



Course No.:	OM 7060	Course Title:	Osteopathic Manipulative Medicine
Credit Hours:	4 weeks, 10 credit hours for each rotation	Chair:	Rebecca E. Giusti, D.O.
		Vice Chair:	Janice Blumer, D.O.
		Course Director:	Mary Ann Magoun, D.O.
Term – Dates:	Variable in OMS III academic year	Level:	OMS III

Rotation Guide

Educational Goal

OM 7060/ 10 credit hours

Purpose of the Rotation:

1. To provide students with a robust well-rounded osteopathic rotation that is comprised of two portions; a live clinical experience in which the students evaluate and treat patients under the guidance of experienced preceptors and a didactic portion comprised of modules which address how to approach common conditions in a distinctive osteopathic manner.
2. To provide students with an opportunity to apply osteopathic philosophy and principles (OPP), osteopathic palpatory diagnosis and osteopathic manipulative treatment (OMT) skills in clinical practice under the guidance of experienced instructors.
3. To provide students with an opportunity to practice diagnosing and treating somatic dysfunction and further their understanding of the relationship between the musculoskeletal system and a variety of clinical disorders.
4. To provide students with guidance on performing literature searches and reviews and familiarize themselves with osteopathic manipulative medicine and manual medicine related topics available in the literature.

Rotation Description:

1. The student will attend clinic under the direction of the faculty preceptor for one-month (four weeks) rotation. The student will be exposed to osteopathic history and physical exam skills and applications of osteopathic manipulative treatment in an ambulatory primary care setting.
2. The student will be proctored in diagnosing and treating somatic dysfunction as well as other pathophysiologic conditions encountered during the rotation.
3. The student will complete each didactic module and complete the assigned quizzes, clinical reading and literature review assignment designated to each module to facilitate assimilation of integrative osteopathic concepts.

Goals:

Each student will:

- Gain an understanding of the relationship of somatic dysfunction to each patient's problems and its significance in each clinical setting.
- Develop an appreciation of an integrative osteopathic approach to patient care, including the utilization of palpatory diagnosis and osteopathic manipulative treatment.
- Identify, treat and manage patients with somatic dysfunction in various clinical situations.
- Perform OMT as appropriate with understanding of precautions, indications and contraindications in each case.
- Document findings and procedures in standard format (as detailed in Foundations for Osteopathic Medicine "FOM" textbook). If the clinic or hospital policy does not allow the student to document in the permanent record, the student is expected to write a note separate from the chart and then ask the preceptor to critique it.
- Integrate OPP in routine patient care.
- Complete each didactic module of the rotation and its designated quiz.
- Complete clinical reading and literature review assignments as listed.
- Generate a case-based power point presentation as outlined under "NMM/OMM Case Study".
- Maintain a log of OMT procedures performed.

Preparing for the Rotation

Introduction to OM7060:

Welcome to the Core OPP Rotation! The purpose of this rotation is to provide students with a robust well-rounded osteopathic rotation that is comprised of two portions; a live clinical experience in which the students evaluate and treat patients under the guidance of experienced preceptors and a didactic portion comprised of modules which address how to approach common conditions in a distinctive osteopathic manner. As with all rotations, students are expected to demonstrate professionalism, timeliness and a willingness to engage at the task at hand at all times. While students are expected to see as many patients as possible in the clinic, it is also important for them to be well versed on how to approach other clinical scenarios as a distinctive osteopathic physician. The didactic modules are meant to broaden the breadth of the students' experience and expose them to other cases that they may not encounter in a live fashion during this month.

Required Reading:

1. Seffinger, MA, Executive Ed. Foundations of Osteopathic Medicine, 4th ed. Philadelphia: Wolters Kluwer. 2019. (Chapters as assigned)
2. Publications posted on Elenra for clinical reading assignments and literature review assignments.
3. Department of Neuromusculoskeletal Medicine/ Osteopathic Manipulative Medicine at Western University of Health Sciences, College of Osteopathic Medicine of the Pacific. *Osteopathic Principles and Practice: Osteopathic Manipulative Treatment*. Pomona, CA.
4. Seffinger, MA and Hruby, RJ. Evidence-Based Manual Medicine- a Problem-Oriented Approach. Philadelphia: Elsevier. 2007. Chapters 5, 9, 10, 11.

