

Longitudinal Osteopathic Curriculum
Memorial Family Medicine Residency Program

Educational Goals and Objectives

Program Goals: The Memorial Family Medicine Residency Program seeks to develop family medicine residents capable of applying and integrating osteopathic principles and practice (OPP) and osteopathic manipulative medicine (OMM) in all aspects of patients care across a broad range of clinical settings. The osteopathic faculty members will embed the four tenets of osteopathic medicine into the educational program to enforce a strong foundation of osteopathy in the daily practice of the resident physicians.

This goal emphasizes the application of OPP in a variety of clinical contexts, ensuring residents can blend OMM with conventional medical practices for improved patient care.

Learner Goals: Upon completion of the longitudinal osteopathic curriculum, the learner will be competent in the ability to discuss, apply, and integrate OPP (and OMM when applicable) into peer and patient interactions while maintaining a patient-centered approach that incorporates the four tenants of osteopathic medicine.

This goal focuses on building practical skills in OMM while also promoting the holistic understanding that is emphasized in OPP that extends osteopathic care beyond just musculoskeletal issues.

Objectives

Patient Care

Residents must be able to provide family-centered patient care that is developmentally and age appropriate, compassionate, and cost effective for the treatment of health problems and the promotion of health.

1. Communicate effectively and demonstrate care and respect when interacting with patients.
2. Gather essential and accurate information about their patients from all available sources.
3. Make informed decisions about diagnostic and therapeutic interventions based upon patient information, current scientific evidence, and clinical judgment. Use of all pertinent lab/test/exam data to formulate an appropriate differential diagnosis upon which to make those decisions is key.
4. Develop and carry out patient care management plans based on the presenting problem and formulated differential diagnosis.
5. Counsel and educate patients and their families regarding the current care plan.
6. Competently perform appropriate OMM procedures as clinically indicated.
7. When indicated, order appropriate diagnostic testing to further understand the extent and cause of the patient's presenting symptoms.
8. Work with other members of the health care team to provide patient-focused care.

Medical Knowledge

Resident must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences and the application of this knowledge to patient care.

1. Demonstrate investigatory and analytic thinking by caring for patients who present with a variety of symptoms as well as diseases, from single system to complex, applying both basic and clinical science to each case as appropriate.
2. Integrate medical knowledge with osteopathic principles and practices to provide a holistic approach to all aspects of patient care.
3. Understand the pathophysiology and relationship between visceral disease and somatic dysfunction, and how OMM can be utilized in the therapeutic management of viscera-somatic and somato-visceral disease.

Systems-Based Practice

Residents must practice quality health care and advocate for patients in the health care system.

1. Gain understanding of the role of osteopathic family physicians in the provision of OMM, and when further consultation is appropriate.
2. Function as a patient advocate within the health care system and assist patients in dealing with health care system complexities.
3. When appropriate, integrate treatment modalities with other members of the medical team which may include physical therapy, specialists, and complementary medical practices.

Practice-Based Learning and Improvement

Residents must be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices.

1. In providing OMM to patients, residents will utilize the most current resources available to aide in diagnostic and therapeutic interventions.
2. Osteopathic residents will prepare and deliver lectures on integrated OMM topics during the Noon Conference series.
3. Osteopathic residents will participate in the hands-on application of osteopathic techniques that they learn during OMM Workshop and Noon Conference series to enhance their manual manipulation skills.
4. Osteopathic residents are encouraged to attend an American Osteopathic Association-sponsored conference once during their three years of residency. Residents may use their yearly CME time off and stipend for this conference and travel.

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Interact with an ethnically and socio-economically varied patient population that exists in the geographic region of the program.
2. Continue to develop compassionate, empathetic, and culturally sensitive communication with patients and their families, while also providing age and developmentally appropriate care.
3. Continually demonstrate appropriate ethical and professional behavior, especially while performing osteopathic manipulative therapy, while maintaining patient confidentiality at all times.

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

1. Create and sustain therapeutic and ethically sound relationships with patients and their families.
2. Work effectively with other members of the healthcare team with may include physical therapists, specialists, and primary care physicians who have referred the patient for OMM.

