Osteopathic clinical decision-making and therapeutic approaches - implications for education

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THE BRITISH SCHOOL OF OSTEOPATHY

Introduction

- Over the last forty years healthcare researchers have been attempting to understand the nature and processes of clinical practice , reasoning and decision-making (e.g. See Thomson et al, 2011).

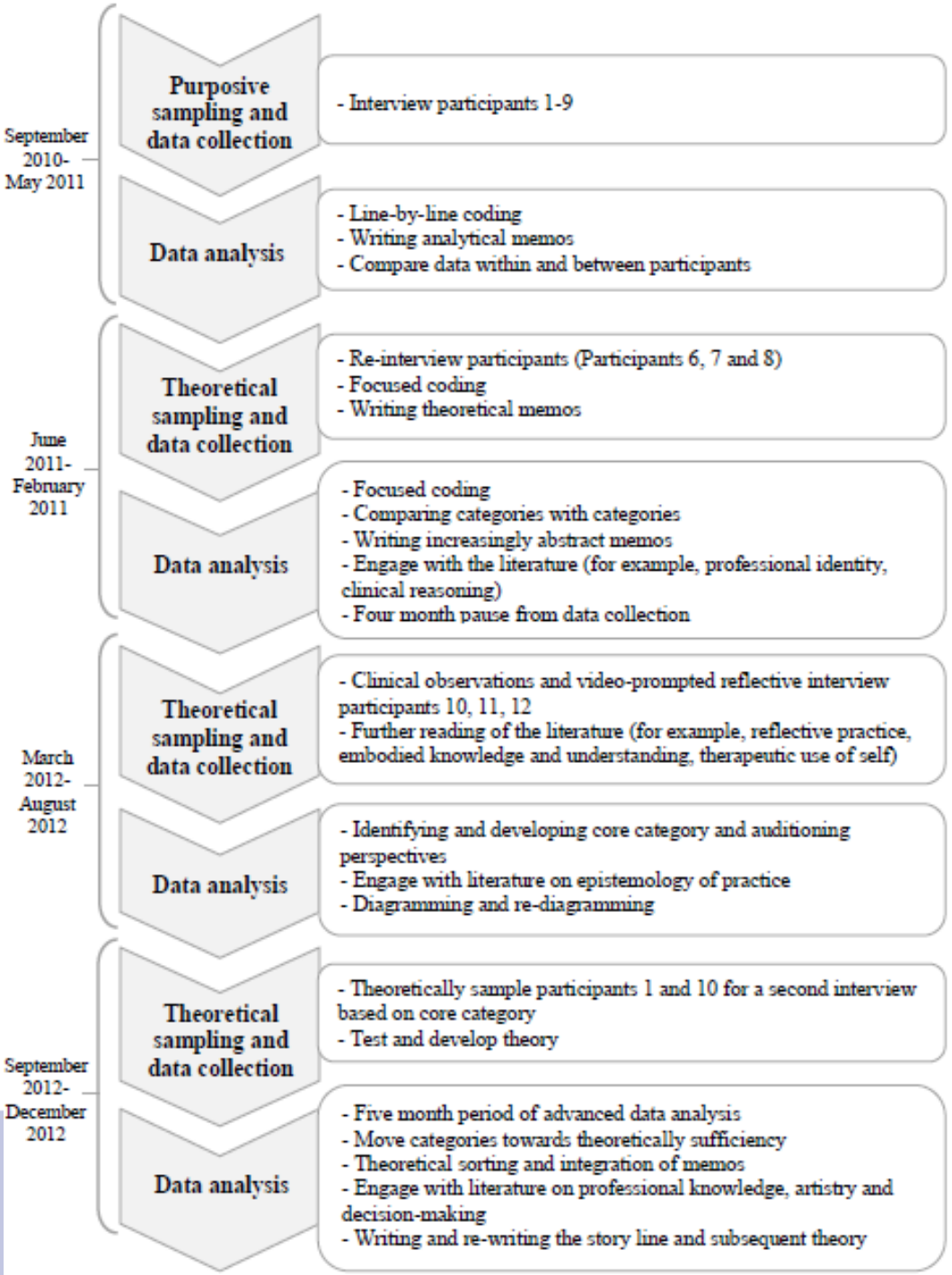
- There is currently little-to-no research-based knowledge of how osteopaths make clinical decisions and approach clinical practice.

