TEACHING IN CLINICAL OSTEOPATHIC MEDICINE

THE ART & SCIENCE

MARCH 13, 2015

STEFAN HAGOPIAN, DO, FAAO

PRESENTED AT AAO CONVOCATION

LOUISVILLE, KENTUCKY
LECTURE OUTLINE

• Conflict of Interest Disclaimer
• Context of Teaching Osteopathic Practices
• History of Clinical Teaching Delivery
• Challenges in Clinical Teaching Delivery
• Future Challenges
CONFLICT OF INTEREST

UNIVERSAL TEACHING DISCLAIMER

• Teaching Begets More Teaching & Business
  (publicity, referrals, promotions, awards, sales)

• A Great Honor Through the Ages
  (sharing, privilege, learning)

• Aggressive Campaign for Election
A CHICKEN IN EVERY POT! (applause)

THIS WILL BE ACCOMPLISHED BUDGET-NEUTRAL (applause)... AFTER EVERYBODY IS FOUND TO HAVE NOT EVEN A POT-TO-PEE-IN.

IF/WHEN EVERYBODY DISCOVERS HOW TO BUILD THEIR OWN POTS (applause), WE CAN THEN DECLARE THEM INADEQUATE, DISALLOW THEIR USE, AND BUILD FOR US ALL: ONE BIG POT-TO-PEE-IN!! (applause)

ALTHOUGH I MAY NOT AGREE WITH THIS APPROACH, YOU CAN COUNT ON MY SUPPORT FOR IT, BECAUSE THERE MAY SOON BE NO OTHER CHOICE. (applause)
THE TEACHING OF OSTEOPATHIC CLINICAL PRACTICE

CONTENT

SETTING

DELIVERY
Osteopathic Clinical Practice

CONTENT OF THE TEACHING:
Integrated philosophy, principles, anatomy & methods

SETTING

DELIVERY
Osteopathic Clinical Practice

CONTENT OF THE TEACHING:
Integrated philosophy, principles, anatomy & methods

SETTING FOR LEARNING:
Informally – living with nature, thru growth and life’s interactions
Formally – in classrooms, laboratories, clinics, hospitals

DELIVERY
Osteopathic Clinical Practice

CONTENT OF THE TEACHING:
Integrated philosophy, principles, theories, methods

SETTING FOR LEARNING:
Informally – living with nature, thru growth and life’s interactions
Formally – in classrooms, laboratories, clinics, hospitals

DELIVERY OF THE TEACHING
When does it really begin?
OSTEOPATHIC PRINCIPLES & PRACTICE

OME Years 1 & 2 in Classrooms & Labs

OME Years 3 & 4 in Rotating Clerkships

GME Internship/Residency/Fellowship

CME Clinical Advancement ad infinitum
Training Clinical Skills in Osteopathic Medicine

• We train thru EARS, EYES, and HANDS... all integrated thru REASONING MINDS in a constant search (or calm waiting) for an understanding of CAUSE... of the DISEASE and of the HEALTH...
Training “Clinical” Skills in Osteopathic Medicine

• Train thru **EARS** in lectures, history-taking and use of a stethoscope... acquire discrete EMR data points AND integrate whole patterns/relationships.

• Train thru **EYES** when reading, in observations at dissection & laboratories & scoping & imaging studies & live people at Clinical Skills Labs... discrete EMR data points AND integrate patterns/relationships.

• Train thru **HANDS** in Labs of all types, most particularly **Osteopathic Principles & Practice**... where we need both discrete data points and relationships, progressively integrating all above.
OSTEOPATHIC PRINCIPLES & PRACTICE

OME Years 1 & 2

OME Years 3 & 4
GME Internship/Residency/Fellowship
CME Clinical Advancement ad infinitum
OME Years 1&2:
Education is VERY Scientific, somewhat standardized in most U.S. schools, well known to this audience... and well documented elsewhere.

