



Osteopathic Recognition and Beyond

Eric Elliott, DO

Parkview Medical Center

IM Residency



Disclosures

- No conflict of interest in relation to this program

Outline

- Developing our MD matriculation course
- Content of our Course
- Continuing the training
- Meeting the requirements for OR

Developing the Idea

- Integration of MDs
 - How?
 - What is the goal for these residents?
 - What can they do with it?
 - How do you evaluate competency?

Opportunities

- With proper training MDs are capable of using OMT
 - If they choose to use OMT going forward, they will be held to the same standards as DOs.
 - Privileges for OMT are obtained when there is documentation of successful completion of training.
 - For DO physicians this is the COMLEX
 - For MD physicians, successful completion of extra training must be obtained and documented (ex. Certificate or letter from the program)

Background

- Previous examination of application of OMT in difficult scenarios
 - Areas where creativity was necessary to succeed
 - ER use of OMT techniques¹
- Other attempts to integrate MDs into OPP
 - Ohio COM Osteopathic Medicine for All

Background

- Addressing Fears
 - Merger of GME
 - Loss of osteopathic identity
 - Stigma and misconceptions about OMT
 - Safe and effective¹

Background

- Not the first time MDs have been discussed in regards to their matriculation into osteopathic GME programs²
 - AAO made efforts to matriculate MDs into DO GME in the early 90's but this was voted down.

The Beginnings of the Curriculum Development

- With this background, we set out to develop a curriculum
- Chose to develop our own curriculum to maintain OPP as a part of our residency culture

The Beginnings of the Curriculum Development

- We initially sent our only MD faculty member and the OR director to a training course put on by Ohio COM

The Beginnings of the Curriculum Development

- During the Ohio conference, we were able to brainstorm what we wanted our pre-course to encompass.

The Beginnings of the Curriculum Development

- As we were developing the curriculum, we were in the midst of the interview season
- During all of our interviews, we made it clear our intentions for osteopathic recognition
 - Everyone is expected to participate
 - Many residents, both MD & DO, want to learn more OMT³

The Curriculum

- How do you best compress all this into one week?
 - Keep things introductory level
 - Lots of repetition
 - Draw from the common knowledge from medical school (anatomy)

Curriculum

	Monday	Tuesday	Wednesday	Thursday	Friday
0800	Welcome and Introduction	Review Yesterday	Review Yesterday	Review Yesterday	Further review
0900	History Of Osteopathic Medicine and Introduction to Osteopathic Principles and Practices (OPP)	Diagnosing Somatic Dysfunction	Approach to T-spine and ribs	Approach to L spine	sacrum/pelvis
1000		Skills lab: Diagnosing Somatic Dysfunction	Anatomy Review: T spine and ribs	Anatomy Review: L spine	Anatomy Review and gait analysis-identifying axes
1100	Introduction to Treatment Concepts and Modalities	Anatomy Review: Autonomic Nervous System	Skills Lab: Diagnosing and Tx T spine and ribs	Skills lab: Diagnosing and Tx L spine	Skills Lab: Gait analysis, Dx and Tx Sacrum/Pelvis
1200	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1300	Introduction to Treatment Concepts and Modalities	Introduction to Direct Techniques	Approach to Limbs	Approach to Sacrum/Pelvis	Approach to C-spine Somatic Dysfunctions
1400	Skills Lab: Introduction to the Structural Diagnosis and Primary Assessment	Introduction to Indirect Techniques	Anatomy Review: Limbs	Anatomy Review: Sacrum/Pelvis	Anatomy Review: C-Spine
1500	Anatomy Review and Biomechanics/neuroanatomy Review (Fryette's Law, Sacral mechanics, etc)	Skills lab: Diagnosing Somatic Dysfunction	Skills Lab: Diagnosing and Tx Limbs	Skills lab: Diagnosing and Tx Sacrum/Pelvis	Skills lab: Diagnosing and Tx C-spine
1600	Skills Lab: Biomechanics in Action, Palpation Skills	and Positioning for OMT	Brief review	Brief Review	Brief Review

