OsEAN Workshop 2018

Challenges and obstacles in teaching clinical paediatric osteopathy
Discussion based workshop

✤ evaluate the challenges and obstacles we may encounter in teaching paediatric osteopathic diagnostics, reasoning and palpation skills.
✤ consider ways of supporting student learning
✤ consider how we might create a more healthy learning environment
✤ consider what skills we, as educators, need to develop to embrace collegial learning and best support our students in their osteopathic development
✤ discuss teaching paediatric clinical examination, reasoning and differential diagnosis
✤ review how we support students in learning these skills
✤ review teaching students to look out for red & yellow flags / functional issues are a diagnosis of exclusion
✤ review use of problem based learning in paediatric osteopathic education
✤ challenges: teaching paediatric clinical examination - diagnostics, reasoning and Palpation skills

Challenges

✤ supporting students in learning these skills
✤ teaching students to look out for red & yellow flags

Obstacles

✤ do you teach paediatric anatomy and physiology?
✤ do you teach the various developmental milestones?
✤ how do you teach the different common presentations of different age groups
✤ How do you teach assessment and palpation for babies and young children?
✤ How do you teach red and yellow flags for the different age groups / presentations?
✤ can you teach paediatric clinical examination, reasoning and differential diagnosis if students do not yet know differences between adult and paediatric anatomy?
✤ can you teach paediatric clinical examination, reasoning and differential diagnosis if students do not yet know normal child development and milestones?
✤ Can you teach appropriate techniques if students are unaware of differences in anatomy and physiology?
✤ Can you teach paediatric clinical examination, reasoning and differential diagnosis if students do not yet know differences between adult and paediatric anatomy?
✤ can you teach paediatric clinical examination, reasoning and differential diagnosis if students do not yet know normal child development and milestones?
✤ Can you teach appropriate techniques if students are unaware of differences in anatomy and physiology?

Solutions

✤ undergraduate / postgraduate teaching of paediatric anatomy and physiology
✤ undergraduate / postgraduate teaching of paediatric milestones and development
✤ undergraduate / postgraduate teaching of paediatric presentations and differential diagnosis
✤ Access to a children's clinic with clinical supervision
✤ Teaching of clinical methods / examination skills
Teaching of different approaches and techniques for babies and children
- students watch You-Tube and access other video resources to support learning
- video / online / elearning - case presentations and discussions
- development of video content from school to support learning

**Solutions re: teaching students to look out for red & yellow flags**
- case presentations and case discussions
- quiz / tests
- tutorials on differential diagnosis
- ensure that when they discuss possible differentials, you question for red and amber flags for that presentation
- emphasise that functional issues are a diagnosis of exclusion

**Obstacles - teaching about consent**
- who needs to consent?
- who can consent?
- what do they consent to?

**Obstacles - teaching examination**
- can you teach paediatric clinical examination without a children’s clinic?
- can you teach paediatric clinical examination without students practising on children (with clinical supervision) ?

- common issues that present at different ages
- red flag conditions that present at different ages
- neuromotor, social and other developmental milestones and how to test them
- how do you examine if they are crying / screaming?

**Obstacles - teaching palpation**
- teaching palpation and developing a sensory library
- how do you currently do this
- how do you train your teachers to do this?
- can you teach palpation and treatment of treatment of babies and children without access to a children’s clinic with clinical supervision ?

**Solutions: teaching assessment and palpation**
- access to a children’s clinic with clinical supervision
  - demonstration clinics: tutor demonstrates, students watch
  - demonstration clinics with students palpating
  - own practice - no supervision
  - mentoring in a clinic
  - video / online learning - maybe for learning to take a history - but not for assessment / palpation
  - other???
demonstration clinics
✦ tutor palpates and assesses, tells student their findings, student assesses to try to palpate these findings
✦ student palpates and assesses, tutor reviews and gives feedback / discusses findings
✦ tutorials exploring assessment palpatory qualities

Solutions: teaching treatment
✦ access to a children’s clinic with clinical supervision
✦ tutorials - students practice on each other
✦ demonstration clinics
✦ tutor does treatment, osteopath observes
✦ tutor discusses and recommends treatment, osteopath carries out recommended treatment
✦ tutor and osteopath discuss treatment, osteopath carries out treatment of their choice, tutor checks
✦ tutor and osteopath discuss treatment, osteopath carries out treatment of their choice, tutor does not check

Teaching treatment of children is not the same as teaching techniques
✦ clinical reasoning
✦ osteopathic reasoning
✦ how to approach treatment - rationale / different models of treatment

Challenges: supporting student learning
✦ what are your current methods of supporting student learning?
✦ what are your current strategies for creating a healthy learning environment?

Obstacles supporting student learning
✦ ensuring students are safe
✦ ensuring students have some knowledge
✦ how basic / detailed?
✦ examinations and assessments
  ✦ frequency?
  ✦ feedback / discussion?
  ✦ consistent standards - same or different markers / marking criteria?

