Integrating OPP Competencies, Milestones, and Scholarly Activity into Residency Programs

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Disclaimer

• I am a member of the ACGME Osteopathic Principles Committee (OPC)
• Opinions expressed are not those of the OPC
• I work for ATSU-KCOM, Kirksville MO
• I have no financial relationships to disclose
• I will not discuss off label use and/or investigational use in my presentation
Objectives

By the end of this educational activity, participants will be able to

• Discuss the OPP competencies and milestones indicating progression towards competency mastery
• List different ways to integrate OPP in the patient care activities
• List different ways to integrate OPP in the scholarly activity
Definitions

- **OPP** – Osteopathic Principles and Practice is a conceptual and practical understanding of the distinct behavioral, philosophical, and procedural aspects of osteopathic medicine
- **OMM** – Osteopathic manipulative medicine includes diagnosis of somatic dysfunction and treatment using osteopathic manipulative treatment
- **OMT** - Osteopathic manipulative treatment includes a variety of hand-on techniques to treat somatic dysfunction
- **OR** – Osteopathic recognition conferred by ACGME on residencies committing to ongoing training of OPP
- **Somatic dysfunction** – the presence of one or more of the following physical findings – tenderness, tissue texture abnormalities, asymmetry, restricted range of motion
- **Structural examination** – assessment for the physical findings of somatic dysfunction
OPP Competencies and OR Milestones
Osteopathic Physicians are
Physicians first
and
Specialists second
OPP and OMT
Osteopathic Patient Care
Application of Knowledge for Osteopathic Medical Practice
Practice-Based Learning and Improvement
Interpersonal and Communication Skills
Professionalism
Systems-Based Practice

AOA

ACGME

Patient Care
Medical Knowledge
Practice Based Learning and Improvement
Interpersonal Skills and Communication
Professionalism
Systems-Based Based Practice
OPP Competencies

More than just OMT, but **must** include OMT

OMT is a treatment tool that all osteopathic physicians demonstrate competence prior to graduation
Understanding OPP

Each system in the body has self-healing, self-regulating mechanisms.

Cardiac anatomy and physiology
- Valves
- Muscles
- Electrical conduction
- Local vasculature
- Local biochemistry

Homeostatic mechanisms allow system to function in the presence of stressors (allostatic load) without symptoms.
Understanding OPP

Organ systems are interrelated
Understanding OPP

Each system is affected by other organ system self-healing, self-regulating mechanisms

Mechanisms from other systems
- Autonomic
- Lymphatic
- Vascular volume and composition
- Endocrine & Biochemistry
Understanding OPP

Self-healing, self-regulating homeostatic = Homeostasis
Allows systems to function in the presence of stressors (allostatic load) without symptoms
Understanding OPP

The more allostatic load, the less reserve is left to handle new stressors without becoming symptomatic.

Eventually homeostatic mechanisms are overwhelmed and symptoms develop.

- Hypertension
- Poor Diet
- Job Stress
- No Exercise
- Obesity
- Bad Genetics
- Diabetes
- Hypothyroid
- Medication Side Effects
Understanding OPP

Intervention is indicated to treat or prevent overwhelmed homeostatic mechanisms

- Pharmacology
- Surgery
- Lifestyle
- Behavioral counseling
- Spiritual counseling
- OMT

Dilated Cardiomyopathy

- Hypertension
- Poor Diet
- Job Stress
- No Exercise
- Obesity
- Bad Genetics
- Diabetes
- Hypothyroid
- Medication Side Effects
OMT affects organ systems via reducing allostatic load - primarily on musculoskeletal system to affect the autonomic, vascular, and lymphatic systems.
Osteopathic Treatment

Holist approach via Five Osteopathic Treatment Models

- **Biomechanical**
  - Optimize structure/function

- **Respiratory/Circulatory**
  - Optimize respiration function and vascular/lymphatic drainage

- **Metabolic/Energetic**
  - Decrease mechanical and metabolic workload on body

- **Neurologic**
  - Normalize somatic and autonomic nervous function

- **Behavioral**
  - Improve mental, emotional, and spiritual health

Treatment Options:
- OMT
- Pharmacology
- Surgery
- Diet
- Exercise
- Other Lifestyle
- Behavioral counseling
- Spiritual counseling

Individual treatment options can be classified in multiple categories
Biomechanical Model

