

Integrating Public Health into Osteopathic Medical Education:

The Right Skills at the Right Level of Training

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Introduction

Core Competencies have been a part of medical education at the residency level for almost a decade. More recently, accreditors and licensure bodies have included competencies as requirements for medical students. Yet, outcomes for students and residents are blurred. Outcomes at every level tend to be written as global content lists rather than skills that trainees can apply to various patient encounters. Often similar lists are identified for students, interns, and residents with little differentiation as to the level of proficiency among the various learners. In addition, there seems to be a lack of specific clinical prevention and population health outcomes for each level of training.

Statement of the Problem

While there are documents from the American Osteopathic Association (AOA) describing core competency objectives for interns and residents, documents from the National Board of Osteopathic Medical Education (NBOME) identifying core competency objectives for medical students to be assessed during licensure exams, and accreditation guidelines on how osteopathic medical schools should measure core competencies, osteopathic medical schools, as a profession, have not determined what should be the common performance outcomes within each core competency that all osteopathic medical student should learn during their four years of medical school. Nor have they determined at what level of training these performance outcomes should be completed; during pre-clinical studies or during the clinical rotations.

To move this endeavor forward, the American Association of Colleges of Osteopathic Medicine (AACOM) created a Core Competency Liaison Group consisting of at least one representative from each osteopathic medical school as well as representatives from AACOM. The purpose of this collaborative was to analyse the current work of various health care professions on competency education. This review not only included medicine, but also included work on health promotion, clinical prevention, and population health. Of special interest were the recommendations from the Health People 2020 Curriculum Task Force and the U.S. Preventative Services Task Force. These recommendations were considered essential for medical education given the current trends in the health care environment.

The ultimate goal of the AACOM Core Competency Liaison Group is to develop a set of core competencies that would be used as a benchmark for all osteopathic medical schools to not only guide students and faculty in curricular innovations, but so that year three and four clinical preceptors would know what competencies students would have acquired during years one and two and residency directors would know what competencies students would have acquired during years three and four, regardless of which osteopathic medical school they attend.

Shared Vision

The AACOM Core Competency Liaison Group will develop a set of core competency standards beginning with the NBOME competencies and including those aspects of the Health People 2020 Curriculum Task Force's six categories (as well as other health promotion/disease prevention groups), aligned with the appropriate competencies, with an eye to documenting how Osteopathic Distinctive Principles and Practices further those goals within the competency domains. In addition, a designated group was created to look at the possibilities of additional competencies that are not in the seven osteopathic core competencies.

Stages of Implementation

Implementation has been an ongoing team effort beginning with the president of AACOM working with the dean of each osteopathic medical school to select an appropriate representative for the Core Competency Liaison Group to setting up listserv, creating SharePoint repositories of resources and team interactive platforms, to having audio conference capabilities available for all groups and teams.

Stage 1: Initial set-up

1. A national meeting for all core competency liaisons
2. Purpose:
 - Reviewing the committee's charge
 - Reviewing resources
 - Developing a shared vision for the committee's goal
 - Creating a work plan for completion of the project
 - Creating a competency template for consistency in developing materials across all team
 - Creating eight teams:
 - * One for each of the seven core competencies [osteopathic principles and practices, medical knowledge, patient care interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice] and
 - * One additional team to look at competencies not covered in the other seven
 - Soliciting one-two people for each team from Osteopathic Graduate Medical Education (OGME)

Stage 2 : Comparison of Existing Materials

Each team began with:

1. An analysis of existing competencies from the NBOME document
2. A comparison of other resource
 - AOA resident competencies
 - CanMed
 - STFM student competencies
 - COMSEP competencies
 - ACGME preclinical competencies
 - HHMI documents
 - MSOP
 - Information from COCA, ECOP, AACOM, AOA
 - Other stakeholders
3. An assessment of the Osteopathic Distinctiveness of for the competency
4. Additions to, reworking of, or deletions to the NBOME competencies, as needed
5. Keeping other teams up-to-date on additional resources found and team status' through the listserv

Stage 3: Additional Research of Clinical Prevention/Population Health (CPPH)

Each team expanded their work to include:

1. Analysis of existing competencies from a CPPH perspective
2. Comparison of other resource
 - Healthy People 2020 Curriculum Task Force
 - * Starting with the six overarching categories of: counseling for health promotion and disease prevention, cultural diversity, evaluation of health sciences literature, environmental health, public health systems, global health
 - * Adding in interprofessional collaboration, evidence base for practice, health systems and health policy
 - * U.S. Preventative Services Recommendations
 - * Current literature on clinical prevention and population health
 - * Information from COCA, ECOP, AACOM, AOA
 - * Recommendations from other public/population health associations
3. An assessment of the Osteopathic Distinctiveness of for the competency
4. Additions to, reworking of, or deletions to the NBOME competencies, as needed
5. Keeping other teams up-to-date on additional resources found and team status' through the listserv

Stage 4: Performance Outcomes by Level of Training

Finally, each team will refine their work to include:

1. An analysis their list of competencies and conversion to performance outcomes
 - Performance outcomes to be written as measurable skills
 - The challenge is to avoid going down to the bullet points which will add up to hundreds of behaviors and to stay at the lumping level where outcomes can be seen as applicable skills
2. Comparison the performance outcomes to other documents that measures of pre-clinical verses clinical outcomes
 - Examples from: STFM, COMSEP, ACGME preclinical competencies, HHMI documents, MSOP
3. Identification of appropriate level of training for each performance outcome
 - Pre-clinical training (Years 1-2)
 - Clinical training (Year 3-4)
 - Residency
4. Once training levels are identified, assessment for which, if any, prerequisite skills could be taught at earlier levels of training

Next Steps

In our current health care environment, it is essential that medical education not only be proactive in identifying specific physician competencies, but also at what level of training these competencies should be taught in the continuum of medical education and what prerequisite are necessary for these competencies and when the prerequisites should be taught. Although clinical prevention and population health have always been included in the core competencies for osteopathic medical students, more work needed to be done in order to make these areas comprehensive and complete. The AACOM Core Competency Liaison Groups' project was the first step in making these competencies consistent across all osteopathic medical schools. Although osteopathic medical schools have a variety of curriculum models and teaching methods, all schools agreed that there should be consistency across the profession on what will be taught and at what level of training. The next steps for this project are to:

- Present the findings at the combined AODME (OGME)/AACOM (OUGME) meeting in April, 2011 for comments, refinements, and approval of a final document
- Look at ways to create a Core Competency Evaluation Toolbox
- Share ideas for teaching these competencies, especially the newly expanded clinical prevention and population health competencies
- And finally, assist AODME in refining their residency core competencies as they have assisted with the student competencies

Literature Cited

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Mission Statement

The American Association of Colleges of Osteopathic Medicine promotes excellence in osteopathic medical education, in research and in service, and fosters innovation and quality among osteopathic colleges to improve the health of the American public.

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