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ORIGINAL ARTICLE

Enhancing clinical education in the private practice setting: A case study in osteopathy

K. Moore [a,*], B.J. Field [b]

[a] School of Health and Human Science, Southern Cross University, Australia
[b] Private Practitoner-educator

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Abstract *Background:* This paper explores constraints, considerations and educational benefits around pre-professional student learning in a private osteopathic clinical practice.
Objective: To elicit faculty attitude toward and education in a private practice setting, to ascertain students' experiences of the educational value in attending a private clinic.
Methods: In this case study individual interviews were conducted with faculty at three universities and, separately, with the owner manage of the private practice in focus. Students attending the practice were surveyed.
Results: Eight students from three universities, a member of faculty of each and one private practice owner/manager participated. Hurdles for the university regarding clinical education in private practice include: practitioner availability versus student availability; practitioners without knowledge and skills for clinical education; resource intensive logistical and educational processes. Nevertheless, students regarded the opportunity highly and report substantial improvement in clinical competence in this one setting. A featured learning strategy was the student Personal Learning Plan.
Conclusion: From the student perspective, this particular case study shows the approach to clinical education achieved success in assisting their development of core osteopathic clinical competencies. Universities may be inclined to further encourage student participation in clinical education in private osteopathic practices if an accreditation system for osteopathic private practitioner-educators is developed.

* Corresponding author. School of Health and Human Science, Southern Cross University, Gold Coast, Queensland, Australia. Tel.: +61 7 5589 3150.
E-mail address: keri.moore@scu.edu.au (K. Moore).

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Implications for practice

Improving stakeholders' experiences in pre-professional students clinical education, in a private practice setting, may be achieved by:

- Standardising student learning outcomes and assessment tools.
- Developing best practice frameworks for osteopathic clinical education in a private practice.
- Providing training and accreditation for osteopathic private practitioner-educators.

Introduction

Three Australian universities offer entry-level training programs in osteopathy. Within each program the practical education component takes place predominantly in university on-campus clinics. In these ambulatory clinics, under the supervision of the contracted practitioner-educators, students take increasing responsibility in the osteopathic health care management of attending patients. Our term for this type of educational scenario is a 'student-led clinic'. The percentage of time spent in university clinics varies slightly across the three universities and, in addition, each also facilitates student's learning through private osteopathic clinics, here again, the amount of time varies.

Although we have an emerging body of literature regarding clinical education in Australian on-campus clinics, there remains a dearth of information regarding osteopathic education in private practices in Australia or from other countries. The aim of this paper is not to compare or contrast the differences between on and off-campus clinical education for osteopaths, rather it is to explore procedures and practices in one private osteopathic practice to inform a discussion regarding the quality and efficiency of student education in private practices. In Australia, we are mandated to undertake such Quality Assurance Measures of teaching environments[1] to enhance graduate learning outcomes.

Several theories underpin student education in a professional workplace. For example, *Situated Learning*[2] posits that learning comes from social interaction and collaboration in an authentic activity, context and culture. *Community of Practice* Theory[3] suggests learners learn from being with like-minded individuals who embody certain beliefs, behaviours, and practices — novices move from the periphery to the inner circle of the group as they feel comfortable and able. *Social Development Theory*[4] proposes that an environment in which a learner has a guide; a collaborator who scaffolds the learner's thinking; ensures learning is more significant. In osteopathic literature, it has been suggested the Cognitive Apprenticeship Model (CAM)[5,6] could account for a number of aspects of the on-campus student—practitioner—educator interaction within the on-campus clinic in student-led clinics.[7] Beyond that exploration, little is known about the theories and practices that underpin osteopathic clinical education during either on or off campus clinical education. For that reason we need to explore the procedures, processes and practices that underpin student and practitioner educative interactions to be able to better address their individual preparation needs to enhance learning outcomes.

Learning outcomes

It is important that Australian graduates are prepared to take place as part of an international workforce and for that reason the Benchmarks for Training in Osteopathy[8] detail what is expected of graduates from any country. These outwardly align with the capabilities expressed in *Capabilities for Osteopathic Practice* in Australia.[9] University curricula are designed to develop the desired osteopathic capabilities — the clinical curricula focuses on providing opportunities for students to prove they can apply theory to practice. See Box 1 — the WHO Benchmarks for Training in Osteopathy.

Practitioner-educators

In Australia, osteopathic practitioner-educators are typically employed on short term contracts to work in university on-campus clinics. They are not required to have formal qualifications in clinical education although, in some universities, they are encouraged to do so. The on-campus practitioner-educator's work situation serves to immerse them in the university teaching and learning culture and their role requires them to understand and implement the curriculum. There are no such requirements placed on private practitioner-educators, nor do they have opportunities to engage in professional discussions with their peers about clinical education and their supervisory role.

In the Australian university clinics the student to practitioner-educator ratio can be five to one or