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The image shows the ACGME logo, which consists of a white stylized 'A' shape above the letters "ACGME" in a white serif font, all on a red rectangular background. To the right of the red rectangle are two other colored rectangles: a dark blue one and a purple one.

# Milestones 2.0: Family Medicine and Osteopathic Recognition

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Vice President, Milestones Development

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# Faculty Disclosure

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## Contact Information

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# Objectives

- Discuss the new Osteopathic Recognition Milestones 2.0
- Discuss how to use the supplemental guide
- How to apply milestones in the Family Medicine Residency
- Discuss ACGME milestone resources

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# THANK YOU!

## Osteopathic Recognition Milestones

### Work Group

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 Kurt A. Ludwig, DO, FACOOG  
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 Abby Rhoads, DO

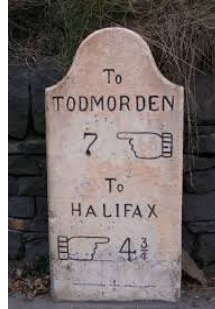
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# Milestones

- A milestone is a significant point in development
- Milestones follow an individual's developmental trajectory across a range of knowledge, skills, and attitudes



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# Milestone Template – Note the Change from 1.0

Competency: Subcompetency				
Level 1	Level 2	Level 3	Level 4	Level 5
Novice Resident/Fellow	Advanced Beginner Resident/Fellow	Competent Resident/Fellow	Proficient Resident/Fellow	Resident/Fellow Expert
Brand new to the specialty	Performs some tasks with limited autonomy	Performs common tasks with autonomy	Target for graduation (not a requirement)	Exceeds their peers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Milestone Levels – A Brief Review

Level	Previous Stage	Description
1	<b>LEVEL</b>	lytic thinking; little ability to prioritize
2	Advanced beginner	Able to sort through rules based on experience; analytic and non-analytic for some common problems
3	Competent	Emotional processing of information; see big picture; Communication; e.g. Performance
4	Proficient	Model-based process thinking; comfortable with evolving situations; able to extrapolate; situational discrimination; can live with ambiguity
5	Expert	Experience in subtle variations; distinguishes situations



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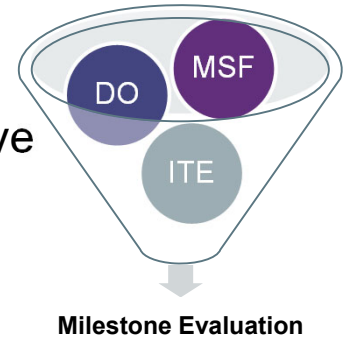
## Milestones as Assessments

Milestones were designed to be formative

A repository for other assessments

Not every Milestone can or should be evaluated on every rotation

Not everything that should be evaluated is included in the Milestones



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**We** ❤️  
**Milestones**  
**2.0**

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# What changed?

## Patient Care 2: Examination, Diagnosis, and Treatment

Level 1	Level 2	Level 3	Level 4
Performs general osteopathic structural examination, including assessment for somatic dysfunction, through identification of tenderness, asymmetry, restricted range of motion, and tissue texture abnormalities with direct assistance from supervisor	Performs osteopathic structural examination and diagnoses somatic dysfunction appropriate to patient condition, with supervision	Independently performs accurate and complete osteopathic structural examination and diagnoses somatic dysfunction appropriate to patient condition	Mentors of diagnosis of somatic dysfunction
Performs treatment of somatic dysfunction with direct assistance from supervisor	Performs treatment of somatic dysfunction in common conditions, with supervision	Independently performs treatment of somatic dysfunction in common conditions	Independently performs treatment of somatic dysfunction in complex conditions in a patient with multiple comorbidities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Not Yet Achieved level 1 <input type="checkbox"/>			

## Patient Care 2: Osteopathic Evaluation and Treatment

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	Role models the complete integration of an osteopathic history and examination
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Not Yet Completed Level 1 <input type="checkbox"/>				

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# Get Familiar with New Milestones

## Patient Care 2: Osteopathic Evaluation and Treatment

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	Role models the complete integration of an osteopathic history and examination
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Not Yet Completed Level 1 <input type="checkbox"/>				

