

Continuing Competence Programme Resource:

Assessing learning needs against Capabilities for Osteopathic Practice

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| **You may find it useful to use some or all of this tool to undertake an assessment of your current skill level against the Capabilities for Osteopathic Practice. If you choose to use the Ranking column, two options for a ranking model are set out below.** |
| Miller Rankings:11: Know (knowledge)2: Know how (competence) 3: Shows how (performance) 4: Does (action)1Miller’s Pyramid of Clinical Competence (1990) | Dreyfus Rankings:2 1: Novice2: Advance beginner3: Competent4: Proficient5: Expert2Dreyfus Model of Skill Acquisition (1980) |

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| 1. Clinical analysisThis capability incorporates an osteopath’s ability to gather information about a patient’s health from a bio-psychosocial and environmental perspective. This should inform examination and screening, diagnosis, prognosis, condition and health management from a patient-oriented context. This diagnosis and care plan should reflect the complex bio-psychosocial and environmental nature of the presentation and include ongoing review. It incorporates |
| **Element** | **Criteria** | **How I demonstrate this capability** | **My ranking** | **Colleague’s input** | **Colleague’s ranking** |
| 1.1. Gathers, organises and records a focused personal health record | 1.1.1 Critically uses a variety of information retrieval mechanisms |  |  |  |  |
| 1.1.2 Compiles a health care record that is personal to the individual |  |  |  |  |
| 1.1.3 Incorporates bio-psychosocial components within the health record |  |  |  |  |
| 1.1.4 Ensures patient-centred orientation of case analysis |  |  |  |  |
| 1.1.5 Ensures full recording of osteopathic physical examination and palpation findings as part of a personal health record |  |  |  |  |
| 1.2 Synthesizes information into a suitable working diagnosis and an understanding of general health status | 1.2.1 Working hypotheses are compared and contrasted, using information retrieved, to identify a suitable working diagnosis (including concepts of cause and maintaining factors and current stressors) |  |  |  |  |
|  | 1.2.2 Uses a systematic osteopathic and medical differential diagnostic process |  |  |  |  |
|  | 1.2.3 Makes appropriate arrangements to receive additional information as required, such as referring patient for imaging, or corresponding with healthcare practitioners for test results and other relevant details |  |  |  |  |
|  | 1.2.4 Where diagnosis and patient evaluation are not able to be completed, plan of care is adapted appropriately |  |  |  |  |
|  | 1.2.5 Critically selects and adapts appropriate clinical examination techniques during their patient evaluation, relevant to the patient’s age, condition and tissue responses, including cultural, religious, social and personal factors |  |  |  |  |
| 1.3. Devises and instigates a plan of care addressing the person’s presenting disorder and their general health, in consultation with that person (or their representative or carer) | 1.3.1 Plan of care is negotiated that is, relevant and appropriate to person’s presenting complaint |  |  |  |  |
|  | 1.3.2 Plan of care is within the context of the person’s general health |  |  |  |  |
|  | 1.3.3 Plan of care evolves as required throughout a person’s life according to their changing needs and mindful of their changing bio-psychosocial attributes as they age |  |  |  |  |
|  | 1.3.4 Changes to a patient’s bio- psychosocial health are reviewed over time, whether related to their presenting complaint or not, and any relevant action taken accordingly |  |  |  |  |
|  | 1.3.5 Plan of care and supporting evidence is appropriately noted in patients’ records |  |  |  |  |
| 1.4. Establishes a prognosis, appropriate outcome measures, reviews patient progress and modifies plan of care as required | 1.4.1 Prognoses are developed, and appropriate care is determined on that basis |  |  |  |  |
|  | 1.4.2 Appropriate outcome measures are utilised to monitor progress which is either a negotiated patient centred outcome, or by the use of anappropriate valid and reliable outcome instrument |  |  |  |  |
|  | 1.4.3 Practitioner reviews progress and elicits feedback on an ongoing basis |  |  |  |  |
|  | 1.4.4 Practitioner recognises when outcomes differ from those expected, can identify why and acts accordingly |  |  |  |  |
|  | 1.4.5 Maintains a commitment to delivering well integrated and coordinated care for all patients,including those with multiple, ongoing and complex conditions |  |  |  |  |
