Perspectives on Implementing ACGME Osteopathic Recognition

MONOGRAPH:
The Osteopathic Recognition Pre-Conference Workshop at the 2017 Joint AACOM & AODME Annual Conference
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Introduction and Key Points

This monograph provides a summary of the pre-conference workshop titled “Osteopathic Recognition: Intensive Peer-to-Peer Workshop for Completing the Osteopathic Recognition Application” held during the 2017 joint annual meeting of the American Association of Colleges of Osteopathic Medicine (AACOM) and the (Association of Osteopathic Directors and Medical Educators (AODME).

The event, held on April 25, 2017, provided a forum for osteopathic postdoctoral training institutions (OPTIs), graduate medical education (GME) program leaders, and educators from colleges of osteopathic medicine (COMs) to learn more about the benefits of the osteopathic recognition (OR) within the Accreditation Council for Graduate Medical Education (ACGME), and to gain insights into the OR application process from leaders with first-hand knowledge of the ACGME accreditation and OR application process.

Some of the key takeaways from this workshop include the following:

- Demonstrating the value of osteopathic recognition to key stakeholders is important.
- OR can be an invaluable recruitment tool, particularly to attract candidates that seek to continue their osteopathic-focused medical training.
- Osteopathic recognition can be integrated within existing program components to reduce duplication and promote alignment.
- Meeting the requirements of the OR application process doesn’t have to be hard. Learn from the experiences of other programs already passing through the ACGME accreditation and OR application process. Also, there are many resources available to assist programs in developing education components, completing the OR application, and ensuring the delivery of quality osteopathic education that meets the standards set by the ACGME.

OR designation imparts a distinction on traditionally osteopathic programs and traditionally ACGME-accredited-only programs that will, among other benefits, help attract candidates looking to continue their osteopathic-focused training. Through OR, osteopathic principles and practices (OPP) can become more accessible to physicians trained in the allopathic tradition and will raise awareness of the benefits of OPP to the medical community at large.

“Programs that achieve osteopathic recognition (OR) ensure the unique principles and practices of the osteopathic medical profession continue to benefit the entire house of medicine, and most importantly, patients for generations to come.”

The OR workshop featured several speakers with insights into the ACGME OR application process, including updates from the ACGME Osteopathic Principles Committee (OPC), an example of supports and resources offered through an OPTI and specialty college to assist programs in fulfilling OR requirements, success stories from a number of GME program directors that achieved OR, and a panel discussion on practical application questions and challenges.
President’s Message

OR is a key element of the agreement establishing the single accreditation system for GME. OR establishes a mechanism by which osteopathic principles and practices are integrated within the new accreditation system at the ACGME.

We believe that DO graduates will prioritize ACGME programs that have achieved osteopathic recognition. There are around 27,485 osteopathic medical students in the 2016-2017 academic year who are being educated in the nation’s growing DO schools. Over 25 percent of new first-year medical students, or 7,575 students, are osteopathic medical students. In 2017, we anticipate 5,984 graduates will be eligible for GME placement. These students chose to pursue an osteopathic medical education pathway to become a physician, and we believe most would like to continue to do so during their GME training.

To test this theory, AACOM conducted a survey in March 2015 of third-year osteopathic medical students which confirmed that a majority (70.55 percent) would prefer an ACGME-accredited program with OR over one without osteopathic recognition if all things remained equal. AACOM repeated this survey last year (November-December in 2016) and the results are similar.

The appropriate conclusion to draw is that if institutions want to be the most competitive in attracting the best, brightest, and most appropriate DO graduates for their residency programs, then they should obtain OR for their ACGME program as they transition into the single GME accreditation system. All programs and the institutions in which they operate, should consider this important issue as they plan their transition in the single GME accreditation system.

OR is important for other reasons as well. In a time in which the focus is on high-quality, patient-centered care emphasizing disease prevention and cost-effectiveness, the primary care-focused osteopathic approach is on target and aligns with the needs of the nation’s health care system.

In addition, AOA-accredited programs that have already invested resources in the osteopathic approach can capitalize on that investment by maintaining their focus. A program with OR under the single GME accreditation system will help programs solidify their brand and will provide a tangible credential that will have significant meaning and function as an organizational asset.

