

**Via Christi Family Medicine Residency**  
**Designated Osteopathic Curriculum**  
**For the MD Resident**  
**Revised November 2018**

### **Description of Educational Experience**

The Osteopathic Designated Resident educational experience is a longitudinal curriculum provided to residents of Via Christi with special interest in osteopathic principles and practices. Via Christi has historically been a dually accredited program (through both the ACGME and AOA) and was one of the first programs to achieve Osteopathic Recognition when the single accreditation system was initiated and to develop an “Osteopathic Focused Track” for all residents interested in learning osteopathic principles and techniques during their training. In 2018, the ACGME changed the name of the Osteopathic Focused Track to a “Designated Osteopathic Position.” This position is open to all residents but does require “sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program.”<sup>1</sup>

All designated osteopathic residents must demonstrate proficiency in the osteopathic structural exam, as well as in treatment of the basic body regions utilizing the techniques of their 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. There are two pathways to receive a position as a designated osteopathic resident, one for osteopathic medical school graduates with the intention of building on and enhancing the practice of osteopathic manipulative medicine and treatment; and the other MD residents with the intention of providing a foundation in the critical elements of osteopathic philosophy and technique. The following curriculum is intended for MD residents and consists of one focused and two longitudinal components.

### **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. Completion of the foundational training course (online or video with written assessment) by end of PGY-1
2. Attend at least one didactic session from each topic (nine total) by end of PGY-3
3. Incorporate osteopathic principles and practices into one of the two required scholarly activities
4. Teach at least one didactic session (this also fulfills the osteopathic scholarly activity requirement)
5. Sit for at least one osteopathic ITE (scheduled and paid for by the program)
6. Resident must have attained full indirect supervision by the end of PGY-3

### **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.

<sup>1</sup> From ACGME Osteopathic Recognition Requirements ©2018 section II.C.

## Components of Designated Osteopathic Curriculum

### Focused Component of Curriculum:

Prior to receiving an osteopathic designation, the MD resident must obtain a foundational knowledge of osteopathic principles and practices. We currently utilize a video series that is lecture and demonstration based to provide this foundational knowledge as well as a brief written assessment to verify that a foundational understanding of OPP has been met. A resident who passes the exam (with a score of 80% or higher) will qualify for an osteopathic designated position. These residents will be directly supervised by osteopathic faculty in the performance of Osteopathic Manipulative Medicine on patients until they receive "indirect supervision" status. Residents will continue to hone foundational knowledge through the longitudinal portion of the curriculum.

### Longitudinal Components of Curriculum:

- 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 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. Any questions or concerns may be immediately addressed via phone with a member of the faculty.
- 2.) Incorporation of OPP and OMT into patient care - All designated osteopathic residents should incorporate osteopathic principles as appropriate to their training level. Initially, each MD resident is directly supervised by an osteopathic faculty physician in the application of Osteopathic Manipulative Treatment on patients within the specialty or continuity clinics at Via Christi, as well as the inpatient setting. The monthly didactics will afford the MD resident competence in a limited number of techniques (see partial indirect supervision in the section on supervision) which the resident may then incorporate with 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 resident 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. Incorporate osteopathic principles when performing a history and physical, as well as creating a differential diagnosis and devising a care plan with assistance from supervisor. (*Goal - end of PGY 1*)
2. Independently incorporate osteopathic principles when evaluating patients and devising a care plan in patients with common conditions. (*Goal - end of PGY 2*)
3. Mentor others to incorporate osteopathic principles to promote health and wellness. (*Goal - end of PGY 3*)

## Objectives

1. The resident will demonstrate understanding of contraindications to performing various osteopathic techniques. *(Goal - end of PGY 1)*
2. The resident will demonstrate appropriate selection of osteopathic techniques based on the patient's diagnosis, age, and overall state of health, as documented in the patient's medical record. *(Goal - end of PGY 2)*
3. The resident will perform accurate and complete osteopathic structural exams and diagnose somatic dysfunction as appropriate to patient condition. *(Goal - end of PGY 3)*

## Medical Knowledge

### Goal

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 the basic techniques of osteopathic manipulative treatment and demonstrate knowledge of absolute and relative contraindications of OMT. *(Goal - end of PGY 1)*
2. Describe appropriate OMT techniques for common patient presentations. *(Goal - end of PGY 2)*
3. Apply knowledge of appropriate OMT techniques to formulate a patient-centered care plan. *(Goal - end of PGY 3)*

## Objectives

1. The resident will complete an online course, including written assessment, (class of 2020) in order to obtain a foundation of osteopathic principles and practices prior to receiving osteopathic designation. Proof of completion must be sent to the Director of Osteopathic Education. Class of 2021 Residents and beyond must review the video course series and demonstrate a baseline knowledge of OMM as demonstrated by an 80% or higher score on a written multiple choice exam prior to receiving a spot as an osteopathic designated resident *(Must complete by end of PGY-1; exception is granted to the class of 2021, course and exam due by Dec 31, 2019)*
2. The resident will regularly attend the didactic sessions as allowed by their residency assignments. Residents must attend at least one of each topic. MD residents will obtain competency in techniques listed under "partial indirect supervision" during the didactic sessions. *(PGY1-3).*
3. The resident will teach at least one didactic session OR lead one annual workshop during block didactics *(Goal - end of PGY 3)*

