General Osteopathic Council

Continuing Professional Development

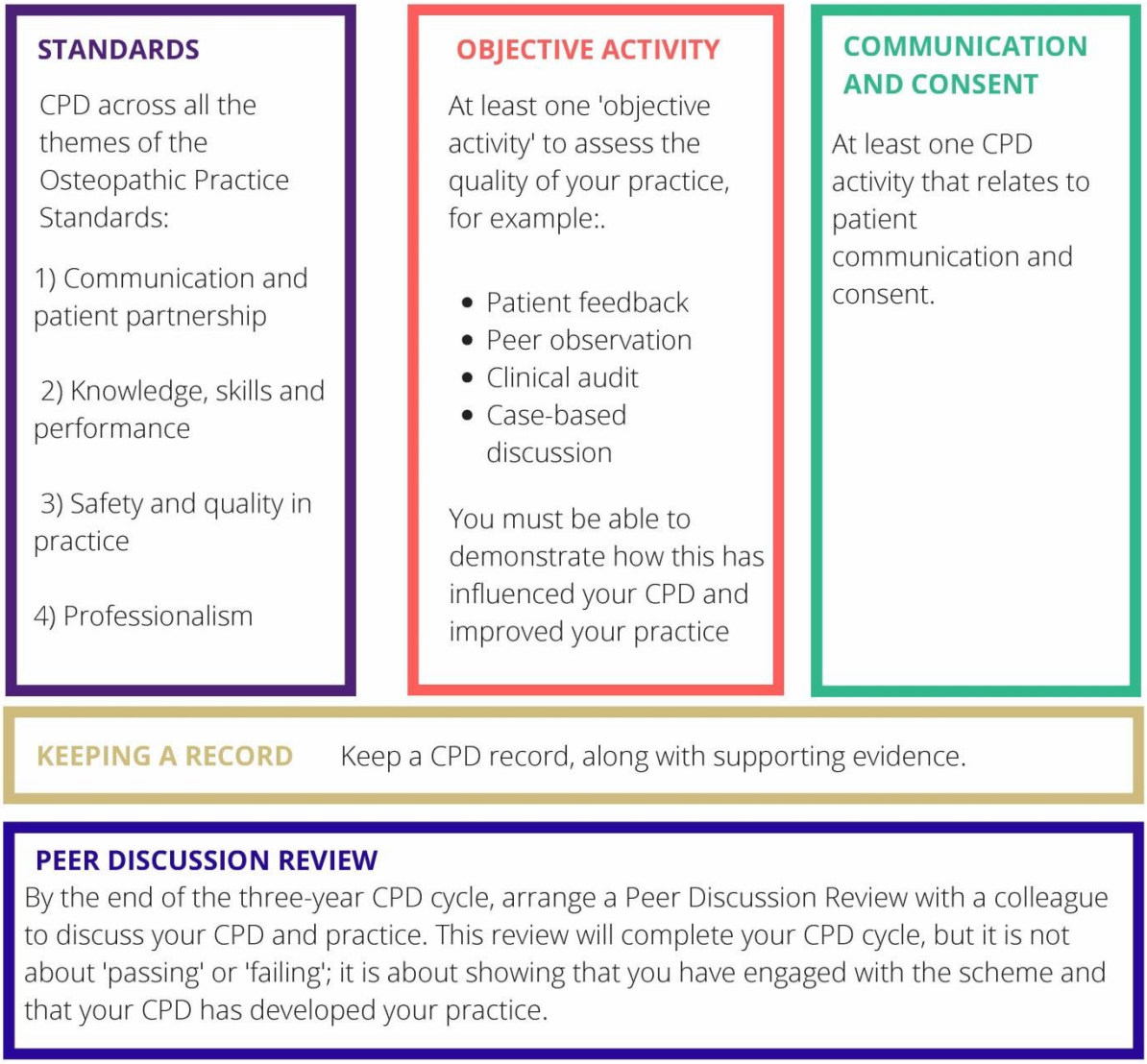
Workbook

Case-based Discussion Workbook

Introduction to case-based discussion

This workbook has been prepared to support osteopaths in undertaking a case-based discussion.

