



GME Development Series: Best Practices for Developing ONMM Residency Programs

May 29, 2024

AOGME

ASSEMBLY OF OSTEOPATHIC
GRADUATE MEDICAL EDUCATORS

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Housekeeping Notes



- This webinar is being recorded. The recording will be posted on the AOGME webpage within 7 days
- All webinar participants are in listen-only mode
- If you experience technical issues during the webinar, please use the Chat feature and we will assist you
- If you have questions for the presenters during the webinar, please feel free to submit them through the Q&A feature at any time. If time permits at the end of the webinar, they will respond to your questions



American Association of Colleges of Osteopathic Medicine

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UME-GME Task Force Focus Areas

AACOM



Transition to
Residency (T2R)



Graduate Level
Osteopathic Training



Strengthening Future Model
of Osteopathic Medical
Education (Working Group 3)



American Association of Colleges of Osteopathic Medicine

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UME-GME Task Force Representation AS OF April 2024

AACOM



38 COMs:
30 Main, 8 Branch campuses
& Additional Locations



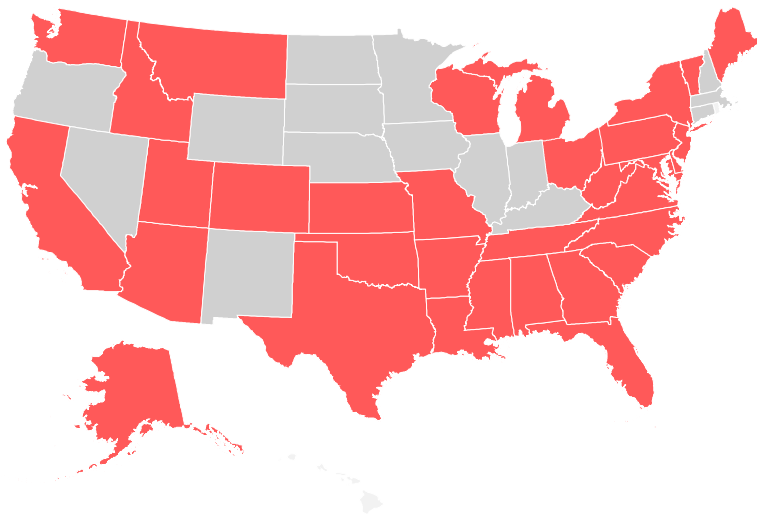
**28 health care
institutions**



31 learners
15 osteopathic medical students
16 residents



**106 task force
members**

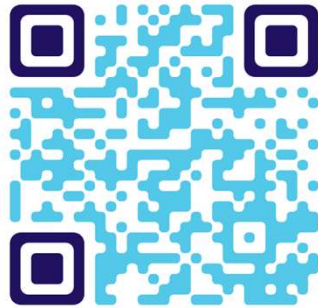


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Visit our Webpage for the UME-GME Task Force



Please use this QR code to learn more about the UME-GME Task Force, its deliverables, charge, members and more



GME Development Series ONMM Update

Lorenzo L. Pence, DO, FACOFFP, FAODME
Senior Vice President, Osteopathic Accreditation
AACOM-AOGME Webinar
May 29, 2024



Disclosure

I have no conflicts of interest or financial relationships to disclose.



ACGME Mission Statement

The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident physicians' education through advancements in accreditation and Education.



Single Accreditation Transition



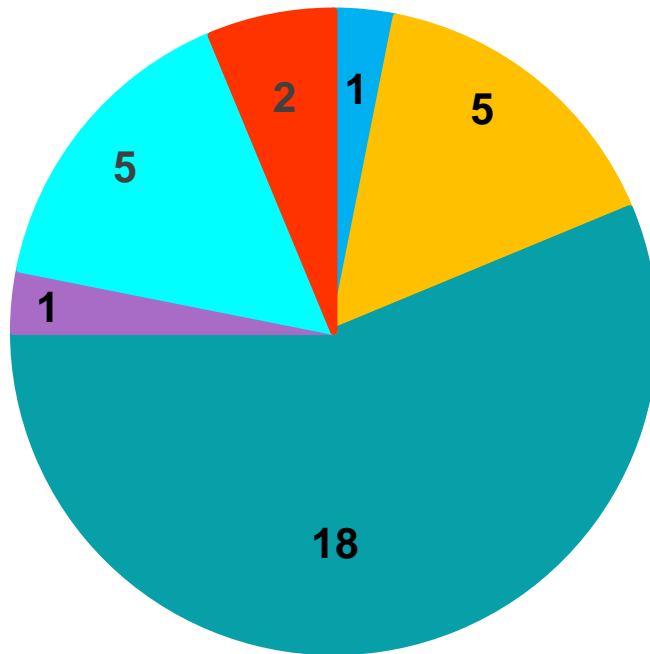


ONMM



ONMM Programs*

- Initial Accreditation
- Initial Accreditation with Warning
- Continued Accreditation
- Continued With Warning
- Voluntary Withdrawal Accredited
- Voluntary Withdrawal Pre/Continued Pre-Accreditation

