

Frequently Asked Questions: Osteopathic Recognition ACGME

Question	Answer
Osteopathic Program Personnel	
<p>Are there other qualifications the Recognition Committee is willing to consider if the Director of Osteopathic Education or a core faculty member does not have American Osteopathic Association (AOA) board certification?</p> <p><i>[Recognition Requirements: I.A.1.a).(2) and I.C.2.a)]</i></p>	<p>The committee will consider other qualifications in lieu of AOA board certification, including for (but not limited to):</p> <ul style="list-style-type: none"> • A physician holding a Doctor of Osteopathic Medicine (DO) degree with active board certification through an American Board of Medical Specialties (ABMS) member board • A physician holding a medical degree other than a DO who has active board certification through an ABMS member board and has completed an ACGME-accredited program with Osteopathic Recognition in a designated osteopathic position <p>Physicians with the above qualifications must be able to teach and assess Osteopathic Principles and Practice (OPP) and must demonstrate, through scholarly activity, CME courses, faculty appointments, etc., that they are currently providing osteopathic medicine or have been in the recent past.</p>
<p>How can a program demonstrate that it has a sufficient number of osteopathic faculty members?</p> <p><i>[Recognition Requirement: I.B.3.]</i></p>	<p>A program can demonstrate it has a sufficient number of osteopathic faculty members by describing the faculty members' roles in adequately fulfilling the needs of the osteopathic learning environment for the specialty.</p> <p>At a minimum, the program must have one core osteopathic faculty member in addition to the Director of Osteopathic Education. Additional osteopathic faculty members may be needed based on the:</p> <ul style="list-style-type: none"> • number of designated osteopathic residents • number of hours devoted to osteopathic education by the osteopathic faculty members • complexity of the osteopathic curriculum • requirements of clinical supervision • the number of teaching sites providing osteopathic education • the program's specialty

Question	Answer
	<p>The number of both designated osteopathic residents and designated sites greatly impacts the faculty resources needed to create and sustain the osteopathic learning environment. For higher numbers of designated osteopathic residents, additional osteopathic faculty members may be required to ensure an adequate osteopathic learning environment at all sites providing osteopathic education.</p>
<p>What does the committee consider “faculty development”?</p> <p><i>[Recognition Requirements: I.B.4.- I.B.4.a).(1)]</i></p>	<p>The Committee views faculty development as a structured program of regularly scheduled development activities designed to enhance the effectiveness of teaching, administration, leadership, scholarship, and the clinical and behavioral components of the osteopathic faculty members’ performance. It is important to note that the faculty development program should include an integration of OPP throughout the scheduled activities.</p> <p>A faculty development program may be offered using local resources.</p>
<p>How frequently should faculty development that integrates OPP occur?</p> <p><i>[Recognition Requirements: I.B.4.- I.B.4.a).(1)]</i></p>	<p>It is suggested that faculty development integrating OPP occur at least annually, and should incorporate evaluation and assessment of competence in medical education.</p>
<p>Does attendance at a conference or meeting where AOA CME credit is earned qualify as faculty development?</p> <p><i>[Recognition Requirements: I.B.4.- I.B.4.a).(1)]</i></p>	<p>Conferences and meetings where AOA CME credit or ACCME CME credit are earned do not <i>necessarily</i> qualify as faculty development; the conference or meeting must meet the definition of osteopathic faculty development as previously specified to qualify.</p>
<p>How frequently is the Director of Osteopathic Education expected to evaluate designated osteopathic residents?</p> <p><i>[Recognition Requirement: I.B.4.b)]</i></p>	<p>The Osteopathic Principles Committee expects the Director of Osteopathic Education to be an active member of the osteopathic faculty and teach the application of OPP to designated osteopathic residents, not just serve as an osteopathic administrator. The committee also expects the Director of Osteopathic Education to evaluate the application of OPP through direct observation of patient encounters. The committee feels it is important for the Director of Osteopathic Education to be physically present and directly observe the application of OPP at a minimum twice annually in order to contribute to the CCC and Milestones assessment, as well as to provide designated osteopathic residents with a semi-annual and final evaluations. It is only through direct observation of patient encounters that the Director of Osteopathic Education would be able to determine a designated osteopathic resident’s competence in integrating OPP</p>