Finally, as we continue in the transition period and begin to integrate and operationalize OPP into the ACGME accreditation system, we can use this as an opportunity to further evaluate, research, define, and codify the unique contributions of the osteopathic medical approach to serving the health care needs of our country.

Any effort to educate the house of medicine about osteopathic recognition is important. We thank all our speakers for sharing their approaches, experiences, tools, and resources.

Stephen C. Shannon, DO, MPH
AACOM President & CEO
Making a Case for Osteopathic Recognition

The ACGME’s OR requirements are a “key element of the agreement in the single GME accreditation system,” as stated by Stephen C. Shannon, DO, MPH, President and CEO of AACOM, at the opening of the OR pre-conference workshop. It is a key mechanism by which OPP are integrated into the single accreditation system. Most osteopathic students would like to continue their osteopathic-focused education into their post-doctoral training. To learn more about this preference, AACOM conducted a study of third-year osteopathic medical students and found that the clear majority (70 percent) of respondents preferred to attend ACGME programs with OR. OR emphasizes community-based and preventive care and gives an opportunity for those providing training in OPP an opportunity to stand out.

Value of Osteopathic Recognition

Dr. David Connett, FACOFP, chair of the AOA’s Bureau of Osteopathic GME Development, served as the pre-conference facilitator and speaker. Dr. Connett started the meeting with a discussion of the value of osteopathic recognition. As AOA-accredited programs transition to the ACGME, and as ACGME-accredited programs with or without dual AOA accreditation consider applying for osteopathic recognition, they are faced with a few new questions from stakeholders about the value of OR.

One of the challenges programs may face is articulating the value of osteopathic recognition to hospital administration or leadership. For AOA programs that have traditionally trained students with an osteopathic focus, demonstrating the value of OR is not a difficult task. Programs that achieve OR ensure the unique principles and practices of the osteopathic medical profession continue to benefit the entire house of medicine, and most importantly, patients for generations to come.

Furthermore, students want osteopathic-focused training, GME programs want qualified applicants, and hospitals want residents who provide patient-centered care.

For programs that are traditionally accredited by the AOA, OR should be viewed as a mechanism by which programs can maintain and enhance their osteopathic distinctive training, they invested in for years. OR can serve as a powerful recruiting tool for the best-fit candidates for these programs. There is evidence to show that osteopathic medicine practiced in these settings can also lead to better patient care and decreased institutional costs.

There are efforts underway to document the major publications in medical literature that support all three of the following principles on the value of OR:

- Better patient care decreases institutional costs
- Maintains osteopathic distinctiveness
- Increases the number of applications (and quality of applicants) to residencies with osteopathic recognition

The AOA’s Bureau of Osteopathic Graduate Medical Education produced a resource to help articulate the value of osteopathic recognition, which also includes supporting research.
Opportunities for Research

Osteopathic specialty training embraces “real world” experiences with emphasis in training at community-based medical centers. This typically requires a larger volume of patients for procedures. With more MD programs applying for osteopathic recognition, there are now opportunities for research and scholarly activities on the topic of OPP through the academic medical center model. Academic centers are also sources of unusual cases that could spur education and research into new areas on the value of OPP.

Supporting Environment for Osteopathic Recognition

The workshop profiled various perspectives and approaches from the field to applying for osteopathic recognition, including perspectives from an osteopathic postdoctoral training institution (OPTI), a specialty college, and three program directors from across the country.

Michigan State University College of Osteopathic Medicine Statewide Campus System (MSUCOM-SCS)’s network of hospitals and residency programs, began leading its programs through the single accreditation system in 2016. To assist their programs, the OPTI established an osteopathic recognition task force and conducted a survey of students, residents, and faculty to gauge the community’s support for osteopathic recognition.

Respondents were asked the following questions:

- With the quality of training being equal, how important is it to you to seek OR for your program?
- How important is it for you to seek OR for your specialty?

