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Private Osteopathic Education Model in Quebec

OIA 2015 Montreal

Outline

- Evolution of osteopathic education in Quebec
 1. History of Osteopathic Education in Quebec.
 2. Influence of WHO Benchmarks
 3. Evolution of Programs
 1. Quality Assurance Standards
 2. Competency based programs
 3. Clinical education
 4. Full time public programs
 5. Moving forward - Future of osteopathic education in Quebec

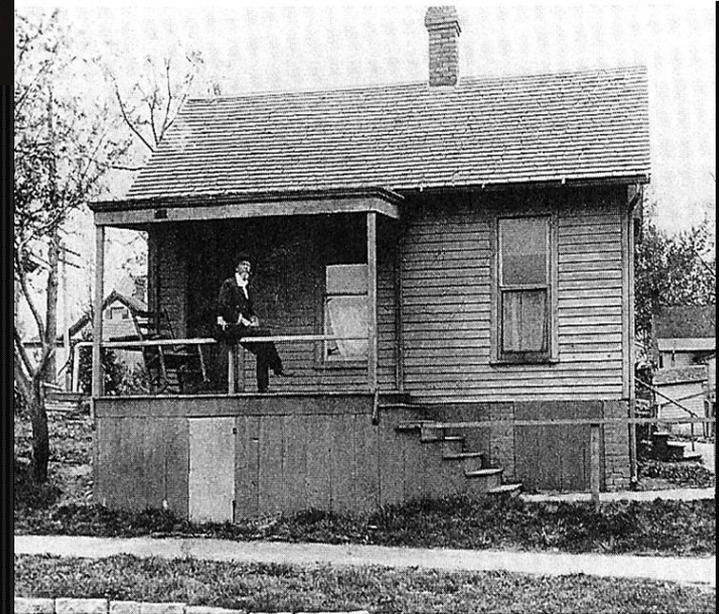
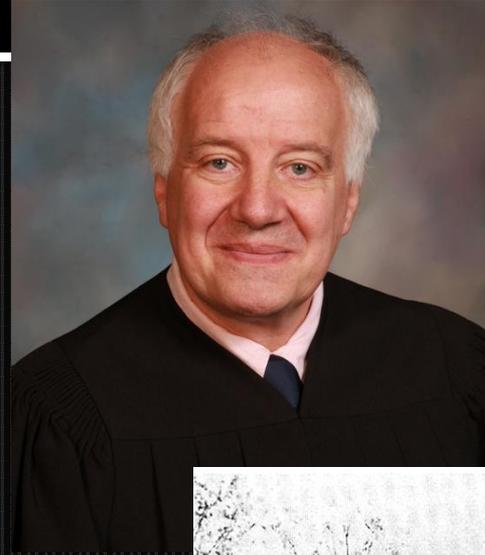
Osteopathy in Québec

- Zeller Institute in Montréal
- No osteopathic medical or manual schools in Canada in 1980



First Osteopathic School in Quebec

- Collège d'études ostéopathiques de Montréal
- Philippe Druelle, D.O.
 - french osteopath
 - ATMAN
 - Europeen School
- 1981



First School of Osteopathy

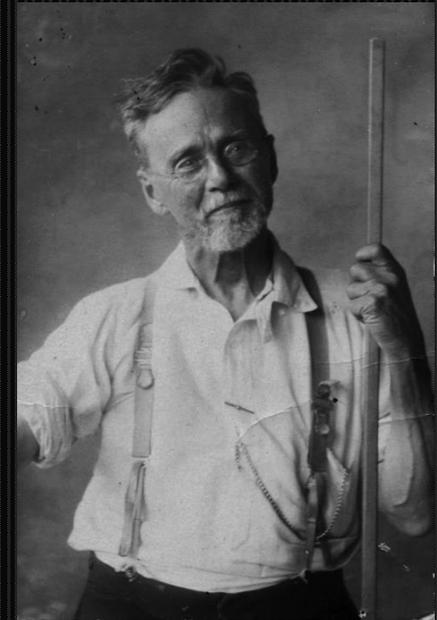
European Model

- Part time
 - Physicians, Physiotherapists, Occupational Therapists, Athletic Therapists, Chiropractors, Nurses. Midwives, Veterinarians
 - Use of osteopathic techniques within their existing professions
 - Varied entrance requirements across schools



