Osteopathic Postdoctoral Training Institutions

Joyce L. Obradovic, MA, RDH

The Osteopathic Postdoctoral Training Institution (OPTI) program was established by the American Osteopathic Association (AOA) in 1995 as a support and accreditation structure for osteopathic graduate medical education. Since 1999, when the AOA began to require that all AOA-approved osteopathic internships and residencies take place within this structure, the individual programs have been evolving separately, with little interaction—and with varying degrees of success. The AOA’s 2007 Annual OPTI Workshop, scheduled to take place this April, is being organized with the primary goal of improving OPTI collaboration to better define standards for quality and promote program development. In response to common challenges and concerns, workshop participants will also be asked to define and reevaluate internal partnerships and shared goals as components of the larger system.

J Am Osteopath Assoc. 2007;107:54-55

The Osteopathic Postdoctoral Training Institution (OPTI) program has flourished since the American Osteopathic Association (AOA) established it in 1995 as a system to structure and accredit osteopathic graduate medical education. Each OPTI is a community-based training consortium composed of at least one AOA-accredited college of osteopathic medicine and one AOA-accredited hospital. Additional hospitals and ambulatory care facilities may also join this core partnership from the beginning or at a later date. Since July 1999, all AOA-approved osteopathic internships and residencies must take place in OPTIs.

Each of the 17 OPTIs is required to undergo a site survey on a regular basis to determine the institution’s quality and compliance with AOA accreditation standards. The results of this site survey are used to determine the length of the OPTI’s continuing accreditation. For example, if an OPTI is considered to be “standard compliant” and is functioning close to the expected level of quality, it may be granted a 4-year continuing accreditation. The next site survey would take place at the end of that 4-year period. Conversely, if an OPTI is deficient in various accreditation standard areas and is not operating at the expected level of quality, it may be granted only a 1-year continuing accreditation, requiring reinspection at the end of that year. Currently, 5 years is the maximum length of accreditation that can be granted to an OPTI.

At publication, each of the OPTI sites has been visited by AOA inspectors at least twice since site surveys began in 1997. The average length of accreditation terms has increased with each new cycle of site surveys, moving from an average initial length of 2.3 years to 3 years, and indicating increased compliance with AOA standards.

The chairman of the Council on Postdoctoral Training, Michael I. Opipari, DO, has noted that the system, though still in its formative years, is “the single most significant change that has occurred in the osteopathic medical profession in terms of postdoctoral education in our lifetime.” Recently, the OPTIs have diligently set about finding the best ways to address the “growing pains” of this relatively new system.

Convergence of Concerns

The AOA’s 2007 Annual OPTI Workshop will be held at the Marco Island Marriott Beach Resort, Golf Club & Spa in Marco Island, Fl., on May 8, 2007. The primary goal of this third annual workshop is to unravel the challenging questions first raised in the AOA’s November 2004 OPTI Forum and later revisited at the AOA’s April 2006 OPTI Workshop.

As outlined in the December 2004 issue of The DO magazine, representatives of all 17 OPTIs met for the first time in Chicago, Ill, on November 14, 2004, and November 15, 2004, at the AOA’s first annual OPTI Forum. Topics addressed included:

- exploration of independent models used by participants for OPTI development to share “best practices”
- ways to improve AOA accreditation standards, promoting the growth of top performers while also fostering the development of struggling programs through self-study programs and self-improvement measures
- meeting increased responsibilities within the confines of existing financial resources

Forum participants agreed that OPTIs should jointly develop a strategic plan that includes a mission and philosophy.

Address correspondence to Joyce L. Obradovic, MA, RDH, Department of Education, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.
E-mail: jobradovic@osteopathic.org

Submitted February 12, 2007; accepted February 12, 2007.
to help them answer questions of oversight and control, relationships with postdoctoral training sites, and a list of benefits of OPTI participation for partner institutions. In particular, the following four recommendations were developed with the goal of assisting members to better define partnership roles and expectations within the existing OPTI structure3:

- select appropriate outcomes and measures of functionality for OPTI standards
- specify and discuss commitment to the OPTI by each partner—college of osteopathic medicine, hospital(s), and other entities
- characterize the added value of OPTIs to each participant
- outline governance and authority of the OPTIs with regard to program operations and approvals, corrective action plans, and college deans’ assignments of student rotations at participating hospitals

The group generated a list of topics and questions for discussion that ranged from outcome success within the OPTI structure to OPTI commitment to defining the value-added benefits of the structure itself:

- Define outcomes for success within an OPTI. What is quality? What is an appropriate common minimum standard?
- Discuss and define commitment to the OPTI by all partners.
- Define the phrase “value added” for the OPTI. What does it mean?
- Discuss and define the level of authority of the OPTI’s governance as related to all partners. What is the OPTI’s authority? Is the AOA willing to lose programs?

The AOA’s 2006 Annual OPTI Workshop took place on April 4, 2006, in Savannah, Ga. Several OPTI members cohosted a breakfast meeting to conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis to identify common challenges faced by OPTIs as organized under the current structure. Issues similar to those discussed in the AOA’s November 2004 OPTI Forum arose in the workshop as a result of the SWOT analysis. These topics included:

- increasing recruitment opportunities for students, interns, and residents
- working with and improving on existing educational resources
- fine-tuning and strengthening organizational and management structure
- harvesting high-quality outcomes data

Comment
The AOA’s accreditation standards for OPTIs continue to be analyzed by the Council on Osteopathic Postdoctoral Training Institutions and the Bureau of Osteopathic Education. The Council continues to seek ways to foster excellence among the OPTIs by further refining the criteria and guidelines used by the Association to assess program effectiveness. In addition, the Council’s objective is to encourage growth and goal-setting in terms of concrete outcomes among the OPTIs and in all osteopathic graduate medical education institutions.

References

Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control. But see first.

Sir William Osler (1849-1919)