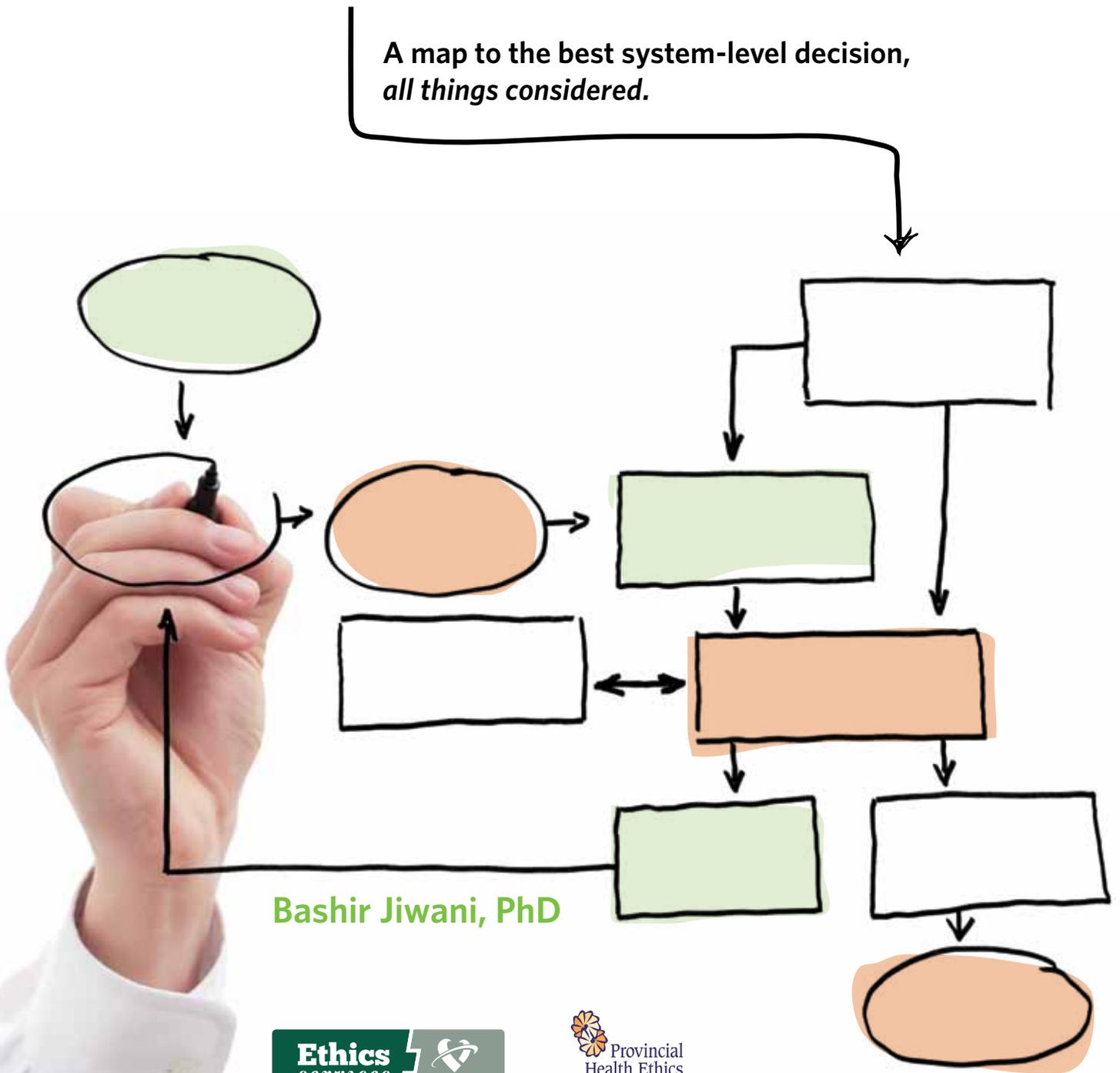


Good Decisions

A map to the best system-level decision,
all things considered.



Bashir Jiwani, PhD

Welcome to this Resource

SYSTEM-LEVEL DECISIONS

The term “system-level”, as used throughout this document, refers to any issue or decision that concerns more than one or two specific cases or situations, or that affects groups of people beyond the particular individuals in a given scenario.

System-level issues can be clinical practice questions - such as what should a team’s approach be for how to respond to patients who don’t follow through on their self-care plans? They can also be organizational issues - for instance, how should the housekeeping services in the organization be set up?

Dear Reader,

Welcome to this workbook and process guide for making system-level decisions.

One of the services we provide at Fraser Health Ethics Services (FHES) is ethics support for addressing system-level issues within the health region. We do this with the goals of helping a team to deal with a specific challenging problem or question and (more importantly for us) building the capacity of teams to independently undertake ethics-based decision-making. The consultation process includes active facilitation through a structured decision process. This workbook represents the tool used to guide the process.

I share the workbook with the hope that it will offer assistance to others interested in exploring this approach. My sincere hope is that if this approach is useful, as I believe it to be, then individuals and teams will use this tool on their own to make decisions.

The process described here is based on my research exploring two related questions: What makes a given decision ethically justified? And, how do we assist leaders working on system-level issues to make better decisions? This book is part of a broader suite of resources in development that include a text with more careful justification and explanation of each of the steps in the process as well as tools for additional contexts (such as decision-making in individual cases). FHES is also currently developing a research project to evaluate what supports are required to make best use of the tool and approach.

I warmly welcome any feedback you might have on the workbook. If you have comments about the approach, questions about its method or how to use it, or wish to share your experience with it, I would be delighted to receive your email at bashir@bjethicsincorporated.ca.

With good wishes,

Bashir Jiwani

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WALKING OUR TALK,
AND IF WE'RE NOT
CLEAR ON WHAT OUR
TALK IS, THEN HOW CAN
WE WALK IT?**

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Integrity matters - for individuals and groups of people. Living with integrity requires being in community with others. Trust is required for community to happen. Respectful engagement is the most effective way to build trust.

A good decision is a) based on the best information available and a well-considered and justified understanding of what's important; and b) implemented in a manner that brings this understanding and decision to life.

The standards in a) are best met through a transparent, inclusive, respectful, fact-and-value-based dialogical process that features consultation with experts and those affected.

Bringing a decision to life per b) requires a sound execution and follow-up plan that includes careful attention to implementation, education, sustainability, evaluation, and downstream ethics support.

In many contexts decisions are made without explicit attention to these key elements. This can lead to various types of problems, from alienation and disengagement to moral distress and inefficiency (as issues remain unresolved).

The approach in this book seeks to assist decision leaders or teams to make better decisions and realize the benefits of quality, legitimacy, and compliance - and most important, greater integrity for all concerned.

"Our team had the fortune to be led through this facilitated process to achieve a mutual decision around a historically controversial issue that may have otherwise been impossible. The added benefit was the insight that all participants acquired in observing how difficult decisions can, in fact, be achieved through a respectful, collaborative and value driven process."

**Rowena Rizzotti, Executive Director,
Public Health, Women's Health, Maternal, Infant,
Child and Youth Programs and ARHCC**

How to Use this Resource

HOW LONG WILL IT TAKE?

The complexity of the issue, the size of the team, and the team's comfort and familiarity with the process are all factors that will impact how long it will take.

It is reasonable to expect to arrive at a preliminary decision (Step 7) after two three-hour meetings.

This workbook is meant for any individual or team that is looking for support in making an ethically-justified system-level decision – that is, a decision that will impact people in more than one or two individual situations.

If you are thinking of using this workbook, the following steps are suggested. (See page 21 for a more detailed schedule.)

- 1 Read through the workbook carefully, looking at what each of the steps requires and the tips for success for each.
- 2 Circulate the tool amongst your decision team, discuss using the approach and confirm a commitment to proceed.
- 3 Discuss what key question the group should work on might be (Step 2 of the process).
- 4 Consider using an external facilitator to guide the team through the discussion or assign this role to a member of the team.
- 5 Schedule two, three-hour meetings to work through the process in the context of your issue.
- 6 Ask members of the decision team to review steps 1 through 3 in advance of the first meeting.
- 7 Aim to complete Step 3 by the end of the first meeting.
- 8 Enter the data from the first meeting into the workbook and circulate to the team for review before the next/second meeting.
- 9 At the second meeting briefly review the work to date and then continue through the process with a view to completing up to Step 7. Discuss how best to proceed from here.



"The system level decision process has allowed for a variety of voices and disciplines to come together around some very complex and ethically challenging issues and decisions, and yet be able to methodically work through the process with clarity, thereby allowing for not only sound decisions, but also a consultative approach to implementing the decision. This methodology can be transformative to organizations and teams if applied well, with sound system level decisions being made based on a set of values that the organization or team feels is central to them. I wish we were able to make this a part of every team's functioning."

Dr. Mohamud Karim
Program Medical Director, Fraser Health Renal Program

What's Different About this Approach



Traditionally, when people think of ethics in the context of policy, what comes to mind is identification of key principles relevant to the work. Ethics analysis of the policy then explores what these principles mean and how they are balanced in the policy.

The conventional approach only considers formal policies as worthy of ethics analysis, and the method of analysis leaves a number of key ethically significant dimensions of the system-level decision process unaddressed.

The process offered here includes a number of innovations to the conventional method of analysis.

WHAT MATTERS

Mandate and relationships of decision team

Who is involved? How will disagreement be resolved? How open are we to different perspectives? The way a team has dialogues has a direct relationship to the values that the solution will reflect. These process decisions should be made thoughtfully and intentionally.

CURRENT PRACTICE

A team is struck and immediately begins developing a solution. This usually begins by surveying literature and practice at other organizations. Little or no attention is paid to group mandate or dynamics.

THE INNOVATION

The approach outlined in this document begins with explicit discussion of what the group's mandate is, who should be involved, and how the team will work.

WHAT MATTERS

Distinction and systematic analysis of facts and values

Facts and values are different types of concepts. Some facts can be defended by evidence and information. Values are defended by reasons and appeals to what should matter most. These different types of beliefs should be distinguished and analyzed separately.

CURRENT PRACTICE

Teams rarely separate the facts and values implicit in preferred positions. These are usually muddled together in defense of a preferred solution making it hard to assess the quality of an argument or solution.

THE INNOVATION

Facts and values are explicitly treated as distinct categories. Each is addressed in a separate step and discussed in an organized and careful way.

What's Different About this Approach

Consultation with system experts

WHAT MATTERS

Good decisions depend on good information. Relevant information includes not only technical facts, but also facts about the intended purpose or ends the activity is being pursued to achieve. To get this, the most knowledgeable sources should be consulted.

CURRENT PRACTICE

Technical information and practices at other places are often compiled well, but in an unsystematic way. Information about what matters to the experts involved and the values implicit in preferred solutions are often left unexplored.

THE INNOVATION

A separate worksheet is provided to help think through which physicians, staff and other experts should be consulted and how this can be done.

Consultation with those affected

WHAT MATTERS

Patients and family members often have the most at stake in system-level decisions. They also have important knowledge about the impact of clinical system-decisions. Their views should inform decisions.

CURRENT PRACTICE

Patients and families are rarely consulted in system-level decisions.

THE INNOVATION

A separate worksheet is provided to help think through which patients and loved ones should be consulted and how this can be done.

Consultation with the public

WHAT MATTERS

We share a commitment to ideals of democracy in Canada. This means that the values of those impacted by decisions should influence the decisions.

CURRENT PRACTICE

This is simply not considered in most system-level decision approaches.

THE INNOVATION

Separate tools are provided to help think through what sub-groups of the public should be consulted and how this can be done.



What's Different About this Approach

	Decision rationale and justification
WHAT MATTERS	For people to be convinced that a decision or solution is the best course of action it would help for them to know the issue has been carefully thought through, and for them to be able to assess the evidence and the reasons for the value balancing on which the decision is based. They should be provided decision rationale and justification.
CURRENT PRACTICE	Decisions tend to be written with incomplete descriptions of the context against which they are made. Often justifications incompletely articulate the values that the decisions live up to, and remain silent on values the decision sacrifices and why this is seen as on balance acceptable.
THE INNOVATION	The process supports the careful articulation of a preliminary decision before consultation and then again after a final decision is reached. This articulation includes a summary of important factual assumptions, important value trade-offs being made, and an explanation of why these are seen as defensible.

	Decision follow-up plans
WHAT MATTERS	A decision by itself likely won't solve the problem that led to the decision team's creation. The decision has to be implemented and supported. Implementation and follow up should be treated with care and be part of the decision process.
CURRENT PRACTICE	Decisions are made and then unevenly followed up. Practice standards are often supported by a short-term educational push, while policy decisions are often not followed up.
THE INNOVATION	Separate steps in the process create space to discuss communication, education, sustainability, downstream ethics support, and evaluation plans.



Frequently Asked Questions

PATIENTS, RESIDENTS AND CLIENTS

The words “patient” and “patients” used in the text are meant to refer to patients, residents and clients – those receiving care or services in the healthcare system.



Q Is this guide only appropriate for the healthcare context?

A The approach and process can be equally useful in a variety of situations – really anywhere that system-level decisions are made.

Q What healthcare context is this intended for?

A The tool can be used in any healthcare context, from public health and home care to residential and acute care settings.

Q In what contexts has this approach been used?

A This process has been used in healthcare and non-healthcare contexts. Within healthcare, it has been used in a variety of programs from mental health & addictions and public health & primary care, to nephrology and maternal & child health. Outside healthcare it has been used in private enterprise and civil society arenas to guide questions concerning organizational structure, organization core values, facility use guidelines, and resource allocation criteria.

Q How quickly can we do this? How much time will this take?

A It will likely take two meetings of between two and three hours each to get to a preliminary decision. Three more meetings, with engagement and communication along the way, will probably be required before the team will be ready for implementing the decision. (See the suggested schedule for a sense of what is involved.)

Q Must we use the entire process?