Traditional Foundations of Osteopathy

- History and philosophy of osteopathy
- Principles of osteopathy



Expanding eligibility

- Preparatory programs
- D.E.C.
 - Réadaptation physique
 - Sciences infirmières
 - Acupuncture
- Entrance requirements variable
- Anatomy
- Physiology/
Neurophysiology
- Palpation
- Embryology
- Orthopaedic and
Neurological
Assessment
- Biomechanics

Benchmarks - WHO

- Type II programs – those with proper training as health care professionals
 - 1000 hours
- Type I programs – High school or equivalent
 - 4 year
 - Full time
 - 4200 hour
 - Minimum of 1000 supervised clinical hours
 - Thesis of project

World Health Organization. (2010). Benchmarks for training in Osteopathy: benchmarks for training in traditional/complementary and alternative medicine. World Health Organization.

Benchmarks - WHO

- « En l'absence de réglementation officielle au Québec, les formations peuvent varier beaucoup d'une école à l'autre. Dans le but de procurer aux futurs ostéopathes une reconnaissance à l'échelle canadienne, l'AOM a donc décidé d'harmoniser sa formation en conformant son plan de cours aux **Principes directeurs pour la formation en ostéopathie énoncés par l'OMS**. »
Académie d'ostéopathie de Montréal (<http://www.aomtl.ca/>)

Basic Principles of Osteopathy

- The human body is a dynamic functional unit, whose state of health is influenced by the body, mind and spirit
- The body processes self regulatory mechanisms and is naturally self-healing.
- Structure and function are interrelated at all levels of the human body.
- Patient centered vs disease/illness centered
- Therapeutic relationship between practitioner and patient

Structure-Function Relationship Models

- Biomechanical structure-function model
- Respiratory/circulatory structure-function model
- Neurological structure-function model
- Biopsychosocial structure-function model
- Bioenergetic structure function model

World Health Organization. (2010). *Benchmarks for training in Osteopathy: benchmarks for training in traditional/complementary and alternative medicine*. World Health Organization.

Osteopathic Schools

■ Québec

- > 20
- Private and not for profit
- Direct costs between 10 and 75K
- Vary in length between 1-6 years

■ Full time programs

- CEO (6 years)
- Institut de l'enseignement de l'ostéopathie du Québec (1 year)
- National Academy of Osteopathy (6 months-2 years)

