OsEAN – Teaching the Working Principles of Osteopathy

Active Communication and Shared Decision in Osteopathic Education

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OsteoPole, Promoting osteopathic research, Switzerland – Director
COME Foundation, Italy – BoT member
Declaration of interests
• Independent clinician with interest in promoting osteopathy to provide care for patients.

• Former Professor at the University of Applied Sciences and Arts Western Switzerland with interests in promoting research and evidence informed practice.

• Receives funds for research from the Swiss Osteopathic Science Foundation (SOSF), University Research Funds and and National Funds.

• Interest in promoting research
  - Board of Trustees COME
  - Scientific commission SOSF
My self-assessment of expertise and the Dunning-Kruger effect

- COVID-19
- History of osteopathy
- Biomedical ethics
- Valley of humility
- Mountain of stupidity
- Plateau of consolidation

Topics:
- Health science methodology
- Osteopathic concepts
- Neuroscience & perception
- Osteopathic education
- Public health

Beginner to Expert

Level of confidence
Level of skills
Plan
09:15  Soft skills in osteopathic practice (15’)
  • Defining roles and soft skills
  • Patient-as-partner approach and empowerment
  • Mindful & reflexive practice
  • Active communication & empathy
  • Shared decision making and Empowerment

09:30  Teaching approaches supporting integrative learning (10’)
  • Targeted skills
  • Reflective practice education
  • Passive versus active learning
  • Blended learning / Flipped classroom / PBL / SWOT

09:35  ActCom – (10’)
  • The ActCom project
  • Educational approach
  • Impact and feedback

09:45  Take home message (5’
Soft skills in osteopathic practice
(Beyond technicity)
Defining roles and soft skills

Sackett et al. (2000)
Haynes et al. (2002). *Evidence Based Medicine;* 7:36–8
McCartney et al. *BMJ.* 2016;i2452.
Defining roles and soft skills

Defining roles and soft skills

Valerjevna et al. Atlantis Press; 2020. doi:10.2991/aebmr.k.200324.139
Influencing factors
- Educational experience
- View of health and disease
- Epistemology of practice knowledge
- Theory-practice relationship
- Practitioners’ perceived therapeutic role

Conception of practice
- Technical rationality
- Collaborative
- Empowerment
- Professional artistry

View of osteopathy
- Practitioner-centred
- Collaborative
- Educator

Therapeutic approach
- Treater
- Communicator
- Educator

Interacting with patient and interpreting cues
- Body
- Person
- Patient

Approach to clinical decision-making and level of patient involvement
- Low level
- Equal level
- High level

Therapeutic goal
- Practitioner takes control and responsibility
- Practitioner shares control and guides patient
- Practitioner facilitates learning and control with patient

The dynamic biopsychosocial model

Defining roles and soft-skills

Figure 5  Proportion of patients (n=1144) having received specific treatments by osteopaths. High velocity low amplitude (HVLA), Osteopathic manipulative treatment (OMT)

Osteopathic care

Dimensions of care
- Physical care
- Behavioural care
- Cognitive care
- Emotional care

Aim
- Modify local physiology
- Modify movement / lifestyle
- Modify perception & give meaning
- Enhance self-confidence / self-efficacy

Change
- Alter tissues
- Alter actions
- Alter beliefs
- Alter feelings

Improve function
Defining roles and soft-skills

Patient-as-partner approach

Reflective practice

Active communication

Shared decision making

Empowerment

Tyreman (2000) Med Health Care & Phil; PMID 11079339


The concept of patient-centeredness and its importance in clinical practice

![Diagram](image)

Source: Authors’ comparison of the work by Morgan and Yoder\textsuperscript{13} and Collins\textsuperscript{12}

**FIGURE 3:** Person-centred care: A comparison of Morgan and Yoder’s\textsuperscript{13} ‘defining attributes’ and Collins’s\textsuperscript{12,24} ‘four principles’.

Table 2. Characteristics of Mindful Practice

| Active observation of oneself, the patient, and the problem |
| Peripheral vision |
| Preattentive processing |
| Critical curiosity |
| Courage to see the world as it is rather than as one would have it be |
| Willingness to examine and set aside categories and prejudices |
| Adoption of a beginner’s mind |
| Humility to tolerate awareness of one’s areas of incompetence |
| Connection between the knower and the known |
| Compassion based on insight |
| Presence |

Table 3. Levels of Mindfulness

<table>
<thead>
<tr>
<th>Levels</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Denial and externalization</td>
</tr>
<tr>
<td>1</td>
<td>Imitation: behavioral modeling</td>
</tr>
<tr>
<td>2</td>
<td>Curiosity: cognitive understanding</td>
</tr>
<tr>
<td>3</td>
<td>Curiosity: emotions and attitudes</td>
</tr>
<tr>
<td>4</td>
<td>Insight</td>
</tr>
<tr>
<td>5</td>
<td>Generalization, incorporation, and presence</td>
</tr>
</tbody>
</table>


