

Caring about Quality

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Quality is not an act. It is a habit. (Aristotle, 384 BC–322 BC).

This book is founded upon the assumption that success in veterinary practice depends upon two things:

Premise One

Long term financial success will follow on from efficiently providing a high quality of client and patient care appropriate to the particular sector or sectors in which the practice is operating.

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Premise Two

Whilst financial success can provide a short term basis for our motivation and well-being, long term satisfaction is only likely to be achieved if there is harmony between our personal values and goals and our professional objectives, and we are content with the place that our profession occupies within our lives.

You might take issue with those assumptions, perhaps believing it is possible to get what you want out of life by providing a poor quality service at a very competitive price, working very long hours and possibly making lots of money. That is your prerogative, as there will always be a market for a low cost, high turnover style of practice, but it is my firm belief that good medicine is good business, and is the path most likely to lead to a satisfactory work/life balance and long-term personal well-being.

This chapter picks up this theme by attempting to establish what quality care actually means, before moving on in later chapters to consider how that can be enhanced and set within the overall context of a rewarding life as a veterinarian.

Surprisingly, up until now no one has tried to do this in any formalized way within the context of the veterinary profession, but it is something that has occupied a considerable amount of academic reflection in other fields.

BEST PRACTICE AND CLINICAL EXCELLENCE

Is quality care simply about applying 'best practice' to every clinical case? Best practice is a recognized management concept used widely in industry and commerce as well as the health professions which asserts that there is a technique which is more effective at delivering a particular outcome than any other. Best practice can also be defined as the most **efficient** (involving the least amount of effort or expense) and **effective** (producing the best results) way of accomplishing a task.

It is interesting to consider the extent to which best practice can be generalized from one workplace to another. For example, a group of specialists might formulate 'Best Practice Guidelines

for the Investigation and Treatment of Syncope in Dogs' that they feel outline the ideal approach to investigating and treating this particular clinical condition. Their conclusions may be soundly evidence-based and stand up well to critical analysis, but a primary care practitioner who attempts to slavishly impose the full gamut of tests upon every case that is brought in through the consulting room door is likely to run into problems. Ideally, the clinician's actions should be informed by knowledge of what best practice actually is for this type of case, but good veterinary care is something that needs to be guided by common sense, tempering the goal of a clinical ideal with an intimate knowledge of the local situation and the individual patient and its owner. Arguably, your best practice is what works best in your particular workplace.

Applying best practice clinically is only one part of the larger picture that describes the range of issues that need to be addressed to provide an optimal service to our patients and their owners. It also implies that excellence is a fixed objective that can be achieved, whereas I am firmly of the view that it is a moving goalpost, and that however well we do something, we can always find a way of doing it just that little bit better. More of that in Chapter 4.

Exercise – Perceptions of Excellence in Practice

Excellence means different things to different people, and seeing those issues from differing viewpoints helps us to reflect upon what is important for us to develop.

Draw up a simple grid. Along the top put five people:

- Yourself
- A client
- A key member of your practice's staff
- A junior member of your practice's staff
- Your partner or an important member of your family

Number the horizontal columns one to five, and list what you consider each would consider to be the most important characteristics that would enable them to recognize good veterinary practice. Then highlight the differences between your own viewpoint

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and theirs so that you can reflect upon them and decide if they make you feel you would wish to change your own priorities in any way. You might even like to carry out a mini-survey of the people concerned to see if their opinions match the views that you ascribe to them. You may be surprised at the results.

A LOOK IN THE MIRROR

A term which has become unfashionable these days is *calling*, yet the concept still underlies what having a meaningful vocation signifies. Indeed, the term *vocation* is based upon the Latin word meaning 'to be called', suggesting that a good worker has been singled out and called to carry out their work by a higher authority. Howard Gardner, Mihaly Csikszentmihalyi (which out of interest is pronounced chick-sent-me-high) and William Damon are highly respected professors of psychology who have written a book that summarizes their major joint project entitled *Good Work* (Gardner et al., 2006), which examines the essence of excellence in a selected profession. They have suggested that this ancient concept of a calling can be framed in a more contemporary fashion by the psychological concept of moral identity, which is what a professional experiences when they think about themselves and their occupation in moral terms. If a professional has strived to do what they consider to be the right thing, and live up to the values that drove them to take up their vocation in the first place, they will be able to look at themselves in the mirror and like what they see, metaphorically, at least. If the sense of calling degenerates into just another job, a way of keeping food on the plate and the BMW in the garage, the moral identity slips away and the mirror sends back a less attractive image.

