Clinically-based OMM Competency Standards for Physicians in Residencies Designated with Osteopathic Recognition

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RESEARCH QUESTION

How do we create a set of clinically-based OMM competency standards to train physicians in residencies designated with osteopathic recognition in the single GME accreditation system?

STATEMENT OF SIGNIFICANCE

By 2021, the much anticipated single Graduate Medical Education (GME) accreditation merger will be complete. To date, there is little detail about how many programs will be applying to carry on the osteopathic philosophy and practice, or how this teaching will take place. With the granting of osteopathic recognition for either historically D0 or MD programs, a set of clinically-relevant competency standards for Osteopathic Manipulative Medicine (OMM) will be required. Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) program directors (PD) were surveyed to gather information to support the construction of said competencies. This research will present a set of proposed, clinically relevant, OMM competencies for physicians in ACGME residency programs acquiring osteopathic recognition.

METHOD

After permission was obtained from the Institutional Review Board (IRB), ACGME and AOA program directors were sent a survey link electronically via email. The survey was created by the researcher and was reviewed by faculty peers for face validity. The primary investigator then created a set of OMM competency standards based on clinical utility as derived from survey data pertaining to common diagnoses and frequently used OMM techniques as cited by participants.

DATA ANALYSIS

Data were collected and analyzed using descriptive statistics from the surveys completed by participants.

RESULTS

Data were collected from program directors in the general practice fields of family medicine, internal medicine, OB/GYN, pediatrics, and general surgery. Data were analyzed using descriptive statistics from the surveys completed by participants. There was an overall response rate of 11% (n=236) from all participants. The first question of the survey was a rotation question indicating interest in Osteopathic Recognition (OR), and 52.7% (n=126) of aforementioned participants completed the entire survey. Participants were asked to report the specialty rotations where OMM was most often utilized in their program. The top three responses were Family Medicine (31%), Sports Medicine (18%), and Internal Medicine (13%). In addition, participants were asked to report the most common diagnoses where OMM was utilized in their program. Low back pain (95.96%), neck pain (86.87%), headache (82.83%), and shoulder pain (76.77%) were cited most often. Lastly, soft tissue/myofascial release (72.9%) muscle energy (71.02%), and counterstrain (60.38%) were the most frequently used OMM techniques reported by participants.

SPECIALTY ROTATIONS

WHERE OMM IS USED

OMM Technique Frequency

CONCLUSION

A sample competency standard based on clinical diagnosis is provided below. Competencies are organized in a three-level hierarchical fashion based on frequency of technique utilization and degree of difficulty. Level 1 is as below. Level 2 would consist of a similar set of competencies based on HVLA, Still Technique, Balanced Ligamentous Tension (BLT), Visceral and Cranial technique, along with treatment sequencing would be addressed in Level 3.

REFERENCES