

Frequently Asked Questions: Osteopathic Recognition ACGME

Question	Answer
Osteopathic Program Personnel	
Are there other qualifications the Recognition Committee is willing to consider if the Director of Osteopathic Education or a core osteopathic faculty member does not have American Osteopathic Association (AOA) board certification? <i>[Recognition Requirements: 1.1.c.- 1.1.e. and 1.26.]</i>	The committee will consider other qualifications in lieu of AOA board certification, including (but not limited to): • 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 Physicians with the above qualifications must be able to teach and assess Osteopathic Principles and Practice (OPP) and must demonstrate, through scholarly activity, continuing medical education (CME) courses, other formal education, faculty appointments, etc., that they are currently providing osteopathic medicine or have done so in the recent past.
Could a physician gain the requisite “expertise and documented educational and administrative experience” needed to be qualified to be a Director of Osteopathic Education during medical school and residency? <i>[Recognition Requirement: 1.1.b.]</i>	No, the expertise required to be a Director of Osteopathic Education is not gained during medical school, residency, or fellowship. The focus of a medical student is to gain the knowledge, skills, and behaviors necessary to become a physician. The focus of a resident or fellow is to gain the knowledge, skills, and behaviors necessary to enter autonomous practice in the given specialty or subspecialty. It is not possible for a medical student or resident/fellow to gain the expertise necessary to oversee an osteopathic learning environment, an OPP curriculum and evaluation system, the osteopathic faculty members, and designated osteopathic residents, while focusing on becoming competent to practice medicine.
How can a program demonstrate that it has a sufficient number of osteopathic faculty members? <i>[Recognition Requirements: 1.19. and 1.27.]</i>	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. 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: • number of designated osteopathic residents

Question	Answer
	• number of hours devoted to osteopathic education by the osteopathic faculty members • complexity of the osteopathic curriculum • requirements of clinical supervision • number of teaching sites providing osteopathic education • program's specialty 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.
What does the committee consider to be "faculty development"? <i>[Recognition Requirements: 1.20.-1.20.a.]</i>	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. A faculty development program may be offered using local resources.
How frequently should faculty development that integrates OPP occur? <i>[Recognition Requirements: 1.20.-1.20.a.; 4.3.d.]</i>	It is suggested that faculty development integrating OPP occur at least annually and should incorporate evaluation and assessment of competence in medical education.
Does attendance at a conference or meeting where AOA CME credit is earned qualify as faculty development? <i>[Recognition Requirements: 1.20.-1.20.a.; 4.3.d.]</i>	Conferences and meetings where AOA CME credits or Accreditation Council for Continuing Medical Education (ACCME) CME credits 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.

Question	Answer
How frequently is the Director of Osteopathic Education expected to evaluate designated osteopathic residents? <i>[Recognition Requirement: 1.21.]</i>	The 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 Clinical Competency Committee (CCC) and Milestones assessment, as well as to provide designated osteopathic residents with 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 into each of the ACGME Competencies, and specifically within patient care and procedural skills.
Is it acceptable for osteopathic faculty members to directly observe designated osteopathic residents' application of OPP through simulated patient encounters? <i>[Recognition Requirement: 1.21.]</i>	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 biopsychosocial aspects of care.
Is there a specific minimum number of hours core osteopathic faculty members are required to devote to the program? <i>[Recognition Requirements: 1.23.-1.28.]</i>	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).
Where does a program identify which osteopathic faculty members are core osteopathic faculty members? <i>[Recognition Requirements: 1.23.-1.26.]</i>	Core osteopathic faculty members must be designated as an osteopathic faculty member on the ADS Faculty Roster and identified in the Recognition-Specific Question Document as a core osteopathic faculty member. The core faculty member designation on the ADS Faculty Roster is only for accreditation purposes and not for Osteopathic Recognition.

Question	Answer
Designated Osteopathic Resident Appointments	
Does a program need the committee's approval to change its complement of designated osteopathic residents? <i>[Recognition Requirements: 2.1.-2.1.a.]</i>	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.
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? <i>[Recognition Requirement: 2.1.]</i>	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.
Can a program request a waiver of the minimum required number of designated osteopathic residents? <i>[Recognition Requirement: 2.1.]</i>	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 Recognition Committee and signed by the designated institutional official (DIO), program director, and Director of Osteopathic Education (if applicable). The letter should be emailed to the executive director of the Osteopathic Recognition Committee (tmoss@acgme.org). The program will be notified in writing of the committee's decision. 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.
Which eligibility requirements must subspecialty (i.e., fellowship) programs follow? <i>[Recognition Requirements: 2.3.-2.3.a.]</i>	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.
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?	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.

