

Osteopathic Recognition Requirements

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Proposed Osteopathic Recognition Requirements

1 2 3 Introduction

4
5 Int.A. Osteopathic Recognition may be conferred by the Osteopathic Principles
6 Committee upon an ACGME-accredited graduate medical education program
7 providing requisite education in Osteopathic Principles and Practice (OPP). (Core)*

8
9 Int.B. OPP refers to a philosophical and practical approach to patient management and
10 treatment, including osteopathic manipulative treatment (OMT), based on an
11 understanding of body unity, self-healing and self-regulatory mechanisms, and
12 the interrelationship of structure and function. (Core)

13
14 Int.C. OPP further defines the conceptual understanding and practical application of the
15 distinct behavioral, philosophical, and procedural aspects of clinical practice
16 related to the four tenets of osteopathic medicine: (Core)

17
18 Int.C.1. the body is a unit; the person is a unit of body, mind, and spirit; (Core)

19
20 Int.C.2. the body is capable of self-regulation, self-healing, and health
21 maintenance; (Core)

22
23 Int.C.3. structure and function are reciprocally interrelated; and, (Core)

24
25 Int.C.4. rational treatment is based upon an understanding of the basic principles
26 of body unity, self-regulation, and the interrelationship of structure and
27 function. (Core)

28 29 I. Osteopathic Program Personnel

30 31 I.A. Director of Osteopathic Education

32
33 I.A.1. The program must have a Director of Osteopathic Education who is
34 responsible for leading the osteopathic education in the program. (Core)

35
36 I.A.1.a) The Director of Osteopathic Education must have sufficient time
37 and availability to fulfill the responsibilities of the position based on
38 program size and configuration. (Core)

39
40 I.A.1.b) Qualifications of the Director of Osteopathic Education must
41 include:

42
43 I.A.1.b).(1) requisite osteopathic expertise and documented
44 educational and administrative experience acceptable to
45 the Recognition Committee; (Core)

46
47 I.A.1.b).(2) certification through an American Osteopathic Association
48 (AOA) specialty certifying board, or qualifications judged
49 acceptable to the Recognition Committee; (Core)

50

- 51 I.A.1.b).(3) current ~~unrestricted~~ medical licensure and maintenance of
52 clinical skills through provision of direct patient care; and,
53 (Core)
54
- 55 I.A.1.b).(4) ability to teach and assess OPP. (Core)
56
- 57 I.A.2. The Director of Osteopathic Education must be the program director or
58 another member of the program faculty. (Core)
59
- 60 I.A.3. ~~The Director of Osteopathic Education must be a member of the core~~
61 ~~osteopathic faculty.~~
62
- 63 I.A.4. The Director of Osteopathic Education's responsibilities must include:
64 (Core)
65
- 66 I.A.4.a) administration and maintenance of the educational environment
67 conducive to educating residents in OPP and the ACGME
68 Competencies; (Core)
69
- 70 I.A.4.b) development of the OPP curriculum; and, (Core)
71
- 72 I.A.4.c) development of the OPP evaluation system. (Core)
73
- 74 I.A.5. The Director of Osteopathic Education must teach designated osteopathic
75 residents the application of OPP. (Core)
76
- 77 I.A.6. The Director of Osteopathic Education must:
78
- 79 I.A.6.a) administer and maintain an educational environment conducive to
80 educating residents in OPP and the ACGME Competencies; (Core)
81
- 82 I.A.6.b) engage in osteopathic professional development applicable to
83 his/her responsibilities as an educational leader; (Core)
84
- 85 I.A.6.c) oversee and ensure the quality of osteopathic didactic and clinical
86 education at all participating sites; (Core)
87
- 88 I.A.6.d) at each participating site where osteopathic education occurs in
89 the clinical learning environment, approve an ~~osteopathic faculty~~
90 ~~member as the local site director~~ osteopathic site director who
91 provides appropriate on-site supervision and is accountable for
92 designated osteopathic resident education and supervision; (Core)
93
- 94 I.A.6.d).(1) An osteopathic site director must be an osteopathic faculty
95 member. (Core)
96
- 97 I.A.6.e) approve the selection and continued participation of osteopathic
98 faculty members, as appropriate; (Core)
99
- 100 I.A.6.f) ~~evaluate osteopathic faculty members annually;~~
101