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5. Nelson, KE and Glonek, T. Somatic Dysfunction in Osteopathic Family Practice, 2nd edition. Philadelphia: Lippincott, Williams and Wilkins. 2014. (Chapters as assigned)

Supplemental Reading:

Kuchera ML, Kuchera WA, Osteopathic Considerations in Systemic Dysfunction. 2nd Ed., Greyden Press, Columbia, OH, 1994.

Note: Individual preceptors may include other resources. You will be notified of these resources by each preceptor. If your preceptor does not offer additional resources, ask them what resources they like to use.

1. Requirements for plenary/didactic week

Refer to resources posted on Elentra

2. Resources at the Ready

Recommended downloads for handheld devices:

- Epocrates
- Medscape
- Essential Anatomy 5 by 3D4Medical from Elsevier

NOTE: Individual preceptors may include other resources.

3. Required Equipment

Stethoscope
Reflex hammer

4. Preparing for the Evaluation and Treatment of your Patient:

Please refer to the Structural Exam and orthopedic exam videos posted on Elentra

Please refer to the Technique videos posted on Elentra

Expectations During the Rotation

During the rotation, the student is expected to do the following:

1. Demonstrate professionalism and demeanor necessary for an office-based primary care medical practice.
2. Attend clinic daily. The student is expected to see the maximum amount of patients allowed by the preceptor. The didactic portion of the rotation may only be done when the student is not expected to see patients, not in lieu of live clinical experience. If the preceptor is not seeing patients for part or all of a day, the student must be engaged in completing the didactic portion of the rotation, required and other readings and assignments.
3. Demonstrate ability to diagnose and treat somatic dysfunction.
4. Record subjective complaints, history, objective findings and procedures, assessments, problem lists, management plans as per standard practice.
5. Read required readings and discuss with preceptor.
6. Complete each didactic module of the rotation and the quiz, clinical reading and literature review assignment designated to it. **Please note that if a TOR must be submitted through Clinical Education in order to allow a student to reschedule a quiz. The missed quiz must be made up at a later point in the rotation or the student will receive an incomplete in the rotation.**
7. Generate a case-based final power point presentation as outlined below under "NMM/OMM case Study".

8. Maintain a log of OMT procedures performed.

NMM/OMM Case Study:

Students are required to complete one case-based presentation including an in depth discussion of one or more aspects of the case (e.g. a presenting symptom or sign, a diagnostic category or management issue) that they want to learn more about during the rotation. **The actual case chosen should be based on a patient they personally evaluated.** It should include an evidence based discussion of the topic to be presented with a list of the recent literature used to obtain the information for the discussion. The literature could include material from journal articles, national guidelines, professional publications like the Journal of the AAO, found on the web site of the American Academy of Osteopathy at www.academyofosteopathy.org, or the JOM, now available on the AOA website, www.osteopathic.org. Also see the American Association of Colleges of Osteopathic Medicine web site at www.aacom.org, or recent textbooks, such as FOM 4th edition, 2019. The OSTMED.DR database can be accessed for osteopathic literature not cited in other more general databases. Many of these publications are included in the didactic curriculum's bibliography found on Elentra listed under literature review. The presentation may be delivered orally to the NMM/OMM Preceptor at or near the end of the rotation. If delivered orally, the presentation should be about 15 minutes in length and a maximum of 30 slides. It may be accompanied by handouts including a written description/power point of the case.

The power point presentation should be sent to Dr. Magoun, mmagoun@westernu.edu and Dr. Giusti, rgiusti@westernu.edu on the Pomona campus and Dr. Magoun and Dr. Goering, egoering@westernu.edu on the Lebanon campus.

Diagnoses/Conditions Required to Know

The student will apply Osteopathic Philosophy and Principles (OPP) and OMT as appropriate to patients with clinical conditions or complaints including but not limited to the following systems: musculoskeletal, respiratory, gastrointestinal, renal, neurological and cardiovascular.