The new CPD scheme



Objective activity

A case-based discussion is an example of 'an objective activity' – it's a means of getting objective feedback on your practice from a colleague, enabling you to reflect on what you do and to consider how you might enhance your practice.

Learning point:
Case-based discussion including analysis and reflection can cover the objective activity requirement of the CPD scheme

Communication and consent

Reflecting on your practice and undertaking CPD in how you communicate with patients in response to patient feedback is often (but not always) a core part of a case-based discussion. Therefore case-based discussion will often meet the communication and consent requirements of the CPD scheme.

Learning point:
Case-based discussion, analysis and reflection can cover the communication and consent requirement of the CPD scheme.

Osteopathic Practice Standards[1]

The Osteopathic Practice Standards are available at: standards.osteopathy.org.uk. Undertaking a case-based discussion activity is likely to impact on more than one theme of the Osteopathic Practice Standards. The table below provides a summary of the areas covered by each theme of the Osteopathic Practice Standards (2018). All areas could be featured within a case-based discussion exercise depending on the areas that you choose to explore.

Theme of the OPS	Areas include	Relevant CPD activities may cover:
Communication and patient partnership	Listening, respecting patient's concerns and preferences, dignity and modesty, effective communication, providing information, consent, patient partnership	• Communicating with patients – different questions and approaches to identify patient ideas, concerns and expectations • Exploring non-verbal communication mechanisms • Ways of communicating benefits and risks of treatment options to particular patients • Ways of supporting patients to make decisions about treatment
Knowledge, skills and performance	Having sufficient knowledge and skills, working within training and competence, keeping up to date, analysing and reflecting on information to enhance patient care	• Reflection on current knowledge and skills and learning new knowledge and skills including techniques (for patient feedback, any reflection on the results of the feedback, for example, re-reading aspects of the OPS, reading around communication and consent will cover this theme.)

[1] osteopathy.org.uk/standards/osteopathic-practice

Theme of the OPS	Areas include	Relevant CPD activities may cover:
Safety and quality in practice	Case history taking and record keeping, patient evaluation, management, safeguarding, wider role in enhancing patients' health and well being	• Case history taking and developing a clear narrative for treatment options • Learning knowledge and skills about vulnerable patients, including safeguarding or how to report female genital mutilation • Signposting patients to resources about diet, exercise, and smoking cessation
Professionalism	Ethics, integrity, honesty, duty of candour, confidentiality, working with others, complying with regulatory requirements	• Enhancing your understanding of the contributions of other healthcare professionals to patient care • Establishing clear boundaries with patients (through case studies or group discussions) • Data analysis and report writing • Equality and diversity issues • Confidentiality and data protection (eg GDPR) • Keeping up to date with legal requirements on advertising your practice • Analysing feedback about your practice and implementing improvements • Supporting colleagues to enhance patient care (eg mentoring activities) • Health and safety issues

Learning point:
Case-based discussion, analysis and reflection can cover the communication and consent requirement of the CPD scheme.

- **Things to consider**
  - Who to choose discuss a case with?

    The choice is yours – it could be someone that you know well, or already work with, or may be someone that is less well known to you. You might want to discuss a case with a just one other, or maybe in a group. Osteopaths have told us that the following factors may be important to them when choosing a colleague to discuss a case with:

    - being comfortable / a relationship build on trust – people trust their peers to give helpful, critical feedback on the questions they raise, and the doubts and uncertainties they have
    - being part of a space where uncertainty and mistakes are viewed by everyone as an opportunity for learning and development
    - feeling safe

What factors are important to you when discussing a case?

Do you have someone (or more than one) in mind?

Confidentiality

The process should be confidential between colleagues, and it would be helpful to discuss and agree this in advance. For osteopaths, there is an overriding duty to act in the interests of patients (OPS C4 take action to keep patients from harm). If an osteopath were to hear something during a case-based discussion session that made them concerned for the safety of patients, then there is a duty on them to take action. The guidance to this standard gives examples of this, depending on the severity of the concern.

