

Best Practices for Integrating OPP into Core Competencies

Core Competency	Predoctoral Training Years 1 and 2	Predoctoral Training Years 3 and 4	Postdoctoral Training Years
<u>Medical Knowledge</u>	> OMM faculty paired with basic science faculty to integrate OPP into each course	> COILS-a progressive integrated case report	> Resident lecture series includes OPP/OMT afternoon 1/mo can be outside speakers and
	> OMM and anatomy fellows communicating within the anatomy course	> Medical Education Days-designate a four or eight hour period as a teaching day for lectures/teaching	> Peer to peer education
	Parallel OMM and Anatomy in first year >	Require students to keep logs and have ten case reports > where OMM was used as a requirement to completing the rotation.	OMM taught differently btw schools a strength >
	> Course co-directors (DO and basic science faculty)	> Require students to read the autobiography of AT Still while on rotation	> "High yield instruction" to the skeptic student from role-model DO physician
	Chair of OMM meets with at least one faculty in > each basic science course for integration during the 1st and 2nd year	Require an osteopathic curriculum, which includes OMM for each rotation>	Employee wellness clinic...use OMM on > employees and worker comp for hospitals all residents rotate through
	> Case presentations during 1st and 2nd year curriculum to integrate OPP/OMM	>	> Peer review
	> Student Clinics		How do smaller institutions manage an > absence of an OPP "Champion"?...on line modules
	> Shadowing		> Textbook club
	> OPP Objectives integrated into syllabus of each course		> Bring students back for intensive training then send out to communities
	> Student treating students and other institutional employees under physician supervision		> Videoconf. of OMM specialists to rural sites to give feedback to students/residents
	Student's First experiences with OPP/OMM > taught by experienced attending physician s with over five years of experience		Clinical reasoning...case report current pts in hospital discuss OMM tx options >
			Specialty boards...have a requirement of > some level of OMM competency measurement
			> Every presentation done MUST include some element of OPP required > Faculty development as presented by Dr. Steele
			> Techniques/workshop available from AAO > OPP Assessment tools...needs to be in an easily accessible site
<u>Patient Care</u>	Required multiple hours of OMM based activities > (Didactics and hands on labs) in 1st and 2nd year	> Osteopathic Patient Care Continuity-charge the learner with following up.	> Expectation for students/residents to treat patients and document
	> Institutional clinic (Staff and students) for 1st and 2nd year students to evaluate and treat under faculty oversight	> The clinic physician must see a patient three times for an encounter to be complete video conferencing/OSCE's	> Employee wellness clinic...use OMM on employees and worker comp for

	> Team teaching	> Rounding with OMM faculty in the hospital for training and evaluation	> Practice OMM on floor...ICU ileus, pneumonia
	> OPP Advisors to all other courses	> Osteopathic rounds-charge the student to "tell me something osteopathic about this patient"	> Publically available OMM modules MSUCOM, CORE, ACOFP
	> New faculty and staff education in OPP/OMM		
<u>Interpersonal and communication skills</u>	> Student pairing in lab	> Require/recreate the Tim Carey MOOS/Maine study on how DO's interact with patients differently.	> Include the philosophy of supporting the body to heal itself into explanation to patients
	> Role modeling	> Through patient evaluation with videotaping/post visit	> "Secret shopper" patient ask resident what a DO is to get evaluation
	> Clinic/Bedside Opportunities	> OSCE's	
	> Skills labs	> Communication: Standardized terminology, avoidance of jargon.	
	> Standardized Patients/OSCE		
<u>Professionalism</u>	> Formative educational discussions of professionalism at the end of practical exams	> Allow for an OMM culture to exist.	> Include simulation to describe what a DO is
	> Call students on dress, attendance, etc	> Support the concepts and use of OMM	> Include quotes from our profession
	> How staff and others are treated, attendance at activities	> Assess for osteopathic philosophy separately.	> Train as to provide first contact, continuous and comprehensive care.
	> Patient Centered Care	> Include assessment and notation area for "improved physiology", to see that students are looking to enhance health in addition to treating disease.	> Lead a team of individuals at the practice level
	> Student lab opportunities touching patients, other students	> Including draping, touch, and respect for the patient as an area that will be assessed.	
<u>Practice Based Learning and Improvement</u>	> Life Long Learning	> Detail the skill sets needed (as done by the CA Osteo Bd)	> Hospital has standardized OMM form
	> Materials and Modules out of Osteopathic Foundations	> RIME Assessment: Reporter, Interpreter, Manager, Expert	> EMR build in elements of OPP into the program for office or hospital
	> OPP literature	> Foundations text	> Look at impact of OMM clinical outcome
	> Intraprofessional exposure	> New Innovations and other computer driven evals	> Patient satisfaction as an outcome
	> Train in Evidence Based Medicine from Osteopathic literature		> Low back pain incorp. OPP
	> Team Opportunities		> Outcomes within individual practices with CQI
			> Coding instruction of OMM and overall pt care
<u>System Based Practice</u>	> How do they help their patients through the medical system	> Self reported analysis:Journaling, online entry with monitoring	> OMM oversight committee review OMM documentation...peer review
	> How do they help themselves through the care system (Understanding of actions that will affect future opportunities such as OPTI, residencies, class ranking, performance, etc)	> Student experiences with ancillary services: appt scheduling,	> Health policy...how we work in our government to influence policy
	> Team based teaching and skills	> STEPS program on patient safety	> Psychosocial treatment
	> Advantage of learning OPP for future success (Can be paid for use of OMM)	> Partnering b/t schools/hospitals to have OSCE's performed.	> Wellness and prevention

> Generational Information	> Peer and self evaluation	> LOS endpoints
		> Community service outreach...let public know DO's are doing it.
		> Patient centered medical home concept > OPP