Full Time Program

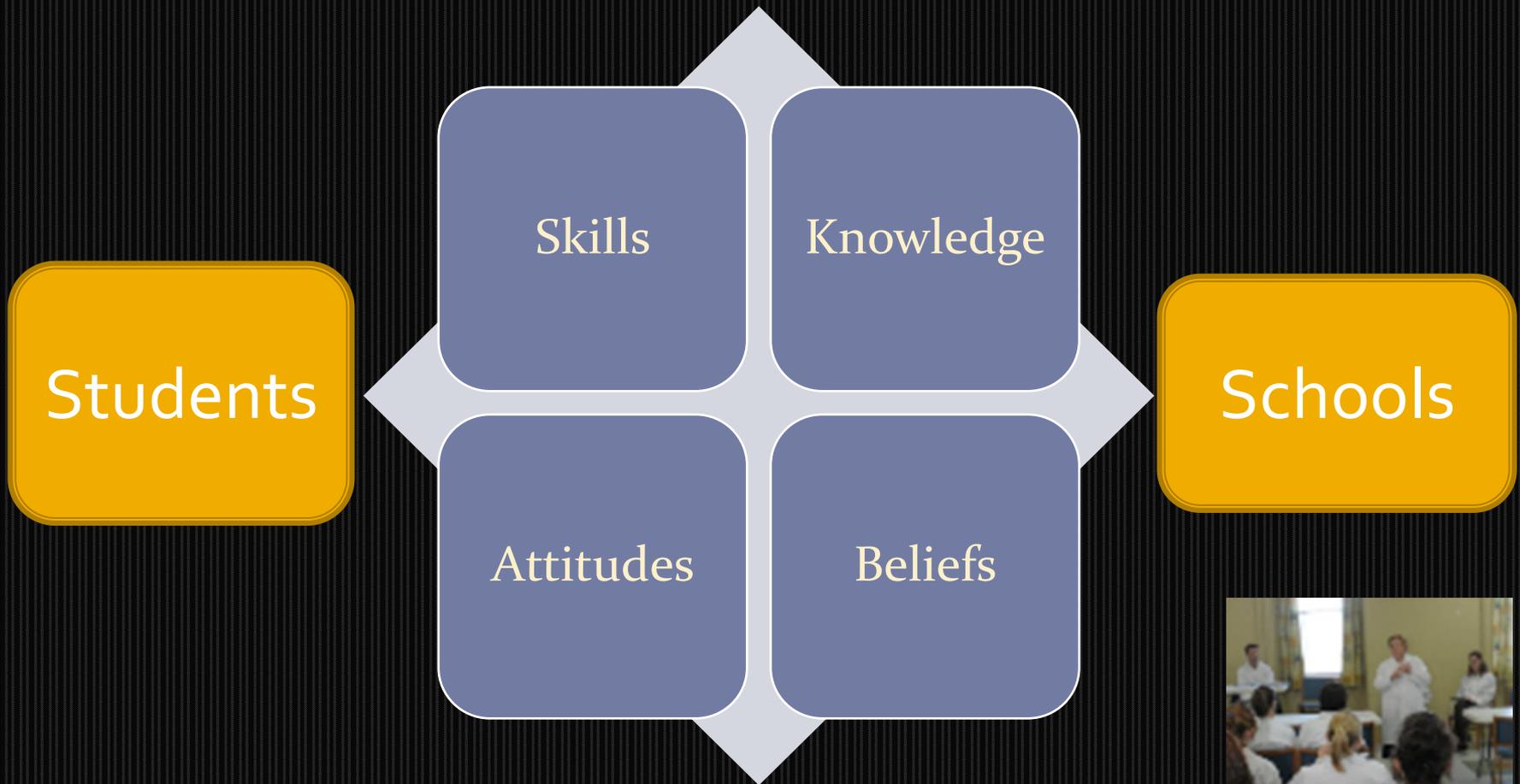
- Since 2002, the CEO offers a full time program that was validated by the University of Wales
 - B.Sc. (hons) Osteopathy
 - 1200 hour clinical hours under supervision
 - 240 paraclinic hours
 - Post graduate program 1.5 years
 - Thesis or clinical program
 - Total 6 years
 - Total cost approx. \$75 000

Context

- No public funding for schools or students
- No public financial aid for students
- Programs not recognized by the Ministry of Education



Evolution



External Quality Assurance

- External validation
 - Sofeduc
 - Several schools (see http://www.sofeduc.ca/fr/member/membres_actuels.php)
 - University of Wales (CEO)
- «...members meet the **quality criteria, both educational and administrative**, which are based on those of **IACET (International Association for Continuing Education and Training)** in the United States. »
- « Demanding excellence by focusing on **quality assurance and appraisal mechanisms** alongside regard for **appropriate course content**, whilst maintaining a workable and flexible approach to potential partners. »
- <http://www.sofeduc.ca/fr/sofeduc/presentation.php>

Pedagogy

- Learning style, seat preference, and past profession: Predicting traditional osteopathic student achievement. Drew, Tara M., Ph.D., Capella University, 2014, 263; 3646840
- Past profession, learning style and seat preference all influenced success in post graduate osteopathic education



Pedagogy

Different
pedagogical
activities

Lectures
Problem based learning
Presentations
Para-clinical
Clinical
Research

Attitudes and
Skills
Different learning
styles
Adaptive to
change
Complexity
Innovation
Critical Thinking
Evidence Based
Social Dimension

Twenty-one Competencies for the Twenty-First Century (Chapter IV)