| 1.5. Recognises when further information is required and acts appropriately on all information received | 1.5.1 Case review is capable of identifying if information is lacking or needs investigation |  |  |  |  |
|  | 1.5.2 Practitioner responds accordingly to cues emerging from case review |  |  |  |  |
|  | 1.5.3 Recognises when to withdraw or modify plan of care |  |  |  |  |
| 1.6. Critically reflects on clinical challenges and uncertainties | 1.6.1 Recognises and remains open to clinical challenges and uncertainty |  |  |  |  |
|  | 1.6.2 Adjusts plan of care and professional behaviour on an ongoing basis in response to such challenges |  |  |  |  |
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| 2. Person oriented care and communicationThis capability incorporates an osteopath’s ability to adapt the consultation process to the individual. This involves being sensitive to their needs and goals, recognising their central place in ongoing decision making, whilst displaying cultural awareness. This encompasses the osteopath orienting their communication to best aid the individual in decision making. It also includes education about the diagnosis, prognosis, proposed management plan, self-management and other options of care that may become appropriate over time. |
| **Element** | **Criteria** | **How I demonstrate this capability** | **My ranking** | **Colleague’s input** | **Colleague’s ranking** |
| 2.1. Considers socio- cultural factors in communication and management strategies | 2.1.1 Understands cultural and social factors relevant to communication and management of the individual and /or care giver |  |  |  |  |
|  | 2.1.2 To understand and respond appropriately to the wider social context of health and disease in New Zealand and be aware of the complex interplay of factors that affects the health status of the individual and communities, including but not limited to the following:* age
* gender
* disability
* occupation
* sexual orientation
* socio-economic status
* migrant experience
* ethnicity
* spiritual or religious beliefs or lack of
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|  | 2.1.3 Communication is sensitive to and respectful of these factors. Cultural competency is a praxis |  |  |  |  |
|  | 2.1.4 To understand the factors giving rise to the lower health status of the Maori population and to be familiar with Maori health promotion models |  |  |  |  |
|  | 2.1.5 To be familiar with the Treaty of Waitangi and the discourses on its application in the provision of health services to Maori patients |  |  |  |  |
| 2.2. Uses appropriate questioning strategies | 2.2.1 A variety of questioning strategies are used, which are appropriate to the person and their cultural and psychosocial needs |  |  |  |  |
| 2.3. Ensures patient and/ or care giver comprehension | 2.3.1 Communication is adapted to individual needs, such as in paediatric care, care of those with mentalhealth issues, intellectual disability or language difficulties |  |  |  |  |
|  | 2.3.2 Where communication barriers exist, efforts are made to communicate in the most effective way possible |  |  |  |  |
|  | 2.3.3 Deploys a variety of communication modes as appropriate |  |  |  |  |
|  | 2.3.4 Verbal and non verbal communication is adapted to the needs and profile of the individual |  |  |  |  |
|  | 2.3.5 Practitioner can employ and respond to non verbal cues as appropriate |  |  |  |  |
| 2.4. Ensures patient’s and parent’s or care giver’s goals and concerns are identified and integrated into the clinical analysis | 2.4.1 Uses appropriate information gathering techniques to enable the patient and/ or care giver tocommunicate their concerns, needs and goals |  |  |  |  |
|  | 2.4.2 Recognises the impact of patient and/ or care giver concerns for clinical analysis and plan of care |  |  |  |  |
|  | 2.4.3 Employs counselling skills appropriate for osteopathic practice in the context of the osteopathic plan of care |  |  |  |  |
| 2.5. Obtains consent having discussed risks and benefits | 2.5.1 Risks and benefits for management are identified and appropriately recorded |  |  |  |  |
|  | 2.5.2 Appropriate informed consent is obtained in the light of risks and benefits being explained to and understood by the patient (or their representative or carer) |  |  |  |  |
| 2.6. Communicates clearly with respect to diagnosis, prognosis, possible management plans, self management and other options of care | 2.6.1 The goals, nature, purpose and expected outcomes of osteopathic intervention are discussed and agreed |  |  |  |  |
|  | 2.6.2 Appropriate warnings regarding possible adverse effects are identified for the person and discussed |  |  |  |  |
