

London College of Osteopathic Medicine



Course handbook 2022

Member of the London College of Osteopathic Medicine (MLCOM)

The College has made all reasonable efforts to ensure that the information contained within this document is accurate and up-to-date. The College reserves the right to revise, alter or discontinue all or part of the course and to amend its regulations and procedures at any time. Every effort will be made to give stakeholders an opportunity to comment on any changes but occasionally this may not be possible.

CONTENTS

Number	Contents	Page No.
1	Introduction	3
2	The Course Handbook	4
3	Administration	4

4	Course Information	5
5	Assessment	15
6	Assessment guidelines and marking grids	19
7	Procedures for ensuring authenticity of written work	74
8	Feedback	75
9	Exam boards	77
10	Progression	77
11	Awards	77
12	Quality Assurance	77
13	Disciplinary Matters	78
14	Attendance	78
15	Health & Safety	80
16	Clinic	84
17	Module descriptors	90
	Appendices	162
Appendix 1	Extenuating circumstance policy	114
Appendix 2	Student appeals policy	124
Appendix 3	Student complaints policy	132
Appendix 4:	Student fitness to practice policy	148
Appendix 5	Health & Safety Policy	155
Appendix 6	Incident reporting Policy	166
Appendix 7:	Safeguarding policy	172
Appendix 8	Patient complaints policy	187

1. INTRODUCTION

1.1 Welcome

Welcome to the London College of Osteopathic Medicine. All staff involved in your upcoming course want to help you develop both personally and professionally and will make every effort to assist you in meeting the course objectives and become a registered osteopath.

The MLCOM course is for qualified medical practitioners who have decided to broaden their skill base and work with patients to improve their health in a different way. It is a 80 week modular course that aims to produce thoughtful, empathic, and highly skilled practitioners who can take account of patients individuality and have good technical skills and knowledge. Ones that meet all standards laid down by the osteopathic practice standards (OPS).

1.2 Regulation of Osteopathy

Osteopathy in the UK is regulated in the same way as medicine or dentistry. It has its own independent regulator, which reports to the privy council. The regulator for osteopathy is called the General Osteopathic Council (GOsC). the GOsC sets the standards for the profession and the education of those wishing to gain registration.

The standards all new graduates are judged against are called the Osteopathic Practice Standards (OPS) and all assessments at the college are designed to test your performance against some aspect of these. You should therefore familiarise yourself with them as you will also be required to meet those standards and demonstrate that you meet them when you qualify and when you are in practice.

The LCOM is unique as it is the only institution in the UK solely dedicated to training qualified medical practitioners to become osteopaths. To this end all students that are admitted to the course are expected to come with applicable skills and attributes that they will have gained throughout their medical training and practice. The course is designed to build on these and teach new skills commensurate with the OPS.

Please refer to the GOsC website for further information

<https://standards.osteopathy.org.uk>

<http://www.osteopathy.org.uk/practice/>

1.3 LCOM RQ Status

All osteopathic programmes of study in the UK need to have a Recognised Qualification (RQ) from the GOsC in order for its graduates to be able to apply for registration and therefore practise osteopathy lawfully in the UK.

Currently the LCOM has Recognised Qualification status until July 2023. This will expire as we are not running a course this academic year, but will be renewed when we next plan to run the course.

2. THE COURSE HANDBOOK

This handbook is designed for students and other stakeholders so they can easily understand the layout of the course, how it runs, is taught and assessed and to document the policies and procedures that govern the smooth running of the course and ensure academic standards.

3. ADMINISTRATION

3.1 Administration

If you have any questions about the programme that this handbook doesn't answer, please contact the teaching or support staff who will answer your questions or provide you with further documentation as necessary.

The handbook is available electronically and you will be able to download a copy, once you are registered on the college Moodle.

4. COURSE INFORMATION

4.1 Programme Aims and Learning Outcomes

The programme is designed to prepare and enable students to develop into autonomous professionals who are able to critically evaluate their performance and adapt to a wide variety of settings and situations. Students will develop responsibility for their own continuing professional development, enabling clinical effectiveness in a changing environment.

The aims of the programme are:

1. To ensure graduates acquire clinical osteopathic competence via a reflexive approach that incorporates clinical reasoning; problem solving; reflection, practical skills and interpersonal / communication skills.
2. To develop practitioners who are caring, nurturing and supportive of all patients and who work in tandem with patients to provide their best outcome.
3. To enable professional growth and development through a supported clinical apprenticeship and develop a sense of life long learning.
4. To enhance the student's ability to influence practice and policy and contribute towards governance.
5. To promote an evidence informed approach to practice that does not diminish patient values, choice and individuality.

Students should refer to individual module descriptors in the appendices for detailed learning outcomes.

4.2 Modes of Study

This is a part time programme undertaken over 84 weeks, which includes four weeks holiday. The majority of teaching and clinical practice will take place between 9:30 and 17:30, on Friday and Saturday. However, there is an intensive block of twelve days undertaken over a two week period at the beginning of the course. In exceptional cases students may be expected to attend outside of normal teaching hours. Adequate notice will be given if this were to happen and it would always be in consultation with students.

4.3 Outline of Programme

All modules of the programme need to be undertaken.

The curriculum has been designed to incorporate your prior learning as well as the osteopathic Practice Standards (OPS) and Subject Benchmark Statement for Osteopathy.

https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/sbs-osteopathy15.pdf?sfvrsn=489bf781_12

Please refer to individual module descriptors for further information regarding modular content.

4.4 Structure of the course.

There is a 12-week distance learning (pre course) module.

The course then runs for a total of eighty-four weeks. This includes four weeks holiday. The first two weeks are undertaken over two six-day blocks separated by one to two rest days in between which is negotiated between faculty and students.

This is followed by 78 weeks where the student is expected to attend every Friday and Saturday except for holidays.

The total number of hours for the course are

Contact (non-clinical) 384

Contact (clinical) 780

Non-contact: 360

Total: 1524

The course is divided into four modules:

Module 1 (foundations for osteopathic medicine) MO1

The foundations for osteopathic medicine module is designed to refresh and build on your existing knowledge in preparation for module two.

- The module runs for twelve weeks.
- Students will be supported by a personal tutor and course material is available on the college Moodle.
- Students are expected to do at least three hours of study per week and meet four times with their personal tutor for support during this time. (This can be done electronically) • There is a formative Multiple-Choice Question (MCQ) Assessment that should be undertaken in the final two weeks. This will be done using Moodle.

Module 2 (Introduction to clinical osteopathy) MO2

The introduction to clinical osteopathy module is an intensive block of twelve days that runs for six days with a break of one or two days and then another six days.

- This module runs over two weeks.
- This module aims to prepare students for the clinical components of the course. • Students are expected to attend for six hours each day and undertake a further hour of self directed study each day.
- There is a formative assessment on the final day taken at the college.

Module 3 (Clinical Apprenticeship 1) MO3

The Clinical Apprenticeship 1 (CAP 1) module is primarily based around the clinical apprenticeship which is supported by integrated osteopathic skills classes. This is designed to allow students to begin to integrate their existing knowledge and skills whilst learning and practicing new skills.

This module forms one of the two main modules for the course. The module has three components. Two clinical components that run for 19 weeks and twenty weeks sequentially and the osteopathic skills component that runs alongside these for 39 weeks.

The clinical component

In the first month students observe their mentors in action, taking on more responsibility for the role when they and their mentors feel appropriate. Students are then buddied with other students whilst they take on responsibility for the clinical encounter. Eventually students are expected to take on responsibility for the entire patient encounter closely supervised by their clinical mentor. Each week, time for tutor-guided reflection is built in to review and embed their learning from that and previous weeks. It is essential that students engage in reflective activities and follow their tutor's direction in clinic and in skills classes. Failure to do so will result in disciplinary action being taken. Students are expected to attend pre clinic tutorials from 9 until 9.30 on Fridays and Saturdays.

In the final three weeks of each block, tutors will undertake a Formative Clinical Observation (FCO) in the Saturday morning session followed by guided reflection with practical assistance (technique, examination, role play) to build skill and embed knowledge in the afternoon session. At each observation students are expected to demonstrate increasing complexity in their development. This will act as a way marker for students and educators to track their progress through the module.

The osteopathic skills component

The clinical apprenticeship is supported by the osteopathic skills classes which take place directly following student's clinical exposure for that week, where possible with the same clinical tutor who has supervised them in the clinic on that day. The osteopathic skills classes will incorporate their personal

reflective plan from the previous day as well as reviewing existing knowledge such as anatomy, professionalism and pathophysiology to make it more clinically relevant whilst building new skills and knowledge such as concepts for osteopathic healthcare, clinical examination and technique.

This module runs for 39 weeks

- Students are expected to attend from 9.00 to 5.30 on Fridays and 9.00 to 5.00 on Saturdays.
- There are three summative clinically based assessments for this module and one written assignment. These are undertaken throughout the module.
- There are two formative clinical observations that take place at the end of each

Module 4 (Clinical Apprenticeship 2) MO4

As with CAP1 this module is based around the clinical apprenticeship, at this stage students are expected to take responsibility for the entire patient encounter supported by their clinical tutor. It is structured in the same way as CAP1 and affords the student the same clinical, reflective and classroom opportunities. However, students are expected to demonstrate more criticality in their work, to be more focused and begin to be able to modify their approach to the patient in front of them. It is essential that students engage in reflective activities and follow their tutor's direction in clinic and in skills classes. Failure to do so may result in disciplinary action being taken. Students are expected to attend pre clinic tutorials from 9 until 9.30 on Fridays and Saturdays.

