

The model curriculum: Assuring quality in postdoctoral osteopathic education

MARJORIE ALSCHULER, Ph.D.
Chicago, Illinois

One year ago, an AOA/ACGP project was described in JAOA (November 1985, pp. 89-91) for the development of a model curriculum for the internship year and the first-year residency in osteopathic general practice. Since then, most of the competency-based modules have been completed, and segments of the curriculum have been pilot tested at two representative osteopathic hospitals.

The Model Curriculum Committee, chaired by Joseph W. Stella, D.O., met on October 17 and 18 of this year to develop guidelines for implementation of the curriculum, which is to be based on the results of the pilot testing, reports from several other programs that have used modules from the curriculum as they were developed, and the AOA and ACGP training requirements. The entire document should be completed by January 31, 1987, to fulfill the contract with the Federal Health Resources and Services Administration.

How will the model curriculum contribute to the quality of osteopathic medical education? In four major ways:

First, the content of the modules is meaningful and up-to-date. Materials have been submitted by osteopathic physicians who are actively teaching in AOA-approved internship and general practice residency programs throughout the country. Considerable care was used in the preparation of these materials, which cover a wide range of competency, attribute, and learning needs. Resources included current textbooks and journal articles, lecture and seminar notes, and clinical experiences applicable to a variety of settings. Many of the contributors had their materials checked by colleagues in the same field, specialty college education committees, and/or general practitioners in their own programs. As each author's material was received, it was checked against several current intern and general practice residency programs, the medical literature, and AOA/ACGP guidelines to assure that critical knowledge, skills, and attributes were not being omitted. It was then adapted to the modular format and submitted to the Model Curriculum Committee for review and revision.

As the modules were being developed, it became obvious that certain ones should be added to the curriculum, while others could be combined to

avoid redundancy. This resulted in an overall reduction in the number of modules described in the November 1985 article. Table 1 presents the revised curriculum format.

Second, the curriculum is designed to integrate consistency in the competency and attribute requirements for all interns and residents with flexibility in the manner in which these qualities are acquired. The value of this adaptability was illustrated in the pilot test of selected segments of the curriculum at two representative osteopathic hospitals, Rocky Mountain Hospital in Denver, Colorado, and Suburban General Hospital in Norristown, Pennsylvania. In one case, the interns and residents spent a month in a substance abuse center within the hospital, interacting with the patients and staff through interview intake, diagnosis, and treatment. The other hospital did not have such a center, but it did provide readings, lectures, and seminars as well as interaction with substance-abusing patients in the hospital, emergency room, and ambulatory clinic. If the interns and residents were interested in further pursuit of the topic, arrangements were made for them to spend some time in a nearby substance abuse program. In both cases, the same critical knowledge, skills, and attitudes were addressed.

Another module, which dealt with the important topics of nutrition and eating disorders, was addressed in a similar manner by both hospitals. The hospital dietitian was given a copy of the module and asked to present a series of lectures and seminars dealing with those topics that would help interns and residents to acquire the necessary learning and attitudinal skills. Once this contact between the housestaff and the dietitian was achieved, many more learning experiences evolved. The interns and residents consulted the dietitian about individual patients, and she gave them additional literature on pertinent topics and took them on nutritional assessment rounds. Other learning experiences related to this module occurred during rotations in pediatrics, geriatrics, and the intensive care unit in the form of lectures, reading materials, and direct patient contact.

Third, the curriculum can be used as a self-study guide by the interns and residents. Each module

contains an evaluation form on which the learner can assess himself/herself on knowledge, skills, and/or experiences in performing or displaying each competency and attribute. Ideally, the learner will begin each new module with a self assessment to point out his/her strengths and weaknesses in that area. This information is shared with the appropriate physician or health professional so that they may map out meaningful learning activities together. In addition, the intern/resident may pursue any of the learning experiences delineated in the module independently by reading articles, following a patient's progress on a long-term basis, conducting a research study, and/or preparing a paper or presentation on a topic of interest. In this way, interns and residents are given more responsibility for their own intellectual growth.

