

High Yield Principles and Strategies for Clinical Teaching and OMM/OMT

Ava C. Stanczak, D.O.
Professor of Pediatrics, LMU-DCOM




Disclosure

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Learning Objectives

At the end of the presentation the participant will be able to:

1. Review best practices and efficient techniques in mentoring third and fourth year medical students and other health professions students.
 2. Summarize basic osteopathic manipulative medicine philosophy, history, techniques and practices for clinical teaching.
 3. Self-reflect on their own personal teaching style.
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High Yield Principles and Strategies for Clinical Teaching and OMM/OMT

The American Heritage Dictionary defines “preceptor” as;

- a teacher, instructor and/or a specialist such as a physician, who gives practical experience and training to a student.

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As a result of advancing technology, patients are kept in the hospitals a very short time, so patient-centered learning now is occurring in the physician's office.

As you navigate through the complex medical issues of the 21st century, you are teaching students ways to deal with the same issues.

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No one strategy will work for every office. The key to successful teaching is involving the student in patient care, and being the “coach”.

Training medical students can make your office more efficient.



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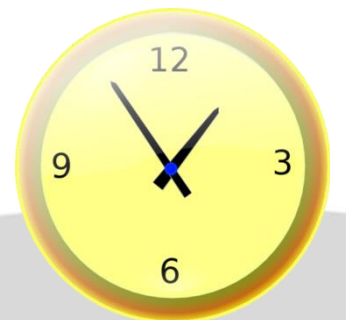
Most daily precepting uses a combination of the skills listed below:

- observation of student
- “mini lectures”
- learning with students
- being observed by the student
- mentoring student projects
- microskills of clinical teaching

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If your office has problems with patient flow, student presence can worsen this. It is wise to meet with your office staff before agreeing to take students, and get everyone's input long before the first student arrives.

The medical student's experience will be maximized if the office has a team approach. Meeting with your staff to educate and answer questions, will help with the "buy in" from your employees.




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PATIENT ACCEPTANCE

The office nurse and the receptionist are the big players in the way students are accepted by your patients. How the student is introduced to the patient, will determine positive patient-student interaction.

The students don't have to see EVERY patient...as the preceptor, you may select the patients the student sees, as a method of assuring a broad experience.



PLANNING THE DAY

You will know which of your patients will be good “first patients” for a new third year medical student to see.

Remember, some students will jump right in, and others may never take the initiative.

Use the time wisely while the student is taking a history, to go see an uncomplicated patient, return phone calls, or do charting.


It’s always helpful to look ahead at least one week to see if there are any “surprises” in the schedule, like conferences or meetings.

FEEDBACK FROM OTHERS

Feedback should come from several other office staffers, not just from the physician.

If the student does not treat the office staff respectfully, then the student may have problems with other staff in the future.


Providing the student with meaningful feedback is critical for medical student improvement.



MAKING IT FUN

- begin with the end in mind
- be a mentor
- tell the student the rules, up front
- encourage participation
- be available

NEVER FORGET – the student learns as much by watching you, as they do in lecture!!!



High Yield Principles and Strategies for OMM

The Cook's Tour

- Osteopathic manipulation is practiced by osteopathic and allopathic physicians and is targeted to standard physiologic (and biomechanical) pathways
- The techniques look simple, but it is the knowledge of when and where to apply them that makes them effective



Acronyms

OPP – Osteopathic Principles and Practice

OMM – Osteopathic Manipulative Medicine

OMT – Osteopathic Manipulative Treatment

SD – Somatic Dysfunction

TART

- Tissue texture change
- Asymmetry of structure
- Restricted range of motion
- Tenderness

DO and MD: Similarities

- Applicants to both DO and MD colleges typically have a four-year undergraduate degree with an emphasis on scientific courses.
- Medical College Admissions Test (MCAT)
- Interview and letters of Recommendation
- Complete four years of basic medical education

After Medical School Similarities

- Both DOs and MDs can choose to practice in a specialty area of medicine
- Family medicine, psychiatry, surgery, pediatrics, obstetrics, internal medicine, musculoskeletal medicine
- Additional 3-6 years of training regardless of MD or DO degree

After Medical School Similarities

- Both DOs and MDs must pass comparable state licensing examinations.
- DOs and MDs both practice in fully accredited and licensed health care facilities.
- DOs comprise a separate, yet equal branch of American medical care.

