6th “Open Forum for Osteopathic Education” Conference

18th & 19th October 2018 - Lyon, France

TEACHING OSTEOPATHIC DIAGNOSTICS

OSTEOPATHIC COMPLEX ADAPTIVE CARE

- CLINICAL REASONING IN THE LIGHT OF THE CYNEFIN FRAMEWORK -

Christian Lunghi

Osteopathic European Academic Network
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SUMMARY.

- OSTEOPATHIC CARE - CLINICAL REASONING: CONTEXT
- OSTEOPATHIC CARE - CLINICAL REASONING: A PRACTITIONER MINDLINE BASED ON CORE COMPETENCIES ROI
- OSTEOPATHIC CARE - CLINICAL REASONING: HOW TO TEACH SIMPLE IN A COMPLEX REAL WORLD
### What do we need today to manage the four big challenges?

<table>
<thead>
<tr>
<th>Technical challenges</th>
<th>Adaptive challenges</th>
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<tbody>
<tr>
<td>Simple or complicated problems</td>
<td>Complex problems</td>
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<tr>
<td>An expert somewhere already knows the solution (a puzzle)</td>
<td>Solution is unknown and must be discovered (a mystery)</td>
</tr>
<tr>
<td>A technical intervention exists or can be constructed to solve the problem</td>
<td>No expert or technical intervention can solve the problem</td>
</tr>
<tr>
<td>Solution does not require material learning and behavior change by the person(s) experiencing the problem</td>
<td>Solution requires learning and behavior change by the person(s) experiencing the problem</td>
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<tr>
<td>The challenge is addressed by identifying and applying the expertise and technical interventions required to resolve the problem (technical work)</td>
<td>The person(s) with the challenge must work (overcome resistance) to discover (learn) and adopt the new beliefs, attitudes, and behaviors required to resolve the challenge (adaptive work)</td>
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The definition of the functions and activities characterizing the new health professions takes place avoiding overlapping with the professions already recognized or with the specializations of the same profession.

Identification and establishment of the osteopath health profession.
Top-down model to defines “competence domains” as “functions” and “competencies” as “activities” allowing one to define the role of profession, within the healthcare system, based on the health needs of the population.

- F1. Health promotion and prevention
- F2. Osteopathic care
- F3. Therapeutic education
- F4. Scientific research
- F5. Education
- F6. Continuing professional development
- F7. Quality and management
BASE CLINICAL REASONING ON OSTEOPATHIC PRINCIPLES AND MODELS.

APPLY EVIDENCE BASED PRACTICE IN OSTEOPATHIC CLINICAL ACTIVITY CONSIDERING THE EXPECTATIONS AND VALUES OF THE PATIENT AND THE POPULATION.

EVALUATE THE INDICATION FOR OSTEOPATHIC TREATMENT, IDENTIFYING THE CLINICAL RELEVANCE OF OSTEOPATHIC PALPATION FINDINGS IN RELATION TO MULTIDIMENSIONAL COMPONENTS OF THE PATIENT’S PRESENTATION/NEEDS.
Evidence based guidelines or collectively constructed “mindlines?”

Ethnographic study of knowledge management in primary care

John Gabbay, Andrée le May

Evidence based health care.
Between the ideal paradigm and clinical reality.

What is already known on this topic

Considerable work has been done to elucidate the factors that help to get research into clinical practice

A large knowledge management literature from other sectors indicates that tacit rather than explicit research-based knowledge underpins much professional work

Very little detailed observation of the ways in which clinicians derive and use their knowledge in practice, either collectively or individually, has been reported

What this study adds

Primary care clinicians work in “communities of practice,” combining information from a wide range of sources into “mindlines” (internalised, collectively reinforced tacit guidelines), which they use to inform their practice

This has important implications for the dissemination and use of clinical research findings

Thank you for welcoming the presentation of "my Mindlines"

... with their mistakes, but also with their ability to self-correct them contextualizing the best evidence in the art of OSTEOPATHIC CARE

UTOPIA

REAL WORLD

Construction of mindlines
From tradition to renovation

Osteopathic care

- PERSON CENTRED CARE
  - i.e. Osteopathic care

- HOST
  - ADAPTIVE CAPACITY
    - SELF-REGULATIVE ACTIVITIES

- DISEASE
  - ANATOMOPATOLOGIC ALTERATIONS

- ILLNESS
  - PERSON'S SICKNESS EXPERIENCE

- INTEGRATIVE MEDICINE
  - BIOMEDICINE

- CR
- BPS
- EM
- N
- B
1. **OBJECTIVE EXAMINATION**
   - Constitutional and postural observation
   - Physical examination tests

