

OsEAN – Teaching the Working  
Principles of Osteopathy

## Active Communication and Shared Decision in Osteopathic Education



**Dr. Paul Vaucher**

*University of Applied Sciences and Arts of Western Switzerland (HES-SO) – Former Full Professor  
OsteoPole, Promoting osteopathic research, Switzerland – Director  
COME Foundation, Italy – BoT member*

Image drawn from India Today, Feb. 5 2021

# Declaration of interests



- Independent clinician with interest in promoting osteopathy to provide care for patients.



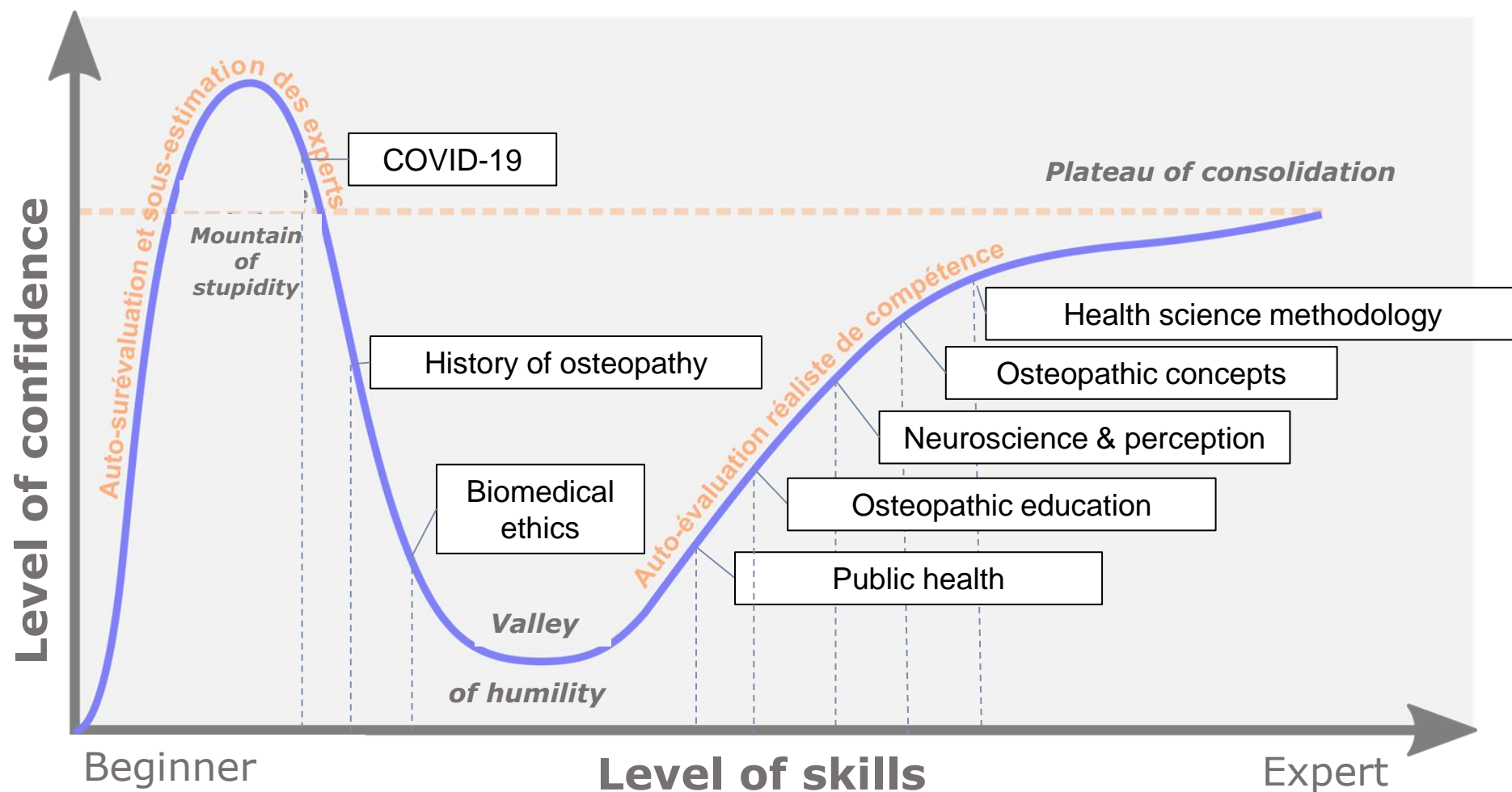
- Former Professor at the University of Applied Sciences and Arts Western Switzerland with interests in promoting research and evidence informed practice.



- Receives funds for research from the Swiss Osteopathic Science Foundation (SOSF), University Research Funds and National Funds.



- Interest in promoting research
  - Board of Trustees COME
  - Scientific commission SOSF



My self-assessment of expertise and the Dunning-Kruger effect

# Plan

**09:15**

## **Soft skills in osteopathic practice (15')**

- Defining roles and soft skills
- Patient-as-partner approach and empowerment
- Mindful & reflexive practice
- Active communication & empathy
- Shared decision making and Empowerment

**09:30**

## **Teaching approaches supporting integrative learning (10')**

- Targeted skills
- Reflective practice education
- Passive versus active learning
- Blended learning / Flipped classroom / PBL / SWOT

**09:35**

## **ActCom – (10')**

- The ActCom project
- Educational approach
- Impact and feedback

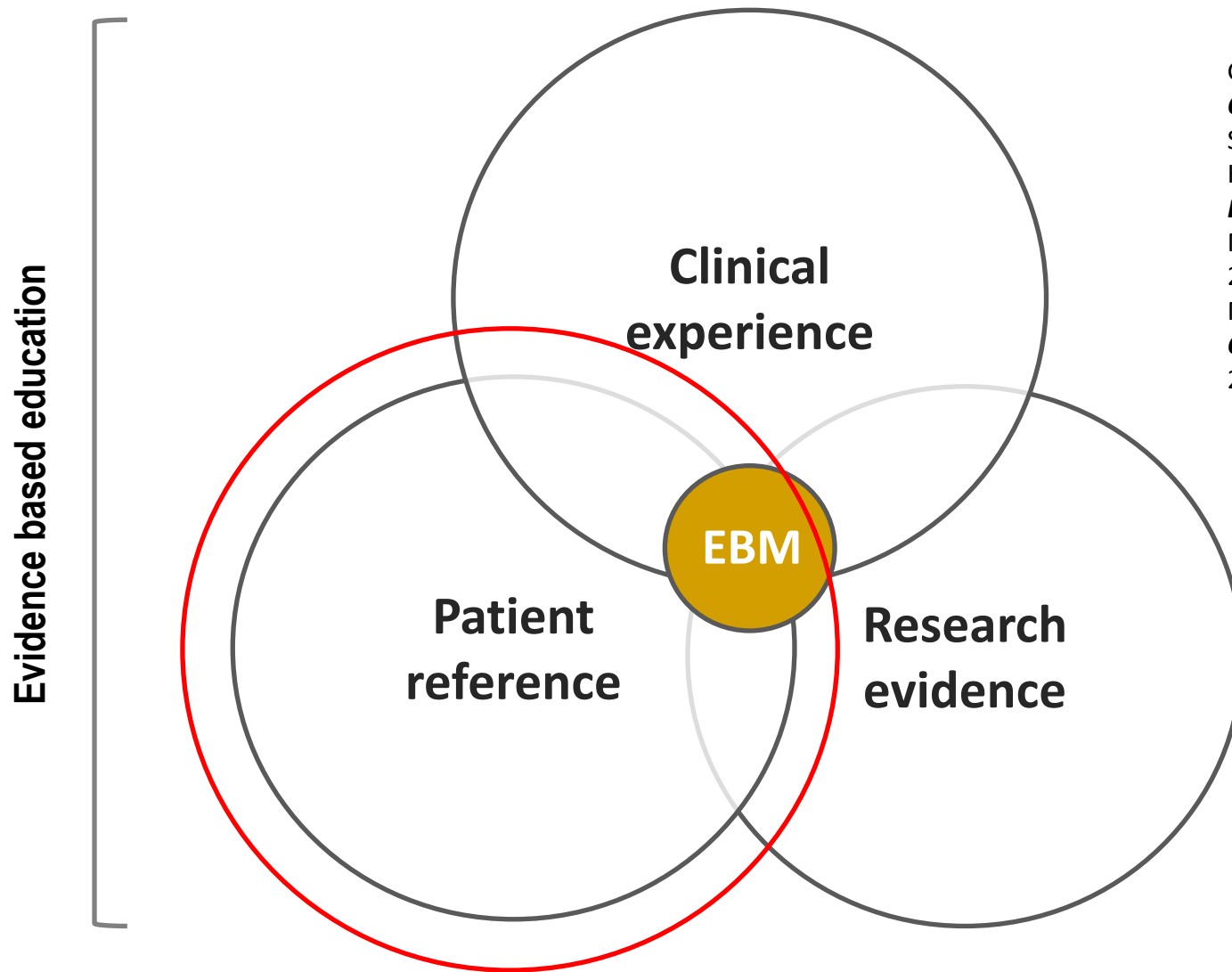
**09:45**

## **Take home message (5')**



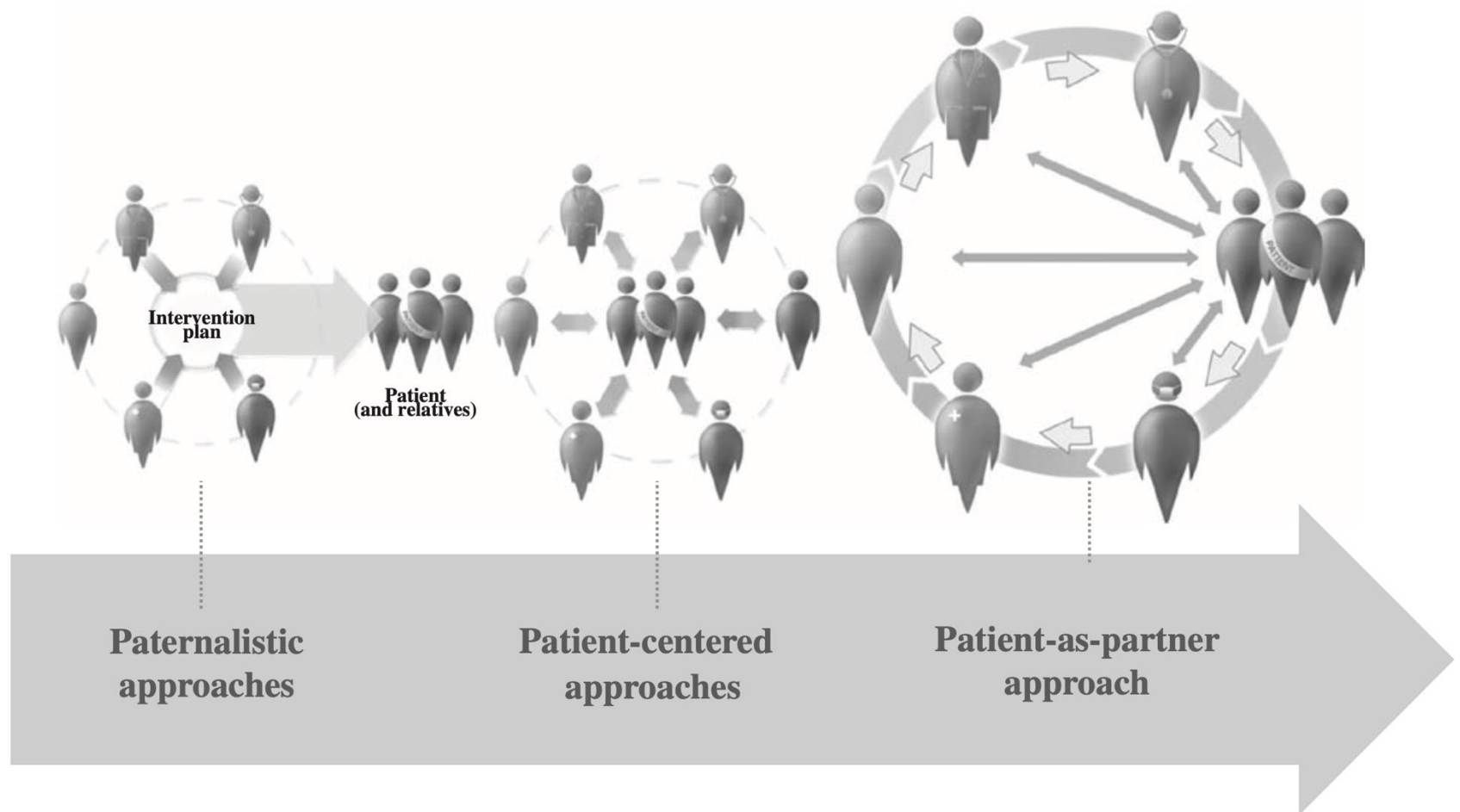
# Soft skills in osteopathic practice

(Beyond technicity)



