6th "Open Forum for Osteopathic Education" Conference





18th & 19th October 2018 - Lyon, France

TEACHING OSTEOPATHIC DIAGNOSTICS

Osteopathic clinical reasoning development.

Mapping an integrated, spiral, competencies' based, osteopathic undergraduate curriculum to identify educational challenges and strategies.

The Istituto Superiore di Osteopatia's experience.







Bachelor of Science in Osteopathy (not practising)

Master of Science in Osteopathy

T1 Osteopathic Course; OMS Compliant 3 + 2 structure; Bologna Process Compliant Validated by New Buckinghamshire University



Formative Aims

Bachelor of Science in Osteopathy (not practising)

The main educational aims of the 3-year BSc programme are to:

- Promote the principles, philosophy, scope of practice and the evidence base related to the field of osteopathy and
- Foster an environment in which the student progresses to become safe and competent in performing a basic osteopathic assessment and in executing a range of osteopathic techniques following a treatment rationale, under the supervision of a clinical tutor

Master of Science in Osteopathy

The main educational aims of the MSc programme are to:

- Provide the student with the skills to practice as an autonomous osteopathic practitioner utilising the current best practice in a safe, competent, accountable and professional manner, meeting nationally and internationally agreed standards.
- Foster the commitment to continuing selfreflection and professional development with a critical awareness of the ethical and legal issues related to the discipline.

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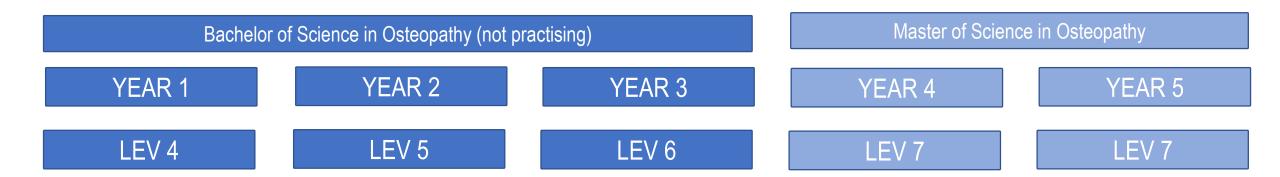
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Competencies Based



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Master of Science in Osteopathy

- A. Knowledge and Understanding

 A1 Demonstrate an in depth understanding of human structure and function and their integrated nature.

 A2 Apply this knowledge to demonstrate how they can be compromised in abnormal and pathological conditions.
- A3 Demonstrate an informed understanding of the physiological basis, therapeutic indications as well as contraindications of a range of osteopathic techniques.
- B3 Demonstrate decision making skills to solve problems using techniques which are at the forefront of the discipline.
- C2 Conduct a physical examination and interpret the clinical signs to inform their differential diagnosis..
- C3 Take responsibility for referral for osteopathic treatment, being able to deal with complex and unpredictable circumstances and reach an osteopathic differential diagnosis, responding to information acquired by both verbal and non verbal means.
- C4 Form an osteopathic treatment plan that includes consideration of prognosis and prophylaxis, for patients with standard osteopathic conditions.

