



TEACHING THE SOFT SKILLS

“How to fit osteopathy in a medical education directives framework?”

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OsEAN open forum Vienna
21&22/04/2016

OVERVIEW



MOTIVATION

- Regulation & EBM society
- How to forge osteopathy in an EBM framework?
- “How to fit osteopathy in a medical education directives framework?”



OVERVIEW



INTRO & SCOPE

- Intro: Canadian Medical Education Directives for Specialists (CanMEDS):
 - Framework
 - guide to the essential abilities physicians
 - need for optimal patient outcomes
 - an initiative to improve patient care
 - defines the competencies needed for medical education & practice
 - core competencies organized around 7 key physician roles
- Scope lecture: the 7 roles & each role in an optimal osteopathic perspective
 - in theory (knowledge) also
 - practical solutions (skills & attitude)



SCOPE

OVERVIEW



- The aim of this lecture is to:
 - provide the participant with a powerful **tool to improve**
 - you self (as a practitioner) &
 - the patient (care)
- ‘Discere mutari est’, to learn is to change
- Lecture touches the forum topics:
 - Osteopath-patient communication
 - Professionalism and ethics
 - Self-regulation and self-care
 - Patient-care according to the WHO-definition of health
 - Competencies (CanMEDS and other systems)

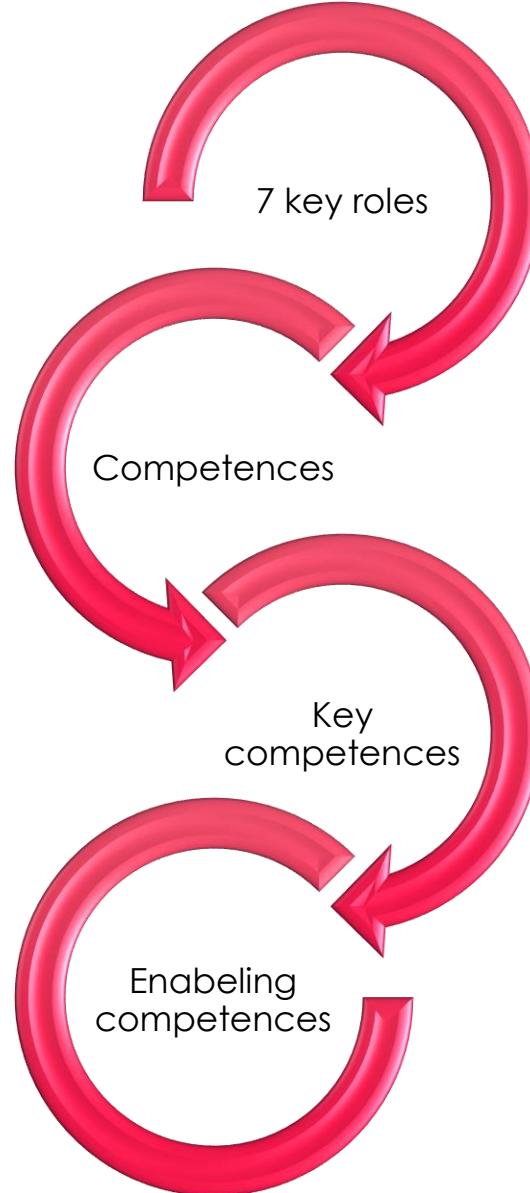


Learn to change
Change to learn

OVERVIEW



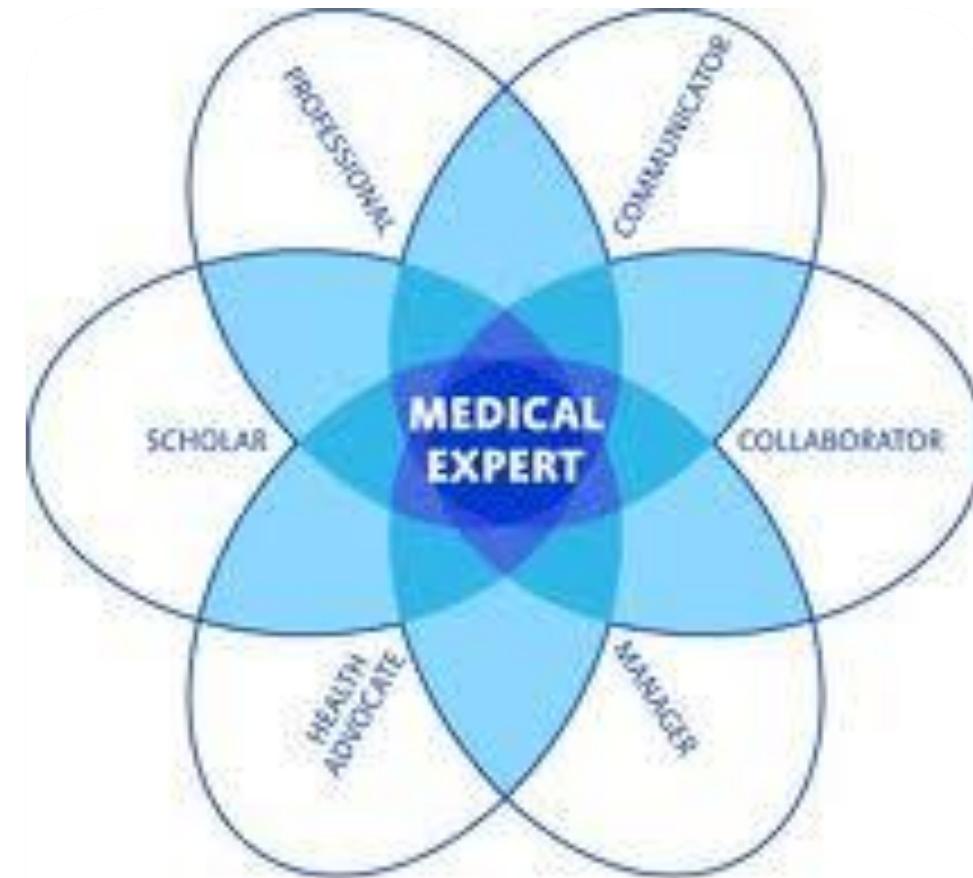
LIFE
BEGINS
AT THE
END OF
YOUR
COMFORT
ZONE