Students who learn independently develop abilities to seek out information and to analyze and apply it to the solution of problems. This is in contrast to the traditional method of requiring students to be passive recipients of information that is to be memorized and then spewed back in an examination. In order to keep abreast of current scientific information and techniques, today's physicians must continually acquire new knowledge and learn new skills. Thus, it is important that these abilities be developed, preferably in medical school but certainly during postdoctoral training. The model curriculum's self-directed competency-based modules provide the opportunity for this requirement to be fulfilled.

During the pilot testing, those interns and residents who chose to use the curriculum as a self-study guide periodically returned to the self-assessment portion to update their progress and set new goals. They recorded many of their learning activities, additional readings, patients seen on a long-term basis, and impressions of these experiences on the pages of the curriculum document. When they felt that they had acquired all of the competencies and attributes, they were evaluated by the appropriate attending physician or the program director. In some cases, they became aware that learning experiences in a particular area continued as they moved from one rotation to another. The nutrition module was a good example of this. With the curriculum in hand as a self-study guide and record, they were able to return to that module and expand their experiences.

Fourth, the curriculum can be used as an implementation guide for new faculty members or new programs. As training programs expand to alternative clinical training sites, it is important that the preceptors at these sites know what knowledge, skills, and attitudes the interns and residents

TABLE 1. REVISED AOA CURRICULUM FORMAT.

Comprehensive patient care

1. Basic medical skills
2. Basic treatment plan
3. Basic osteopathic skills
4. Problem oriented medical record
5. Drugs
6. Patient education, preventive care, fitness
7. Pediatrics/adolescence
8. Geriatrics
9. Obstetrics
10. Women's health
11. Men's health
12. Family
13. Community health issues
14. Preventive and therapeutic nutrition/eating disorders
15. Emergency medical care
16. Clinical and laboratory pathology
17. Diagnostic imaging radiology
18. Anesthesia

Body systems

19. Blood
20. Cardiovascular
21. Dermal
22. Digestive
23. Ear, nose, and throat
24. Endocrine
25. Immune/allergies
26. Joints and connective tissues
27. Musculoskeletal
28. Nervous
29. Ophthalmic
30. Respiratory
32. Urinary
33. Infectious diseases
34. Neoplastic diseases

Psychosocial skills

35. Psychology of medical practice
36. Psychology of health and disease
37. Ethics, humanistic factors
38. Substance abuse

39. Basic surgical skills

- Preoperative and postoperative care
- Minor office surgery

40. Practice management

- Economics of practice/cost containment
- Medicolegal aspects of patient care
- Computer technology

Faculty development

41. Teaching methods/instructional technology
42. Research/continuing education

should acquire in that setting and how they should be evaluated. With the appropriate modules in hand, they will have that information as well as suggested learning activities. Naturally, they should be encouraged to contribute their own ideas to enhance those contained in the modules. Similarly, hospital administrators who wish to start a new program that articulates the internship and the general practice residency could use the curriculum and its guidelines for implementation to plan

and establish their program.

While the pilot testing examined the implementation of just a small portion of the model curriculum, it did indicate that the use of the curriculum would enhance the quality of a postdoctoral program in these ways: (1) by emphasizing important areas that are often overlooked in such programs; (2) by suggesting the use of alternative clinical sites, which would increase the number of available patients by pointing out that health professionals other than physicians can be effective trainers; and (3) by encouraging interns and residents to learn independently.

Although the curriculum document is not quite complete, some programs have started to implement it on a larger scale than the pilot test. These programs' experiences will also be incorporated into the guidelines for implementation of the curriculum before the final draft of the document is submitted.

Dr. Alschuler is the project coordinator, Model Curriculum for the Internship Year and First Year Osteopathic General Practice Residency, American Osteopathic Association, Chicago, Illinois

Dr. Alschuler, 212 E. Ohio, Chicago, Illinois, 60611.