Michigan State University College of Osteopathic Medicine
Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine Residency
( MSU COM NMM/OMM )

Program Description

Program Teaching Faculty

Program Director
Jonathan Bruner, D.O.
Assistant Professor – East Lansing
Board Certified NMM/OMM
MSU Statewide Campus System NMM/OMM Lead Program Director
MSU-COM Department of Osteopathic Manipulative Medicine

Program Preceptor
Lisa A. DeStefano, D.O.
OMM Department Chairperson
Associate Professor – East Lansing
Board Certified FP, NMM/OMM
MSU-COM Department of Osteopathic Manipulative Medicine

Program Preceptor
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Assistant Professor – East Lansing
Board Certified NMM/OMM
East Lansing Student OMM Clinic Coordinator
MSU-COM Department of Osteopathic Manipulative Medicine

Residency Administrative Assistant
Cheryl Neuhardt

Residency Assistant
Michele Benton

Clinic Office Manager
Mary Fuhrman
MISSION STATEMENT
The MSUCOM NMM/OMM Residency Program exists to assist the Resident in developing the necessary knowledge, skills, and values essential to become a competent practitioner, educator and researcher in addressing musculoskeletal problems, somatic dysfunction and Osteopathic Manipulative Treatments. Training will emphasize the development of skills that serve the patients, hospitals, and community and will assist residents to become strong members of the medical profession. Residents will develop communication skills between physicians, patients, government and health care agencies. They also will be provided with the knowledge to make wise economic decisions in order to provide cost-effective, quality NMM/OMM. We will work to advance training by utilizing faculty that meet their defined responsibilities.

DESCRIPTION OF FACILITIES
1. Residency Facilities
   a. Eyde Building
      i. OMM Clinic with 23 patient rooms, a conference room, a resident office/study space and a break room.
   b. OMM Labs
      i. D9 – Full Audio/Visual Capabilities, 34 Electric OMT Tables
      ii. E106 – Full Audio/Visual Capabilities, 56 Electric OMT Tables
2. Metro Health Hospital
   a. Metro Health Hospital is a 208-bed general acute-care osteopathic teaching hospital that serves more than 130,000 patients in Kent County and the surrounding Grand Rapids area.
3. Mercy Hospital
   a. Mercy Health Muskegon has five main locations, including four hospitals, with some 21,000 inpatient discharges and 137,000 emergency/urgent care visits annually. The organization employs 375 physicians and offers a number of exclusive specialty physician care services for the region.
4. McLaren Lansing
   a. 378 bed hospital that serves the Ingham County and Lansing areas.

RESIDENCY GOALS AND OBJECTIVES
1. To meet the standards set by the American Academy of Osteopathy and to provide the requirements necessary for certification in NMM/OMM by the American Osteopathic Association.
2. To develop diagnostic skills and knowledge necessary for excellence in NMM/OMM.
3. To provide a setting in which the residents may assume increasing responsibility for patient care, such that each will be capable of complete NMM/OMM patient management at the end of the program.
4. To provide opportunities for active participation in teaching and learning.
5. To provide residents the opportunity to gain the essential psychological and interpersonal skills necessary for effective communication with patients, family, colleagues and allied health personnel.
6. To provide knowledge of non-clinical but related areas such as practice management, resource utilization, leadership and management skills.
7. To provide adequate training in other supportive fields of medicine that is necessary for well-qualified NMM/OMM specialists.
8. To enhance skills to best access and contribute to continuing medical education.
9. To develop an understanding of and an ability to perform a critical appraisal of medical literature and to perform research in NMM/OMM.

RESIDENCY EXPECTATIONS AND DUTIES:
1. HOURS: Residency hours are from 8AM-5PM Monday through Friday and any additional time the Program Director sees fit. This additional time will include Student OMM Clinic, Stress Fracture Study, etc. Residents are expected to check and abide by the residency schedule (http://public.ical-mac.com/msunnmm/week.php). You shall document these hours for each month on a written form and not exceed work hour restrictions.
   a. Continuity clinics will average at least three 1/2 days per week. Resident will be responsible for their own patient load under the supervision of an NMM/OMM specialist. Residents are expected to use
the MSU EMR to monitor their schedule.

b. Rotations will average four ½ days per week. When your rotation is not available it is expected you will work with a physician in the OMM clinic. If this is not possible, then work should be done on research or other residency related activities.

c. OMM Lab is Tuesday and Thursday from 1-5PM. When not teaching the Resident will either be in clinic or have time for research.

d. Participation in Stress Fracture Study is required. Schedule is to be determined by the Chief Resident.

e. Attendance at OMM Student Clinic is required. Schedule to be determined by the Chief Resident

f. Weekly Didactics (4 hours) are required. Schedule to be determined by the Chief Resident.

2. CONTINUITY CLINICS:

a. The resident will be responsible for outpatient services at the OMM Clinic.

b. They will uphold all MSU HealthTeam policies.

i. Please review MSU’s policies: http://www.hr.msu.edu/documents/index.htm

c. EMR

i. All Residents are required to participate in EMR training. This will be scheduled through the MSU OMM Office Manager

d. Charting and dictation will be prompt and articulate as per HealthTeam policy.

e. Billing and coding will be subject to internal audits as per HealthTeam policy.

f. Patient logs will be kept up to date.

i. These should be submitted to the Administrative Assistant

ii. The Resident should not be more than 1 MONTH late with submissions.

g. Supervision

i. Supervision of residents will be provided on a graduated basis based on evaluation of individual knowledge and skill.

ii. The supervising physician shall be responsible for determining the activities the trainee will be allowed to perform within assigned levels of responsibility and for being available to the trainee.

iii. At the same time, the trainee shall be responsible for seeking consultation when it is clinically indicated.

iv. Trainees are responsible to the program director and supervising physicians for assignment of responsibility, supervision and evaluation.

v. Residents shall participate in supervision of other trainees at lower levels of OGME or medical students in their respective specialties.

3. ROTATIONS: Curriculum is designed by the NMM/OMM Program Director to meet AOA Basic Standard Documents for the NMM/OMM program and provide the necessary education to become an excellent NMM/OMM physician.

a. Rotation evaluations and evaluations of the Resident are required for each rotation.

i. These should be submitted to the Administrative Assistant

ii. The Resident should not be more than 1 MONTH late with submissions.

b. Complete the educational goals and objectives of all Rotations.

4. OMM LAB: Residents will serve as a table trainer and lecturer to first and second-year students at the College of Osteopathic Medicine throughout their program.

a. You should have in depth knowledge of the day’s material and be able to convey this information to the students.

b. It is expected you will do all of the assigned reading prior to each lab. PGY-1 will give 1 lecture, PGY-2 will give 2 lectures and PGY-3 will give 3 lectures.

c. You are expected and needed to be in Lab and should only be missed under extenuating circumstances.

5. MSU CME COURSES: These required courses are in East Lansing and include Muscle Energy, Cranial 1 and Exercise Prescription. Courses will be arranged through the Residency Assistant. Residents are not to contact the CME office directly. These courses do not come out of the Residency CME budget and are considered Residency requirements, so no vacation time is needed.

6. ADDITIONAL CME:

a. $3,000.00 per academic year

i. Limited to $500.00 for Books/Software/Other Resources

b. MUST Attend AAO Convocation (4 Days Off)
i. Takes place in March
ii. Completion of the Resident In-service Exam is Required (Register with Administrative Assistant)
iii. Attendance at the PAAO Business Lunch is Required
iv. Resident will take an active role in the PAAO and attempt to be a member of the board or a committee.
v. Submit all receipts to Administrative Assistant following the meeting for reimbursement.
c. Remaining money may be spent on CME Courses, as approved by the Program Director, and Travel Expenses.

7. EDUCATIONAL ACTIVITIES: The resident shall attend at least 80% of all required meetings, educational lectures and activities to which he/she may be assigned. This includes Didactics and Journal Clubs.
   a. MSU SCS NMM/OMM DIDACTICS: Attendance is required. Usually on the 3rd Friday of the month, but see official schedule for exact dates
   b. MSU SCS JOURNAL CLUB: Meet once per month. Attendance is required.
      i. Completion of Journal/Research Modules 1-5 is required: http://scs.msu.edu/media/jcs/
   c. SAAO Lectures (1 Hour)
      i. At noon and to be scheduled by Chief Resident

8. SCHOLARLY ACTIVITY:
   a. A minimum of 2 major or 1 major and 2 minor scholarly activities are required prior to graduation. Other activities may be accepted on an individual basis at the discretion of the Program Director. Scholarly activities shall be well documented to include dates, locations and details.
   
   i. Major Scholarly Activities:
      1. Serving as chair or vice chair of a national, regional or state medical society committee.
      2. Serving as an active member of a committee of a national, regional or state medical association.
      3. Submission of original research or review article in peer-reviewed medical or scientific journal, or chapter in medical textbook.
      4. Receipt of grant funding for medical, educational or service research.
      5. Member of an editorial review board of a national, regional or state peer-reviewed publication.
      6. Participation in item writing or as an examiner for a national medical board (≥10 questions).
      7. Presentation at a national, regional or state CME meeting or seminar.
      8. Presentation at a national, regional or state professional meeting or conference.
   
   ii. Minor Scholarly activities shall be defined as:
      1. Research projects currently in progress. The study has been approved by IRB and data-collection actively occurring.
      2. Submission of grant funding request material for medical, educational or service research.
      3. Serve in the capacity as an active judge (or evaluator) at a national, regional or state academic meeting.
      4. Participation in item writing or as an examiner for a national medical board (<10 questions).
      5. Submission of a case study to a medical or scientific journal.
   
   a. RESIDENCY PAPER:
      i. A paper, based on a clinical topic of the resident’s choice, having the program director’s approval, must be completed prior to 5/1 of the Resident’s last year.
      ii. It must be publishable.
      iii. Credit shall be properly given to the resident and to all members of the Department participating in the development of the manuscript.
      iv. Failure to submit on time will delay Program Director approval and therefore delay board eligibility and possibly graduation.

