**Peer Observation online role play**

**Aim and Objective:**

1. To undertake peer observation in an online setting as a role-playing exercise

**Things to consider before you start:**

1. Osteopath and observer: How are you going to do the roleplay without being in the same room - online platforms - Skype/Zoom or phone
2. Osteopath and observer: How much time do you both have?
3. Osteopath and observer: Will you have a preliminary meeting before the session, and a debrief afterwards? If so, what do you need to discuss in advance?
4. Osteopath and observer: What ground rules will apply for each session? For example, deciding who is going to be in the room while on webcam, or you might want the observer to wait to be invited to give feedback before offering it to the osteopath, or deciding what data/ information the osteopath will need at the end of the role-playing exercise
5. Osteopath: What questions/issues do you want to address? For example, are there any particular aspects of your practice upon which you would like feedback from this process? Remember: Some osteopaths may prefer very general feedback on their approach with the patient, whereas others may be looking for feedback on a more specific issue in particular such as how they sought consent or were alert to nonverbal communication? There are no definitive rules, and it will be guided by your own learning or development needs
6. Observer: Are you clear about what the osteopath wants from the session? Do you need to prepare for this? (For example, reviewing the relevant aspects of the OPS)
7. Osteopath and observer: How will the osteopath record and capture their learning? The osteopath might choose to record and capture your learning using some of the templates available: <https://cpd.osteopathy.org.uk/resources/peer-observation-workbook/>
8. How long will you need after the role play exercise for feedback? Set aside some time for this perhaps half an hour or so.

**The role play**

1. The osteopath wishing to seek objective feedback on their practice should play the osteopath. The other should play a patient (then swap and change roles)
2. If you are playing the role of the patient choose a case that you have previously treated that you can anonymise or if you are stuck for ideas pick one of the **patient profiles (see Annex A)** and pretend to be them
3. The osteopath should:

* Take a case history, establishing the patient’s reason for attendance
* Discuss any examinations or tests that you may have considered to perform
* Define the presenting problem
* Discuss any differential diagnosis you would have considered based on the patient’s symptoms
* Discuss the proposed treatment approach along with any techniques that you may have used in treatment
* Discuss the benefits and risks to gaining consent – including explaining treatment options, benefits and risks and how you would obtain consent
* Discuss how you would record the patient’s consent in your practice

1. The observer, playing the patient, should use either template 1 or 2 (see Annex B) to jot down some feedback/observations based on your role-playing exercise, such as

* Did the osteopath encourage your contribution, as the patient, place complaints in appropriate psychological context and explore your health understanding?
* Did the osteopath include or exclude likely relevant significant condition; suggest appropriate examination; make an appropriate working diagnosis; employ sound clinical reasoning?
* Did the osteopath explain treatment options to you, describe benefits and risks to enable you to consent to the relevant treatment
* Did the osteopath take you through an osteopathic treatment plan or an alternative course of action was agreed; appropriate treatment plan suggested; were next steps considered and discussed?

Giving and receiving feedback

1. Observer: Give feedback to the osteopath in terms of asking them first how they felt it went and what they felt went well or less well. Ask them if they would like your feedback. When this offer has been accepted consider 1) strengths identified 2) areas for further development and 3) Next steps
2. Observer: Useful tips when giving feedback:

* Use open questions to encourage the recipient to reflect on what happened – 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 highlight areas where things could have gone better, but don’t be unnecessarily negative
* Be sensitive about the impact of what you say – remember the feedback is for the recipient’s benefit
* Be supportive
* Don’t overload – focus on two or three key messages.

1. Osteopath: When receiving feedback:

* Assume it’s constructive
* Accept it positively
* Don’t be defensive.

Recording and reflecting on your peer observation

1. Complete the **peer observation template** together based on your discussions **(either Template 1 or 2 or both - See Annex B)**
2. At the end of the event, take 5 to 10 minutes to review the Osteopathic Practice Standards and agree those that were covered during this discussion between osteopath and peer.
3. After the session record your online exercise using the **CPD Reflection Form (see Annex C)**

**Annex A: Patient profiles**

**Patient 1**

Julie Smith is a 55-year-old woman who presents with a three-week history of lower back pain. There was no obvious reason for onset, though she had been on holiday a few days previously and was stuck in traffic on the M25 for three hours on her way home. The pain is an ache in nature, with occasional sharp twinges in the lumbar area. There are no reported neurological symptoms in the lower extremities. The symptoms are worse after prolonged periods of sitting and relieved to some extent by gentle activity and movement.

The patient reports a similar episode some five years previously, which was relieved by osteopathic treatment. She remembers having her back ‘cracked’, and some massage type treatment. She wasn’t keen on the ‘cracking’ – she recalls it was sore afterwards for a couple of days, but thinks it did help her eventually.

Her past medical history is unremarkable – no history of any significant illnesses or trauma and no surgery. She has had two children who are now grown up. She is not taking any medication.

**Patient 2**

Mike Draper is a 63-year-old man who presents with a four- week history of neck pain and headaches. His neck mobility has been reduced for some time – at least a couple of years, and his headaches are worse when his neck is worse. His GP has suggested that he is suffering from osteoarthritis and suggested that he sees a physiotherapist. The patient has previously had osteopathic treatment and prefers the osteopathic approach.