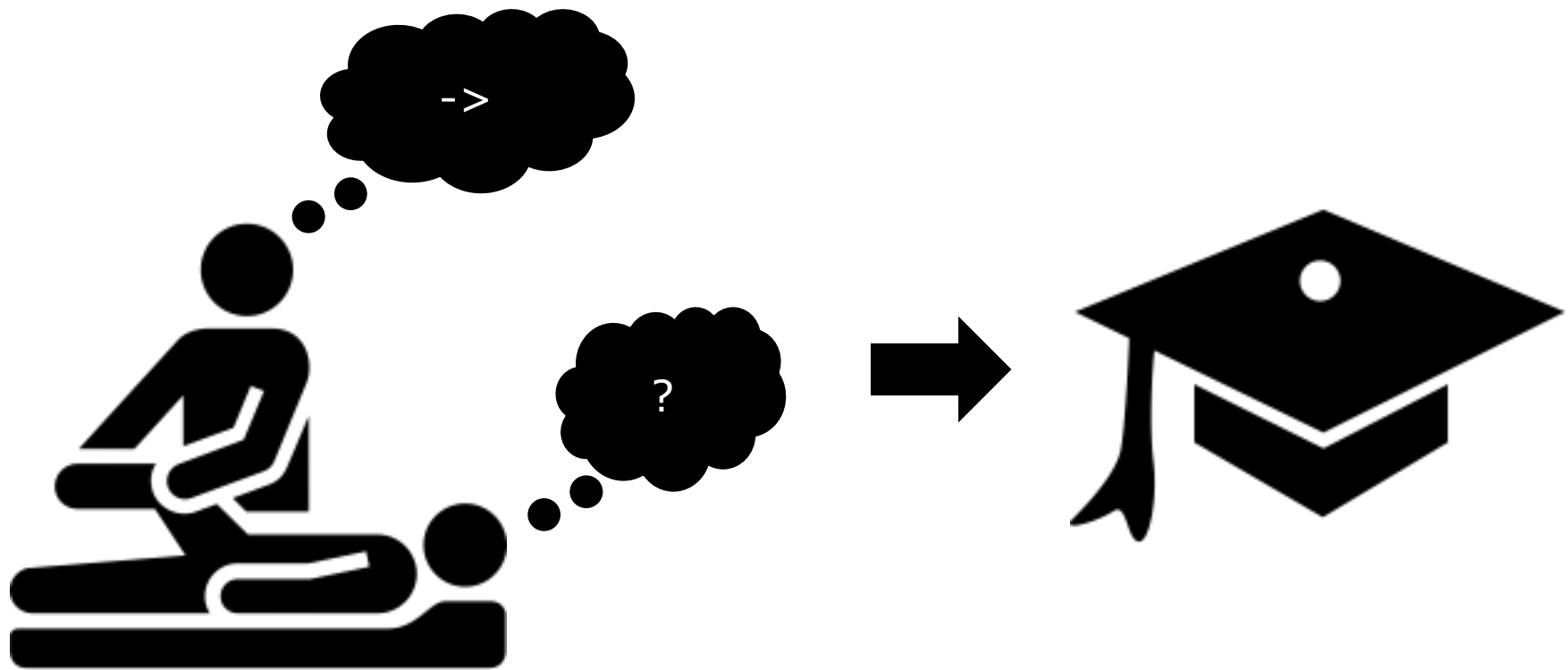
Guyatt (1991). *ACP Journal Club*; 114:A-16  
 Sackett et al. (2000)  
 Haynes et al. (2002). *Evidence Based Medicine*; 7:36-8  
 McCartney et al. *BMJ*. 2016;i2452.  
 Miles & Loughlin. *J Eval Clinical Practice*. 2011;17:531-6.



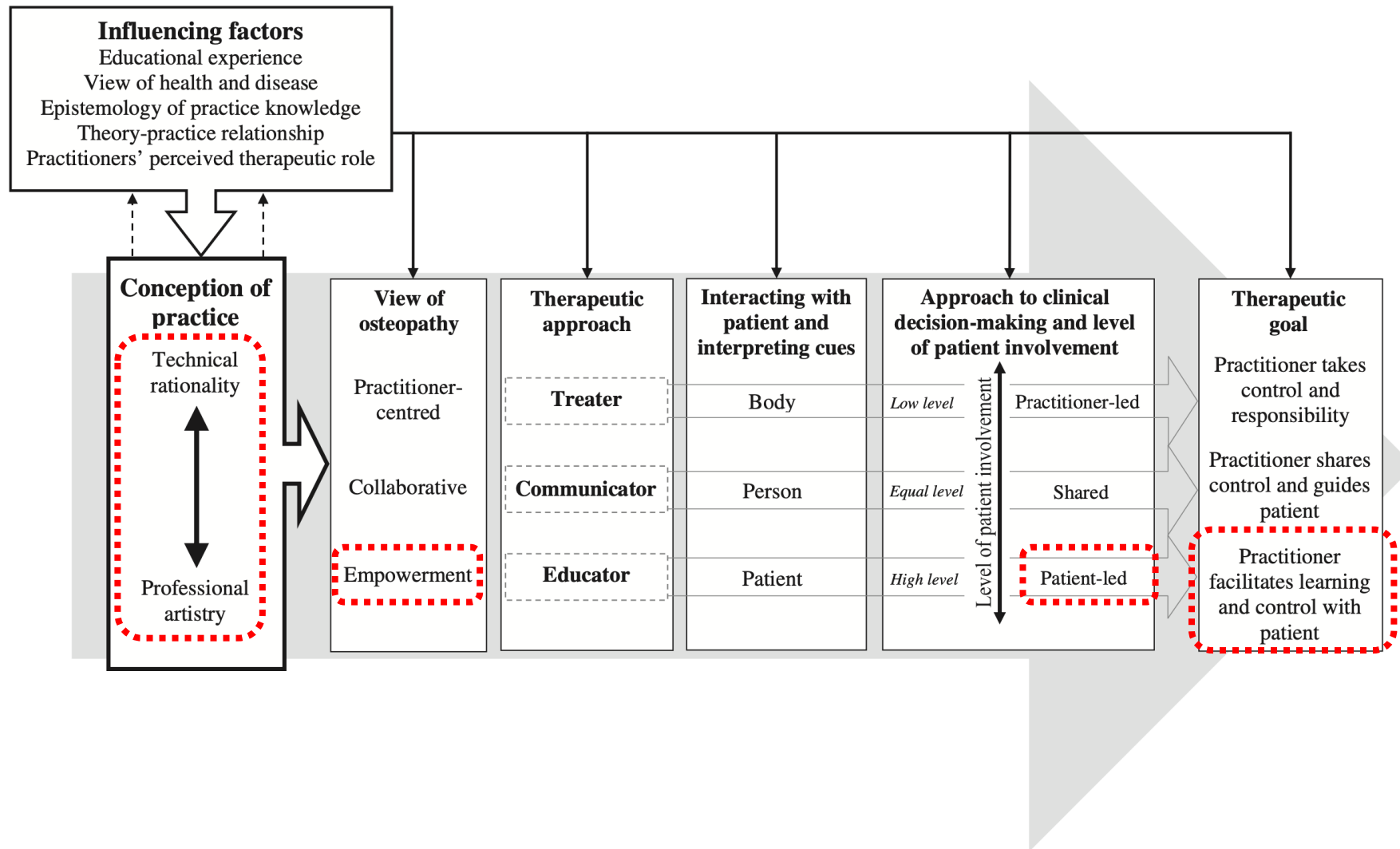


Karazivan et al. *Acad Med*. 2015;90(4):437-441. doi:[10.1097/ACM.0000000000000603](https://doi.org/10.1097/ACM.0000000000000603)  
 Barry et al. *New England Journal of Medicine*. 2012;366(9):780-781. doi:[10.1056/nejmp1109283](https://doi.org/10.1056/nejmp1109283)  
 Thomson et al. *Int J Ost Med*. 2013;16(1):25-32. doi:[10.1016/j.ijosm.2012.03.001](https://doi.org/10.1016/j.ijosm.2012.03.001)





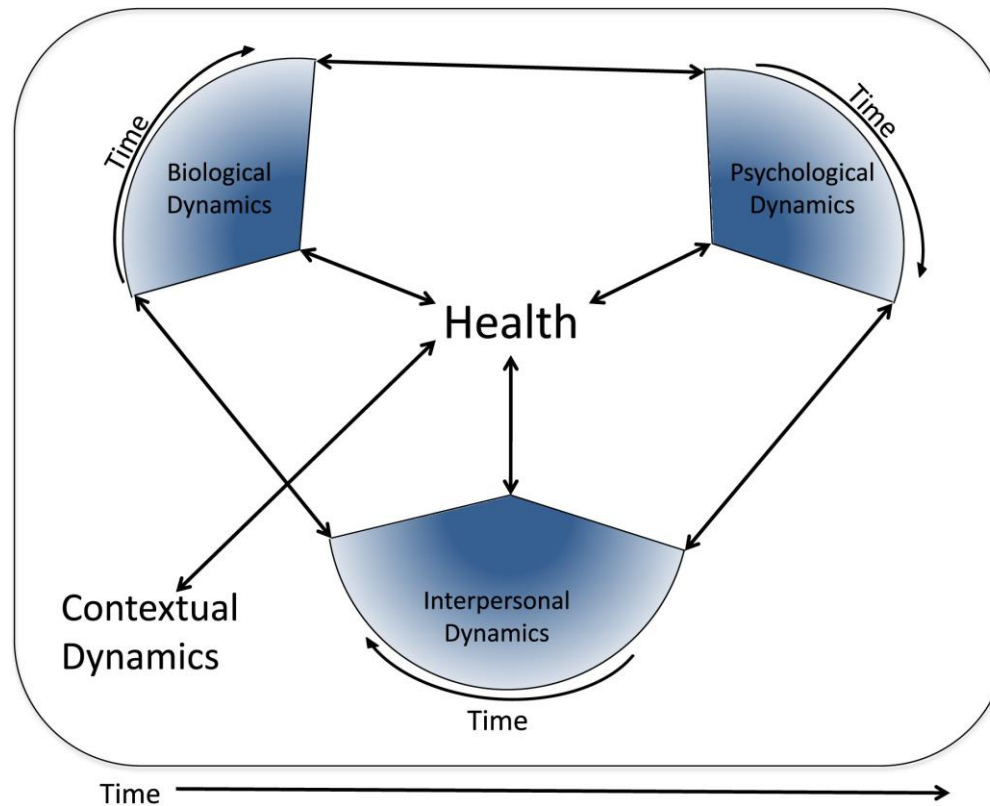
Kimmelman et al. *J Am Osteopath Assoc.* 2012;112(6):347-355  
Valerjevna et al. Atlantis Press; 2020. doi:[10.2991/aebmr.k.200324.139](https://doi.org/10.2991/aebmr.k.200324.139)  
Cross et al. 2015;18(5):1114-1126. doi:[10.1111/hex.12084](https://doi.org/10.1111/hex.12084)  
Vaucher et al. *BMJ Open.* 2018;8(8):e023770. doi:[10.1136/bmjopen-2018-023770](https://doi.org/10.1136/bmjopen-2018-023770)



