Examining OPTI Operations With a New Light

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Since 1999, all postdoctoral training programs approved by the American Osteopathic Association (AOA) have been required to be part of an Osteopathic Postdoctoral Training Institution (OPTI) consortium. Various AOA tools, such as the revised OPTI Annual Report and OPTI Administrative Handbook, provide assistance to colleges of osteopathic medicine in meeting the accreditation standards for OPTI membership and developing a study to examine all OPTI operations. The revised OPTI Annual Report is modeled after the OPTI Standards Inspectors Worksheet (ie, Standards Crosswalk). Onsite inspections in 2008 and 2009 using the new scoring tool highlighted several OPTI commendations for research and faculty and curriculum development. Responses to the 2009 OPTI Annual Report—a survey of OPTI operational questions—found commonalities in several OPTI operations.

Recent Activities
The AOA Council on Osteopathic Postdoctoral Training Institutions (COPTI), under the leadership of its chairman, D. Keith Watson, DO, completed revisions to the OPTI Annual Report, which is a survey that queries OPTIs on a series of operational questions based on the Standards Crosswalk. The revised format of the OPTI Annual Report is easily transferable to electronic databases and provides electronic data reporting to the AOA.

As a result of discussions at the inaugural Osteopathic Heritage Foundation Medical Education Summit, the AOA and COPTI began using new metrics to conduct comparative analyses of OPTI operations based on data gathered from the revised OPTI Annual Report and the revised OPTI Standards Inspectors Worksheet (ie, Standards Crosswalk), which was approved for implementation in January 2008. Profiles of the OPTIs will be developed based on the new data, which will allow the AOA to have a base comparison. Some general findings of this report are described later in this article.

The COPTI also began revising the various policy and procedure documents, including the COPTI Handbook, the OPTI Administrative Handbook, and OPTI Policy and Procedures in the AOA Basic Standards (see https://www.donline.org/index.cfm?PageID=10_optipolicy), to establish a comprehensive document that directs all OPTI-related activities. In 2009, the Commission on Osteopathic College Accreditation (COCA) revised its accreditation standards to require each COM to have membership with an OPTI. This standard change has prompted COMs to either form new OPTIs, such as the new applicant OPTI, or join existing OPTIs. Applicant OPTIs begin the approval process by providing documentation on the proposed structure and operations of the OPTI. To assist in the development of new OPTIs, COPTI has clarified the process to become an accredited OPTI (eg, the new applicant OPTI) by determining that applicant OPTIs will be inspected on the first two OPTI standard sections and revising guidelines for self-study, which is a document each OPTI

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must prepare before an accreditation visit.

Several OPTIs collected data on open funded postdoctoral training positions in osteopathic training programs to assist osteopathic physicians (DOs) searching for positions for the 2009 and 2010 AOA Intern/Resident Registration Program (ie, the AOA “Match”). Information about the 2010 Match is posted on DO-Online.org under the Match results and the OPTI Clearinghouse.

1. Appalachian Osteopathic Postgraduate Training Institute Consortium Inc (A-OPTIC Inc), Pikeville, Kentucky
2. Centers for Osteopathic Research and Education (CORE), Athens, Ohio
3. Consortium for Excellence in Medical Education (CEME), Ft Lauderdale, Florida
4. Kansas City University of Medicine and Biosciences College of Osteopathic Medicine Educational Consortium (KCUMB-COM Educational Consortium), Missouri
5. Lake Erie Consortium for Osteopathic Medical Training (LECOMT), Erie, Pennsylvania
6. Midwestern University/MATRIX OPTI, Downers Grove, Illinois
7. Mountain State OPTI (MSOPTI), Lewisburg, West Virginia
8. New York College of Osteopathic Medicine Educational Consortium (NYCOMEC), Old Westbury
9. Northeast Osteopathic Medical Education Network (NEOMEN), Biddeford, Maine
10. OPTI—West Educational Consortium, Pomona, California
11. Osteopathic Medical Education Consortium of Oklahoma (OMECO), Tulsa
12. Osteopathic Medical Network of Excellence in Education (OMNEE), Blacksburg, Virginia
13. Osteopathic Postdoctoral Training Institution of Kirksville (OPTIK), Missouri
14. Philadelphia College of Osteopathic Medicine (PCOM) MEDNet, Pennsylvania
15. Statewide Campus System/Michigan State University College of Osteopathic Medicine (SCS/MSUCOM OPTI), East Lansing
16. Texas OPTI, Ft Worth
17. Touro University Medical Education Consortium (TUMEC), Vallejo, California*
18. University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine (UMDNJ-SOM) OPTI, Stratford