The clinical component of this module is split into two blocks, one of nineteen and one of twenty weeks. In the final three weeks of clinic 3 and weeks 14, 15 & 16 of clinic 4 tutors will undertake a Formative Clinical Observation (FCO) in the morning session followed by guided reflection with practical assistance (technique, examination, role play) to build skill and embed knowledge in the afternoon session. At each observation students are expected to demonstrate increasing complexity in their development. This will act as a way marker for students and educators to track their progress through the module.

Again CAP 2 is supported by the osteopathic skills classes which take place directly following their clinical exposure for that week, where possible with the same clinical tutor who has supervised them in the clinic on that day. The osteopathic skills classes will incorporate their personal reflective plan from the previous day as well as reviewing existing knowledge such as anatomy, professionalism and pathophysiology to make it more clinically relevant whilst building new skills and knowledge such as concepts for osteopathic healthcare, clinical examination and technique.

- This module runs for 39 weeks
- Students are expected to be in the college and ready to see patients from 9.00 to 5.30 on Fridays and 9.00 to 5.00 on Saturdays.
- Students should arrive at least fifteen minutes prior to seeing patients
- There are three summative practical assessments for this module and one written assignment. These are undertaken throughout the module.

- There are two formative clinical observations that take place at the end of each clinical block.

4.5 Timetable

The timetable for the course remains the same throughout.

Module 1 is undertaken over a 12 week period through distance learning.

Module 2 is undertaken over a two week period in two blocks of six days with two rest days in between. Students are expected to attend from 9.00 am to 5pm daily.

In modules 3 & 4 students are expected to attend clinic from 9.00am to 5.30pm on Fridays and from 9.00 am to 12.30 on Saturdays. The osteopathic skills classes that support the clinical apprenticeship will run every Saturday from 13.00 to 17.00

4.5 Timetable

A typical course timetable is set out below for information purposes only. Students will be provided with their detailed timetable on commencing the course.

Foundations for osteopathic healthcare

Week 1 History of Osteopathic Medicine

Week 2 Functional Anatomy

Week 3 Pain Physiology

Week 4 Spinal Pathology

Osteopathic Concepts/Somatic

Week 5 Week 6 Biopsychosocial

Model of Healthcare

Dysfunction

Week 7 Clinical reasoning in Osteopathy

Week 8 Communication & Consent

Week 9 Orthopaedics & Rheumatology

Week 10 Revision & Review

Week 11 Revision & Review

Week 12 Online, Formative MCQ Assessment

Introduction to clinical osteopathy

Morning Afternoon

Day 1 Orientation and introduction to the course Communication & Consent
 Day 2 Introduction to case history taking Osteopathic examination Osteopathic examination &
 Day 3 Examination of the neurological palpation Examination of the UEX & TSP self/patient.
 CSP examination. Care of Obs of osteopathic consult with
 Day 4 Examination of the LSP & LEX
 Day 5 system reflection
 Day 6 Review & combining examination Review examination. Intro to MET Rest Day
 Rest Day
 Day 7 Review. TTT planning. TTT Modalities Intro to technique. S/T Artic
 Day 8 Treatment of CSP & Shoulder Treatment of TSP, Shoulder & UEX Day 9
 Treatment of LSP & Pelvis Treatment of LEX

Day 10 Developing Hist, Exam, DDX, TTT Planning
 Day 11 Intro to Strain-Counter-Strain
 Day 12 Professionalism Intro to clinic 1 Day 12 Intro to clinic 2 Formative OSPE

CAP !

Clinic Osteopathic skills

Week 1 Observing LSP Week 2 Observing LSP Week 3 Observing CSP
 Week 4 Observing CSP Week 5 Buddy Thorax
 Week 6 Buddy Thorax Week 7 Shoulder Week 8 Shoulder
 Week 9 UEX Week 10 UEX Week 11 Pelvis Osteopathic Concepts & Essay
 Week 12 review
 Week 13 LEX Week 14 LEX Week 15 History taking revision **Summative History CCA (Role Player)**
 Week 16 **Player)**
 Week 17 **Formative Clinic Obs & feedback** Essay Workshop Week 18 **Formative Clinic Obs & feedback** CSP Week 19 **Formative Clinic Obs & feedback** LSP Week 20 **Clinic 2** TSP Week 21 Shoulder Week 22 UEX Week 23 Pelvis Week 24 LEX Week 25 Clinical examination revision Week 26 **Summative Clinical Exam OSCE** Review of ST & Articulation Week 27 techniques Week 28 The younger patient Week 29 The sporting patient Week 30 The older patient Week 31 LBP Current Concepts Week 32 **Summative critical analysis due** Criticality in healthcare practice

Week 33 Diagnostic thinking revision Week 34 **Summative Diagnostic Thinking CCA**
Week 35 Integrated LSP and Pelvic techniques Week 36 **Formative Clinic Observations**
FCO feedback, reflection & practical Week 37 **Formative Clinic Observations** FCO
feedback, reflection & practical Week 38 **Formative Clinic Observations** FCO feedback,
reflection & practical Week 39

CAP 2

Clinic 3 Osteopathic Skills 2

Week 40 Professionalism in practice Week 41 Introduction to HVT Week 42 Mid
cervical spine technique Week 43 Strain counterstrain Week 44 TSP & rib techniques
Week 45 General Lumbar Techniques Week 46 C-T Junction and upper ribs Week 47
Occipito-atlanto-axial complex Week 48 Pelvis Week 49 Elbow wrist and hand Week
50 TMJ Week 51 Junctions. T/Lumbar & ribs Week 52 Shoulder Week 53 Hip and ITB
Week 54 Elbow and Knee Week 55 **Summative 5000 Word Essay Due** Foot and ankle
Week 56 **Formative Clinic Observations** FCO feedback, reflection & practical Week 57
Formative Clinic Observations FCO feedback, reflection & practical Week 58
Formative Clinic Observations FCO feedback, reflection & practical Week 59
Remaining UEX & LEX techniques Week 60 Cranial osteopathy Week 61 Paediatrics
Week 62 Care of the older patient Week 63 Visceral Week 64 Treating the athlete
Week 65 **Summative FCCA 1** Week 66 Review of feedback with practical Week 67
Children's Clinic Obs Week 68 Sports Clinic Obs Week 69 Student led revision Week 70
Treating expectant mothers

Week 71 GOSC Week 72 **Formative Clinic Observations** FCO feedback, reflection &
practical Week 73 **Formative Clinic Observations** FCO feedback, reflection & practical
Week 74 **Formative Clinic Observations** FCO feedback, reflection & practical Week 75
Treatment planning review Week 76 **Summative FCCA 2** Week 77 Student led revision
Week 78 Student led revision

4.6 Student leave

Students are entitled to eight weeks leave, pro rata for the entire length of the course. Six weeks of which are determined by the college and two weeks that they can negotiate with the college.

Because there are no fixed times for the course to start, the six weeks fixed leave will be determined at the beginning of the course. It will usually coincide with UK holiday times such as Christmas and Easter or in the summer months.

Students are entitled to an optional, additional two weeks, pro rata, leave that may be determined by the student. However, for this element, any missed clinical time will need to be

made up at some point during or directly after the course ends. Students will need to make arrangements to cover subjects missed in the osteopathic skills classes with their tutor.

Students should use the process below to apply for leave.

Leave should be applied for at least four weeks prior to it commencing.

1. Students should check student leave/attendance sheet in reception to ensure at least three students will be in clinic for the period of leave. If this is the case, they will need to complete a student leave form which can be obtained from the Moodle.
2. a completed leave form should be sent to the course director, module leader & admin team. admin@lcom.org.uk
3. The course director or module leader will contact the student to confirm if leave is granted or not within one week of receiving the completed leave form. Leave is only confirmed when this has been done. Students should avoid booking holidays/flights etc until leave has been confirmed.
4. management will inform reception/admin staff of confirmation of leave. Reception will add leave to student attendance sheet in the student handbook and save this with a date that the document was updated.
5. Admin/reception will delete the student from practicepal for those days.
6. Students need to check that their absence is recorded on practicepal and inform admin and management if this has not been done.

5. ASSESSMENT

5.1 Overview

The pass mark for all assessments except FCCA1 is 50%, for FCCA 1 the pass mark is 40%. Students will have one opportunity to resubmit or re take failed assessments which will usually take place one month after the failed component.

The assessment process promotes consolidation of learning and enables the student to apply theoretical concepts, whilst enhancing the learning experience and personal and professional development. A range of formative and summative theoretical assessment methods will be used to assist the development of learning in a progressive way. Assessment methods will test the cognitive, psychomotor and affective skills of the student within the theoretical elements of the programme.

5.2 Assessment Strategy

The assessment for the MLCOM incorporates the testing of theoretical and clinical assessment. Modes of assessment include essays, clinical observations and practical exams.

Students will be assessed both informally (formative assessment) and formally (summative assessment).

Formative Assessment: These assessments enable the student to gain experience of applying theory to practice and of the way in which work is assessed. It also enables lecturers to assess performance. Usually grades are not given for formative work, but students will receive feedback. The dates for the assessments will be negotiated and set at the commencement of the course.

