

Notes on Values-based Practice (VBP)

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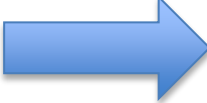
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Summary diagram of the elements of values-based practice

(see also further details next page)

Premise of **Mutual Respect for Differences of Values**

Ten Key Process Elements <ul style="list-style-type: none">• 4 Skills Areas• 2 Aspects of clinical relationships• 3 Principles linking VBP and EBP• Partnership in decision-making	Together these support 	Balanced dissensual decisions made within frameworks of shared values
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For More Information and Contact

The Collaborating Centre for Values-based Practice in Health and Social Care, St Catherine's College, Oxford

The website of the Collaborating Centre gives information on all aspects of values-based practice including a detailed Reading Guide and down-loadable resources please see the Collaborating Centre website:

Valuesbasedpractice.org/More about VBP

Collaborating Partners receive regular announcements of developments in VBP including conferences, meetings and publications

If you are interested in becoming a Collaborating Partner or being involved with VBP in any other way, please contact us

- The website includes a 'contact us' button on each page

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Brief Definitions of the Key Elements of Values-based Practice

Values-based Practice	Brief definition
Premise of mutual respect	Mutual respect for differences of values underpins all aspects of VBP
Clinical Skill 1) Awareness	Awareness of values and of differences of values is the basis of VBP
Clinical Skill 2) Knowledge	Knowledge of how to retrieve research information about values (and its limitations) are essential skills for VBP
Clinical Skill 3) Reasoning	Reasoning about values in VBP is used to make clear what values are in play rather than to 'solve' dilemmas
Clinical Skill 4) Communication	Communication skills (especially for eliciting values and for conflict resolution) are vital for implementing VBP
Person-values-centred care	In VBP clinical care is centred on the actual rather than assumed values of the patient concerned
The 'Extended' MDT	The role of the MDT is extended in VBP to include a range of value perspectives (as well as of the traditional knowledge and skills) required for interdisciplinary clinical care
Two feet principle	All decisions are based on the two feet of values and evidence
Squeaky wheel principle	We notice values when they cause difficulties (like the squeaky wheel) but (like the wheel that doesn't squeak) they are always there and operative
Science-driven principle	Advances in medical science drive the need for VBP (as well as EBP) because they open up choices and with choices go values
Partnership	Decisions in VBP (although informed by clinical guidelines and other sources) are made by those directly concerned working together in partnership
Frameworks of shared values	Values shared by those in a given decision making context and within which balanced decisions can be made on individual cases [Shared values in VBP are determined locally by those directly concerned in a given area of health care decision making]
Balanced decision-making based on dissensus	In dissensual decision-making the values in question remain in play to be balanced sometimes one way and sometimes in other ways according to the circumstances of a given case [Dissensus is the VBP partner to consensus in EBP]