If discussing an actual patient, then you should ensure that this is anonymous, and that the patient's confidentiality is preserved at all times. Even if not mentioning a patient's name, you should remember that other details might enable them to be identified, particularly if you work in a relatively small community.

- **Why discuss a case with another osteopath or healthcare professional?**

  Discussing a case with another osteopath or healthcare professional is an excellent way of seeking feedback on your practice. It can help you to reflect on, and raise questions about, cases that you have found challenging in some way, and provide both reassurance that you have acted appropriately, and ideas about how you might enhance your practice. Many osteopaths will already discuss cases with colleagues, though this may be within a more informal context, and may not be recorded. Undertaking a more structured conversation with a colleague or colleagues, and recording this activity and any outcome, takes this a step further and can really support the development of new insights about practice.

- **What cases should we discuss?**

  It can be useful to discuss cases that have affected you in some way, but you can equally gain benefit from discussing fictional cases, that raise issues which might impact on anyone's practice. We have included two fictional cases within the Annex to this workbook as examples, but you should feel free to develop your own.

There may be particular issues that you are keen to explore within a case discussion, and you could construct a scenario accordingly. For example, something around effective communication, or gaining consent (which could also count towards the requirement to undertake activity in this area under the new scheme), or a particularly challenging case from a clinical perspective.

1. Are there any areas which you would like to explore in a case-based discussion? 2. Do you have a case in mind?

Structuring a session

There are no definitive rules, and it's about finding an approach that works best for you and your colleague/s. You need to consider where to meet, how long you'll meet for, and what case or cases to discuss. If working with a colleague, do you bring a case each, for example? What, if anything, will you need to prepare in advance?

If working in a group, consider whether you'll ask the whole group for feedback, or split into twos or threes?

Do you have any concerns or worries about undertaking a case-based discussion? How might you address these?

- **What resources are there to help inform our discussions?**

  There are a range of resources which can help support your discussions. It's always useful to think about the case in the context of the Osteopathic Practice Standards[2].

  You can also find plenty of guidance in the **o** zone[3] under the Standards and Guidance section, and under News and Resources where you'll see various publications and also a range of Elsevier research journals which you can access.

[2] osteopathy.org.uk/standards/osteopathic-practice

Details of the new CPD scheme are set out on our dedicated CPD website[4]

The National Council for Osteopathic Research website[5] also contains plenty of helpful material. Their Patient Incident Learning and Reporting System (PILARS)[6] is a useful way of sharing challenging cases, and giving and receiving feedback on these. The cases shown there might also provide a source of material for case-based discussions.

- **Giving and receiving feedback**

  The giving, and receiving, of feedback is a skill that may be more familiar to some osteopaths than others. Those who work in osteopathic education, who mentor colleagues, or who work in an NHS context, might be used to professional discussions with an element of giving or receiving feedback. For those who work in a more isolated setting, this may be less familiar and potentially daunting.

  There are some useful resources available on feedback published by the London Deanery (faculty.londondeanery.ac.uk/e-learning/feedback.). This is aimed at an educational setting, but many of the principles will apply in the case of peer feedback as well.

  When giving feedback, there are some useful tips to bear in mind:

  - use open questions to encourage reflection – for example, 'did that go as planned?', 'how do you think the patient felt', 'would you do anything differently next time?'
  - focus on the positive – it may be helpful, of course, to help highlight areas where things could be done better, but don't be unnecessarily negative
  - be sensitive about the impact of what you say – feedback is for the recipient's benefit, not the giver's
  - be supportive
  - don't overload – focus on two or three key messages.

  When receiving feedback:

  - assume it's constructive
  - accept it positively
  - don't be defensive.

[3] members.osteopathy.org.uk/home
[4] cpd.osteopathy.org.uk/
[5] ncor.org.uk/
[6] ncor.org.uk/practitioners/pilars

If all this sounds overly formal and intimidating, please don't worry. Remember that this is centred around a case-based discussion. In many cases, it will be a two way activity as well, so you'll be both giving and receiving feedback at some point. Be honest, respectful and kind.

