



## Osteopathic Recognition: A Concurrent Mixed Methods Approach

May 29, 2024

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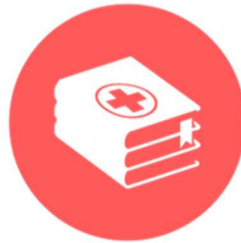
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## UME-GME Task Force Focus Areas

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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# Osteopathic Recognition Grant: A Concurrent Mixed Methods Approach

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**CHPE**  
Center for Health Professions Education

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## Osteopathic Recognition Grant Project: A Concurrent Mixed-Methods Approach

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The views expressed are those of the authors and not necessarily those of the DoD, USU, HJF or other federal agencies

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# A mixed-methods study of the Osteopathic Recognition Program

## Aim 1

Identify the barriers for programs to apply for OR and determine why programs have chosen to voluntarily withdraw from OR

## Aim 2

Explore why programs withdraw from OR and how changes in program leadership have affected adoption and maintenance of OR (and how participants experience this phenomena of OR)

## Data Collection & Findings

### Survey

- Programs that never applied for OR
- Programs that withdrew OR

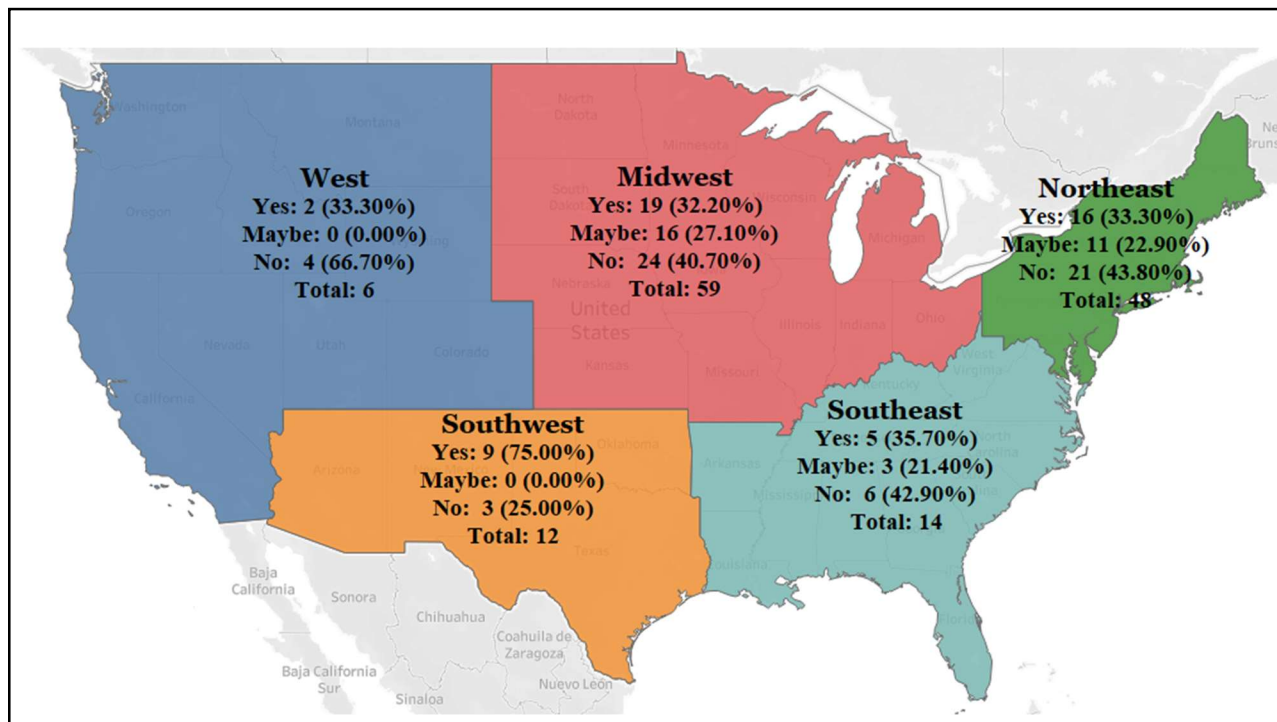
### Focus groups

### Semi-Structured Interviews

## Never applied for OR survey administration

- Survey was administered to program directors of all programs that have not applied for OR (n=519) across various geographical regions and comprised different specialties (contacts from spreadsheet provided by AACOM)
  - 178 out of 519 program directors completed the survey (34.3% response rate)
- Survey was administered from May 2023 to end of October 2023 via the survey software Qualtrics

## Never Applied for OR Survey Results



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## "Top" Barriers

Ranking the barriers which were rated very or extremely challenging by the largest number of PDs.

