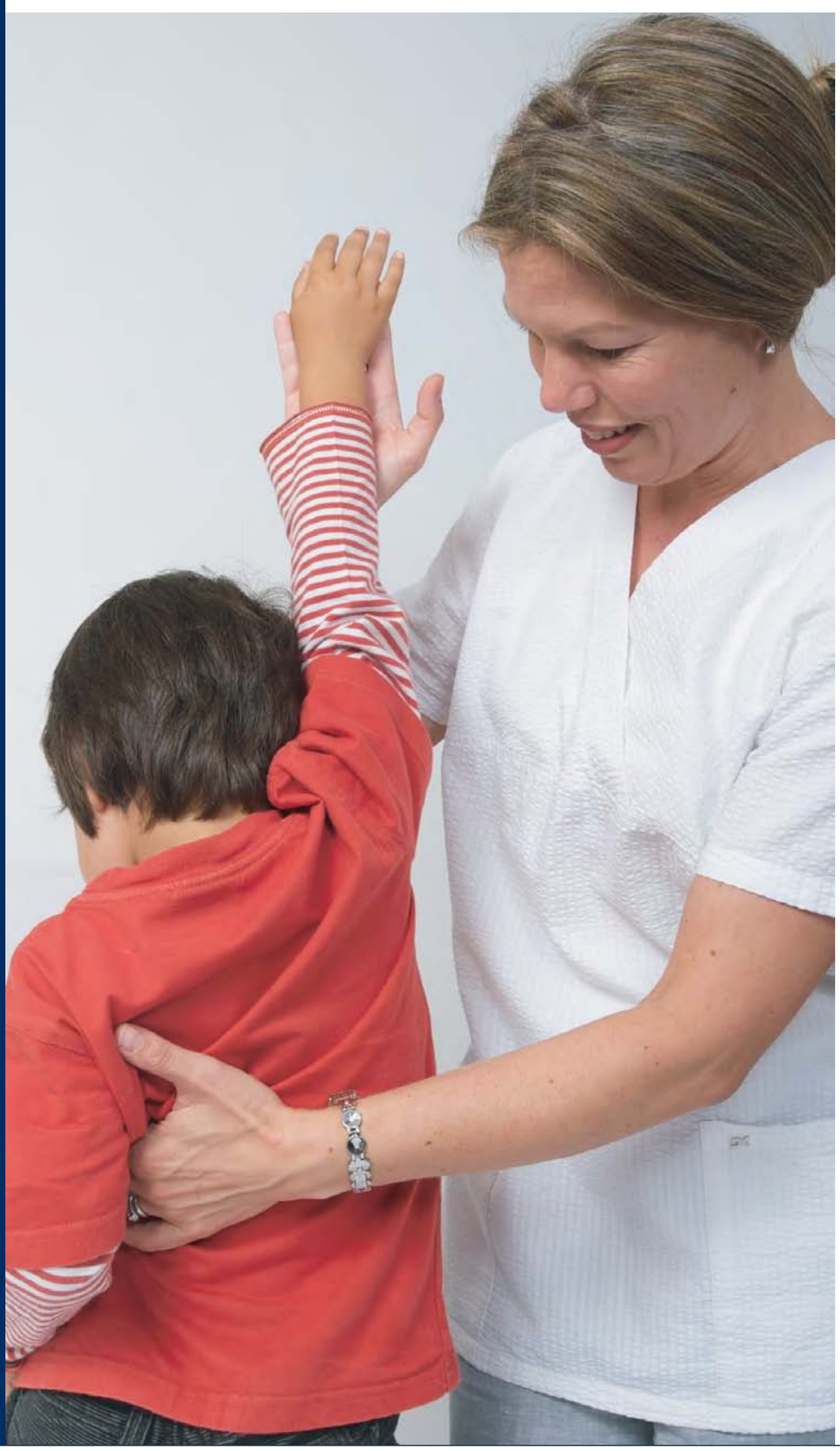
Osteopathic practice standards
communication and patient partnership

Communication and patient partnership is one of the four underpinning themes of the *Osteopathic Practice Standards* and a fundamental aspect of healthcare practice but it can also be among the most challenging.



