

**COMMITTEE ON OP&P INTEGRATION INTO THE ENTIRE WVSOM
PREDOCTORAL CURRICULUM
RECOMMENDATIONS**

June, 1993

GOAL

This document has been prepared at the request of James R. Stookey, D.O., F.A.A.O., Academic Dean of the West Virginia School of Osteopathic Medicine (WVSOM). The "Ad-Hoc Committee on Integration of OP&P into the WVSOM Curriculum" was constituted by Dr. Stookey December, 1992. The Committee was asked to develop a proposal that would result in a greater integration of Osteopathic Principles (philosophy) and Practice (manipulation) into the entire predoctoral curriculum at WVSOM. The goal is to create a curriculum that will graduate physicians who utilize the osteopathic philosophy in their clinical practices and provide osteopathic manipulation to their patients.

COMMITTEE COMPOSITION

The Committee was initially composed of three Clinical Science Faculty and three Basic Science Faculty. The Clinical Science Faculty serving on the committee were: Karen M. Steele, D.O., Chairperson, David Hyler-Both, D.O., and Paul Kleman, D.O. Arnold Hassen, Ph.D., Allan Roberts, Ph.D. and Judith Westerik, Ph.D. represented the Basic Science Faculty. Dr. Stookey served as an ex-officio member. James Nemitz, Ph.D. and William Martin, Ph.D. served as Committee Advisors initially, and were requested to join the committee as standing members in February, 1993.

THE PROCESS

The Committee first did a self-study to determine the existing degree of OP&P curricular integration at WVSOM. Input was sought from the faculty, administration, student body and alumni.

The entire faculty was contacted by memo informing them of the creation of the Committee and its goal, and encouraging interchange at any time. A specific request for current OP&P curricular integration activities was requested. Several Division meetings were also held where the faculty's input was obtained.

The Assistant Dean for Clinical Education meet with the committee to review the current OP&P integration in the third and fourth years of training. The preceptor/preceptee evaluations regarding OP&P for the previous 5 years were summarized. The presidents of three student organizations (Student Senate, Student Osteopathic Medical Association and Undergraduate American Academy of Osteopathy) met with the Committee for a formal presentation followed by an informal question and answer period.

The committee also requested a survey of alumni, which was prepared by Helen Baker, Ph.D. and Karen M. Steele, D.O. Three graduate classes (1985, 1987 and 1988) were surveyed regarding their current usage of osteopathic manipulation, their osteopathic philosophical orientation and their opinions about their OP&P training at WVSOM. A copy of the survey, analysis of results and conclusions is attached.

Two documents reflecting work of other organizations toward this same goal were reviewed. The "Osteopathic Principles Core Curriculum ", 1989 revision was summarized for the Committee by Dr. James Stookey, who had served on that committee. Portions of the 1986-87 AACOM FOCUS Grant project by KCOM, "Implementation Strategies for Integrating Osteopathic Philosophy, Principles and Practices into Osteopathic Instruction" were also studied.

The Committee determined that a definition of "Osteopathic Medicine", accepted by the faculty was necessary. As many definitions of Osteopathic Medicine exist, the Committee requested that the WVSOM Clinical Science Faculty agree on a definition to which all faculty could refer when teaching. The Clinical Science Faculty created a definition, which reflected the WVSOM Clinical Science Faculty's interpretation of the osteopathic philosophy and its practice. It is with this definition of "Osteopathic Medicine" in mind, that the remainder of this document is written.

Osteopathic Medicine

Osteopathic Medicine is a system of health care based on the premise that disease is the result of anatomical abnormalities associated with physiological discord. Structure and function are considered interdependent and a normally functioning musculoskeletal system plays an important role in wellness, disease prevention and recovery. Osteopathic Medicine holds that man has a mind, a spirit and a physical body, and impairment in any of these parts may be demonstrated as illness in another.

Osteopathic Medicine attempts to intervene early in disease processes; therefore, it emphasizes the importance of preventive health care in the primary care setting. Osteopathic Medicine relies on the assumption that the body possesses the ability to heal itself. The Osteopathic physician's role is to remove impediments to that inherent ability by the use of patient education, pharmacology, surgery and manipulation of the body.