|  | 2.6.3 Options for the person’s self care are identified and discussed, such as exercise, diet, lifestyle and workplace ergonomics 2.6.4 Prepares the patient and/ or care giver for ‘follow up’ where appropriate |  |  |  |  |
| 2.7. Takes account of previous patient and/ or care giver experiences of health care in medical or allied health systems | 2.7.1 Gathers information regarding the person’s previous health care experiences of medical and allied health services |  |  |  |  |
|  | 2.7.2 Recognises where this creates particular concerns for the person regarding their ongoing care, and acts accordingly |  |  |  |  |
| 2.8. Understands the complexity of therapeutic relationships and has the professionalism to engage in appropriate levels of interaction and care | 2.8.1 Acts appropriately in situations involving personal incompatibility with the patient and /or care giver |  |  |  |  |
|  | 2.8.2 Manages clinical challenges and uncertainty within therapeutic relationships appropriately |  |  |  |  |
| 2.9. Ensures a professional commitment towards patient trust, confidentiality, safety and patient oriented care | 2.9.1 Recognises if patient trust or safety is undermined and acts accordingly |  |  |  |  |
|  | 2.9.2 Ensures appropriate levels of patient confidentiality throughout the osteopathic management of the patient |  |  |  |  |
|  | 2.9.3 Continuously reflects on the respectful patient-centeredness of the osteopathic management of the patient |  |  |  |  |
|  | 2.9.4 Builds an effective patient and/ or care giver rapport, treatment agreement and therapeutic alliance |  |  |  |  |
| 2.10. Understands when a representative, carer or family member is required to communicate on behalf of, or in conjunction with the patient and acts accordingly | 2.10.1 Communicates effectively through, or with, a patient’s representative, carer, or family member as required |  |  |  |  |
|  | 2.10.2 Ensures appropriate consent is gathered on behalf of the patient and that effective review of communication is undertaken |  |  |  |  |
|  | 2.1.0.3 Understands when a representative, carer or family member is required to communicate on behalf of, or in conjunction with, the patient , and acts accordingly |  |  |  |  |
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| 3. Osteopathic care and scope of practiceOsteopathic philosophy encompasses the ability of practitioners to adopt an individualised approach to patient care, within general osteopathic approaches to patient care. This capability addresses the way that the general and individual approaches to patient care are related to and integrated into general healthcare concepts and practices. In so doing, practitioners must be cognisant of general and personal limitations of practice. This capability includes reflection and revision of healthcare delivery based upon an evidence informed rationale. |
| **Element** | **Criteria** | **How I demonstrate this capability** | **My ranking** | **Colleague’s input** | **Colleague’s ranking** |
| 3.1. Implements an appropriate management plan that reflects the application of osteopathic philosophy | 3.1.1 Understands and utilisesan osteopathic philosophy in their examination, treatment and overall care of a person |  |  |  |  |
|  | 3.1.2 Arrives at an appropriate management plan reflecting these osteopathic philosophies |  |  |  |  |
|  | 3.1.3 Can identify the components of a plan of care that are in addition to (or instead of) osteopathic manual treatment, and acts accordingly |  |  |  |  |
|  | 3.1.4 Ensures osteopathic manual skills are appropriate to meet professional requirements |  |  |  |  |
| 3.2. Understands and can appropriately employ a variety of osteopathic examination and treatment procedures and approaches | 3.2.1 Understands how manual osteopathic approaches as employed by osteopaths can interact with the body’s physiological, circulatory, neuro- endocrine-immune, homeostatic and emotional environments and uses this knowledge within their osteopathic plan of care |  |  |  |  |
|  | 3.2.2 Selects and adapts appropriate osteopathic techniques during their patient evaluation and treatment, relevant to the patient’s condition and tissue responses, including cultural, religious, social and personal factors |  |  |  |  |
|  | 3.2.3 Recognises that factors being or requiring treatment can develop and change over time, and acts accordingly |  |  |  |  |
| 3.3. Recognises and acts within the scope of osteopathic practice | 3.3.1 Conditions or situations that are not amenable to osteopathic intervention are identified, and appropriate action taken |  |  |  |  |
|  | 3.3.2 Conditions or situations that require adaptation of manualtechniques and manoeuvres employed during a plan of care are identified, and appropriate action taken |  |  |  |  |