Summative Assessment: These assessments provide the mark awarded for each module. All summative assignments have detailed guidelines and students are advised to refer to these guidelines when preparing for their assignments. Marking criteria for written summative assignments are made available. For written work you shall be provided with written feedback. It is important to read this feedback as it shall enable the student to develop academically and professionally.

Clinical Assessment: Clinical observations occur at the end of each clinical module. These are formative and extensive feedback with practical help is provided after they are done. Students will also be issued with a Student Clinical Handbook at the start of the programme which is used to track progress, aid reflection and ensure students are progressing in line with the objectives of the course.

Clinical Portfolio: The clinical mentor will supervise the clinical portfolio in conjunction with the personal tutor. This will enable the development and integration of clinically oriented and theoretical material to ensure that the portfolio provides a clear insight into the development of the student's skills and knowledge. The portfolio will be submitted at the end of each clinical component for feedback by the clinical mentor.

5.2.1 Assessment overview

Module Code	Module Title	Summative Assessment	Formative Assessment
MO1	Foundations for osteopathic medicine		Multiple choice question assessment. Undertaken online

MO2	Introduction to clinical osteopathy		Multi station Objective Structured Clinical Assessment
MO3	Clinical Apprenticeship 1	<p>Clinical Competency Assessment (CCA) focusing on case history taking. With a role player. 2.5% of total course mark.</p> <p>OSCE with a model, focussing on clinical examination. 2.5% of total course mark.</p> <p>CCA with real patient focusing on diagnostic thinking. 5% of total course marks</p> <p>2000-word Critical analysis, written assessment.</p>	<p>Formative clinical observation (FCO)</p> <p>Undertaken in weeks 17 to 19 and 36 to 38</p>
MO4	Clinical Apprenticeship 2	<p>5000-word essay on Somatic Dysfunction constitutes 2.5% of overall mark for the course.</p> <p>5% of overall course mark.</p> <p>Technique OSCE. With model. 15% of total mark for the course.</p> <p>Final Clinical Competency Assessment 1. (FCCA1)</p> <p>Four part assessment of clinical competence with two standardised and two non standardised elements.</p>	<p>Formative Clinical Observation (FCO)</p> <p>Undertaken in weeks 55 to 57 and 71 to 73</p>

		<p>Non standardised elements involve real patients in a real clinical setting. One new patient and one returning patient overseen by one internal marker for each component</p> <p>15% of total course mark</p> <p>The assessment consists of OSCE with role player focusing on case history taking, communication and rehabilitation.</p> <p>Technique Assessment. One assessor, either internal or external. Overseen by a moderator.</p> <p>FCCA1 = 15% of total course mark</p> <p>FCCA 2</p> <p>Will take the same format as FCCA 1 Undertaken in week 75</p> <p>Pass mark 50%</p> <p>FCCA 2 = 50% of total course mark.</p> <p>One re sit allowed 8 weeks after first attempt</p>	

Please note:

1. The pass mark for all individual assessments except FCCA1 is 50%. For FCCA1 the pass mark is 40% 2. All assessments with the exception of FCCA 1 must be passed in order to progress.

3. Where modules have multiple assessments, students are required to pass all components to pass the module. Students will only be required to be re-examined on the failed elements of assessment for that module.
4. Submission dates can be found in the course timetable for the appropriate year.

6. Assessment Guidelines & Marking Grids

Practical assessments

Summative assessments

Moderation.

Moderation takes place directly after the examination has ended. In the case of the FCCAs this is at the end of the four elements.

If the markers are not in agreement, they should discuss the students' performance and try to reach a consensus decision regarding the mark. The marker(s) may average their marks to assist them to agree a single final mark. However, averaging should only be used if there is a difference of no more than 10% between the grades.

If the discrepancy is greater than 10% the assessors should identify which criteria there is discrepancy over and discuss their reasoning for the grade. If this fails to resolve differences, then the student may be recalled to demonstrate their competence in the given criteria.

Additional moderation components apply to FCCA 1 & 2.

If the marks are within 10% of each other averaging may be used. If this does not resolve the disagreement or it is above 10% difference in marks, then the following procedure should be used.

1. Global rating; If the average global rating is 2 or below for both examiners then this indicates that the student has not achieved the required standard. If it is above 3 or above then the student may be passed

2. The marks and comments from previous assessments may also be used to aid the decision
3. The student's portfolio will be available to aid decisions about clinical competency.
4. The role player feedback may be used if there are concerns regarding the student's ability in taking a case history or communicating with patients.

This method should only be used to resolve borderline pass / fail marks for the FCCA

Marking

For most practical assessments the separate elements are graded 0 – 5. However, some assessments are graded 0 - 10. In such circumstances the same criteria as below should be used by doubling the grade numbers.

Level of achievement is weighted to 50% related to where they are in the course, and 50% weighted to the level of competence expected at finals.

The pass mark for all assessments is 50% except for FCCA1 which is 40%.

Mark	Descriptor
0	Not sufficient. standard achieved was well below that expected, to the extent of serious concern
1	Standard achieved was not sufficient, consultation or treatment skills were clearly deficient, although not unsafe.
2	Standard was just borderline; skills were a minimum and examiner was not comfortable with trainee's osteopathic competence
3	Examiners comfortable with trainee's standard, although not particularly developed nor showing any flare
4	Examiners confident that this is definitely a passing candidate, showed clear level of competency, and good approach to the assessment and interaction with the process
5	Examiners very confident of the trainee's skills, showed flare and mature osteopathic approach and demonstrated a smooth and fluid performance.

MO3 History assessment with role player.

Taking a comprehensive and relevant history is clearly an important skill, although you have experience in this skill as a doctor, this assessment is designed to assess your history taking skills as an osteopath.

The assessment process.

Students are observed taking a prepared history from an actor who is experienced in medical assessments.

All students receive the same history, so it is important that they do not discuss the history with each other until the end of the assessment.

Students need to write usual notes for the history and give these to the examiner at the start of the discussion.

This element lasts for 30 minutes.

Students are given five minutes to collect their thoughts and finalise the process of diagnostic hypotheses generation.

There then follows a 20-minute discussion with the examiner about the history and to present your diagnostic hypothesis.

Marking & Feedback

This assessment is undertaken with two internal markers who are present for the entire consultation. The role player also has a role in marking and feeding back to the student.

The pass mark for this assessment is 50%
It constitutes 2.5% of the overall course mark.

The assessment is marked out of 105 points in total which is marked against the criteria in the marking grid for this assignment.

15 of these marks are contributed by the role played based on the criteria in the marking grid.

The assessor will provide verbal feedback directly to the candidate on the day, the role player will also provide verbal feedback to the candidate on the day.

This feedback and any reflections should be recorded in the student portfolio.

Student number	Examiner	Date
CRITERIA TO BE ASSESSED	COMMENTS	MARKS
A1, B1, B2, C1, C2, C5,		Max of 5 each criteria
<u>ELICITING INFORMATION</u>		
<p>Presenting symptoms Clarification of descriptions, variation over time, site and variation of symptoms, assoc with other health problems. patients' beliefs and ideas about nature of problem.</p>		
<p>Aggravating/relieving factors Across all activities, importance of those activities, variation in response to these factors.</p>		
<p>Daily pattern, work pattern, recreational pattern Relative impact on these activities. Stressors. Exploring links to activities patient may not be aware of.</p>		

<p>Sleep – interruption/position Establishes sleep pattern, changes, relevance of other co-morbidities on sleep, and other external factors, partners, children etc.</p>		
--	--	--

<p>Occupation – work/house work Details of activities, to clear picture of MSK potential stressors,</p>		
<p>Psychosocial / emotional Including activities that enjoy/relaxation. Emotions in relation to presenting problem, and emotions otherwise. Social network and stability, pressures</p>		
<p>PMH Sequential PMH, and clarity about diagnosis and treatment given. Impact on life.</p>		
<p>Medication Prescribed and over the counter, herbal homeopathic</p>		

Ongoing treatment – including self treatment Time scale and effect of treatments, esp treatments causing exacerbations		
Other MSK Past and present problems, and possible related conditions, eg Raynauds for instance		
Other non MSK symptoms		
<u>PROCESS</u>		
Sequence of history taking		

Rapport, use of open/closed questions		
Eliciting health beliefs, including beliefs in relation to osteopathy		
patients ideas, concerns, expectations		

Use of non verbal communication		
Diagnosis hypothesis generation		
Record keeping		
Role player		Marks out of 5
Listening skills – how you felt as a patient in your role		

Non verbal interaction – eye contact, body position and movement		
Ease of understanding questions		
Total marks for assessment out Of 105		

Clinical examination OSCE

This is to assess your clinical decision making and the performance of clinical examination in an osteopathic context. This is an integration of your existing medical skill and musculoskeletal examination since starting LCOM.

The routine is performed with one of the examiners as the subject to assess your palpatory and handling skills, and your ability to elicit the subject's dysfunction. It is not a demonstration of every clinical test that you know, we only expect neurological examination for instance if this is indicated.

The recording of the clinical examination findings is also assessed.

Assessment process

Students will be given a written clinical scenario which contains the presenting symptoms and significant medical history of the subject. They will have 5 minutes to consider this information and ask any further questions prior to the examination assessment.