A Short Exercise in Self-Image

Look at yourself face to face in a mirror. Do it, don't just imagine it. Question yourself about what you do, how you do it, what motivates you, how you feel about your life, about yourself. Try and look at yourself not as 'you' but as someone observing yourself,

so that you can 'see' the emotions that you are feeling dispassionately. Try not to get caught up in them – so for example, if you are angry or remorseful about something, look at that emotion and observe what it feels like to experience it.

Contrary to the advice in the previous section, try not to make value judgements about what you observe, just try to see yourself as you are. We think we know ourselves, we think we are honest with ourselves, but the reality is that we become so wrapped up with living life and with the flow of motions that run through our bodies, that we often end up with a very poor self-awareness. Positive change in our behaviour will often follow naturally once we start taking time to get to know ourselves and understand the thoughts and emotions that drive us.

THE FOUNDATIONS OF GOOD VETERINARY PRACTICE

Howard Gardner and his colleagues at the Good Work Project have attempted to crystallize the four key elements that they consider to lay the foundations of good work in our time. Whether a person does good, compromised or poor work they see as the result of at least four major forces, which can be adapted for application to the veterinary profession (Figure 1.1):

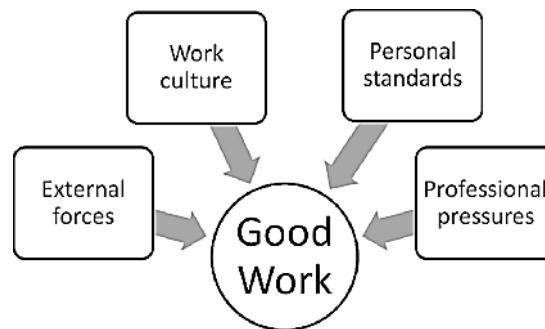


Figure 1.1 Pressures on good work in veterinary practice.

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Personal standards include our values, beliefs and self-image.

They are based upon genetic traits, early experiences, values learned in the family, but may be modified by both social and cultural controls. Our views of society's relationships with animals are particularly relevant.

Work culture is the demands of our own veterinary practice, and how clearly they are stated: what constitutes good performance, and how that can best be obtained.

External forces influence attitudes to our work. For example, if there is a shortage of supply of veterinarians, our work may be more highly valued, or in times of oversupply we may feel more obliged to bow to commercial pressures. External events such as disease outbreaks may also affect how the public see our role.

Professional pressures emanate from others working within the veterinary profession at large. Hopefully they are well aligned with external attitudes to our work, but sometimes there is a conflict between the two, and what is expected in practice differs from what broader society expects.

Howard Gardner and his colleagues conclude that 'Good Work' is likely to occur when there are clear and strong standards for what constitutes desirable performance: standards that are enforced by a concerned professional community; standards that are internalized in the self-image of practitioners; and standards that are not contradicted by strong external pressure from market, political, or social forces. If all these four types of controls are aligned, 'Good Work' is probable. If the four controls pull in different directions, or one or more are absent, it is likely that the kind of work produced will be shoddy at best, and at worst it will be detrimental to the well-being of the community.

This could be described as a practice ethos, which is framed so that those working in that environment are clear about their objectives and comfortable with how those objectives sit within their own value system, and that of their broader community. Fostering such a harmonious ethos is the key to success in veterinary practice.

HALLMARKS OF EXCELLENCE

Another way of looking at the development of good veterinary practice would be to attempt to identify the character traits that are thought to be most closely related to a high level of performance as a practitioner. In his book, *The Inner Apprentice*, experienced medical practitioner and tutor Roger Neighbour (2005) carried out a survey of GP medical training course organizers, asking them to identify what they considered to be hallmarks of medical excellence in the postgraduate students that passed through their hands. Their responses were organized into groups and ranked as follows:

- Positive response to novelty (41%)
- A caring attitude (40%)
- Up-to-date clinical competence (37%)
- Self-awareness (35%)
- Group ability (34%)
- Personal qualities (30%)
- Educability (29%)
- Motivation (28%)
- Balance (20%)
- Industry (19%)
- Communication skills (16%)
- Mission (15%)
- Critical ability (7%)
- Diversity (7%)