Osteopathic Philosophy and Manipulative Medicine

Osteopathic Family Medicine Residents are expected to understand, apply and integrate osteopathic concepts and osteopathic manipulative medicine (OMM) in all sites of patient care (inpatient, residency clinic, and longitudinally). The resident should be able to:

1. Describe and explain in clinical terms the four Osteopathic Tenets.
2. Demonstrate the ability to perform a thorough osteopathic structural exam and accurately diagnose somatic dysfunction.
3. Understand the mechanics that comprise various osteopathic techniques (ex. HVLA, muscle energy, counterstrain) and when specific techniques are clinically appropriate based on the patient's comorbidities and preferences.
4. Understand the integration between visceral and somatic components of the body and how OMM can be utilized in the therapeutic management of disease.
5. Demonstrate the ability to incorporate OMM into both outpatient and inpatient settings and competently perform OMM techniques at a level consistent with year of training.
6. Understand the utility of OMM and its clinical contraindications.
7. Demonstrate the ability to appropriate document somatic dysfunction using osteopathic terminology.
8. Demonstrate appropriate documentation and billing of osteopathic diagnoses and manipulation techniques.
9. Demonstrate a clear understanding of osteopathic principles and uphold the osteopathic philosophy when approaching patient care.

Osteopathic-Focused Learning Environment

Osteopathic Curriculum

The osteopathic curriculum provides structured didactic activities that integrate OPP, learning activities to advance the procedural skills acquisition in OMM for osteopathic residents and faculty, and opportunities to provide osteopathic patient care in a variety of clinical settings. It also provides opportunities for osteopathic residents to teach OPP.

1. OMM Workshop
 - a. All osteopathic residents are scheduled in Osteopathic Ambulatory Clinic (OAC) on the first Tuesday afternoon of each block. This is documented on their schedule on New Innovations. There are 13 blocks per academic year. The scheduling chief makes every attempt to try to not schedule osteopathic residents on inpatient day call, night call or a day off on these Tuesdays however exceptions do occur (ie. only resident available to be on call, scheduled day off, vacation, sick day, Jeopardy coverage, etc). The first hour of the OAC is blocked for OMM Workshop. This is an opportunity to review common OMM techniques and approaches to the axial skeleton, billing, coding, and documentation via didactic sessions, hands on application, and outside resources (ex. NCOPPE online labs/videos). Osteopathic faculty, osteopathic sports medicine fellows and osteopathic residents lead these workshops based on the 20 month didactic lecture series described

below (6). The workshop takes place in the residency clinic conference room and uses osteopathic tables. All didactic presentations/resources are saved on the resident share drive for easy access.

- b. Osteopathic competencies addressed
 - i. Patient Care
 - ii. Medical Knowledge
 - iii. Osteopathic Philosophy and Manipulative Medicine (procedural skills)
- 2. Osteopathic Ambulatory Clinic (OAC)
 - a. All osteopathic residents are scheduled in Osteopathic Ambulatory Clinic on the first Tuesday afternoon of each block. This clinic is from 2-5p. There are 30 minute appointment slots. Patients are referred to this clinic from fellow residents and faculty as well as fellow osteopathic residents to receive OMM. Residents are expected to take a history, perform an osteopathic structural exam, and develop and execute a treatment plan for each osteopathic encounter.
 - b. First year osteopathic residents will see patients with an upper-level osteopathic resident for the first 6 OACs. Osteopathic faculty members will provide direct observation and assist with billing. In December, interns will be evaluated with the bi-annual competency evaluation. If they pass, they can see patients independently with indirect supervision available from the osteopathic faculty members. If they do not pass, osteopathic faculty will provide instruction on areas for improvement and the resident will have the opportunity to redo the evaluation for independent practice each month during OAC.
 - c. Second- and third-year residents will see patients independently with indirect supervision from osteopathic faculty members.
 - d. An osteopathic faculty member will see up to two patients during each OAC to provide role modeling of osteopathic manipulative treatment in the patient care setting. 1-3 osteopathic residents will accompany the faculty member with each patient to learn from that real-time patient encounter.
 - e. All Medicare procedure rules will be followed in terms of faculty supervision.
 - f. If a resident's treatment plan includes cervical HVLA, an osteopathic faculty member will be present in the room during this procedure, regardless of PGY. Residents may request independence with cervical HVLA during their second or third year if they so desire. Osteopathic faculty will determine the resident's competency and safety with cervical HVLA annually.
 - g. Osteopathic residents are assigned an "osteopathic team leader" who will review their OAC charts, billing and coding to ensure appropriate documentation and reimbursement.
 - h. Osteopathic residents will log their OMM procedures on New Innovations and document location of OMM (inpatient or outpatient) to create a log to demonstrate to future employers their competency in OMM.
 - i. Osteopathic competencies addressed
 - i. Patient Care
 - ii. Medical Knowledge
 - iii. Practice-based Learning and Improvement