Students will be asked to identify select clinical examinations appropriate to the past medical history and symptoms. You are expected to be selective in your examination choice, for instance you are not expected to undertake a neurological examination of the lower limbs unless it is indicated. However, if you fail to identify indicated clinical examinations the assessors may direct you to perform any that are indicated.

The clinical examination will be performed on one of the examiners, with the other examiner observing. Any findings should be communicated to the subject as you would a clinic patient. The examiners will have agreed before the assessment what pathologies or dysfunction exist. You will receive a brief summary of any symptoms prior to the assessment.

As well as discreet clinical examinations students should undertake general assessment of the MSK system related to the scenario. This may involve standing assessment of posture and active movements, and sitting and lying examination, with attention to gross and segmental spinal movements and peripheral examination. Again this should be appropriate for the scenario and you should be able to justify your decisions.

The examination should assess red flags appropriately and selectively.

Patient positioning should be logical and avoid unnecessary changes.

Comfort and safety of subject and the student, including posture, will be assessed.

Communication with the subject will be assessed. This includes instructions to the subject and

assessment of their comfort. Although the subject is an examiner, the language used should be appropriate for ordinary patients.

The extent to which the routine flows will also be assessed and demonstrates that this is your normal routine.

This section lasts 30 minutes.

You will be provided with a 15 minute feedback and reflection session after a short break. This should be recorded in your portfolio.

Total time assessment 60 minutes

Assessment & Feedback

This assessment is undertaken with two internal assessors.

Moderation takes place at the end of the assessment.

The pass mark for this assessment is 50%

It constitutes 2.5% of the overall course mark.

The assessment is marked out of 100 points in total which is marked against the criteria in the marking grid for this assignment.

The assessors will provide verbal feedback directly to the candidate on the day.

This feedback and any reflections should be recorded in the student portfolio.

Examination OSCE Marking Grid

Student number Examination OSCE	Examiner Date	Marks Max 5
<u>Communication skills</u>	Comments	
<u>Standing assessment</u>		

<u>Sitting assessment</u>		
<u>Recumbent</u>		
<u>Peripheral</u>		
<u>Observed Effectiveness</u> Eliciting agreed pathology/somatic dysfunction Palpatory skills		
<u>Care of subject and self</u>		

<u>Received effectiveness</u> Palpatory skills		
End range, likely to elicit dysfunction		
Handling skills and comfort of patient		
OPS: A1, A2, A3, A4, B1, B2, C1		
	Total /100	

Diagnosis CCA

The diagnosis CCA assessment is designed to assess students' clinical reasoning up to the point of treatment. It will look at case history taking, clinical examination and how you come to formulate your clinical diagnosis.

The process

The assessment is undertaken with a real patient in the student clinic. Students will be observed taking a history. This will last for 20 minutes.

The student and the assessors will then leave the room and discuss your initial hypotheses and how you are going to use clinical assessment to narrow these down. This will last for about 5 minutes. Students will return to the patient and undertake the clinical assessments that were identified and record their outcomes. Students will then again leave with the examiners.

Students will be required to justify their clinical decisions and their diagnostic hypothesis based on their findings so far.

Students will then return to the patient and explain their findings and treatment plan. The student will treat the patient unobserved by the assessors as this does not form part of the assessment.

Assessment & Feedback

This assessment is undertaken with two internal assessors.

Moderation takes place at the end of the assessment.

The pass mark for this assessment is 50%

It constitutes 5% of the overall course mark.

The assessment is marked out of 75 points in total which is marked against the criteria in the marking grid for this assignment.

The assessors will provide verbal feedback directly to the candidate on the day,

This feedback and any reflections should be recorded in the student portfolio.

Student Number	Date	Examiner ;
Diagnosis CCA		
OPS A1, A2, A3, A4, A5, A6, A7, B1, B2, C1, C2, C3, C4, C5,	Mark out of 5	Examiner's comments
HISTORY TAKING		
Communication skills+ Listening skills		
Presenting and associated problems		
Presenting problems and activities of daily living		
Past medical history, tests and Drug history		
Logical sequence of history		

<p>Comprehensive history</p> <p>including red flags</p>		
<p>Self treatment or other for presenting and related problems</p>		
<p>FIRST HYPOTHESIS</p>		
<p>Differential diagnosis in order of priority.</p> <p>Categorised into</p> <p>Pathology</p> <p>Dysfunction</p> <p>Yellow and green flags</p>		
<p>Justification of diagnosis</p> <p>Demonstrating clinical reasoning</p> <p>Clear how diagnosis made from history</p>		
<p>CLINICAL ASSESSMENT</p>		
<p>Patient and self care in examination</p>		
<p>Effective communication during examination.</p>		

Performance of clinical tests to test the diagnostic hypotheses. Appropriateness of each test		
Postural assessment and pattern recognition.		
Segmental assessment		
Neural testing or other specific diagnostic tests		
Organised sequence of examination, avoiding repetition		
Accuracy, order and clarity of notes of history and examination		
FINAL HYPOTHESIS		

<p>Differential diagnosis in order of priority.</p> <p>Categorised into Pathology, Dysfunction, Yellow and green flags</p>		
--	--	--

<p>Justifying diagnosis, clinical reasoning, using all data from history and examination.</p>		
<p>Integration of medical and osteopathic skills</p> <p>Uncertainties identified in diagnosis</p> <p>What points to discuss with tutor and reasons</p>		

Total Marks Out of a possible 75.

Technique OSCE MO4

The technique assessment is designed to assess students' understanding and use of the principles underlying osteopathic palpation, motion testing, and passively altering patients' musculoskeletal system into positions of ease and tension, for diagnostic and therapeutic activities.

The Process

The assessment will last 60 minutes with oral feedback at the end of the day

One of the examiners will act as a model/patient, and the other will observe for the first part of the exam, and then the examiners will swap roles as model and observer.

For each of the models/examiners the student is given

One clinical problem and asked to demonstrate techniques to treat the problem. These are quite specific and short, and attempt to explore particular aspects of the student's technique, knowledge, understanding and manual handling skills. Clinical problem solving eg chronic ache in left lumbar area with no neurological symptoms, worse on flexion and better on extension.

Three named techniques to perform. E.g. demonstrate a HVT for dysfunctional radius; traction of occipito-atlantal joint supine etc.

The students' communication skills with the examiner acting as the model will also be assessed.

The problems cover a variety of anatomical regions. They may explore segmental motion testing, assessment of joint movement, joint play and end range, soft tissue palpation, and neurological examination. Some will assess soft tissue therapeutic methods, articulation and direct manipulative methods, either high velocity thrust (HVT) or muscle energy technique.

The performance of the technique both technically and quality of palpation and handling skills will be assessed. The examiners will provide students with known dysfunctions wherever possible.

Functional anatomy and biomechanical aspects of the techniques may be explored.

This assessment is about demonstration of techniques, not taking techniques to their therapeutic endpoint as would normally happen with patients. Once the student has demonstrated the technique they should move on to the next one.

Assessment & Feedback

This assessment is undertaken with two internal assessors.

Moderation takes place at the end of the assessment.

The pass mark for this assessment is 50%

It constitutes 15% of the overall course mark.

The assessment is marked out of 85 points in total which is marked against the criteria in the marking grid for this assignment. Each assessor marks a different area. See marking grids for more information.

The assessors will provide verbal feedback directly to the candidate on the day, the role player will also provide verbal feedback to the candidate on the day.

This feedback and any reflections should be recorded in the student portfolio.

TECHNIQUE ASSESSMENT		
EXAMINER 1 OBSERVER		
Student number		Examiner: Date
<u>1. subject 1 clinical problem</u>	Marks 0-5	Comments
<u>task understanding</u> – describe what structures may be causing symptoms		
<u>communication to subject</u> about patient positioning, and treatment		
Soft tissue techniques		

Articulation techniques		
HVT/MET techniques		

2. THREE SPECIFIC TECHNIQUES	Marks out of 5	EXAMINER 1 OBSERVER
1 Technique 1 Technical execution, demonstrates tech requested, Correct handling and procedure of technique		
2. Technique 1 Operator skills, posture, use of pillows, towels, communication to subject		

3 Technique 2 Technical execution, demonstrates tech requested, Correct handling and procedure of technique		
4 Technique 2 Operator skills, posture, use of pillows, towels, communication to subject		
3 Technique 2 Technical execution, demonstrates tech requested, Correct handling and procedure of technique		
4 Technique 2		

Operator skills, posture, use of pillows, towels, communication to subject		
Total marks out of 55		OPS: B1, C1,

TECHNIQUE ASSESSMENT EXAMINER 2 SUBJECT		
Student number		Examiner: Date:
<u>1. subject 1 clinical problem</u>	Mar ks 0-5	Comments

Comfort of subject Communication		
Palpatory skills		
Effectiveness of technique. Eg end range of movement, depth of interaction with tissue, direction of movement appropriate		
<u>Specific technique 1 2 and</u> <u>3</u> Comfort and communication		
Palpatory skills		

Effectiveness Eg end range of movement, depth of interaction with tissue, direction of movement appropriate		
Total marks out of 30		OPS B1, C1

The FCCA

The FCCA at LCOM is made up of four components. Two standardised components and two non standardised live clinical components.

