



Values-based Practice in Clinical Care A Training Template

FACULTY HANDBOOK

Edited by
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The Collaborating Centre for Values-based Practice in Health and Social Care
www.valuesbasedpractice.org



St Catherine's College
Oxford

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Contributors and Acknowledgements

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The Handbook editors are Bill Fulford and Ashok Handa. The program and template have been developed by the surgical care program team with the support of a wide range of colleagues, patients and Collaborating Centre Partners. The undergraduate program also reflects ideas and input from a number of our students. We are very grateful to everyone for such generous support and hope that we have captured all the helpful insights they have given us.



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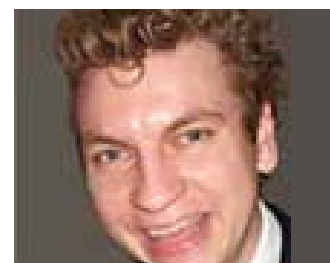
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Introduction

This section introduces the Handbook and describes the accreditation process supporting the development of values-based practice through shared learning.

1. Origin and Aims
2. The Structure of the Handbook
3. Accreditation and Shared Learning

1. Origin and Aims

Since its introduction in the early years of this century training in the skills for values-based practice has been widely adopted in mental health and primary care with counterpart initiatives in related areas such as values-based commissioning. The aim of this Handbook is to support extension of values-based practice to secondary care.

The Handbook is based on a program in Values-based Surgical Care developed by the Nuffield Department of Surgical Sciences, Oxford Medical School, in partnership with the Collaborating Centre for Values-based Practice in Health and Social Care at St Catherine's College. It thus reflects the expertise of a wide range of stakeholders both within and beyond surgery (as detailed in our Acknowledgments).

Yet it remains a work in progress. The template includes a number of guiding principles and key ideas about values-based practice. We hope the sample materials and training protocols included will prove helpful. But successful implementation of values-based practice depends on development and adaptation of the approach to meet the particular contingencies of a given clinical area and service context.

Extending values-based practice to secondary care will thus be an iterative process. The surgical template set out in this manual is a starting point. But the aim is that it should be progressively developed and enriched through feedback and contributions from other areas of secondary care.

Raised awareness and a whole system approach

The starting point and key clinical skill for values-based practice in clinical care is raised awareness of values and it is with this that the materials set out in Part II of the Handbook (The Training Template) are primarily concerned.

Raised awareness of values is essential to contemporary person-centered care. Sustainable implementation however depends on a whole system approach incorporating other elements of values-based practice (described in Part I). The Handbook should thus be read as standing alongside and in partnership with initiatives in other areas of values-based practice supported by the Collaborating Centre.

Read More: for further information on other aspects of the work of the Collaborating Centre please go to valuesbasedpractice.org and follow the links [What do we do?/Key Areas of Collaboration](#)

2. The Training Template and Resources Library

The Handbook is divided into three main parts

- **Part I, About Values-based Practice**, provides a brief introduction to values-based practice focusing on its role in clinical care. Key points about the 'What?', the 'Why?' and the 'How?' of values-based practice are illustrated with examples from surgery.
- **Part II, The Training Template**, is based on our experience of developing values-based practice in surgery and related areas of secondary care (such as radiography). The Template includes,
 - 1) The Basic Training Model: this consists of three Seminar Building Blocks covering, respectively, interactive exercises introducing values and values-based practice, case discussion and take-home messages
 - 2) Details of Seminar Building Block 1: the interactive exercises in Seminar Building Block 1 are key to developing the skills for values-based practice. This section gives the learning outcomes and points to watch out for in running the exercises and explains how they support training in values-based practice in clinical care.
 - 3) Example Seminar Outlines: the final section of the Template illustrates how the Basic Model has been developed respectively for clinical teams, medical students, professional graduates and medical managers.
- **Part III, The Resources Library**, provides a range of materials for seminars in values-based practice building on the Basic Model. The materials are drawn partly from those developed for the surgical seminars on which the Training Template is based and partly from the website for the Collaborating Centre
 - 1) Training Template Materials: these include a step-by-step guide to organising and running a seminar in values-based practice, example seminar outlines and clinical cases, other seminar materials (eg power point presentations and hand outs), and exemplar administrative documents (eg invitations and feed back forms). All these resources are available to download free (subject to accreditation, see below, Introduction Section 3, Accreditation and Shared Learning).
 - 2) Collaborating Centre Website Materials: this part of the resources library gives links to relevant sections of More about VBP on the Collaborating Centre website: a Teaching and Learning Framework, training manuals, values-based policy and practice guidance, search strategies for retrieving literature on values, and an annotated Reading Guide.

3. Accreditation and Shared Learning

As with any area of skills training there is much that it is impossible to convey in a training manual. However detailed the instructions given, without direct transfer of tacit knowledge through shared learning, the risk is that values-based practice will end up becoming yet another mechanical tick-box exercise.

For this reason we encourage anyone planning to use the Handbook to contact us with a view to joining a training session in values-based practice. You are welcome to attend more than one session. But just one session will help to bring the whole field to life and give you a deeper understanding of what values-based practice is all about. This in turn will give you a firmer foundation on which to develop and adapt the Handbook template to meet the particular contingencies of your own area of practice.

Attending a session makes you a **Faculty Partner** accredited to offer training sessions to others and to help build the field by contributing additional teaching and learning materials to the template. In this way will values-based practice remain an open and outward-looking discipline growing through shared learning across an increasingly diverse community of clinical care.

Contact us via the [‘Contact us’](#) link on the Collaborating Centre website at valuesbasedpractice.org

Part I - ABOUT VALUES-BASED PRACTICE

The section provides a brief introduction to values-based practice. Illustrated with clinical examples from surgery the section covers key points about the 'What?', the 'Why?' and the 'How?' of values-based practice in secondary care.

1. What is Values-based Practice?
2. Why is Values-based Practice Important Clinically?
3. How is Values-based Practice Implemented?

Read More links to further information about values-based practice are included throughout.

I.1 What is values-based practice?

Values-based practice is a sister framework to evidence-based practice. Based on learnable clinical skills values-based practice supports health care professionals in shared evidence-based decision-making with their patients based on dialogue about values

Case Example: Mrs Jones' Knee

Mrs Jones (not her real name) was referred to an orthopaedic surgeon with a painful arthritic knee. The best option with this condition, the surgeon explained, is knee replacement. There were risks of course as with any operation but with a prosthetic knee joint she would very likely end up pain-free.

Mrs Jones thanked the surgeon saying 'I'm so pleased, doctor, I'll be able to garden again.' 'Well, tell me a bit more about that' the surgeon replied. 'You see,' Mrs Jones explained, 'it's not the pain I'm worried about. It's the fact I can't bend down well enough to do my gardening.'

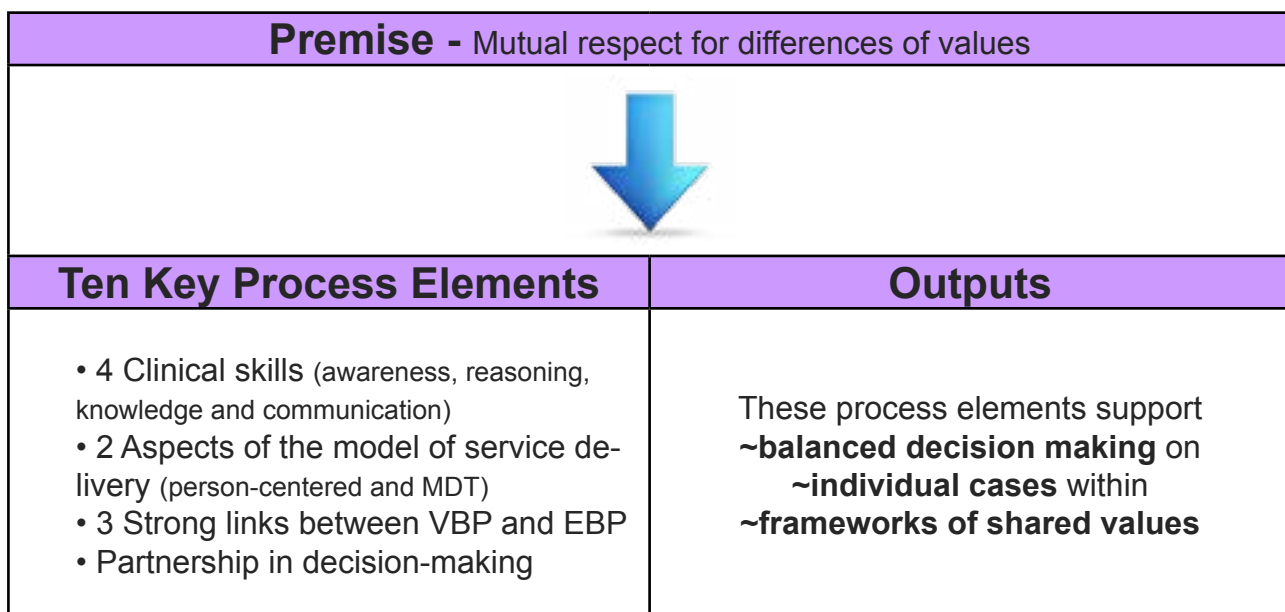
The surgeon explained that with the prosthetic joints currently available she would be no more mobile, and possibly less so, post-op. After a brief further discussion Mrs Jones opted for conservative management.