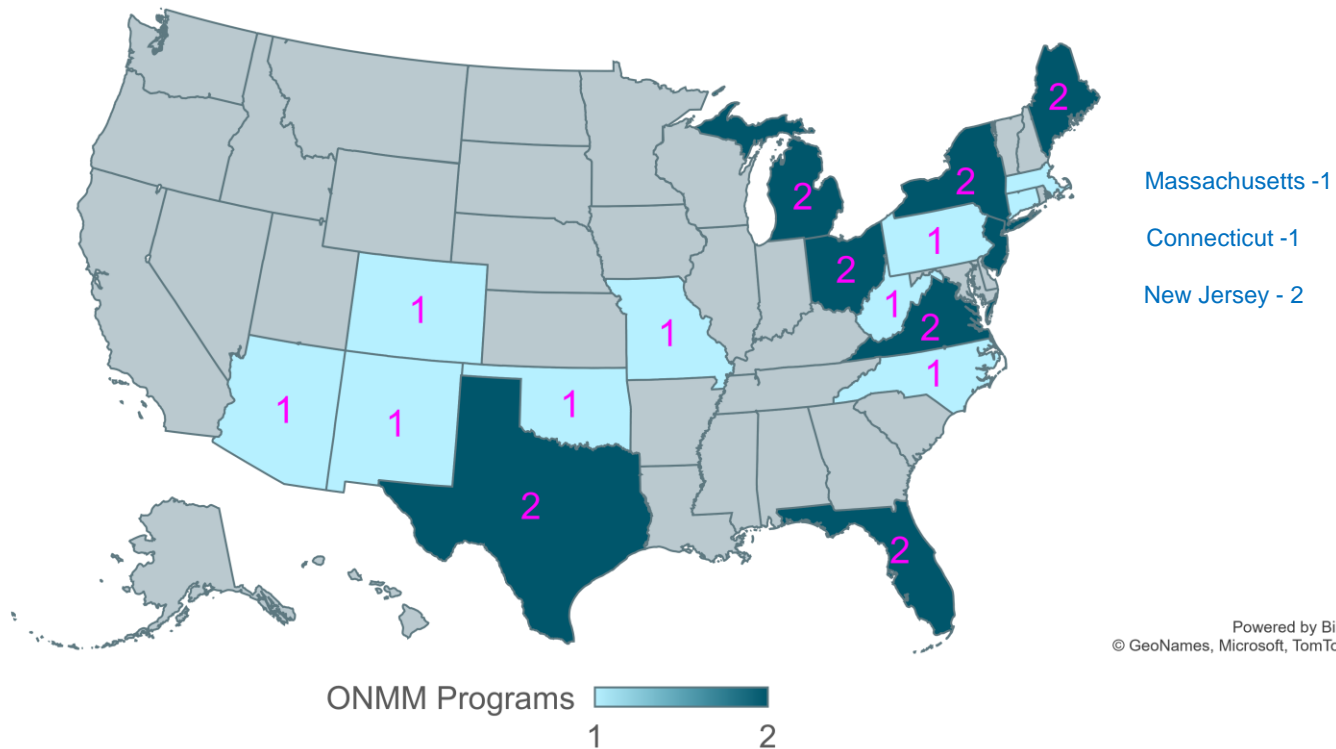


32 Program*

*May 28, 2024



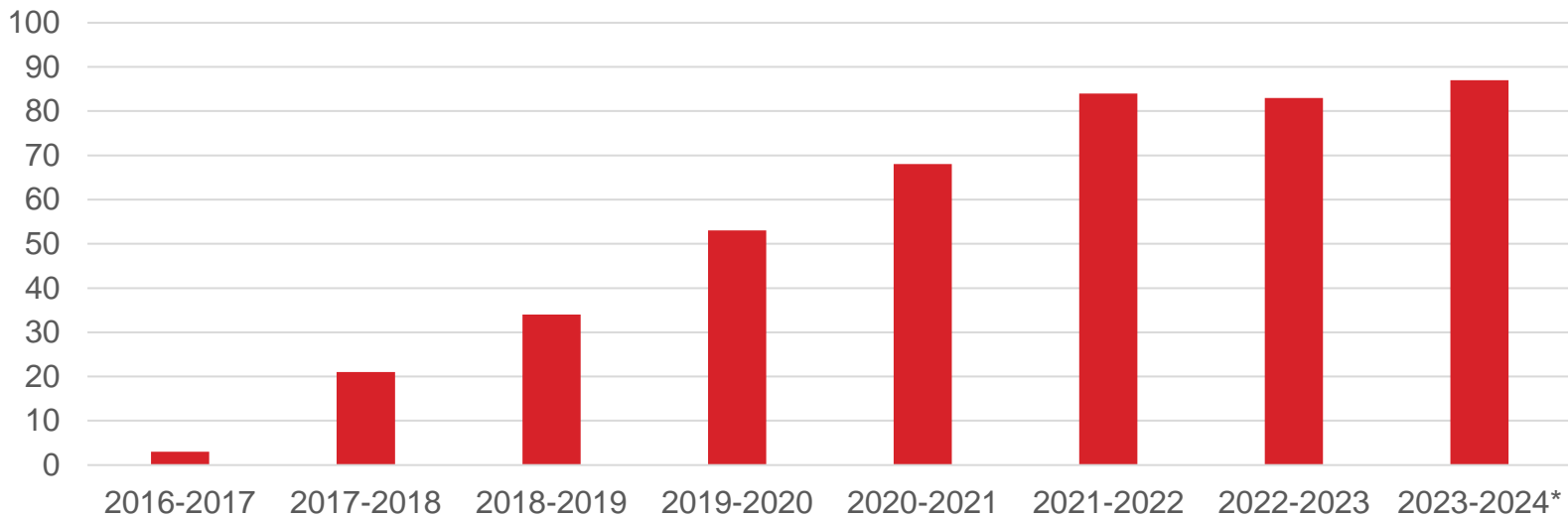
ONMM Programs by State*



*May 28, 2024



ONMM Residents: Academic Year

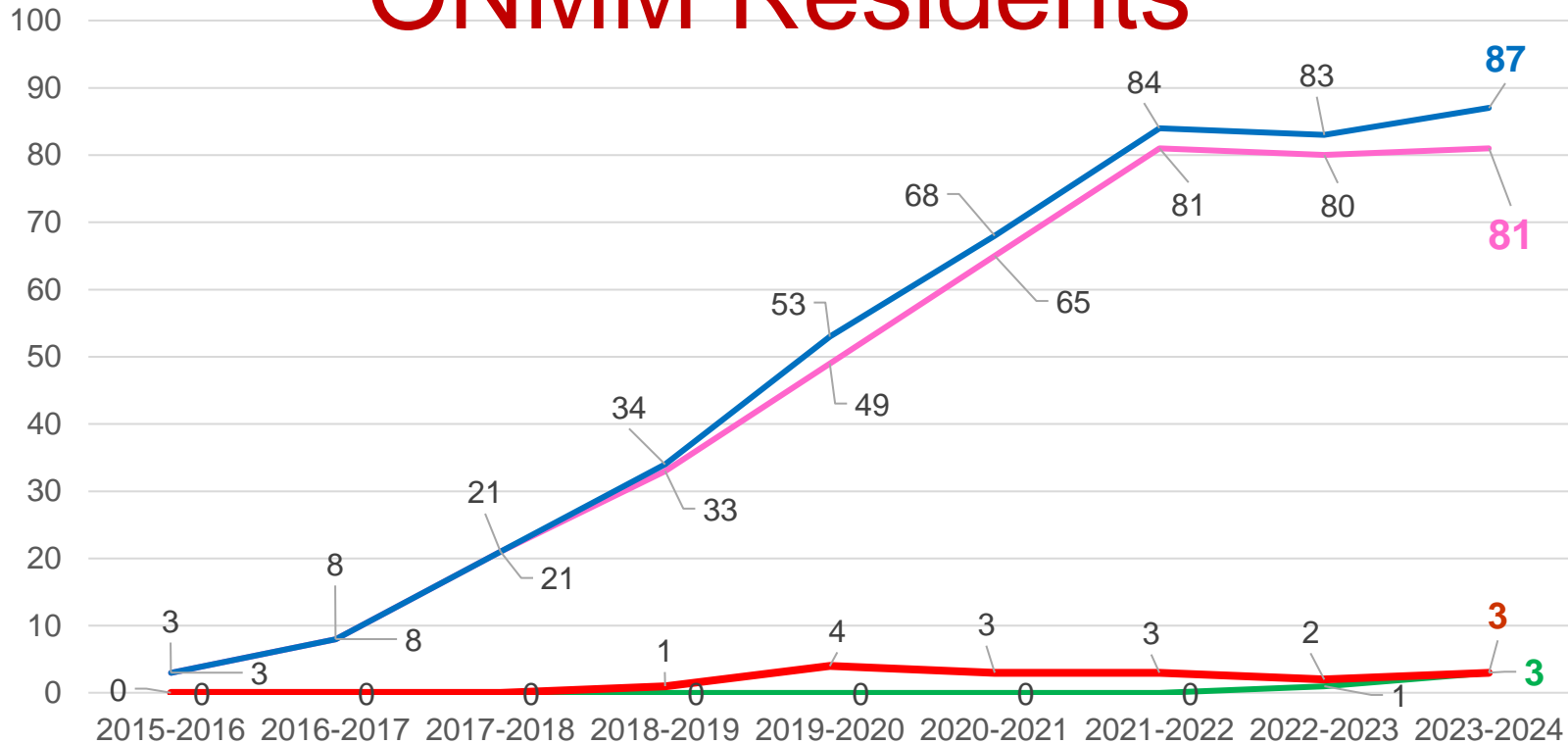


**Count will be finalized at end of academic year*

**May 28, 2024*



ONMM Residents*

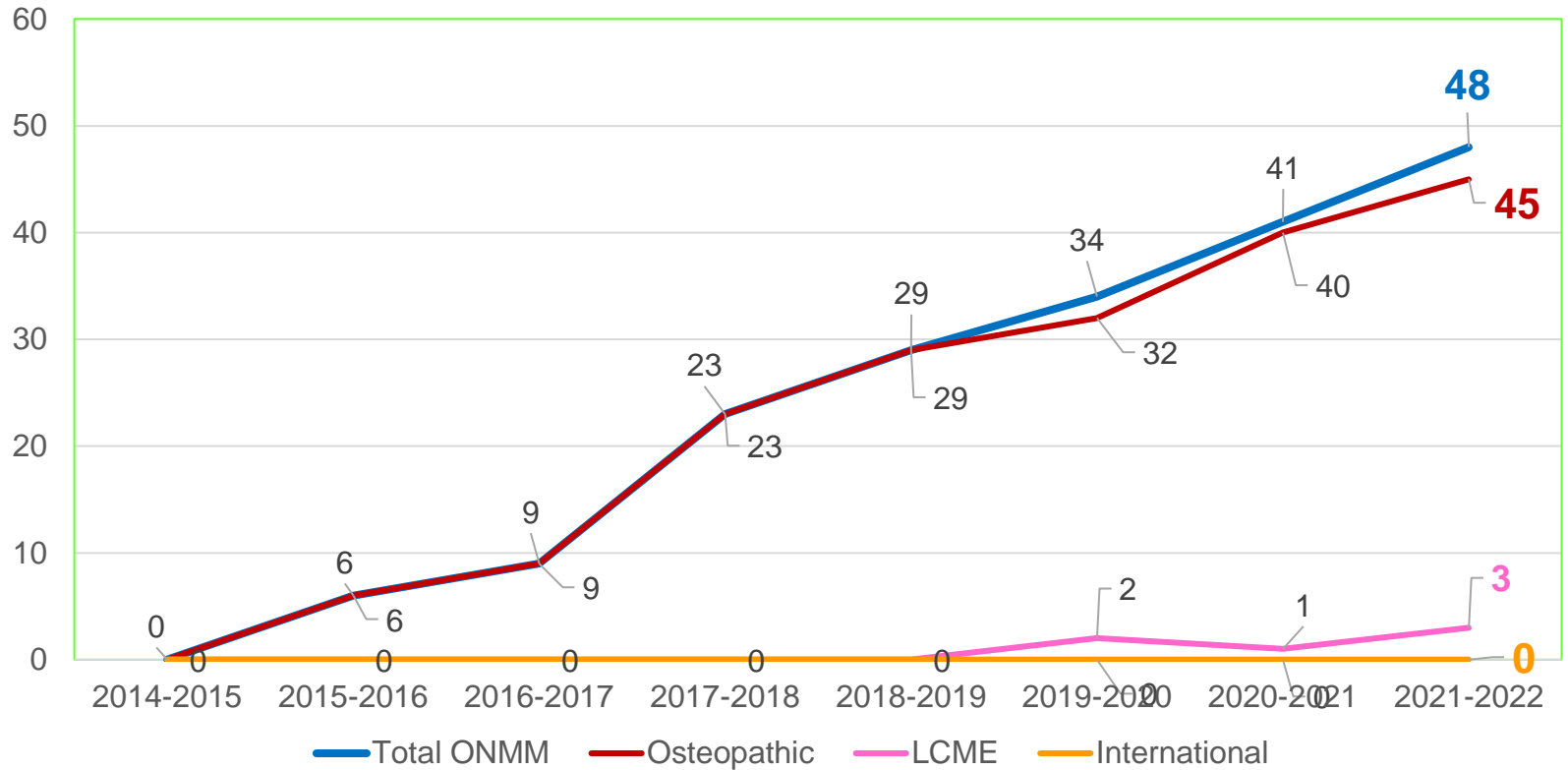


*Data Books/ADS
5-28-2024





ONMM Graduates*



*ACGME Data Books