The two standardised components are made up of

1. OSCE with a role player who has been pre prepared and gives a standardised experience to each student. This tests students' case history taking, communications skills, their ability to plan and communicate self care advice and exercises to their patient.
2. A technique assessment that requires students to treat a pre-prepared real dysfunction with their assessor followed by the demonstration of three pre-prepared techniques also undertaken on the examiner.

The two non-standardised components comprise of

3. One long case new patient.
4. One short case returning patient

This tests the student's communication, safety, patient handling, examination, technique and clinical reasoning in a real clinical setting with all the variability that that entails.

FCCA OSCE (History; Advice and Ergonomics) role player

60 minutes

The Objective Structured Clinical Examination for the FCCA is undertaken using a role player who has been pre-prepared with a standard patient scenario. The role player aims to provide a standardised experience for each student.

- To test skills in teaching ergonomics, exercises and promotion of self care in a standardised setting with role player
- To test communication skills in eliciting relevant information from patient, in confirming understanding, addressing patients concerns and expectations
- To test communication skills in explanation of diagnosis, prognosis in standardised setting with role player

Please see FCCA OSCE Marking grid for more detail on what is being tested.

The FCCA OSCE

The objective of this part of the FCC assessment is to test students ability to communicate with patients effectively through observing them eliciting relevant information from patients, explaining their findings to the role player patient, demonstrating exercises and giving ergonomics advice to the role player patient.

The first part of the assessment is designed to ensure students can elicit relevant information from their "patient" necessary to form a diagnosis. The student does not need to form a diagnosis but does need to be able to gather the information necessary to take them to that point.

The student is then given printed information sheet FCCA OSCE Findings (Example at appendix 2) which gives them the findings from the examination they would have undertaken in a normal case history scenario, identifying areas of dysfunction, what treatment was applied as well as other relevant information such as their occupation

This scenario does not give the student a diagnosis but does contain enough information for the student to explain the findings to the patient, formulate what advice they will give to the patient and what exercises would be helpful to address the dysfunction identified. It also directs students in what is expected of them at the next stage of the assessment.

The examiner gives this information sheet FCCA OSCE Findings to the student and then exits the room, the student is allowed 15 minutes to formulate what and how they are going to:

- Explain and review with the patient about the treatment they have had and how this will progress immediately and medium term.
- Explain some stretches or ergonomic advice that will be helpful. This is not a demonstration of all the self care that you know, but considered selected self care that is manageable for this patient.

Format and timings

PART 1. 20 MINUTES:

The student is expected to take a case history from the role player whilst being observed by an examiner. The moderator may also be present on occasion.

PART 2. 15 MINUTES:

The student should assimilate the information gathered by the case history and written information about osteopathic examination findings and manual treatment given in FCCA OSCE Findings. They are then asked to formulate what explanation they would give to the role player about diagnosis, prognosis, ergonomic and postural advice.

PART 3. 20 MINUTES:

Student discusses the findings and prognosis with the role player. They are then asked to provide ergonomics and postural advice to the role player relevant to their diagnosis and teach remedial

exercises to the patient. They should check that the role player has understood. They should address any concerns or questions the role player has about diagnosis, prognosis or advice given.

PART 4. 5 MINUTES:

This is in case the examiner needs to clarify any information with the student for marking purposes.

The role player will not be examined or have manual treatment from the student and will not be required to undress.

Marking

This element of the assessment is observed for its entirety by either the internal or external assessor. The moderator may be present for some students and not for others. The moderator, if present, will be present with the assessor for the entirety of the student interaction and when the assessor is grading the student or compiling feedback. The moderator is not there to assess students but to ensure that all students are being treated in the same way by the assessor.

This element of the assessment is marked using the FCCA OSCE marking grid which can be found at appendix 1.

The role player also grades the student on certain elements and can provide feedback to the student. This does not however contribute to the student's overall mark. It may however be taken into account if necessary, during moderation. The role players marking sheet can be found at appendix 3

FCCA Technique Assessment

60 minutes

The technique assessment element of the FCCA is designed to test students' technique with a standard clinical scenario where students have to select and justify their choice of technique for that clinical scenario. They are then asked to perform those techniques on the assessor. Students are also given three pre-prepared techniques to also carry out on the assessor. Students are assessed on their technique selection, justification, handling, quality of palpatory skill and technique effectiveness. Further information about marking criteria can be found at the FCCA Technique Marking Grid at Appendix 4

The objective of the technique assessment is to assess students' palpatory skills, technique selection, quality and delivery when delivering treatment in a standardised way with known dysfunction and three pre-prepared standard technique questions.

Format

PART 1. 30 MINUTES:

The student will be given pre-prepared information about the subject's symptoms and medical history prior to the exam. There will be one area for treatment which is identified by the examiner prior to the assessment and approved by the management team, the student will decide which areas to prioritise from the history and examination findings. The treatment areas will have some pathology or dysfunction. The student will decide the extent and type of treatment. The treatment is expected to be a demonstration of technique to enable the examiner to assess the mechanics and quality of the technique. The technique does not have to be taken to its therapeutic endpoint; once the technique has been demonstrated the student should then move on to the next technique. You should choose the same number of techniques as you would for a real patient.

The aim is to assess the justification of technique selection, palpatory skills, and the likely effectiveness of treatments given. Students may be asked to justify their choice of treatments.

PART 2. 25 MINUTES:

The student will be given three specific techniques to perform on the subject. The student can perform the techniques in any order. The students should demonstrate the technique and not take it to its therapeutic end point. The examiner will assess the mechanics and quality of the technique as an osteopathic subject.

You are asked to communicate to the osteopathic examiner as an osteopath rather than a patient.

PART 3. 5 MINUTES

This is in case the examiner needs to clarify any information with the student.

Marking

This element of the assessment is observed for its entirety by either the internal or external assessor. The moderator may be present for some students and not for others. The moderator, if present, will be present with the assessor for the entirety of the student interaction and when the assessor is grading the student or compiling feedback. The moderator is not there to assess students but to ensure that all students are being treated in the same way by the assessor.

This element of the assessment is marked using the FCCA Technique Marking Grid which can be found at appendix 4.

FCCA New Patient

75 Minutes

This assessment takes place with students undertaking a new patient case history; from initially consenting patients, collecting information, clinical examination, treatment planning, communication of this, treatment and self care. More information on what is being specifically assessed can be found at appendix 5 FCCA New Patient Marking Grid.

The new patient assessment is planned to reproduce as near as possible normal clinic consultation with minimum interruption. Thus there is only a small break in between diagnosis and treatment. The emphasis in the new patient is assessment of performance, ie the highest level of Miller's pyramid.

The internal or external marker will be observing the entirety of the assessment. The moderator may or may not be in attendance.

Assessment Objectives

To demonstrate the performance in history, examination and treatment in a real clinic setting with a new patient

To demonstrate communication skills with a patient in a clinic setting in all areas of consultation

To be able to discuss reasoning leading to diagnosis and treatment of a patient in a clinic setting

Format

PART 1. 40 MINUTES:

The student will take the history and examination without a break, apart from time taken for the patient to undress and dress at which point the student and examiner leaves the room.

PART 2. 10 MINUTES:

After history and examination there will be 5 minutes for students to formulate diagnosis, including time for examination findings to be transferred from white board in the clinic room to paper.

5 minutes of a summary of diagnosis and planned treatment to the examiner, with no discussion.

PART 3. 20 MINUTES:

There will be 20 minutes for treatment, advice to patient, postural advice or exercises, and advice re ongoing care.

The patient will be escorted to reception.

PART 4. 5 MINUTES:

There will be 5 minutes for examiner to clarify any factual points or information that were not heard clearly in the exam. There is no clinical discussion with the student.

Marking

This element of the assessment is observed for its entirety by either the internal or external assessor. The moderator may be present for some students and not for others. The moderator, if present, will be present with the assessor for the entirety of the student interaction and when the assessor is grading the student or compiling feedback. The moderator is not there to assess students but to ensure that all students are being treated in the same way by the assessor.

This element of the assessment is marked using the FCCA Technique Marking Grid which can be found at appendix 5.

FCCA Follow up Patient

60 minutes

The follow up patient is one known to the student and selected by them. The student will conduct a full follow up consultation with treatment and planned ongoing care without a break, apart from leaving the room while the patient undresses and dresses.

Assessment objectives

To demonstrate ongoing care, re-evaluation of diagnostic assessment and of progress against the treatment plan and treatment, with a patient known to the student in a clinic setting. Further information regarding what is directly assessed can be found at appendix 6 FCCA Returning Patient Marking Grid.

Either the internal or external marker will be observing for the entirety of the assessment. The moderator may be in attendance.

Format

PART 1. 55 MINUTES:

The student will collect their patient from reception and take them to their treatment room. They will conduct the full follow up consultation with the patient whilst being observed by either the internal or external marker. The moderator may also be in attendance.

PART 2. 5 MINUTES:

There will be a 5 minute discussion with the examiner for clarification.

The focus on this component is overall performance and patient care.

Marking

This element of the assessment is observed for its entirety by either the internal or external assessor. The moderator may be present for some students and not for others. The moderator, if present, will be present with the assessor for the entirety of the student interaction and when the assessor is grading the student or compiling feedback. The moderator is not there to assess students but to ensure that all students are being treated in the same way by the assessor.