OME Years 3&4 & GME & CME:
Advanced Skills more easily learned in personal instruction – “Mentorship” which is more “Art” than “Science”... Without abandoning any of the Science!!!
OSTEOPATHIC PRINCIPLES & PRACTICE
ANALOGY TO LEARNING MUSIC

Notes > Scales > Keys > Pitch/Tone > Rhythms
(palpate landmarks, layers, deep structures, motions)

Read Music > Play Piece > Compose > Improvise > DJ?
(sense tensions, functions, distant relationships, harmony)
OSTEOPATHIC PRINCIPLES & PRACTICE
ANALOGY TO
LEARNING COMMUNICATION

Alphabet Sounds > Words > Phrases > Sentences
(Manual Therapies, Techniques, Methods, etc.)

Express Concepts > Ideas > Poetry > Inspiration
(OMT Prioritizing, Sequencing, Endpoints, Sustainability)
Analogies to Other Clinical Methods

ABC’s of CPR can save a life...
But is not the same as Practicing Cardiology.

Stress reduction exercises can help to lift much anxiety or depression...
But is not the same as Practicing Psychiatry.

Manipulative techniques, therapies, & massage can relieve much pain...
But is not the same as Practicing Osteopathic Medicine.
HISTORY of Osteopathic CME

• AT Still teaching in early 1900’s
  CME courses in Kirksville 7 months long
• WG Sutherland, DO – a student of AT Still, teaching in 1940’s-1950’s
  CME courses 2 weeks long
• Students of WG Sutherland and others – teaching in 1960’s-1980’s
  CME courses 1 week long
Current Trends in Clinical Osteopathic CME

- 4 days (24-32 hours) Convocation, Conferences
- 3 days (20-24 hours) Pre-Convocation Courses
- 2 days (16 hours) September 2015 3-D in MA
Where do we go from here?
THERE ARE LIMITS

• Few Experienced DO’s
• Via Satellite
• Videos
• YouTube
Teacher Must Know The Audience

• Background Knowledge
• Background Training
• Scope of Practice & Licensure
• Skill Sets
• Language
• Capacity for Real-Time Guidance
Challenge of Teaching in Synchrony with the Audience

- Anatomic Level of Detail
- Reliable “Techniques”
- Principles of Structure/Function Relationships
- Precision with Anatomic Location of Hands
- Precision with Physiologic Force thru Hands
- Precision with Timing/Sequencing/Prioritizing
- Principles of Whole Body Functions
- Principles of Whole Being Functions
Challenge of Other Rich Paradigms

• “I need my WHOLE being to ‘show up’”... Sensations... Matt Sanford (approach to sensing patient & self)

• “Why are you MANIPULATING... bad word by the way, guys” Matt Sanford (AT Still: never used it)

• “…the idea (that) your art is controlled by information and knowledge... it’s NOT...” Matt Sanford (WG Sutherland: “thinking, seeing, feeling, knowing fingers...”)

• The Cochrane collaboration sees all manual therapies as fairly equal... Serge Gracovetsky (excellent biomechanics)
Future Challenges in Clinical Osteopathic Teaching

- **Integrity of the Teaching** – organized and reliable (e.g. certain teachings may require greater understanding among faculty/students)
- Safety in Healthcare
- Autonomy of the Science
- Elusiveness of Skills
Future Challenges in Clinical Osteopathic Teaching

• Integrity of the Teaching
• **Safety in Healthcare** – patient and practitioner protection (e.g. uncommon or new concepts may require redefinition of common terminology, roles and boundaries)
• Autonomy of the Science
• Elusiveness of Skills
Future Challenges in Clinical Osteopathic Teaching

• Integrity of the Teaching
• Safety in Healthcare

• Autonomy of the Science – scientific & organizational survival & growth (e.g. not everyone appreciates some of the above issues that influence integrity and safety)

• Elusiveness of Skills
Future Challenges in Clinical Osteopathic Teaching

• Integrity of the Teaching
• Safety in Healthcare
• Autonomy of the Science
• **Elusiveness of Skills** – natural growth of a vast science (i.e. some naturally occurring levels of skill require time and growth for perception, learning and full integration into practice)