CANMEDS

7 KEY ROLES

1. Medical Expert
2. Communicator
3. Collaborator
4. Manager
5. Health Advocate
6. Scholar
7. Professional

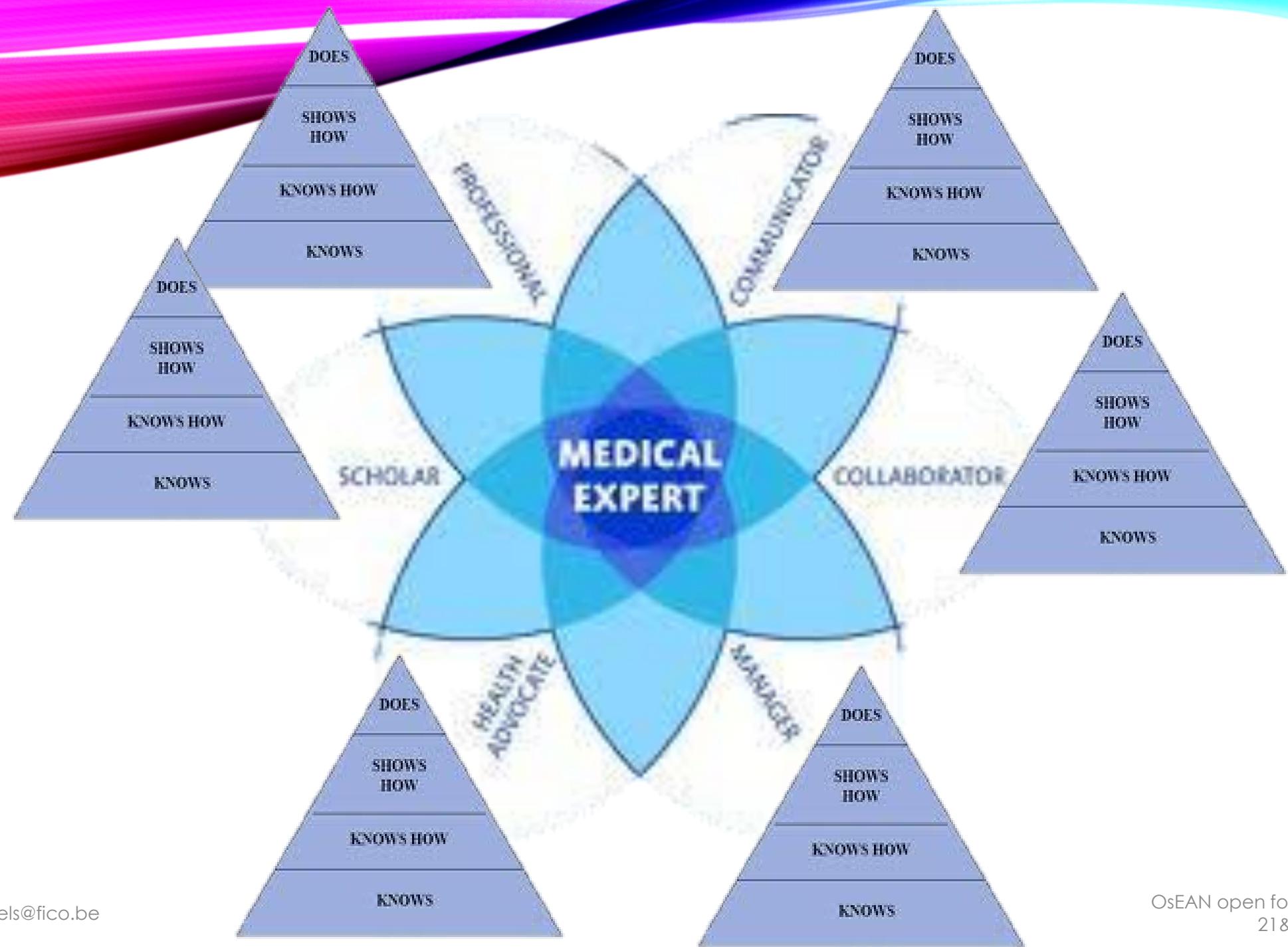


THE
CANMEDS
ROLES FRAMEWORK
CANMEDS

COMPETENCY BASED

- "Competencies" are important observable
 - knowledge, skills & attitudes.
- Organized around the physician Roles
- Seven Roles have been clarified and defined by Key competencies
- Key competency further outlined into multiple Enabling competencies
- Enabling competencies specify:
 - BEHAVIORS, SKILLS & ATTITUDES





CORE & PARTIAL COMPETENCES 1

- **Medical expert**

- **Generically treatment skills**

- Diagnose
 - Treatment
 - Advise
 - Evaluation
 - Look for health, anyone can find disease: Working hypothesis
 - Treat the patient, not the disease
 - Find it, fix it and don't leave it alone (eg. nutrition, posture)
 - Continuous proces: PDCA-model (plan-do-check-act) Panta rhei (nothing stays the same)

- **Clinical treatment skills**

- Investigate
 - Manipulate
 - Mobilize
 - Muscle Energy Techniques (MET)
 - Spontaneous Release Techniques (SRT) / Jones
 - Drainages
 - Cranio-sacral techniques