Over coming months, *The Osteopath* will explore in turn each of the four themes of the new *Osteopathic Practice Standards*, which take effect next September, identifying the standards to be met and considering what this can mean in practice. Six standards, set out in Section A of the *Osteopathic Practice Standards* (OPS), form the foundation of trust between osteopath and patient:

A1. You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.

A2. Listen to patients and respect their concerns and preferences.

A3. Give patients the information they need in a way that they can understand.

A4. You must receive valid consent before examination and treatment.

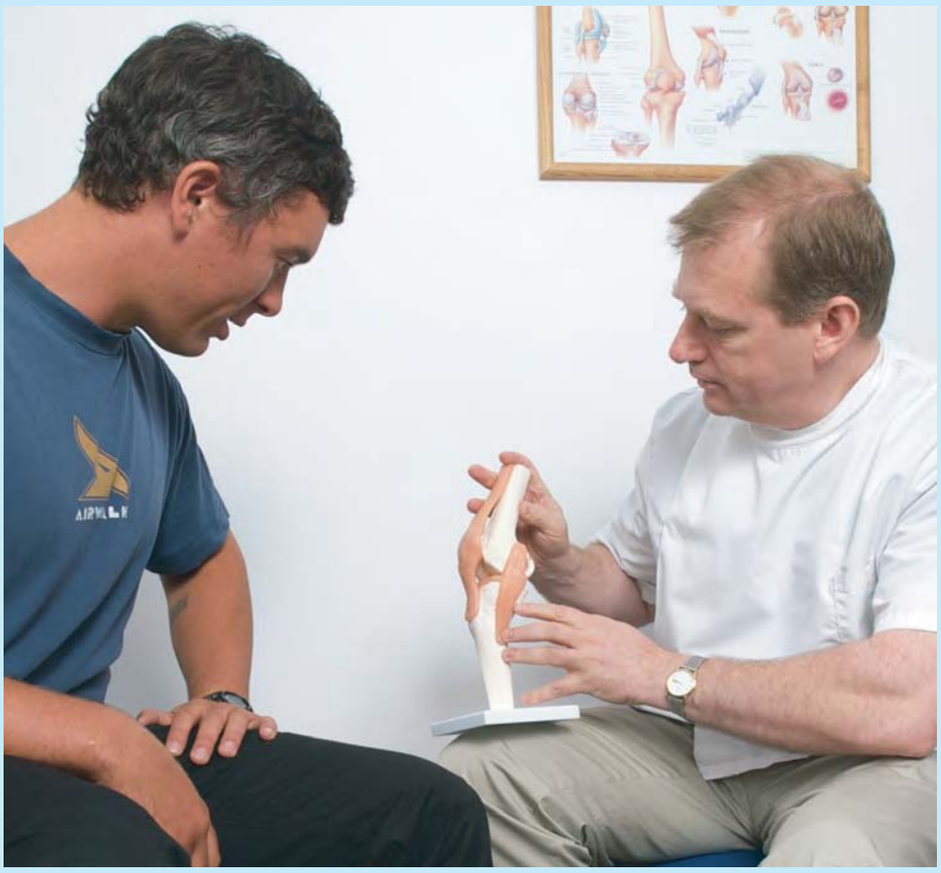
A5. Work in partnership with patients to find the best treatment for them.

A6. Support patients in caring for themselves to improve and maintain their own health.

Alongside these standards, the OPS offers osteopaths guidance for putting these principles into practice. From a raft of recent GOsC-commissioned research, some new (and some familiar) insights are beginning to emerge that could help osteopaths meet and even exceed patients' expectations. In the coming months, we will share with you the research conclusions and develop new guidance material to support you in practice. Here – around the theme of communication and patient partnership – we offer some recommendations for practice that is evidenced by the findings of this recent research.

Communicating with new patients

An extensive survey of osteopathic patients conducted last year for the GOsC[1] told us that, for new patients, receiving information in advance about what is likely to happen in the course of an appointment with an osteopath is a high priority. Yet patients also tell us this is an expectation poorly met by osteopaths.