Figure 1. Locations of the 18 Osteopathic Postdoctoral Training Institutions (OPTIs) in the United States. The OPTI Health Education and Residency Training (HEARTland) Network, an affiliate of the Des Moines University—College of Osteopathic Medicine in Iowa, was approved as an applicant OPTI in October 2009. *OPTI documents for TUMEC are housed in Las Vegas, Nevada.
The American Osteopathic Association (AOA), in conjunction with the American Association of Colleges of Osteopathic Medicine (AACOM), also initiated a study through Michael Hamm and Associates (Rio Rancho, New Mexico) to explore the effectiveness of OPTIs. The study will examine the degree of success the OPTI system has had compared with the initial goals of the OPTI concept and the unintended outcomes. In his letter to OPTI administrators, Gary Moorman, DO, chair of the Medical Education Summit Task Force, outlined the various data-gathering activities that will be occurring to complete the study: telephone interviews; focus groups and meetings with key stakeholders; scheduled OPTI site visits; and surveys of trainees and leaders in OPTIs and OGME.

Operational Performance

All OPTIs must operate in certain basic, prescribed manners, such as having a board of directors and an OGME committee. However, each OPTI is unique, with its own particular organizational structure and operational methods, which result in varying quality and structure among OPTI operations.

It is reasonable to assume that the value of an OPTI to its OGME programs is based partly on the quality of that institution’s operations. Likewise, OPTI operations of higher quality are likely to lead to OGME programs of higher quality.

The quality of operations in an OPTI is measured through both OPTI self-study and OPTI site inspections, which are summarized in the OPTI Annual Report. The revised OPTI Standards Inspectors Worksheet is a key element in evaluating OPTI operational performance.

In comparing OPTI inspection reports and OPTI responses on the 2009 OPTI Annual Report, certain commonalities in the reports may surface. For example, if an OPTI responds negatively toward research questions on the Annual Report, it is likely that the OPTI had difficulty meeting the research standards at the time of the OPTI inspection.

Inspections

To determine program quality and compliance with AOA accreditation standards, regularly scheduled inspections are required for each OPTI. The approved length of accreditation determines inspection cycles. Since 1997, each OPTI (excluding the Osteopathic Medical Network of Excellence in Education in Blacksburg, Virginia) has been inspected at least twice.5,6

The revised Standards Crosswalk assists inspectors in determining the length of an OPTI’s accreditation award and provides the inspection team with a more objective metric than previous systems of inspection. The crosswalk provides inspectors with a clear and concise guideline on how an OPTI has met or not met a standard.

The revised OPTI Standards Inspectors Worksheet lists suggested documentation, such as OPTI bylaws and policies and OGME committee minutes, for verifying compliance with each AOA standard.1 The worksheet consists of separate evaluations for eight different sections of AOA OPTI standards, each of which has multiple standards totaling 66 items (Figure 2).1 An excerpt of Standard Section B (Organization, Governance, and Finance) is shown in Figure 3.

During their onsite visits, inspectors award OPTIs a certain number of points (ie, number of accreditation elements met) for each of the eight standard sections (Figure 2), for a maximum possible score of 66 points. Depending on the total score received, the OPTI can receive an accreditation status ranging from 1 year (47-50 points) to 5 years (63-66 points). As shown in Figure 4, OPTIs with a total score of less than 47 points are placed on public probation, followed by the withdrawal of accreditation if an onsite inspection after 1 year reveals another total score of less than 47 points.

In 2008 and 2009, the revised OPTI Standards Inspectors Worksheet was used to conduct onsite inspections of eight OPTIs, with two OPTI inspections delayed. Another eight OPTIs are scheduled to be inspected in 2010.

Commendations

Inspectors of OPTI sites score the AOA basic standards according to three categories: “not met,” “met,” or “met with excellence” (Figure 3). An OPTI does not receive extra points for a standard that was “met with excellence,” but it does receive a commendation for that standard. In the eight OPTI inspections conducted in 2008 and 2009, six OPTIs received 13 commendations (Table 1). One OPTI received the distinction of being awarded a “blue ribbon” status—that is, a perfect score of 66.

Multiple commendations can be awarded to a single OPTI, as in the case of the 6 commendations awarded to one OPTI for research, faculty and instruction, and facilities standards (Standard Sections D, E, and H, respectively), as well as

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**Table 1**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites for Accreditation</td>
<td>Organization, Governance, and Finance</td>
<td>Program Evaluation</td>
<td>Research Standards</td>
<td>Faculty and Instruction</td>
<td>Intern and Resident Status and Services</td>
<td>Curriculum</td>
<td>Facilities</td>
</tr>
</tbody>
</table>

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**Figure 2. Definitions of the eight American Osteopathic Association (AOA) Osteopathic Postdoctoral Training Institution (OPTI) standard sections1 covered in the revised OPTI Standards Inspectors Worksheet (ie, Standards Crosswalk).**
received 2 commendations in facilities (Standard Section H).