This element of the assessment is marked using the FCCA Returning Patient Marking Grid which can be found at appendix 6.

Further information

Students please note that for FCCA the HVT log may be required by the examiners.

Examination markers

There are two markers for the assessment. They work independently of each other observing students whilst they undertake their assessment. The internal marker has been involved in other assessments at the college and represents an important internal quality control mechanism.

The external marker is only involved in marking the FCCA and has extensive experience of marking similar examinations across multiple institutions. They represent an important external quality control mechanism as they will be able to judge whether our assessments are comparable to other institutions. They will mark in the same way as the internal marker.

Both markers will meet at the end of the two days of assessment to compare marks and moderate your grades. They will not discuss grades or performance before that time.

Students will be observed for the entirety of the assessment by either the internal marker or the external marker on different aspects of the assessment as documented above.

Moderator

The moderator's role is to ensure that the markers are applying the criteria evenly between students and treating all students in the same way. They are not involved in marking or moderating the students' grades. They moderate the process. They represent another important external quality control mechanism.

Moderators should observe markers for one half day on each day. The moderator will decide on the day which marker they choose to observe and which part of the examination. They should observe each element of the assessment for half a day.

Moderators should use the marking grid for the assessment they are observing to make notes about the marker's operation during the assessment and shadow mark where possible. They should note whether there are any inconsistencies between how individual markers treat students and any procedural inconsistencies within the process that may inadvertently disadvantage students.

Moderators should not challenge markers or divulge information or judgments they make about markers or the process to markers but should note this for their report to the awards board and trustees.

For further information regarding the role and duties of the moderator please see the LCOM moderator handbook.

External Examiner

The role of the external examiner is to advise and make comments on the content, process and comparability of the assessment programme for the course as a whole. They do not make any decisions about the competency of students. They may be in attendance at examinations but they will only observe. Further information regarding the role and duties of the external examiner can be found in the LCOM external examiner handbook.

Conduct:

Markers and all involved in the assessment hold responsibility as professionals to ensure the safety and health of patients who are being treated as they observe. Even though students are also qualified medical practitioners they are not qualified osteopaths and patients are consulting them in that capacity. If you feel the safety or health of a patient is at risk from poor student performance, you have a duty to intervene and stop the assessment at that point. You should ask the student to leave the room and explain to the patient why you have stopped the assessment. You should then seek the support of a member of management and speak to the student together to ascertain their understanding of the need for the assessment to be stopped. The college will support you in this decision.

In order to reduce the possibility of bias, examiners must award marks without discussion or reference to each other during the exam process.

They should avoid discussing students or their performance with the moderator or any other member of staff who may be in attendance.

Students should avoid speaking to each other regarding the assessment until the end of the day when all students have completed the assessment for that day. They should not seek information or engage markers or the moderator in discussion regarding their performance of the assessment in general.

Students should always run to time. The marker has very limited scope to extend the assessment on the day. Examiners can stop the assessment at any point they feel necessary if the student is running late.

Marking of the FCCA

Grading of marks out of 10 maximum marks.

0 – not sufficient standard achieved to the extent to being of serious concern

2 – standard achieved was not sufficient, consultation or treatment skills were clearly deficient, although not unsafe.

4 – standard was just not quite passable; skills were a minimum and examiner was not comfortable with trainee's osteopathic competence

6 - examiners comfortable with trainee's standard, although not particularly developed nor showing any flare.

8 – examiners confident that this is definitely a passing candidate, showed clear level of competency, and good approach to the assessment and interaction with the process

10 – examiners very confident of the trainee's skills, showed flare and mature osteopathic approach and demonstrated a smooth and fluid performance.

NB marks out of multiples of 10 follow the same proportion in grading.

Global Rating

At the end of each part of the assessment examiners are expected to grade the student's performance. They are also expected to provide a global rating for their performance overall. Global rating is used to give an overall assessment of performance for a given section of the exam. Some candidates may perform satisfactorily on individual sections of the marking schedule but may not reflect their overall performance; this has been shown to be a good predictor of future performance.

Whilst the global rating given by examiners does not contribute to student marks it can be used in moderation when there are disputes regarding a student's performance that would mean they would pass a grade boundary such as pass/fail.

The scales for global rating are:

Clear pass (4)

Borderline pass (3)

Borderline fail (2)

Clear fail (1)

They should be recorded at the end of each marked section of the assessment.

Feedback and grades

Students will be informed by email to their nominated email address of their result for the FCCA within 36hrs of the assessment. Written feedback will be provided for each student.

The appropriate marking grid will be used for each component of the assessment. The decision about pass/fail of FCCA is made by both the internal and external markers on the day.

Moderation of Pass/Fail Decisions

The numeric pass rate is 50% for FCCA. There are four components of the FCCA, two with patients comprising a total of 180 marks and technique and exercise/ergonomics 120 marks. Thus 150 marks are required to pass.

A student does not have to pass all components of the exam in order to pass, so compensation is allowed across sections.

The candidate may be borderline. In these circumstances there are several additional criteria that may be taken into consideration.

Borderline students and disagreement between the marker(s)

Moderation of the FCCA uses the same process as for all assessments. However additional processes may apply if the assessors are unable to agree grades

If the marks are within 10% of each other averaging may be used. If this does not resolve the disagreement or it is above 10% difference in marks then the following procedure should be used.

1. Global rating; If the average global rating is 2 or below for both examiners then this indicates that the student has not achieved the required standard it is above 32 then the student may be passed
2. The results, both marks and comments from previous assessments may also to be used to aid the decision
3. The student's portfolio will be available to aid decisions about clinical competency.
4. The role player feedback may be used if there are concerns regarding the student's ability in taking a case history or communicating with patients.

This method should only be used to resolve borderline pass / fail marks with students.

Where it is necessary for the above process to be followed the School should highlight the relevant assessments and information regarding the moderation process to the awards board and the External Examiner.

FCCA 1 15 %

FCCA 2 50%

<p>Exercise and ergonomics</p> <p>OSCE part 1</p> <p>20 minutes history with role -player</p>	<p>Candidate</p> <p>Examiner</p> <p>Date</p>	<p>Marks</p>	
<p>Standardised History, to compare with role player script.</p> <p>Presenting problem;</p> <p>Other MSK problems</p> <p>Other symptoms</p> <p>PMH</p> <p>DH</p> <p>Work lifestyle issues</p> <p>Red flag and general health</p>		<p>/20</p>	

<p>Communication and listening skills for history</p> <p>End of part 1</p>	<p>Break 15 minutes examiner leaves students and gives out information sheet for diagnosis and treatment</p>	/10	
<p>Part 2</p> <p>20 minutes exercises/ergonomics</p> <p>5 minutes clarification</p>			
<p>Establishes reason for posture, ergonomics and exercises with patient</p>		/10	
<p>Advice re posture and ergonomics in work, daily activities and recreation</p>		/10	

Advice re exercise/stretch ergonomics in work, daily activities and recreation		/10	
	Global rating 1 2 3 4	/60	

Grades:

Clear fail =1; borderline fail=2;

Borderline pass= 3; clear pass=4.

Information - Examination and treatment (Example)

You have now taken a history from the role player. Below are the examination and treatment records. You have **15** minutes to read and consider this information before you go back into the room with the role player to further management.

Examination findings of Gail Webster

Abnormal findings – sitting position is still and tense. Lying down to any position is slow due to pain.

Thoracic spine – marked reduced rotation due to pain, more to left than right,

- T5 and T6 reduced movement in all directions and especially in rotation to the left.
- Left 5th and 6th ribs posteriorly and around to midaxillary line are slightly prominent and do not rise on inspiration as much as right side. The ribs are slightly tender.

Cervical Spine – slight dysfunction at C6/7, neurology normal. Cervical flexion causes some discomfort in the thoracic spine at T5/6.

Shoulders – left shoulder movement end range reduced as causes some discomfort around the 5th and 6th left rib.

Other findings

Posture – overall good posture and core stability, stands with stiff thoracic spine as any flexion is painful. Slight convex lumbar spine on the left and right PSIS higher. R shoulder is lower than the left. Well developed foot arches, and stands with weight equally on both legs.

Lumbar spine flexion limited to 40% as this exacerbates thoracic pain.

Stork test and forward flexion test indicate that the left SI joint has less movement than the right. Neurology is normal for the lumbar spine.

Segmentally the lumbar spine L4/5 mild restriction into flexion and left side bending.

The left wrist is thickened around the distal radius, with reduced flexion and extension.

Treatment given

Prone – soft tissue around trapezius L>R starting over shoulders, soft tissue into erector spinae in the paravertebral gutter L>R. Traction of lower thoracic spine.

Side lying – on right side – soft tissue around the left scapula, and articulation of shoulder and lower ribs.

Supine – cervical traction and articulation.

Sitting – articulation of ribs into rotation and side bending. Gentle thoracic lift at T5, using more traction than a thrust.

Tasks for you with the role player ; 20 minutes

Explain and review with the patient about the treatment they have had and how this will progress immediately and medium term

Explain some stretches or ergonomic advice that will be helpful. This is not a demonstration of all the self care that you know, but considered selected self care that is manageable for this patient

You have 20 minutes for this part of the assessment.