Most people with painful arthritic knees want to get rid of the pain. It was natural therefore that the surgeon should assume this was what mattered to Mrs Jones. No doubt it did matter. But what mattered more to her was to recover the mobility she needed to do her gardening. It was thus Mrs Jones' *individual values* (what mattered most to her) that determined her shared decision with the surgeon to opt for conservative treatment

Read more: for further clinical examples see the **Resources Library** section A.3

Summary of Values-based Practice

The elements of values-based practice are summarised in the diagram below. Framed by a premise of mutual respect, ten key process elements support balanced decision-making on individual cases within frameworks of shared values.





Read more: for further details of the elements of values-based practice please go to valuesbasedpractice.org and follow the link '[More about VBP](#)'

Mrs Jones' Knee and Values-based Practice

Mrs Jones' story illustrates a number of key points about how values-based practice works clinically

1) Awareness of values is the essential first step

The full ten process elements of values-based practice may look rather daunting. Each element is important in different circumstances but, as in Mrs Jones' story, it is the first element (raised awareness of values) that is the key. The training programs described in this Handbook always start with raising awareness.

2) Not the only 'tool' in the tool box

In practice many other values besides those of clinician and patient have an impact on practice: the options available to Mrs Jones for example reflect health economic values which in turn reflect political and social values.

This is why values-based practice is best understood as just one among a number of 'tools' now available for working with values in health care: other tools, besides values-based practice and health economics, include ethics and decision analysis.

3) I don't have time for this

With services under ever-growing pressures a natural reaction to talk of 'dialogue about values' is to say 'Great – but I just don't have time for all that!'

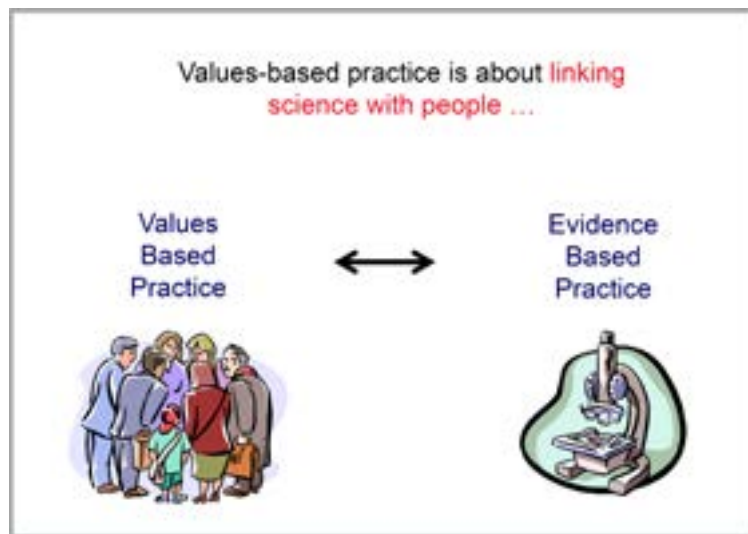
Mrs Jones' story shows to the contrary just how cost- and time-effective dialogue about values can be. It took the surgeon a few extra minutes to agree with Mrs Jones that given what mattered to her (ie her values) they should go for anti-inflammatory medication and physiotherapy rather than a knee replacement. But the result was a 'win' for everyone

- Mrs Jones' got back to her gardening
- The surgeon and his team saved a precious resource of time
- The NHS avoided several thousand pounds of wasted operating and related costs

4) Values and evidence

Mrs Jones' story although focusing on values also reminds us that clinical decision-making should always be evidence- as well as values-based.

The decision to opt for conservative management of her arthritic knee combined the surgeon's knowledge of the advantages and disadvantages of the evidence-based options available with what mattered to Mrs Jones (ie her individual values).



In giving clinicians the skills to work with values as well as evidence values-based practice **links science with people**

Read more about values-based practice

For details of all aspects of values-based practice and an annotated reading guide please go to the website for the Collaborating Centre at valuesbasedpractice.org and follow the links to [More about VBP](#).

The clinical impact of the various elements of values-based practice, separately and together, is illustrated through a series of extended case examples in [Fulford, K.W.M., Peile, E., and Carroll, H \(2012\) Essential values-based practice: clinical stories linking science with people. Cambridge: Cambridge University Press](#)

1.2 Why is values-based practice important clinically?

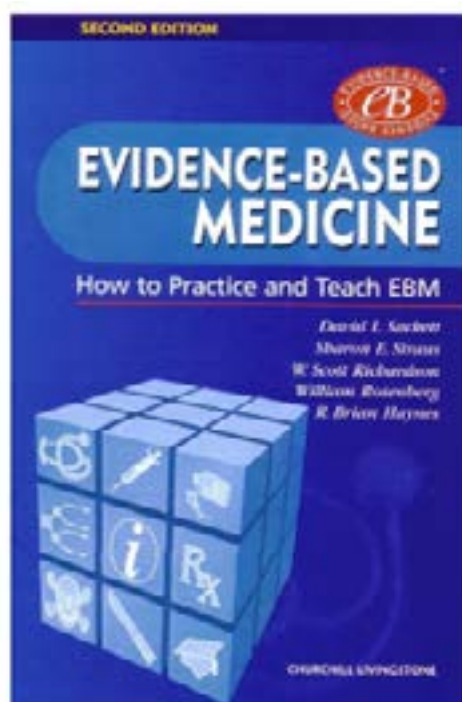
Shared decision-making based on dialogue about values is important clinically because it improves patient outcomes and offers a time- and cost-effective way of providing evidence-based care.

The story of Mrs Jones' knee (Section I.1) makes the point. Most people in Mrs Jones' situation would have wanted knee replacement because for most people getting rid of the pain is their priority. But for Mrs Jones, given what mattered most to her (to be able to garden again), this would have made a bad situation worse (by further reducing her mobility). This is why in a decision made with the surgeon Mrs Jones opted for conservative treatment.

The importance of shared decision-making based on values has been spelled out in both evidence-based guidelines and in codes of practice. In the UK, following the 2015 Supreme Court 'Montgomery judgment', shared decision-making based on dialogue about values is now the legal basis of consent to treatment.

Evidence-based Guidelines

Evidence-based medicine is about basing clinical decisions on best research evidence. But as David Sackett, the inaugural Director of Oxford's Centre for Evidence based Medicine, spelled out, it is also about combining best research evidence with experience and with values.



In their pathfinder textbook Sackett and his colleagues defined evidence based medicine as combining **best research evidence** with **clinical experience** and **patients' values** in 'a diagnostic and therapeutic alliance which optimises clinical outcomes and quality of life' (p1)

Sackett, D.L. Straus, S.E., Scott Richardson, W., Rosenberg, W., and Haynes, R.B. (2000) Evidence-Based Medicine: How to Practice and Teach EBM (2nd Edition). Edinburgh and London: Churchill Livingstone.

Sackett's emphasis on combining evidence with values is reflected in contemporary evidence-based guidelines. In the UK for example all NICE guidance emphasises that treatment and care should take into account patients' individual 'needs, preferences and values' (see for example <https://www.nice.org.uk/guidance/cg181>)

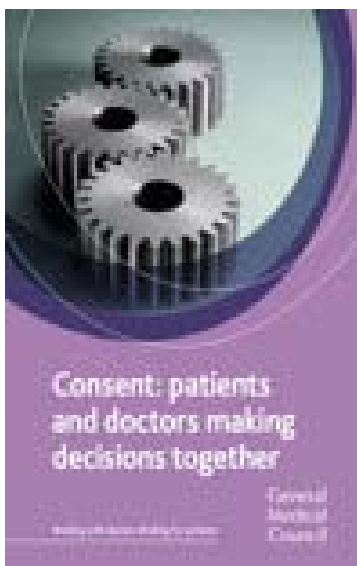
Your responsibility

The recommendations in this guideline represent the view of NICE, after careful consideration of the evidence available. When exercising their judgment, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The application of the recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

NICE (the National Institute for Health and Care Excellence) is the body responsible for reviewing and issuing evidence-based guidelines for the UK's National Health Service

Codes of Practice

The importance of connecting up evidence with values is emphasised similarly in professional codes and guidelines. The GMC (General Medical Council), for example, the regulator for medical practice in the UK, includes a number of statements to this effect in its guidance on consent.



The guidance opens with a general statement of the Duties of a Doctor. One of these is to work in partnership with your patients: this includes 'listen to, and respond to, their concerns and preferences'. Similar statements with minor variations in wording occur throughout the guidance.