No commendations were awarded for prerequisites for accreditation (Standard Section A); organization, governance, and finance (Standard Section B); program evaluation (Standard Section C); or intern and resident status and services (Standard Sections F).

The AOA basic standards most often reported as "met with excellence" were Standards D 1.2 and E 1.7, as follows:

**D 1.2**—Each OPTI shall facilitate and provide research education, assistance and resources directly to interns, residents and

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**Figure 3. Excerpt from part of the revised Osteopathic Postdoctoral Training Institution (OPTI) Standards Inspectors Worksheet (ie, Standards Crosswalk) in which inspectors record findings related to American Osteopathic Association (AOA) OPTI Standard Section B (Organization, Governance, and Finance).**

**Abbreviations:** CEO, chief executive officer; OGME, osteopathic graduate medical education.
institutions to encourage research and to meet the specialty college requirements.1

■ E 1.7—Each OPTI and its members institutions and designated faculty, shall integrate osteopathic principles and practice (OPP) into all teaching services as appropriate and shall have designated faculty to provide OPP teaching.1

The AOA standards “met with excellence” in onsite inspections beginning in 2008 highlighted several OPTI best practices, including development of faculty, development of training programs, and use of institutional evaluation measures. Best practices used for faculty development programs at OPTIs included presentations on a wide range of local, state, and national topics—from training with academic partners to application of OPP. Additional best practices included research promotion, developing and funding research initiatives, and recognizing achievements of DOs within the OPTI.

The OPTI inspections conducted beginning in 2008 with the revised Standards Crosswalk indicate that OPTIs are successfully developing new osteopathic training programs while also maximizing capped positions and aggregation agreements. To improve their curricula, OPTIs analyzed their member programs using AOA Core Competency Compliance evaluations.7

**Deficiencies**

Although all eight OPTIs inspected in 2008 and 2009 were evaluated for compliance and were eligible for commendations, only seven OPTIs were evaluated for deficiencies because one OPTI was newly formed at the time of the inspections.

A total of 46 deficiencies were cited in 2008 and 2009 OPTI inspections (Table 1). Multiple deficiencies were cited to one OPTI, including 3 deficiencies for organization, governance, and finance standards (Standard Section B); 2 deficiencies for program evaluation standards (Standard Section C); 2 deficiencies for faculty instruction standards (Standard Section E); 2 deficiencies for intern and resident status and services standards (Standard Section F); and four for deficiencies in curriculum standards (Standard Section G). In addition, multiple deficiencies cited to another OPTI included 5 deficiencies for organization, governance, and finance standards (Standard Section B); 4 deficiencies for program evaluation standards (Standard Section C); 5 deficiencies for research standards (Standard Section D); and 2 deficiencies for intern and resident status and services standards (Standard Section F).

Two more OPTIs had multiple cited deficiencies in a standard section. Multiple deficiencies cited to one OPTI included 2 deficiencies in prerequisites (Standard Section A), and one OPTI was cited for 2 deficiencies in organization, governance, and finance (Standard Section B) and 2 deficiencies for program evaluation (Standard Section C).

Two of the seven OPTIs evaluated for deficiencies in 2008 and 2009 received a total of 3 deficiencies for prerequisites for accreditation (Standard Section A), and four OPTIs were cited for a total of 12 deficiencies for organization, governance, and finance (Standard Section B).

**Table 1**

<table>
<thead>
<tr>
<th>Commendations or Deficiencies, No.</th>
<th>Standard Section†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commendations</td>
<td>A</td>
</tr>
<tr>
<td>Deficiencies</td>
<td>3</td>
</tr>
<tr>
<td>OPTIs With Deficiencies</td>
<td>2</td>
</tr>
</tbody>
</table>

* Commendation data based on inspections of five Osteopathic Postdoctoral Training Institutions (OPTIs) conducted in 2008 and 2009 using the revised OPTI Standards Inspectors Worksheet. Although all eight OPTIs inspected in 2008 and 2009 were evaluated for compliance in 2008 and 2009, only seven were evaluated for deficiencies because one of the OPTIs was newly formed at the time of the inspections.

