**AACOM Model Policy on   
Safe Osteopathic Clinical Training for Students**

**POLICY: Safe Osteopathic Clinical Training for Students**

*N.B.: All text offered in [brackets] throughout this document is optional language. {Curley brackets represent suggestions for the COMs.} All gray highlighted text must be customized by the end-user or deleted if not needed. Please find and replace the word “Institution” throughout with the name of your college or university.*

**Rationale for Policy**

Rationale: Institution desires to foster a culture of safety and respect within osteopathic clinical skills training sessions. These sessions may include osteopathic manipulative medicine (OMM), simulated patient encounters, and precepted patient encounters, leading to development of skills as a practicing physician. This document represents best practices as it pertains to student consent and informed consent.

Osteopathic manipulative medicine diagnosis and treatment is no different than clinical exams of other systems and includes the need for consent, informed consent, respect, autonomy and communication. The teaching of osteopathic physical diagnosis and treatment, however, allows a unique training opportunity to model best practices and develop trusting professional relationships.

During osteopathic medical training there exists two separate and distinct types of consent. The first is consent of the student as they participate in peer to peer learning.  The second is instruction on informed consent specifically as it applies to the utilization and practice of osteopathic manipulative treatment on patients.

Student consent pertains to what occurs while practicing osteopathic clinical skills during peer to peer educational activities including physical examination and treatment procedures.

Starting in the first year, students are expected to perform palpatory assessments, manual diagnosis and practice of treatment techniques on each other as well as permit other students to practice these skills on them.  Permission to allow peers to practice clinical skills is implied by enrollment through the requirement that students meet the technical standards. However, students must still seek verbal permission from peers prior to practicing.

**Purpose**

Consent should be explicitly taught, practiced, assessed and modeled by all students and faculty. As outlined below, the process of consent and creating a safe learning environment begins prior to interviews, during the interview process, at orientation and throughout pre-clinical, clinical and post-graduate training. Beginning this process prior to matriculation allows our potential students the ability to make an informed decision around attendance at colleges of osteopathic medicine.  Revisiting this at orientation to the OMM courses, and at initial clinical skills training sessions, reinforces the importance of student respect, autonomy, empowerment and safety in each peer to peer learning session. These concepts should be reviewed and revisited as appropriate as an individual’s consent can change depending on the exam, diagnosis or practice of treatment techniques occurring during the training session. In order to create a culture of feedback, dialogue, and openness, students may be encouraged to provide feedback to their partners on aspects of training that might make them uncomfortable.  Faculty should be available for students to discuss questions or concerns that arise as hands on clinical training occurs, or privately after learning sessions are complete. As a part of the orientation to the course, faculty should remind students of reporting mechanisms for their concerns.

Faculty members are responsible for modeling best practices of consent as they teach hands on clinical skills.  This includes, obtaining consent prior to demonstration of palpation and treatment skills and advancing verbal consent as appropriate to various anatomic or sensitive regions. Faculty development should be offered regarding student consent in the clinical training labs.

Students should be taught how to obtain informed consent around the use of osteopathic manipulative medicine as a distinct procedure for their future patients.

The following represent recommendations to AACOM and individual COMS in an effort to encourage a culture of safety and respect as well as best practices in teaching informed consent of osteopathic manipulative medicine.

**Pre-interview**

* {Remove before using this policy: COMs should create a video representing student expectations during the OMM lab experience.  Including generalized expected attire and expectations regarding palpation, verbal consent and informed consent.  This will demonstrate the role of the student as peer to peer learner.}
* Prior to applying to our College of Osteopathic Medicine, potential students are encouraged to view a video representing how we teach out students osteopathic manipulative medicine. This video reviews expected attire, how and with whom you can expect to touch and be touched, the different ways in which you will experience palpation and other diagnosis and treatment techniques, and how you should ask for and give consent. This video illustrates their role as a peer-to-peer learner in OMM lab.

**Interview**

* During the interview, Upperclass students will be made available to answer questions[ and may demonstrate] what the student experience as a lab participant is like. These students instruct and demonstrate the importance of obtaining consent or permission in the interaction.
* Students can watch the video demonstration described above, in the event that they have not yet seen it.
* Students may receive exposure to live osteopathic manipulative medicine lab sessions through observation when available.

**Technical standards**

* All students are expected to read, understand, and agree to the technical standards [COMs are encouraged to utilize the best practices in technical standards that already exist.]
* Orientation includes a demonstration and discussion of osteopathic diagnosis and treatment including expectations for student behavior in OMM lab.
* Students will document that they have received and reviewed the technical standards and the information provided about what to expect in OMM lab.

