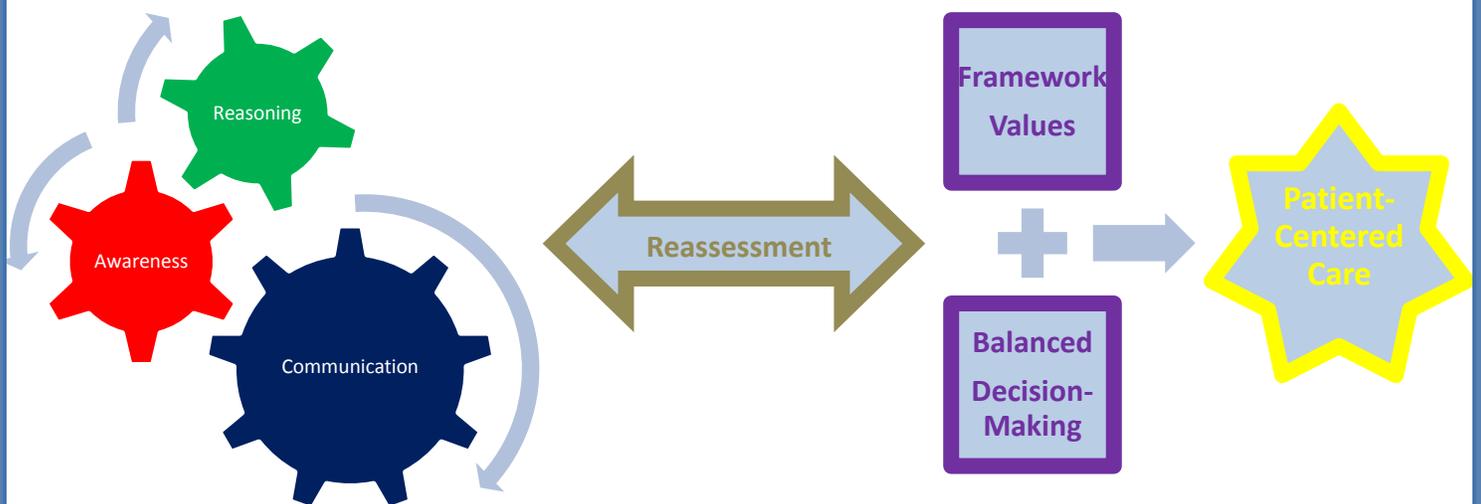
Who Needs Values?

Approaching Values-Based Practice in Medical Education

Instructor's Manual

7-Module Curriculum for Medical Students

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Values based practice: the theory and skills base for effective health care decision making where different (and hence potentially conflicting) values are in play (Fulford, 2004).

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Acknowledgements

First and foremost I must thank my mentors, Professors Monroe, Peile and Fulford, without whom the Instructor's Manual would never have been created. The Vice Dean for Educational Affairs at my host university, Professor Alicia Monroe, suggested a partnership to me with two very accomplished and interesting individuals with ties to Oxford University and University of Warwick, Professors Ed Peile and Bill Fulford. Together we brainstormed ideas and decided to create a Values-Based Practice curriculum – this Instructor's Manual - for medical students. My mentors, Professors Monroe, Peile, and Fulford helped me tremendously with every part of this project, from discussing what content to include to suggesting ways to format the document.

I must also thank the many other individuals who took the time to meet with me and help shape the Instructor's Manual through their incredible insight in a large variety of fields. These individuals include Jane Kidd, Jan Illing, David Davies, Kim Dodd, Swaran Singh, Anne-Marie Slowther, Vinod Patel, Andrew Miles, Frances Varian, and James Bateman. In addition to supporting the instructor's manual, these individuals have also continued to build on the collaboration, inspiring new and innovative projects.

Jennifer Chevinsky

Preface: How to Use the Instructor's Manual

Mission

The Values-Based Practice curriculum hopes not only to enhance students' understanding of values within the healthcare field, but also to highlight the connection between evidence-based practice and other important topics such as cultural competency, bioethics, medical anthropology, public health, interdisciplinary teamwork, motivational interviewing, and simulation within a values framework.

Seven-Module Curriculum

'Who Needs Values' is a seven-module curriculum for teaching Values-Based Practice to medical students. Each module is intended for a block of approximately 45-minutes – a total of five hours and fifteen minutes over the course of the year. The curriculum can also be split between two years, with the first four modules taking place in year one (three hours) and the last three in year two (two hours and fifteen minutes). Ideally, the course will be taught within small breakout sessions for a maximum of twenty students (Module 1, however, can be taught in a larger lecture environment).

Each module in the curriculum contains an Instructor's Guide, Learner's Guide, and a Valuable Resource document. Cases are located at the end of the manual. Continue reading for information on how to use each of these documents.

The Instructor's Guide

In order to guide the lessons, each module contains objectives and competencies. The objectives list the material that will be covered while the competencies explain what the student should be able to accomplish by the end of the module.

In addition to the objectives and competencies, the Instructor's Guide is comprised of three general types of data. The information within the light-blue shaded boxes (as seen below) corresponds with the Learner's Guide worksheets. This part of the curriculum is case-based and exercise-based, relying on the students' involvement.

text corresponds to activities in Learner's Guide

The second type of data consists of teaching tips and suggestions for the instructor to convey to the students. Instructors should feel free to be creative with the information, incorporating personal stories, anecdotes, and/or explanations. The teaching tips and suggestions are marked with light blue stars (★) throughout the curriculum.

Third, on the bottom of each of the Instructor's and Learner's guides there is a gray box with cut out edges with important take-away information, as seen below.

text highlights important take-away point at the end of Instructor's and Learner's Guides

The Learner's Guide

The Learner's Guide should be sent to the students prior to class to print out or to access on their computers during class. Alternatively, the instructor can print the Learner's Guide and distribute it at the beginning of class. The Learner's Guide is a worksheet to complete during class, as the instructor reaches each activity. The questions in the Learner's Guide are identical to the questions in the Instructor's guide within the blue shaded box, as shown above. The Learner's guide also includes the gray oval box, as explained in the previous section, to highlight an important take-away message.

'Valuable' Resource

The 'Valuable' Resource document, shared by both instructors and learners, contains additional helpful information as well as reflection exercises. The reflection exercises help the student connect what they are learning in class with their clinical experiences. The reflection exercise can be submitted to the instructor by email or handed in at the next meeting. Alternatively, it can be offered as an optional personal reflection.

Casebook

In the back of the manual, there are cases available for use by the instructor for the different case exercises throughout the curriculum. Any case from the casebook can be used for any of the case exercises. The instructor should not feel limited to the cases in the back of the manual; rather, we would suggest that the values curriculum be integrated with the students' medical studies. Instructors can use cases that the students are examining within other contexts or find cases on the internet that correspond with the topics that the students are studying at that time.

Instructor's Guide

Part A: Module 1

Introduction: Who Needs Values?

Why Values-Based Practice?

Values-based practice provides a framework and skills that will enable you to work in a respectful and sensitive way with the different values and perspectives present in practice.

★ **The Two Pillars of Healthcare Practice: Evidence and Values-Based Practice (EBP and VBP)**

The differences between values-based practice and evidence-based practice make them strong partners as support tools for health care decision making:

- Evidence-Based Practice relies on objective evidence derived from research
- Values-Based Practice relies on subjectivity, seeking to balance the values, points of view and perspectives of those directly concerned in a given decision

★ **The Two-Foot Principle:** all decisions are based on facts and values

- A patient comes into the office with a cold. The doctor gives the patient two options:
 1. Wait a couple of days to see if the cold will subside
 2. Take a sinus decongestant

Even in this basic case, both facts and values will lead to the patient's ultimate decision. Consider what values or beliefs might push him towards taking the decongestant? Towards waiting? What about towards trying his own home remedies, such as tea or soup?

There are many ways in which facts and values work together; not only do facts provide a basis for us to make value judgments, but additionally values help drive the research we decide to conduct and the technology we choose to invent.

★ **The Squeaky Wheel Principle:** we only notice values when there is a problem

- A pregnant woman enters the doctor's office. The doctor performs an ultrasound and everything appears normal. The woman leaves the office.

Because there is no overt conflict of values in this case between the physician and patient, it would be simple to mistake this interaction as being value-free.

On the contrary, what if you learned that the physician is a member of a particular faith, and because of his/her strongly held beliefs, would be uncomfortable with ever performing an abortion under any circumstance. The woman, on the other hand, has discussed with her partner about the option of abortion if they found out that the fetus would be born with a genetic disease.

The actions of both the woman and physician are guided by values that could easily go under the radar due to the lack of conflict in this particular scenario. Therefore, the more accurate evaluation of this case, like many instances in healthcare, would be that the physician's and the woman's values happen to align, not that the case is value-free.

★ **Science Driven Principle:** increasing scientific knowledge creates choices in health care, which calls into play wide differences of values

Just as science drives evidence-based medicine, it also drives values-based medicine by opening up new avenues for discussion.

- Consider how the following scientific technologies or concepts, created or designed through increased scientific knowledge, are intertwined with values:
 - Stem cell research
 - Genetic manipulation
 - Cloning
 - In vitro fertilization
 - Blood transfusions
 - Physical enhancement surgeries

Above are only a few of the many healthcare innovations that have forced us to reconsider our own values. With every new healthcare discovery, a new decision must be made as to how we use that information, technology, or therapy- it's all about values.

Take in vitro fertilization, for example. Before the discovery and invention of this process, there were few options for individuals or couples who were unable to bear children. Now think about all of the choices that are made available because of in vitro fertilization:

- Should in vitro fertilization be covered by insurance or state funding?
- How do we judge the quality of an embryo?
- What do we do with the embryos that we don't plan to use?
- Should we limit the amount of embryos we implant?
- Should we let parents decide the gender of the embryo?

Values exercise: Quickly write down five values that are important to you.

- Take a minute or two to consider why you chose those particular values. Discuss your list of values with the students around you. How does your list compare?
- Would the values that other students' included have made it onto your list if you instead had to write ten? Add two more values to your list, considering your classmates' responses.
- Are there certain values that others included that are simply not important to you?

★ **What are Values?**

Individuals are often surprised to discover the differences between their own and others' values, especially among individuals they have spent some time with and think they know well.

Values are:

- highly complex and differ among populations, cultures, religions, and individuals
- universal in that everyone has them- the team members you will work with and the patients you will serve are no exception

It is important to recognize the diversity of values that individuals possess. The basis of Values-Based Practice is the respect we have and show for the differences in these values. In fact, the application of Values-Based Practice is reliant on the notion of respect for patient's views, needs, values, and expectations, including their race, religion, culture, gender, age, sexual orientation, and any disability. It is for this reason that sexism, racism, homophobia, and other kinds of values that devalue and marginalize people are explicitly excluded from this framework.

★ How would you define 'values?'

In healthcare, values are often synonymous with ethics. Values, however, are much wider than just a narrow view of ethical principles; **values cover anything that is valued** – they are used to weigh evidence in order to reach a decision and choose a particular action.

- This can include everything from justice to beauty to wisdom and anything in between

In terms of patients' values, we might consider the "unique preferences, concerns, and expectations each patient brings to a clinical encounter (Sackett *et al.*, 2000)."

Think back to the **Two-Foot Principle**. How would the patient with the cold decide which course of action to take? He or she would evaluate the facts, integrating the information with his/her values, which would ultimately lead to an action of either waiting, taking the medication, or using a homemade remedy. Consider 'values' as an action-guiding factor.

★ Do values vary with time and place?

- we tend to think of ethical beliefs as eternal; political and religious leaders often claim to defend 'core' values that transcend the mores of the moment
- at the same time, values are variable from person to person, from place to place and at different historical periods

They are a matter of your perspective, they are an individual's personal motivating force, and as such, they are changeable over time.