Active communication & Empathy

Figure 2 Developing therapeutic rapport in the consultation (via an empathic search for understanding of the patient’s dominant thoughts, feelings and expectations)

The Expanded Four Habits Model

I Invest in the beginning
Create rapport quickly
Elicit patient's concerns
Plan the visit with the patient

II Elicit the Patient Perspective
Ask for patient's ideas
Elicit specific requests
Explore the impact on the patient's life

III Demonstrate Empathy
Be open to patient's emotions
Convey empathy verbally and nonverbally

IV Invest in the End
Deliver diagnostic information
Involve patient in making decisions
Complete the visit

Emotional expansion
Skill 1
Be sensitive to and explore the patient's emotions

Skill 2
Be explicitly empathic to emotional content

Cognitive expansion
Skill 3
Explore the patient's perspective and understanding

Skill 4
Promote insight to achieve better understanding

Coping expansion
Skill 5
Assess the patient's resources and strengths

Skill 6
Promote empowerment by focusing on coping

Fig. 1. The Expanded Four Habits Model. The original Four Habits Model constitutes the four upper boxes.

**MOTIVATIONAL INTERVIEWING**

- **RULES**
  - **RESIST** telling them what to do:
    Avoid telling, directing, or convincing your friend about the right path to good health.
  - **UNDERSTAND** their motivation:
    Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.
  - **LISTEN** with empathy:
    Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.
  - **EMPOWER** them:
    Work with your friends to set achievable goals and to identify techniques to overcome barriers.

---

**Open-ended** questions that allow patients to give more information including their feelings, attitudes and understanding.

**Affirmations** to help overcome self-sabotaging or negative thoughts.

**Reflections** as a way to express ambivalence.

**Summarize** to let your patient know that they are being heard.

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Benarous et al. (2014) Revue Médecine Interne; 35:317-321; [dx.doi.org/10.1016/j.revmed.2013.08.009](dx.doi.org/10.1016/j.revmed.2013.08.009)
Shared decision making

Three-talk model of shared decision making

1. Team talk
   - Work together, describe choices, offer support, and ask about goals
   - Let's work as a team to make a decision that suits you best

2. Option talk
   - Discuss alternatives using risk communication principles
   - Let's compare the possible options

3. Decision talk
   - Get to informed preferences, make preference-based decisions
   - Tell me what matters most to you for this decision

Active listening
- Paying close attention and responding accurately

Person centered care

- Self-management
- Self-efficacy
- Coping
- Goal setting
Teaching approaches supporting integrative learning
'Mapping' Indigenous Health Values as Interpreted Through the CanMEDS Framework

The Osteopathic Practice Standards set out the standards of conduct, ethics and competence required of osteopaths to ensure high-quality care for patients.

A. Communication and patient partnership

This theme sets out the standards relating to communication, the formation of effective patient partnerships, and consent.

READ MORE

B. Knowledge, skills and performance

All osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these throughout their careers.

READ MORE

C. Safety and quality in practice

Osteopaths must deliver high-quality and safe healthcare to patients. This theme sets out the standards in relation to the delivery of care.

READ MORE

D. Professionalism

Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession.

READ MORE
### Bloom’s taxonomy for six levels of cognitive learning

<table>
<thead>
<tr>
<th>Level</th>
<th>Example Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Remember</strong></td>
<td>define, repeat, record, list, recall, name, relate, underline</td>
</tr>
<tr>
<td><strong>2. Understand</strong></td>
<td>translate, restate, discuss, describe, recognise, explain, express, identify, locate, report, review, tell</td>
</tr>
<tr>
<td><strong>3. Apply</strong></td>
<td>interpret, apply, employ, use, demonstrate, dramatise, practice, illustrate, operate, schedule, sketch</td>
</tr>
<tr>
<td><strong>4. Analyse</strong></td>
<td>distinguish, analyse, differentiate, appraise, calculate, experiment, test, compare, contrast, criticise, diagram, inspect, debate, question, relate, solve, examine, categorise</td>
</tr>
<tr>
<td><strong>5. Evaluate</strong></td>
<td>judge, appraise, evaluate, rate, compare, revise, assess, estimate</td>
</tr>
<tr>
<td><strong>6. Create</strong></td>
<td>compose, plan, propose, design, formulate, arrange, assemble, collect, construct, create, set-up, organise, manage, prepare</td>
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</tbody>
</table>

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Learning objectives

- Cognitive skills
  - Critical thinking
  - Evaluative judgment
  - Reflective practice

- Psychomotor skills
  - Adapted / innovative technicity
  - Active touch
  - Mindful practice
  - Active communication