9. REQUIRED READING: All readings in the course protocol for each OMM Lab. Also, required reading will be assigned for Didactic, Journal Clubs, etc.
   a. Each Resident will also be responsible for reading one publication authored by Dr. A.T. Still per Year

10. HEALTH CARE PROMOTION
a. Completion of Module is required: [https://scs.msu.edu/mm/pcm/](https://scs.msu.edu/mm/pcm/)

11. PRACTICE MANAGEMENT/BILLING & CODING
   a. Attendance at Yearly SCS “Practice Management” Course is required
   b. Formal Review during Orientation

12. DRESS CODE:
   a. Clinic:
      i. Business Casual Wear
   b. Lecture Presenter
      i. Informal Dress Wear

13. MEMBERSHIP is required to the following groups:
   c. AOA
   d. AAO (PAAO)

CURRICULUM/RESIDENCY ROTATIONS
The discipline of NMM/OMM emphasizes concepts and principles that focus on the Neuromusculoskeletal system in relationship to health and disease. The emphasis of this curriculum is to highlight development of differential diagnostic skills in complex situations and meet the Residency requirements.

SAMPLE SCHEDULES

<table>
<thead>
<tr>
<th>OGME-2 YEAR (Months)</th>
<th>OGME-3 YEAR (Months)</th>
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</thead>
<tbody>
<tr>
<td>Pediatrics (1)</td>
<td>Family Medicine (1)</td>
</tr>
<tr>
<td>PM&amp;R (1)</td>
<td>Orthopedics – Sports (1)</td>
</tr>
<tr>
<td>Radiology (1)</td>
<td>Sports Medicine (1)</td>
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<tr>
<td>Orthopedics – Spine (1)</td>
<td>Neurology (1)</td>
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<tr>
<td>Pain Management (1)</td>
<td>OB/GYN (1)</td>
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<tr>
<td>Inpatient – McLaren Lansing (1)</td>
<td>Inpatient – McLaren Lansing (1)</td>
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<td>Inpatient – Mercy Hospital (1)</td>
<td>Inpatient – Metro Hospital (1)</td>
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<td>Internal Med/Rheumatology (1)</td>
<td>Elective (2)</td>
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<td>Elective (1)</td>
<td>MSU NMM/OMM (3)</td>
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<td>MSU NMM/OMM (3)</td>
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Elective rotations are to always be approved by the Program Director. 1 Elective must be involving primarily NMM/OMM. Electives are to be scheduled at least 3 months in advance.

ROTATION GOALS AND OBJECTIVES
Pediatric Rotation for NMM/OMM Residents

The main purpose of this rotation is to provide the resident with exposure to common neuromusculoskeletal issues associated with Pediatric patients. Also to provide familiarity with the diagnosis and management of common Pediatric conditions as well as health care maintenance and disease prevention in the outpatient setting. This rotation will be done with a Pediatrician as well as one half day per week with Dr. DeStefano seeing Pediatric patients in the MSU OMM Clinic.

Recommended Competencies:

Knowledge:
- OMM’s roll in Pediatric care
- Common Musculoskeletal problems in Pediatric patient
- Acceptable pharmaceutical management of pain in the Pediatric patient
- How to work up and manage Pediatric patients with Musculoskeletal problems

Skills:
- Osteopathy in the Cranial Field

Professionalism:
- Demonstrates respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrates sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues
- Adheres to the principles of confidentiality and informed consent
- Effectively establish rapport with patients and families and initiates communication with them on a regular basis
- Displays support and empathy to patients and families
- Demonstrates respect
- Residents will be prepared and on time.
- Residents will perform all tasks asked of them in an appropriate time frame.

Pediatric Resources
Text:

Websites:
http://www.aobp.org/
Physical Medicine and Rehabilitation Rotation for NMM/OMM Residents

I. Goals:
Knowledge: While on rotation, the Resident will work with Attending Physicians to learn and enhance their ability to diagnose and treat common musculoskeletal problems including referral patterns, ligamentous injuries and discogenic pain.

Common Patient Complaints include both Acute and Chronic: Headache, Cervicalgia, Thoracic Pain, Lumbago, Myalgias, Extremity Pain (radiculopathy), Myofascial Pain Syndromes, Fibromyalgia and Leg Length Discrepancies

Skills: Residents will develop their diagnostic skills while on rotation. They will also be comfortable with trigger point injections.

Attitudes: Residents will be expected to act professional, courteous and as a team in the best interest of patient care.

II. Objectives:
Residents will be expected to progress through the following areas:

III. Patient Care
IV. Subjective: Resident will ask appropriate questions to elicit a detailed history that allows them to reach a diagnosis.
Objective: Residents will be comfortable with appropriate diagnostic testing to illicit the appropriate diagnosis.
Assessment: Residents will come to a logical and defendable Assessment based on the Subjective and Objective information.
Plan: Residents will be able to develop an appropriate plan based on their assessment.

V. Communications
Patient: Will effectively elicit a history from the patient. They will act compassionately towards patient’s feelings and needs. They will also take the time to sufficiently educate patients on their diagnoses, treatments and procedures.
Record: Residents will legibly document on the appropriate forms for patient encounters. They will also learn to bill correctly.
Attendings: Residents will effectively communicate patient encounters to Attending Physicians.

VI. Systems Based Practice
Cost Effectiveness: Residents will show concern and interest for cost-effective patient care

Health Team: Involves other personnel in the diagnostic and therapeutic care plan; understands that appropriate role of other health care personnel in the care of patients.

VII. Professionalism
Residents will be prepared and on time. Residents will perform all tasks asked of them in an appropriate time frame.

VIII.
IX. Teaching Methods:
1. Supervised Patient Care
2. Assigned Readings
3. Attending Physician Feedback
X. Evaluation:
   1. Feedback from Attendings
   2. Rotation Evaluation

Radiology Rotation for NMM/OMM Residents

XI. Goals:
Knowledge: While on rotation, the Resident will work with Attending Physicians to learn and enhance their ability to diagnose common MSK problems on plain film xray, MRI and CT.


Skills: Residents will develop their ability to read Radiologic Studies

Attitudes: Residents will be expected to act professional, courteous and as a team in the best interest of patient care.

XII. Objectives:
Residents will be expected to progress through the following areas:

XIII. Patient Care
   XIV. Subjective: Resident will ask appropriate questions to elicit a diagnosis.
   Objective: Residents will be comfortable with reading images to illicit the appropriate diagnosis.
   Assessment: Residents will come to a logical and defendable Assessment based on the information.
   Plan: Residents will be able to develop appropriate recommendations based on their assessment.

XV. Communications
   Record: Residents will legibly document on the appropriate forms. They will also learn to bill correctly.
   Attendings: Residents will effectively communicate findings to Attending Physicians.

XVI. Systems Based Practice
   Cost Effectiveness: Residents will show concern and interest for cost-effective patient care

   Health Team: Involves other personnel in the diagnostic and therapeutic care plan; understands that appropriate role of other health care personnel in the care of patients.

XVII. Professionalism
   Residents will be prepared and on time. Residents will perform all tasks asked of them in an appropriate time frame.

XVIII. Teaching Methods:
   1. Supervised Patient Care
   2. Assigned Readings
   3. Attending Physician Feedback

XX. Evaluation:
   1. Feedback from Attendings
   2. Rotation Evaluation
Orthopedic- Spine Rotation for NMM/OMM Residents

XXI. **Goals:**
Knowledge: While on rotation, the Resident will work with Attending Physicians to learn and enhance their ability to diagnose and treat common orthopedic spinal problems including spinal stenosis, radiculopathy, cauda equina syndrome and discogenic related pain.

Common Patient Complaints include both Acute and Chronic: Cervicalgia, Thoracic Pain, Lumbago, Myalgias, Extremity Pain (radiculopathy) and Myofascial Pain Syndromes

Skills: Residents will develop their diagnostic skills while on rotation.

Attitudes: Residents will be expected to act professional, courteous and as a team in the best interest of patient care.

XXII. **Objectives:**
Residents will be expected to progress through the following areas:

XXIII. **Patient Care**
XXIV. Subjective: Resident will ask appropriate questions to elicit a detailed history that allows them to reach a diagnosis.
Objective: Residents will be comfortable with appropriate diagnostic testing to illicit the appropriate diagnosis.
Assessment: Residents will come to a logical and defendable Assessment based on the Subjective and Objective information.
Plan: Residents will be able to develop an appropriate plan based on their assessment.

XXV. **Communications**
Patient: Will effectively elicit a history from the patient. They will act compassionately towards patient’s feelings and needs. They will also take the time to sufficiently educate patients on their diagnoses, treatments and procedures.
Record: Residents will legibly document on the appropriate forms for patient encounters. They will also learn to bill correctly.
Attendings: Residents will effectively communicate patient encounters to Attending Physicians.

XXVI. **Systems Based Practice**
Cost Effectiveness: Residents will show concern and interest for cost-effective patient care

Health Team: Involves other personnel in the diagnostic and therapeutic care plan; understands that appropriate role of other health care personnel in the care of patients.

XXVII. **Professionalism**
Residents will be prepared and on time. Residents will perform all tasks asked of them in an appropriate time frame.