See [Consent: patients and doctors making decisions together](#)

Montgomery Consent

The importance of patients' individual values in shared decision-making has been marked by a recent UK Supreme Court decision on consent, the (2015) 'Montgomery judgment'



Montgomery consent means

- Clinicians engaging in 'dialogue' with their patient to the point that
- they have sufficient understanding of the risks and benefits of the options available to make a choice that
- takes into account their 'own values'

Montgomery v Lanarkshire Health Board ([judgment delivered March 11, 2015](https://www.supremecourt.uk/cases/uksc-2013-0136.html)): <https://www.supremecourt.uk/cases/uksc-2013-0136.html>

Exactly how the Montgomery judgment will be interpreted in different contexts remains to be seen. But the bottom line is that 'Montgomery consent' is based on *patients' individual values being taken into account* in shared clinical decision-making.

I.3 How is Values-based Practice Implemented?

In Mrs Jones' story (Section I.1) her values came to light as a result of a chance remark. The surgeon had the skills to pick this up and explore its implications with Mrs Jones. But how do we make this kind of shared decision-making routine without it becoming a meaningless tick-box exercise? This is one of those questions to which there is no one right answer. The context of practice as well as our skills and orientation as individual practitioners are important in how values-based practice is implemented. But we can share learning and experience of 'what works'

'What would you do, doctor?'

Ashok Handa, a consultant vascular surgeon, describes his own approach in his busy outpatient clinic

I find most clinical decision-making is in grey areas where discussion often comes down to the patient not unreasonably asking: So what would you do doctor? And I wouldn't want to duck that. It's not helpful to patients to push the decision back to them. As surgeons, after all, we have considerable experience of how different options work out in practice: this can help a patient who is trying to make difficult choices in the context of facing potentially life-limiting diagnoses. But it's also not helpful to push our own decisions willy-nilly. This is what patient feedback from the workshops suggests we have been too inclined to do. It is what I now realize I have been in effect doing: my answer to 'what would you do?' has reflected my own values not those of the patient.

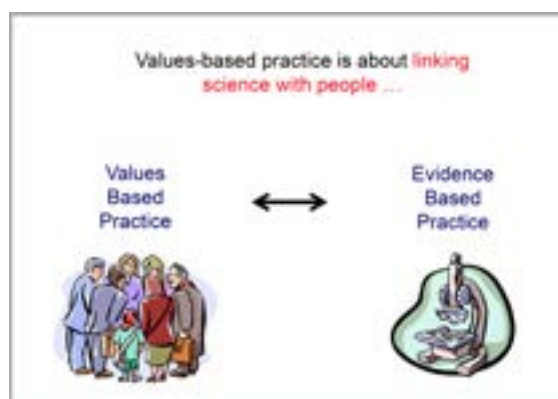
So now, instead of just replying with this or that option (however obvious it seems to me), I start by finding out more about what matters to this patient. Then I'm better able to look at what 'I' would do in terms of what matters from their point of view rather than from mine. So now when asked 'What would you do doctor?' my answer starts with 'Well I have some ideas about that but first, tell me a bit more about what's important to you?' And the dialogue then develops from there.

Vascular surgery commonly involves decisions about major operations for potentially life threatening conditions. Faced with such decisions patients naturally ask Ashok Handa what he would do. He after all is the expert. And in the past he has not shied away from saying what he would do. But now, adopting a values- as well as evidence-based approach, he finds out what matters to the individual concerned (time in hospital, risk of relapse, etc) that bear on the evidence-based options available. With this additional brief exchange he is able to say 'what he would do' but from the perspective of his patient's values rather than his own.

Linking science with people in vascular surgery

Although in a very different area of surgery there are clear parallels between Ashok Handa's approach in a vascular surgery outpatient consultation and the story of Mrs Jones' Knee (section II.1).

In both contexts, **1) raised awareness** of values is the key, **2) there are other values and other tools** for working with values in play (eg the background health economic values and processes constraining the options available), **3) the intervention is time-effective** – it involves no more than a tweak (albeit a crucial tweak) to Ashok Handa's previous practice, and **4) the decision is evidence-** as well as values-based.



Again, every situation is different. There is no 'one size fits all' in values-based practice. But like other clinical skills we can learn from others and improve with practice. This is where training comes in.

A training program in values-based surgical care

Our program in values-based surgical care builds on and adapts the wide range of training materials already available for values-based practice in primary care (see Read More, below)

We are at an early stage in the process but have thus far piloted short training sessions with four groups

1. Clinical teams
2. Medical students
3. Professional Graduate groups
4. Medical managers

The basic model of training

Details vary (see **Read More**, below) but for each group training sessions follow the same basic model: a **brief introduction** to values and values-based practice followed by extensive **discussion of cases** and **take home messages**.

Table 1 - The Basic Training Model

Seminar Content	Learning Outcomes
<p>BRIEF INTRODUCTION TO VBP</p> <p>Two brief (10 minute) interactive group exercises plus plenary discussion</p>	<p>Raised awareness of</p> <ol style="list-style-type: none"> 1) Many meanings of 'values' 2) Diversity of individual values 3) How this diversity drives different choices from the same evidence-base
<p>EXTENDED CASE DISCUSSION</p> <p>Small group work plus plenary discussion around everyday case scenarios</p>	<p>Embedding the above and applying to decision making in everyday practice</p>
<p>TAKE HOME TWEAKS</p> <p>Reflection in pairs on personal practice plus plenary feedback: aim is for each delegate to come up with one small change they can make to their own practice</p>	<p>Further embedding the above by applying to decision making in each delegates' own everyday practice</p>

We would be very pleased to provide support if you are interested in developing your own programme – please see: **Becoming a Project Partner, Introduction 1.3**

Read More

For full seminar outlines, including details of the interactive exercises, please see **Template Section II** and corresponding sections of the **Resources Library**

From training program to template

Just as the training program in values-based surgical care builds on resources developed originally in primary care, so the template needs to be further developed and adapted to meet the particular circumstances presented by clinical decision-making in other areas of secondary care.



The materials given in this Handbook are based on our experience of developing training in values-based surgical care. We hope you will find these useful as a template on which to build. But the template is not prescriptive. The idea is that it should be developed in a process of mutual learning between different clinical areas.

Read More

For details of the training methods used for values-based surgical care, see **Template Sections II**. Sample training resources, including seminar outlines, power point presentations and supporting handouts, are given in the **Resources Library**.

Part II - THE TRAINING TEMPLATE

This section describes training in the foundational clinical skill for values-based practice, raised awareness of values, and illustrates its applications respectively with clinical teams, with medical students, with professional graduates and with medical managers.

1. The basic training model
2. Details of seminar building block 1
3. Example seminars outlines
 - ~clinical teams
 - ~medical students
 - ~professional graduates
 - ~medical managers

II.1 The Basic Training Model

A fully developed values-based practice includes no less than ten distinct elements (see Part I.1). Underpinning all these, however, is the first of the values-based clinical skills, raised awareness of values.

This section of the Training Template describes the basic model for training in raised awareness of values

- 1) Learning objectives
- 2) The importance of context
- 3) Three seminar building blocks
- 4) Outcome measures

Section 2 will look in more detail at two interactive exercises at the heart of the basic model. Section 3 will illustrate how the basic model works out with four seminar groups: clinical teams, medical students, professional graduates and medical managers.

1. Learning objectives

Training in raised awareness of values has three specific learning objectives

- 1) To raise awareness of the **range of values** important in healthcare (including needs, preferences, etc as well as ethical values)
- 2) To raise awareness of the **diversity of individual values** (and that we are very poor at second guessing what matters or is important to other people, ie other peoples' values)
- 3) To raise awareness of how **different values** drive **different choices** (even with the same evidence base)

Read More: about learning objectives

Further details of these three learning objectives and how they are delivered are given below – see **Seminar Building Blocks** and the interactive exercises described in **Part 2** of the section.

2. The importance of context

Values-based practice is nothing if it is not fully integrated into everyday practice. Where possible training should thus take place in or near participants' everyday working environment as part of their 'day job'.

- For clinical teams we run 2-hour multidisciplinary team seminars jointly with patients in or near the local hospital
- Medical students receive a similar program but delivered by one of the surgical tutors as part of their surgical attachment
- Professional graduate seminars take place off-site but are integrated into their CPD (Continuing Professional Development)
- Trainee medical managers learn about values-based surgical care as part of a CPD program on 'Nuts and Bolts of NHS Management'.

Read More: about the importance of context

Seminar outlines for each of these groups are given in **Part 3** of this section.

3. Three seminar building blocks

Skills training of any kind works best if it is carefully tailored to such factors as participants' clinical area and level of experience. This is why in contributing to the range and diversity of seminar materials available Faculty Partners can play a vital role in the on-going development of values-based clinical care (see **Accreditation and Shared Learning, Introduction, Section 3**).

