

AACOM ClinEd ACCELERATOR

Hacking the Future of Osteopathic Clinical Education

September 1 - October 13, 2026



Choose Your Challenge

Five opportunities to tackle the biggest challenges in osteopathic clinical education.

Track 1 Day-One Clinical Value

Clinical sites are increasingly capacity-constrained and financially pressured, and many struggle to integrate students in ways that clearly support care delivery.

What Participants Will Tackle

Design concrete roles, training modules, supervision models, and value measures that sets the stage for a clinical educational model that prepares osteopathic students for the changing landscape of healthcare while allowing them to contribute meaningfully to care teams from the beginning of medical school, especially in population health, digital health, patient navigation, quality improvement, documentation support, and community-facing care. Define value at the site level, since sites differ, and commit to at least one measurable patient- or care-level outcome.

A winning solution might look like

A "Day-One Value Playbook" student role descriptions, training requirements, supervision protocols, and a simple ROI case that a COM and one clinical partner could pilot within a single semester.

Track 2 From Rotation Sites to Strategic Partners

Most COM clinical site relationships are still transactional placement arrangements, a structural mismatch with what both sides need. Sites want strategic partners that reduce administrative burden, support workforce development, and improve care; COMs need partners that reinforce osteopathic identity and make clinical training sustainable. Almost no one has designed a model that delivers on both sides.

What Participants Will Tackle

Design a pilotable COM-clinical partner model that moves beyond student placement and creates measurable value for both sides. Treat faculty as a shared asset across the

continuum: partnerships that blend UME and GME faculty model the continuity the system now lacks and expand teaching capacity rather than competing for it.

A winning solution might look like

A partnership blueprint for a COM and one clinical partner, value proposition, shared metrics, governance structure, operating model, and first-year implementation plan.

Track 3 Progression by Mastery

The student journey remains too time-bound and too limited in how it recognizes differentiated mastery, prior experience, professional identity, and career-ready credentials.

What Participants Will Tackle

Design one part of a mastery-based osteopathic pathway: competency checkpoints, real-time feedback, stackable credentials, advanced standing for experienced clinicians, inclusive entry points, professional identity formation, or dashboards that signal when a learner is ready to advance. Participants may focus on one phase, one learner population, or one transition point (including admissions), as long as the solution shows how readiness is defined, assessed, and acted upon. Three expectations sharpen this track:

- **Professional identity formation:** Where you address leadership or values, frame it as professional identity formation grounded in osteopathic medicine's mission to the underserved, a construct that translates into assessable behaviors.
- **Credentials need a named receiver.** Any stackable-credential solution must identify who accepts the credential (residency program directors, employers, or licensing bodies) and the receiver-side problem it solves, so participants don't design badges no one recognizes.
- **Faculty alongside learners.** A competency-based journey cannot run on a time-based, under-prepared faculty. Show how your solution upskills or assesses faculty in parallel with learners, ideally blending UME and GME faculty to model continuity and expand bandwidth.

A winning solution might look like

A workable prototype for one phase or transition, showing concretely how readiness would be defined, assessed, and acted upon, that could be piloted at one COM within an academic year.

Track 4 DOs as the Human Interface in AI-Enabled Care

AI, ambient documentation, telehealth, and algorithmic decision support are reshaping clinical practice faster than medical education can comfortably adapt. Frame this offensively: as AI absorbs much of the cognitive work of differential diagnosis and documentation, what is the irreducible — and distinctively osteopathic — contribution of a physician?

What Participants Will Tackle

Define how osteopathic training prepares learners to be the trusted human interface between patients and technology, clinically capable, digitally fluent, ethically grounded, and emotionally intelligent. Design for the post-AI scope of practice, not the pre-AI one, and anchor on two distinctively osteopathic contributions: the palpatory exam as an unautomatable interface, and clinical reasoning and judgment exercised through an osteopathic lens over AI output. Center skills on critical appraisal of AI output and orchestration of agentic workflows, not prompt-crafting, which is already dated, with technology positioned to support, never replace, the physician. Solutions might include an ambient-documentation workflow, an AI-use curriculum, a patient-communication and trust protocol, an AI-enabled clinical workflow, a training simulation, or an AI-output review tool. Anything intended for a learner or patient must answer the validation and governance question in Section 2.

A winning solution might look like

A prototype curriculum, credential, clinical workflow, or patient-facing tool that demonstrates the DO role as the trusted human presence in AI-enabled care.

Track 5 OPP/OMM as a Measurable Clinical Service Line

OMM is central to osteopathic identity, but its future influence depends on making its clinical value visible, measurable, and practical in modern care delivery. A real barrier sits underneath this: students often disengage from OMT, especially in front of MD preceptors because they have been taught too many approaches and lack a confident, basic repertoire.

What Participants Will Tackle

Design an OMM-centered clinical model for one or more high-yield conditions, such as low back pain, headache, pregnancy-related pain, post-operative recovery etc. Anchor the model on a small set of basic, high-confidence OMT assessments and treatments that every student can perform comfortably, and address patient outcomes, workflow

integration, learner experience, preceptor and faculty readiness (including comfort in mixed MD/DO settings), and sustainability.



A winning solution might look like

A practical OMM service-line prototype for one target condition, a clinical workflow, the basic student skill set, a patient-facing explanation, and a credible answer to how the model sustains itself (reimbursement, value-based alignment, employer interest, or partner support). A working answer to the sustainability question is the essential test.

If you're interested, please visit aacom.org/ClinEdAccelerator for more information.

If you'd like to register, please visit [here](#).

If you have any questions, please contact gme-initiatives@aacom.org.