Why might it be important, within a healthcare setting to engage with our patients' personal motivating factors? Our teams'?

Values-based practice seeks to build trust with patients and team members through shared decision making in which evidence, values, science, and individual human needs, are equal partners.

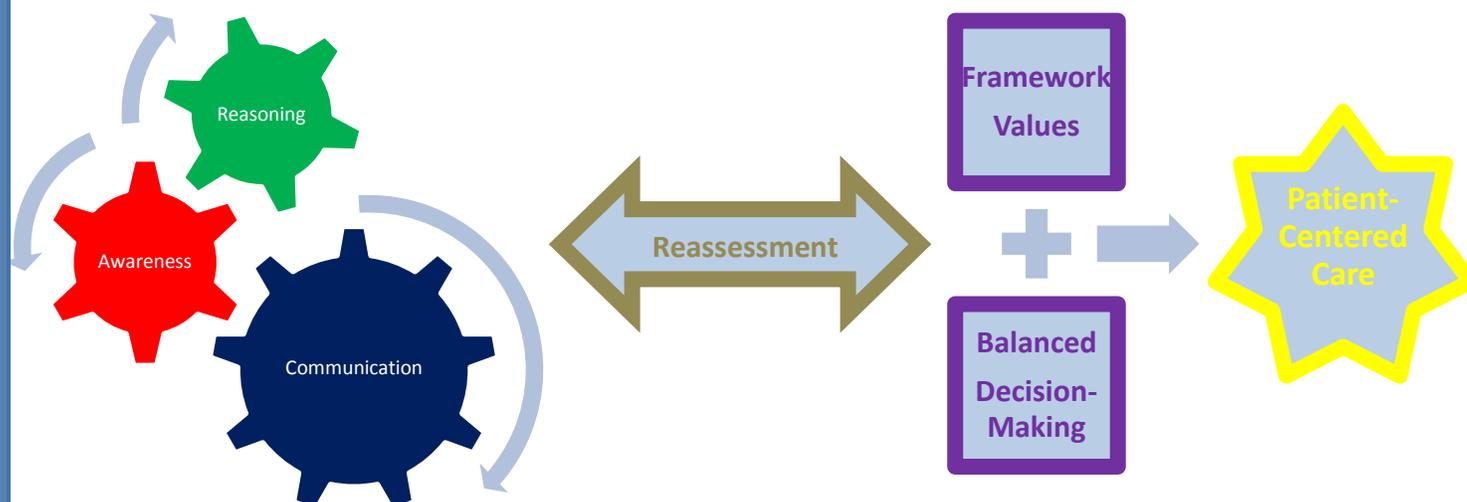
★ Values-Based Practice Curriculum

Through the skills of **awareness**, **reasoning**, and **communication**, you will learn how to grapple with the complex set of values that will be presented to you in practice. You will see that it is not a straightforward determination of *right* versus *wrong*, but rather a skill set for determining **framework values** and reaching a **balanced decision** in accordance with **patient-centered care**.

Values-Based Practice is dependent on good process. The skills of awareness, reasoning, and communication feed into one another, spiralling towards a greater understanding of the values at play. In the **reassessment phase**, you will have to consider whether you have collected enough information, or whether there is additional knowledge or information you would like to collect, prior to developing a treatment plan with the patient.

When you feel confident to continue or when your time is limited, you then proceed to the next phase, integrating the information you have gathered.

Framework values developed through partnership and applied through balanced decision making will enable you to provide the care that you feel comfortable with, while also respecting and responding to the diverse interests of your patients.



This seven-module curriculum uses a case-based approach, guiding your understanding of how to use values-based practice within real health care settings. You will have the opportunity, within each module, to evaluate a case, reflect on your own experiences, and apply what you have learned to future clinical encounters.

Part A: Introduction to Values-Based Practice

- Module 1 - Who Needs Values?

Part B: Learning the Skills of Values-Based Practice

- Module 2 – Awareness: of the values present in a given situation
- Module 3 – Reasoning: using a clear reasoning process to clarify and explore the values present when making decisions
- Module 4 – Communication: between you, the patient, and all of the individuals involved in the patient's care to convey and elicit values

Part C: Integrating Values-Based Practice

- Module 5: Reassessing the Information
- Module 6: Framework Values and Balanced Decision Making
- Module 7: Partnership and Patient-Centered Care

Part D: Case Book

*Optional cases to use

*Cases from the students' curriculum or from other resources can be easily substituted

*Any one of the cases in the back can be used for any of the 'Case Discussions'

Values based practice: the theory and skills base for effective health care decision making where different (and hence potentially conflicting) values are in play (Fulford, 2004).

 See the attached 'Valuable' Resource document.

Learner's Guide

Part A: Module 1

Introduction: Who Needs Values?

Values exercise: Quickly write down five values that are important to you.

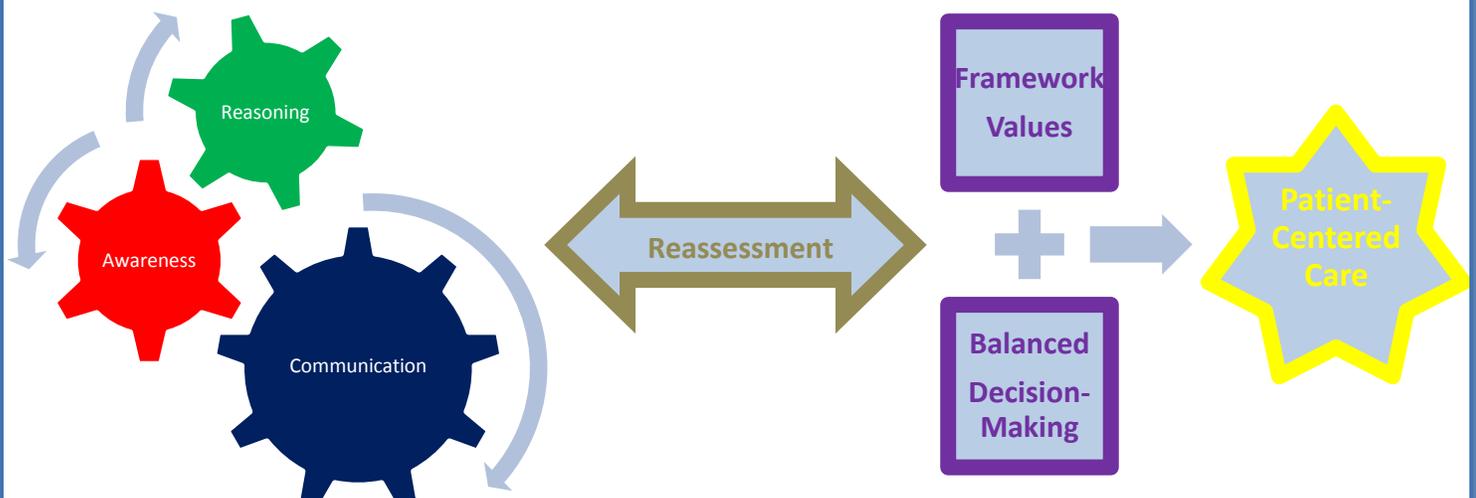
1. _____
2. _____
3. _____
4. _____
5. _____

- Take a minute or two to consider why you chose those particular values. Discuss your list of values with the students around you. How does your list compare?
- Would the values that other students' included have made it onto your list if you instead had to write ten? Add two more values to your list, considering your classmates' responses:

6. _____
7. _____

- Are there certain values that others included that are simply not important to you?

Values based practice: the theory and skills base for effective health care decision making where different and hence potentially conflicting values are in play (Fulford, 2004).



'Valuable' Resource

Part A: Module 1

Values-Based Practice Cheat Sheet

Who Needs Values?

- **Two-Foot Principle:** is that all decisions whether overtly value-laden or not, are based on the two feet of values and evidence: clinically, this translates into the reminder to 'think facts, think values'
- **Squeaky Wheel Principle:** is that we tend to notice values only when (like the squeaky wheel) they cause trouble: clinically, this translates into the reminder to 'think values, think facts'
- **Science Driven Principle:** is that advances in medical science and technology in opening up new choices (hence diversity of values) drive the need equally for values-based practice as for evidence-based practice: clinically, this translates into the reminder that above all in high-tech medicine it is vital to 'think both facts and values'

Three Skills

1. **Awareness:** of the values present in a given situation. Careful attention to language and actions are essential for beginning to identify values.
2. **Reasoning:** using a clear reasoning process to explore the values present when making decisions.
3. **Communication:** between you, the patient, and all of the individuals involved in the patient's care. Combined with the previous two skills, communication is central to the resolution of conflicts and the decision making process (which will be further explained in later modules).

Integrating Values-Based Practice

- ❖ **Reassess:** the knowledge that you have about the values present in the situation. Recognize whether you will need additional information in order to proceed to decision-making, keeping in mind a realistic timeframe of care.
- ❖ **Framework Values:** are a type of limit or boundary derived from shared values that must also be consistent with the democratic principles of values-based practice (e.g. respect for differences).
- ❖ **Balanced Decision Making:** uses dissensus and consensus in order to reach a decision, based on the shared framework of values.
- ❖ **Partnership:** is about a shared understanding of the different needs, expectations, and hopes of those involved health care. Decisions are made by patients and the providers of care working together.
- ❖ **Patient-Centered Care:** focuses on the values of the patient while at the same time being aware of and reflecting the values of other people involved (clinicians, managers, family, carers, etc).

Instructor's Guide

Part B: Module 2

Awareness: Noticing the Values

Awareness: of the values present in a given situation. Careful attention to language and actions are essential for beginning to identify values.

Objectives:

- Develop the skill of identifying values
- Use this skill in the activities provided
- Begin to explore the meaning of those values
- Use this skill in clinical encounters

Competency: after this module, the student will develop the skill of identifying values and start recognizing the diversity of values present within health care encounters.

Case Discussion (Pull case from Curriculum Casebook or develop your own)

1. Underline the words in the case that convey value judgements.
2. What are the patient's values? How might these values impact the patient's preferences for treatment?
3. What values does the physician express? The other members of the team? How might these values impact the treatment?
4. How does the language that the speakers use help us to pinpoint aspects of their values? Cite specific words from the case and the value judgements that they might allude to.

 Values are not always evident – like the air we breathe, we couldn't do without them, but because they are everywhere, they often go unnoticed (remember the 'Squeaky Wheel' Principle).

 Try to draw the distinction between identifying a value statement and assuming the meaning behind the statement. We can notice when a value has been expressed, but as we will see later in Module 3 (Communication), it is always better to ask individuals to explain what they mean by the value than to make a rushed assumption.

Connecting the Principle to Practice

Short Activity - Consider for yourself and then discuss in small groups:

Imagine you have developed early symptoms of a potentially fatal disease of which there are two known treatments:

1. Treatment A: guaranteed period of remission but no cure
2. Treatment B: 50:50 chance of 'kill or cure'

How long a period of remission would you want from Treatment A to choose that treatment rather than opt for the 50:50 'kill or cure' from Treatment B?

1. Why did you make the choice that you did? How does your choice reflect your values?
2. Where did that value or group of values come from – what forms and shapes our values?
3. How can identifying our own and others' values be helpful for medical practice?

★ People are often surprised to discover how others respond to this very same prompt. While some individuals might never choose Treatment A, others might require only a couple of days or weeks of remission in order to justify their decision.