- Knowledge of these important areas of osteopathic would be valuable to educators and practitioners and ultimately help to enhance patient care.

- The aim of this study was to develop an explanatory theory of the clinical decision-making and therapeutic approaches of experienced osteopaths in the UK.

Methodology- grounded theory

- In line with iterative nature of grounded theory data collection and analysis occurred in parallel (Charmaz, 2006)
- Purposive and theoretical sampling
- The constant comparative methods of analysis, coding, memo-writing, diagramming, theoretical sorting and integration
- Theoretical sufficiency



Study design

- A constructivist grounded theory approach (Charmaz 2006).
- 12 participants
- Data collection methods involved semi-structured interviews and non-participant observation of practitioners during a patient appointment, which were video-recorded and followed by a video-prompted reflective interview (Haw and Hadfield 2011).
- Researcher co-created the data and ensuing analysis through an interactive process, and was able to develop an “interpretative portrayal” (Charmaz, 2006, p.10) of participants views, perceptions and experiences.

Participants

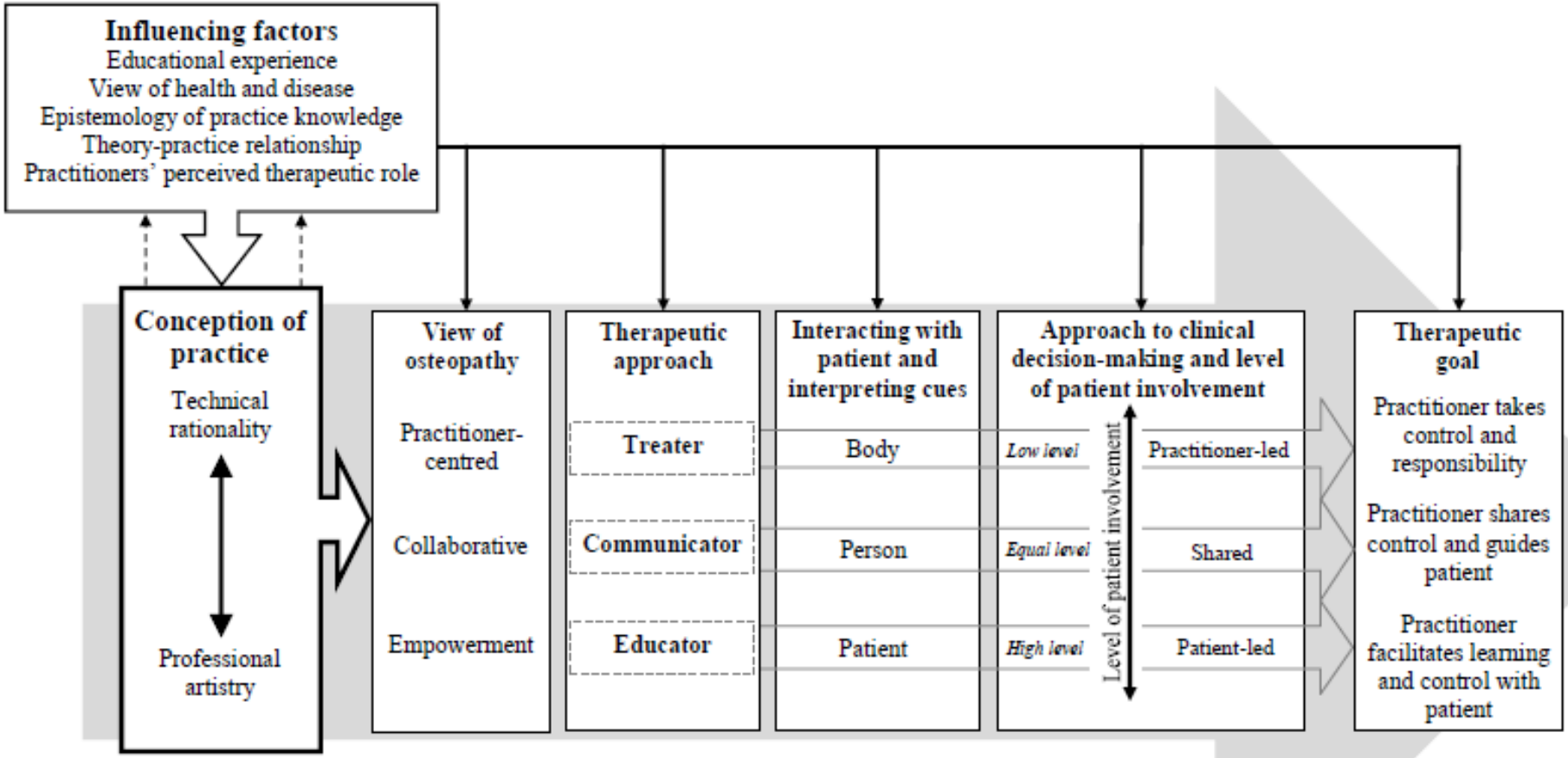
Mean age	43.5 (range 30 to 56)
Mean years in clinical practice	15 (range 6 to 25)
Gender	10 males 2 females
Work setting	All worked in private clinical practice 10 held additional roles as clinical tutors or lecturers at an OEI
Education	All had undergraduate qualification in osteopathy (BSc, DO) 4 held additional postgraduate degrees (MSc degrees in Pain, Musculoskeletal Medicine, Sports Rehabilitation and Osteopathy)

