

Osteopathic Recognition Milestones

The Osteopathic Recognition milestones are required to be completed on a semi-annual basis, alongside the family medicine specific milestones. Similar to the Family Medicine milestones, the resident must achieve all the milestones in a level to achieve that level. The Osteopathic Recognition milestone levels are as follows:

- Level 1: resident demonstrates milestones expected of an incoming resident
- Level 2: The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.
- **Level 3: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. THIS LEVEL IS DESIGNED AS THE GRADUATION TARGET FOR RESIDENTS.**
- Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target for fellows.
- Level 5: The resident or fellow has advanced beyond performance targets set and is demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents and fellows will reach this level.

How/Where To Evaluate the Osteopathic Milestones

| MILESTONE | SUGGESTED EVALUATION METHOD |
|---|---|
| PC 1: Osteopathic Principles for Patient Care | <ul style="list-style-type: none"> • Clinic setting through direct observation • Review of Resident documentation • Patient and Staffer evals |
| PC 2: Examination, Diagnosis and Treatment | <ul style="list-style-type: none"> • OMT Competency Evaluation form upon entry to the program: a passing score = Level 1 • Clinic setting through direct observation • Staffer evals |
| Osteopathic Principles for Medical Knowledge | <ul style="list-style-type: none"> • Clinic setting through direct observation/staffing |
| Osteopathic Principles of Practice Based Learning and Improvement | <ul style="list-style-type: none"> • Clinic setting during staffing • Level 2: All residents perform self-evaluation with the osteopathic program director semi-annually. • All residents are required to present at one statewide workshop. This would satisfy level 3. |
| Osteopathic Principles for interpersonal and Communication Skills | <ul style="list-style-type: none"> • Clinic setting through direct observation • Patient and Staffer evals |
| Osteopathic Principles for System-Based Practice | <ul style="list-style-type: none"> • Documentation review |
| Osteopathic Principles for Professionalism | <ul style="list-style-type: none"> • Clinic setting through direct observation • Patient and Staffer evals |

Reference Info

Four Tenets of Osteopathic Principles (PC-1; MK; Comm)

1. The body is a unit; the person is a unit of body, mind, and spirit.
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

Five Model Concept of Osteopathic Medicine

1. Structural model: biomechanical adjustment and mobilization of joints. Seeks to address the problems in the myofascial connective tissues, as well as in the bony and soft tissues, to remove restrictive forces and enhance motion. This is accomplished by use of a wide range of osteopathic manipulative techniques.
2. Respiratory-circulatory model: improve all of the diaphragm restrictions in the body. Diaphragms are considered to be the “transverse restrictors” of motion, venous and lymphatic drainage and cerebrospinal fluid. The techniques used in this model are osteopathy in the cranial field, ligamentous articular strain, myofascial release, and lymphatic pump techniques.
3. Metabolic model: enhancement of self-regulatory and self-healing mechanisms, to foster energy conservation by balancing the body’s energy expenditure and exchange, and to enhance immune system function, endocrine function, and organ function. The osteopathic considerations in this area are not manipulative in nature, except for the lymphatic pump techniques. Nutritional counseling, diet and exercise advice are the most common approaches to balancing the body through this model.
4. Neurologic model: the goal of the neurologic model is to attain autonomic balance and address neural reflex activity, remove facilitated segments, decrease afferent nerve signals and relieve pain. The osteopathic manipulative techniques in this area of patient health include counterstrain and Chapman reflex points.
5. Behavioral model: improvement of the biological, psychological, and social components of the health spectrum. This includes emotional balancing and compensatory mechanisms.
Reproductive processes and behavioral adaption are also included.