- 102 I.A.6.g) prepare and submit all information required and requested by the
103 ACGME; (Core)
104
105 I.A.6.h) advise residents with respect to osteopathic professional
106 development; and, (Core)
107
108 I.A.6.i) meet all requirements of an osteopathic faculty member. (Core)
109

110 Background and Intent: The decision of a program to pursue Osteopathic Recognition carries
111 with it a responsibility to provide the leadership necessary for the osteopathic curriculum to
112 succeed. A physician must be designated to serve as the leader responsible for creating the
113 osteopathic learning environment, and ensuring the Osteopathic Recognition Requirements are
114 met. While local titles for this leader may vary, this individual will be recognized in the ACGME's
115 Accreditation Data System (ADS) as the Director of Osteopathic Education and will serve as the
116 primary point of communication with the program regarding the osteopathic curriculum. Any
117 qualified member of the osteopathic faculty may be appointed as the Director of Osteopathic
118 Education, including the program director. The certification requirement for the Director of
119 Osteopathic Education does not mandate that board certification must be in the same specialty
120 as the program.

121
122 I.B. Osteopathic Faculty
123

124 *Philosophy: Osteopathic faculty members are a foundational element of*
125 *Osteopathic Recognition. They provide an important bridge allowing residents to*
126 *grow and become practice-ready, ensuring that patients receive the highest*
127 *quality of osteopathic care. They are the role models for the next generation of*
128 *physicians, demonstrating compassion, commitment to excellence in teaching*
129 *and patient care, and a dedication to lifelong learning. Osteopathic faculty*
130 *members foster the growth and development of future colleagues. The care they*
131 *provide is enhanced by the opportunity to teach Osteopathic Principles and*
132 *Practice.*

133
134 *Osteopathic faculty members provide appropriate levels of supervision to*
135 *promote patient safety. They create a positive osteopathic learning environment*
136 *through professional actions and attention to well-being of residents and*
137 *themselves.*

- 138
139 I.B.1. Osteopathic faculty members must, through prior education and
140 certification, be able to supervise the performance of osteopathic
141 manipulative medicine (OMM) in the clinical setting. (Core)
142
143 I.B.2. Osteopathic faculty members must:
144
145 I.B.2.a) be certified by an AOA specialty certifying board and/or a member
146 board of the American Board of Medical Specialties (ABMS), or
147 possess qualifications judged as acceptable by the Recognition
148 Committee; and, (Core)
149
150 I.B.2.b) have current medical licensure. (Core)
151

- 152 I.B.3. The program must maintain a sufficient number of osteopathic faculty
 153 members. (Core)
 154
 155 I.B.4. Osteopathic faculty members must:
 156
 157 I.B.4.a) annually participate in a structured faculty development program
 158 that includes OPP; (Core)
 159
 160 I.B.4.a).(1) This program ~~should~~ must include ongoing education
 161 addressing evaluation and assessment in competency-
 162 based medical education. (Core)
 163
 164 I.B.4.b) evaluate designated osteopathic residents application of OPP
 165 ~~through direct observation of patient encounters~~; and, (Core)
 166
 167 I.B.4.c) actively participate in organized clinical discussions, rounds,
 168 journal clubs, or conferences, for designated osteopathic
 169 residents, with specific integration of OPP, including OMT. (Core)
 170

171 Background and Intent: The decision of a program to be recognized for delivering osteopathic
 172 education carries with it a responsibility to select and appoint faculty members committed to the
 173 success of the osteopathic curriculum. Faculty members assist the Director of Osteopathic
 174 Education in a variety of roles and to varying degrees to ensure the success of the designated
 175 osteopathic residents, inclusive of the requisite education in OPP and training necessary to
 176 develop and apply OMT. While local titles may vary, faculty members participating in delivery of
 177 the osteopathic curriculum will be designated in ADS as “osteopathic faculty,” regardless of
 178 medical degree (DO, MD, etc.). The certification requirement for osteopathic faculty members
 179 does not mandate that the board certification must be in the same specialty as that of the
 180 program. “Osteopathic faculty” refers collectively to the physicians responsible for educating
 181 residents participating in a program with Osteopathic Recognition. The term “osteopathic
 182 faculty” does not imply or require salary support.