Major findings

1. Range of therapeutic approaches
2. Different views of osteopathy
3. Different focus of interaction with patients and interpretation of cues
4. Variation in approaches to clinical decision-making and level of patient involvement
5. Practitioners' therapeutic goal
6. Different conceptions of practice

Therapeutic approach	Treater	Communicator	Educator
View of osteopathy	**Practitioner-centred** *The principles of osteopathy make me do what I do (P1)*	**Collaborative** *Together we work out how come to a better state of health (P3)*	**Empowerment** *I really believe the notion of patient autonomy (P6)*
Interaction with patients and interpretation of cues	**Body-focused** *My fingers do the palpating, I'm thinking about the tissues (P8)*	**Person-focused** *I talk to the person about what's going on and how it's impacting them. (P7)*	**Patient-focused** *I explore their day-to-day function. (P9)*
Approach to clinical decision-making	**Practitioner-led** *I will determine what treatment I think the patient needs. (P2)*	**Shared** *We have talked things through together (P10)*	**Patient-led** *[I'll say] "do you have any preference, what would you like, what do you think would help you most"? (P9)*
Patient involvement	**Low**	**Equal**	**High**
Practitioners' therapeutic goal	**Takes control and responsibility** *Treatment is a time for them to relax and have the treatment. (P1)*	**Shares control and guides** *I'll say, "this is what I can do, and this is what you can do". (P7)*	**Facilitates learning and control** *I always try and empower my patients, to feel in control. (P9)*

Theory of clinical decision-making and therapeutic approaches of experienced osteopaths



Thomson O.P., N.J., Petty and A.P. Moore. (2013) Clinical decision-making and therapeutic approaches in osteopathy - a qualitative grounded theory study. *Manual Therapy* 19(1):44-51.

Why the variation?

Conception of practice

- Refers to how an individual practitioner views the nature of their practice and the different aspects of their clinical work such as knowledge, skills, activities, and decision-making (Fish and Coles 1998).
- How a practitioner ‘sees’ their practice influences how they view:
  - clinical problems
  - clinical data/cues
  - knowledge
  - clinical decision-making
  - ultimately their clinical ‘gaze’

(Thomson et al 2014)

Conception of practice

- Five factors were identified which appeared to influence the development of an individual practitioners' conception of practice

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Original article

A qualitative grounded theory study of the conceptions of clinical practice in osteopathy – A continuum from technical rationality to professional artistry

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The conception of practice continuum
(Fish and Coles 1998; Schön 1986)

