

Stage 1 Introduction to Human Values and Clinical Communication in healthcare

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Stage 1 Module Lead – Introduction to Values-based Clinical Practice.

Aim of this lecture:

- To consider the role of human values (HV) in healthcare
- To situate clinical communication within a human values context
- To provide an overview of the theoretic and research bases that underpin clinical communication skills
- To outline the HV and clinical communication teaching and learning opportunities in the MBBS curriculum

Why human values?

- Values-based practice is not a new concept
- In recent years health and social care has been under a spotlight for excellent examples of care (notably during Covid pandemic), but also for instances of lack of care, compassion and humanity
- This has led to the re-emergence of notions of human values in healthcare
- Making a new space for thinking and learning about human values in medical education
- VBCP theme is a 'home' for allied and integrated subject areas
- Bridges the gap between technocentric, biomedical and caring based learning

Difference between Human Factors and Human Values

Human Factors: The ergonomics of designing and using systems and processes and the interaction of people that use them

Human Values: Those things, beliefs, moral codes, culture and behaviours that are considered important to a person

Concepts of values-based practice in healthcare

[Human values] ... embody the human dimensions of healthcare and are fundamental to the practice of compassionate, ethical, and safe relationship-centred care...

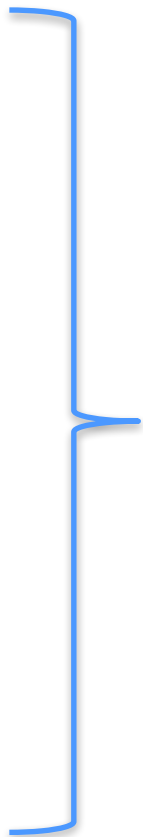
Values are realized and manifested in language and the interaction process. Skilled communication underpins healthcare interactions and relationships and, plays an essential role in making values visible.

Values alone, without demonstration through communication, are insufficient

(Rider et al., 2014 p. 275-6)