- 183
 184 I.C. Core Osteopathic Faculty
 185
 186 I.C.1. Core osteopathic faculty member(s) must:
 187
 188 I.C.1.a) assist in the development of the OPP curriculum; (Core)
 189
 190 I.C.1.b) assist in the development of the OPP evaluation system; and, (Core)
 191
 192 I.C.1.c) teach the application of OPP. (Core)
 193
 194 I.C.2. Core osteopathic faculty members must:
 195
 196 I.C.2.a) be board certified through an AOA specialty certifying board; or,
 197 (Core)
 198
 199 I.C.2.b) possess qualifications judged as acceptable by the Recognition
 200 Committee. (Core)
 201

202 I.C.3. In addition to the Director of Osteopathic Education, the program must
203 have at least one additional core osteopathic faculty member. (Core)

204
205 I.C.4. Core osteopathic faculty members must meet all osteopathic faculty
206 member requirements. (Core)
207

208 Background and Intent: The decision of a program to be recognized for delivering osteopathic
209 education carries with it a responsibility to select and appoint faculty members committed to the
210 success of the osteopathic curriculum. Such responsibilities include resident formative
211 assessment and involvement with requisite education in OPP and training necessary to develop
212 and apply OMT. Osteopathic core faculty members assume a heightened level of OPP
213 knowledge and skill. In most cases, core osteopathic faculty members will hold a Degree of
214 Osteopathic Medicine, but it is recognized that physicians with other medical degrees are likely
215 to possess the necessary knowledge and skills in the future. The certification requirement for
216 core osteopathic faculty members does not mandate that the board certification must be in the
217 same specialty as that of the program. The term “osteopathic core faculty” does not imply or
218 require an academic appointment or salary support.

219
220 II. Designated Osteopathic Resident Appointments
221

222 II.A. Each program must have at least one designated osteopathic resident per
223 program year, averaged over three years. (Core)
224

225 II.A.1. Programs must designate, in ADS, the residents who will formally receive
226 osteopathic education. (Core)
227

228 II.B. Prior to entering a designated osteopathic position, applicants must have
229 sufficient background and/or instruction in osteopathic philosophy and techniques
230 in manipulative medicine to prepare them to engage in the curriculum of the
231 program, to include: (Core)
232

233 II.B.1. osteopathic philosophy, history, terminology, and code of ethics; (Core)
234

235 II.B.2. anatomy and physiology related to osteopathic medicine; (Core)
236

237 II.B.3. indications, contraindications, and safety issues associated with the use
238 of OMT; and, (Core)
239

240 II.B.4. palpatory diagnosis, osteopathic structural examination, and OMT. (Core)
241

242 II.C. The program must have a policy that outlines the eligibility requirements for
243 appointment, based on the type of medical school from which the applicant
244 graduated, as outlined in Common Program Requirements (Residency) III.A.1.a)-
245 III.A.1.b).(2). The policy must clearly identify what is required of the applicant
246 prior to entering a designated osteopathic position in an ACGME-accredited
247 program with Osteopathic Recognition. (Core)
248

249 II.C.1. The policy must include requirements for each medical school type. (Core)
250

251 Background and Intent: Osteopathic Recognition provides opportunity to physicians, including
252 those who did not graduate from an accredited college of osteopathic medicine, to obtain
253 education in OPP they can subsequently apply to patient care.
254

255 This opportunity requires ~~physicians, including those who did not graduate from an accredited~~
256 ~~college of osteopathic medicine, to obtain~~ foundational education in OPP to prepare them for
257 success as a resident in a program with Osteopathic Recognition.
258

259 Programs with Osteopathic Recognition are asked to describe their expectations for
260 foundational education in order to increase the chance of resident success. The breadth and
261 depth of such foundational education will reflect the resources, expertise, and culture of the
262 program.
263

264 Establishing resident eligibility requirements does not imply a program must accept an
265 applicant. Programs will follow their usual policies and procedures when undertaking a review of
266 applicants and accept those they deem most qualified.
267

268 The hope is that by establishing appropriate foundational requirements, ~~exceptional~~ candidates
269 will be more easily recognized as qualified for participation in a program with Osteopathic
270 Recognition.
271

272 III. Osteopathic Educational Program

273
274 The curriculum for designated osteopathic residents must integrate OPP into each of the
275 ACGME Competencies. (Core)
276