Another study (part of the Osteopathic Adverse Events project), analysing the nature and frequency of complaints and claims against osteopaths[2], warns that osteopaths are at a higher risk of receiving a patient complaint associated with the crucial first appointment.

The *Osteopathic Practice Standards* warns that poor communication is at the root of most complaints made by patients against osteopaths. The research bears this out. Having analysed the circumstances and common issues that provoke complaints or claims against osteopaths, the study highlights implications for practice. We would encourage you to explore the full report of this study (available on the **o** zone) and we will examine its findings more closely in a forthcoming issue of the magazine. In the meantime, below is an excerpt taken directly from this fascinating report[2], which goes to the heart of the osteopath-patient relationship and the quality of communication:

> Information before the first appointment is critical. Patients' expectations need to be managed before they arrive at the practice: the need to know what kind of osteopathic or allied techniques may be given; the need to get undressed; and the need for touch and physical examination. The information should cover all the areas that may be potential sources of contention or surprise, e.g. extent of treatment at first appointment, costs, suitable clothing and undressing, the option of bringing a chaperone, and treatment effects and reactions. Patients need to know what they are 'buying' at the first appointment: costs, duration, how much treatment time compared with history taking. High quality information before the first appointment should become part of the profession's culture.

> There is potentially more risk associated with a first appointment. Establishing empathy with the patient is important so that the patient can voice any concerns or fears openly. Explanation of what is happening and why, particularly when touching the patient's body, helps the patient to understand the treatment and avoids feelings of violation and abuse. The osteopath also needs to give the patient information about what their problem is, what the treatment will aim to do, and what to expect after treatment such as transient stiffness and soreness.

> Osteopathic consultation involves procedures which are taboo in normal life – undressing in front of a stranger, touch, holding. As one interviewee stated, "they (patients) don't expect the degree of intimacy". It is vital that osteopaths do not forget how strange the experience can be for patients who are new to it.

> Discussions involving consent for treatment, the management plan and sensitive topics need to be respectful of the patient's views. Osteopaths need to be more aware of the sense of vulnerability and loss of personal power created by being undressed and lying down (physically lower than the practitioner), undermining their ability to take in information. At critical points in the consultation where partnership in the discussion and decision-making are required, the practitioner needs to be sensitive to these issues.

> Practitioners need to be especially aware of body language, behaviour and case history suggestive of emotional crisis, psychological problems and dependence, as patients who are vulnerable due to pain or external pressure in their lives will not only feel pain more acutely, but can react in unpredictable ways and are more likely to complain.

> Lack of consistency between practitioners may alarm patients. A new patient who has received previous treatment from another practitioner for the same complaint represents a risk for complaints. Patients expect consistency in quality of service, treatment and diagnosis

within osteopathy and dislike poor service or conflicting diagnoses. Inconsistency between osteopathy and other health professions particularly with regard to diagnosis, can lead to accusations of wrong diagnosis.

> Adverse reactions (unexpected or worse pain) often trigger a complaint. Patients may understand when the event was unavoidable. However practitioners need to ensure that they take a good case history and perform tests to identify risk factors. Reduction of adverse event rates is desirable. Could risk factors be identified more effectively in practice?

(Note: The GOsC's patient expectations survey found that many patients had not anticipated the pain levels experienced during and after treatment, giving rise to unnecessary anxiety. Explicit information about potential side effects, even mild ones, is important.)

> Lack of improvement of symptoms is another warning signal. A patient can easily feel exploited if a course of treatment continues indefinitely. Patient and practitioner need to have a common, clear, agreed understanding of the purpose of continuing treatment.