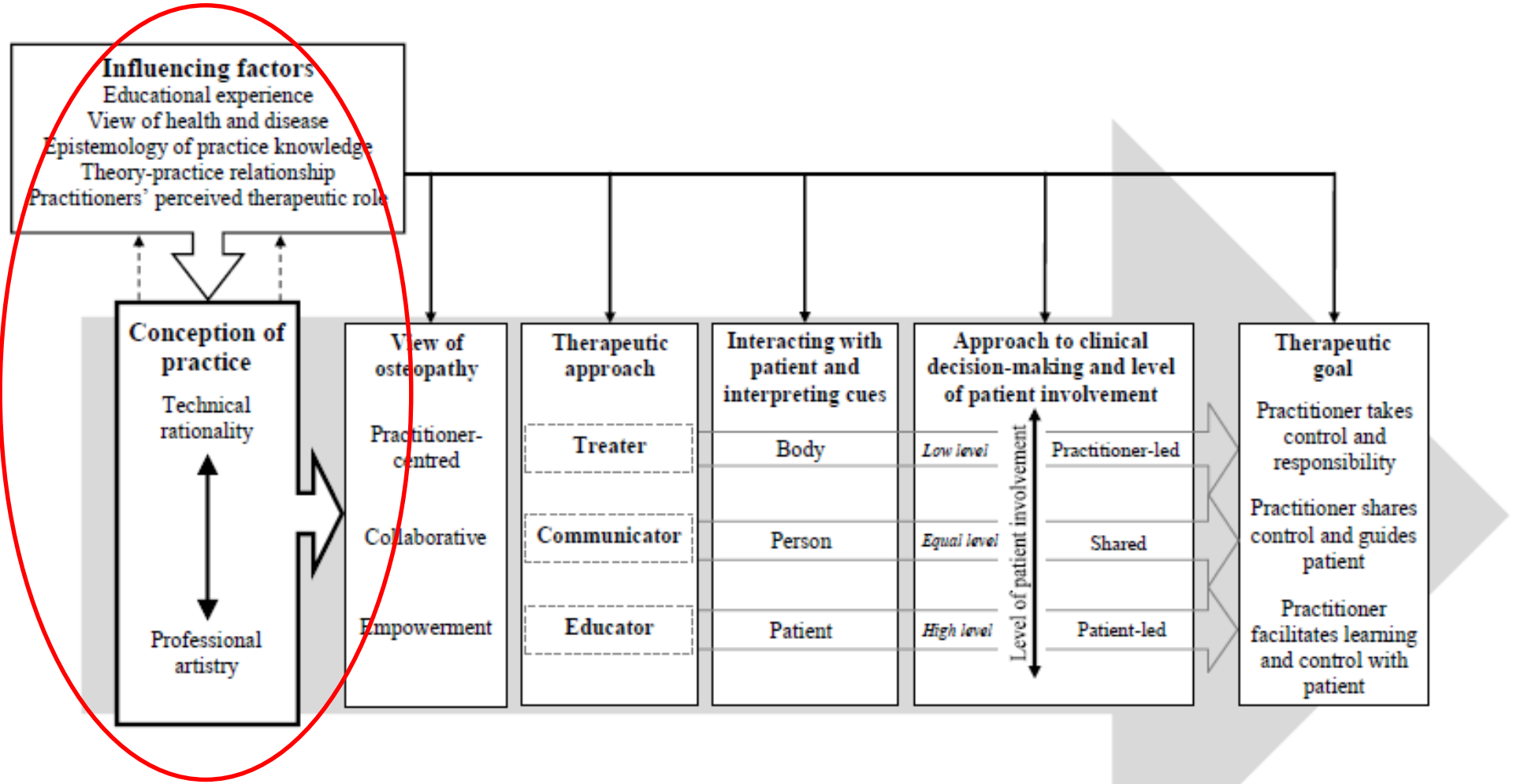
Conception of practice

Technical rational	Professional artistry
Follows rules, laws and routines	Starts where rules fade, sees patterns and frameworks
Analyses cause-effect relationships	Interprets, contextualises
Practice is efficient	Practice is creative
Sees knowledge as graspable and permanent	Knowledge is temporary, dynamic and problematic
Technical expertise and skill is central	Professional judgement counts
Emphasises the known	Embraces uncertainty
Sees professional activities as masterable	See mystery at the heart of professional practice
Problems are simple and straightforward	Problems are complex and ambiguous
Theory is applied to practice	Theory developed from practice

How do these conceptions develop in osteopaths...?