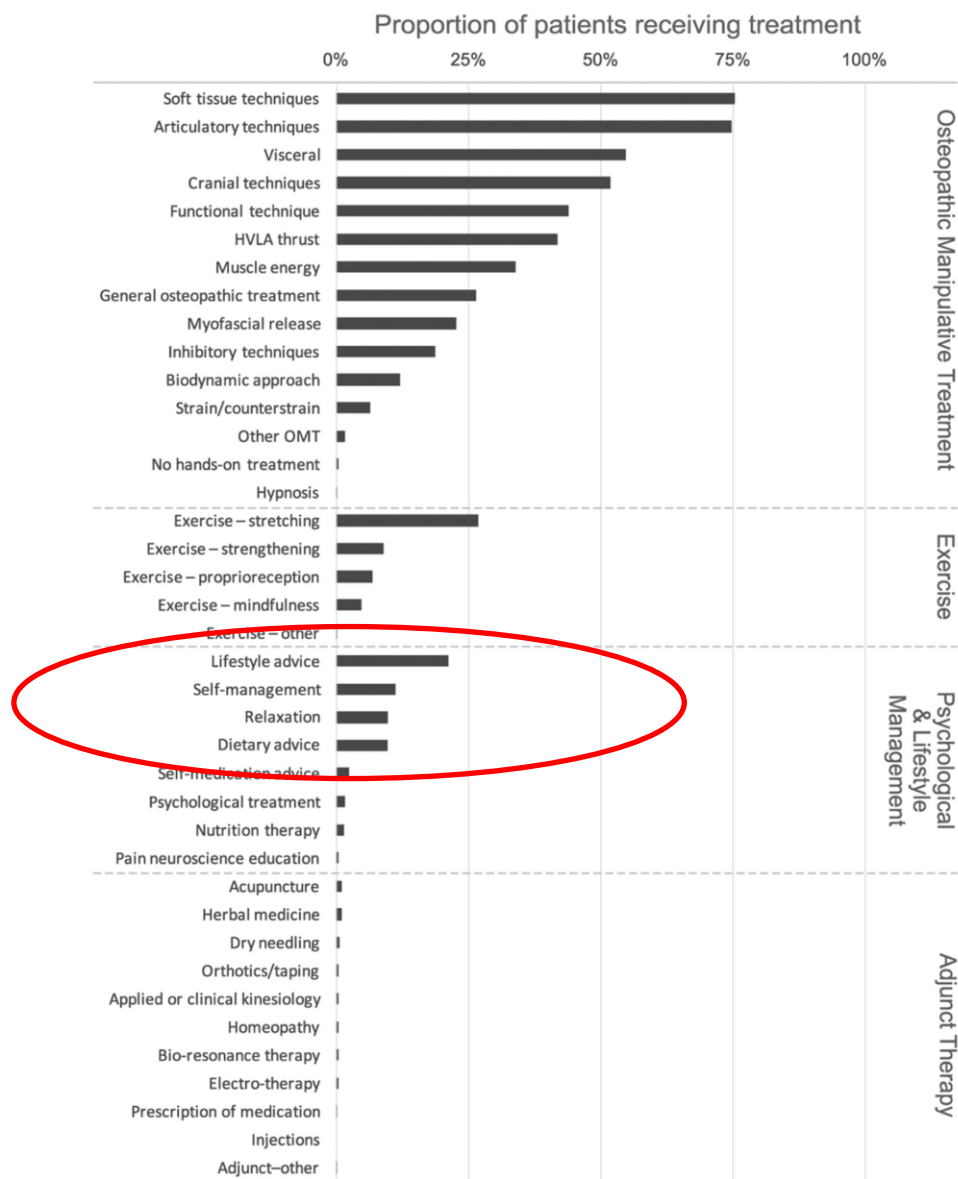
Thomson et al. *Manual Therapy*. 2014;19(1):37-43.  
 doi:[10.1016/j.math.2013.06.005](https://doi.org/10.1016/j.math.2013.06.005)



## The dynamic biopsychosocial model



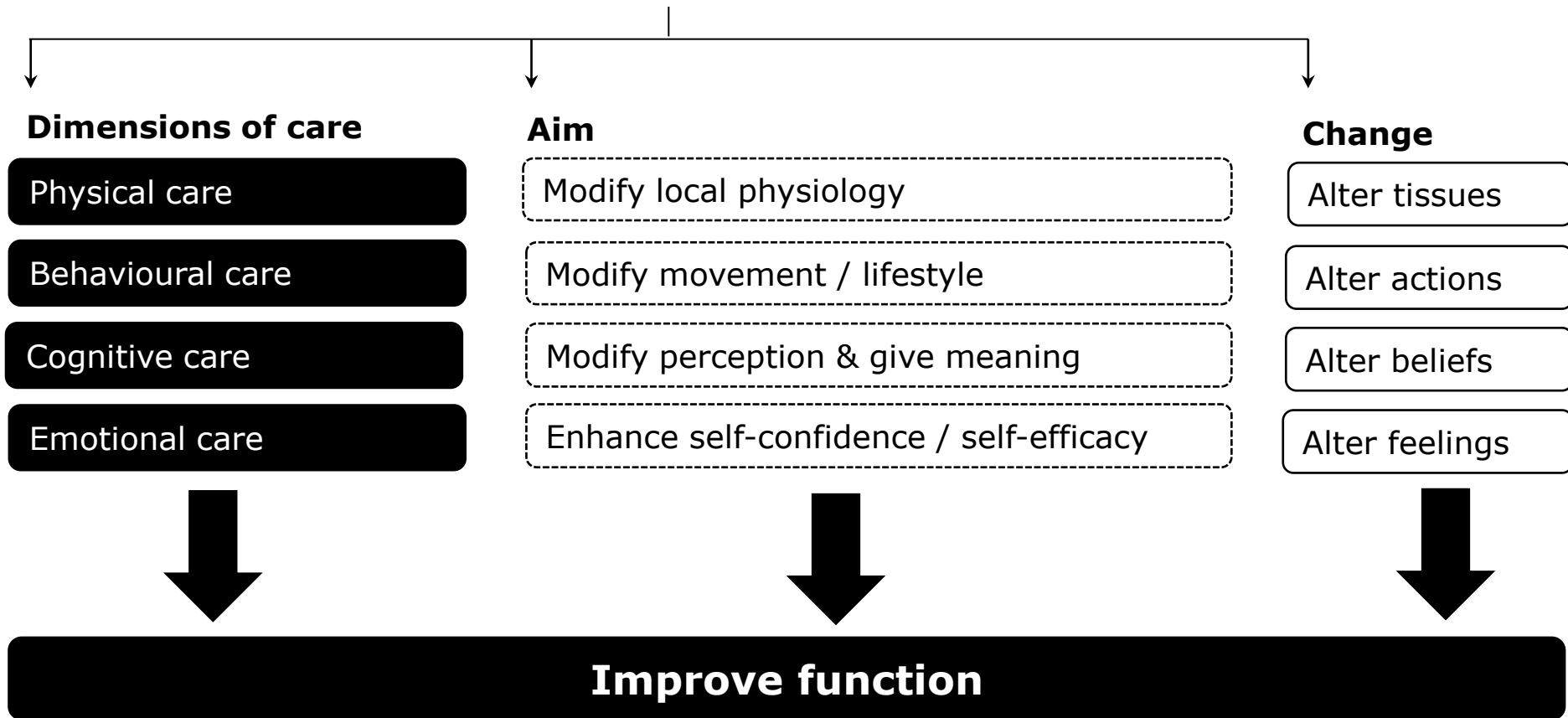
Lehman et al. *Social and Personality Psychology Compass*. 2017;11(8):e12328. doi:[10.1111/spc3.12328](https://doi.org/10.1111/spc3.12328)

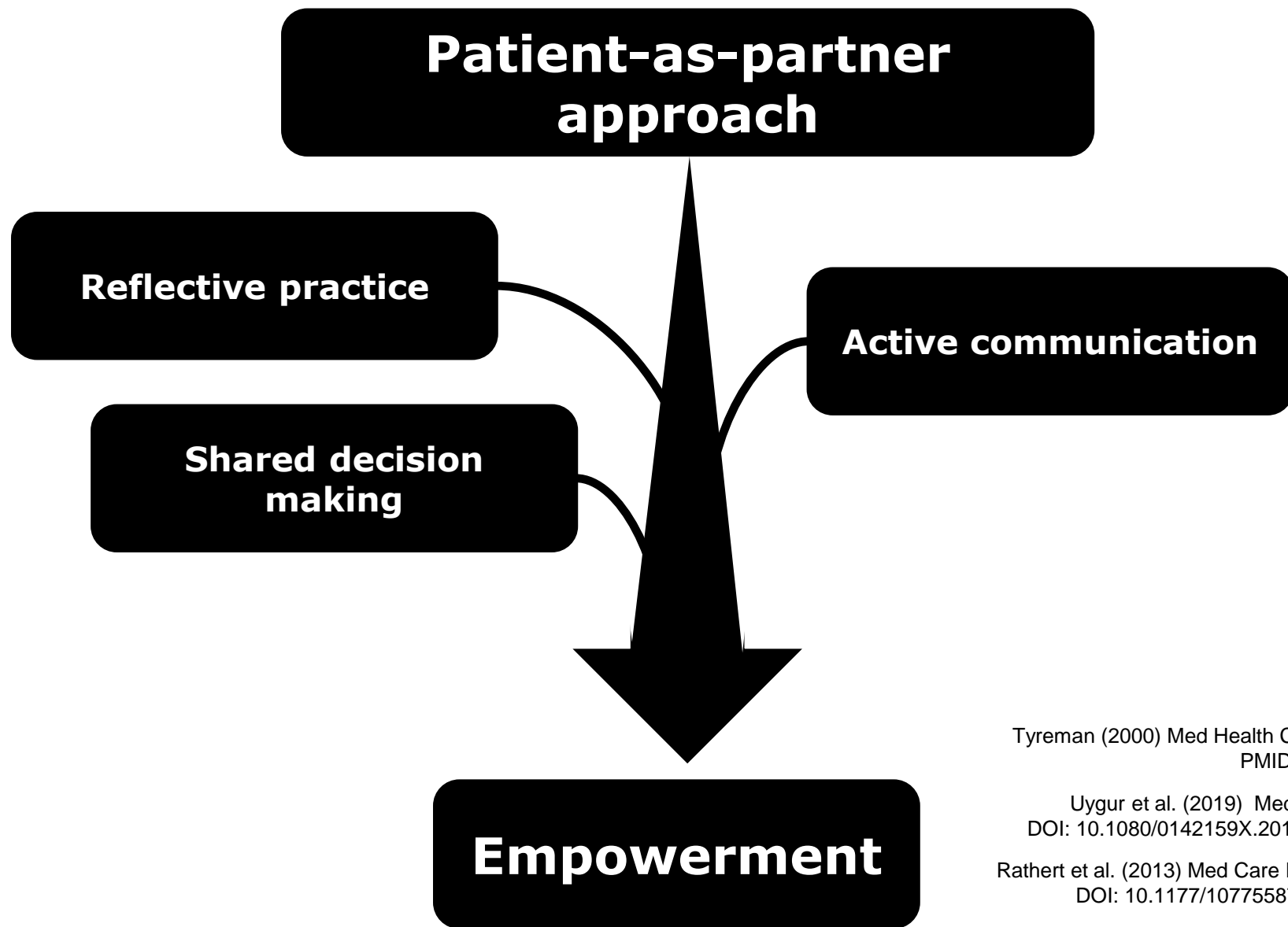


**Figure 5** Proportion of patients (n=1144) having received specific treatments by osteopaths. High velocity low amplitude (HVLA), Osteopathic manipulative treatment (OMT)

Vaucher et al. *BMJ Open*. 2018;8(8).  
doi:[10.1136/bmjopen-2018-023770](https://doi.org/10.1136/bmjopen-2018-023770)

# Osteopathic care





Tyreman (2000) Med Health Care & Phil;  
PMID 11079339

Uygur et al. (2019) Med Treacher:  
DOI: 10.1080/0142159X.2018.1505037

Rathert et al. (2013) Med Care Res & Rev:  
DOI: 10.1177/1077558712465774

## The concept of patient-centeredness and its importance in clinical practice

Morgan and Yoder 'Defining attributes'		Collins 'Four principles'
Holistic	↗	Personalised care, support or treatment
Individualised	↖	Dignity, respect and compassion
Respectful	↖	Coordinated care, support or treatment
Empowering	↔	Enabling

Source: Authors' comparison of the work by Morgan and Yoder<sup>13</sup> and Collins<sup>12</sup>

**FIGURE 3:** Person-centred care: A comparison of Morgan and Yoder's<sup>13</sup> 'defining attributes' and Collins's<sup>12,24</sup> 'four principles'.

Louw et al. *Afr J Prim Health Care Fam Med.* 2017;9(1):e1-e7.