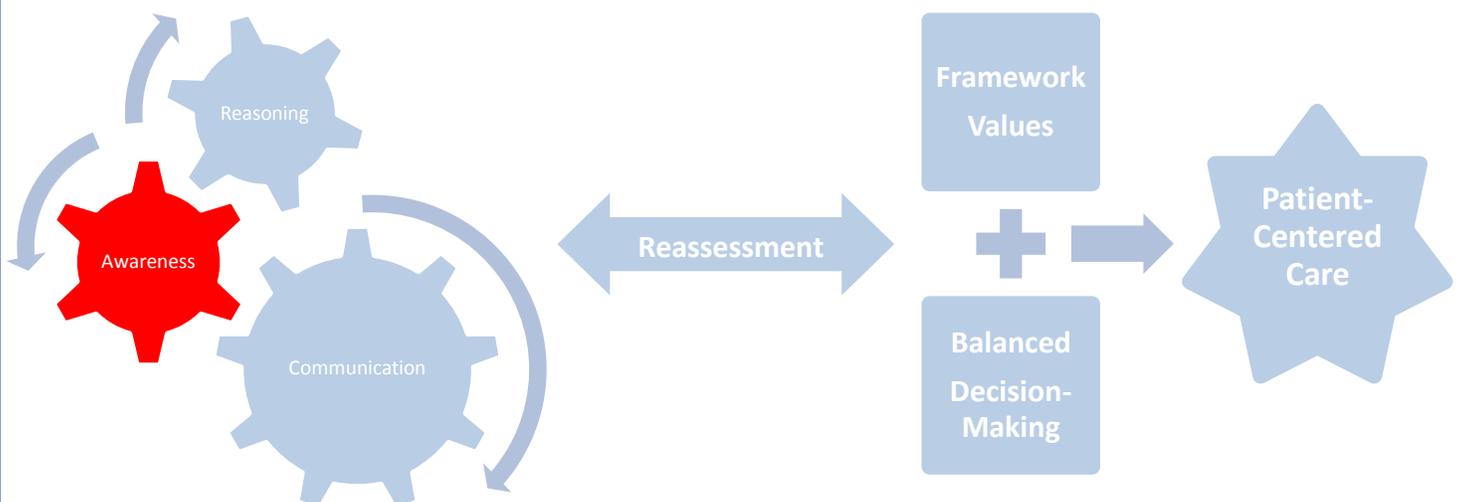
★ Another way to gain awareness of values is through considering our own **actions**. Actions and decisions are often, although not always, indicative of some aspect of our values.

★ In this section and going forward, it is important to start considering the importance of self-awareness, others-awareness, and context-awareness – that is

1. Knowing and understanding our own values
2. Making an effort to understand the diversity of others' values
3. Recognizing how organizational and/or professional values may contribute to the available options and strategies

The Values-Based Practice curriculum will be a journey not only into learning about others' values, but also about discovering and analyzing your own values.

★ See the attached 'Valuable' Resource document.



Learner's Guide

Part B: Module 2

Awareness: Noticing the Values

Case Discussion

- Underline the words in the case that convey value judgements.
- What are three of the patient's values? How might these values impact the patient's preferences for treatment?

a. _____ b. _____ c. _____

- What values does the physician express? The other members of the team? How might these values impact the treatment?

- How does the language that the speakers use help us to pinpoint aspects of their values? Cite specific words from the case and the value judgements that they might allude to.

Connecting the Principle to Practice

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- Treatment A: guaranteed period of remission but no cure
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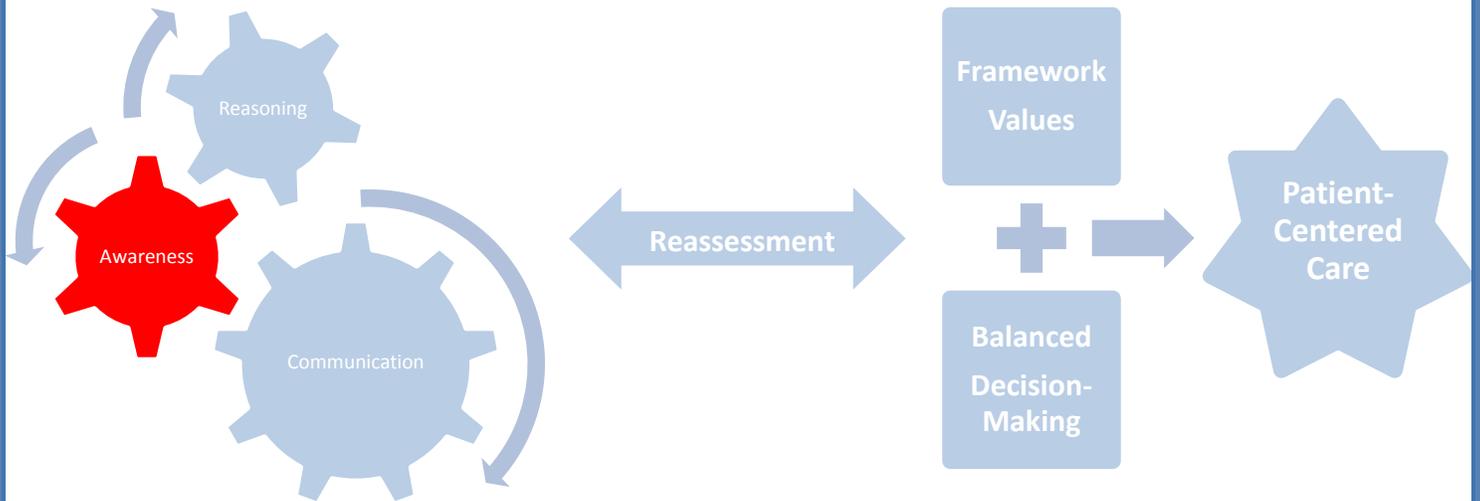
How long a period of remission would you want from Treatment A to choose that treatment rather than opt for the 50:50 'kill or cure' from Treatment B? _____

- Why did you make the choice that you did? How does your choice reflect your values?

- Where did that value or group of values come from – what forms and shapes our values?

3. How can identifying our own and others' values be helpful for medical practice?

The Values-Based Practice curriculum will be a journey not only into learning about others' values, but also about discovering and analyzing your own values.



'Valuable' Resource**Part B: Module 2****Enhancing Your Skills: Noticing the Values**

See the values chart below including some of the many different kinds of values that an individual might have. This chart will help you to start thinking about the diversity of values as well as guide you in recognizing the values that might be expressed within a patient encounter.

Values Chart

■ Social power	■ Authority	■ Wealth
■ Preserving my public image	■ Social recognition	■ Successful
■ Capable	■ Ambitious	■ Influential
■ Intelligent	■ Enjoying life	■ Pleasure
■ Self-indulgence	■ A varied life	■ Devout
■ Accepting my portion of life	■ Humble	■ Respect for tradition
■ Moderate	■ Detachment	■ Honouring of parents and elders
■ Obedient	■ Politeness	■ Self-discipline
■ Clean	■ National security	■ Social order
■ Family security	■ Healthy	■ An exciting life
■ Daring	■ Creativity	■ Curious
■ Freedom	■ Choosing own goals	■ Independent
■ Self respect	■ Privacy	■ Protecting the environment
■ Unity with nature	■ A world of beauty	■ Broadminded
■ Social justice	■ Equality	■ Wisdom
■ A world of peace	■ Inner harmony	■ Helpful
■ Honest	■ Forgiving	■ Loyal
■ Responsible	■ A spiritual life	■ True friendship
■ Mature love	■ Meaning in life	■ Reciprocation of favours
■ Sense of belonging		■ (Schwartz, in press)

Reflection:

Listen and take note of the language used in an upcoming clinical encounter. What values were expressed by the physician, patient, and other members of the team? What values did you bring into this setting?

Instructor's Guide

Part B: Module 3

Reasoning: Exploring and Clarifying Values

Reasoning: using a clear reasoning process to explore the values present when making decisions.

Objectives:

- Increase your knowledge of your own reasoning process
- Use the framework of case-based reasoning
- Use the framework of principles-based reasoning
- Apply these frameworks to clinical encounters

Competency: after this module, the student will understand more about his or her own reasoning and develop the skills to practice ways of reasoning about values.

Case Discussion (Pull case from Curriculum Casebook or develop your own)

1. Quickly underline and assess the words in the case that convey value judgements, using the skills learned in Module 1.
2. What aspects of the case, if changed, would lead you to change your conclusion? For instance, if the patient:
 - a. Was of a different ethnicity, religion, gender, and/or sexuality?
 - b. Had a history of mental illness, drug abuse, and/or alcohol abuse?
 - c. Was recently released from prison? Other?
3. If you were the patient's relative, would your decision be different? Why or Why not?
4. How do the principles of Beneficence, Non-maleficence, Justice, and Autonomy conflict in this case? When is it acceptable to violate one of the above ethical principles?

 It is often thought that values are 'subjective' and hence not something we can reason about. In fact, there are many powerful ways of reasoning about values, including revealing the values present in our own reasoning. The students should be encouraged to consider how differences in their values might affect how they prioritize principles and assign import to case details.

 The two types of reasoning we have practiced thus far are case-based and principle-based. They are ways of reasoning that many people find particularly helpful in health care. Other systems of reasoning students might be familiar with include utilitarianism and rights-based reasoning. In Module 5, students will learn how to make decisions based on this very important skill.

Connecting the Principle to Practice

Short Activity – Consider for yourself then discuss in small groups:

You are walking alongside train tracks in a quiet town. In the distance, you see that the tracks split off into two directions. As you approach the split, you notice that there are people tied to the tracks – ten on the right side and nine on the left. Before you can run to untie them, you spot a train heading straight for the ten people. In a panic, you find a small empty booth which appears to control the train’s direction. Although you were hoping to find a ‘stop’ lever, unfortunately the only lever to be found is one to change the direction of the train to the alternate track. You have ten seconds to decide:

- a. Do you pull the lever, rerouting the train from hitting the 10 individuals, causing it to instead hit the nine?
- b. What factors might change your decision?

If you **would** pull the lever, consider:

You are a physician at a small community hospital. In the strangest of events, there are 5 individuals in your hospital, each needing a different organ but with the same matching characteristics. The five individuals are family members who unfortunately suffered a car crash. The sixth individual, who has the needed organs, was also in the car crash; he escaped with only a few minor scratches, and is currently in the hospital for observation.

While the sixth individual is sleeping, would you harvest his/her organs to save the other five? Why or why not?

If you **wouldn’t** pull the lever, consider:

You are the coordinator of the organ donation and distribution sector of your hospital. A heart was recently shipped in; you hope that there is a match in your hospital. Upon further inquiry, you see that there are actually two matches. One individual is a 30-year-old female with two young children and the other is a 70-year-old man who is on the verge of creating a new effective HIV vaccine. They are both likely to die within twenty-four hours without the heart transplant.

Who do you give the heart and to whom do you deliver the bad news?

- c. In what ways are the two organ transplantation cases similar to and/or different from the train case? How did this affect your decision?