- iv. Systems-based Practice
 - v. Osteopathic Philosophy and Manipulative Medicine (procedural skills)
- 3. Integrated OMM Appointments
 - a. First year osteopathic residents who are able to see patients with indirect supervision (see 2b above) and second and third year osteopathic residents are encouraged to perform OMM during their regularly scheduled continuity clinics as the opportunities arise. The goal here is to simulate the integration of OMM into the typical daily practice of most osteopathic family physicians. Osteopathic faculty are available for indirect supervision. Those residents wishing to perform cervical HVLA will still require direct supervision by an osteopathic faculty member unless the resident has achieved independence with cervical HVLA (see 2e above).
 - b. Osteopathic Competencies addressed
 - i. Patient Care
 - ii. Practice-based Learning and Improvement
 - iii. Systems-based Practice
 - iv. Osteopathic Philosophy and Manipulative Medicine (procedural skills)
- 4. OMM Inpatient Rounds
 - a. Twice during the academic year, the OMM workshop time will be spent treating patients with OMM on the resident inpatient medicine, pediatric, or obstetric service. These two times will coincide with when an osteopathic faculty member is on the resident inpatient medicine service. The osteopathic faculty member will choose 2-4 patients and present their cases to the osteopathic residents during OMM workshop. The residents will then divide into groups and evaluate those patients in the hospital. They will get a signed informed consent, take a brief history, do a complete osteopathic structural exam and perform OMM under direct supervision from an osteopathic faculty member. The resident will then write a SOAP note which incorporates the osteopathic structural exam and the plan for treatment of the somatic dysfunctions identified. Residents will be expected to communicate with the patient the concepts of OMM, the specific treatments, and the anticipated outcomes in relation to the working diagnosis.
 - b. Osteopathic Competencies addressed:
 - i. Patient Care
 - ii. Medical Knowledge
 - iii. Practice-based Learning and Improvement
 - iv. Interpersonal and Communication Skills
 - v. Osteopathic Philosophy and Manipulative Medicine (procedural skills)
- 5. Osteopathic Clinic Elective
 - a. There are osteopathic physicians in the community who have practices predominantly dedicated to OPP and OMM. They have agreed to take residents for a 2- or 4-week rotation to further their skills and application of OPP and OMM in the ambulatory setting. Osteopathic residents are encouraged to take this rotation during their second or third year. Allopathic residents following the designated osteopathic resident curriculum are required to take at least a 2-week osteopathic clinic elective during their second or third year.