There are though three generic building blocks on which training in raised awareness of values should build

1. **Interactive exercises** introducing values and values-based practice
2. **Discussion of cases** from everyday practice
3. **Take home messages** for changing practice

These are summarized in Table 2

TABLE 2 - Three Generic Building Blocks

Seminar Content	Learning Outcomes
<p>INTERACTIVE EXERCISES</p> <p>Two brief (10 minutes each) group exercises plus plenary discussion introducing ideas about values and values-based practice</p>	<p>Raised awareness of</p> <ol style="list-style-type: none"> 1) Range of values important in healthcare 2) Diversity of individual values 3) Different values drive different choices (with the same evidence base) <p>Understanding of values-based practice as</p> <ol style="list-style-type: none"> 1) A resource for working with individually diverse values 2) A partner to evidence-based practice
<p>CASE DISCUSSION</p> <p>Small group work plus plenary discussion around everyday case scenarios</p>	<p>Embedding the above by exploring the diversity of values impacting on all areas of everyday practice</p>
<p>TAKE HOME TWEAKS</p> <p>Work in pairs plus plenary feedback on changes participants can make to their individual practice</p>	<p>Applying learning to own practice through a small 'do-able' change (a 'tweak') carefully tuned to the context of each individual's practice</p>



Block 1: Interactive Exercises

Although relatively brief this warm up session is essential preparation for the case discussions and ideas about changing practice that follow.

'Values' is one of those words in everyday use that has a far richer and more complex set of meanings than we generally recognize. In this respect values are like the air we breathe – all around us, and essential, but largely taken for granted. Hence the exercises in this first session set the scene by getting participants to understand just why values present a challenge for clinical care and hence why we need values-based as well as evidence-based practice.

Rather than a discursive presentation the use of interactive exercises allows participants to recognize this for themselves.

1) The 'three words' exercise

Key message: the surprising diversity of values is why we need values-based practice

In this exercise participants are asked to write down 'three words that mean values to you'. They then discuss briefly in pairs before everyone feeds back their words in a shared plenary with the presenter writing the words up on a flip chart or white board.

Although there will be some overlaps, everyone is surprised to find they have come up with different words. Building on this the presenter gives a brief introduction to values-based practice as a resource for working with diversity of values in healthcare.

2) A 'forced choice' exercise

Key message: different values drive different clinical choices

The second exercise connects values-based practice up with evidence-based practice in clinical decision-making.

Participants are asked to imagine that they have the warning signs of a potentially fatal disease and to make a choice between two NICE-approved treatments. One treatment (A) gives a 50:50 chance of immediate death or complete cure; the other treatment (B) guarantees a period of healthy remission but ending ultimately in death. The forced choice is that participants have to decide what **minimum period of remission** he or she would individually require to choose treatment B over the 50:50 offered by treatment A.

As with the first exercise people come up with very different answers ranging from never ('I would go for the 50:50 and get it over with') to forty or more years. In the plenary discussion that follows they come to see that their very different choices (made on the basis of the same evidence base) reflect their very different individual values.

The bottom line then is that clinical care depends on bringing together values-based with evidence-based practice.

Read More: about the interactive exercises

These exercises are described in more detail in **Part 2** of this section.



Block 2 : Case Discussion

There are many ways in which case discussion can be used in clinical skills training. Ethical dilemmas for example provide a powerful way of stimulating debate in ethics.

Values-based practice by contrast is a resource for everyday practice and case materials should be chosen accordingly, ie to reflect the realities of participants' everyday experience

Prepared cases may be used or delegates may be asked to bring cases from their own practice. The challenge here of course, with cases of either kind, is to protect confidentiality while providing enough detail for substantive engagement with the clinical issues.

Where possible groups should have participants with different perspectives: team members from different professional backgrounds, for example, and clinicians working with patients and family members.

Case discussion is best facilitated through group work followed by plenary feedback. Groups are given two tasks

1) To explore the **values issues raised by their case** from the perspectives of those involved. What do they think matters or is important to the patient, the clinician, etc; but also what wider values are in play and constraining the choices open to them (eg social and health economic values)?

2) To reflect on **their own values in response to the case**. What is important or matters to each of them individually about the issues arising from the case? To what extent do their values individually coincide with or depart from those of others in the group?

These questions help to embed the learning about values from the opening interactive exercises. Both questions produce much debate reflecting diversity of individual values (respectively of those involved in the case and of group members). This diversity in turn drives different views about what 'should' be done. These different views, moreover, and the diversity of individual values they reflect, are features not of some exceptional 'hard case' but of an everyday clinical scenario.

The question arising then is 'what to do?' This leads back to values-based practice and the challenge of practical implementation.

Read More: about case work in values-based training

For examples of how case discussion is used with different training groups see Part 3, this section. A sample of the case scenarios used in these training sessions is included in the **Resources Library, section 1.3**.

Block 3: Take Home Tweaks

At this point in the training participants tend to divide into enthusiasts eager to take things forward and skeptics dubious of the practicality of values-based practice in the face of 'cuts' and other threats to services. The aim of this third session is to come to a balanced reconciliation of these two perspectives in a realistic approach to implementation.

For this part of the seminar participants should work in pairs. The task is that each participant has to come up with one small change (a 'tweak') that they can realistically make in their own practice. The grand plans of the enthusiasts are 'out'. Out too are the excuses of the sceptics. The required tweak to practice has to be one that is modest enough to be realistically achievable in the circumstances of the individual's actual practice. The test is that pairs have to persuade each other that their proposed 'tweak' really is do-able.

With individual 'tweaks' then shared in a final plenary, the take-home message for participants is that values-based practice offers a cost- and time-effective resource supporting best practice in their own individual areas of clinical care.

Read More: about take-home tweaks

For an example of an effective tweak to practice in surgical care see 'What would you do, doctor?' in **Section I.3**.

4. Outcome Measures

As with everything else in values-based practice the outcomes of training are highly context sensitive and impact measures should thus be carefully tailored to the particular aims of a given training event.

The direct outcomes of training (ie whether participants have actually learned anything) can be assessed using methods appropriate to the aspect of values-based practice covered: see **Resources Library Section B.1 A Teaching and Learning Framework** – this gives specific suggestions for each main element of values-based practice. Assessment should also include feedback from participants (see **Resources Library, Section A.5, Organisational Documents** for a template feedback form).

The ultimate aim of training is better patient care where 'better' means as defined by the values of the individual concerned (see the story of 'Mrs Jones' knee, **Template Part I.1**). This follows contemporary good practice guidance as marked by the 2015 Montgomery judgment on consent (see Template Part I.2). Again, various measures are available for assessing aspects of patients' experience of care (see for example, the Royal College of General Practitioners' Patient Satisfaction Questionnaire at <http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/psq-for-workplace-based-assessment.aspx>).

Further training aims closely related to better patient care so defined include

- Improved clinical outcomes
- More compassionate care
- Better staff experience
- More cost-effective use of resources
- Greater take-up of evidence-based guidelines
- Improved ethical care (eg consent)
- Lower rates of litigation

Measures appropriate to these and other context-specific outcomes may be important in assessing the impact of training in a given context.

II.2 Details of Seminar Building Block 1

As described in Part 1, at the heart of Seminar Building Block 1 are two interactive exercises, the **'three words' exercise** and the **'forced choice' exercise**. Together with supporting power point presentations these exercises introduce ideas about values and values-based practice. The aim is to allow participants to discover for themselves the wide diversity of individual values in play in healthcare and hence why we need values-based as well as evidence-based practice.

This section gives

- 1) An outline of seminar building block 1
- 2) Key learning objectives for the 'three words' exercise
- 3) Key learning objectives for the 'forced choice' exercise
- 4) Points to watch with Seminar Building Block 1

A concluding section 5) **Points to Watch about Values**, notes some of the more challenging issues that may come up in working with values and offers suggestions about how to respond to them.

1) An Outline of Seminar Building Block 1

Seminar Building Block 1 runs through two cycles of interactive exercise, plenary discussion, power point presentation and brief questions. The two cycles are summarized in Table 3 below.

Details of how the two exercises are delivered are given in **Part II.1**.

Illustrative not prescriptive

The seminar outline in Table 3 is illustrative rather than prescriptive. We hope you will find it helpful. But as with other areas of values-based training it is important to develop and adapt the materials according to your particular area of practice and the level of experience of participants.

Timing

The aim throughout should be to keep things flowing: in a two-hour seminar about 30mins is allocated to this introductory session. Once participants start thinking about values they naturally come up with points they want to raise, theoretical and personal. (These are considered further below: see **5. Points to Watch about Values**.) But it is important to keep on schedule to allow sufficient time for the case discussions and ideas about practical implementation in the rest of the seminar.

TABLE 3 – The Two Cycles of Seminar Building Block 1

Outline	Key Learning objectives
Welcome, introductions, and plan of the seminar	
CHECK everyone has something to write with	
First interactive exercise: write down ‘three words that mean values to you’ (then compare with your neighbour)	
During the exercise CHECK round with participants to see how they are getting on	
Plenary feedback of participants’ ‘three words’	Raised awareness of 1) Range of values important in healthcare 2) Diversity of individual values
Power point presentation	Introduction to values-based practice as a resource for working with diverse values in healthcare
Summarize learning points and take brief questions	
Move to second exercise	
Second interactive exercise: Choose between two treatments (then compare with your neighbour)	
During the exercise CHECK round with participants to see how they are getting on	
Plenary feedback of participants’ choices	Reinforces above and adds 3) Shared understanding of values as ‘what matters’ or ‘is important’ to people 4) Diverse values drive diverse choices (with the same evidence base)
Power point presentation	Values-based and evidence-based practice are partners in person - centered care
Summarize learning points and take brief questions	
Move to case discussions	

2. Key Learning Objectives for the 'three words' exercise

FIRST EXERCISE - **What are values?**

1. Write down three words or very short phrases that mean 'values' **to you**

2. Then compare with your neighbour

As noted in Table 3 the key learning objectives from the 'three words exercise' are to raise awareness of

- 1) The wide **range of values** important in healthcare
- 2) The **diversity of individual** values

These objectives will start to become apparent to participants as they compare notes on their respective three words: they are very likely to have come up with different triplets. The learning objectives are then reinforced by the variety of triplets with which participants as a whole come up in plenary feedback.