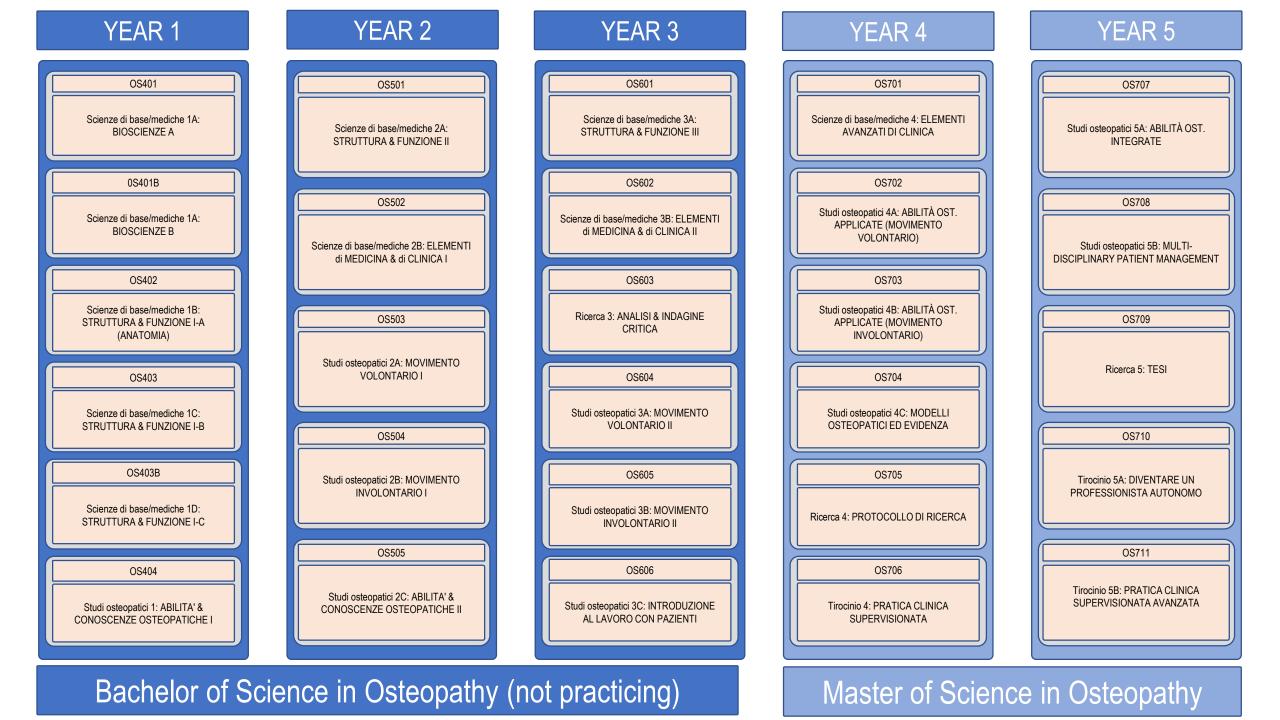
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- C1 Take, record and interpret a case history and effectively communicate relevant findings to colleagues and other health care professionals.

nature

- C2 Conduct a physical exami. using accepted osteopathic and orthodox procedures of observation, testing and palpation, and interpret the findings.
- C3 Reach an osteopathic differential diagnosis, responding to information acquired by both verbal and non-verbal means.
- D3 Manage time, prioritise workloads, recognise and deal with personal emotions and stress and demonstrate decision making in complex and unpredictable situations



Med/Bio - Science

Osteopathic Studies

Research

Clinical Training

OS401

Scienze di base/mediche 1A: BIOSCIENZE A

0S401B

Scienze di base/mediche 1A: BIOSCIENZE B

OS402

Scienze di base/mediche 1B: STRUTTURA & FUNZIONE I-A (ANATOMIA)

OS403

Scienze di base/mediche 1C: STRUTTURA & FUNZIONE I-B

OS403B

Scienze di base/mediche 1D: STRUTTURA & FUNZIONE I-C

OS404

Studi osteopatici 1: ABILITA' & CONOSCENZE OSTEOPATICHE I

OS501

Scienze di base/mediche 2A: STRUTTURA & FUNZIONE II

OS502

Scienze di base/mediche 2B: ELEMENTI di MEDICINA & di CLINICA I

OS503

Studi osteopatici 2A: MOVIMENTO VOLONTARIO I

OS504

Studi osteopatici 2B: MOVIMENTO INVOLONTARIO I

OS505

Studi osteopatici 2C: ABILITA' & CONOSCENZE OSTEOPATICHE II

OS601

Scienze di base/mediche 3A: STRUTTURA & FUNZIONE III

OS602

Scienze di base/mediche 3B: ELEMENTI di MEDICINA & di CLINICA II

OS603

Studi osteopatici 3C: INTRODUZIONE AL LAVORO CON PAZIENTI

OS604

Studi osteopatici 3A: MOVIMENTO VOLONTARIO II

OS605

Studi osteopatici 3B: MOVIMENTO INVOLONTARIO II

OS606

Ricerca 3: ANALISI & INDAGINE CRITICA

OS701

Scienze di base/mediche 4: ELEMENTI AVANZATI DI CLINICA

OS702

Studi osteopatici 4A: ABILITÀ OST. APPLICATE (MOVIMENTO VOLONTARIO)

OS703

Studi osteopatici 4B: ABILITÀ OST.
APPLICATE (MOVIMENTO
INVOLONTARIO)