**Table 2.** Characteristics of Mindful Practice

Active observation of oneself, the patient, and the problem
Peripheral vision
Preattentive processing
Critical curiosity
Courage to see the world as it is rather than as one would have it be
Willingness to examine and set aside categories and prejudices
Adoption of a beginner's mind
Humility to tolerate awareness of one's areas of incompetence
Connection between the knower and the known
Compassion based on insight
Presence

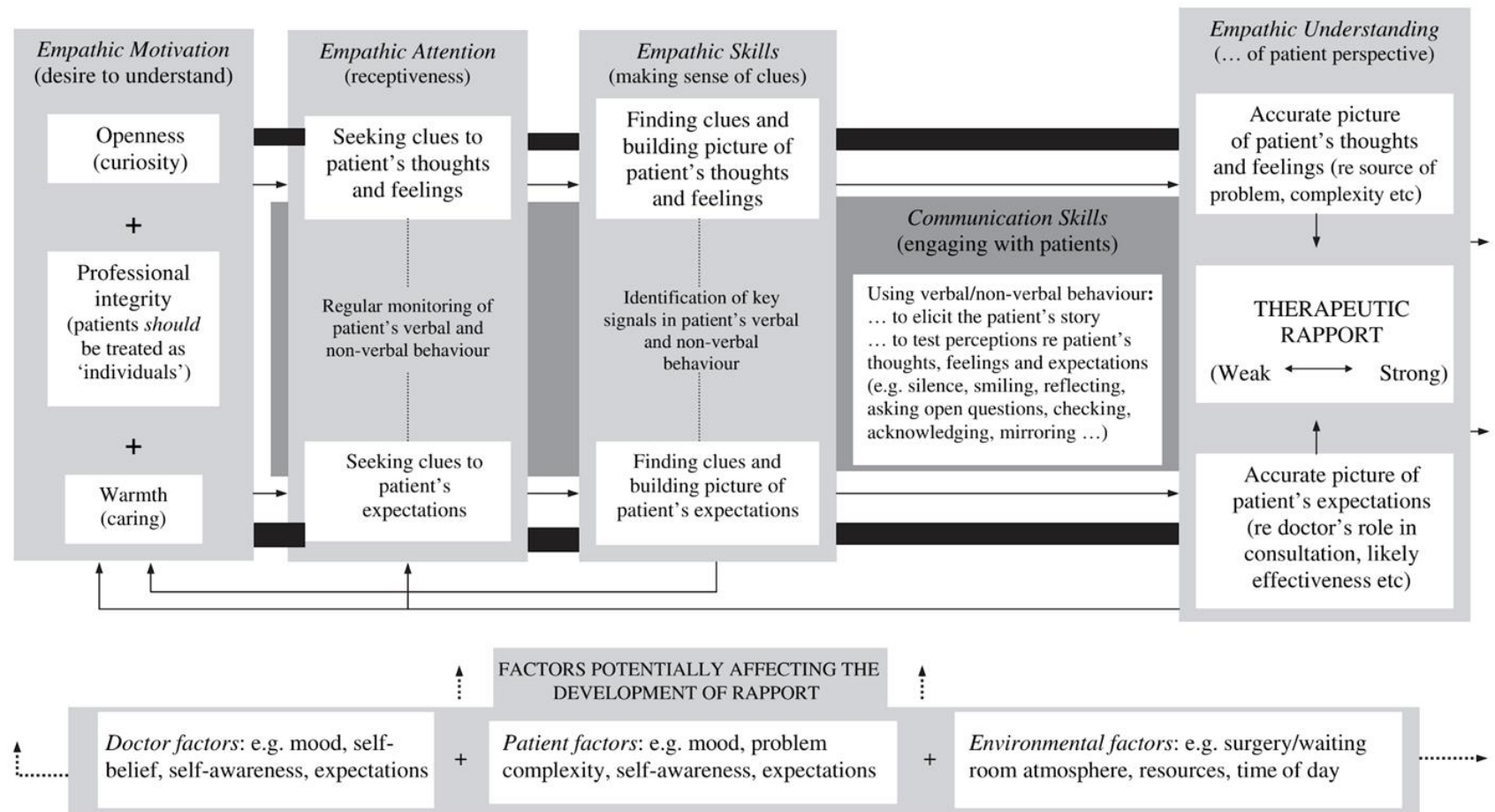
**Table 3.** Levels of Mindfulness

Levels	Characteristics
0	Denial and externalization
1	Imitation: behavioral modeling
2	Curiosity: cognitive understanding
3	Curiosity: emotions and attitudes
4	Insight
5	Generalization, incorporation, and presence

Epstein RM. Mindful practice. *JAMA*. 1999;282(9):833-839.

Mann et al. *Adv Health Sci Educ Theory Pract*. 2009;14(4):595-621. doi:[10.1007/s10459-007-9090-2](https://doi.org/10.1007/s10459-007-9090-2)





**Figure 2** Developing therapeutic rapport in the consultation (via an empathic search for understanding of the patient's dominant thoughts, feelings and expectations)

Norfolk et al. Med Educ. 2007;41:690–7.

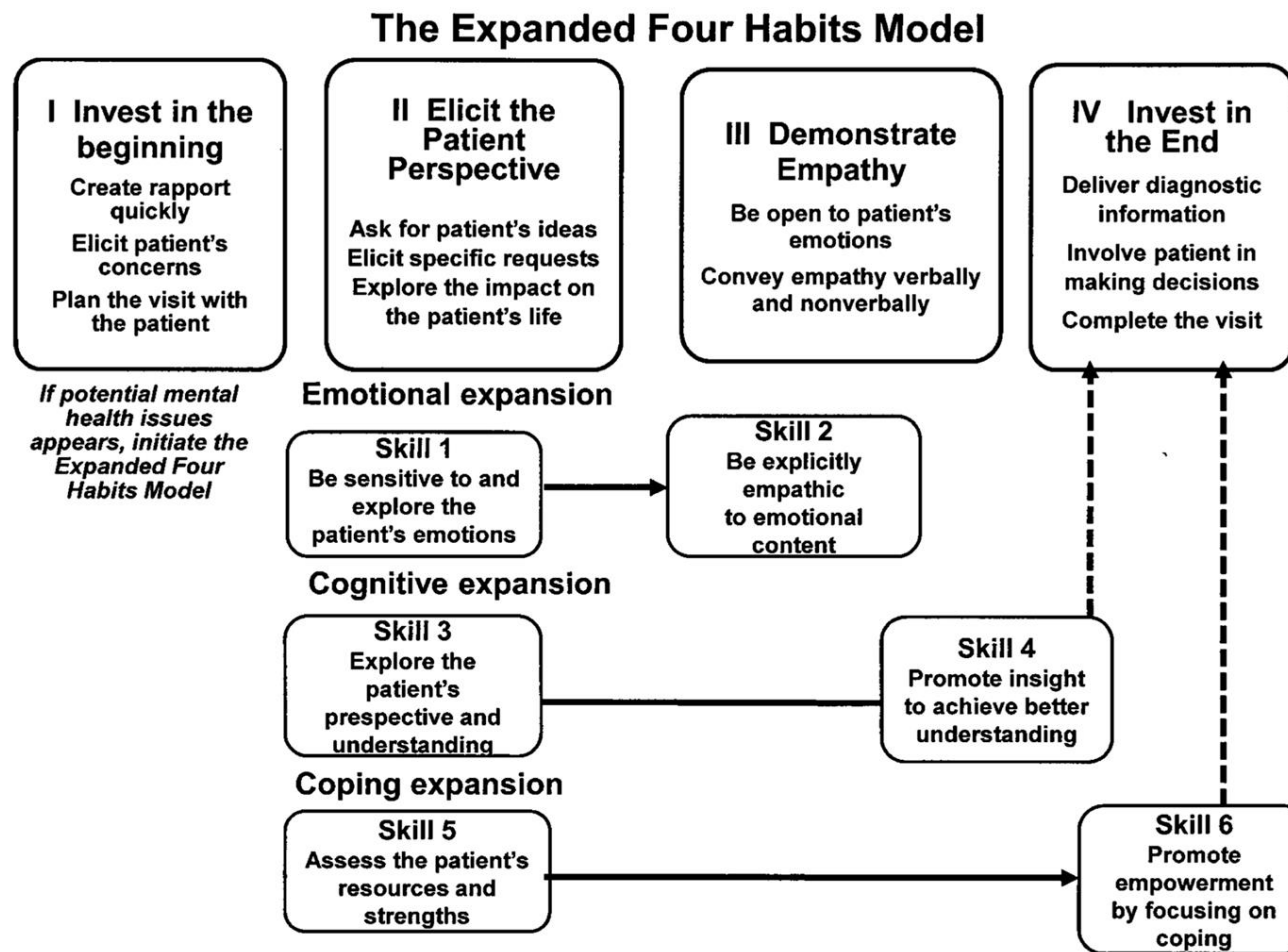


Fig. 1. The Expanded Four Habits Model. The original Four Habits Model constitutes the four upper boxes.

MOTIVATIONAL INTERVIEWING	
<b>R</b>	<b>RESIST</b> telling them what to do: Avoid telling, directing, or convincing your friend about the right path to good health.
<b>U</b>	<b>UNDERSTAND</b> their motivation: Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.
<b>L</b>	<b>LISTEN</b> with empathy: Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.
<b>E</b>	<b>EMPOWER</b> them: Work with your friends to set achievable goals and to identify techniques to overcome barriers.

**O** *Open-ended* questions that allow patients to give more information including their feelings, attitudes and understanding.

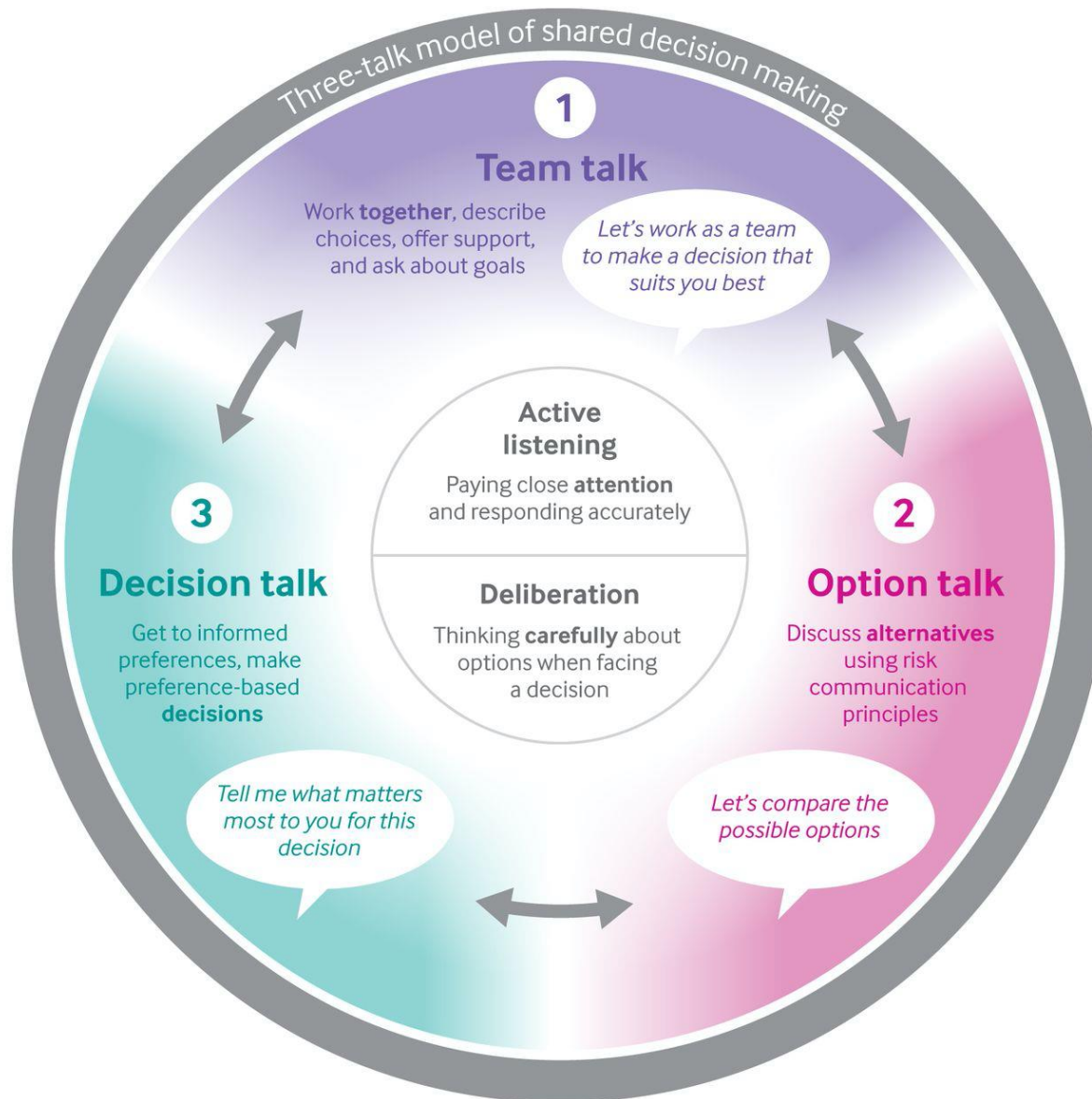
**A** *Affirmations* to help overcome self-sabotaging or negative thoughts.