- b. The Osteopathic Clinic Elective goals and objectives can be found in the Longitudinal Osteopathic Curriculum appendix.
 - c. Osteopathic Competencies addressed:
 - i. Medical Knowledge
 - ii. Practice-based Learning and Improvement
 - iii. Interpersonal and Communication Skills
 - iv. Professionalism
 - v. Osteopathic Philosophy and Manipulative Medicine (procedural skills)
6. Osteopathic Didactic Lecture Series
- a. An osteopathic lecture will take place during the first hour of the monthly Osteopathic Ambulatory Clinic. Second- and third-year osteopathic residents are required to give one lecture per academic year. As available, the osteopathic sports medicine fellow will also give one lecture per academic year. The osteopathic faculty will provide the remaining lectures.
 - i. Residents and fellows will sign up for lectures at the beginning and halfway point of each academic year
 - b. The osteopathic lectures should follow the 16-month curriculum as described in the appendix. Osteopathic faculty, residents and fellows will utilize resources found on the National Center for Osteopathic Principles and Practice Education “OPP Curriculum” website. All residents, fellows, and faculty have access to this resource. Residents and fellows will provide an overview of their didactic session to the osteopathic faculty 1 week before the lecture to ensure that it is covering the intended overarching learning objectives for that topic listed in the curriculum. There is no set format for lecture to encourage presenter creativity in delivering the content and implementing hands-on education. The lectures should be clinically focused and discuss one or more of the following elements, inclusive of the underlying relevant osteopathic principles and tenets:
 - i. Osteopathic techniques for regional anatomy
 - ii. Osteopathic techniques for anatomical systems
 - iii. Osteopathic techniques for specific disease categories
 - c. The Director of Osteopathic Education will provide feedback on resident osteopathic lectures via semi-annual evaluation of performance and progression (see appendix).
 - d. The osteopathic lecture series during OAC also includes 4 journal club didactic sessions per academic year. More information about osteopathic journal club is found in the section “Osteopathic Scholarly Activity.”
 - e. The biannual skill proficiency evaluation will be done during the first and seventh osteopathic didactic lecture each academic year.
 - f. Memorial Family Medicine Residency Program has daily didactics every week day for all residents. This is called “Noon Conference.” Quarterly, the osteopathic faculty will give an osteopathic Noon Conference for all residents (allopathic and osteopathic) that focuses on common musculoskeletal and office-based complaints and osteopathic techniques to help treat those complaints.
 - g. All residents are required to give a specified number of case conferences during their three years of training. Osteopathic residents are encouraged to incorporate OPP into

their case conferences. Osteopathic faculty members then document this in a New Innovations evaluation “Oral Case Presentations OMT” (see appendix).

- h. Osteopathic Competencies addressed:
 - i. Medical Knowledge
 - ii. Practice-based Learning and Improvement
 - iii. Interpersonal and Communication Skills
 - iv. Professionalism
 - v. Osteopathic Philosophy and Manipulative Medicine (procedural skills)

Osteopathic Scholarly Activity

The osteopathic curriculum also creates a learning environment that supports and encourages osteopathic scholarly activity which in turn allows residents to produce osteopathic scholarly activity. Osteopathic residents must produce at least one osteopathic scholarly activity prior to graduating from the program. The resident’s osteopathic team leader will provide guidance and support as indicated to help the resident achieve the scholarly activity. Some examples of team leader guidance include formal education in conducting a quality improvement project, conducting data analysis and presenting scholarly work. Other resources that residents may utilize to support their osteopathic medical education are listed in the section below (“Osteopathic Resources”). Residents are encouraged to present their scholarly activity in the following settings:

1. Osteopathic Journal Club
 - a. Each osteopathic resident is expected to review and present an osteopathic scholarly article during an OMM workshop once during their second or third year. This presentation should garner discussion about the article amongst their peers and faculty. The resident should also discuss how this article changes or does not change their practice in relation to OPP.
2. Case Conference with OPP
 - a. All residents are required to give medicine, pediatric and obstetric case conferences during their three years of residency. Osteopathic residents are encouraged to incorporate OPP into at least one of these case conferences. This can include discussion about the mind-body-spirit interactions, structure-function relationships, self-regulatory and self-healing physiological mechanisms, or integration of osteopathic manipulative medicine into patient care treatment options.
3. Osteopathic Quality Improvement Project
 - a. The upper-level family medicine residents lead clinic-wide quality improvement projects three times a year. Every other year, an osteopathic upper-level resident will incorporate OPP into the clinic-wide quality improvement project.

Residents are also encouraged to present their scholarly activity at state and national osteopathic conferences including (but not limited to) the Indiana Academy of Family Physicians Research Day and the American Osteopathic Academy of Sports Medicine.

Osteopathic Resources

The residency program provides osteopathic resources to enhance osteopathic education. There are a variety of learning resources to support osteopathic medical education and osteopathic scholarly

activity. Osteopathic faculty members attend monthly faculty development workshops which can include OPP and ongoing education on competency-based medical education. Finally, the residency program participates in a community of learning that promotes the continuum of osteopathic medical education.