OS704

Studi osteopatici 4C: MODELLI OSTEOPATICI ED EVIDENZA

OS705

Ricerca 4: PROTOCOLLO DI RICERCA

OS706

Tirocinio 4: PRATICA CLINICA SUPERVISIONATA

OS707

Studi osteopatici 5A: ABILITÀ OST.
INTEGRATE

OS708

Studi osteopatici 5B: MULTI-DISCIPLINARY PATIENT MANAGEMENT

OS709

Ricerca 5: TESI

OS710

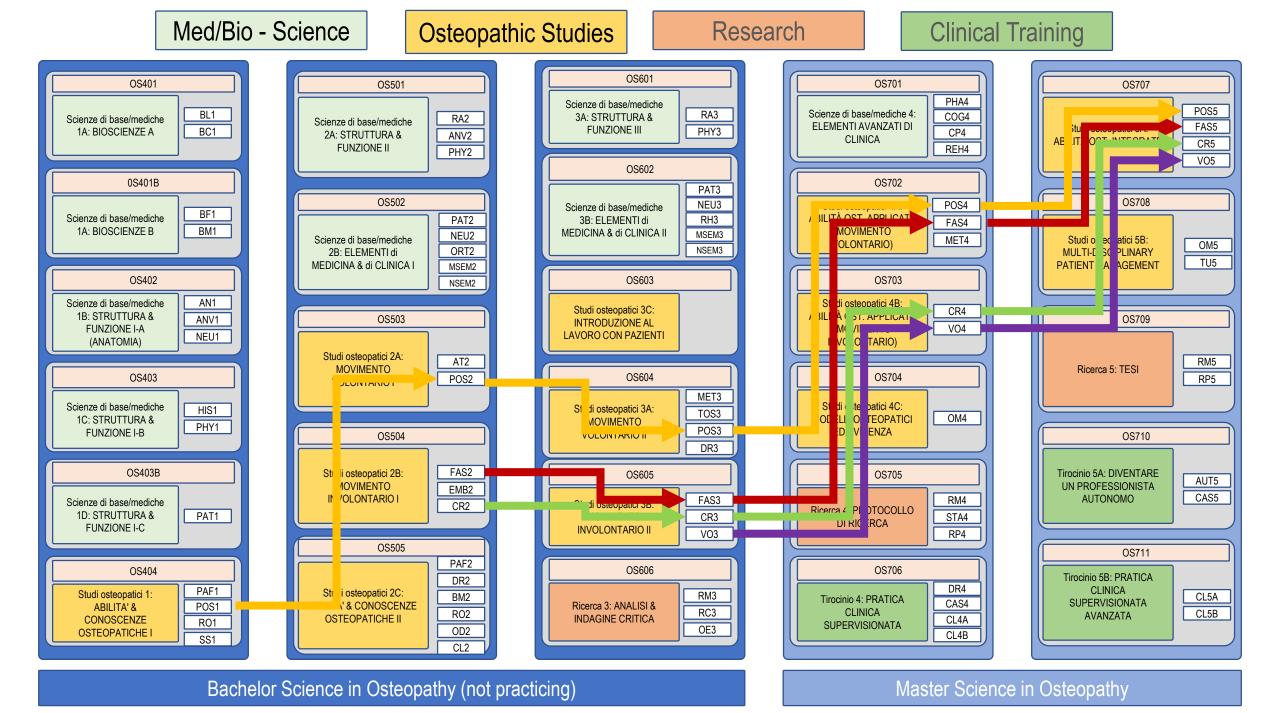
Tirocinio 5A: DIVENTARE UN PROFESSIONISTA AUTONOMO

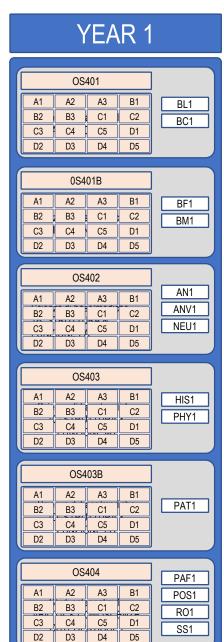
OS711

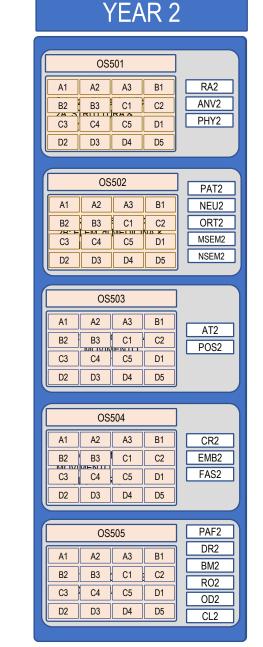
Tirocinio 5B: PRATICA CLINICA SUPERVISIONATA AVANZATA

