

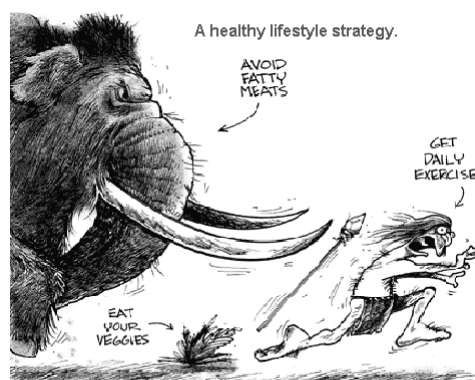
OSTEOPATHIC EDUCATION AND RESEARCH: FROM APPRENTICESHIP TO INFORMATION MASTERY AND CREATIVITY

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OSTEOPATHY...IN CONTINUOUS DEVELOPMENT?



REVIEWING MY PRESENTATION I REALIZE I
ASKS A LOT OF QUESTIONS AND PROVIDE
VERY FEW, IF NONE, ANSWERS

MY PLANNED PHILOSOPHER'S STONE
BECAME PANDORA'S BOX.....



"A MIND IS LIKE A PARACHUTE.
IT DOESN'T WORK IF IT IS NOT
OPEN."

- FRANK ZAPPA

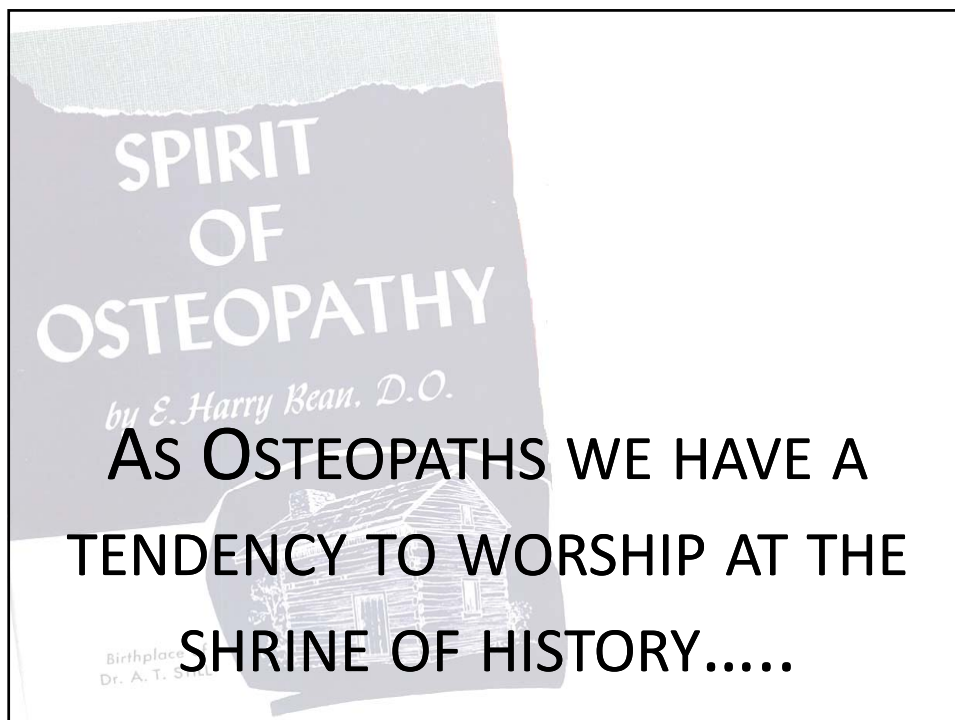


Why is history important?