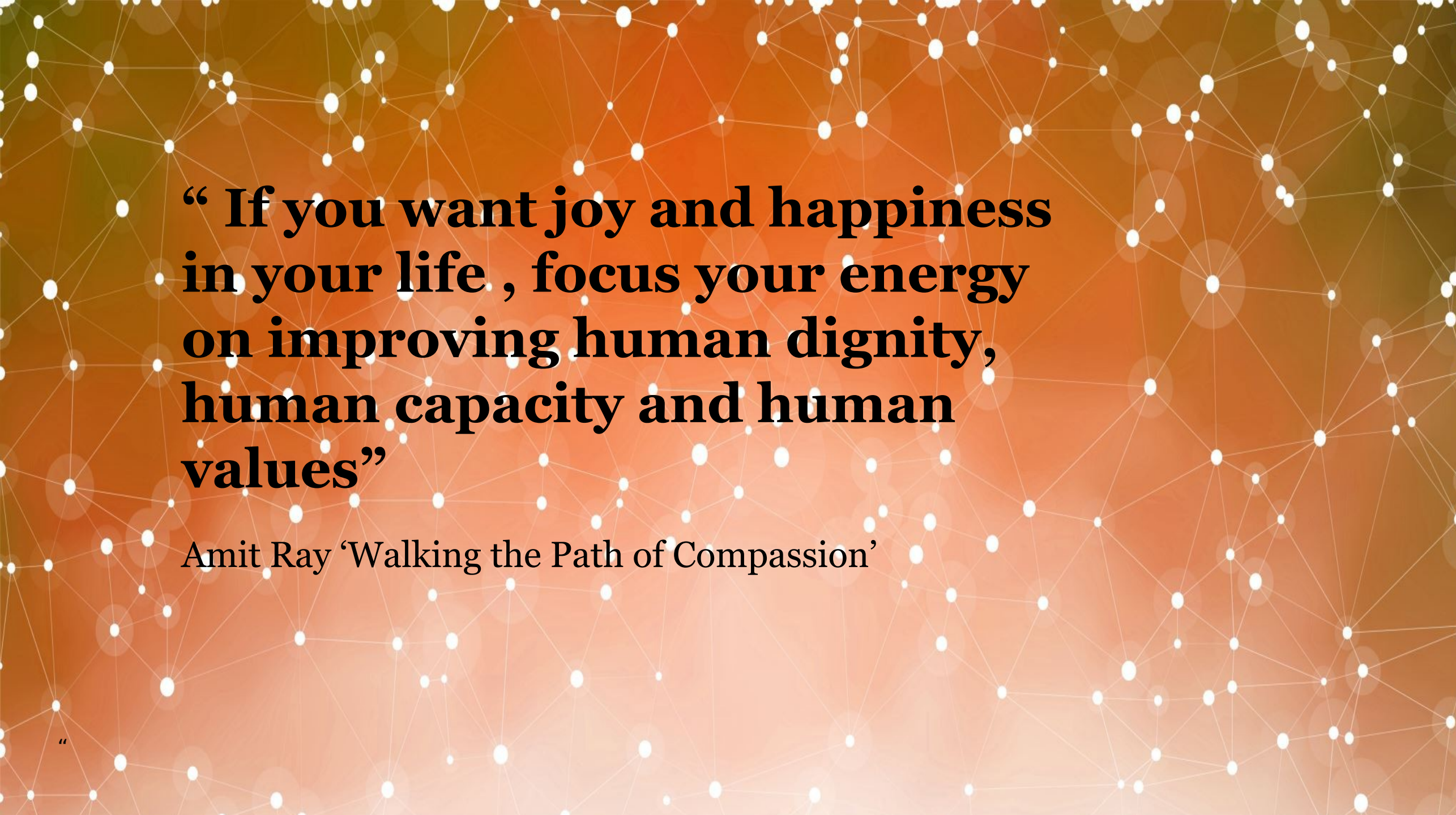
Core human values in healthcare

- Compassion
- Respect for others
- Commitment to integrity and ethical practice
- Commitment to excellence
- Justice in healthcare



Enacted
through
skilled
communication

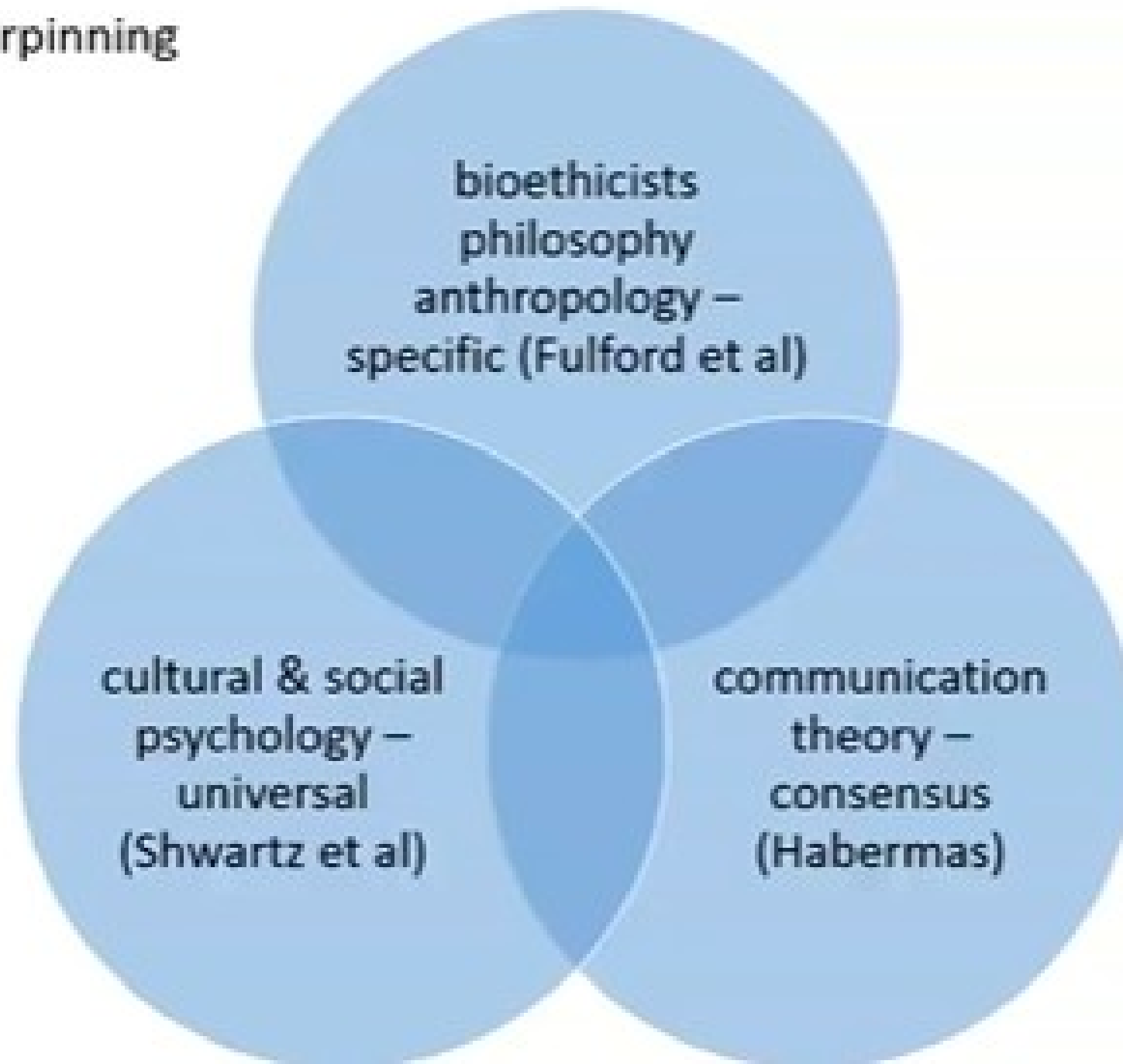
International Charter for Human Values in Healthcare: An interprofessional global collaboration to enhance values and communication in healthcare (Rider et al 2014)