2. **DIFFERENTIAL DIAGNOSIS**
   - Indication-contraindications

3. **MULTIDIMENSIONAL ASPECTS OF PATIENT'S CONDITION**
   - Familiar symptoms and concordance signs

4. **INDIVIDUAL ADAPTIVE ABILITY**
   - Stress and allostatic biomarkers, lifemarkers, psicomarkers
   - Salutogenesis indicators (SOC)
   - Self-regulative B-N-EM-CR-BPS functionality (biomedical functional tests)

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**OSTEOPATHIC CARE - TREATMENT PLAN**

- Of the current session (integration of the maximalist or minimalist approach with the symptomatic approach);
- Of the entire treatment (frequency between sessions, ongoing management, etc.);
- Sharing the plan with the person.

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**SPECIFIC-MINIMALIST APPROACH**

Direct, indirect, combined techniques; the activation force is coherent with dysfunctional tissue and model selection.

**SYMPTOM BASED APPROACH**

Techniques selected by research studies conducted on similar complaints and/or related to regional interdependence.

**PROGRESSIVE INDIVIDUALIZED APPROACHES**

Lifestyle, exercise and nutritional advice

**SYSTEMIC-MAXIMALIST APPROACH**

Systemic, homeostatic-adaptogenic techniques; the activation force is coherent with the overload function and model selection.

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**OSTEOPATHIC DECISION-MAKING PROCESS**

**CASE HISTORY**

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**OSTEOPATHIC ASSESSMENT**

**TISSUE ALTERATIONS RELATED TO GAS AND SELF-REGULATORY CAPACITY (I.E. FASCIAL PATTERNS)**

**TISSUE ALTERATIONS RELATED TO LAS (I.E. SOMATIC DYSFUNCTION)**

**OSTEOPATHIC DIAGNOSIS**

Integration of biomedical and osteopathic findings for the selection of structure-function models and osteopathic techniques.

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Complexity: how to teach simple?

ACTION LEARNING CONVERSATION → DESCRIPTION OF A DISORIENTING PROBLEM AND DIFFICULT SOLUTIONS

- CASE BASED LEARNING -

- INTEGRATED LEARNING SCENARIOS -

INDIVIDUAL MINDLINE
ACTION LEARNING CONVERSATION → COLLECTIVE REFLECTION PROCESS

Complexity: how to teach simple?
**Case Study 1.**

**Roundtable Discussion Workshop**

**Discussion, Demonstration and Validation of**

- **Patient's Case History,**
- **Pathophysiology,**
- **Contraindications,**
- **Objective Examination**
  - Physical Examination of the Patient Presentation
  - Allostatic Overload Assessment
- **SOC**
- **Self Regulation Systems Overload Assessment**

**Creating a Framework**

- **Osteopathic Assessment:** (CF-CD/cD)

**Patient-Based Application Workshop**

Supervised Application of Manipulative Treatment Techniques for a Patient with this Diagnosis. The workshop is designed to evaluate the student's or practitioner's diagnostic and psychomotor skills when providing an osteopathic manipulative treatment for an actual (or simulated) patient.

**Osteopathic Care Treatment Plan:** (CF-CD/cD)
### World Café Guidelines

- **Have Fun**
- **Play Together**
- **Draw**
- **Doodle**
- **Listen Together**
- **Link and Connect Ideas**
- **Focus on What Matters**
- **Contribute Your Thinking**
- **Speak with Your MIND and HEART**
- **Listen to What MIND... and HEART**
- **Facilitate Yourself and Others**
- **For Patterns, Insights, Deeper Connections**

### World Café Guidelines

- **Have Fun!**
- **Play!**
- **Experiment!**
- **Improvise!**

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**World Café: How it takes place?**

- **Create 4 groups of 11 people seated around a table**
- **Nominate the groups referents**
- **Description of CASE and MINDLINE (disorienting problem and difficult individual solution)**
- **Discussion of the group about different aspects or questions of the topic previously presented**
- **Graphic expression of concepts and ideas emerging in the group**
- **Cross-Pollination**
  - The referents welcome the participants and summarize the ideas and themes that emerged in the previous dialogue.
  - During the summary, the participants connect the ideas of the previous dialogues.
- **Sequence of successive turns**
- **Plenary discussion, identification of recurring patterns and units of meaning**
- **Creating a new framework – a collective MINDLINE**
SUGGESTED READINGS


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OsEAN
Osteopathic European Academic Network

"You are not a drop in the ocean. You are the entire ocean in a drop."
Jalal ad-Din Muhammad Rumi