Osteopathic Recognition

Tips to Getting Your Program Started
Shirin Clark DO
Objectives

- To discuss advantages/disadvantages of osteopathic recognition
- To outline the process of applying for osteopathic recognition
- To review an example curriculum for the integration of OPP/OMT
- To discuss challenges
- To answer any questions you may have about the process

Why go for osteopathic recognition?

- Attracts DOs and like-minded MDs to your program
  – Sets your program apart from others
- Helps to maintain the principles of Osteopathy and our distinctiveness
- Aligns well with many of the tenets of patient care delivery in the primary care disciplines
- Gives a unified approach to teaching OPP/OMT across the nation’s GME programs
- Enables DOs to take osteopathic board exams in lieu of ABMS exams (they no longer have to take both!)
Disadvantages?

- Extra work
- Need DO faculty/osteopathic track director (which can be shared with more than one residency)
- Can be tough to teach two different audiences at different educational levels (MDs/DOs)
- Tracking osteopathic recognition milestones and proving competency

Application Materials

- [www.acgme.org/What-We-Do/Recognition/Osteopathic-Recognition](http://www.acgme.org/What-We-Do/Recognition/Osteopathic-Recognition)
  - Osteopathic Recognition Application
  - Osteopathic Recognition Specific Questions
  - Block Diagram
  - Faculty Evaluation of Residents
  - Semiannual and Summative Evaluation
  - Program Specific Evaluation
  - Forms Used for Faculty and Program Evaluation
  - Supplemental Educator Form
Application

<table>
<thead>
<tr>
<th>Application</th>
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<tbody>
<tr>
<td><strong>How many residents will be in the osteopathic-focused “track”?</strong></td>
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<td><strong>In what clinical settings will OPP/OMT be taught/practiced?</strong></td>
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<tr>
<td>– What rotations will include this training?</td>
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<tr>
<td><strong>“Describe how the program will integrate OPP within the competencies including the settings/activities that will be used to demonstrate competence and how competence will be assessed.”</strong></td>
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<tr>
<td><strong>How will the program integrate OPP into the curriculum?</strong></td>
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<td><strong>How will the program support scholarly activity that advances OPP?</strong></td>
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<td><strong>Describe the resources available to support osteopathic education</strong></td>
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<td>– Library resources, reference material, numbers of OMT tables at each site, facilities for osteopathic clinical and didactic activities/workshops</td>
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Application

- Faculty who will provide the formal education in OPP/OMT
  - Can be through an affiliation with another entity (OPTI/COM)
- Will residents have opportunity to teach OPP?
- List faculty that will help to develop OPP competency education/evaluation and who will teach residents
- Discuss how faculty will participate in faculty development programs on integrating OPP and clinical discussions, rounds, journal clubs, or conferences on integrating OPP/OMT

Application

- Residency eligibility
  - How will you assess level of preparation for appointment into an osteopathic focused position for graduates of LCME schools or medical schools outside the United States?
    - Basic training in OPP
    - Elective rotations in OPP/OMT
    - Prior completion of an OPP course through a COM
    - Other
- Will the curriculum for the above residents differ from the curriculum for osteopathic residents?
Specific Questions

• How will the program ensure faculty have sufficient time to supervise/teach?
• Describe the educational and clinical resources available for resident education.
• Describe how residents will be informed about their assignments and duties during residency.
• Will there be other learners in the program, sharing educational or clinical experiences with the residents?
• Describe how the program will handle complaints or concerns.

Other Attachments

• Block Diagram of rotation schedule by PGY
• Evaluation Forms (faculty/semiannual/summative/program
  – ACOFP end of year/program forms and CBE document
• Supplemental Educator Form – for anyone that is not listed under your faculty that will be teaching residents OPP/OMT
Questions?

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OPP for the MD

A Sample Curriculum
Goal

• To outline a limited curriculum for teaching basic OPP/OMT to allopathic physicians to be used for programs seeking osteopathic recognition

Objectives

• To provide a framework for teaching OPP/OMM to MDs in a FM residency
• To discuss using palpatory/manual skills workshops for core FM topics for MDs
• To review the concept of OMM “master class”
• To discuss the benefits of using osteopathic residents as mentors/teachers
• To review methods of evaluating MDs skills and “competency” in OPP/OMM
Outcome

• Upon graduation, allopathic physicians will have a better understanding of osteopathy, will know how to screen important anatomic landmarks, will have a differential that includes somatic dysfunction, will have basic skills in soft tissue techniques, myofascial release, muscle energy, and articulatory techniques for both musculoskeletal and non-musculoskeletal diagnoses, and will know when to refer for more in-depth screening and treatment by an osteopathic physician. In addition the allopathic physician will gain education on how to appropriately code/bill for OMT.

Orientation

• Hands-on assessment of osteopathic skills (if prior experience)
• Written exam
Required Reading List

- *Foundations for Osteopathic Medicine* Anthony Chila DO 2010
- *Somatic Dysfunction in Osteopathic Family Practice* Kenneth Nelson 2014
- *Better* Atul Gawande MD 2007
- *Cranial Osteopathy for Infants, Children, and Adolescents* Nicette Sergueef DO 2008
- *Philosophy of Osteopathy* Andrew Taylor Still 1899

Didactic Schedule

- **Lectures – 2 hour sessions**
  - Intro to OMM for the MD/12 Step Screening Exam or Modified 10 Step Approach/Palpatory techniques – July
- Cranial/Cervical – September
- Ribs/Thoracic Region – November
- Abdomen/Pelvis – January
- Lumbar/Sacrum – March
- Extremities – May
Techniques