**“ If you want joy and happiness
in your life , focus your energy
on improving human dignity,
human capacity and human
values”**

Amit Ray ‘Walking the Path of Compassion’

Theoretic underpinning



10 Principles of values-based practice and evidence-based practice

1. All decisions stand on two feet, on values as well as on facts, including decisions about diagnosis
2. We tend to notice values only when they are diverse or conflicting and hence are likely to be problematic
3. Scientific progress, in opening up choices, is increasingly bringing the full diversity of human values into play in all areas of health care values-based practice and models of service delivery
4. The 'first call' for information in values-based practice is the perspective of the patient or patient group concerned in a given decision
5. In values-based practice, conflicts of values are resolved primarily not by reference to a rule prescribing a 'right' outcome, but by processes designed to support a balance of legitimately different perspectives values-based practice and clinical practice skills

6. Careful attention to language use in a given context is one of a range of powerful methods for raising awareness of values and of differences of values
7. A rich resource of both empirical and philosophical methods is available for improving our knowledge of other people's values
8. Ethical reasoning is employed in values-based practice primarily to explore differences of values, not, as in quasi-legal bioethics, to determine 'what is right'
9. Communication skills have a substantive rather than (as in quasi-legal ethics) a merely executive role in values-based practice values-based practice and shared decision making
10. Values-based practice, although involving a partnership with ethicists and lawyers (equivalent to the partnership with scientists in evidence-based practice), puts decision making back where it belongs, with users and providers at the clinical coalface

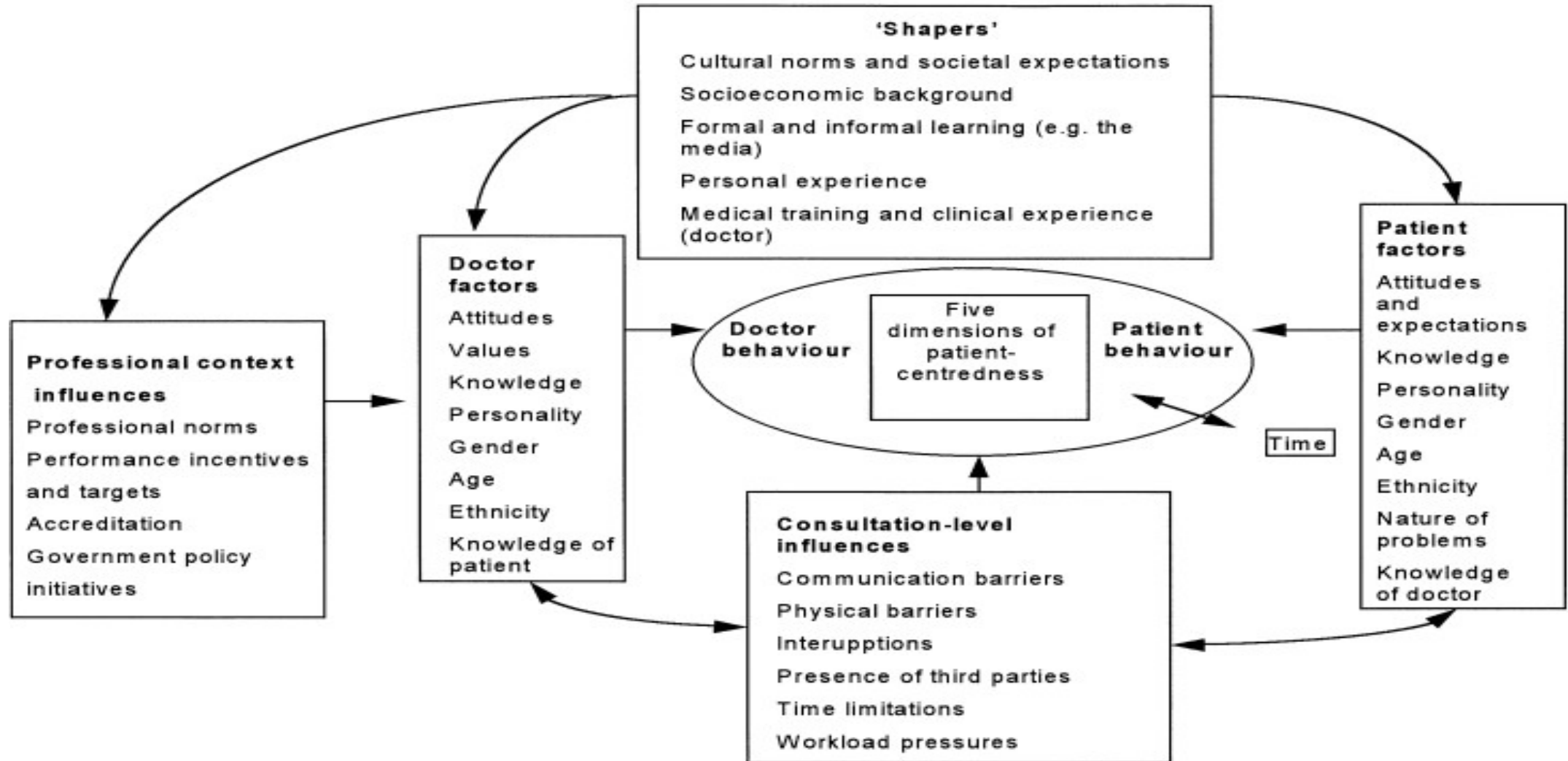
In relation to points 1-10 above:

