Values Based Reflective Practice

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A patient admitted into Accident and Emergency (was reprimanded by members of staff for calling his wife):

‘When I was told I was to be admitted, I was left in a small cubicle for several hours on a trolley, no pillows, no blankets, and when I rang to tell my wife, I was admonished quite sharply by someone who told me to ‘get a life’ and not use the phone in hospital. Eventually I got a pillow and then an hour later, a blanket arrived which I refused because it was covered in someone else’s blood.’
A DAMNING report into bullying at NHS Lothian has described an “undermining, intimidating, demeaning, threatening and hostile working environment” at the health board.

The probe said the evidence it uncovered painted “an extremely disturbing picture of the culture of some parts of NHS Lothian”, with the health board’s credo of the “Lothian Way” – supposedly to refer to its official key values – commonly referred to by staff as “the bullying way”
Values Based Reflective Practice

Aim
To help health and social care staff provide the care they came into the service to provide.
Values Based Reflective Practice

Intended Outcomes
To help staff

• (Re)connect with their core values, motivations
• Enhance their person-centred practice
• Deepen their relationship with colleagues
• Develop their resilience and well-being at work
Shedding the armour of professional facade

what I want is competence and compassion

ok - this is the REAL me
Values Based Reflective Practice

• Facilitated by a trained and supervised facilitator
• Safe confidential space
• Intentional reflection on a case study
• Inter-disciplinary small groups
Values Based Reflective Practice

Non-judgemental approach

Use of ‘I notice’ and ‘I wonder’

to preface every contribution by participants

Not advice giving or participants comparing stories
Values Based Reflective Practice

Insights: NAMV

• Whose Need(s) were met during the encounter?
• What does this experience tell me about my caring Ability?
• What does it tell me about Me?
• What questions does it raise about my Values (that inform my attitudes and behaviours)?

With whom did the power lie in the case study?
Whose voice(s) dominated or had most value?
Whose voice(s) were not heard or undervalued?
Example of Case Study

Consultant nephrologist

Insertion of a central line on a woman who had acute on chronic renal failure. She died the next day.

His gut had said don’t intervene and keep her comfortable but a junior colleague had been insistent as the patient had told her she wanted dialysis.

‘Death bed conversion.’ Previously had stated not for dialysis.
Example of Case Study

On reflection the consultant wished he had had challenged more firmly his colleague’s intentions and engaged in a ‘difficult’ conversation with the patient and her family regarding end of life issues.

Power in this occasion lay with the renal registrar.
Reflective Practice within Healthcare Chaplains

10 healthcare chaplains trained to facilitate reflective practice with colleagues in past 18 months

Regular small group reflective practice every 4-8 weeks.
37 from 70 Chaplains Responded

Positive impact on my person-centred practice

- A lot 51%
- Somewhat 38% 89%
- A little 7%
- None 4%
Positive impact on my person-centred practice practice

‘It has encouraged a habit of continual reflection on my practice, even if it is simply mulling things over between encounters or at the end of the day.’

‘It has encouraged me to reflect on what the encounter revealed about myself, not only as a practitioner but as a person…’

‘It has become not only a practice, a thing to be done, a way of doing the job, but a way of being.’
Impact on my chaplaincy team relationships

- A lot 64%
- Somewhat 23% 87%
- A little 10%
- None 3%
Impact on my chaplaincy team relationships

‘It has increased the level of trust within the team, given us insight into each other’s work and encouraged confidence in each other. Uncertainties have been explored and shared. Consequently, it has increased everyone’s sense of integration within the team along with a sense of solidarity with colleagues.’

‘Great impact on team relationship. Opportunity to experience the vulnerabilities of one another helps build respect and compassion between team members.’
Impact on my personal wellbeing and motivation at work

- A lot 58%
- Somewhat 22% 80%
- A little 14%
- None 6%
Impact on my personal wellbeing and motivation at work

‘It has been a safe and supportive space leading to diffusion of cumulative stress. Because it has reinvigorated my work and my relationships with colleagues it has increased my sense of wellbeing and increased my sense of motivation.’

‘The reflective practice has greatly impacted my health and well being as the learning from the exercise further enhances my skill and performance thereby easing the stress and frustration from previous mistakes and oversights. The knowledge that I am skilled and competent in what I do further motivates me for work everyday.’
VBRP impact on education and training

Pilots in 8 health boards with various disciplines from domestic staff to mental health managers and staff in GP surgeries

Introduction into leadership programme for newly appointed medical consultants.
Engagement with GP Trainers
Collaborative person-centred training at Univ of Dundee Centre for Clinical Skills
Workshops with AHPs and nurse practice educators
Enquiries from optometrists, phramacists and dentists involved in education and training
VBRP informing policy – informing cultural transformation

Written into Scottish Government’s Person-centred Health and Care Delivery Programme
(Staff experience workstream)

Informing the Scottish Government’s DES (Directed Enhanced Services) for Palliative Care in Primary Medical Services 2013 (legal obligation)

NHS Education for Scotland Person-centred Education, Training and Workforce Strategic Plan
Future Planning with Scottish Government Funding

Chaplains being trained to train and supervise other healthcare educators/practitioners to facilitate VBRP

3 or 4 regional supervisors to train and supervise the trainers

Social care and third sector involvement