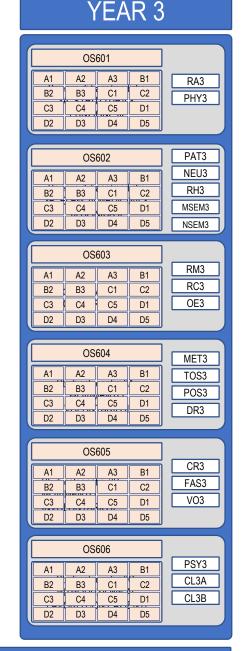
Bachelor Science in Osteopathy (not practicing)

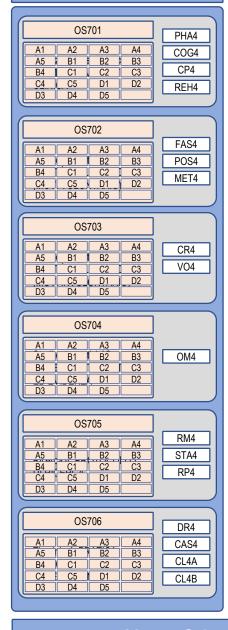
Master Science in Osteopathy

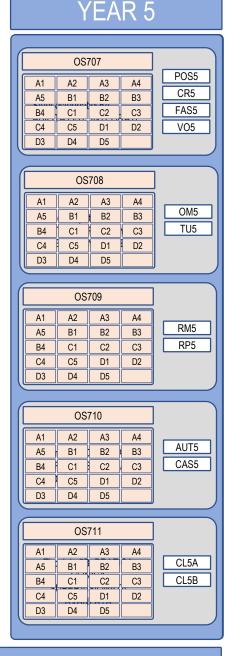














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B2	B3	C1	C2	BC1
C3	C4	C5	D1	
D2	D3	D4	D5	

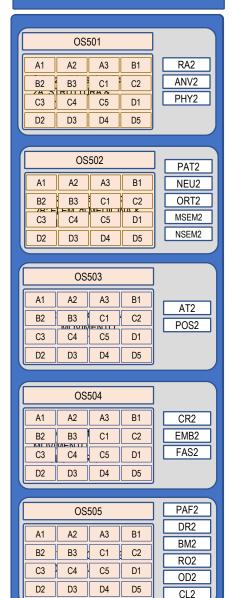
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A1	A2	A3	B1	BF1
B2	B3	C1	C2	BM1
C3	C4	C5	D1	
D2	D3	D4	D5	

	OS	402]
A1	A2	A3	B1	AN1
B2	В3	C1	C2	ANV1
C3	C4	C5	D1	NEU1
D2	D3	D4	D5	

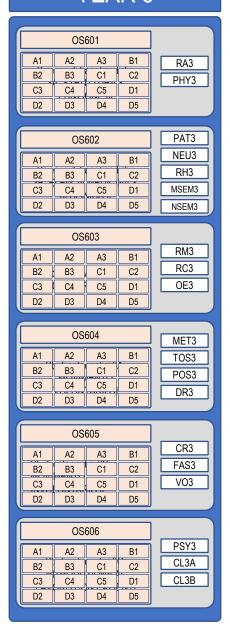
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A1	A2	A3	B1	HIS1
B2	B3	C1	C2	PHY1
C3	C4	C5	D1	
D2	D3	D4	D5	

	OS4	.03B		
A1	A2	A3	B1]
B2	В3	C1	C2	PAT1
C3	C4	C5	D1	
D2	D3	D4	D5	

	20	404		
	OS	404		PAF1
A1	A2	A3	B1	POS1
B2	B3	C1	C2	RO1
C3	C4	C5	D1	SS1
D2	D3	D4	D5	301



YEAR 3



YEAR 4

YEAR 5

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	OS	401		
A1	A2	A3	B1	BL1
B2	B3	C1	C2	BC1
C3	C4	C5	D1	
D2	D3	D4	D5	