XXVIII. **Teaching Methods:**
4. Supervised Patient Care
5. Assigned Readings
6. Attending Physician Feedback
XXX. Evaluation:
   3. Feedback from Attendings
   4. Rotation Evaluation

Pain Management Rotation for NMM/OMM Residents

The main purpose of this rotation is to provide the resident with exposure to pharmaceutical management of neuromusculoskeletal issues. Also to provide familiarity with epidural and facet injections, as well as rhizotomies.

Recommended Competencies:

Knowledge:
   • Pain management using current standards of traditional medical care
   • Familiarity with different injection techniques and options
   • Diagnosis of facet vs. discogenic pain

Professionalism:
   • Demonstrates respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
   • Demonstrates sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues
   • Adheres to the principles of confidentiality and informed consent
   • Effectively establish rapport with patients and families and initiates communication with them on a regular basis
   • Displays support and empathy to patients and families
   • Demonstrates respect
   • Residents will be prepared and on time.
   • Residents will perform all tasks asked of them in an appropriate time frame.

Resources
Text:
Philidelphia: Lippincott Williams & Wilkins, 2010

Websites:
http://www.acopms.com/
Inpatient (Ingham, Mercy or Metro) Rotation for NMM/OMM Residents

XXXI. **Goals:**
Knowledge: While on rotation, the Resident will work with Attending Physicians to learn and enhance their ability to diagnose and treat common inpatient issues related to somatic dysfunction.

Common Patient Encounters include Post-Op Orthopedic, Post-Op Cardiothoracic Surgery, Back Pain, Lymphedema, COPD Exacerbation, Pneumonia, Obstetric and Newborn patients.

Skills: Residents will develop their diagnostic skills while on rotation.

Attitudes: Residents will be expected to act professional, courteous and as a team in the best interest of patient care.

XXXII. **Objectives:**
Residents will be expected to progress through the following areas:

XXXIII. **Patient Care**
   XXXIV. Subjective: Resident will ask appropriate questions to elicit a detailed history that allows them to reach a diagnosis.
   Objective: Residents will be comfortable with appropriate diagnostic testing to illicit the appropriate diagnosis.
   Assessment: Residents will come to a logical and defendable Assessment based on the Subjective and Objective information.
   Plan: Residents will be able to develop an appropriate plan based on their assessment.

XXXV. **Communications**
Patient: Will effectively elicit a history from the patient. They will act compassionately towards patient’s feelings and needs. They will also take the time to sufficiently educate patients on their diagnoses, treatments and procedures.
Record: Residents will legibly document on the appropriate forms for patient encounters. They will also learn to bill correctly.
Attendings: Residents will effectively communicate patient encounters to Attending Physicians.

XXXVI. **Systems Based Practice**
Cost Effectiveness: Residents will show concern and interest for cost-effective patient care.

Health Team: Involves other personnel in the diagnostic and therapeutic care plan; understands that appropriate role of other health care personnel in the care of patients.

XXXVII. **Professionalism**
Residents will be prepared and on time. Residents will perform all tasks asked of them in an appropriate time frame.

XXXVIII. **Teaching Methods:**
7. Supervised Patient Care
8. Assigned Readings
9. Attending Physician Feedback
XL. **Evaluation:**
5. Feedback from Attendings
6. Rotation Evaluation

Internal Medicine/Rheumatology Rotation for NMM/OMM Residents

The main purpose of this rotation is to provide the resident with exposure to management of Rheumatologic diseases, including but not limited to Osteoarthritis, Rheumatoid Arthritis, Spondyloarthropathies, Joint Pain, Fibromyalgia/Chronic Fatigue Syndrome, Osteopenia/Osteoporosis.

Recommended Competencies:

Knowledge:
- Diagnosis and understanding of the pathogenesis of common Rheumatologic Diseases
- Familiarity with different injection techniques and options
- Familiarity with management of Rheumatological Diseases

Professionalism:
- Demonstrates respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrates sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues
- Adheres to the principles of confidentiality and informed consent
- Effectively establish rapport with patients and families and initiates communication with them on a regular basis
- Displays support and empathy to patients and families
- Demonstrates respect
- Residents will be prepared and on time.
- Residents will perform all tasks asked of them in an appropriate time frame.

Resources

Text:
Philadelphia: Lippincott Williams & Wilkins, 2010

Klippel, J.H.; Stone, J.H.; Crofford, L.e.J.; White, P.H. (Eds.)
Primer on the Rheumatic Diseases. Arthritis Foundation, 2001

Websites:
https://www.rheumatology.org/
Family Practice Rotation for NMM/OMM Residents

The main purpose of this rotation is to provide the resident with exposure to management of somatic dysfunction and musculoskeletal problems in the Family Practice setting.

Recommended Competencies:

Knowledge:
- Diagnosis and understanding of the pathogenesis of common musculoskeletal problems
- Familiarity with different injection techniques and options
- Familiarity with management of common diagnoses found in the Family Practice setting.

Professionalism:
- Demonstrates respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrates sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues
- Adheres to the principles of confidentiality and informed consent
- Effectively establish rapport with patients and families and initiates communication with them on a regular basis
- Displays support and empathy to patients and families
- Demonstrates respect
- Residents will be prepared and on time.
- Residents will perform all tasks asked of them in an appropriate time frame.

Resources
Text:
Philadelphia: Lippincott Williams & Wilkins, 2010

Websites:
http://www.acofp.org/
Orthopedic- Sports Rotation for NMM/OMM Residents

XLI. **Goals:**
Knowledge: While on rotation, the Resident will work with Attending Physicians to learn and enhance their ability to diagnose and treat common orthopedic sports problems including shoulder pain, hip pain and knee pain. They will also become familiar with joint replacement and arthroscopic surgery.

Skills: Residents will develop their diagnostic skills while on rotation.

Attitudes: Residents will be expected to act professional, courteous and as a team in the best interest of patient care.

XLII. **Objectives:**
Residents will be expected to progress through the following areas:

XLIII. **Patient Care**
XLIV. Subjective: Resident will ask appropriate questions to elicit a detailed history that allows them to reach a diagnosis.
Objective: Residents will be comfortable with appropriate diagnostic testing to illicit the appropriate diagnosis.
Assessment: Residents will come to a logical and defendable Assessment based on the Subjective and Objective information.
Plan: Residents will be able to develop an appropriate plan based on their assessment.

XLV. **Communications**
Patient: Will effectively elicit a history from the patient. They will act compassionately towards patient’s feelings and needs. They will also take the time to sufficiently educate patients on their diagnoses, treatments and procedures.
Record: Residents will legibly document on the appropriate forms for patient encounters. They will also learn to bill correctly.
Attendings: Residents will effectively communicate patient encounters to Attending Physicians.

XLVI. **Systems Based Practice**
Cost Effectiveness: Residents will show concern and interest for cost-effective patient care.
Health Team: Involves other personnel in the diagnostic and therapeutic care plan; understands that appropriate role of other health care personnel in the care of patients.

XLVII. **Professionalism**
Residents will be prepared and on time. Residents will perform all tasks asked of them in an appropriate time frame.

XLVIII. **Teaching Methods:**
10. Supervised Patient Care
11. Assigned Readings
12. Attending Physician Feedback
L. **Evaluation:**
7. Feedback from Attendings
8. Rotation Evaluation

Sports Medicine Rotation for NMM/OMM Residents

II. **Goals:**
Knowledge: While on rotation, the Resident will work with Attending Physicians to learn and enhance their ability to diagnose and treat common Sport Medicine problems including Muscle strain/tear, Ligamentous sprain/tear, sports-injury instability and sports-injury related pain.

Common Patient Complaints include both Acute and Chronic: Cervicalgia, Thoracic Pain, Lumbago, Myalgias, Extremity/Joint Pain and Joint Instability

Skills: Residents will develop their diagnostic skills while on rotation.

Attitudes: Residents will be expected to act professional, courteous and as a team in the best interest of patient care.

II. **Objectives:**
Residents will be expected to progress through the following areas:

LIII. **Patient Care**
LIV. Subjective: Resident will ask appropriate questions to elicit a detailed history that allows them to reach a diagnosis.
Objective: Residents will be comfortable with appropriate diagnostic testing to illicit the appropriate diagnosis.
Assessment: Residents will come to a logical and defendable Assessment based on the Subjective and Objective information.
Plan: Residents will be able to develop an appropriate plan based on their assessment.

LV. **Communications**
Patient: Will effectively elicit a history from the patient. They will act compassionately towards patient’s feelings and needs. They will also take the time to sufficiently educate patients on their diagnoses, treatments and procedures.
Record: Residents will legibly document on the appropriate forms for patient encounters. They will also learn to bill correctly.
Attendings: Residents will effectively communicate patient encounters to Attending Physicians.

LVI. **Systems Based Practice**
Cost Effectiveness: Residents will show concern and interest for cost-effective patient care

Health Team: Involves other personnel in the diagnostic and therapeutic care plan; understands that appropriate role of other health care personnel in the care of patients.

LVII. **Professionalism**
Residents will be prepared and on time. Residents will perform all tasks asked of them in an appropriate time frame.

LVIII. **Teaching Methods:**
13. Supervised Patient Care
Assigned Readings
Attending Physician Feedback

LX. Evaluation:
9. Feedback from Attendings
10. Rotation Evaluation

Neurology Rotation for NMM/OMM Residents

LXI. Goals:
Knowledge: While on rotation, the Resident will work with Attending Physicians to learn and enhance their ability to diagnose and treat common neurological problems including headaches and radicular pain. It will also be important to gain knowledge and recognize other neurology-specific problems such as multiple sclerosis, stroke and epilepsy to facilitate appropriate diagnosis and referral.

