

## Osteopathic Recognition Curriculum Toolkit

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**Purpose:** To create a framework for programs seeking osteopathic recognition designation from the ACGME. To ensure that the framework is scalable, adaptable and meets requirements as delineated within the Osteopathic Recognition (OR) Requirements.

**Background:** The ACGME delineates the elements of an Osteopathically-recognized program as follows:

### 1) Educational Program

- a. The program must integrate osteopathic principles and practice (OPP) into the Core Competencies (III.A-F) including:
  - i. Patient Care & procedural Skills
  - ii. Medical Knowledge
  - iii. Practice-based Learning and Improvement
  - iv. Interpersonal and Communication Skills
  - v. Professionalism
  - vi. System-Based Practice

### 2) Learning Environment

- a. The program must create a learning environment that integrates and promotes OPP application longitudinally (IV.A-B), considering:
  - i. Osteopathic Experiences – instruction, didactics, learning activities, teaching and scholarly activity
  - ii. Osteopathic Resources – exam tables, faculty and faculty development

### 3) Evaluation

- a. The program must be able to assess all elements of the residency (V.A-C) including:
  - i. Residents
    1. Formative evaluation and Summative (Final) evaluation
  - ii. Faculty
    1. Annual written evaluation by DOE and residents
  - iii. Program
    1. Annual written evaluation by residents
    2. Must include evaluation feedback in APE
    3. >80% first-time pass rate for preceding 3 years

## Curriculum Framework

### **Educational Goals & Objectives**

Goals and objectives should be delineated within the curriculum. Goals may be identified as follows:

- 1) **Program Goals** - broadly-based discussing the overall approach to integrating OPP into the curriculum
- 2) **Learner Goals** – broad and explaining the overall development of the resident (*i.e.*, what does a learner look like at the end of training?)

#### Examples:

Program Goal – “The program seeks to develop FM residents capable of applying and integrating osteopathic principles and practice (OPP) and osteopathic manipulative medicine (OMM) in all aspects of patient care in typical settings.”

Learner Goal – “The learner will become competent in the ability to discuss, apply and integrate OPP into peer and patient interactions.”

Objectives should be identified in terms of the osteopathic Core Competencies. They are specific and tangible and describe behaviors residents should demonstrate on all relevant services.

#### Examples:

##### **Patient care**

***Residents must be able to provide family-centered patient care that is developmentally and age appropriate, compassionate, and cost effective for the treatment of health problems and the promotion of health.***

1. Communicate effectively and demonstrate caring and respect when interacting with patients.
2. Gather essential and accurate information about their patients from all available sources.
3. Make informed decisions about diagnostic and therapeutic interventions based upon patient information, current scientific evidence, and clinical judgment. Use of all pertinent lab/test/exam data to formulate an appropriate differential diagnosis upon which to make those decisions is key.
4. Develop and carry out patient care management plans based on the presenting problem and formulated differential diagnosis.
5. Counsel and educate patients and their families regarding the current care plan.
6. Competently perform appropriate OMM procedures as clinically indicated.
7. When indicated, order appropriate diagnostic testing to further understand the extent and cause of the patients presenting symptoms
8. Work with other members of the health care team to provide patient-focused care.

### **Medical Knowledge**

***Residents must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences and the application of this knowledge to patient care.***

1. Demonstrate investigatory and analytic thinking by caring for patients who present with a variety of symptoms as well as diseases, from single system to complex, applying both basic and clinical science to each case as appropriate
2. Integrate medical knowledge with osteopathic principles and practices to provide a holistic approach to all aspects of patient care.
3. Understand the pathophysiology and relationship between visceral disease and somatic dysfunction, and how OMM can be utilized in the therapeutic management of viscerosomatic and somato-visceral disease.

### **Practice Based Learning and Improvement**

***Residents must be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices.***

1. In providing OMM to patients, residents will utilize the most current resources available to aide in diagnostic and therapeutic interventions.
2. Osteopathic residents will prepare and deliver lectures on integrated OMM topics during the noonday conference series.
3. Osteopathic residents will participate in the hands-on application of new osteopathic techniques that they learn during noonday conference to enhance their manual manipulation skills.
4. Each Osteopathic resident must attend the American College of Osteopathic Family Physicians Spring conference or the American Osteopathic Association Fall conference at least once during their second or third year of residency. Residents may use conference time and academic stipends for this travel.