This crude estimation is a long way from definitively identifying the personality traits that are most important to producing a highly competent veterinarian. Firstly, they only apply to medical graduates, although it is not unreasonable to assume that there will be a strong correlation between the two professions. More importantly, they are based upon opinions expressed by one group of people, albeit those with considerable experience of postgraduate medical training and its outcomes. A most robust approach would be to measure the character traits of new medical graduates using one of the many psychometric tools that are available,

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and then after a suitable interval, comparing those results to their success in practice. Yet even this approach would pose problems, for how does one objectively measure the all-round competence of a practitioner? Would it be by a 360-degree survey of their work colleagues, a survey of their patients, or even the stage that their career had advanced after a set amount of time? All would be open to criticism, so perhaps the opinions of a group of experienced practitioner-tutors are not such a poor option after all.

Some of the results that Neighbour uncovered are surprising. Who would have thought that a positive attitude to novelty would top the list, above a caring attitude and clinical knowledge? The benefits of positivity as a psychological stance are a key message in the later chapters of this book. This must be closely linked to the traits of motivation and educability that come further down the list, but Neighbour maintains that educators see the ability to relish the unknown rather than fear it as being crucial to success in practice.

Personal and team skills such as self-awareness and the ability to work within a group rate highly in the list, but the ranking of communication skills outside the top ten is somewhat contrary to expectation.

There is little doubt that the selection and training of veterinary undergraduates is geared towards the development of clinical competence, and that is not an area that should be ignored. But we have to ask how well does conventional training encourage the other qualities in the list? There is a common misapprehension that these are traits that you either possess or not – that they can't be learnt. But a great deal of research (Silverman et al., 2004) has shown that although individuals may vary in their intrinsic abilities within these areas, training can bring about a significant improvement in performance.

Exercise in Self-Development

Take the list of character traits above and consider whether how far you agree with their relative importance. Are there others you feel are not covered by the list? Consider how do you rate yourself against each of those traits, and what steps, if any, you feel you

could take to develop them further, particularly those where you feel you rate relatively poorly.

THE QUALITY OF VETERINARY PRACTICE

We have looked at the input side of good veterinary practice – the characteristics that an individual needs to foster in order to become highly competent, but we also need to look at the output – just what do we mean by a high quality of care, and how can we measure it?

We tend to think that we know what we mean by the term ‘quality’, but it is not an absolute, and there are different ways of interpreting it. Garvin (1984) defines five categories:

1. Transcendent: The most common usage out of the sphere of business, with quality seen as the absolute degree of excellence and associated with premium products such as Rolls Royce or the Ritz Hotel. It does not take account of the fact that less prestigious suppliers can still provide a quality product, albeit at a different level.
2. Product-based: Quality is a descriptor of the product being sold, such as for carpets, which might be ‘bedroom quality’ or ‘living room quality’ – suitable for a particular purpose.
3. Manufacturing-based: Conformance to a specification set by the supplier. This may not be the same as what the customer expects. This is similar to a veterinarian who defines quality without reference to a client’s experiences and wishes.
4. User (consumer)-based: Involves meeting the expectations of the customer, but does not explicitly take account of the costs involved.
5. Value-based: Quality is defined not as what is ‘best’ in absolute terms, but that which establishes the optimum balance between cost and the value of the service to the client. This definition is of more relevance to businesses operating in the non-premium sector of the market, and carries a danger of using its competitive pricing to justify providing the consumer with a lower quality than is actually desired.

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Within the medical sphere, Moullin (2002) proposes the most appropriate definition to be 'meeting customer requirements and expectations at an acceptable price', which is actually a hybrid of the consumer-based and value-based definitions. In his forward to 'Professional Development in General Practice' (Pendleton and Hasler, 1997), Professor David Metcalf, professor of general practice at the University of Manchester defines four components of high quality medical care that can be easily extended to the veterinary context:

1. It must be safe.
2. It must be humane – considerate of the feelings of the patient, or in our case, both the patient and its owner.
3. It must be as effective as possible.
4. It must be economic – this is even more true of veterinary practice, where we have a client directly paying for the cost of care.