277 III.A. Patient Care and Procedural Skills

278 Each resident must demonstrate the ability to:
279
280

281 III.A.1. approach the patient with recognition of the entire clinical context,
282 incorporate osteopathic principles, including the four tenets, and use the
283 relationship between structure and function to promote health; (Core)
284

285 III.A.2. use OPP to perform competent physical, neurologic, and structural
286 examinations incorporating analysis of laboratory and radiology results,
287 diagnostic testing, and physical examination as appropriate to his/her
288 specialty; (Core)
289

290 III.A.3. document somatic dysfunction and its treatment as applicable to each
291 patient's care; (Core)
292

293 III.A.4. effectively treat patients and provide medical care that incorporates the
294 osteopathic philosophy; (Core)
295

296 III.A.5. gather accurate, essential information from all sources, including
297 information relevant to OPP; (Core)
298

299 III.A.6. demonstrate a caring attitude that is mindful of cultural sensitivities and
300 patient apprehension concerning touch and palpatory diagnosis; (Core)

- 301
302 III.A.7. assume increased responsibility for the incorporation of osteopathic
303 concepts into his/her patient management; (Core)
304
305 III.A.8. demonstrate listening skills in interactions with patients, utilizing caring,
306 compassionate behavior and touch (where appropriate); (Core)
307
308 III.A.9. competently perform osteopathic evaluation and treatment appropriate to
309 his/her medical specialty; and, (Core)
310
311 III.A.10. provide health care services appropriate for his/her specialty consistent
312 with osteopathic philosophy, including preventative medicine and health
313 promotion based on current scientific evidence. (Core)
314
315 III.B. Medical Knowledge
316
317 Residents must:
318
319 III.B.1. demonstrate the ability to integrate knowledge of accepted standards of
320 OPP in their respective specialty areas; (Core)
321
322 III.B.2. demonstrate understanding and application of OPP to patient care; (Core)
323
324 III.B.3. demonstrate the treatment of the person rather than symptoms; (Core)
325
326 III.B.4. demonstrate understanding of somatovisceral relationships and the role
327 of the musculoskeletal system in disease as appropriate to their
328 respective specialty; and, (Core)
329
330 III.B.5. perform critical appraisals of literature related to OPP relative to their
331 specialty. (Core)
332
333 III.C. Practice-based Learning and Improvement
334
335 Residents must demonstrate the ability to:
336
337 III.C.1. incorporate literature and research that integrate osteopathic tenets into
338 clinical decision making; (Core)
339
340 III.C.2. critically evaluate their methods of osteopathic clinical practice, integrate
341 evidence-based OPP into patient care, show an understanding of
342 research methods, and improve patient care practices as related to their
343 specialty area; (Core)
344
345 III.C.3. treat patients in a manner consistent with the most up-to-date information
346 on diagnostic and therapeutic effectiveness related to OPP; and, (Core)
347
348 III.C.4. perform self-evaluations of osteopathic practice patterns and practice-
349 based improvement activities using a systematic methodology. (Core)
350
351 III.D. Interpersonal and Communication Skills

352
353 Residents must demonstrate:
354
355 III.D.1. interpersonal and communication skills that enable them to effectively
356 discuss osteopathic concepts and their role in patient care with patients,
357 families, and other members of health care teams as appropriate for their
358 specialty area; and, (Core)
359
360 III.D.2. appropriate verbal and non-verbal skills (including touch) when
361 communicating with patients, families, and interprofessional collaborative
362 team members. (Core)
363
364 III.E. Professionalism
365
366 Residents must:
367
368 III.E.1. demonstrate awareness of and proper attention to issues of culture,
369 religion, age, gender, sexual orientation, and mental and physical
370 disabilities as they may influence a patient's perception of touch within the
371 context of OPP; (Core)
372
373 III.E.2. treat the terminally ill with compassion in management of pain, palliative
374 care, appropriate touch, and preparation for death; (Core)
375
376 III.E.3. demonstrate an increased understanding of conflicts of interest inherent
377 to osteopathic clinical practice and the appropriate responses to societal,
378 community, and health care industry pressures; and, (Core)
379
380 III.E.4. utilize caring, compassionate behavior and appropriate touch with
381 patients as related to their specialty area. (Core)
382
383 III.F. Systems-based Practice
384
385 Residents must:
386
387 III.F.1. demonstrate an understanding of the role of osteopathic clinical practice
388 in health care delivery systems, provide effective and qualitative
389 osteopathic patient care within the system, and practice cost-effective
390 medicine; and, (Core)
391
392 III.F.2. advocate for quality osteopathic health care on behalf of their patients,
393 and assist them in their interactions with the complexities of the medical
394 system. (Core)
395
396 IV. Osteopathic Learning Environment
397
398 Programs with Osteopathic Recognition must create a learning environment that
399 integrates and promotes the application of OPP throughout the duration of the
400 educational program. (Core)
401