| 3.4. Where the patient has a condition that requires other medical assessments and /or interventions the osteopath identifies how any ongoing osteopathic care of the person should be adapted | 3.4.1 Where ongoing care of these types of patient (as in 3.3.1) is given, the management plan is adjusted accordingly |  |  |  |  |
| 3.5. Adapts ongoing care of a patient to their general health and wellbeing needs and to their changing circumstances | 3.5.1 Obtains information and advice from suitable sources (osteopathic or other) as appropriate |  |  |  |  |
|  | 3.5.2 Continuously gathers evidence to monitor for changes in a patient’s circumstance, mental or physical condition that might require changes to their ongoing care |  |  |  |  |
|  | 3.5.3 Adapts ongoing care appropriately |  |  |  |  |
| 3.6. Identifies how their personal professional approach to patients is placed within general osteopathic healthcare philosophy and practice | 3.6.1 Recognises any potential conflicts that their personal professional approach may have for the patient’s plan of care, and modifies it appropriately |  |  |  |  |
| 3.7. Recognises and acts within the scope of personal osteopathiccapabilities, whilst seeking always to improve and enlarge on those capabilities | 3.7.1 Conditions or situations where the knowledge and management skills of the practitioner are insufficient are identified and appropriate alternative action is organised and taken |  |  |  |  |
|  | 3.7.2 Seeks out opportunities to enlarge personal professional capabilities |  |  |  |  |
| 3.8. Modifies and adapts management in accordance with osteopathic practice | 3.8.1 Uses ongoing education, professional reading, discussion with peers, and reflection on treatment and management outcomes to continuously improve skills and efficacy |  |  |  |  |
|  | 3.8.2 Critically evaluates evidence by applying a knowledge of research methodologies and statistical analysis |  |  |  |  |
|  | 3.8.3 Incorporates an understanding of the strengths and limitations of an‘evidence-based’ approach to treatment |  |  |  |  |
|  | 3.8.4 Engages in quality assurance practices |  |  |  |  |
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| 4. Primary healthcare responsibilitiesThis capability incorporates an osteopath’s role in the delivery of primary health care, both as a primary contact practitioner and as a member of the healthcare community. This capability requires the osteopath to be knowledgeable about health, disease, disease management and prevention and health promotion. It incorporates an osteopath utilising healthcare networks and community services and referral as necessary. |
| **Element** | **Criteria** | **How I demonstrate this capability** | **My ranking** | **Colleague’s input** | **Colleague’s ranking** |
| 4.1. Accepts shared responsibility for an individual’s health | 4.1.1 Identifies and acts upon those factors which are the practitioner’s responsibility towards the person’s health |  |  |  |  |
|  | 4.1.2 The ‘gate-keeper’ and ‘health- screening’ roles of an osteopath as a primary healthcare practitioner are performed appropriately |  |  |  |  |
|  | 4.1.3 Considers and incorporates issues relating to patient’s family and / or carers as appropriate |  |  |  |  |
| 4.2. Recognises and responds to professional capabilities and limitations, as a primary healthcare provider | 4.2.1 Identifies situations where other healthcare professionals may be required to perform these roles, in whole or part and acts accordingly |  |  |  |  |
| 4.3. Relates effectively and knowledgeably with other health and community services providers | 4.3.1 Effective and informed working relationships are established and maintained with other health and community services or providers |  |  |  |  |
|  | 4.3.2 Written and verbal communication with other health and community services follows accepted protocols and procedures |  |  |  |  |
| 4.4. Facilitates an individual’s access to appropriate health and community services, including family and carer support | 4.4.1 Practitioner identifies suitable health and community services from which the person may benefit |  |  |  |  |
|  | 4.4.2 Practitioner facilitates where appropriate the person’s access to these services |  |  |  |  |
| 4.5. Accepts responsibilities as a primary health care practitioner in relation to guidelines and ethical standards, as issued by appropriate bodies and authorities | 4.5.1 Practitioner maintains awareness of appropriate guidelines, ethical standards and other publications as issued by appropriate bodies and authorities |  |  |  |  |
|  | 4.5.2 Practitioner ensures compliance, where required, with guidelines and ethical standards |  |  |  |  |
