

# An Osteopathic Curriculum: Not just OMT

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## Goals & Objectives

- Recognize the 4 Osteopathic tenets of Osteopathic Medicine
- Identify Osteopathic Recognition requirements
- Understand the role of OMT as a single element of a larger curricular model
- Review specific curricular elements that can address osteopathic principles as well as meet OR requirements

# Osteopathic Tenets

- The body is a unit in which structure, function, mind and spirit are mutually and reciprocally interdependent
- Body has its own self protecting, regulating and healing mechanisms
- Structure and function are reciprocally related
- Treatment considers the preceding three principles

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“...the only way that MDs, patients, or the media will recognize significant differences between the two medical professions is if these principles are applied in clearly distinct ways in teaching and practice.”

Norman Gevitz, PhD

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# How did we change?

- Osteopathy came about due to a physician wanting to approach medicine from a different avenue than had been generally taught in the allopathic world
- Now over 100 years later Osteopathy has evolved from almost purely manipulative treatment to a practice philosophy integrates both conventional medicine as well osteopathic elements
  - However, over time too many osteopathic physicians have lost some of their “osteopathic focus”
  - In order to think like an Osteopath, one must better understand and learn to embody the osteopathic principles (NOT just OMT)

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# But I do OMT???

- OMT is NOT osteopathy
- OMT is a TOOL of osteopathy
- Osteopathy is a set of principles - a way of thinking - a philosophy in which the Osteopath is focused on the bigger picture vs the minutia

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# How to create a curriculum?

- Two main goals:
  - Simple goal - “Pass Boards”
  - Higher goal - “Provide a FM residency program which produces highly educated, compassionate OSTEOPATHIC residents”

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## Questions to ask...

- When creating a curriculum ask yourself:
- Who do we want to BE?
- What do we want to DO?

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# ACGME Osteopathic Recognition

New Application: Osteopathic Recognition  
Osteopathic Principles Committee  
ACGME

- Available since June 2015
- Must be ACGME accredited before able to apply
- 3 paged application
- Questions addressing OPP/Competencies/Osteopathic Focused Curriculum/Faculty/Resident Eligibility

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## OR Basic requirements

- Commitment by a program to teach and assess Osteopathic Principles and Practices (OPP) at the graduate medical education level.
- Overseen by the ACGME Osteopathic Principles Committee (OPC).
- **Osteopathic Recognition (OR)** vs. **Osteopathic Focused Track**:
- **OR**: Conferred upon any ACGME-accredited program providing requisite training in Osteopathic Principles and Practice after appropriate application and review for adherence to established requirements.
- **Track**: Programs receiving Osteopathic Recognition may designate all residents in the program as osteopathic-focused or only a portion of the program, which is referred to as an osteopathic- focused track.
- \*\*\*Programs with OR must create an osteopathic-focused learning environment that spans the length of the educational program\*\*\*

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# OR basic requirements cont...

- Must have an identified leader of osteopathic- focused education (Director of Osteopathic- Focused Education)
- Program director vs. an appointed osteopathic-focused track director
- Minimum of 2 osteopathic-focused faculty
- This may include the Director of Osteopathic Focused Education
- Must demonstrate scholarly activity by faculty members and residents specific to Osteopathic Principles and Practice

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## Resident Eligibility

- Must meet 1 of the following:
  - Graduate of a COCA accredited COM & hold a DO degree
  - Graduate of LCME accredited school & hold MD degree
  - Graduate of non-US or Canada medical school & hold valid certificate from the Educational Commission for Foreign Medical Graduates; hold full unrestricted US medical license; completed Fifty Pathway program by LCME accredited school
- \*\*\*Residents not COCA graduates must also have “sufficient background/instruction in OPP and OMT” \*\*\*

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# Osteopathic Learning Environment

- Program specific curriculum that “spans the length of the educational program”
  - Each residency program will have slightly different aspects of the curriculum based on location, faculty, patient population, etc
  - Meets the ACGME Osteopathic Milestones
- May include:
  - Focused Rotations, Integrated Rotations, Osteopathic Rounds, Clinic Rotations, Osteopathic Patient Care Conferences

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## Osteopathic Learning Environment: Focused Rotations

- OMT/OPP specific rotation
  - Resident spends a fixed amount of time rotating with attending where a majority of patient encounters involve OPP/OMT
  - Outpatient NMM/OMM rotation
  - Outpatient FM/OMM rotation
  - Inpatient OMM service
- \*\*\*Goals/objectives specific for the **entire rotation**\*\*\*

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**Service hours**

- Monday - Friday: 7:30am - 5pm

**Service expectations**

- All residents and students are required to attend all morning and noon hospital lectures, a schedule can be obtained from medical education.
- Reading assignments will be given for further learning and discussion.
- All residents/students are expected to give 20 minute OMM lecture during month of service.