Procedures – To Observe or Participate In

The student is expected to perform OMT to the appropriate area of somatic dysfunction. This may include, but is not limited to, the following treatment modalities:

- HVLA
- Counterstrain
- Muscle Energy
- Lymphatic Technique
- Soft Tissue
- Articular
- Myofascial Release
- Balanced Ligamentous Tension
- A.T. Still Technique
- Visceral Technique
- Osteopathic Cranial Manipulative Medicine
- Facilitated Positional Release

- Functional Technique

Skills (Entrust able Professional Activities For Rotation)

Please refer to the list of Core OM 7060 Learning Objectives found below

Skills (AACOM Entrustable Professional Activities)

- EPA 1: Gather a history and perform a physical examination.
- EPA 2: Prioritize a differential diagnosis following a clinical encounter.
- EPA 3: Recommend and interpret common diagnostic and screening tests.
- EPA 4: Enter and discuss orders and prescriptions.
- EPA 5: Document a clinical encounter in the patient record.
- EPA 6: Provide an oral presentation of a clinical encounter.
- EPA 7: Form clinical questions and retrieve evidence to advance patient care.
- EPA 8: Give or receive a patient handover to transition care responsibility.
- EPA 9: Collaborate as a member of an interprofessional team.
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
- EPA 11: Obtain informed consent for tests and/or procedures.
- EPA 12: Perform general procedures of a physician.
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

Core OM 7060 Rotation Learning Objectives

Live Clinical Experience Curriculum:

(Please note that several of the below learning objectives overlap in both the live and didactic portion of the rotation)

The student will be expected to:

1. Define verbally, using both standard and simplified explanations, the following terms: Doctor of Osteopathic Medicine (D.O), Osteopathic Manipulative Medicine (OMM), Osteopathic medical student, Osteopathic palpatory diagnosis, Osteopathic philosophy and practice (OPP), Osteopathic Physician and Surgeon, Osteopathic principles, Osteopathic structural exam, Somatic dysfunction, Osteopathic Manipulative Treatment (OMT) **(AOA core competencies 1, 2, 3/ EPA 9)**
2. Define osteopathic distinctiveness with regards to the osteopathic philosophy and practice, osteopathic approach and OMT. **(AOA core competencies 1, 5/ EPA 2, 9, 12)**
3. Perform a history and physical examination inclusive of an integrated osteopathic structural examination that can be focused or comprehensive. **(AOA core competencies 1, 2, 3, 4, 5/ EPA 1,5)**