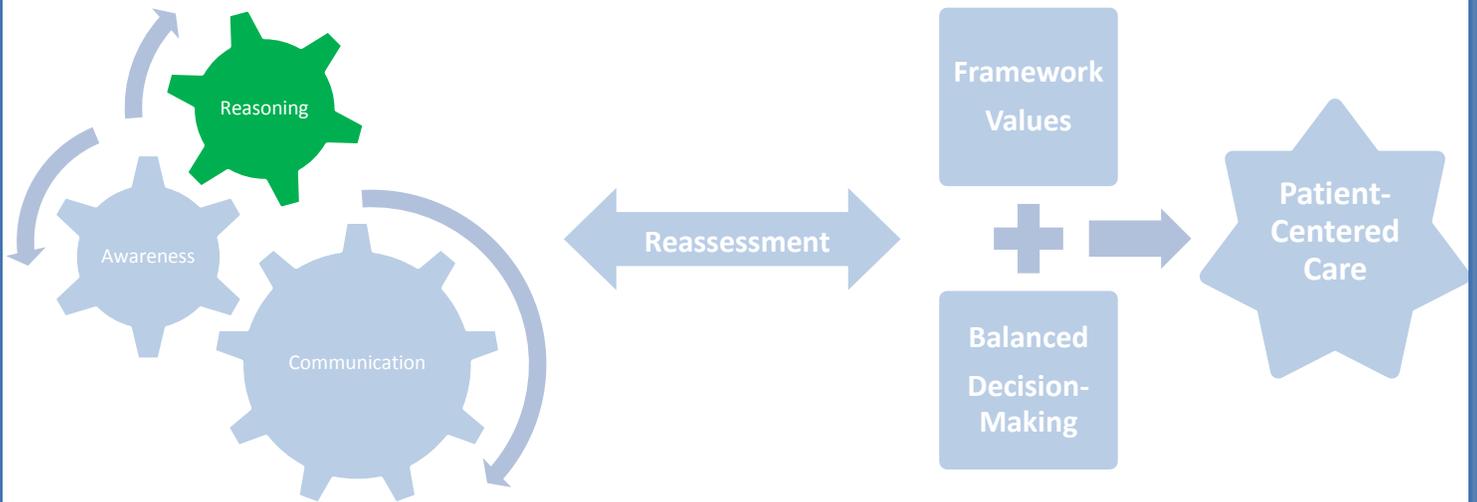
★ One helpful approach is for the students to consider how a current situation compares with a similar question or dilemma that they have previously experienced.

★ Students should be encouraged to embark on a journey of ‘why’s’ both with themselves and others until they reach the most basic values underlying their choice. For instance:

I wouldn’t pull the lever.	WHY?
Because I think it is wrong.	WHY?
Because it is wrong to kill.	WHY?
Because I think life is sacred.	...etc.

Reasoning in values-based practice is used to explore the differences in meaning and weight given to values that may be involved within a particular situation, not to establish the 'right values.'

★ See the attached 'Valuable' Resource document.



Learner's Guide

Part B: Module 3

Reasoning: Exploring and Clarifying Values

Case Discussion

1. Quickly underline and assess the words in the case that convey value judgements, using the skills learned in Module 1.
2. What aspects of the case, if changed, would lead you to change your conclusion? For instance, if the patient:
 - a. Was of a different ethnicity, religion, gender, and/or sexuality?
 - b. Had a history of mental illness, drug abuse, and/or alcohol abuse?
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Connecting the Principle to Practice

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- a. Do you pull the lever, rerouting the train from hitting the 10 individuals, causing it to instead hit the nine? _____
- b. What factors might change your decision?

*If you **would** pull the lever, pay special attention to*:

You are a physician at a small community hospital. In the strangest of events, there are 5 individuals in your hospital, each needing a different organ but with the same matching characteristics. The five individuals are family members who unfortunately suffered a car crash. The sixth individual, who has the needed organs, was also in the car crash; he escaped with only a few minor scratches, and is currently in the hospital for observation.

While the sixth individual is sleeping, would you harvest his/her organs to save the other five? Why or why not?

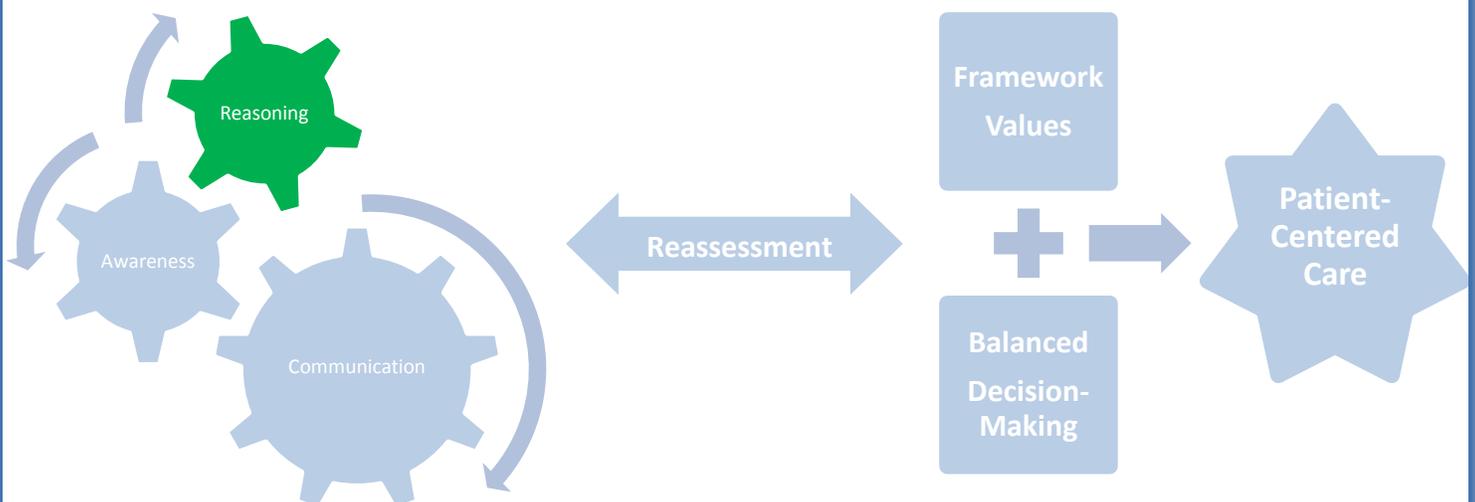
***If you wouldn't pull the lever, pay special attention to*:**

You are the coordinator of the organ donation and distribution sector of your hospital. A heart was recently shipped in; you hope that there is a match in your hospital. Upon further inquiry, you see that there are actually two matches. One individual is a 30-year-old female with two young children and the other is a 70-year-old man who is on the verge of creating a new effective HIV vaccine. They are both likely to die within twenty-four hours without the heart transplant.

Who do you give the heart and to whom do you deliver the bad news?

- c. In what ways are the two organ transplantation cases similar to and/or different from the train case? How did this affect your decision?
-
-

Reasoning in values-based practice is used to explore the differences in meaning and weight given to values that may be involved within a particular situation, not to establish the 'right values.'



'Valuable' Resource**Part B: Module 3****Enhancing your skills: Exploring and Clarifying Values**

When trying to explore and clarify your values or others' values, consider the following questions:

	MY VALUES	OTHERS' VALUES
1.	How does this situation relate to previous situations that I have experienced?	How does this situation relate to previous situations that others have experienced?
2.	Why do I feel that this particular situation is similar to or different from past experiences?	Why do they feel that this particular situation is similar to or different from past experiences?
3.	What factors, if changed, would change my analysis and why?	What factors, if changed, would change their analysis and why?
4.	Are my thoughts and reasoning consistent with my values?	Are their thoughts and reasoning consistent with their values?
5.	How do the four ethical principles apply to this situation?	

Reflection

During one of your next clinical encounters, again notice the values that are being expressed. This time, consider a decision that you might have made if you were the physician on the case. On what details of the case and/or principles would you have based your decision? What factors, if changed, would have changed your decision? How?

Instructor's Guide

Part B: Module 4

Communication: Eliciting and Conveying Values

Communication: between you, the patient, and all of the individuals involved in the patient's care. Combined with the previous two skills, communication is central to the resolution of conflicts and the decision making process (which will be further explained in later modules).

Objectives:

- Identify ways to use communication to elicit values
- Raise awareness of barriers in language and listening
- Learn ways to improve communication in relation to values-based practice
- Apply these methods to clinical encounters

Competency: after this module, the student will be able to recognize some key aspects of communication and bring them together in the context of values-based practice.

Case Discussion (Pull case from Curriculum Casebook or develop your own)

1. Quickly consider how you might handle the case, based on the case-based and principle-based approaches learned in Module 2.
2. In what ways is the medical team communicating their values effectively? Ineffectively?
3. How could the physician or medical team improve their communication?
4. What does the patient want? What other questions would you want to ask the patient in order to better understand his/her values?

 "Communication is generally considered to be a personal process which is an action that involves the transfer of information. There are several methods of communication including verbal, non-verbal, written, direct and indirect. Effective communication is dependent on the skills of the person sending the information and the understanding of the person receiving the information. Communication can be significantly influenced by the nature of the message and the relationship between the sender and receiver (Ludlow & Pantron, 1992)."

 This module explains how to communicate about values, it is by no means a comprehensive guide to communication, for which there is an ever-growing body of literature.

 Good communication is often something we take for granted in our personal lives. We generally feel able to explain ourselves and believe that people understand us. However, in our work experiences it can be far more challenging. If you are a patient the challenges can be even greater.

- ★ As health care providers, it will be important to be clear about the values we wish to communicate – that is not to say that one must communicate and/or disclose all of his/her values. Rather, once we are aware of our values and are able to reason about them, we will be able to choose which of our values apply to the situation and therefore, which are appropriate to communicate in a given context.

Connecting the Principle to Practice

Short Activity – Consider for yourself and then discuss in small groups:

You are a medical student working with a practicing physician. A mother comes in, pulling her sixteen-year-old daughter behind her. The daughter is noticeably angry and upset, with watery eyes and a clenched jaw; she is wearing a short dress, heels, and large earrings. The daughter is resistant to enter your office. The mother looks you in the eyes and half-shouts, “You need to check my daughter for STDs. See if she is pregnant while you’re at it!”

- What values has the mother communicated (both verbally and nonverbally)? The daughter?
- What do you want to know before ordering the tests? How will you elicit that information?
- What kind of interaction, verbally or through body language, might discourage the daughter from responding to your questions?
- What kind of interaction, verbally or through body language, might encourage the daughter to respond?
- Think about a time when your attitude towards a person changed how you communicated with him/her. How did your words, volume, speed, and body language change?
- Think about the last time you felt as if the person you were talking to was not listening- what made you feel that way?

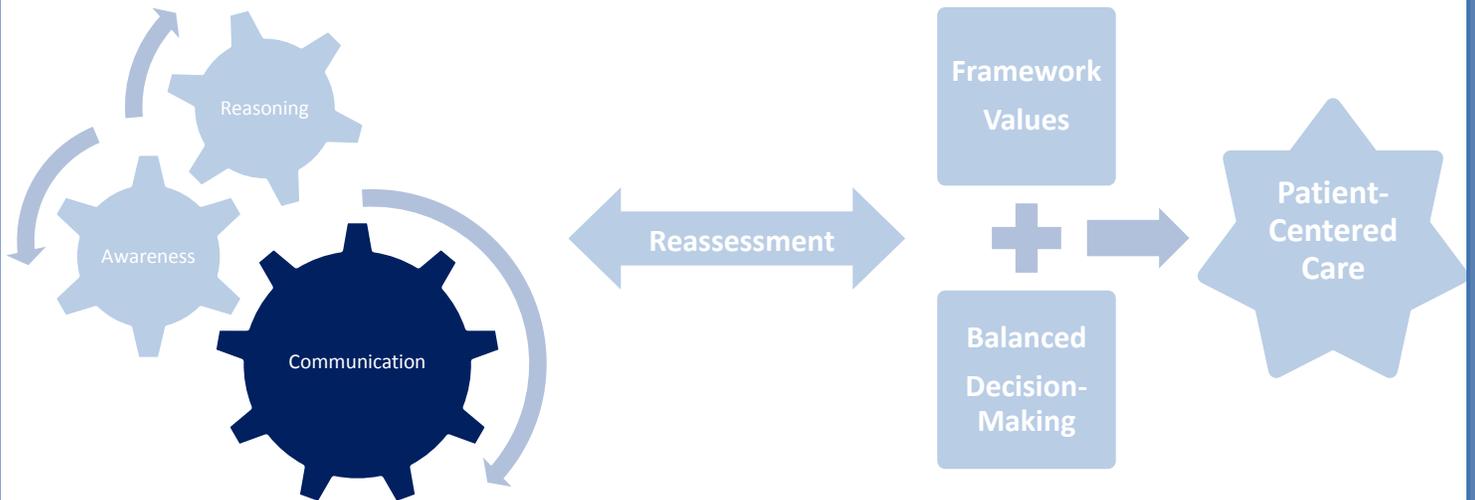
- ★ Good communication skills are essential to values-based practice. The relevant skills include:
- Individual-perspective skills: listening and empathy aimed at understanding the values of the individuals – patients, families, professionals, etc. – involved in a given decision
 - Multi-perspective skills: negotiation and conflict resolution, concerned with resolving conflicts between different value perspectives (further explained in Module 6)

- ★ Listening is also a key component of communication. Common barriers to listening include:
- Making hasty judgements about the merits of what a person is going to say
 - Inappropriately filtering information or not managing internal or external distractions
 - Communicating with labels rather than to people (‘the alcoholic’)
 - Rehearsing your own answers while the other person is talking

- ★ Some students might be familiar with concepts of Motivational Interviewing. Motivational Interviewing is one communication model that can be used as a helpful technique for learning about and interacting with patients’ values.

