

## **Summary of ACGME Key Requirements for Training Osteopathic Residents**

(references to requirements doc cited)

### The Staff:

- Director of Osteopathic Education (1.A) (can be MD/DO)
  - Osteopathic Faculty (1.B) Certified by AOA or ABMS
    - Can be DO/MD (1.B.2)
    - Must be able to supervise OMM (1.B.1)
    - Are required to:
      - Participate in Osteopathic Faculty Development (1.B.4.a)
      - Evaluate Residents (1.B.4.b)
      - Teach OPP/OMM actively (1.B.4.c)
  - **Core** Osteopathic Faculty (1.C) (again, MD/DO)
    - Need at least one plus the DOE (1.B.3 - FAQ)
    - Same requirements of Osteopathic Faculty, + assist in creating curriculum, evals, etc
  - The Clinical Competency Committee
    - The DOE should be a member of the program's CCC (V.A.1.a))
    - Osteopathic Milestones must be evaluated 2x/year by the program CCC or a subcommittee (V.A.1.b))
- Two options:
- One program CCC that does it all - Need at least 2 osteopathic faculty (DOE + 1 OF) to sit on the program CCC that reviews everyone, including the osteopathic designated residents and their osteopathic milestones. (V.A.1.b-c))  
-OR-
  - Form a separate osteopathic CCC - Form a subcommittee of the CCC to serve as the osteopathic CCC (V.A.1.c).(1) and only review the osteopathic designated residents' progress of osteopathic milestones. Report to the program CCC through the DOE.

### The Residents:

- Residents in Designated Osteopathic Slots
  - Need an average of 1 per year, averaged over 3 years (II.A)
  - Designated in ADS (II.A.1)
  - Need sufficient background prior to entry into the slot (DO grads vs MD grads)
    - Programs MUST have a policy that outlines the eligibility for their program (II.C)

### The Program

- Curriculum - need to integrate OPP into each of the ACGME competencies (III)  
\*(The requirements doc devotes about 3 pages to outlining each competency area and would be a helpful place to start with curriculum development)\*
- Learning Environment
  - Needs to promote OPP. Lots of freedom given based on mission of program and resources of program. FAQ has a nice explanation as well. (IV)
- Experiences
  - Need to embed the 4 tenets into the educational program(IV.A.2) and provide instruction in OPP (IV.A.1) and advance procedure skills of both residents and faculty (IV.A.3)
  - Residents need to be teaching OPP as well (journal club/didactics/workshops) (IV.A.5)
  - Residents and Faculty need to do Scholarly Activity that integrates OPP (IV.A.7)

- Resources

- If you are sharing faculty, ACGME wants to know how they will be shared (IV.B.1.a))
- Tables and reference materials need to be provided by the program as well as a space to have didactics, etc. (IV.B.2.a).(1-2))
- "Community of Learning" - more explanation given in the FAQ - in short, a community of learners - faculty, students, residents, teaching physicians from a variety of settings, a COM, etc. (IV.B.3.)

### The Evaluations

- Resident Evaluations

- CCC evaluation = 2x/year (V.A.1.)
- *Formative Evaluations*
  - Rotational and educational experience evals
    - Includes direct observation of encounters and review of A/P documentation for application of OPP. (V.A.2.c))
  - Scholarly Activity
    - Evaluate to ensure OPP integrated into at least one (V.A.2.d))
  - Need to evaluate when resident is ready to apply OMT to patient care under supervision
    - Needs to be overseen by the DOE (V.A.2.e))
  - Need objective assessment of medical knowledge at least once in training
    - Standardized test (ITE/Cortex) (V.A.2.f).(2) and FAQ
  - Need an objective formative assessment of OMT skill proficiency (V.A.2.f).(2) (nothing added in the FAQ)
- *Summative Evaluation* - determines practice without supervision
  - Milestones must be one of the tools used to determine competency (V.A.3.a)
  - Director of Osteopathic Ed needs to provide a summative eval for each DOR (V.A.3.b)
    - part of permanent record (V.A.3.c).(1))
    - document resident's performance related to competencies (V.A.3.c).(2))
    - verify resident can apply OPP to pt care unsupervised (V.A.3.c).(3))

- Faculty Eval

- DOE needs to evaluate OF at least yearly (V.B.1)
  - eval performance related to the integration of OPP into the educational program
- Evaluation of osteopathic faculty members must include:
  - Written, confidential annual evaluation by designated osteopathic residents (V.B.2.a))
  - Assessment of knowledge, application and promotion of OPP (V.A.2.b))

- Program Evaluation

- Residents and faculty need to confidentially evaluate the osteopathic components of the program at least annually (in writing) (V.C.1.)
- Program needs to use the results to improve (V.C.2.)
- Pass rate for boards should meet or exceed the national average (V.C.3.) (this is under the program eval, so this is considered a way to evaluate your program - are you getting folks to pass their boards?)
- Residents should be inclined to stay in a slot if they enter one (V.C.4)