“Values-based practice ...emphasises the centrality of values in clinical decision-making: the diversity of values, which may remain unnoticed if they are presumed shared; and the importance of health professionals’ developing skills to identify and negotiate values”

(Petrova M. et al. 2006)

Factors affecting patient-centredness

(Mead & Bower, 2000)



Mission Statement

The Human Values Approach incorporates a range of voices that represent the human experience of health, wellness and illness in clinical and social settings as explored through medical education. The focus is on providing learning experiences for medical students through which they can:

- build on their personal and professional identity and develop the skills needed for their own wellbeing and resilience and to recognise this need in others.
- enable them to provide effective evidence based ethical and person-centred care.

Mission statement (contd.)

- gain experience and confidence in their clinical communication and incorporate this into every day practice.
- prepare themselves for collaborative working in the clinical setting
- feel supported in preparation to be fit for practice and demonstrate the Human Values attributes of a newly qualified doctor as defined by The School Of Medical Education

Human Values in the medical curriculum

A longitudinal theme aimed at developing core values, comprising:

- Clinical Communication
- Medical Ethics and Law
- Professionalism
- Medical Humanities
- Culture & diversity
- Inter-professionalism
- Philosophical concepts

Core spine of 14 Integrated Patient Scenarios

Stage 3(yrs 4&5) Patient scenarios 11-14

End of life decision making, conversations with high emotional resonance, death and dying, cultural competence , diversity, professionalism and resilience, concerns over colleagues.

Stage 2 (yrs 2&3) Patient scenarios 6-10

Build on stage 1 +

Talking about cancer, negotiating, boundaries of responsibilities in the clinical setting, who owns information, managing long-term conditions, revisiting confidentiality, capacity and consent.

Stage 1(yr1) Patient scenarios 1-5

Exploring patients concerns, person-centred decision making, explaining simple tests and treatments.

Confidentiality, consent, individual autonomy, capacity and competence

Professionalism and role boundaries as a first year medical student. Reflect on own values and those of others.