WVSOM Clinical Science Faculty
Spring, 1993

The recommendations generated during this fact finding phase and in further Committee meetings were ranked by the Committee utilizing the Total Quality Management Difficulty Impact Grid, then grouped into three main topics. Three subcommittees were created that met to establish recommendations concerning each of the main topics. After discussion and integration of the recommendations, the proposal was distributed to the entire faculty for critique. The Committee reviewed the faculty responses and approved the final document, which was presented to the Dean for Academic Affairs June, 1993.

ORGANIZATION OF THE RECOMMENDATIONS

The recommendations are divided into two major sections: OP&P Curricular Integration and Faculty Development. Included within most of the recommendations is a time frame for a staged implementation of the recommendation and an office to be responsible for implementation. The time frame is considered to be feasible, but ambitious, and may need to be altered as changes become necessary due to other curricular needs and faculty time constraints.

Academic Year 1993-94 is considered to be an opportunity to orient the entire faculty to the goal of OP&P curricular integration. Formal networks are suggested to begin in this year which would encourage discussion between faculty. Planning for structural curricular changes are suggested to begin in 1993-94 as well, with implementation to begin Academic Year 1994-95 and be phased in over a 5 year time period.

Implementation of this proposal requires a commitment by the WVSOM Administration to the goal of OP&P Curricular Integration. This process will affect every WVSOM faculty member. However, the actual work of implementing the changes required will be born by a smaller number of the faculty. It is necessary that this Administrative commitment be reflected in recognition and reward of those faculty who are responsible for the changes required to accomplish this goal. It is also recommended that the Dean for Academic Affairs provide these faculty members with guidance and support throughout the implementation period.

Respectfully,

Karen M. Steele, D.O., Chairperson

**COMMITTEE ON OP&P INTEGRATION INTO THE ENTIRE
WVSOM PREDOCTORAL CURRICULUM**

RECOMMENDATIONS

June, 1993

SECTION I

PART 1

OP&P CURRICULAR INTEGRATION - FIRST TWO YEARS

- 1) Revise the scheduling of the OP&P course so that intensive units of teaching concentrating on a certain area are interspersed with an ongoing clinical experience.**

Discussion:

OP&P is both a cognitive, integrative process and a motor skill. The current OP&P course scheduling allows for 2.5 contact hours weekly (1 hour lecture and 1.5 hours laboratory) throughout the first two years at WVSOM. This means 40% of OP&P curricular time is spent in lecture and 60% in lab with no actual supervised clinical experience. It is the opinion of the OP&P faculty that teaching OP&P in Units of information and providing an early clinical experience would enhance the retention of concepts and skills, which would then be carried into the student's later clinical practice.

The proposed schedule would not change the number of curricular hours of the OP&P course. It would, however, change the scheduling of the OP&P course which would then affect the scheduling of the entire first two years. By teaching in Units, the information could be covered in fewer lecture/laboratory hours, thereby freeing OP&P curricular hours for supervised early Osteopathic Manipulative Treatment (OMT) clinical experience. The Units would provide cognitive and motor skill instruction and testing. The OMT Student Clinic would provide supervised experience in longitudinal osteopathic manipulative patient management.

The early OMT clinical experience is a critical component in this recommendation. The alumni survey indicated a lack of time (45%) and confidence (31%) as reasons for not doing OMT in clinical practice. By creating a student-staffed OMT Clinic, the students would be required to demonstrate basic OMT skills on the most critical and yet appreciative teacher they will ever have--the patient. In this manner, they would be forced to develop at least rudimentary OMT skills under supervision by on-campus D.O.s. A

learning curve exists with the motor-skill portion of OMT. A novice is naturally less efficient and therefore needs more time. Requiring the students to actually **do** OMT on real patients before they have developed the other medical tools used in patient care should increase the likelihood that they will become more confident and time-efficient in administering OMT. Since this skill would have been learned earlier in the curriculum, it would be more likely to be retained and used in later patient care. In addition, these more confident and skilled students would serve to "train the trainers" while on their rotations.

The students would be supervised while providing osteopathic manipulative treatments to actual patients with real clinical problems, rather than classmates with simulated situations. This clinical experience should include experience in treating patients manipulatively for musculoskeletal **and** medical illnesses.

It is recommended that the OP&P Course Faculty develop a syllabus for the proposed Units of Instruction, to be presented to the Curriculum Committee by Fall, 1994. If approved by the Curriculum Committee, it is recommended that the scheduling change in the OP&P course be phased in, beginning with the easiest to accommodate to a schedule change in Academic Year 1995-96 and proceeding to the most difficult until the process is complete by Academic Year 1998-99.