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	into each of the ACGME Competencies, and specifically within patient care and procedural skills.
<p>Is it acceptable for osteopathic faculty members to directly observe designated osteopathic residents' application of OPP through simulated patient encounters?</p> <p><i>[Recognition Requirement: I.B.4.b)]</i></p>	<p>Programs may utilize simulated patient encounters to evaluate designated osteopathic residents' application of OPP, with limitations. In the founding principles of osteopathic medicine, the patient-physician interaction is integral; as such, OPP can only be evaluated when directly observed (in-person) through patient care, objective structured clinical examinations (OSCEs), and/or resident-to-resident type encounters. In-person evaluation is required, so that osteopathic faculty members may ensure hands-on palpatory verification of somatic findings. While the committee acknowledges continued technological advances, at this time it is not acceptable to use high or low fidelity mannequins for this type of evaluation because they lack the bio-psycho-social aspects of care.</p>
<p>Is there a specific minimum number of hours core osteopathic faculty members are required to devote to the program?</p> <p><i>[Recognition Requirements: I.C.-I.C.4.]</i></p>	<p>No, core osteopathic faculty members are not required to devote a specific minimum number of hours to the program. Core osteopathic faculty members will be identified differently than general core faculty members in the ACGME's Accreditation Data System (ADS).</p>
Designated Osteopathic Resident Appointments	
<p>Does a program need the committee's approval to change its complement of designated osteopathic residents?</p> <p><i>[Recognition Requirement: II.A.]</i></p>	<p>No. The committee will monitor the number of designated osteopathic residents but does not need to approve changes in a program's number of designated osteopathic residents. The applicable Review Committee approves changes that affect a program's overall resident (or fellow) complement.</p>
<p>Should there be one designated osteopathic resident per program year or one designated osteopathic resident at each level of education, averaged over a period of three years?</p> <p><i>[Recognition Requirement: II.A.]</i></p>	<p>The committee expects that there will be at least one designated osteopathic resident per year of the program, averaged over a period of three years, in a program with Osteopathic Recognition. In order to deliver a consistent experience for all learners, it is desirable to have two or more designated osteopathic residents. The presence of multiple learners at each year of the program will facilitate peer and near-peer learning. A fragmented enrollment may negatively impact learning. The committee will monitor this in order to best support programs.</p>
<p>Can a program request a waiver of the minimum required number of designated osteopathic residents?</p>	<p>Yes, programs can request a waiver. Programs requesting a waiver must send a formal letter outlining the request and an explanation of why it will be unable to meet the requirement. The letter should be addressed to the Osteopathic Principles Committee and signed by the designated institutional official (DIO), program director,</p>

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<i>[Recognition Requirement: II.A.]</i>	<p>and Director of Osteopathic Education (if applicable). The letter should be emailed to the Executive Director of the Osteopathic Principles Committee (tmoss@acgme.org). The program will be notified in writing of the Committee's decision.</p> <p>Programs are encouraged to request a waiver after attempts to recruit residents into designated osteopathic resident positions are unsuccessful and they are in jeopardy of non-compliance with the established average minimum requirement.</p>
<p>Which eligibility requirements must subspecialty (i.e., fellowship) programs follow?</p> <p><i>[Recognition Requirements: II.-II.C.]</i></p>	<p>The requirements pertaining to designated osteopathic resident appointment apply to both specialty and subspecialty programs, as well as to transitional year programs – that is, to both residencies and fellowships.</p>
<p>Must candidates applying for a designated osteopathic position within a residency or fellowship program have completed all prerequisite post-graduate clinical education in a designated osteopathic position in a program with Osteopathic Recognition?</p> <p><i>[Recognition Requirements: II.B.-II.B.4.]</i></p>	<p>No. Residency and fellowship programs with Osteopathic Recognition may accept into designated osteopathic positions candidates who have not completed all prerequisite post-graduate clinical education in an AOA-approved program or an ACGME-accredited program with Osteopathic Recognition in a designated osteopathic position. Programs may also choose to establish more stringent eligibility criteria, such as the completion of all prerequisite post-graduate clinical education required for initial entry in an AOA-approved program or ACGME-accredited program with Osteopathic Recognition in a designated osteopathic position, but again, this is not required.</p>