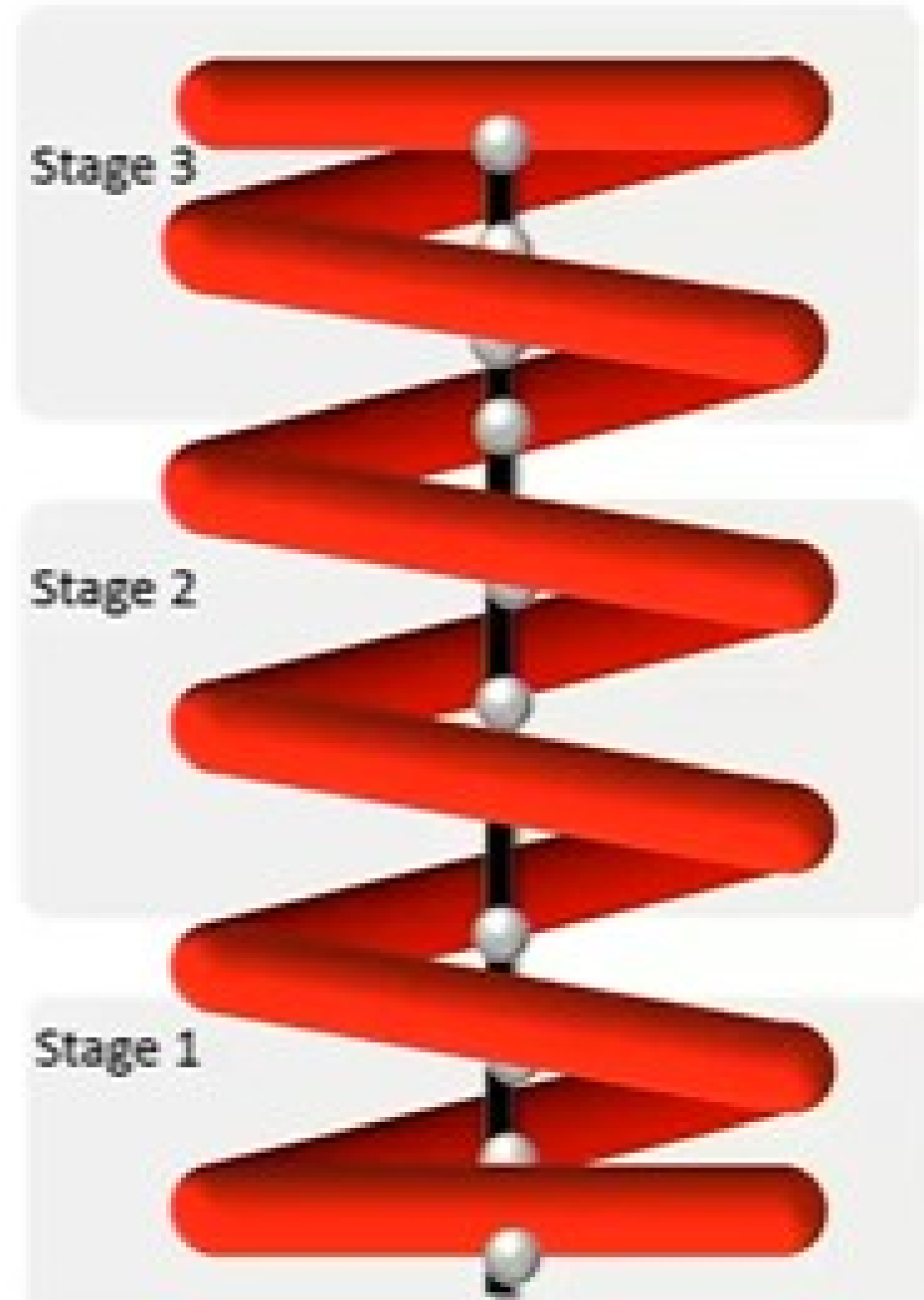
Basic notions of culture and diversity.

Role of clinical teams in patient care

Stage 3

Stage 2

Stage 1



Why has 'clinical communication' gained increasing prominence in healthcare education and practice?



Shifting dynamics of healthcare – the socio-political backdrop

- Neo-liberal politics – consumerist view of healthcare/services
- Increased accountability and governance within healthcare systems and professions (GMC; NHS)
- Public awareness re. probity/standards of care (rise of litigation).
- Shift in power dynamic between professions and lay people – widespread availability of previously ‘rarefied’ information (Dr. Google!)