**Osteopathic Clinical Skills Curricula**

Osteopathic medical curricula should include policies, lectures and lab learning sessions to inform students of aspects of consent during peer to peer learning as well as learning how to obtain consent and informed consent from their future patients.

Syllabus, Student handbook or other posted policies

* Includes language outlining student consent and the expectation of receiving consent before proceeding with any osteopathic clinical training lab activity
* Requires students to obtain permission prior to touching their fellow student-learner
* Lectures and Laboratory Sessions

Demonstration/discussion of obtaining consent from peer learner

* + Empowerment of peer learners
    - It’s ok to say no, and opt out policies
    - Provide feedback to your partner if any part of the exam made you feel uncomfortable
    - Report to a faculty member if necessary
      * What happens if someone has been reported (generally this would specifically reference whatever policy is in place university- or COM-wide.)
    - Stop example (When consent is taken away)
    - Consent at different areas particularly in more sensitive areas
    - A student who asks for help from a faculty and the faculty asks for consent prior to touching the partner
  + Feedback and conflict resolution skills
    - Examples of the students providing feedback to partner
    - Example of the student reporting to a faculty member after the lab
  + A review of Title IX and reporting procedures
  + Acknowledgement of power differentials between faculty and students and physicians and patients
* Faculty modeling around obtaining consent prior to teaching and/or touching students
* Consent for touching sensitive areas
  + Common sensitive areas in osteopathic clinical training may include around breast tissue, the coccyx, the ischial tuberosities or the pubic bone
  + Acknowledgement that there may be different sensitive areas for different people due to culture, gender, values, modesty, history of trauma or disease
  + Osteopathic medical students do not palpate intimate areas (including the genitals, anus, and breasts) during osteopathic manipulative medicine (OMM) training lab sessions
    - There are techniques that address various patient complaints/diagnoses that employ manipulation of these anatomic regions, however these techniques are beyond the scope of an osteopathic medical school curriculum and may be learned by students during post-graduate training
    - Such techniques necessitate the need for informed consent, recommended written consent, personal protective equipment (such as gloves) and chaperones.
* Learn and practice knowledge skills and attitudes around informed consent
  + As described in the Seven Core Osteopathic Competencies for Medical Students by AACOM
    - Osteopathic Principles and Practices, Patient Care and Interpersonal and Communication Skills, Professionalism and Cultural competencies
  + As outlined by the Core Entrustable Professional Activities by AAMC
    - EPA 11: Obtain Informed consent

**Assessment**

* Students should be assessed formatively and summatively when appropriate on their ability to obtain permission and/or and informed consent during osteopathic principles and practices practical examinations as well as in their other courses such as osteopathic clinical skills.

**Faculty Development**

* COM-side clinical faculty development programs should encourage all clinical faculty to develop a standardized approach to touch and consent, in clinical skills, OMM, and in patient clinic.  Modeling appropriate behavior to students is essential to communicating the importance of professional touch and consent with our patients.
* Faculty development should include:
  + Reporting mechanisms/mandatory reporting/ Title IX
  + Consent that centers around removal of articles of clothing, touch and disclosure of personal information
  + The steps of informed consent
  + Power differentials/coercion in the education setting
  + Obtaining consent from student participants in lab
  + Identification of health conditions during learning sessions
  + Creating a culture of safety and respect in the osteopathic clinical training sessions
    - Addressing peer to peer learner values, cultural diversity, religious diversity, gender diversity, modesty, body image, disease or trauma history, and fear of being harmed

**Policies and Procedures**

* COMs are encouraged to create policies that address guests, visitors, use of video and photography during all educational environments including clinical skills training, and OMM laboratories.

Resources:

* The American Medical Association- Informed Consent
  + “Informed Consent and Decision Making: The Code of Medical Ethics CME <https://cme.ama-assn.org/Activity/5674416/Detail.aspx>
* AACOM Osteopathic Core Competencies for Medical Students 2012
* AAMC Core Entrustable Professional Activities for Entering Residency: Curriculum Developer’s Guide
* AAMC Core Entrustable Professional Activities for Entering Residency: Faculty and Learners’ Guide

**References**

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* Grace, S., Innes, E., Patton, N., Stockhausen,L. Ethical experiential learning in medical, nursing and allied health education: A narrative review. Nurse Education Today, 2017; 51:23-33
* American Medical Association. Code of Medical Ethics: Consent, communication & decision making <https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-consent-communication-decision-making>
* Gustowski, Sharon, Ryan Seals, and Maria Gentry. *Osteopathic Techniques: The Learner's Guide*. Thieme, 2017.  P. 4
* Seffinger, M. Foundations of Osteopathic Medicine. 4th edition. Chapter X Safety.