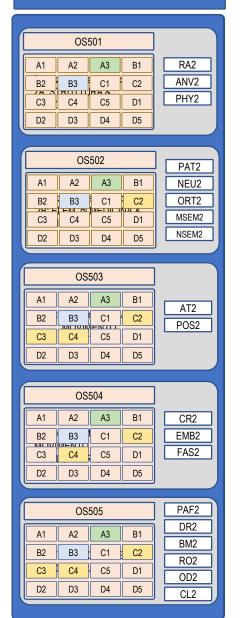
	0S4			
A1	A2	A3	B1	BF1
B2	B3	C1	C2	BM1
C3	C4	C5	D1	2
D2	D3	D4	D5	

	OS	402]
A1	A2	A3	B1	AN1
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C3	C4	C5	D1	NEU1
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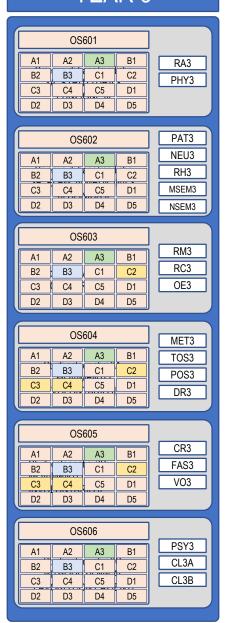
	OS	403		
A1	A2	A3	B1	HIS1
B2	B3	C1	C2	PHY1
C3	C4	C5	D1	
D2	D3	D4	D5	

A1	A2	A3	B1	
B2	ВЗ	C1	C2	PAT1
C3	C4	C5	D1	
D2	D3	D4	D5	

	OS-	404		PAF1
A1	A2	A3	B1	POS1
B2	B3	C1	C2	RO1
C3	C4	C5	D1	SS1
D2	D3	D4	D5	501



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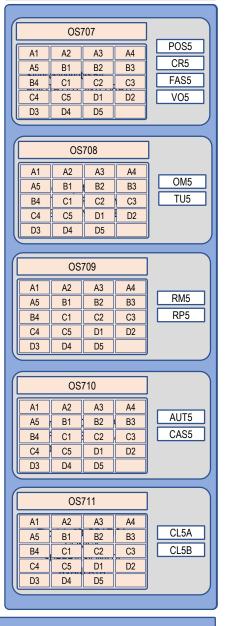
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OS701 A1	PHA4 COG4 CP4 REH4
OS702 A1	FAS4 POS4 MET4
OS703 A1	CR4 VO4
OS704 A1	OM4
A1 A2 A3 A4 A5 B1 B2 B3 B4 C1 C2 C3 C4 C5 D1 D2	RM4 STA4 RP4



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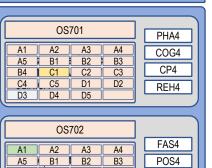
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YEAR 4