Developments within healthcare

Body of evidence re. role of effective communication in improving health outcomes and patient-satisfaction

Evidence re. role of human factors including communication and team-working in increasing patient safety

Increasingly complex treatment options including 'personalised medicine'

Increasingly diverse patient and clinician population

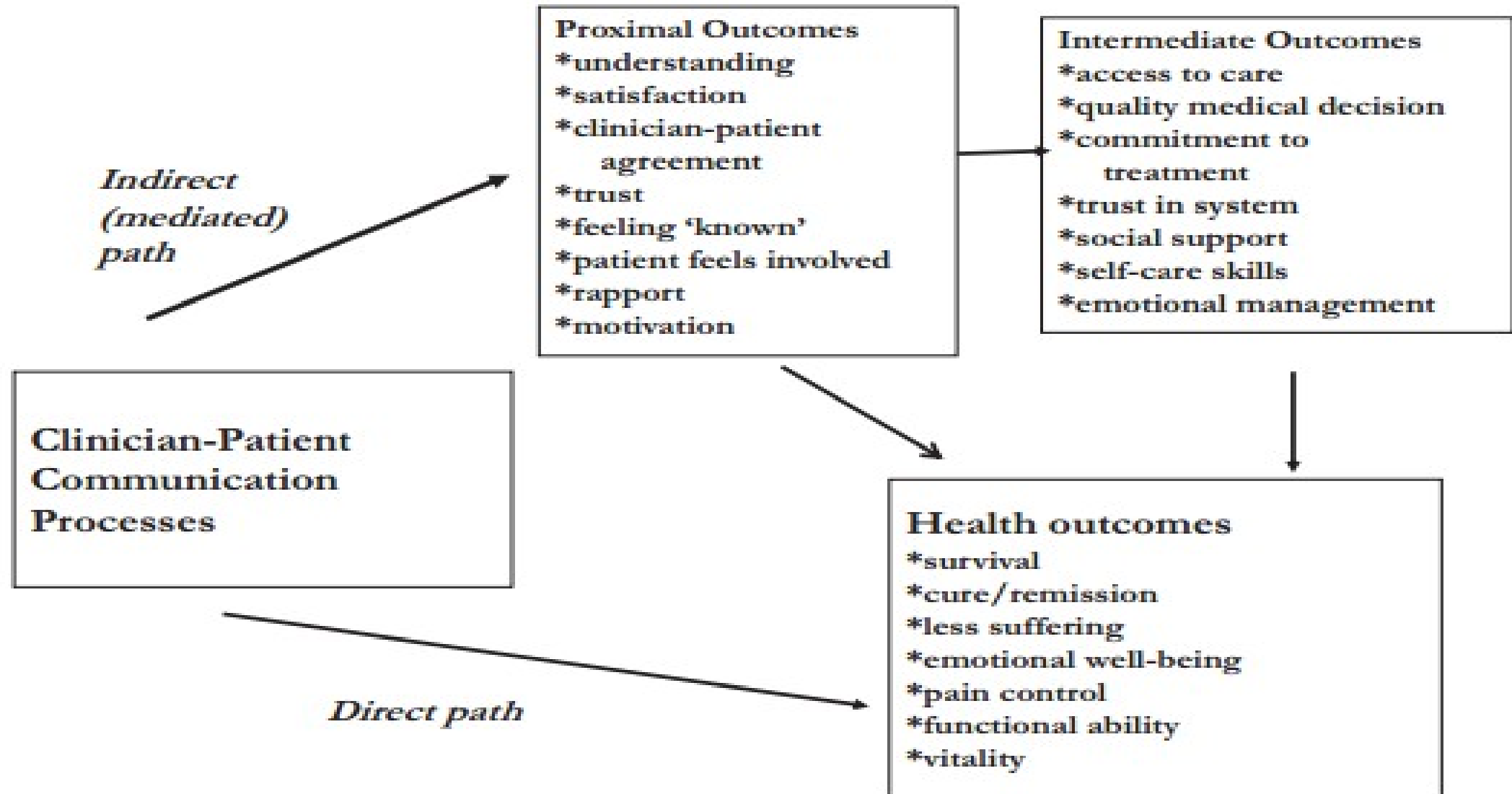
Policy developments putting patients at the centre of care