1. Continued osteopathic recognition requirement
2. Lack of funding
3. Osteopathic evaluation requirement
4. Lack of support from colleagues
5. Insufficient time for OPP training in addition to normal residency schedule

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## Perceived barriers for pursuing OR

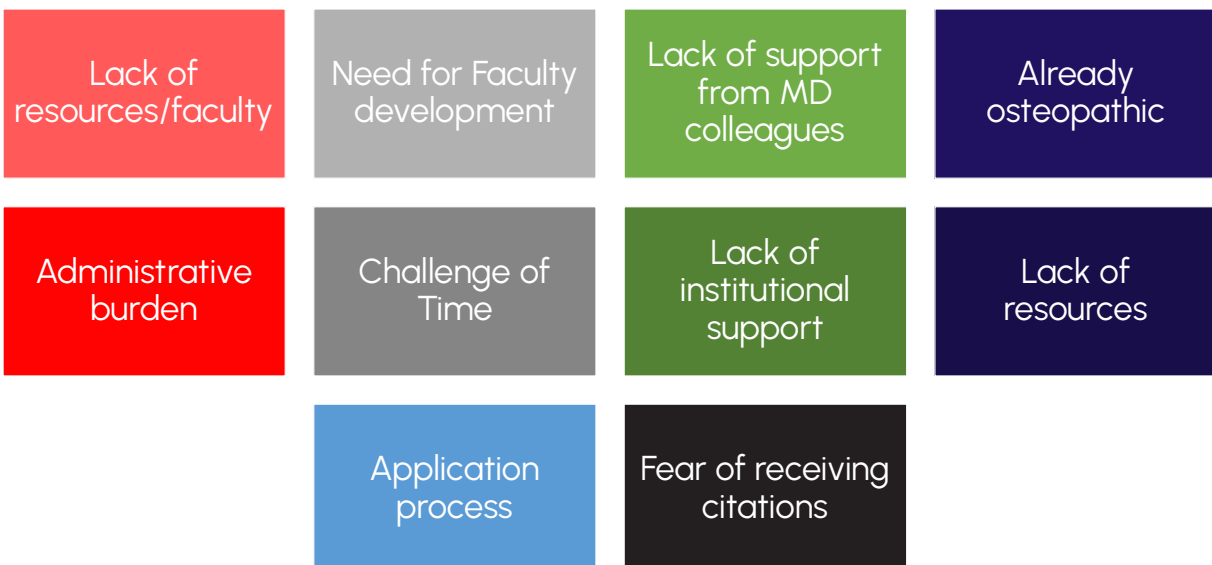
Yes vs. No group had significant differences in rating the following items as very or extremely challenging:

- *lack of support from colleagues*
- *insufficient time for OPP training in addition to normal residency schedule*
- *osteopathic recognition continued accreditation requirement*
- *lack of osteopathic medicine in practice at site*
- *lack of physical space to conduct OPP*
- *uncertainty in integration of OPP in patient care*
- *lack of relevance of specialty*
- *uncertainty over documentation*
- *uncertainty over billing*

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## Emergent themes from open-ended OR never applied survey response items:



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## Aim 2: Data collection via semi-structured interviews and focus groups

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## Semi-structured Interviews Sample Questions

- ❖ What do you perceive to be the value of osteopathic recognition (to your program, your residents, your applicants)?
- ❖ Several programs (some who were strong proponents of OPP) have withdrawn from osteopathic recognition for various reasons. What are your perceptions about the potential contributing factors?
- ❖ If you can imagine ideal conditions/scenarios (or the best of what might be) to implement, apply for, and maintain OR, what are facilitators and enablers?
- ❖ Participants have noted that OPP and OMM/T may be at risk if OR is not kept as a recognition from ACGME. What are your thoughts?

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## Multiple Perceptions

1. Value of Osteopathic Recognition (OR)
2. Discordance in the Perceptions and Realities of Osteopathic Recognition
3. Stewardship of OR
4. Participants' Recommendations

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## Value of Osteopathic Recognition

- Promoting the greater good of osteopathic medicine (e.g., more GME spots for the expanding UME population)
- Extending and expanding the OPP/OMT training continuum
- Promoting holistic patient care
- Ensuring a "seat at the table"
- Marker of quality--for a program's commitment to teaching and assessing OPP at the GME level

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## Discordance in the Perceptions and Realities of Osteopathic Recognition

- Varying **perceptions** of OR (related to applying for and maintaining OR)
  - High burden and low benefit for those leading OR programs
    - "Activation energy" required to put together OR application (high burden of OR)
  - OR having no meaningful impact on curriculum vs. OR added rigor and accountability to how OPP and OMT were taught and evaluated
  - Paperwork related to OR application process vs. ease and straight-forward nature of the application process