- Affective skills
  - Active communication
  - Active empathy

Reflective practice education

**Schön’s Reflective Model**

**Reflection in action**
- Thinking ahead
- Analysing
- Experiencing
- Critically responding

**Reflection on action**
- Thinking through
- Discussing
- Reflective journal

**Boud’s Reflective Model**

- Behaviour
- Ideas
- Feelings

- Returning to the experience
- Attending to feelings
- Re-evaluating experience

**Brookfield’s Reflective model**

- Self-reflection

- Scholarship

- Students’ feedback

- Colleagues’ experience

New perspectives on experiences
- Change in behaviour
- Readiness for application
- Commitment to action

## Passive versus active education

<table>
<thead>
<tr>
<th>Active approaches</th>
<th>Passive approaches</th>
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</thead>
<tbody>
<tr>
<td>Problem-based learning</td>
<td>Lecture</td>
</tr>
<tr>
<td>Case-based learning</td>
<td>Textbook reading</td>
</tr>
<tr>
<td>Collaborative learning</td>
<td>Passive clinical observation</td>
</tr>
<tr>
<td>Flipped classroom</td>
<td>Video based education</td>
</tr>
<tr>
<td>Project-based learning</td>
<td>Audio-book</td>
</tr>
<tr>
<td>Simulated environment education</td>
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<tr>
<td>Conceptual change strategies</td>
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<tr>
<td>Inquiry-based learning</td>
<td></td>
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<tr>
<td>Discovery learning</td>
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</table>

Michael. *Advances in Physiology Education*. 2006;30(4):159-167. doi:[10.1152/advan.00053.2006](https://doi.org/10.1152/advan.00053.2006)
Flipped classrooms


ActCom
### The ActCom project

<table>
<thead>
<tr>
<th><strong>Partners</strong></th>
<th>HES-SO Pavlov Institute</th>
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</thead>
<tbody>
<tr>
<td><strong>Grant</strong></td>
<td>SNSF leading House</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Develop and test a working package for teaching active communication in healthcare education</td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Action Research</td>
</tr>
</tbody>
</table>
| **Resources** | 1 PhD student  
2 Master students |
The ActCom project

Learning person-centred communication & shared decision making in health

Instructions for educators

v.0.2

Initial material created by
Paul Vaucher¹, Natalia Krasinikova², Elizaveta Vatska³, Youlia Smirnova³, Anna Beraboshina⁴, Joel Liengme⁵

¹ University of Applied Sciences and Arts Western Switzerland (HES-SO), School of Health Sciences Fribourg, Fribourg, Switzerland
² Pauls University, St. Petersburg State Medical University, St-Petersburg, Russia

Context: Systematic and integrative approaches of health and illness

Learning objective: To be capable of interviewing patients relying on a patient-centred approach accounting for personal social and cultural context that would affect health and communication.

Organisation: Two 6h lessons; one focusing on active communication skills and the other on the shared decision-making process.
The ActCom Project

Day 1
- Applied principle of clinical conversation
- Principles of active listening
- Non-verbal communication
- Active empathy

Day 2
- Person centred care
- Behavioural change and goal setting
- Self-management
- Coping
**Educational approaches**

- **Active learning**
  - Inverted classroom (Theory)

- **Collaborative**
  - Jigsaw approach (outreach to practice)

- **Simulation**
  - Role playing (practice)

- **Consolidation**
  - SWAT analysis (reflection)

**ASSISTING TECHNOLOGIES**

- Skype.app
- Slack.app
2. Exploring basic knowledge

Student instructions for Groups A – D

Required material
- Laptop or smartphone for reading documents (pdf format).
- 4G or wifi connection.

Procedure

Step 1 – Allocating tasks (15 min)
You have been placed in groups of 4-5 students and will be working on the group’s topic defined on the student list document (ActCom-L1-Student_list).

The first step is to find your local team members. Once your group is formed, please:
1. Identify the exercise material placed on Google Drive (ActCom-L1-support_material). This is done by opening the subfolder corresponding to your group name (letters A to D).
2. Open the question template (“ActCom-L1-QuestionX_template” / printed version) and read the questions corresponding to your group name.
3. Allocate questions to group members and agree on when you will meet again to share your findings (plan about 45 minutes).

Step 2 – Collecting and summarizing information (45 min)
The second step is to work individually to read through the material and find answers to your question. Please:
1. Read/look at all the provided material linked to your topic and take note of where you have found relevant information related to your question.
2. Extract a summary of all the important concepts you have found using keywords.
3. Draft a written documented response. Shared templates for people from your group (docs.google spreadsheets) are available online. The link is in the document folder (ActCom-L1-QuestionX_template).

