

Innovative Osteopathic Practice Education

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Background – Observation in Aarhus University Medical School Denmark

- Need identified for experiential learning in novice Doctors
- Laboratory set up with real or sim doll patients
- Newly qualified Doctors have 3-4 days at the unit during their first rotations
- Real case examples from Hospitals are used
- Doctors role play the various members of the team
- Specialist in each case area covered feedback to teams and share their experience

Acute Care – a kinaesthetic learning experience

Cases covered: bleeding ulcer with Hypotension, Myocardial Infarction, obstructed airway, anaphylactic shock, morphine overdose/respiratory failure, congestive heart failure and more....



Pilot – Oxford Brookes University Ferndale Campus

- 8 Students – 2 groups of 4 students
- 2 Cases: CES and uterine fibroid both presenting with back pain
- Tutors acting as patients and assessors
- Each group see both cases
- Each student has separate role in each consultation:
 - a) Case history
 - b) Examination
 - c) Patient management/treatment as appropriate
- Consultation in real time ie 1 hour
- Feedback given to groups after exercise

Evaluation of Exercise

- Written evaluation feedback was done on exercise
- Results encouraging, student feedback overall very favourable
- 100% Response rate

EVALUATION QUESTIONNAIRE RESULTS

The assessment was a useful clinical exercise strongly agree 8 agree 0 disagree 0 strongly disagree 0

The exercise was relevant to my learning strongly agree 8 agree 0 disagree 0 strongly disagree 0

Have you any suggestions as to how the exercise could be improved?

Comments: More cases.

Is there anything you disliked about the exercise?

Comments: 1 student uncomfortable about getting feedback in front of the group

Group Formative Assessment 14 April 2011

- 30 Student Participating
- 6 Cases with real patients and tutors as patients
- Groups will rotate ie all students experience all 6 cases
- Cases a mixture of Red flags, yellow flags, orthopaedic and rheumatology requiring monitoring or referral
- Students working in groups of 5
- Each student will take the role of case history taking, examining or patient management in half the cases, they will observe and be part of group discussion in the remaining cases
- Tutors each give 5 min feedback and 5 min PPP on each case

Group Formative Assessment – Set up

- 2 Large Practical Labs used
- Cameras record interactions for future use in teaching/assessment
- Floating moderator organises timekeeping and gives additional feedback



Conclusion

- Quality control of student exposure to challenging cases is difficult
- OSCE style exams means quality control but too few cases covered
- PBL learning increases number of cases but lack practical element
- Long Case (CCA's) offer more cases but no quality control
- Formative Group Assessments/workshops with real patients allows mass student exposure to a number of challenging problems and could be a good addition to osteopathic educational methods