EDUCATIONAL STRATEGY

FOR TRAINING OSTEOPATHIC DIAGNOSTICS

Irina Egorova MD,DO,PhD, Elena Zinkevich EdD,PhD, Alexander Buchnov, MD,DO, PhD

OSTEOPATHIC DIAGNOSTICS

A vital task within osteopathic training is mastering of professional competences (PCs) such as readiness and ability to conduct osteopathic diagnostics and treatment.

The study of professional osteopathic activity within a systemic approach suggests an analysis of the activity level when practicing individual analyzers, perceptual, mnemonic and intellectual processes of a specialist, as well as the detection of the psychological structure of their activity in general. This allows for an estimate of PCs and development of criteria and an algorithm for forecasting successful performance.

While conducting the factor analysis of PCs structure, it was found that the grounds for successful training and osteopathic activity would be:

- 30.0% fine manual coordination and muscle finger memory (see Fig.1)
- 17.8% individual psychological features of personality
- 11.2% visual-figurative thinking (see Fig.2)
- 7.3% visual spatial perception (see Fig.2.3)

It is worth noticing that the following individual psychological characteristics of a person as... may have a negative effect on cognitive processes (memory, attention, and thinking), and, therefore, the training and its outcome, as well as the results of osteopathic diagnosis and treatment.

osteoPATHIC THINKING

In order to master the techniques of osteopathic diagnosis, an osteopath must have a well-developed clinical osteopathic thinking allowing him to quickly and timely decide on a cause of a disease, given the range of conscious and unconscious, logical and intuitive components of their diagnostic experience.

The method of development of clinical osteopathic thinking is a task-based technology that involves learning to solve clinical problems and fulfill clinical tasks that underlie the formation of osteopathic PCs, enabling systemic osteopathic diagnostics.

DEVELOPMENT OF CLINICAL OSTEOPATHIC THINKING

The osteopathic approach to diagnosis focuses on a variety of practical techniques to assess a patient's state, diagnose illnesses, and conduct treatment of a patient»

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OSTEOPATHIC PROFESSIONAL COMPETENCES

1. Latency
2. Efficiency
3. Stability
4. Accuracy

The task-oriented technology constitutes environment for studying osteopathic philosophy and generating clinical osteopathic thinking. The task-oriented technology is implemented by the teachers' stuff, which permits to form a common educational osteopathic viewpoint through the content, organizational and functional features of the osteopathic training.

3. PHILOSOPHY OF OSTEOPATHY

Osteopathic philosophy is qualitatively different from the philosophy of allopathic medicine. The difference lies in the systematic approach of an osteopath to the diagnosis of osteopathic lesions, identification of cause-effect relationships, and the restoration of violated body functions.

In terms of philosophy, clinical thinking should be viewed as an extremely complex cognitive abstract thinking, aimed at solving of patient's problems, by searching for casual connections (based on the range of the conscious and unconscious, logical and intuitive components of the experience) and creating a general conclusion, which forms the basis of the clinical decision for diagnosis.

4. TASK-ORIENTED OSTEOPATHIC TRAINING TECHNOLOGY

The task-oriented technology is implemented by the teachers’ stuff, which permits to form a common educational osteopathic viewpoint through the content, organizational and functional features of the osteopathic training.

5. CONTEXT OF CLINICAL OSTEOPATHIC OBJECTIVES AND TASKS

A woman aged 35 suffering from constant stuffiness in her right ear and night snoring went to see an osteopath. The signs have been disturbing her for over 2 years. Significantly limited mobility of her right petro-basilar syndesmosis was revealed.

What are the main factors that influenced the development of symptomatology? Justify the answer, using knowledge of anatomy and physiology.