Clinical communication

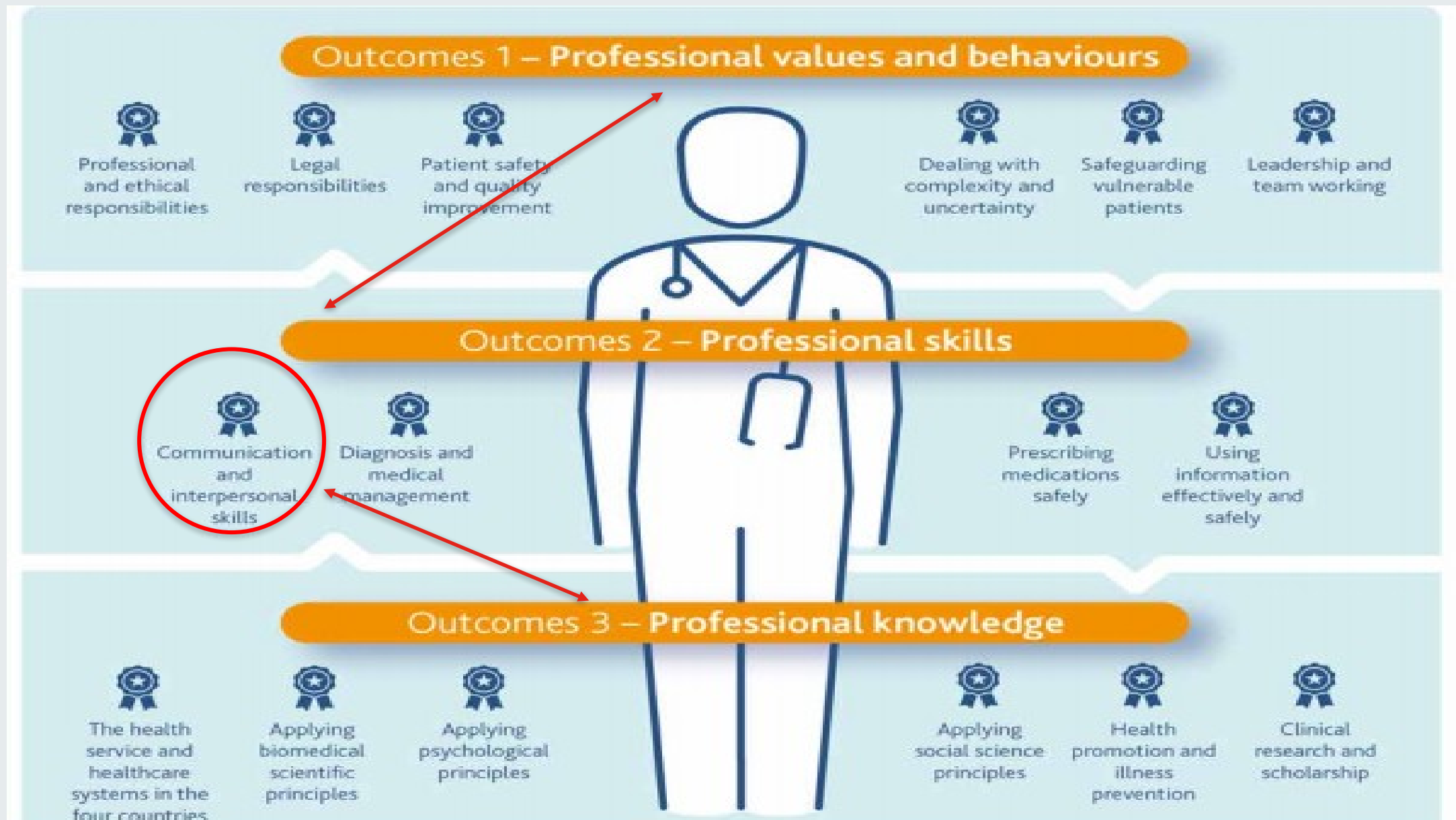
Effective communication significantly improves:

- health outcomes for patients
- satisfaction for both patient / carers and clinician
- the therapeutic relationship - by increasing accuracy, efficiency and supportiveness
- Bridges the gap between evidence-based medicine and working with individual patients

The evidence-base for clinical communication



GMC Outcomes for graduates 2018



Outcomes 1 – Professional values and behaviour

A few examples:

Demonstrate compassionate and professional behaviour....

Trustworthy ... Open & honest ... Integrity ... Respect

Apply ethical reasoning ... Consent ... Confidentiality

Recognise potential impact of own attitudes, values beliefs, personal biases... and identify strategies to address this.

Demonstrate principles of person-centred care ... Inclusive approach

Outcomes 2 - Communication skills

A few examples:

Listening, sharing and responding... Collaborative approach...

Encourage patients' questions... Provide explanation, advice and support...

Elicit accurate information...

Demonstrate empathy and compassion...

Communicate sensitively and effectively with different age groups / learning disabilities / emotional distress / uncertainty / impaired hearing or sight / English not first language / bad news / with colleagues / relatives and carers / using different media...