Communication in Values-Based Practice is a bi-directional or multi-directional process, including important aspects of listening, body language, and word choice. We must consider both the kinds of questions we ask as well as the way that we ask them.

★ See the attached 'Valuable' Resource document.



Learner's Guide**Part B: Module 4****Module 3: Communication****Case Discussion**

1. Quickly consider how you might handle the case, based on the case-based and principle-based approaches learned in Module 2.

2. In what ways is the medical team communicating their values effectively? Ineffectively?

3. How could the physician or medical team improve their communication?

4. What does the patient want? What other questions would you want to ask the patient in order to better understand his/her values?

Connecting the Principle to Practice

You are a medical student working with a practicing physician. A mother comes in, pulling her sixteen-year-old daughter behind her. The daughter is noticeably angry and upset, with watery eyes and a clenched jaw; she is wearing a short dress, heels, and large earrings. The daughter is resistant to enter your office. The mother looks you in the eyes and half-shouts, "You need to check my daughter for STDs. See if she is pregnant while you're at it!"

- a. What values has the mother communicated (both verbally and nonverbally)? The daughter?

- b. What do you want to know before ordering the tests? How will you elicit that information?

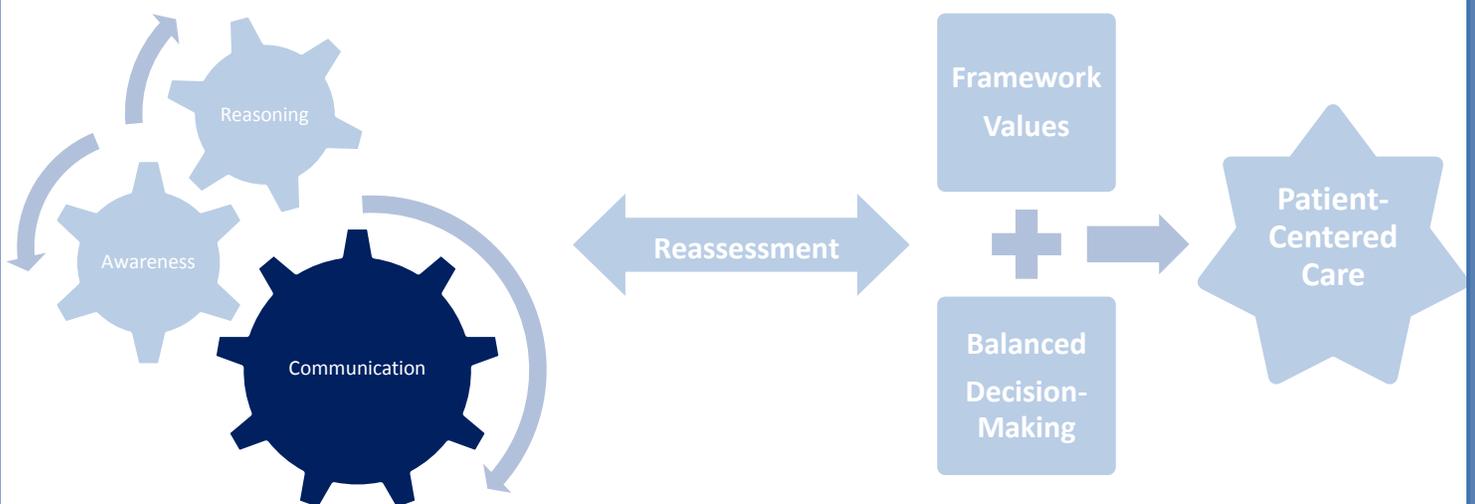
c. What kind of interaction, verbally or through body language, might discourage the daughter from responding to your questions?

d. What kind of interaction, verbally or through body language, might encourage the daughter to respond?

e. Think about a time when your attitude towards a person changed how you communicated with him/her. How did your words, volume, speed, and body language change?

f. Think about the last time you felt as if the person you were talking to was not listening- what made you feel that way?

Communication in Values-Based Practice is a bi-directional or multi-directional process, including important aspects of listening, body language, and word choice. We must consider both the kinds of questions we ask as well as the way that we ask them.



'Valuable' Resource**Part B: Module 4****Enhancing your skills**

Consider asking the following questions when trying to elicit more information about a patient's values. These are just examples of types of questions to ask – recognize that the questions will be highly context-dependent. From **ICE** to **ICE StAR**:

Ideas:

- ⇒ How do you think you developed this condition?
- ⇒ Do you think this is a condition that should be treated?

Concerns:

- ⇒ What concerns do you have about living with this condition?
- ⇒ What concerns do you have about the potential treatments?

Expectations:

- ⇒ What are your expectations from me as your healthcare provider?
- ⇒ What are your expectations from entering the health care arena?

Strengths

- ⇒ What skills do you possess that you are proud of?
- ⇒ What has enabled you to reach this point in your life and/or care?

Aspirations

- ⇒ What or whom do you hope to become?
- ⇒ What do you plan to accomplish in the next 10 years?

Resources

- ⇒ Do you have family members or friends who could help you with your care?
- ⇒ Are you connected to any spiritual, religious, cultural, or other communities?

Reflection:

During one of your next clinical encounters, make note of an instance of conflict. How did the use or misuse of proper communication skills (verbally and/or nonverbally) affect the conflict? Was the physician or medical team listening to each other? To the patient? How could using the communication skills learned in module 4 have improved the discussion of values?

Instructor's Guide

Part C: Module 5

Reassess: Slow it down!

Reassess: the knowledge that you have about the values present in the situation. Recognize whether you will need additional information in order to proceed to decision-making, keeping in mind a realistic timeframe of care.

Objectives:

- Identify when it is appropriate to continue digging for more information, using the skills learned in the previous modules
- List a variety of methods available for increasing our knowledge of individuals' values
- Determine when it is appropriate to progress to the decision-making phase
- Utilize the methods for increasing our knowledge of values to clinical encounters

Competency: after this module, the student will be better able to determine when they are ready to continue to the decision-making phase (detailed in the following modules) and demonstrate a greater knowledge of the many ways in which we may learn more about individuals' values.

Case Discussion (Pull case from Curriculum Casebook or develop your own)

1. Underline the words in the case that convey value judgements.
2. If you were the physician, which of the patient's characteristics (gender, age, sexuality, personality, etc) would be important for your ultimate decision? Why?
3. How do the principles of Beneficence, Non-maleficence, Justice, and Autonomy conflict in this case?
4. How did the physician and/or medical team communicate effectively? Ineffectively?
5. Do you have enough information about the patient's values to proceed to decision-making?
Yes / No
 - a. If you answered 'No,' what values or aspects of the patient's values would you like to know more about? How would you proceed?
6. How much time do you have before a decision must be made?

 In some cases, it is possible to identify the values present within a given case without additional knowledge gathered from databases or published research. Using the skills learned in the awareness, reasoning, and communication modules will sometimes enable us to gather a comprehensive understanding of particular values in a given situation. Often, though, we may not be able to gather enough information on the specific values presented in the case and will have to rely on our knowledge of the values that are likely to be present in a similar situation derived from other sources.

★ Additionally, it is important to consider whether the timeframe we use is real or contrived. It is very easy to feel rushed into making a hasty decision when really there is more time available to investigate and uncover a better approach. For instance, if we are to consider three different patients:

1. One who smokes, but is otherwise healthy
2. One who is one week pregnant seeking an abortion
3. One who has been experiencing suicidal ideation

★ We can recognize the difference in immediacy in the different situations and how it might affect the timeframe that we have to identify, explore, elicit, and investigate values. With that said, it is important for us to try our best to gather as much information in the time that we do have and not place unrealistic time constraints on ourselves.

★ Recognize that each time we return to the skills of awareness, reasoning, and communication we are able to develop a deeper understanding of the patient's values – whether it is because the new information we gather is consistent with the patient's values or not. Our task is to try to construct the puzzle, being careful not to force the pieces where they do not fit.

Connecting the Principle to Practice

Short Activity – Consider for yourself and then discuss in small groups:

You are a medical student with a practicing physician. A family walks into your office explaining that, on occasion, their child will uncontrollably fall to the floor, shake, and tremble. They express that they feel lucky that their daughter has this gift, shared by the *Shamans* (spiritual healers) of their native country, however they fear for her safety.

- a. Do you think this condition as biological, psychological, or social?
- b. Would the family agree with your ideas about the child's condition?
- c. How might knowing the role of Shamans in their native society help you to understand their values and concerns?
- d. What is one custom, practice, or belief that your family, culture, or religion shares that others might not initially understand? What value or values is it based on?
- e. What are some reasons that you might choose not to share your values with a physician?
- f. Are there populations in your area whose practices and values would be helpful to learn more about?

★ The more information that we gather about the values of all individuals involved, the more likely we will be to reach a treatment plan that is acceptable for all, as we will see in Modules 5 & 6. In the same way that new scientific research might cause us to change our approach, a new realization about values might cause us to reconsider our treatment strategy.

★ The greater knowledge we have about the existence and meaning of different values, the better we will be able to respect our patients' values and empathize with them. We should constantly be making an

effort to expand our knowledge-base on values, not waiting until the values are presented to us in a clinical encounter, when we might not have sufficient time to fully explore them. Although time is a practical consideration, it is not a limitless excuse. It is our responsibility as professionals who will come into contact with all different kinds of people to expose ourselves to a diversity of perspectives.

