



RESEARCH REPORT

# Benchmarking the strategies for assessing clinical reasoning in osteopathic curricula



Keri Moore<sup>a,b,\*</sup>, Sandra Grace<sup>a</sup>, Paul Orrock<sup>a,b</sup>,  
Rosanne Coutts<sup>a</sup>, Raymond Blach<sup>a,b</sup>, Brett Vaughan<sup>a,b,c</sup>

<sup>a</sup> School of Health and Human Science, Southern Cross University, New South Wales, Australia

<sup>b</sup> College of Health & Biomedicine, Victoria University, Melbourne, Australia

<sup>c</sup> Institute for Sport, Exercise & Active Living, Victoria University, Melbourne, Australia

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## KEYWORDS

Osteopathy;  
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reasoning;  
Assessment;  
Clinical education;  
Clinical skills

**Abstract** *Background:* Benchmarking between educational institutions is a vital component of quality assurance and contributes to greater consistency and quality in teaching and learning practices. The investigation of clinical reasoning in osteopathy has only recently begun to be explored in depth. Benchmarking builds confidence in our education practices and processes and demonstrates a maturing of the osteopathic academic profession.

*Objective:* The aim of this project was to benchmark the assessment strategy used for clinical reasoning across the final two years of the clinical components of four osteopathic programs.

*Methods:* Learning objectives and clinical assessments from the final two years in each of the four programs were analysed to identify the types and frequency of assessments and the degree of alignment between learning objectives and Bloom's taxonomy and Miller's hierarchy.

*Participants:* Representatives from Southern Cross University, Australia, Victoria University, Australia, Unitec, New Zealand and the British School of Osteopathy, UK.

*Results:* All institutions assess clinical reasoning in a variety of ways such as the assessment of student's actual performance during real-time, in-situ clinical consultations; the assessment of simulated performance; the clinical supervisors' report and; oral or written reports - on simulated case study. The results show that the osteopathy teaching institutions in the present study do not scaffold the expected learning objectives to reflect an increase in difficulty as the student's

\* Corresponding author. School of Health and Human Sciences, Southern Cross University, PO Box 157, Lismore, New South Wales 2480, Australia. Tel.: +61 (02) 6626 9300.

E-mail address: [keri.moore@scu.edu.au](mailto:keri.moore@scu.edu.au) (K. Moore).

progress; the learning objectives tend to be clustered and relatively stable. However, this may be a reflection of only investigating the final years of an osteopathy teaching program. This opens the field for future research.

*Conclusions:* It would be worthwhile if future studies benchmarked the criteria used in clinical assessments and made explicit the key professional values related to assessing clinical competencies in line with the Core Competencies outlined in the World Health Organization's Benchmarks for Training in Osteopathy.

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### Implications for clinical practice

- To date, there have been no published reports of benchmarking between osteopathy teaching institutions.
- Teaching institutions utilise a range of tools to assess clinical reasoning.
- There is a need to discuss what constitutes clinical reasoning in osteopathy.
- Benchmarking assessment tools provides a useful quality assurance mechanism for osteopathic teaching institutions.

### Introduction

In the current climate of standards-driven quality review and improvement, universities across Australia are benchmarking their assessment practices to ensure that the standards set down are being achieved.<sup>1</sup> Benchmarking may be a one-off event, but is often treated as a continuous process in which organizations continually seek to improve their practices. Benchmarking has many different styles, including conducting the process with external (e.g. legislative), internal and/or collaborative agencies. Internal and collaborative benchmarking within teams and between collegial groups is well established.<sup>2</sup> Within education, the Quality Assurance Agency (QAA) in the UK supports the external reference point type of benchmarking,<sup>3,4</sup> but the equivalent Australian, the Tertiary Education Quality Standards Agency (TEQSA) has been reported to favour a wider range of styles.<sup>5</sup> The current paper reports on a functional benchmarking activity — a process that compares similar processes within an industry. We compared assessment in pre-professional osteopathic curricula in four higher education institutions.

Benchmarking provides an opportunity for educators to learn from their own experiences, and from others,<sup>1</sup> and the very sharing of information and associated experiences contributes to

the likelihood of its success.<sup>6</sup> Benchmarking between educational institutions is a vital component of quality assurance<sup>7</sup> and engaging in such a process contributes to greater consistency in assessment and improved quality of graduates. To date, there have been no published reports of benchmarking between osteopathy teaching institutions.

Osteopathy curricula in higher education are designed to develop knowledge, skills and dispositions in line with the Threshold Learning Outcomes for Health, Medicine and Veterinary Science,<sup>8</sup> Accreditation Policy of the Australian and New Zealand Osteopathic Council<sup>9</sup> the statutory body, the Osteopathy Board of Australia (OBA)<sup>10</sup> the United Kingdom's General Osteopathic Council (GOsC)<sup>11</sup> and the World Health Organisation Benchmarking document.<sup>12</sup> These documents charge the various higher education institutions with the responsibility of delivering programs that produce graduates with a number of capabilities in key domains. The competences required of graduate osteopaths are described in the various accreditation policies and documents<sup>8–12</sup> and all of these skills are underpinned by a student's ability to 'reason' with regard to the osteopathic perspective and scope of practice. The core competencies of entry-level osteopaths can be described as the ability to:

- gather and record an accurate, organised and problem-focused patient history, including psycho-social factors, using appropriate perspective, tact and judgement;
- after examination, arrive at an appropriate diagnosis based on the objective evaluation of all available evidence;
- implement an appropriate patient-centred management plan and evaluate the outcomes; and
- interpret relevant literature in a critical and scientific manner and apply these skills to ongoing learning and patient management

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