Step 3 – Merge information and prepare restitution with eventual reference documents

4. Agree on who will present the collected and summarized material to the rest of the class (2 minutes).
Kim Longsht, 43 years old, has attended the clinic five days ago for an episode of acute low back pain on her husband’s recommendation who is followed by the same osteopath. During the past month, she has started feeling epigastric discomfort especially when sitting up. She is five months pregnant. She has had some slight vaginal bleeding following her previous consultation with the osteopath. Feeling the patient anxious and worried about more than her back pain, the osteopath suggested that the situation be tackled by a multidisciplinary team.

Kim works as an accountant in a large multinational company. She has a lot of responsibilities. She is originally from Hungary but has studied abroad in the UK and has now been living in Switzerland for two years.

The patient is seen by four clinicians. Their aim will be to understand her situation, to identify and decide on what needs to be addressed or prioritized between her low back pain, her vaginal bleeding, her gastric discomfort and any other issues she might be having.

Educational approach:

- Simulated patient
- Simulated clinicians
- Class

Active communication

ActCom

Role playing
Educational approach

S strengths

W weaknesses

O Opportunities

T Threats

SWOT analysis

Active communication ActCom SWOT analysis OsEAN 7th Open Forum
Transfering skills to practice

- **Specific**: What do you want to do?
- **Measurable**: How will you know when you’ve reached it?
- **Achievable**: Is it in your power to accomplish it?
- **Realistic**: Can you realistically achieve it?
- **Timely**: When exactly do you want to accomplish it?
IMPACT DU MODULE PÉDAGOGIQUE “ACTCOM” POUR LA GESTION DE L’EMPATHIE EN SITUATION CLINIQUE ; UNE ETUDE DE PREUVE DE CONCEPT SUR LE TRANSFERT DE COMPÉTENCES VERS LA PRATIQUE.

TRAVAIL DE MASTER

Projet de recherche soumis à la Filière en Ostéopathie du domaine de Santé de la Haute Ecole Spécialisée de Suisse Occidentale pour obtenir le grade de :

Master en Sciences mention ostéopathie (MSc Ost)

Soumis par :

Joel LIENGME

97-5092-51

Réalisé sous la direction de Paul VAUCHER
Version du manuscrit : 1.0
Date de soumission : avril 2020
## Impact and feedback

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<th>Subheading</th>
<th>Description</th>
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<td>Design</td>
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<tr>
<td></td>
<td>Survey questionnaire</td>
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<td></td>
<td>Interview / student feedback</td>
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<tr>
<td>Population</td>
<td>59 students (CH &amp; RUS)</td>
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<tr>
<td></td>
<td>12 followed both lessons</td>
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<tr>
<td>Intervention</td>
<td>2 day ActCom lesson</td>
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<tr>
<td>Outcome</td>
<td>Jefferson Empathy Scale [20-140 points]</td>
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<td>Open questionnaire</td>
</tr>
<tr>
<td>Timing</td>
<td>6 month follow-up</td>
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Impact and feedback

Impact

\[99.7 \text{ (SD10.8)}\] \[100.2 \text{ (SD12.3)}\]

\[p=0.738\]

\[n=33\]
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<th>Skype.app</th>
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<td>+++</td>
<td>+</td>
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</tr>
<tr>
<td>Interactivity</td>
<td>+</td>
<td>++</td>
<td></td>
</tr>
<tr>
<td>Overview</td>
<td>++</td>
<td>+</td>
<td></td>
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</tbody>
</table>
Transferring skills

Active learning not sufficient

Simplicity in IT is key

Favour technologies that help transfer to practice (portfolio, organigram, SMART goal assistant, etc.)

Inverted Classroom as Innovative International Educational Technology in Teaching Doctors in Global Challenges Era

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Take home message
Defining specificities of osteopathic education

- Valuing soft skills
- Active touch
- Patient-as-partner approach
- Facilitate change
- Integrate and reinforce
Useful links

https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e

https://standards.osteopathy.org.uk

https://zenodo.org/communities/actcom
TICOM team

- Anna Baraboshina (Master student)
- Joel Liengme (Master Student)
- Elizaveta Vatskel (PhD Student)
- Lea Awai (Lecturer HES-SO)
- François Allard (Lecturer HES-SO)
- Sandro Fossetti (Prof. HES-SO)
- Iulia Smirnova (Management)
- Susanne Rehacek (Travel)
- Natalja Krasilnivoka (Prof. Pavlov Inst.)
Thank you for your attention!

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The Learning Pyramid*

Average Retention Rates

5%  Lecture
10%  Reading
20%  Audio-Visual
30%  Demonstration
50%  Group Discussion
75%  Practice
90%  Teaching Others

Passive Teaching Methods

Participatory Teaching Methods

Adapted from National Training Laboratories. Bethel, Maine

Letrude et al. 2018: Cogent Education: 10.1080/2331186X.2018.1518638