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Resources and case studies to help osteopaths meet the requirements of the proposed GOsC CPD scheme

Objective activity

General Osteopathic Council

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Contents

Acknowledgements

These resources are published to support the *CPD Guidelines*. They have been developed in partnership with regional groups, educational institutions, advanced practice groups, the Osteopathic Alliance and other organisations.

CPD using an objective activity

What is the purpose?

The purpose of objective activity is to enhance and inform practice and CPD, through analysis and reflection on the views of others. Some osteopaths may choose to ask other professionals to analyse their data and support self-reflection.

What is an objective activity?

An objective activity might be:

- patient feedback, analysis and reflection
- peer observation feedback, analysis and reflection
- clinical audit, analysis and reflection
- case-based discussion, analysis and reflection

What do you mean by 'analysis' and 'reflection'?

Broad definitions are:

- Analysis: consideration of feedback and/or data to identify areas of strength and areas for further improvement/development
- Reflection: consideration of areas of development, identifying and implementing appropriate CPD to bring about improvement.

How do I record and provide evidence of these activities?

Completed examples and analysis of patient feedback are available in the dummy CPD folder, which can be found in the resources relating to the *Osteopathic Practice Standards.* Pages 5 to 13 of this document offer resources developed by osteopaths that are relevant for peer observation.

Who can help me?

Pilot studies have shown that the use of objective feedback, analysis and reflection are all areas where many osteopaths require additional support. There are many organisations and resources available to help.

Can I use another organisation to design an objective feedback template, do the analysis for me and then provide me with the results?

Yes, some CPD providers offer packages to support osteopaths to undertake automated feedback and analysis as well as support.

Where can I get hold of resources?

Information about organisations and groups that can help you to undertake objective activities is available on the on the GOsC website.

Case study 1: Objective activity – peer observation

Carlisle Pathfinder Group February 2014

Summary

The Carlisle Pathfinder Group comprises around 10 osteopaths, some of whom work together in a group practice and others who are sole practitioners or non-practising. The osteopaths all practise using a variety of different osteopathic approaches.

This example shows how some members undertook a peer observation exercise.

Planning

The peer observation method involved three people in total: the osteopath under observation; the observer (who could be an osteopath or other healthcare professional); and an actual patient. The date and time for the observed osteopathic consultation was agreed and an additional appointment slot was kept free immediately afterwards in order to provide enough time for discussion.

What did they do?

- The osteopath under observation and the reviewer set out their aims. These might be general or could focus on a particular topic agreed beforehand, e.g. discussing consent, a specific technique, or explaining a diagnosis.
- After gaining permission from the patient, the osteopath conducted their normal consultation. This could be with a 'new patient' or a 'follow on' appointment.
- The observer sat in the corner and took notes.
- Time was then set aside after the session (approximately 30 minutes) to discuss the findings.

What did the osteopaths learn?

Participants found these peer observations to be extremely helpful. Very rarely did a patient refuse to take part. Both the observer and the osteopath gained from the experience. When appropriate, areas for further research and/or techniques to practice were discussed and a plan for future action was drawn up. This helped both parties to consolidate the experience and supported reflection.

What were the concerns/barriers and how were these overcome?

The main concern was to build a trustful and supportive relationship between the osteopaths ahead of the peer observation. It can be intimidating to allow another osteopath to observe one's practice. The group recommended that the osteopaths spent some time getting to know each other before beginning the observation. The peer observation was treated as a reciprocal experience so that both parties experienced the giving and receiving of feedback. It is also important that osteopaths are comfortable with the approach, and the patient has confidence in the process in order to provide informed consent.

Would you do it again?

Yes, the group started these peer observations as part of the GOsC 2012 revalidation pilot and found them so helpful that it now undertakes them about twice a year. Participants find both parties learn a great deal from the process.

Case study 2: Objective activity – role playing practice scenarios as a group learning experience

Carlisle Pathfinder Group
February 2014

Summary

The group used role play to explore scenarios that members had encountered in practice. This created a learning experience for all those present. Patient confidentiality was maintained throughout.

Planning

The session worked best by setting aside about two-and-a-half hours for a group CPD session, inviting up to 10 osteopaths to attend a clinic to observe and discuss the role play. It helped for osteopaths to bring their own case history sheets: the version used by the Carlisle Pathfinder Group is included at the end of this case study.

What did they do?