A This depends on how good a decision you want. Using the process up to Step 7 will likely still offer a team improvement from most existing methods of decision-making. The Engagement piece is necessary to maximally achieve the benefits of legitimacy and compliance. The follow-up steps are necessary to achieve the benefits of effectiveness, especially in the middle and long term.

Q When should teams use this tool?

A A team might be well-advised to use the tool first on a very important policy decision that must be made but for which a time-horizon of a few months is available. This will allow the group to go through the process carefully and learn without feeling rushed. This first iteration will help teams decide whether and how the process might become part of standard procedure.

Frequently Asked Questions

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Q What specific types of decisions have past teams made using this process?

A The approach has been used to assist teams to determine criteria and processes for allocating resources, to determine practice guidelines for responding to challenging clinical issues, and to assist newly formed programs to determine how they can best work together.

.....

Q Is this a linear process?

A Although the process looks linear, there is much interplay between the steps. For example, it may not be until part way through the process that the key question becomes confirmed. And conversation about values may lead to the identification of new facts or missing information. While it is important that the process be complete, each step need not be completely finished before moving on to the next. (Indeed on some occasions it has made more sense to switch certain steps around.)

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Q Who should be involved in the process and at what point? (i.e. whose values should determine the answer to the question?)

A The underlying principle of the approach is that if someone is impacted by a decision or has information that is relevant to the decision, there should be a way for that person to contribute their wisdom. Because of the structure of the process (again, to balance efficiency of decision-making with decision quality), the stage at which someone has the opportunity to share their perspective will depend on the groups they fall into. Groups that should be involved include: 1) the decision team, 2) those engaged in the evaluation of the decision team's initial decision, 3) those to whom the decision is communicated, 4) those who will need education and support for or as a result of implementing the decision, and 5) those involved in the decision's implementation and follow up.

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Q Will using this process guarantee a good outcome?

A No approach to decision-making can overcome uncertainty. Despite the best and most careful deliberation and planning efforts, the future may not align with assumptions made about it. This process is aimed at offering decision teams the conviction that they have done their best to make as good a decision as possible, all things considered. It assumes that human beings are fallible and recognizes we all will grow in both factual and moral knowledge.

Frequently Asked Questions

Q Why should we use this process? What are the benefits?

A The current work climate is often harried. We are pushed to make decisions quickly. In addition, we live and work with people who are different than we are – who see the world differently than we do. And we operate in hierarchical contexts where there are significant differences in power – differences that do not necessarily correlate to levels of wisdom.

These factors together can lead to decision-making that fails to take into account the best evidence, that is unclear about what should be most important within the context of the work, and that inappropriately privileges the views of some perspectives over others.

This approach is designed to assist leaders to gain trust amongst the community the decision is for, quality in terms of the actual decision made, effective implementation of the decision, legitimacy in that the views of relevant individuals are considered in the decision process, and greater likelihood of compliance with the decision even when people disagree with it.



"The ethics consult we had using this process was extremely helpful. It helped the team decide what the important issues were and how we wanted to prioritize our concerns. It also assisted us with an action plan based on our priorities. It gave us a framework to assist with deciding on a plan of action. Using the process, Bashir was able to assist staff in working through the issues systematically and dispassionately rather than basing decisions on emotional reactivity. Staff members were able to drill down and articulate the ethical issues behind the reactivity."

Barbara Friesen
Clinical Coordinator South Burnaby Mental Health Centre

Process Facilitation FAQs



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Q Should we have a facilitator to guide us through this process?

A Yes, it is highly recommended that someone be given the responsibility to lead the decision team through the process. The facilitator can be a member of the team or someone from outside the group.

.....

Q What are the benefits of having a team member facilitate the process?

A There are several benefits:

- 1 Assuming a trusted member is chosen, she or he will already have an established rapport with the team.
- 2 No additional human resources will be required to undertake the process.
- 3 Capacity will be built within the team for using the process for future issues.
- 4 Capacity could be built for attending to the ethics dimensions of system-level issues within the day-to-day processes of the team's operations.

.....

Q What are the benefits of having a facilitator from outside the team guide the process?

A Advantages of using an external facilitator are:

- 1 A well-chosen external facilitator will hopefully have good facilitation skills enabling the conversation to flow in line with the process values the approach is based on.
- 2 All team members will be able to act as participants in the process and will be free to provide content expertise as appropriate.
- 3 If the external facilitator has experience with such processes, the team will find it easier to go through.

.....

Q What are the benefits of having an ethicist from outside the team facilitate the process?

A In addition to the above, other considerations for having an ethicist facilitate the process:

- 1 If an ethicist who is familiar with the process plays this role, he or she may enable the team to go through the process more efficiently.
- 2 An ethicist will likely be best able to effectively facilitate the discussions about values in the process.

.....

Q If we decide to have a team member facilitate, what should they keep mind?

A The facilitator would be well-advised to:

- 1 Review the toolkit carefully, identifying any parts of the process that are unclear.
- 2 Make a careful plan and timeline for what parts of the process she or he hopes to complete, and by when.
- 3 Begin imagining the kinds of conversations that will occur for each of the steps.
- 4 Pay special attention to steps 1 and 2 of the process and discuss each with the team leaders before the process begins.
- 5 Test out the pdf forms in the worksheets to make sure they work well.
- 6 Consider contacting the author Bashir Jiwani for additional advice as appropriate.

.....

Q Can the facilitator also be the Decision Team Leader?

A If need be, and then with precautions.

The facilitator should be able to be a neutral party in the process. Often those responsible for decisions have strong vested interests that should be understood and engaged carefully. These individuals often also occupy higher positions in the hierarchy of the organization relative to other members of the decision team.

If the facilitator is also the Decision Team Leader, it may be very difficult for her to remain neutral in the conversation. And having to remain neutral may not create sufficient space for her own concerns and perspectives to emerge. Even if these perspectives do emerge in a clean way, her relative position in the organizational hierarchy may prevent honest engagement of this perspective.

For these reasons, it may be more effective to separate these roles if resources permit. If this is not possible, the facilitator should take steps to try to minimize the impact of these worries. Mitigation strategies could include:

- 1 Naming this conflict of interest as a reality with the decision team.
- 2 Making space within the conversation for group members to check in on how the facilitation is working.
- 3 Creating a mechanism for the group members to provide anonymous feedback on how well the facilitation is working.
- 4 Carefully reviewing the elements to good facilitation section in this book (p. 15) and/or consulting other resources on how to facilitate conversations well.

Process Facilitation FAQs

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Q If we want an external facilitator, who should we choose?

A Choose someone who:

- is able to treat people with respect (per page 24)
- is willing to use the process
- is willing to understand the group's context
- is not committed to any solution, but is open minded and willing to live up to the process values the approach is based on
- is committed to assisting the group arrive at a practical solution within a reasonable time frame, and
- is well-regarded by colleagues.

.....

Q Where can we find an external facilitator?

A A good place to start is your organization's departments for ethics services, organizational development or strategic change management.



“This decision map provided a framework for our interprofessional team to problem solve ethical challenges in our work place. This systematic approach assisted us to understand and then support resident requests. These requests are often complicated with complex family dynamics and the mapping process minimized the complexities. Following the map, we identified barriers and could take necessary steps to remove them. This document assisted our team to develop healthy dialogue throughout the process. We found the mapping process kept the resident in the center of the planning and decision making, by providing feedback loops to maintain our focus.”

Glenda Wonnacott
Manager, Operations Residential Care and Assisted Living

Facilitating Conversations



ELEMENTS OF GOOD FACILITATION

For the process in this guide to be effective, facilitators will have to:

- Create trust within the decision group
- Clarify and interrogate the facts in context within the group
- Build a shared understanding of what matters to different individuals, and a shared commitment to what should matter most
- Explain each step the team goes through so participants understand what they're doing and why.

Group facilitation is an area of work that comes with its own skill set, knowledge base, and character traits. In addition to these, for a facilitator to be successful in this process for system-level decision-making, she will need to be skilled at:

- demonstrating and helping others demonstrate respect
- asking good questions
- reframing responses
- distinguishing between facts, values and emotions
- acknowledging participants' emotions and their perspectives about facts and values and helping to collectively work through these.

1 Demonstrating & helping others to demonstrate respect:

- Treating others with unconditional positive regard
 - › "Regardless of what I think of your opinion, I will treat you well"
- Listening empathetically to understand
 - › "I will work hard to open my mind to understand why you think what you think"
 - › "I will work hard to open my heart to understand what you are feeling"
- Engaging others' ideas
 - › "I will share some of my thinking with the hope of sharpening/ deepening each of our perspectives and moving to a broader view"

2 Asking good questions:

- Open ended
 - › Allowing the teller's story to emerge
- Probing
 - › Exploring the reasons behind perspectives

3 Reframing responses:

- To demonstrate understanding
 - › So participants are heard and can believe in the process
 - › So the best thinking informs the discussion
- To neutralize
 - › Making hard to hear perspectives more palatable
 - › Enabling connections between participants
- To deepen understanding
 - › By helping tellers hear and reflect on their own starting points of view

4 Distinguishing between the facts, values, and emotions in the stories that are heard, and assisting others to understand and make these distinct:

- Facts
 - › What is descriptively true in the context
- Values
 - › What is important about the issue
- Emotions
 - › What is in one's heart and body - how one is feeling about the situation

5 Acknowledging the facts, values, and emotions in a teller's story without judgement and assisting with working through these individually or as a group as appropriate:

- Facts
 - › This is what you believe is true
- Values
 - › This is what you believe is important
- Emotions
 - › This is your feeling about this

The next few pages offer tips for facilitating the different elements of the process. Additional helpful language and hints can be found in the Tips sections within each step.

HELPING A GROUP GET THE FACTS STRAIGHT

Facts concern the descriptive backdrop of the story. It is a description of the world as it is. Who is involved? What is happening? What is the context?

.....

Examples of good questions for understanding facts:

Open Ended:

- What is your understanding of the situation?
- How did we arrive at this situation?
- What else do you need to know?
- What else would you like to know?
- If this situation continues unchanged how do you think it will affect:
 - › You?
 - › Your team?
 - › Your other colleagues/the organization?
 - › Patients/families?
 - › Society at large?

Probing:

- How did you come to this understanding?
- What examples are you thinking of that lead you to this concern?
- What makes you think so?
- What evidence are you relying on?



HELPING A GROUP ARTICULATE VALUES

Values concern what's at stake in the story. They describe what we want more of in the world. They are often arrived at by examining how we want the world to look differently from how it does today. What matters here? Why?

.....

Examples of good questions for understanding values:

Open ended:

- What is important to you as we move forward?
- Why do you prefer this solution - what does it give you that you believe is important?
- What would a solution have to achieve for you to be happy with it?
- In our society, this value (e.g. equity) is important - what is your sense of this? What do you think this value means in our context? How important is it?
- If someone who would disagree with your perspective were here, what would they say is important? How would you respond?

Probing:

- Why is this important?
- Here is a competing value (tell story); how would you balance these two?
- What would have to happen for you to change your mind? What does this tell you about what else matters to you?



SUPPORTING EMOTIONS

How are people feeling? What is going on in their hearts and bodies (as opposed to in their minds).

.....

Examples of good language for debriefing emotions:

Exploring:

- What is in your heart as you go through this?
- How are you feeling about this?
- You seem very...
- Are you feeling....?

Acknowledging:

- This must be very difficult for you...
- I'm sorry you have to go through this.

It is often difficult for people to discuss how they are feeling. Instead of referring to our emotional state we often use the word “feeling” to describe what we think about an issue.

Being familiar with different descriptions of emotions can help clarify what a feeling is and open a conversation about emotions. The following page lists a number of words that describe emotional or feeling states. The facilitator may benefit from becoming familiar with some of these to be better able to help the participants describe how they are feeling in or about the situation under discussion.



WORDS DESCRIBING DIFFERENT EMOTIONS

adored	defeated	good	mad	sensitive
afraid	dejected	greedy	mean	shaky
aggravated	delighted	grief-stricken	melancholic	shocked
agitated	depressed	groovy	mischievous	shy
agonized	desired	grouchy	miserable	silly
alarmed	desirous	grumpy	moody	sleepy
alienated	disappointed	guilty	mortified	sorry
amazed	discouraged	happy	neglected	spiteful
amused	disgusted	hassled	nervous	stressed
angry	disliked	hateful	numb	surprised
anguished	dismayed	helpless	optimistic	suspicious
annoyed	distressed	hesitant	ornery	sympathetic
antsy	disturbed	homesick	outraged	tender
anxious	down	hopeful	overwhelmed	tense
apprehensive	dreadful	hopeless	panicked	terrified
aroused	eager	horrible	passionate	thrilled
ashamed	ecstatic	hostile	patient	tired
astonished	edgy	humiliated	peaceful	tormented
at ease	elated	hurt	pessimistic	triumphant
attracted	embarrassed	hysterical	pleased	troubled
awful	empathetic	impatient	proud	uncomfortable
awkward	encouraged	indifferent	puzzled	uneasy
bashful	enraged	infatuated	queasy	unhappy
bewildered	enthralled	inferior	rageful	unsafe
bitter	enthused	insecure	raptured	unsettled
blissful	envious	insulted	regretful	upset
bored	euphoric	irate	rejected	vengeful
brave	exasperated	irked	relieved	vicious
calm	excited	irritated	reluctant	victorious
caring	exhausted	isolated	remorseful	warm
cautious	exhilarated	jealous	resentful	weary
cheerful	fatigued	jittery	restless	woeful
comfortable	fearful	jolly	revulsed	wonderful
compassionate	ferocious	joyous	ridiculous	worried
concerned	fidgety	lazy	riled	wrathful
confident	frightened	leery	rushed	yucky
confused	frustrated	liked	sad	zany
contempt	funny	loathed	safe	zeal less
content	furios	loathing	satisfied	zestless
critical	glad	lonely	scared	
curious	gleeful	loved	scornful	
cynical	gloomy	loving	secure	