Common Patient Complaints include both Acute and Chronic: Headache, Visual disturbance, Myalgias, Extremity Pain (radiculopathy or neuropathy), Weakness, Poor balance and coordination, Seizures, Memory problems

Skills: Residents will develop their diagnostic skills while on rotation.

Attitudes: Residents will be expected to act professional, courteous and as a team in the best interest of patient care.

LXII. Objectives:
Residents will be expected to progress through the following areas:

LXIII. Patient Care
LXIV. Subjective: Resident will ask appropriate questions to elicit a detailed history that allows them to reach a diagnosis.

Objective: Residents will be comfortable with appropriate diagnostic testing to illicit the appropriate diagnosis.

Assessment: Residents will come to a logical and defendable Assessment based on the Subjective and Objective information.

Plan: Residents will be able to develop an appropriate plan based on their assessment.

LXV. Communications
Patient: Will effectively elicit a history from the patient. They will act compassionately towards patient’s feelings and needs. They will also take the time to sufficiently educate patients on their diagnoses, treatments and procedures.

Record: Residents will legibly document on the appropriate forms for patient encounters. They will also learn to bill correctly.

Attendings: Residents will effectively communicate patient encounters to Attending Physicians.

LXVI. Systems Based Practice
Cost Effectiveness: Residents will show concern and interest for cost-effective patient care.

Health Team: Involves other personnel in the diagnostic and therapeutic care plan; understands that appropriate role of other health care personnel in the care of patients.

LXVII. Professionalism
Residents will be prepared and on time. Residents will perform all tasks asked of them in an appropriate time frame.

LXVIII. Teaching Methods:
LXIX. Supervised Patient Care
Obstetrics and Gynecology Rotation for NMM/OMM Residents

The main purpose of this rotation is to provide the resident with exposure to common neuromusculoskeletal issues associated with women’s health and a better understanding of pelvic anatomy through gynecological procedures. Also to provide familiarity with the diagnosis and management of common obstetric and gynecologic conditions as well as health care maintenance and disease prevention for women in the outpatient setting.

Recommended Competencies:

Knowledge:
- Recognize a high-risk pregnancy.
- Have an understanding of published guidelines addressing health maintenance and preventive care across a woman’s lifetime. Specifically bone density issues
- Understand acceptable pharmaceutical pain management in OB patients.
- Understand management and prevention of Osteoporosis

Skills:
- Recommended Procedures to do:
  - Scrub in to (Visualize Anatomy):
    - Abdominal Hysterectomy
    - C-Section
    - Tubal Ligation

Professionalism:
- Demonstrates respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrates sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues
- Adheres to the principles of confidentiality and informed consent
- Effectively establish rapport with patients and families and initiates communication with them on a regular basis
- Displays support and empathy to patients and families
- Demonstrates respect
- Residents will be prepared and on time.
- Residents will perform all tasks asked of them in an appropriate time frame.

Obstetrics and Gynecology Resources
Text:
Phillidelphia: Lippincott Williams & Wilkins, 2010
OTHER TEACHING FACULTY

Pediatrics
Christopher Pohlod, D.O.
Pediatrics Board Certified
1600 W Grand River Ave, Ste. 2
Okemos, MI 48864

Physical Medicine & Rehabilitation
Ryan O’Connor, D.O.
PMR Board Certified
4660 S. Hagadorn Rd. #510 Eyde
East Lansing, MI 48823

Radiology
Suresh K. Mukherji, M.D., M.B.A., F.A.C.R.
Radiology Board Certified
846 Service Road
East Lansing, MI 48824

Orthopedics/Spine
Lawrence Mysliwiec, D.O.
Orthopedics Board Certified
4660 S. Hagadorn Rd. #510 Eyde
East Lansing, MI 48823

Pain Management
Doug Bez, D.O.
Anesthesiology and Pain Mgmt Board Certified
2720 S Washington, Ste. 205
Lansing, MI 48910

OMM/NMM Inpatient - McLaren
Sherman Gorbis, D.O. FAAO
401 W. Greenlawn
Lansing, MI 48910

OMM/NMM Inpatient - Mercy Health
Amelia Bueche, D.O.
NMM/OMM Board Certification
Information Technology 1500 E Sherman Blvd.
Muskegon, MI

Internal Medicine/Rheumatology
Justus Fiechtner, MD
IM and Rheumatology Board Certified
3394 E Jolly Rd, Ste C

Lansing, MI 48910

Family Practice
David Grimshaw, D.O.
FP and NMM/OMM Board Certified
4655 Dobie Rd
Okemos, MI 48864

Orthopedics - Sports
John Sauchak, DO
Orthopedic Board Certified
830 W Lake Lansing, Ste. 190
East Lansing, MI 48823

Sports Medicine
Jeff Kovan, D.O.
FP and Sports Medicine Board Certified
4660 S. Hagadorn Rd., Ste. 420
East Lansing, MI 48823

Neurology
Rany Aburashed, D.O.
Neurology Board Certified
503 E. Main St.
Owosso, MI 483367

OB/GYN
Grace Gibbs, D.O.
OBGYN Board Certified
2104 Jolly Rd., Ste 220
Okemos, MI 48864

NMM/OMM Inpatient – Metro
Darren Grunwaldt, D.O.
FP and NMM/OMM Board Certified
5900 Byron Center Avenue
Wyoming, MI 49519

Jacob Rowan, D.O.
PMR Board Certified
MSU OMM

Peter Blakmore, D.O.
NMM/OMM Board Certified
MSU OMM

Mathew Zatkin, D.O.
CORE COMPETENCY PLAN

July 1st, 2013

Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine Residency AOA CORE Competency Training Plan

1. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**: NMM/OMM 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. The intern/resident:
   a. Understands and appropriately articulates osteopathic principles and philosophy through body unity, structure/function and self-regulation in regards to clinical patient care.
   b. Can effectively evaluate and document an osteopathic structural exam.
   c. Demonstrates an understanding of osteopathic treatment modalities such as: Soft Tissue, Muscle Energy, Myofascial Release, Counterstrain, HVLA, Joint Articulation, Cranial Technique, and Indirect/Direct Balancing.
   d. Appropriately integrates osteopathic concepts and OMT into the medical care he/she provides to the patient as appropriate.
   e. Effectively performs and documents osteopathic treatment when indicated.

2. This competency is not to be evaluated separately but its teaching and evaluation in the training program shall occur through Competencies 2-7 into which this competency has been fully integrated.

3. **Medical Knowledge and its Application Into Osteopathic Medical Practice**: NMM/OMM residents are expected to demonstrate and apply integrative knowledge of accepted standards of clinical medicine and OPP and how it relates to NMM/OMM, remain current with new developments in medicine, and participate in life-long learning activities, including research. The intern/resident:
   a. Demonstrates competency in the understanding and application of clinical medicine to osteopathic patient care.
   b. Knows and applies the foundations of clinical and behavioral medicine appropriate to his/her discipline with application of all appropriate osteopathic correlations.
   c. Demonstrates knowledge of the patho-physiology of common disease processes.
   d. Effectively interprets diagnostic studies and incorporates them into the treatment plan.
   e. Demonstrates the use of reference material and scientific reading in explaining the basis for decision-making on a case in regards to management.

4. This competency is met through: Passing in-service examinations. Demonstrated clinical decision making and problem solving abilities in the hospital and ambulatory clinics, attended resident didactics, grand rounds, bedside teaching, directed reading program, journal club,

OPP/OMT lectures/workshops, monthly service evaluations (Self, peer, staff and faculty), quarterly evaluations/reviews.

The OPP portion of this competency is met through:

Performing critical appraisals of medical literature related to OMT/OPP through journal clubs, attending Statewide Campus System educational NMM/OMM Meetings, demonstrating increased responsibility for the incorporation of osteopathic concepts in patient management, using caring compassionate behavior and touch with patients,
treating people rather than symptoms, emphasizing listening skills in patient interactions, demonstrating understanding of somatovisceral relationships and the role of the musculoskeletal system in disease, participation in OMM Lab, all via direct observation by faculty, monthly rotation evaluations, patient feedback, patient care and procedure logs, in-service examinations, and 360 degree evaluations.

3. Osteopathic Patient Care:

Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventative medicine and health promotion. The intern / resident:

a. Gathered accurate, essential information from all sources, including medical interviews, osteopathic physical and structural examinations as indicated, medical records, diagnostic/therapeutic plans, and treatments.
b. Validated competency in the performance of diagnosis, osteopathic and other treatment and procedures appropriate to his/her medical specialty.
c. Provided health care services consistent with osteopathic philosophy, including preventive medicine and health promotion based on current scientific evidence.
d. Appropriately manages the patients case and medical condition through the use of lab, x-ray, medication, and pharmacologic agents, consultation / referrals and other ancillary services.
e. Effectively educates and counsels patients regarding the patients medical condition and treatment options, including side effects, risks, patient safety issues and other concerns.
f. Gives a quality case presentation that is efficient and organized in the use of time.

This competency is met through:

The resident is routinely observed by faculty, peers and staff for assessment of his / her performance of medical interviewing techniques and effective patient management in the hospital at bedside and in the ambulatory site, monthly service evaluations (self, peer, staff and faculty), quarterly reviews with examples of chart notes are reviewed along with procedure log documentation and reading, attended resident didactics, journal club intern with presentations and review of the scientific literature, online intranet patient safety and HIPAA education.