- Osteopath A chose an interesting case they had experienced (ensuring that identifying details remained anonymous). Other participants were not aware of the details of the case beforehand.
- Osteopath A played the part of the patient during the case history taking, while the group watched. It was helpful to give a brief physical description of the 'patient', including any obvious visual clues such as mobility, whether they looked well or not, any evident disability etc.
- The case history was taken by Osteopath B, who had no prior knowledge of the case. The role players (Osteopaths A and B) tried to replicate a typical clinical encounter.
- Following the case history, other participants in the group were asked if there were any additional questions they would like to ask.
- At this point, participants were invited to suggest possible differential diagnoses. There could be discussion as to how these were arrived at. Such discussion and related learning points should be recorded by all.
- Osteopath B, who took the case history in the role play, then switched roles to play the part of the 'patient'. Osteopath A – who saw the original patient – performed the physical examination as originally carried out.
- Observer participants were asked if they would perform any other tests and if they had revised their differential diagnoses. Discussion took place regarding the next course of action. Again, the discussion and related learning points should be recorded by all.
- Osteopath A explained the original course of action and the eventual patient outcome.

- General discussion covered the case. Again, all participants recorded their own observations on the case, feedback and learning points.

- At the end of the session, participants took a few moments to reflect on what they had learned and whether there was any additional CPD that they might benefit from. It was also helpful for all participating osteopaths to consider which themes of the *Osteopathic Practice Standards* had been covered during the discussion. It was common for all the themes – of communication and patient partnership, knowledge, skills and performance, safety and quality in practice and professionalism – to be covered in the case-based discussion.

How long did it take?

The session took about two-and-a-half hours in total.

Would you do it again?

Yes. The group's experience is that generally everyone learns something about their own practice as a result of the role play. Identifying just one learning point and the relevant CPD to address that point can be sufficient to meet the requirement for objective feedback and can contribute to discussion as part of an osteopath's Peer Discussion Review. More importantly, this can contribute to enhanced quality of care.

Role playing case histories as a group learning experience

EXAMPLE TEMPLATE TO SUPPORT THE SESSION

Case history

Gender / Age / Height / Weight:

Presenting complaint:

Recent history:

Past history:

Aggravating factors:

Relieving factors:

Medical history / General health:

Family history:

Medication:

Systemic (CVS / RESP / GI / GU / NEURO):

Any additional case history questions:

Differential diagnoses at this point:

Physical Examination

Which tests were originally performed? (demonstrate):

Any additional examination / testing suggested?

Any change in differential diagnoses?

Next course of action?

Practitioner's original diagnosis and/or course of action?

Eventual outcome?

Discussion

Learning points

Which themes of the *Osteopathic Practice Standards* were covered?

Communication and patient partnership	Knowledge, skills and performance	Safety and quality in practice	Professionalism

Case study 3: Objective activity – group case-based discussion

Lymm Pathfinder Group April 2014

Introduction

Members of the Lymm Pathfinder Group work in a variety of types of practices – including sole practice and practice with other health professionals – and use a range of different approaches. The group provides an opportunity to undertake CPD together.

Summary

Discussion of a hypothetical case history at the lead osteopath's practice and group discussion of learning points to inform application of the *Osteopathic Practice Standards.*

Planning

Osteopaths were invited to the lead osteopath's practice for a CPD evening. The aim was for at least seven osteopaths to attend to ensure a good variety of discussion. All osteopaths were known to each other through the Cheshire CPD Group. The lead osteopath developed a hypothetical case for group discussion, based on cases s/he had seen.

What did they do?

The meeting started with the lead osteopath introducing the case, providing an anonymised information about the case history, the examination, and differential diagnosis. The lead osteopath explained their clinical reasoning and discussed the treatment plan.

Other osteopaths then discussed and explored each of these aspects, including the clinical reasoning and different approaches they might have taken with the patient. The discussion was open, allowing for a variety of osteopathic approaches and perspectives, as well as an opportunity to review aspects of the *Osteopathic Practice Standards*, including confidentiality, and safety and quality in practice.

What were the concerns/barriers and how were these overcome?

Developing the trust to share different approaches to cases was important. The group was a little unsure about some of the questions asked and was not sure they had been fully answered.

What did the participants learn?

The participants felt reassured exploring and explaining their approaches. However, many other learning points were also identified. These included:

- Inclusion of more information about confidentiality to reassure the patient
- Red flags – further exploration of the 'pathological sieve'
- Referral letters to GPs – providing updates reflecting progression of treatment for symptoms
- The need to keep up to date with current health and safety legislation, insurance and the Osteopathic Practice Standards.

Was it useful?

Yes. To quote one participant: 'We enjoyed being together – talking "Osteopathic shop". We had strong personalities working together. I felt it was an achievement developing and trusting each other and not judging others. We developed support, explanation and sharing of practice. I thought it was very good for strengthening relationships for the future osteopathic network and peer group and for strengthening our approach to enhancement of practice and patient care.'

The group found that participants' discussions covered aspects of all of the themes of the *Osteopathic Practice Standards*, including communication and patient partnership; knowledge, skills and performance; safety and quality in practice; and professionalism.

Would you do it again?