- ❑ History can be more powerful than it appears at first glance, and matters more than we often think. It teaches us who we are, and it is “our source of identity, our cultural DNA, it affords us collective immortality” (Lynaugh, 1996)
- ❑ Understanding this offers an identity that can help professions grow and evolve (Lewinson et al, 2008). Furthermore, it has been argued that history yields self-knowledge by structuring a mind capable of imagining new ideas, values, and experiences, thus creating and recreating culture and discipline (Lynaugh, 1996)
- ❑ History as an overarching conceptual framework may allow us to more fully understand the disparate meaning of osteopathy and the different experiences of osteopathy, and by exploring the past we may become more critically aware of professional identity and meaning. Thus, as Gaddis (2002) states, history is that act of representation that lifts us above the familiar to let us experience vicariously what we can’t experience directly: a wider view

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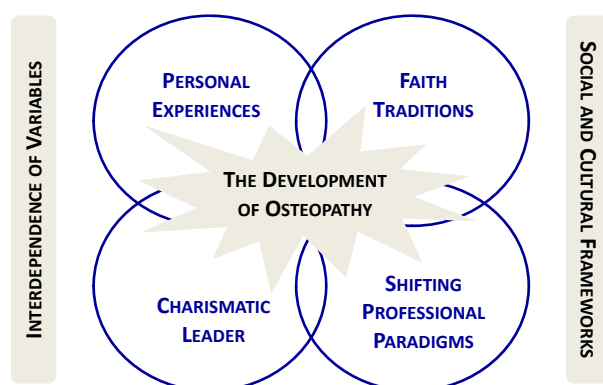
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Problems with history

- ☐ There is a plethora of work on the history of osteopathy
- ☐ In this body of work three typical trends can be identified
- ☐ The first is not too dissimilar to historiographies' in the history of science and medicine where they proceed on a sort of "great man" theory, chronicling "one hero" of medicine or science after another (McQueen, 1978)
 - ☐ Examples in the history of osteopathy are plentiful (Booth, 1905, 1924, Lane, 1925, Hildreth, 1938, 1942, Sutherland, 1962, Wernham, 1999)
- ☐ The second trend is the history in the words of the founder, Andrew Taylor Still, and his close relatives (Still, 1897, Still, 1931, Still Jr. 1991)
- ☐ The third trend is the revisionist theory of contemporary osteopathic medicine turned allopathic which traces an osteopathic tradition from Hippocrates, Sydenham and Boerhave with Still as the final part of this tradition (Deason, 1934, McQueen, 1978, Hoag et al, 1969, McGovern and McGovern, 2003)

HISTORY IN THE CONTEXT OF A WIDER PATTERN



The History of a Charismatic Social Movement

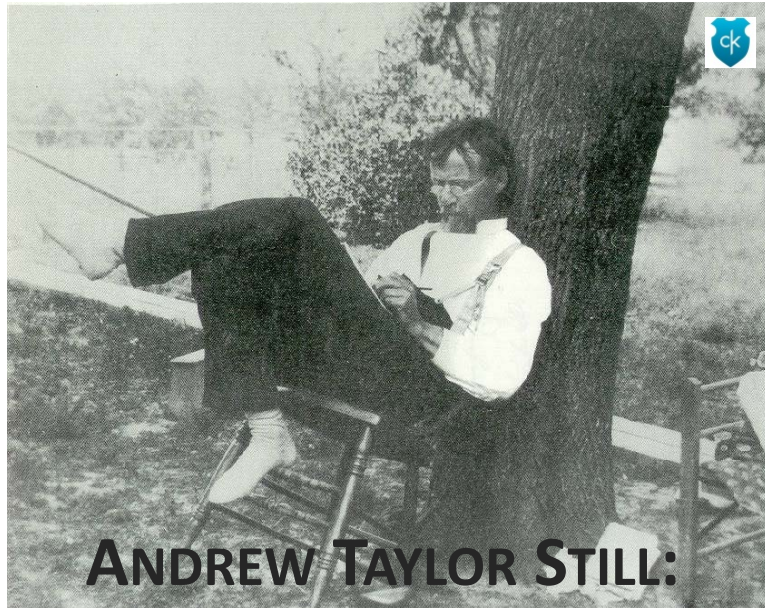
My personal opinion is that the best representation of osteopathic history is:
 Gevitz N. *The D.O.'s: Osteopathic Medicine in America*. Baltimore: The John Hopkins University Press 2004

“Thus it follows that a healing art in a specific era and place represents a specific way of making sense of and dealing with illnesses in that specific era and place”