From the three groups surveyed, each responded with over 50 percent affirmative that OR is important. Respondents who practice family medicine, internal medicine, and obstetrics and gynecology reported that OR is important to their specialty at a higher rate than other surveyed specialties. Overall, respondents in primary care fields placed a greater importance on OR than those in non-primary care specialties.

Implementing Osteopathic Recognition

Although many AOA-accredited programs have the infrastructure for osteopathic training, the OPTI identified several challenges to meeting the OR requirements. The additional administrative burden resulting from OR reporting requirements and the application process can be perceived as an arduous step for many who have recently gone through the initial accreditation process with the ACGME.

Additionally, some programs may find that they lack the number of qualified faculty required by the ACGME to support OR programs. These factors, among others, represent a larger challenge to OR. OR may be facing a stigma: a sense by GME program administrators that there is too much work and too many resources required for a distinction that is not required. The most challenging aspect of the OR application according to this OPTI, however, was adding OR-required components to previously ACGME-accredited programs, specifically those without previous AOA accreditation.

To overcome the perception that OR lacked the value required to make the effort worthwhile, it would need to provide deliverables to help programs easily meet requirements in a manner that resulted in quality education. To make the work more
manageable and relevant, this OPTI began by developing three education components that would meet osteopathic recognition requirements for incorporating biomechanical competencies, osteopathic manipulative medicine (OMM) competencies, and health promotion competencies. Education components included OPP in lifestyle medicine, physician well-being competencies, and OPP and professionalism as required by the ACGME.

The OPTI also set up an OR application service for programs that received initial ACGME accreditation. Among other assistance, the service provides suggestions for integrating OR criteria and evaluative tools.

The key strategy practiced by programs in the OPTI, which can serve as a best practice for other programs seeking OR, is to approach OR not as an add-on but as an integral piece of the specialty requirements for the program. Sections of the specialty-specific ACGME application could be replicated in the OR application, but should reflect on the OR tenets to produce a quality osteopathic-focused program.

Since this OPTI’s network contained a considerable number of programs with dual accreditation, it was critical to promptly produce resources to assist MD students in meeting OR program prerequisites and to prepare them to succeed in such programs. A two-part workshop for MD participants to prepare them for osteopathic GME was developed: the first workshop focused on PGY1 with osteopathic history and palpatory skills, and the second workshop focused on PGY2 and provided an introduction into more advanced techniques. These workshops were held over two days in the summer of 2017.

The OPTI also makes available an OR literature resource library with landmark articles for the three core competencies. In addition, they include modules for OMM documentation, coding and billing, competency workshops, and an osteopathic journal club that uses Zoom meetings to engage students from across the state.

So far, many of this OPTI’s residency programs have achieved initial or continued accreditation, and initial OR designation for some with more slated to apply for ACGME accreditation through 2017.

**Specialty College Perspective on Supporting Osteopathic Recognition**

The American College of Osteopathic Internists (ACOI) is committed to assisting programs looking to achieve OR and among other resources, created a resource toolbox to support programs applying for OR. The ACOI’s toolbox is a guide; it does not provide a cut and paste format/template. Instead, it provides a **thought process**.

The ACOI’s tools recommend that programs begin their conversation around the osteopathic milestones by asking “What are we already doing at our program to meet

“Truly, this is not an add-on. Many of the milestones are already present in your specialty residency requirements”
the milestones?” In addition, they address the importance of advocacy and messaging to the C-suite at hospitals and medical centers.

**From the Field: Residency Program Approaches**

Three programs—two internal medicine and one family medicine program—showcased their approach to applying and implementing OR. Many of the lessons and best practices shared by all three programs were similar and underscored two key principles: 1) the importance of preserving osteopathic identity as a motivation to apply, and 2) to delegate and divide the work across teams to accomplish the many tasks toward applying and achieving osteopathic recognition and 3) to cultivate champions and support for osteopathic recognition in the learning environment.

**Preserving Osteopathic Identity**

As the three program leaders, all with a previous connection to or tradition of osteopathic training, considered why they should apply for OR, the prevailing reason was to preserve the osteopathic identity of the program. In addition, they were buoyed with the knowledge that medical students seek these programs to add to their physical diagnosis and treatment skills.