Yes. Next time, now the group has built trust and confidence, participants will present their own cases and gather feedback on these in the same way in order to inform CPD. The group may also want to design its own templates, rather than using ones from the GOsC revalidation pilot, as it was felt these needed adapting slightly for the method used.

Case study 4: Objective activity – clinical audit

Belfast Pathfinder Group
April 2014

Summary

One of the members of the Belfast Pathfinder Group has developed a secure 'app' (application) for recording data at the end of each consultation. This provides a resource to enable clinical audit data analysis to take place automatically, supporting reflection on practice.

Planning

Once the application is set up, the relevant data are entered, which takes five minutes at the end of each consultation. Data fields include:

- Gender
- Age
- Demographics
- How patient heard about me
- Symptoms
- Patient outcomes
- Patient treatment reactions
- Post-treatment advice
- Average number of patient visits / number of treatments
- Information about patients not returning

The tool can automatically analyse data for the purposes of clinical audit, providing information about practice over time. Some pre-planning is needed in relation to the questions asked. These questions can then be asked at regular intervals to see if responses are changing.

What did they do?

The member began recording information over the course of a month for all continuing and new patients seen during that time. All consented to their data being held for these purposes.

The following questions were identified to explore practice – and to compare an individual osteopath's results with those of colleagues in order to start to develop 'benchmarks':

- How successful am I? If percentages are lower in some areas it prompts the osteopath to reflect on these aspects of practice and perhaps indicates areas of CPD for further development.

- What percentage of my patients are getting worse? Is this consistent, moving up or moving down? This measure enables further reflection on cases and again indicates areas of potential CPD.

- Regarding advice provided following treatment: How often is this done? Does this impact on patients returning if not provided, for example?

- How many patients have treatment reactions? Is this above or below the average? If so are the treatments too intense? Again, this is an opportunity for an osteopath to reflect on appropriate CPD, and to explore these questions through a course or through their own reading and discussion with colleagues.

- How are patients finding out about me?

What did participants learn?

The app is currently giving data which are very useful for clinical auditing. For example, it provides data on patients' gender, age, occupation, and demographics and how they heard about the osteopath.

The data collected help to provide a 'baseline' in terms of patient care, against which future developments can be measured. The app's developer, for instance, is collecting and analysing data around patient outcomes, including:

- How successful am I with particular groups of patients/symptoms?

- How many patients get treatment reactions?

Data on the average number of patient visits are helpful because patients often want this information. It is also potentially useful for larger clinics to be able to answer the questions: Are some associates not getting patients to return as often as others? What is the reason for this? Is it the type of patients seen? Are they very good osteopaths? Is something putting off patients?

The developer also discovered through the tool that fewer patients than he had thought were coming to him as a result of his advertising in the Yellow Pages and via the yell.com website, so he decided to reduce advertising through these channels. More patients were making contact through his website, which he realised needed to improve further to ensure that prospective patients had the information they needed on what to expect from their first appointment and information about complaints etc.

Other potentially useful data showed the ages and professions of patients, and where there were unrepresented groups. This information indicated potential areas for focus or expansion.

What were the concerns/barriers and how were these overcome?

There were some challenges in ensuring that the app was appropriate for holding secure, anonymised information about patients, but the necessary level of security was achieved successfully.

The next challenge was being able to ask the right questions and explore whether the data were providing the relevant answers. For example, if an osteopath's rate of 'success' is lower than that of colleagues, is that due to the treatments provided or because the patient profile is different? For example, one osteopath's patients may tend to have chronic pain and co-morbidities, while a colleague's patients tend to have more acute conditions.

Despite these challenges, osteopaths using the app are finding it a useful tool for exploring practice in a way that is simple and straightforward.

How long did it take?

Developing the right questions took about an hour. Analysing the data is instant. Reflecting upon the data with colleagues and developing CPD action plans took a further half-hour.

Would you do it again?

Yes. The developer is continuing to work on this app and feels it is a very useful tool that promotes self-reflection to guide CPD.

Case study 5: Objective activity – case-based discussions

College of Osteopaths
June 2014

The College of Osteopaths designs several objective, structured clinical examination (OSCE) case studies each academic year against the *Osteopathic Practice Standards*, in order to help advance understanding of the four themes of the Standards. Although the cases are hypothetical, they draw on real clinical experience (ensuring anonymity and seeking consent where appropriate).

The case studies are currently used by students and for staff development. Participants who have discussed these case studies have found them extremely helpful to promote consideration with others of their own knowledge, skills and experience.

Further information can be obtained from the College of Osteopaths at:
www.collegeofosteopaths.ac.uk

Case study 6: Objective activity – a researcher or teacher

For an educator or a researcher, undertaking an objective activity could include peer review of published journal articles, student feedback, and peer observation of preparing or presenting a teaching lecture.

Peer observation of conference presentations can also be of value, especially if two or more colleagues involved in the same presentation provide useful feedback to each other.