## 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. Perform osteopathic-focused literature reviews and describe evidence-based medicine principles and how they relate to osteopathic patient care. *(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. Complete the foundational course, including the written assessment, for MD residents entering an osteopathic designated position by the end of PGY 1, while attending monthly didactics. *(Must complete by end of PGY-1; exception is granted to the class of 2021, course and exam due by Dec 31, 2019)*
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) *(PGY 1-3)*
3. The resident will teach at least one didactic session OR lead one annual workshop during block didactics *(Goal - end of PGY3)*

4. The residency will begin offering the osteopathic ITE to designated osteopathic residents in 2019. MD residents will take the exam during PGY 2 and 3 and use results of this exam in order to develop a learning plan that will prepare them for the osteopathic board exam or to help reveal osteopathic educational gaps. *(Goal - PGY2-3)*
5. 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. Demonstrate knowledge of required medical documentation related to diagnosis and treatment of somatic dysfunction. *(Goal - end of PGY1)*
2. Document somatic dysfunction and code for OMT, with supervision. *(Goal - end of PGY2)*
3. Assist patients in obtaining quality osteopathic patient care; independently document somatic dysfunction and code for OMT services. *(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 OMT treatments, that they have attained indirect supervision to perform, into their own continuity clinic. *(Goal - end of PGY2)*
3. The resident will appropriately document somatic dysfunction and code for OMT, as observed by osteopathic faculty in the specialty clinic setting or on chart review by core faculty of a continuity clinic patient encounter. *(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. Identify the effect of osteopathic principles and practices, including touch on the patient-physician relationship. *(Goal - end of PGY1)*
2. Preserve patient dignity during diagnosis and treatment of somatic dysfunction. *(Goal - end of PGY2)*
3. Manage difficult osteopathic patient-physician relationships while ensuring patient care needs are met. *(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. Describe the tenets of osteopathic principles to patients and families and develop a positive relationship with patients. *(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. 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 PGY1)*
2. Clearly describe osteopathic manipulative treatments to patients as well as risks and benefits to ensure patient understanding. *(Goal - end of PGY2)*
3. Use appropriate interpreter services when needed. *(PGY1-3)*

**Teaching Methods**

1. Formal monthly didactic lectures
2. Direct observation of patient encounters
3. Indirect observation of patient encounters (If approved)
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 the OMM workshops as allowed by rotation (Must attend each module over 3 years)
4. Osteopathic Clinical Competency Committee Review
5. Osteopathic faculty evaluation of didactic session or workshop
6. Summative Evaluation - verifies completion of osteopathic designated educational training. Resident must have attained full indirect supervision status prior to the summative evaluation.

**Assessment Method (Program Evaluation)**

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

**Level of Supervision**

Because rational treatment of patients is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function, all designated osteopathic residents should incorporate osteopathic principles and practices as appropriate to their training level. The following levels of supervision apply specifically to the performance of OMT within the Via Christi Family Medicine Residency Program.

Direct Supervision:

All MD residents will have direct supervision when performing OMT until the resident has completed didactics, workshops or the requirements to attain indirect supervision status.

Partial Indirect Supervision:

Following completion of the following didactic sessions, the resident will receive competence to incorporate the listed treatments into their patient treatment options, when appropriate with indirect supervision status:

*Headache or C-Spine* - Suboccipital release, paraspinal muscle release, muscle energy to the cervical paraspinal muscles

*OMT in pregnancy* - muscle energy of the pubic symphysis/pelvis

*Thoracic spine/ribs* - paraspinal muscle release, rib raising, thoracic outlet release, soft tissue treatment of rhomboids

*Lumbar Spine* - Muscle energy of the pubic symphysis/pelvis

*Sacrum/Pelvis* - Muscle energy of the pubic symphysis/pelvis, Muscle energy directed at rotated innominates

*Upper/Lower Extremity* - Muscle energy directed at rotated innominates, soft tissue treatment of rhomboids.

*Chronic Pain/Fibromyalgia* - Myofascial release of tender points

*Osteopathic Workshop* - includes suboccipital release, muscle energy of the pubic symphysis/pelvic, effleurage and petrissage directed at the sinuses and the eustachian tube

If there is any question or concern regarding diagnosis or treatment, residents should immediately contact one of the core osteopathic faculty either in person or via phone call.

Full Indirect Supervision:

A resident who independently diagnoses and treats somatic dysfunction on patients during three directly supervised encounters may then be deemed competent for indirect supervision. Alternatively, residents could participate in the osteopathic OSCE offered every June during orientation which includes a written and hands-on assessment with the intention of granting “full indirect supervision status” if a score of 80% or above is achieved. This allows residents to confidently continue their use of osteopathic treatments during their own continuity clinics (regardless of which didactic sessions have been completed) in a more frequent manner, thus increasing the educational opportunity.