**Divide and Conquer Tasks**

After going through the initial accreditation process, many program directors may feel drained and lack energy to pursue an additional application. Therefore, breaking up the work into manageable chunks is helpful. Several programs approach the application through a “divide and conquer” philosophy by which they pull from a small team and divide the OR application into sections. This saved time and made it a more collaborative effort.

Some initial steps to consider is to identify the key stakeholders and develop a gap analysis of the program to identify gaps between the AOA and ACGME requirements and components of the program.

**Addressing Challenging Areas**

The three programs addressed specific challenges that other programs considering OR may experience. These include providing accessible faculty development in OPP/OMM; assembling adequate research articles for monthly journal clubs and to meet scholarly activity requirements; recruiting skilled faculty in the respective specialty who practice OMM on a regular basis; and incorporating MDs into the program. The programs discussed their approaches to resolving these challenges.

**Research and Scholarly Activity**

One program started by regularly including OPP/OMM articles in their journal club and making OPP/OMM a much more visible and dynamic part of their curriculum through didactics. They urged the need to improve, advance, and integrate OPP into our residency. Conducting seminars to encourage more and better OPP/OMM research and publication is found as key. Programs engaged in brainstorming sessions with the OPTI about how to
incorporate OPP into community-based clinical research. The importance of producing more research that shows that outcomes are truly better and less expensive with the incorporation of OPP. There was a discussion that it was important to mentor the next generation and involve them in the academic world to encourage more research.

**Incorporating MDs**

This issue was universally seen as the most difficult aspect of the OR application. Ensuring that MD residents are equipped with the background knowledge to succeed in programs with OR and program faculty are comfortable precepting MDs. Some preceptors may be nervous training MD students because they may need to start from scratch to bring them up to speed to meet the milestones. Some programs took the approach of waiting to see how other programs addressed this issue and planned to incorporate these models into their programs. Some programs gave MDs the osteopathic in-service exam and found that they score similar to osteopathic residents. This could be due to a drop in OPP training during the clinical years. Therefore, a refresher on OPP for both MDs and DOs may be appropriate for some programs.

**Finding Champions**

To ensure that your institution is in support of OR, it is important to find a champion(s) of OPP in training. OPTIs are very helpful yet under-utilized resource. Leveraging MD comrades can also be a clever solution because they can often advocate for OR more than DO colleagues once they are “hooked.”

Residents can also affect culture change in their programs and hospitals, serving as advocates for OR. DO residents can use opportunities to demonstrate simple techniques and philosophies and start changing minds and show health benefits. DO residents can practice as much OMM as possible and begin to attract more patients and colleagues who may want to learn. One program conducts a highly-successful “Find it and Fix it” lab where residents, nurses, and office workers come to the lab and DOs demonstrate OMM.

**Curriculum and Faculty Development**

Programs found it helpful to integrate OR within their current specialty curriculum. One program defined the “standard settings,” “standard evaluation methods,” and “standard activities.” They then brainstormed about the core competencies and how to integrate OPP within them. They established a longitudinal curriculum and described how to integrate OPP into the curriculum. They then described resources, faculty development, and didactics needed for the curriculum.

For faculty development, some programs established DO-specific journal club topics and utilized OPTI partners for workshops. One program required the following for OR:

- Every hospitalist and patient must have an osteopathic exam
- A journal club
- All residents rotate through OMM
- Must demonstrate OMM structural exam annually
- Accurately document and bill for osteopathic treatments
- Encouraged osteopathic philosophy and whole-patient care
Conclusion

Participants and speakers at the pre-conference workshop examined the requirements for OR, as well as existing resources, perspectives, and approaches in applying and implementing OR in ACGME residency programs. To integrate OR, it is important to find a champion and to build buy-in in the community, including residents, faculty, administration, and the local patient population. Programs recommended the value of delegating appropriate aspects of the OR application process to the program team for a more manageable workload. It is also seen as helpful to integrate OR within a program’s components—such as milestones and curriculum—instead of approaching it as an add-on. This includes integrating milestones and OPP within the existing structure.