The osteopathic portion of this competency is met through:

Performing OMT through the assessment of his/her diagnostic skills, medical knowledge, and problem-solving abilities, performing critical appraisals of medical literature related to OMT/OPP through journal clubs, completing, attending Statewide Campus System NMM/OMM Meetings, demonstrating increased responsibility for the incorporation of osteopathic concepts in patient management, using caring compassionate behavior and touch with patients, treating people rather than symptoms, emphasizing listening skills in patient interactions, demonstrating understanding of somatovisceral relationships and the role of the musculoskeletal system in disease, all via direct observation by faculty, monthly rotation evaluations, patient feedback, patient care and procedure logs, in-service examinations, and 360 degree evaluations.

4. Interpersonal and Communication Skills in Osteopathic Medical Practice: Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the health care teams. The Intern / Resident:
   a. Demonstrated effectiveness in developing appropriate doctor – patient relationships.
   b. Exhibited effective listening, written, and oral communication skills in professional interactions with patients, families, and other health care professionals.
   c. Provides and maintains comprehensive, legible and timely medical records.

5. This competency is met through: The Resident is routinely observed by faculty, peers and staff, for assessment of his / her performance of interpersonal and communication skills used in effective patient management in the hospital at bedside and in the office ambulatory site, monthly service evaluations (self,
peer, staff, and faculty), quarterly reviews with examples of chart notes are reviewed along with documentation and reading, attended resident didactics, journal club education with presentations and review of the scientific literature is evaluated. On line intranet HIPAA education is given with on line testing afterward. Workshops on verbal, nonverbal, and culturally sensitive communication with patients are also given to the intern / resident. The osteopathic portion of this competency is met through: Demonstrating the treatment of people rather than symptoms, knowledge of and behavior in accordance with the Osteopathic Oath and AOA Code of Ethics, listening skills in patient interactions, and compassionate behavior and touch with patients (via direct observation, rotation evaluations, patient feedback, patient care and procedure logs, in-service examinations, and 360 degree evaluations).

6. Professionalism in Osteopathic Medical Practice: 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 care effectively for patients. The intern / resident:

a. Demonstrated respect for his/her patients and families and advocated for the primacy of his/her patient’s welfare and autonomy.
b. Adhered to ethical principles in the practice of osteopathic medicine.
c. Demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
d. Demonstrated awareness of one’s own mental and physical health.
e. Is reliable and punctual for duty, lecture attendance, and returning messages.
f. Maintains a professional appearance and ethical demeanor.

This competency is met through:

The resident is routinely observed by faculty, peers and staff, for assessment of his / her performance of reliability, punctuality, attendance and timeliness of return messages, professional appearance, ethical conduct and patient sensitivity in the hospital and in the office ambulatory site, monthly service evaluations (self, peer, staff and faculty), quarterly reviews with written attendance at resident didactics, journal club intern education with presentations. Online intranet HIPAA education is given with on line testing afterward. Workshops on verbal, nonverbal and culturally sensitive communication with patients are also given to the intern / resident.

The osteopathic portion of this competency is met through:

Participation in Statewide Campus System educational activities, demonstrating caring, compassionate behavior and touch with patients, treatment of people rather than symptoms, listening skills in patient interactions, use of online OMT computer modules, increasing responsibility for the incorporation of osteopathic concepts in patient management, OMT/OPP didactic sessions, knowledge of and behavior in accordance with the Osteopathic Oath and AOA Code of Ethics (via direct observation, patient feedback, patient care and procedure logs, monthly rotation evaluations, in-service examinations, and 360 degree evaluations).

6. Osteopathic Medical Practice-Based Learning and Improvement:

The residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices. The resident:

a. Treated patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic).
c. Understood research methods, medical informatics, and the application of technology as applied to medicine.

d. Facilitates the education of the students, residents, attendings and other healthcare professionals.

e. Is aware of own limitations, takes advice gracefully, and uses this information for educational growth and improvement to participate actively in own learning.

This competency is met through:

The resident is routinely observed by faculty, staff and peers, for assessment of his / her effective patient management with the use of the healthcare system through use of consultants, case managers, social workers, community resources, labs, x-rays, and procedures in the hospital and in the office ambulatory setting, chart documentation with coding and billing are reviewed by the faculty preceptor for accurateness, monthly service evaluations (self, peer, staff and faculty), quarterly reviews with chart notes are reviewed along with case and procedure log documentation, reading, attended resident didactics, journal club intern education with presentations and review of the scientific literature is evaluated. Online intranet HIPAA education regarding billing and coding is given with on line testing afterward. Utilization of medical records is used in the review process.

The osteopathic portion of this competency is met through:

Performing a critical appraisal of medical literature related to OMT/OPP, meeting performance standards of OPP through the assessment of his/her diagnostic skills, medical knowledge, and problem-solving abilities, completing OPP computer-based education and teaching modules, participating in Statewide Campus System educational activities, demonstrating the treatment of people rather than symptoms, understanding somatovisceral relationships and the role of the musculoskeletal system in disease, knowledge of and behavior in accordance with the Osteopathic Oath and AOA Code of Ethics (via direct observation, monthly rotation evaluations, in-service examinations, patient feedback, patient care and procedure logs, and 360 degree evaluations.

7. System-Based Osteopathic Medical Practice:

Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine. The intern / resident:

a. Understands national and local health care delivery systems and medical societies and how they affect patient care, professional practice and relate to advocacy.

b. Advocated for quality health care on behalf of his/her patients and assisted them in their interactions with the complexities of the medical system.

c. Adapts a multi disciplinary model to patient care and appropriately uses consultants, case managers, social workers, and community resources.

d. Effectively interacts with managed care agencies, medical records and utilization reviewers.

e. Appropriately manages coding systems for accurate billing

f. Demonstrates an accurate understanding of the cost of medicine, equipment, labs, test, and procedures and discusses them with patients and their families when appropriate.

This competency is met through:

The resident is routinely observed by faculty, staff, and peers for assessment of his / her effective patient management with the use of the healthcare system through the use of consultants, case managers, social workers, community resources, labs, x-rays, and procedures in the hospital and in the office ambulatory setting, chart documentation with coding and billing are reviewed by the faculty preceptor for accurateness, monthly service evaluations (self, peer, staff and faculty), quarterly reviews with examples of chart notes are reviewed along with case and procedure log documentation, reading, attended resident didactics, journal club education with presentation and review of the scientific literature is evaluated. On line intranet HIPAA
education regarding billing and coding is given with online testing afterward. Utilization of medical records is used in the review process.

The osteopathic portion of this competency is met through: Performing a critical appraisal of medical literature related to OMT/OPP, participating in Statewide Campus System educational activities, completing OMT/OPP computer-based teaching modules, assuming increased responsibility for the incorporation of osteopathic concepts in patient management, all via direct observation, monthly rotation evaluations, patient feedback, patient care and procedure logs, in-service examinations, and 360 degree evaluations.

NMM/OMM Resident Evaluation

| Rotation: __________________________ |

| Resident: __________________________ | Date: __________________________ |

| Attending: __________________________ | PGY-1 PGY-2 PGY-3 PGY-4 |

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Comments (Any questions please contact MSU OMM Office @ 517.353.9110):

_________________________________________________________________________________________________________
Please Circle One: PASS  FAIL

Signatures:
Rotation Attending:_____________________________________

Resident:_____________________________________

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<tr>
<th>Date of Evaluation</th>
<th>Resident Name</th>
<th>Dates of Rotation</th>
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<th>PGY-II</th>
<th>PGY-III</th>
<th>PGY-IV</th>
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Name of Supervisor(s):_____________________________________

Title:_____________________________________

Explain in detail why the specific grade was given to the supervisor/attending in the space provided below the questions. Please type in your full name in the signature box before emailing. Please return this form no later than one week after the completion of the rotation.

1. **PATIENT CARE** (Goals and objectives of rotations clearly identified and implemented; number and diversity of patient population adequate for personal growth; time allotted for direct patient care vs. demands for record keeping; “hands-on” opportunities and autonomy on service; leadership encouraged):

   - Not Applicable  - Inadequate  - Adequate  - Superior  - Excessive

Additional Comments:

2. **EDUCATION** (Quality of teaching by supervisor and/or staff; educational sessions offered either individually or in small groups; reading material suggested or provided; evidence-based approaches encouraged):

   - Not Applicable  - Inadequate  - Adequate  - Superior  - Excessive

Additional Comments:

3. **SUPERVISION** (Supervisor modeled clinical skills, attitudes and professional behaviors)

   - Not Applicable  - Inadequate  - Adequate  - Superior  - Excessive

Additional Comments:

4. **FEEDBACK** (Constructive criticism provided in a timely fashion):

   - Not Applicable  - Inadequate  - Adequate  - Superior  - Excessive

Additional Comments:
5. **SYSTEM BASED PRACTICE** (Integration with multi-disciplinary team and outside agencies; collaboration encouraged with other departments and consultants):

- Not Applicable  __  - Inadequate  __  - Adequate  __  - Superior  __  - Excessive

| Additional Comments: |

6. **PROFESSIONALISM** (Demonstrates compassion, respect and honesty; models responsibility and acknowledges errors; considers needs of patients/families/colleagues/appreciates ethical and legal aspects of medical care):

- Not Applicable  __  - Inadequate  __  - Adequate  __  - Superior  __  - Excessive

| Additional Comments: |

**HOW WOULD YOU RATE THE PRECEPTING PHYSICIAN(S) ON ROTATION:**


**HOW DOES THIS ROTATION COMPARE TO OTHER ROTATIONS:**


**OVERALL RATING OF ROTATION:**


What was the most important skill, behavior, attitude or piece of information learned from this rotation?

What would have made this rotation more educational or beneficial?