- 402 IV.A. Experiences
 403
 404 Programs must:
 405
 406 IV.A.1. provide residents with instruction in the application of OPP; (Core)
 407
 408 IV.A.2. embed the four tenets of osteopathic medicine into the educational
 409 program (see Int.C.); (Core)
 410
 411 IV.A.3. provide structured didactic activities that integrate OPP; (Core)
 412
 413 IV.A.3.a) Designated osteopathic residents must be provided with protected
 414 time to participate in these didactic activities. (Core)
 415
 416 IV.A.4. provide learning activities to advance the procedural skills acquisition in
 417 OMM for both designated osteopathic residents and osteopathic faculty
 418 members; (Core)
 419
 420 IV.A.5. ensure designated osteopathic residents provide osteopathic patient care
 421 in a variety of clinical settings, to ensure a broad education experience;
 422 (Core)
 423
 424 IV.A.6. ensure designated osteopathic residents teach OPP; (Core)
 425
 426 IV.A.6.a) Such opportunities could occur through resident-delivered OPP
 427 didactic lectures, hands-on OMM workshops, and/or resident-led
 428 journal clubs; (Detail)†
 429
 430 IV.A.7. create a learning environment that supports and encourages osteopathic
 431 scholarly activity by designated osteopathic residents and osteopathic
 432 faculty members to advance OPP; (Core)
 433
 434 IV.A.8. ~~require participation by osteopathic faculty members and designated~~
 435 ~~osteopathic residents in scholarly activity that integrates OPP; and,~~
 436
 437 IV.A.9. ensure that osteopathic faculty members collectively produce at least two
 438 osteopathic scholarly pieces annually, averaged over a five-year period;
 439 (Core)
 440
 441 IV.A.10. ensure that each designated osteopathic resident produces at least one
 442 piece of osteopathic scholarly activity prior to graduating from the
 443 program; and, (Core)
 444
 445 IV.A.11. provide learning activities and communication that promote understanding
 446 of OPP among the interprofessional team. (Core)
 447
 448 IV.B. Resources
 449
 450 IV.B.1. Osteopathic faculty members, including the Director of Osteopathic
 451 Education and core osteopathic faculty members, may be shared
 452 between programs with Osteopathic Recognition. (Core)

- 453
 454 IV.B.1.a) A written plan must be provided detailing how shared faculty
 455 members' time with each program and participating site will be
 456 divided, and oversight be maintained, so as not to compromise the
 457 osteopathic education of designated osteopathic residents in any
 458 involved program. (Core)
 459
- 460 IV.B.2. The program must:
- 461
- 462 IV.B.2.a) provide a variety of learning resources to support osteopathic
 463 medical education, including reference material pertaining to OMM
 464 and OPP integration into patient care; (Core)
 465
- 466 IV.B.2.a).(1) This must include access to examination tables suitable for
 467 OMT; and, (Core)
 468
- 469 IV.B.2.a).(2) This must include facilities for osteopathic clinical and
 470 didactic activities. (Core)
 471
- 472 IV.B.2.b) provide resources to support osteopathic scholarly activity by
 473 designated osteopathic residents and osteopathic faculty
 474 members; and, (Core)
 475
- 476 IV.B.2.c) ensure the annual availability of structured faculty development for
 477 osteopathic faculty members that includes OPP and ongoing
 478 education addressing evaluation and assessment in competency-
 479 based medical education. (Core)
 480
- 481 IV.B.3. Programs should participate in a community of learning that promotes the
 482 continuum of osteopathic medical education. (Core)
 483
- 484 V. Osteopathic Evaluation
- 485
- 486 V.A. Designated Osteopathic Resident Evaluation
- 487
- 488 The program must provide assessment of the resident in application of OPP in
 489 each of the ACGME Competencies. (Core)
 490
- 491 V.A.1. Clinical Competency Committee
- 492
- 493 V.A.1.a) The Director of Osteopathic Education or a designee should be a
 494 member of the program's Clinical Competency Committee (CCC).
 495 (Core)
 496
- 497 V.A.1.b) The program's CCC or a sub-committee of the CCC must review
 498 the progress of all designated osteopathic residents in the
 499 program as it relates to OPP. (Core)
 500
- 501 V.A.1.c) The CCC or a sub-committee of the CCC must:
 502