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# Supplemental Guide

Examples for Levels 1-5  
 Assessment methods  
 Resources

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# Supplemental Guide

Patient Care 1: Osteopathic Principles and Practice (OPP) for Patient Care	
Overall Intent: To utilize osteopathic principles and practices to promote health and wellness	
Milestones	Examples
<b>Level 1</b> <i>Describes the inclusion of OPP to promote health and wellness when caring for patients</i>	<ul style="list-style-type: none"> <li>Each of these examples incorporate the osteopathic philosophic approach to the whole patient through addressing mind, body, and spirit</li> <li>(I) Identifies the need to ask a surgical patient about current living situation, emotional health, spiritual needs, and care givers to ensure appropriate after care</li> <li>(O) Identifies the need to ask a patient if there are enough food available or access to WIC to support the patient's recovery needs, including emotional and spiritual resources</li> </ul>
<b>Level 2</b> <i>Incorporates OPP to promote health and wellness in patients with common conditions</i>	<ul style="list-style-type: none"> <li>(I) Incorporates lymphatic drainage in the treatment of upper respiratory infection</li> <li>(O) Incorporates smoking cessation in how it will allow the body's ability to heal restore normal function and decrease progression of cardiopulmonary disease with patients</li> </ul>
<b>Level 3</b> <i>Effectively manages patients with common conditions using OPP to promote health and wellness</i>	<ul style="list-style-type: none"> <li>(I) Prepares asthma action plan and discuss elimination of household triggers on hospital discharge disposition planning</li> <li>(O) Demonstrates shared decision making while explaining the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines on cervical cancer screening</li> </ul>
<b>Level 4</b> <i>Effectively manages patients with complex or chronic conditions using OPP to promote health and wellness</i>	<ul style="list-style-type: none"> <li>(I) Effectively manages and prevents delirium in the geriatric patient with attempting to limit utilization of chemical and physical restraints</li> <li>(O) Counsels patient on optimizing their nutrition and exercise to support the body's function during chemotherapy</li> </ul>
<b>Level 5</b> <i>Role models the incorporation of OPP to optimize patient and community health and wellness</i>	<ul style="list-style-type: none"> <li>(I) Role models the incorporation of mental health, sleep hygiene, and osteopathic manipulative treatment (OMT) protocols in the medical system approach to alcohol withdrawal treatment</li> <li>(O) Role models the facilitation of group visits on the management on diabetes through nutrition, exercises and meal planning</li> </ul>
Assessment Models or Tools	<ul style="list-style-type: none"> <li>Chart review</li> <li>Direct observation</li> <li>Multisource feedback</li> <li>Patient satisfaction scores</li> <li>Simulation</li> </ul>
Curriculum Mapping	<ul style="list-style-type: none"> <li></li> </ul>
Notes or Resources	<ul style="list-style-type: none"> <li>American Association of Colleges of Osteopathic Medicine (AACOM). Glossary of Osteopathic Terminology. <a href="https://www.aacom.org/docs/default-source/insideome/got2011ted.pdf">https://www.aacom.org/docs/default-source/insideome/got2011ted.pdf</a>. 2021.</li> <li>American College of Physicians (ACP). Caring with Compassion. <a href="https://www.acponline.org/cme-moc/online-learning-center/caring-with-compassion">https://www.acponline.org/cme-moc/online-learning-center/caring-with-compassion</a>. 2021.</li> </ul>

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# Supplemental Guide

Patient Care 1: Osteopathic Principles and Practice (OPP) for Patient Care	
Overall Intent: To utilize osteopathic principles and practices to promote health and wellness	
Milestones	Examples
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# Supplemental Guide


<b>Level 4</b> <i>Effectively manages patients with complex or chronic conditions using OPP to promote health and wellness</i>	<ul style="list-style-type: none"> <li>(I) Effectively manages and prevents delirium in the geriatric patient with attempting to limit utilization of chemical and physical restraints</li> <li>(O) Counsels patient on optimizing their nutrition and exercise to support the body's function during chemotherapy</li> </ul>
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Osteopathic Principles of Practice-Based Learning and Improvement	
Overall Intent: To integrate OPP into everyday care and organize and relate OPP to health care professionals	
Milestones	Examples
<p><b>Level 1</b> <i>Performs osteopathic literature review</i></p> <p><i>Describes evidence-based medicine principles and how they relate to osteopathic patient care</i></p>	<ul style="list-style-type: none"> <li>• (I) As an internal medicine resident, performs a literature review for osteopathic approaches to abdominal pain to incorporate the knowledge into a morning grand rounds discussion</li> <li>• (O) As a family medicine resident, locates several osteopathic articles on knee examination while preparing a case study for a poster presentation</li> <li>• (I) As a surgical resident, describes an article during grand rounds discussing the use of OMT during the early post-operative recovery period</li> <li>• (O) Discusses a with a faculty member a new technique for OMT learned from a recent peer-reviewed journal article</li> </ul>
<p><b>Level 2</b> <i>Incorporates osteopathic literature into rounds, case presentations, or didactic sessions</i></p> <p><i>Performs self-evaluation of osteopathic practice patterns and identifies practice gaps</i></p>	<ul style="list-style-type: none"> <li>• (I) As an emergency medicine resident, discusses a review article on respiratory OMT during regularly scheduled didactics</li> <li>• (O) As a gynecology and obstetrics resident seeing a patient in the clinic, reviews an article with medical students about changes in the pelvis that occur during pregnancy and how these impact OMT</li> <li>• (I) Notes they have not performed any OMT procedures on patients admitted with gastrointestinal complaints</li> <li>• (O) During an evaluation meeting with the program director, sets a personal goal to perform two OMT procedures during their regularly schedule clinic days</li> </ul>
<p><b>Level 3</b> <i>Prepares and presents scholarly activity or didactic session that incorporates OPP</i></p> <p><i>Independently creates a learning plan to improve osteopathic practice based on identified gaps</i></p>	<ul style="list-style-type: none"> <li>• (I) Presents a session to program didactics regarding how to use the inpatient equipment to facilitate delivery of OMT to admitted patients</li> <li>• (O) Leads a discussion group on appropriate billing and documentation for a didactics session</li> <li>• (I) Establishes a monthly journal club to review articles for areas of weakness previously identified at an OMT session</li> <li>• (O) Creates a reading list of articles to review before each clinic day that focuses on the most commonly missed OMT opportunities identified from a comprehensive review</li> </ul>
<p><b>Level 4</b> <i>Prepares and presents scholarly activity that incorporates OPP at local, regional, or national meetings</i></p>	<ul style="list-style-type: none"> <li>• (I) Presents a session on OMT of the head and neck at a meeting of state residency programs</li> <li>• (O) Presents initial findings from research evaluating patient satisfaction effects of OMT to a local research contest</li> </ul>