DO and MD Distinctions

- DOs may utilize OMM in their diagnosis and treatment of disease involving internal organs and all other parts of the body as well.
- Osteopathic medicine offers a concise philosophy on which all clinical practice is based

- AACOM, a Brief Guide to Osteopathic medicine: for students, by students

Philosophy of Osteopathic Medicine

“Central to this philosophy is the belief that the body has an inherent healing mechanism that allows it to maintain health, resist illness, and recover from disease processes. The goal of osteopathic medical treatment is to provide patients with the tools they need to restore and maintain their natural, self-healing state.”

- AACOM, a Brief Guide to Osteopathic medicine: for students, by students



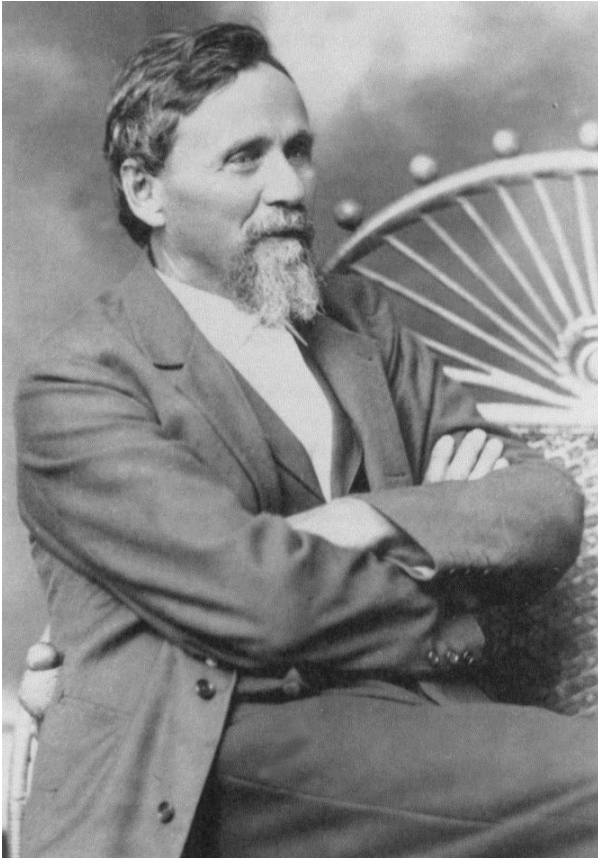
Tenets of Osteopathy

1. The human body is a functional unit. Mind, body, and spirit are interconnected.
2. Form and function are inter-dependent.
3. The human body has the innate ability to heal itself.
4. Osteopathic Manipulative Treatment is based upon individualized, rational application of the above tenets.

Not all of osteopathic principles and practice is osteopathic manipulative medicine.

- Osteopathic medical students study all of medicine, surgery and obstetrics.
- In addition, they study osteopathic philosophy, principles and practice for about 200 hours.

A.T. Still, MD



- Rural farmer, hunter, inventor, local politician
- Civil War abolitionist
- Personal tragedy 1864
- Denounces medical treatment
- Becomes a medical reformer

Medical Education in the United States and Canada

1910 Flexner Report

- Pre-Flexner: 160 MD Schools - 8 Schools of Osteopathy
- Suggested reforms:
 - Close proprietary schools;
 - Increase admissions standards;
 - Each college should become an integral component of a major university;
 - Alter the financing of medical school education.
- Post Flexner by 1935: 66 AMA accredited Colleges - 7 Schools of Osteopathy

OMM Perspective for Analyzing Patient Problems

Biomechanics

Is there a biomechanical component to the patient's condition?

Fluid flow

Are there issues with fluid flow that could be solved by releasing tissue tension and enhancing movement and respiration?

Nervous system, including autonomics

Is the sympathetic nervous system up regulated to a level that impedes organic or systemic function?