Suggested Meeting Schedule

When	What	Specific Workbook Sections (if any)	Who
Before meeting 1	<ul style="list-style-type: none"> Review process, determine the decision team, and confirm this is the process to be used 	<ul style="list-style-type: none"> Welcome to this Resource (page 2) In a Nutshell (page 4) How to Use this Resource (page 5) What's Different About this Approach (page 6) Frequently Asked Questions (page 9) 	Decision Team Leader
	<ul style="list-style-type: none"> Decide on facilitator 	<ul style="list-style-type: none"> How to Use this Resource (page 5) Process Facilitation FAQs (page 12) 	Decision Team Leader
	<ul style="list-style-type: none"> Plan the process 	<ul style="list-style-type: none"> How to use this resource (page 5) Process Facilitation FAQs (page 12) Facilitating Conversations (page 15) 	Facilitator
	<ul style="list-style-type: none"> Anticipate possible key question(s) 	<ul style="list-style-type: none"> Step 2: Select the Key Question(s) (page 26) 	Decision Team Leader and Facilitator
	<ul style="list-style-type: none"> Share plan with decision team and ask them to think about Steps 1 & 2 	<ul style="list-style-type: none"> Step 1: Establish the Team (page 24) Step 2: Select the Key Question(s) (page 26) 	Facilitator
Meeting 1	<ul style="list-style-type: none"> Confirm Team Deliberation Parameters Determine Key Question Discuss the context Begin discussion about values Briefly look at the communication worksheet to see who should be alerted to the fact that this work is being undertaken 	<ul style="list-style-type: none"> Step 1: Establish the Team (page 24) Step 2: Select the Key Question(s) (page 26) Step 3: Look at the Evidence (page 30) Step 4: Consider What's Important (page 34) Step 10: Communication Strategy (page 66) 	Decision Team
After Meeting 1	<ul style="list-style-type: none"> Consolidate discussion into workbook, draft meeting 2 agenda and circulate 		Facilitator
	<ul style="list-style-type: none"> Reflect on facts conversation and values 	<ul style="list-style-type: none"> Step 3: Look at the Evidence (page 30) Step 4: Consider What's Important (page 34) 	Decision Team

Suggested Meeting Schedule

When	What	Specific Workbook Sections (if any)	Who
Meeting 2	<ul style="list-style-type: none"> Confirm Key Question Review work to date and make necessary changes Confirm and prioritize values Brainstorm options Analyze Options Determine Preliminary Decision Briefly look at the communication worksheet to see who should be alerted at this stage 	<ul style="list-style-type: none"> Step 3: Look at the Evidence (page 30) Step 4: Consider What's Important (page 34) Step 5: Brainstorm Options (page 42) Step 6: Analyze Options (page 44) Step 7: The Preliminary Decision (page 48) Step 10: Communication Strategy (page 66) 	Decision Team
After Meeting 2	<ul style="list-style-type: none"> Consolidate discussion into workbook and circulate 		Facilitator
	<ul style="list-style-type: none"> Reflect on experts and affected parties whose perspectives should inform the decision 	<ul style="list-style-type: none"> Step 8: Engagement (page 52) 	Decision Team
Meeting 3	<ul style="list-style-type: none"> Review work to date and make necessary changes Develop engagement plan 	<ul style="list-style-type: none"> Step 8: Engagement (page 52) 	Decision Team
After Meeting 3	<ul style="list-style-type: none"> Consolidate discussion into workbook and circulate 		Facilitator
	<ul style="list-style-type: none"> Undertake engagement plan 	<ul style="list-style-type: none"> Step 8: Engagement (page 52) 	Per engagement plan
	<ul style="list-style-type: none"> Collect engagement feedback, consolidate, and circulate to the decision team Review consolidated feedback and reflect on implications 	<ul style="list-style-type: none"> Step 9: The Decision (page 64) 	Facilitator Decision Team
Meeting 4	<ul style="list-style-type: none"> Share findings Discuss implications of findings Make final decision Develop Communication Plan 	<ul style="list-style-type: none"> Step 9: The Decision (page 64) Step 10: Communication Strategy (page 66) 	Decision Team

Suggested Meeting Schedule

When	What	Specific Workbook Sections (if any)	Who
After Meeting 4	<ul style="list-style-type: none"> Consolidate discussion into workbook and circulate 		Facilitator
	<ul style="list-style-type: none"> Undertake communication next steps Reflect on education, downstream support, evaluation and sustainability, ongoing feedback, and implementation plans 	<ul style="list-style-type: none"> Step 11: Education Plan (page 70) Step 12: Downstream Support Plan (page 74) Step 13: Evaluation & Sustainability Plan (page 78) Step 14: Ongoing Feedback Plan (page 82) Step 15: Implement the Decision (page 86) 	Decision Team
Meeting 5	<ul style="list-style-type: none"> Review work to date and make necessary changes Complete education, downstream support, evaluation and sustainability, ongoing feedback, and implementation plans 	<ul style="list-style-type: none"> Step 11: Education Plan (page 70) Step 12: Downstream Support Plan (page 74) Step 13: Evaluation & Sustainability Plan (page 78) Step 14: Ongoing Feedback Plan (page 82) Step 15: Implement the Decision (page 86) 	Decision Team
After Meeting 5	<ul style="list-style-type: none"> Implement 		As per implementation plan



Step

Establish the Team

WHO SHOULD PARTICIPATE ON THE DECISION TEAM?

The following is a list of the things that matter when deciding who should be involved...

- The group should have the authority to settle the issue at hand (that is, to make the decision/recommendation).
- The group should have representation from the key areas affected by the decision.
- The group should be small enough to ensure that each member can be treated with respect as defined below.

TREATING SOMEONE WITH RESPECT REQUIRES

- Treating them with kindness...
 - › As if they had as much or more power in the relationship relative to you (even if they don't).
 - › Regardless of whether or not you agree with their words or deeds.
- Opening your heart and mind...
 - › To try to understand and feel their standpoint.
- Engaging their ideas...
 - › Sharing your reasons, and working together to develop a broader perspective.

Here we get clear on exactly who makes up the team, what its mandate is and how the team will work together to undertake and complete its work.

- 1 Circulate the form to be completed (on the next page) to group members in advance and ask them to prepare to discuss the questions in this step.
- 2 With your decision team, answer the following questions:
 - Who else should be part of the team doing this work?
 - Does the team commit to treating each other with respect? (See definition in sidebar).
 - To whom is the team accountable?
 - To whom does the team report?
 - What outcome is the team looking for?
 - How will the team deal with difference?
 - How will the team resolve disagreement?
 - Does the group commit to engaging those with relevant expertise and those affected by the decision in the process?
- 3 Complete the form on the next page.
- 4 Review Step 10 and complete the first part of the worksheet.

TIPS FOR SUCCESS

- Although these questions may look daunting, recognize that if they are not resolved up front, the success of the group in achieving its goal may become hampered.



TABLE TO COMPLETE
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Step 1 Establish the Team

WORKSHEET (Fill out accordingly)

Who are the members of the decision team?	Names:	Positions:
Who is the team leader?	Name:	Position:
To whom will the team present its findings?	Name:	Position:
What is the outcome the team is mandated to achieve?	<input type="checkbox"/> Decision <input type="checkbox"/> Recommendation <input type="checkbox"/> Issue Analysis (with no recommendation or decision) <input type="checkbox"/> Other:	
If there is disagreement in the group, how is this disagreement to be handled?	<input type="checkbox"/> Strong Consensus (the group will deliberate until everyone is in general agreement about the actual decision). <input type="checkbox"/> Procedural Consensus (the group will deliberate until the point at which, while there is not agreement on the actual decision, everyone is in general agreement that the various different perspectives have been heard, and reasons have been exchanged such that the process has been fair and the decision reached is reasonable). <input type="checkbox"/> Majority Rule (the group will deliberate until a majority of participants (measured by vote) agrees on the actual decision). <input type="checkbox"/> Stamina Rule (the group will deliberate until the most passionate and vocal member outlasts the rest of the group). <input type="checkbox"/> Leader Rule (the leader of the group will make the final decision). <input type="checkbox"/> Other:	
Do group members agree to the following:	<ul style="list-style-type: none"> The group's attitude towards different and sometimes difficult to hear or unpopular perspectives on issues will be to actively seek these out, and try to understand and respond to them. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> The group will engage affected stakeholders by sharing the decision team's recommendations and rationale, and by inviting and responding to feedback. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> Group members will treat each other with kindness, seek to understand each other's perspectives, and engage together to debate reasons without making things personal. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> The group will defend beliefs about facts with evidence. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 2 Select the Key Question(s)

THE KEY QUESTION

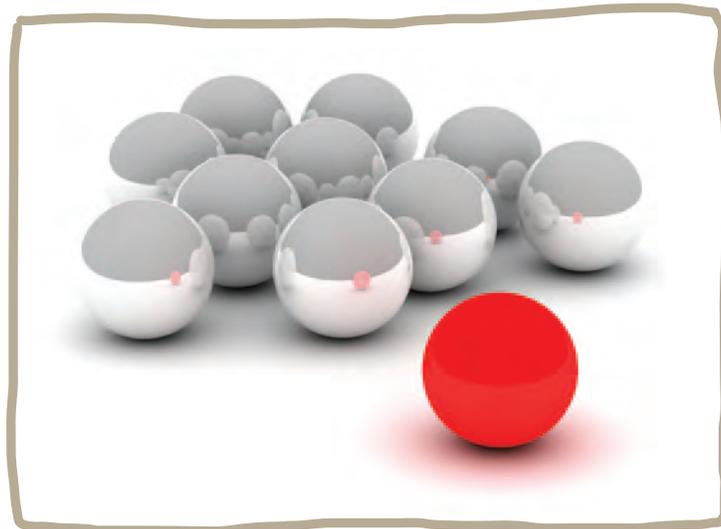
What's the problem you are trying to work out an answer to? "Problem" here is not necessarily a bad thing. It's just a challenge we face - an opportunity for change that will help people live better.

SAMPLE QUESTIONS

- "What should our staff attendance policy be during a pandemic?" (Instead of "should we force staff to come to work during a pandemic?")
- "Where should the organization allocate resources?" (As opposed to "how can the region avoid wasting resources on the elderly?")
- "How should we respond to patients who request care but do not follow medical advice?" (Instead of "How do we deal with difficult, non-compliant patients?")
- "How should we respond to residents who ask for support to make choices that put their wellbeing at risk?" (Instead of "How do we keep residents safe?")

In this step we define the problem and specify within the context exactly what question we are trying to answer.

- 1 Determine the problem(s) the group is working to solve.
 - The question you ask will determine the type and scope of answer you get.
 - You want to ensure that the group is working on the same problem and asking the best question to help solve that problem.
- 2 List each suggestion as a possible question that the group might tackle.
- 3 For each ask, "if we get an answer to this question, will it provide sufficient direction for us to deal with the issue?"
- 4 Select a key question from the list.
 - Many questions will present themselves; the challenge is choosing which should be addressed in the time immediately available.



Step 2 Select the Key Question(s)

TIPS FOR SUCCESS

- Focus on a broad question that, if answered well, will spark more specific questions and provide meaningful direction for moving forward.
- Some questions are really about missing information. Avoid these, we will get to them in the next section.
- Avoid questions that only allow yes or no answers to make possible a broad range of responses.
- Questions that begin with “What should” or “How should” work well.
- In writing the question, only include descriptions and clauses about which there is explicit agreement.
- Try to use honest and accurate, yet morally neutral language — language that others will be able to hear without feeling threatened or judged.
- It is fine to choose a key question, continue with the conversation, then return back to confirm and if need be, alter the question selected.
- Don’t worry if this step seems difficult — it is!
- Take the time to do this work well.
- Sometimes it can be helpful to engage in the facts conversation for a few minutes, then come to this step, and then return back to the facts step.
- It can be helpful for the leader(s) to:
 - › think about key questions in advance and come to the meeting with one or two possibilities in mind
 - › imagine the future they desire, and follow the line of inquiry that will make getting there possible.



TABLE TO COMPLETE
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Step 2 Select the Key Question(s)

WORKSHEET (Fill out accordingly)

Questions that need to be addressed:	The Key Question the team will focus on:
1.	
2.	
3.	
4.	
5.	
6.	

Step 3 Look at the Evidence

A FACT...

Is a belief that is true about the way the world is. It describes the landscape within which the decision is being made.

Some beliefs about what reality looks like are good candidates for scientific confirmation. For example, the impact of a drug on the body can be tested in various ways. How an individual or group is being or will be impacted by a given change or intervention can be studied.

For these types of beliefs, the more evidence that we have for it, the more likely it is a fact. The quality of this type of belief will depend upon the evidence we have to support it.

Some beliefs, on the other hand, are matters of interpretation. For example, questions such as “What happens when we die?”, “Is there or isn’t there a God?”, and “Are human beings responsible for their actions?” are all matters that are not very good candidates for scientific analysis. They require a different sort of evaluation.

It is not likely that disagreements about these types of beliefs can be conclusively resolved in a short space of time. Nor is it necessary to resolve this type of disagreement to find common ways of moving forward for a very large majority of system-level questions.

This step is where we examine team members’ descriptive understandings of what the landscape looks like. We are just describing carefully the various aspects of the existing reality (not yet talking about the reality we want to create).

1 Going through the worksheet.

- What we know for sure about the context.
- The evidence we have to base this on.
- The information that is missing, but that we can find out (and who will do this research).
- The information that is missing, that we probably cannot know.

2 Develop a shared understanding of the context, including areas that may be unsettled or controversial.

3 Discuss the evidence:

- Is there agreement about the sources of evidence?
- Is there agreement about how this evidence is interpreted?

4 Ask specifically if there are any assumptions people believe are being made that are contentious or unclear and make these explicit.

