

### **Osteopathic Learning Environment**

It is expected every ACGME-accredited program with Osteopathic Recognition will create an osteopathic-focused learning environment that spans the length of the educational program. Each program has varying resources and missions based on geographic location, background of faculty members, and the needs of the patient population it serves. The avenues to attain an osteopathic learning environment are equally varying, to allow each individual program to successfully meet the Requirements for Osteopathic Recognition.

Post-graduate training occurs through both longitudinal and focused educational experiences. In this spirit, an osteopathic learning environment provides experiences that support this developmental process for each program and the learners within it. The ACGME Milestones allow for this developmental growth throughout the course of the educational program.

There are several elements a program can utilize to establish an osteopathic learning environment.

### **Elements of an Osteopathic-Focused Learning Environment**

#### **Focused Rotations**

A resident/fellow may be assigned to an osteopathically-trained physician whose practice is heavily oriented toward the use of osteopathic manipulative treatment (OMT) and incorporates Osteopathic Principles and Practice (OPP) in the majority of patient encounters. By default, this kind of rotation will include an emphasis upon OPP/OMT. Goals and objectives are clear for the entire period of the assigned rotation. This type of experience could occur in either the inpatient or the outpatient setting.

Example: A resident is assigned to a one-month rotation with John Smith, DO, certified in neuromusculoskeletal medicine/osteopathic manipulative medicine or another specialty with the majority of patient encounters incorporating OPP /OMT

And/Or

#### **Integrated Rotations**

A resident/fellow may be assigned to a practice that includes planned exposure to OPP and/or OMT with osteopathic physicians. Goals and objectives are included for the period when this exposure occurs. This type of experience could occur in either the inpatient or the outpatient setting.

Example: A resident is assigned to a medical or surgical service with four physicians, one of whom is a DO willing to provide focused OPP and/or OMT training during daily rounds or as a weekly clinic.

And/Or

### **Osteopathic Rounds**

A resident/fellow may participate in regularly scheduled osteopathic rounds. A qualified consulting physician, as part of the inter-professional team, leads such rounds. Goals and objectives are included for the period when this exposure occurs. This type of experience would most likely occur in the inpatient setting.

Example: A resident is assigned to a medicine or surgical service. The service includes a neuromusculoskeletal medicine/osteopathic manipulative medicine specialist or qualified consultant who conducts weekly rounds with the team. The experience includes both diagnosis and treatment opportunities on patients with a variety of pathologic conditions.

And/Or

### **Clinic Rotations**

A resident's/fellow's clinic experience may include planned exposure to OPP and/or OMT with osteopathic physicians. This experience will typically be ambulatory in nature. Goals and objectives are included.

Example: A resident is assigned to a clinic as part of his/her specialty training. OPP/OMT training may be embedded (part of each clinic session) or focused (planned OMT clinic days).

And/Or

### **Osteopathic Patient Care Conference (translational experience)**

A resident/fellow may participate in regularly scheduled conferences with osteopathic physicians where integration of OPP/OMT is discussed as part of the patient care plan. Residents/fellows present actual cases for discussion and feedback. These conferences may be interdisciplinary. Goals and objectives are included.

Example: A resident is assigned to a medicine or surgical service. The resident is expected to attend the twice-weekly osteopathic patient care conference facilitated by both a medical/surgical specialist and a neuromusculoskeletal medicine/osteopathic manipulative medicine specialist. The experience includes discussion of current cases and imaging/lab-based opportunity to improve diagnostic and treatment capabilities. This may be accomplished through grand rounds, a journal club, or clinically integrated sessions.