TABLE 4 - Feedback in the Three words Exercise

Example triplets of words in feedback from the 'three words' exercise	
Preferences Needs Best interests	How we treat people Attitudes Principles
Respect Personal to me Difference ... diversity	Non-violence Compassion Dialogue
Beliefs Right/wrong to me What I am	Responsibility Accountability Best interests
Belief Principles Things held dear	What I <i>believe</i> What makes me tick What I won't compromise
Subjective merits Meanings Person-centred care	'Objective' core Confidentiality Honesty



An example of feedback in the 'three words' exercise is given in Table 4 (this is taken from one of our surgical seminars).

- 1) The **range of values** is reflected in the widely different of words included: 'needs' and 'preferences' for example as well as ethical values such as 'respect' and 'honesty'.
- 2) The **diversity of individual values** is reflected in the fact that although there are some overlaps (two people include 'respect' for example) every triplet of words is different: most people are really surprised to find that what 'values' means to them is different from what it means to almost everyone else in the room.

With these learning points in place the exercise then leads naturally into a power point introduction to **values-based practice as a resource for working with diverse individual values**.

3) Key Learning Objectives for the 'forced choice' exercise

SECOND EXERCISE - It's your decision ...

- Imagine you have developed early symptoms of a potentially fatal disease...
- NICE has approved two possible treatments
- Treatment A - gives you a guaranteed period of remission but no cure
- Treatment B - gives you a 50:50 chance of 'kil or cure'
- Your decision - how long a period of remission would you want from Treatment A to choose that treatment rather than go for 50:50 'kill or cure' from Treatment B?

The 'forced choice exercise' now reinforces the points about range and diversity of values from the 'three words' exercise and adds two further key learning objectives,

- 3) A shared understanding of values as 'what matters' or 'is important' to people.
- 4) Understanding that diverse individual values drive diverse individual choices (even with the same evidence base).

These again start to become apparent as participants compare notes. They usually find that they have come up with different periods and in plenary feedback they realize that this is true of the group as a whole.

TABLE 5 - Choosing Treatment A over Treatment B

				15				
		7			8			
	4	3		3				
2							1	
Not	>6m	>1y	>1.5	5-10	>10	>25	>80	




Table 5 gives the range of answers from a surgical seminar. Participants' answers ranged from never ('I would just want to get it over with'), through short periods ('if I had twelve months that would be enough'), to many years ('for me, anything less than fifty years would make me go for the 50:50'). Then, as participants start to share their reasons for their choices, they come to see that the range of their answers reflects the diversity of their individual values.

The link between participants' answers and their values may take some drawing out. Despite being in a seminar on values it can take a little while before 'the penny drops' that the reasons they had for choosing as they did are all about their individual values. But it is worth pressing groups to recognize this for themselves rather than just explaining it. In getting to 'ah, yes, it's my values' phrases like 'finishing my PhD is what's important to me' (the person who wanted an assured twelve months) or 'What matters to me is my children' ('if I can't have fifty years it would be better for my children to take my chance with 50:50').

The discussion thus delivers both learning objectives in one:

- 1) From the way they talk about their reasons participants come to a shared understanding of values as 'what matters' or 'is important' to people (Learning Outcome 3)
- 2) From seeing how different are the things that matter or are important to each other they see that it is their individually diverse values that drives their individually diverse choices (Learning Outcome 4).

A surprising diversity

An important aspect of the learning from this exercise is that people's values (and hence choices) are not only diverse but surprisingly so: even participants who know each other well often come up with answers very different from what they had expected of each other.

Reflecting on her experience after a surgical seminar one trainee surgeon described the rather unsettling sense of surprise that she and her fiancée felt and how this changed their understanding of how they made decisions with their patients.

"The 'forced-choice' exercise was a 'lightbulb moment' for me. I was sitting next to my partner of 6 years who is also a trainee surgeon and from a similar background to mine. We often discuss difficult clinical decisions at home and I feel that we share similar outlooks and ambitions. However, his 'value for X' (18 months) compared to mine (25 years) completely astounded me. If I could misjudge the values of the man I share my life with so profoundly, just how wrong might I be in assuming that I know what is important to my patients? He went on to explain his answer, which I fully understand and agree with, and I realized that, unless we ask, we will never know what matters to each other."

Power point continued: values-based practice and evidence-based practice are partners in clinical decision-making

The surprising diversity of what matters to people (ie people's values) is why, as the power point presentation now goes on to spell out, values-based practice is important for clinical decision-making as a partner to evidence-based practice.

Evidence-based medicine says this too

The message about partnership between values- and evidence-based practice is reinforced in the power point by the fact that evidence-based medicine itself was originally formulated as bringing together evidence with values in clinical decision-making. David Sackett (as the first Director of Oxford's Centre for Evidence Based Medicine) actually defined evidence-based medicine as combining best research evidence with clinical experience and patients' values. See **Part 1 Section 2**

Consistently with the message from the two exercises, Sackett defined values as 'the unique preferences, concerns and expectations **each patient brings** to a clinical encounter ...' and that is important as the basis of a '**diagnostic and therapeutic alliance** that optimizes **clinical outcomes and quality of life**'. (Emphases added).

Evidence-based practice, this part of the presentation thus concludes, is needed if clinical decision-making is to reflect best evidence. But values-based practice is needed if best evidence is to be linked up appropriately with the unique values of an individual patient. This is why values-based practice and evidence-based practice are partners in the delivery of person-centered care.

Read More: about values-based practice and evidence-based practice

For an example of the power point presentation see the **Resources Library, section A.4, Other Seminar Resources**

4) Points to watch with Seminar Building Block 1

There are important points to watch at key stages in running this first part of the seminar

- i) In starting both exercises
- ii) In starting the forced 'choice exercise' in particular
- iii) In taking plenary feedback

i) Points to watch in starting the exercises

There are three main points to watch out for in getting both exercises started

- **Don't just think - write!**

Make sure participants actually write down their answers. The temptation is to just think about them but the exercises have far more impact if participants 'make it real' by committing themselves on paper or their computer.

A good way to reinforce this when you start the first exercise is by indicating that 'for this exercise you will need something to write with' – and then quickly checking to see if everyone has! The resulting scramble for pen and paper or computer and sharing resources, has the further benefit of livening up the session at this early stage!

- **The order is important**

The effectiveness of the exercises depends on participants finding out for themselves that everyone comes up with different answers (different triplets of words in Exercise 1 and different 'required periods of remission' in Exercise 2). So it is worth emphasizing that participants should write down their own answers before comparing notes to see what others have written.

As indicated in the Seminar Outline (Table 3) it is helpful to walk round after setting each exercise to see how things are going. Some participants will find these exercises difficult (see below, **Points to Watch about Values**). But encourage them to persist. If they start by discussing with their neighbor rather than having a go for themselves they inevitably pool their ideas and the impact of coming up with different answers is lost.

- **No right or wrong answers**

A common problem when participants are struggling is that they feel there must be a correct answer and they want to 'get it right'. With the 'three words' exercise, explaining that this is simply about word associations for which there are no right or wrong answers, usually works to reassure participants: '... try just writing down the first three words that pop into your head.'

With the 'forced choice' exercise it is usually better not to push participants since their reluctance may reflect personal associations with the choice they are being asked to make.

ii) Further points to watch in starting the 'forced choice' exercise

There are two further points to watch out for specifically with the 'forced choice' exercise. Both are concerned with avoiding common misunderstandings about what the exercise is asking of participants.

- **A preferred period rather than a minimum acceptable period**

Participants may think the task is to choose the period of remission they would like from treatment B, rather than having to decide **the minimum period they would accept**.

So make this as clear as you can when introducing the exercise and reinforce the message when you circulate around the group to see how they are getting on. Test out people's responses a bit by saying, 'So you have chosen (say) 40 years – but what if it offered only 35? Would you still go for A or would this flip you to the 50:50 treatment B?'

- **People in general not me in particular**

The second misunderstanding is that the exercise is about what people in general would want rather than it being about an individual's choice and hence guided by that individual's particular values.

This is emphasized with a second power point slide that reinforces the message about individual choices by asking participants to think about just why they chose the period they did – and then compare with their neighbor.

It's your decision

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

- Write down your own answer thinking about your decision from your own point of view and in your own particular circumstances
- Then compare your answer with your neighbour's answers

iii) Points to watch in taking plenary feedback

- **Flip chart or white board and pens available**

An important point to watch out for here is to make sure you have a flip chart or white board available so that you can write up participants' individual answers as they feed them back. It is worth checking this in advance of the seminar. Power point is now so pervasive that either there is nothing to write on or the marker pens are empty!