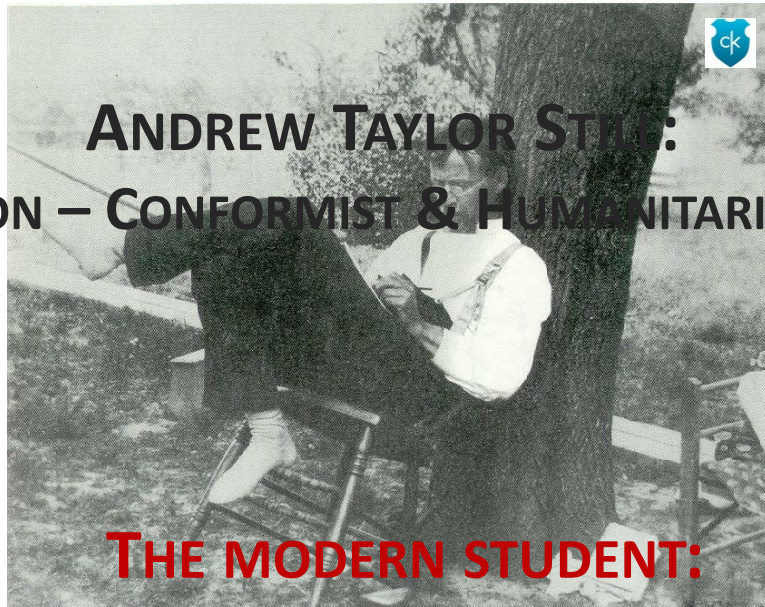
Kang S, *Tao of medicine?* Cultural assumptions in medical theory and practice. In: Evans M, Louhiala P, Puustinen R (eds). *Philosophy of medicine: applications in a clinical context*. Oxford: Radcliffe Medical Press 2004: 67

WHAT IS OSTEOPATHY IN THE 21ST CENTURY AND CAN IT BE THE SAME AS OSTEOPATHY IN THE 19TH CENTURY?

Tyreman (2008)



ANDREW TAYLOR STILL:
NON – CONFORMIST & HUMANITARIAN



ANDREW TAYLOR STILL:
NON – CONFORMIST & HUMANITARIAN

THE MODERN STUDENT:
CONFORMIST & “SCIENTIST”

Meet the modern student and
what is going through his or her
mind



**THIS IS HOPEFULLY WHAT IS GOING THROUGH A STUDENTS MIND:
THE MERITS OF A THEORY OR TREATMENT METHOD**

- ☐ The theories underlying the treatment approach are supported by valid anatomical and physiological data
- ☐ The treatment approaches is designed for specific types of patient populations and is not a “*Cure All*”, and there is a willingness to discuss the limitations of the approaches
- ☐ Potential side-effects of treatment are known and perhaps presented
- ☐ Studies from peer-reviewed journals are consulted (and perhaps provided) that support the treatment’s efficacy, or the shortcomings are openly adressed
- ☐ Peer-reviewed studies include well-designed, randomized clinical trials or well-designed single-subject experimental studies

 **The modern computer savvy students**

**Mr. Engel, your
statement about
cranial
techniques...**

**Computer says
NO!!!!**



Meet the lecturer and what is
going through his or her mind
(.....well not all of them)

PERPETUATING "TRADITION" THROUGH AUTHORITY



"THE ILLITERATE OF THE FUTURE
ARE NOT THOSE WHO CAN'T READ
OR WRITE, BUT THOSE WHO
CANNOT
LEARN
UNLEARN
AND
RELEARN"

ALVIN TOFFLER

SUPPRESSING CURIOSITY

- ☐ Teaching conducted in hierarchically organized settings
 - Because expressing curiosity in these settings can involve risking criticism or humiliation, the learner often chooses to play a safer, passive role
- ☐ Curiosity is sensitive to negative emotions, such as anxiety or disgust
- ☐ Overconfidence can also be a barrier to curiosity
 - overconfidence can also discourage the pursuit of feedback and lifelong learning)
 - Medical and osteopathic practice is replete with complexity and uncertainty and students must learn to face these, within themselves as well as in patients and colleagues
- ☐ Curiosity requires the opportunity to challenge convention and assumptions