1. Embrace a personal ethic of **social responsibility** and service.
2. Exhibit **ethical behavior in all professional activities**.
3. Provide **evidence-based, clinically competent care**.
4. **Incorporate the multiple determinants of health in clinical care**.
5. **Apply knowledge of the new sciences**.
6. Demonstrate critical thinking, reflection, and problem-solving skills.
7. Understand the role of primary care.
8. Rigorously **practice preventive health care**.
9. Integrate population-based care and services into practice.
10. **Improve access to health care for those with unmet health needs**.
11. Practice **relationship-centered care** with individuals and families.
12. Provide **culturally sensitive** care to a diverse society.
13. Partner with communities in health care decisions.
14. Use communication and information technology effectively and appropriately.
15. Work in interdisciplinary teams.
16. Ensure care that balances individual, professional, system and societal needs.
17. Practice leadership.
18. Take responsibility for quality of care and health outcomes at all levels.
19. Contribute to continuous improvement of the health care system.
20. **Advocate for public policy that promotes and protects the health of the public**.
21. **Continue to learn and help others learn**

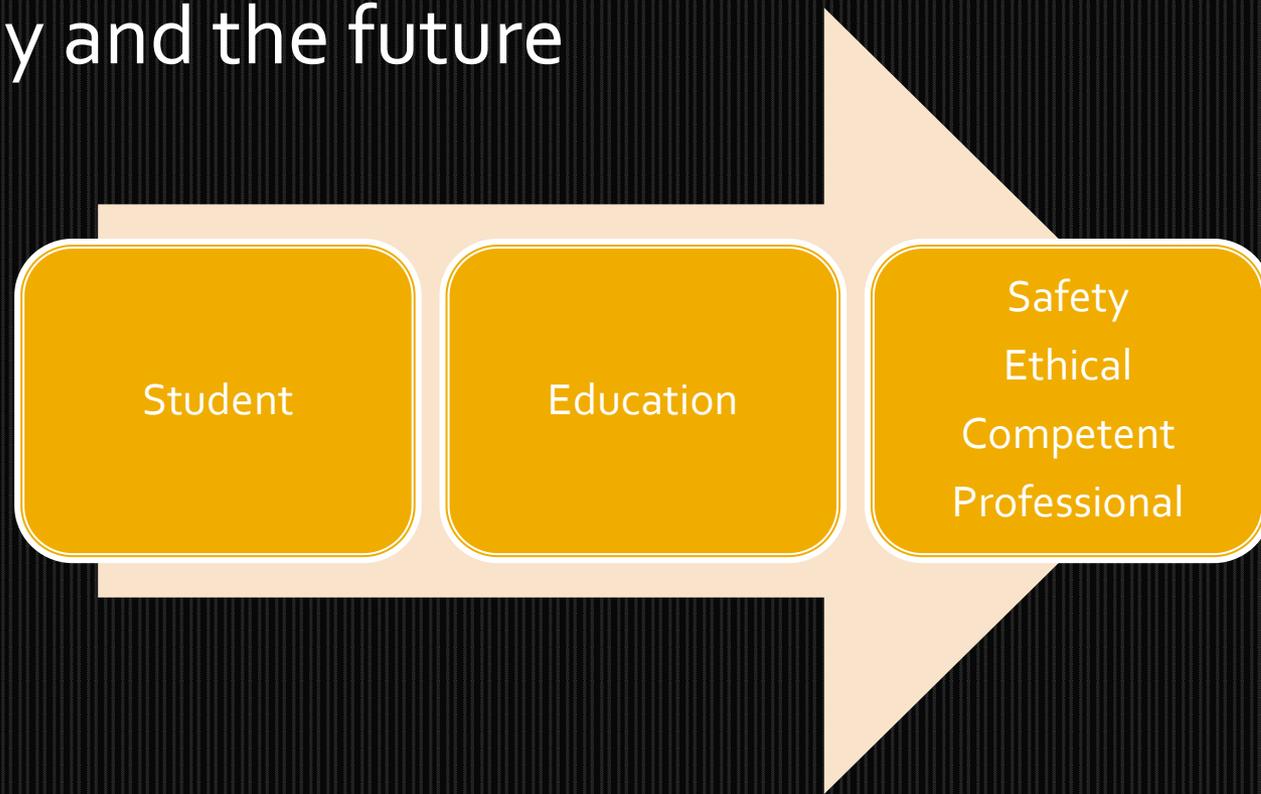
Competency Based and Problem Based Learning Curriculum

- › “Problem-based learning during medical school has positive effects on physician competency after graduation, mainly in social and cognitive dimensions.” (Koh et al, 2008).