Being able to write the feedback up so that it can be shared in real time is vital. The message from both exercises is in the diversity of answers participants give and their surprise at this diversity. Participants will have started to get this message in comparing notes in pairs. But it is strongly reinforced as they see the increasingly wide range of answers that others have come up with.



- **Feedback from all in a large seminar**

With smaller seminars the presenter can take everyone's answers. With larger groups a selection from around the room is equally effective. With the 'three words' exercise, a good way to reinforce the message about diversity of responses is to take a few individual responses and then ask the group as a whole to raise their hand if they thought of a word not already on the list - usually a forest of hands goes up!

3. Points to Watch about Values and How to Respond

Discussion about values should be carefully handled throughout the seminar and indeed in any other training for values-based practice. Values are about what is important or matters to an individual. But 'individuals' of course includes seminar participants. So at any point sensitive issues may come up. These may involve personal or emotional issues or impinge on deeply held personal beliefs (eg religious or political beliefs).

- **Personal and emotional issues** are particularly likely to come up in case discussions where associations with a participant's own experience may be inadvertently evoked. But these issues may also come up with the two interactive exercises. The exercises are intentionally impersonal: the idea is to get participants thinking about the features of values important for understanding values-based practice before they start applying this in their clinical work. But the 'forced choice' exercise in particular may resonate with a participant's own experience and thus provoke strong emotions.

- **Strongly held personal beliefs** on the other hand may surface in the 'three words' exercise with discussion of the 'no right answer' point (above). The very idea of 'no right answer' may conflict with a participant's own religious or other strongly held personal values. There may equally be general concerns about 'anything goes' and moral relativism: a participant in one seminar commented 'Huh! So it's my values today and your values tomorrow!'

Responding to the issues

Just how such issues are handled is necessarily situation-specific. Clearly, they should never be simply dismissed. Responsiveness to individual values (what matters to the person concerned) is after all what values-based practice is all about. Understanding your own values furthermore, and how they interact with those of others, is important in this. Similarly, the ideological issues raised (about religious or political 'right' answers) are issues that values-based practitioners will encounter in practice.

The aim should thus be a balanced response: take the participant's concerns seriously while avoiding the seminar getting de-railed either by opening up personal issues that can't be worked through or by getting drawn into open-ended philosophical debates (about absolutism, relativism and the like). In the forced choice exercise for example a personal issue may be signaled by a participant's reluctance to engage (ie a reluctance to come up with a figure): so where this happens, encourage but avoid pushing too hard.

More ideologically motivated issues can be managed by, 1) acknowledging the point ('this is taking us into deep philosophical waters'), then 2) indicating opportunities to return to the point ('there is discussion of this in the readings we'll give out at the end of the seminar' or 'if you ask me at the end/drop me an email I can point you to some of the extensive literature on this' (see Read More, below)), and finally, 3) bringing the discussion back to the key learning point that whatever the philosophical/ideological issues participants will inevitably encounter complex and conflicting values in practice.

Read More: about points to watch about values

For a case discussion illustrating the compatibility of values-based practice with strongly held personal beliefs (given mutual respect), see 'Elective fertility: think high-tech, think evidence and values!', chapter 12, [Essential Values-based Practice](#) (Fulford, Peile and Carroll, CUP, 2012).

II.3 Example Seminar Outlines

This Part gives examples of how the Basic Training Model described in Parts 1 and 2 has been applied to seminars in raised awareness of values with different groups.

As indicated in the Introduction to the Handbook training in values-based practice has to be carefully targeted to the clinical areas and levels of experience of different groups (see **Introduction, Section 1, Origin and Aims of the Handbook**). The examples given in this Part illustrate this process of development and adaptation in action with:

1. Clinical teams
2. Medical students
3. Professional graduates
4. Medical managers

Further examples from surgical care are given in the **Resources Library, section A.2**.

1. Clinical teams

Surgical Seminars in Values-based Practice

A series of seminars has been run with different surgical specialties. These short workshops involve multi-disciplinary discussion of cases relevant to specific specialities. The team members learn how to use values-based practice through the clinical challenges presented. The seminars have received excellent feedback with participants finding them very relevant to their everyday practice.

Context

Timing: post-work to allow as many people to attend as possible but without finishing too late to cause time stress and reduce discussion.

Location: a central Oxford location with plenty of parking

Invitees: key 'faculty' members identified in advance, including consultant surgeons, specialist nurses, patients and carers as individuals who are interested in values-based practice and who will be able to help facilitate the seminars and encourage participation amongst their colleagues.

Preparation: Faculty members were invited to a pre-meeting to introduce values-based practice and explain the aim of the seminars. They were asked to identify two cases (one 'major' and one 'minor') that they would be happy to discuss at the seminar. A key message for Faculty is that cases for discussion should be routine rather than complex or ethically challenging – the aim of the seminars is to see how values-based practice supports everyday practice not just difficult cases.

TABLE 6 – Example Seminar for a Clinical Team

Clinical teams	Colorectal Surgery																		
Date	10.4.15																		
Venue	St Catherine’s College, Oxford																		
Lead organisers	Jay Bradbury, Bruce George, Ashok Handa, Lucy Fulford-Smith																		
Participants	Surgical consultants, surgical trainees, specialist colorectal cancer nurses, administrative team																		
INTERACTIVE EXERCISES and INTRODUCTION to VALUES-BASED PRACTICE																			
Three words exercise - results	<table border="1"> <tr> <td>Trust x 2 Beliefs Worthwhile Qualities Morals x 4 Moral code Probity What underpins decisions Respect x 2 Innovation Respect</td> <td>Compassion Excellence Learning Communication x 2 Dedication Quality Reliability Integrity Honesty Social conventions Confidentiality</td> </tr> </table>	Trust x 2 Beliefs Worthwhile Qualities Morals x 4 Moral code Probity What underpins decisions Respect x 2 Innovation Respect	Compassion Excellence Learning Communication x 2 Dedication Quality Reliability Integrity Honesty Social conventions Confidentiality																
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Forced choice exercise - results	<table border="1"> <caption>'Forced Choice' Exercise</caption> <thead> <tr> <th>Option</th> <th>Number of people choosing</th> </tr> </thead> <tbody> <tr> <td>Ten</td> <td>2</td> </tr> <tr> <td>Fifteen</td> <td>4</td> </tr> <tr> <td>Twenty</td> <td>5</td> </tr> <tr> <td>Twenty five</td> <td>1</td> </tr> <tr> <td>Thirty</td> <td>4</td> </tr> <tr> <td>Thirty seven</td> <td>0</td> </tr> <tr> <td>Forty</td> <td>1</td> </tr> <tr> <td>Fifty</td> <td>1</td> </tr> </tbody> </table>	Option	Number of people choosing	Ten	2	Fifteen	4	Twenty	5	Twenty five	1	Thirty	4	Thirty seven	0	Forty	1	Fifty	1
Option	Number of people choosing																		
Ten	2																		
Fifteen	4																		
Twenty	5																		
Twenty five	1																		
Thirty	4																		
Thirty seven	0																		
Forty	1																		
Fifty	1																		
CASE DISCUSSIONS																			
Cases discussed	28yr old female with ulcerative colitis developed a colonic tumour (T4 N2, M0). Against MDT advice, she declined chemotherapy due to risk to fertility.																		
TAKE-HOME IMPLICATIONS for PRACTICE																			
Feedback																			
1. What was most useful?	Reflective interdisciplinary discussion Discussion of Montgomery Ruling																		
2. Anything to add?	No, excellent little course																		

2. Medical students

Context

These seminars take place during students' surgical attachment in their fourth year of training. At this stage they will have had extensive patient contact. The seminars are fully integrated into their surgical programme.

TABLE 7 – A Seminar for Medical Students

Specialty	Year 4 medical students	
Date	16.05.16	
Venue	George Pickering Education Centre, Oxford	
Lead organisers	Ashok Handa, Lucy Fulford-Smith, Katherine Butler	
Participants	Fourth year medical students as part of their surgical attachment	
INTERACTIVE EXERCISES and INTRODUCTION to VALUES-BASED PRACTICE (30 minutes)		
Three words exercise - results	Correct Beliefs Integrity Meaningful Upbringing Genetics Culture World view Religion Expectation - self x2, - others x 2 Ideals x 2 Language Ethics x 2 Concerns	What you think is right x 3 Priorities x 2 Strongly held beliefs Numbers Experience Morals x 1 Standards High regard Honesty Respect x 2 Guidelines Individual Subjective Principles
Forced choice exercise	0 6 months x 2 5 years x 4 6 years x 2 10 years x 3 15 years x 4 20 years x 3	25 years x 6 27 years x 2 30 years x 5 31 years x 2 35 years x 6 45 years x 3 50 years x 2