Programs found that integrating MDs within the program and ensuring adequate support to ensure they succeed was currently a challenge. The key advice is not to become overwhelmed. Overall, ensuring that OR values are clearly articulated is important. There are also exciting implications for OR integration within ACGME programs, including the adoption of the unique OPP to improve patient care and research opportunities within the different settings that can now adopt OR. The need for support throughout the community is evident, and institutions that are well positioned to offer aid and resources, such as specialty colleges and OPTIs, are critical.
Appendix I. Speakers

Stephen Shannon, DO, MPH, CEO and President, AACOM

David Connett, DO, FACOFP, Chair, Bureau of Osteopathic GME Development

Tiffany Moss, Executive Director, Osteopathic Accreditation

Robert Cain, DO, Chair, Osteopathic Principles Committee

Kari Hortos, DO, FACOI, FAODME, Chief Academic Officer/SCS MSUCOM

Susan Enright, DO, FACOI, Director of Clerkship, MSUCOM, Chair, ACOI Council on Education & Evaluation

Deborah LeVan, DO, MPH, MACOI, Program Director, St. John Macomb Oakland Internal Medicine Hospital Program

Dominick Zampino, DO, FACP, Program Director, AtlantiCare Regional Medical Center, Internal Medicine Residency Program

Sandra Snyder, DO, Program Director, Family Medicine Program, Fairview Hospital/Center for Family Medicine

Teresa Braden, DO, MBA, FACOI, FACP, FAAEM, Program Director, Parkview Medical Center Internal Medicine Residency Program
Appendix II. Workshop Agenda

Osteopathic Recognition: Intensive Peer-to-Peer Workshop for Completing the Osteopathic Recognition Application 1:00 pm - 5:00 pm

Deepen your conference experience by investing in a four-hour workshop focused on the osteopathic recognition application with guidance and insights from peers who have attained osteopathic recognition for their programs. Moderated by peers and experts on osteopathic training, attendees will walk away with tangible ideas to strengthen their program's osteopathic recognition application.

See flyer "Attaining Osteopathic Recognition in Your Residency Programs" for general information on osteopathic recognition.

Moderator Welcome: Osteopathic Recognition
- David A Connett, DO, Chair of BOGMED

Updates from the ACGME Osteopathic Principles Committee
- Tiffany Moss, Executive Director, Osteopathic Accreditation
- Robert Cain, DO, Chair, Osteopathic Principles Committee

OPTI Perspective: Road Map to Osteopathic Recognition
- Kari Hortos, DO, Chief Academic Officer/SCS MSUCOM

Specialty College Perspective: ACOI Approach to Osteopathic Recognition
- Dr. Susan Enright, DO, Director of Clerkship, MSUCOM, Chair, ACOI Council on Education & Evaluation

Program Success Stories: Tools, Tips & Lessons Learned
- Sandra Snyder, DO, Program Director, Family Medicine Program, Fairview Hospital/Center for Family Medicine View Presentation

• Teresa Braden, DO, Program Director, Parkview Medical Center Internal Medicine Residency Program View Presentation
• Deborah J. LeVan, DO, Program Director, St. John MacombOakland Internal Medicine Hospital Program View Presentation
• Dominick Zampino, DO, Program Director, AtlantiCare Regional Medical Center, Internal Medicine Residency Program View Presentation

Nuts & Bolts Q&A and Panel Discussion
Moderated by David A. Connett, DO
- Sandra Snyder, DO, Program Director, Family Medicine Program, Fairview Hospital/Center for Family Medicine
- Teresa Braden, DO, Program Director, Parkview Medical Center Internal Medicine Residency Program
- Deborah J. LeVan, DO, Program Director, St. John MacombOakland Internal Medicine Hospital Program
- Dominick Zampino, DO, Program Director, AtlantiCare Regional Medical Center, Internal Medicine Residency Program
Appendix III. Further Readings and Resources on Osteopathic Recognition

Application Resources


This document provides a list and description of the requirements a program must meet in order to gain Osteopathic Recognition (OR) designation. For an ACGME-accredited GME program to receive OR, that program must demonstrate that it meets standards for teaching the Osteopathic Principles and Practices (OPP) including osteopathic manipulative treatment (OMT). The requirements include competencies, medical knowledge, experiences, and evaluation methods amongst other provisions that a program seeking OR must meet. Of note, GME programs that earn Osteopathic Recognition designation may choose to designate the entire program as osteopathic-focused or only designate a portion of it as having an osteopathic-focused track.

