



**Continuing
Professional
Development**
for Osteopaths

**OBJECTIVE
ACTIVITY**

Case study: Case-based discussion

Lymm osteopaths

Case study – Case-based discussion in a group – Lymm osteopaths

Introduction

Members of the Lymm CPD 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 the participants 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, as it was felt these needed adapting slightly for the method used.