

AACOM Clinical Education Think Tank

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Executive Summary

The American Association of Colleges of Osteopathic Medicine (AACOM) convened a think tank of national thought leaders to envision a new era of clinical education designed to produce the most trusted frontline clinicians; doctors who serve their communities by combining emotional intelligence with diagnostic mastery to deliver whole-person, hands-on, high-value care for better health outcomes.

Participants identified key challenges and barriers within the clinical education system and identified near-term strategies to maximize success in the current model: expanding capacity, ensuring quality, strengthening the

distinctiveness of the osteopathic philosophy, and creating real value for both colleges of osteopathic medicine (COMs) and clinical partners.

Participants also recognized that the current model of clinical education is fundamentally broken. Incremental changes may help us navigate this system, but do not address the underlying problems of the model and its misalignment with the mission and structure of osteopathic medical education. In response, the group envisioned a bold, future-facing model of osteopathic medical education that fully integrates competency-based medical education and creates clinical experiences on Day One.

This report summarizes the group's findings and outlines a dual approach:

STRATEGIC FOCUS	PURPOSE	OUTCOME
Short-Term: Optimizing Today's Clinical Education Model through Partnerships That Create Real Value	Strengthen and align current COM–health system collaborations to create value for both partners	Immediate, measurable improvements in clinical training quality and sustainability
Long-Term: A New Model of Osteopathic Medical Education	Transforming the structure of osteopathic medical education from the ground up	Transformative, competency-based, longitudinal learning model that integrates osteopathic principles across the continuum

As part of the work of the American Association of Colleges of Osteopathic Medicine's (AACOM) UME-GME Task Force, AACOM convened a select group of thought leaders on October 27-28, 2025, in Alexandria, VA, to envision bold, future-oriented models for clinical education in osteopathic medical schools. The group's charge was to identify approaches that expand capacity, ensure quality, align incentives and strengthen the distinctiveness of the osteopathic philosophy in clinical training.

FRAMING THE CHALLENGE

Participants identified several challenges in the current clinical education system:

- The growing number of learners across health professions (DO, MD, PA, NP) has intensified competition for limited rotation opportunities, particularly in certain specialties, leading to rising costs and increasing expectations for preceptor payment and site support

- Students often view themselves as observers rather than active contributors, while clinical sites may perceive students as burdens rather than assets
- Many partnerships between COMs and clinical sites remain transactional instead of evolving into strategic, mutually beneficial collaborations
- The quality and consistency of clinical training experiences vary widely across sites
- Some preceptors' styles or practices may not fully reflect or reinforce osteopathic principles

THE OPPORTUNITY

To evolve from a transactional placement model to a strategic, value-based partnership that benefits learners, clinical sites, and communities alike.

Short Term: Optimizing Today's Clinical Education Model through Partnerships That Create Real Value

OBJECTIVE

Position COMs as preferred partners that deliver measurable benefits to clinical sites, preceptors and communities by aligning educational outcomes with health system priorities.

GOAL 1: TRAIN STUDENTS TO CREATE VALUE FOR HEALTH SYSTEMS

- Provide early, targeted training in clinical support skills (e.g., medical assisting, digital health tools, telehealth, patient interaction) to enable meaningful participation on care teams
- Reduce costs and improve workflows through better-prepared, technology-literate students
- Enhance patient satisfaction as students consistently apply osteopathic principles and practices in clinical encounters

GOAL 2: DELIVER SERVICES ALIGNED TO SITE NEEDS.

- Support Graduate Medical Education (GME) development and strengthen local physician recruitment pathways
- Collaborate on quality improvement and population health initiatives that advance institutional goals
- Envision cost sharing models, such as COMs hiring hospitalists and investing in shared infrastructure at clinical sites
- Provide preceptors access to COM resources such as library services and research support
- Assign site-based coordinators to manage student onboarding, scheduling, and evaluation, reducing the administrative burden on preceptors
- Recognize and reward preceptors through faculty appointments, continuing education, or modest stipends to promote engagement and retention

GOAL 3: DEFINE AND COMMUNICATE THE VALUE PROPOSITION

- Demonstrate community Return on Investment (ROI) through improved care quality, enhanced patient satisfaction, and stronger local workforce pipelines
- Translate educational goals into shared success metrics tied to workforce development, quality improvement and patient experience
- Reduce preceptor workload and increase efficiency through purposeful student integration into team functions
- Reframe the student role from passive learner to active contributor to care delivery and system performance
- Communicate in the language of value: quality, ROI, efficiency, patient satisfaction, and community impact in every partnership discussion

SUMMARY

By optimizing clinical education partnerships, COMs can transform relationships with clinical sites and preceptors from transactional arrangements into strategic, mutually beneficial collaborations that advance shared missions. This value-add model ensures that education and service reinforce one another, enhancing student learning, improving quality of care, and strengthening the health system workforce. Through this deeper, partnership-driven approach, osteopathic medical education is positioned as a leader in high-quality, cost-effective, community-centered training that meets both educational and health system goals.