	D3	D4	D5		
		OS	703		
ı	A1	A2	A3	A4	CR4
ı	A5 B4	<u>B1</u>	B2 C2	B3 C3	VO4

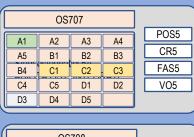
C4 C5 D1 D2 D3 D4 D5

	OS			
A1	A2	A3	A4	
A5	B1	B2	B3	OM4
B4	C1	C2	C3	
C4	C5	D1	D2	
D3	D4	D5		

	OS.			
A1	A2	RM4		
A5	B1	A3 B2	B3	STA4
B4	C1	C2	C3	RP4
C4	C5	D1	D2	KF4
D3	D4			

	OS	DR4						
<u>A1</u>	A2	_A3	A4	CAS4				
A5 B4	C1	B2 C2	B3 C3	CL4A				
C4	C5	D1	D2	CL4B				
D3	D3 D4 D5							

YEAR 5

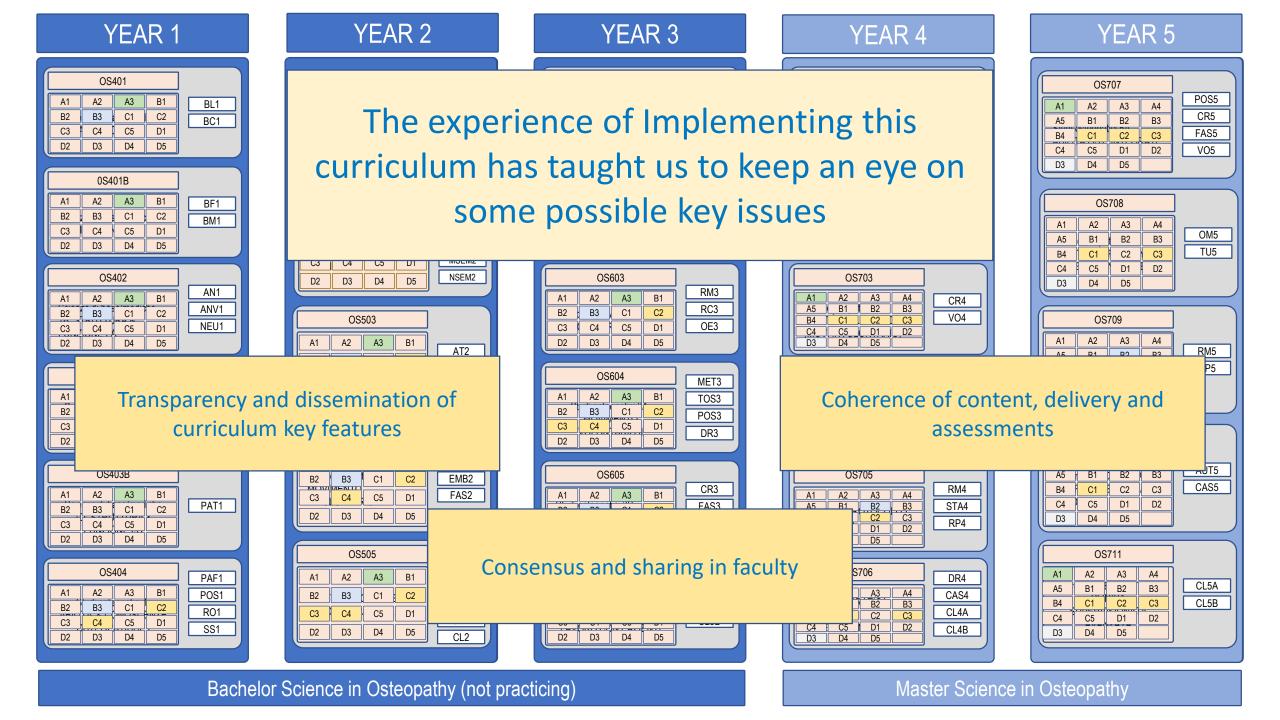


	08						
A1	A2	A3	A4				
A5	B1	B2	В3	OM5			
B4	C1	C2	C3	TU5			
C4	C5	D1	D2				
D3	D4	D5					

	OS			
A1	A2	A3	A4	
A5	B1	B2	В3	RM5
B4	C1	C2	C3	RP5
C4	C5	D1	D2	
D3	D4			
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A1	A2	A3	A4						
A5	B1	B2	В3	AUT					
B4	C1	C3	CAS						
C4	C5	D1	D2						
D3	D3 D4 D5								

	08							
A1	A2	A3	A4	١.				
A5	B1	B2	B3		CL5A			
B4	C1	C2	C3		CL5B			
C4	C5	D1	D2					
D3	D4	D5						



Transparency and dissemination of curriculum key features

Management



Faculty

Is top-down communication efficient about Curriculum?

Formally trained



Not formally trained

Are faculty member sufficiently trained to effectively adopt the curriculum?

Consensus and sharing in faculty

Academy

 $\qquad \qquad \longrightarrow$

Clinical

Are tests and diagnostic procedures, taught in academia, used and supervised during clinical training?

EBM

 $\qquad \longrightarrow$

Tradition

Is situated learning, occurring in clinical training, informed by balanced relationship between evidences and supervisors' clinical experiences?

Coherence of content, delivery and assessments

Reproducibility



Appropiateness

Is assessment strategy sufficiently standardized to be fair? Even when subjective evaluation (palpation) is involved?

Content Syl.



Competencies Syl.

Must pathophysiology be taught and learnt or symptoms and signs able to inform a diagnostic decision are sufficient?

Transparency and dissemination of curriculum key feat.