Fellowships Available to ONMM

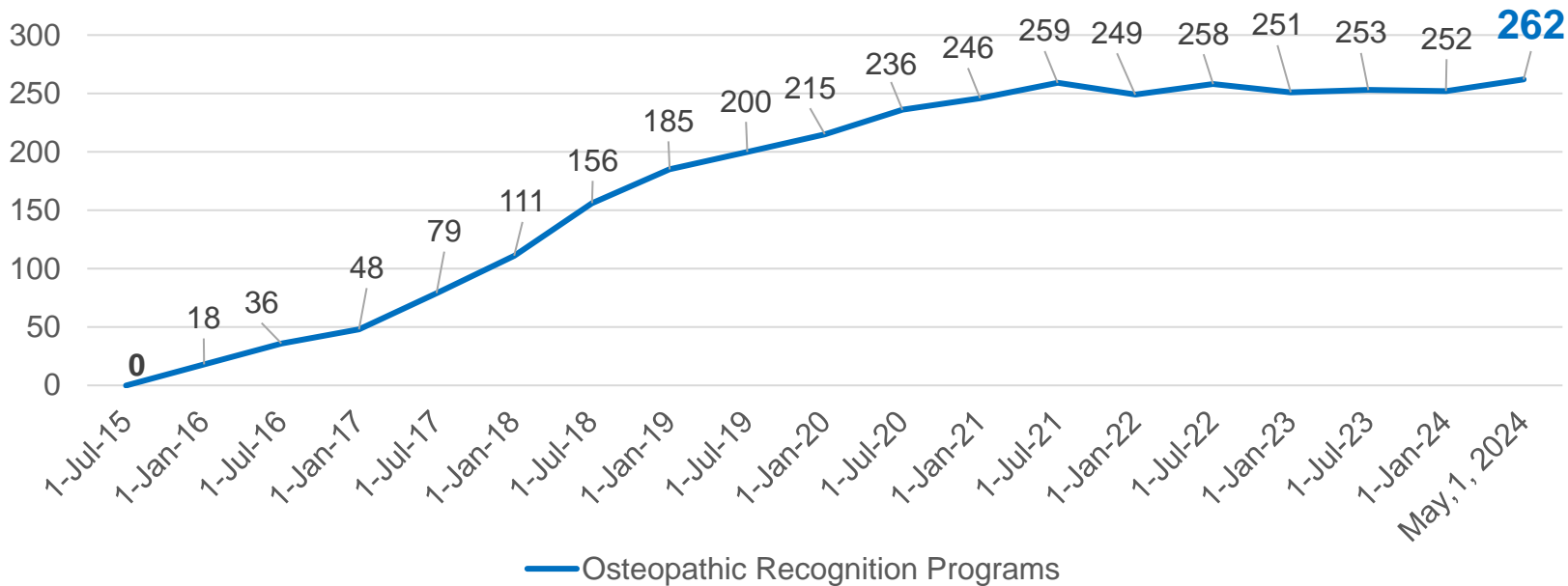
- Addiction Medicine
- Clinical Informatics
- Pain Medicine
- Sports Medicine



Osteopathic Recognition

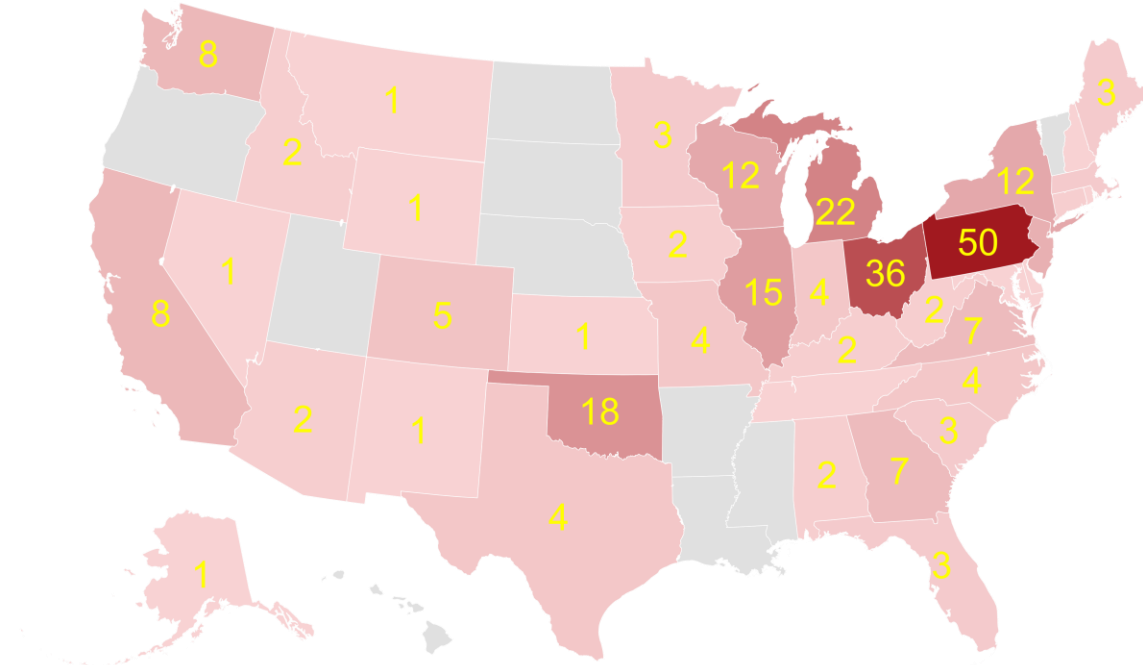


Osteopathic Recognition*




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Osteopathic Recognition



- New Hampshire - 1
- Massachusetts - 3
- Connecticut - 2
- Rhode Island - 1
- New Jersey - 10
- Delaware - 1
- Maryland - 1