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## **Discordance in the Perceptions and Realities of Osteopathic Recognition**

- **Realities** of the challenges encountered with OR (related to applying for OR)
  - High administrative burden of applying for OR
    - inputting information into Accreditation Data System (ADS)
    - integrating OPP/OMT into an existing training experience
    - finding time to craft an application when additional Full Time Equivalents are not provided

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## **Discordance in the Perceptions and Realities of Osteopathic Recognition**

- **Realities** of the challenges encountered with OR (related to maintaining OR)
  - Preparing for and hosting site visits
  - Addressing citations from ACGME
  - Finding time to manage OR when additional Full Time Equivalents are not provided
- High faculty turnover
- Lack of trained and experienced faculty

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## **Stewardship of OR**

- Identifying an OR champion (to provide oversight and leadership, preserve and promote the culture through OR)
- Community or social orientation to preserve and promote OPP (collaboration across institutions at local and national levels)
  - Establishing shared OR-related resources for application and maintenance of OR and how to assess osteopathy across all specialties

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## **Participants' Recommendations**

- Recommendations provided by interview and focus group participants to help address the different barriers and challenges related to applying for and maintaining OR
  - Providing shared resources
  - Faculty development
  - Research support

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## Sample Quote

*"**They want to be with the residents.** They want to do OMT. None of them want to do CCC. None of them want to assign osteopathic milestones. None of them want to, you know, write, you know, curricular plans and some of the other stuff that's tied to Recognition. They want to, like, work with residents and teach OMT."* (academic capacity of faculty)

-Group 2 Participant

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## Sample Quote

*"Oftentimes the Osteopathic Recognition citations, it feels as we're just looking for a citation. Or I'm like, no, just -- if we're substantially compliant, that should suffice. But it **feels** like we're **making it like an act of Congress to get Osteopathic Recognition.**"* (recognition is not accreditation)

-Group 1 & 3 Participant

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## Sample Quote

*"there has to be some commonalities, but there has to be enough **freedom and leeway** that they can individualize this pathway for their program."*

-Focus Group Participant

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## Community Thrives in Collaboration

*I have some DOs in the **community who, in a pinch, I can reach out** and say, hey, I need a guest speaker...**I don't feel like there's a lot of competition in the osteopathic world...**I think the **community out there wants it to thrive**, but you have to be willing to ask. (Participant B)*



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## Appreciation in Exposure

*And it's been cool that we have MDs that are there that day that will also kind of be very interested and intrigued and who want to learn not only the diagnostics steps but also some of the therapeutic steps, too. (Participant H)*

*MD residents talk about how great -- how much they want to learn this, it's like well, they're more osteopathic than I am right now. I mean, they're so excited. (Participant CC)*



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## Appreciation in Exposure, win-win

*The students are curious and interested...Every student rotates through our clinic...**And the mystique of it all goes away** when you get a chance to just see what people are doing and, you know, ask questions and ...So **it's kind of a win-win**, the patient kind of gets to understand why, you know, what they're doing, and there's a reason why their doctor is doing something...*

*So now even if they don't go into an Osteopathic Recognition program, but they go off to Yale and do internal medicine or orthopedic surgery, they have a deeper understanding of what their DO colleagues are and who they are and what they're doing... (Participant B)*



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# NEED for Faculty Development

*I think there's a lot of people that don't feel comfortable and, you know, they don't feel comfortable in teaching and assessing this...you have people that...they went through osteopathic medical education, and they've come out, and they do not feel comfortable teaching it. And I think that's where it -- that's, what needs to change the most. (Participant BB)*

# Recommendations

- Regional collaboration and Networking to support smaller programs
- More opportunities for DOs to practice and MDs to learn about OMM during residency
- Faculty development to address and enhance understanding of Osteopathic Medicine by all
- Explore patterns of successful OR programs

## Limitations

- Response rate for the Never Applied for OR survey was only 34.3%. This could lead to possible nonresponse bias.
- Survey data was predominantly confined to population in specific geographical region as the largest number of survey responses came from the Midwest (41.8%) and Northeast (34.0%)
- Limited perspective from programs that have withdrawn from OR due to difficulty with recruiting program directors whose programs have withdrawn from OR for both the surveys and interviews

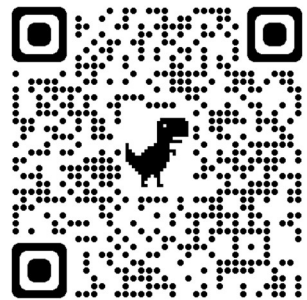
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## Center for Health Professions Education (CHPE)

- CHPE home page link: <https://chpe.usuhs.edu/>
- CHPE Faculty page link: <https://chpe.usuhs.edu/home/faculty>
- QR Code for CHPE Faculty page



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