



**Continuing
Professional
Development**
for Osteopaths

**OBJECTIVE
ACTIVITY**

Case study: Peer observation

Carlisle Osteopathic Group

Peer observation - Case Study – Carlisle Osteopathic Group

Summary

This example of a peer observation was developed by a group of around 10 osteopaths, some of whom work together in a group practice and others who are sole practitioners or non-practising in Carlisle. The osteopaths all practise using a variety of different osteopathic approaches. This example shows how some members undertook a peer observation exercise.

Planning

The peer observation method involved three people in total: the osteopath under observation; the observer (who could be an osteopath or other healthcare professional); and an actual patient. The date and time for the observed osteopathic consultation was agreed and an additional appointment slot was kept free immediately afterwards in order to provide enough time for discussion.

What did they do?

- The osteopath under observation and the reviewer set out their aims. These might be general or could focus on a particular topic agreed beforehand, e.g. discussing consent, a specific technique, or explaining a diagnosis.
- After gaining permission from the patient, the osteopath conducted their normal consultation. This could be with a 'new patient' or a 'follow on' appointment.
- The observer sat in the corner and took notes.
- Time was then set aside after the session (approximately 30 minutes) to discuss the findings.

What did the osteopaths learn?

Participants found these peer observations to be extremely helpful. Very rarely did a patient refuse to take part. Both the observer and the osteopath gained from the experience. When appropriate, areas for further research and/or techniques to practice were discussed and a plan for future action was drawn up. This helped both parties to consolidate the experience and supported reflection.

What were the concerns/barriers and how were these overcome?

The main concern was to build a trustful and supportive relationship between the osteopaths ahead of the peer observation. It can be intimidating to allow another osteopath to observe one's practice. The group recommended that the osteopaths spent some time getting to know each other before beginning the observation. The peer observation was treated as a reciprocal experience so that both parties experienced the giving and receiving of feedback. It is also important that osteopaths are comfortable with the approach, and the patient has confidence in the process in order to provide informed consent.

Would the participants do it again?

Yes, the group started these peer observations as part of the GOsC 2012 revalidation pilot and found them so helpful that the participants now undertake them about twice a year. Participants find both parties learn a great deal from the process.