- **How to reflect on and record the activity**

  Keeping a record of your discussions will enable you to count the activity towards your CPD requirement. We have included a case-based discussion recording template in the annex, along with an objective activity reflection sheet. These are offered as examples, and you do not have to use both or either of them. Feel free to adapt something that works for you. Our experience with osteopaths undertaking online sessions with us is that some osteopaths prefer a more structured form (the Objective Activity reflection form), some like the case-based discussion template with the themes of the Osteopathic Practice Standards and some prefer to record their discussions in a bespoke way.

  In the case-based discussion template, you'll see that this is focused on comments around the themes of the Osteopathic Practice Standards, identifying learning points and any actions to be taken. The Objective Activity reflection form is slightly different, and helps you to focus on what went well in the case, what could have been done differently, and is based on a 'what, so what, now what' model of reflection. Broadly speaking, this is:

  - what = what happened
  - so what = what was the impact of this?
  - now what = will anything change or action be taken as a result of the experience?

  Don't feel that you have to record pages of information. A brief summary of the key points, the key impact they had and any identified learning/action plans will be sufficient for you to ultimately talk this through with a colleague when you come to do a Peer Discussion Review.

References and resources

Osteopathic Practice Standards: osteopathy.org.uk/standards/osteopathic-practice

The **o** zone log in: members.osteopathy.org.uk/home

The dedicated CPD site: cpd.osteopathy.org.uk

National Council for Osteopathic Research: ncor.org.uk

NCOR – PILARS ncor.org.uk/practitioners/pilars

Annex

A. Template for recording case-based discussions
B. Objective activity reflection sheet
C. Case scenario 1 – Grant Small
D. Case scenario 2 – Mrs Taylor
E. Examples of case-based discussions from early adopters of the new scheme

Example of templates to use for a case-based discussion

Resource

Case-based discussion template

Title of case:

Names of osteopaths discussing

Date:

Brief description of case (all identifying factors to be removed)

OPS Theme	Points discussed	Actions to be taken/ learning points to record
Communication and patient partnership		
Knowledge, skills and performance		
Safety and quality in practice		
Professionalism		

Objective Activity Reflection Sheet
(Please jot down notes related to the case that you are discussing with someone else)

1. The case

Brief outline of the key features (without identifying patient)

2. What went well in the case?

3. What went less well in the case?

4. What would you / should the osteopath in the case study do differently next time?

- What happened?

  For example: there was a miscommunication between the patient and the osteopath.

- So what?

For example: in order to avoid future miscommunications, I discussed this case with another osteopath to get a different perspective. The feedback provided was … And 'I reviewed the OPS standards in theme A in relation to communication and consent.'

- Now what?

For example: instead of using the phrase 'is that ok'. I try to use an open question 'how would you like to proceed'.

5. Which themes of the Osteopathic Practice Standards have you discussed today.

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

Case scenario 1

Grant Small is an osteopath. He works from home and has been treating 55 year old Dave Smith, for his low back pain. Grant has seen Dave five times, and his symptoms are improving significantly. At his last visit, Dave mentioned that his wife, Julie, had been getting neck and shoulder pain, and asked if Grant could treat this. Grant said that he may well be able to help, and Dave made an appointment for Julie for the following week.

Julie is 53. She is slim in build, and exercises regularly, doing two or three gym classes a week. She has been experiencing neck and shoulder girdle pain for four weeks, following a period of decorating at home. She has been able to carry on with her gym classes – in fact, they help, - but the pain then returns when she is static. She works part-time for Dave doing the admin for his building firm, which involves several hours at the computer over four days a week.

Grant had assumed that as Dave had been coming to see him for a few weeks, that Julie would have an idea of what to expect from an osteopathic treatment. She seemed quite nervous, however, and looked surprised when Grant explained that he would ask her to undress to her underwear so that he could examine her. If she had been wearing trousers, he would have suggested that she keep these on, but she was wearing a dress. He asked if she was ok with this, and she said that it was fine. Grant left the room while she undressed, and gave her a couple of minutes before coming back in. She was laying face down on the treatment couch. Grant said that he needed to see her standing up first of all, so she got up, looking even more nervous. Grant stood behind her during the standing examination to assess her spinal mobility. He said that this was generally good, and commented that it was obvious that she did lots of exercise.

