

Osteopathic Recognition Milestones

The Accreditation Council for Graduate Medical Education



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The Milestones are designed only for use in evaluation of residents/fellows in the context of their participation in ACGME-accredited residency programs. The Milestones provide a framework for the assessment of the development of the resident in key dimensions of the elements of physician competence in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

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American Osteopathic Association

Osteopathic Recognition Committee

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Understanding Milestone Levels and Reporting

This document presents the Milestones, which programs use in a semi-annual review of resident/fellow performance, and then report to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME Competencies organized in a developmental framework. The narrative descriptions are targets for resident performance throughout their educational program.

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident/fellow in the specialty or subspecialty. For each reporting period, the Clinical Competency Committee will review the completed evaluations to select the milestone levels that best describe each learner's current performance, abilities, and attributes for each subcompetency.

These levels *do not* correspond with post-graduate year of education. Depending on previous experience, a junior resident/fellow may achieve higher levels early in the educational program just as a senior resident/fellow may be at a lower level later in the educational program. There is no predetermined timing for a resident/fellow to attain any particular level. Residents/fellows may also regress in achievement of their milestones. This may happen for many reasons, such as over scoring in a previous review, a disjointed experience in a particular procedure, or a significant act by the resident.

Selection of a level implies the resident/fellow substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page vi).

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Additional Notes

Level 4 is designed as a graduation *goal* but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert resident/fellow whose achievements in a subcompetency are greater than the expectation. Milestones are primarily designed for formative, developmental purposes to support continuous quality improvement for individual learners, education programs, and the specialty. The ACGME and its partners will continue to evaluate and perform research on the Milestones to assess their impact and value.

Examples are provided for some milestones within this document. Please note: the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to ACGME supervision guidelines as described in the Program Requirements, as well as to institutional and program policies. For example, a resident/fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

A Supplemental Guide is also available to provide the intent of each subcompetency, examples for each level, assessment methods or tools, and other available resources. The Supplemental Guide, like examples contained within the Milestones, is designed only to assist the program director and Clinical Competency Committee, and is not meant to demonstrate any required element or outcome.

Additional resources are available in the <u>Milestones</u> section of the ACGME website. Follow the links under "What We Do" at <u>www.acgme.org</u>.

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The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a resident's performance on the milestones for each subcompetency will be indicated by selecting the level of milestones that best describes that resident's performance in relation to those milestones.

Patient Care 1: Airway E	mergency and Managemen	t				
Level 1	Level 2	Level	3	Level 4	Level 5	
Identifies potential airway emergencies as part of an evaluation team	Performs airway assessment and focused history and physical	1	ts in straightforward y emergency dures	Performs straightforward airway emergency procedures	Performs complex a emergency procedu	
Escalates care of emergency airway (e.g., alerts airway team)	Describes the airway management algorithm from least to most invasive	mana	es the airway gement algorithm east to most ve	Implements airway management plan	Develops anticipato airway managemen	-
		$\overline{\boldsymbol{\mathcal{A}}}$				
Comments:					ompleted Level 1 ssessable	
Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.			between levels in lower levels h demonstrated a	bonse box on the line i indicates that milestor nave been substantially s well as some e higher level(s).	nes	

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Patient Care 1: Osteopa	athic Principles and Pract	ice (OPP) for Patient Care	•	
Level 1	Level 2	Level 3	Level 4	Level 5
Describes the inclusion of OPP to promote health and wellness when caring for patients	Incorporates OPP to promote health and wellness in patients with common conditions	Effectively manages patients with common conditions using OPP to promote health and wellness	Effectively manages patients with complex or chronic conditions using OPP to promote health and wellness	Role models the incorporation of OPP to optimize patient and community health and wellness
Comments:			Not Yet C	completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Obtains a history and performs an osteopathic examination with direct supervision	Obtains a history and performs an osteopathic examination with limited supervision	Independently obtains a history and performs an osteopathic examination for patients with common conditions	Independently obtains a history and performs an osteopathic examination for patients with complex conditions	complete integration of an osteopathic history
Diagnoses and treats somatic dysfunction with direct supervision	Diagnoses and treats somatic dysfunction with limited supervision	Independently diagnoses and treats somatic dysfunction in patients with common conditions	Independently diagnoses and treats somatic dysfunction in patients with complex conditions	Role models diagnosis and treatment of somatic dysfunction in all patient populations

