Adding Osteopathic Recognition to Your ACGME Residency Program

Natalie A. Nevins, D.O., M.S.H.P.E., COL USAR

Assistant Dean for Graduate Medical Education and Program Development

Touro University California, College of Osteopathic Medicine

The Review and Recognition Committees

There is a Review Committee for each major specialty area with responsibility to accredit programs in the specialty and its related subspecialties,

- * one for Transitional Year programs, and
- * one for Osteopathic Neuromusculoskeletal Medicine (OMNM), as well as
- * one Recognition Committee called **the Osteopathic Principles Committee**, which grants recognition to
 ACGME-accredited programs providing osteopathicfocused education.

Where to Begin?

Osteopathic Recognition Requirements

- * Int. A. Osteopathic Recognition may be conferred by the Osteopathic Principles Committee upon an ACGME-accredited graduate medical education program providing requisite education in Osteopathic Principles and Practice (OPP). (Core)*
- * Int. B. OPP refers to a philosophical and practical approach to patient management and treatment, including osteopathic manipulative treatment (OMT), based on an understanding of body unity, self-healing and self-regulatory mechanisms, and the interrelationship of structure and function. (Core)

- * Int.C. OPP further defines the conceptual understanding and practical application of the distinct behavioral, philosophical, and procedural aspects of clinical practice related to the four tenets of osteopathic medicine: (Core)
 - * Int.C.1. the body is a unit; the person is a unit of body, mind, and spirit; (Core)
 - * Int.C.2. the body is capable of self-regulation, self-healing, and health maintenance; (Core)
 - * Int.C.3. structure and function are reciprocally interrelated; and, (Core)
 - * Int.C.4. rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function. (Core)

Osteopathic Recognition

- * 5 page application
- * OSTEOPATHIC PROGRAM PERSONNEL
- * OSTEOPATHIC EDUCATIONAL PROGRAM
- * OSTEOPATHIC LEARNING ENVIRONMENT
- * OSTEOPATHIC EVALUATION
- * UPDATE CURRENT BLOCK DIAGRAM TO REFLECT OR ROTATION CONTENT (ONLY ONE FOR THE ENTIRE PROGRAM)

Program Personnel

Program Director/ Director of Osteopathic Education

- * Director of Osteopathic Education
- * I.A.1. The program must have a Director of Osteopathic Education who is responsible for leading the osteopathic education in the program. (Core)
- * I.A.1.a) The Director of Osteopathic Education must have sufficient time and availability to fulfill the responsibilities of the position based on program size and configuration. (Core)
- * I.A.1.b) Qualifications of the Director of Osteopathic Education must include:
 - * I.A.1.b).(1) requisite osteopathic expertise and documented educational and administrative experience acceptable to the Recognition Committee; (Core)
 - I.A.1.b).(2) certification through an American Osteopathic Association (AOA) specialty certifying board, or qualifications judged acceptable to the Recognition Committee; (Core)

Program Personnel

- * I.A.1.b).(3) current medical licensure and maintenance of clinical skills through provision of direct patient care; and, (Core)
- * I.A.1.b).(4) ability to teach and assess OPP. (Core)
- * I.A.2. The Director of Osteopathic Education must be the program director or another member of the program faculty. (Core)
- * I.A.3. The Director of Osteopathic Education must be a member of the core osteopathic faculty. (Core)

Faculty

- * I.B.1. Osteopathic faculty members must, through prior education and certification, be able to supervise the performance of osteopathic manipulative medicine (OMM) in the clinical setting. (Core)
- * I.B.2. Osteopathic faculty members must:
 - * I.B.2.a) be certified by an AOA specialty certifying board and/or a member board of the American Board of Medical Specialties (ABMS), or possess qualifications judged as acceptable by the Recognition Committee; and, (Core)
 - * I.B.2.b) have current medical licensure. (Core)
- * I.B.3. The program must maintain a sufficient number of osteopathic faculty members. (Core)
- * I.B.4. Osteopathic faculty members must:
 - * I.B.4.a) annually participate in a structured faculty development program that includes OPP; (Core)
 - * I.B.4.a).(1) This program must include ongoing education addressing evaluation and assessment in competency-based medical education. (Core)
 - * I.B.4.b) evaluate designated osteopathic residents' application of OPP through direct observation of patient encounters; and, (Core)
 - * I.B.4.c) actively participate in organized clinical discussions, rounds, journal clubs, or conferences, for designated osteopathic residents, with specific integration of OPP, including OMT. (Core)
- * The term "osteopathic faculty" does not imply or require salary support.

Resident Eligibility

II.A.