Question	Answer
<p>What is considered sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine for an MD applicant to enter a designated osteopathic resident position in a program with Osteopathic Recognition?</p> <p><i>[Recognition Requirements: II.B.-II.B.4.]</i></p>	<p>The committee expects all designated osteopathic resident applicants to demonstrate to programs some level of preparation prior to entry into the designated position. Programs should establish eligibility criteria accordingly. Programs may require MD applicants or other applicants who are physicians but not DOs to demonstrate preparation through completion of one of the following prior to entry into a designated osteopathic position:</p> <ul style="list-style-type: none"> • Structured basic OPP training • Prior completion of elective OPP rotations • Prior completion of OPP course(s) at an osteopathic medical school • Other experiences and training to enable the resident to demonstrate entry-level competency for participation in the program
<p>How much flexibility does a program have in establishing eligibility criteria for non-DOs to enter a designated osteopathic resident position?</p> <p><i>[Recognition Requirements: II.B.-II.C.]</i></p>	<p>A program has the flexibility to establish entry criteria for non-DOs based on its resources. A program may establish low entry criteria because it has the ability to provide designated osteopathic residents with the extra educational resources to “catch up” their OPP knowledge and skills during the program and prior to graduation. Alternatively, programs that do not have extra educational resources may establish higher entry criteria to allow non-DO applicants to be eligible for entry into a designated osteopathic position, but only after attainment of considerable OPP education.</p>

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<p>What does a program with Osteopathic Recognition need to include in its eligibility policy?</p> <p><i>[Recognition Requirement: II.C.]</i></p>	<p>The committee expects that programs with Osteopathic Recognition will specify in an eligibility policy the minimum prerequisite requirements to be completed prior to entry into a designated position. Prerequisite requirements for each of the following types of applicants should be individually delineated within the policy, including:</p> <ul style="list-style-type: none"> • graduate of a Commission on Osteopathic College Accreditation (COCA)-accredited college of osteopathic medicine (COM) who holds a DO degree • graduate of a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) • graduate from a medical school outside of the United States or Canada <p>Though it is expected that graduates of a COCA-accredited COM (with a DO degree) demonstrate sufficient background and/or instruction to enter a designated osteopathic resident position, physicians who have not graduated from a COCA-accredited COM must be expected to demonstrate some level of preparation prior to entry into a designated osteopathic resident position. It is through the program’s eligibility policy that a program will demonstrate it requires an adequate level of preparation of all applicants prior to entry into a designated osteopathic resident position.</p> <p>Additionally, the policy should:</p> <ul style="list-style-type: none"> • use terminology consistent with the Osteopathic Recognition Requirements (i.e. designated osteopathic resident) • clearly state when a resident may be designated (i.e., upon matriculation into the program, six months after matriculation into the program, etc.) • identify what is required prior to designation (i.e., prerequisite requirements) • include all medical school types, including graduates of COCA-accredited COMs
Osteopathic Learning Environment	
<p>What are the expected elements of an osteopathic learning environment for a program with Osteopathic Recognition?</p> <p><i>[Recognition Requirements: Section IV]</i></p>	<p>The committee expects every program with Osteopathic Recognition to create an osteopathic learning environment that supports the integration of OPP into resident/fellow education in didactic and clinical settings. This environment needs to provide resources for scholarly activity, didactic and clinical experiences, and role models for residents/fellows to ensure Osteopathic Recognition Milestones development throughout the educational program.</p>

