Challenges

Osteopathic residency programs and programs with Osteopathic Recognition face many challenges when it comes to teaching osteopathic residents and students. Medical school rotations in OPP and OMT may be deficient and lack adequate exposure to clinically applying osteopathic skills resulting in varying degrees of knowledge and skill into residency. Ensuring residents start with the a similar knowledge base is one challenge. Second, identifying teaching faculty with competent skill in OPP and OMT may be difficult. Third, Osteopathic Recognition requirements state that programs need to instruct learners in the application of OPP and provide “objective formative assessment” of these procedural skills. Developing ways to deliver objective, formative assessment to residents and students can be onerous. It can be difficult for programs to overcome these challenges on their own.

Objectives

We aimed to address the above challenges by addressing the following:

1. Determine the curriculum for Osteopathic Principles and Practice education
2. Develop competency assessment forms to provide objective formative assessment to the residents.
3. Provide faculty development
4. Teach billing and coding concepts
5. Provide faculty scripts to ensure consistency between graders
6. Engage learners from the student level to attending level at multiple teaching sites
7. Promote wellness and well-being in Osteopathic physicians

Innovative Approach

In 2011 we began a regional teaching collaborative through PCOM MEDNet OPTI. With the support, zeal and mentorship of an enthusiastic PCOM faculty member, the Osteopathic faculty from three regional health networks began to leverage the partnership formed through the OPTI to develop a curriculum around Osteopathic Principles and Practice. Through the shared resources of faculty and space, we have effectively delivered educational content to hundreds of physicians in training over the years.

Workshops are one Friday per month for 90 minutes; July to May. Topics range from regions (lower extremity) to disease states (respiratory system) and are led by osteopathic faculty or chief residents. Osteopathic and allopathic residents and students are welcomed.

Residents practice OMT during a monthly workshop

Workshops begin with a review of pathophysiology, anatomy and landmarks. Case-based formats are most popular followed by a demonstration of respective OMT. Learners are then broken into groups to practice their skills and are observed and taught by faculty who assess competency in that topic/region.

Board review questions, billing and coding, journal club review of osteopathic literature, sharing of OMT techniques, communication skills, and wellness have enhanced the conferences. These innovations weave in the teachings osteopathic principles and practice and graduate medical education milestones and competencies.

Results

We now have faculty, residents and medical students from four different institutions, nine different GME programs, in five different specialties (Family Medicine, Internal Medicine, Traditional Rotating Osteopathic Interns, Transitional Year Interns and Dermatology) engaged in these workshops. Our participating programs are small- to medium-sized and based out of community medical centers. Our largest program is 17 trainees per year, while our smallest program is two trainees per year. On average over the last two years, 16 trainees and three faculty members participate in each session. We are able to provide residency programs with competency assessments that evaluate procedural skills, medical knowledge, communication and professionalism. These assessments can be used to document resident proficiency in OMT and help to meet Osteopathic Recognition requirements. In addition, residents have led several of the conferences which allows them to build on their professionalism and communication skillset while achieving osteopathic scholarly activity requirement of Osteopathic Recognition.

Challenges have been travelling between sites, determining good times and dates for the workshops and getting faculty buy-in to participate in lectures. Workshops alternate locations between two of the larger hospitals to cut down on travel by the majority of the participants. With the help of program coordinators, the schedule for the coming academic year is set in the preceding spring to help ensure presenter availability. We have found that there is no perfect time for the workshops. We have chosen to use Friday afternoons as this has fewer conflicts with other resident and faculty required events. Emphasis on the importance of attendance by residencies and program directors seems to be key to participation.

We believe our program stands as an effective model for how OPTIs can transform into effective resources and support systems for regional community hospitals as we move into the Single Accreditation System in 2020.

Students learn from faculty at monthly OMT workshops

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