- Some influencing factors might be...
  - Educational experiences
  - Epistemological view of practice knowledge
  - Theory-practice relationship
  - View of health, disease, and disability
  - Therapeutic role

Theory of clinical decision-making and therapeutic approaches of experienced osteopaths



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1. Educational experiences

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Didactic, teacher centred, less critical

Student-centred, critical

Postgraduate education which promoted student-centeredness and critical thinking may have encouraged greater reflection and critical evaluation of practice knowledge, in particular the traditional theories and principles associated with osteopathy:

2. Epistemology of practice knowledge

V

Positivist- Focused on cause-effect relationships, knowledge is stable and factual

Constructionist: listening and using language to build an understanding, knowledge is unstable

Positivist view emphasised propositional knowledge (anatomy, biomechanics); Constructionist view embraced the patient's knowledge, experiences and perceptions of their own dysfunctions and realities.

3. Theory-practice relationship

V

Theories applied to practice: view theory as separate from practice, apply existing theories (e.g. biomechanical and osteopathic theories) to practice.

Theories developed from practice: Though learning from, and reflecting on complex situation is practice they would develop their own personalised theories and new practice models

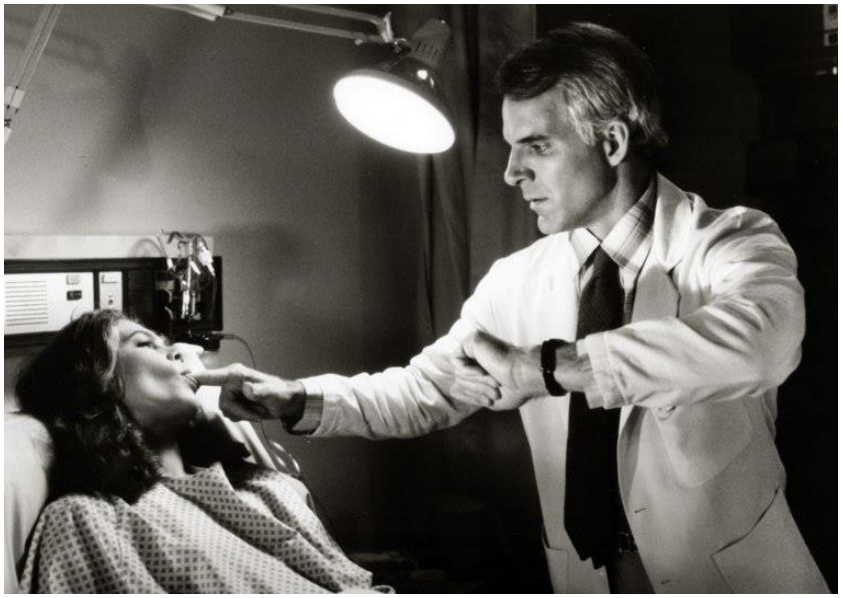
4. View of health, disease and disability

V

Biomedical: reduce patients' problem down in a specific tissue or body structure and separates it from their social and emotional circumstances

Biopsychosocial: emphasises patients' problem in the context of their lives and their illness experience

5. Therapeutic role



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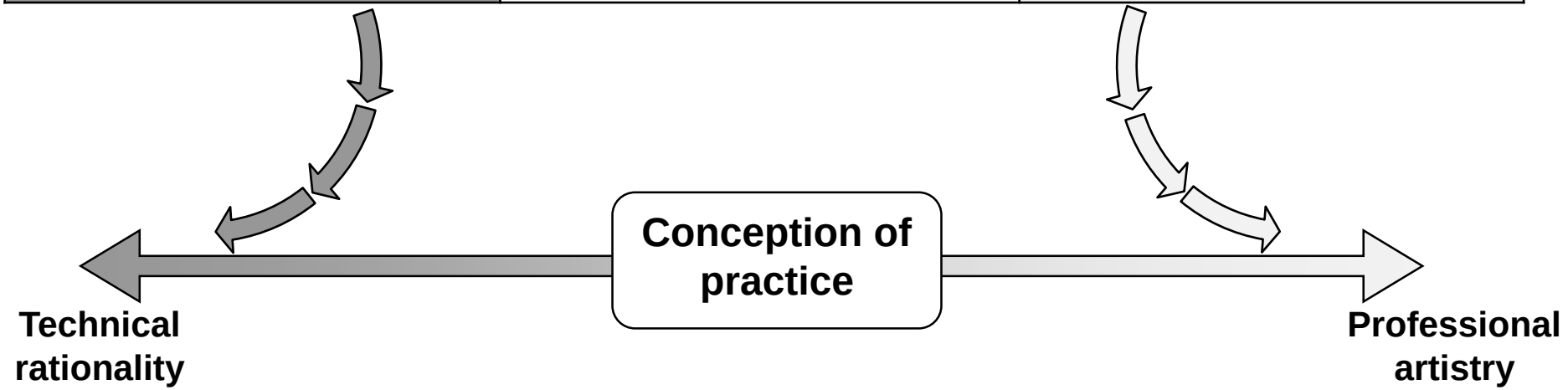
Paternalism: Taking control, assuming responsibility for the decision-making