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# Supplemental Guide



Review the Milestones with your CCC, faculty, and residents



Identify the assessment method in your toolbox that will provide the best information



Determine which rotation(s) the Milestone will be evaluated

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## Supplemental Guide



Consider how the Osteopathic Recognition Milestones work **WITH** the specialty Milestones



Be certain that there is a shared mental model of the meaning of both sets of Milestones



Identify opportunities where both sets of Milestones can be observed and assessed



Spend the time now, save time later!!

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## Osteopathic Milestones in Family Medicine Residency

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## Osteopathic Milestones

- Lots of cross over with osteopathic milestones and family medicine milestones
  - What makes us osteopathically unique?
  - Treating *Mind, Body, Spirit* common with all family medicine providers
  - Cross-over especially with Communication, PBL and Systems based practices
    - However, needs to be kept to align with Osteopathic Recognition requirements.

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## Supplemental Guide

- Inpatient and outpatient examples
- More geared towards primary care, especially family medicine considering taking care of all ages, including Geriatrics, Pediatrics and OB.
- Would not be feasible to have examples for every specialty.

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# Resident Involvement

- Simplify resident self-evaluation milestones for pre-CCC.
  - Examples: New innovations, Medhub, MyEval.

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# Example – New Innovations

1\* Patient Care 1: Osteopathic Principles and Practice (OPP) for Patient Care

Not Yet Completed Level 1	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
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2\* Patient Care 2: Osteopathic Evaluation and Treatment

Not Yet 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	Role models the complete integration of an osteopathic history and examination
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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# Example Observation (PGY2)

**Subjective:**

•44 yo presents for cervical muscle pain, tenderness s/p MVA on Oct 31. Pt was a restrained driver when the car behind her collided with her rear bumper, causing her to hit the car in front of her. Imaging done in ED, including CT head and C-spine, was negative for acute abnormalities. Pt reports some persistent shoulder and neck pain, paresthesia behind her neck radiating to midback, as well as insomnia. No relief from 500 mg acetaminophen once daily. Pt states that since the accident she feels generally nervous and fatigued. She has been less productive at work, saying that she used to move 50 boxes a day and used to do 70-100 boxes per day.

**Plan:**

**1.Cervical muscle strain, subsequent encounter**

•Secondary to whiplash from MVA on 10/31. Reviewed imaging studies from ER, no acute traumatic injuries to cervical spine. No relief from acetaminophen 500 mg daily. Possible confounding factors: stress, anxiety from accident. Recommend 600 mg ibuprofen Q6H prn, OMT therapy. Follow up in 1 week for OMT.

**2.Plantar fasciitis of right foot**

•Pt states this first occurred soon after the accident. Recommend 600 mg ibuprofen (along with treating neck pain) + OMT.

**3.Adjustment reaction with anxiety**

•Pt was deeply concerned that there was severe misalignment of her C-spine causing her symptoms, including foot pain. She reports continued anxiety after her recent MVA, worse when she feels sx of neck pain, paresthesias, and foot pain. Suspect anxiety may play a role in worsening of symptoms e.g. neck pain. No pharmacotherapy necessary at this time. Provided patient with list of therapists near her home.

