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Commentary

Criticality, research, scholarship and teaching: Osteopaths as educators – what makes a good teacher?

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Abstract

Current educational healthcare practice expresses curriculum content in conceptual themes which include attributes required by competent professionals. These together with the demands of statutory and voluntary osteopathic regulators provide a challenge to osteopathic teachers on account of the various models employed in the delivery of osteopathic education. There is an expectation that, in addition to being a competent osteopathic practitioner, the osteopathic teacher has to demonstrate professional and educational expertise, together with a self-awareness of their personal limitations. They have to be a role model and mentor to students, as well as being able to make professional judgements about students' performance. Furthermore, the osteopathic teacher is expected to know what they should be teaching and what students are required to learn.

Keywords: Osteopathic medicine; Education

1. Introduction

In the last 20 years there has been an increase in the number of osteopathic educational programmes within the university sector, including the validation of already existing and mature independent programmes and the initiation of new programmes contained within the university itself. Similarly, courses within continental Europe have either established links with osteopathic educational institutions within the UK, or have acquired their own validated status either with a UK university or a local one within their community.

This status of osteopathic education, together with the drive to achieve professional regulatory status and political recognition for the osteopathic profession, has led to further development and maturation of the structure of the osteopathic education providers, that in turn have increased the demands upon those who teach within these institutions. This paper is an overview of some of the teaching and learning strategies currently employed in the delivery of osteopathic education, and the capabilities that make a good osteopathic teacher.

2. What is currently happening in osteopathic education?

Over this 20-year period, throughout healthcare education there has been a shift away from 'old-style' learning with didactic teaching methods (chalk and talk), limited learning resources and set textbooks with theory focussing on the 'how' of healthcare delivery rather than the 'why' of healthcare delivery. Furthermore, students enmeshed in

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the old-style teaching methods are not typically encouraged to challenge or question practitioners or teachers. Concurrent to this 'shift' is the move away from a syllabus of training with detailed and concise statements in relation to learning, and a move toward a curriculum that emphasises learning. The teacher is now expected to be a facilitator of learning and to create a stimulating learning environment for the student experience.[1]

The current international structure of osteopathic education varies from full-time four- or five-year programmes, part-time courses, to that of four- to five-day seminars held several times a year. Each of these providers claims to provide a pathway that allows for the acquisition and development of professional attributes and skills sufficient to practice as an osteopath. As Hays[2] identifies, it is current educational practice to express curriculum content in conceptual themes which include the attributes required by competent professionals. This is reflected in the standards of capabilities required for safe and competent practice as set by osteopathic regulatory bodies or professional associations.[3] Curricula are therefore usually structured to allow for the application of knowledge skills in practice, and not just simply the acquisition of knowledge. Acquired skills include a wide range of communication, clinical examination, procedural and information management skills, along with those of treatment planning and patient management. Likewise, the acquisition of a wide range of personal and professional behaviours are now included in the attitudinal aspects of curricula, such as those related to legal issues and ethical considerations.

These acquired and attitudinal skills, together with the practical know-how needed to practise osteopathy, are delivered in a number of different ways depending upon the curricula, the theoretical and practical content and cited learning objectives, the strategies of implementation, the structure and mode of the programme, and the learning resources available.

Within the curricula of osteopathic programmes, there are usually a number of planned learning opportunities for the student to acquire the necessary knowledge and skills required. In the classroom situation there is variability in the teaching and learning strategies employed. This appears to range from the traditional didactic teaching to problem-based learning and further self-directed learning activities. The latter are seen to be most effective when a suitable resourced learning environment supports their implementation. Problem-based learning and self-directed learning strategies integrate basic and clinical science curriculum strands and themes into clinical problems that demand constructive preparation by the teacher to encourage students to develop and refine the knowledge and skills that are relevant to the clinical setting. The onus is therefore on the teacher to be able to recognise and employ a range of individual teaching methods depending upon the needs of the students and the subject matter.[4]

The acquisition of clinical and technical skills within the classroom environment is achieved by 'coaching'[4] where the teacher is expected to introduce, explain, contextualise and then demonstrate a particular technique. With tutorial support the student then practises the procedure, usually on colleagues, being expected to progressively acquire the necessary skill base prior to proceeding to its application and integration into clinical practice. This requires an awareness on the part of the teacher as to the knowledge and skill level of student novices, and the teacher must allow the 'learner to be free' to learn and recognise the parameters of safe practice while maintaining control over the clinical situation.

Successful implementation of these strategies is dependent on the osteopathic provider in assisting their faculty to understand where their individual contribution fits within the curriculum structure. Likewise the onus is on the teachers to have detailed knowledge or expertise with what they are expected to help the students learn. This emphasises the need for both teachers and students to become familiar with curricula content and objectives, the depth and level of student learning required, and the ability to shift between various teaching and learning strategies. Failure to do so results in the delivery of a hidden or potential curriculum which could be dependent on the interests and understanding of individual teachers who may not observe the boundaries of the approved curriculum.[5]

The majority of current osteopathic education providers have established teaching clinics which are serviced by senior students under the guidance and supervision of osteopathic practitioners. Within these facilities, the students progressively acquire clinical responsibility for their patients. Institutions that do not provide clinical facilities may offer mentoring placements, supervisor placements or clinical placements to their students with osteopathic practitioners in the community setting. Osteopathic education providers that do not provide students an opportunity for clinic-based learning, should ensure that there are well planned, structured and quality assured opportunities for the student to integrate propositional and procedural knowledge with developing practical skills and professional attributes under the supervisory guidance of clinical teachers.

Learning in the 'clinical' environment provides a focus on the real problems encountered in professional practice.[6] The clinical teachers or staff members working therein provide a role model for professional thinking, behaviour and attitudes. Furthermore, it is the only setting within which the skills of case history taking, physical examination, clinical reasoning and decision-making, treatment and management planning and implementation, communication skills and professionalism can be taught and integrated as a whole. Central to this