5 Identify the source(s) of the disagreement and explore whether consensus is possible.



Step 3 Look at the Evidence

“It ain’t what you don’t know that gets you in trouble. It’s what you know for sure that just ain’t so.” –Mark Twain

TIPS FOR SUCCESS

- Ensure that you list beliefs about the world (things that are true or false – often declarative sentences) and not values (what is important to us – often imperatives – “we should...”).
- Remember that reasonable people can understand what reality looks like and how to interpret evidence differently.
- If someone states a belief that is contentious ask probing questions to understand the source of disagreement.
- Use qualifiers (e.g. sometimes, in most cases) to get to a statement everyone can live with.
- List disagreement about a fact as a fact itself (e.g. there is disagreement amongst the team about the standard of practice).
- If the list is long and it helps with clarifying, create subheadings for the facts. Examples of possible subheadings include:
 - › About the patients and families affected; about the system (relevant laws, policies, and processes); about the team members involved; about the community
- Keep in mind the things that are working well (that participants would like to see more of) as well as difficulties people may be experiencing.

Step 3 Look at the Evidence

SAMPLE

What we know for sure...	Our evidence for this is...
<p>About the resident population</p> <p><i>Some residents who choose to live at risk may not be able to understand the possible harm that may result from their behaviour.</i></p> <p><i>Risk tolerance is different for every resident.</i></p> <p><i>Our resident demographic is getting younger.</i></p> <p><i>Residents may believe that because the facility is attached to a hospital, there will be a faster response to a medical emergency.</i></p>	
<p>About the care providers</p> <p><i>Many staff do not wish to participate in providing care that could cause the patient physical harm.</i></p> <p><i>There is a diversity of perspectives about what is right amongst the various care providers.</i></p> <p><i>Care aides do not have the same professional training or association support as registered nurses.</i></p>	
<p>About relevant laws and policies</p> <p><i>FH has in place a least restraint policy.</i></p> <p><i>FH has in place an advance care planning philosophy and program.</i></p>	
<p>About the broader community</p> <p><i>The population is getting increasingly diverse.</i></p> <p><i>There is a general expectation that staff members be sensitive to and able to interact with people from all walks of life.</i></p>	
<p>About the system</p> <p><i>The physical proximity of a facility to a hospital does not necessarily mean faster response in case of emergency.</i></p>	
<p>What we don't know but can find out...</p> <p><i>What policies other health authorities have for responding to requests to live at risk.</i></p> <p><i>How decisions about responding to requests to live at risk are currently being handled.</i></p>	The person responsible for getting this information...
<p>What we don't know and will have to guess about...</p> <p><i>How the legal system would react if someone with poor cognitive ability was hurt as a result of us supporting them in their engagement of risky behaviour and someone sued us on their behalf.</i></p>	



Step 3 Look at the Evidence

WORKSHEET (Fill out accordingly)

What we know for sure...	Our evidence for this is...
About the patient population	
About the care providers	
About relevant laws and policies	
About the broader community	
About the system	
What we don't know but can find out...	The person responsible for getting this information...
What we don't know and will have to guess about...	

Step 4

Consider What's Important

SAMPLE ENTRIES

- It's important that we build trust with our patients.
- It's important that we promote independence in our clients.
- It's important that we share the moral responsibility of making hard decisions across the team.

VALUES CAN BE...

- Instrumental/strategic: important because they lead to something of greater significance.
- Intrinsic/inherent: important for their own sake.

THE APPENDIX...

Lists a number of value words with possible definitions. It may be useful to review the list to see if there are any important considerations that team members believe should be drawn on. The list is not comprehensive. Individuals and teams may also interpret some of these words differently from each other and from the definition offered. That is okay. What is important is to be clear about what specifically matters to the group and to justify its place relative to other value statements.

In this step we spell out exactly what is important to us about the issue and what we want to ensure our solution addresses. We move from discussing the world we currently see, to the world we want. In effect, we are drafting the standards we will use to evaluate the quality of our solution.

- 1 Brainstorm everything that is important that the decision should live up to (column 1, worksheet on page 37).
 - Ask people to offer full ideas in answering the question "Whatever our answer, it is important that...".
 - List all considerations regardless of degree of importance (so all responses should be accepted).
- 2 Prioritize this list (column 2). (See techniques suggestions on next page.)
- 3 Review the list and confirm the ordering.
- 4 Discuss the justification for the prioritization: why is it reasonable to prioritize and balance in this way?
- 5 Identify values about which there was disagreement and discuss how to address these.

The resulting list will be the criteria against which the quality of different options will be judged.



Step 4 Consider What's Important

TIPS FOR SUCCESS

- Make explicit what matters in the situation.
 - In determining what the group wants more of, draw from positive experiences in the context as well as difficulties.
 - When a consideration is identified as important, explore whether it is important for its own sake or because it gives us something else of more significance.
 - If the latter, be sure to capture both the instrumental and the intrinsic value on the list. For example, if it is important that “all team members clearly chart conversations with a patient about what is important to them while they are in hospital”, is this because it is important, “to minimize exposure to legal liability,” “to ensure consistency of care,” “to respect the autonomy of the patient,” or “to assist family to understand the perspective of their loved one”? All of these may be important, but some will likely be more important based on the context. So all of the considerations in quotes above should be listed.
 - Avoid one word values that are open to interpretation.
-

TECHNIQUES FOR PRIORITIZING VALUES

Possible ways to do this exercise include:

- Group Scoring: If the group is small enough, discuss each value and agree on a score of between 1 and 5, where 5 is crucial.
- Private Scoring: Have each individual score each value privately on paper, then collect and tabulate.*
- Numbers on the Wall: Write each value statement on a whiteboard or flip chart, and have everyone write their score beside each. Then tabulate.*
- Colours on the Wall: Give each participant 5 colours of stickers/dots, identify each one with a score between 1 and 5, and ask each participant to place one dot beside each value statement, then tabulate.*
- Small Group: Ask everyone to score each statement individually, then have them work in groups to discuss their rankings and to identify: 1) a collective score for each value statement where agreement was reached, and 2) values for which no consensus was reached. Then tabulate.*

*How to tabulate: for each value, add up the scores that were applied and divide by the number of scores given. This will give you an average score (e.g. 4, 5, 2, 2, ->13/4->3.25). Using the average score, list the values in descending order. This will give you the values statement in rank order.

Step 4 Consider What's Important

SAMPLE

However we answer the key question, "How should staff respond to residents who would like to make choices that put themselves and others at risk?" it is important that...	Priority:				
	Important 1	2	Very Important 3	4	Crucial 5
We ensure that we continue to provide care for our residents.					
We create opportunities for residents to express personal preferences in our decision processes.					
We respect the resident's right to change her/his mind.					
Staff have the (material, educational, emotional, etc.) resources they need to undertake their work.					
We provide clear guidance for staff.					
We distinguish between a resident's wishes and those of her/his family.					
We live up to our professional responsibilities.					
We follow the competently made decisions of our residents.					
We support staff to maintain personal and professional integrity.					
We provide support for vulnerable residents.					
Our individual (resident-specific) decisions are well justified.					
We keep our staff safe from injury.					
We do not cause residents harm unintentionally (due to system failures).					
We assist/inform residents of risks inherent in their choices.					
We do not cause harm to others in the facility/community.					
We keep residents as healthy as possible in a holistic sense taking into account elements such as their emotional, spiritual, and psychological health.					
We are inclusive in our broad decision process (in developing living at risk guidelines).					
We meet our legal operating requirements.					
We follow best practices.					
We follow WorkSafeBC and organizational regulations.					
We do not push staff to do things they are morally opposed to.					

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Step 4b Synthesize Values (optional)

THE EMERGENCE OF CORE VALUES

One of the benefits of this process is that it allows the most important commitments for a group to emerge.

The first time the group uses this process an initial set of values will be defined. This list can become a starting point for future exercises, where the group's sense of each of these values can be solidified, and what the values mean for the group can be further specified. The list of values will likely also be added to as the group explores issues with slightly different contextual features.

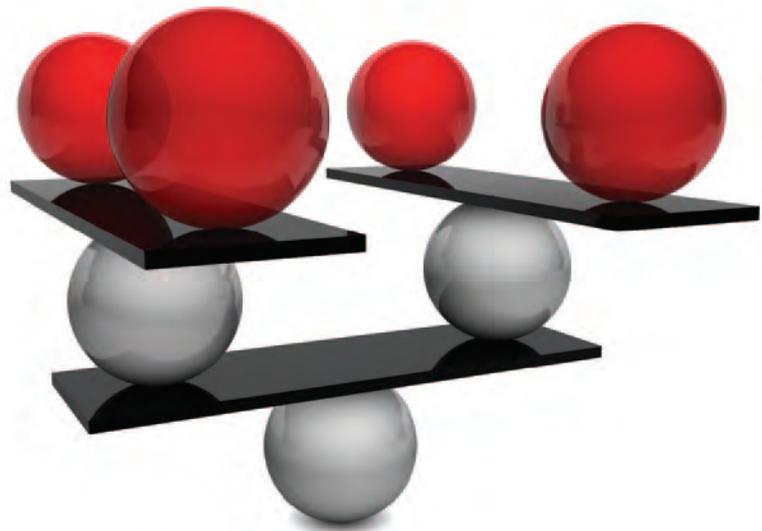
Over time what will emerge is a set of core commitments that can guide the group and its members when facing an issue in the heat of a moment.

An additional step that the group may choose to take is to synthesize the value statements that emerge in Step 4 into a set of value themes. To do this, the group should:

- 1 Add a column to the left of the detailed value descriptions and identify a value theme word to each specific description (see Sample 1, page 39).
- 2 Group/sort the value statements according to value theme (see Sample 2).
- 3 Use the value themes as the guiding values in the table in Step 6 (see Sample 3 in Step 6).

TIPS FOR SUCCESS

- Recognize that the challenge with value words by themselves (such as respect for dignity, efficiency, etc.) is that different people can interpret these terms differently. The detailed descriptions tied to each value here, become the way that this group specifies the meaning of that term.
- As the value word is used in the future, both within the group and in external communication, be sure to clarify what the group means by the word used as specified in this section.



Step 4b Synthesize Values (optional)

SAMPLE 1

Value	Value Description (However we answer the key question, "How should staff respond to residents who would like to make choices that put themselves and others at risk?" it is important that...)	Average score (from prioritization exercise in Step 4)
Care for the vulnerable	We provide support for vulnerable residents.	5
Organizational integrity	We have good decision processes.	5
Organizational integrity	Our decision process is sustainable.	5
Organizational integrity	We are clear about our decision processes and authority.	5
Organizational integrity	Our decisions are consistent.	5
Resident wellbeing	We ensure that we continue to provide care for our residents.	5
Resident wellbeing	We do not cause residents harm unintentionally (due to system failures).	5
Respect for residents	We assist/inform residents of risks in terms of their behaviour choices.	5
Support for Staff	We keep our staff safe from injury.	5
Respect for residents	We distinguish between resident wishes and those of their family.	4.75
Organizational integrity	We follow Worksafe BC & FH P&P regulations.	4.5
Organizational integrity	We live up to our professional responsibilities.	4.5
Respect for residents	We follow the competently made decisions of our residents.	4.5
Fairness	We do not cause harm to others in the facility/community.	4.5
Respect for residents	We create opportunities for residents to express personal preferences in our decision processes.	4
Support for Staff	We support staff to maintain personal and professional integrity.	4
Organizational integrity	We provide clear guidance for staff.	4
Resident wellbeing	Our individual (resident-specific) decisions are well justified.	4
Support for Staff	We treat staff fairly.	3.75
Organizational integrity	We follow best practices.	3.5
Resident wellbeing	We support resident/family relationships.	3
Resident wellbeing	We are fair; i.e. hold our residents to the same standards as we do others in the community.	3
Resident wellbeing	We keep residents as healthy as possible.	3
Organizational integrity	We are inclusive in our broad decision process (in developing support for living at risk guidelines).	2

Step 4b Synthesize Values (optional)

SAMPLE 2

Value theme	Description	Average Score	Rank
Care for the vulnerable	We provide support for vulnerable residents.	5	1
Organizational integrity	We have good decision processes.	5	1
	Our decision process is sustainable.	5	1
	We are clear about our decision processes and authority.	5	1
	Our decisions are consistent.	5	1
	We follow Worksafe BC & FH PSP regulations.	4.5	2
	We live up to our professional responsibilities.	4.5	2
	We provide clear guidance for staff.	4	3
	We follow best practices.	3.5	4
	We are inclusive in our broad decision process (in developing support for living at risk guidelines).	2	7
	We meet our legal operating requirements.	2	7
We minimize the impact on the system.	1	9	
Resident wellbeing	We ensure that we continue to provide care for our residents.	5	1
	We do not cause residents harm unintentionally (due to system failures).	5	1
	Our individual (resident-specific) decisions are well justified.	4	3
	We support resident/family relationships.	3	5
	We are fair; i.e. hold our residents to the same standards as we do others in the community.	3	5
	We keep residents as healthy as possible.	3	5
Respect for residents	We assist/inform residents of risks in terms of their behaviour choices.	5	1
	We distinguish between resident wishes and those of their family.	4.75	2
	We follow the competently made decisions of our residents.	4.5	2
	We create opportunities for residents to express personal preferences in our decision processes.	4	3
Support for staff	We keep our staff safe from injury.	5	1
	We support staff to maintain personal and professional integrity.	4	3
	We treat staff fairly.	3.75	4
	We support staff by giving them the resources they require.	2	7
	We support team cohesiveness.		
Fairness	We do not push staff to do things they are morally opposed to		
	We do not cause harm to others in the facility/community.	4.5	2

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Step 5 Brainstorm Options

BRAINSTORMING CAN...

- Help loosen the cognitive stranglehold that can capture a group, especially when dominated by one or a few powerful group members who have set opinions.
- Enable participation from all individuals involved.
- Allow creative solutions to emerge.



In this step room is created for the decision team to creatively explore the kinds of solutions, conventional or not, that might uphold the values we prioritized earlier.

- 1 Invite members to provide possible ways of answering the question.
- 2 List possible solutions on a flip chart.

TIPS FOR SUCCESS

- Do not evaluate solution possibilities, simply list them.
- If anyone challenges a possible solution or offers critical feedback, acknowledge the challenge but don't engage it; ask that this evaluation be held until the next step.