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4. Identify, describe, define, and interpret the physical signs of somatic dysfunction using the tenderness, asymmetry, restricted range of motion, tissue texture abnormalities (TART) format. **(AOA core competencies 1, 2, 3/ EPA 1, 5, 12)**
5. Demonstrate accurate identification and assessment for somatic dysfunction in the head, cervical, thoracic, rib, lumbar, pelvis, sacrum, abdomen, upper extremity and lower extremity body regions. **(AOA core competencies 1, 2, 3/ EPA 1, 12)**
6. Document subjective presentation, objective findings, assessment inclusive of somatic dysfunction and management plan in SOAP note format using standard nomenclature as referenced in the osteopathic glossary of terminology published by the AOA in its annual directory of physicians and in current edition Foundations of Osteopathic Medicine (FOM). **(AOA core competencies 1, 2, 3/ EPA 1, 4, 5)**
7. Describe the relationship of somatic dysfunctions identified on physical exam and their significance to the patient's presentation. **(AOA core competencies 1, 2, 3/ EPA 1, 4, 5, 12)**
8. Educate each patient regarding applicable OMT procedures proposed (indications, diagnosis, type, method, side effects possible, and precautions to be used to minimize side effects, possible complications and how those may be prevented) and obtain patient permission prior to application of OMT with clear communication easily understandable to the patient. **(AOA core competencies 1, 2, 3, 4, 5/ EPA 4, 11, 12)**
9. Identify, describe, and define the major osteopathic manipulative techniques, including soft tissue, muscle energy, high velocity, low amplitude (HVLA), low velocity, moderate amplitude (LVMA) or articular technique, balanced ligamentous tension and/or ligamentous articular strain, counterstrain, myofascial release, facilitated positional release, ligamentous articular strain, cranial osteopathic manipulative medicine (OCMM), Still, and visceral techniques to both patients and other healthcare professionals. **(AOA core competencies 1, 2, 3, 4, 5/ EPA 12)**
10. Competently demonstrate and perform the major direct and indirect OMT procedures in each body region as is clinically appropriate including but not limited to: soft tissue; muscle energy; high velocity, low amplitude (HVLA); low velocity, moderate amplitude (LVMA) or articular technique; balanced ligamentous tension and/or ligamentous articular strain; counterstrain; myofascial release; facilitated positional release; ligamentous articular strain; cranial osteopathic manipulative medicine (OCMM); Still; and visceral techniques or other osteopathic manipulative techniques as directed by the preceptor. **(AOA core competencies 1, 2, 3/ EPA 4, 12)**
11. Demonstrate the ability to position the patient in a manner that is safe, comfortable, and maintains dignity while diagnosing somatic dysfunction and during performance of osteopathic manipulative treatment. **(AOA core competencies 1, 3, 4, 5/ EPA 12)**
12. Demonstrate efficient physician ergonomics while diagnosing somatic dysfunction and performing osteopathic manipulative treatment. **(AOA core competencies 1, 3, 4, 5/ EPA 12)**
13. Reassess each patient after OMT and document any observable changes in response to treatment, including improvement, side effects, adverse reactions or complications. **(AOA core competencies 1, 2, 3, 4, 5/ EPA 12)**
14. Design management plans for each patient with somatic dysfunction, including how often each patient should be treated, for how long, and any exercises, lifestyle changes, and/or adjunctive therapies that would be helpful in restoring normal structure and function. **(AOA core competencies 1, 2, 3, 4, 5/ EPA 5, 12)**
15. Discuss the evidence that supports OMT and other forms of manual medicine for various clinical conditions and clinical settings. **(AOA core competencies 1, 2, 6/ EPA 7)**

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16. Maintain log of conditions evaluated and OMT performed. **(AOA core competencies 1, 2, 3/ EPA 1, 4, 5)**
17. Perform appropriate literature search for OMM and manual medicine. **(AOA core competencies 1, 2, 6/ EPA 7)**
18. Describe parasympathetic innervation to viscera and regions of the body. **(AOA core competencies 1, 2, 3/ EPA 2, 212)**
19. Describe sympathetic innervation to viscera and regions of the body. **(AOA core competencies 1, 2, 3/ EPA , 12)**
20. Describe the different reflexes of the body (viscero-somatic, etc). **(AOA core competencies 1, 2, 3/ EPA 2, 12)**
21. Describe vascular and lymphatic drainage and their relationship to disease. **(AOA core competencies 1, 2, 3/ EPA 12)**
22. Maintain log of conditions evaluated and OMT performed. **(AOA core competencies 1, 2, 3/ EPA 1, 4, 5, 11, 12)**

Didactic Curriculum:

In the context of student experience in core and/or elective rotations, the osteopathic approach will be applied to the following conditions including but not limited to:

- Cardiovascular System: myocardial infarction, heart failure, lymphedema
 - Respiratory System: pneumonia, chronic obstructive pulmonary disease, asthma
 - Gastrointestinal System: constipation, GERD, irritable bowel syndrome
 - HENT: vertigo (BBPV), URI, temporomandibular joint disorder
 - Pediatrics: plagiocephaly, torticollis, colic, otitis media
 - Ob/Gyn: dysmenorrhea, back pain in pregnancy, carpal tunnel syndrome (CTS) in pregnancy
 - Surgery: postoperative ileus, atelectasis, post thoracotomy pain
 - Neurology: migraine headache, carpal tunnel syndrome, thoracic outlet syndrome, cervical and lumbar radiculopathy
 - Musculoskeletal: tension headache, mechanical neck pain, mechanical low back pain, scoliosis, ankle sprain, osteoarthritis, plantar fasciitis, trochanteric bursitis, DeQuervain's tenosynovitis, epicondylitis, shoulder enthesopathies, other sports injuries
1. Demonstrate an osteopathic approach to define a disease process while considering the epidemiology, diagnostic criteria (where applicable), pathophysiology, etiology, risk factors and clinical manifestation of the condition. **(AOA core competencies 1, 2, 3/ EPA 1, 2, 4)**
 2. Describe the physical examination findings of the condition with particular emphasis on the musculoskeletal manifestations of the condition. **(AOA core competencies 1, 2, 3/ EPA 1, 2)**
 3. List the differential diagnoses for each condition, including somatic dysfunction when appropriate. **(AOA core competencies 1, 2, 3/ EPA 2)**
 4. Describe the pharmacological, surgical, and lifestyle and other conservative interventions used in the management of the condition and discuss the risks and benefits of each. Describe how each type of intervention relates to one or more of the five osteopathic treatment models – biomechanical, respiratory –circulatory, metabolic, neurologic, and behavioral. **(AOA core competencies 1, 2, 3/ EPA 4, 5, 11, 12)**
 5. Describe the osteopathic manipulative treatment approach to management of the condition and discuss the treatment goals of the various types of techniques with specific emphasis on the five osteopathic treatment models. **(AOA core competencies 1, 2, 3/ EPA 12)**
 6. Identify, treat and manage patients with somatic dysfunction with these various clinical situations. **(AOA core competencies 1, 2, 3/ EPA 1, 2, 12)**

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7. Describe the specific steps to treating somatic dysfunction related to the condition with major osteopathic manipulative techniques, including soft tissue, muscle energy, HVLA, LVMA or articular technique, balanced ligamentous tension, counterstrain, myofascial release, facilitated positional release, ligamentous articular strain, osteopathic cranial manipulative medicine (OCMM), Still, and visceral techniques. **(AOA core competencies 1, 2, 3/ EPA 9, 11, 12)**
8. Integrate OPP in routine patient care. **(AOA core competencies 1, 2, 3, 5/ EPA 1, 2, 3, 4, 5, 9, 11, 12)**
9. Describe the prognosis of the condition and the factors that affect the prognosis. **(AOA core competencies 1, 2/ EPA 2, 4, 9)**
10. Describe preventative measure to prevent occurrence and recurrence of the condition. **(AOA core competencies 1, 2, 3, 7/ EPA 4)**
11. Describe the types of diagnostic studies used to assess the condition and state risks, benefits and indications of each study. **(AOA core competencies 2, 3/ EPA 3)**
12. Perform OMT as appropriate with understanding of precautions, indications and contraindications in each case. **(AOA core competencies 1, 2, 3, 6/ EPA 11, 12)**
13. Document findings and procedures in standard format (as detailed in Foundations for Osteopathic Medicine "FOM" textbook). If the clinic or hospital policy does not allow the student to document in the permanent record, the student is expected to write a note separate from the chart and then ask the preceptor to critique it. **(AOA core competencies 1, 2, 3, 5/ EPA 1, 4, 5)**
14. For any assigned osteopathic manipulative medicine (OMM) and/or manual medicine research reading assignments, state the inclusion and exclusion criteria, methodology including types of manual techniques, results, and relevance to clinical practice. **(AOA core competencies 1, 3, 6/ EPA 7)**
15. Maintain log of conditions evaluated and OMT performed. **(AOA core competencies 1, 2, 3/ EPA 1, 4, 5, 11, 12)**

**Please see below for the learning objective's corresponding WesternU outcomes and COMP's core competencies.*

Grading

Grading for this rotation is divided into 2 main components with further subdivisions. Each component must be successfully completed for a passing grade of this rotation:

Grading of Live Component:

Grading will be based on the following items:

- Preceptor evaluation
- Shelf examination
- OSCE examination
- Case study & presentation

Grading of Didactic Component:

This component is graded as credit/ no credit. All of the following must be successfully completed for a grade of credit.

- Completion of all modules
- Completion of Module Quizzes A-D during scheduled time (must achieve a score of 70% or higher for successful completion). ****Please note that a quiz may only be rescheduled if the student submits a TOR through the Clinical Education Department. A failure to complete a quiz may**

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result in an incomplete for the rotation.