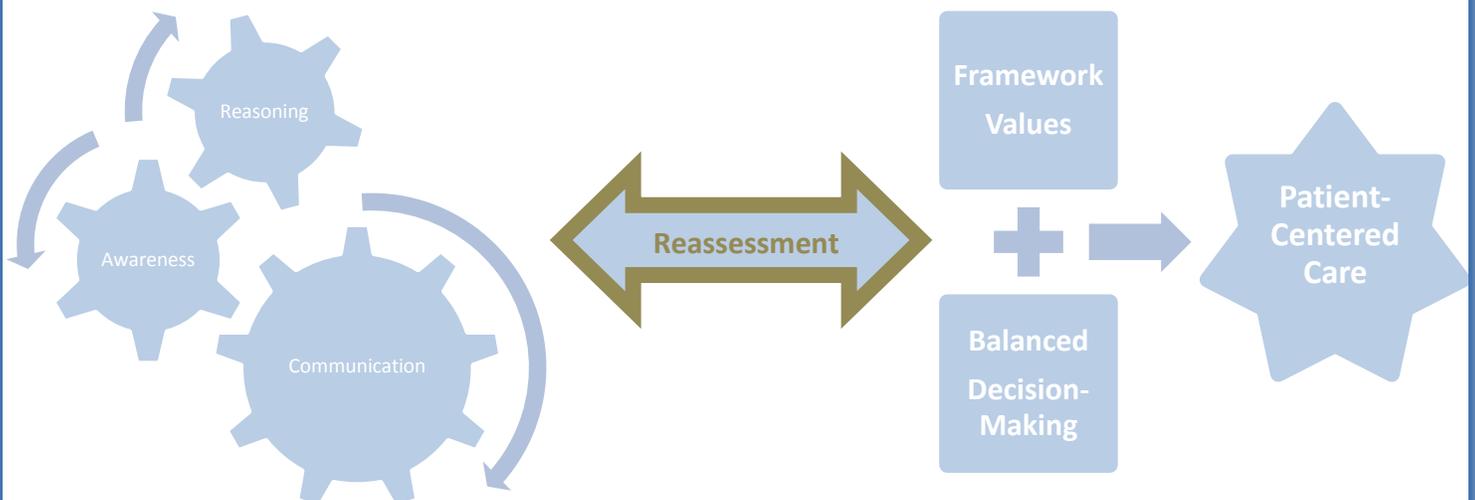
★ Students might be familiar with the term 'Cultural Competency' in a related capacity. Notions of cultural competency can be helpful in conveying a similar message. Published knowledge about values can help us generate hypotheses about values that might be relevant for a given patient, but we must test our hypotheses by asking non-judgemental questions to confirm or disprove their relevance to the patient.

★ There is a growing resource of published information on the values likely to be involved in different clinical contexts, including:

- First-hand narratives
- Surveys
- Media reports
- Social science research

This module should not be used as a mechanism of stereotyping or pigeonholing, but rather as a means of expanding our realm of understanding of patients' values and to start considering the appropriate follow-up questions and course of action within realistic time constraints.

★ See the attached 'Valuable' Resource document.



Learner's Guide

Part C: Module 5

Reassess: Slow it down!

Case Discussion

1. Underline the words in the case that convey value judgements.
2. If you were the physician, which of the patient's characteristics (gender, age, sexuality, personality, etc) would be important for your ultimate decision? Why?

3. How do the principles of Beneficence, Non-maleficence, Justice, and Autonomy conflict in this case?

4. How did the physician and/or medical team communicate effectively? Ineffectively?

5. Do you have enough information about the patient's values to proceed to decision-making?

Yes / No

 - a. If you answered 'No,' what values or aspects of the patient's values would you like to know more about? How would you proceed?

6. How much time does the physician have before a decision must be made? _____

Connecting the Principle to Practice

Short Activity – Consider for yourself:

You are a medical student with a practicing physician. A family walks into your office explaining that, on occasion, their child will uncontrollably fall to the floor, shake, and tremble. They express that they feel lucky that their daughter has this gift, shared by the *Shamans* (spiritual healers) of their native country, however they fear for her safety.

- a. Do you think this condition as biological, psychological, social, and/or other? Why?

b. Would the family agree with your ideas about the child's condition?

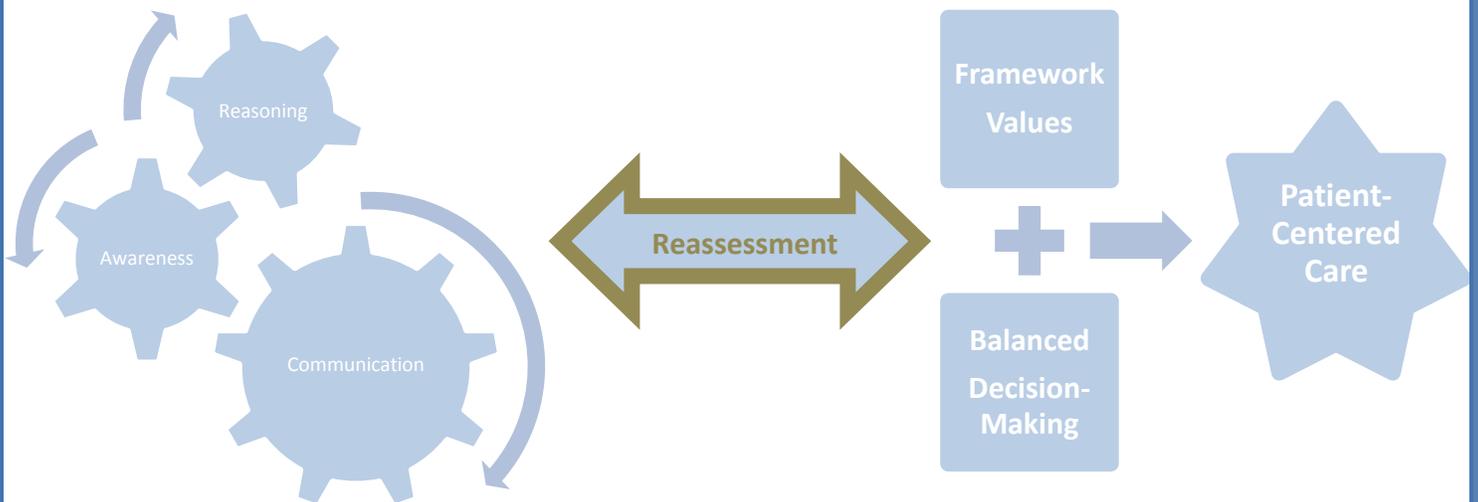
c. How might knowing the role of Shamans in their native society help you to understand their values and concerns?

d. What is one custom, practice, or belief that your family, culture, or religion shares that others might not initially understand? What value or values is it based on?

e. What are some reasons that you might choose not to share your values with a physician?

f. What populations are in your area whose practices and values would be helpful to learn more about?

This module should not be used as a mechanism of stereotyping or pigeonholing, but rather as a means of expanding our realm of understanding of patients' values and to start considering the appropriate follow-up questions and course of action within realistic time constraints.



'Valuable' Resource**Part C: Module 5****Enhancing your Knowledge about Values**

See the list below of suggested places to find information about first-hand narratives, surveys, media reports, and social science research. There are many good resources in libraries and on the internet – one can also learn from art displays in museums, music from concerts, shows in the theatre, or a simple conversation in the local café.

1. Your University library and/or librarian
2. Values-Based Practice:
www2.warwick.ac.uk/fac/med/study/research/vbp
3. Health Talk Online: www.Healthtalkonline.org
4. The Values Exchange: www.values-exchange.com
5. Unnatural Causes: www.unnaturalcauses.org
6. Café Annelisa: www.cafeannalisa.org.uk
7. Medical Humanities Journal: <http://mh.bmj.com>
8. The Cochrane Library (subscription required)

Reflection

During an upcoming clinical encounter, hone in on one particular value or set of values expressed by either the patient or one of the medical team members that you do not share. The value may or may not have been explicitly expressed. Find a narrative, survey, media report, or social science article which helps better elucidate that value or set of values either within a similar or different context. How does this piece relate to your clinical encounter? Were there any aspects of that value that you hadn't before considered?

Instructor's Guide

Part C: Module 6

Framework Values and Balanced Decision Making

Framework Values: are a type of limit or boundary derived from shared values that must also be consistent with the democratic principles of values-based practice (e.g. respect for differences).

Balanced Decision Making: uses dissensus and consensus in order to reach a decision, based on the shared framework of values.

Objectives:

- Understand how the skills of awareness, reasoning, knowledge, and communication aid in balanced decision making
- Understand how framework values are used for balanced decision making through the concept of dissensus
- Use these concepts in the activities provided

Competency: after this module, the student will develop the ability to define framework values and use them in balanced decision making.

- ★ At this point in the curriculum, the students have effectively learned the skills of awareness, reasoning, and communication, and understand when it is appropriate for them to continue to the decision-making phase. Now that we have all of the pieces to this complex puzzle, we can start connecting them. It is important to consider how to use these skills in order to make health care decisions, especially in situations where values legitimately conflict.
- ★ Think of these skills as a means of collecting all of the values 'evidence.' That is, instead of using X-rays, ultrasounds, or other diagnostic technologies, we use the skills presented above. We have our puzzle pieces neatly laid out in front of us - now what?

Activity - Establishing Framework Values

1. You and your classmates are charged with a very important task. You find that your group has been transported to another location, with no other medical students, physicians, nurses, or other healthcare practitioners in sight. A deep, beaming voice explains to you that you are the last healthcare providers on Earth and that you will need to create a list of values which you will use to run your new healthcare system. Your task is as follows:
 - a. Individually think of and write down five values that you consider important for healthcare.

- b. Combine the lists into one large list, taking note of the frequency at which each value was expressed.
- c. Together, decide which values would be consistent with the group's view of healthcare provision.
- d. Keep this list – you will be using it later in the module.

★ The class has just established its own set of healthcare values – these are what we call framework values. Framework values are a type of limit or boundary derived from shared values that must also be consistent with the democratic principles of values-based practice (e.g. respect for differences).

★ Framework values are those values that, for a given group, are genuinely shared - such values are the concern of ethical codes. In the next module you will learn how to incorporate the patient's and other team members' values into this framework, as well.

★ Even after framework values are established, it is difficult to assess how they should be used in evaluating a particular case. Consider these two options:

- **Consensus:** all or most group members agree on one or a couple of values to use when evaluating a case
- **Dissensus:** all or most group members can agree on a balance of values, integrating parts of different values to use when evaluating a case

★ These approaches can lead to vastly different outcomes. While in creating framework values we rely on consensus, in **balanced decision making** we use dissensus in order to reach a decision. This process is very similar to how we apply the medical ethics principles of autonomy, beneficence, nonmaleficence, and justice. Rather than choosing only autonomy or only justice, we try to figure out how we can maximize all of the values that we consider important. Ultimately, we hope to reach consensus on the dissensus – that is, to make a decision based on a balance of values that all can agree with.

Case Discussion - Using your Framework Values at the Basic Level

2. Read through the case:

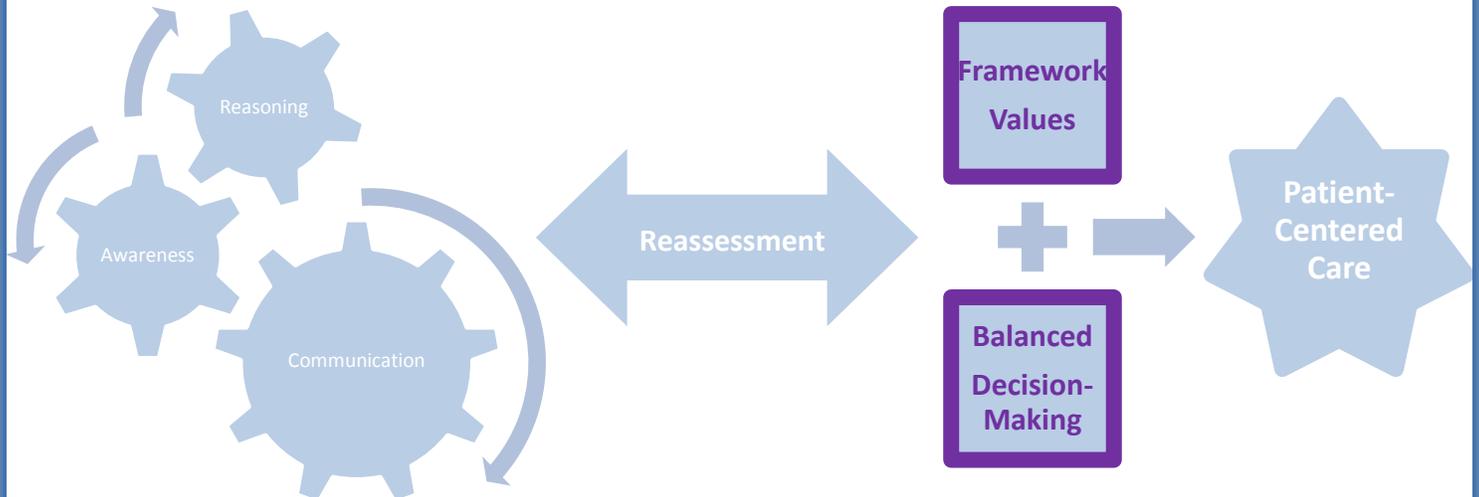
- a. Individually, use your skills of awareness, reasoning, and communication to compile a list of the patient's values, noting the values you would like to further explore prior to continuing.
- b. Together, discuss the values you found and use the internet or each other to help clarify any of the values that weren't clear.
- c. Compare the list of the patient's values to the list of framework values you earlier compiled. Circle or star the values that the two lists share in common.
- d. Consider the other values on the patient's list that the group feels comfortable in adding to their larger list of framework values.
- e. If there are any values that you don't feel comfortable adding to the list, explain why.