Dyche L, Epstein RM. Curiosity and medical education. *Medical Education* 2011; 45: 663 - 668

The adult learning literature proposes that curiosity and inquisitiveness flourish in an educational context

- ☐ That gives students responsibility for their own learning
- ☐ That promotes multiple perspectives
- ☐ That allows for mindful reflection on both the subject and the learning process itself
- ☐ That encourages inquiry rather than simply supplying information
- ☐ That creates a feeling of safety for the exploration of new cognitive and affective domains
- ☐ That permits openness about uncertainty and
- ☐ That encourages students to work together with peers

Dyche L, Epstein RM. Curiosity and medical education. *Medical Education* 2011; 45: 663 - 668



TEACHING UNIQUENESS?

"A notion that disease has a locus in the body, and that illness might be understood by demonstrating the relation between functional change and structural alteration in the body's fabric, was the principal legacy of the new anatomical school of learning that developed in the sixteenth century. Its origins was greatly influenced by the work of the Flemish physician, Andreas Vesalius, through his book, *The Fabric of the Human Body* (1543)....

It also stimulated the study of the effects of disease on on structure, which reached its plateau in 1761, when Morgagni completed *The Seats and Causes of Diseases Investigated by Anatomy*. This work, as its title suggests, asked physicians to conceive of diseases as having "seats" in the body, and to explain symptoms by tracing them to specific anatomical transformations that could be seen by the eye or felt by the hand"

REISER SJ. ENVIRONMENTAL VERSUS BIOLOGICAL CAUSATION IN MEDICINE. IN: CASSELL EJ, SIEGLER M. *CHANGING VALUES IN MEDICINE*. NEW YORK: UNIVERSITY PUBLICATIONS FO AMERICA 1979: P. 197



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- ❑ "An Osteopath reasons from his knowledge of anatomy" (Truhlar, 1950: 13)
- ❑ Clark ME. *Applied anatomy*. Kirksville: The Journal Printing LTD Co. 1906
 - ❑ The use of applied anatomy, physiology, pathology and physical diagnosis in the interpretation of the signs of lesion and disease (p.1)
- ❑ Most early osteopathic research focused on the "lesion" and its effects on formation and quality of the blood, secretion and quality of body fluids, function of organs, as the cause of disease (its mode of operation as a causal agent in acute and chronic conditions), and its presence in various disease conditions (Cole, 1987: 10)



"...in Vesalian drawings, human subjects have their own postures and complexions....For example, the skeletal man is even *thinking* about something while leaning against the table"

"In modern textbooks of anatomy we find hardly any vividness of this kind. We can find more details of body parts, but we never find the context in which the owner of the body has been situated. What we have lost from Vesalian anatomy is the life and context of the person"

Kang S, *Tao of medicine? Cultural assumptions in medical theory and practice*. In: Evans M, Louhiala P, Puustinen R (eds). *Philosophy of medicine: applications in a clinical context*. Oxford: Radcliffe Medical Press 2004: 77



“The body is the medium of experience and the instrument of action. Through its actions we shape and organise our experiences and distinguish our perceptions of the outside world from the sensations that arise within the body itself. Material objects are called into existence by the fact that we can walk around them, get different views of them and eventually arrive at the conclusion that they exist independently of our experience of them”