Patient autonomy: Patient as an active partner, views, knowledge and expectations exchanged and decisions negotiated

Development of conception of practice

Influencing factors		
Didactic, less-critical	**Educational experience**	Student-centred, critical
Biomedical view	**View of health and disease**	Biopsychosocial view
Positivist	**Epistemology of practice knowledge**	Constructionist
Theories applied to practice	**Theory-practice relationship**	Theories developed from practice
Paternalism	**Practitioners' perceived therapeutic role**	Patient autonomy



Implications for education

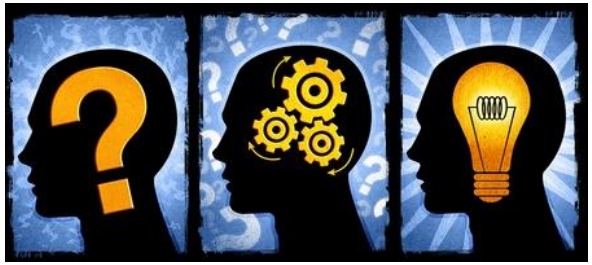
- Shared and patient-led approaches to clinical decision-making was associated with postgraduate education in the form of Master's degree.

- Supports a growing body of research in a range of healthcare professions, including MSK physiotherapy (Rushton and Lindsay 2010; Perry et al. 2011; Petty et al. 2011), occupational therapy (Alsop and Lloyd 2002; Conneeley 2005), and nursing (Drennan 2008; Park et al. 2011).

- Possible that current undergraduate osteopathic education promotes **technical rationality**, **practitioner-centred** approaches to practice and **practitioner-led decision-making** (Wallace 2008; Vaughan et al. 2012)

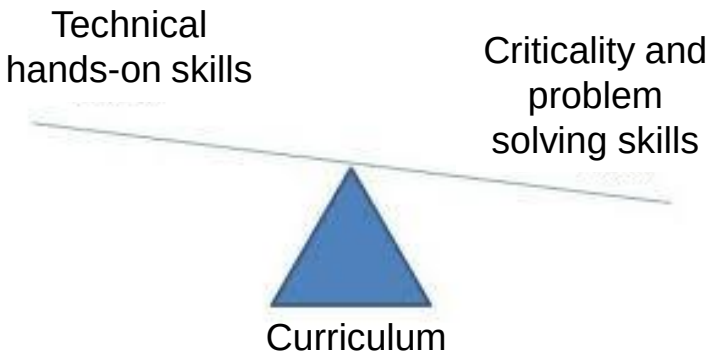
Implications

- Practice and knowledge is unstable and constantly changing.



- To adequately negotiate the demands of complex and ambiguous practice, students should be encouraged to adopt a critically reflexive stance towards dated concepts.

- An undergraduate curriculum which is excessively centred on technical skills may not promote critical evaluation or prepare students for the life-long learning necessary for professional practice.



- **Curriculum and education needs to facilitate the development of a professional artistry conception of practice amongst students.**

Implications for education

- Educators should:
  - nurture the development of students' critical reflection capabilities
  - Enhance their problem-solving skills so that they can become adaptable, reflective and thinking practitioners, able to navigate through a professional practice setting which is complex, uncertain, unstable, unique and value-laden (Schon, 1983).