Learning resources to support osteopathic medical education: The OMM workshop location is the residency clinic didactics conference room. This room provides ample space for presenters to demonstrate OMM techniques and have learners do hands-on practice as well. The room is equipped with video conference technology that records sessions for residents to view at any time. Residents can also join these live didactics virtually through this technology. Through our partnership with A. T. Still and their National Center for Osteopathic Principles and Practice Education (NCOPPE), our residents and faculty have access to member-protected resources such as recorded workshops, recorded lectures, live facilitated webinar OMM/OPP workshops, consultation by phone or video conference call, and academic and financial support for one resident for OMM/OPP scholarship. They also have access to the A. T. Still University Library OMM and OPP resource guide which includes access to osteopathic journals and e-books. Our library in the residency clinic has physical osteopathic resources including the latest edition of Foundations of Osteopathic Medicine. Osteopathic faculty members will role model osteopathic manipulative treatment to osteopathic residents in a patient visit during OAC.

There are portable and permanent OMM tables and 1 portable OMM table that accommodates a pregnant patient. There is ample space in the residency clinic didactics conference room and procedure lab for these tables. There are rooms in the residency clinic that have adjustable tables and ample space for osteopathic faculty and residents to perform osteopathic manipulative treatment for patients.

Resources to support osteopathic scholarly activity: Residents have dedicated time to work on osteopathic scholarly projects during OMM workshop and OAC (when not seeing patients). Through the partnership with NCOPPE, there is funding for resident research and scholarly activity. There is access to an Institutional Review Board through the residency's affiliation with Memorial Hospital as well as access to a statistician through both Memorial Hospital and NCOPPE. Osteopathic faculty can assist in connecting residents with mentors for osteopathic scholarly activity within the residency program, South Bend community and NCOPPE.

Resources to support faculty development for osteopathic faculty members: Osteopathic faculty members attend monthly faculty development workshops during scheduled faculty meetings. OPP and ongoing education addressing evaluation and assessment in competency-based medical education are addressed during these workshops. Through the partnership with A. T. Still NCOPPE, osteopathic faculty members have access to faculty development sessions, curriculum development, and access to participate in the Directors of Osteopathic Education and Key Faculty forum. There are also opportunities for faculty scholarly activity within the NCOPPE partnership.

The Memorial Family Medicine Residency Program participates in a community of learning that promotes the continuum of osteopathic medical education by hosting osteopathic medical students from across the country in the Family Medicine In-Depth elective or Underrepresented in Medicine elective, collaborating with osteopathic physicians who precept the residents in required and elective rotations, and participating in NCOPPE-sponsored educational opportunities.

Osteopathic Evaluation Tools

Designated osteopathic resident evaluation is done in both formative and summative form through the following assessments on New Innovations:

1. Medicine Rotation Evaluation Form with OPP – PGY1 and PGY2
2. Medicine Rotation Evaluation Form with OPP – Chief
3. Obstetrics Rotation Evaluation Form – All PGYs with OPP
4. Pediatrics Rotation Evaluation Form – All PGYs with OPP
5. Osteopathic Resident OAC Formative Evaluation
6. Semi-annual Evaluation of Designated Osteopathic Residents
7. Final Evaluation of Designated Osteopathic Resident
8. Evaluation of integration of OPP into scholarly activity