Adolescent with 30° scoliosis
• Overcorrection of thoracic curve with brace

Patient with chronic low back pain
• Hamstring self-stretches to improve muscle balance and relieve back pain

Patient with advanced knee osteoarthritis
• Surgical knee joint replacement
Respiratory/Circulatory Model

Asthmatic patient suffering from acute bronchospasm
• Use of beta-agonists to induce bronchodilation

Patient suffering from acute sinusitis
• Corrections of thoracic inlet somatic dysfunction using OMT to improve lymphatic drainage

Patient with right arm swelling due to axillary lipoma
• Surgical removal of lipoma
Metabolic/Energy Model

Patient in acute congestive heart failure
• Use of diuretics to decrease intravascular volume in order to decrease the energetic demand on the heart muscle

Patient with ankle pain and swelling after an acute ankle sprain
• Correction of ankle somatic dysfunction in order to decrease the energetic demand on the injured tissue during the healing process

Patient with pernicious anemia due to loss of ability to produce intrinsic factor
• Vitamin B12 injections bypass need for intrinsic factor to facilitate intestinal absorption
Neurologic Model

Diabetic patient complains of persistent burning in feet
• Use of gabapentin to decrease the irritability of peripheral nerves damaged by long term sustained hyperglycemia

Patient complains of diarrhea after eating
• Treatment of thoracic somatic dysfunction in order to decrease spinal facilitation contributing to irritable bowel disease.

Patient with persistent arm pain and numbness after cervical disc extrusion
• Cervical laminectomy to decompress nerve
Behavior Model

Patient with BMI of 34
• The use of nutritional counseling to alter patient’s dietary choices

Patient with increasing anxiety
• Correction of cranial somatic dysfunction to promote relaxation and increase the body’s ability to handle stress

Patient with COPD
• Smoking cessation to stop the ongoing insult to the lung tissue
Five Osteopathic Treatment Models

Use all Five Models for Holistic Treatment

Example: Hospitalized patient with pneumonia is receives IV antibiotics, O₂, and rib raising OMT technique:

• Rib raising improves biomechanical functioning of rib cage; larger chest cage excursion plus O₂ improves gas exchange of respiration; improved biomechanics and O₂ decreases energetic work of breathing to maintain oxygenation; antibiotic decreases energetic demand and optimizes lymphatic function; rib raising reduces musculoskeletal stressors affecting local sympathetic neural input into the lung; and touch relaxes patient to decrease behavioral stressors.

Treatment models overlap
OPP in Patient Care

Examples

• Lost Homeostatic mechanisms
  – Congenital hypothyroidism (thyroid replacement)
  – Complete renal failure (dialysis)
  – Complete Heart block (pacemaker/defib)
  – Post-surgical short leg (shoe lift)

• Overwhelmed homeostatic mechanisms
  – Heart Failure
  – Essential hypertension
  – Depression
  – Insomnia

• Diet and Exercise (NIH)
  – CVD
  – Type 2 diabetes
  – Insulin resistance
  – Cancer
  – Dental disease
  – Osteoporosis
  – Cataracts
  – Birth defects
  – Obesity
  – Joint pain
  – Depression
  – Sexual dysfunction
Teaching OPP

Integrating OPP training into the 6 ACGME residency Competencies
Teaching OPP

#1 Patient Care and Procedural Skills
- Ask your resident about the patient’s relevant past medical, family, and social history
- Ask the resident if patient had somatic dysfunction relevant to presenting complaint
- Ask the resident to perform OMT if appropriate
- Discuss Care Plans
  - Lifestyle recommendations that if followed would lead to restoration of normal homeostasis?
    - Diet
    - Smoking and ETOH
    - Exercise
    - Stress reduction
Teaching OPP

#2 Medical Knowledge

• Ask the resident what homeostatic mechanisms are disrupted in the patient
• Ask your resident what musculoskeletal findings would indicate the presence of somatovisceral/viscerosomatic relationship
• Ask the resident what the literature states about the efficacy of lifestyle or OMM interventions
Teaching OPP

#3 Practice-Based Learning and Improvement

• Attend Journal club with residents
  – How to present OMM article
  – How to critique the article
  – How to apply information to patient care

#4 Interpersonal and Communication Skills

• Be present in the room or Record and listen to resident interact with patient
Teaching OPP