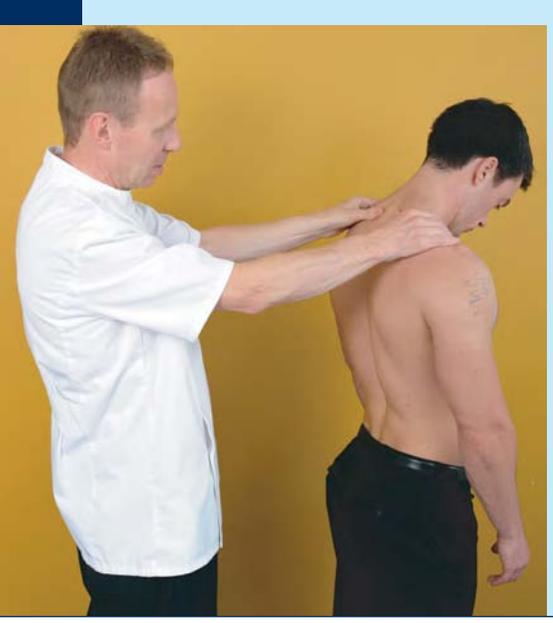
> Prolonged courses of treatment (or 'maintenance') are a potential area for complaint, even if there has been agreement on this as the treatment plan. Regular review is still needed and regular communication with the patient about what the treatment is aiming to achieve and what the physical findings are. It is easy for a practitioner to slip into a known treatment routine without explanation, and for social conversation to replace the professional dynamic of the consultation.

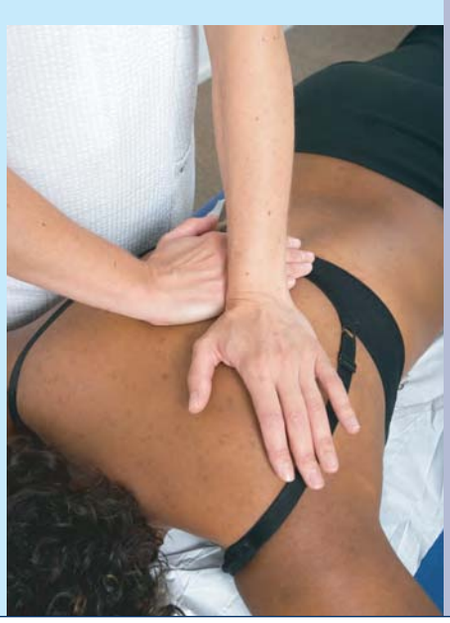
> Communication is a key area of complaint. However empathy, listening skills, and appropriate conversation topics for putting the patient at their ease, and awareness of personal boundaries are all skills that practitioners can learn.

> The way the osteopath reacts to a complaint is crucial. A prompt, polite and appropriate response is likely to lead to a rapid resolution. An angry or delayed response is likely to escalate the complaint. Skills training in handling complaints and conflict within the profession would improve the outcome of individual complaints and enable the whole profession to be more confident about receiving complaints, suggestions, and dissatisfaction.

1 **Investigating osteopathic patients' expectations of osteopathic care: the OPEn project**. Leach J, Cross V, Fawkes C, Mandy A, Hankins M, Fiske A, Bottomley L, Moore A, University of Brighton, May 2011.

2 **Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints** (NCOR Adverse Events Project No. 3). Leach J, Fiske A, Mullinger B, Ives R, Mandy A. The CONDOR research team. July 2011.





Information for new patients – a checklist

A leaflet, sent out to a new patient in advance of their first visit, detailing clearly and simply what they should expect at their appointment, would be one step to ensuring that on the day the patient feels well-prepared and at ease with their osteopath.

What patients want to know:

> Osteopath's name, experience, qualifications and professional registration/s.

> The practice address, location map, telephone number/s, website address.

> About your osteopathic approach, how you treat, and if your practice incorporates other allied therapies, for example, acupuncture.

> What will happen at their first visit, explain:
- that you will need to ask detailed questions about their previous health and current symptoms and why this is important information.
- that they will need to remove some of their clothing for you to examine them – this will help the patient to prepare for the examination and wear appropriate underwear.
- what a general examination involves and why you will examine their whole body and not just the site of their pain.
- that you will explain your diagnosis and discuss treatment options before you proceed with treatment.
- that together you will decide how best to proceed with treatment.
- that the patient can be accompanied by a chaperone if they wish.
- how long the first appointment will take and how much it will cost.