SAMPLE

The Key Question for which we are brainstorming:

How should staff respond to residents who would like to make choices that put themselves and others at risk?

Possible ways of answering the question:

Always allow residents to do as they like and support them whenever they need assistance.

Always allow residents to do as they like but never participate in risky behaviour.

Always allow residents to do as they like and support them at the discretion and comfort level of staff.

Do not permit, and actively deter residents from behaviour that may pose a risk to their physical health.

Develop a decision tree based on prioritized values and require staff to respond on a case by case basis following the decision process.

 TABLE TO COMPLETE
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Step 5 Brainstorm Options

WORKSHEET (Fill out accordingly)

The Key Question for which we are brainstorming:

Possible ways of answering the question:

Step 6 Analyze Options

INTEGRITY AND SYSTEMATIC ANALYSIS

Living with integrity involves:

- **Identifying** what matters the most,
- **Articulating and justifying** why this is so,
- **Carefully choosing** a course of action that best allows one to live up to what matters,
- **And then making it happen!**

In this step the group looks at the possible solutions to see which ones best live up to the values that are most important. We systematically analyse the possibilities brainstormed in Step 5 against the standards we set out in Step 4.

- 1 List the highest priority values (from Step 4) in the top row of the table.
 - Use the list of detailed value statements or the value themes.
- 2 Choose some of the options brainstormed (from Step 5) and list them in the first column.
- 3 For each box in the resulting grid, systematically discuss how well the option in question lives up to the value in question. If an option's consistency with a value depends on some other factor, name this contingency.

TIPS FOR SUCCESS

- Choose options that appeal to the group, but also one or two that at first glance don't look very good or seem outlandish.
- When doing this as a group, put the list of prioritized values next to the list of possible options (flipcharts are helpful for this).
- If the list of values or value themes is too long, make a decision about how many to use. This decision should be informed by the separation between values in the value ranking, the importance of the question being examined, and the time available. Between five and ten value statements is a reasonable number to aim for.
- Then pick an option and go through each of the prioritized values asking, "How well does this option live up to this value?"
- This step can also be completed less systematically but more quickly by looking at the emergent prioritized values and asking what solution might best live up to these. Experience suggests that while this approach is faster, the full benefit of a justified and comprehensive response is best provided through a full systematic analysis.



Step 6 Analyze Options

SAMPLE 3

Options	Most Important Values* *Using value themes emerging from Step 4b. (NOTE: This step can also be done using individual value statements after Step 4a if 4b is not undertaken.)					
	Care for the vulnerable	Organizational integrity	Resident wellbeing	Respect for residents	Support for staff	Fairness
Always allow residents to do as they like and support them whenever they need assistance.						
Always allow residents to do as they like but never participate in risky behaviour.						
Always allow residents to do as they like and support them at the discretion and comfort level of staff.						
Do not permit, and actively deter residents from behaviour that may pose a risk to their physical health.						
Develop a decision tree based on prioritized values and require staff to respond on a case by case basis following the decision process.						


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BEING TRANSPARENT CAN...

- Help those impacted to better understand why the decision was made.
- Make it easier for others to contribute:
 - › More or better evidence.
 - › Reasons for weighing values differently.
- Increase the likelihood that the decision will be carried out even if those who must do so disagree with it.
- Help those affected to better understand the organization's values and their own.
- Help all concerned to live with greater integrity.

This step is where we articulate the decision team's thinking so far. We spell out as clearly as possible our understanding of the context, what should matter most and why, and what solution we believe best lives up to these values – at this stage of the group's reasoning.

- 1 Build a preliminary solution that incorporates the best of all of the solution options from Step 6.
- 2 Articulate the preliminary decision and the reasoning behind it:
 - Describe the proposed solution.
 - Name key factual assumptions that the solution turns on and that anyone assessing the solution will need to understand.
 - Spell out the values the decision lives up to.
 - Identify any values the decision doesn't live up to.
 - Provide reasons why this is the best balance.

TIPS FOR SUCCESS

- In building the solution anticipate a cobbled approach where you look at the various possible responses and draw the elements from each that best live up to the various value considerations into a combined solution.
- Use as simple language as possible.
- Think about who might disagree with the decision and the language you will need to use to help them understand your justification.
- Provide the reasons why some values are prioritized over others.



Step 7 The Preliminary Decision

SAMPLE

For the question...	How should we respond to patients who resist rehabilitation therapy?
Salient facts...	Patients sometimes prefer to have others look after their basic needs for daily living. Some of these patients can regain the ability to undertake these tasks with appropriate support and encouragement.
We recommend that...	Patients should be pushed to enhance their capacity to deal with the tasks of daily living, and should be expected to manage those tasks for which they are capable.
This allows us to best...	Ensure patients have as much independence as possible.
This solution does not...	Always respect the immediate choices of patients who may be comfortable having needs for daily living looked after by caregivers when the patients are capable of meeting these needs themselves.
We argue that this is justified because...	We define patient wellbeing as having as much independence as possible and we think it is more important to understand and live up to a patient's meaningfully held values and beliefs than to follow immediate directions. We think this better respects their dignity and ability to make autonomous decisions.

 **TABLE TO COMPLETE
ON NEXT PAGE**

Step 7 The Preliminary Decision

WORKSHEET (Fill out accordingly)

For the question...	
Salient facts...	
We recommend that...	
This allows us to best...	
This solution does not...	
We argue that this is justified because...	

Step 8 Engagement

GOOD ENGAGEMENT LEADS TO...

- **Quality/Best Practice:** from greater accuracy of information about the context and reasons for acting.
- **Compliance:** from those who might disagree but are still going along because they trust a process that has taken their concerns seriously.
- **Legitimacy:** from having given those affected by a decision the opportunity to influence it.
- **Trust:** from those affected being provided open and honest information, and having their input genuinely sought.

TREATING THE PUBLIC WITH RESPECT IN PUBLIC POLICY DECISIONS REQUIRES...

- **Transparency:** people should know that decisions are being made and what these are.
- **Inclusion:** people should be able to influence these decisions.
- **Deliberation:** influence should come from participation in a respectful conversation where reasons are exchanged.
- **Education:** the conversation should follow an opportunity to understand the issues in question.
- **Recursiveness:** past decisions should be open for ongoing critical reflection and feedback.
- **Reflexiveness:** decisions should be based on reasons, not power, authority, or access to resources.

In this crucial step we plan how we will show this work to others with a view to sharing our thinking, facilitating deliberation amongst others, and learning from their thinking. We then carry this plan out.

- 1 Identify the different stakeholder groups affected by the issue.
 - Stakeholders, either or both:
 - › Have expertise about technical or social facts
 - › Are affected by the situation and have a sense of what should matter in how it is resolved.
 - Stakeholders will likely include:
 - › Staff
 - › Physicians
 - › Patients and families
 - › Subgroups of the public.
- 2 For each stakeholder discuss, whether you will engage them, when this should happen, and who will be responsible.
- 3 Complete the first form in this section.
- 4 For each stakeholder group, ask:
 - Who will be engaged?
 - What will be the purpose of the engagement?
 - What forum will best allow this engagement?
 - What education will they need and how will this be provided?
 - How will deliberation amongst the group be facilitated?
 - How will participants' views be collected?
 - How will this feedback be responded to?
- 5 Complete the detailed engagement form for each group.



SEE THE DETAILED TIPS FOR SUCCESS
ON THE NEXT FEW PAGES

TIPS FOR SUCCESS

- Explore whether it is possible to institutionalize engagement strategies so this is not simply ad hoc work.
- Check to see what organizational resources are available to support you.
- Be sure to use the feedback form provided in Step 14.
- Don't be scared by divergent perspectives — diversity is a source of strength!

Who to Engage

- Think about whose perspective should be heard, not just who is easiest to involve.
- Pay special attention to individuals and groups who are relevant but would usually not be involved, and explore ways of facilitating their participation.
- If the conversation in the decision-process refers to a group, they should probably be included in the engagement strategy.
- Seriously consider engaging subgroups of the broader public.

Purpose of Engagement

- Acknowledge out loud the importance of engagement:
 - › to make sure we have the most accurate understanding of the context
 - › to make sure we have considered carefully all of the things that should matter in the situation
 - › to build trust
 - › to give decisions legitimacy.



Step 8 Engagement

Types of Engagement Forums

- Large group (over 25 people) discussion forums are useful because they reach a large number of people.
 - › however, they should include some small group conversation to maximize participation in the deliberation
 - › they should also involve a large number of support people who are able to monitor the degree of understanding of the issue amongst the participants and to answer questions that participants might have.
- Mid-size group (8-25 people) discussions can balance the reach of a larger group with more opportunity to participate.
 - › however, they should still include some small group conversation to maximize participation in the deliberation.
- Small groups (2-8) provide the best opportunity to engage participants in a more intimate way
 - › however, they can be intimidating for some participants so discussion leaders should pay special attention to creating a safe environment for conversation.
- Individual interviews provide a good opportunity to explore a single person's perspective and can be the easiest to arrange
 - › however, it can be difficult to create a space for exchanging ideas in this context. Facilitators should be skilled at offering competing views and challenging participant perspectives in a safe way.
- Naturally existing pathways
 - › it may be useful to consider how the kinds of people the team will consult with already meet, and to try to build the engagement exercise into one of these events.



Step 8 Engagement



Education

- Ensure the information provided is relevant and detailed enough, without being overwhelming.
- Focus on the values at stake over the technical details.
- Remember people have different learning styles so present information in various media - orally, in writing, using presentations.
- Consider using interpreters and translated materials for non-English speaking audiences.

Deliberation

- Engagement leads to legitimacy when those who are included in the conversation:
 - › are helped to understand the context of the decision
 - › are provided education to understand the content of the decision
- Through the respectful exchange of ideas with others, participants:
 - › have an opportunity to develop their own perspectives about what should matter in the decision
 - › have the opportunity to share their perspectives about what should matter in the situation
 - › have their ideas heard without pre-judgement
 - › have their ideas considered against competing claims
 - › have their ideas responded to after careful consideration.

Step 8 Engagement

Collecting Feedback

- Ensure feedback is recorded.
- Consider recording feedback on the responding to feedback form (from Step 14).
- Check with participants that what is recorded accurately reflects their concerns.
- Be clear with the participants about:
 - › what will happen to the information collected
 - › how the ideas and perspectives generated will inform the decision process
 - › how they will hear back about how the ideas generated were received
 - › the final decision
 - › how they can provide ongoing feedback.

Responding to Feedback

- Be sure to have a mechanism for getting back to the group with whatever critical reflection is generated.
- Create a summary feedback and response document compiled from the feedback received from all the consultation.
- For each point heard:
 - › summarize the perspective
 - › if the perspective was agreed with, describe how the insight was reflected in the decision
 - › if the perspective was not agreed with, provide reasons why the insight was not agreed with.
- Share the feedback and response document with all those who provided feedback.
- The forum for sharing should be reasonably accessible by the target audience.



 **TABLE TO COMPLETE
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Step 8 Engagement

WORKSHEET (Fill out accordingly)

We commit to engaging (details on ensuing pages)	Broad Timeline	Person Responsible
<input type="checkbox"/> Patients/Clients/Residents		
<input type="checkbox"/> Families/Loved Ones		
<input type="checkbox"/> Staff		
<input type="checkbox"/> Physicians		
<input type="checkbox"/> Subgroups of the Public		
<input type="checkbox"/> Others:		

Step 8 Engagement

RECIPIENTS OF SERVICES CAN OFFER

- **Contextual** information about how they are affected by the system.
- **Outsiders'** views of system operations.
- **Personal** information about their own values — what matters to them and what causes them distress.

Why engage patients/residents/clients?

- The purpose of the system is to serve patient needs. Patients are the experts about their goals of care and systems should be designed to best meet these goals.
- Patients understand best the impact of system decisions for the users of the system.
- Patients are representatives of the community and can provide insight into community values.

WORKSHEET (Fill out accordingly)

Specific Audience	Education Vehicle	How a safe discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Timeline

Step 8 Engagement

FAMILY MEMBERS & LOVED ONES OFFER

- **Contextual** information about how their loved ones are affected by the system.
- **Contextual** information about how they are affected by the system.
- **Outsiders'** views of system operations.

Why engage families & loved ones?

- They are often directly impacted by system decisions so their wellbeing and personal integrity is at stake.
- They understand well the impact of system decisions for the users of the system.
- They can be close to patients and are often able to give voice to patient perspectives.
- They are representatives of the community and can provide insight into community values.

WORKSHEET (Fill out accordingly)

Specific Audience	Education Vehicle	How a safe discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Timeline

Step 8 Engagement

STAFF CAN PROVIDE

- **Technical** information about the issue.
- **Contextual** information about relational dynamics and system function.
- **Personal** information about their own values — what matters to them and what causes them angst.

Why engage staff?

- They likely have key information that is needed for a good decision.
- They often have to discharge the decision, so their professional and personal integrity is directly on the line.
- They are at the point of care and need to be able to explain decisions to end users.
- Patients trust care providers, so care providers have a central role in the successful implementation of the decision.

WORKSHEET (Fill out accordingly)

Specific Audience	Education Vehicle	How a safe discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Timeline

Step 8 Engagement

PHYSICIANS CAN PROVIDE

- **Technical** information about the issue.
- **Contextual** information about relational dynamics and system function.
- **Personal** information about their own values — what matters to them and what causes them angst.

Why engage physicians?

- They have expertise that is needed for a good decision.
- They have to discharge the decision, so their professional and personal integrity is also directly on the line.
- They need to be able to explain decisions to patients and loved ones.
- Patients trust physicians, so physicians are key to successful implementation of the decision.

WORKSHEET (Fill out accordingly)

Specific Audience	Education Vehicle	How a safe discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Timeline

Step 8 Engagement

SUBGROUPS OF THE BROADER PUBLIC OFFER

- **Contextual** understanding of the values of the different communities served by the system.

Why engage subgroups of the broader public?