AACOM can catalyze this transformation by identifying and developing models, frameworks, and tools that help COMs and their partners reimagine the clinical education enterprise and implement this strategy effectively.

Long-Term: Development of a New Model of Osteopathic Medical Education.

OBJECTIVE

While the immediate strategies in this report focus on achievable, near-term improvements, they alone will not resolve the structural challenges in clinical education. Rooted in humanism, adaptability, and whole-person care, osteopathic medicine is uniquely positioned to lead this transformation and offer the healthcare system the model it needs for the future.

GOAL

Envision new models for clinical education that:

- Expand capacity and long-term sustainability
- Ensure quality, consistency, and accountability
- Align incentives and create value for both COMs and clinical partners
- Strengthen the distinctiveness of osteopathic philosophy
- Integrate clinical experience across the entire educational continuum—not just during Years 3–4

GUIDING PRINCIPLES

- Reinforce osteopathic identity, distinctiveness, and social contribution

- Position COMs as partners, not vendors, producing measurable value for hospitals, preceptors, and communities
- Build the full Undergraduate (UG) → Undergraduate Medical Education (UME) → Graduate Medical Education (GME) pipeline as one continuous learning ecosystem
- Move toward time-variable, mastery-based progression with earlier and longitudinal clinical immersion
- Build tuition and partnership models that reward innovation, reduce cost, and sustain growth.

ENVISIONED OUTCOME

Osteopathic medicine will prepare a new generation of physicians who are technically excellent, emotionally intelligent, community-grounded and ready to lead from day one.

Students will not only learn medicine, but they will also practice it. From the start, they will work in real clinical systems, progress through demonstrated mastery, and graduate as trusted frontline clinicians who serve their communities as human interfaces in a technology-rich healthcare environment.

CORE DIMENSIONS OF THE FUTURE MODEL

DIMENSION	KEY INNOVATIONS
Clinical Experience Design	Earlier immersion from Day One; longitudinal, integrated touchpoints; COM or faculty run clinics ensure quality control; hybrid of teaching hospital and distributed community sites
Curricular Framework	Competency-based (time-variable) progression; emotional intelligence and empathy; professionalism; integration of humanities; leadership and community engagement
Partnership and Value Creation	Co-create value with health systems through GME development, workforce pipelines, cost reduction, improved patient satisfaction and reputation enhancement
Infrastructure and Systems	Shared resources among COMs; capitate tuition, value-based models; technology-enabled feedback and telehealth integration
Faculty & Preceptor Ecosystem	Sustainable preceptor development pathways; provide academic recognition, professional development and institutional support
Innovation & Entrepreneurship	Encourage COMs to serve as creators and problem solvers (e.g., own clinics, media, or payer/insurance models) through applied innovation

Proposed Integrated Longitudinal, Competency-Based Osteopathic Education

VISION

Osteopathic medicine is creating the most trusted front-line clinicians; doctors who serve their communities by combining emotional intelligence with diagnostic mastery to deliver whole-person, hands-on, high-value care for better health outcomes. When students think about the doctor they want to be, they think DO.

THE BOTTOM LINE

This is not incremental reform; it is a complete reimagining of osteopathic medical education. The goal is to produce physicians who are clinically excellent, deeply human, and prepared to lead healthcare transformation from day one.

WHAT EVERY GRADUATE WILL DO

1. Deliver Clinical Clarity at the Bedside

Identify patterns, make decisions and deliver timely, effective care across settings.

2. Connect with the Whole Person

Listen deeply, communicate with empathy and self-awareness and unite teams so every patient feels truly understood and cared for.

3. Apply Osteopathic Manipulative Medicine (OMM) to Improve Outcomes

Use osteopathic principles and hands-on skills

to relieve pain, restore function and accelerate recovery, where it matters most.