Table 7 Continued

CASE DISCUSSIONS (60 minutes)	
Cases discussed	<p>Young mother, scared of hospitals, with a breast abscess, declining treatment.</p> <p>19 year old male with appendicitis wanting to postpone surgery until after important sporting event; his parents are keen for him to undergo an emergency appendectomy.</p>
TAKE-HOME IMPLICATIONS for PRACTICE (30 minutes)	
Concluding discussion and 'take home' messages (as medical students the group had had extensive patient contact but were not yet qualified to take clinical responsibility)	<p>Main take home message was that students felt they needed to develop their personal way of addressing patients' values so that they can become skilled at combining evidence and values in their decision making.</p> <p>Other comments: 1) more aware of the diversity of values in a relatively homogenous group of individuals; 2) never assume that you know what someone else may consider to be important; 3) importance of our own values (especially where these are internally conflicting and this affects decision-making with patients); 4) Montgomery ruling provides a useful real life example of how important it is to consider a patient's values when discussing risks and benefits of a procedure.</p> <p>One student commented: values evolve with time; would be interesting to be asked to perform the two exercises again in ten years!</p>
Feedback	
What was most useful?	<ul style="list-style-type: none"> • Good group discussion and sharing of ideas • Relevance to everyday medical practice • Bringing it back to Montgomery at the end
Anything to add?	<ul style="list-style-type: none"> • It may be a good idea to have even smaller groups to prevent individuals dominating the discussion • Would be useful to have a discussion with a wider group of people (i.e.different professional backgrounds) <p>[already doing this]</p>
Not useful or relevant?	Nothing suggested

3. Professional graduates

Two-hour seminar for new qualified radiographers

Context

This seminar was co-presented by one of the Collaborating Centre team and a radiography tutor on the training program participants had just completed. Participants had all had extensive field experience as part of their training.

Timing: The seminar was part of a special study day offering a series of presentations relevant to the students as they prepared to take up their first job.

Location: a lecture theatre the students were familiar with from their course

Invitees: attendance was voluntary. Participants included both diagnostic and therapeutic radiographers

Preparation: The radiography tutor had attended a seminar at the Collaborating Centre. The co-presenters worked together on the content and focus of the seminar. Given that we had only 45 minutes we focused on the interactive exercises and implications for practice.

Table 8 – Seminar for Radiography Newly Qualified Day

Speciality	Radiography	
Date	April 2016	
Venue	Birmingham City University	
Lead organisers	Tracy Perks and Charlotte Burnside, Radiography Programme Leads; Bill Fulford, Collaborating Centre	
Participants	Nearly qualified 3 rd year BSc (Hons) Diagnostic Radiography and BSc (Hons) Radiotherapy students final event of their programmes	
INTERACTIVE EXERCISES and INTRODUCTION to VALUES-BASED PRACTICE (45 minutes)		
Three words exercise - sample results	Polite Kind Care Integrity Compassion Understanding Intrinsic Inherent Caring	Appreciation Cherish Adore Ethics Principles Right thing to do Standards Care Aim to achieve
Forced choice exercise - results	Always go for B (the 50:50): 9 Treatment A period 0 – 1 year: 7 >1 – 5 years: 3 >5 – 10 years: 12 >10 – 20 years: 6 >20 years: 12 NOTE: for this group there were several who felt they could not come up with a figure	

Table 8 Continued

CASE DISCUSSIONS	
Case discussion was incorporated into the session looking at implications for practice (see above, Preparation)	
TAKE-HOME IMPLICATIONS for PRACTICE (30 minutes)	
'Take home' implications as students move out into their first jobs	<p>This session was adapted to the 'Newly qualified' day by asking participants (working in pairs) to come up with 1) a values-based 'tweak' they could try to implement in their practice, and 2) barriers they might anticipate</p> <p>Tweaks included: 1) supporting patients in requesting a named nurse, 2) being more pro-active in feeding back to doctors, and 3) taking time to talk through the impact of therapy with patients on their first day (this from a therapeutic radiographer)</p> <p>Anticipated barriers included: 1) patients not being asked for consent, 2) confused patients being brought to radiography by an inexperienced nurse, 3) pressure of 'through put', 4) feeling responsible for 'pressing' patients to accept treatment they don't want.</p>
<p>Feedback</p> <p>1. What was most useful?</p> <p>2. Anything to add?</p>	<p>Feedback very positive with students commenting that very relevant to their concerns as they move out into practice.</p> <p>NOTE: participants welcomed the possibility of a follow up seminar in a few months to explore how they were getting on. We are looking into possibilities for organising this</p>



4. Medical managers: Nuts and Bolts of NHS Management Course

Context

Timing: Part of a 2 day course on the 'Nuts and Bolts' of NHS management.

Location: a location away from Clinical sites with plenty of parking and conference facilities

Invitees: Senior trainees coming to the end of their training and close to attaining or having just completed the Certificate of Completion of Training. The Trainees are self selected, mostly having been advised at their ARCP to attend an NHS management course.

Preparation: Use of the Introduction to values based practice part of the student and surgical seminar series. Introduction with the 3 words exercise and forced choice exercises.

Table 9 – Example Seminar for Medical Managers

Specialty	Clinical managers													
Date	9 th December 2015													
Venue	Hawkeswell House, Iffley Village, Oxford													
Lead organisers	Ashok Handa, Ram Moorthy													
Participants	Senior trainees from General Medicine, Obstetrics, Paediatrics, General Surgery, Anaesthetics, Orthopaedics, Medical Sub-specialities, Psychiatry and Sports Medicine.													
INTERACTIVE EXERCISES and INTRODUCTION to VALUES-BASED PRACTICE (30 minutes)														
Three words exercise - results	Honesty x 6 Integrity Loyalty Care Courtesy Consideration Trust x 2 Expertise Genuine care Ideas x 2 Principles Code of conduct Relationships	Equality x 2 Commitment x 2 Common goals with colleagues Cost Belief / religion Cost foregone Beliefs x 2 Attitudes x 2 Standards Ethics Compassion x 2 Innovation Health												
Forced choice exercise - results	<table border="1"> <caption>'Forced Choice' Exercise Results</caption> <thead> <tr> <th>Time in years</th> <th>Number of people choosing</th> </tr> </thead> <tbody> <tr> <td>'B'</td> <td>4</td> </tr> <tr> <td>25</td> <td>4</td> </tr> <tr> <td>40</td> <td>2</td> </tr> <tr> <td>40</td> <td>1</td> </tr> <tr> <td>40</td> <td>1</td> </tr> </tbody> </table>		Time in years	Number of people choosing	'B'	4	25	4	40	2	40	1	40	1
Time in years	Number of people choosing													
'B'	4													
25	4													
40	2													
40	1													
40	1													
Discussion of Montgomery Judgment and TAKE-HOME IMPLICATIONS for PRACTICE (30 minutes)														
Concluding discussion and 'take home' messages	Main 'take home' message for clinicians was the importance of making time in clinic and patient interaction to explore 'what matters' to individual patients with a view to using this as part of joint decision making in clinical care													
Feedback	<ol style="list-style-type: none"> 1. What was most useful? Discussion between specialities, Discussion of Montgomery 2. Anything to add? Yes plan seminars for their speciality teams 													

Part III - Resources Library

This section provides a series of resources that may be helpful in planning and delivering training in values-based practice for clinical care.

- 1) How to use the Resources Library
- 2) Descriptive Index and Section Links
 - A Training Template Materials
 - B Collaborating Centre Website Materials

Acknowledgements

Materials in this Resources Library have been generously contributed by Faculty Partners and represent our combined experience of developing values-based practice in a number of areas of healthcare

III.1 - How to Use the Resources Library

The materials in this Resources Library are linked in part to the Training Template and in part to the Collaborating Centre website. The descriptive index given below provides direct links to the contents of each section.

A. Training Template Materials

1. Planning and running a seminar: a step-by-step guide
2. Example Seminar outlines
3. Example Clinical cases
4. Other seminar resources (eg., power point presentations, hand outs)
5. Organisational documents

The resources in these sections are free to view and can be downloaded in PDF form by accredited Faculty Partners (see below, **Becoming a Faculty Partner**).

B. Collaborating Centre Website Materials

1. A Teaching and Learning Framework
2. Training Manuals
3. Policy and Practice Guidance
4. Search Strategies
5. Reading Guide

These resources are available to view on the Collaborating Centre website. Most are available as full-text downloads.

Illustrative not prescriptive

As with other sections of the Handbook the materials included here are illustrative rather than prescriptive. We hope they will be helpful as a starting point. But the idea is that they should be developed and adapted to meet the particular circumstances presented by different groups of trainees in distinct areas of clinical care.

Becoming a Faculty Partner

If you are interested in becoming a Faculty Partner please see **Introduction, Section 3, Accreditation and Shared Learning**

III.2 - Descriptive Index and Section Links

The materials in the Resources Library are divided into

- A Training Template Materials and
- B Collaborating Centre Website Materials.

This descriptive index lists the resources available and provides direct links to both locations

A) Training Template Materials

- 1 - [Planning and running a seminar: a step-by-step guide](#)
- 2 - [Example seminar outlines](#)
- 3 - [Example clinical cases](#)
- 4 - [Other seminar resources](#)
- 5 - [Organisational documents](#)

The resources in these sections are free to view and can be downloaded in PDF form by accredited Faculty Partners

Section 1 - Planning and Running a Seminar: a Step-by-Step Guide

This section sets out the key steps we have found helpful for organizing seminars in values-based surgical care for clinical teams. Similar steps may be helpful for seminars with other groups in other clinical areas. The Collaborating Centre offers support with organising and running seminars: see **Handbook Introduction, Section 3**, Accreditation and Shared Learning; or contact us via the Collaborating Centre website (valuesbasedpractice.org/Contact Us).