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	<p>The committee acknowledges that each program will have varying resources and missions based on geographic location, backgrounds of faculty members, variety of educational settings within the program, and the needs of the patient populations served. Not all educational settings within the program are expected to meet all criteria for creating an osteopathic learning environment, but the primary educational setting for the residency program should provide an osteopathic learning environment. Because residency programs vary in their curricula, the committee expects their structure will also vary to allow individual programs to successfully meet the Osteopathic Recognition Requirements.</p> <p>Examples of experiences that may contribute to an osteopathic learning environment are available in the Osteopathic Recognition section of the ACGME website.</p>
<p>How can a program create a learning environment that supports and encourages osteopathic scholarly activity?</p> <p><i>[Recognition Requirement: IV.A.6.]</i></p>	<p>A program can create a learning environment that supports osteopathic scholarly activity, in partnership with the Sponsoring Institution, for both designated residents and osteopathic faculty members by:</p> <ul style="list-style-type: none"> • Establishing osteopathic scholarly expectations. Programs should set the types scholarly activity and the frequency of activities expected for both designated residents and osteopathic faculty members. This should also include the role osteopathic faculty members should play in the achievement of osteopathic scholarly activity by designated osteopathic residents. • Providing formal education or the opportunity to participate in formal education that supports the scholarly process. Examples include conducting a literature search, developing a scholarly project, learning how to write a grant, understanding research methods, understanding human subject safety, conducting data analysis, and presenting/disseminating scholarly work. • Creating mechanisms for completion of osteopathic scholarly activity. This could include hosting a research day, sponsoring poster presentations at conferences, sponsoring scholarly presentations at conferences, and hosting grand rounds. • Providing time and resources to support osteopathic scholarly activity (see FAQ for Requirement IV.B.2.b) below).
<p>Do the Osteopathic Recognition Requirements for scholarly activity replace</p>	<p>The pursuit of scholarly activity that integrates OPP does not replace the scholarly activity as articulated in the applicable specialty- or subspecialty-specific Program Requirements. Designated osteopathic residents and osteopathic faculty members</p>

Question	Answer
<p>the specialty requirements for scholarly activity?</p> <p><i>[Recognition Requirement: IV.A.7.]</i></p>	<p>must meet the specialty requirements as outlined by the Review Committee. The Osteopathic Principles Committee encourages the incorporation of OPP into the scholarly activity that is used to meet the specialty-specific requirements. If it is not appropriate to incorporate OPP into the specialty-specific scholarly activity, additional scholarly activity will need to be completed to meet the Osteopathic Recognition Requirements.</p>
<p>What does the committee expect of osteopathic faculty members in terms of participation in scholarly activity that integrates OPP?</p> <p><i>[Recognition Requirement: IV.A.7.]</i></p>	<p>The committee encourages each osteopathic faculty member, including the Director of Osteopathic Education, to participate in osteopathic scholarly activity. Osteopathic faculty members must produce a combined total of at least two osteopathic scholarly pieces annually, averaged over a five-year period. If it includes osteopathic content, the following may qualify as scholarly activity for osteopathic faculty members, if it integrates OPP:</p> <ul style="list-style-type: none"> • Topic presentation at a regional, state, or national meeting • Presentation at grand rounds • Web conference presentation to a regional, state, or national audience • Publication of articles, book chapters, abstracts, or case reports in peer-reviewed journals • Publication of peer-reviewed performance improvement or education research • Peer-reviewed funding • Peer-reviewed abstracts presented at a regional, state, or national specialty meeting • Leadership position in a regional, state, or national osteopathic-related organization
<p>What does the committee expect of designated osteopathic residents in terms of participation in scholarly activity that integrates OPP?</p> <p><i>[Recognition Requirement: IV.A.7.]</i></p>	<p>All designated osteopathic residents are expected to integrate OPP into their scholarly activity, and must produce at least one piece of osteopathic scholarly activity prior to graduating from the program. Designated osteopathic resident scholarly activity may include:</p> <ul style="list-style-type: none"> • Items in the faculty scholarly activity list above • Resident-led didactic with integration of OPP • Resident-led workshop with integration of OPP • Resident-led journal club with osteopathic content