It is recommended that the Clinical Science Faculty develop a protocol for the OMT Student Clinic, to be presented to the Curriculum Committee by Fall, 1994 and that the Student OMT Clinic begin as soon as possible, preferably Academic Year 1995-96.

PROPOSED REVISION OF OP&P COURSE STRUCTURE

Proposed # of Hours

Current # of Hours

NON-UNIT INSTRUCTION

35	Student OP&P Clinic, beginning Year I and continuing through Year II.	0
15 hours distributed throughout the Systems	Systems Integration - GI, CV, Respiratory, Musculoskeletal, Reproductive and Nervous Systems. (2.5 hours each, 1 hour lecture and 1 ½ hour lab) (Please see #2 below)	23

30	HVLA, Manipulative Prescription, Common Compensatory Pattern, course overview, written & practical exam. Weekly lecture/lab, to be offered after all Units have been taught. 2.5 hours weekly.	24.5
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UNIT INSTRUCTION

YEAR I

<u>Proposed # of Hours</u>		<u>Current # of Hours</u>
32	Introduction, osteopathic history, palpation, body landmarks, posture, soft tissue treatment, models, biomechanics, Chapman Reflexes, Myofascial Pain Syndrome and Counterstrain, written and practical exams. To be taught by Clinical Science Faculty with assistance from Basic Science and Adjunct Faculty as early in the first year as possible.	45
5	Visceral manipulation (integrated with thorax, abdomen and pelvis dissection, if possible), with written and practical exams.	5
24	Myofascial Release, Vertebral Segment Release, Percussion Hammer, Spray and Stretch, with written and practical exams.	27
12	Craniosacral (integrated with head and neck dissection, if possible), with written and practical exams.	13

Year II

32	Muscle Energy, 10 Step Screening Examination, with written and practical exam.	47.5
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185	TOTALS	185
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2) Teach the OP&P Systems Integration lectures and laboratory sessions as an integral part of the appropriate system.

Discussion:

Currently the OP&P course devotes a portion of the Sophomore year to integrate OP&P into various systems and diseases. The rationale behind this scheduling is that at this point the students have all the "tools" they need in order to evaluate and treat any patient of any age and medical condition. Teaching the Systems Integration concepts earlier in the curriculum would require either presenting information on treatment modalities the students have not yet received, or limiting the discussion of techniques to accomplish the stated goal to the modality/modalities in which they are trained.

Even so, it is the impression of the Committee that it is preferable that OP&P Systems Integration lectures be presented within the Systems. Currently, the students have two and one-half hours of lecture/lab devoted to various Systems Integration concepts. It is recommended that two and one-half hours of OP&P lecture/lab curricular time be moved to within the following six Systems: GI, CV, Respiratory, Musculoskeletal, Reproductive and Nervous.

It is recommended that the OP&P Department schedule Systems Integration lectures as close to the current systems presentations as much as possible in Academic Year 1993 - 1994. Also during Academic Year 1993 - 1994 it is recommended that the Procedures/Systems Planner schedule the modification within the six Systems listed above to allow the additional two and one-half hours of OP&P instruction and testing in the Systems indicated, and a mechanism for charting the test scores of the OP&P curricular hours in the Systems. It is recommended that the OP&P Integration lectures become an integral part of each of the above six Systems beginning Academic Year 1994 - 1995.

3) Develop a formal process to insure substantive dialogue between D.O. and Ph.D. faculty regarding their respective course (discipline/system) interrelationships.

Discussion:

The goal of this interchange would be twofold. The first would be to encourage the clinical science faculty to educate the basic science faculty about the relevance of osteopathic philosophy and OMT to the basic scientists' area of expertise, which should then lead to greater integration of OP&P into basic science courses. The second would be to encourage that the basic science faculty provide the clinicians with basic science concepts which are supportive of the osteopathic philosophy and the efficacy of OMT in

affecting chemical, anatomical, pharmacological and physiological processes. This should lead to a greater reinforcement of the basic science concepts taught in preclinical courses and their relevance to clinical practice.

The alumni survey indicated that 53% of the class of 1988 felt that "most" to "all" of the Basic Science Faculty integrated teaching of the osteopathic philosophy into their classes and 24% felt that "most" to "all" taught OMT integration into their subject. "Most" to "all" of the Clinical Science Faculty integrated osteopathic philosophy into teaching according to 69% of the alumni, and taught OMT integration into clinical practice according to 59% of alumni.

