What Do I Do with this DO?
Practical Tools for the MD Preceptor

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National Family Medicine Residency
The Wright Center for Graduate Medical Education
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Disclosures

• We have no actual or potential conflicts of interest in relation to this presentation
• Two of us are MDs on the DL (the other two are the real deal)
Objectives

1. Describe the four tenets of osteopathic medicine
2. Use a simple tool to support DO residents in performing osteopathic diagnosis and treatment
   • Learn at least one basic OMT technique to use with clinic patients

National Family Medicine Residency

• Teaching Health Center (THC) family medicine residency program funded by HRSA
• Accredited by the American Osteopathic Association (AOA) /ACGME pre-accreditation
• 3-year community-based training program with mission to increase the number of primary care doctors who serve the underserved
A Residency Consortium

• GME innovation involving 4 health center-based (FQHCs) training sites across the nation (WA, AZ, DC, and OH)
• Sponsored by The Wright Center for Graduate Medical Education in Scranton, PA – recipient of HRSA’s largest Teaching Health Center grant ($13.8 million)

Strengths

• Consortium FQHCs - patient-centered medical homes with a whole-person focus
• Some sites already have DOs who practice OMT
• Willing patient population - patients really value hands-on treatments (improves patient satisfaction
• Timing – SAS and Osteopathic Recognition
Challenges in teaching Osteopathic Manipulative Treatment (OMT)

• Majority of doctors who work at FQHCs are MDs

• Majority of doctors who live/work near our teaching sites do not practice OMT

• Majority MD faculty with little to no background in osteopathic medicine

• DO medical students often lose some skills during 3rd and 4th year of medical school

Desire to Continue to use OMT

• Surveys indicate that osteopathic students want to train in / continue their osteopathic training in residency to incorporate OMT into their patient care activities
History of Osteopathic Medicine

Developed in 1874 by Andrew Taylor Still, MD

Pioneered the concept of “wellness” and recognized the importance of treating illness within the context of the whole body

First school of osteopathic medicine opened in Kirkville, MO in 1892

4 Tenets of Osteopathic Medicine

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
4 Tenets of Osteopathic Medicine

1. The body is a unit; the person is a unit of body, mind, and spirit - whole-person approach / mental health / SDoH

2. The body is capable of self-regulation, self-healing, and health maintenance - autoregulation, preventive services, “first do no harm”

3. Structure and function are reciprocally interrelated - sports/musculoskeletal medicine

4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function - equitable, safe, cost-efficient care

Faculty Development

• Goal is an adequate “comfort level” with OMT

• Hands-on training at least once a year

• Ongoing knowledge-sharing and practice throughout the year
Example - DC

- Yearly faculty development (4h) reviewing 4 tenets and then learning basic diagnosis and technique
- CME support to attend other hands-on trainings when they occur (see list)
- Ongoing faculty development “snippets” in person and via email and ongoing opportunities to learn and practice (both lecture and hands-on)

Orientation OSCE

- DO Faculty
- 2 anatomic areas - structural exam and 2 treatment approaches for each
- Remediation for those who don’t pass
- Procedural competency for OMT if they do pass
Dedicated OMT Clinic at Continuity Sites

• Now weekly at most sites - precepted by a DO skilled in OMT

• Med students and residents - including allopathic med students/residents

• Can schedule follow-ups in resident OMT continuity slots

OMT slots for continuity clinic

• Start month 7 intern year

• One 30-minute “OMT” slot per clinic session

• Convertible (other procedure, walk-in, etc.) if not used for OMT
Find and Fix sessions

• Residents and faculty come together to find somatic dysfunction and treat each other
• Facilitated by DO faculty and/or senior residents
• Always fun and a great way to involve faculty

Osteopathic Conversation Starter*

• Tool for precepting DO learners (originally developed for students but we also use with residents)
• Encourages an osteopathic consideration/approach even when OMT not performed
• Ongoing faculty development tool

*Stephen S. Davis, PhD, USAF Maj Ret, Director, Faculty Development, Assistant Professor, FM Dept Ohio University Heritage College of Osteopathic Medicine (OU-HCOM)
“Two Key Questions”

• What did you find in your structural exam?

• How would you utilize Osteopathic Medical Manipulation (OMM) in this case and why?

4-Fold Benefit

1. The patient receives osteopathic consideration
2. You learn about Osteopathic Principles and Practice
3. Your evaluation by the learner improves
4. The learner re-engages with osteopathic considerations
How might this look?

• Resident goes to see a 6 YO afebrile child here for ear pain

• After discussing the patient and finding out from the resident that she thinks it’s a cold and not an infection requiring antibiotics, you glance at the Osteopathic Conversation Starter up on the precepting room wall and ask:

“Two Key Questions”

What did you find on your structural exam?

How would you use OMM in this case and why?
Exam findings

- Bubbles seen behind TM but no bulging and minimal redness
- Lymphatic congestion of pre- & post-auricular lymph nodes
- Tissue texture changes over OA joint and T1-T5
- Mild congestion and sinus tenderness

OMM for Ear Pain and Congestion in a Child

- Galbreath maneuver for eustachian tube dysfunction
- Thoracic inlet release
- Effleurage to face and neck
- Soft tissue treatment to cervicals/thoracics
- OA decompression
- Chapman reflex point
LET’S LEARN SOME OMT!

TECHNIQUES THAT ARE EASY TO LEARN AND PRACTICE
OMT for Eustachian Tube Dysfunction

- Galbreath Technique Research Video - YouTube
• After experiencing the Galbreath maneuver, you feel comfortable enough to have the student perform it on your patient. Your patient leaves with improved pain and decreased risk for progression to suppurative OM.

Sinus effleurage

• [OMT URI Protocol - YouTube](https://www.youtube.com/watch?v=examplevideo)
OMT Video Resource

American College of Osteopathic Family Physicians – OMT video library can be found at www.acofp.org >> Education >> OMT Essentials >> OMT Video Procedures Online >> Get Started (OMT Resources Residents/Students)

Wrap-up

• 4 tenets espouse much of what we teach in Family Medicine
• MD preceptors CAN support DO residents in clinic and there are tools to help
• Focus on teaching basic OMT techniques and have residents teach and reinforce with faculty
Questions?

Please complete the session evaluation.

Thank you.