**R** *Reflections* as a way to express ambivalence.

**S** *Summarize* to let your patient know that they are being heard.

Benarous et al. (2014) Revue Médecine Interne; 35:317-321; [dx.doi.org/10.1016/j.revmed.2013.08.009](https://doi.org/10.1016/j.revmed.2013.08.009)

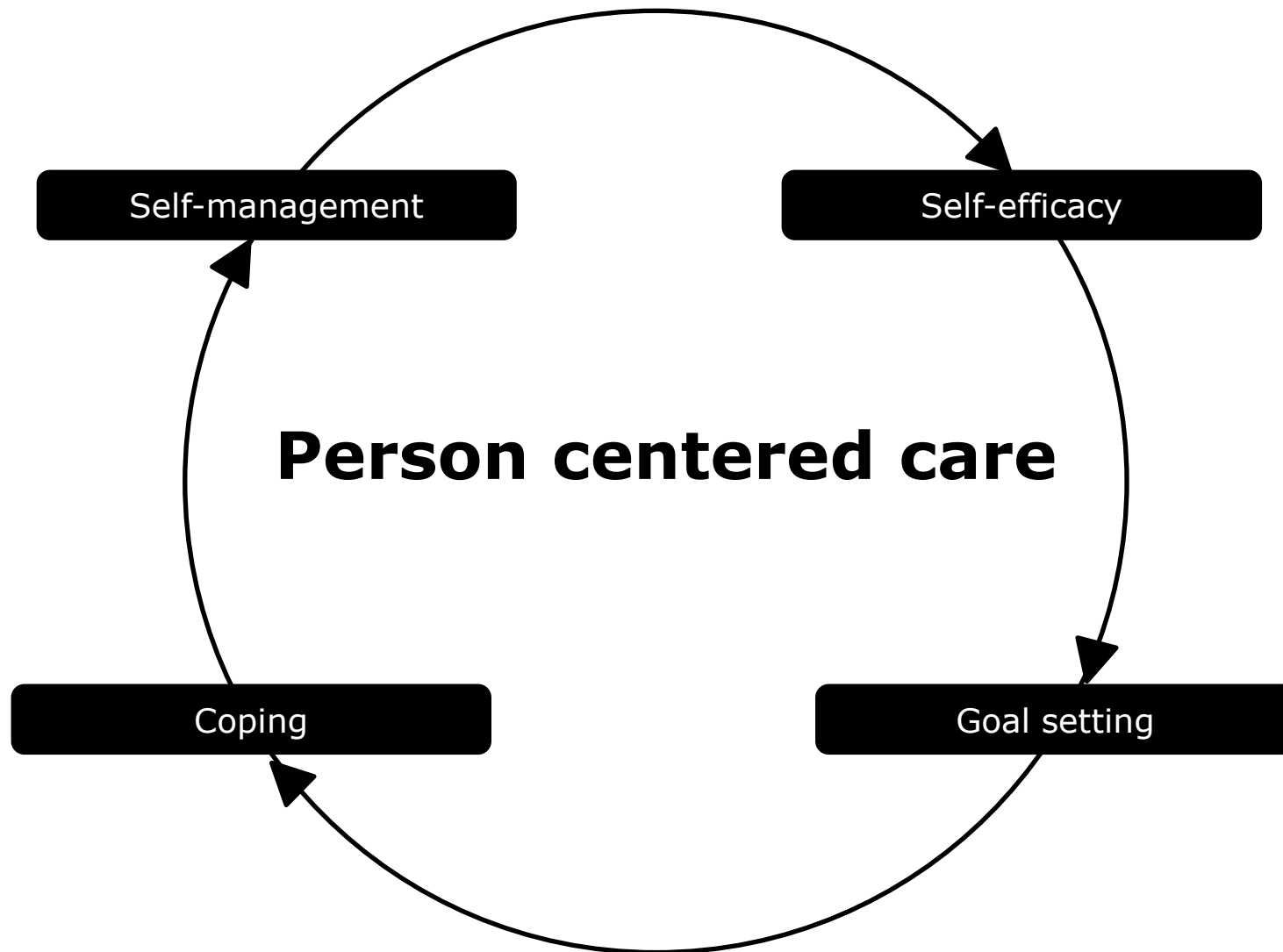




Elwyn et al. *BMJ*. 2017;j4891. doi:[10.1136/bmj.j4891](https://doi.org/10.1136/bmj.j4891)

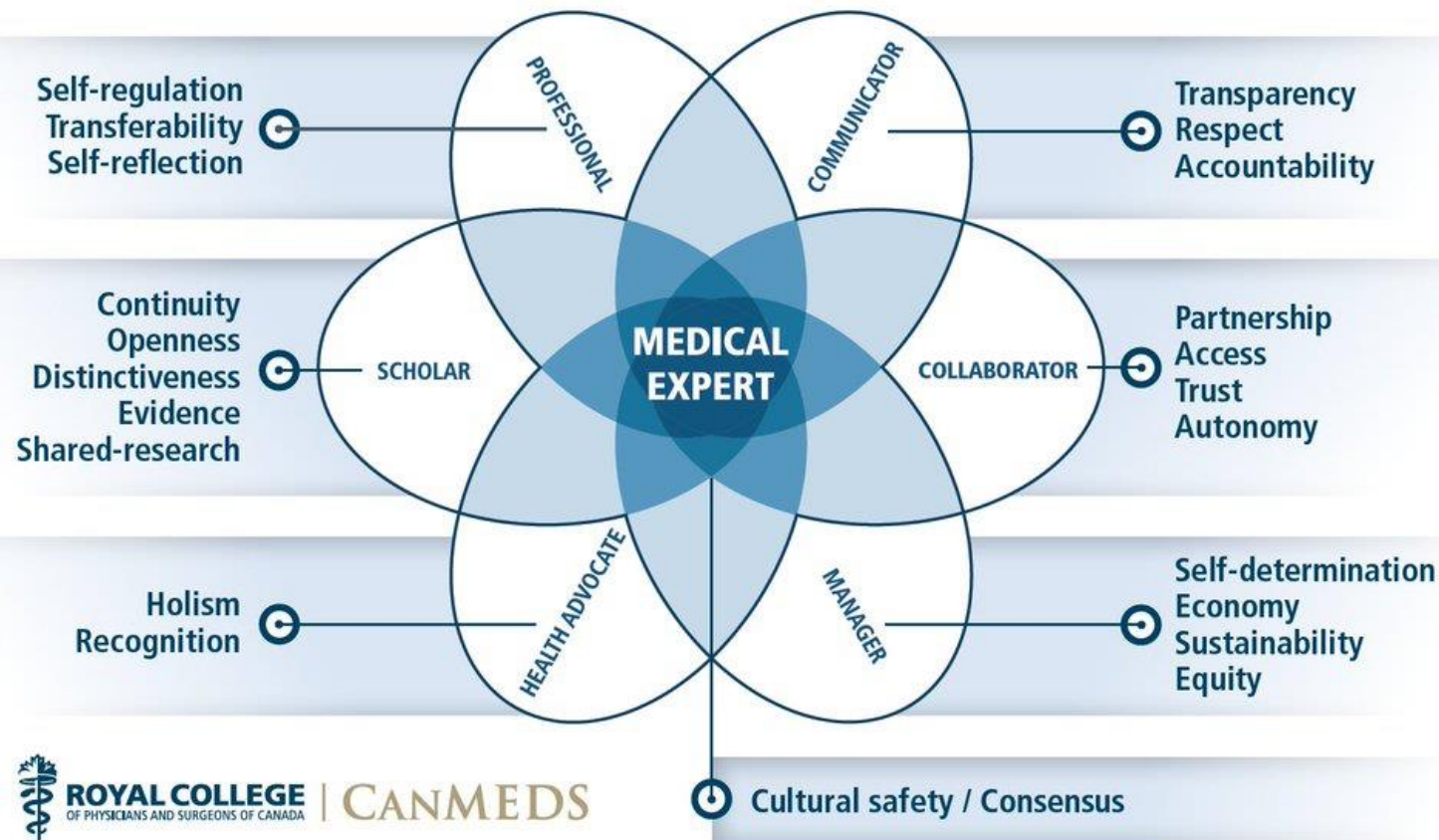






# Teaching approaches supporting integrative learning

## 'Mapping' Indigenous Health Values as Interpreted Through the CanMEDS Framework



Sohrmann et al. *Swiss Med Wkly.* 2020;150:w20201.  
doi:[10.4414/sm.w.2020.20201](https://doi.org/10.4414/sm.w.2020.20201)





The Osteopathic Practice Standards set out the standards of conduct, ethics and competence required of osteopaths to ensure high-quality care for patients.

## A. Communication and patient partnership

This theme sets out the standards relating to communication, the formation of effective patient partnerships, and consent.

[READ MORE >](#)

## B. Knowledge, skills and performance

All osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these throughout their careers.

[READ MORE >](#)

## C. Safety and quality in practice

Osteopaths must deliver high-quality and safe healthcare to patients. This theme sets out the standards in relation to the delivery of care.

[READ MORE >](#)

## D. Professionalism

Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession.

[READ MORE >](#)



## Bloom's taxonomy for six levels of cognitive learning

### 1. Remember

define, repeat, record, list, recall, name, relate, underline

### 4. Analyse

distinguish, analyse, differentiate, appraise, calculate, experiment, test, compare, contrast, criticise, diagram, inspect, debate, question, relate, solve, examine, categorise

### 2. Understand

translate, restate, discuss, describe, recognise, explain, express, identify, locate, report, review, tell