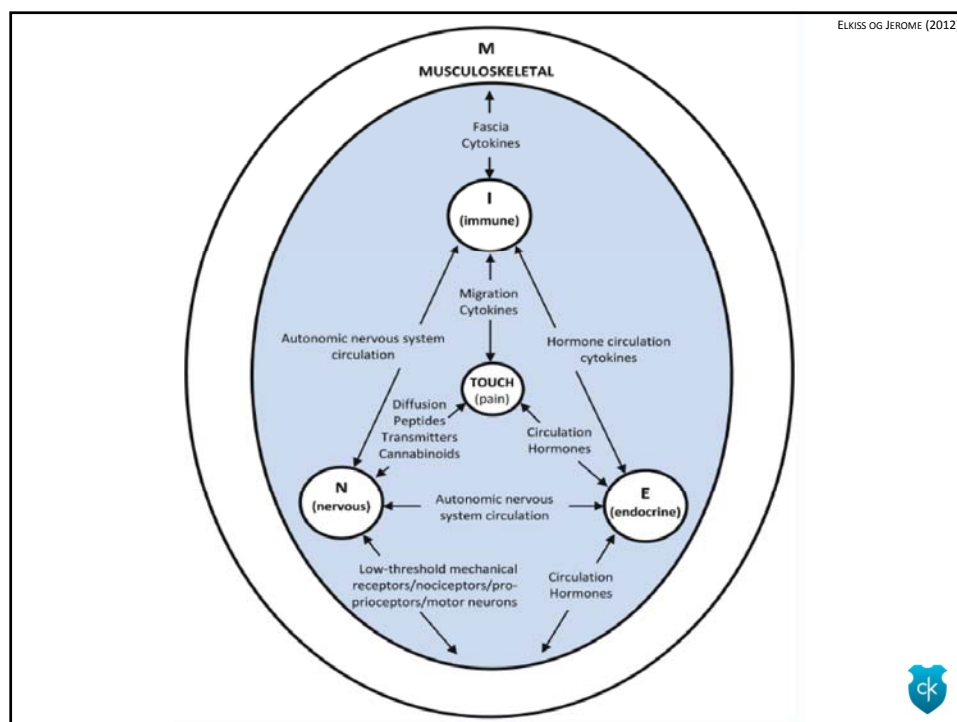
Miller J. *The body in question*. London: Horizon Books 1986: 2

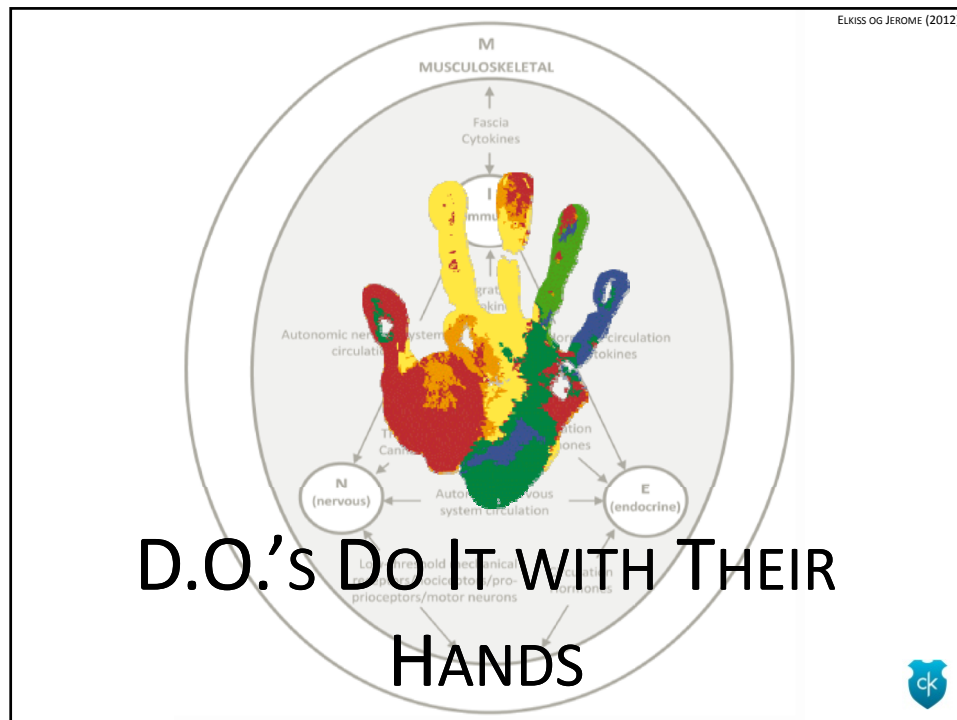


"Most manual practitioners who touch patients do so with the general assumption that a body can be likened to a sophisticated machine, and most patients also hold the same view"

"In fact the practitioner does not have a body in mind, but an *embodied person*"