Research into constructs of clinical communication

Clinical communication is not just about displaying a certain number of communicative skills. It's also about one's attitude and one's thoughts and one's understanding...And one's developing sense of your role as a professional and what does that mean. [Int. 05]

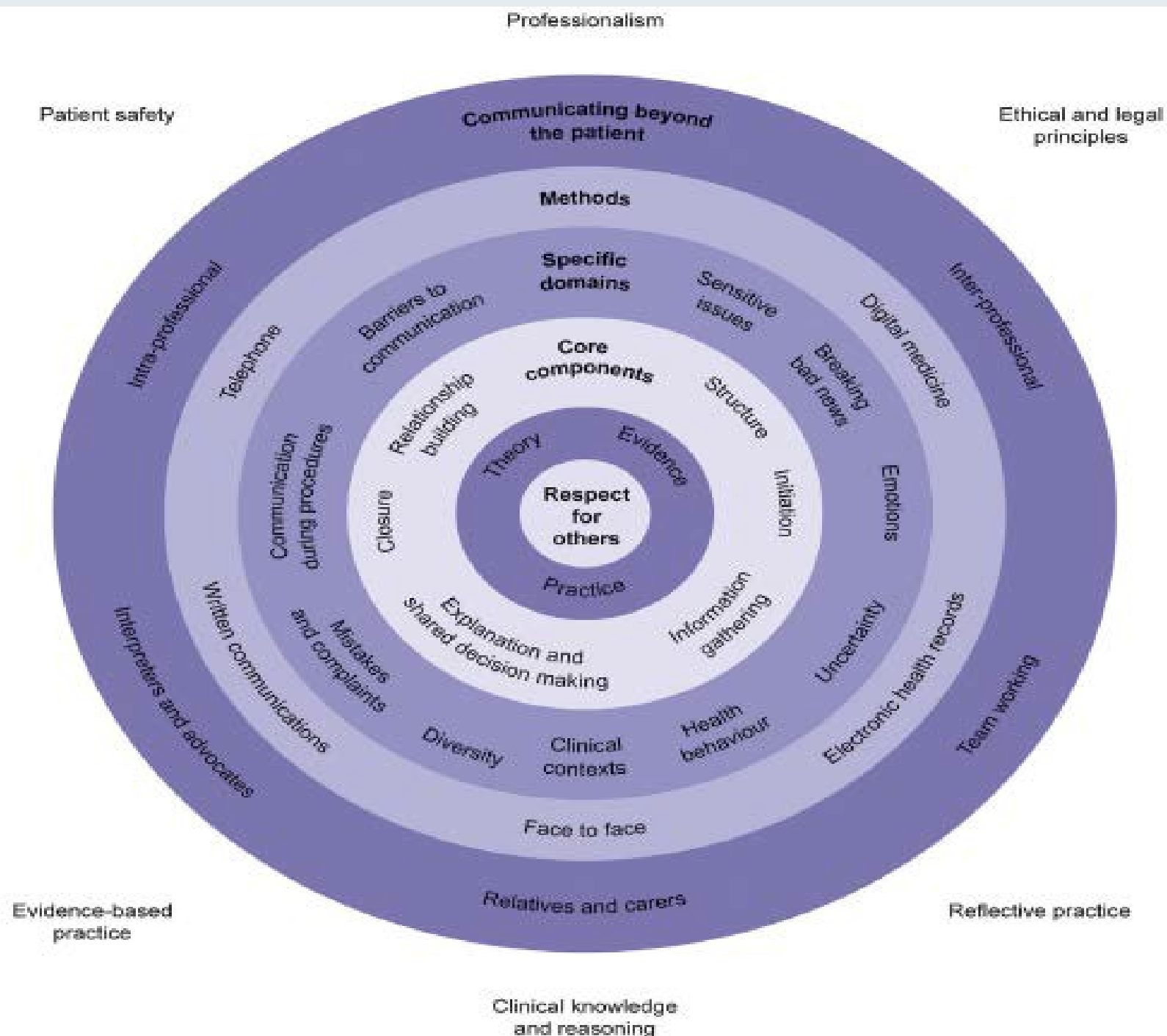
It's about your attitude, it's about your professional skills, it's about your worldview and your beliefs about what a patient and what this relationship is really about. [Int. 01]

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Clinical communication for me is very firmly associated with development of professional identity...that's what's at the heart of it ... which includes the whole piece on respect, Francis report outcomes, medical ethics, all of those sorts of areas.

[Int. 04]

(O'Neill B. 2016)



‘Consensus statement on an updated core communication curriculum for UK undergraduate medical education’.

Noble L., Scott-Smith W., O’Neill B., Salisbury H. (2018) *Patient Education and Counseling*, 101: 1712–1719

Dr. Elaine Gill's CAKE!

CAKE

C: communication, compassion, caring, collaborative practice, competence, capacity

A: attitude, autonomy

K: kindness, knowledge

E: empathy, emotional intelligence, engagement



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