### 5. Evaluate

judge, appraise, evaluate, rate, compare, revise, assess, estimate

### 3. Apply

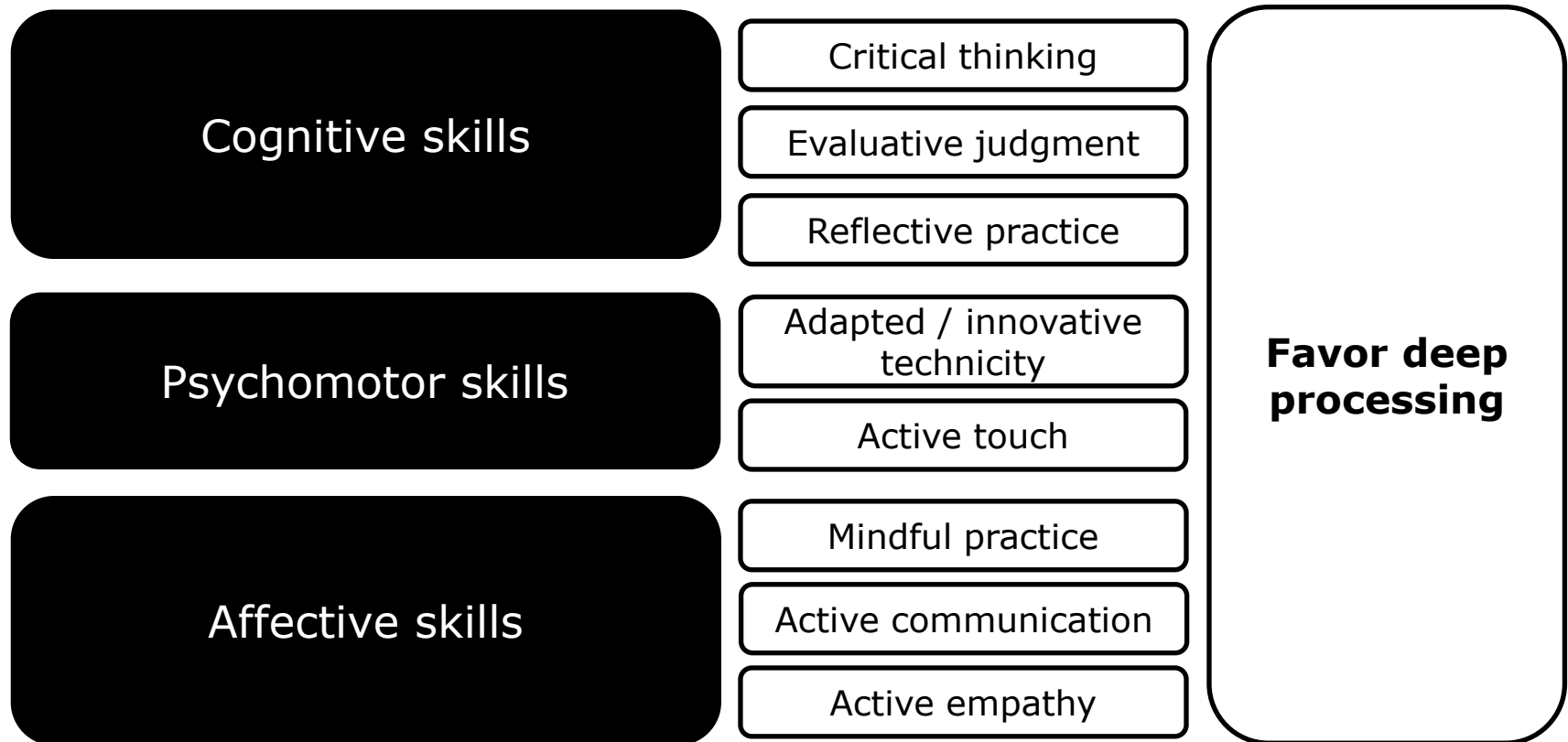
interpret, apply, employ, use, demonstrate, dramatise, practice, illustrate, operate, schedule, sketch

### 6. Create

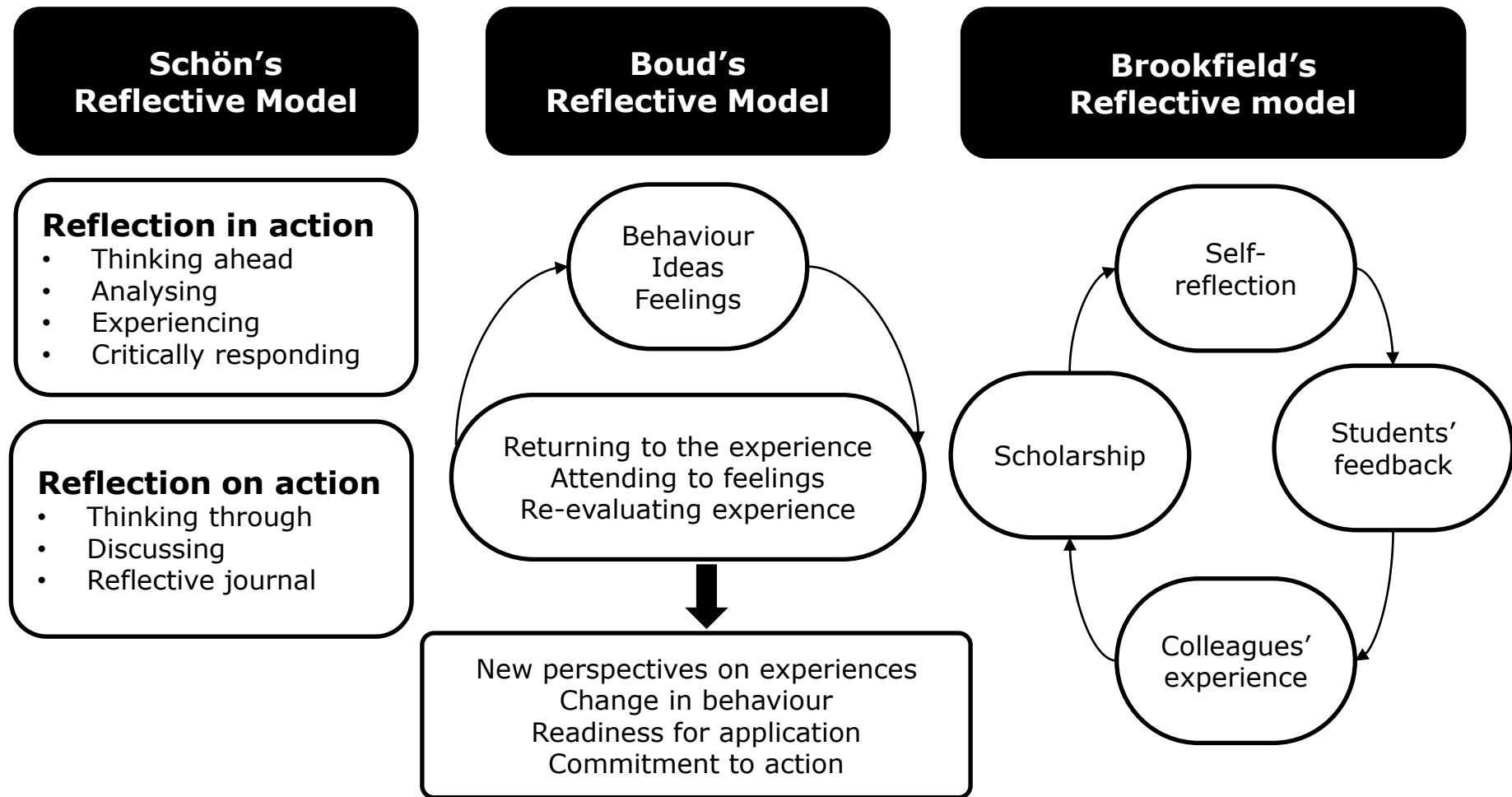
compose, plan, propose, design, formulate, arrange, assemble, collect, construct, create, set-up, organise, manage, prepare

Anderson, Lorin W., and David R. Krathwohl, eds. 2001. *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. New York: Addison Wesley Longman, Inc.





Adams (2015) J Med Libr Assoc; 103(3): p.152-153, doi:10.3163/1536-5050.103.3.010



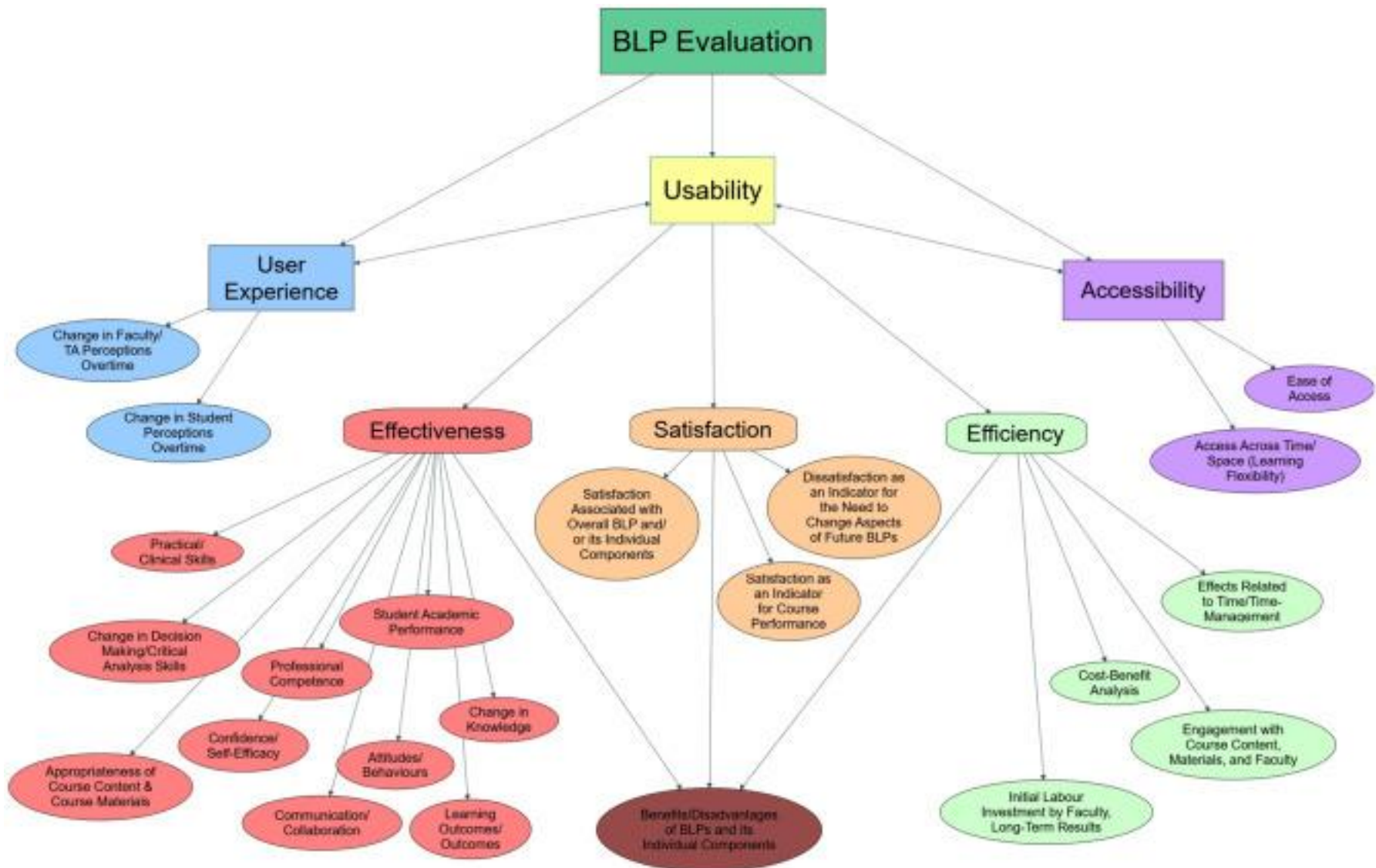
Mann et al. *Adv Health Sci Educ Theory Pract*. 2009;14(4):595-621. doi:[10.1007/s10459-007-9090-2](https://doi.org/10.1007/s10459-007-9090-2)



Active approaches	Passive approaches
Problem-based learning	Lecture
Case-based learning	Textbook reading
Collaborative learning	Passive clinical observation
Flipped classroom	Video based education
Project-based learning	Audio-book
Simulated environment education	
Conceptual change strategies	
Inquiry-based learning	
Discovery learning	

Michael. *Advances in Physiology Education*. 2006;30(4):159-167. doi:[10.1152/advan.00053.2006](https://doi.org/10.1152/advan.00053.2006)





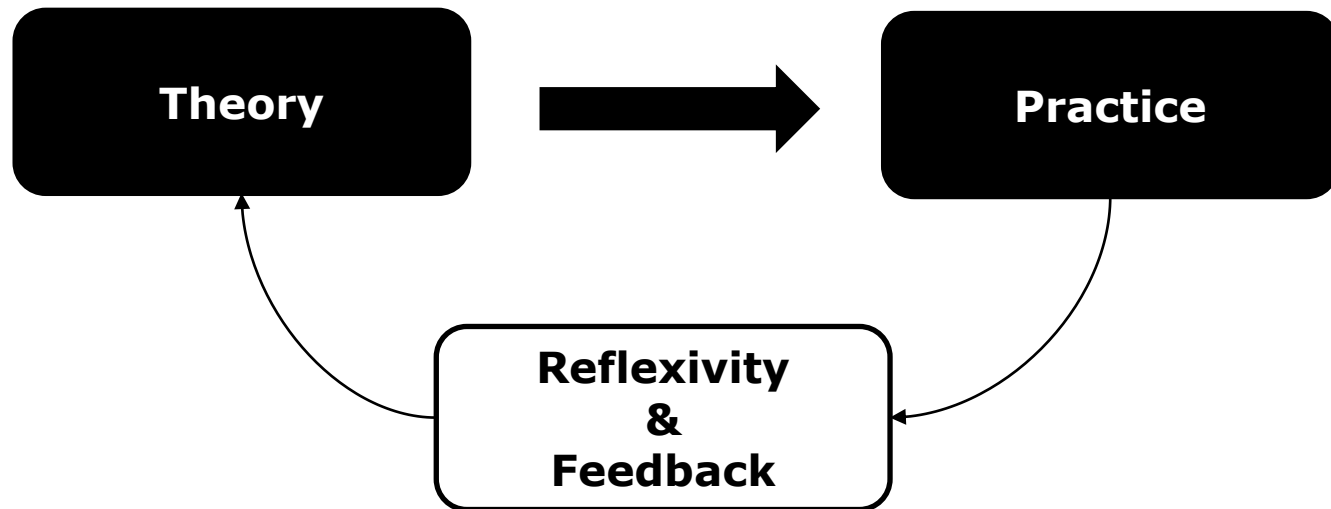
Arora et al. (2021) Evaluating Usability in Blended Learning Programs Within Health Professions Education: a Scoping Review. *Med Sci Educ.* doi:[10.1007/s40670-021-01295-x](https://doi.org/10.1007/s40670-021-01295-x)