NATHAN B. *TOUCH AND EMOTION IN MANUAL THERAPY*. EDINBURGH: CHURCHILL LIVINGSTONE 1999





IN ADDITION THE SPECIFIC
TREATMENT EFFECTS, THE
SUPPORTIVE NATURE OF
OSTEOPATHIC TOUCH WILL
FURTHER FACILITATE CHANGE

NEVER UNDERESTIMATE THE EFFECTS OF PATIENTS ON TREATMENT



"GORILLAS IN THE MIDST"

http://www.youtube.com/watch?v=IGQmdoK_ZfY

THE INVISIBLE GORILLA

DOMAIN	HISTORY	CONTEMPORARY
1. The body is a unit 2. Reciprocity of structure and function 3. The role of the body fluids 4. Self-regulation and self-healing	Dates back to Hippocrates / Galen Prominent in 17th century <i>vitalism</i> and the subsequent <i>Enlightenment</i> period in Europe	Used by many health care professions as principles of health care
Somatic Dysfunction: "The manipulable lesion"	As joint-specific dysfunction: Osteopathy	A 1996 study lists 296 synonymous terms
Joint manipulation (HVT or HVLA)	<input type="checkbox"/> Bonesetters: beginning of time <input type="checkbox"/> Osteopathy: teachable system	Osteopaths, chiropractors, manual therapists, MD's.....
Visceral Techniques	<input type="checkbox"/> Pre-osteopathy: Thure Brandt <input type="checkbox"/> Osteopathy: McConnell, Barral...	Widespread among bodyworkers, osteopaths, chiropractors, massage...
Cranial Manipulative Techniques	<input type="checkbox"/> 17. century: Swedenborg <input type="checkbox"/> Sutherland <input type="checkbox"/> Cottam and DeJearnette	Widespread among bodyworkers, osteopaths, chiropractors, massage therapists, Rolfers....
MET, Counterstrain, BLT, FPR.....	Developed by osteopathic physicians	Widespread among bodyworkers, osteopaths, chiropractors, massage therapists, Rolfers....

DO WE USE THIS PERCEIVED UNIQUENESS TO CREATE OUR OWN NARRATIVE FALLACIES??

An Automatic Back Scratcher



"I compare religions, from a cognitive point of view, with the wonderful devices that the great Pulitzer Prize – Winning cartoonist Rube Goldberg drew. Goldberg's devices used a diverse collection of common items, frequently in ways not connected with any standard functions that they might have, to carry out some mundane task in some spectacularly unnecessary and complicated fashion"

McCauley RN. *Why religion is natural and science is not*. Oxford: Oxford University Press 2011: 8


An Automatic Back Osteopath



"I compare Osteopathy*, from a cognitive point of view, with the wonderful devices that the great Pulitzer Prize – Winning cartoonist Rube Goldberg drew. Goldberg's devices used a diverse collection of common items, frequently in ways not connected with any standard functions that they might have, to carry out some mundane task in some spectacularly unnecessary and complicated fashion"

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*McCauley originally used the word *religions*



Contents lists available at ScienceDirect

International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/ijom



Clinical reasoning in osteopathy – More than just principles?

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^bThe British College of Osteopathic Medicine, London, UK

Clinical reasoning must and does occur within every health profession. To understand more about the basis of this clinical reasoning can only help to strengthen the profession's position within healthcare practice. Currently little is known about clinical reasoning processes within osteopathy, and other professions are gaining momentum in this area of theoretical underpinning for their health profession related work. Once clinical reasoning models are established for osteopathy this will help to describe the profession in terms of the competing areas of practice. Throughout the history of osteopathy, numerous theories and models of practice have been proposed and taught. However in light of contemporary research into clinical reasoning the role that these models and underlying principles play in clinical reasoning, is yet to be investigated. In view of a growing number of osteopaths and a healthcare landscape that demands a reflective and evidence-informed approach to practice, an exploration of these issues is timely and necessary for the further development of osteopathy as a profession. Developing an understanding of clinical reasoning from an osteopathic perspective will enable existing practitioners to refer to a body of research, and thereby facilitate them to reason more effectively. The osteopathic profession should build on the progress made by many other health professions. Research is needed to address some of the issues discussed in this article, and thereby help to illuminate the clinical reasoning of the osteopath.