Another dimension that is increasingly being recognized is the need for services to be client-centred. For example, Harr (2001) carried out a survey in Switzerland to investigate why patients changed their dentist, and discovered that only 15% did so on the basis of cost or poor quality of work, and 70% gave the reason as poor service or lack of courtesy among the practice staff. It would seem that this is very relevant to the competitive veterinary market. A survey carried out in the US in 1999 identified caring and kindness, respectful treatment and 'informativeness' as the most important factors guiding their choice of a veterinarian (Brown and Silverman, 1999).

Some Tips for Client-Centredness in Veterinary Practice

- Give clients control over the treatment that their pet receives. This involves providing information about its illness, and alternative options for treatment.
- Integrate services across professions. We need to retain professional supervision of the veterinary care that their patient receives, but should be prepared to work with other

professionals such as behaviourists and physiotherapists to obtain the optimum results.

- Consider the 'client's experience' in terms of the practice environment, waiting times and accessibility.
- Prioritize the continuity of veterinary care.
- Consider the courtesy and efficiency of the staff that come into contact with the client.
- Aim to provide a fair and equitable service, including making all reasonable efforts to assist clients with disabilities.

The list of what customers of Nissan UK said that they wanted (David, 1990) can be equally well applied to veterinary practice:

- Don't ignore me.
- Make me feel wanted.
- Don't lie to me.
- Give me clear information.
- Don't insult my intelligence.
- Keep your promises.
- Don't keep me waiting.
- Listen to me when I tell you how to improve your services.
- Be sensitive to my needs.
- Treat me fairly – don't rip me off.
- And the one he forgot – be nice to my dog.

Achieving Quality: Ten Objectives for Veterinary Practice

Traditionally, quality control has simply looked at the output of a process, and identified any that come below par – in the case of manufacturing say, an item of clothing, it is simple enough to discard any products that do not come up to the required quality, or sell them off more cheaply as seconds. This concept is not nearly as appealing when we are dealing with patients, be they human or animal.

The concept of total quality management (TQM) was originally developed to supervise manufacturing output, but was adapted for medical health care by Donald Berwick (1989) at the Institute of Health Care Improvement in Boston. It aims to look at every

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stage of a process and to try and optimize performance, rather than just maintain it above a minimum standard. Berwick identified the following objectives for organizational change that are required to enable TQM, and they can readily be applied to veterinary practice:

1. Focusing on quality – the practice needs to have a strategy dedicated to quality improvement and be capable of organizing it within a realistic time frame.
2. A committed leadership, not just at practice partner level, but within each aspect of the clinical team. This will be developed further in Chapter 6.
3. Client-minded, monitoring and responding to the needs of clients when introducing changes within the practice.
4. Employee-minded, improving working conditions and listening to staff's information and views, thus enabling them to fulfil their potential.
5. Process-minded, looking at the systems that have been set up as a framework for the workforce, rather than trying to apportion individual blame.
6. Statistically minded, measuring performance before and after changes has been put into place, in order to identify problems and confirm their improvement. This will be developed further in Chapter 3.
7. Dedicated to continuous improvement, so that the processes that we put into place operate continually rather than spasmodically (see below).
8. Treating suppliers as partners, such as affording drug company representatives with respect in order to allow them to offer the best service that they can.
9. Innovative, using vision to make changes and achieve improvement, rather than just patching up what already exists.
10. Proactive, showing a determination to be the best rather than just maintaining a satisfactory level of performance.

So, here we have the essence of how good veterinary practice can be put into effect at an organizational level, but putting such a strategy into place requires a serious commitment to providing the highest quality of care throughout the veterinary team. We

shall return to the subject of clinical governance and the quality of veterinary clinical care in Chapter 4.

Continuous Improvement in Veterinary Health Care

Donald Berwick (1989) describes two approaches to quality improvement in health care, the first of which he calls the Theory of Bad Apples, or quality by inspection, which measures output with a view to rooting out workers that fail to perform to a required standard. The long-term effect is usually to drag down performance to what is considered to be an acceptable level, rather than push it upwards.

The Theory of Continuous Improvement was developed in Japanese industry as a positive tool to drive standards upwards, and it is equally applicable to a veterinary practice of any size. It is based on *kaizen* – the continuous search for opportunities to get better, and starts with the contrary premise to the Theory of Bad Apples that workers do fundamentally care about the quality of the work that they carry out. This is probably more true in human and animal health care than in any other area of work. Problems that lead to poor performance usually relate to the systems that have been put into place, and even when human resources are the cause, it is usually because of poor job design, poor leadership, or unclear purpose. This paradigm is captured in the phrase ‘Every defect is treasured’, because it is only by uncovering defects that processes can be improved. This approach has been shown to deliver results. For example, Xerox engineers visiting Japan in 1979 found copiers being produced at half the cost of those manufactured by them in the US, with only 1/30th the number of defects.