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<p>What constitutes osteopathic scholarly activity?</p> <p><i>[Recognition Requirement: IV.A. 7.]</i></p>	<p>Osteopathic scholarly activity should demonstrate evidence of creation and dissemination of scholarly work that promotes or integrates one or more of the osteopathic principles: 1) mind-body-spirit interactions; 2) structure-function relationships; 3) self-regulatory and self-healing physiological mechanisms; and 4) osteopathic manipulative medicine into patient care. Although encouraged, osteopathic scholarly activity involving osteopathic manipulative treatment (OMT) is not required.</p> <p>The following are examples of acceptable scholarly activities and topics:</p> <ul style="list-style-type: none"> • Educational presentation on the effect of mind-body-spirit interactions on health • Educational presentation that includes integration of OMT into treatment options • Presentation of a case report that includes the documentation of osteopathic structural examination findings at local, regional, or national conferences • Submission of manuscripts to peer-reviewed journals or book chapters that discuss the integration of OPP into patient care activities • Participation in clinical or basic science research focusing on structure-function relationships • Participation in OPP/OMT quality improvement and/or patient safety initiative • Participation in educational research focusing the training of the integration of mind-body-spirit interactions, structure-function relationships, self-regulatory and self-healing physiological mechanisms, or osteopathic manipulative medicine into patient care • Educational presentation on OPP to interprofessional groups • Participation in a leadership position in a regional, state, or national osteopathic-related organization
<p>How does the committee view collaboration between residents and faculty members with regard to authorship of osteopathic scholarly work?</p> <p><i>[Recognition Requirement: IV.A. 7.]</i></p>	<p>The committee applies the International Committee of Medical Journal Editors (ICMJE) criteria to authorship of scholarly work. The ICMJE recommends that authorship be based on the following criteria:</p> <ul style="list-style-type: none"> • Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data for the work • Drafting the work or revising it critically for important intellectual content • Final approval of the version to be published • Agreement to be accountable for all aspects of the work in ensuring that

Question	Answer
	<p>questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved</p>
<p>What does the Osteopathic Principles Committee consider an interprofessional team?</p> <p><i>[Recognition Requirement: IV.A.8.]</i></p>	<p>The interprofessional team includes all physicians, nurses, pharmacists, physical therapists, social workers, and any other health/social care providers participating in the care of patients. These teams meet regularly to coordinate patient care plans.</p>
<p>What are some examples of learning resources the committee recommends to support osteopathic medical education?</p> <p><i>[Recognition Requirement: IV.B.2.a)]</i></p>	<p>The following are some suggested learning resources that may be utilized to support osteopathic medical education:</p> <ul style="list-style-type: none"> • Live or video conferencing of the presentation of OPP that may include the application of osteopathic manipulative treatment in clinical situations relevant to each specialty group • Access to references that enhance the understanding of OPP • Role modeling of osteopathic manipulative treatment in the patient care setting • Online training modules to enhance learners' understanding of OPP and/or the application of OMT in a clinical setting
<p>What are the committee's expectations regarding facilities for osteopathic clinical and didactic activities?</p> <p><i>[Recognition Requirement: IV.B.2.a).(2)]</i></p>	<p>The Committee expects programs to have facilities suitable for providing osteopathic clinical and didactic teaching activities. This includes appropriate space in the clinical and didactic setting for examination tables suitable for osteopathic manipulative treatment and education, and appropriate conference room space and equipment necessary for the didactic modalities used.</p>
<p>What resources can a program provide to support osteopathic scholarly activity?</p> <p><i>[Recognition Requirement: IV.B.2.b)]</i></p>	<p>Examples of how the program, in partnership with the Sponsoring Institution, can support the pursuit of osteopathic scholarly by both designated osteopathic residents and osteopathic faculty members include:</p> <ul style="list-style-type: none"> • Dedicated/blocked time to work on osteopathic scholarly projects • Financial support for osteopathic scholarly projects (including dissemination) • Access to an Institutional Review Board • Sponsorship of formal education on the scholarly process (including financial support) • Access to statisticians • Access to mentors for osteopathic scholarly activity