Osteopathic Recongnition Programs by State  1 50

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Osteopathic Recognition*

Emergency Medicine

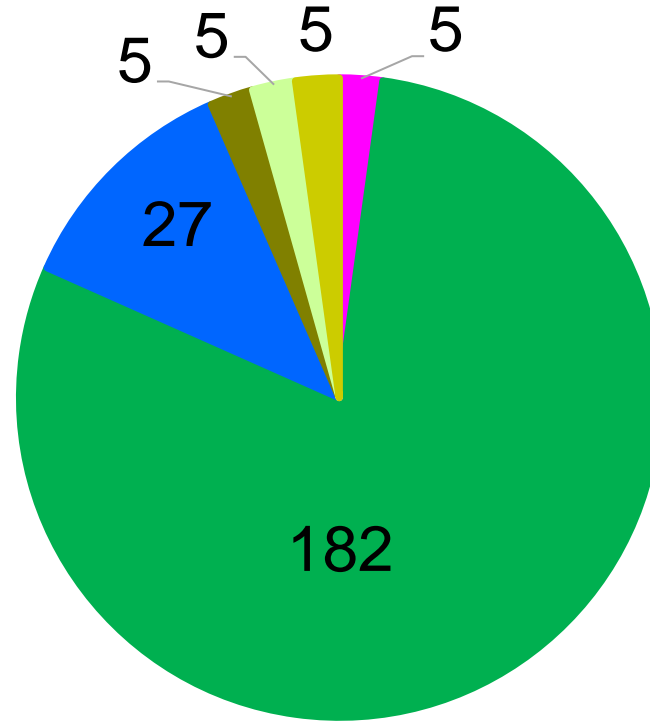
Family Medicine

Internal Medicine

Orthopaedic Surgery

Surgery

Transitional year

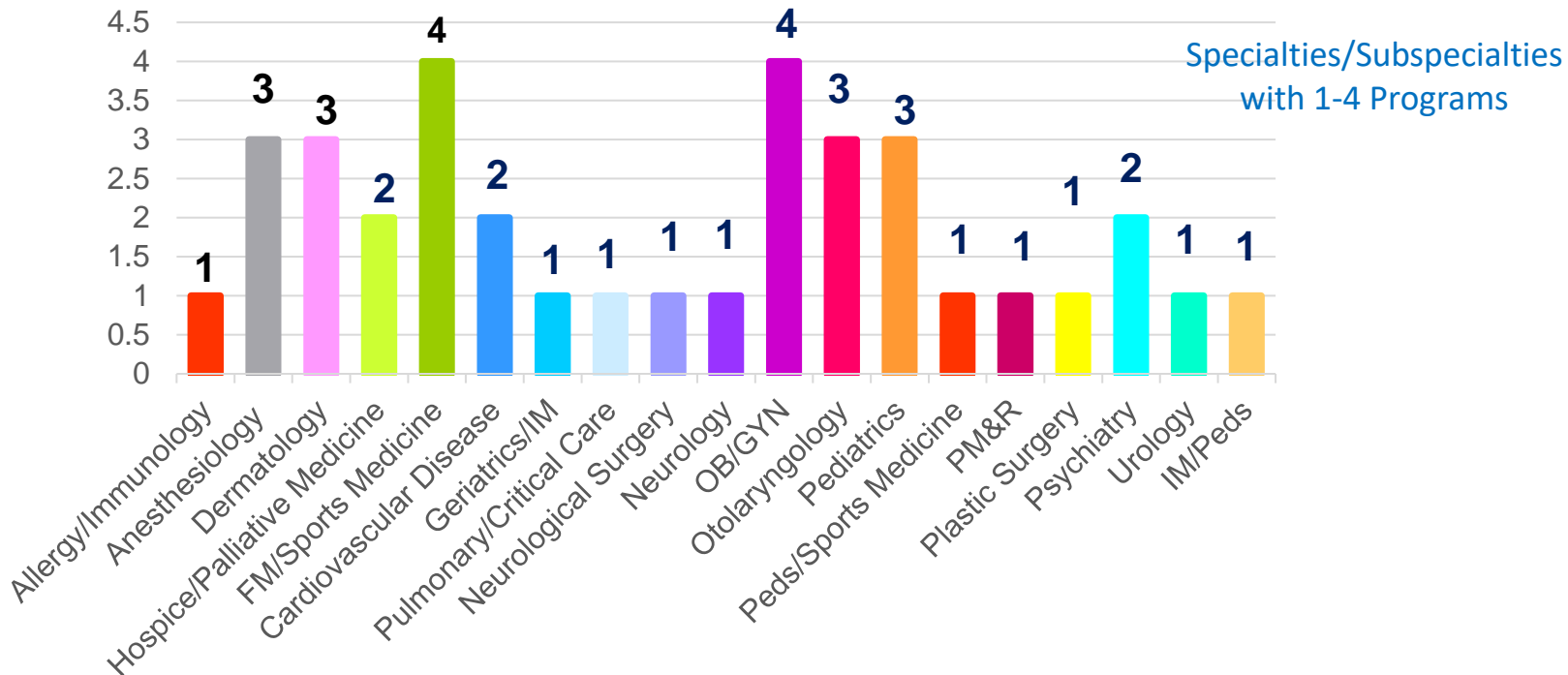


Specialties with 5 or more Programs

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Osteopathic Recognition



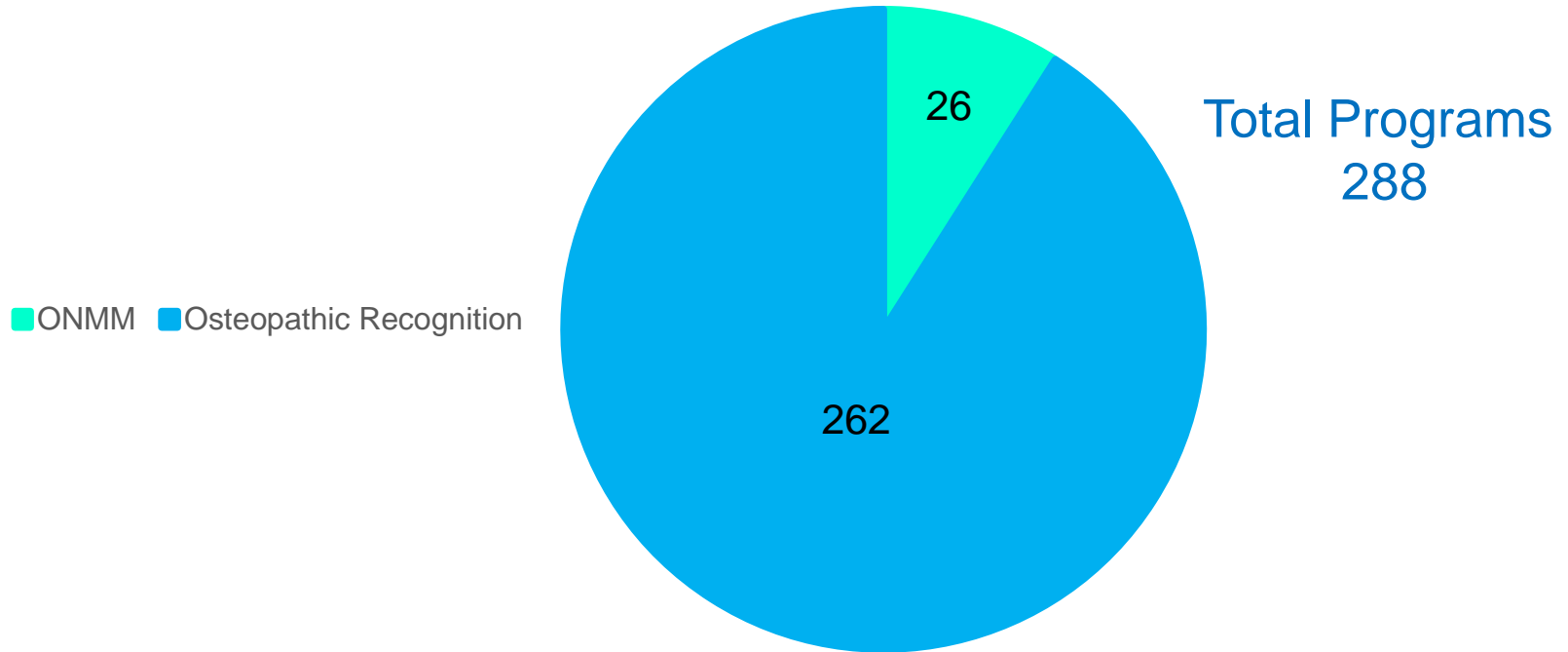
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Programs Offering Osteopathic Education