To accomplish these goals, the following specific recommendations are offered:

A) Assign a D.O. Advisor to each course/discipline beginning Academic Year 1993 - 1994. It is recommended that the assignments be made by the Clinical Division Chairperson annually. The responsibilities of this D.O. Advisor would be to;

- 1) Coordinate OP&P integration into that course/discipline,

and provide a written report to be submitted to the course/discipline coordinator at the end of the assignments, beginning Academic Year 1993 - 1994.
- 2) Educate all Faculty within that course/discipline about Osteopathic Principles and Practice relevant to that course/discipline, to begin Academic Year 1993 - 1994.
- 3) Assist in the preparation of a case history to be used by that course/discipline which also includes integration of Osteopathic Principles and Practice, to begin Academic Year 1994 - 1995.

B) Assign a D.O. Advisor to each system. It is recommended that these assignments be made by the Clinical Sciences Division Chairperson, annually. The responsibilities of the D.O. Advisor would be to;

- 1) Coordinate OP&P integration into that system, and provide a written report to be submitted to the Systems Chair at the end of the assignment, beginning academic year 1993 - 1994.
- 2) Educate all Faculty within that system about Osteopathic Principles and Practice relevant to that system, to begin Academic Year 1993 - 1994.
- 3) Assist in the preparation of a case history to be used by that system which also includes integration of Osteopathic Principles and Practice, to begin Academic Year 1994 - 1995.

C) Assign one or more Basic Science Faculty Advisor(s) to each on-campus clinical course (OP&P, Introduction to Family Medicine, Physician Skills, Physical Diagnosis, Pathology, etc);

beginning in Academic Year 1993-94. It is recommended that the appointments be made by the Structural and Functional Biology Division Chairpersons annually. The responsibilities of the Basic Science Advisor(s) would be to;

- 1) Oversee the Basic Science integration of their area of expertise into the clinical course to which they are assigned, and provide a written report to be submitted to the clinical course Chair at the end of the assignment, beginning Academic Year 1993-94.
- 2) Educate all Faculty within that course about the Basic Science principles of their area of expertise relevant to that course, beginning Academic Year 1993-94.
- 3) Assist in preparing a case history illustrating Basic Science concepts in their area of expertise, significant and important to that clinical discipline, to be used by the clinical discipline beginning Academic Year 1994-95.

D) Encourage all faculty to support the importance and relevance of osteopathic principles and the efficacy of OMT from the podium.

Discussion:

Derogatory comments about osteopathic philosophy or manipulation by any faculty have a negative effect on the students' perception of OP&P. However, it is especially damaging when coming from a D.O. It is recommended that D.O. faculty be recruited and retained that have demonstrated a strong commitment to the osteopathic philosophy and the importance of

OMT in their clinical practice. This includes part-time and adjunct as well as full-time clinical faculty. Non-D.O. faculty should demonstrate a willingness to study the osteopathic philosophy and manipulation and integrate these concepts into their teaching. It is recommended that the implementation of this recommendation be by the Dean for Academic Affairs, beginning Academic Year 1993-94.

E) Encourage Basic and Clinical Science faculty to attend each other's lectures as much as possible in order to enhance an integrated teaching approach.

Discussion:

It is recommended that a listing of all lectures being offered on campus each week be distributed to all faculty, by the Chairman of the Curriculum Committee begin this process beginning Academic Year 1993-94.. This should include titles and presenter of all curricular lectures, noontime seminars, CME, etc. It is understood that faculty may be limited in their ability to attend due to clinical practice and academic, research and administrative duties.

F) Encourage OP&P, Family Practice and Anatomy Graduate Teaching Assistants to assist in the laboratory teaching of the other's course.

Discussion:

This is already being done with the direction and coordination of the respective Course Coordinators. It is recommended that this be expanded as much as possible in subsequent years, with the expectation that the GTAs will assist with cross-linking of information between their respective courses.

G) Encourage faculty to support the importance and relevance of each other's courses within the curriculum. This implies a professional respect for concepts taught by colleagues and a "agree to disagree" attitude regarding professional differences.

4) Institute periodic multidisciplinary case study presentations within the curriculum.