† Definitions of standard sections are found in Figure 2.1

Abbreviation: AOA, American Osteopathic Association.
Regarding the deficiencies in this section, the AOA basic standard that was most often cited as “not met” was Standard D 1.5, which states the following:

The OPTI shall seek funding, either externally generated or internally budgeted funding (not only from the COM), to provide for OPTI-wide or program specific research efforts of its member faculty and residents or students.1

(continued)
Table 2 (continued)

## Randomly Selected Sample Questions and OPTI Overall Responses to the AOA Annual Report (N=13)*

<table>
<thead>
<tr>
<th>Sample Question†</th>
<th>Summary Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section F. Research Standards</strong></td>
<td></td>
</tr>
<tr>
<td>44. Describe how research and research education is organized and offered by the OPTI to trainees and faculty.</td>
<td>one-on-one and group research, OPTI education/courses, access to research faculty mentorship, research requirements during postdoctoral training, institutional review board consultation services, research funding incorporated into annual budget, partnership/collaboration with hospitals and colleges, central support through research committees/subcommittees/ liaisons, research database, library/online resources, statistical support, sponsored research</td>
</tr>
<tr>
<td><strong>Section G. Faculty and Instruction</strong></td>
<td></td>
</tr>
<tr>
<td>54. How does the OPTI provide faculty development opportunities for program directors, faculty, and [directors of medical education]?</td>
<td>two primary faculty development activities: (1) faculty development workshops and meetings, and (2) online modules that are available to any member of an OPTI</td>
</tr>
<tr>
<td><strong>Section H. Intern/Resident Status/Services</strong></td>
<td></td>
</tr>
<tr>
<td>61. Describe the OPTI process for monitoring OGME trainee progress toward graduation including the documentation of AOA competencies.</td>
<td>OGME review of annual reports, monitoring of board pass rates, program inspections</td>
</tr>
<tr>
<td>62. What is the organizational forum for OGME trainees to express training concerns?</td>
<td>OGME committee, OPTI governing board, stand-alone intern and resident forum</td>
</tr>
<tr>
<td><strong>Section I. Curriculum</strong></td>
<td></td>
</tr>
<tr>
<td>77. Does the OPTI provide active assistance to programs in developing corrective action plans? (yes/no)</td>
<td>Yes 13</td>
</tr>
<tr>
<td>No 0</td>
<td></td>
</tr>
<tr>
<td><strong>Section J. Facilities</strong></td>
<td></td>
</tr>
<tr>
<td>81. How does this OPTI provide oversight/supervision of a professionally trained librarian at each of its sites?</td>
<td>reliance on COM staff, program inspections of the facilities for OPTI membership</td>
</tr>
</tbody>
</table>

* Section definitions in the American Osteopathic Association (AOA) Annual Report do not correspond to the AOA OPTI Standard Sections, which are identified in Figure 2.
† Responses were formatted as free response unless otherwise indicated.

Abbreviations: COM, college of osteopathic medicine; OGME, osteopathic graduate medical education; OPTI, Osteopathic Postdoctoral Training Institution.

### 2009 OPTI Annual Report

The 2009 newly revised OPTI Annual Report consisted of two sections: an online questionnaire consisting of 83 items and a Microsoft Office Excel (Microsoft Corporation, Redmond, Washington) grid that allowed OPTIs to report membership composition. The purpose of the report is to develop OPTI profiles and begin data-collating that will analyze OPTI operations. Osteopathic Postdoctoral Training Institutions that are inspected or have an inspection scheduled during the academic year of the OPTI Annual Report do not submit annual reports.¹ For 2009, 13 OPTIs completed the 2009 annual report (2008 annual reports are excluded here because they were not conducted under the new format). Responses were formatted as “Yes/No,” multiple choice, and free response. For free response questions, each response was analyzed for common themes. The sample questions and responses shown in Table 2 were chosen randomly, with at least one question from each standard section. These responses show that a majority of OPTIs describe similar operations (eg, a separate OPTI administrator), similar goals and objectives, and assistance to programs in the corrective action plan process.

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1. Duffy and Martinez • AOA Communication

Downloaded From: http://jaoa.org/pdaccessashx?url=/data/journals/jaoa/932124/ on 10/17/2018
However, the report also includes responses that show a dichotomy in OPTI operations. In the assurance of OPTI financial stability, OPTIs revealed a wide array of responses ranging from reliance on COM funds to developing reserve accounts. Responses to the question regarding Institutional Core Competency Plans showed that although the majority of OPTIs are reviewing these plans, it is not universal.

In our 2009 article in JAOA—The Journal of the American Osteopathic Association, we compared highly accredited OPTIs (4- or 5-year accreditation awards) and lower accredited OPTIs (3 years or less) to program accreditation. We feel it would be prudent to track OPTI responses and how they impact program quality. As more OPTIs are inspected with the scoring tool and additional data are collected via the OPTI Annual Report, the AOA and COPTI will be able to provide additional detailed data on OPTI operations and their effect on program quality. Providing information that is more detailed would assist in answering the question, “Where are OPTIs going?”

Conclusion
In a June 2009 article in Academic Medicine, Don N. Peska, DO, Med, and colleagues discuss the next steps for the OPTI model. As they point out, further examination and development of the OPTI concept must involve data-driven decisions based on objective metrics. Enhancing the OPTI Annual Report and building a larger data set from the OPTI inspections will highlight several core functions that OPTIs excel at—as well as other functions that need improvement.

References