- Literature Review Assignments (3)
- Submission of OMT procedure log

Rotation Faculty

Students are assigned to specific credentialed clinical faculty at their core clinical site.

<p>Pomona Contact: Rebecca E. Giusti, D.O., Chair Associate Professor, Department of Family Medicine, Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine Tel.: 909-469-5282 Fax: 909-469-5289 Email: rgiusti@westernu.edu Mary Ann Magoun, D.O. Assistant Professor, Department of Neuromusculoskeletal Medicine/ Osteopathic Manipulative Medicine and Pediatrics Tel.: 909-469-8224 Email: mmagoun@westernu.edu</p>	<p>Lebanon Contact: Janice Blumer, D.O. Associate Professor, Department of Family Medicine, Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine Tel.: 541 259-0219 Fax.: 541 259-0201 Email: jblumer@westernu.edu</p>
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OAA Administrative Support**Pomona:**

Marisa Orser, M.Ed., Associate Director of Clinical Education (909) 469-5253

Lebanon:

Kim Ketcham, Assistant Director of Clinical Education (541) 259-0666

Rotation Schedule

Each site will provide students with a schedule on their first day of the rotation. If not provided, please ask and have a clear understanding as to the expectations. These schedules are rarely available prior to the start of the rotation.

Students must attend and participate in all assigned and/or required activities specified at the rotation site.

It is the student's responsibility to read, understand, and follow all information and instructions provided by the site.

General Policies

Policy on Disability Accommodations: To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the system coordinator within ten days of the beginning of the system. Disability Services can be reached at 909.469.5380.

Remediation Policy: Refer to the Clinical Education Manual

Attendance Policy: Refer to the Clinical Education Manual

Academic Dishonesty: Complete confidence in the honor and integrity of the health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity.

Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

WU INSTITUTIONAL OUTCOMES	Learning Objective*	Health Professional Education
1. Critical Thinking	1,2,3,4,5,6, 7,8,11,12, 14	The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.
2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence	1,2,3,4,5,6, 7,8,9,11, 12,14	The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.
3. Interpersonal Communication Skills	3,4,9,10, 11, 12,13	The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.
4. Collaboration Skills	3,4,8,9,11, 12,13	The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients
5. Ethical and Moral Decision-Making Skills	8,9,11,12, 13	The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty and compassion.

6. Lifelong Learning	5,7,8,9	The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.
7. Evidence-Based Practice	2,3,4,5,6,7,8,9,12,4	The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.
8. Humanistic Practice	8,10,11,13	The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unflinchingly advocate for patient needs.

*Please see learning objectives above

COMP/AOA CORE COMPETENCIES	Learning Objective*	Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:
1. Osteopathic Philosophy and Osteopathic Manipulative Medicine	6,9,10,11,12	Residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.
2. Medical Knowledge	1,2,3,4,5,6,7,8,9,11,12,14	Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.
3. Patient Care	2,3,9,10,11,12	Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.
4. Interpersonal and Communication Skills	4,8,9,10,11,12,13,14	Residents are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. Professionalism	7,9,10,11,12,13	Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effective care for patients. Please note that professionalism is an integral part of the career of a physician. Clinical sites do have the right to fail a student or remove them from rotation due to deficits in professionalism.
6. Practice-Based Learning and Improvement	5,6,7,8,12,14	Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

7. Systems-based Practice	5,6,7,8,12,14	Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost- effective medicine.
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*Please see learning objectives above

COMPARISON OF OUTCOMES STANDARDS: WU AND COMP	WU	COMP
Critical Thinking	1	1, 2, 3 6
Breadth and Depth of Knowledge in the Discipline/Clinical Competence	2	1, 2, 3, 4, 5, 6, 7
Interpersonal Communication Skills	3	4
Collaboration Skills	4	4
Ethical and Moral Decision Making Skills	5	1, 3,5,6
Life Long Learning	6	1, 2, 3, 6, 7
Evidence-Based Practice	7	1, 2, 3, 6, 7
Humanistic Practice	8	3, 4, 5

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