Discussion:

Case presentations are currently being utilized in some systems. This is also being planned in the Introduction to Family Medicine course. It is recommended that case presentations be utilized in all courses, disciplines and systems with integration of OP&P included. A mechanism for accomplishing this recommendation is given in 3 A-C above. It is recommended these be assigned in Fall, 1993 with case studies beginning Fall, 1994.

It is recommended that all Systems and disciplines/courses be utilizing case histories that demonstrate OP&P Integration by Academic Year 1998 - 1999.

5) Provide an anatomical review at the beginning of OP&P course introduction to specific areas.

Discussion:

It is recommended that the Anatomy Department offer a review of relevant anatomic concepts when new areas are introduced in the OP&P course. This may be in the form of videos, outlines, etc. on reserve in the library or a brief in-class review. It is suggested that for the Freshman class, the videos be made from cadavers in Gross Anatomy whenever appropriate in order to make the experience more relevant. The structure and mechanism of this integration could be developed by the Anatomy Course/Discipline

Coordinators and the OP&P Course Faculty. It is recommended that discussion and planning for this integrative presentation be undertaken in Academic Year 1994 - 1995 and be instituted in Academic Year 1995 - 1996. It is recommended that this not be limited to Gross Anatomy but include Neuroanatomy, Histology and Embryology, etc. whenever relevant.

6) Provide a Physiology review at the beginning of OP&P course introduction of a new treatment modality.

Discussion:

It is recommended that the Physiology Department offer a review of the underlying physiologic mechanisms proposed to be operant for new techniques or modalities taught. This may be in the form of audiotapes, videotapes, handouts, etc. on reserve in the library or a brief in-class review. It is recommended that the structure and mechanism of this integration be developed by the Physiology course/discipline Coordinator and the OP&P Course Faculty in Academic Year 1994 - 1995 and instituted in Academic Year 1995 - 1996.

7) Review current scheduling and adjust time frames as much as possible to allow related concepts important to understanding OP&P to be taught in temporal proximity when integration is not feasible.

Discussion:

The Autonomic Nervous System, Neuroanatomy and Muscle and Connective Tissue properties are topics relevant to understanding OP&P that are taught by several courses at different times. Other areas could also be identified and an attempt made to coordinate their presentation to enhance learning and concept formation by the students. It is recommended this project be undertaken by the Curriculum Committee during Academic Year 1995 - 1996 with recommendations to be implemented in 1996 - 1997.

SECTION I

PART 2

OP&P CURRICULAR INTEGRATION - SECOND TWO YEARS

1) Develop an OP&P Standard of Care.

Discussion:

It is recommended an "OP&P Standard of Care" be developed by the Clinical Sciences Division, and that all WVSOM faculty and students receive a copy of this document. It is recommended this document then be distributed to all preceptors and institutions training WVSOM students as a policy statement. It is recommended that a Committee be created during Academic Year 1993-94 to develop the "OP&P Standard of Care".

It is the opinion of the Committee that the definition of Osteopathic Medicine and the OP&P Standard of Care are the two summary documents against which all curricular content should be judged.

2) Require that each student do a required rotation with a D.O. who utilizes OMT as the primary focus of his/her practice (an "OP&P rotation").

Discussion:

This idea has been discussed in the past, but not implemented because it was felt that we do not want to train OP&P specialists. Our goal is to train primary care physicians who incorporate osteopathic philosophy and manipulation into their practice. However, since 76% of our graduates not doing OMT in their practices cite lack of time or confidence as their primary reason for not doing so, it seems appropriate that our students be required to study with experts in osteopathic manipulation. Just as requiring a rotation with an internist does not make every student into an internist, rotating with an "OP&P specialist" should not create an imbalance in the number of graduates who choose this specialty.

It is recommended that the Associate Dean for Clinical Education develop an "OP&P Rotation", for presentation to the Curriculum Committee during Academic Year 1993-94 with implementation beginning with the entering class of 1994-95.

3) Require that each student spend a specified percentage (the highest amount feasible) of his/her electives and selectives with an osteopathic preceptor, with preference for those who utilize OMT in their practice.

Discussion:

The alumni survey demonstrates that our students do approximately 80% of their rotations with D.O.s. However, individual variations occur, with one respondent stating he/she spent only 25% of rotation time with DOs. It is the recommendation of the Committee that students be required to do at least 50% of their selectives and electives with D.O. preceptors. It is recommended that this policy begin with the entering class of Academic Year 1993 - 1994, and that they be informed of this policy in order to foster relationships with osteopathic physicians that can lead to elective and selective preceptorship opportunities.