Mike works as a builder, and the neck problems are making work difficult, though he has not taken any time off work. He is keen to get back to normal as soon as possible. He last saw an osteopath some ten years previously, when he says he was ‘cracked from head to toe and felt loads better’. He’s keen to have the same approach this time.

Mike is overweight – he drinks at least a pint of beer most nights and has smoked 10 cigarettes a day for some 40 years. There is a family history of cardiovascular problems, with both his father and elder brother having had heart attacks in their mid-60s.

Mike has been on 40mg Simvastatin for five years and takes Losartan for his blood pressure.

**Patient 3**

Dan Draper is a 27-year-old male. He presents with some general stiffness in his lower back, thoracic and cervical areas. This is low grade, but persistent, and has worsened over the last month. He works in an office and sits in front of a computer screen for most of the day. He tries to mitigate this with visits to the gym in the evenings, and he plays rugby at the weekend, as well as one training session each week.

There is nothing significant in his medical history, he takes no medications, and his family history is unremarkable – his parents and two brothers are in good health.

He has never seen an osteopath before, but has googled it and seen some manipulations on YouTube which he says look ‘hilarious, and he’s well up for it’.

**Patient 4**

Debbie Watkins is a 48-year-old woman, who presents with no particular symptoms other than feeling generally anxious and finding it hard to sleep. This has worsened over the last three months following a stressful period at work – she is an HR manager. She has never had osteopathic treatment before, but saw a chiropractor some years before for lower back problems and really didn’t like the HVT approach. A friend recommended cranial osteopathy because she found it relaxing, and Debbie is seeking cranial treatment to help her sleep better and relax a bit more.

Her general health is otherwise good – she is in a relationship and has two grown up sons (21 and 20) and a younger daughter with her second husband (9).

She has seen her GP who has suggested a course of antidepressants to help with her anxiety, but she is reluctant to go down this route if she can find another more ‘natural’ way of addressing the issue.

**Annex B: Templates**

**Template 1: Peer observation form**

*Please note that this resource template is not prescribed can be adapted as agreed by the osteopath and the peer.*

**Osteopath name:**

**Peer name:**

**Date:**

**Location:**

**Does the osteopath attempt to discover the reasons for the patient’s attendance?**

For example: encourages the patient’s contribution; responds to cues; places complaints in appropriate psychosocial context; explores patient’s health understanding.

Observation:

**Does the osteopath define the presenting problem?**

For example: includes or excludes likely relevant significant condition; appropriate examination; makes an appropriate working diagnosis; sound clinical reasoning.

Observation:

**Does the osteopath agree the treatment approach with the patient?**

For example: treatment options explained to patient; patient consents to agreed treatment approach.

Observation:



**Treatment approach for patient**

For example: does the osteopath offer options of plans for treatment and care; agree them with patient; take into account the working diagnosis or rationale for care, the best available evidence, the patient’s values and preferences, and the osteopath’s own skills and competences?

Observation:

**Overall observations**

Osteopath’s strengths identified:

To be completed after discussion with the osteopath being observed, as part of a feedback session.

Areas for development identified:

Next steps agreed:

**Areas of the Osteopathic Practice Standards covered**

At the end of the peer observation feedback session, take 5 to 10 minutes to review the Osteopathic Practice Standards and agree which themes were covered during this discussion between you and your peer observer.

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| patient partnership |  |  | performance |  |  | practice |  |  |  |  |  |
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**Template 2: Peer observation form – related to the OPS themes**

**Osteopath name:**

**Peer name:**

**Date:**

**Location:**

**Theme A**: Communication and patient partnership

For example: communicates effectively; listens to patients; provides information to patients to help their decision making; obtains consent; works in partnership with patients.

Observation:

**Theme B**: Knowledge, skills and performance

For example: demonstrates a broad knowledge base and technical skills to support their work as an osteopath.

Observation:

**Theme C**: Safety and quality in practice

For example: demonstrates awareness of wider role as healthcare professional.

Observation:

**Theme D**: Professionalism

For example: Maintains confidentiality and maintains clear boundaries with patients.

Observation:

To be completed after discussion with the osteopath being observed, as part of a feedback session:

Osteopath’s strengths identified:

Areas for development discussed:

Next steps agreed:

**Annex C: CPD reflection form template**

To be completed by the osteopath after the peer observation to help you reflect on learning activities.

Keep it as evidence in your CPD records.

**About the activity**

Describe the event or activity which you took part in.

**What were your reasons for undertaking the activity?**

Outline your reasons, and any other relevant details.

**Knowledge and skills gained**

What knowledge, skills or other insights did you gain from taking part?

**Impact**

What impact is this activity likely to have on your practice as an osteopath?

**Osteopathic Practice Standards**

Which of the four themes of the OPS have been addressed by undertaking this activity?

**Has the activity highlighted any other learning needs, and, if so, how do you plan to meet these?**

Are you planning any further activities as a result of undertaking this one?

**Overall reflection**

You can use this space to record any other thoughts or reflections you have on the activity.