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Medical Knowledge: Os	teopathic Medical Knowle	edge (Philosophy and Clin	nical Anatomic Consider	rations)
Level 1	Level 2	Level 3	Level 4	Level 5
Describes the osteopathic philosophy and clinical anatomic considerations	Demonstrates knowledge of osteopathic philosophy and clinical anatomic considerations	Integrates knowledge of osteopathic philosophy and clinical anatomic considerations for patients with common conditions	Integrates knowledge of osteopathic philosophy and clinical anatomic considerations for patients with complex conditions	Role models osteopathic philosophy and clinical anatomic considerations in all aspects of patient care
Describes techniques of osteopathic manipulative treatment (OMT), including contraindications	Demonstrates knowledge of OMT techniques for common patient presentations, including risks and benefits	Integrates knowledge of OMT techniques to formulate a plan for patients with common conditions	Integrates knowledge of OMT techniques to formulate a plan for patients with complex conditions	Role models knowledge of OMT techniques to formulate a plan for patients with complex conditions
Comments:			Not Yet Co	ompleted Level 1

Osteopathic Principles	and Practice for Systems	-Based Practice			
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates knowledge of cost- effective osteopathic patient care in the health care delivery system, including appropriate documentation of somatic dysfunction	Provides cost-effective osteopathic patient care within a health care delivery system, including accurate documentation, billing, and coding of osteopathic somatic dysfunction, with limited supervision	Provides cost-effective osteopathic patient care within a health care delivery system, including accurate documentation, billing, and coding of osteopathic somatic dysfunction	Provides cost-effective osteopathic patient care with all interprofessional team members within the health care delivery system	Develops optimal interprofessional team based, cost-effective osteopathic patient care within the health care delivery system	
Recognizes barriers to quality osteopathic patient care, including the impact of social determinants of health	Assists patients in obtaining quality osteopathic patient care and contributes to a culture of safety with limited supervision	Assists patients in obtaining quality osteopathic patient care and contributes to a culture of safety	Identifies and remedies system deficiencies related to osteopathic patient care and patient safety	Demonstrates leadership in organizing quality improvement and patient safety efforts for the osteopathic profession	
Comments:	Comments: Not Yet Completed Level 1				

Level 1	Level 2	Level 3	Level 4	Level 5
Performs osteopathic literature review	Incorporates osteopathic literature into rounds, case presentations, or didactic sessions	Prepares and presents scholarly activity or didactic session that incorporates OPP	Prepares and presents scholarly activity that incorporates OPP at local, regional, or national meetings	Performs and publishes peer-reviewed research that integrates OPP
Describes evidence- based medicine principles and how they relate to osteopathic patient care	Performs self-evaluation of osteopathic practice patterns and identifies practice gaps	Independently creates a learning plan to improve osteopathic practice based on identified gaps	Re-evaluates learning plan to identify additional opportunities for improvement in osteopathic practice	Teaches osteopathic principles or OMT techniques at regional or national meetings

Osteopathic Principles for Professionalism				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes one's own bias in issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities as relates to the application of OPP	Respects patients' unique boundaries, including touch, and incorporates this into osteopathic patient care	Incorporates patients' mind, body, and spiritual characteristics in the management of common osteopathic patient care situations	Incorporates patients' mind, body, and spiritual characteristics into complex osteopathic patient care situations	Role models the integration of patients' mind, body, and spiritual characteristics, including use of touch, in all aspects of patient care
Recognizes and honors a patient's decision about the treatment plan	Respects patient dignity during diagnosis and treatment of somatic dysfunction utilizing OPP	Applies an osteopathic treatment approach to suit patient preferences while ensuring patient care needs are met	Develops leadership skills in the advancement of patient-centered osteopathic health care	Demonstrates leadership within and external to the institution in the advancement of patient-centered osteopathic health care
Comments:			Not Yet C	Completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Describes the osteopathic philosophy and unique practice of the osteopathic physician to patients, patients' families, and the interprofessional team	Integrates and communicates the osteopathic philosophy and its unique practice habits, including the importance of touch, into patient care	Encourages others to describe the osteopathic philosophy and demonstrates appropriate role of touch in communication	Self-evaluates the efficacy of one's patient-centered communication of osteopathic philosophy	Role models patient- centered communication of osteopathic philosophy
Displays comfort when communicating with patients and their families, including attending to medical, psychosocial, and spiritual needs	Engages in shared decision making in developing patient care, while addressing medical, psychosocial, and spiritual needs	Encourages others to engage in shared decision making with patients, patients' families, and professional associates, while addressing medical, psychosocial, and spiritual needs	Creates communication across the local continuum of care to improve shared decision making in addressing medical, psychosocial, and spiritual needs	Advocates nationally for shared decision making in addressing medical, psychosocial, and spiritual needs