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# Example Observation Cont...

- Pt returns in one week for OMT. Resident is *observed only and independently preforms the procedure.*
- Verbalize to attending will only perform indirect techniques due to whiplash injury. Will defer OMT to the ankle due to positive Ottawa Ankle rule and will obtain Xray.
- Assessment:

**Cervical muscle strain, subsequent encounter**

**methocarbamol (ROBAXIN) 500 mg tablet**

**Ambulatory referral to Physical Therapy**

**OMT**

- |   |                      |
|---|----------------------|
| 2. Acute right ankle pain                 | XR ankle 3+ vw right |
| 3. Somatic dysfunction of head region     | OMT                  |
| 4. Somatic dysfunction of cervical region | OMT                  |
| 5. Somatic dysfunction of thoracic region | OMT                  |

**Billing:**

- 99213, 25 modifier, CPT 98926

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# Milestones Addressed (PGY2)

- ACGME – Family Medicine Milestones 2.0
  - **Patient Care 1: Level 2**
    - Develops management plans for patients with common acute conditions
    - Identifies the interplay between psychosocial factors and acute illness
  - **Systems based Practice 3: Level 2**
    - Demonstrates use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding)
  - **System based Practice: Level 2**
    - Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional team members (Referral to PT).
  - **ICS 2: Level 3**
    - Compassionately delivers medical information managing patient's goals and uncertainty.

- Osteopathic milestones 2.0
  - **Patient Care 1: Level 3**
    - Effectively manages patients with common conditions using OPP to promote health and wellness
  - **Patient care 2: Level 3 → 3.5**
    - Independently obtains a history and performs an osteopathic examination for patients with common conditions
    - Independently diagnoses and treats somatic dysfunction in patients with common conditions
  - **Medical knowledge: Level 3**
    - Integrates knowledge of osteopathic philosophy and clinical anatomic considerations for patients with common conditions.
    - Integrates knowledge of OMT techniques to formulate a plan for patients with common conditions
  - **System-Based: Level 3**
    - Provides cost-effective osteopathic patient care within a health care delivery system, including accurate documentation, billing, and coding of osteopathic somatic dysfunction

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# Where do I find...?



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# Milestone Webcasts

- Less than 15 minutes
- Provides updates on changes to format and content
- Explains use of the Supplemental Guide
- Great for Faculty Development
- Soon available on the Specialty page

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## Milestones Resources

### Guidebooks

- Assessment Guidebook 
- Milestones Implementation Guidebook 
- Milestones Guidebook 
- Milestones Guidebook for Residents and Fellows 
- Clinical Competency Committee Guidebook 
- Clinical Competency Committee Guidebook Executive Summaries 

### Other Resources


- Resources for Assessment in the Learn at ACGME Online Learning Portal 
- Use of Individual Milestones Data by External Entities for High Stakes Decisions 
- Milestones FAQs 

<https://acgme.org/What-We-Do/Accreditation/Milestones/Resources>

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# Milestone Resources

## Milestones

- Milestones FAQ 
- Osteopathic Recognition 
- Osteopathic Recognition Supplemental Guide 
- Osteopathic Recognition Supplemental Guide Template 

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• **Milestones »**

As the ACGME began to move toward its current continuous accreditation model, specialty groups developed outcomes-based Milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

-  [Milestones Guidebook for Residents and Fellows »](#)
-  [Milestones Guidebook for Residents and Fellows Presentation »](#)
-  [Milestones 2.0 Guide Sheet for Residents and Fellows »](#)

https://www.acgme.org/Residents-and-Fellows/The-ACGME-for-Residents-and-Fellows

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# Virtual and Live Educational Opportunities

DEVELOPING  
FACULTY  
COMPETENCIES  
IN ASSESSMENT

A Course to Help  
Achieve the Goals of  
Competency-Based  
Medical Education  
(CBME)



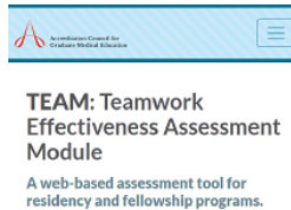
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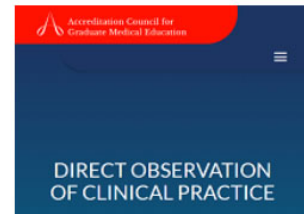


# Assessment Tools

TEAM – Multisource Feedback  
DOCC – Direct Observation



Available for free on Learn at  
ACGME



<https://dl.acgme.org/pages/assessment>

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# MILESTONES

## REPORT 2021



<https://acgme.org/What-We-Do/Accreditation/Milestones/Research>

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<https://meridian.allenpress.com/jgme/issue/13/2s>

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## Here to help

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