FCCA Role Player Marking Sheet

Role player marks;

Please grade as follows;

1 – very poor, did not feel comfortable and would not want to see this person as a patient

2 – not quite acceptable; felt a bit uncomfortable and would not particularly want to see this person as a patient

3 – satisfactory – felt comfortable and listened to most of the time, and would feel happy to see this person as a patient

4 – excellent – felt this person really understood my problems and listened well. I would really want to see this person as a patient

Communication and listening skills;

1 2 3 4

Comments;

Understood the exercises and advice about my posture 1 2 3 4

Appendix 4: FCCA Technique Marking Grid

Technique OCSE	60 minutes to complete exam		
<p>part 1: 30 mins <u>Treatment of clinical problem</u>; Choice of techniques; Justification of choice</p> <p>part 2: 25 mins <u>Demonstration of three techniques</u></p>		/20	
Operator and patient comfort		/20	
Quality of palpatory skills in technique and effectiveness	Comments and marks by subject receiving treatment	/20	

5 minutes for clarification 60 mins	Global rating; Clear fail =1; borderline fail=2; Borderline pass= 3; clear pass=4.	/60	
--	---	------------	--

Appendix 5 FCCA New Patient Marking Grid

CANDIDATE	Examiner	date
NEW PATIENT	History and Examination; 40 minutes with patient	Marks
Presenting symptoms Aggravating/relieving Daily pattern, work, Recreational Sleep interruption/position Psychosocial/emotional Other msk and non msk symptoms		/25
Past medical and drug history		/5
Communication skills; Rapport, open/closed q's Eliciting health beliefs Patient's ideas concerns and expectations Non verbal comm. skills		

		/10
At 20 mins remind student half way through consultation	Global rating for history; - please circle; Clear fail =1; borderline fail=2; Borderline pass= 3; clear pass=4.	/40
Examination		Marks
Postures, curves Movement		/10
Segmental and detailed assessment		/10
Eliciting red flags significant signs		/10

Care of patient and oneself		
<p>Discussion;</p> <p>Diagnosis in order of likelihood</p> <p>Justification</p> <p>Interpretation of signs</p> <p>Treatment proposed</p>		<p>/10</p> <p>40 mins</p>
<p>5 minutes break</p> <p>5 minutes summary</p> <p>diagnosis and planned treatment to be given to examiner. No discussion or questions</p>	<p>Global rating for examination =</p> <p>1 2 3 4</p>	<p>/40</p> <p>50 mins</p>
Treatment	20 minutes treatment	

Short term aims		
Long term aims		
Techniques seen		
Contraindications		

Appropriate choice		
Application of Osteopathic Principles		
Patient comfort/involvement		
Advice and exercises		
Records		
70 minutes	Global rating techniques = 1 2 3 4	/40

Global rating grades;

Clear fail =1; borderline fail=2;
Borderline pass= 3; clear pass=4.

5 minutes clarification;

Clarification is for examiner to check facts of history examination or treatment details.

The paper record of consultation will be given to examiner at this point and will form part of the assessment for the exam as per marking sheet. Copy of patient notes to be retained with exam sheet.

There is no oral discussion or questioning of the student.

FCCA Returning Patient Marking Grid

Candidate FOLLOW UP PATIENT		
Examiner date		
	55 minutes consultation	
Review of progress	-----	
Examination		
-----		/20 -----
---- Short term aims		
Long term aims		
Techniques		

<p>- Choice</p> <p>- Effectiveness</p> <p>- Contraindication</p> <p>Application of Osteopathic Principles</p> <p>Records</p> <p>Patient</p> <p>Comfort/involvement</p>		<p>/20</p> <p>/20</p>
--	--	-----------------------

Advice and exercises			
	Global rating techniques = 1 2 3 4	/6 0	

Global rating grades;

Clear fail =1; borderline fail=2;
Borderline pass= 3; clear pass=4.

5 minutes clarification;

Clarification is for the examiner to check facts of history examination or treatment details.

The paper record of consultation will be given to the examiner at this point and will form part of the assessment for the exam as per the marking sheet. Copy of patient notes to be retained with exam sheet.

There is no oral discussion or questioning of the student.

Written assignments for MLCOM

Marking & Moderation

Moderation.

All written assessments at the college are moderated using second marking.

This process is where a first marker (s) marks the work and produces feedback. The work is then passed to the moderator (second marker) who looks at the work and the first marker's proposed marks and feedback. If they are in agreement about the mark and feedback, then moderation ends.

If the marker and moderator are not in agreement, the first marker(s) and moderator should discuss the work and try to reach a consensus decision regarding the mark. The marker(s) and moderator may average their marks to assist them to agree a single final mark. Averaging should however only be used if there is a difference of less than 10% between the first marker's and moderator's marks.

In the event that the marker(s) and moderator are not able to agree final marks, the Course Director will identify a second moderator to independently review the relevant assessments. They will review the first marker's and moderators' marks and comments, and to seek to resolve the disagreement and determine outcomes for the assessment.

Where it is necessary for a second moderator to resolve disagreements, the college should highlight the assessment and the information regarding the moderation process to the External Examiner, so that the External Examiner can comment on how these processes operated.

This information should also be made available to the progression and awards boards as appropriate.

Written assessment grading.

40% and below – seriously below standard expected and not a passing performance. Writing, evidence of research and critical response were lacking. At this standard the trainee would be likely to be asked to re-submit a further essay for assessment

40- 50% - below standard. There are deficiencies in research, writing style, layout, referencing, critical assessment of the topic, and demonstrates a lack of osteopathic specific content.

50 – 55% - passing standard; however, no particular flare, and research and argument presented were presented adequately.

55-60% - definitely a sound piece of work, with arguments that were developed and well constructed, and supported by the relevant evidence, and covered all areas that would be expected

60 + clear evidence of a really impressive piece of work. Arguments showed considerable ability in their presentation, with comprehensive use of available evidence and research used to the optimum. Wide range of evidence used from extensive sources. Showed deep understanding of osteopathic principles, and knowledge. Outstanding.

MO3 Critical Analysis Assessment

Aims

1. to demonstrate ability to analyse a research paper
2. to demonstrate ability to justify criticisms and positive aspects of a paper
3. to demonstrate application of findings of research to clinical practice
4. to demonstrate ability to discuss and communicate effectively but succinctly with colleague findings of a research paper.

Mode of assessment

The format of the assessment will be a short answer format rather than an essay style. Each criterion will carry a maximum of 10 marks, with the two papers this is a total of 100 marks. The assessment counts 5% of the total marks for the course.

The answers do not need to be in essay format, but the answers should be complete, with well constructed arguments, and if you refer to other papers then please give the full reference. The Harvard referencing system should be used.

Please make this your own work, you are expected to come to your own conclusions independently, even if you do discuss it within the group of students.

Word count: 300 to 400 words per criteria. Maximum 2000 words not including references.

You will be supplied with one paper from the BMJ which you may find helpful in treating patients with nerve root pain and another paper about HVT to the atlantoaxial joint.

Submission date for the assignment is TBC.

Criteria to be assessed;

Student number	Paper	
Criteria	Assessment	Grade Max 10 per criteria
1. Assessment of appropriateness of type of study, the methods used, including measured outcomes, in relation to the aims of the study.	Ability to explain the different types of methods, justify use of different research methods, and analyse the methods used in specific paper.	
2. What was the purpose of the study, do the authors demonstrate that it added something new to the subject?	Ability to explain whether stated aims of study were clearly stated and justified. Relate your answer to other research addressing the same problem.	
3. The conduct of the study. Was the method carried out correctly as stated in aims, what problems researchers encounter, to what extent did this affect the validity of the study? What were their end points and were these justifiable in relation to the aims of the study? How appropriate was the use of statistical	Ability to analyse the conduct of the study, and the effect of problems encountered on validity	

analysis?		
4. What were the conclusions of the study,	Ability to decide whether conclusions are logical and reasonable given the data.	

were these logically argued, and justified? How might the study affect clinical decisions and patient care in general? What new questions arise out of the study?	How this affects clinical decisions. What remaining uncertainties are there?	
5. In what way would the study affect your practice, both in dealing with individual patients and also how you would plan care both in your practice but if you were involved in planning back pain care locally?	How research may be incorporated into patient care both on an individual basis and in the local patient care pathway.	
Total	Out of 50	

MO4 Essay. Somatic Dysfunction

Title of Essay

Somatic dysfunction is a term that brings together a number of physiological changes used diagnostically in musculoskeletal symptoms. Critically explore the physiological changes that comprise somatic dysfunction, including how these changes originate. Explore and discuss the evidence for how somatic dysfunction is applied in the diagnosis and treatment in osteopathy.

The essay should be between no more than 5000 words.

The deadline for submission is TBC

Late submission will result in a 0% grade being applied.

Guidance

The essay needs to have an introduction, which contains information about what your overall approach or message is and briefly how you are going to present the evidence to support this.

You then need to use paragraphs to write your successive arguments with the evidence, which also must be critically assessed for limitations and weaknesses.

You then need to have a conclusion bringing the arguments together and reflecting on the evidence presented.

All essays must use the Harvard system for referencing.

The essay must be presented in well-written English, with correct use of grammar, and sentence construction. Notes and bullet points are not acceptable. It must be presented electronically in word or pdf format.

All evidence must be referenced using reliable sources such as peer-reviewed journals and primary research.

Your essay should look at evidence in the basic sciences as well as clinical practice.