- Healthcare is a public initiative serving a society committed to democratic ideals.
- Democratic ideals require that those impacted by decisions know about these decisions and are able to influence them.
- Healthcare is delivered at arm's length from government. A government is elected, its leader appoints other leaders who work with bureaucracies to appoint boards, who hire CEOs, who hire other leaders, who guide policy.
- Those affected by policies most often don't know about these policies.
- The main way of influence is through provincial elections every four years — not very democratic.
- Public engagement at the regional level helps address the deficit.

WORKSHEET (Fill out accordingly)

Specific Audience	Education Vehicle	How a safe discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Timeline

Step 9 The Decision

TIPS FOR SUCCESS

- Use as simple language as possible.
- When thinking through competing perspectives about the facts, work hard to be clear about what evidence is in tension. Explain why you believe some evidence or analysis is better justified.
- When thinking through competing perspectives about the values, work hard to articulate your reasons for preferring certain value perspectives above others.
- Imagine the argument that people who disagree with your perspective might make. Ask how you would respond.
- Conduct the headline test: ask if your decision was broadcast on tomorrow's front page, would it appear to appeal to the best evidence, and a fair and reasonable understanding of what is important?

This is where the decision team goes carefully through the feedback received from the engagement initiative, evaluates the feedback, develops responses to the feedback and revises the preliminary decision or recommendation to a final one.

- 1 Explore how the team's understanding of the facts has changed based on the feedback received. (Reference the facts worksheet and make appropriate changes.)
 - Where people offered competing understandings of the facts, consider whether the difference is based on different sources of evidence or different evaluation of the same sources.
 - Decide on whether you agree or disagree with this new information. Articulate your rationale for agreeing or disagreeing.
- 2 Explore how the team's understanding of what is important, and what is most important, changed. (Reference the values worksheet and make appropriate changes.)
 - Where people offered competing understandings of how values should be balanced, articulate your reasons for agreeing or disagreeing.
- 3 Explore how these changes impact the team's analysis. (Reference the decision analysis worksheet and make appropriate changes.)
- 4 Complete the issue articulation worksheet on the following page. The form asks you to state:
 - 1 The key question to which this decision or recommendation responds.
 - 2 The process used to come up with the decision.
 - This should also include the name (or some description) of the team put together to make the decision/recommendation.
 - 3 The values on which the decision is based.
 - 4 Core sources of evidence.
 - 5 Possibly contentious moves in the analysis of evidence.
 - 6 Reasons why this handling of the evidence is justified.
 - 7 Key value interpretations or balancing that was done.
 - 8 Why this balancing is justified.



TABLE TO COMPLETE
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Step 9 The Decision

WORKSHEET (Fill out accordingly)

For the question...	
We went through these steps to come up with the recommendation (or decision)...	
We recommend (or decide) that...	
This recommendation best allows us to...	
We relied on these sources of evidence	
Key decisions we made in analyzing unclear or controversial evidence were	
We feel this was justified because	
Key decisions we made in balancing certain values were	
We feel this was justified because	

Step 10 Communication Strategy

COMMUNICATE FROM THE START

Communication is formally identified at this stage, but should be considered from the beginning of the process.

For decisions to be implemented effectively and contribute to the growth of the organization and the community it serves, people will need to know about and understand them.

Related to Steps 8 (Engagement), 11 (Education Plan), 12 (Downstream Support Plan), and 14 (Ongoing Feedback Plan), with this step we ensure that a careful communication strategy accompanies the group's decision.

- 1 Determine who is affected by the issue and the decision.
- 2 Determine what messages need to be conveyed to these people about:
 - The fact that the issue is being addressed.
 - The process that will be or has been used to address it.
 - How to influence the decision — what opportunities there are for providing input about evidence and about what is important in reflecting on the issue (e.g. the content from steps 8 and 14).
 - What decision is made, the content of the decision, the rationale behind it, and how to provide ongoing feedback.
- 3 Complete the worksheet in this section for each phase of the decision process.

TIPS FOR SUCCESS

- The communication plan should span the time frame of the decision process — from when the issue is under review, when a preliminary decision is made, and when a final decision has been reached.
- Communication should be two-way; when information is shared, a feedback mechanism should also be in place.
- There should be meaningful transparency about:
 - › The fact that an issue is being considered
 - › The assumptions made about the context
 - › What decision leaders consider is most important in addressing the issue
 - › Why a preliminary or final decision is justified
 - › How those impacted can provide the decision-makers with feedback and how that feedback will be used.



Step 10 Communication Strategy

SAMPLE

	Specific Audience	Key messages	Communication vehicle	Contact point for those wishing to follow up	Person responsible	Timeline
Before	Residential care facility nurses Residential care facility care aides	<ul style="list-style-type: none"> We have identified this as an issue and are working on a careful values-based response. We will be coming to you for your thoughts. 	<ul style="list-style-type: none"> Staff meetings 	Clinical Nurse Specialist (CNS) on decision team	CNS on decision team	Within 2 weeks from today
During	Residents and family members	<ul style="list-style-type: none"> This is an important issue for us and we're taking it seriously. This is what is important to the care team... We want to hear what is important to you. This is how you can share your thoughts... 	<ul style="list-style-type: none"> Monthly town hall meeting Facility newsletter 	Resident care coordinator	CNS on decision team	Meeting date: _____ Publication date: _____
After	All new residents and families	<ul style="list-style-type: none"> This is our policy and process... This is why we have this in place... This is how you can provide feedback... 	<ul style="list-style-type: none"> Orientation sessions Brochures Admission process 	Resident care coordinator	Facility administrative lead	

 **TABLE TO COMPLETE ON NEXT PAGE**

Step **10** Communication Strategy

WORKSHEET (Fill out accordingly)

	Specific Audience	Key messages	Communication vehicle	Contact point for those wishing to follow up	Person responsible	Timeline
Before						
During						
After						

EDUCATION

For the decision to be carried out effectively and respectfully it is likely that those affected will require additional skills or information.

Fair accountability requires that to hold someone accountable for performing a duty to a given standard, they have access to the resources needed to deliver. Access to education or training is one such resource.



This step calls for planning the education support that will be required for those for whom the decision will mean changes in practice or process. (Implementation of this plan will be part of step 15, Implement the Decision.)

1 Ask:

- What individuals or groups will have to change their practice or process as a result of this system-level decision?
- What skills or knowledge will they require to support them in this change?
- What is the best pathway to achieve this change?
- Who will be responsible and accountable to lead this education initiative?
- How will those impacted be able to modify their training to ensure it best meets their needs?

2 Complete the form with the appropriate information.

TIPS FOR SUCCESS

- Include those that will require education support in the consultation phase of the decision process.
- Consider:
 - › The language that the target audience will need to make sense of these ideas
 - › The opportunity to practice using the new knowledge they might require
 - › What vehicle might best meet these needs
 - › The realistic outcomes of such vehicles
 - › How the target audience might be informed about and attracted to participate in the education.
- Think about the organization over time:
 - › How new teams and individuals will be provided education
 - › How this education will be updated and maintained in existing individuals and teams
 - › what previous policy changes and education efforts on this topic groups have been exposed to in the past.

Step 11 Education Plan

SAMPLE

Specific Audience	Objectives	Education Vehicle	Sustainability Plan	Lead	Timeline
Care aides	<ul style="list-style-type: none"> • Shared understanding of policy. • Shared understanding of process to be followed. • Shared understanding of how to deal with any conflicts that might arise. • Experience using the process in appropriate contexts. • Shared understanding of the fiduciary responsibility of health care providers to their patients. 	2 inservices using case studies	To be repeated every 6 months	CNS	First session in 2 months

 **TABLE TO COMPLETE ON NEXT PAGE**

Step **11** Education Plan

WORKSHEET (Fill out accordingly)

Specific Audience	Objectives	Education Vehicle(s)	Sustainability Plan	Lead	Timeline

CHANGE AND MORAL COMPROMISE

When the values underpinning the system-decision conflict with what matters to those who must carry it out, it can leave affected individuals in a morally compromised situation.

WHAT AFFECTS MY INTEGRITY?

My ability to live with integrity is impacted by:

- My own skills and abilities.
- My courage to live up to my values and beliefs.
- The decisions made in my organization.
- The support in my organization for dealing with moral distress.



In this step we anticipate whose integrity might be compromised by the decision, and identify strategies to mitigate this harm. (Again, the plan is to be implemented in Step 15.)

1 Answer the following questions:

- Who will disagree with the decision?
- If this disagreement is about what is important (values), are good reasons being offered by the decision team to justify the approach taken?
- What ethics support resources might those affected benefit from?
- How can those who disagree with the decision appeal? (as distinct from providing ongoing feedback — addressed in Step 15.)

2 Complete the form with the appropriate information.

TIPS FOR SUCCESS

- Remember, because compromise to individual integrity is in part due to upstream decisions, the decision team has an obligation to anticipate this and to assist those affected to keep their integrity intact as much as possible.
- Clearly indicate the values on which the system decision is based (following previous steps in this guide).
- Ensure the affected group has been included in the consultation phase and their reasons have been heard and responded to.
- Include the form from Step 14 in the policy, with directions for how and where to submit it and what to expect in return.
- Ensure those who will be held responsible for providing the education have the necessary resources to do so.

Step 12 Downstream Support Plan

SAMPLE

Who will be affected by the decision?	Is the group's integrity likely to be compromised by the decision?	Have the group's perspectives been taken into account in the decision process?	What would assist those affected?	What support can be provided in this direction?	Who will lead the downstream support initiative for this group?
Care aides	Possibly, if they feel strongly about not causing a patient any harm, even if it is to do something that improves patient's quality of life.	Yes	<ul style="list-style-type: none"> • Clear conflict resolution process that legitimizes their own values. • Education about the fiduciary responsibility of health care providers. • Support when they feel pain because they think they are doing something wrong/bad. 	<ul style="list-style-type: none"> • An education strategy • A conflict resolution strategy • A debriefing resource 	Facility manager

 **TABLE TO COMPLETE ON NEXT PAGE**

Step **12** Downstream Support Plan

WORKSHEET (Fill out accordingly)

Who will be affected by the decision?	Is the group's integrity likely to be compromised by the decision?	Have the group's perspectives been taken into account in the decision process?	What would assist those affected?	What support can be provided in this direction?	Who will lead the downstream support initiative for this group?

Step 13 Evaluation & Sustainability Plan

EVALUATION AND SUSTAINABILITY

- **Testing assumptions.** System-level decisions are usually based on a wide variety of assumptions. If the assumptions are not tested and corrected for where they were mistaken, then the goals of the decision may not be met.
- **The longer term.** System-level change usually requires intensive resources. For this investment to be justified, the change should be linked to the long-term.



In this step the decision team develops a plan to ensure that the change called for remains appropriate over time. (This planning step is also to be implemented in Step 15.)

- 1 Develop an evaluation strategy for the overall change and each of the change elements.
- 2 Assign responsibility for evaluation.
- 3 Create a timeline for:
 - When the evaluation will be undertaken
 - When the feedback will be reviewed and analyzed by those leading the change
 - When changes to the approach taken will be considered.
- 4 For each strategy ask:
 - Did the factual assumptions that the decision is based on remain accurate, or did the world turn out to be different somehow?
 - What new information (scientific or social data) is available that might affect the approach taken?
 - How well did the strategies meet objectives?
 - How well did meeting the objectives lead to achieving the desired outcomes?
 - How well did the change created by the interventions allow the organization to live up to the relevant values?
 - Were the values considered really what mattered, or did other concerns (not initially considered) turn out to be relevant?
 - What additional communication would have been useful?
 - What additional education would have been useful?
 - What additional downstream support would help those affected to live with integrity?
 - Have we responded adequately to those who have provided feedback on the issue?
 - Are we still open to feedback on the decision?

Step 13 Evaluation and Sustainability Plan

- How well did our process engage our team and stakeholders?
- How have relationships or patterns of interaction changed as a result of our intervention?
- What, if any, historical tensions or system barriers have gotten in our way and how might those be overcome?

TIPS FOR SUCCESS

- Remember a good decision does not guarantee a good outcome.
- Keep the evaluation and sustainability plans in view as the team goes through the decision process.
- Ensure appropriate resources for evaluation and sustainability are built into the implementation budget.
- Consult external resources for additional evaluation tools as appropriate.
- Consider:
 - › both qualitative and quantitative data gathering strategies.
 - › how important it is that this decision is lived in the organization in the middle and long term.
 - › how much turnover there is likely to be in the organization.
 - › who (individual or office) is best able to review the decision over time.



**TABLE TO COMPLETE
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Step **13** Evaluation and Sustainability Plan

WORKSHEET (Fill out accordingly)

Broad Change Being Implemented					
Overall Change Sponsor/ Leader					
Evaluation component	Leader	Evaluation data to be gathered by date	Evaluation data to be reviewed and analyzed by date	Changes to approach to be made by date	Resources Required

KEEPING THE CONVERSATION GOING

Continuing the conversation is another way to ensure the best understanding of what the landscape looks like and about what should matter most are available. It can also be an effective way to support the integrity of those affected so compromises to integrity that are experienced by those affected can be given voice.

By taking this step the decision team implicitly recommends maintaining a posture of engagement with those who wish to provide feedback on the decision. (Again this is implemented as part of Step 15.)

Use the worksheet on the next page to:

- 1 Develop a plan to make the decisions and their justifications available to appropriate audiences.
- 2 Prepare an ongoing feedback instrument (such as the form later in this section).
- 3 Develop a plan to collect and respond to feedback.
- 4 Develop a mechanism to review the decision and adjust the implementation strategies in response to feedback.

TIPS FOR SUCCESS

- Be clear about the type of feedback people can provide.
- Ensure that those who can provide feedback have access to the decision and its rationale.
- Assist those providing feedback to be specific about what dimension of the issue they are concerned about.
- Provide information about who to contact with questions about the process.
- Clearly communicate how people's feedback will be used.
- Consider keeping a policy repository on the organization's website with access to the feedback form located there as well.