OLIVER THOMPSON, ABSTRACT PHD, UNIVERSITY OF BRIGHTON 2012

Participants took one of three distinct therapeutic approaches which was developed from data analysis, termed; a Treater, a Communicator or an Educator. The approaches were developed from participant's conceptions of osteopathic practice which were based on the antecedent conditions of; professional identity, personal beliefs, views about health and illness and views of their own practice. The three therapeutic approaches resulted in varying levels of patient involvement in the clinical reasoning process and consequently different therapeutic outcomes. Participants could modify their therapeutic approach depending on the symbolic significance they attributed to the patient moderating factors of expectation and preferences, illness experiences, the patient's body and tissues and the disease status. A continuous process of interaction, cue generation and interpretation resulted in participants reacting and shaping their therapeutic approach.

As the first study of its kind in osteopathy, the findings indicate that osteopaths have distinct therapeutic approaches to practice which influence the level of patient involvement in the clinical reasoning process. The clinical reasoning of the experienced osteopaths in this study extended beyond traditional diagnostic reasoning, and suggests that clinical reasoning in osteopathy is characterised as a continuous and dynamic process during patient interaction. These findings provide an explanatory theory of the therapeutic approaches and clinical reasoning of experienced osteopaths, though further research is required to determine the transferability of the substantive theory.



Meet the White Coat



OSTEOPATHIC EDUCATION AND THE DOMINANT MODEL OF PROFESSIONAL KNOWLEDGE

- An underlying discipline or basic science component upon which the practice rests or from which it is developed
 - An applied science or "engineering" component from which many of the day-to-day diagnostic procedures and problem-solutions are derived
 - A skill and attitudinal component that concerns the actual performance of services to the client, using the underlying basic and applied knowledge
- ☐ In the epistemological pecking order, it is argued that basic science is highest in methodological rigor and purity, its practitioners superior in status to those who practice applied science, problem-solving or service delivery
 - ☐ This is based on an epistemology of professional practice rooted historically in the positivist philosophy which so powerfully shaped both the modern university and the modern conception and the proper relationship of theory and practice

SCHON D. THE CRISIS OF PROFESSIONAL KNOWLEDGE AND THE PURSUIT OF AN EPISTEMOLOGY OF PRACTICE. IN: RAVEN J, STEPHENSON J. COMPETENCE IN THE LEARNING SOCIETY. NEW YORK: PETER LANG 2001: 185 - 207

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CHANGING PARADIGMS IN HEALTH AND MEDICINE

CURRENT MEDICINE	→	NEXT MEDICINE
DISEASE		HEALTH
REPAIR		PREVENTION
EXTERNAL LOCUS OF CONTROL		INTERNAL LOCUS OF CONTROL
STRUCTURE		FUNCTION
COMPONENT		SYSTEM
EPISODE		PROCESS
HIGH TECH		LOW TECH
SPECIALIST		PRIMARY CARE
RIGHTS		RESPONSIBILITY
BUSINESS		PROFESSION

BORTZ WM. NEXT MEDICINE: THE SCIENCE AND CIVICS OF HEALTH. OXFORD: OXFORD UNIVERSITY PRESS 2011: s204

THE NEW PARADIGM PROPOSED BY BORTZ IS SOMETHING WHICH ALREADY SHOULD BE CLOSE TO THE HEART OF OSTEOPATHIC THEORY, THINKING, INTERVENTION AND GUIDANCE

"TO FIND HEALTH SHOULD BE THE OBJECT OF THE DOCTOR. ANYONE CAN FIND DISEASE"

- STILL AT. PHILOSOPHY OF OSTEOPATHY (1899)

"Health is Normality" ←

No analysis of health until one specifies the norms involved

Common proposal → Statistical means and deviations :

Definitions of health based on physiological measurements ignore the idea of HEALTH as a VALUE
What they offer in precision they lack in depth

Free of somatic dysfunctions?
Vital expression of PRM?