Question	Answer
[Recognition Requirements: 2.2.-2.2.d.]	
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? [Recognition Requirements: 2.2.-2.2.d.]	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 applicants who graduated from an allopathic medical school and are physicians but not DOs to demonstrate preparation through completion of one of the following prior to entry into a designated osteopathic position: • 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 competence for participation in the program
How much flexibility does a program have in establishing eligibility criteria for non-DOs to enter a designated osteopathic resident position? [Recognition Requirements: 2.2.-2.3.]	A program has the flexibility to establish entry criteria for allopathic medical school graduates (i.e., non-DOs) based on its resources. A program may establish low entry criteria because it can 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 applicants who are allopathic medical school graduates to be eligible for entry into a designated osteopathic position, but only after attainment of considerable OPP education.

Question	Answer
What does a program with Osteopathic Recognition need to include in its eligibility policy? <i>[Recognition Requirements: 2.3.-2.3.a.]</i>	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 must be individually delineated within the policy, including: • 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 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. Additionally, the policy should: • use terminology consistent with the Osteopathic Recognition Requirements (e.g., designated osteopathic resident) • clearly state when a resident may be designated (e.g., upon matriculation into the program, six months after matriculation into the program) • 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	
What are the expected elements of an osteopathic learning environment for a program with Osteopathic Recognition? <i>[Recognition Requirements: Section 4]</i>	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. 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

Question	Answer
	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. Examples of experiences that may contribute to an osteopathic learning environment are available in the Promoting the Osteopathic Learning Environment document found in the Osteopathic Recognition section of the ACGME website.
How can a program create a learning environment that supports and encourages osteopathic scholarly activity? <i>[Recognition Requirement: 4.2.g.]</i>	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: • Establishing osteopathic scholarly expectations. Programs should set the types of 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 4.3.c. below).
Do the Osteopathic Recognition Requirements for scholarly activity replace the specialty requirements for scholarly activity? <i>[Recognition Requirements: 4.2.h.-4.2.i.]</i>	The pursuit of scholarly activity that integrates OPP does not replace the scholarly activity requirements as articulated in the applicable specialty- or subspecialty-specific Program Requirements. Designated osteopathic residents and osteopathic faculty members must meet the specialty-/subspecialty-specific requirements as outlined by the Review Committee. The Osteopathic Recognition Committee encourages the incorporation of OPP into the scholarly activity that is used to meet the specialty-/subspecialty-specific requirements. Specialty-/subspecialty-specific scholarly activity

Question	Answer
	that incorporates OPP would count toward meeting the specialty-/subspecialty-specific requirements, as well as the Osteopathic Recognition scholarship requirements. If it is not appropriate to incorporate OPP into the specialty-/subspecialty-specific scholarly activity, additional scholarly activity will need to be completed to meet the Osteopathic Recognition Requirements.
What are acceptable forms of osteopathic scholarly activity for osteopathic faculty members? <i>[Recognition Requirement: 4.2.h.]</i>	The following activities would be considered osteopathic scholarly activity for osteopathic faculty members, if they integrate OPP: • 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
What are acceptable forms of osteopathic scholarly activity for designated osteopathic residents? <i>[Recognition Requirement: 4.2.i.]</i>	The following are examples of osteopathic scholarly activity that may be completed by designated osteopathic residents: • 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
What constitutes osteopathic scholarly activity? <i>[Recognition Requirements: 4.2.h.-4.2.i.]</i>	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. The following are examples of acceptable scholarly activities and topics: • Educational presentation on the effect of mind-body-spirit interactions on health • Educational presentation that includes integration of OMT into treatment options

Question	Answer
	• 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
How does the committee view collaboration between residents and faculty members with regard to authorship of osteopathic scholarly work? <i>[Recognition Requirements: 4.2.h.-4.2.i.]</i>	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: • 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 questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved
What does the committee consider an interprofessional team? <i>[Recognition Requirement: 4.2.j.]</i>	The interprofessional team includes all physicians, nurses, pharmacists, physical therapists, social workers, and any other health/social care practitioners participating in the care of patients. These teams meet regularly to coordinate patient care plans.