Osteopathic Education



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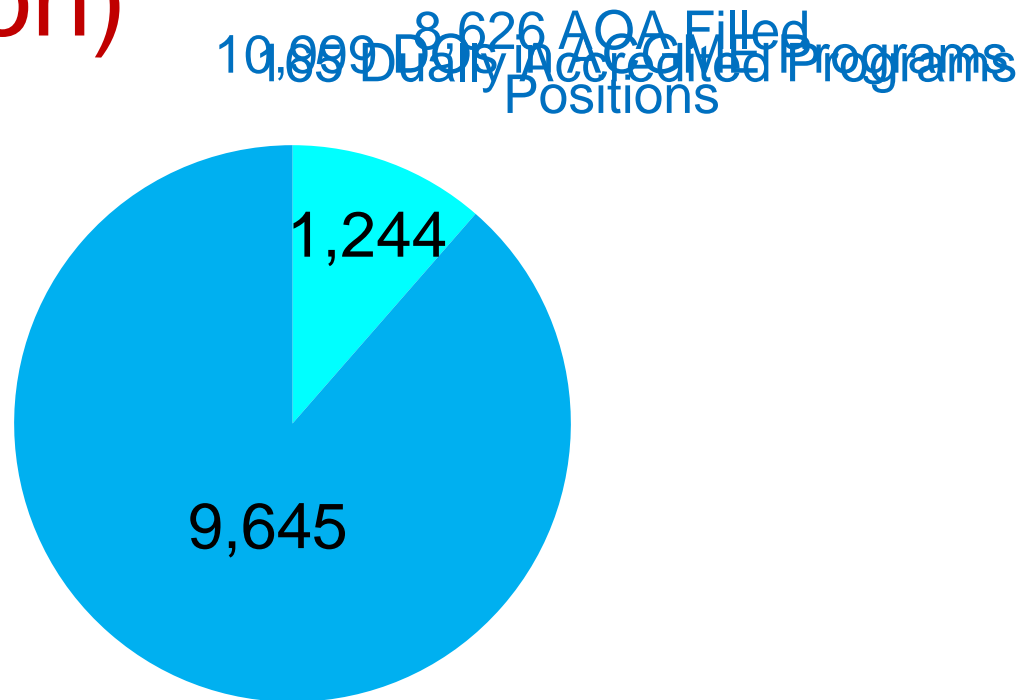
ACGME Growth