|  | 4.5.3 Practitioner issues advice within these guidelines and ethical standards |  |  |  |  |
| 4.6. Ensures awareness of costs associated with healthcare, and the principles of efficient and equitable allocation and use of finite resources | 4.6.1 Costs associated with healthcare for the patient, osteopath and healthcare system are continuously monitored and analysed |  |  |  |  |
|  | 4.6.2 Maintains a commitment to efficient and equitable allocation and use of resources |  |  |  |  |
| 4.7. Maintains commitment to principles of health education, public and occupational health, disease prevention, rehabilitation and amelioration of pain and suffering | 4.7.1 Identifies appropriate strategies concerning health education, public and occupational health, disease prevention for patient, or refers appropriately |  |  |  |  |
|  | 4.7.2 Ensures plan of care reflects commitment to rehabilitation and amelioration of pain and suffering |  |  |  |  |
|  | 4.7.3 Ensures emphasis in health education and involvement of the patient and/ or carer in the plan of care conception and delivery |  |  |  |  |
|  | 4.7.4 A commitment to improving the health literacy of the patient and/ or care giver is maintained |  |  |  |  |
|  | 4.7.5 Maintains a commitment to preventative care strategies |  |  |  |  |
|  | 4.7.6 Identifies appropriate IT tools and electronic media to facilitate personal and patient access to healthcare information and resources |  |  |  |  |
| 4.8. Ensures ability to carry out basic first aid and life-saving procedures as required | 4.8.1 Able to perform basic life-saving and first aid |  |  |  |  |
|  | 4.8.2 Where regulatory authorities require first aid certification that this is maintained appropriately |  |  |  |  |
| 4.9. Regarding risk to patient’s legal responsibility Privacy Act and situation with minors and patients that have lost autonomy (dementia patients) | 4.9.1 Situations where the patient does not have the autonomy of choice require that appropriate legal process has been followed and the care giver that is making the patients choice has the legal right to do so. |  |  |  |  |
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| 5. Professional relationships and behaviourThis capability incorporates an osteopath’s actions in appreciating, respecting and operating in an educated, sensitive and informed manner with other healthcare providers. This includes how an osteopath acknowledges the values and procedures of those other individuals and groups and how the osteopath can best facilitate the most appropriate care. |
| **Element** | **Criteria** | **How I demonstrate this capability** | **My ranking** | **Colleague’s input** | **Colleague’s ranking** |
| 5.1. Demonstrates the ability to work as part of a network of osteopaths and other disciplines and providers via respectful, effective and efficient communication | 5.1.1 Effective network relationships are established and maintained |  |  |  |  |
|  | 5.1.2 Accepted protocols for written and other media records are followed to ensure information is relayed accurately and effectively |  |  |  |  |
|  | 5.1.3 Recognises the value of a team- based approach within professional life |  |  |  |  |
|  | 5.1.4 Utilises appropriate IT tools and electronic media to enable communication |  |  |  |  |
| 5.2. Recognises how to implement a multidisciplinary approach through referral and co- management, and intra and inter-professional education | 5.2.1 Barriers to communication are identified and addressed where possible, or alternative strategies employed as required |  |  |  |  |
|  | 5.2.2 Engages in intra and inter- professional education |  |  |  |  |
| 5.3. Encourages multidisciplinary care for individuals where appropriate | 5.3.1 Appropriate practitioners and providers are identified for co-management or referral for the patient |  |  |  |  |
|  | 5.3.2 Appropriate protocols are followed when co-managing a patient in any given situation, to the benefit of the patient |  |  |  |  |
|  | 5.3.3 Collaborative working arrangements with others are reviewed to ensure an efficient team-based approach to care of the individual |  |  |  |  |
|  | 5.3.4 Appropriate referrals are made to other practitioners, including osteopaths, based on knowledge of presenting condition and management options and own skill levels |  |  |  |  |
|  | 5.3.5 A commitment to ensuring continuity of care for the patient is maintained |  |  |  |  |
| 5.4. Maintains effective lines of communication with other parties | 5.4.1 Where the osteopath continues to be one of the patient’s carers, communication within the care network is maintained at an effective level to ensure patient care is optimised |  |  |  |  |
