Background

Graduates of osteopathic medical schools (DOs) have had the option of applying to residency training programs that are accredited by the American Osteopathic Association (AOA) or the Accreditation Council for Graduate Medical Education (ACGME). AOA accredited residency training programs maintain a required osteopathic component to their residency training whereas ACGME programs do not. DOs who choose to pursue training at an ACGME approved residency program therefore have few avenues for continuing their osteopathic education, specifically in regard to the use of Osteopathic Manipulative Treatment (OMT). It is unclear how the new single-accreditation system under the ACGME will impact the overall use of OMT by residents in the future. However, previous research has suggested that DOs are less likely to use OMT if they attend ACGME programs.

A review of the literature shows that the structured introduction of osteopathic medicine can be successful at ACGME programs. However, this has predominantly been demonstrated in family medicine residency programs through the establishment of OMT clinics. There were no studies that specifically focused on the introduction of an OMT curriculum at an ACGME pediatric residency program.

Objectives

- Establish a monthly Osteopathic Interest Group (OIG) with hands-on training to enhance knowledge of and confidence using OMT
- Better understand barriers that prevent the use of OMT by learners during their training

Intervention Description

- Monthly, 60 minute, OMT-focused sessions developed to align with a pre-existing institutional systems based curriculum
- Sessions were divided into two components: a didactic component of OMT principles focused on common pediatric pathology and a hands-on instructional session

Data Collection

These data were collected using surveys that were completed on a voluntary basis by each new participant at each session. The survey focused on assessing the attitudes toward and use of OMT by each resident in order to develop a program that would best fit the goals of participants. Of 17 current DO residents attending at least one OIG meeting, 5 of these DO residents participated in this survey.

Results

- Of the 5 DO resident participants that completed a survey 100% indicated that they would like to use OMT more in their post-graduate training
- 100% reported practicing OMT on friends and family, 60% reported using OMT in the outpatient setting, and none in the inpatient setting

Discussion

- Data collected from surveys support that there is an interest amongst DO residents in exclusively ACGME programs to continue their education and use of OMT in a post-graduate setting
- Data suggested that although residents use OMT on friends and family they are less likely to use OMT in a clinical setting
- Lack of knowledge/confidence in using OMT in a post-graduate setting and perceived lack of supervision were the two most common barriers reported by residents to using OMT during their post-graduate training without it being verbally reported to be difficult for residents in a multi-institutional post-graduate training program to attend a noon meeting held at only one training site
- It is recognized that this is a small sample size of self-selected individuals and further study will be needed to determine if an OIG contributes to a significant difference in the confidence in and use of OMT in pediatric residents
- To our knowledge, there are no established osteopathic educational pathways or interest groups for DOs at ACGME accredited pediatric residency programs that do not hold AOA recognition. Nor have there been any studies on the impact of an osteopathic interest group on an exclusively ACGME accredited program.

Future Directions

- Utilize the results from this focus group to develop research to evaluate the impact of OIG on resident confidence and use of OMT in their post-graduate training
- Increase awareness of an institutional OMT resident longitudinal experience (RLE) that is currently being offered
- Creation of an elective focused on advancing knowledge and the use of OMT in a pediatric population

References