AOA and ACGME Programs (Pre-Transition)*

■ AOA Programs
11%

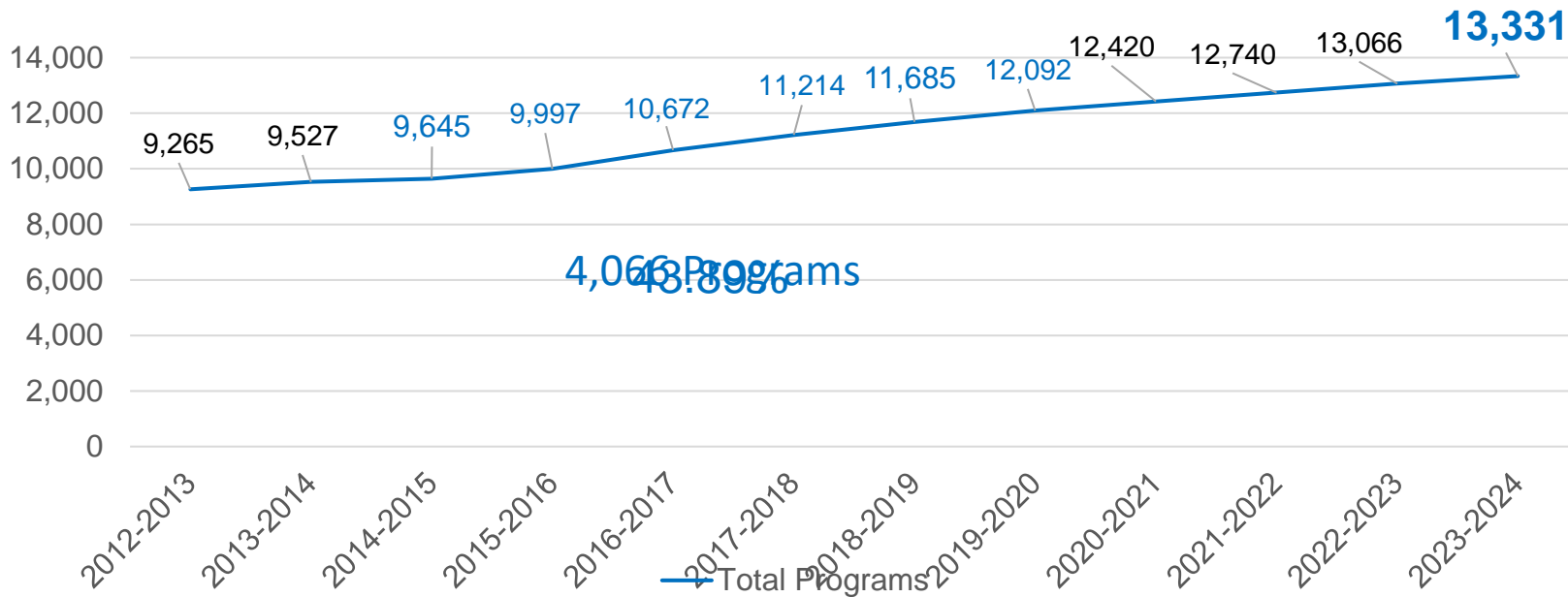
■ ACGME Programs
89%



*July 1, 2015



ACGME Programs Today

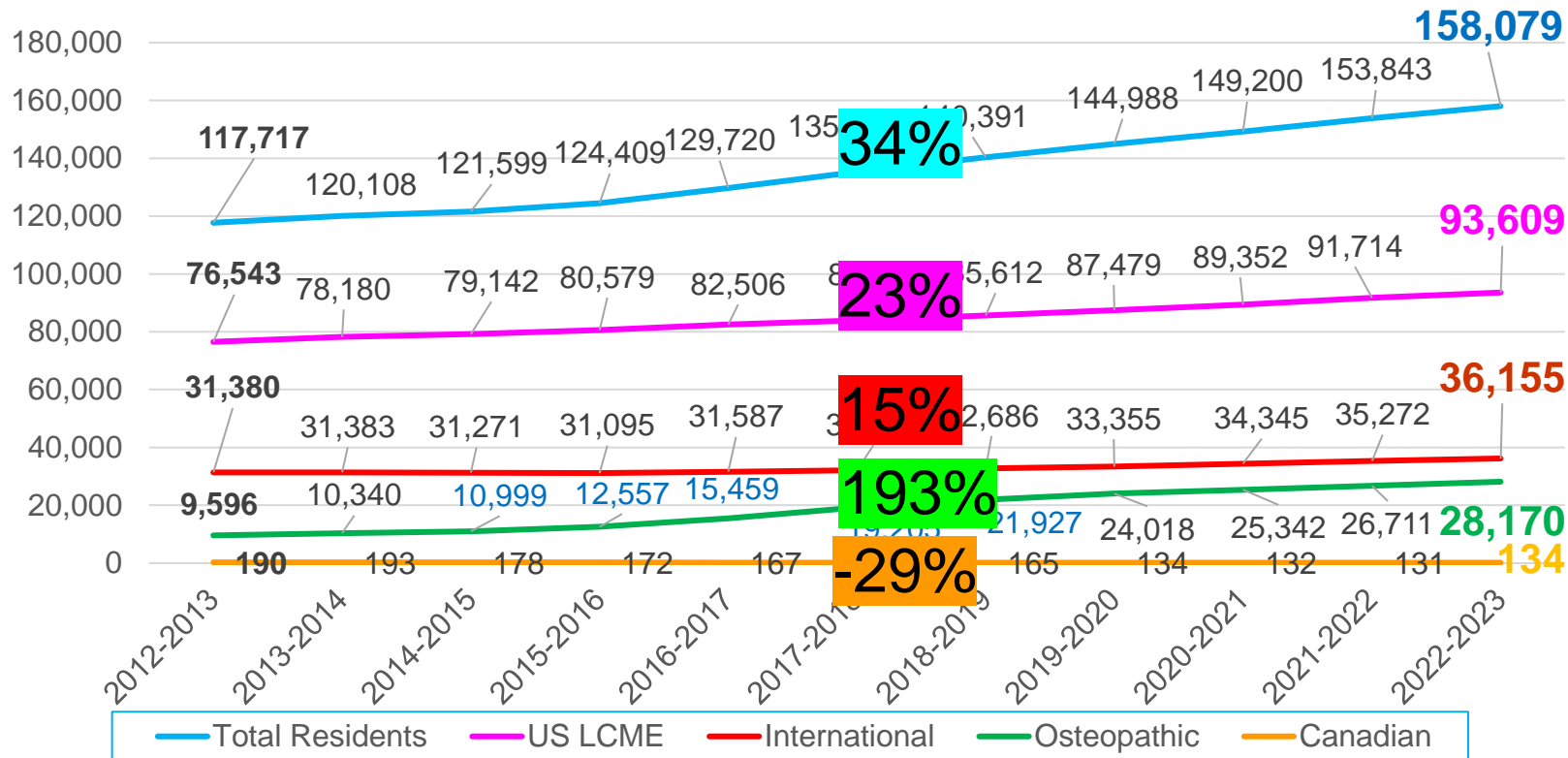


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Residents/Fellows



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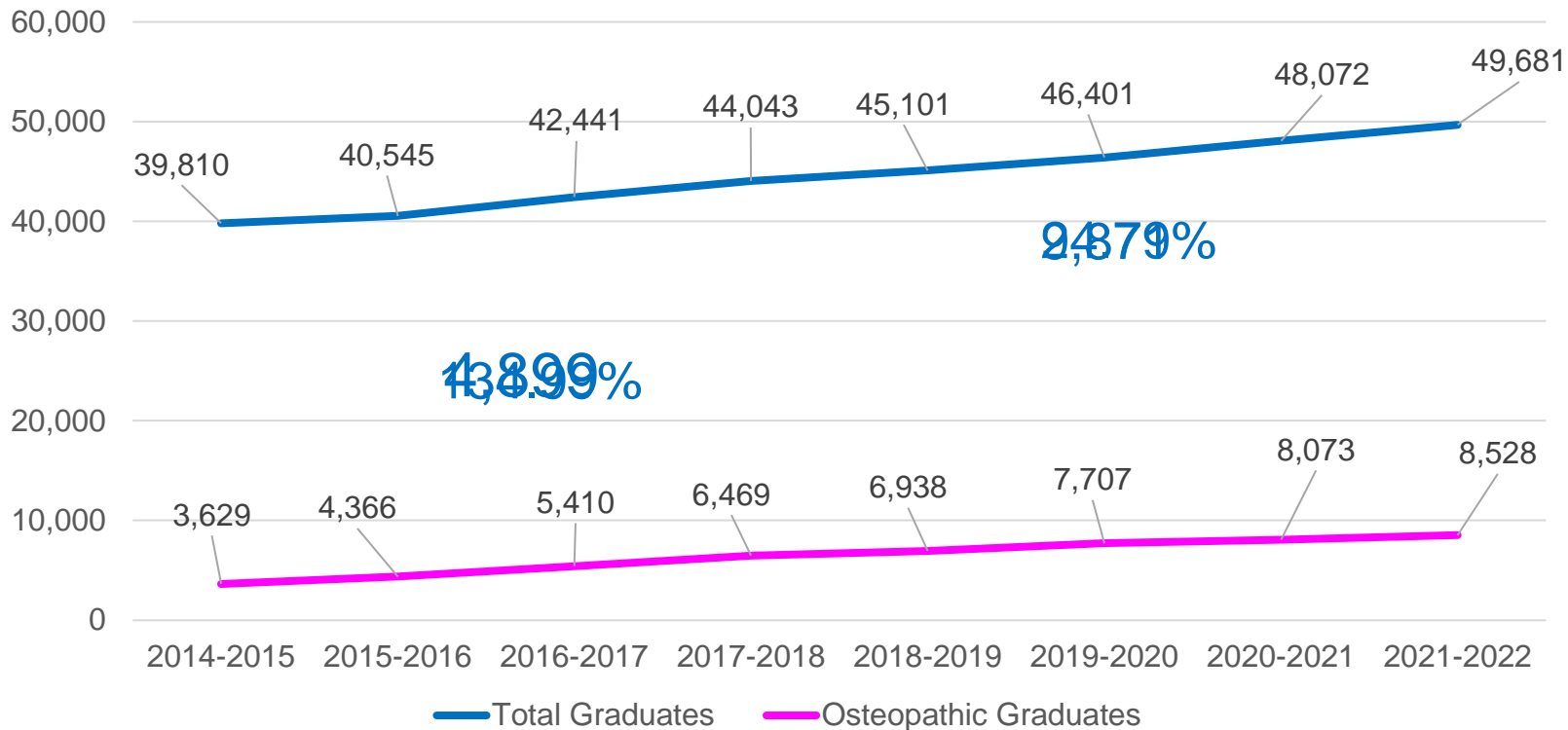


Status of Resident Positions

- Increasing Number of Positions Available to Graduates
 - Trend includes:
 - ❖ Single GME position transitions
 - ❖ Traditional Growth ACGME positions
 - ❖ New Specialty/Subspecialty development
 - ❖ Rural Track Development



ACGME Graduates





Status of Osteopathic Positions

Osteopathic Physicians ACGME-Programs

- **More than Doubled:**
 - 10,999 (2014-2015)
 - 28,170 (2022-2023)
 - 156.11%
- **Almost Tripled:**
 - 9,595 (2013-2014)
 - 28,170 (2022-2023)
 - 193.56%
 - 17.8% Residents (DO)

Osteopathic Physicians ACGME Pipeline* Programs

- **More than Doubled:** (entering)
 - 2,930 (2014-2015)
 - 7,558 (2022-2023)
 - 157.95%
- **Almost Tripled:**
 - 8,816 (2013-2014)
 - 24,024 (2022-2023)
 - 172.50%
 - 18.8% Residents (DO)

*May 28, 2024

*ACGME Data Books

*Pipeline Programs: Specialties that lead to primary board certification

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ACGME Today*

• Institutions*	893
➢ Health Care Administration- Leadership-Management Fellowships	3
• Programs*^	13,326
➢ Residents*	163,422
➢ 150 + Specialties and Subspecialties	
• Committees	
➢ 28 Review Committees	
➢ Institution Review Committee	
➢ Recognition Committee	

• Combined Programs	211*
• Med/Peds (Accredited)	78*
• Other (Non-Accredited)	133*
➢ 1 FM/ONMM**	
➢ 1 FM/EM**	
➢ 1 IM/EM**	
• Residents	2,377*
• Osteopathic Recognition	
• Programs	262

*ACGME Data Book

*May 28, 2024

^Total programs include Med/Peds but does not include other Combined programs

**Including Former AOA Combined/Integrated Programs



Many resources are available on the
ACGME website.

Remember, your most important resource
will be the Executive Director
of the Review Committee.



