

**Via Christi Family Medicine Residency**  
**Designated Osteopathic Curriculum**  
**for Graduates of Colleges of Osteopathic Medicine**  
Revised November 2018

### **Description of Educational Experience**

Designated Osteopathic Training is a longitudinal educational experience provided to residents of Via Christi with special interest in osteopathic principles and practices. A designated osteopathic position is open to all residents but does require “sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine sufficient to prepare them to engage in the curriculum of the program.”<sup>1</sup> There are two pathways for appointment into one of these positions, one for osteopathic medical school graduates with the intention of building on and enhancing the practice of osteopathic manipulative treatment and osteopathic principles and practices; and the other for allopathic medical school graduates with the intention of ensuring a foundation in the critical elements of osteopathic philosophy and technique.

To complete the training, the resident must demonstrate proficiency in the osteopathic structural exam, integration of osteopathic principles and practices into patient care, as well as in treatment of the basic body regions utilizing the techniques of the resident’s choice. Residents must have an adequate understanding of the contraindications, if any, of these techniques. In addition, the resident will demonstrate knowledge of appropriate procedural codes.

The curriculum consists of one focused and two longitudinal components outlined below. In addition, a 2-4 week rotation in Osteopathic Manipulative Medicine is available increase the use of OMM in the inpatient setting as well as to become more familiar with techniques commonly used in the community setting. The goals and objectives are outlined in the Osteopathic Manipulative Medicine Rotation in New Innovations.

### **Summary of Requirements**

In addition to complying with general ACGME graduation requirements, designated osteopathic residents must complete the focused and longitudinal portions of the osteopathic curriculum. This includes:

1. Attend at least one didactic session from each topic (nine total) by end of PGY-3
2. Incorporate osteopathic principles and practices into one of the two required scholarly activities
3. Teach at least one didactic session or workshop (this also fulfills the osteopathic scholarly activity requirement)
4. Sit for the osteopathic ITE (scheduled and paid for by the residency)
5. Take the ABOFP (expenses reimbursed by the residency)

### **Osteopathic Leadership**

Melissa Penny, DO - Director of Osteopathic Education, Clinical Competency Committee (CCC) member, Osteopathic CCC subcommittee member.

Devin Penny, DO - core osteopathic faculty, Osteopathic CCC subcommittee member.

Andrew Porter, DO - AOA Program Director, Regional Dean through KCU and Osteopathic CCC subcommittee member.

Amy Cahill, ATC-R (316-858-3576) is the medical education specialist to contact if the resident desires to pursue an osteopathic rotation, or to request additional OMM specialty clinic days.

Osteopathic Specialty Clinic Faculty (non-core): Heidi Larison, DO, Dan McCarty, DO, and Timothy Wolff, DO.

Resident Didactic Leaders: Erin Hoffman, DO and Sarah Stokes, DO (2018-2019) - contact to schedule which didactic session you will present.

### **Components of Designated Osteopathic Curriculum**

Focused Component:

- 1) DO residents desiring appointment to a designated osteopathic position will complete an OSCE during intern orientation. This consists of a short multiple choice exam and a simulated patient encounter. A resident who passes the exam (with a score of 80% or higher) and demonstrates adequate technique is deemed competent for indirect supervision of osteopathic manipulation.

### Longitudinal Components:

- 1) Monthly didactics incorporate hands-on training in diagnosis and treatment of somatic dysfunction based on body region or core topic. Nine didactic workshops rotate on a twelve-month basis and include the following topics: Cervical Spine, Thoracic spine/Ribs, Lumbar Spine, Sacrum/Pelvis, Upper and Lower Extremities, Low Back Pain, Chronic Pain, Headache and OMT in pregnancy. After a traditional lecture reviewing osteopathic principles and therapies as well as the evidence-basis for their application and associated coding and billing, each osteopathic resident trains in hands-on diagnosis and treatment of somatic dysfunction. Volunteers from classmates, clinic staff, family and friends serve as “practice” patients for these sessions. Additionally, residents are encouraged to practice their skills amongst one another, as well as on willing family and friends and any questions or concerns may be immediately addressed via phone with a member of the faculty.
- 2) Each osteopathic resident is supervised by direct observation or, upon achieving competence as determined by the focused component of the curriculum, indirectly supervised via chart review by an osteopathic faculty physician in the application of osteopathic principles and treatment to patients within the Via Christi system. A resident who did not attain “indirect supervision status” from the focused component, but appropriately diagnoses and treats somatic dysfunction on patients during three directly supervised encounters is then deemed competent for indirect supervision. A resident may attain “indirect supervision status” but may of course request more direct attending supervision. Additionally, attendings may periodically request to directly supervise the residents for ongoing learning opportunities.