Competency Based Programs

- Skills, Knowledge, Attitudes and Beliefs required for secure, ethical, professional practice of osteopathy in the social context of today and the future



Education – Safety - Recognition

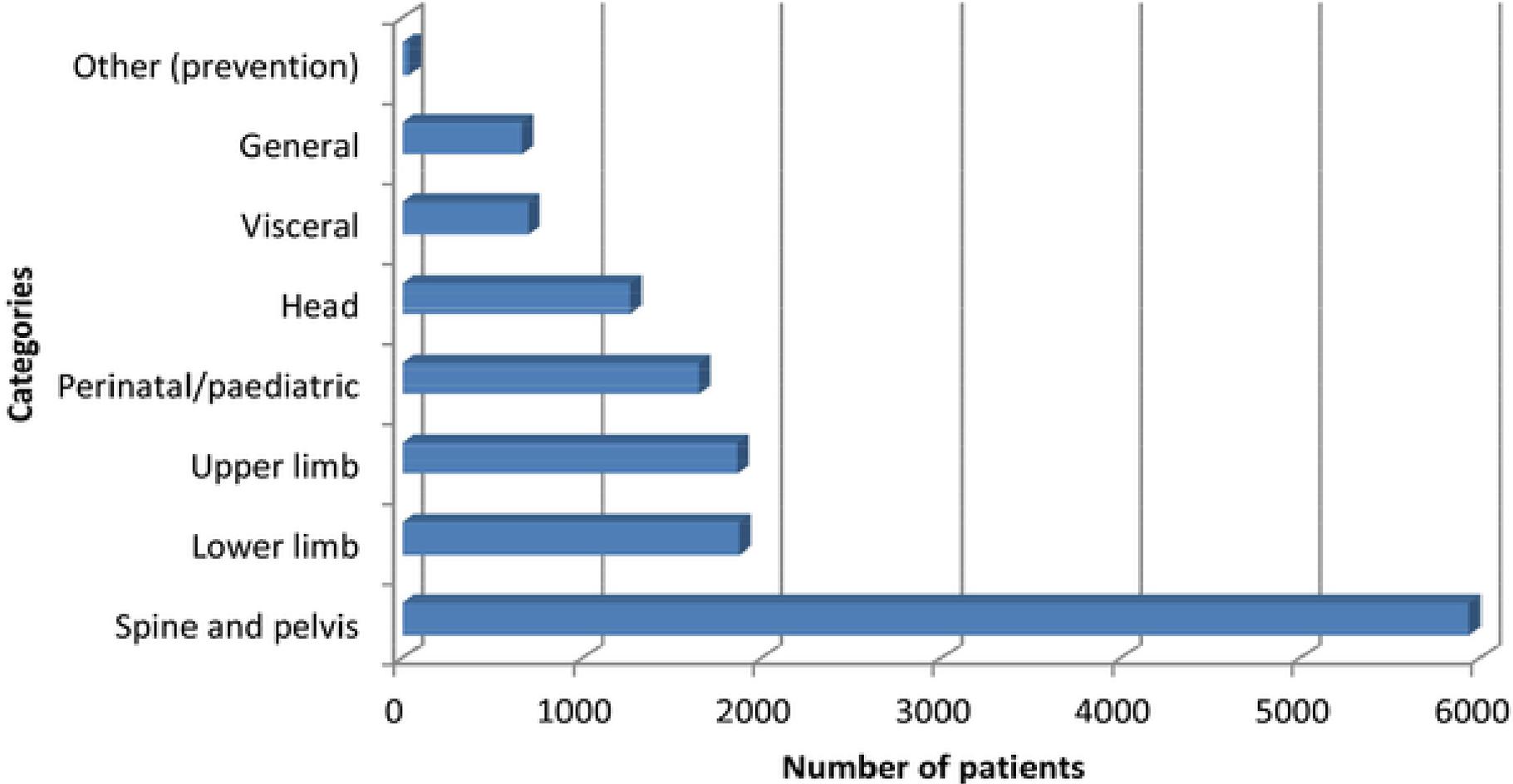
- “ All healthcare professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”
- Knebel, E., & Greiner, A. C. (Eds.). (2003). *Health Professions Education:: A Bridge to Quality*. National Academies Press. Health Professions Education Summit

Clinical Education

- › Core component of osteopathic education
- › Gain independence required to react to the complexity encountered in practice.
- › Progressive acquisition of skills, abilities and attitudes



Figure 1. Frequencies of primary reason of consultation for all patients (n = 14002).