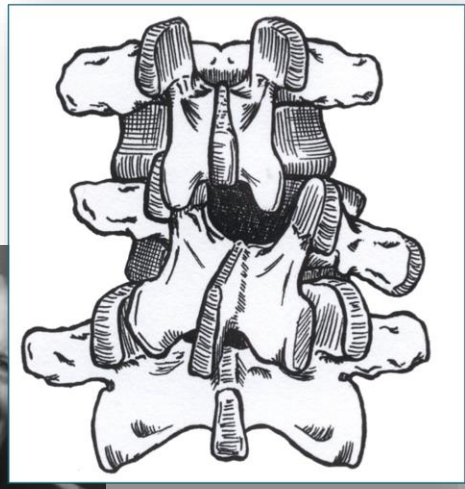
- Clinical tutors could be further developed so that they can work with students to emphasise learning from practice and decision-making, in order to promote an engaged and active learning process during clinical education.

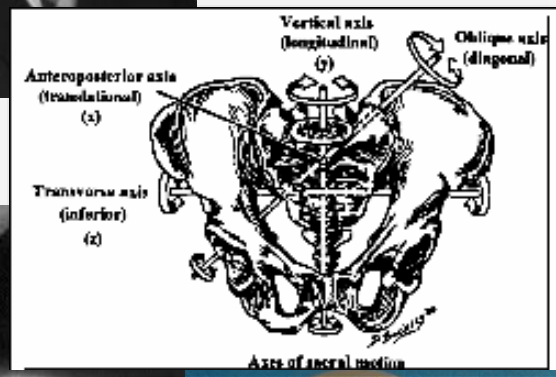
Implications

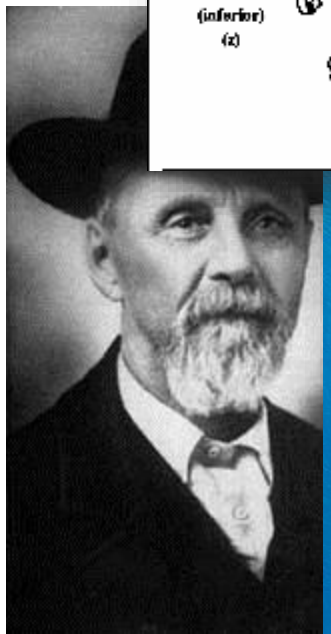
- Throughout the history of osteopathy, numerous theories and practice models have been espoused by prominent individuals.
  - May be considered part of professional identity

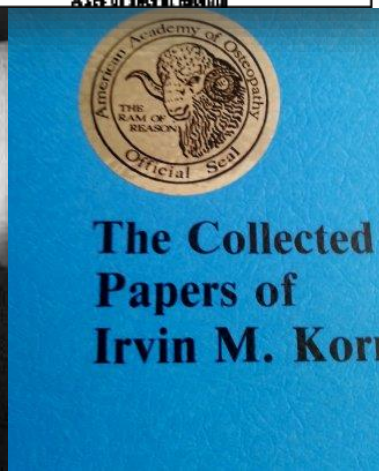
- These theories tend to place the ***osteopaths***' knowledge and skills at the centre of practice, and emphasise ***practitioners***' views, beliefs and perceptions of patients' body/disability/pain.

- However, growing body of research suggests that ***patients***' own experiences, views and beliefs about ***their*** body, ***their*** pain and ***their*** disability are more useful factors, especially in chronic conditions (e.g. see Pincus and McCracken, 2013 for a full discussion)



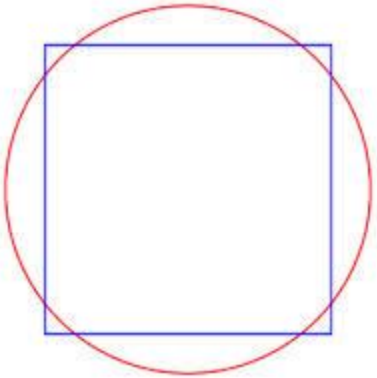






Implications

- Amongst the many challenges - curriculum planners and educators is to incorporate the growing evidence-base emotional and cognitive models with the body/ movement/technique centred models of osteopathy.



- Reconsideration of values (Tyreman 2008, 2010), professional identities (Thomson et al- In press) and role of such theories in modern osteopathy (e.g. McGrath, 2013)

Finally...

- In light of changing knowledge, practice and research, which ‘bits’ of osteopathy to we keep, which do we discard and which do we modify?

Finally...

- What do we do when there is tension between:
  - What *educators* teach
  - What the *students* want to learn
  - What *patients* want/expect
  - What the *research* evidence suggests

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Thank you

Questions....