Name/Type	Frequency	Purpose	Format
Medicine Rotation Evaluation Form with OPP – PGY1 and PGY2 *Formative evaluation	PGY1: 4x per year PGY2: 3x per year	To assess resident clinical experience and performance in the application of OPP longitudinally during the inpatient medicine clinical rotations	Faculty on the medicine service complete the evaluation on New Innovations at the end of their time on the rotation
Medicine Rotation Evaluation Form with OPP – Chief *Formative evaluation	PGY3: 3x per year	To assess resident clinical experience and performance in the application of OPP longitudinally during the leadership role as chief of the inpatient medicine service	Faculty on the medicine service complete the evaluation on New Innovations at the end of their time on the rotation
Obstetrics Rotation Evaluation Form – All PGYs with OPP *Formative evaluation	PGY1: 2x per year PGY2: 2x per year PGY3: 1x per year	To assess resident clinical experience and performance in the application of OPP longitudinally during the inpatient obstetrics clinical rotations	Laborists complete the evaluation on New Innovations at the end of each resident's rotation
Pediatrics Rotation Evaluation Form – All PGYs with OPP *Formative evaluation	PGY1: 2x per year PGY2: 2x per year PGY3: 2x per year	To assess resident clinical experience and performance in the application of OPP longitudinally during the inpatient pediatric clinical rotations	Pediatric hospitalists complete the evaluation on New Innovations at the end of each resident's rotation
Osteopathic Resident OAC Formative Evaluation *Formative evaluation	PGY1-3: 4x per year	To assess resident clinical experience and performance in the application of OPP	Osteopathic faculty members complete the evaluation for the

		longitudinally during osteopathic ambulatory clinic	designated osteopathic residents on their team
Semi-Annual Evaluation of Designated Osteopathic Residents *Summative evaluation	PGY1-3: 2x per year (December, June)	To assess the performance and progression in the application of OPP in each of the ACGME Competencies with feedback. Also to provide feedback on OAC charts, document scholarly activity, review CORTEX scores/education plans, and create goals for integrating OPP into practice.	Director of Osteopathic Education completes the evaluation on New Innovations
Final Evaluation of Designated Osteopathic Resident *Summative evaluation	PGY3: June	To document the resident's performance related to the application of OPP in each of the ACGME Competencies during the final period of education and verify that the designated osteopathic resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice and to apply OPP to patient care.	Director of Osteopathic Education completes the evaluation on New Innovations
Evaluation of integration of OPP into scholarly activity *Formative evaluation	Journal club: at least once during PGY2 or PGY3 OPP integrated into case conference: at least once during PGY2 or PGY3	To document completion of osteopathic scholarly activity and feedback on the integration of OPP into the presentation	Osteopathic faculty including the Director of Osteopathic Education

Objective formative assessment of osteopathic medical knowledge and procedures skills includes:

1. The annual Clinical Osteopathic Recognition Training Exam (CORTE_x) administered by the National Board of Osteopathic Medical Examiners (NBOME)
2. The semi-annual skill proficiency evaluation administered by osteopathic faculty members.

The osteopathic elements of the program are evaluated annually through the following assessments on New Innovations:

1. Resident Evaluation of Program
2. Resident Evaluation of Osteopathic Faculty
3. Faculty Evaluation of Program
4. Director of Osteopathic Education Evaluation of Osteopathic Faculty

Appendix

- A. Osteopathic Clinic Elective
- B. 16- month osteopathic didactic lecture series
- C. Summary table of all osteopathic conferences
- D. 2024-2025 Osteopathic Didactic Lecture Series

Appendix A

Osteopathic Clinic Elective

Overview

This osteopathic clinic elective is a half block or full block preceptorial rotation. This elective is open to both osteopathic and allopathic residents. This elective is required for allopathic residents following the designated osteopathic resident curriculum. The rotation occurs at a community office with an osteopathic physician who incorporates osteopathic principles and practices (OPP) into his/her daily appointments. OPP not only includes osteopathic manipulative therapy (OMT) but more broadly includes a holistic approach to each patient, treating the whole person which includes mind, body and spirit. These principles correlate with primary care and are thus able to be modeled and taught in a variety of settings, namely the ambulatory clinic. The teaching of osteopathic principles and practices includes this rotation as well as monthly osteopathic didactics, the noon conference series, and the Osteopathic Manipulative Medicine Self-Directed Online Basic Course offered through the National Center for Osteopathic Principles and Practice Education (NCOPPE).