- f. Using balanced decision making through dissensus, as a group, suggest a potential treatment plan.
- g. What values did you use to reach your decision? Explain how your treatment plan respects those particular values.

★ We will revisit balanced decision making in the next module for a deeper understanding of how we partner with the patient, medical team, and broader regulatory bodies. This module is intended to help students understand the process of balanced decision-making using dissensus based on framework values.

★ When students have difficulty with forming a balance decision, it is often because they are unclear about the values they are dealing with. It is a common tendency to dismiss values, thinking that they only make health care more confusing; this exercise can help point out that often it isn't the values that make care complicated, but rather it might be our incomplete understanding of them.

The clearer the picture we have of all of the values involved, the easier it will be for us to make a balanced decision using our framework values.



Learner's Guide

Part C: Module 6

Framework Values and Balanced Decision Making

Activity: Establishing Framework Values

1. You and your classmates are charged with a very important task. You find that your group has been transported to another location, with no other medical students, physicians, nurses, or other healthcare practitioners in sight. A deep, beaming voice explains to you that you are the last healthcare providers on Earth and that you will need to create a list of values which you will use to run your new healthcare system. Your task is as follows:
 - a. Individually think of and write down five values that you consider important for healthcare.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 - b. Combine the lists into one large list, taking note of the frequency at which each value was expressed.
 - c. Together, decide which values would be consistent with the group's view of healthcare provision.
 - d. Keep this list – you will be using it later in the module.

Case Discussion: Using your Framework Values at the Basic Level

2. Read through the case:
 - a. Individually, use your skills of awareness, reasoning, and communication to compile a list of the patient's values, noting the values you would like to further explore prior to continuing.

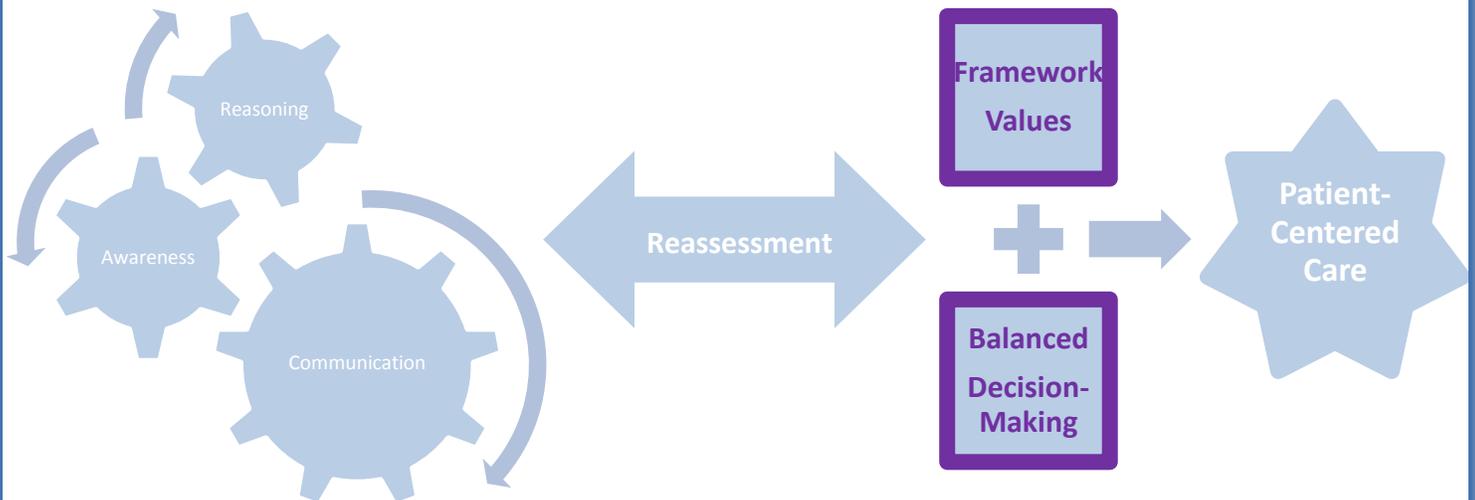
 - b. Together, discuss the values you found and use the internet or each other to help clarify any of the values that weren't clear.
 - c. Compare the list of the patient's values to the list of framework values you earlier compiled. Circle or star the values that the two lists share in common.
 - d. Consider the other values on the patient's list that the group feels comfortable in adding to their larger list of framework values.

e. If there are any values that you don't feel comfortable adding to the list, explain why.

f. Using balanced decision making through dissensus, as a group, suggest a potential treatment plan.

g. What values did you use to reach your decision? Trace and explain how your treatment plan respects those particular values.

The clearer the picture we have of all of the values involved, the easier it will be for us to make a balanced decision using our framework values.



Instructor's Guide

Part C: Module 7

Partnership and Patient-Centered Care

Partnership: is about a shared understanding of the different needs, expectations, and hopes of those involved health care. Decisions are made by patients and the providers of care working together.

Patient-Centered Care: focuses on the values of the patient while at the same time being aware of and reflecting the values of other people involved (clinicians, managers, family, carers, etc.).

Objectives:

- Understand how balanced decision making is used for providing patient-centered and multidisciplinary care
- Understand why partnership is important for patient-centered and multidisciplinary care
- Understand how framework values are used in patient-centered and multidisciplinary care
- Understand how multidisciplinary care leads to more patient-centered care
- Use these concepts in the activities provided

Competency: after this module, the student will be able to use balanced decision making through partnership in a multidisciplinary setting in order to enhance patient-centered care.

★ At this point in the curriculum, the students have a working knowledge of the values-based practice skills (awareness, reasoning, communication). Additionally, they have started to become more comfortable with when they should continue, establish framework values, and use them in balanced decision making.

★ Partnership

On paper we can see how to list and carry through this process, but in practice it tends to be more difficult. The processes and concept are the same, but instead of managing our own lists, we accomplish balanced decision making through partnership.

In values based practice, decisions are made by patients and the providers of care working in partnership. Partnership is about a shared understanding of the different needs, expectations, and hopes of those involved health care.

At the heart of good process in VBP is a shift in healthcare decision making from outside experts to a partnership between the stakeholders – patients, carers, clinical professionals, managers. The physician must partner both with the patient and with the other members of the medical team.

★ Multidisciplinary Team:

Conflicts of values are resolved in values-based practice not by applying a 'pre-prescribed rule' but by working towards a balance of different perspectives (e.g. multidisciplinary team work). It is not only that we often find ourselves working in teams, but additionally that engaging with a diverse array of practitioners with a diverse array of values can be a distinct benefit.

Remember the multi-perspective skills referenced in the communication module. It should now be clearer why we need skills of negotiation and conflict resolution, concerned with resolving conflicts between different value perspectives. Values-based practice can help to convert the different value perspectives of members of multidisciplinary teams from being a source of misunderstanding and friction into a positive resource for balanced decision making.

At this point in the values-based practice curriculum, incorporating activities considering interdisciplinary or multidisciplinary team work would be a great benefit. Feel free to be creative – if your university houses other medical trainees (pharmacists, nurses, physical therapists, physician assistants, technicians, other), it would be even more beneficial to engage them in an activity with the medical students.

The next activity would be best accomplished with a simulation, such as a patient instructor or 'student actor.' It would be most enriching for students to be able to interact within a simulation, using their skills in a clinic-type setting that they should grow accustomed to.

If you will be using a student actor, pull him or her aside and explain the character he or she will be portraying. Feel free to use the persona from one of the previous cases or create a new case. It can be anything from an individual trying to quit smoking to an individual considering plastic surgery. Keep in mind the current level of medical knowledge that the students possess.

Simulation Activity

It is now time to use your skills, knowledge, and understanding to interact with a 'real' patient.

1. Choose three students to interact with the 'student actor' or patient instructor – a team of three.
2. Each of the three students should have a couple of minutes to interact with the student actor or patient instructor to conduct a patient interview and gather information about the patient's values.
 - While each student is interviewing, the other two should be out of hearing distance.
3. Once the third interview is completed, the three should reconvene in the room and discuss the interactions with the remainder of the class. Remember to consider your framework values.
4. Another student, who heard all three interviews, should then talk with the patient, using balanced decision making to come up with a plan.

Keep the following skills/concepts in mind:

- Awareness
- Reasoning
- Communication
- Reassessment
- Partnership
- Framework Values
- Dissensus
- Balanced Decision Making

★ After completing the simulation, discuss the process with the students. What parts were challenging and why? What barriers have they found to implementing Values Based Practice in a clinical setting? In what ways were the interactions positive? In what ways could the interactions improved?

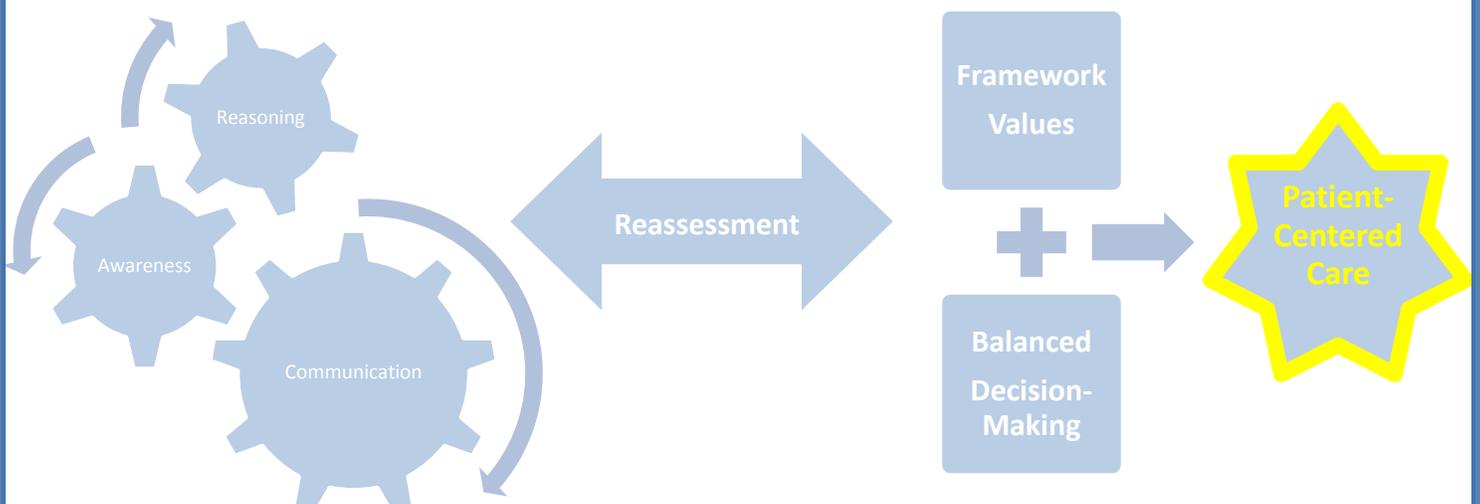
★ Patient-Centered Care

Our patients will come from many different backgrounds, as will the people we work with. Increased diversity in our teams will help ensure that we aren't unintentionally ignoring, misunderstanding, or mischaracterizing one or many of our patient's values.