Morin C, Aubin A (2014) Primary Reasons for Osteopathic Consultation: A Prospective Survey in Quebec. PLoS ONE 9(9): e106259. doi:10.1371/journal.pone.0106259
<http://127.0.0.1:8081/plosone/article?id=info:doi/10.1371/journal.pone.0106259>

Joint Full Time Program

- In 2008 the CEO and University of Laval began on the elaboration of a full time program
 - Commission des études
 - Conseil administratif
 - CREPUQ (Bureau de coopération interuniversitaire)
 - Ministry of Education



COLLÈGE D'ÉTUDES
OSTÉOPATHIQUES
CAMPUS MONTRÉAL - QUÉBEC



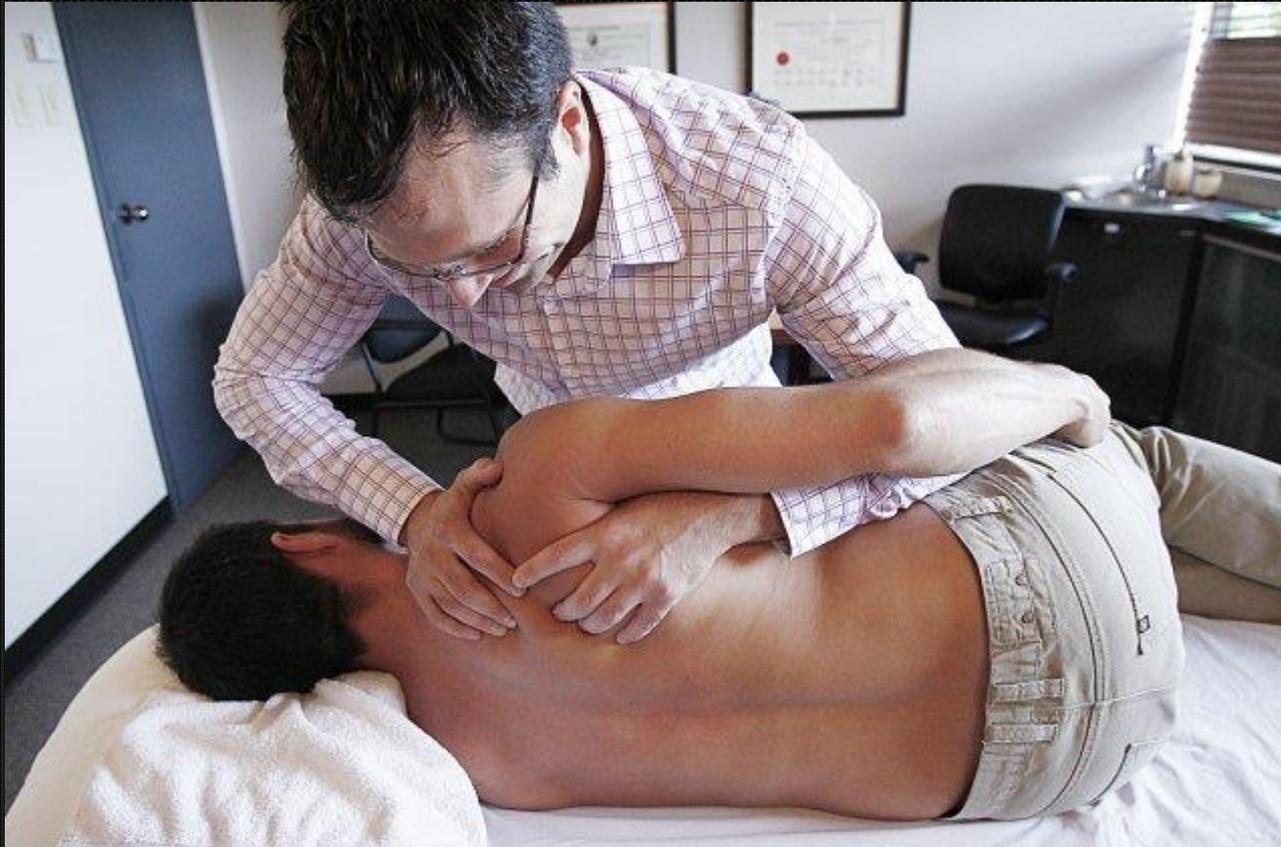
UNIVERSITÉ
LAVAL

Proposed CEO-UL Program

- 5 year BSC-MSc continuum in Osteopathy
- Comparable to programs offered in the UK, Australia, and New Zealand
- Consistent with WHO Benchmark Guidelines for Type 1 programs
 - Benchmarks for Training in Osteopathy
 - OIA
 - EFSOET

Publié le 03 octobre 2011 à 05h00 | Mis à jour le 03 octobre 2011 à 13h40

L'Université Laval ferme la porte à l'ostéopathie



<http://www.lapresse.ca/le-soleil/actualites/education/201110/02/01-4453561-luniversite-laval-ferme-la-porte-a-losteopathie.php>

University of Sherbrooke

- 3 year program
- Master of Science
- BSc in Health Related Fields
- Problem based learning



Education

Evolution

- Knowledge
- Practice
- Education/Pedagogy

Safety



Professional-
ization

Efficacy

Recognition

Future Challenges

- “pursuit of evidence based medicine and best practice has been embraced as a basic tenet for the practice of osteopathy”
- “... osteopathic philosophy is exemplified by the current terminology of a biopsychosocial approach to health care ...”

Research and Researchers

- “Robust scientific research into the efficacy of other osteopathic techniques has been limited, and in many areas, remains inconclusive.” OIA, 2015
- Post graduate training
 - Funding
 - Resources
 - Programs
 - PhD



Publications

- Adams, T. L. (2012). The Rise and Fall of Osteopathic Medicine in Ontario, 1900–1930s. *Histoire sociale/Social history*, 45(89), 51-79.