Question	Answer
When must a program create and maintain a written plan for its shared faculty members? <i>[Recognition Requirement: 4.3.a.1.]</i>	A written shared faculty plan is required when a program with Osteopathic Recognition has listed a faculty member on its ADS Faculty Roster as an osteopathic faculty member, and that same faculty member is listed on at least one other program's ADS Faculty Roster as an osteopathic faculty member. All programs that share an osteopathic faculty member, including the Director of Osteopathic Education, must maintain a shared faculty plan. Responses to the questions related to the sharing of faculty members in the Recognition-Specific Question Document do not replace a shared faculty plan. The Recognition-Specific Question Document is only maintained by programs through the Initial Recognition period.
What information should be provided in a shared faculty plan? <i>[Recognition Requirement: 4.3.a.1.]</i>	A shared faculty plan should detail the following: name of shared faculty member; list of programs that share the faculty member (including name and ACGME program number); the faculty member's role in each program (Director of Osteopathic Education, core osteopathic faculty member, osteopathic faculty member); and a role description for each program. The role description should briefly describe the experiences or activities the faculty member provides to each program, including the frequency of experiences that occur in the clinical setting. EXAMPLE: Shared Faculty Plan for 120390XXX1 Osteopathic Excellence Hospital Program (Family Medicine) The following faculty members are shared by other programs with Osteopathic Recognition: Drs. William Sutherland and Andrew Still. William Sutherland, DO Core Osteopathic Faculty Member <i>Sharing Plan:</i> Osteopathic Excellence Hospital Program (Emergency Medicine) – 110390XXX1 Role: Osteopathic Faculty Member Role Description: Supervises two designated osteopathic residents in the institutional OMT clinic per session at the Osteopathic Excellence Hospital and provides two institutional OMT didactic sessions per month at the Osteopathic

Question	Answer
	Excellence Hospital. Osteopathic Excellence Hospital Program (Internal Medicine) – 110390XXX1 Role: Osteopathic Faculty Member Role Description: Supervises two designated osteopathic residents in the institutional OMT clinic per session at the Osteopathic Excellence Hospital and provides two institutional OMT didactic sessions per month at the Osteopathic Excellence Hospital. Osteopathic Excellence Hospital Program (Obstetrics and Gynecology) – 220390XXX1 Role: Osteopathic Faculty Member Role Description: Supervises two designated osteopathic residents in the institutional OMT clinic per session at the Osteopathic Excellence Hospital and provides two institutional OMT didactic sessions per month at the Osteopathic Excellence Hospital. Andrew Still, DO Director of Osteopathic Education <i>Sharing Plan:</i> Osteopathic Excellence Hospital Program (Emergency Medicine) – 110390XXX1 Role: Director of Osteopathic Education Role Description: Dr. Still oversees osteopathic specialty-specific didactic curriculum and organizes/oversees two institutional journal clubs and two institutional OMT hands-on workshops annually at Osteopathic Excellence Hospital. He developed and oversees the evaluation system at Osteopathic Excellence Hospital. He evaluates designated osteopathic residents through supervision of residents in the institutional OMT clinic. All designated osteopathic residents are assigned to the institutional OMT clinic annually. He also meets with osteopathic faculty members annually to provide osteopathic faculty development and evaluate them based on resident feedback. Osteopathic Excellence Hospital Program (Internal Medicine) – 110390XXX1 Role: Director of Osteopathic Education Role Description: Dr. Still oversees osteopathic specialty-specific didactic curriculum and organizes/oversees two institutional journal clubs and two institutional OMT hands-on workshops annually at Osteopathic Excellence

Question	Answer
	Hospital. He developed and oversees the evaluation system at Osteopathic Excellence Hospital. He evaluates designated osteopathic residents through supervision of residents in the institutional OMT clinic. All designated osteopathic residents are assigned to the institutional OMT clinic annually. He also meets with osteopathic faculty members annually to provide osteopathic faculty development and evaluate them based on resident feedback. Osteopathic Excellence Hospital Program (Obstetrics and Gynecology) – 220390XXX1 Role: Director of Osteopathic Education Role Description: Dr. Still oversees osteopathic specialty-specific didactic curriculum and organizes/oversees two institutional journal clubs and two institutional OMT hands-on workshops annually at Osteopathic Excellence Hospital. He developed and oversees the evaluation system at Osteopathic Excellence Hospital. He evaluates designated osteopathic residents through supervision of residents in the institutional OMT clinic. All designated osteopathic residents are assigned to the institutional OMT clinic annually. He also meets with osteopathic faculty members annually to provide osteopathic faculty development and evaluate them based on resident feedback.
What are some examples of learning resources the committee recommends to support osteopathic medical education? <i>[Recognition Requirement: 4.3.b.]</i>	The following are some suggested learning resources that may be utilized to support osteopathic medical education: • Live or video conferencing of the presentation of OPP that may include the application of OMT in clinical situations relevant to each specialty group • Access to references that enhance the understanding of OPP • Role modeling of OMT in the patient care setting • Online training modules to enhance learners' understanding of OPP and/or the application of OMT in a clinical setting
What are the committee's expectations regarding facilities for osteopathic clinical and didactic activities? <i>[Recognition Requirement: 4.3.b.2.]</i>	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.