The Cost of Quality

It might be assumed that quality costs more, yet the relationship is not so clear-cut – bad quality also costs money. Most improvements in quality do require extra investment of one sort or another, but many also produce long-term cost benefits. When

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considering the cost of instituting changes that affect quality, the following elements need to be considered:

Costs of quality control:

1. Cost of prevention: If we take the example of reducing post-operative infection rates, perhaps sterile gowns, gloves and masks might be introduced at an extra cost. Even if no extra consumables are used, the process of holding meetings to identify areas to improve, writing guidelines and additional training all carry a cost.
2. Cost of appraisal: Auditing the quality of the output, in this case postoperative infection rates, and then monitoring performance to determine any change is an essential part of a quality management framework, but carries a cost in terms of the staff time and training involved.

Costs of *not* having effective quality control:

1. Internal failure costs: The resources involved in rectifying a service that was performed incorrectly but does not directly affect the service user. For instance, if case data was not recorded properly, then significant amounts of time may be wasted trying to track down who carried out the procedure and exactly what was done, in order to try and pinpoint a cause.
2. External failure costs: The costs of mistakes that directly affect our clients. Sometimes these cannot be put right after the event, and cause a devastating effect upon the animals involved and upon staff morale. At other times they may be more easily quantifiable, such as the cost of additional medical treatment or even surgery that has to be carried out to correct the problem. Dealing with complaints, and possible litigation, add an extra element of cost in some instances.

The cost of preventing problems may be relatively low, but the cost of avoiding the necessary action to attend to issues of quality may be high and unavoidable. Problems arise when there is a significant gap between the level of service that a client expects, and

that which they receive. There are several possible reasons why such a gap may exist:

1. A lack of awareness of precisely what clients expect.
2. An awareness of what clients want, but a conscious decision not to take the appropriate action to provide that particular standard of service.
3. A knowledge of what level of service to provide, but an inability to deliver it because of staff issues such as inadequate training or poor communications.
4. Client's expectations that may have been raised to an unrealistic level by the claims made about the service offered.

These barriers to meeting client's expectations can exist either at an individual level, in the consulting room, or at an organizational level across a practice. It is essential to recognize if an expectation gap is occurring, and why, before steps can be taken to remedy it.

Exercise – The First Steps

A journey of a thousand miles begins with a single step. (Zen Buddhist proverb)

1. Look at the list of ten objectives for organizational change outlined by Berwick above. Use them as a basis for identifying ten things you could do now to improve the quality of care that you could offer. Feel free to stray outside the box if other sources of inspiration spring to mind. Each individual action should be relatively minor and easily achievable.
2. Consider carefully how many do you think you could realistically manage to put into effect – not some nebulous time in the future, but now. Three? Perhaps five. Don't be overambitious, because you can always come back for more.
3. Look down the list that you have made and prioritize them in order of those that you think will be most beneficial to your practice.
4. Plan how you will put each into effect, using the SMART mnemonic to help you:

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Significant
Measurable
Achievable
Relevant
Timed

Consider how you can get your practice team involved with each area, so that they buy in to what is being done. Better still, involve them in the decision-making process.

5. Now get stuck in and put them into effect, but set up a reminder on your online organizer or mobile phone to remind you to review your progress at the end of the time you have specified.

Providing a quality service does not come from any single intervention, but from a large number of small changes that have to become inculcated into the culture of your practice. Neither should you ever reach a quality of care that fully satisfies you, for with satisfaction will come complacency. Continual improvement needs to become a way of life, so this process should become part of your management routine.

ACHIEVING BALANCE: THREE PROFESSIONAL COMPETENCIES

Success in veterinary practice isn't just about doing one thing really well, or even about doing everything possible to perfection, because that veterinary nirvana simply does not exist. It is more about gaining an understanding of the various areas of our personal and professional development and by developing our self-awareness, balancing them so that they work together harmoniously.