4. Preserve Humanity in a High-Tech World

Harness artificial intelligence (AI), communication tools and digital platforms safely and wisely, remaining the trusted human presence between patients and technology.

5. Build Health Beyond the Visit

Address social determinants, lead prevention efforts and measurably improve community health—not just treat individual encounters.

6. Lead as a Trusted Professional

Demonstrate reliability, sound judgment, resilience and ethics. Actively seek feedback, grow through challenges and elevate others.

7. Create Value as Servant-Leaders

Apply learned skills immediately as part of the healthcare delivery team, contributing from the start to lighten workforce demands, support care delivery and demonstrate the osteopathic philosophy of leading through service and collaboration.

Program Architecture Overview

The proposed model establishes an integrated clinical education framework that connects early immersion, continuous competency assessment and alignment with real-world healthcare delivery. Each component reflects the osteopathic philosophy of whole-person care while emphasizing mastery, accountability and adaptability. Technology and AI are embedded to enhance feedback, expand access to care and strengthen decision-making. From admissions through professional formation, the program creates a seamless learning continuum that prepares students to learn medicine by practicing it and to lead as compassionate, technologically advanced physicians.

PROGRAM ARCHITECTURE SUMMARY

KEY COMPONENT	DESCRIPTION
A. Early and Continuous Clinical Immersion	Students engage in real patient care from Day One through continuity panels, weekly interprofessional rounds and longitudinal clerkships.
B. Competency-Based Progression	Advancement based on mastery, with transparent competency checkpoints and multi-source feedback.
C. Clinical System Design	COM-affiliated clinics, partnerships with value-based practices (e.g., FQHCs, VA, Oak Street) and new financing models.
D. Humanism and Technology	AI literacy, communication mastery and digital empathy training.
E. OMM Central to Care Delivery	Integration of OMM into common conditions and systems of care; visible and valued across sites.
F. Stackable Credentials	Students earn certificates in education, digital health, business, or policy for flexibility and leadership readiness.
G. Inclusive Admissions & Pathways	Holistic review, modernized prerequisites and advanced standing for experienced clinicians.
H. Servant Leadership Formation	Continuous development through mentorship, community engagement and purpose-driven advising.

DETAILED PROGRAM ARCHITECTURE

The following section provides a deeper look at each component of the proposed program architecture, illustrating how the elements work together to create an integrated, technology-enabled and humanistic model of osteopathic medical education. While the summary table outlines the structure at a glance, this section expands on the practical implementation, how students engage in early and continuous clinical immersion, progress through demonstrated mastery and learn within systems that blend osteopathic philosophy with modern innovation. Each component build toward a unified goal: preparing graduates who are compassionate, clinically excellent, technologically proficient and ready to lead from day one.

A. EARLY AND CONTINUOUS CLINICAL IMMERSION (DAY ONE TO GRADUATION)

THE FOUNDATION

- Minimum of four–six hours per week in clinical settings, building from one hour daily
- Students join continuity care panels and follow patients across settings to experience longitudinal care
- Real-world participation replaces passive observation, reinforcing active learning
- Human-skills training in narrative medicine, empathy and communication ensures that technology supports, rather than replaces, bedside connection
- Use of telehealth and digital tools expands access and allows students to meet patients where they are

REAL ROUNDS, REAL PATIENTS (WEEKLY)

- Interprofessional rounds on a Common Conditions Library (chest pain/ACS, CHF/COPD, diabetes, UTI/ pyelonephritis, low back pain, depression/anxiety, pre-natal care, sepsis, cellulitis, dehydration, appendectomy, pneumonia, stroke, opioid use disorder)
- Students work with authentic charts and EHR workflows, present cases and follow patient progress

LONGITUDINAL INTEGRATED CLERKSHIPS (LICS)

- Replace block clerkships with sustained, relationship-based experiences
- Anchor learning in multi-specialty community clinics affiliated with the COM

B. COMPETENCY-BASED, TIME-VARIABLE PROGRESSION

TRANSPARENT COMPETENCY FRAMEWORK

- Mastery in domains such as medical knowledge, clinical reasoning, empathy, communication, OMM, professionalism, systems-based practice and community engagement
- Competency checkpoints at key phases, including entry and early immersion
- Advancement based on readiness and demonstrated competence rather than fixed timelines