**Daily routine**

- Residents and Students will meet at 8:30am or immediately following the morning lecture to divide new consults and existing patients. Residents and students should follow the same patients throughout their hospitalizations when at all possible.
- New consults should be seen first thing in the morning and the consult form filled out in the EMR.
- Then continue seeing previous patients until all have been evaluated and documented.
- The attending physician will notify the resident/student when he/she arrives in the morning.

**Attending schedule**

- Monday, Wednesday: Dr. Nixon
- Tuesday: Dr. Sofia
- Thursday: Dr. Misra
- Friday: Dr. Misra

Ehlers-Danlos Syndrome.

**OMM****Goals**

1. Understand the osteopathic principles and how they apply to patient care
2. Be able to assess hospitalized patients for common osteopathic findings
3. Become comfortable treating common osteopathic findings in a hospitalized patient

**Competencies**

1. Acquire pertinent and relevant patient history focused on the patient's central concerns.
2. Perform a full musculoskeletal structural exam.
3. Differentiate between common osteopathic musculoskeletal findings and which areas intersect with which principles.
4. Define somatic dysfunction and Frey's law.
5. Communicate the structural findings and the steps or course of treatment to the patient and preceptor.
6. Communicate clearly and effectively with patients and family members, minimizing unnecessary terms and using effective listening, narrative, and nonverbal skills to elicit and provide information.
7. Identify where the patient's tissue texture abnormalities and somatic dysfunctions are located.
8. Diagnose and treat somatic dysfunction of the sacrum and pelvis using at least two different modalities of treatment.
9. Diagnose and treat somatic dysfunction of the ribs, cervical, thoracic, and lumbar spine using at least two different modalities of treatment.
10. Diagnose and treat the somatic dysfunction of the Upper and Lower Extremities using at least 2 different modalities of treatment.
11. Explain and demonstrate the scope of Balance, Ligamentous and Articular techniques.
12. Explain and demonstrate the scope of Cranial Balancing technique and Gait technique.
13. Explain and demonstrate the scope of Myofascial Release and Muscle Energy Techniques.
14. Explain and demonstrate the scope of High Velocity and know the contraindications specific to HVLA.
15. Teach PE findings for junior members of the health care team.
16. Use the concepts of OMT, holistic approach, and professionalism in all patient care.
17. Explain and demonstrate the use of Chiropractic points and name their locations.
18. Explain the difference between trigger and tender points and demonstrate their use.
19. Appropriately recheck the patient's landmarks for possible resolution of somatic dysfunctions.
20. Modify OMT treatment when other modalities are not successful.
21. Differentiate when OMT is not going to fix this problem of head and that the patient may need further work up such as labs or diagnostic imaging.
22. Explain the contraindications for the use of OMT in a patient.
23. Describe when to use adjunct treatment with OMT such as physical therapy, acupuncture, or massage.
24. Recognize the scope of teacher abilities and ask for supervision and assistance when appropriate.
25. Maintain timely, efficient and accurate documentation including charting, coding and billing in an EMR system.

## Osteopathic learning environment: Integrated Rotations

- Non OMM/OPP specific rotation, however planned exposure to these is included as part of the rotation
  - Resident assigned to sport medicine service where one partner is a DO and practices OMM/OPP during clinic
- \*\*\*Goals & objectives are specific for the **periods when exposure occurs**\*\*\*

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### Sports Medicine

#### **Goal:**

Residents will develop knowledge, skills and attitudes to identify and manage common orthopedic problems.