> That the information they provide will be treated confidentially but there may be circumstances in which, with consent, you will need to share information about their care with their GP.

> What action they can take should they have concerns about their treatment or wish to lodge a complaint.

You will need to reinforce this information by explaining much of it again at the first appointment.

Valid consent and shared decision making

Standard A4 of the *Osteopathic Practice Standards* is explicit: 'You must receive valid consent before examination and treatment'. Increasingly, there is the expectation that the patient and their practitioner will make decisions together; partnership and shared decision making are crucial to the consent process.

This is borne out by a soon-to-be published report for the GOsC on communicating risk and obtaining consent in osteopathic practice (NCOR Adverse Events Project 2)[3], which also offers some important key messages for osteopaths, which we reproduce here from the draft report:

> For consent to be valid, the patient must be competent to make the decision and to understand the information given, regardless of their age, abilities, and cultural background.

> Patients must give consent voluntarily without feeling under pressure to make their decision.

> Consent is an ongoing process during treatment, not a one-off event.

> The emphasis for consent has shifted from disclosing information to sharing information with patients.

> Partnership and shared decision making are foremost in the consent process.

> Ethically, patients have a right to understand what is happening to them – their illness, their prognosis and their treatment options, even if they do not wish to participate in treatment decisions.

> Patients generally want more information than they receive from their clinicians.

> A leaflet is helpful but not sufficient because information needs to be explained and personalised.

> Clinicians may need to enhance their communication skills in order to communicate effectively with patients about risks; they need skills in active listening, simplifying complex information, empathy, facilitation and negotiation.

> The use of decision aids can help patients to choose their preferred option.

> In the osteopathic context, patients may feel vulnerable when undressed or lying down; discussion needs to take place when the patient is appropriately dressed and seated to permit eye contact.

Further guidance on consent is provided by the health departments for each of the UK countries:

> *Reference guide to consent for examination or treatment* (second edition) June 2009 – published by the Department of Health and available at www.dh.gov.uk.

> *A Good Practice Guide on Consent for Health Professionals in NHS Scotland*, June 2006 – published by the Scottish Executive Health Department and available at www.sehd.scot.nhs.uk.

> *Reference Guide to Consent for Examination, Treatment or Care*, March 2003 – published by Department of Health, Social Services and Public Safety Northern Ireland and available at www.dhsspsni.gov.uk.

Form of consent

There is often uncertainty about the form in which the patient should provide their consent. The validity of your patient's consent does not depend on the form in which it is given. Your patient may imply their consent by, for example, removing clothing and getting ready for your assessment of their spine, or they may give their consent orally, by saying "yes" or "okay" to your proposed treatment. Alternatively, they may give their consent in writing by signing a form. The signature on a consent form does not itself prove that the consent was valid – the point of the form is to record the patient's decision.

Note that the guidance provided in the *Osteopathic Practice Standards* advises you to obtain your patient's consent in writing for vaginal or rectal examinations or techniques. A consent form template for this purpose is available on the **o** zone.

Obtaining valid consent will involve explaining the benefits of the treatment you propose and any material or significant risks associated with the treatment. The problem here for osteopaths and their patients is that the risks associated with osteopathic practice are not yet well understood. To address this paucity of available information, the GOsC commissioned an extensive four-part programme of research (the NCOR Adverse Events project), which will reach its conclusion in the coming months. Risk and consent will be the focus of forthcoming issues of *The Osteopath*.

3 **Communicating risks of treatment and informed consent in osteopathic practice**. NCOR Adverse Events Project 2. Editor: J Leach. Not yet published.

Summing up

> Communicating with your new patient before their first appointment is crucial to managing their expectations; a gap between expectations and delivery can have a negative effect on the outcome of care.

> Ongoing, effective communication will help avoid misunderstandings that generate concerns and complaints.

> The shift in healthcare to patient partnership and shared decision making may require osteopaths to acquire new communication skills, which can be learned.

Published full reports of recent GOsC research are available on the o zone. Please visit the 'Research' section.