| | | |
|-----|--------------|--|
| 503 | V.A.1.c).(1) | include at least two osteopathic faculty members, which may include the Director of Osteopathic Education; <u>(Core)</u> |
| 504 | | |
| 505 | | |
| 506 | V.A.1.c).(2) | review all designated osteopathic residents' evaluations semi-annually as these relate to the Osteopathic Recognition Milestones; <u>(Core)</u> |
| 507 | | |
| 508 | | |
| 509 | | |
| 510 | V.A.1.c).(3) | prepare and ensure the reporting of Osteopathic Recognition Milestones evaluations for each designated osteopathic resident semi-annually to the ACGME; and, <u>(Core)</u> |
| 511 | | |
| 512 | | |
| 513 | | |
| 514 | | |
| 515 | V.A.1.c).(4) | advise the program director and Director of Osteopathic Education regarding resident progress, including promotion, remediation, and dismissal from a designated osteopathic position. <u>(Core)</u> |
| 516 | | |
| 517 | | |
| 518 | | |
| 519 | | |
| 520 | V.A.2. | Formative Evaluation |
| 521 | | |
| 522 | V.A.2.a) | Osteopathic faculty members must evaluate and document designated osteopathic residents' competence in OPP in each of the ACGME Competencies. <u>(Core)</u> |
| 523 | | |
| 524 | | |
| 525 | | |
| 526 | V.A.2.a).(1) | <u>The Director of Osteopathic Education must evaluate designated osteopathic residents' application of OPP through direct observation of patient encounters. (Core)</u> |
| 527 | | |
| 528 | | |
| 529 | | |
| 530 | V.A.2.b) | Timing <u>and frequency</u> of the evaluation must be consistent with the type of assignment, which must include: <u>(Core)</u> |
| 531 | | |
| 532 | | |
| 533 | V.A.2.b).(1) | clinical rotations; <u>(Core)</u> |
| 534 | | |
| 535 | V.A.2.b).(2) | clinical experiences; and, <u>(Core)</u> |
| 536 | | |
| 537 | V.A.2.b).(3) | educational activities. <u>(Core)</u> |
| 538 | | |
| 539 | V.A.2.c) | <u>Evaluations of these assignments must assess resident performance longitudinally, rather than a series of one point in time (i.e., single patient encounter assessments). (Core)</u> |
| 540 | | |
| 541 | | |
| 542 | | |
| 543 | V.A.2.c).(1) | <u>The period of evaluation should not exceed three months. (Core)</u> |
| 544 | | |
| 545 | | |
| 546 | V.A.2.d) | During clinical rotations and clinical experiences, the application of OPP, as appropriate to the specialty, must include direct observation of patient encounters and a review of the documented assessment and plan. <u>(Core)</u> |
| 547 | | |
| 548 | | |
| 549 | | |
| 550 | | |
| 551 | V.A.2.e) | Designated osteopathic residents must receive an evaluation regarding their integration of OPP into scholarly activity. <u>(Core)</u> |
| 552 | | |
| 553 | | |

- 554 V.A.2.f) There must be an evaluation system overseen by the Director of
 555 Osteopathic Education, to determine when a resident has
 556 obtained the necessary skills to perform OMT under supervision,
 557 as a component of patient care. (Core)
 558
- 559 V.A.2.g) There must be objective formative assessment of osteopathic
 560 medical knowledge and procedural skills. This should include: (Core)
 561
- 562 V.A.2.g).(1) a standardized assessment of OPP knowledge; and, (Core)
 563
- 564 V.A.2.g).(2) an assessment of skill proficiency in OMT, as applicable to
 565 the specialty. (Core)
 566

567 Background and Intent: The requirement for objective formative assessment, including
 568 standardized assessment of OPP knowledge, is intended to provide osteopathic faculty
 569 members and designated osteopathic residents with information that will allow for comparisons
 570 within and external to the program about resident progress toward program completion and
 571 practice readiness. Standardized assessment of OPP knowledge across all specialties and
 572 provision of assessment-derived information that may serve as an indicator of future
 573 performance on AOA board certification examinations is aspirational.