Question	Answer
What resources can a program provide to support osteopathic scholarly activity? <i>[Recognition Requirement: 4.3.c.]</i>	Examples of how the program, in partnership with the Sponsoring Institution, can support the pursuit of osteopathic scholarly activity by both designated osteopathic residents and osteopathic faculty members include: • 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
What constitutes a community of learning that promotes the continuum of osteopathic medical education? <i>[Recognition Requirement: 4.3.e.]</i>	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.
Osteopathic Evaluation	
Is the Director of Osteopathic Education required to be a member of the Clinical Competency Committee (CCC)? <i>[Recognition Requirements: 5.2.-5.2.f.]</i>	The Director of Osteopathic Education should be a member of the CCC unless the Director of Osteopathic Education is also the program director and is not permitted by the Review Committee to be a member of the CCC.
Does a program need to have a separate Clinical Competency Committee (CCC) for Osteopathic Recognition? <i>[Recognition Requirements: 5.2.-5.2.f.]</i>	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. If the program utilizes its CCC for this purpose, it must have at least two osteopathic faculty members as members.

Question	Answer
Can programs utilize patient encounter evaluations when assessing designated osteopathic residents' application of OPP? <i>[Recognition Requirements: 5.3.a.-5.3.a.1.]</i>	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.
Can the Osteopathic Recognition Milestones tables be used as resident rotation evaluations? <i>[Recognition Requirements: 5.3.a.-5.3.a.1.]</i>	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 rotations 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 do not include the broader curriculum and limiting assessments to the Milestones leaves topics without proper and essential assessment and evaluation.
When should designated osteopathic residents receive an evaluation of their integration of OPP into scholarly activity? <i>[Recognition Requirement: 5.3.e.]</i>	Designated osteopathic residents must receive an evaluation of their integration of OPP into scholarly activity. The committee recommends that this occur at least annually, if not more frequently. Programs may choose to incorporate this assessment into an existing evaluation, such as the semi-annual evaluation that must be completed by the Director of Osteopathic Education. Programs may also create a stand-alone evaluation to satisfy this requirement. The purpose of this evaluation is to ensure the designated osteopathic residents integrate OPP into their scholarly pursuits, receive feedback on their integration, and are encouraged to do so beyond what is required in the Osteopathic Recognition Requirements.
What are examples of acceptable standardized assessments of OPP knowledge? <i>[Recognition Requirement: 5.3.f.1.]</i>	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: • A formal, specialty-specific in-training examination that includes the assessment of OPP knowledge • A multi-specialty examination that assesses the application of OPP, including common clinical scenarios seen by the specialty

Question	Answer
How frequently does the committee expect programs to administer a standardized assessment of knowledge of OPP? <i>[Recognition Requirement: 5.3.f.1.]</i>	The committee recommends such an assessment be administered at least once during the program, preferably once during each year of the program.
Does the COMLEX-USA Level 3 examination satisfy the requirement for a standardized assessment of OPP knowledge? <i>[Recognition Requirement: 5.3.f.1.]</i>	Transitional and preliminary year programs with Osteopathic Recognition may utilize the COMLEX-USA Level 3 examination to satisfy the requirement for a standardized assessment of OPP knowledge. It should be noted that only DOs are eligible to take the COMLEX-USA exams. If programs accept allopathic medical school graduates, then the program should provide an alternative exam for these designated osteopathic residents. Residency and fellowship programs that are not transitional or preliminary year programs may not utilize the COMLEX-USA exams to satisfy the assessment of OPP knowledge.
Does an AOA certifying board examination satisfy the requirement for a standardized assessment of OPP knowledge? <i>[Recognition Requirement: 5.3.f.1.]</i>	No, certifying board examinations may not be utilized as a standardized assessment of OPP knowledge. This includes certifying board examinations that are taken during a residency or fellowship program. The purpose of this assessment, like an in-training exam, is to provide an assessment of a resident's progress in acquiring the required OPP knowledge. This is also intended to provide the program with comparative data about how the program as a whole is meeting its educational goals.
What are examples of acceptable formats for the assessment of skill proficiency in OMT? <i>[Recognition Requirements: 5.3.f. and 5.3.f.2.]</i>	An acceptable assessment of skill proficiency in OMT would consist of an assessment process that includes direct observation of patient encounters with feedback through a standardized evaluation form. The following assessment formats are examples that are acceptable to the committee, so long as they are accompanied by feedback through a standardized evaluation form: • Mock practical board examination • Objective structured clinical evaluation (OSCE) • Standardized OMT skill observation and evaluation • Mini-clinical evaluation exercise (Mini-CEX) The assessment of skill proficiency in OMT should cover a range of OMT techniques, as applicable to the specialty/subspecialty.