Question	Answer
	(Also see the FAQ for Requirement IV.A.6. above)
<p>What constitutes a community of learning that promotes the continuum of osteopathic medical education?</p> <p><i>[Recognition Requirement: IV.B.3.]</i></p>	<p>A community of learning may include a college of osteopathic medicine, osteopathic medical students, osteopathic residents, and teaching physicians from a variety of settings committed to OPP.</p>
Osteopathic Evaluation	
<p>Does a residency program need to have a separate Clinical Competency Committee (CCC) for Osteopathic Recognition?</p> <p><i>[Recognition Requirements: V.A.1.-V.A.1.c).(4)]</i></p>	<p>No. The program can utilize its CCC or a subcommittee of its CCC to review the progress of its designated osteopathic residents as relates to OPP.</p> <p>If the program utilizes its CCC for this purpose, it must have at least two osteopathic faculty members as members.</p> <p>If a subcommittee of the CCC is formed to review the progress of the designated osteopathic residents, it must include at least two osteopathic faculty members, and must report to the CCC through either the Director of Osteopathic Education or a designee, who must be a member of the CCC.</p>
<p>Can programs utilize patient encounter evaluations when assessing designated osteopathic residents' application of OPP?</p> <p><i>[Recognition Requirements: V.A.2.b)-V.A.2.c)]</i></p>	<p>The committee regards single patient encounter evaluations as a good assessment tool to incorporate into the program's system of evaluation. However, single patient encounter assessments should not be the only formative evaluation tool utilized to evaluate the application of OPP. It is the expectation of the committee that if the program utilizes single patient encounter evaluations, they must be collectively reviewed at the end of the clinical assignment and incorporated into the evaluations that occur at the end of an assignment (i.e., clinical rotation), or at three-month intervals during an assignment that exceeds three months in length.</p>
<p>Can the Osteopathic Recognition Milestones tables be used as resident rotation evaluations?</p> <p><i>[Recognition Requirements: V.A.2.b)-V.A.2.c)]</i></p>	<p>No, the Milestones tables were not designed to be used as evaluation forms for specific rotations or experiences. The Milestones are designed to guide a synthetic judgment of progress roughly twice a year. Utilizing language from the Milestones may be helpful as part of a mapping exercise to determine which competencies are best covered in specific rotation and curricular experiences. The Milestones can also be used for self-assessment by a resident/fellow in preparation for feedback sessions and in creating individual learning plans. The Milestones are not inclusive of the broader curriculum and limiting assessments to the Milestones leaves topics without proper and essential assessment and evaluation.</p>

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<p>What are examples of acceptable standardized assessments of OPP knowledge?</p> <p><i>[Recognition Requirement: V.A.2.f).(1)]</i></p>	<p>The following are examples of assessments the committee would accept, provided they are standardized and benchmarked internally within the program and externally with other programs:</p> <ul style="list-style-type: none"> • A formal, specialty-specific in-training examination that includes the assessment of OPP knowledge • A multi-specialty examination that assesses the application of OPP inclusive of common clinical scenarios seen by the specialty <p>For transitional year programs with Osteopathic Recognition, the COMLEX-USA Level 3 examination is an acceptable assessment for eligible residents. Residents who are not eligible for the exam would need an alternative assessment.</p>
<p>How frequently does the committee expect programs to administer a standardized assessment of knowledge of OPP?</p> <p><i>[Recognition Requirement: V.A.2.f).(1)]</i></p>	<p>The committee recommends such an assessment be administered at least once during the program, preferably once during each year of the program.</p>
<p>Does the program need a separate summative evaluation specifically for Osteopathic Recognition, or can the program's overall summative evaluations incorporate an assessment of OPP for its designated osteopathic residents?</p> <p><i>[Recognition Requirement: V.A.3.b)]</i></p>	<p>The program can choose to incorporate the performance of the designated osteopathic residents related to Osteopathic Recognition into the program's existing summative evaluation, or to include an addendum to the program's overall summative evaluation. Programs should ensure that the elements outlined in Recognition Requirements V.A.3.c).(2) and V.A.3.c).(3) are clearly identifiable.</p>
<p>Would a summative report of the Osteopathic Recognition Milestones, within a designated osteopathic resident's summative evaluation, be acceptable documentation of a resident's performance related to the application of OPP in each of the ACGME Core Competencies?</p> <p><i>[Recognition Requirements: V.A.3.c).(2).]</i></p>	<p>The Milestones are not inclusive of the broader curriculum and limiting assessments to the Milestones leaves topics without proper and essential assessment and evaluation. The summative evaluation must broadly assess a resident's ability to apply OPP in each competency domain. The Milestones in each competency were not intended to broadly assess a resident's ability to apply OPP in that competency and should not be used as a surrogate for a final evaluation. The final evaluation should be the culmination of all assessments completed in the final period of the program, including the Milestones.</p>