 - Fasciale techniques
 - ...
 - We don't do different things, we do things different

CORE & PARTIAL COMPETENCES 2

- **Communicator**

- **RELATIO**nal component
- **ANAMNESIS**
- **REPORT** (peers & non-peers)

- Therapist patient relation (TPR)
- Osteo**em**pathy
- Terminology

CORE & PARTIAL COMPETENCES 3

- **Collaborator**

- **COLLABORATION WITH OTHER HEALTHCARE PROVIDERS**
- **MULTI DISCIPLINAR TEAM PLAYER**
- **REFERS**

- The body is a unit
- Inner physician
- Know what to treat and more important know what to treat not

CORE & PARTIAL COMPETENCES 4

- **Scolar**

- **POST GRADUATE TRAINING**
- **CONTRIBUTION PROFESSION**
- **CRITICAL & OBJECTIVE INTERPRETATION** of info

- Dig on
- EBM
- Structure, function & evolution



CORE & PARTIAL COMPETENCES 5

- **Health advocate**

- **KEEP POSTED** on society evolution
- **PUBLIC HEALTH**

- **Osteosophy**
- **Improve function (S-F-E)**



HealthAdvocate
Always at your side

CORE & PARTIAL COMPETENCES 6

- Manager
- MANAGEMENT principles applied
- Patient INFORMATION
- Communication with the tissues
- Inform the patients on the way of thinking: who heals the patient?

