



RESEARCH REPORT

Diagnostic reasoning in osteopathy – A qualitative study

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Abstract *Background:* The clinical reasoning processes which result in the formation of a diagnosis, are fundamental for safe, effective and efficient clinical practice and are central to professional autonomy and accountability. While research has identified the diagnostic reasoning approaches taken by a range of healthcare professions, there is limited understanding of how osteopaths formulate diagnoses in clinical practice.

Objectives: The aim of this research was to explore the diagnostic reasoning of experienced osteopaths in the UK.

Methods: A qualitative constructivist grounded theory approach was taken in this study, which was situated in the interpretive research paradigm. A total of seventeen face-to-face semi-structured interviews were conducted with twelve experienced osteopaths. Participants were purposefully and theoretically sampled to take part in this study. Data collection methods involved semi-structured interviews with participants and observation and video-recording of clinical appointments, which were followed by video-prompted reflective interviews. The constant comparative method of analysis was used to code and analyse data.

Results: The findings suggest that when formulating a diagnosis practitioners adopted two diagnostic reasoning approaches, namely hypothetico-deductive reasoning and pattern recognition. In this study, there was interplay of these reasoning approaches as a result of the perceived level of complexity and degree of familiarity of the patient presentation.

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Conclusions: Experienced osteopaths adopted diagnostic reasoning approaches which are akin to other healthcare professions including medicine and physiotherapy. Metacognitive and reflexivity skills were central for safe and effective diagnostic reasoning. Further work is required to explore the transferability of these findings with practitioners of different levels of clinical experience and who work in different clinical settings.

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Implications for clinical practice

- Diagnostic reasoning refers to the socio-cognitive processes by which practitioners generate diagnoses pertaining to patients' pain, disability and impairment.
- Osteopaths adopt two diagnostic reasoning approaches, consistent with other healthcare professionals, namely hypothetico-deductive reasoning and pattern recognition.
- During clinical practice, osteopaths move between hypothetico-deductive reasoning and pattern recognition resulting in a flexible, efficient and effective approach to diagnostic reasoning.
- The interplay of these reasoning approaches is related to practitioners' awareness of, and reflection upon their own diagnostic reasoning in the context of the presenting patient and the clinical situation.

Introduction

Clinical reasoning refers to the social, cognitive and interactive processes by which practitioners make decisions in practice.¹ Specifically, diagnostic reasoning refers to the reasoning processes which result in the formation of a diagnosis, often related to patients' physical disability and impairment with consideration of associated pain mechanisms, tissue pathology, and potential and wide-ranging contributing factors.² Researchers across the healthcare professions have been attempting to understand the processes of clinical reasoning for more than forty-five years, with the majority of the research focusing primarily on the process practitioners use to arrive at a diagnosis.³

Approaches to clinical reasoning research

Since clinical reasoning is a social and cognitive process and therefore resides in the 'head' of the practitioner, largely hidden from observers⁴ this poses a challenge for researchers wanting to explore this area of clinical practice. A range of research methods, operating in different research paradigms, have been used to investigate the different aspects of clinical reasoning.^{4,5}

Throughout the last five decades, there have been notable trends in the methodologies and theories of clinical reasoning research. The medical profession were amongst the first to actively research clinical reasoning and have strongly influenced the reasoning approaches adopted in other health professions.⁵ Research into clinical reasoning has used both qualitative and quantitative methodological approaches to data gathering and analysis. Early medical researchers of clinical reasoning in the 1970s operated predominantly in the positivist/post-positivist paradigm, using largely quantitative research approaches.⁶ However, more recent clinical reasoning research in other healthcare professions including physiotherapy,^{2,7,8} occupational therapy^{9–11} and nursing^{12–14} has operated within the interpretive research paradigm, using qualitative methodologies.

Quantitative approaches are well suited to limit, test or measure specific aspects of clinical reasoning (for example, 'do experts or novices generate more differential diagnoses?'), while qualitative methods will illuminate factors which can help to explain and understand an individual's clinical reasoning (for example, 'how do practitioners structure their treatment and management plan?').³ Whether taking a quantitative or qualitative approach, observation and/or video-recording of treatment sessions, interviews with

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