Students assigned to a D.O. preceptor may sometimes spend a significant portion of their time with non-D.O.s. Tracking this is especially difficult in large institutions. The Committee recommends that a mechanism for tracking the physicians actually training the students be developed by the Assistant Dean for Clinical Education during Academic Year 1993-94, so that the actual time spent in training with D.O.s can be accurately determined.

4) Require a case history from the GP I rotation and two case histories from the GP III rotation showing evidence of the student's integration of OP&P into the care of a patient in whose management he/she participated.

Discussion:

It is recommended that this policy begin with the entering class of Academic Year 1993 - 1994. It is recommended that the Associate Dean for Clinical Education develop a suggested format for case history writing and arrange for instruction of the students in the suggested format.

A mechanism for review of the case histories and constructive feedback to the students would also be necessary. It is recommended that the Associate Dean for Clinical Education develop a protocol for implementation of this recommendation to be in effect for the entering class of 1993 - 1994. The following is a suggested format:

A copy of the case history is provided by the student to the preceptor for his/her critique and signature, indicating that the student did in fact participate in the care of the patient described. The case history is then submitted by the student to the Associate Dean for Clinical Education. The Clinical Science faculty then review the assigned case histories in a timely fashion and return them to the Associate Dean for Clinical Education, who provides the critique to the students. It is recommended that the student not be given a grade for

the GP I and GP III rotations until the case histories are submitted.

5) Modify the OP&P objectives in the extern manual to be more specific.

Discussion:

The current objectives in the WVSOM extern manual are broad. It is recommended that the Clinical faculty be assigned portions of the extern manual to review and provide more specific OP&P objectives. It is recommended this assignment be made by the Associate Dean for Clinical Education & Clinical Division Chairperson during Academic Year 1994 - 1995 for inclusion in the 1995 - 1996 manual printing.

6) Develop an on-campus Educational Assistance Resource for off-campus training sites.

Discussion:

The alumni survey clearly shows that students need to have role models who not only talk about OP&P, but also demonstrate its incorporation into their practices. Therefore, we must become an educational resource for our field trainers in how to integrate OP&P into their practices, in order for them to provide the "apprenticeship" training we want for our students.

This is currently being accomplished in part by our on-campus faculty providing Locum-Tenens care at the Kellogg and RHI sites. The following recommendations are in addition to that role. It is recommended that these offerings be planned in Academic Year 1993-94 and implemented as soon as possible thereafter.

A. Provide a lecture on Osteopathic Philosophy followed by a "Specialty OP&P Clinic" by an OP&P "specialist" at various off-

campus training sites. This could include the Kellogg and RHI sites as well as hospitals and clinics around the state which are accepting our students, interns and residents. It is recommended that this assignment be made by the Clinical Sciences Division Chairperson and begin Academic Year 1994-95.

- B. Strongly encourage non-D.O. physicians and allied health professionals at the off-campus training sites to take the "OP&P Mini-Seminar" described in Section II, number 1 below.** It is recommended that this task be assumed by the Associate Dean for Clinical Sciences, and begin as soon as the OP&P Mini-Seminar has been formulated.

- C. Develop video and televised educational offerings about OP&P to be made available to outlying training sites.** This is already being developed under the direction of the Office of Professional Development, and should be encouraged, expanded and marketed.

- D. Develop a telecommunication system utilizing the library and the on-campus health educators and market this resource to the off-campus training sites.** This also is under the direction of the Office of Professional Development, and should be encouraged, expanded and marketed.

7) Continue to increase the number of D.O.s utilizing OMT in their practice, who are willing to serve as trainers for our third and fourth year students.

Discussion:

It is recommended that all preceptors be asked to complete a survey annually about their practice and their requirements of the preceptees. In that survey, they should be asked to indicate the percentage of their patients receiving OMT on an average day. It is also recommended that the student-completed preceptor evaluation form be amended so that the student is asked to give an estimate of the number or percent of patients receiving OMT in that preceptor's practice on an average day.

The usage of OMT by preceptors should be fostered by recognizing those preceptors that already utilize OMT in their practices and offering training and support to those who do not (please see #6 above). It is recommended that this evaluation process be developed in Academic Year 1993-94, for implementation in Academic Year 1994-95.