- * Programs must have a minimum of one resident per year in the osteopathic-focused track, averaged over a period of three years.
 - * II.B. Prior to entering a designated osteopathic position, applicants must have sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program, to include: (Core)
 - * II.B.1. osteopathic philosophy, history, terminology, and code of ethics; (Core)
 - * II.B.2. anatomy and physiology related to osteopathic medicine; (Core)
 - * II.B.3. indications, contraindications, and safety issues associated with the use of OMT; and, (Core)
 - * II.B.4. palpatory diagnosis, osteopathic structural examination, and OMT. (Core)
 - * II.C. The program must have a policy that outlines the **eligibility requirements** for appointment, based on the type of medical school from which the applicant graduated, as outlined in Common Program Requirements (Residency) III.A.1.a)-III.A.1.b).(2). The policy **must clearly identify what is required of the applicant prior to entering** a designated osteopathic position in an ACGME-accredited program with Osteopathic Recognition. (Core)
 - * II.C.1. The policy must include requirements for each medical school type. (Core)

Osteopathic Educational Program

- The curriculum for designated osteopathic residents must integrate OPP into each of the ACGME Competencies. (Core)
- * III.A. Patient Care and Procedural Skills
- * III.B. Medical Knowledge
- * III.C. Practice-based Learning and Improvement
- * III.D. Interpersonal and Communication Skills
- * III.E. Professionalism
- * III.F. Systems-based Practice

Osteopathic Learning Environment

* Programs with Osteopathic Recognition must create a learning environment that integrates and promotes the application of OPP throughout the duration of the educational program. (Core)

Resources

- * Osteopathic faculty members, including the Director of Osteopathic Education and core osteopathic faculty members, may be shared between programs with Osteopathic Recognition. (Core)
- * IV.B.1.a) A written plan must be provided detailing how shared faculty members' time with each program and participating site will be divided, and oversight be maintained, so as not to compromise the osteopathic education of designated osteopathic residents in any involved program. (Core)

Clinical Competency Committee

- * V.A.1.a) The Director of Osteopathic Education or an osteopathic faculty member designee should be a member of the program's Clinical Competency Committee (CCC). (Core)
- V.A.1.b) The program's CCC or a sub-committee of the CCC must review the progress of all designated osteopathic residents in the program as it relates to OPP. (Core)
- * V.A.1.c) The CCC or a sub-committee of the CCC must:
 - * V.A.1.c).(1) include at least two osteopathic faculty members, which may include the Director of Osteopathic Education; (Core)
 - * V.A.1.c).(2) review all designated osteopathic residents' evaluations semi-annually as these relate to the Osteopathic Recognition Milestones; (Core)
 - * V.A.1.c).(3) prepare and ensure the reporting of Osteopathic Recognition Milestones evaluations for each designated osteopathic resident semi-annually to the ACGME; and, (Core)
 - V.A.1.c).(4) advise the program director and Director of Osteopathic Education regarding resident progress, including promotion, remediation, and dismissal from a designated osteopathic position. (Core)

Program Evaluation

* At least 80 percent of eligible graduating residents participating in the osteopathic-focused designated positions from the preceding five years must have taken the applicable AOA board certification examination that evaluates both the theoretical and practical application of Osteopathic Principles and Practice.

Evaluations

- * Residents
 - * residents' competence in OPP in each of the ACGME Competencies. (COPE)
 - * Formative Evaluation
 - * Summative Evaluation
 - * clinical rotations; (COTE)
 - * clinical experiences; and, (Core)
 - * educational activities. (COTE)
 - Final Evaluation
 - * Milestones
 - * Self Evaluation
- Must assess resident performance longitudinally.

- Osteopathic FacultyEvaluation: At least annually
- * Residency Program
 - * Designated osteopathic residents and osteopathic faculty members must have the opportunity to evaluate the osteopathic components of the program confidentially and in writing at least annually. (GOTE)

Milestones

Osteopathic Milestones

* First and foremost, the Milestones are designed to help all residencies and fellowships produce highly competent physicians to meet the 21st century health and health care needs of the public. To this end, the following describes the purposes of the Milestones:

Osteopathic Principles and Practice Educational Track

Program Goals:

Continuing the vision of educating students and residents who are highly skilled to participate in comprehensive primary care and broaden the scope of our training to offer the unique curriculum comprised of numerous educational experiences designed to strengthen knowledge of Osteopathic principles and Practice and Osteopathic Manipulative Medicine Skills.

Through a variety of innovative curricular experiences integrated throughout the 3 years of residency (see below), Family Physicians graduating from this training track will have a unique and specific set of knowledge and skills that will make them highly skilled primary care physician capable of approaching patients with in-depth knowledge of Osteopathic Principles and strong skills-based approaches to acute and chronic medical conditions.