You must always indicate when you are quoting from another source; plagiarism is not acceptable. Your essays may be checked for this using plagiarism software.

Please present the references at the end of the essay in a reference section

Marking

OPS	Somatic dysfunction essay	Total possible marks	Mark
	<u>Source information</u> - Comprehensive, accuracy, appropriateness, properly referenced.	30	
	<u>Reflection and Development</u> – Exposition of underlying theories in literature and of their own; rational reflection and discussion; Understanding demonstrated	25	

	<u>Structure and presentation</u> – Clarity and coherence of expression; appropriate sections; ease of reading; grammar; apt illustrations.	20	
--	--	----	--

	<u>Osteopathic</u> – Application of osteopathic Principles, concepts, including in osteopathic diagnosis and management	25	
	Total		
	Remarks and feedback		

5.3.1 Referencing and Word Counts

Referencing will be Harvard style for all assessments unless directed otherwise. Please see <http://www.citethisforme.com/harvard-referencing> for examples of this style.

Students are allowed to exceed the maximum word count for written assessments by 10%. If the maximum word count is exceeded by more than 10%, then 5% will be deducted from the final grade.

5.4 Assessment Submission Details

Students must submit all written assessments to the course director by 5pm on the Friday of the specified submission week. Submission and examination dates will be included in the timetable which is available on the college Moodle.

All students must submit an electronic copy of their assignment, which may be checked using plagiarism software. Students must sign the agreed declaration of originality and consent to have the work processed through plagiarism software.

Students that fail to submit their assignment by the due date and time where no agreed extension has been obtained will be awarded 0%. Extensions will only be granted in extraordinary circumstances and only with the express agreement of the course director.

All assignments should have a cover page which includes the following information:

- Module Title
- Your Student Number
- Assignment Title
- Module Leader Name
- Exact Word Count
- Submission date
- A statement of authenticity
- Consent to have work checked using plagiarism software

Please DO NOT put your name on the cover page.

5.5 Resubmission of Work

For all summative assessments except FCCA1 a mark of 50% must be gained in order to satisfy the assessment standard. For FCCA1 the pass mark is 40%. Students who are unsuccessful in their first attempt at an assessment are normally offered a second opportunity to submit. The work will normally be required to be resubmitted within a month of the publication of results.

Students are cautioned that marks for re submitted work will be capped at the lowest possible passing grade. (either 50% or 40%)

5.6 Requests for Extensions

Extensions will only be granted in respect of exceptional extenuating personal or professional circumstances and are normally for up to 5 working days. Written evidence and medical certificates should be provided to support your request. Extensions will not be given for poor time management, computer issues, typist problems or studying two courses at once.

Students must contact the course director by email, detailing the need for an extension.

5.7 Late and Non-Submission

Students that fail to submit their assignment by the due date will be *awarded 0%*.

5.8 Marking

Students should refer to the information in assessment marking section for information about how marks are awarded.

5.8.1 Double Marking

All work is marked by a member of faculty and second-marked by a moderator. A sample is also marked by the External Examiner.

5.8.2 Anonymous Marking

All written assessments are anonymised before going for marking. Clinical assessments cannot by their nature be anonymous.

6. PROCEDURES FOR ENSURING AUTHENTICITY OF WRITTEN WORK

The college reserves the right to check the authenticity of submitted work by periodically checking

submitted written work by use of plagiarism software.

Students are required to make a declaration stating that their work is original as well as providing consent for their work to be checked using external plagiarism software.

The declaration should include the following wording:

I understand and acknowledge that unfair practice includes cheating in examinations, plagiarising the work of others, replicating work or submitting commercially prepared assignments. I confirm that the work submitted is all my own work, has not been used in part or whole for any other course and has not been prepared for me. I understand the implications of unfair practice and acknowledge that unfair practice will be dealt with using disciplinary proceedings.

By submitting this work in fulfilment of the requirement of the MLCOM course, I consent to my work being checked using external plagiarism software as designated by the college. I accept that should the software identify plagiarism I may face disciplinary proceedings.

Name

Student number

Date

The declaration should be **included with the assignment on the first page with no other elements of the page.**

7. FEEDBACK

Feedback forms one of the main ways in which students learn and improve.

The college aims to provide feedback on student performance in clinic as well as in assessments. Clinic feedback is provided verbally every week on a Friday in a group reflection session based on your experiences on that day and at certain points the osteopathic practice standards will be used to focus discussion. Students should record this feedback in their clinical portfolio and take this to their osteopathic skills session where if time allows you will be able to receive practical help in the form of technique, clinical examination or role play.

Feedback from formative assessments is provided on the day in a three-hour group setting where you will be able to address and concerns and build on your strengths. This will take the form of verbal feedback followed directly by practical help with technique, clinical examination, paperwork or role play.

All feedback is designed to explain why students have got the grade they have, and what they might do to improve their grade in future work. It should also explain how students can build on their strengths. This is followed by guided reflection to allow students to explore in a safe environment why or how the situation occurred and what they can do about it.

8. EXAM BOARDS

Key personnel and assessment markers meet at appropriate intervals during the academic year to consider and finalise the grades awarded to students at Exam Boards. External Examiners and moderators would normally also be present.

Once marks have been ratified by the Exam Boards they will be formally published. The first of these is the progression board which determines grades from Module 3 and the second is the awards board which looks at all grades from the course and makes the award of Member of the London College of Osteopathic Medicine (MLCOM).

Whilst you will receive a grade for each of your assessments as soon as possible afterwards, these will be provisional grades. These grades will not be confirmed until the exam boards have met and approved them.

9. PROGRESSION

Students are required to meet the minimum grade for each assessment. Students who fail to achieve at least 50% in module 3 after they have re sat failed elements will be asked to leave the course or re-start their studies with a subsequent student cohort. Students who pass will be allowed to progress.

Students who fail to gain at least 50% overall after re sits of the entire course will fail and will not be awarded the MLCOM award. Students may re apply for subsequent cohorts.

10. AWARDS

Students who pass all assessments, achieve at least 50% overall for the course and who complete all required clinical hours will be put forward to the awards board who will determine whether to make the MLCOM award. Once you have received the award you will be eligible to apply for registration with the General Osteopathic Council.

11. QUALITY ASSURANCE

The quality of programmes is a high priority to the college and faculty. If you feel we are failing in any way or can improve, you should let us know in writing to the course director and/or raise it through the College Clinic Committee which all students may attend.

Academic governance is ensured through several mechanisms.

- Students have several routes for feeding back to management and faculty. The main way is through the College Clinic Committee which has student representation although you can contact your personal tutor or a member of management at any time.
- At points during the course you will be asked to provide anonymous feedback, but you can do this at any time by downloading a copy of the feedback form from the college Moodle and dropping it in the anonymous drop-box in reception
- The minutes and outcomes of this committee are fed to the management committee for oversight. The management committee also receives periodic feedback gathered by faculty from students and patients.
- Assessment oversight is through the use of internal and external markers, external moderators and the external marker.
- The use of progression boards and the awards board add another layer of academic oversight for the awarding of grades and the final MLCOM award.
- Further oversight is also provided by the academic council which is responsible for academic quality & improvement.

12. DISCIPLINARY MATTERS

The college expects its students to come with generic healthcare professional behaviours already embedded. However, if you are not aware of what is expected of you should read the Osteopathic Practice Standards (OPS) and the Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students. Which can be downloaded from the college Moodle.

We would hope that any minor incidents, breaches or lapses in professional judgement could be resolved with faculty on the day and remediation put in place to support students to improve. However, if any breach, incident or lapse is deemed serious enough, patients are put in danger or the profession's standing threatened or remediation has failed, student fitness to practise proceedings may be instigated. This will be decided by faculty, management and/or as the result of an initial investigation. For further information please see the college fitness to practise policy that can be downloaded for the college Moodle.

ATTENDANCE

Students are required to have undertaken at least 780 hours of clinical tuition over the length of the course and attended a minimum of 95% of all supporting classes such as in module 2 and the osteopathic skills classes from modules 3 and 4.

If a student's attendance falls below 95% of any element, they will be required to meet with their personal tutor and a member of management to discuss any issues that may be affecting them and develop a plan to make this time up. If this is not possible, they may be asked to resign from the course with a view to re-starting at another time and/or disciplinary proceedings may be taken out against them.

The college will work with students to the best of its ability to ensure they meet this requirement.

Students are allowed a maximum of eight weeks leave pro rata, once they have begun modules 3 and 4. Two of these weeks may be chosen by the student. However, clinical time for this element of leave must be made up during the course or directly after the course has ended. This will be negotiated with management as additional resources will be necessary to support this.

There is an additional six weeks holiday which is stipulated by the college at the beginning of the course. This usually occurs at UK national holiday times such as Christmas and Easter or in the summer months.

Fitness to Practise

Please refer to the College's Fitness to Practise Policy and associated documentation available in the appendices or on the college Moodle.

All students are expected to behave in a way that is expected of a health professional. This includes behaviour outside of the college. You are expected to uphold the Osteopathic Practice Standards to the best of your ability. If you fail to do so, student fitness to practise procedures may be taken against you. You should make yourself familiar with the OPS and the college's student fitness to practise policy which can be found in the appendices and on the college Moodle site.

Practical lessons: Participation in this programme of study requires you to take part in practical sessions.