Definitions

Osteopathic philosophy

This is a concept of health care supported by expanding scientific knowledge that embraces the concept of the unity of the living organism's structure (anatomy) and function (physiology). It emphasizes the following principles (also known as the osteopathic tenets or the four tenets):

- 1) The human being is a dynamic unit of function,
- 2) The body possesses self-regulatory mechanisms that are self-healing in nature,
- 3) Structure and function are interrelated at all levels, and
- 4) Rational treatment is based on these principles

Osteopathic Manipulative Treatment (OMT)

The therapeutic application of manually guided forces by an osteopathic physician (US usage) to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction.

Osteopathic Principles and Practice (OPP)

The application of the osteopathic philosophy in the care of patients, which may include OMT.

Somatic Dysfunction

Impaired or altered function of related components of the body framework system: skeletal, arthrodial, and myofascial structures, and their related vascular, lymphatic, and neural elements. It is characterized by positional asymmetry, restricted range of motion, tissues texture abnormalities, and/or tenderness.

The positional and motion aspects of somatic dysfunction are generally described by:

- 1) The position of a body part as determined by palpation and reference to its defined adjacent structure,
- 2) The directions in which motion is freer, and
- 3) The directions in which motion is restricted.

Somatic dysfunction is treatable using osteopathic manipulative treatment.

Source: Glossary of Osteopathic Terminology

Goals

At the completion of this rotation, the resident will have an understanding of the integration of osteopathic manipulative therapy (OMT) into a routine office visit.

At the completion of this rotation, the resident will be able to explain how osteopathic principles and practices (OPP) are incorporated into almost every primary care office visit.

Objectives

At the completion of this rotation, the resident will have demonstrated to the satisfaction of the osteopathic preceptor:

- Incorporates osteopathic principles and practice (OPP) to promote health and wellness in patients with common conditions. Examples include demonstrating shared decision making when discussing screening guidelines, counseling on nutrition & exercise, incorporating preventative care such as smoking cessation or immunizations into a routine office visit.
- Obtains a history and performs at least one osteopathic examination with direct supervision from the preceptor.
- Attempts at least one treatment of an identified (and confirmed by preceptor) somatic dysfunction with osteopathic manipulative therapy (OMT).
- Creates two or more treatment plans for patients with common conditions that takes into account a patient's body habitus, availability of resources, and modifications to meet patient where he/she is at physically and emotionally.
- Demonstrates knowledge of cost-effective osteopathic patient care in the health care delivery system, including appropriate documentation of somatic dysfunction. Examples include discussing reimbursement rates for OMT with preceptor and comparing the costs of OMT vs traditional medicine.
- Recognizes barriers to quality osteopathic patient care, including the impact of social determinants of health. Examples include identifying transportation issues as barrier to care and teaching family members OMT for home use.
- Describes the osteopathic philosophy and unique practice of osteopathic physicians to patients and the Interprofessional team. Examples include treating the "whole" patient to include the osteopathic tenet of treating a patient's mind, body and spirit. This can be demonstrated by addressing the medical concern but also the underlying social/emotional/mental aspect of the medical concern.
- Displays comfort when communicating with patients including when discussing medical, psychosocial and spiritual needs. Examples include incorporating a sexual history into the conversation when needed and clarifying patient's preferred pronouns.

Implementation

This is a preceptorial rotation so the resident is assigned to a particular osteopathic primary care physician in the Michiana community or a community where a resident may work in the future. The resident will accompany the osteopathic physician during his/her professional activities in the ambulatory clinic setting. In the course of seeing patients, the osteopathic physician will provide

experiential learning, role-modeling and one-on-one teaching to the resident. At the discretion of the preceptor, the resident may see patients independently (and then report back to the preceptor) and may perform procedures with direct supervision from the preceptor.

The resident is responsible for contacting the osteopathic physician prior to the start of the rotation to arrange a schedule for the rotation. The resident must continue to meeting usual residency obligations to his/her Family Medicine Center population including attending scheduled clinics, caring for continuity patients admitted to Memorial Hospital, and rounding in the nursing home. The resident is expected to attend noon conferences on week days and abide by duty hour restrictions in keeping with usual program policies. The resident is also strongly encouraged to complete the "Introduction to Osteopathy" course found in the Osteopathic Manipulative Medicine Self-Directed Online Basic Course through the National Center for Osteopathic Principles and Practice Education (NCOPPE).