#### **Objectives:**

1. Accurately evaluates and treats common injuries related to sport activities encountered in the office setting and on the field.
2. Correctly perform age and sport appropriate pre-participation exams. Including history and physical exam.
3. Evaluate and treat sports related head injuries and concussions.
4. Appropriately manage fractures and other musculoskeletal injuries via casting, splinting, and other methods.
5. Stabilize injured patients with urgent or emergent conditions and transfer to higher level care if needed.
6. Define the role of the physician as part of the team for organized sports.
7. Describe the atypical athlete and their associated concerns including: the female athlete, the geriatric athlete, the handicap athlete, and others.
8. Find and apply relevant clinical guidelines and evidence-based medicine (EBM) at the point of patient care.
9. Explain and incorporate orthopedic guidelines into management of patients.
10. Discuss with athletes age appropriate risks involved with sports.
11. Discuss treatment options in detail with athletic patients while minimizing unfamiliar terms.
12. Educate players about exercise and nutrition.
13. Recognize and discuss the psychosocial and economic impact of musculoskeletal disease and injury on the individual patient and family.
14. Demonstrate interaction between the type of care provided and the various health care delivery systems, including ancillary services such as physical therapy and cost of medication.
15. Demonstrate the use of OMT into the overall care of the athlete.

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## Osteopathic learning environment: Osteopathic Rounds

- Resident participates in regularly scheduled osteopathic rounds by qualified physician - typically inpatient
  - IM/FM inpatient service in which once weekly osteopathic rounds occur
- \*\*\*Goals & Objectives are included for the **period when exposure occurs**\*\*\*

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**Internal Medicine**

**Goal:**  
Develop the knowledge, skills, and attitudes needed to provide compassionate, high-quality, and appropriate care to the patient admitted to the hospital for adult medical care.

**Objectives:**

1. Acquire an accurate and relevant patient history focused on the patient's central concerns.
2. Seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family members, records, pharmacy) especially when diagnosis not clear despite evaluation and treatment.
3. Perform and document an accurate, appropriate and relevant physical examination.
4. Synthesize all available data, including interview, physical examination, and preliminary data, to define each patient's central clinical problem.
5. Assemble, document, and explain prioritized differential diagnoses based on history and physical evaluation.
6. Recognize disease presentations that deviate from common patterns and manage complex medical conditions.
7. Stabilize patients with urgent or emergent medical conditions and transfer to a higher level of care when necessary.
8. Customize care plans in the context of the patient's preferences, focusing on disease prevention and health promotion.
9. Describe and differentiate the relevant pathophysiology and basic science for both common and complex medical conditions.
10. Demonstrate effectiveness in using a variety of resources, including technology, to research evidence-based materials for self-learning and growth.
11. Incorporate formative feedback on performance into daily practice to improve patient care.
12. Work effectively as part of an interdisciplinary healthcare team.
13. Communicate clearly and effectively with patients and family members, minimizing unfamiliar terms and using effective listening, narrative, and non-verbal skills to elicit and provide information.
14. Engage patients in shared decision-making for diagnostic and therapeutic scenarios, ensuring patient safety and cost-conscious medical care.
15. Maintain timely, efficient and accurate documentation including charting, coding and billing in an EMR system.
16. Respond to patient needs that supersede self-interest.
17. Implement efficient and effective face to face transitions of care across multiple delivery systems.
18. Explain, apply/perform, and document accurate Osteopathic Manipulative Treatment (OMT) when appropriate for patient care with identified aatomic dysfunction.

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**Rotational Goals/Expectations - Resident Ambulatory Medicine**

**Goals:**

1. Resident will gain knowledge and experience in the practice of family medicine in the ambulatory setting.
2. Residents will be able to evaluate the patient's presenting symptoms and create a differential diagnosis for the presenting symptoms and develop a treatment or management plan to care for the patient.
3. Residents will begin to assess and manage common (acute and chronic) medical conditions which frequently present in a general family medicine practice.
4. Residents will utilize OPP and OMT into the care of their patients.
5. Residents will begin incorporating Practice Management strategies into their practice as well.