Grant offers Julie a towel to cover her when she lies down, which she accepts. He explains the treatment that he would propose, and the fact that she might feel a bit sore for a day or so afterwards. Julie says that she's happy to go ahead, and Grant treats her accordingly. Grant suggests a follow up session in a week's time, but Julie says that she'll need to check her diary and will call later. She doesn't call back.

When Grant next sees Dave, he asks how Julie is. He seems a little vague in answering, but says that she felt quite sore after the treatment, to the extent that she hasn't been to any of her gym classes this week. He admits, also, that she was very embarrassed about getting undressed, and felt uncomfortable when Grant commented that she clearly did a lot of exercise. Dave hadn't mentioned to her about getting undressed, as he thought it might put her off, and he felt she would benefit from treatment as he had. Grant says that he'll give her a call to talk things through, but Dave says 'no – best leave it and she'll calm down', which makes Grant think that she's actually quite upset about this.

- what has happened?
- what should Grant do?
- how could he have managed this case differently?

Case scenario 2 - A case of low back pain and embarrassment

Luke Armstrong is an osteopath who has been treating 64 year old Christine Taylor for a knee problem. This has responded well, and at the last session they agreed that she would return for a check up in a month's time. At that appointment, Christine says that her knee is feeling ok, but that she has developed quite severe low back pain. This came on for no obvious reason about a week after she last saw Luke. It's not getting any better. She reports that her GP prescribed diazepam and ibuprofen, and advised her to lose some weight and take more exercise.

Christine admits she has piled the weight on in the last year or two, but finds it difficult to lose it now she's 'of a certain age'. She retired from her job as a teaching assistant in the local primary school 3 years ago, but hadn't appreciated how much her job was providing her with exercise and keeping her from the temptation of snacking during the day. It's since she stopped work that her weight has gone on and she is disgusted with the 16 stone the practice nurse told her she weighed when she was called for a check-up, but she just stopped getting on the scales. Christine didn't like the idea of taking diazepam and the ibuprofen hadn't made much difference.

Luke and Christine knew each other before she became his patient as Luke's children had attended the school where Christine had worked. In the course of the consultations about her knee they had often chatted about the children's progress and other family matters.

Because her knee isn't a problem for her now she asks Luke about her back and whether he thinks he can help. Luke asks about the problem, what might have caused it and when it hurts her most. He asks if there are any other health changes or concerns, but Christine can't think of anything. Luke asks her to slip her clothes off down to her underwear so that he can examine her to see if he can find what's wrong. While she does that he says he'll go and wash his hands. Previously, Luke had not asked Christine to undress to her underwear.

Christine complies, undergoes the examination and agrees to the treatment that's suggested. Luke notices that she's very quiet compared to when he's seen her before so asks if she's alright and if the treatment is hurting her. She says she's fine, and afterwards, makes an appointment for the following week.

Later that day, Christine calls the practice and speaks to the principal. She says that the more she thinks about her experience today, the more she feels humiliated. She wasn't expecting to have to get undressed to her underwear, and is now feeling a bit sore. She cancels her appointment for the following week.

- what's happened?
- how could we help Luke to better work out Mrs Taylor's concerns?
- how would you help Luke to learn from this situation for the future?

Examples of cased-based discussions from early adopters of the new CPD scheme

These activities were undertaken as part of some activities we undertook with early adopters. We held three hour long webinars over a period of some three months to introduce the concept of structured case-based discussions, allow everyone the chance to consider and undertake an activity, then to report back on it.

Early Adopter: Sarah Wisson

Sarah trained at the British School of Osteopathy (BSO) and worked in the UK until she moved to New Zealand, where she has worked for 16 years.

'I split my practice between treating people and animals, mainly horses and dogs. As in the UK, we are required to do CPD for our Annual Practising Certificate (APC). The case-based discussion was proactive and interactive, providing an ideal platform to learn from colleagues working in different environments, without having to meet face-to-face, which can be difficult to organise. This was a very safe environment for us to discuss cases we had dealt with, where things hadn't gone quite to plan.