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Thank You

Osteopathic Neuromusculoskeletal Medicine Residency Best Practices

Jennifer Kingery, DO
ONMM Residency Program Director
OhioHealth O'Bleness Hospital
AACOM/AOGME Webinar
May 29, 2024

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Disclosures

- I have no financial disclosures
- I am a member and Vice Chair of ACGME Osteopathic Neuromusculoskeletal Medicine Review Committee
- I am a member of the American Academy of Osteopathy Postdoctoral Standards Committee
- ****I am not representing the Review Committee or any other committee or organization in this presentation. The content is based my own personal thoughts and experiences

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Objectives

- Define the Osteopathic Neuromusculoskeletal Medicine (ONMM) Residency and levels of entry
- Best practices for how to start an ONMM Residency
- Best Practice Do's
- Milestones 2.0 for competency evaluation
- ONMM specialty specific didactics best practices
- Faculty Development, Scholarly Activities, and Quality Improvement
- Best Practice Don'ts

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Osteopathic Neuromusculoskeletal Medicine Residency

- Is a primary residency disciplined in the neuromusculoskeletal system, its comprehensive relationship to other organ systems, and its dynamic function of locomotion
- The educational program in osteopathic neuromusculoskeletal medicine must be 36 months in length
 - The length may be shortened through the different pathways of entry
 - Can complete the program part time

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Osteopathic Neuromusculoskeletal Medicine Residency

- Prior to matriculation, residents must have sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program, including: (Core) III.A.2.b)
 - osteopathic philosophy, history, terminology, and code of ethics; (Core) III.A.2.b)(1)
 - anatomy and physiology related to osteopathic medicine; (Core) III.A.2.b) (2)
 - indications, contraindications, and safety issues associated with the use of osteopathic manipulative treatment; (Core) III.A.2.b) (3)
 - palpatory diagnosis, osteopathic structural examination, and osteopathic manipulative treatment. III.A.2.b).(4)

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ONMM Residency Levels of Entry

- **ONMM1 Level of Entry**
 - A three-year residency (36 months)
 - **Year 1-** a broad-based clinical year (PGY-1)
 - continuity of care clinic where they devote at least an average of one half-day per week osteopathic evaluation and treatment
 - **Years 2 and 3**
 - A minimum of three ½ days ONMM continuity clinic time a week
 - Completion of the required selectives per ACGME requirements
 - 4 months minimum Inpatient ONMM Consultative service

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ONMM Residency Levels of Entry

- ONMM 2 Level of Entry (24 months)
 - residents must have successfully completed, prior to appointment, a broad-based clinical year (PGY-1) and is transitioning in at year 2 of the residency training
 - **Years 2-3**
 - A minimum of three ½ days ONMM continuity clinic time a week
 - Completion of the required selectives per ACGME requirements
 - 4 months minimum Inpatient ONMM Consultative service

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ONMM Residency Levels of Entry

- ONMM 3 Level of Entry (12 months)
 - Resident has completed a Primary residency in another specialty
 - Entry into Year 3 of the ONMM residency
 - Minimum of 3 half day continuity clinics a week
 - 2 months of Inpatient ONMM Consultative service
 - Selective rotations required in the ACGME requirements that have been completed in another primary residency can be counted as completed and that month can then be used as an elective

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How to Start an ONMM Residency

- Need a Qualified Program Director per ACGME requirements
- There must be a minimum of one AOBNMM-certified, AOBSPOMM-certified, or AOBNMM board-eligible core faculty member in addition to the program director.
 - Faculty members who teach osteopathic neuromusculoskeletal medicine residents in the ambulatory continuity of care clinic or in the hospital must be AOBNMM-certified, AOBSPOMM-certified, or AOBNMM board-eligible, or possess qualifications acceptable to the Review Committee
- **Expect the process to take at least one year to get established before you are able to successfully submit your application**

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How to Start an ONMM Residency New Program FAQ

Question	Answer
<p>Other</p> <p>What elements must already be in place for a new osteopathic neuromusculoskeletal medicine program to achieve ACGME accreditation?</p>	<p>The Review Committee for Osteopathic Neuromusculoskeletal Medicine will expect new program applications to have the following elements already in place in order to demonstrate substantial compliance with Program Requirements and become accredited:</p> <ul style="list-style-type: none"> • A qualified program director must be hired and have appropriate licensure and clinical appointments. • All program letters of agreement needed for required and selective rotation experiences must be fully executed. • At least one board-certified or board-eligible neuromusculoskeletal medicine physician faculty member must have clinical privileges at the site where the neuromusculoskeletal medicine inpatient consultation service and rotation will take place. • A neuromusculoskeletal medicine or osteopathic manipulative medicine consultation service must be in place at the site where the required resident neuromusculoskeletal medicine inpatient consultation service and rotations will take place. • The program director or a faculty member that is board certified or board eligible in neuromusculoskeletal medicine must have an active neuromusculoskeletal medicine practice in the location of the program's continuity of care clinic or geographically close to the continuity of care clinic location. • The program must have a continuity of care clinic location that is a functioning ambulatory clinic. • The program must be able to demonstrate outpatient neuromusculoskeletal medicine patient volume to support the resident complement requested in the application. If the outpatient neuromusculoskeletal medicine patient volume is not available for the 12-month period of time requested in the specialty-specific application, then the program may provide patient data for at least six months showing sustained increase in clinic patient volume through new patient visits, follow-up visits, and total patient volume.

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How to Start an ONMM Residency

- READ all the ACGME documents in detail
 - Program Requirements for ONMM and ONMM FAQs:
 - <https://www.acgme.org/specialties/osteopathic-neuromusculoskeletal-medicine/program-requirements-and-faqs-and-applications/>
 - Program Application Information (ACGME) Webpage:
 - <https://www.acgme.org/programs-and-institutions/programs/program-application-information/>
 - This page provides general program application information and links to module that was created in Learn at ACGME. Learn is the ACGME's online learning platform, which requires a login that is free to setup.
 - three-part course Applying for Program Accreditation

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Best Practices Do's

- Have the support from the stakeholders of your organization
- Need your sponsoring institution and your DIO committed to the osteopathic neuromusculoskeletal medicine residency
 - Understands the curriculum requirements and able to provide the resources necessary
 - Supports the required 0.2 FTE administrative time for program director
 - Have a program coordinator dedicated for your program at least 0.5 FTE

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Best Practices Do's

- Attend the Program Directors Workshop held every year at AAO Convocation
- Attend the Program Directors Full Day Course at the ACGME Annual Education Conference
 - Especially beneficial for new or newer Program Directors

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Best Practices Do's

- Work with your stakeholders to ensure you have all the required rotations with appropriately boarded faculty available at your site or vested sites (With a PLA) that are easily accessible to the residents
 - If the resident must travel (outside rotation) for a required selective rotation, then need a well laid out plan and policy on how the resident will be able to meet the continuity clinic time and what resources will be provided for them

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Best Practices Do's

- Rotations
 - Make sure you have all the selective rotations and sufficient elective choices, and it is appropriated listed in the Block Diagram
 - Rotations are calculated by 100 hours
 - 4 weeks
 - 1 month
 - Longitudinal
 - Be specific on how going to meet the 100 hours

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Best Practices Do's

- Rotations
 - IV.C.8.f).(2) **one rotation each** in at least **two** of the following: neurological surgery; occupational medicine; orthopaedic surgery; podiatric medicine; and sports medicine; (Core)
 - IV.C.8.f).(3) **one rotation each** in at least **two** of the following: neurology; physical medicine and rehabilitation; and rheumatology; (Core)
 - IV.C.8.f).(4) at least **one rotation** in **at least one** of the following: radiology; musculoskeletal radiology; or pain management; and, (Core)
 - IV.C.8.f).(5) elective rotations. (Core)
 - IV.C.8.f).(5).(a) Remaining rotations in the curriculum must be elective rotations. (Core)

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Best Practices Do's

- Guide to the Construction of the ONMM Block Diagram:
 - <https://www.acgme.org/specialties/osteopathic-neuromusculoskeletal-medicine/program-requirements-and-faqs-and-applications/>
- Reach out to Tiffany Moss, Executive Director, Osteopathic Accreditation with any questions!