### **Interpersonal and Communication Skills**

***Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.***

1. Create and sustain therapeutic and ethically sound relationships with patients and their families
2. Work effectively with other members of the healthcare team which may include physical therapists, specialists, and primary care physicians who have referred the patient for OMM.

### **Professionalism**

***Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity***

1. Interact with an ethnically and socio-economically varied patient population that exists in the geographic region of the program.

2. Continue to develop compassionate, empathetic, and culturally sensitive communication with patients and their families, while also providing age and developmentally appropriate care.
3. Continually demonstrate appropriate ethical and professional behavior, including maintenance of patient confidentiality at all times.

### **Systems- Based Practice**

***Residents must practice quality health care and advocate for patients in the health care system***

1. Gain understanding of the role of osteopathic family physicians in the provision of Osteopathic Manipulative Medicine, and when further consultation is appropriate
2. Function as a patient advocate within the health care system, and assist patients in dealing with health care system complexities
3. When appropriate, integrate treatment modalities with other members of the medical team which may include physical therapy, specialists, and complementary medical practices.

### **Osteopathic Philosophy and Manipulative Medicine:**

***Osteopathic Family Medicine Residents are expected to understand, apply, and integrate osteopathic concepts and osteopathic manipulative medicine (OMM) in all sites of patient care (inpatient, continuity office, and long-term care). The resident should be able to:***

1. Describe and explain in clinical terms the four Osteopathic Tenets
2. Demonstrate the ability to perform a thorough osteopathic structural exam and accurately diagnose somatic dysfunction.
3. Understand the mechanics that comprise various osteopathic techniques (e.g.HVLA, muscle energy, counterstrain) and when specific techniques are clinically appropriate based on the patient's comorbidities and preferences.
4. Understand the integration between visceral and somatic components of the body, and how OMM can be utilized in the therapeutic management of disease.
5. Demonstrate the ability to incorporate OMM into both outpatient and inpatient settings and competently perform OMM techniques at a level consistent with year of training.
6. Understand the utility of OMM and its clinical contraindications.
7. Demonstrate the ability to appropriately document somatic dysfunction using osteopathic terminology.
8. Demonstrate appropriate documentation and billing of osteopathic diagnoses and manipulation techniques.
9. Demonstrate a clear understanding of osteopathic principles and upholds the osteopathic philosophy when approaching patient care.

## **Osteopathic Curricular Elements**

Elements should be discretely identified and describe in terms of:

- The nature of the element
- The specifics of the element's integration (timing, faculty participation, resources needed, etc)
- The related Osteopathic Competencies (and relevant Milestones)

Examples:

### **1. OMM Workshops:**

- a. First year osteopathic residents are required to participate in a series of OMM Workshops during their first six months. They are incorporated into an 'OMM Clinic Day' where the first patient encounter will be blocked for the facilitation of these sessions to review common osteopathic techniques and approaches to the axial skeleton via didactic sessions / clinical application / practice.
- b. Osteopathic Competencies addressed
  - i. Patient Care & Procedural Skills
  - ii. Medical Knowledge

### **2. OMM Clinics:**

- a. First year osteopathic residents will be assigned to participate in 10 OMM Clinic sessions over the course of the academic year. These clinics occur on Tuesday mornings and Thursday afternoons. Residents will be expected to take a history, perform an osteopathic structural exam (OSE), and develop a treatment plan for each osteopathic encounter. Residents will be supervised and supported by an osteopathic faculty member who will teach and assist with billing. Second and third-year residents will be assigned to participate in 6 OMM Clinic sessions during the academic year with the same objectives. Supervision for senior residents will be based on skill and comfort level of the resident.
- b. Osteopathic Competencies addressed
  - i. Patient Care & Procedural Skills
  - ii. Medical Knowledge
  - iii. Practice-based Learning and Improvement

### **3. Integrated OMM Appointments:**

- a. Second and third-year osteopathic residents will have designated appointment slots integrated into their typical family medicine office schedule - typically 2-4 osteopathic integrated encounters per week in the continuity clinic. The goal here is to simulate the integration of OMM into the typical daily practice of most osteopathic family physicians.
- b. Osteopathic Competencies addressed
  - i. Patient Care & Procedural Skills
  - ii. Practice-based Learning and Improvement
  - iii. Systems-based Practice