**Expectations:** Observable activities based on clinical competencies and PGY level (1-3)

**COMPETENCIES:** OPP: Osteopathic Principles and Practice, MK: Medical Knowledge, PC: Patient Care, PBL: Problem-Based Learning and Improvement, ICS: Interpersonal Communication and Skills, SBP: Systemic-Based Practice, P: Professionalism

OPP	MK	PC	PBL	ICS	SBP	P	Observable Activity	1	2	3
7				1,2,3		1,2	1. Demonstrate professional dress and appearance; uses professional introductions with patients, families, and staff	X	X	X
7				2,4		3	2. Show display compassion, empathy, and respect for patients and their families	X	X	X
6				2,4		3	3. Communicate clearly and effectively with patients and family members, minimizing unfamiliar terms and using effective listening, narrative and non-verbal skills to elicit and provide information	X	X	X
1	1	1,3		1,2,3		1,2,3	4. Acquire an accurate and relevant patient history focused on the patient's central concerns	X	X	X
1	2	1,3		1,2,3		1,2	5. Perform and document an accurate, appropriate and relevant physical examination	X	X	X
1,0	1,2	1					6. Assemble, document, and explain prioritized differential diagnoses based on history and physical evaluation	X	X	
1,0	2	2					7. Modify the differential diagnosis and care plan based on clinical observations and response	X	X	
1,0	1,2	2,4	3	1		1	8. Choose the appropriate diagnostic tests and imaging to support the differential diagnosis and treatment plan, considering efficacy and cost-effectiveness	X		

## Osteopathic learning environment: Clinic rotations

- Planned exposure to OPP/OMT during continuity clinic with osteopathic attending
  - OMM/OMT specific clinic days
  - OMM/OMT incorporated into daily clinic schedule
- \*\*\*Goals & Objectives included as **part of the clinic rotation G&O's**\*\*\*

<b>Ambulatory Medicine</b>	
<b>Goals:</b>	
1.	Gain knowledge and experience in the practice of family medicine in the ambulatory setting.
2.	Be able to evaluate the patient's presenting symptoms and create a differential diagnosis for the presenting symptoms and develop a treatment or management plan to care for the patient.
3.	Begin to be assess and manage common (acute and chronic) medical conditions which frequently present in a general family medicine practice.
4.	Utilize OPP and OMT into the care of their patients.
5.	Begin incorporating Practice Management strategies into the practice of family medicine.
<b>Objectives:</b>	
1.	Demonstrate professional dress & appearance; use professional introductions with patients and families.
2.	Display concern, empathy, and respect for patients and their families.
3.	Communicate clearly and effectively with patients and family members while minimizing unfamiliar terms and using effective listening, narrative and non-verbal skills to elicit and provide information.
4.	Acquire an accurate and relevant patient history focused on patients' central concerns.
5.	Perform and document an accurate, appropriate and relevant physical examination.
6.	Assess, document, & explain prioritized differential diagnoses based on history & physical evaluation.
7.	Modify the differential diagnosis and care plan based on clinical observations and responses.
8.	Choose the appropriate diagnostic tests and imaging to support the differential diagnosis and treatment plan, considering efficacy and cost-effectiveness.
9.	Engage patients in shared decision-making for diagnosis and therapeutic scenarios.
10.	Stabilize patients with urgent/emergent medical conditions and transfer to a higher level of care as necessary.
11.	Demonstrate sensitivity to a diverse patient population, including but not limited to diversity in race, ethnicity, culture, religion, disabilities, and sexual orientation.
12.	Apply and explain clinical evidence-based decision-making with regards to patient diagnoses and treatment plans.
13.	Maintain timely, efficient and accurate documentation including charting, coding and billing in an EMR system.
14.	Identify Somatic Dysfunction in patients (head, cervical, thoracic, lumbar and pelvis/iliaic, sacroiliac).
15.	Will Perform OMT for patients presenting when indicated for somatic dysfunctions.
16.	Work effectively as part of an interdisciplinary healthcare team.
17.	Incorporate formative feedback on performance into daily practice to improve patient care.
18.	Explain, perform or arrange for appropriate procedures when necessary.
19.	Adhere to ethical principles pertaining to the provision or withholding of care, patient privacy and confidentiality, informed consent, and business practice.
20.	Recognize the scope of his/her abilities and ask for supervision and assistance when appropriate.