|  | 5.4.2 Fosters and supports clinical training opportunities that support interdisciplinary learning |  |  |  |  |
| 5.5. Maintains an understanding and critical review of osteopathic philosophy and professional ethos and its place in general healthcare systems | 5.5.1 Undertakes appropriate, continuing, lifelong learning to ensure currency of understanding of osteopathic philosophy and professional ethos |  |  |  |  |
|  | 5.5.2 Critically reflects on the relationship between osteopathic practice and other healthcare systems, and the impact this has for overall patient care |  |  |  |  |
|  | 5.5.3 Contributes to the guiding and mentoring of fellow and futureosteopaths as they become guardians and custodians of the profession’s philosophies, knowledge and skills |  |  |  |  |
| 5.6. Maintains awareness of other approaches to healthcare, and their contribution to patient management | 5.6.1 Undertakes appropriate continuing lifelong learning to ensure awareness of other healthcare practices and approaches to healthcare and patient management |  |  |  |  |
|  | 5.6.2 Critically reflects on the awareness this has to delivery of overall patient care |  |  |  |  |
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| 6. Professional and business activitiesThis capability incorporates an osteopath’s actions and responsibility relating to the development of themselves and their practice. It also incorporates their actions and accountability in managing the healthcare, regulatory and business systems of practice life. |
| **Element** | **Criteria** | **How I demonstrate this capability** | **My ranking** | **Colleague’s input** | **Colleague’s ranking** |
| 6.1. Ensures ethical conduct in provision of care and services | 6.1.1 Identifies and uses strategies to inform and promote ethical conduct of others |  |  |  |  |
| 6.2. Provides for continuing professional learning for self and employees | 6.2.1 The need for improved skills and knowledge to maintain effective and appropriate care of the individual are identified |  |  |  |  |
|  | 6.2.2 Where the practitioner has employees, they are provided with opportunities and understanding to maintain and improve relevant skills and knowledge |  |  |  |  |
| 6.3. Ensures care of self | 6.3.1 Ensures time management strategies are implemented |  |  |  |  |
|  | 6.3.2 Practitioner recognises when performance and care is not optimal and takes appropriate action |  |  |  |  |
|  | 6.3.3 Ensures own personal health is appropriate to professional life |  |  |  |  |
|  | 6.3.4 Maintains appropriate professional boundaries |  |  |  |  |
|  | 6.3.5 Maintains appropriate balance between needs of practitioner, patient/ care giver, community and healthcare services |  |  |  |  |
|  | 6.3.6 Encourages a good work / life balance, individually and within professional teams and networks |  |  |  |  |
| 6.4. Maintains an appropriate physical environment for privacy, comfort, and confidentiality of patients and others, as appropriate | 6.4.1 Opportunities to improve and maintain physical environment for care and employment (where required) are identified and taken |  |  |  |  |
| 6.5. Manages all aspects of practice to comply with legal and regulatory requirements (as asole operator or as an employer of others) | 6.5.1 Maintains awareness of legal and regulatory requirements and operates within them |  |  |  |  |
|  | 6.5.2 Ensures all record keeping is in accordance with current best practice |  |  |  |  |
|  | 6.5.3 Critically appraises effectiveness and appropriateness of all types of communication, IT Tools and electronic media used in communication and record keeping |  |  |  |  |
| 6.6. Manages risk effectively and responsibly in such a way that minimises impact on all concerned. | 6.6.1 Risk factors are identified and appropriately managed |  |  |  |  |
|  | 6.6.2 Health and safety and waste disposal procedures follow acceptable protocols, including environmentally sensitive practices |  |  |  |  |
| 6.7. Maintains currency of knowledge, skills and capabilities according to changes in regulatory and other ethico-legal requirements and practice environments over time | 6.7.1 Maintains ongoing access to (and ability to use) relevant professional resources such as journals, books, web-sites, various electronic media, and intra- and inter-professional networks, and peer review |  |  |  |  |
|  | 6.7.2 Understands major ongoing trends and developments in osteopathy |  |  |  |  |
|  | 6.7.3 Understands major ongoing trends and developments in the broad health care field |  |  |  |  |
|  | 6.7.4 Understanding ‘Web 2.0’ and information technology tools and their application within healthcare delivery and professional osteopathic practice |  |  |  |  |