Moffett. *Medical Teacher*. 2015;37(4):331-336.  
doi:[10.3109/0142159X.2014.943710](https://doi.org/10.3109/0142159X.2014.943710)

Tolks et al. *GMS J Med Educ*. 2016;33(3).  
doi:[10.3205/zma001045](https://doi.org/10.3205/zma001045)



Cleland et al. The use of simulated patients in medical education: AMEE Guide No 42. *Medical Teacher*. 2009;31(6):477-486. doi:[10.1080/01421590903002821](https://doi.org/10.1080/01421590903002821)

Chan. Role-playing in the problem-based learning class. *Nurse Educ Pract*. 2012;12(1):21-27. doi:[10.1016/j.nepr.2011.04.008](https://doi.org/10.1016/j.nepr.2011.04.008)





Topor et al. Interprofessional Health Care Education at Academic Medical Centers: Using a SWOT Analysis to Develop and Implement Programming. *MedEdPORTAL*. 2018;14:10766. doi:[10.15766/mep\\_2374-8265.10766](https://doi.org/10.15766/mep_2374-8265.10766)

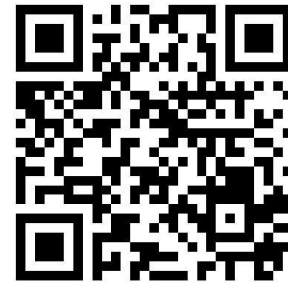
# ActCom

Partners	HES-SO Pavlov Institute	 
Grant	SNSF leading House	
Goal	Develop and test a working package for teaching active communication in healthcare education	
Design	Action Research	
Resources	1 PhD student 2 Master students	



## Learning person-centred communication & shared decision making in health

Instructions for educators  
v.0.2



### Initial material created by

Paul Vaucher<sup>1</sup>, Natalia Krasilnikova<sup>2</sup>, Elizaveta Vatskel<sup>2</sup>, Youlia Smirnova<sup>2</sup>, Anna Baraboshina<sup>2</sup>, Joel Liengme<sup>1</sup>

<sup>1</sup> University of Applied Sciences and Arts Western Switzerland (HES-SO), School of Health Sciences Fribourg, Fribourg, Switzerland

<sup>2</sup> Pavlov First Saint Petersburg State Medical University, St-Petersburg, Russia

**Context:** Systematic and integrative approaches of health and illness

**Learning objective:** To be capable of interviewing patients relying on a patient-centred approach accounting for personal social and cultural context that would affect health and communication.

**Organisation:** Two 6h lessons; one focusing on active communication skills and the other on the shared decision-making process.

## Day 1

- Applied principle of clinical conversation
- Principles of active listening
- Non-verbal communication
- Active empathy

## Day 2

- Person centred care
- Behavioural change and goal setting
- Self-management
- Coping



Active learning

**Inverted classroom  
(Theory)**

Collaborative

**Jigsaw approach  
(outreach to practice)**

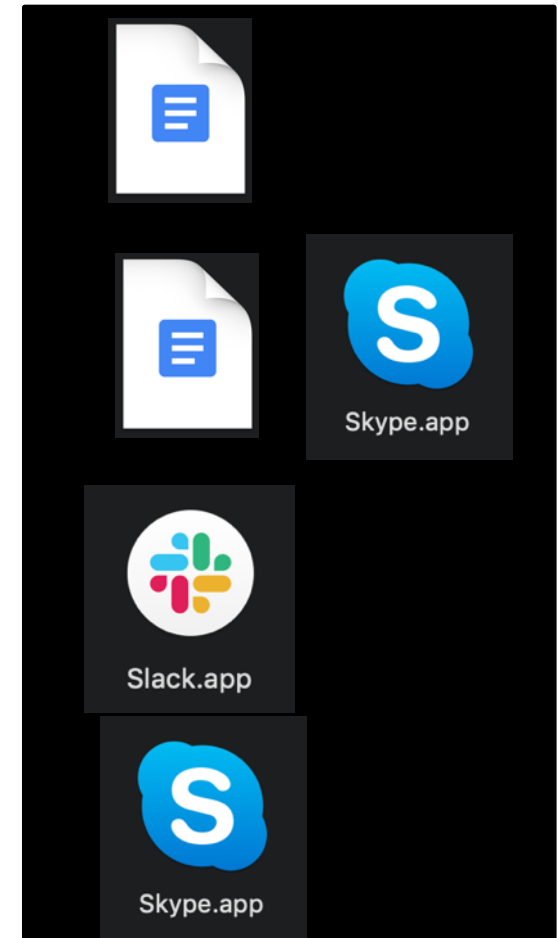
Simulation

**Role playing  
(practice)**

Consolidation

**SWAT analysis  
(reflection)**

## ASSISTING TECHNOLOGIES



ActCom-Lesson1-StudentInstructions.pdf (page 5 of 14)

ActCom-Lesson1-StudentInstructions.pdf

1

2

3

4

5

## 2. Exploring basic knowledge

Student instructions for Groups A – D

Required material

- Laptop or smartphone for reading documents (pdf format).
- 4G or wifi connection.

Procedure

Step 1 – Allocating tasks (15 min)

You have been placed in groups of 4-5 students and will be working on the group's topic defined on the student list document (ActCom-L1-Student\_list).

The first step is to find your local team members. Once your group is formed, please:

- Identify the exercise material placed on Google Drive ([ActCom-L1-support\\_material](#)). This is done by opening the subfolder corresponding to your group name (letters A to D).
- Open the question template ("ActCom-L1-QuestionX\_template" / printed version) and read the questions corresponding to your group name.
- Allocate questions to group members and agree on when you will meet again to share your findings (plan about 45 minutes).

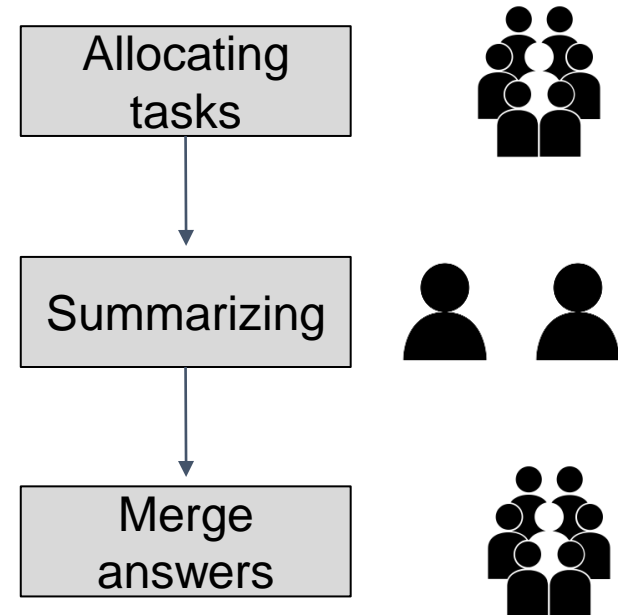
Step 2 – Collecting and summarizing information (45 min)

The second step is to work individually to read through the material and find answers to your question. Please:

- Read/look at all the provided material linked to your topic and take note of where you have found relevant information related to your question.
- Extract a summary of all the important concepts you have found using keywords.
- Draft a written documented response. Shared templates for people from your group (docs.google spreadsheets) are available online. The link is in the document folder (ActCom-L1-QuestionX\_template).

Step 3 – Merge information and prepare restitution with eventual reference documents

- Agree on who will present the collected and summarized material to the rest of the class (2 minutes).



**Heds FR**  
Hospital of Education & Research

Clinical situation

**Clinical situation**

Kim Longshot, 43 years old, has attended the clinic five days ago for an episode of acute low back pain on her husband's recommendation who is followed by the same osteopath. During the past month, she has started feeling epigastric discomfort especially when sitting up. She is five months pregnant. She has had some slight vaginal bleeding following her previous consultation with the osteopath. Feeling the patient anxious and worried about more than her back pain, the osteopath suggested that the situation be tackled by a multidisciplinary team.

Kim works as an accountant in a large multinational company. She has a lot of responsibilities. She is originally from Hungary but has studied abroad in the UK and has now been living in Switzerland for two years.

The patient is seen by four clinicians. Their aim will be to understand her situation, to identify and decide on what needs to be addressed or prioritised between her low back pain, her vaginal bleeding, her gastric discomfort and any other issues she might be having.

Hes-50

Active Communication

From theory to practice

Clinical situation

ActCom – Lesson1

12



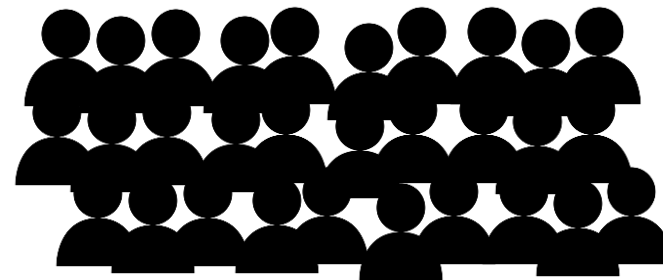
Simulated patient



?