#5 Professionalism and #6 Systems-Based Practice

• Teach residents how to interact with sensitive/difficult patients
• Cost-effectiveness - Review OMT body areas
• Teach residents to advocate for OMM
• Teach residents how to find physicians who perform OMM
Assessing OPP Competencies

• Rotation evaluations
  – Performance

• Semi annual evaluations
  – Performance

• Semi annual OR Milestones
  – Developmental progress of residents towards competency attainment
OR Milestones

Accreditation Council for Graduate Medical Education

What We Do
- Designated Institutional Officials
- Program Directors and Coordinators
- Residents and Fellows
- Meetings and Events
- Data Collection Systems
- Specialties

Home > What We Do > Recognition > Osteopathic Recognition

Osteopathic Recognition

Recent News and Updates

The documents and resources housed within this section are provided by the Osteopathic Principles Committee and its staff at the ACGME.

Requirements Currently in Effect

7/1/2015
- Osteopathic Recognition
- Osteopathic Recognition FAQs

Milestones

- Osteopathic Recognition
- Milestones FAQ

Application for Recognition

- Osteopathic Recognition
- Osteopathic Recognition Application Instructions
- Supplemental Educator Form
OR Milestones

Serve as performance levels for knowledge, skills and behaviors

1. Patient Care
2. Medical Knowledge
3. Interpersonal and Communication Skills
4. Professionalism
5. Practice-Based Learning and Improvement
6. Systems-Based Practice
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<thead>
<tr>
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<td>Incorporates osteopathic principles, including the four tenets, to promote health and wellness in patients with common conditions.</td>
<td>Independently incorporates osteopathic principles to include the four tenets to promote health and wellness in patients with complex or chronic conditions.</td>
<td>Mentors others to incorporate osteopathic principles to promote health and wellness.</td>
<td>Role models and teaches the effective use of osteopathic tenets to optimize patient health.</td>
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<td>Role models and teaches the effective use of osteopathic focused history, exam, and treatment to minimize the need for further diagnostic testing or intervention.</td>
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**Comments:**  
Not Yet Achieved level 1 ☐
# OR Milestone: Patient Care 1

## Patient Care 1: Osteopathic Principles for Patient Care

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- **Incorporates osteopathic principles when obtaining a history, performing an examination, synthesizing a differential diagnosis, and devising a patient care plan with direct assistance from supervisor**
- **Resident requires direct assistance**
- **Expert role model and teacher**
- **Mentors others to incorporate osteopathic principles to promote health and wellness**
- **Independently incorporates osteopathic principles when obtaining a history, performing an examination, interpreting diagnostic testing, synthesizing a differential diagnosis, and devising a patient care plan for patients with common conditions**
- **Independently incorporates osteopathic principles when obtaining a history, performing an examination, interpreting diagnostic testing, synthesizing a differential diagnosis, and devising a patient care plan for patients with multiple comorbidities**

**Comments:**

- **Not Yet Achieved level 1**
OPP Scholarly Activity

Requirements (FAQ)

- Osteopathic-focused faculty members must produce a combined total of at least two scholarly pieces annually, averaged over a five-year period.
- Osteopathic-focused residents must produce at least one piece of scholarly activity prior to graduating from the program.

OPP scholarly activity does not replace specialty scholarly activity. Best to combine tasks.
OPP Scholarly Activity

**OPP Related:**

- Conference Presentations
- Local Presentations
- **Publications** – PMID and non-Pubmed indexed articles, book chapters
  - Clinical, Educational, or Basic Science
- **Grant Leadership**
  - Residents participation
- **National Leadership**
- **Peer-Review Role**
- **Teaching OPP integrated Courses** –
  - Faculty – Formal courses
  - Resident – Any 30 minute presentation

Resident Teaching Presentation
OF Scholarly Activity

Teaching Presentations
Inclusion of osteopathically distinct resident teaching and learning activities

- Integrated OPP didactic lectures
- Hands-on OMM workshops
- Journal clubs discussing OPP relevant research

Resident delivered activities provide a more in-depth learning experience for the presenter

Have DO residents train MD faculty and residents
Questions?

- Osteopathic Competencies
- OPP milestones
- OPP scholarly activity
References


• B. 3. The Ad Hoc Committee on GME Transition “Next Steps for Graduate Medical Education: Osteopathic Graduate Medical Education (OGME) and the Single Graduate Medical Education (GME) Accreditation System” White Paper published Dec 2014