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values to those of the trust and the day-to-day work of being a doctor in the NHS. Cognitive dissonance is a feeling many of us will be familiar with, whereby we feel that our actions are not in accord with our values. This phenomenon also contributes to the development of burnout, and is ignored at our peril. Given the high degree of burnout seen in junior doctors (85 per cent of anaesthetists in training at risk in the 2017 survey), this must be a cause for concern.

Supporting trainees to live in accordance with their own personal values can increase engagement, act as a protection against burnout, encourage positive reflection, and deliver improvements in patient care. Few of us consider our own values as part of a reflective process, and only a few models of reflection include values explicitly. The subtle differing of priorities in values is a frequent and under-recognised cause of interpersonal conflict. While many, if not most, of us working in the NHS will share a very similar value set, we will all prioritise them differently. This can lead to disagreement as to the correct course of action in a given

situation. The decision as to whether to cancel an operation when a patient is borderline fit for surgery is largely a question of where safety sits in a list of other values such as efficiency, effectiveness, compassion, and even being liked. Or perhaps a colleague starts to tell you about a personal problem just as you are about to leave for a meeting you will be late for if you stay to listen. Will you prioritise reliability or friendship?

The personal values assessment (www.valuescentre.com/pva) is a short, free and simple online questionnaire, which prompts you to select 10 values from a list of about 70. Most people will find they have at least 20 they would like to include, and the process of narrowing this down can be quite challenging. A report is emailed to you which includes a plot of your values, a pen portrait and two reflective exercises. The first asks you to consider how your values formed and what happens when someone does not honour them. The second asks you about which values you would like to live more fully. This exercise can be undertaken at the start of a placement either individually or

as a group. The advantage of doing it in a group is that it demonstrates how much people differ and can increase understanding of how the group might work best together.

Understanding your own values has been shown to be important in developing insight. The assessment can be used if there has been a complaint, or when there has been conflict. It can also be useful if a trainee is showing signs of stress. When your core values are not honoured by others, this can generate a significant emotional response, and understanding the cause can help to develop the insight to choose a different path next time.

The personal values assessment is a tool which can be used creatively – at induction, in a teaching session, or simply as a tool to open up a conversation with a trainee. My own experience is that trainees enjoy the opportunity to talk about their own values, and find it useful. Ultimately, this can only be beneficial for their wellbeing, and for that of their future patients.

Society for Education in Anaesthesia (UK)

Values and behaviours

The first Health Education England mandate back in April 2013, set out the government's vision for the future workforce of the NHS.

The term 'values and behaviours' appeared throughout the document. This was hardly surprising given the findings of the Francis Report just two months earlier. In the same year, the Shape of Training review led to the General Medical Council (GMC) developing its Generic Professional Capabilities Framework (bit.ly/2OaSd0M), to be incorporated into all postgraduate medical curricula. Domain one of the framework relates to professional values and behaviours.

More recently, the College's morale and welfare survey demonstrated that only 4 per cent of anaesthetists in training felt valued by the chief executive of their hospital. The focus has rightly shifted to supporting junior doctors, and while progress is arguably slow, there have been important developments in supported return to training, protections for whistle-blowers, and the GMC's focus on differential attainment.

However, patients still need to receive excellent quality of care which is in line with the NHS Values. Many trusts also have their own values which have been formulated through discussions with staff and patients. By virtue of the rotational nature of junior doctor training, few trainees will have had the opportunity to be involved in these discussions, or even to discuss what their own values are. It can seem that values are imposed from above, with little opportunity to map their own

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