Teaching Diagnosis - why?
✦ detect problems early
✦ acknowledge limitations - refer
✦ improve practice
✦ children can deteriorate quickly (but also improve quickly)
✦ medicolegal
✦ know and understand NICE paediatric clinical guidelines
Obstacles: Teaching Diagnosis

Students need to have a knowledge of the pathologies that present to develop an index of suspicion:

- Head
- Eyes
- Ears, nose, throat
- Cardiovascular
- Pulmonary
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Neurological
- Dermatologic
- Metabolic / Toxigenic
- Systemic / Autoimmune
- Other

- Many students come from an undergraduate osteopathic training that has exhausted them
- Many students are afraid of being wrong / giving wrong answers / doing techniques incorrectly
- Some students have a background in other manual therapies or medicine that makes them overconfident of their skills
- finding strategies that support osteopaths with mild learning issues or those that have not been in undergraduate education recently

Solutions: supporting student learning

- tutorials / lessons / practicals
- problem- based learning
- differential diagnosis and clinical reasoning skills
- case presentations and discussions
- peer review
- reflective learning journals and essays
- examinations and assessments
  - frequency - ongoing / end of term / end of year?
  - feedback / discussion ?
- children’s clinic
- watching teachers and colleagues
- practising on children
- real life presentations
- working on ‘difficult’ children, crying babies / uncooperative toddlers
- Training tutors / teachers
- Student feedback on course and on clinical teaching
- Ensuring faculty meet at least annually to review course, results, what is being taught, how it is being taught
- Faculty development workshops

Transformative Teaching

- partnership
- ‘apprentice’ relationship based upon mutual trust and respect
- act as a guide
- ask questions, challenge, whilst providing guidance and encouragement
- allow exploration of new ideas
How?
- fine tune and develop skills
- transfer skills - don’t do the job for them
- question to facilitate students own thought processes in order to identify solutions and actions

Overcoming challenges
- can undergraduate courses teach paediatric osteopathy effectively?
- do undergraduate courses teach paediatric osteopathy safely?
- is there time / space on an undergraduate course?
- if so
  - what is being taught ?
  - what should be taught?
  - if it is not being taught as fully as appropriate, we must ensure students know what they don’t know

How?
- help set goals?
- help osteopath assess progress in relation to these goals?
- observe, listen and ask questions to understand where the student is in their current ability
- creatively apply tools and techniques for that person to assist / support them
- maintain unconditional positive regard
- be supportive, non-judgmental
- be neutral
- do not let them depend on your input always
- continually challenge them to improve competencies and set new goals
- how?
- model patterns of thought
- model osteopathic thinking and reasoning
- model problem solving
- model being creative
- model how we meet the patient’s needs

we are here to guide / nudge our tutees into their Zone of Proximal Development

Vygotsky: psychologist (1896–1934) during the last ten years of his life.[2]
- process through which students learn effectively in cooperation with a teacher.
- ZPD = student’s range of ability with -> without assistance from a tutor
- tutor acts as ‘scaffold’ - providing minimum support
- “*Scaffolding [is] the way the adult guides the child’s learning via focused questions and positive interactions
- assist without denying tutees need to build their own foundation
- find balance between supporting and pushing student to act independently
- challenge tutee to reach beyond his or her current ability level
- if instruction falls outside of the zone (above or below ZPD) no growth occurs
How do we do this?

know....

find out....

ZPD in clinic

- Basic skills - get them to keep showing you
- Ask them questions / ‘joined up thinking’
- Show them new approaches / new ways of looking at a problem / new techniques
- Discuss what result they hope to get today, discuss different approaches how they might achieve that result, leave them to make a change. go back and check they did it (DON’T DO IT FOR THEM), then ask questions....
- If there’s something they aren’t sure about - get them to look it up - and check they did
- Observe, listen and ask questions to understand where the student is in their current ability to work with a patient who has this issue
- Ask what they have encountered previously that was similar, and what tools they used in their prior experience
- Creatively apply tools and techniques for that person to assist / support them

Passing on knowledge

Model:

- Patterns of thought
- Osteopathic reasoning
- Problem solving
- Being creative
- Meeting the patient’s needs
- Fine tune and develop skills
- Transfer skills - don’t do the job for them
- Question to facilitate students own thought processes in order to identify solutions and actions
- Ask if they think what they have done has had the result they wanted

In Clinic

- Guide palpation
- Ask questions
- Challenge habits
- Encourage exploration
- Give different models to try
- Model behaviour so they can observe how you meet the patient
- But also appreciate they may get a better result by doing it ‘their’ way
- Describe what you are doing
- Tell students what you look for when assessing a patient
- Tell students where you assess and why
how do you teach students how to look / listen / palpate?
if “a visible segment is a segment in trouble”, how do you teach them to recognise the segments / parts in trouble?

Passing on knowledge

consider what skills you, as an educator, need to develop next to embrace collegial learning and best support your students in their osteopathic development

Improve our teaching skills

- review the different learning styles and understand your own learning and teaching style
- use different teaching methods
- SWOT analysis on own teaching
- feedback from colleague / peer review
- further education / development

Solutions - different post graduate teaching models

- 1-3 year post graduate course with weekly - monthly children's clinics where osteopaths observe other osteopaths treating
- 1-3 year post graduate course with weekly - monthly children's clinics where osteopaths do the assessment and treatment themselves
- modular post graduate course with osteopaths visiting other osteopaths practice to observe paediatric cases
- modular post graduate course with osteopaths visiting other osteopaths practice to take paediatric cases themselves
- apprenticeship model - osteopaths observe and treat alongside experienced colleague with no formal teaching

No post graduate paediatric course is perfect

- Some deliver unsafe paediatric osteopaths
- Some courses are too onerous, some too simplistic
- Some over-test and over examine students, others under test and under examine them
- Some courses emphasise knowledge, others emphasise manual skills

discuss post graduate training more extensively in conferences like OsEAN (primarily focusses on undergraduate training)
design a strategy for developing paediatric osteopathic skills within colleges and beyond
??? accreditation / qualified paediatric osteopaths ???