## Osteopathic learning environment: Osteopathic Patient care Conferences

- Participation in regularly scheduled conference with Osteopathic physicians related to OPP/OMT
  - Weekly didactic sessions
  - OMM/OMT lectures/presentations
  - Formal conferences (AOA/UAAO)
- \*\*\*Goals & Objectives specific to each conference/didactic lesson\*\*\*

# Didactics schedule example

March 2017 Topic: Heme / Onc			
SCS - Behavioral Health			
Mar 1			
Mar 8	Resident Meeting		Journal Club - Dr. Rust
Mar 15	OPC Attending - Dr. Misra		OMM Review
Mar 22	Resident Lecture - Dr. Sondhi [Oakland Lect 4/19/17]	[Quarterly Activity - Procedure Workshop?]	Clinical Case Review - Dr. Hanna
Mar 29	SCS - GI		
April 2017 Topic: Nephrology / Urology			
Apr 5	Resident Meeting		Journal Club - Dr. Sondhi
Apr 12	OPC Attending - Dr.	[Clinical Case Review]	Board Review
Apr 19	Resident Lecture - Dr. Hanna [Oakland Lect 5/17/17]	[Quarterly Activity]	Guest Attending - Dr. Woodman - Urinary Incontinence
Apr 26	"5th" Week		OMM Review

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## Evaluations

- Must show proof of how you plan to evaluate the osteopathic components of the curriculum
  - Program Evaluation
  - Resident Evaluation
  - Faculty Evaluation

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Resident Name: _____	Family Medicine Resident PGY: _____																		
Attending Name: _____	Dates of Rotation: _____																		
<b>Rotation: Ambulatory Clinic</b> Please complete the following evaluation using entrustment as your frame of reference. Based on your observation of the resident, at what level do you TRUST the resident to perform the specific skill?																			
<table border="1"> <thead> <tr> <th>Resident cannot perform skill even with assistance (1)</th> <th>Resident can be trusted to perform skill with minimal supervision (2)</th> <th>Resident can be trusted to perform skill with reduced supervision or attending (does not need direct supervision of attending resident) (3)</th> <th>Resident can be trusted to perform skill independently at attending level (4)</th> <th>Resident can act as mentor or supervisor for the skill and is performing at an inspirational level (5)</th> <th>Skill not observed in this rotation (includes no score)</th> </tr> </thead> <tbody> <tr> <td colspan="2">Expected entrustment score based on level of training (by year end)</td> <td>PGY1</td> <td>PGY2</td> <td>PGY3</td> <td></td> </tr> <tr> <td colspan="2">           1. Demonstrate professional dress and appearance; uses professional interactions with patients, families, and staff            2. Display compassion, empathy, and respect for patients and their families            3. Communicate clearly and effectively with patients, family members, and other health care providers using appropriate, understandable terms and using affective listening, narrative and non-verbal skills to elicit and provide information            4. Acquire an accurate and relevant patient history focused on the patient's central concerns            5. Perform and document an accurate, appropriate and relevant physical examination         </td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Resident cannot perform skill even with assistance (1)	Resident can be trusted to perform skill with minimal supervision (2)	Resident can be trusted to perform skill with reduced supervision or attending (does not need direct supervision of attending resident) (3)	Resident can be trusted to perform skill independently at attending level (4)	Resident can act as mentor or supervisor for the skill and is performing at an inspirational level (5)	Skill not observed in this rotation (includes no score)	Expected entrustment score based on level of training (by year end)		PGY1	PGY2	PGY3		1. Demonstrate professional dress and appearance; uses professional interactions with patients, families, and staff 2. Display compassion, empathy, and respect for patients and their families 3. Communicate clearly and effectively with patients, family members, and other health care providers using appropriate, understandable terms and using affective listening, narrative and non-verbal skills to elicit and provide information 4. Acquire an accurate and relevant patient history focused on the patient's central concerns 5. Perform and document an accurate, appropriate and relevant physical examination					
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<b>Faculty Evaluation Form</b>	
1) Core Competency - Patient Care a. The attending demonstrated care & respect for patients and families      SA/A/N/D/SD b. The attending identified patient's individual needs      SA/A/N/D/SD c. The attending encourages me to form a differential diagnosis and treatment plan for my patients      SA/A/N/D/SD d. The attending balances teaching and seeing patients in a timely manner      SA/A/N/D/SD e. The attending responded in a reasonable time when trying to reach me or she      SA/A/N/D/SD f. The attending saw all patients personally on a daily basis, if indicated      SA/A/N/D/SD	
2) Core Competency - Medical Knowledge a. The attending demonstrated an comprehension of current medical care terms and principles      SA/A/N/D/SD b. The attending participated in and actively lead educational lectures/sessions      SA/A/N/D/SD c. The attending is a good role model as a teacher and clinician      SA/A/N/D/SD	
3) Core Competency - Practice-Based Learning and Improvement a. The attending encouraged me to read, research and review pertinent topics and how they applied      SA/A/N/D/SD b. The attending taught at the bedside as a regular part of the learning experience      SA/A/N/D/SD c. The attending demonstrated through action his/her commitment to teaching      SA/A/N/D/SD	
4) Core Competency - Interpersonal and Communication Skills a. The attending provided feedback in a constructive and timely manner      SA/A/N/D/SD	
b. The attending listened to and valued resident input      SA/A/N/D/SD 5) Core Competency - Professionalism a. The attending treated me and other learners with respect      SA/A/N/D/SD b. The attending was present and completed tasks in a timely and punctual manner      SA/A/N/D/SD c. The attending is one I perceive to be professional as a physician      SA/A/N/D/SD	
6) Core Competency - Systems-Based Practice a. The attending Incorporated cost-effective approaches while providing high-quality care      SA/A/N/D/SD b. The attending incorporated teaching regarding coding and billing      SA/A/N/D/SD c. The attending identified appropriate programs and aids for patients to provide access to care.      SA/A/N/D/SD d. The attending worked with other specialists from other disciplines to enhance patient care      SA/A/N/D/SD	
7) Osteopathic Philosophy and Osteopathic Manipulative Medicine a. The attending Integrates osteopathic principles into teaching and patient care      SA/A/N/D/SD b. The attending completes and evaluates structural exams during patient care      SA/A/N/D/SD c. The attending regularly recommends OMT where appropriate for patient care      SA/A/N/D/SD	