A diverse array of values presented from a multidisciplinary team will serve not only as a knowledge base for values, but additionally as a system of checks and balances to ensure that we are considering all aspects prior to making a decision. Ultimately, a group of practitioners open to partnering with each other and with the patient will lead to more patient-centered care.

The first and best source for information on values in any situation is the perspective of the individual or patient concerned. Our goal should be to always keep the patient's values in mind, recognizing that our other team members can help us meet the high bar of patient care that we set.

The values-based practice skills and concepts you have learned will help you form a partnership with your patients and colleagues, guiding your ability to provide patient-centered care in a multidisciplinary setting.



Learner's Guide

Part C: Module 7

Partnership and Patient-Centered Care

Simulation Activity

It is now time to use your skills, knowledge, and understanding to interact with a 'real' patient.

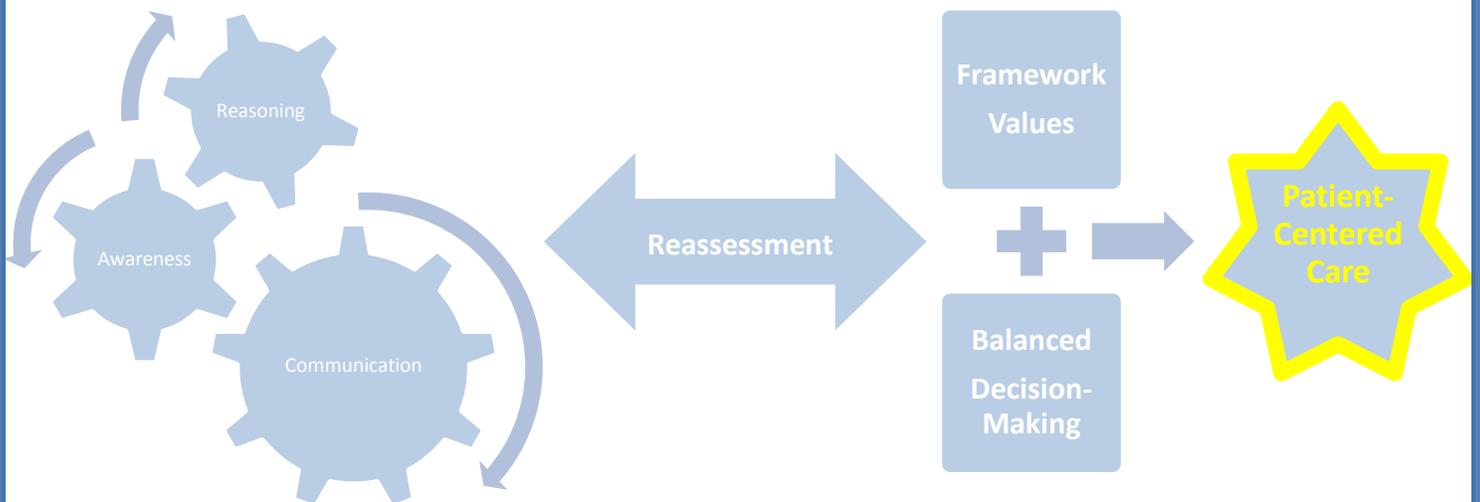
1. Choose three students to interact with the 'student actor' or patient instructor – a team of three.
2. Each of the three students should have a couple of minutes to interact with the student actor or patient instructor to conduct a patient interview and gather information about the patient's values.
 - While each student is interviewing, the other two should be out of hearing distance.
3. Once the third interview is completed, the three should reconvene in the room and discuss the interactions with the remainder of the class. Remember to consider your framework values.
4. Another student, who heard all three interviews, should then talk with the patient, using balanced decision making to come up with a plan.

Keep the following skills/concepts in mind:

- Awareness
- Reasoning
- Communication
- Reassessment
- Partnership
- Framework Values

- Dissensus
 - Balanced Decision Making
5. Reflect on the simulation experience with your classmates.

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Casebook

Adapted Cases from UNESCO's
Casebook on Benefit and Harm

Case 1

Ms. FR's hand was badly injured in a motor-car accident and she was taken to the local hospital.

Dr. J, a physician and surgeon duly qualified to practice, was called to the hospital. Ms. FR, being unacquainted with Dr. J, asked the doctor to fix her hand but not to cut it off, as she wanted to have it looked after in her home city. Ms. FR said, "I am a musician – so I need my hand for everything; to enjoy my life passion of music, to make money, for everything! Any chance there is at saving my hand, I will take it."

Later on in the operating room, Ms. FR repeated her request that she did not want her hand cut off. The doctor, being more concerned with relieving the patient's suffering, replied that he would be governed by the conditions found when the anaesthetic was administered. Ms. FR said nothing.

As the hand was covered by an old piece of cloth and it was necessary to administer an anaesthetic before proceeding, the doctor was not yet in a position to advise what should be done. Upon examination, the doctor decided an operation was necessary to amputate the hand. Dr. J said the wounds indicated that surgery was necessary, as the condition of the hand was such that delay would mean blood poisoning, putting the patient's life at risk. Nurse K tried to question Dr. J's decision, but Dr. J responded, "We have no time, and I know what I'm doing. Do you want to be responsible if Ms. FR dies?"

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Case 2

Phenylketonuria, PKU, is a metabolic condition that is treatable, though once damage has been caused by the condition it is usually irreversible. Hence, it is medically considered of great importance to diagnose the condition as early as possible.

B and K are the parents of five healthy children. Their first four children were tested, with negative results. P, their fifth child, is a newborn baby. Shortly after his birth, PKU testing was offered to P as part of a public health screening program. The doctor said, "We must draw blood from P in order to test for PKU, it is standard, really it is not a big deal. You wouldn't want P to suffer mental damages because of your decisions, would you?"

P's parents refused to allow the test to be carried out because they strongly object in principle to blood being drawn. They said, "You bullied us into receiving the PKU tests for our first four children, scaring us with the potential harms – but none of our children have had it! We don't want blood taken from our baby."

The other members of the medical team were told to help convince the parents, but they feel uncomfortable and don't know how to proceed. In particular, Ms. L, the midwife, agrees with B and K, but doesn't want the other members of the medical team to chastise her if she says anything to B, K, or the doctor. She remains silent.

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Case 3

R was 24 weeks and three days pregnant with twins when she discovered that the twins had 'twin-twin transfusion' syndrome. R read on online forums that if one of her twins dies while she is pregnant, that it is likely that the other will die, too.

She asks Dr. B what her options are as far as selective feticide. She said, "I have had two miscarriages and am approaching the age of 40. I can't handle the possibility that I may now lose both my twins. Doctor, if we can at least ensure that one will survive, I would finally be able to be a mother and have my own real family."

Dr. B knows that the literature supports R's concerns. He has read that any delay in care might lead to R losing both of her twins. At the same time, he doesn't feel that feticide is really a legitimate medical intervention. He says to R, "although I have performed abortions before, this seems different to me. I don't think I can kill one of the twins to save the other. In fact, I am horrified that you would even ask me to consider it!"

The nurse in the office sympathises with R. As an individual with a large family, nurse P couldn't imagine living through the pressures that R has had to experience. Nurse P knows of another physician who she thinks might be more open to performing this procedure. She approaches Dr. B, suggesting a referral for R. Dr. B says he will consider referring if R asks, but since she hasn't he plans to continue as the acting physician. He doesn't think he should be going out of his way to support feticide.

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Case 4

Mrs. CS, an 80-year-old widow, has terminal cancer. She was admitted to the hospital, where she has undergone extensive treatments. She was treated with chemotherapy and all of the technological means that offer the best hopes for recovery. She had told her doctors, "I want anything and everything you can offer that might have some chance at letting me live a longer life. I don't want to die. I want to be able to see my grandchildren grow up and be there when they get married."

Her condition has steadily deteriorated and her prognosis is poor; death is imminent. Because conventional treatment has not been successful, Mrs. CS wishes to use an alternative drug in an effort to cure or arrest the course of her cancer. She mentions that she has heard about some treatment using the kernels of apricots.

The physician responds to Mrs. CS's request, "I know this must be hard, but you will have to accept that you are dying. You have exhausted the options. You should be happy that you have lived this long – don't you know that not everyone reaches the age of 80?"

The physician continues by explaining that the best choice for Mrs. CS is to consider putting in a do not resuscitate order, going home to her family, and trying to forget about the cancer.

The patient plans to look online to find more information about alternative treatments and drug trials. As she is leaving, a physician's assistant grabs her, saying "I know of a couple of trials going on in the hospital, should I write down the information for you?"

Casebook

Adapted Cases from UNESCO's
Casebook on Human Dignity and Human Rights

Case 5

Ms. GC is a 25-year-old prison inmate. She was approximately seven months pregnant when she gave birth to her child. Ms. GC had five prior pregnancies, most of which were pre-term deliveries.

At 7PM, Ms. GC began bleeding and felt severe pain in her lower abdomen; she went to the health services and was seen by Nurse F. Without taking GC's vital signs, performing any vaginal examination, or attempting to monitor the baby's heart tones, Nurse F sent Ms. GC back to her living unit, saying "I know you don't like it in prison, but you committed a crime and I can't be easy on you just because you are pregnant. You are only seven months pregnant, come back when your contractions are six to seven minutes apart."

As Ms. GC turned around to leave, she screamed to the doctor in the hall, "I'm in so much pain! This nurse won't even give me any pain medications!"

The doctor quickly replied, "Oh, so it is another prisoner wanting pain medications. That's a new story. Come back when you are actually having a baby."

One of the physician assistants followed Ms. GC to the living unit, noting the amount of pain that Ms. GC seemed to be suffering from. The PA said to the patient, "I know I won't be able to get you any pain medications, but I do believe that you are in pain and might soon be having this child. I will try to talk with one of the other doctors to see what we can do."

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Case 6

LDK is a 12-year-old patient suffering from a fatal disease known as acute myeloid leukemia. After consulting with doctors, the family was advised that the recommended treatment was chemotherapy, which would necessitate blood transfusions. This treatment is both intensive and aggressive and could go on for a considerable period of time. The head doctor said, "We all want LDK to be alright – the only hope we have at treating her is the chemotherapy. We can start her tomorrow."

Because LDK and her parents are Jehovah's Witnesses, they could not consent to any treatment that would include the transfer of blood or blood products. LDK's parents have said, "I don't expect you or anyone to understand our choices. We don't believe in blood transfusions and will not consent to it for our daughter."

LDK has strongly objected to chemotherapy, with or without blood transfusions. She has been hospitalized together with other leukaemia patients and has seen other children who were undergoing chemotherapy treatment. LDK said, "I have seen children lose their hair, cry out in pain, and beg for no more treatment. I'd rather live out whatever life I have left."

The medical team on the case are uncomfortable with letting LDK go. The doctor says to LDK's parents, "Don't you care about your daughter's life? If she doesn't get the transfusion she will die. This isn't a matter of beliefs, values, or religion. This is life or death, which fate are you choosing for LDK?"