All preceptors should be recognized by WVSOM in some tangible way, such as with a plaque, certificate, free CME, copies of texts used in OP&P, etc. Those utilizing OMT in their practices should be recognized in an additional manner for serving as a role model for OP&P integration to our students. It is suggested that the Associate Dean for Clinical

Education be responsible for implementing this recommendation beginning in Academic Year 1993-94.

8) Increase the percentage of WVSOM students doing selective and elective rotations at the WVSOM Clinic.

Discussion:

As the full-time WVSOM Clinic staff physicians also hold academic assignments at WVSOM, the Clinic serves as a pool of trainers and role-models for OP&P integration into clinical practice. The current scheduling of students to observe Clinic physicians during the first 2 years will serve to increase the number of students choosing electives with on-campus physicians practicing at the WVSOM Clinic. Involving a greater number of the Clinical Faculty with the OP&P Course Introduction and with supervision of the OMT Student Clinic will also serve to foster relationships that will lead to mentor and preceptor relationships.

It is recommended that the Associate Dean for Clinical Education review the current selection of the WVSOM Clinic for elective/selective training by WVSOM students in Academic Year 1993-94, and develop a mechanism to increase that percentage beginning Academic Year 1994-95.

9) Encourage greater utilization of Osteopathic Principles and Practice at the WVSOM Clinic.

Discussion:

The WVSOM Clinic should be a model training site for OP&P integration into clinical practice, as primarily WVSOM on-campus D.O. faculty staff the clinic. A survey of patient perceptions of the "osteopathic nature" of the WVSOM Clinic has been discussed by Drs. Stookey, Baker, Hassen and Mr. Painter. It is recommended that the survey be performed during Academic Year 1993-94, with the results presented to the Clinic staff physicians and WVSOM Dean for Academic Affairs. Any recommendations for improvement are recommended to be instituted beginning Academic Year 1994-95.

10) Encourage the students on rotations to "train the trainers" regarding indications and efficacy of OP&P in clinical practice.

Discussion:

WVSOM third and fourth year students can be a valuable resource in updating physicians in the field as far as indications and efficacy of OMT in clinical practice. It is the responsibility of all faculty to encourage the students to assume this role during their rotation years.

It is recognized that the students will need confidence in their manipulative ability and a knowledge of the philosophy of osteopathy in order to accomplish this goal. It is expected that the changes brought about by the recommendations of this committee will strengthen these attributes in our students.

11) Utilize third and fourth year students in the area as educational resources for the first and second year students.

Discussion:

An informal network already occurs. The following recommendations would foster this relationship further, and are recommended to begin Academic Year 1993-94. It is expected that the interactions that would follow would enhance the first and second year students' appreciation of curricular topics taught, including OP&P.

A) Encourage any students rotating with on-campus faculty to attend that faculty member's classes during teaching responsibilities and assist with laboratory presentations, beginning Fall, 1993.

Discussion:

This would serve a dual role. The upperclassman could help validate the importance of concepts begin taught in preclinical courses to lowerclassmen. It could also serve to educate the preceptee in the academic process and foster teaching skills that may be used later as a preceptor.

B) Encourage all on-campus students on clinical rotations to attend lectures and laboratory sessions when not in the Clinic with their trainer.

Discussion:

This could be facilitated by providing a listing of all on-campus lectures, seminars, CME, etc, weekly as described in Part I, 3E above and

encouraging the students to attend those in which they are interested, when possible. Another mechanism for accomplishing this would be to circulate a list of students rotating in the area to all course/discipline/systems Chairs monthly. The Chairs could then, at their discretion, invite the students to attend classes during their free time.

C) Encourage all faculty who are Advisors to a course/discipline/system to encourage students who are doing preceptorships with them to become involved in this advisory process.

D) Develop mechanisms for the students of the first and second years to interact socially on an informal basis with the students of the third and fourth years who are in the area.

Discussion:

It is recommended that the Dean of Student Affairs be requested to develop a means to accomplish this goal. It is suggested that the Presidents of the SGA and various clubs as well as Class President of all four classes might be involved.

E) Encourage contact between students at all levels of training when off-campus.

Discussion:

The facilitation of this recommendation is suggested to be assigned to the office of the Associate Dean for Clinical Education. One possible mechanism to accomplish this goal would be to distribute a listing of student schedules annually to the student body Spring of each year. This would allow predoctoral students to contact upper classmen, interns or residents during the summer break for support, "shadowing", etc.

