

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
 - ❖ written? practical? essay? dissertation? viva?
 - ❖ 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 / Toxicogenic
- ❖ 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
 - ❖ written? practical? essay? dissertation? viva?
 - ❖ 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 ???