

TIME TO MOVE TOWARD THE VALUE BASED MEDICAL EDUCATION (VBME) TO VALUE BASED PRACTICE

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Abstract

Clinical decision making is a competence which based on both evidence and values. Medical educationists have consensus on integrating evidence based medicine teaching in curriculum. Either, a well-designed medical education should help students become proficient in recognizing and managing values that can subconsciously affect their clinical decisions and judgments. There are difficulties in decision making when clinicians face in diversity of values. It is a responsibility of all education system to plan the programs to solve these difficulties. Evidence based education is needed since increasing complexity of the evidence supports medical decision-making, so, increasingly, do we need VBME due to the increasing complexity of the values corroborate medical decision making.

Keywords: Value Based Education, Medical Education, Value Based Practice

Introduction

It is consensus on integrating evidence based in medicine curriculum and medical education has shifted to evidence based for better patient care and the community (Radack KL, Valanis B.1986). It is needed to teach medical practitioners how they think critically when they are making decisions, how they should look at the best evidences available and make the best decisions. To have such practitioners, it is needed to educate them how look at the evidences and make decisions best on evidences during the curriculum. Based on the need for evidence based medical practice, it is a responsibility of all education system to plan the programs to reach. It is confirmed that it is necessary to develop practitioners how to think critically when they are doing their practice. Evidence based practice is needed since increasing complexity of the evidence supports medical decision-making, so, increasingly, do we need VBME due to the increasing complexity of the values corroborate medical decision making. Medical decisions are made in background of complex and often conflicting values (Fulford K.W.M., 2008).

Practitioners constantly encountered situations for decision making. In addition that this decision should be evidence based, it should be coordinated through professional values and ethics. A well-designed medical education should help students become proficient in recognizing and managing values that can subconsciously affect their clinical decisions and judgments (David E Kern, et al, 2009). Then it seems VBME should be considered to improve this competence of medical students which are very important for medical professionals in their decision-making and behavior.

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The education system should prepare medical students for value based decision-making and behavior by appropriate training during the years of study in medicine curriculum. It has found that the VBME for integrating values in medical education is necessary.

Methods

To answer the main question which was the clarification of the concept of values in medical education, Critical interpretive synthesis (CIS), that is a qualitative analysis and synthesis of the literature was used. Synthesis of the findings in different studies was conducted after identifying the main categories and sub-categories. Then new concepts and relationships between concepts were created (Yazdani S, et al. 2015). Concept analysis was used for illumination of the concept of value based curriculum (Yazdani S, et al. 2015). Systematized review of literature used to develop the value based curriculum for consolidation of values in medicine and surgery (Yazdani S, Akbari Lakeh M. 2017). Toward these continues researches about values education VBME for moving to value based practice is generated.

Results

Through CIS it is discovered that value is an essential, guiding belief which guides actions. We apply this principle to determine that which is right versus wrong. In fact there are value dilemmas which should be resolved. It has found that education system should be value oriented to develop the laws, policies, regulations, and codes for professional duties and responsibilities. The desired outcomes of education system, achieved through value oriented policy making, educational program design, and curriculum development and management procedures. Using CIS, the concept of values in health system education was clarified.

Then value based curriculum was clarified through concept analysis. It has found that value based curriculum has ten steps for integration of values themes in medicine curriculum. In an overview, value based curriculum planners start to analyze gaps of values in medical practice, then focuses on approaches to imparting the values in medicine curriculum and try to develop value based competence (value based sensitivity and awareness, reasoning and judgment) through appropriate teaching, learning, evaluation and assessment methods. Value based curriculum helps students become proficient in recognizing and managing values that can subconsciously affect their clinical decisions and judgments.

How to move toward the VBME to value based practice?

- 1- **Hierarchy system of values.** It has found that medical education system should list important values for developing the laws, policies, regulations, and codes for professional duties and responsibilities. The desired outcomes of education system, achieved them through policy making, educational program design, and curriculum development and management procedures. General needs and learners need assessment help to do this.
- 2- **Value based outcomes.** After exploring the deficiencies of values competence and capabilities in students and physicians, medical educationists redesign outcomes of

medicine curriculum to improve knowledge and value based awareness, reasoning and judgment, decision making as main skills of practitioners.

- 3- **Value based teaching.** values is noticed and reasoning is practiced through appropriate training methods such as value based vignette case discussion, value based conflict or dilemma case discussion, value experience, implicit exposure (unconscious), explicit exposure (conscious and planned), visit with specific scenario, value self-reflection.
- 4- **Value based evaluation and assessment.** Value based competence as a primer of value based practice is assessed in VBME by appropriate techniques.

Conclusion and Discussion

VBME is developed in Iran through value based curriculum. There is number of VBME initiatives in the world Such as Valuesbased practice manual which has been expanded in mental health, UK (Fulford B., Handa A., 2011). Values Framework has thereafter become the foundation for a series of specific policy and service development initiatives (Fulford, Kenneth W. M., 2011) the same as our VBME hierarchy system of values.

An extensive training manual for values-based practice in UK including training exercises for improvement of four main skills areas of values-based practice such as awareness, reasoning, knowledge and communication skills (Woodbridge K, Fulford KWM., 2004). These are as the same as value based outcomes, teaching and assessment in our VBME model. It seems everywhere in the world value based practice has the same way. Working in partnership with other researchers in this field facilitates reach to summit.

Spread of value dilemmas in medical everyday encounters and inseparable feature of values from everyday clinical decision making is the best reason for considering them in clinical practice and move toward value based practice through VBME (Hare, 1952; 1963). VBME should be a successful if provide exercise for value based awareness reasoning and judgment through every day and common clinical decision making cases (Fulford, K M W., Peile E B and Carroll H. 2012).

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