4. **OMM Inpatient Rounds:**

- a. Residents will serve a minimum of one month each academic year on the inpatient OMM service. Rounds occur from 8 AM-5 PM every day (M-F). Residents will be assigned a panel of patients for which they will be required to get signed informed consent, complete an osteopathic structural exam (OSE) relevant to the admitting diagnoses in at least 2 positions, perform supervised OMM and write a SOAP note which incorporates the OSE and the plan for treatment of the somatic dysfunctions identified. This will be a team-based approach to treatment – residents will only treat with or in the presence of an attending physician. Residents will be expected to communicate with the patient and the team the concepts of OMM, specific treatments and anticipated outcomes in relation to the admitting diagnoses.
- b. Osteopathic Competencies addressed
  - i. Patient Care & Procedural Skills
  - ii. Medical Knowledge
  - iii. Practice-based Learning and Improvement
  - iv. Interpersonal and Communication Skills

5. **OMM Didactic Lecture Series:**

- i. An osteopathic lecture will take place on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesdays of each month as part of the weekly didactic sessions for residents. Each osteopathic resident is asked to give one lecture per academic year. Faculty will supplement these presentations monthly as needed and participate as requested. This lecture should be clinically focused and discuss one or more of the following elements, inclusive of the underlying relevant osteopathic principles and tenets:
  - ii. Osteopathic techniques for regional anatomy
  - iii. Osteopathic techniques for anatomical systems
  - iv. Osteopathic techniques for specific disease categories
- b. Osteopathic Competencies addressed
  - i. Medical Knowledge
  - ii. Practice-based Learning and Improvement
  - iii. Interpersonal and Communication Skills
  - iv. Professionalism

6. **OMM Specialty Rotation with Dr. Misra:**

- a. Saroj Misra, DO has an ambulatory practice predominantly dedicated to OMT and OMM. The residents who take this elective get to work with common primary care conditions (headaches, respiratory conditions, MSK complaints, etc.) and utilize OMM skills to impact this patient population. Each resident is encouraged to take this elective a minimum of **twice** during their residency.
- b. Osteopathic Competencies addressed
  - i. Medical Knowledge

- ii. Practice-based Learning and Improvement
- iii. Interpersonal and Communication Skills
- iv. Professionalism

## **Osteopathic Resources**

In addition to the Journal of the American Osteopathic Association (JAOA) and Osteopathic Family Physician (OFP). Residents should consider acquiring via academic stipend the following texts to supplement their osteopathic training:

1. [Atlas of Osteopathic Techniques by Alexander Nicholas; Evan Nicholas](#) Lippincott Williams & Wilkins ISBN: 9781451102451
2. [An Osteopathic Approach to Diagnosis and Treatment by Eileen L. DiGiovanna \(Editor\); Stanley Schiowitz \(Editor\); Dennis J. Dowling \(Editor\)](#) Lippincott Williams & Wilkins ISBN: 9780781742931
3. [Foundations of Osteopathic Medicine by Anthony Chila \(Editor\); American Osteopathic Association Staff](#) Lippincott Williams & Wilkins ISBN: 9780781766715
4. [Somatic Dysfunction in Osteopathic Family Medicine by American College of Osteopathic Family Physicians; Kenneth E. Nelson \(Editor\); Thomas Glonek \(Associate Editor\)](#) ISBN: 9781405104753
5. [The 5-Minute Osteopathic Manipulative Medicine Consult by Millicent King Channell; David C. Mason](#) ISBN: 9780781779531

## **Other Available Resources**

1. ACOFP app (iOS and Android)
2. OMTtotal Video Library (ACFP)
3. Skeletal Models: Available in the osteopathic manipulation room and precepting areas of the Family Medicine Residency Clinic.

## **Osteopathic Evaluation Tools**

The osteopathic elements of the program are evaluated annually through the following elements (see addendum for specific examples of forms):

1. Resident Evaluation of Osteopathic Elements
2. Resident Evaluation of Program
3. Resident Evaluation of Faculty
4. Faculty Evaluation of Program

Resident evaluation is done in both formative and summative fashion through the following elements: (see addendum for specific examples of forms):

1. Semi-Annual Resident Evaluation
2. Summative Resident Evaluation