Additional Comments/Comments on Preceptor (Use reverse side or attach pages for additional information. Please identify areas of strength and areas that could use improvement.):

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NMM/OMM Quarterly Evaluation

Resident: ___________________________ Date: ___________________________

PGY-1  PGY-2  PGY-3  PGY-4  July-Sept  Oct-Dec  Jan-March  April-June

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Comments: ________________________________________________________________

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__________________________________________________________________________

Program Director: ___________________________ Resident: ___________________________

NMM/OMM Quarterly Scholarly Evaluation

Resident: ___________________________ Date: ___________________________

PGY-1   PGY-2   PGY-3   PGY-4   July-Sept   Oct-Dec   Jan-March   April-June

Paper: ___________________________

Major Scholarly Activity Over Past Academic Year:

____ Serving as chair or vice chair of a national, regional or state medical society committee.

____ Serving as an active member of a committee of a national, regional or state medical association.

____ Submission of original research or review article in peer-reviewed medical or scientific journal, or chapter in medical textbook.

____ Receipt of grant funding for medical, educational or service research.

____ Member of an editorial review board of a national, regional or state peer-reviewed publication.

____ Participation in item writing or as an examiner for a national medical board (>10 questions).

____ Presentation at a national, regional or state CME meeting or seminar.

____ Presentation at a national, regional or state professional meeting or conference.

Notes: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Minor Scholarly Activity Over Past Academic Year:

____ Research projects currently in progress. The study has been approved by IRB and data-collection actively occurring.

____ Submission of grant funding request material for medical, educational or service research.

____ Serve in the capacity as an active judge (or evaluator) at a national, regional or state academic meeting.

____ Participation in item writing or as an examiner for a national medical board (<10 questions).

____ Submission of a case study to a medical or scientific journal.
Program Director: ______________________

Resident: ______________________________

NMM/OMM Semi-Annual Preceptor Evaluation

Resident: ______________________________ Date: ____________________

Preceptor: _____________________________ PGY-1  PGY-2  PGY-3  PGY-4

<table>
<thead>
<tr>
<th>Mark with an “X” please.</th>
<th>PGY-1</th>
<th>PGY-2</th>
<th>PGY-3</th>
<th>PGY-4</th>
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<tbody>
<tr>
<td>Patient Care:</td>
<td>Effectively gathers patient history.</td>
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<td></td>
<td>Performs appropriate physical examination.</td>
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<td></td>
<td>Generates and manages treatment plan.</td>
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<tr>
<td>Medical Knowledge:</td>
<td>Demonstrates appropriate range of medical knowledge.</td>
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<tr>
<td>Practice Based Learning and Improvement:</td>
<td>Identifies deficiencies in self-knowledge and asks for feedback.</td>
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<tr>
<td>Practice Based Learning:</td>
<td>Uses technology to search for evidence and optimizes learning.</td>
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<tr>
<td>Systems Based Practice</td>
<td>Demonstrates awareness of patient’s psychosocial care within a health care system.</td>
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<tr>
<td>Interpersonal Skills and Communication:</td>
<td>Communicates and collaborates effectively with patients, their families, and health professionals.</td>
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<tr>
<td>Osteopathic Principles and Practices</td>
<td>Adheres to all aspects of the basic tenets of Osteopathy.</td>
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<tr>
<td>Professionalism:</td>
<td>Arrives on time and is prepared.</td>
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<tr>
<td></td>
<td>Respects patient confidentiality and autonomy.</td>
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<tr>
<td></td>
<td>Accepts feedback and calls for assistance when needed.</td>
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<tr>
<td>Personal Growth:</td>
<td>Appears to be making changes necessary to function as a competent professional/colleague.</td>
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Comments: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Signatures:

Preceptor:____________________________________________

Resident:_________________________________

MSU NMM/OMM PRECEPTOR EVALUATION FORM

Preceptor Name: Date:

*Please rate the quality of the continuity clinic, rotations, didactic sessions, and overall program from 1 to 5, 1 being the lowest score and 5 being the highest. Place an “X” in the corresponding box. This evaluation is a tool to give feedback so that the educational process can be improved.*

<table>
<thead>
<tr>
<th>The program preceptor as role model and professional mentor:</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tr>
<td>Demonstrates ability to manage wide scope of practice</td>
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<tr>
<td>Demonstrates good patient interviewing skills</td>
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<tr>
<td>Demonstrates compassion, respect and integrity</td>
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<tr>
<td>Preceptors are available and helpful</td>
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<tr>
<td>Displays knowledge of relevant literature</td>
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<tr>
<td>Displays knowledge that is grounded in clinical experience</td>
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<tr>
<td>Shows commitment to continued personal learning and development</td>
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<tr>
<td>Recognizes personal limitations and errors</td>
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<tr>
<td>Shows application of osteopathic principles</td>
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<tr>
<td>Is available, approachable and receptive to resident</td>
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<tr>
<td>Inspires confidence and respect of colleagues, staff and patients</td>
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<tr>
<td>Demonstrates balance in life, uses humor appropriately</td>
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<tr>
<td>Is positive about residency and medicine</td>
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Comments:
**The program preceptor as a clinical supervisor:**  
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<tbody>
<tr>
<td>Effectively communicates their expectations of the resident</td>
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<tr>
<td>Communicates appropriately with primary providers and consultants</td>
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<tr>
<td>Promotes thorough, legible, organized and timely medical records</td>
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<tr>
<td>Adjusts the amount of supervision to resident’s level of competence</td>
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<tr>
<td>Reviews the proficiency of the patient care plan with the resident</td>
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<tr>
<td>Demonstrates respect for resident in the presence of patients and staff</td>
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**Comments:**

**The program preceptor as a teacher:**  
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<tr>
<td>Demonstrates enthusiasm for teaching in the clinical setting</td>
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<tr>
<td>Asks open-ended questions to explore ideas with the resident</td>
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<tr>
<td>Encourages residents to actively participate in diagnosis and management</td>
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<td>Questions residents to encourage thinking in different direction</td>
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<td>Clearly and logically explains underlying basis for opinions and advice</td>
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<tr>
<td>Demonstrates proficiency in wide scope of OMT and varied application</td>
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<tr>
<td>Provides clear instruction to resident for enhancement of OMT technique</td>
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<tr>
<td>Is available for additional teaching when requested by resident</td>
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**Comments:**

**The program preceptor as evaluator:**  
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<tr>
<td>Questions residents to probe their knowledge and judgment</td>
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<tr>
<td>Provides effective constructive criticism for inappropriate behavior</td>
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<tr>
<td>Gives positive feedback for appropriate behavior</td>
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<tr>
<td>Gives timely feedback to residents</td>
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**Comments:**

**This faculty member’s greatest strength is:**

**This faculty member could enhance the resident’s experience by:**

**Additional comments:**
**MSUCOM NMM/OMM Residency Program Evaluation**

*Please rate the quality of the continuity clinic, rotations, didactic sessions, and overall program from 1 to 5, 1 being the lowest score and 5 being the highest. Place an “X” in the corresponding box. This evaluation is a tool to give feedback so that the educational process can be improved.*

<table>
<thead>
<tr>
<th>NMM/OMM Continuity Clinic</th>
<th>1</th>
<th>2</th>
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<tr>
<td>I have adequate space in the resident’s room and my treatment room is kept clean and stocked with appropriate medical supplies</td>
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<td>I have enough medical support staff to help with patient needs including scheduling for tests and necessary assistance with procedures</td>
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<td>My patients are scheduled in a timely and efficient manner</td>
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<tr>
<td>Preceptors are available and helpful</td>
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<tr>
<td>I have adequate resources within the clinic to assist me in meeting my patients needs (books, computer, injection supplies, medical equipment etc)</td>
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<td>I am exposed to a multitude of patients and allowed to function as a NMM/OMM Physician</td>
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Comments:

**Rotations**

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<tbody>
<tr>
<td>I was exposed to a multitude of patients that improved my education in NMM/OMM</td>
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<tr>
<td>The educational component of rotations is strong</td>
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<tr>
<td>I saw an adequate number of patients while on rotations</td>
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<tr>
<td>My rotations are a good educational experience</td>
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Comments:

**Didactics**

| Scheduled formal didactic sessions occurred weekly |   |   |   |   |   |
| Didactic sessions were informative and added to my educational experiences |   |   |   |   |   |

Favorite Didactic Sessions this Quarter:

Least Favorite Sessions this Quarter:

Comments:
Overall

<table>
<thead>
<tr>
<th>This program meets my expectations and I feel I am meeting my educational requirements</th>
</tr>
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<tbody>
<tr>
<td>This program is helping me to grow and develop as a NMM/OMM specialist</td>
</tr>
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</table>

Comments:

WORK HOURS AND LEAVE POLICY

1. TIME OFF/VACATION:
   a. For PGY-1, vacation is determined by Internship Director.
   b. Please let Program Director know at least 1 Month in advance to cancel clinic time.
   c. Residents are allowed 20 paid days off per year (not including 4 days for AAO Convocation or MSU CME Courses). All days are subject to Program Director approval and must be at least 45 days ahead of time.
   d. No more than 5 missed days in one month.
   e. Only ONE Resident may have vacation at a time, unless there are special circumstances.
   f. Priority is given to the Resident with more years in the program.
   g. “No more than 20 business days per contract year of leave may be granted for any purpose without extending the program”. - AOA
   h. If trainee is given a leave of absence for reasons of maternity, physical or mental disabilities and returns to duty, he/she may continue the training to completion.
   i. The DME/program director has the authority to extend the trainee (intern/resident) contract for a period of up to 3 months for leave, illness or remediation purposes without requesting approval for overlap. Anything longer will require AAO approval.
   j. HOLIDAY TIME
      i. The last week in December and first week in January will be spent in Continuity Clinic

2. MOONLIGHTING:
   a. Any professional clinical activity (moonlighting) performed outside of the official residency program will only be conducted with the permission of the program administration.
   b. A written request by the resident must be approved or disapproved by the Program Director and be filed in the institution’s resident file.
   c. Failure to report and receive approval by the program may be grounds for terminating a resident’s contract.
   d. If moonlighting is permitted, hours shall not exceed work hour restrictions (in addition to Residency hours) and must be reported on Excel Template.
   e. If it entails OMM, it must be greater than 20 miles from the Greater Lansing area.
   f. It is limited to PGY-3.
   g. Any other business activities must not interfere with resident duties.