For the most recently revised version of OR requirements, see edited version here: http://www.acgme.org/Portals/0/PFAssets/ReviewandComment/OR_RequirementsR&C_2017-07-31.pdf


This document provides the most recent changes proposed to the OR requirements. The document provides a description for the reason for revision as well as common questions and answers on the impacts of the changes.


This document, produced by the Osteopathic Principles Committee, provides additional clarification for GME programs on the OR application process. It covers frequently asked questions regarding meeting the OPP requirements, qualifications for resident eligibility, and program evaluation methods.

This document contains a list and description of milestone targets for graduate medical students participating in GME programs with OR designation. Milestones provided will be used to assess the progress of students training in an osteopathic GME program or track from novice to expert competency levels in OPP. Programs will report to the ACGME on graduate medical student milestone accomplishments using a five-level rating system for student competencies achieved in patient care, medical knowledge, continuing learning and improvement, and communication skills so that the ACGME will be able to assess student progress as individuals move through internship, residency, and fellowship programs. Of note, these milestone markers are not GME graduation requirements, as graduation readiness decisions remain under the purview of each program director.


This document provides clarification on the process of evaluating and reporting on milestones in GME teaching of OPP. It addresses common questions on the development of milestones in addition to those on evaluating and reporting milestone attainment. Of note, programs with pre-accreditation status are now required to report milestone evaluations to the ACGME twice a year.


This web page provides resources and forms supplied by the Osteopathic Principles Committee for applying for OR designation. Documents on OR requirements, milestones, OR application forms, documents containing additional information, and ACGME support contact information can be found here. Of note, the Supplemental Educator Form found on this page allows programs applying for OR designation to include information on additional faculty who will contribute substantially to OPP learning that are otherwise excluded from the list of faculty on the ADS application faculty roster.


This instructional document details steps for the OR application process. Documents and information that must be contained in the application are further explained here. Submitted applications are reviewed by the Osteopathic Principles Committee once a program has been accredited. Of note, GME programs may only apply for OR designation once they have received (at a minimum) ACGME pre-accreditation status. A program applying need not decide prior to receiving OR designation whether all or only a portion of residents will partake in osteopathic training.
Accreditation Council for Graduate Medical Education. Elements of an Osteopathic Learning Environment. Accreditation Council for Graduate Medical Education Web site. 

This document provides suggestions for ways to achieve learning elements that meet the osteopathic requirements in programs seeking OR designation. Osteopathic training should be incorporated in some combination of focused or integrated rotations, osteopathic rounds or clinic rotations, or osteopathic patient care conference participation. Elements should include experiences with heavy utilization of OMT and OPP or experiences with some form of planned exposure of OMT and OPP.

**Recommended Webinars**


This slideshow contains an overview of OR and the process of applying for and maintaining OR designation. Programs accredited through the ACGME must apply for initial OR designation, after which they will need to maintain their compliance with OR requirements to qualify for Continued Recognition status. Continued Recognition and program annual requirements are discussed, with advice on meeting requirements included as well.


This slideshow contains an overview of milestones and the process of evaluating and reporting on resident and fellowship performance levels. Milestone tracking provides a way to assess competency-based learning in a uniform manner across GME. The slideshow additionally covers the uses collected milestone data will be put to, as well as information on the Clinical Competency Committee.


This slideshow contains a detailed overview of OR and the process of applying for and maintaining OR designation. The presentation addresses a number of frequently asked questions on the application process and maintenance of OR designation.

Snyder S. Integrating on Osteopathic Curriculum into Your Residency. Talk presented on: Association of Osteopathic Directors and Medical Educators Web site; February 1, 2017. 
This slideshow captures the experiences of a dually-accredited family medicine program director in applying for and receiving osteopathic recognition for the program. Dr. Snyder provides insights into the process of developing an osteopathic curriculum that can be integrated into an existing residency program. The presentation covers curriculum planning, osteopathic milestones, evaluative and assessment tools.