Logistics:

Requirements:

Participate in assigned activities including didactic sessions, noon and quarterly conference conferences, assigned OMT clinics, didactic presentation assignments, subspecialty clinics and inpatient assignments.

Completion of Osteopathically focused scholarly activity project.

Completion of Osteopathically focused Journal Club

Completion of 4-week OMM elective R2/R3 year

Attend CME OMM course or AAO Convocation R2/R3 year

OMT clinic:

Residents in the osteopathic track will be assigned to OMT clinic (state how often, weekly, monthly). Patients from the residents' continuity panel can be scheduled for OMT during continuity clinic or with Dr. _____ in the OMT clinic. Patients will be scheduled for 30 minutes. Initial visit will include history, osteopathic structural exam and appropriate focused physical exam, discussion of treatment plan with the attending physician and treatment with OMT. Follow up visits are also 30 minutes.

Residents are to attend OMT clinics as assigned and complete documentation in timely fashion with correct billing and coding for somatic dysfunction and OMT procedures.

Didactic presentations:

Present topic from OPP Core Curriculum each year (R2/R3)

Present Mini-didactic 3-4 times yearly as assigned Osteopathically focused Journal Club presentation (R2 or R3 year)

Rotations that include Osteopathic Manipulative Medicine educational experiences:

List services, i.e.,

Inpatient Family Medicine Service:

Present 1-2 patients each week during months on inpatient service with complete Osteopathic assessment and planincluding treatment plan. Maintain procedure log for inpatient family medicine and document in the EHR for cosignature.

Inpatient Pediatric Service:

Present 1 patient bi-weekly during months on inpatient pediatric service with complete Osteopathic assessment and plan- including treatment plan. Maintain procedure log for inpatient pediatrics and document in EHR for co-signature.

Subspecialty Rotations (List which rotations):

Evaluate patients as assigned by preceptor. Discuss osteopathically focused exam and plan for treatment with preceptor. Complete documentation for procedures performed.

FAQ

* How does the OPP Educational Track fit in with the other usual required residency rotations? Does this take the place of any rotations?

This is a longitudinal curriculum. Residents learn the additional educational material gradually over all 3 years and the information is integrated into a variety of the core family medicine rotations. OPP track residents are given designated time during selected rotations to learn about additional Osteopathic approaches relevant to primary care problems. Quarterly OMM workshop allow residents to dedicate time to learning hands-on skills from OMM specialists. OPP track residents still complete all the same residency rotations as their peers. The goal is first and foremost to help them become a well-trained and highly skilled family physician; this offers the best groundwork to then apply additional skills and knowledge in OPP and Osteopathic Manipulative Medicine to the benefit of all patients.

* How much time will the program take to complete?

The curriculum is longitudinal over 3 years.

* Will I use elective time for OPP Track activities?

Yes – you will set aside one of the available R2/R3 elective months for elective training activities.

* How do I apply? Is there a separate match application?

There is not a separate match application for this track. Students interested in being considered for this track follow all the usual residency applications procedures and when you arrange your interview, simply indicate that you have an interest in hearing more about the Osteopathic Principles and practice Educational Track. You will have the opportunity to ask more questions about the track during your interview and can tell us at that time if you'd like to be considered for the track.

* What faculty have training or background in Osteopathic Medicine? List faculty and their info.

Additional Documents

- * Application template
- * Guidelines: Precepting Osteopathic Manipulative Treatment procedures
- * OMT Billing/Coding
- * 10 Step MSK Exam
- * Hospital/Clinic OMT form
- * How to examine the hospitalized patient
- * Competency and Rotation evaluation forms

ACGME WEBPAGE



Home > What We Do > Recognition > Osteopathic Recognition

Osteopathic Recognition

Osteopathic Recognition is a designation conferred by the ACGME's Osteopathic Principles Committee upon ACGME-accredited programs that demonstrate, through a formal application process, the commitment to teaching and assessing Osteopathic Principles and Practice (OPP) at the graduate medical education level.

The documents and resources housed within this section are provided by the Osteopathic Principles Committee and its staff at the ACGME.



Executive Director, Osteopathic Accreditation Tiffany Moss, MBA tmoss@acgme.org 312.755.5490

Accreditation Administrator and Executive Assistant, Osteopathic Accreditation Ariel Viera, MBA aviera@acgme.org

https://www.acgme.org

ACGME Links/Contacts

- * https://www.acgme.org/What-We-Do/Recognition/Osteopathic-Recognition
- * Executive Director, Osteopathic Accreditation Tiffany Moss, MBA tmoss@acgme.org

312.755.5490

* Accreditation Administrator and Executive Assistant to the Senior Vice President, Osteopathic Accreditation

Ariel Viera, MBA aviera@acgme.org 312.755.5692

Don't Be Afraid to Ask For help!