### Educational Resources

1. *Foundation of Osteopathic Medicine 3<sup>rd</sup> Edition* (FOM). Anthony Chila, executive editor. LWW, 2011
2. *Somatic Dysfunction in Osteopathic Family Medicine* (SDOFM). Kenneth Nelson, editor. LWW 2007.
3. *Basic Musculoskeletal Manipulation Skills – the 15 Minute Office Encounter* (BMMS). Rowane. AAO 2012.
4. Channell, Millicent King., and David C Mason. *The 5-Minute Osteopathic Manipulative Medicine Consult*. 1st ed., Wolters Kluwer Health/Lippincott Williams & Wilkins, 2009
5. Beatty, David R. *The Pocket Manual of OMT: Osteopathic Manipulative Treatment for Physicians*. 2nd ed., Wolters Kluwer, 2011.
6. Nicholas, Alexander S., and Evan A. Nicholas. *Atlas of Osteopathic Techniques*. 3rd ed., Wolters Kluwer, 2016.
7. ACOFP video library: <http://www.acofp.org/ACOFPIMIS/Acofporg/MemberApps/OMT/OMTLogin.aspx>  
Access code: 156882

### Patient Care

#### Goal

Residents must be able to provide patient care that is caring and appropriate. Residents need to incorporate OPP into evaluation and treatment as well as preventative medicine. Residents are expected to:

#### Competencies

1. Utilize OPP to promote health and wellness in patients with common conditions. (*Goal - end of PGY 1*)
2. Incorporate osteopathic principles when evaluating patients and devising a care plan. (*Goal - end of PGY 2*)
3. Mentor others to incorporate osteopathic principles to promote health and wellness. (*Goal - end of PGY 3*)

#### Objectives

1. Successful completion of one simulated osteopathic patient encounter (during intern orientation) OR direct observation of three patient encounters demonstrating proper application of OMT and integration of OPP as well as knowledge of contraindications to various techniques. (*Goal - early PGY 1*)
2. Document somatic dysfunction and treatments as applicable. (*Goal - end of PGY 2*)
3. Mentor junior residents to incorporate OPP on the inpatient team and mentor junior residents in the osteopathic specialty clinic to promote proper diagnosis and treatment of somatic dysfunction. (*Goal - end of PGY 3*)

### Medical Knowledge

Residents must demonstrate knowledge of OPP and its appropriate integration into family medicine, including care of the whole patient, and treatment of the person, rather than the symptoms. Residents are expected to:

#### Competencies

1. Describe appropriate OMT techniques for common patient presentations. (*Goal - early PGY 1*)
2. Apply knowledge of appropriate OMT techniques to formulate a patient-centered care plan. (*Goal - end of PGY 2*)
3. Mentor others to apply the four tenets and utilize OMT. (*Goal - end of PGY 3*)

## Objectives

1. The resident will have graduated from an osteopathic medical school with a baseline knowledge of OMM as demonstrated by an 80% or higher score on an osteopathic manipulation multiple choice exam during intern year OR demonstrate competence on 3 separate patient or simulated patient encounters under direct supervision. Simulated patient encounters may require the use of clinic staff or residency family members and/or friends (verbal consent will be obtained). *(Goal - early PGY1)*
2. The resident will attend at least one of each didactic topic through the course of residency. *(Goal - end of PGY3)*
3. The resident will teach at least one didactic session OR lead one annual workshop during block didactics *(Goal - end of PGY3)*

## Practice- Based Learning and Improvement

### Goal

Residents must treat patients in a manner consistent with the most up-to-date information related to OPP, and must integrate evidence-based OPP into patient care. Residents are expected to:

### Competencies

1. Incorporate osteopathic literature into rounds, case presentations, or didactic sessions. *(Goal - end of PGY 1)*
2. Incorporate feedback to develop a learning plan to better apply OPP to patient care. *(Goal - end of PGY 2)*
3. Prepare and present osteopathic-focused scholarly activity or a didactic session. *(Goal - end of PGY 3)*