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Curriculum

- Week long introductory course
- Initial didactic skills lab to give a baseline for their understanding and accuracy in diagnosis
- Didactics
 - OMT/OPP didactics twice a month
 - Table training with DO faculty



Continuing the Training

- Rotations for the 3 years:
 - Inpatient consult service
 - Ambulatory rotation with hands on OMT practice with:
 - Resident
 - Faculty DOs
 - Continue skills practical twice yearly to monitor progress

Continuing the Training

- Skills practical:
 - Residents are checked on:
 - Accuracy of diagnosis
 - Treatment plan
 - Treatment technique
 - Documentation of the diagnosis and treatment

Continuing the Training

- Allopathic trained residents attend OMT didactics twice a month.
 - The DO residents become an active part in teaching OMT to their MD counterparts⁴
 - Continued exposure to OMT

Continuing the Training

- Our residency has an inpatient OMT consult service.
 - MD residents will work closely with the DO faculty and residents on this service to get exposure to OMT and utilize the OMT basic skills they have learned

Continuing the Training

- Ambulatory rotations
 - MD residents “shadow” DO faculty and third year residents during their OMT visits and get some hands on experience in the outpatient setting

Continuing the Training

- Some of the biggest struggles to this point:
 - Balancing the training in OMT/OPP with the need to train residents in internal medicine
 - Scholarly activities

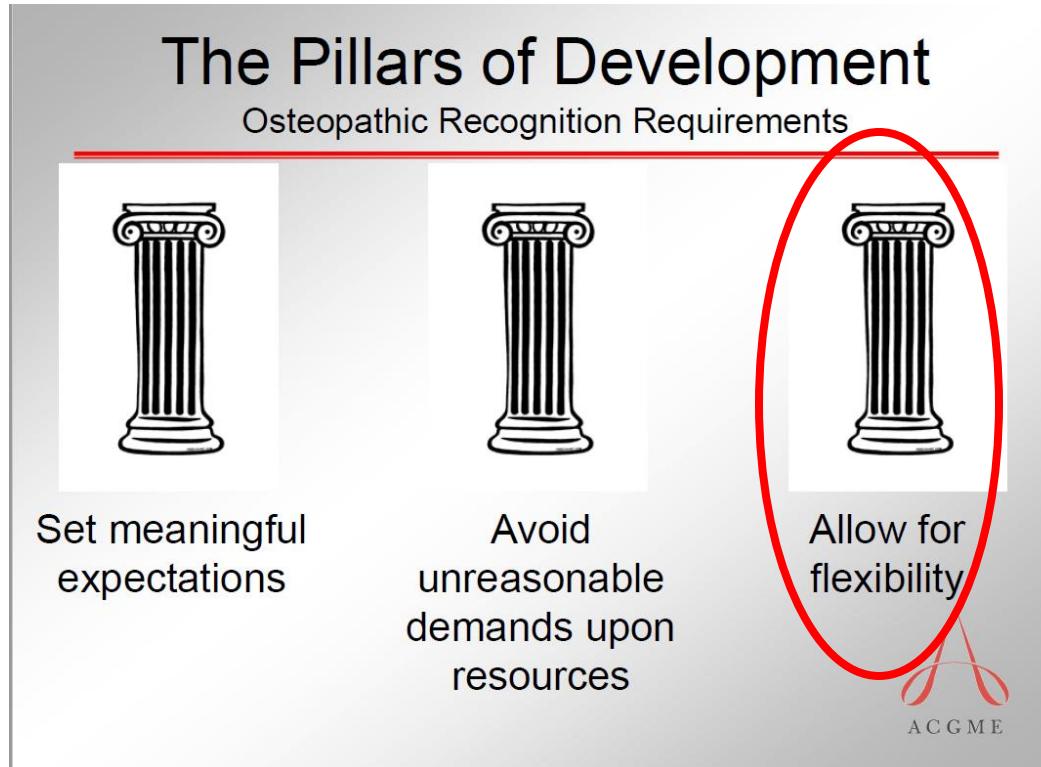
Scholarly Activities

- Other than publishing, what are good options for SA?
- Can faculty/trainee SA count for both according acgme OR requirements?
- How can journal clubs be used for SA?
- What are some of the SA's being used in your program