<table>
<thead>
<tr>
<th>Body Region</th>
<th>Technique</th>
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<tbody>
<tr>
<td>Cranial/Cervical</td>
<td>Counterstrain</td>
</tr>
<tr>
<td>Ribs/Thoracic Region</td>
<td>Soft tissue/Still's</td>
</tr>
<tr>
<td>Lumbar/Pelvis</td>
<td>Muscle Energy</td>
</tr>
<tr>
<td>Sacrum</td>
<td>ME/Myofascial</td>
</tr>
<tr>
<td>Extremities</td>
<td>Articular Techniques</td>
</tr>
<tr>
<td>*Other</td>
<td>*Lymphatics</td>
</tr>
</tbody>
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Format

• Group 1 – MDs
• Basic review with MDs
  • Anatomy
  • Screening
  • Pathophysiology
  • Theory behind technique
• Demonstration and discussion of techniques
• Checklist
Format

• Group 2 – DOs
• Review of core techniques
• Advanced techniques
  – Balanced ligamentous tension
  – Functional
  – HVLA
  – Cranial
  – Other

Example

• Didactic portion of 2 hour workshops is done for entire group of residents
  – Background information (anatomy, common symptoms, pathophysiology, theory behind techniques with contraindications)
  – Rib workshop
    • MD – screening of ribcage/diaphragm and how to do thoracic inlet/1st ribs/rib raising and diaphragm release
    • DO – inhalation/exhalation restrictions and key ribs, floating rib technique, articulatory techniques, ME, HVLA
Example

- Lumbar/Pelvis workshop
  - MD – screening L-spine/piriformis/standing flexion test with muscle energy to psoas/piriformis/inominates, soft tissue to paraspinals and pubic release
  - DO – pelvic diaphragm, sacral balancing, torsion and unilateral flexion/extension/inflare/outflare, ligamentous release

Challenges

- Combined didactics are difficult to provide for a mixed group
- MDs can feel very overwhelmed
- DOs feel much of the information is too basic
  - Dividing learners into beginner and advanced groups helps to address these issues
  - The goal is to move the MD into the more advanced group by year 2-3
  - Curriculum is repeated annually (repetition is key)
OMM Master Class

- **Lectures - 1 hour sessions**
  - Cranial/Cervical – August
  - Ribs/Thoracic Region – October
  - Abdomen/Pelvis – December
  - Lumbar/Sacrum – February
  - Pregnancy – April
  - Extremities – May

OMM Master Class

- 1 DO/MD pair per table
- DO leads review of case with MD
  - Anatomy/screening
  - Pathophysiology review
  - Treatment (at least 2-3 different techniques per area)
- Peer to peer role modeling
- Mock practical OMT board exam
- Review cases and techniques as whole group
Common Diagnoses

- HA/Migraine
- Sinusitis/URI
- Chest Pain
- Abdominal Pain
- Neck Pain
- LBP/Pelvic pain
- Shoulder/Wrist Pain
- Ankle/Knee Pain
- Tender points/Trigger points
- CHF/edema/lympho-stasis

Handouts

- See examples:
  - Cranial/Cervical
  - Ribs
  - Viscerosomatic Reflexes
  - Lumbar/Pelvis
  - Pregnancy/OB/Gyn
  - Extremities
Educational OMT DVD Series

- Osteopathic Evaluation and Treatment of the Hospitalized Patient
- The Care of Hospitalized Patients with Cardiovascular and Respiratory Disease
- Evaluation and Treatment of Patients Who Have Undergone Abdominal Surgical Procedures
- Evaluation and Treatment of Patients with Extremity Complaints
- Evaluation and Treatment of Patients with Acute Head, Chest, and Low Back Pain after Ruling Out Conditions Causing the "Red Flags"
- Evaluation and Treatment of the Pediatric Patient With Acute Upper Respiratory, Ear, and Throat Infections

DVD Example

- Michigan State University Statewide Campus System
  - Can be purchased as a set
  - Mix of inpatient/outpatient focus
  - Shallow yet deep enough for both MDs learning about osteopathy for the first time and DOs needing a refresher on core concepts/treatment methods
  - Can be used for faculty development/CME credit
OPP for the MD Course

- MSUCOM Statewide Campus System
- Two 2-day workshops for the MD resident interested in becoming an osteopathic track resident or MD faculty wanting an introduction to OPP
- First part is prior to starting in June 2017
- Second part is at the end of PGY1

Part 1 Workshop

- Example
  - AM
    -- OPP review quiz – 15-20 minutes
    -- Feedback session and review of Rowan modules/OPP concepts – 30 minutes
    -- Introduction to OMT I; History, 5 model concept, nomenclature, and patient safety – 1 hour
    -- Introduction to OMT II; Palpation
      -- Layer palpation of the forearm (hands-on) – 1 ½ hour
    -- Documentation of palpation findings – 20-30 minutes
    -- Time for session evaluation – 5 minutes

- LUNCH—Gary Roth, DO video
Competency

- Workshop checklists
- OSCE (orientation)
- Written Exams
- OMT Practical Exams
- OMT logs
- Chart audits (OMT documentation/coding and billing)
- Osteopathic Milestones
- Certificate of completion

References

- MSUCOM SCS Educational DVDs
  [http://scs.msu.edu/toolbox/cc/cat/Osteopathic+Principles+and+Practice](http://scs.msu.edu/toolbox/cc/cat/Osteopathic+Principles+and+Practice)
- [http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/OsteopathicRecognitionMilestones.pdf](http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/OsteopathicRecognitionMilestones.pdf)
Osteopathic Humor

“According to this, you’ve been having a back problem.”

“Does that hurt?”

Questions?

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Please…

Complete the session evaluation.

Thank you.