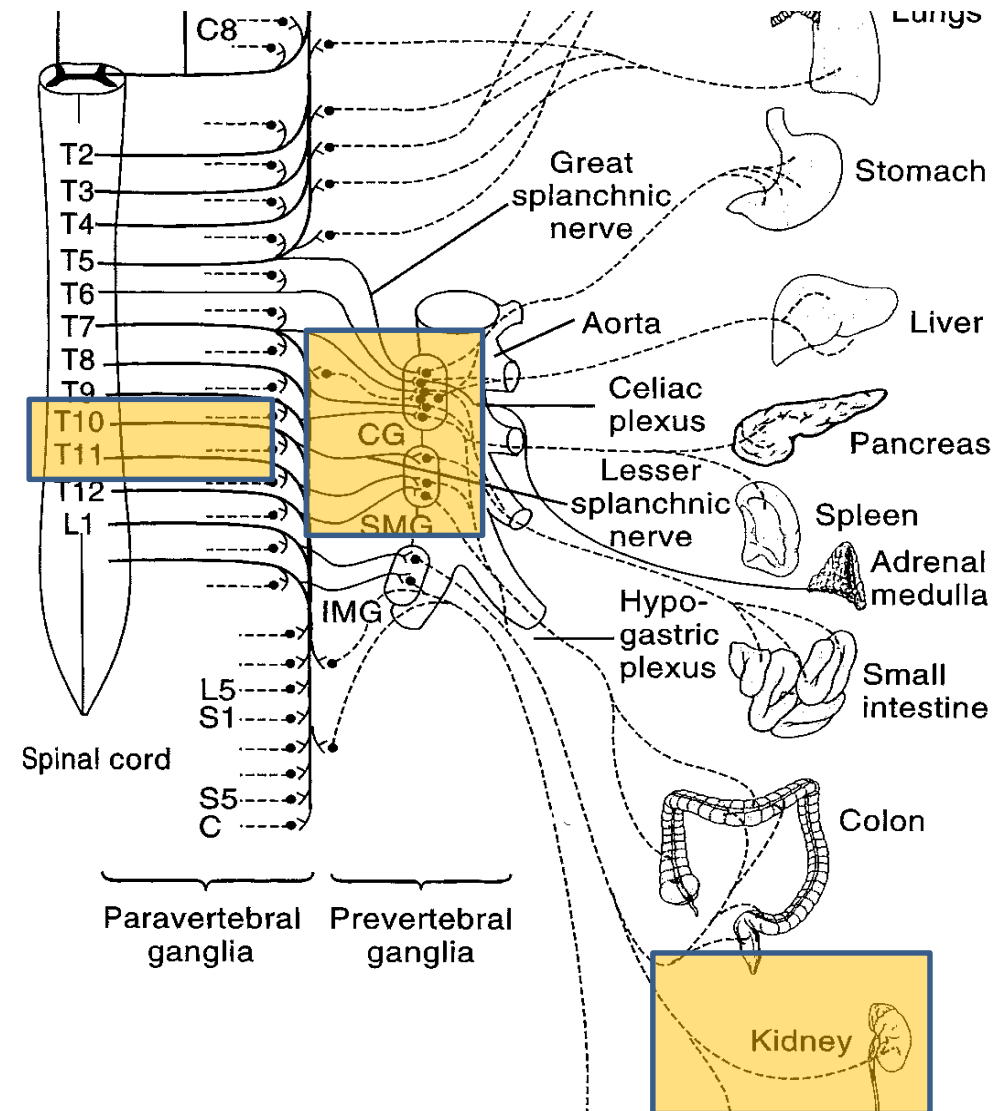
Are there peripheral nerve issues that can be improved by releasing tissue tension and compression?

In an osteopathic physical exam palpatory findings must be correlated with a knowledge of functional anatomy, physiology, and pathophysiology.

Examples

Example 1: Kidney and Blood Pressure

Sympathetic nerves to the kidney exit the spine at the T10, T11 vertebral level, and synapse in the aorticorenal ganglia (in the lateral edge of the celiac and superior mesenteric ganglia)



Example 1: Kidney and Blood Pressure

So, we can reduce irritation of sympathetic nerves to the kidney by:

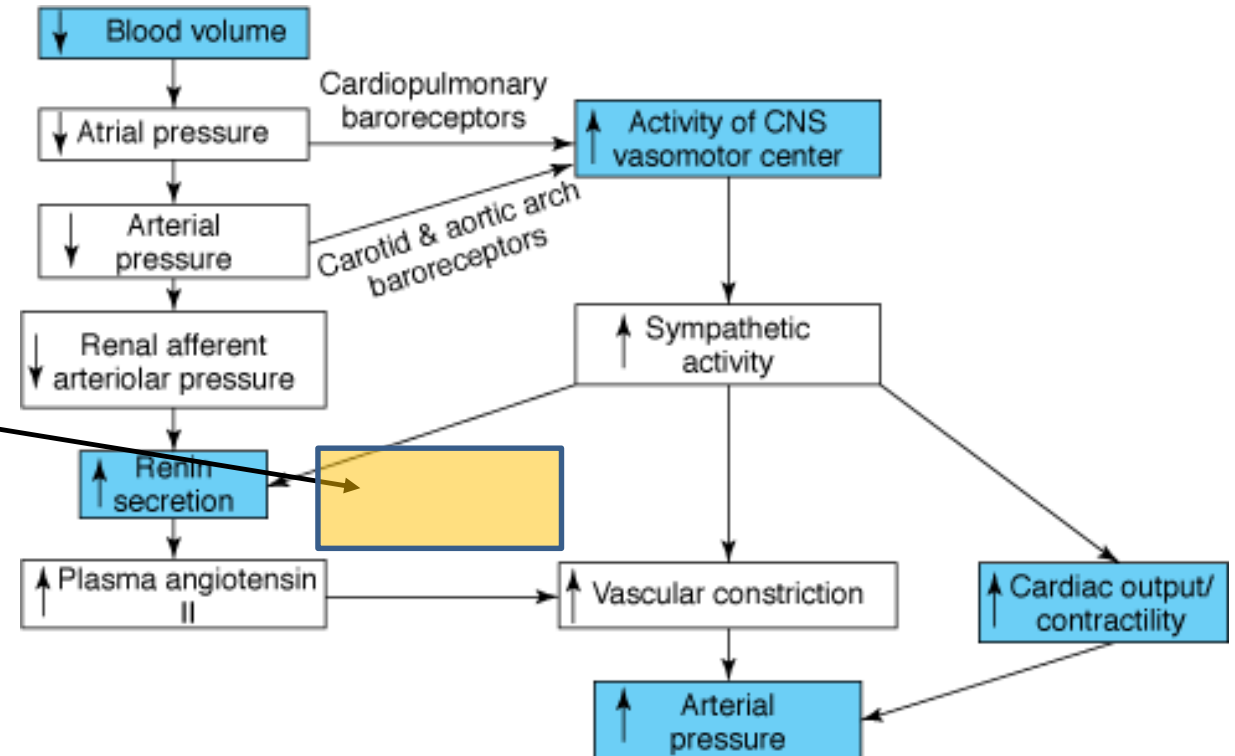
- Treating the 10th and 11th ribs
- Treating the superior mesenteric ganglion



Example 1: Kidney and Blood Pressure

Therefore, we can use these manipulative techniques to interrupt renin secretion here.

This is very similar to the blood pressure lowering effects of an ACE or ARB



Source: Douglas C. Eaton, John P. Pooler: *Vander's Renal Physiology*, 6th Edition: <http://www.accessmedicine.com>

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Example 2: Innominate Bone and Short Leg Syndrome

When the innominate is rotated anteriorly (as shown), the corresponding leg is functionally longer

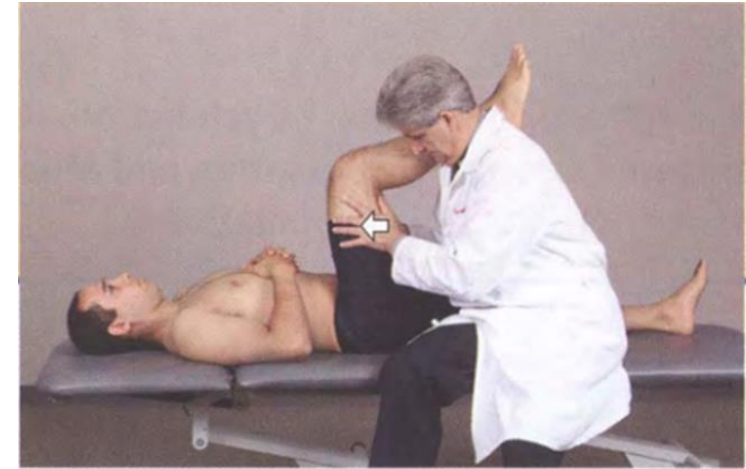


Example 2: Innominate Bone and Short Leg Syndrome

Therefore, if you clinically suspect a short leg, by checking innominate rotation you can differentiate:

- A short leg that is being partially compensated by innominate rotation
- A short leg that is being *caused* by innominate rotation

The former needs a heel lift, and the latter you might be able to fix using the illustrated technique.



Reflective Questions

Think back to your third and fourth year of undergraduate medical education.

Now think about your clinical teaching with third and fourth-year medical students or other health professions students.



Reflective Questions

- How would you describe your best clinical teacher?
- How would you describe your worst clinical teacher?
- How were your experiences different or similar?



Reflective Questions

- What are the challenges (barriers) you have experienced as a clinical teacher?



Reflective Questions

- How would you integrate OMM practices in your clinical teaching with medical students?



Reflective Questions

What ideas did you gain from the clinical teaching and high yield OMM presentation that could help you become a more effective clinical educator?