REMEDIATION/GRIEVENCE/DISCIPLINARY ACTION:
Please review at: http://www.hr.msu.edu/complaints/facacadstaff/index.htm#discipline

This Policy is intended to provide a fair, internal process for resolving employment related disputes that arise between faculty or academic staff members and administrators. The formal procedures described in this Policy are intended to be used only when matters cannot be resolved informally. A faculty or academic staff member who feels aggrieved should first seek an informal resolution at the unit, department, or college level before filing a formal grievance under this Policy. The procedures contained in this Policy are not intended to be used to challenge the desirability of unit or University policies.

DEFINITIONS
A. Grievance: A written complaint filed by a faculty or academic staff member against an administrator of the University alleging a violation of University, college, department, school, or unit policy or established practice.

B. Faculty member: A person with a paid University appointment at the rank of professor, associate professor, assistant professor, or instructor, including those with fixed term and visiting status.

C. Academic Staff: A person with a paid University appointment at the rank of academic specialist, lecturer, assistant instructor, research associate, or librarian, including those in a continuing appointment system and those with fixed term and visiting status.

D. Administrator: A person appointed as the head of an administrative unit, school director, department chair, dean, or separately reporting director. The President, the General Counsel and members of the General Counsel's staff, and the FGO are not subject to grievance under this Policy.

E. Policy: A written statement of principles and procedures that govern the actions of faculty, academic staff, and administrators, including written rules, bylaws, procedures, or standards.

F. Practice: Actions taken by the administrator within an administrative or academic unit based on customs or standards in that unit that are usually unwritten but of long-standing duration, and for whose existence the grievant can offer evidence.

G. Violation: A breach, misinterpretation, or misapplication of existing policy or established practice.

LXXI. III. GRIEVANCE PROCEDURE

A faculty or academic staff member may file a formal grievance against an administrator that alleges a violation of University, college, department, school, or unit policy or established practice.

A. INITIATION OF GRIEVANCE PROCEEDINGS

A faculty /academic staff member who feels aggrieved may discuss his/her complaint in a confidential conference with the Faculty Grievance Official (“FGO”). The FGO shall inform the faculty /academic staff member if the potential grievance falls under the jurisdiction of another University policy rather than this Policy.

B. FILING A GRIEVANCE

To file a grievance, an individual faculty or academic staff member must submit a written, signed statement (the "grievance") to the FGO within 28 days of the date that the grievant knew or should have known of the alleged violation. The grievance must contain the following information:

1. the specific policy or established practice that has allegedly been violated;
2. the date of the alleged violation and the date on which the grievant became aware of the alleged violation;
3. the facts relevant to the alleged violation;
4. the person(s) against whom the grievance is filed (the "respondent"); and
5. the redress sought.

The grievant must also submit any documents that are relevant to the FGO's initial jurisdictional findings pursuant to Section III.D of this Policy.

C. THE RESPONDENT

The FGO will provide a copy of the grievance and any documents submitted with the grievance to the respondent within three (3) days of receipt. The respondent shall submit any relevant documents concerning the FGO's initial jurisdictional findings to the FGO within seven (7) days of receipt of the grievance.

D. JURISDICTIONAL & PROCEDURAL DECISIONS

1. The FGO shall determine whether the following jurisdictional requirements have been met within 14 days of the date that the grievance was filed. The FGO may also seek information from appropriate University office(s) to assist in making these jurisdictional determinations:
   a. Whether the grievant has standing under the Faculty Grievance Policy;
   b. Whether the grievance has been filed in a timely fashion;
   c. Whether the grievance identifies an appropriate respondent(s);
   d. Whether the grievance adequately identifies the existing policies and/or established practices alleged to have been violated;
   e. Whether the grievance contains a reasonably adequate statement of the facts relevant to the complaint; and
   f. Whether any other jurisdictional issue(s) need to be decided in connection with the initiation of the grievance and, if so, an explanation of such issues.

2. The FGO shall inform the parties in writing if each jurisdictional requirement has been met, along with the names of any University offices consulted regarding the jurisdictional decisions. If any jurisdictional requirement has not been met, the FGO shall dismiss the grievance.

3. Each party shall have the right to appeal the FGO's jurisdictional decisions by filing a written statement explaining the reason(s) for the appeal with the FGO within 14 days of the issuance of such decision.
4. If any party files an appeal of the FGO's jurisdictional decision(s), the FGO shall submit the written appeal, together with any written response to the appeal from the parties and a written response by the FGO, to a three-person jurisdictional appeals panel drawn by the FGO from the list of faculty and librarians eligible to serve as members of the University Hearing Board or University Appeals Board. (See Section III.H of this Policy.) The panel shall deliberate and submit to the FGO a written decision (including the basis for its decision) on the appeal within seven (7) days of its convening by the FGO. No faculty member or librarian may serve on more than one jurisdictional appeals panel in any period of seven consecutive years.

5. The FGO shall forward a copy of the jurisdictional appeals panel's decision to the parties within seven (7) days of its receipt from the panel.

E. INFORMAL RESOLUTION

1. The FGO shall confer with the parties and make every reasonable effort to resolve the grievance informally as quickly as possible. Discussions regarding informal resolution are expected to be treated with confidentiality and may not be disclosed or referenced during any subsequent formal proceedings on the grievance. The FGO may recommend that the grievant drop the grievance because it lacks merit or for other just cause. Such a recommendation, however, shall not be binding on the grievant.

2. If the FGO determines that the grievance cannot be informally resolved, the FGO shall so notify the parties in writing. If the grievant wishes to pursue the grievance, the grievant must submit a written request for a formal hearing to the FGO within 14 days of such notice. Failure to submit such a request will constitute a waiver of the faculty member's right to pursue the grievance.

F. AMENDMENTS

A grievant may amend his/her grievance until 28 days before the scheduled date for the formal hearing on the grievance, as long as the proposed amendment concerns the same subject matter as the grievance. The FGO shall decide whether to accept the proposed amendment, and any jurisdictional issues generated by the proposed amendment, at least 21 days before the scheduled date for the formal hearing. Either party may challenge the FGO's decision by filing a written appeal with the FGO within seven (7) days of the FGO's decision. Such appeals are processed in the same manner as other jurisdictional appeals under Section III.D.4 of this Policy. Any procedural issues (such as submission of new documents) generated by the amendment shall be decided by the hearing panel at the beginning of the hearing.

G. CONSOLIDATION OF GRIEVANCES

If a grievant files two or more separate grievances against the same respondent(s) that raise related allegations or arise from a common set of facts, the FGO may consolidate such grievances into one grievance to be heard by a single panel. If a grievant files two or more separate grievances concerning different issues and the grievances are not consolidated, such grievances will normally be processed and heard sequentially in chronological order determined by the date on which the initial grievance was filed. Separate grievances filed by different grievants that involve related allegations or arise from a common set of facts may also be consolidated.

H. GRIEVANCE PANEL COMPOSITION

1. A University Hearing Board and University Appeals Board shall be established from which hearing panels shall be selected.

2. All faculty with appointment in the tenure system, librarians and other academic staff with appointment in a continuing appointment system, and full-time fixed-term faculty who have served at least three consecutive years and are engaged in the academic activities of the University on a regular basis are eligible and expected to serve as members of the University Hearing Board or University Appeals Board. No faculty/academic staff member or librarian may serve on more than one hearing panel in any period of seven consecutive years. At the start of each academic year, the Academic Human Resources Office will provide the FGO with a list of all faculty, academic staff, and librarians eligible to serve on these Boards.

3. A hearing panel shall consist of five members of the University Hearing Board or University Appeals Board, as appropriate, who are selected randomly by the FGO. Hearing panels shall serve throughout an entire proceeding.

4. The FGO shall take necessary precautions to avoid any conflict of interest on the part of the hearing panel's members. No member of the hearing panel shall be from the same department(s) (or college in the case of non-departmental colleges) as the grievant or respondent.

5. A hearing panel selected for a grievance involving the denial of reappointment or tenure in the tenure system shall be comprised solely of tenured faculty members. A hearing panel selected for a grievance involving the denial of promotion to full professor shall be comprised solely of tenured faculty who hold the rank of full professor.

6. Each hearing panel shall have a Presiding Officer selected by the FGO from a list established by the UCFA. The Presiding Officer shall have voice but not be a voting member of the hearing panel. The Presiding Officer shall apply the rules of procedure consistent with the guidelines stated in Section III.I of this Policy.
7. The FGO shall notify each party of the names of the Presiding Officer and five members of the hearing panel. Within seven (7) days of that notice, either party may submit a written challenge to the presiding officer or any member of the hearing panel for cause. The challenge must explain the cause for removing the Presiding Officer or hearing panel member. The Presiding Officer shall determine if there is cause to dismiss the challenged member of the hearing panel and select another member. In addition, each party shall have two peremptory challenges. The FGO shall notify the parties of any replacement Presiding Officer or members of the hearing panel. Either party may submit a challenge for cause to any replacement Presiding Officer or member of the hearing panel to the FGO within three (3) days of that notice.