- 574
- 575 V.A.2.h) The Director of Osteopathic Education must provide designated
 576 osteopathic residents with documented semi-annual evaluation of
 577 performance and progression in the application of OPP in each of
 578 the ACGME Competencies, with feedback. (Core)
 579
- 580 V.A.3. Summative-Final Evaluation
 581
- 582 V.A.3.a) The Osteopathic Recognition Milestones must be one of the tools
 583 used to ensure designated osteopathic residents are able to
 584 practice without supervision upon completion of the program. (Core)
 585
- 586 V.A.3.b) The Director of Osteopathic Education must ~~provide~~ conduct a
 587 summative final evaluation related to completion of the
 588 osteopathic education program for each designated osteopathic
 589 ~~resident upon completion of the osteopathic education program.~~
 590 (Core)
 591
- 592 V.A.3.c) The summative-final evaluation must:
 593
- 594 V.A.3.c).(1) become part of the designated osteopathic resident's
 595 permanent record maintained by the institution, and must
 596 be accessible for review by the resident in accordance with
 597 institutional policy; (Core)
 598
- 599 V.A.3.c).(2) document the resident's performance related to the
 600 application of OPP in each of the ACGME Competencies
 601 during the final period of education; and, (Core)
 602

- 603 V.A.3.c).(3) verify that the designated osteopathic resident has
604 demonstrated sufficient competence to apply OPP to
605 patient care, upon entering practice, without direct
606 supervision. (Core)
607
- 608 V.A.3.c).(3).(a) Transitional and preliminary year programs are not
609 required to include verification that designated
610 osteopathic residents have demonstrated sufficient
611 competence to apply OPP to patient care, upon
612 entering practice, without direct supervision. (Detail)
613
- 614 V.B. Osteopathic Faculty Evaluation
615
- 616 V.B.1. At least annually, the Director of Osteopathic Education must evaluate
617 osteopathic faculty member performance as related to the integration of
618 OPP into the educational program. (Core)
619
- 620 V.B.2. Evaluation of osteopathic faculty members must include:
621
- 622 V.B.2.a) annual written confidential evaluations of the faculty members by
623 the designated osteopathic residents or evaluations following
624 completion of rotations or similar educational experiences as
625 related to the integration of OPP; and, (Core)
626
- 627 V.B.2.b) assessment of the knowledge, application, and promotion of OPP.
628 (Core)
629
- 630 V.C. Program Evaluation
631
- 632 V.C.1. Designated osteopathic residents and osteopathic faculty members must
633 have the opportunity to evaluate the osteopathic components of the
634 program confidentially and in writing at least annually. (Core)
635
- 636 V.C.2. The program must use the results of residents' and faculty members'
637 evaluations of the osteopathic components of the program together with
638 other program evaluation results to improve the program. (Core)
639
- 640 V.C.3. The pass rate for designated osteopathic residents taking the applicable
641 AOA certifying board examination, containing osteopathic content, for the
642 first time during the preceding five three years must ~~meet or exceed the~~
643 ~~minimum pass rate specified in the corresponding specialty Program~~
644 ~~Requirements.~~ be 80 percent. (Outcome)†
645
- 646 V.C.3.a) Transitional and preliminary year residents are excluded from this
647 requirement. (Detail)
648
- 649 V.C.4. Residents who enter a designated osteopathic position should complete
650 the program in a designated osteopathic position. (Core)
651
652

653 ***Core Requirements:** Statements that define structure, resource, or process elements
654 essential to every graduate medical educational program.

655
656 **†Detail Requirements:** Statements that describe a specific structure, resource, or process, for
657 achieving compliance with a Core Requirement. Programs and sponsoring institutions in
658 substantial compliance with the Outcome Requirements may utilize alternative or innovative
659 approaches to meet Core Requirements.

660
661 **‡Outcome Requirements:** Statements that specify expected measurable or observable
662 attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their
663 graduate medical education.