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<p>How can a program's summative evaluation be updated to include documentation of a resident's performance related to the application of OPP in each of the ACGME Competencies?</p> <p><i>[Recognition Requirements: V.A.3.c).(2).]</i></p>	<p>A section may be added to the program's existing summative evaluation that includes an assessment of the application of OPP in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The application of OPP must be assessed for each competency area individually. The format of this evaluation section may vary.</p> <p>Example:</p> <table border="1" data-bbox="772 532 1898 1284"> <thead> <tr> <th data-bbox="772 532 1087 670">Competency</th> <th data-bbox="1087 532 1543 670">Description</th> <th data-bbox="1543 532 1722 670">At expected level for graduation</th> <th data-bbox="1722 532 1898 670">Below expected level for graduation</th> </tr> </thead> <tbody> <tr> <td data-bbox="772 670 1087 773">Patient Care and Procedural Skills</td> <td data-bbox="1087 670 1543 773">Resident integrates OPP into patient care and applies OMT as indicated.</td> <td data-bbox="1543 670 1722 773"></td> <td data-bbox="1722 670 1898 773"></td> </tr> <tr> <td data-bbox="772 773 1087 875">Medical Knowledge</td> <td data-bbox="1087 773 1543 875">Resident demonstrates application of OPP in the domain of medical knowledge.</td> <td data-bbox="1543 773 1722 875"></td> <td data-bbox="1722 773 1898 875"></td> </tr> <tr> <td data-bbox="772 875 1087 977">Practice-based Learning and Improvement</td> <td data-bbox="1087 875 1543 977">Resident integrates OPP into practice-based learning and improvement.</td> <td data-bbox="1543 875 1722 977"></td> <td data-bbox="1722 875 1898 977"></td> </tr> <tr> <td data-bbox="772 977 1087 1115">Interpersonal and Communication Skills</td> <td data-bbox="1087 977 1543 1115">Resident demonstrates appropriate interpersonal and communication skills in the application of OPP.</td> <td data-bbox="1543 977 1722 1115"></td> <td data-bbox="1722 977 1898 1115"></td> </tr> <tr> <td data-bbox="772 1115 1087 1218">Professionalism</td> <td data-bbox="1087 1115 1543 1218">Resident demonstrates professionalism in their application of OPP.</td> <td data-bbox="1543 1115 1722 1218"></td> <td data-bbox="1722 1115 1898 1218"></td> </tr> <tr> <td data-bbox="772 1218 1087 1284">Systems-based Practice</td> <td data-bbox="1087 1218 1543 1284">Resident integrates OPP into their systems-based practice.</td> <td data-bbox="1543 1218 1722 1284"></td> <td data-bbox="1722 1218 1898 1284"></td> </tr> </tbody> </table>	Competency	Description	At expected level for graduation	Below expected level for graduation	Patient Care and Procedural Skills	Resident integrates OPP into patient care and applies OMT as indicated.			Medical Knowledge	Resident demonstrates application of OPP in the domain of medical knowledge.			Practice-based Learning and Improvement	Resident integrates OPP into practice-based learning and improvement.			Interpersonal and Communication Skills	Resident demonstrates appropriate interpersonal and communication skills in the application of OPP.			Professionalism	Resident demonstrates professionalism in their application of OPP.			Systems-based Practice	Resident integrates OPP into their systems-based practice.		
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<p>What should an evaluation of osteopathic faculty members assess?</p> <p><i>[Recognition Requirements: V.B.2.a)-b)]</i></p>	<p>An evaluation of an osteopathic faculty member must include an assessment of that faculty member's knowledge, application, and promotion of OPP. Successful learning environments require the continuous improvement of their members. Faculty member evaluation from the learners are a critical component of the continuous professional</p>																												

