



CARE LEADS HERE

OHIO UNIVERSITY HERITAGE COLLEGE
OF OSTEOPATHIC MEDICINE

**OSTEOPATHIC MEDICINE FOR ALL:
A KEY TO OSTEOPATHIC
RECOGNITION**

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Disclosures

- I drank the kool aid
- I'm excited and honored to be here
- It's good to hear other people sing my song
- Nothing financial



Issue

- Osteopathic Medicine must be spread quickly in America because:
 - MD faculty MUST become comfortable supervising DO residents in GME
 - DO program directors of OR GME may be interested in recruiting MD students

Question

- Can the basics of Osteopathic medicine be shared in a short GME course intended for
 - MD program faculty that want to become familiar enough to feel comfortable to supervise osteopathic residents
 - DO program faculty that want to become more familiar with OMT to enrich their GME



Osteopathic Medicine For All (OMA)

- Two weekend CME approved (AOA & ACCME) class
- Topics:
 - Osteopathic philosophy and history
 - Basics of structural exam
 - Basics of osteopathic treatment
 - Treatments of common clinical conditions
 - Treatment of the upper half of the body
 - Treatment of the lower half of the body
 - Billing and Coding
 - Trainee supervision



Analysis of Outcome

- Brief quantitative
- Qualitative
 - Telephone interviews



Demographic N=11

- January

- MD=4

- DO=5

- RN=1

- February

- MD=5

- DO=5

- RN=1



Specialty

- FM=7
- OB=1
- Peds=1
- Maternal Fetal Med=1
- Sports Med=1 (February)





Knowledge Gain Areas	January Session	February Session
Osteopathic Philosophy and History	2.22	2.27
Osteopathic Medical Practice	2.40	2.45
Diagnosis	2.80	2.91
OMT	2.60	2.73
Treating	2.60	2.82





Qualitative Methodology

- Conducted semi-structured telephone interviews lasting 10 to 20 minutes.
- Interviews were audio recorded and transcribed.
- A qualitative methodologist performed content analysis by marking and categorizing key words, phrases, and texts to identify themes.
- Analysis performed using NVivo 10 software.





Rigor

- Credibility/Validity was maintained via triangulation of data sources, methods, and investigators.
 - Credibility was reached when multiple data sources provided the same interpretation.
- Dependability/Reliability was supported with an audit trail to track the decision-making process.



Prior to the course, what was your experience with OMT?

Why did you attend the OMA Course?

What did you hope to learn/come away with?

How has your understanding of Osteopathic Medicine changed as a result of this course?

How are you utilizing Osteopathic Manipulative Medicine, either as physician or referral?

How has your comfort level changed with supervising trainees in Osteopathic Manipulative Medicine?

In what ways are you interested in continuing your Osteopathic training to attain a higher level of understanding and competency?

Findings

- 11 providers participated in telephone interviews.
- All participants reported positive experiences with the OMFA program.
- After completion of the program, all felt more comfortable supervising trainees in OMM.

Findings

- Providers participated in the program for multiple reasons:
 1. To improve their understanding of OPP.
 2. To integrate OMM into their clinical practice.
 3. To learn how to evaluate residents performing OMT.
 4. To learn how to train non-DO residents in OPP.



Improve Understanding of OPP

“I had a very significant need to attain a better understanding of the osteopathic medicine practice and principles. I have gotten bits and pieces of different techniques and different philosophies, etc., but I had never had a real good firm basis for it...You know we're all family medicine programs, so we absolutely fit with osteopathic practice and treatments. So again, I was very convinced that this was a good thing that we should do because of who we are.”

ID 9, Physician, DO

Integrate OMM into Practice

“One would be just a better appreciation of the osteopathic view on treatment to begin with...The second would be just to get familiarity with using my hands and feeling for changes...So I thought I want to get some more comfort with having people just actually say, feel this, feel that. And kind of get comfortable with the hands. And the third thing was just learning some basic techniques. Just you know four, five, six that I could you know comfortably feel that I can safely do either at home or even in patients in clinic.”

ID 11, Physician, MD



Evaluate DO Residents

“I really wanted to have some hands on skill that I could use for my own patients, but then also, understand the treatments that my residents were performing and being able to hopefully, to precept them, to have a conversation about what they wanted to do, and really have a deeper understanding so I could help the residents learn. And then also you know help them while they were actually performing the treatments.”

ID 6, Physician, MD



Train Non-DO Residents in OPP

“Part of it was as a general review because that's always good. Part of it as the residency programs are merging, AOA and ACGME, trying to figure out how do we actually teach everything we've learned in medical school and residency, and condense it down to a way that makes sense for our MD counterparts.”

ID 4, Physician, DO

Findings

- Providers expressed interest in attending additional programs to learn more about OMT.
- Providers requested programs on specific focal areas (e.g., cranial, lower leg, low back pain, treatments for children).

What We Learned

- The overall response was exceedingly positive
- When the participants learned of our plans to shorten the course to one weekend, they voiced objection
- They did their homework (reading and practical) and shared examples of how they used the information between classes



What Else

- MD/DO (MS4 maybe) only
- Know your instructors well
- Less is more



Future Plans

- Three day version planned for May 2017
- Osteopathic Principles
- Body region: Dx and Tx
 - Cervical
 - Thoracic
 - Lumbar
- Common Clinical Problems
- Billing and Coding
- Supervision

Osteopathic Medicine for All

May 19 - 21, 2017

OH-HCOM, Dublin/Columbus, OH Campus

18 Category 1-A CME credits

(AOA & ACCME)

Registration Deadline: May 5th



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