

Objective:

- Demonstrate that early clinical exposure greatly supports student motivation and learning and should be considered in all Osteopathic manipulative medicine (OMM) curricula.
- Demonstrate the use of peer-peer learning to enhance and promote the learning experience.
- Demonstrate that students are ambassadors of osteopathic principles and practices (OPP) and that using non-medical language helps bridge the gap that commonly occurs in an osteopathically naïve community.

Background:

Medical student educational experiences in practicing osteopathic manipulative medicine on people other than their own classmates is usually limited to those participating an osteopathic pre-doctoral teaching fellowships. Osteopathic pre-doctoral teaching fellowships are not offered at all programs, not available to all students, and are typically only offered after the third year of undergraduate osteopathic medical education. This educational experience at Campbell University occurs at the beginning of student's second year and is included in the standard curriculum to ensure that all students had this type of opportunity to learn.

Methods:

- The innovation in this approach is to bring the aspect of communication at the community level into the student doctors education in a controlled manner bridging the gap between textbook pathologies and human interaction, a skill set that is difficult to develop and measure.
- The level of learning frustration in a high level education as part of a strictly academic setting is a very real factor for student and faculty to contend with in the learning process. Early clinical exposure to patient level context may help the student gain mastery of their emotions and further help in the development of their professional development. ⁶ (p.731)
- Starting in the first month of their second year, osteopathic medical students were paired into groups and participated in an early educational clinical experience that allowed them to inform Campbell University community members about osteopathic medicine.

- The students gained experience communicating in non-medical language, diagnosing and practicing osteopathic manipulative treatment on volunteers under direct supervision, and developing the skills necessary to document osteopathic care in a medical record. The documentation in a medical record was a required element of each student's grade. This served to not only document practices, but necessitated proper use of standard osteopathic nomenclature and the appropriate use of insurance coding.
- This educational evaluation concentrated on peer-peer teaching, the social context^{1,2} of learning OMM/OPP, and the dissemination of information about osteopathic principles and practices to a university community using non-medical language. Emphasis was placed on indications, contraindications, benefits, and risks of care. It has been shown that participation in contextual learning has led to the modification of knowledge/skills, attitudes and perceptions, as well as behavioral change.^{1,2, 3, 4, 5}
- The measures used to evaluate this were: pre and post survey to patient and to students each week from August 2016 through February 2017.

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	Total	Weighted Average
The session helped me to integrate my osteopathic knowledge and skills.	0.91% 1	2.73% 3	10.00% 11	52.73% 58	33.64% 37	110	4.15
The session increased my osteopathic palpatory diagnostic and treatment skills.	0.91% 1	3.64% 4	9.09% 10	61.82% 68	24.55% 27	110	4.05
My confidence in developing my osteopathic understanding and palpatory skills is continuing to increase as a result of this session.	0.91% 1	2.73% 3	14.55% 16	54.55% 60	27.27% 30	110	4.05
I am more likely to use osteopathic manipulative medicine as a result of this experience.	0.91% 1	2.73% 3	30.91% 34	39.09% 43	26.36% 29	110	3.87

Results:

- The students perception of their own knowledge, skills abilities and attitudes towards the utilization of OMM/OPP showed great improvement.
- The volunteers experienced a good approximation of how an Osteopathic examination and treatment would look and feel.
- The volunteers had an overwhelmingly good experience with the students communicating an demonstrated. a difficult subject.

97% of the participants rated their experience as exceptional with 87% learning about osteopathy for the first time, 89 % got explanations of what was going to be done and how it would effect their problem, and 98% would recommend this experience to others.

Discussions and Conclusions:

If the Rationale is based upon the conference theme for this year: "Educating Leaders for Integrated Health Systems" then this educational format strikes to the core of educating future leaders and future educators in Osteopathic medicine. By requiring students to participate in a curricular activity in which professionalism, student-doctor/patient interaction, medical documentation, progression of responsibilities, and community education exists many things are accomplished. Some of these include:

1. Student motivation to integrate and utilize osteopathic manipulative medicine and osteopathic principles was supported.
2. Peer-to-peer learning to enhance and promote the learning experience.
3. Students became ambassadors for O.P.P. by using non-medical language with community members who were osteopathically naïve.
4. Early development of an Osteopathic professional identity is supported.

References:

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