Tiffany Moss, MBA

Executive Director, Osteopathic Accreditation



Accreditation Council for Graduate Medical Education

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Best Practices Do's

- Need to have an established NMM clinic with the patient volume to support meeting the needs and requirements of the ONMM residency
- Faculty with privileges at your hospital and an active inpatient ONMM consultative service overseen by a board eligible or AOBNMM/AOBSPOMM physician
 - If do not have an inpatient consultative service, then have a PLA with another institution for the residents to do an out rotation to meet the requirements
- Work with your stakeholders to ensure you have all the required rotations with appropriately boarded or board eligible faculty available at your site or vested sites (With a PLA) that are easily accessible to the residents

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Best Practices Do's

- Policies and Procedures
 - Know the requirements from the ACGME ONMM program requirements
 - Make sure your language aligns with both your organization and ACGME requirements
 - It is ok to copy the language from the requirements directly into your policies!

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Best Practices Do's

- Policies and Procedures
 - Levels of supervision delineations
 - VI.A.2.b).(1) **Direct Supervision:** VI.A.2.b).(1).(a) the supervising physician is physically present with the resident during the key portions of the patient interaction. VI.A.2.b).(1).(a).(i) PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core)
 - VI.A.2.b).(2) **Indirect Supervision:** the supervising physician is not providing physical or concurrent visual or audio Osteopathic Neuromusculoskeletal Medicine ©2023 Accreditation Council for Graduate Medical Education (ACGME) Page 46 of 56 supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
 - VI.A.2.b).(3) **Oversight** – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. VI.A.2.c) The program must define when physical presence of a supervising physician is required. (Core) VI.A.2.d) The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)

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Best Practices Do's

- Final Evaluation
 - Statement (copy and paste exact working!)
 - V.A.2.a).(2).(b) verify that **the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice** (Core)

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Best Practices Do's

- Accreditation Database System (ADS)
 - Make sure all sections are completed
 - Notifications from ACGME
 - Case Log System
 - <https://www.acgme.org/specialties/osteopathic-neuromusculoskeletal-medicine/documents-and-resources/>
 - Residents report their procedure logs for osteopathic manipulation
 - Panel and Continuity numbers are calculated
 - Reports can be obtained on an ongoing basis to monitor
 - Separate from the Specialty-Specific Application

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Best Practices Do's

- Keep ADS updated
 - Make appropriate changes as they happen
 - Document any changes in the ADS Major Changes and Other Updates section
 - Faculty and program coordinator
 - Curriculum
 - Rotation
 - Resident fall out from meeting minimum numbers- specify reasons why and how competency was assessed
 - AFI's
 - Make sure all Faculty have up to date Board Certifications
 - Must be board certified or board eligible in the specialty of the rotation

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Best Practices Do's

- Familiarize all core faculty and members who will sit on the Clinical Competency Committee (CCC) with the Milestones 2.0
 - <https://www.acgme.org/specialties/osteopathic-neuromusculoskeletal-medicine/milestones/>
 - Supplemental guide
 - Webcast video
 - provide a framework for the assessment of the development of the resident in key dimensions of the elements of physician competence in a the ONMM specialty

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Milestones 2.0

- Milestones 2.0 Competencies
 - Patient Care 1: Patient Management: Osteopathic Approach to Patient Care
 - Patient Care 2: Osteopathic Manipulative Treatment (OMT) (Direct)
 - Patient Care 3: Osteopathic Manipulative Treatments (OMT) (Indirect)
 - Patient Care 4: Diagnostic Screening, Testing, and Interpretation
 - Patient Care 5: Management of Procedural Care (e.g., Trigger Point Injections, Joint Aspirations, Joint Injections)

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Milestones 2.0

- Milestones 2.0 Competencies
 - Medical Knowledge 1: Applied Foundational Sciences
 - Medical Knowledge 2: Manifestation of Systemic Disease through Neuromusculoskeletal System
 - Systems-Based Practice 1: Patient Safety and Quality Improvement
 - Systems-Based Practice 2: System Navigation for Patient-Centered Care
 - Systems-Based Practice 3: Physician Role in Health Care Systems

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Milestones 2.0

- Milestones 2.0 Competencies
 - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice
 - Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth
 - Professionalism 1: Professional Behavior and Ethical Principles
 - Professionalism 2: Accountability/Conscientiousness
 - Professionalism 3: Self-Awareness and Help-Seeking Behaviors

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Milestones 2.0

- Milestones 2.0 Competencies
 - Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication
 - Interpersonal and Communication Skills 2: Interprofessional and Team Communication
 - Interpersonal and Communication Skills 3: Communication within Health Care Systems

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Best Practices Do's

- Program Director needs to find time to meet with each faculty member at least once year
 - Make sure goals and objectives don't need changed
 - Collaborate on how to make the rotation experience better
 - Encourage faculty development and scholarly activity
- Actively participate on the GMEC committee with the sponsoring institution

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Didactics

- There must be a minimum of four hours weekly of structured educational activities focused on relevant neuromusculoskeletal medicine topics, at least two hours of which must include faculty member didactic participation and discussion of assigned readings, averaged over a four-week period. (Core) IV.C.4.c)
- Residents must participate in a monthly journal club. (Core) IV.C.4.d)
- Resident attendance at required educational sessions must be documented V.C.4.d)

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Didactics

- Residents must study osteopathic philosophy in depth during the program. (Core) IV.C.4.b)
 - **FAQ** states:
 - This should reinforce the importance of the original philosophy, as expressed by Dr. A.T. Still in his writings, and other philosophy related to osteopathic principles and practice. The Review Committee strongly recommends that residents read at least one book by Dr. Still prior to completion of the program. This is considered a minimum and should promote a lifelong pursuit and commitment to understanding and implementing the osteopathic principles and practices.

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Didactics

- Need all faculty involved to provide well rounded education
- Mock practical and competency assessments
- Dedicate time to hands on practice and assessment of osteopathic techniques
- I Recommend having at least a monthly “Book Club” dedicated to discussion on readings
 - I Recommend at least two A.T. Still books before branching out to other osteopathic books
- Dedicate time to anatomy, pathophysiology and review from osteopathic textbooks and other resources including:
 - Foundations Of Osteopathic Medicine 4th Ed.
 - Atlas of Osteopathic Techniques 4th Ed.
 - An Osteopathic Approach to Diagnosis and Treatment 4th Ed.
 - YouTube Dissection videos

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Didactics

- Case presentations with role play participation
 - Interprofessional relationships
 - Delivering difficulty news
 - Handling an upset /difficult patient
 - Root Cause Analysis
 - Motivation interviewing

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Faculty Development

- Difficult to get participation from all faculty
- Find easy ways to add to already planned staff meeting
 - Take 10 -15 minutes and dedicate to faculty development discussion
 - Feedback mechanisms
 - Better preceptor
 - Time management
 - Educating difficult learner
 - Work with your institution to create organization wide opportunities
 - OhioHealth sponsors Med Teach on the Go Sessions every quarter from 12:15-1pm virtually and available to all teaching faculty
- Utilize online resources and modules
 - Learn at ACGME has free resources

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Faculty Development

- Common Program Requirement

II.B.2.f) **pursue faculty development designed to enhance their skills at least annually;** (Core)

Background and Intent: Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the residency program faculty in the aggregate.

II.B.2.f).(1) **as educators and evaluators;** (Detail)

II.B.2.f).(2) **in quality improvement, eliminating health inequities, and patient safety;** (Detail)

II.B.2.f).(3) **in fostering their own and their residents' well-being; and,** (Detail)

II.B.2.f).(4) **in patient care based on their practice-based learning and improvement efforts.** (Detail)

Background and Intent: Practice-based learning serves as the foundation for the practice of medicine. Through a systematic analysis of one's practice and review of the literature, one is able to make adjustments that improve patient outcomes and care. Thoughtful consideration to practice-based analysis improves quality of care, as well as patient safety. This allows faculty members to serve as role models for residents in practice-based learning.

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Scholarly Activity and Quality Improvement

- Very Difficult to get faculty to participate
- Try to work on group projects
- Encourage faculty to be mentors
- Collaborate with other residency programs if more than one at your institution

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Best Practices Don't

- Never make assumptions
- Think that work arounds for the ACGME requirements will be ok
- Fail to disclose information or report inaccurate information
- Wait to the last minute to complete documents and annual updates
- Neglect to Communicate regularly with your DIO and DME (if have one in your organization)

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Contact and Support



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