The areas of professional competence can broadly be divided into three:

1. Clinical ability, which is largely knowledge-based, but also involves some specific physical skills, such as surgical competence, or the ability to use certain diagnostic tools ranging

from ophthalmoscopes through to ultrasound machines, and to interpret the information they provide. Veterinary undergraduate and postgraduate training has a tendency to focus upon this area, partly because it underpins our professional activities, but also because its teaching and assessment is relatively straightforward and familiar. A postgraduate approach to optimizing clinical effectiveness is outlined in Chapter 4.

2. Interpersonal skills, which determine our ability to interface effectively with our clients, their animals, those that share our workplace, and with the professional world at large. Animal handling has always been an integral part of every veterinary curriculum, but interpersonal skills have only recently become incorporated into the courses, and many of us in practice will have received little or no formal training in those areas. Communications is dealt with in Chapter 5.
3. Personal skills, which determine how we manage our own lives. Some of these have an obvious relevance to our ability to perform in our work, such as an awareness of how we learn, and how our personality type interfaces with others. Others, such as how we occupy our time away from work and cope with the stresses that confront us, have traditionally been seen as private, and as 'true professionals', not allowed to impinge upon our work. In reality, we are all affected by our lives away from our practices, and often wrestle to try and reconcile the two. Finding the optimum balance between our work and the rest of our lives will have some effect upon our short-term performance, but will have a major effect upon our ability to thrive in practice in the long term (Fig 1.2).

Have a think now about how you rate yourself in each of these areas. Much of the rest of the book will be taken up with the development of personal skills, as this is the most neglected part of our veterinary training, and yet the area which underpins all our work. It ultimately determines not only how effectively we perform, but also the degree of professional satisfaction. We need to be both happy in our work and well financially stable before we can really begin to feel successful.

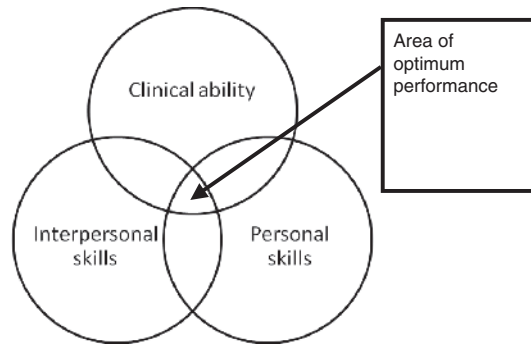


Figure 1.2 Achieving balance.

SUMMARY

Success in veterinary practice can mean different things to different people, but it should be based upon good clinical practice and sound business sense in order to be sustainable. This includes the application of best practice to our work, and the continual effort required to work towards quality patient and client care.

It has been necessary to consider just what 'quality' means within a veterinary context, since the definition of the term is not as obvious as it may first seem. The definition proposed by Moullin (2002) as 'meeting customer requirements and expectations at an acceptable price' does assume that the client always knows and desires what is in the best interests of their pet.

Other approaches to the issue of quality have taken a more client-centred approach, which is also highly relevant in the commercial world of veterinary practice. The work of Harr (2001) and David (1990) reminds us that we need to consider the client's experience that we offer as a whole, as well as the narrower issue of the quality of clinical care. It is only natural that as clinicians we are hung up on the latter, but it is far more frequently the broader client care issues that determine whether our customers return to us or not.

We have looked at the elements that characterize good practice from the point of view of the working environment, the

individual character traits and the quality of output, although they are obviously all interlinked:

- The Hallmarks of Excellence that Neighbour (2005) proposed as key character traits are most closely related to a high level of performance as a practitioner.
- The Good Work Project (Gardner et al., 2006) examined the concept of moral identity within a professional context, and the four main areas that underpin it. Good Work is most likely to result when the required standards are clearly understood and the forces influencing them are well balanced.
- TQM as adapted for medical health care by Berwick (1989), and the ten steps required to achieve it within an organization.

Quality assurance is usually associated with manufacturing processes, but can actually be applied to a service industry as well. The three aspects of quality assurance outlined above can be visualized as influencing the three stages of an industrial process (Figure 1.3).

Quality comes with a cost, but the cost of offering poor quality care is usually a lot higher, both in terms of the cost of putting things right and the cost of lost business. We have examined why there may be a gap between the level of service that a client expects and that which they receive.