COMPREHENSIVE ASSESSMENT SPINE

- Direct observation checklists and structured feedback
- Multi-source evaluations from patients, nurses, residents and preceptors
- OSCEs mapped to the Common Conditions Library
- OMM practical assessments integrated throughout the curriculum
- Portfolios and capstone QI or leadership projects that demonstrate growth and applied learning

C. THE CLINICAL SYSTEM WE TRAIN IN

COM-AFFILIATED TEACHING CLINICS

- Multi-specialty practices in diverse settings (urban, rural, FQHC and VA partners) serving underserved populations
- Designed as health centers (not sick centers) focused on prevention, mental health and population wellness rather than disease management alone

INNOVATIVE FINANCING AND VALUE CREATION

- Develop payer and health-system partnerships to sustain educational sites
- Pilot shared-savings or capitated models tied to emergency room diversion, chronic disease outcomes and workforce pipeline metrics

ACCOUNTABILITY FOR STUDENT LEARNERS

- Clearly defined scopes of practice under supervision
- Supervised order entry and structured patient callbacks
- Student participation in population registry management to connect education with measurable community outcomes

PARTNERSHIPS WITH HEALTHCARE INNOVATORS

- Embed learners in high-performing, value-based systems (e.g., Oak Street Health, One Medical, ChenMed) that model advanced analytics and patient-centered design
- Transform existing medical school facilities into dynamic teaching environments that include simulation hospitals, surgical suites and emergency care labs

D. HUMANISM AND TECHNOLOGY (THE HUMAN INTERFACE BETWEEN PATIENTS AND TECHNOLOGY)

- Training in digital health, AI safety, bias recognition and prompt engineering
- Narrative medicine, empathy labs and communication mastery ensure that technology enhances human connection
- Use digital tools to deliver care across multiple settings and modalities, expanding continuity and access

E. OMM CENTRAL TO CARE DELIVERY

- OMM becomes a valued, sought-after component of healthcare delivery—not an afterthought
- Students witness OMM in active practice and develop genuine comfort with delivery
- Integrate OMM into the Common Conditions Library: acute low back pain, pregnancy, COPD, post-operative ileus, headache and beyond
- Students explore how structural health contributes to overall wellness, how the body's intrinsic healing mechanisms can be mobilized and how a body-mind-spirit approach leads to more complete care plans
- Students work alongside practitioners who integrate OMM/OMT seamlessly into patient care
- Health systems and leaders actively seek out osteopathic care because it demonstrably impacts outcomes and patient satisfaction

F. CERTIFICATES AND STACKABLE CREDENTIALS (TRANSCRIPTED & BADGEABLE)

OPTIONAL TRACKS (CHOOSE TWO OR MORE):

- Education & Learning Coaching
- Digital Health
- Wellness & Health Coaching
- Business Coaching & Leadership
- Business Leadership or Administration
- Rural/Community Health/NRHA Pathway
- Population Health/Social Determinants
- Research & Scholarship
- Health Policy/Advocacy

CAPSTONE ARTIFACTS

- Each track culminates in implemented pathways, business cases, QI projects, or policy briefs

CAREER FLEXIBILITY

- Continuous professional development with renewable badges and certifications as knowledge evolves
- Stackable credentials ensure students who do not complete the full medical degree can still graduate with valuable, marketable qualifications aligned with their professional interests

G. INCLUSIVE ADMISSIONS & PATHWAYS

- Apply holistic review emphasizing service, empathy and resilience
- Pilot alternate assessments (e.g., UCAT) alongside MCAT to identify diverse strengths
- Update prerequisites to reflect current competencies (e.g., add Anatomy and Physiology, Psychology; deemphasize Organic Chemistry and Physics)
- Offer advanced standing or accelerated tracks for healthcare professionals (RNs, PAs, medics) based on prior experience

H. SERVANT-LEADERSHIP AND PROFESSIONAL FORMATION

- Deliver longitudinal leadership seminars paired with defined clinic and community roles (e.g., team lead, patient educator, project coordinator)
- Provide personalized advising that helps students align their professional pathways with purpose—whether in community care, innovation, or policy leadership

SUMMARY

This vision redefines osteopathic medical education as an integrated, longitudinal, competency-based continuum—anchored in humanism, driven by value, and designed for the healthcare realities of the future. It calls on COMs to lead boldly, innovate collaboratively and prepare the next generation of physicians who are as skilled in compassion as they are in care.

AACOM Clinical Education Think Tank Attendance

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