Read More: to view this resource please go to [Resources Library Section 1 - Planning a seminar: a step-by-step guide](#)

Section 2 – Example Seminar Outlines

Example seminar outlines are given in this section for

- Clinical Teams
- Other groups

The seminar outlines should be read in conjunction with **Part II of the Handbook Template, Part 2, Sample Outline Seminars**

Read More: to view this resource please go to [Resources Library Section 2 – Example Seminar Outlines](#)



Section 3 – Example Clinical Cases

Example cases are given in this section for

- Clinical Teams
- Medical students
- Professional graduates
- Other groups

The cases given are for illustrative purposes only. Case material should always reflect participants' level of experience and area of work (see **Template Section II.1**)

Read More: to view this resource please go to [Resources Library Section 3 – Example Clinical Cases](#)

Section 4 - Other Seminar Resources

This section includes materials helpful in preparing a seminar. As with other materials in the Resources Library these are illustrative only and should be adapted appropriately for a given group or teaching context.

Read More: to view these resources please follow the links below

- [1. Power Points](#)
- [2. Flip chart responses to exercises](#)
- [3. Handouts](#)
- [4. Images from key guidance and other documents](#)
- [5. Other materials](#)

Section 5 - Organisational Documents

This section gives exemplar documents for organising and running seminars in values-based practice.

Read More: to view these resources please follow the links below

- [1. Invitations](#)
- [2. Programme](#)
- [3. Feedback forms](#)
- [4. Certificate of Attendance](#)

B) Collaborating Centre Website Materials

- 1 - A teaching and learning framework
- 2 - Training manuals
- 3 – Policy and practice guidance
- 4 – Search strategies
- 5 – Reading guide

The resources in this section of the Resources Library are available to view on the Collaborating Centre website (see links provided below). Most are available as full-text downloads.

Section 1 – A Teaching and Learning Framework

This Teaching and Learning Framework sets out the knowledge, skills and behaviours needed for each of the ten main process elements of values-based practice and suggests appropriate assessment measures (eg., multiple choice, significant event analysis, reflective portfolio, written questions, etc).

The Framework was developed by Professor Ed Peile who is a founder Management Team member of the Collaborating Centre for Values-based Practice (see valuesbasedpractice.org and follow the links [Who are We?/ Management Team](#)).

The Framework was published originally as Appendix B (pps 208 – 210) Fulford, K.W.M., Peile, E., and Carroll, H (2012) in [Essential values-based practice: clinical stories linking science with people](#) Cambridge: Cambridge University Press.

Read More: to view the Appendix please go to valuesbasedpractice.org and follow the links [More about VBP/ Full Text Downloads](#).

Section 2 – Training Manuals

The Collaborating Centre website hosts PDFs of a number of training manuals for values-based practice. Although developed mainly for mental health and other areas of primary care they are readily adaptable to other contexts.

- 1) **'Whose Values?' A workbook for values-based practice in mental health care.** Woodbridge, K., and Fulford, K.W.M. (2004) London: The Sainsbury Centre for Mental Health.

As the first training manual for values-based practice, 'Whose Values?' provides a series of practical and case-based exercises exploring each of the main process elements of values-based practice. Translated into Brazilian-Portuguese as *Valores de Quem?* Brazilian-Portuguese Translation of 'Whose Values?' by Arthur Maciel

- 2) **Who Needs Values? Approaching Values-based Practice in Medical Education – Instructors Manual** Chevinsky, J., Fulford, KWM (Bill), Peile, E., and Monroe, A., (2015)

'Who Needs Values' is based on work that Jennifer Chevinsky completed during a six-week medical student placement with Bill Fulford and Ed Peile. It offers a longitudinal curriculum highlighting the connections between values-based and evidence-based practice and other important topics such as cultural competency, bioethics, medical anthropology, public health, and interdisciplinary teamwork

3) **Workbook to Support Implementation of the Mental Health Act 1983 as Amended by the Mental Health Act 2007.** Care Services Improvement Partnership (CSIP) and the National Institute for Mental Health in England (NIMHE) (2008) London: Department of Health.

This is the Foundation Module for a suite of materials produced by the Department of Health in the UK to support implementation of the then recently launched Mental Health Act 2007. It offers a values-based approach to involuntary treatment in mental health based on balanced decision-making within a framework of shared Guiding Principles.

Read More: for more about these training manuals and to download free copies please go to valuesbasedpractice.org and follow the links [More about VBP/Full Text Downloads](#).

Section 3 – Policy and Practice Guidance

Policy and practice guidance based on combining values-based with evidence-based approaches has been developed for a number of areas. The Workbook (Section 2.3 above) was produced originally as practice guidance. Others hosted by the Collaborating Centre website include.

1) **3 Keys to a Shared Approach in Mental Health Assessment.** National Institute for Mental Health in England (NIMHE) and the Care Services Improvement Partnership (2008) London: Department of Health.

The 3 Keys program was co-led by Laurie Bryant, Lu Duhig and Bill Fulford, the Department Leads at the time respectively for Service User (Laurie) and Carer (Lu) Perspectives and for Values-based Practice (Bill) and remains the focus of work by Collaborating Centre Partner, the Bristol Co-production Group.

2) **Values-based Practice Decision Making Protocol – User Guide** Woo Yan-wah, R., (2014).

The Decision Making Protocol provides a comprehensive explanation of a 16-step process of values-based decision making in forensic social work with a case example and a procedural guide. It was produced by Collaborating Centre partner Reuben Woo and is based on his work at the Society of Rehabilitation and Crime Prevention, Hong Kong.

3) **The National Framework of Values for Mental Health.** National Institute for Mental Health England (2004) London: Department of Health.

Although produced in the context of a specific series of policy and practice initiatives the Framework and the process by which it was produced remain helpful exemplars of policy developments in values-based practice

Read More: for more about these resources and to download free copies please go to valuesbasedpractice.org and follow the links [More about VBP/Full Text Downloads](#).

Section 4 – Search Strategies

Knowledge of values is an important process element of values-based practice (see Handbook Introduction, Section 1). But searching for values-related literature is difficult because relevant search terms are not sufficiently specific (if you search on 'value*' you get millions of 'hits' on the lines of 'the values of the hemoglobin!').

Resources to support literature searching for values include

1) VaST Values Search Tools: a manual for searching electronic databases for health-related values.

Petrova, M., (2012)

Developed by Mila Petrova and colleagues at Warwick Medical School the VaST manual includes a short search string published separately as: Petrova, M., Sutcliffe, P., Fulford, K. W. M., and Dale, J. (2011) Search terms and a validated brief search filter to retrieve publications on health-related values in Medline: a word frequency analysis study. *Journal of the American Medical Informatics Association*, doi:10.1136/amiajnl-2011-000243.

Read More: to access this resource please go to valuesbasedpractice.org and follow the links [More about VBP/ Full Text Downloads](#).

2) A Smoking Enigma: getting and not getting the knowledge. Ch 6, pps 65 – 82 in Fulford, K.W.M., Peile, E., and Carroll, H [Essentials of Values-based Practice: clinical stories linking science with people](#). Cambridge: Cambridge University Press

This chapter of *Essential Values-based Practice* provides a practical step-by-step guide to searching for values-related literature running from a quick 'google' search through to more sophisticated methods (including Petrova's search string)

3) Search Protocol for Values-based Service Developments

[Fran Whitaker](#) developed a search protocol for papers reporting evaluations of values-based service development projects in the context of her research for the Royal College of Psychiatrists' [Commission for Values-based Child and Adolescent Mental Health Services](#)

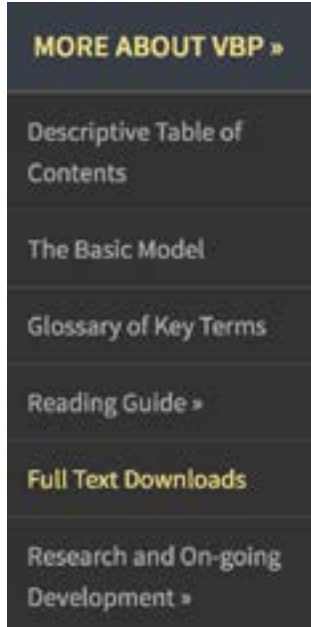
Read More: you can access the protocol at:

[Values-Based Commissioning and Service Development in Child and Adolescent Mental Health: a Systematic Review](#)

Read More: for more about these resources please go to valuesbasedpractice.org and follow the links [More about VBP/Full Text Downloads](#).

Section 5 – Reading Guide

The Collaborating Centre website includes a detailed annotated Reading Guide in the section 'More about VBP'.



The Reading Guide covers the theory and practice of values-based practice including its philosophical and empirical origins and contemporary developments in policy, training and clinical practice.

Read More: to explore the Reading Guide please go to valuesbasedpractice.org and follow the links [More about VBP/Reading Guide](#).