The webinar provides a guide through the osteopathic recognition application, focusing on how to approach some of the more challenging components. The presentation is accompanied by a few templates and helpful documents for the application process, which can be found on the same webpage.


This webinar covers tips and best practices for applying for Osteopathic Recognition. The presenter addresses some frequent challenges and questions regarding requirements and the application process. Updates and proposed changes to the application process are also discussed.


This webinar discusses best practices for evaluating the educational achievements and progress of students participating in osteopathically recognized ACGME programs. In particular, the speaker discusses practices relating to ACGME Milestones and the local program evaluation committees.


This joint presentation provides an overview of a newly developed model for osteopathic-focused grand rounds that can help programs meet scholarly and educational accreditation requirements.
Further Reading


The article provides an account of one GME program’s decision to apply for OR. Program Director Eric Mast, DO made the decision to apply to ACGME accreditation and OR as soon as the opportunity became available to ensure the future success of the family medicine residency program at Firelands Regional Medical Center located in Ohio. The long-running program, which was previously accredited through the AOA, has cultivated a strong osteopathic culture. Achieving ACGME accreditation with OR designation will help the program continue to attract strong family medicine residents who play a critical role in care delivery for a community in need.


This article discusses the role osteopathic medicine has played in promoting whole-body and patient-centric care from the perspective of an osteopathic medicine residency program director. Since becoming dually accredited in 2008, the family medicine residency program at Fairview Hospital-Cleveland Clinic, Ohio has provided osteopathic training to all its MD and DO residents. For the program director, gaining OR designation was an important step in preserving the program’s osteopathic culture. Opening osteopathic training to MDs has helped expand the reach of osteopathic practices to more patients while preserving opportunities for DO students to continue their osteopathic training into residency and beyond.


This article reports on the success of Parkview Medical Center’s osteopathic internal medicine residency program following ACGME accreditation, which has opened up the application process to more students. Following their receipt of initial accreditation, Parkview Medical Center – located in Colorado – has seen a 50% increase in applicants looking to train in the program. The program intends to earn the OR designation to continue its culture and practices of whole-person care in the osteopathic tradition.


This article highlights the importance of OR for historically osteopathic programs in the transition to a single accreditation system. OMT can play an important role in ER settings by reducing the need for pharmacological interventions for acute pain. The OhioHealth osteopathic emergency medicine residency program has provided important opportunities for students to continue their osteopathic training in the ER setting for 25
years, and obtaining OR designation will allow the program to continue that osteopathic tradition.


This article details the editorial written by the former AOA President, Dr. Martin Levine, in the Journal of the American Osteopathic Association calling for GME programs to seek OR during the transition to the single accreditation system. Dr. Levine makes the case for OR by discussing its benefits, as it helps programs to attract top applicants, and the ease of application process for programs already well established in the osteopathic tradition, with many application requirements matching those on accreditation applications.


This article discusses the value of OR in the new single accreditation system from the perspective of a residency program director. Mercy Hospital’s family medicine residency program created an osteopathic track in 2006, and the program continues to see strong interest from both the osteopathic and allopathic communities. The family medicine program plans to apply for OR designation as soon as possible to gain recognition for the important skills students gain through their training at Mercy and to help attract DO students looking to continue their training in osteopathic medicine.


This article discusses reasons why some traditionally allopathic GME programs are seeking OR. Residency program directors are beginning to see the value of diversifying their resident populations as the health care industry shifts its focus towards more whole-body wellness care. The osteopathic profession’s approach to whole-body medicine has had a positive impact on the practice of MD students training alongside DO students. OR will help these programs attract more high-quality DOs looking to continue their osteopathic training.


This webpage provides a description of the Osteopathic Focus track available through the University of Missouri – Kansas City’s (UMKC) Family Medicine Residency Program. The program received OR designation in 2016 and now provides osteopathic curriculum for DO students as well as MD students who have received the required training in OMT and OPP.

This website provides information on the University of Wisconsin (UW) School of Medicine and Public Health’s Statewide Osteopathic Collaborative. The collaborative joins together the UW Department of Family Medicine and Community Health’s osteopathic residency training sites from across the state.