Upon completion of the rotation, the preceptor will receive an evaluation form electronically to evaluate the resident's performance during the rotation. The resident will receive a similar electronic evaluation form to evaluate the rotation.

Evaluation

The osteopathic preceptor will complete an evaluation at the end of the rotation. Residents will specifically be evaluated on the following ACGME Osteopathic Recognition Milestones:

- Patient Care 1: Osteopathic Principles and Practice (OPP) for Patient Care
- Patient Care 2: Osteopathic Evaluation and Treatment
- Medical Knowledge: Osteopathic Medical Knowledge (Philosophy and Clinical Anatomic Considerations)
- Osteopathic Principles and Practice for Systems-Based Practice
- Osteopathic Principles for Interpersonal and Communication Skills

Appendix B

Osteopathic Didactic Lecture Series (16-month)

8 lectures, 4 journal clubs, 2 skill proficiency evals (first is incorporated into first lecture)

1 – Introduction to Osteopathic Recognition at Memorial FM Residency Program

OAC, evaluations (skill & knowledge), supervision, documentation, billing, coding
Assessment of skill proficiency

2 – Musculoskeletal Axial Spine

Lumbar spine

3 – OB/GYN Part 1

In office techniques for common complaints of pregnancy including pubic symphysis dysfunction, hip and low back pain

4 – Hospitalized Patient; adult

Modifying techniques to hospital setting, rib raising, lymphatic drainage, thoracic inlet release

5 – Musculoskeletal Axial Spine

Cervical spine

6 – Neurology

Headaches, BPPV, carpal tunnel syndrome

7 – Musculoskeletal Axial Spine

Sacrum Part 1

8 – HENT

TMJ, sinusitis, eustachian tube dysfunction

9 – Introduction to Osteopathic Recognition at Memorial FM Residency Program

OAC, evaluations (skill & knowledge), supervision, documentation, billing, coding
Assessment of skill proficiency

10 – Musculoskeletal Upper Extremity

Shoulder, elbow, wrist

11 – Ribs

Respiratory, thoracic inlet, trauma

12 – Musculoskeletal Axial Spine

Thoracic spine

13 – OB/GYN Part 2

In hospital techniques during labor and postpartum

14 – Musculoskeletal Lower Extremity

Hips, knees, ankles

15 – Musculoskeletal Axial Spine

Sacrum Part 2

16 – Hospitalized Patient; pediatric

Modifying techniques to hospital setting in pediatric patient

Appendix C

Summary of Osteopathic Conferences

Conference Name/Type	Day of the week	Frequency	Presenter	Required Attendees
Osteopathic Didactic Lecture Series with time for hands-on application of techniques learned	Tuesday	Every 4 weeks	Osteopathic faculty, osteopathic fellows, designated osteopathic residents	Designated osteopathic residents
Osteopathic Journal Club	Tuesday	4 times during an academic year	Designated osteopathic residents	Designated osteopathic residents
OPP Didactic Lecture Series during Noon Conference (most with time for hands-on application of techniques learned)	Any week day	4-5 times during an academic year	Osteopathic faculty, designated osteopathic residents	Designated osteopathic residents and allopathic residents

Appendix D

Osteopathic Lecture Series 2024-2025

Osteopathic Lecture Series 2024 - 2025

Date	Subject (8 lectures, 4 journal clubs, 2 skill proficiency evals)	Brief Overview	Presenter	Title
		Billing, coding, skill proficiency eval		
7/2/2024	Intro to OR at Memorial		Schuster	DOE
7/30/2024	MSK Axial Spine - Lumbar Hospitalized patient; adult		Balam	Osteopathic Faculty
8/27/2024	CORTEX overview		Schuster	DOE
9/24/2024	OB/GYN Part 1		Schuster	DOE
10/22/2024	MSK Axial Spine - Cervical			
11/19/2024	Skill proficiency evaluation		Schuster	DOE
12/17/2024	Neurology			
1/14/2025	MSK Axial Spine - Sacrum Part 1			
2/11/2025	HENT			
3/11/2025	JC			
4/8/2025	JC			
5/6/2025	JC			
6/3/2025	JC			