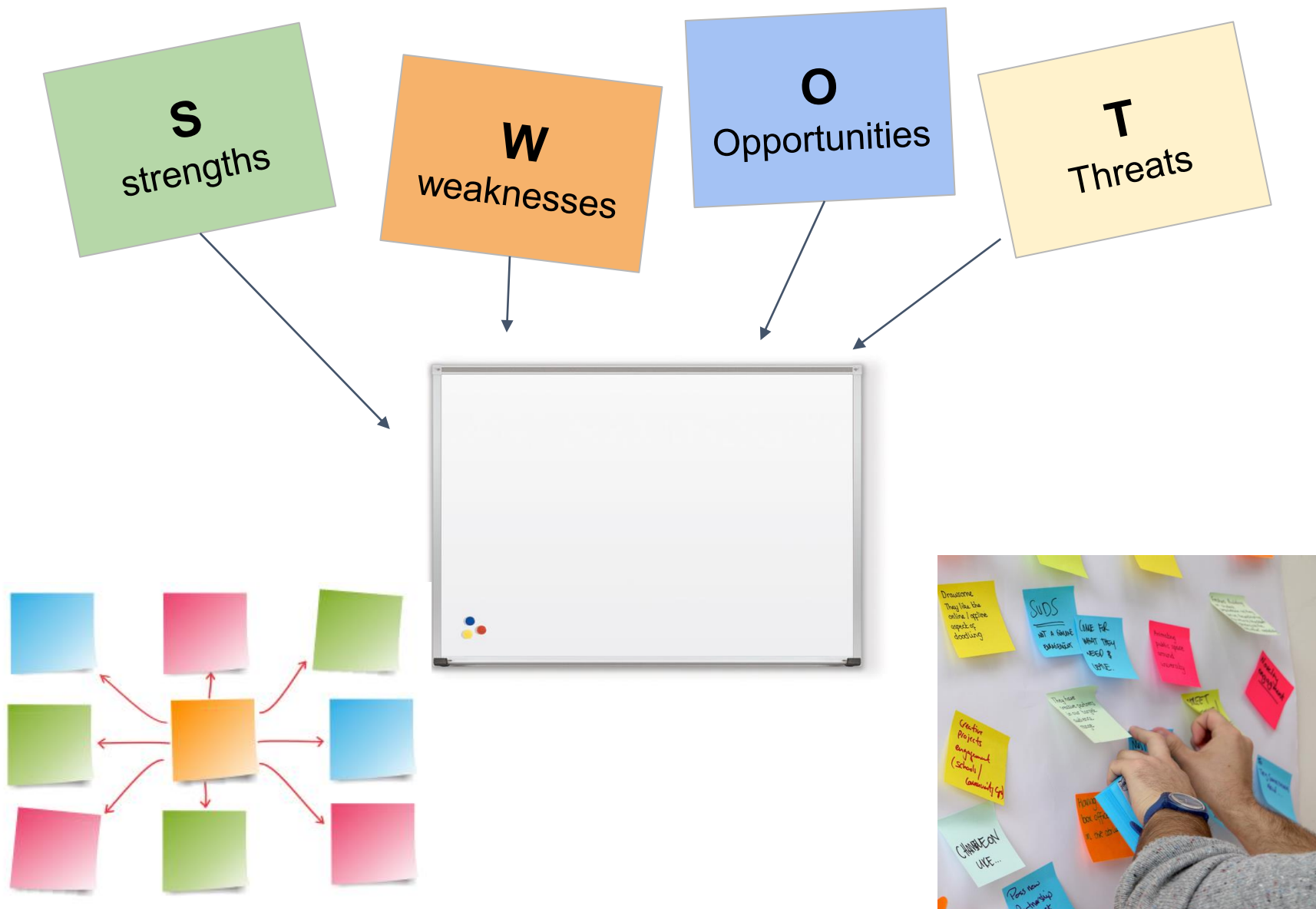
Simulated clinicians



Class

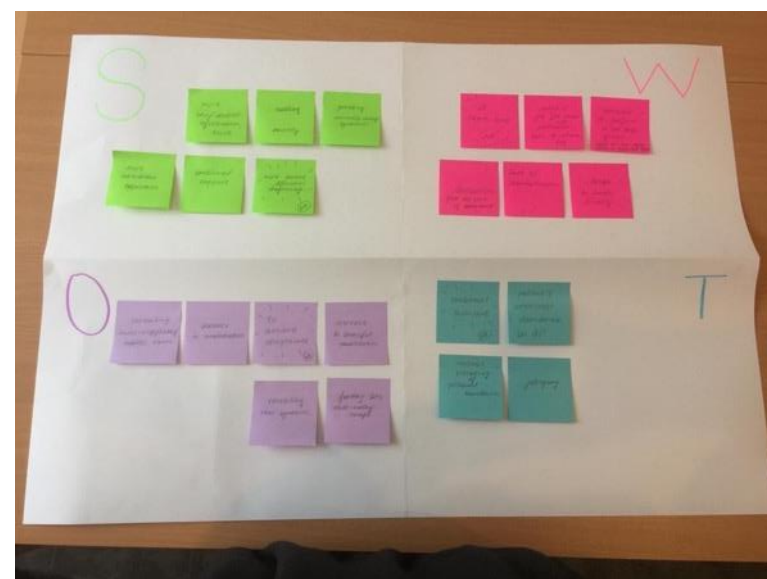






## Transferring skills to practice







## **IMPACT DU MODULE PÉDAGOGIQUE “ACTCOM” POUR LA GESTION DE L’EMPATHIE EN SITUATION CLINIQUE ; UNE ETUDE DE PREUVE DE CONCEPT SUR LE TRANSFERT DE COMPÉTENCES VERS LA PRATIQUE.**

TRAVAIL DE MASTER

Projet de recherche soumis à la Filière en Ostéopathie du domaine de Santé de la Haute Ecole  
Spécialisée de Suisse Occidentale pour obtenir le grade de :

Master en Sciences mention ostéopathie (MSc Ost)

Soumis par :

**Joel LIENGME**

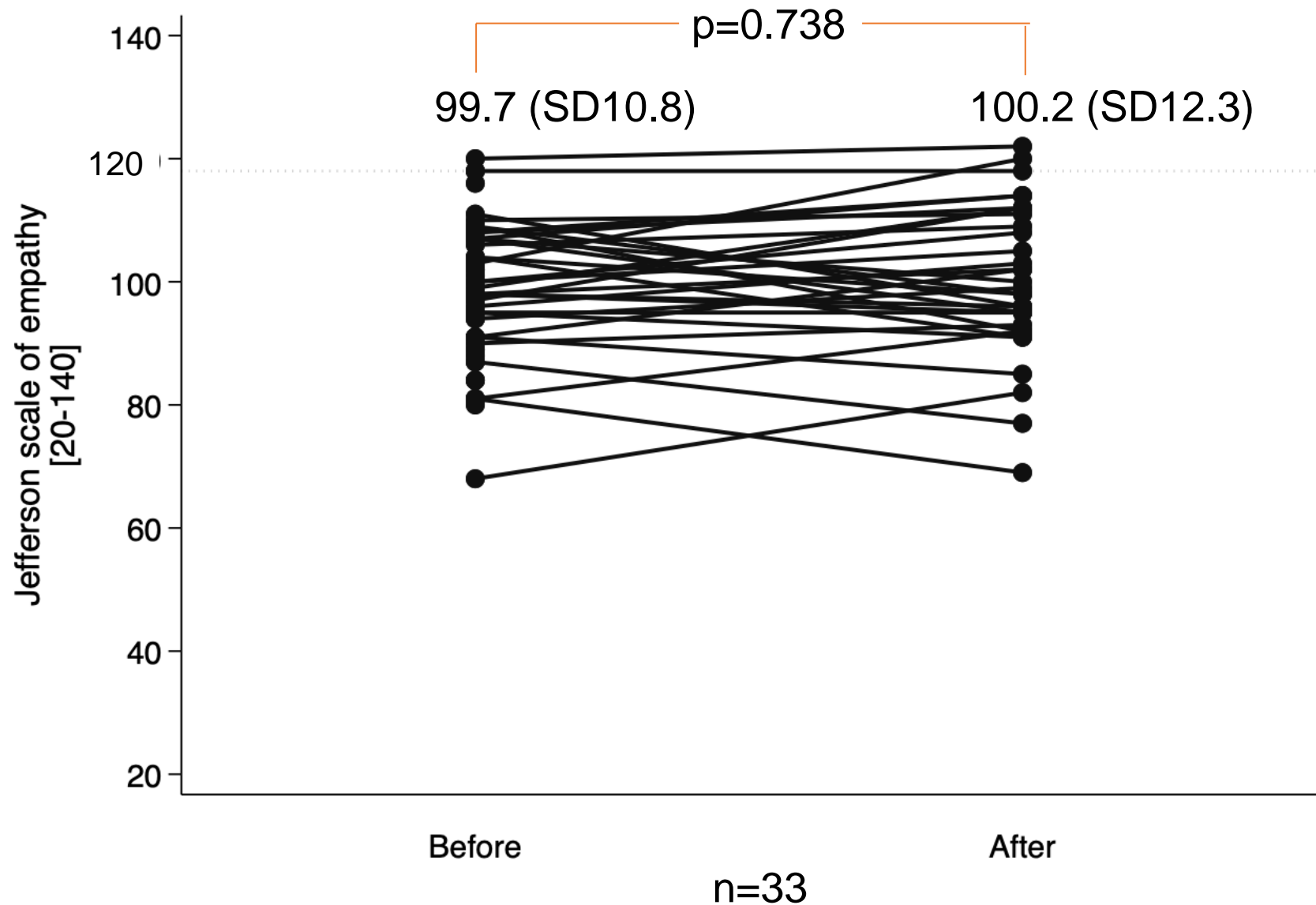
97-5092-51




*Réalisé sous la direction de Paul VAUCHER*

*Version du manuscrit : 1.0*

*Date de soumission : avril 2020*

Subheading	Description
Design	<b>Mixed design</b> Survey questionnaire Interview / student feedback
Population	59 students (CH & RUS) 12 followed both lessons
Intervention	2 day ActCom lesson
Outcome	Jefferson Empathy Scale [20-140 points] Open questionnaire
Timing	6 month follow-up



		 Slack.app	 Skype.app
Setting up	+++	+	+
Fluidity in use	+++	+	-
Interactivity	+	++	-
Overview	++	+	-

## Transferring skills

Active learning not sufficient

Simplicity in IT is key

Favour technologies that help transfer to practice (portfolio, organigram, SMART goal assistant, etc.)



Patel et al. (2018) BMJ Open:  
DOI: 10.1136/bmjopen-2018-022054





## Inverted Classroom as Innovative International Educational Technology in Teaching Doctors in Global Challenges Era

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# Take home message

## **Defining specificities of osteopathic education**

**Valuing soft skills**

**Active touch**

**Patient-as-partner  
approach**

**Facilitate change**

**Integrate and reinforce**



<https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>



<https://standards.osteopathy.org.uk>



<https://zenodo.org/communities/actcom>



## TICOM team



**Hes·SO**

Haute Ecole Spécialisée  
de Suisse occidentale

Fachhochschule Westschweiz

University of Applied Sciences and Arts  
Western Switzerland

- Anna Baraboshina (Master student)
- Joel Liengme (Master Student)
- Elizaveta Vatskel (PhD Student)
- Lea Awai (Lecturer HES-SO)
- François Allard (Lecturer HES-SO)
- Sandro Fossetti (Prof. HES-SO)
- Iulia Smirnova (Management)
- Susanne Rehacek (Travel)
- Natalja Krasilnivoka (Prof. Pavlov Inst.)

## Thank you for your attention!

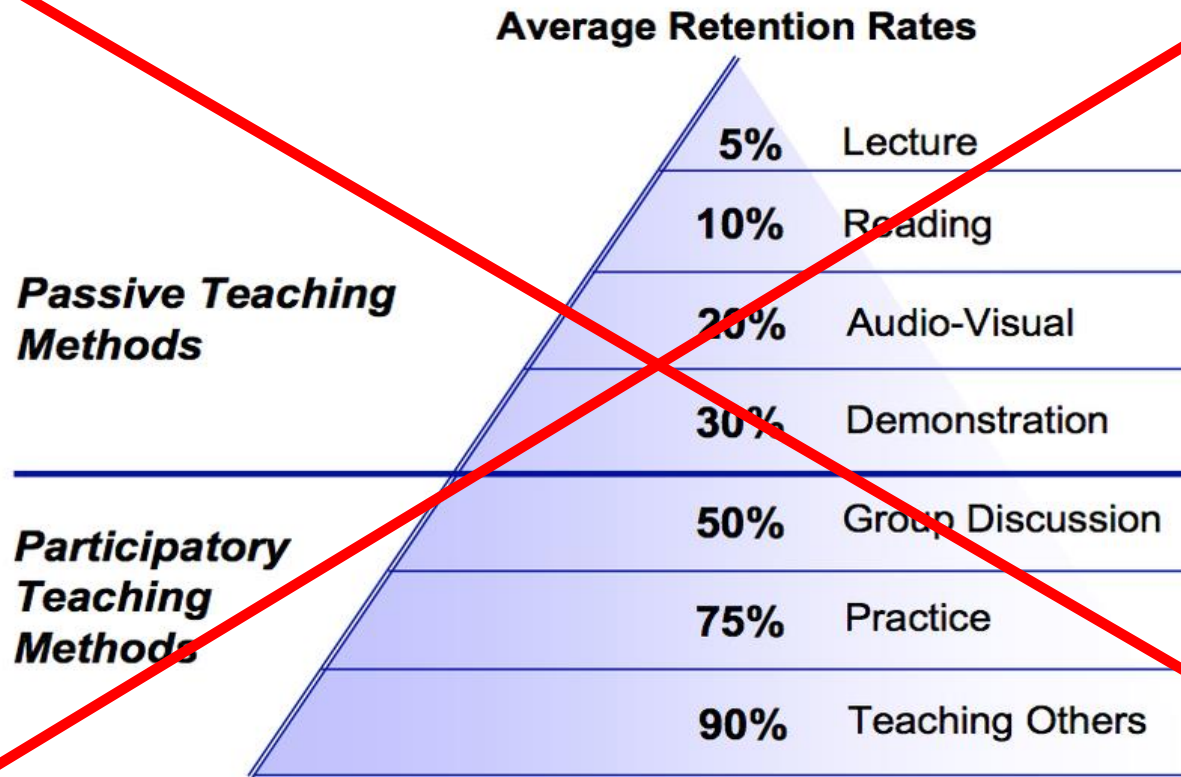
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T. +41 (0)78 788 33 66  
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# The Learning Pyramid\*



Adapted from National Training Laboratories. Bethel, Maine

Letrude et al. 2018: Cogent Education: 10.1080/2331186X.2018.1518638