8. If a hearing panel loses two or more of its members during the course of a hearing, the hearing shall be terminated, and a new panel selected.

GRIEVANCE HEARINGS: PROCEDURES

1. Hearings shall be scheduled as expeditiously as possible and with due regard for the schedule of both parties. Grievances involving faculty/academic staff who hold academic year (AY) appointments will normally not be held during summer semester unless the faculty/academic staff member has a summer appointment. On the rare occasion when a party fails to respond to repeated attempts to schedule a hearing or unreasonably delays the scheduling of a hearing, the Faculty Grievance Office will schedule the hearing for the first date available to the panel members and the other party.

2. The FGO shall convene the hearing panel and shall be present during all formal proceedings. The FGO shall provide written notice of the time and place of the hearing, the names of counsel, the names of any witnesses, and copies of any documents submitted by the parties and deemed relevant by the FGO, to each party at least seven (7) days before the hearing.

3. The hearing shall be conducted in good faith and must be completed within 14 calendar days unless the FGO determines that an extension of time is necessary.

4. All hearings shall be recorded. A party may request and obtain a copy of the recording from the FGO.

5. Hearings shall be closed unless the parties agree otherwise.

6. The privacy of confidential records used in the hearing shall be respected.

7. All parties may present their cases in person and may call witnesses on their behalf. The names of witnesses must be provided to the FGO at least seven (7) days prior to the hearing date.

8. A party may elect not to appear, in which event the hearing will be held in his or her absence. Absence of a party shall not be prejudicial to the case.

9. All parties are entitled to counsel of their choice. The name of counsel must be provided to the FGO at least seven (7) days prior to the hearing date.

10. Any party or counsel shall be entitled to ask pertinent questions of any witness or the other party at appropriate points in hearings. The Presiding Officer shall determine what questions are pertinent.

11. The grievant bears the burden of proving that there has been a violation of policy or established practice. A hearing panel shall decide whether the preponderance of the evidence supports the allegations made by the grievant.

12. Hearing panels shall resolve any procedural issues raised by the parties, after providing each party the opportunity to be heard on such matters. However, neither party may challenge the FGO's initial jurisdictional findings made pursuant to Section III.D of this Policy. The FGO shall distribute all documents submitted by the parties concerning procedural issues to the hearing panel, and shall include such documents in the grievance record.

13. Hearing panels may consider evidence submitted by the parties concerning the relative credentials of other faculty members in determining the merit of grievances involving salary, appointment, re-appointment, or promotion.

14. Hearing panels shall report their findings and recommendations in writing within 21 days of the completion of the hearing to the FGO, who shall forward them to the grievant, the respondent, their counsel, the Provost, or the President, as appropriate, and to the administrator who is the respondent's immediate supervisor. The hearing panel's report is advisory to the Provost and does not bind the Provost to a particular decision.

15. When a hearing panel sustains an allegation made in a grievance, it shall recommend appropriate redress consistent with existing policies, procedures, and practices.

16. The Provost shall decide the grievance, in writing, within 28 days of receipt of the hearing panel's findings and recommendations.
17. All parties shall be notified in writing of their right to appeal by the FGO when a copy of any decision is forwarded to the parties.

CONDUCT:

e. Conduct oneself in a professional and ethical manner consistent with the expected high standards of osteopathic physicians.
f. All trainees must practice ethical behavior and abide by specific codes of conduct as defined by the AOA and MSU
   i. AOA - http://www.osteopathic.org/inside-aoa/about/leadership/Pages/aoa-code-of-ethics.aspx
   ii. MSU - http://www.hr.msu.edu/documents/facacadhandbooks/facultyhandbook/protection.htm

g. The Program Directors shall advise the residents of satisfactory completion of program objectives on a quarterly basis.
h. Failure of a resident to meet objectives within a quarter will result in remediation that may include repetition of a part, or all of a quarter.
i. Consistent failure of a resident to meet objectives over two consecutive quarters shall result in remediation that may include repetition of a part or all of the two quarters, non-renewal of the contract or dismissal from the program.
j. Quarterly performance evaluation of residents will be periodically reviewed by the Director of Medical Education. Any deficiency in resident performance will be communicated to the Program Director, Director of Medical Education and Resident with accompanying recommendations or requirements to address the deficiencies.
k. Final decision regarding remediation and/or dismissal of a resident shall be made by the Program Director after discussion with the Director of Medical Education.
l. Residents can appeal decisions in accordance with the Statewide Campus System Osteopathic Postdoctoral Training Institution appeals process.

RESIDENCY APPLICATION PROCESS

1. Interested 4th year medical students at an AOA approved College of Osteopathic Medicine shall submit an application via ERAS for a Sparrow Health System Traditional Internship.
2. Three letters of recommendation should be included with the application.
3. A one-month rotation with the program is highly recommended, but not required.
4. The applicant’s credentials shall be reviewed and approved as required by the Program Director, Precepting Faculty and the Director of Medical Education.
5. Qualified applicants shall be invited for interviews with the Sparrow Intern DME, Program Director, Preceptors, Residents and/or Director of Medical Education.
6. The Interviewers will use a uniform rating system to guide candidate selection.
7. Applicant must have graduated from their COM PRIOR to PGY-1.
8. Completion of COMLEX step 1, 2 and 2 PE in required PRIOR to PGY-1.
9. Appointment is for one-year, subject to renewal per evaluation.
10. If accepted, you will be accepted to a Sparrow Health System Traditional Internship Position and will have a spot reserved in our MSU NMM/OMM Residency the following year.

RESIDENCY REQUIREMENTS PRIOR TO OGME-2

1. Completion of an AOA-approved Internship.
2. Be a member in good standing of the AOA and AAO.
3. Licensed by the Board of Osteopathic Medicine in the state of Michigan. A limited educational license is required during OGME year 1. **Full license is required prior to the start of the OGME year 2.**
4. Satisfactory completion of COMLEX Step 3 PRIOR to PGY-2.
5. Demonstrates the qualities necessary to practice Osteopathic Medicine.
6. The Resident must be credentialed by the MSU Health Team PRIOR to PGY-1.
   a. Complete EMR Training
The resident is responsible for all HIPPA/Fraud, Blood born Pathogen training and any other requirements of the Health Team (See Office Manager).
ANTICIPATED OUTCOMES OF THE RESIDENCY
1. Eligible for certification through the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM).
2. A specialist in dealing with a broad range of health/illness related problems that can be diagnostically clarified and helped through the use of highly trained structural diagnosis and manipulative treatment skills.
3. Highly skilled in the applications of the following manipulative treatments:
   - Articulatory, Osteopathy in the Cranial Field, Functional Indirect, Mobilization with impulse (HVLA), Muscle energy, Myofascial release/Integrated Neuromuscular Release, Soft tissue, Strain and counterstrain.
4. Sensitive to cultural and environmental factors affecting patient/physician encounters and treatment outcomes;
5. A skilled problem-solver who sensibly applies well-conceived differential diagnosis, bio-psychosocial, and bio-ethical concepts that collaboratively involve patients and their extended networks;
6. Proficient in applying integrative neuropsychological problem solving strategies that incorporate structural diagnosis and manipulative treatment;
7. Proficient in dealing with behavioral and psychiatric factors associated with neuromusculoskeletal problems.
8. Proficient in collaboratively dealing with chronic pain problems associated with an array of health/disease-related presentations.
10. Proficient in dealing with a wide variety of geriatric problems in a context that uses structural diagnosis and manipulative treatment.
11. Proficient in dealing with recovery and prevention strategies that highlight exercise and postural mechanics.
13. Write a paper suitable for publication.
14. Familiar with the use of computers in day-to-day clinical practice.
15. Develop evaluative/outcome related databases that map the cost-effectiveness of her/his activities.

AFFILIATED HOSPITAL AND UNIVERSITY QUALIFICATIONS AND RESPONSIBILITIES

Joint Responsibilities
1. It is the responsibility of the Michigan State University College of Osteopathic Medicine and participating hospitals to fulfill all necessary requirements to maintain approval of the NMM/OMM Program by the American Osteopathic Association and to fulfill necessary requirements as an OPTI.
2. The availability of clinical material must be of sufficient volume, scope and variety to enable residents to meet or exceed AOA and AAO requirements for approval of residency training programs in NMM/OMM. Shared rotations between SCS sites are encouraged for optimal volume, scope, and diversity of cases.
3. Each SCS hospital must maintain an adequate medical library containing necessary selected texts, medical journals and other appropriate publications. The library shall be managed by a qualified person (Librarian) who will act as a custodian of all contents and be responsible for proper cataloguing and indexing of all such materials.
4. Adequate outpatient clinics shall be established as necessary for the education of the resident.
5. The SCS hospitals or Michigan State University College of Osteopathic Medicine are to provide professional liability insurance or a self-insurance program for its respective residents. Not all resident costs are necessarily the responsibility of the hospital or MSU. Funding will follow procedures and policies of the OMM Department and the DME.

Hospital Responsibilities
1. The participating hospitals should maintain an Intern Training Program accredited by the American Osteopathic Association.
2. There shall be adequate arrangements for coordination between various hospital departments within the associate sites in the training of the residents.
3. Participating hospitals shall provide a yearly affiliation contract with Michigan State University College of Osteopathic Medicine.

**Michigan State University Responsibilities**

Michigan State University, College of Osteopathic Medicine, in cooperation with participating hospitals, shall provide the resident with an appropriate certificate at the completion of the residency program confirming satisfactory fulfillment of the residency requirements. Certificates will follow procedures and regulations of the Statewide Campus System of Michigan State University College of Osteopathic Medicine and SCS member hospitals.