

Directing Osteopathic Education in the New Post-graduate World

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Disclosures

None

Objectives

- ❖ Review current processes to support osteopathic education
- ❖ Incorporating osteopathic milestones into regular Clinical Competency Committee meeting
- ❖ Discuss integration of allopathic residents in osteopathic medicine practice
- ❖ Develop strategies to improve education in osteopathic principles and practice within your program

Background

- ❖ Dual accreditation in 2002
 - ❖ State-wide Osteopathic Residency
 - ❖ State-wide Osteopathic Education Committee (SOEC)
- ❖ All residents were subjected to the strictest requirements
ACGME or AOA
- ❖ Received Osteopathic Recognition July 2015
 - ❖ Continued SOEC

Background

- ❖ DO residents additional expectations
 - ❖ OMT competency evaluation
 - ❖ Quarterly Osteopathic Conferences
 - ❖ OPTI Resident Education Days (optional, unless needed to meet requirements)
 - ❖ At minimum of 50 OMT patient encounters in continuity clinic
 - ❖ Required to complete AOBFP boards

Competency Evaluation Form

University of Wisconsin

Department of Family Medicine

Osteopathic Residency

OMT Competency Evaluation

- For each area listed the examinee must be able to:
 - Make a correct segmental diagnosis utilizing any or all of the criteria used to diagnose somatic dysfunctions (tissue texture change, tenderness, asymmetry and restricted range of motion).
 - Treat the involved segmental areas utilizing two different treatment modalities. These modalities must be identified as osteopathic manipulative techniques.
 - Make a change in the tissues utilizing at least one osteopathic manipulative technique.
 - Describe for each technique utilized, the biomechanical mechanism for achieving correction of segmental somatic dysfunction.
- Scoring
 - Each section is scored as
 - Full Credit: 2 points
 - Partial Credit: 1 point
 - Incorrect: 0 point
 - Total Possible Points: 54 points
 - Passing score: 70 % (38 points)

Dr. _____ has been evaluated and has shown proficiency in diagnosis and treatment of somatic dysfunction via Osteopathic Manipulative Treatment.

Examiner: _____ Date: _____

Competency Evaluation Form

	Resident Diagnosis	Examiner Diagnosis	Techniques used	Diagnosis Score 2/1/0	Technique Demo Score 2/1/0	Tissue Changes Score 2/1/0	Total Score
Head							
Cervical Spine							
Thoracic Spine							
Rib Cage							
Lumbar spine							
Sacrum							
Pelvis							
Lower extremity							
Upper extremity							

Comments:

Final Score:

Quarterly Osteopathic Conferences

- ❖ 3 year rotating cycle of Family medicine
Specific Topics
- ❖ Annually: 2 by our faculty, 2 by our OPTI

Quarterly Osteopathic Conferences

2014-2015

Sept- chronic pain

Nov- low back pain and short leg syndrome (OPTI)

March- hospitalized patient/
Mock practical

May- Urgent Care(Respiratory,
Backache, etc...)(OPTI)

2015-2016

Sept- sports med/Athlete

Nov- geriatrics (OPTI)

March-headache/Mock practical

May-pediatric conditions (OPTI)

2016-2017

Sept- Female Patient/OB

Nov-neck and upper extremity
(OPTI)

March- Surgical/traumatized
patient/Mock practical

May- Rehab/Exercise Prescription
(OPTI)

Quarterly Osteopathic Conferences

Basic schedule

- ❖ Faculty prep/resident chief rounds
- ❖ 2-4 Osteopathic Case reports by residents, 30mins each
 - ❖ Faculty assigned to facilitate
- ❖ Schedule review-"how would you approach this patient?"
- ❖ 3-4 hours Topic of the day-3 year rotating cycle
- ❖ 30mins practice management topics

Osteopathic Milestones

- ❖ Completed by on-site osteopathic faculty
- ❖ Reviewed by SOEC
- ❖ Concerns are addressed by Osteopathic PD/APD
- ❖ Submitted to local CCC for review

Allopathic involvement

- ❖ Integration of allopathic residents and physicians into portions of osteopathic education
- ❖ Introduction to osteopathic program during new resident orientation
- ❖ Annual OMT lectures for R₁ and R_{2/3}
- ❖ Competency eval in techniques, documentation, and billing prior to performing OMT independently
- ❖ NEW-Longitudinal course “OMT for the MD”

Allopathic involvement

- ❖ R1 get introduction to OPP/OMT and 2 techniques
- ❖ R2/3 refresh OPP and 4-6 techniques depending on time allotment

- ❖ Independent practice: competency evaluation, just like osteopathic residents

Allopathic involvement

- ❖ New longitudinal program “OMT for the MD”
 - ❖ 8 modules
 - ❖ On-line lectures
 - ❖ Required reading list
 - ❖ Foundations of Osteopathic Medicine
 - ❖ Basic Musculoskeletal Manipulation Skills-15min office encounter
 - ❖ Schedule lab sessions
 - ❖ Treatment logs
 - ❖ 2 per module
 - ❖ 10 full body assessments prior to completion
 - ❖ Standard competency evaluation

Questions?

- ❖ What are your program's challenges with improving your osteopathic residents with continuing their OMT?
- ❖ How are you incorporating the allopathic residents in osteopathic components of your program?

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