Management Faculty

Formally trained Not formally trained

Consensus and sharing in faculty

Academy Clinical

EBM Tradition

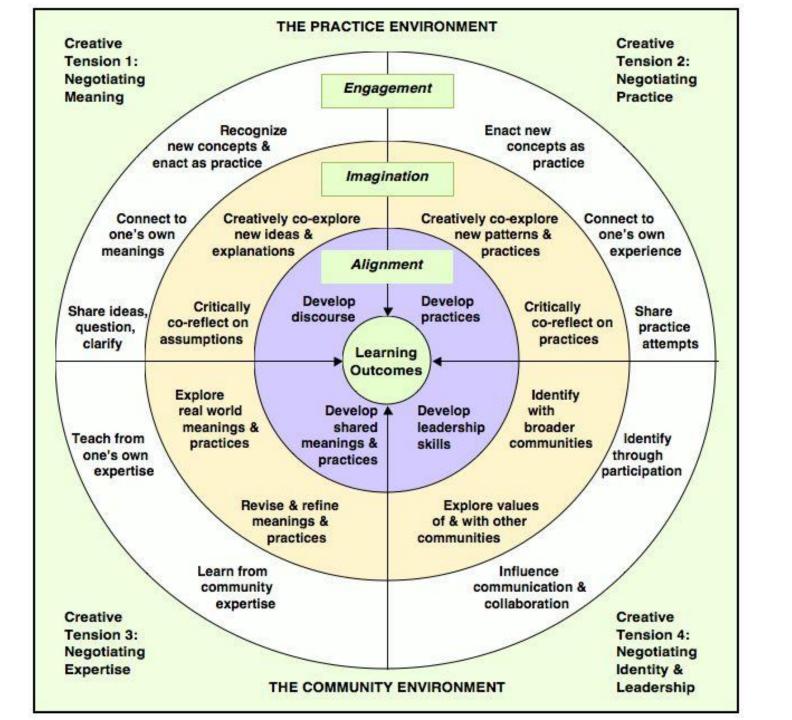
Coherence of content, delivery and assessments

Reproducibility Appropiateness

Content Syl. Competencies Syl.

Solutions?





Cultivating communities of practice a quick start-up guide

by Etienne Wenger

Where to start?

educate

Communities of practice are a familiar experience, but people need to understand how they fit in their work.

- Conduct workshops to educate management and potential members about the approach
- Help people appreciate how communities of practice are inherently selfdefined and self-managed
- Establish a language to legitimize communities and establish their place in the organization

What are communities of practice?

Communities of practice are groups of people who share a passion for something that they know how to do and who interact regularly to learn how to do it better.

set strategic context

A strategic context lets communities find a legitimate place in the organization

- Articulate a strategic value proposition
- · Identify critical business problems
- Articulate need to leverage knowledge

support

Communities of practice can use some light-handed guidance and technology infrastructure.

- Provide some process support, coaching, and logistic assistance
- Identify needs and define adequate infrastructure without undue emphasis on fancy technology

get going

Starting to cultivate communities of practice as early as possible creates early examples that allow people to learn by doing.

- Have a few pilot communities going as soon as possible
- Find communities to start with by identifying areas where there is potential and readiness
- Interview some prospective members to understand issues. start discussing a community, and identify potential leaders
- Gather a core group to prepare and initiate a launch process
- Help members organize an initial series of value-adding activities
- Encourage them to take increasing responsibility for stewarding their knowledge

What elements to develop?

Domain: the definition of the area of shared inquiry and of

the key issues

Community: the relationships among members and the sense of belonging

Practice: the body of knowledge. methods, stories, cases, tools, documents

integrate

The formal organization must have processes and structure to include these communities while honoring their root in personal passion and engagement.

- Integrate communities in the way the organization works
- Identify and remove obvious barriers
- Align key structural and cultural elements

Why focus on communities of practice? short-term value long-term value

- help with challenges
- · access to expertise
- confidence
- · fun with colleagues
- · meaningful work
- problem solving
- · time saving
- knowledge sharing synergies across units
- · reuse of resources

- · personal development
- reputation
- · professional identity
- · network
- marketability
- strategic capabilities
- · keeping abreast
- innovation · retention of talents
- new strategies

encourage

Practitioners usually see the value of working as a community but may feel the organization is not aligned with their understanding.

- Find sponsors to encourage participation
- Value the work of communities
- Publicize successes

What are some critical success factors? community organization

- Domain that energizes a core group
- Skillful and reputable coordinator
- Involvement of experts
- Address details of practice
- Right rhythm and mix of activities

- · Strategic relevance of domain
- Visible management sponsorship, but without micro-management
- Dance of formal and informal structures
- Adequate resources
- · Consistent attitude

THANKS FOR THE ATTENTION!

ENJOY AND SHARE THESE TWO DAYS!!!!