Scholarly Activities-Faculty⁵

- Osteopathic faculty must produce a combined total of at least two osteopathic SA annually, averaged over a five-year period.
- “If it includes osteopathic content” the following may qualify:

Scholarly Activities⁶



Scholarly Activities-Faculty⁵

- Topic presentation at a regional, state, or national meeting
- Presentation at grand rounds
- Web conference presentation
- Publication of articles, book chapters, abstracts, or case reports in peer reviewed journals.

Scholarly Activities-Faculty⁵

- Publication of peer reviewed performance improvement or education research
- Peer reviewed funding
- Peer reviewed abstracts presented at regional, state or national meetings
- Leadership position in a regional, state, or national osteopathic related organization

Scholarly Activity-Residents⁵

- Must produce at least one piece of osteopathic scholarly activity prior to graduation from the program.
- Scholarly activity may include:

Scholarly Activity-Residents⁵

- Items in the faculty SA list
- Resident led didactic with OPP
- Resident led workshop with integration of OPP
- Resident led journal club with osteopathic content

Scholarly Activity⁵

- SA that integrates OPP includes:
 - Educational presentations or research that focus on OPP or that address the integration of OPP into clinical care

Scholarly Activity⁵

- Integration into clinical care of one or more of the following osteopathic principles:
 - Mind-body-spirit interactions
 - Structure-function relationships
 - Self-regulatory and self-healing physiologic mechanisms
 - Osteopathic manipulative medicine into patient care

Scholarly Activity⁵

- Examples of acceptable SA topics:
 - Educational presentation on the affect of mind-body-spirit interactions on health
 - Ed presentation that includes integration of OMT into treatment options
 - Presentation of a case report that includes documentation of osteopathic structural examination findings
 - Educational presentation on OPP to interprofessional groups

Scholarly Activity⁵

- Examples of acceptable SA topics:
 - Manuscripts of peer reviewed journals or book chapters that discuss the integration of OPP into patient care activities.
 - Clinical or basic science research focusing on structure-function relationships
 - Participation in educational research focusing on training of the integration of the previously mentioned osteopathic principles

Scholarly Activities

- Other than publishing, what are good options for SA?
 - Grand rounds
 - Leadership in a local/regional/national osteopathic organization
 - Speak at a national/regional/local conference on an osteopathic topic
 - Case presentations
 - Posters with osteopathic content

Future Considerations

- We do not have a standardized testing or training for MDs to certify their skills in OMT.
- Strengthen the body of research for OMT and OPP

References

1. Roberge RJ, Roberge MR. Overcoming Barriers to the Use of Osteopathic Manipulation Techniques in the Emergency Department. *Western Journal of Emergency Medicine*. 2009;10(3):184-189.
2. Noone SJ. Osteopathic Training of MDs. *J Am Osteopath Assoc* 2013;113(4):270–271.
3. Allee BA, Pollak MH, Malnar KF. Survey of Osteopathic and Allopathic Residents' Attitudes Toward Osteopathic Manipulative Treatment. *J Am Osteopath Assoc* 2005;105(12):551–561.
4. Busey CB, Newsome CJ, Raymond CT, O'Mara MH. Implementation of a Resident-Led Osteopathic Manipulative Treatment Clinic in an Allopathic Residency. *J Am Osteopath Assoc* 2015;115(12):732–737. doi: 10.7556/jaoa.2015.149.
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