The webinar provided instructions on how to approach helping the other practitioner to reflect on what they had done, and how they would go about things differently next time. Reviewers were encouraged to ask 'why, what, how' questions, rather than the listener saying 'I would have done it this way'. We have used case-based discussion in our peer groups but not in such a precise and structured way. So the guidelines given in the webinar and on the new CPD site, will be used to make our peer groups more effective and will also enable us to link learning points to the four OPS themes, which had not always been done previously.

The case I discussed for the webinar was about a client who had been referred by a specialist and had already seen numerous professions including an osteopath. The patient wanted to get better but had not heeded past knowledge or advice and help given to him. After the discussions and learning from the webinar, my colleague used these reviewing techniques to help me reflect on areas where I could have chosen a different pathway in order to get a different response from the patient. Highlighted too was the fact that you cannot help and solve every patient's complaint or other psychosocial problems. So we also discussed the boundaries for treatment. When we took this to the group, it emerged that other people had held similar discussions. Sharing and discussing a case in this way, provided confidence and strength to me. I feel that if I have a patient with similar issues in the future, I will be better equipped to deal with it and provide a better service for the client.'

Early Adopter: Alex Black

Alex qualified in 2010 from the BSO with a Masters in Osteopathy. She currently has a practice in Edinburgh where she treats a wide range of musculoskeletal

complaints, and runs an onsite clinic within the Occupational Health Department of an Oil Refinery in Grangemouth.

'Case-based discussions were a big part of the training at the BSO but we always presented cases to tutors, so I didn't have as much experience of being the reviewer for someone else. We discussed how to give and receive feedback quite a lot in the webinar and this was very helpful. I arranged to carry out a case-based discussion with another osteopath for an hour via Skype. As a sole practitioner it can be difficult to take time out of the day to go and meet someone, so Skyping made it much more doable for me. I anonymised the case of a patient I had seen recently. It was a complex case involving someone with chronic pain who'd come to see me in desperation. Managing the patient's expectations was one of my main concerns. So having the opportunity to talk to another osteopath about this case reassured me, in terms of how I'd gone about both treating the patient, and how I'd felt about it. I also had the opportunity to bounce ideas off another practitioner and as a result, following the case-based discussion, my patient has had really good results.'

Early Adopter: Kenneth McLean – Edinburgh Osteopaths

Kenneth McLean practises in Scotland and is a former member of the GOsC Professional Conduct Committee.

'The webinars were a good way of demonstrating how you can build a worldwide learning community. While it's great to sit down with a fellow osteopath in the same room, in our case-based discussion group, we used technology in various ways to enable us to connect with each other through Skype and telephone.' To take advantage of the Early Adopters' learning, Edinburgh Osteopaths offered a series of workshops based on the case-based discussion webinars. Participants were a mixture of recent graduates and more experienced osteopaths. Interestingly, some experienced osteopaths were more hesitant about the task as they were less familiar with this activity compared with more recent graduates. The group allowed around two hours in total for the whole exercise. First, the group made sure that everyone understood the 'rules of engagement' and how to give and receive constructive feedback. Then in pairs, participants took around 30 minutes to present and discuss anonymised cases which they had prepared in advance. They were encouraged to bring more challenging cases that hadn't perhaps worked out as expected, with lots of different issues to explore. They also explored mapping out learning points to the four OPS themes. The group met for the last half hour to discuss how the case-based discussions had gone and what they had learned. There was much discussion about the challenge of trying to map learning points to the four OPS themes, and in most cases the mapping fell on one or two of the themes. Participants also talked about how the case-based discussion could be a helpful stepping stone to developing confidence and skills for the Peer Discussion Review, which wraps up the end of the three-year cycle of the new CPD scheme. Edinburgh Osteopaths is developing its knowledge-sharing workshops as one strand of a learning community and peer support group. As well as the case-based discussion workshop, they have held sessions on Communication and Consent, Explaining Risk and Clinical Audit using much of the material available on the NCOR and GOsC CPD websites.'