CORE & PARTIAL COMPETENCES 7

- **Professional**

- **INTEGRITY** and **CONCERNED**
- **ETHICS**
- **PROFESSION** demands
- **Osteoempathy**

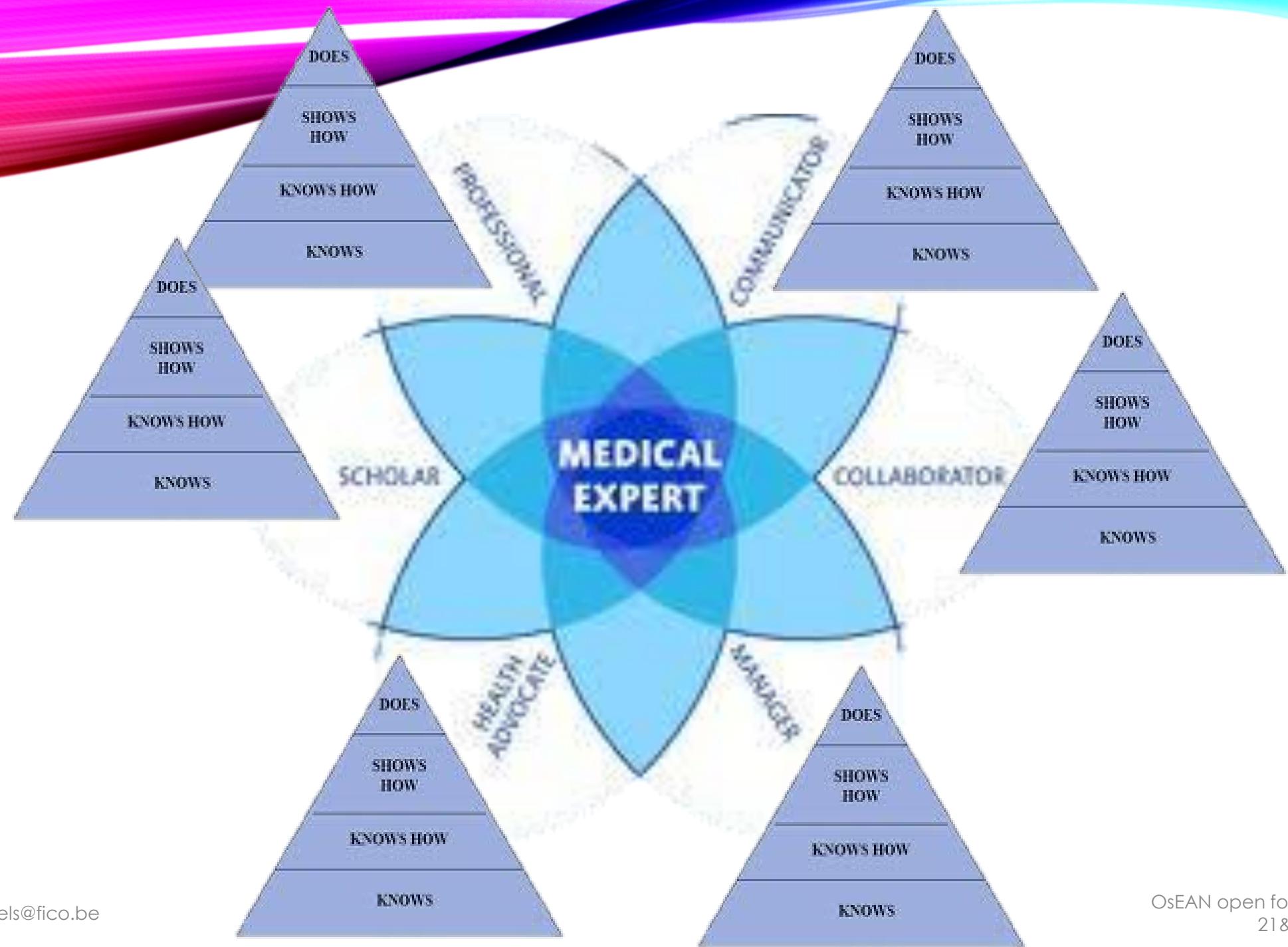
OVERVIEW



SUMMARY

- Which CanMEDS role is the most important?
 - The body (human organism) is a unit
 - 'It depends'
 - Osteosophy





TIME FOR THE WORKSHOP