The question of what makes a veterinarian succeed in practice has no single answer. The concept of what comprises success is a personal one that needs to be identified before a path can be mapped out to achieve it. It is assisted by an examination of our own values and beliefs to establish why we have chosen to do what we do, and then identify our life goals. Only then can we develop a clear sense of mission to drive ourselves forward – these issues are developed in Chapter 3. We also have to find, or if it is within our power, create, a work culture that encourages good practice. But there has to be a market for what we would like to offer, whether it is as an employee or as a practice owner, or it will not be viable. So, we also need to consider what the consumer considers to be good veterinary practice, and find a practicable pathway that fits in as closely as possible with our own values.

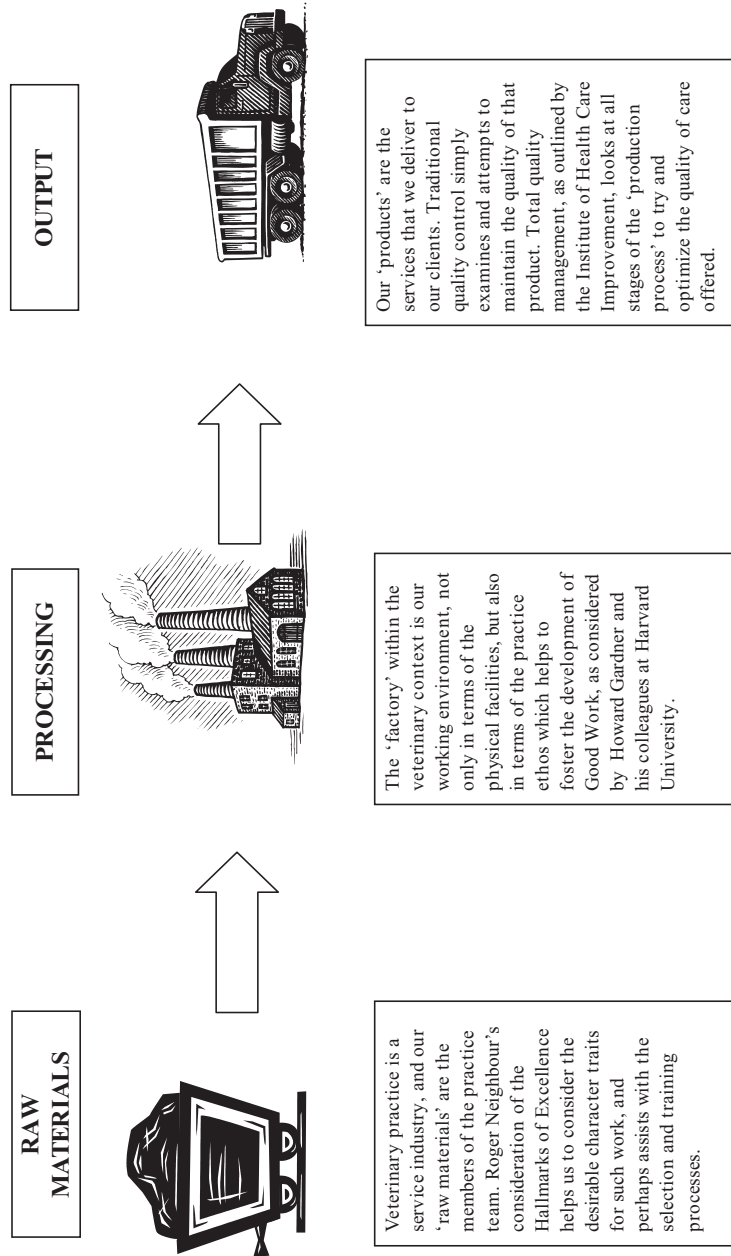


Figure 1.3 The path to good veterinary practice.

Finally, we have returned to the concept that over the long term, if we wish to strive for success we need to consider more than just the quality of clinical care that we provide, or even the overall client's experience that we offer. In order to thrive as a successful veterinarian throughout our career, we need to develop a harmonious balance of professional competencies that involves looking after ourselves and our team, as well as our clients.

If you just want to read one book...

Good Work: When Excellence and Ethics Meet by Professor Howard Gardner and his colleagues at Harvard Graduate School of Education makes interesting and stimulating reading. Some of the information, plus a lot of additional material, is available online at www.goodworkproject.org – and much of it can be downloaded free of charge.