SECTION II

FACULTY PROFESSIONAL DEVELOPMENT AND RELATIONSHIPS

1) Present an "OP&P Mini-Seminar" by the Clinical Sciences Division, regarding Osteopathic history, philosophy and an introduction to technique geared for non-D.O.s and for understanding rather than proficiency.

Discussion:

It is recommended that this course be required for all new non-D.O. faculty. A certificate of completion should be given. Non-D.O. adjunct faculty should be strongly encouraged to take the course. It is recommended this course be offered at least annually beginning Academic Year 1993 under the direction of the Office of Professional Development, with all current non-D.O. faculty who have not already taken the OP&P course required to attend by Academic Year 1996 - 1997. It is recommended that all new non-D.O. faculty be required to attend this course within 12 months of employment. It is further recommended that this course be open to classified staff as well. All faculty and classified staff should be encourage to retake the course as desired.

It is recommended that this mini-seminar be offered at times that are convenient for new faculty and staff to attend and the presenting faculty to teach. It is recommended that time off from clinic, academic and research duties be allowed to participate in this mini-seminar.

Other educators associated with WVSOM off-campus training, such as trainers, DMEs and residency supervisors should be encouraged to take the course as well. It is therefore recommended that this course be "taken on the road" to off-campus training sites to educate the non-D.O.s assisting in the training of our students about osteopathy. Hopefully, they will then require that our students demonstrate their osteopathic distinctiveness while rotating at these sites. This outreach is suggested to be under the direction of the Office of Professional Development and the Associate Dean for Clinical Education. It is suggested that this seminar be offered off campus by Academic Year 1995-96.

2) Make educational offerings available to the faculty/staff concerning Osteopathic Principles and Practice and integration into medical practice.

Discussion:

It is recommended the Office of Professional Development oversee the development of this project beginning Academic Year 1993 - 1994. Adjunct faculty and staff should be encouraged to attend. The following are suggested activities to accomplish this Faculty Development goal:

- a) **OP&P Systems Integration lectures presented at a time (ex. - noon) where other faculty can attend, in addition to the curricular presentation.**
- b) **A case study-based seminar where multiple disciplines would participate, geared toward faculty development.**

3) Develop an OP&P/Anatomy Review CME, to be offered on a regular basis.

Discussion:

The OP&P and anatomy faculty receive frequent requests from alumni for a review of these courses. The alumni survey asked what CME topics relative to OP&P the respondents would find helpful. The response indicated a desire to review basic techniques, practical applications and billing for OMT. It is recommended that the Office of Professional Development or the WVSOM Foundation sponsor a CME to be presented by WVSOM on this topic during Academic Year 1994-95. It is recommended that this CME be marketed, and provided gratis as a benefit to our trainers. It is further recommended that this CME be offered at regular intervals.

4) Continue to provide opportunities for faculty to attend workshops and meetings focused on Clinical/Basic Science integration.

Discussion:

It is recommended that this policy be recognized in written form from the WVSOM Administration, in order to enhance accomplishment of the integrated curriculum by the means of faculty development.

5) Foster collaborative research between Basic Science and Clinical Science faculty.

Discussion:

It is recommended that the Office of Professional Development assist in the development of collaborative research projects by assisting in the design of research protocol, statistical analysis and preparation of manuscripts for publication. It is recommended this activity be reported to the Dean for Academic Affairs on an annual basis by the Director of the Office of Professional Development.

6) Locate the offices of Clinical and Basic Science faculty in close proximity to each other.

Discussion:

Continuation of the present separation divides and isolates the faculty and is a formidable impediment to achieving the goals of this project. It is recommended that the Dean for Academic Affairs review the current and projected space utilization and make revisions to allow the two faculty to be in close proximity by Academic Year 1998 - 1999.

7) Create a cafeteria where informal social interaction of faculty, staff and students is fostered.

Discussion:

Informal social interactions provide an opportunity for discussion of professional as well as non-professional topics. The lack of a cafeteria sacrifices the cohesiveness that is created when faculty, staff and students share an informal meal together. It is understood that this "cafeteria" might not be financially profitable in actual dollars, but the benefits would be in important intangibles that would likely contribute to greater professional and personal interactions.

It is recommended that the "cafeteria" concept be studied by the Dean for Academic Affairs in Academic Year 1994 - 1995, and implemented in Academic Year 1995 - 1996.