

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)