TABLE TO COMPLETE
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Step **14** Ongoing Feedback Plan

WORKSHEET (Fill out accordingly)

Who can provide feedback on the decision?	
How will they know that this is a possibility and where can they obtain a feedback form?	
Who will be responsible for collecting this feedback?	
Who will be responsible for responding to this feedback?	
When/how often will the group meet to revisit the decision based on feedback obtained?	
Who will be responsible for revising the implementation plans as appropriate?	

Step 14 Ongoing Feedback Plan

WORKSHEET (Fill out accordingly)

Your Feedback is Important!

If you have any critical feedback or suggestions for improvement we ask that you complete the following table and submit it to _____

This can be done by _____

Your feedback will be acknowledged within _____

and _____ will provide you with a

response to your reflections within _____ day(s).



What do you like about this policy and/or the process used to generate it?	
What is your concern with the policy?	
If you think we are missing an important fact, or haven't got something right, tell us what we need to know.	
If the disagreement concerns the values, what is important that is not appropriately accounted for in the decision?	
If you believe an alternate solution would better live up to these facts and values, please share it.	
If the disagreement concerns process, what process elements should have happened differently? (e.g. Is there an individual or group that should have been consulted but was excluded?)	

IMPLEMENTATION

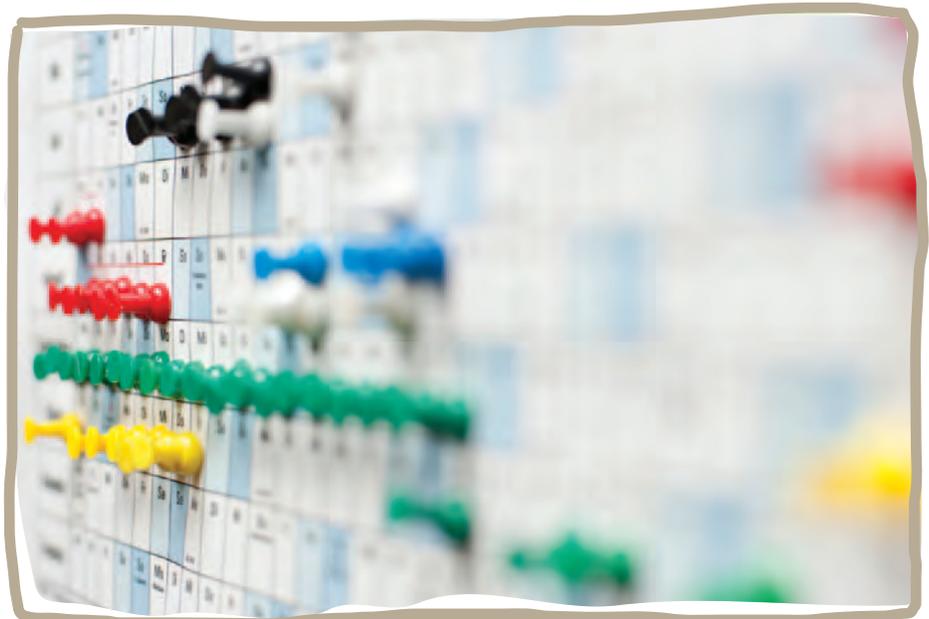
A decision by itself likely won't solve the problem. The decision has to be implemented and supported.

Implementation and follow up should be treated with care and be part of the decision process.

Here we want to be clear about how the decision and the follow up plans in Steps 10 - 14 will be carried out and implement them.

1 Respond to the following questions:

- What specifically is being implemented? What change in the process is expected?
- Who is affected by the change?
- What partnerships are needed?
- Who within the leadership is sponsoring the change?
- Who is managing what part of the change? What are they responsible for and to whom are they accountable?
- What is the general timing of the change?
- What resources, financial, human, or other, will be required?

2 Complete the form with the appropriate information.**3** Get the approval of the appropriate authority in the organization.**4** Implement the decision and the communication, education, downstream support and ongoing feedback plans (developed in Steps 10 - 14).

Step 15 Implement the Decision

TIPS FOR SUCCESS

- Recognize that the communication, education, downstream support, and ongoing feedback steps in the process are part of the broader implementation plan.
- Divide implementation into the various dimensions involved and develop a step-by-step approach for each.
- Specify:
 - › the phases of the project
 - › the key deliverables in each phase
 - › the major activities for each deliverable
 - › the key milestones
 - › who is responsible for each major activity.
- Consult the change management team for more detailed planning tools.
- Be as clear as possible about who is most appropriate to accept accountability for discharging each part of the plan.
- Ensure that those given this accountability have the resources to live up to these expectations — or change the accountability.



**TABLE TO COMPLETE
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Step **15** Implement the Decision

WORKSHEET (Fill out accordingly)

Broad Change Being Implemented	
Overall Change Sponsor/ Leader	

Specific Deliverable/ Element	Leader	Responsible for	Accountable to	Change Partners	Timelines	Resources Required

Acceptability

The extent to which a solution meets the expectations of a given individual or group. Use of this value requires being clear on acceptability to whom - whose standards or expectations are of concern? This value also doesn't necessarily align with ethical justification - a solution may be acceptable to an individual or group, but may still not live up to important values of others or broadly accepted social norms.

Accountability

Answerability of an individual or group to another individual or group for the kind and quality of decisions made or actions taken. Accountability can be to a supervisor or sponsor organization (e.g. to a professional association as part of one's professional mandate). It can also be to an individual or group to whom one has a fiduciary responsibility (e.g. as a group's representative at a meeting or to a community of people one accepts a duty to serve.)

Affordability

The ability to present the amount of a resource (usually money) required to obtain a good or service. Often affordability implies the ability to pay for something without going into debt. However, the comfort or discomfort of going into some sort of debt to be able to pay for something itself depends on other values and is not inherent in the idea of affordability.

Care for the Vulnerable

A commitment to identify, prioritize, and serve those who are marginalized and/or less able to meet important needs on their own. The idea is that those in need have a greater claim on resources (time, attention, capital, human resource hours, care and concern) than those relatively more well-off.

Collaboration

Two or more parties working together with the aim of understanding their own and each other's needs and building common responses to common problems in a manner that meets the needs of all parties without sacrifice.

Compliance With Policy

The commitment to understand and make decisions in line with such guides as institutional policy. There are many moral guides in the healthcare setting, including various professional codes of ethics, various legislation, organizational values and organizational policies. These guides offer direction for what various institutions and organizations believe are the appropriate values that should guide conduct. While these guides are a very important resource when doing an ethics analysis, they do not always offer consistent direction and are not always sensitive to the contextual features of actual situations. It is important to remember that the main justification for following a policy (or a law) is that the policy itself is based on justified values. If following a policy leads to action that goes against key values, then following it would not be justified.

Compromise

Two or more parties seeking a response to a problem where each has to sacrifice something of importance in order to allow the other(s) to be able to live with the solution.

Consensus

Two or more parties coming to agreement about the best response to an issue or problem. Different from shared understanding (where everyone achieves the same perception of the issues, but may disagree on solutions) and agreement to proceed (where everyone in a group agrees to move forward in a certain direction, but may not agree that the solution chosen is in fact the best or most appropriate).

Common Good

The understanding that humanity is somehow connected and the well-being of a community is distinct, separate from, and more than the well-being of each individual constituent.

Compassion

Can be understood as empathy plus action. It involves using one's mind to understand what another thinks is true about the world and important in life, and using one's heart to feel what it must be like to experience the world as the other might. And then, if the other is suffering, it involves doing something to assist with that suffering.

Creating Moral Space

Ensuring that an appropriate forum is available for a sufficient period of time to raise questions or concerns about the facts in a case, what should matter most in the situation, or whether a given planned or pursued direction really aligns with what is most important.

Democracy

A contested notion, the central idea of which is that decisions that determine the terms of a collective's association are legitimate to the extent that those affected by the decisions are able to influence them, either directly or through some mediated mechanism.

Duty to Accommodate

The responsibility of society (or agents of society, such as a health authority) to respond to the needs and personal circumstances of healthcare providers who put themselves in harm's way in times of crisis – commensurate with the degree and conditions of the harm.

Duty to Care

Responsibility of healthcare providers to provide care to members of the community, even when this involves exposure to some risk of harm on the part of the health care provider.

Effectiveness

The extent to which an intervention meets the objectives it is designed to achieve. This requires having a clear and shared understanding of the objectives for a given intervention strategy. In many cases, true objectives can be hard to measure and sometimes this leads to focusing on objectives that are easily measured. This could be a serious mistake where the measurable elbows out the important.

Efficiency

Achieving a desired objective using the fewest possible resources – thereby with the least waste of resource. Efficiency is never an end in itself, and always a means to achieve some greater value.

Empathy

Understanding the world from another's point of view. A necessary correlate of having unconditional positive regard for others because making an effort to understand and appreciate another's views involves (and some might argue is what leads to) accepting that she is an individual who, like all of us, has developed her views based on particular circumstances that she has experienced.

Equality of Access

The idea that when distributing a resource everyone should have the same access to the resource according to their need (as opposed to other criteria such as proximity to the resource, ability to pay, political authority, social status.)

Equality of Opportunity

The idea that the goal of resource distribution should be to enable all members of society to have an equal chance at receiving necessary resources. The focus is on the equal disbursement of the chance at receiving the resource - not the actual equal distribution of the resource or the equal achievement of the goals the resource is meant to provide. Note that this may not lead to equal outcomes.

Equal Outcome

The idea that the goal of distributing a resource should be to ensure that everyone achieves the same objective the resource is aimed at - to the same extent. In health care this would mean distributing resources in such a way as to ensure everyone achieves the same status of health and well-being. Note that this can require the unequal distribution of resources.

Equity

The idea that a resource should be distributed based on need as opposed to other criteria such as ability to pay, social status, etc. Equity can mean equal distribution if everyone has the same need or unequal distribution if the needs of some are greater than the needs of others. How need is defined and measured will depend on the objectives the resource is meant to achieve.

Excellence

Performing an action or delivering a service to the highest standard - or maximally achieving the objectives of a strategy. This includes how the action is done and the outcome it achieves. In health care it requires constantly improving quality of service to better meeting patients' needs. It implies growth and capacity building of human resources which requires ongoing learning, research and training.

Fidelity to Trust

This refers to the special relationship that certain individuals, usually professionals, have to those who are vulnerable and who put their trust in the professional to assist them in some manner. In health care, patients are much less powerful than healthcare professionals: They are usually ill, whereas caregivers are not; they are usually not in surroundings they are comfortable in, whereas health care professionals are; and most of all, they lack the expert knowledge and resources required to meet their healthcare goals - which health care professionals have. Patients must put themselves in the hands of their health care providers and trust that the care providers will help them to achieve the patient's goals. This puts health care professionals in a conflict of interest where the conflict lies between meeting their personal interests and the needs of their patients. Fidelity to trust is about maintaining the trust patients put in their care providers to advance patient interests ahead of their own.

Generosity

Giving without expecting anything in return. Giving may be of time, energy, money, or other valuable resource.

Good Governance

Ensuring that decisions for an organization are made through justified processes and substantively represents the values of the appropriate group over time. In the context of a public health care system, this includes ensuring that decisions are based on the best information available and on values that the public body being represented sees as appropriate. This implies a transparency of decision-making and accountability to the law, to political leaders, and to the public broadly.

Honesty and Truth-Telling

Telling the truth to a party. Providing full access to relevant and wanted information. Honesty relates to the value of respect for human dignity. If part of what gives human beings dignity is the ability to make sense of reality and make decisions accordingly, withholding information or providing information that is not true deprives the receiving party of exercising the very ability that is the source of their dignity.

Inclusiveness

Commitment to ensuring that room is created for all relevant people and perspectives to be involved in a decision or action. It requires identifying and overcoming barriers to participation that would prevent such participation unjustifiably. Barriers can include language, power, financial resources, time, access to decision corridors, prejudice, and even style of discussion and debate.

Integrity

The intentional and deliberate living of values in the decisions, actions and attitudes an individual, team or organization takes. This requires ensuring that all the decisions made and actions taken pay explicit attention to and are in keeping with the values of the party – recognizing that value trade-offs will be required from time to time. This value is about being clear on our talk and then walking that talk on a regular basis. Integrity by itself does not say what one's talk should be. It does call for the honest assessment of values and the consistency between values and behaviour. It thus requires skills of moral reasoning. Integrity is supported by being in community as it is through dialogue and experience that people really understand what should matter most in various situations. And being in community requires the additional values of honesty, respect and trust.

Intellectual Honesty

Being truthful about the extent and limits of an individual or group's knowledge or expertise.

Justice - Procedural (Fairness)

Involves ensuring that the way decisions are made in a given situation meets certain standards. These include:

- Transparency: people should know that decisions are being made and what these are; they should have access to the criteria being used to make decisions
- Inclusion: those affected should be able to influence these decisions and not be limited by unjustified barriers

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- Deliberation: influence should come from participation in a respectful conversation where reasons are exchanged
- Education: the conversation should follow an opportunity to understand the issues in question.
- Recursiveness: past decisions should be open for ongoing critical reflection and feedback
- Reflexiveness: decisions should be based on reasons, not power, authority, or access to resources

Justice - Distributive

Those who are in similar circumstances should be treated similarly, unless there is good reason to treat them differently. Only morally relevant differences justify different treatment. In some moral traditions, justice also includes a special duty to those who are most vulnerable in society - those without resources necessary for living healthy, peaceful lives.

Kindness

Treating people gently and well.

Non-Abandonment

Commitment to provide care for the patient and their supports. This value is of particular concern to patients in the end-of-life context. It requires that whatever decisions are made and steps are taken in the care and treatment plan, they involve assurance and demonstration to the patient and family that even though aggressive treatments may not be pursued, care for and attention to the patient will always be provided.