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	<p>development of each faculty member. Complete and meaningful feedback is critical in this process. The following are examples of assessment questions that may be incorporated into a program's existing faculty member evaluation, with a Likert scale rating:</p> <ul style="list-style-type: none"> • Osteopathic faculty member is knowledgeable about OPP. • Osteopathic faculty member applies OPP to patient care. • Osteopathic faculty member promotes the use of OPP.
<p>Do osteopathic faculty members need to be evaluated individually by the designated osteopathic residents?</p> <p><i>[Recognition Requirement: V.B.2.a)]</i></p>	<p>Yes, designated osteopathic residents must have the opportunity to individually evaluate osteopathic faculty members at least annually. This does not preclude an overall evaluation of the osteopathic faculty, but an overall evaluation should not take the place of individual evaluations completed at least annually.</p>
Other	
<p>Why did the committee eliminate the references to "track" in the requirements and replace them with references to "designated osteopathic residents?"</p>	<p>The use of the term "designated" more accurately reflects the Osteopathic Recognition application process and the completion of Annual Updates.</p>
<p>Can subspecialty programs (i.e., fellowships) apply for Osteopathic Recognition?</p>	<p>Yes, subspecialty programs can apply for Osteopathic Recognition. The Osteopathic Recognition Requirements were developed to apply to all accredited specialty and subspecialty programs, as well as to an accredited transitional year programs.</p>
<p>Can a subspecialty program (i.e., a fellowship) apply for Osteopathic Recognition if its core program does not have Osteopathic Recognition?</p>	<p>Yes, subspecialty programs can apply for Osteopathic Recognition without being linked to a core specialty program with Osteopathic Recognition. For example, a pulmonary disease program can apply for Osteopathic Recognition, even if its core internal medicine program does not plan to apply for Osteopathic Recognition.</p>
<p>Must the Director of Osteopathic Education, core osteopathic faculty members, osteopathic faculty members, and designated osteopathic residents be DOs?</p>	<p>No, the use of the term "osteopathic" is not meant to imply that these physicians must be DOs. The use of "osteopathic" in these references is meant to symbolize participation in osteopathic education at the graduate medical education level, as outlined in the Osteopathic Recognition Requirements.</p>
<p>Do the references to "residents" also include fellows?</p>	<p>Yes. The term "resident" refers to any intern, resident, or fellow in a designated osteopathic position within a program with Osteopathic Recognition.</p>
<p>What types of learning environments are suitable for providing osteopathic</p>	<p>Historically, graduates of osteopathic programs produced physicians who were comfortable practicing in multiple settings by providing educational experiences in</p>

Question	Answer
education?	tertiary care centers and small, rural hospitals. When possible, it is recommended that experiences be provided in rural and/or underserved settings; however, the Osteopathic Principles Committee recognizes that osteopathic education can be offered in a variety of settings, including federally qualified health centers, health departments, critical access hospitals, and more.
Do osteopathic neuromusculoskeletal medicine programs need to apply for Osteopathic Recognition?	Osteopathic neuromusculoskeletal medicine programs (like any ACGME-accredited program) can apply for Osteopathic Recognition, but there is no requirement that they do.