This digital pamphlet, produced by Ohio University Heritage College of Osteopathic Medicine, provides some statistics demonstrating the benefits of pursuing OR designation for GME programs in the new single accreditation system. The Director of Osteopathic Integration extends an offer to assist programs through the OR application process.


This journal article, written by members of the Association of Family Medical Residency Directors (AFMRD), provides an overview of Osteopathic Recognition (OR), the educational elements required for a program to receive OR designation, and the OR application process.


This document, produced by the American College of Osteopathic Internists (ACOI), provides guidance and tips on the application process for OR and for meeting OR milestones. It additionally provides tools for GME educators to help them advocate for OR to key program leaders or other stakeholders.


This library provides resources such as journal articles for use in journal clubs to help fulfill portions of the OR milestone requirements.


This article presents arguments for the importance of OR designation for traditionally osteopathic residency programs. The majority of third-year osteopathic medical students have a strong interest in attending programs with OR designation as opposed to other
ACGME-accredited programs without OR. Osteopathic students are coming out in support of the OR designation by calling on GME programs to demonstrate their commitment to continued osteopathic education by pursuing OR.


This webpage provides additional resources for the single accreditation transition, including a review of ACGME application requirements, links to ACGME resources like the accreditation designation database, and details on Osteopathic Recognition and the osteopathic learning environment.


This journal article calls upon osteopathic graduate medical education programs (OGME) to apply for OR in their shift into the new single accreditation system. The author argues that OR designation signals to students that the program is committed to maintaining osteopathic practices and traditions as a core of their educational offerings. The OR application requires a number of elements that osteopathic programs will have already included in their ACGME accreditation application, and there are a number of resources that provide application help free of charge so that osteopathic programs can make a smooth transition to OR designation in the single accreditation system.


This presentation reviews methods for integrating OMT into allopathic family medicine GME programs from the perspective of a DO at In His Image Family Medicine Residency located at St. John Clinic in Oklahoma. The slides include an overview of the change to single accreditation, the goals and requirements of OR, and student and faculty interest in OMT and OPP at In His Image. Students and faculty generally responded positively to surveys about interest in learning OMT or providing OMT offerings to more patients.


This journal article, written by members of the Association of Family Medical Residency Directors (AFMRD), provides a brief background of the single accreditation system (SAS) decision process, and describes the major benefits and elements of the SAS agreement. The AFMRD has created a program to assist family medicine GME programs in navigating the new accreditation system, which the authors briefly introduce in this article.

This white paper, produced by AACOM’s GME Transition Ad Hoc Committee, provides a background review of osteopathic practices and traditions, current trends in graduate medical education, the benefits of integrating osteopathic GME programs into ACGME’s accreditation system, and recommendations for the transition process to the single accreditation system. Recommendations include a discussion of ways to preserve and promote OPP as well as the osteopathic community’s identity and traditions in GME programs. Recommendations for MD student requirements for admittance into osteopathic GME programs are also provided here.


This web page provides resources for understanding the benefits of OR designation, including links to research demonstrating the value of osteopathic techniques in medical practice.


This article provides an update on osteopathic graduate medical education (OGME) programs as the single accreditation system (SAS) transition reaches its halfway point. AOA leaders report that the SAS transition is proceeding as scheduled. Many AOA residency programs have already successfully navigated the SAS to achieve initial ACGME accreditation, with over half of all residency programs having submitted accreditation applications by this point. Highlights include an agreement between the AOA, ACGME, and AACOM allowing residents currently in AOA-accredited GME programs to finish out their training in cases where the program does not successfully transition to the ACGME by July 2020, as well as the establishment of the AOA application assistance program for GME administrators looking for guidance in the ACGME application process.


This research paper assesses the perceived importance of Osteopathic Recognition (OR) in the single accreditation system (SAS) amongst students, residents, and faculty affiliated with either Michigan State University College of Osteopathic Medicine (MSUCOM) or the MSUCOM Statewide Campus System. Researchers found that
respondents generally valued OR designation, with approximately 68% responding that they believed OR was important.

References