Patient Benefit

Patient benefit is about advancing the well-being of the patient - it is about working to meet the patient's goals of care. One challenge with this value is that in the culture of western medicine, well-being has traditionally focused on the physiological functioning of the body. But as society becomes increasingly diverse, there is growing understanding that the psychological, emotional, spiritual, and relational needs of patients should also inform discussions of patient benefit. The related challenge with this value is that well-being involves a subjective assessment - so the question arises, well-being from whose perspective? This leads in to the value of respect for patient dignity and autonomy.

Patient-Centered Care

A philosophy of practice that sees the patient's needs and perspective at the heart of the healthcare encounter. It includes a commitment to designing systems and processes to meet the needs of patients first and before the needs of care providers and the system. For example, were a treatment delivery system (say kidney dialysis) to be patient-centered, it would be provided where it is most convenient and effective for patients - likely in the home and as unobtrusively as possible - instead of in a hospital or outpatient facility.

Pluralism

A response to the fact of diversity in the community that is committed to respecting difference while at the same time pursuing the possibility of shared responses to common problems. It sees difference as a value and focuses on the search for a cosmopolitan ethic - values for guiding decisions that impact a diverse group of people that the group can agree with. It requires education about the nature and types of differences that exist within a group and then engagement where individuals and sub-groups can come together in respectful dialogue to explore the possibility of guiding values that are shared amongst the individuals and sub-groups.

Professional Competence

Having and using the technical expertise, including knowledge and skill base, to carry out professional roles at accepted standards of practice, based in the context of the values of the patient, the institution and the organization. In the context of the team approach to health care delivery, part of competent care is ensuring the team has a shared understanding of the goals of care for a patient, room is provided for team members to identify ethical issues with aspects of the care plan, and if necessary, to ask to be removed from a care plan they feel morally problematic (assuming other healthcare providers can be found to provide the necessary care).

Quality Improvement and Patient Safety

Related to excellence, this is a commitment to meeting the objectives of an intervention to increasingly higher standards over time. It starts with a commitment not to create new harms to patients - going against the objectives of the intervention. It requires identification and careful study of practice standards to develop better and better means of protecting against possible harms and improving service standards. Note that patient safety is often narrowly construed as risk to physical well-being, but should extend to holistic well-being, including psychological, emotional, and spiritual dimensions.

Relationships and Community

Recognizing the interconnectedness of all those who serve and are served by healthcare institutions, - this is a commitment to nurturing the relationships through which care is planned, delivered, and received. It acknowledges that without interrelationships care planners and providers would not have work and/or would be deprived of the opportunity to serve their calling, and care recipients would not receive the care they need to flourish in times of challenges to their well-being. It is about taking proactive organization-level action to strengthen the relationships of all the people in the health care community.

Respect for Human Dignity

This value recognizes that no matter one's perspective, religious or cultural background, or socio-economic status, one's life is valuable and deserves to be treated with compassion and care. It calls for special attention to vulnerable members of the community who are easily marginalized and whose humanity is easily forgotten. It calls for three levels of response. First it requires treating others with kindness and care. Second, it requires empathy - actively listening to others with a view to understanding their minds and hearts without judgement. And third, it calls for engaging others in respectful dialogue, sharing one's own experience and perspective with a view to arriving at a broader perspective on the world.

Respect for Individual Liberty

Recognizing an individual's basic rights to freedom of speech, movement, association, etc., this value calls for free individual choice to govern matters from relationships to resource allocation. It argues against centralized intervention by external parties beyond the enforcement of contracts. On this view, individuals should be free to make agreements to exchange goods and services based on their means and preferences. Any forced participation is unjustified and individuals should not be required to enter agreements not of their choosing.

Respect for Patient Autonomy

Perhaps the most basic principle in health care ethics today, this value calls for respecting the genuinely held values and beliefs of patients and having decisions about the care of the patient be guided by these values and beliefs. The idea here is that in part what gives human beings dignity is their ability to think about and make sense of their lives and to make decisions for themselves based on this cognitive ability. The thinking continues that if someone was able to make meaning of their lives, there is no reason why this thinking should not survive their ability to actively participate in decision-making. Respecting this thinking is indeed one way to continue to honour and respect the dignity of what is now a particularly vulnerable human being. According to this

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principle, patient values and beliefs should guide decision-making about a patient's care even if the resulting decision is inconsistent with what care providers or family members may have chosen. When a patient is not able to participate in decision-making about their care or treatment plan, an appropriate substitute decision-making process should be put in place.

Respect for Privacy (also Confidentiality)

Not interfering in the personal space of individuals or groups without their consent or just cause. This sees information about patients as part of their personal space and requires that this information not be shared without their consent.

Respect for Professional Integrity

Health care professionals are moral agents who have their own values and beliefs about what a meaningful life looks like and how to best to pursue it. These values and beliefs can include personal convictions as well as professional ones, such as those found in professional codes of ethics and standards of practice. Wherever possible care providers should not be forced to participate in care plans they find excessively morally compromising, at least when it is possible to involve other care providers who are more comfortable with the care plan.

Responsible Stewardship

This value calls for careful management and distribution of community resources. It is about taking good care of the resources, both human and material, that have been invested with the organization. It is not only about resource allocation, but also about careful and deliberate modeling and direction setting for how resources should be established and used to serve and advance the interests of the broader community. It involves using resources effectively to meet the intended goals with minimal waste, allocating resources in a manner that is fair to all those who need them and that is sensitive to broader questions of justice in society. Stewardship also requires ensuring the long-term sustainability of the resources and clearly accounting for the decisions made about the use of the resources, including the value judgments on which resource decisions are based.

Social Utility

According to this view, the lives of all presently existing and future human beings are equally morally valuable in that everyone's happiness is equally morally important. Fair distribution strategies are ones that result in the best outcome for all. To allocate resources, we should look at all of the distribution patterns available to us, add up the good that results from each - where the consequences for each person are weighed and where every individual can get a maximum of one unit of good - subtract the harm that results from each, and then select the option that results in the most net good. The goal is to look for the strategy whose consequences allow for the greatest overall good for the greatest number. Note that it is often difficult to know in advance what the consequences of a given pattern of distribution will be, it is difficult to weigh the relative good and relative harm that results from saving the life of one person while allowing another to die, that good and harm are themselves value-laden notions such that it is difficult to make objective calculations as this approach requires, and finally that this approach is counter-intuitive in some respects - for example, if two patterns of distribution result in equal outcomes then there is no moral difference between the two on this approach, even if the most vulnerable in one arrangement are treated poorly, while in another their lot is significantly improved.

Solidarity

Linked to the values of common good, relationships and community, this value recognizes the union of interests, goals and means of a group. Within a healthcare context it is a commitment to the health and well-being of all members of the community and to working together to achieve shared interests.

Spirituality

Nurturing the human spirit of all people, caregivers, care recipients, and families alike. This value is about attending to that subtle/intangible dimension of the human being, often called the soul, wherein is found peace and which is the seat of our creativity, compassion, love, inspiration and solace. It is where we experience our connection to other members of the community. Most would agree that having a meaningful life requires paying attention to one's spirituality, however this is understood.

Support for Health Care Providers

This value calls for supporting staff, physicians and leadership to help make the work experience an integral part of a meaningful life. It recognizes that health care providers have a tremendous stake in the experience of health care. Health care providers often spend more time with colleagues than families and derive much self-worth from their vocations. Conversely, because of the intimate nature of working in health care teams to serve vulnerable populations, they also

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have the potential to do much harm to colleagues and patients and to be harmed by professional experiences. Many are also reliant on employers for their livelihoods and are vulnerable as a result. This value indicates it is important for the needs of the care giving community to be attended to by the organization.

Support for Patient Relationships

An important source of meaning in people's lives is the relationships they have, especially with loved ones and family members. This value calls for special attention to supporting the relationships that a patient has as part of the broader experience of trying to advance their health and well-being. The value takes on particular significance in the end of life context where patients may experience greater fear which can be supported through relationships, and where there is recognition that relationships are coming to an end and where appropriate space, time and support is needed to make this closure as healthy and positive as possible.

Sustainability

Concerns the viability of a system over a long period of time. It calls for decisions that ensure the entity's existence is not threatened and that it will be able to continue to meet its objectives into the future. It requires being clear about what the entity's objectives are, and what might threaten its ability to meet these objectives. It also requires clarity within an organization about whether the desired sustainability is about a specific strategy, service, program, or the organization itself.

Transparency (also known as publicity)

Exposing the process and rationale of decision-making to affected others for viewing and comment in a full, accurate and timely manner. It is a necessary part of demonstrating respect to affected others in the context of system-level decision-making. Poor transparency practices can lead to poor decisions, unfair suffering by those impacted, reinforcement of bad decision-making practices, poor understanding of the system, lack of trust for leadership, and missed opportunities for moral growth and reform for the community.

Trusting relationships

A commitment to create relationships where parties can be counted on to act consistently according to justified values. Central to any trusting relationship is honesty, open communication and transparency. To trust someone one needs to know that they will be treated with respect. They will not be lied to or deceived and that one will be forthcoming with important, relevant information in a manner that is respectful to the relationship.

Unconditional Positive Regard

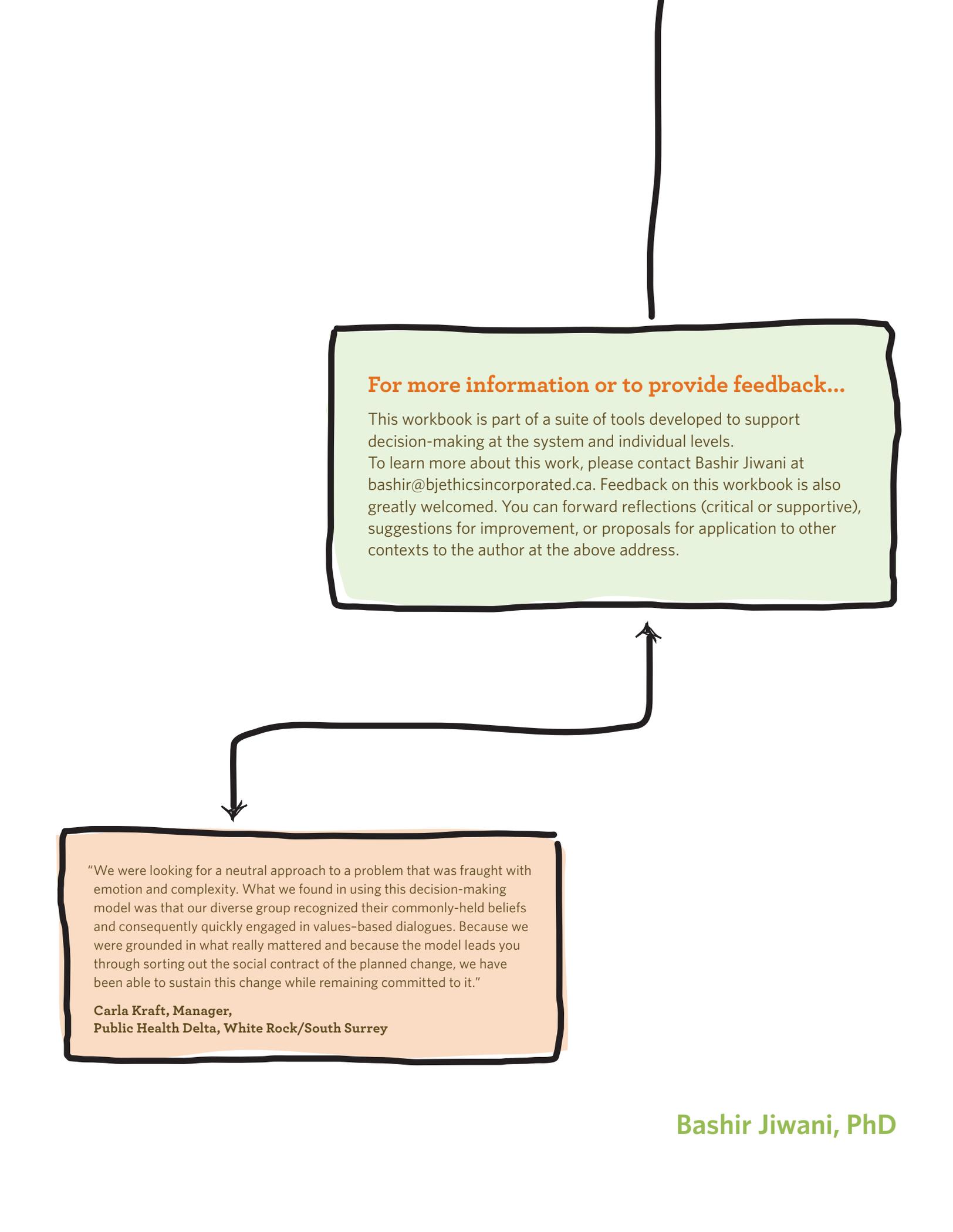
A fundamental element of respect for human dignity, this value accepts that, whatever the differences of class or culture, education, or opinion, all people are basically equal as human beings, and deserving of recognition and respect. In practical terms it means separating people from the positions they take on issues. It calls for treating individuals with kindness and gentleness, honour and dignity whatever we may think of their views. The guiding idea is that whether or not I agree with your views, indeed even if I find them offensive or absurd, I will always treat you well. Put another way it calls for us to treat others with the same deference and kindness that is usually reserved for those who have more power in relationships than we do.

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For more information or to provide feedback...

This workbook is part of a suite of tools developed to support decision-making at the system and individual levels. To learn more about this work, please contact Bashir Jiwani at bashir@bjethicsincorporated.ca. Feedback on this workbook is also greatly welcomed. You can forward reflections (critical or supportive), suggestions for improvement, or proposals for application to other contexts to the author at the above address.

“We were looking for a neutral approach to a problem that was fraught with emotion and complexity. What we found in using this decision-making model was that our diverse group recognized their commonly-held beliefs and consequently quickly engaged in values-based dialogues. Because we were grounded in what really mattered and because the model leads you through sorting out the social contract of the planned change, we have been able to sustain this change while remaining committed to it.”

Carla Kraft, Manager,
Public Health Delta, White Rock/South Surrey

Bashir Jiwani, PhD