Question	Answer
How frequently does the Committee expect programs to administer an assessment of skill proficiency in OMT? <i>[Recognition Requirements: 5.3.f.-5.3.f.2.]</i>	The frequency of administration of an assessment of skill proficiency in OMT will be dependent on the assessment process defined by the program. If the program utilizes a single comprehensive assessment of skill proficiency in OMT, such as a mock practical board examination, it would be acceptable for the assessment to occur once during the program. If the program utilizes an assessment that is composed of a series of longitudinal assessments (e.g., standardized OMT skill observation and evaluation) that equate to a comprehensive assessment of skill proficiency, then the assessment will need to occur multiple times during the program as defined by the program's established assessment process.
Does the program need a separate final evaluation specifically for Osteopathic Recognition, or can the program's overall final evaluations incorporate an assessment of OPP for its designated osteopathic residents? <i>[Recognition Requirements: 5.4.b.-5.4.e.]</i>	The program can choose to incorporate the performance of the designated osteopathic residents related to Osteopathic Recognition into the program's existing final evaluation, or in an addendum to the program's overall final evaluation. Programs should ensure the elements outlined in Recognition Requirements 5.4.d. and 5.4.e. are clearly identifiable. The evaluation should be signed by the Director of Osteopathic Education.
Would a final report of the Osteopathic Recognition Milestones within a designated osteopathic resident's final evaluation be acceptable documentation of a resident's performance related to the application of OPP in each of the ACGME Core Competencies? <i>[Recognition Requirement: 5.4.d.]</i>	The Milestones do not include the broader curriculum and limiting assessments to the Milestones leaves topics without proper and essential assessment and evaluation. The final 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.
How can a program's final evaluation be updated to include documentation of a resident's performance related to the application of OPP in each of the ACGME Competencies? <i>[Recognition Requirement: 5.4.d.]</i>	A section may be added to the program's existing final 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. Example:

Question	Answer			
	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.		
What should an evaluation of osteopathic faculty members assess? <i>[Recognition Requirements: 5.5.a.-5.5.b.]</i>	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 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: • Osteopathic faculty member is knowledgeable about OPP. • Osteopathic faculty member applies OPP to patient care. • Osteopathic faculty member promotes the use of OPP.			

Question	Answer
Do osteopathic faculty members need to be evaluated individually by the designated osteopathic residents? <i>[Recognition Requirement: 5.5.a.]</i>	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.
Are designated osteopathic residents required to take the AOA certifying board examination in their specialty or subspecialty? <i>[Recognition Requirement: 5.6.b.]</i>	No, designated osteopathic residents have the option to take either the applicable ABMS or AOA certifying board examination. If designated osteopathic residents choose to take the applicable AOA certifying board examination, the program's residents' examination pass rate will be reported to the Osteopathic Recognition Committee.
Other	
Why did the committee eliminate the references to "track" in the requirements and replace them with references to "designated osteopathic residents?"	The use of the term "designated" more accurately reflects the Osteopathic Recognition application process and the completion of ADS Annual Updates.
Can subspecialty programs (i.e., fellowships) apply for Osteopathic Recognition?	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 accredited transitional year programs.
Can a subspecialty program (i.e., a fellowship) apply for Osteopathic Recognition if its core program does not have Osteopathic Recognition?	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.
Must the Director of Osteopathic Education, core osteopathic faculty members, osteopathic faculty members, and designated osteopathic residents be DOs?	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.
Do the references to "residents" also include fellows?	Yes. The term "resident" refers to any resident or fellow in a designated osteopathic position within a program with Osteopathic Recognition.

Question	Answer
What types of learning environments are suitable for providing osteopathic education?	Historically, graduates of osteopathic programs produced physicians who were comfortable practicing in multiple settings by providing educational experiences in tertiary care centers and small, rural hospitals. When possible, it is recommended that experiences be provided in rural and/or underserved settings; however, the 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.