- Aubin, A., Gagnon, K., & Morin, C. (2014). The seven-step palpation method: A proposal to improve palpation skills. *International Journal of Osteopathic Medicine*, 17(1), 66-72.
- Anderson, R. E., & Seniscal, C. (2006). A Comparison of Selected Osteopathic Treatment and Relaxation for Tension-Type Headaches. *Headache: The Journal of Head and Face Pain*, 46(8), 1273-1280.
- Drew, T. (2014). Learning style, seat preference, and past profession: Predicting traditional osteopathic student achievement, *Capella University*, 263; 3646840
- Frantzis, E., Druelle, P., Ross, K., & McGill, S. (2015). The accuracy of osteopathic manipulations of the lumbar Spine: A Pilot study. *International Journal of Osteopathic Medicine*, 18(1), 33-39.
- Lalonde, F. (2013). Problem-based learning in osteopathic education. *International Journal of Osteopathic Medicine*, 16(4), 216-219.
- Morin, C., & Aubin, A. (2014). Primary reasons for osteopathic consultation: a prospective survey in quebec.
- Morin, C., Dorion, D., Moutquin, J. M., & Levasseur, M. (2012). Suture restriction of the temporal bone as a risk factor for acute otitis media in children: cohort study. *BMC pediatrics*, 12(1), 181.
- Nemett, D. R., Fivush, B. A., Mathews, R., Camirand, N., Eldridge, M. A., Finney, K., & Gerson, A. C. (2008). A randomized controlled trial of the effectiveness of osteopathy-based manual physical therapy in treating pediatric dysfunctional voiding. *Journal of pediatric urology*, 4(2), 100-106.
- Pelletier, R., Higgins, J., & Bourbonnais, D. (2015). Is neuroplasticity in the central nervous system the missing link to our understanding of chronic musculoskeletal disorders?. *BMC musculoskeletal disorders*, 16(1), 25.
- Pelletier, R., Higgins, J., & Bourbonnais, D. (2015). Addressing Neuroplastic Changes in Distributed Areas of the Nervous System Associated With Chronic Musculoskeletal . *PHYS THER* published ahead of print May 7, 2015,doi:10.2522/ptj.20140575

Thank you!