## Objectives

1. The resident will teach at least one didactic session OR lead one annual workshop during block didactics *(Goal - end of PGY3)*
2. Attend and participate in all nine modules of the OMM workshops (Each module will be offered on at least three occasions during each resident's training) *(Goal - end of PGY 3)*
3. The residency will administer the osteopathic ITE annually and the resident will use results of this exam in order to develop a learning plan that will prepare them for their board exam. *(Goal - PGY1-3)*
4. Please discuss presenting at the annual KAOM meeting in Wichita every November with Dr. Andrew Porter. There are usually three slots available for our residents to present. (for dates: <https://kaom.wildapricot.org/>)

## Systems Based Practice

### Goal

Residents are expected to demonstrate understanding of their role in the delivery of quality and cost-effective osteopathic patient care within the healthcare team. Residents are expected to:

### Competencies

1. Document somatic dysfunction and code for OMT, with supervision. *(Goal - end of PGY1)*
2. Assist patients in obtaining quality osteopathic patient care. *(Goal - end of PGY2)*
3. Mentor others to document somatic dysfunction and code OMT. *(Goal - end of PGY3)*

## Objectives

1. The resident will identify the roles of subspecialists and ancillary services (ie, physical therapy, sports medicine) and will demonstrate the ability to make appropriate referrals verbally or within the electronic record. *(Goal - end of PGY1)*
2. The resident will integrate OMM into their own continuity clinic (if signed off for indirect supervision). *(Goal - end of PGY2)*
3. The resident will mentor junior residents in the osteopathic specialty clinic on the proper documentation of somatic dysfunction and coding of OMT. *(Goal - end of PGY3)*

## Professionalism

### Goal

Residents must demonstrate caring, compassionate behavior and appropriate touch, with awareness and proper attention to how issues of culture, religion, age, gender, sexual orientation, and mental and physical disability may influence a patient's perception of touch within the context of OPP. Residents are expected to:

### **Competencies**

1. Demonstrate non discriminatory behavior in all interactions, including with diverse and vulnerable populations. *(Goal - end of PGY1)*
2. Manage difficult osteopathic patient-physician relationships while ensuring patient care needs are met. *(Goal - end of PGY2)*
3. Mentor others in utilizing the osteopathic tenets and appropriate use of touch in all patient care settings. *(Goal - end of PGY3)*

### **Objectives**

1. Provide informed consent (at least verbally) prior to applying OMT. *(Goal - end of PGY1)*
2. Provide patients with home exercises/alternatives to OMT in patients that refuse treatments. *(Goal - PGY1-3)*
3. Mentor junior residents in the inpatient and clinic setting, demonstrating the appropriate use of touch and integration of osteopathic tenets into patient care. *(Goal - end of PGY3)*

## **Interpersonal and Communication Skills**

### **Goal**

Residents must effectively discuss osteopathic concepts with patients and team members. Residents must communicate clearly with patients and members of the healthcare team, utilizing appropriate verbal and non-verbal skills. Residents are expected to:

### **Competencies**

1. Demonstrate the tenets of osteopathic medicine to health care team members. *(Goal - end of PGY1)*
2. Utilize appropriate verbal and non-verbal skills to coordinate team-based patient care activities. *(Goal - end of PGY2)*
3. Use easy to understand language in regards to making an osteopathic care plan with patients. *(Goal - end of PGY3)*

### **Objectives**

1. Clearly describe osteopathic manipulative treatments to patients as well as risks and benefits to ensure patient understanding. *(Goal - end of PGY1)*
2. Identify the roles of subspecialists and ancillary services such as physical therapy, sports medicine and make appropriate referrals verbally or within the electronic record. *(Goal - end of PGY2)*
3. Use appropriate interpreter services when needed. *(PGY1-3)*

## **Teaching Methods**

1. Formal didactic lectures
2. Direct observation of patient encounters
3. Indirect observation of patient encounters
4. Interactive Workshops
5. Simulated patient encounters
6. Informal discussions with attendings and resident colleagues
7. Faculty Mentoring

## **Assessment Method (Residents)**

1. Direct observation with immediate verbal feedback from osteopathic faculty of patient encounter
2. Attending Evaluation
3. Attend and participate in all nine modules of the OMM workshops (Each module will be offered on at least three occasions during each resident's training)
4. Osteopathic faculty evaluation of didactic session or workshop
5. Osteopathic Clinical Competency Committee Review
6. Summative Evaluation - verifies completion of osteopathic designated educational training.

## **Assessment Method (Program Evaluation)**

1. Resident Evaluation of the Osteopathic Educational Experience during the Annual Program review