# So How do I start???

- Add OPP & OMM to didactic schedule & lecture presentations
- Incorporate OPP into daily resident interactions with clinic patients
- Encourage residents to seek out rotations with attending dedicated to teaching OPP/OMM whenever possible
- Consider adding specific OPP/OMM rotations

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## Summary

- Osteopathic Tenets: The body is a unit in which structure, function, mind and spirit are mutually and reciprocally interdependent; Body has its own self protecting, regulating and healing mechanisms; Structure and function are reciprocally related; Treatment considers the preceding three principles
- Key components of OR include osteopathic faculty, osteopathic scholarly activity and and osteopathic curriculum
- OMT is only a single elements of an osteopathic curriculum and should not be the sole focus; rather focus should be on incorporating OPP into the overall curriculum as much as possible
- In order to develop an osteopathic curriculum it is important to include OPP/OMT by creating an osteopathic learning environment through Focused rotations, integrated rotations, osteopathic rounds, clinic rotations and/or osteopathic paint care conferences

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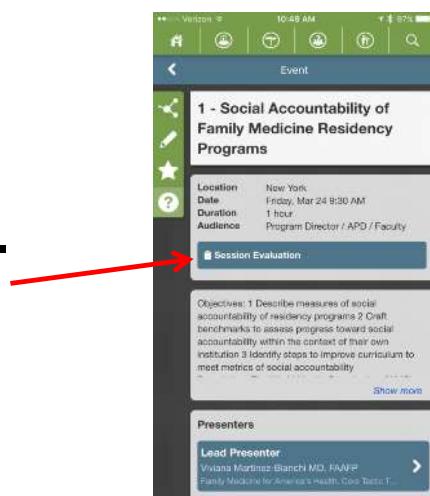
# Questions???

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Please  
complete the  
session evaluation.



Thank you.

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# Resources

- [http://www.acgme.org/Portals/0/PFAssets/Presentations/Osteopathic\\_Recognition\\_Requirement\\_and\\_Application\\_Basics](http://www.acgme.org/Portals/0/PFAssets/Presentations/Osteopathic_Recognition_Requirement_and_Application_Basics)  
(Presented\_at....pdf)
- [http://www.acgme.org/Portals/0/PFAssets/Presentations/Application\\_and\\_Maintenance\\_of\\_Osteopathic\\_Recognition](http://www.acgme.org/Portals/0/PFAssets/Presentations/Application_and_Maintenance_of_Osteopathic_Recognition)  
(Presented\_at\_AOD....pdf)
- [http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic\\_Recogniton\\_Requirements.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recogniton_Requirements.pdf)
- <http://jaoa.org/article.aspx?articleid=2093280>

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