- ❑ Health is one of those everyday slippery-as-mercury word the meaning of which seems so obvious and self-evident that we seldom take a few moments to define the term consciously for ourselves
- ❑ Health is dynamic; it has a part, and a present, and it is a precondition for a future
- ❑ Just as there are factors that destroy health, so there are factors that support, enhance and produce health ("Salutogens" after Antonovsky)
- ❑ Health is viewed as *the experience of life as a promise of good*

Caplan AL. *Health, Disease, and Illness: Concepts in Medicine*. Georgetown: Georgetown University Press 2004
Cassel EJ. *The Nature of Suffering and the Goals of Medicine*. Oxford: Oxford University Press, 2nd edition 2004

"FUNDAMENTAL QUESTIONS OF OSTEOPATHY ARE NOT TECHNICAL BUT PHILOSOPHICAL IN NATURE"

- Medical practice considers and approaches the patient according to the prevailing theory of disease → how we understand the notion of 'disease'
 - ❑ The ontology of the "lesion"
 - The "lesion" as the cause of the disease or presentation → simple causation
 - The "lesion" as the somatic component of disease → contributing factor
 - The "lesion" as a risk factor for a negative outcome
- If disease is defined in a particular way, what kind of knowledge is needed to explore and deal with disease, and how is that knowledge obtained?

Ideas about cause lead inevitably to considerations of intervention

Does "somatic dysfunction" reflect out osteopathic notion of "health"?
Or do we use it to mirror the biomedical model to climb the epistemological pecking order?

TRANSFORMED CLINICAL METHOD: FROM MODEL TO METHOD

- ❑ Phenomenology and the BSP model provides us with powerful theories of illness
 - ❑ However, it is one thing to have a theory of illness and another to express it in the form of a clinical method
 - ❑ In order to have a practical outcome, a new theory of illness must result in a new clinical method
- ❑ Osteopathy will not necessary be made more humane by adding courses to the curriculum
 - ❑ Arguably what we need is a transformed clinical method
 - ❑ At the same time we will need to teach clinical osteopathy in a different way – a way that will foster, rather than stifle, the moral and aesthetic development of the student
- ❑ Osteopathy (and medicine) has a very rich imaginative and descriptive literature
 - ❑ Writers of talent have through ages reflected on the great themes of medicine: suffering, illness, healing
 - ❑ Shifting focus from “magical techniques” to narratives and lived experiences

Cassell EJ, Siegler M. Changing values in medicine. New York: University Publications of America 1979
White KL (ed). The task of medicine: Dialogue at Wickenburg. California: Henry Kaiser Family Foundation 1988

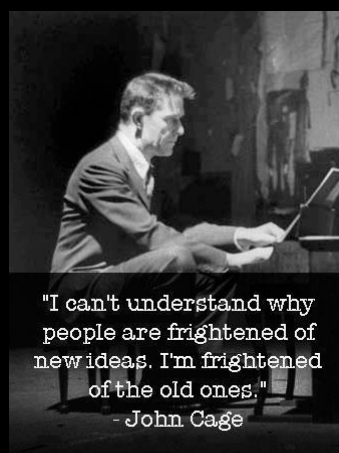
CAN WE BE SCIENTISTS?

“...the doctor as being primarily the practitioner of an art, in the Greek sense of *technē*, and so as being a craftsman rather than a scientist. A doctor is not and cannot be a scientist, not even an applied scientist; this is to pretend to a designation for a professional who is basically a consumer of the findings of medical research. A physician’s distinctive vocation is to be a master of the complex of practical skills that identify him as an expert craftsman or artist”

BLACK M. HUMANISTIC EDUCATION AND THE PHYSICIAN’S ART.
IN: CASSELL EJ, SIEGLER M. CHANGING VALUES IN MEDICINE.
NEW YORK: UNIVERSITY PUBLICATIONS OF AMERICA 1979: P 184

"The real purpose of scientific method
is to make sure Nature hasn't misled
you into thinking you know something
that you actually don't"

Pirsig R. Zen and the art of motorcycle maintenance.
New York: William Morrow 1974: 100



"I can't understand why
people are frightened of
new ideas. I'm frightened
of the old ones."
- John Cage