

# Osteopathic Postdoctoral Training Institutions and Academic Sponsorship

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Financial Disclosures:  
None reported.

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Submitted  
December 21, 2012;  
revision received  
January 28, 2013;  
accepted  
February 13, 2013.

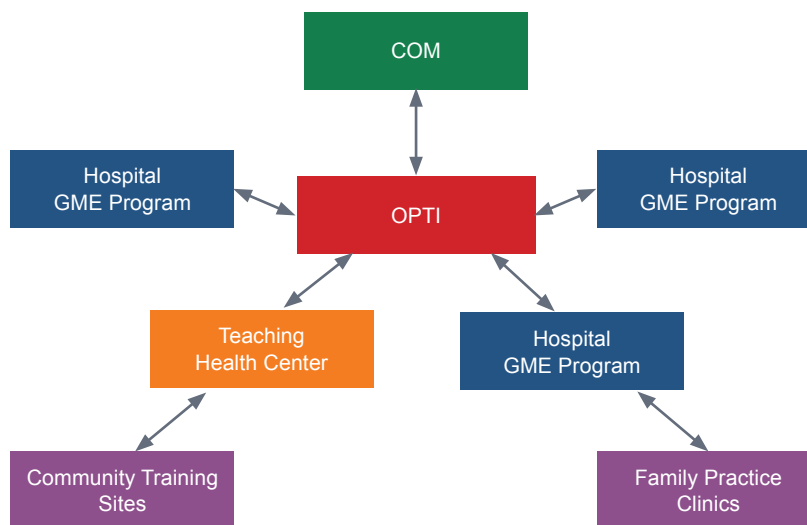
**Since July 2012, all osteopathic graduate medical education programs approved by the American Osteopathic Association are academically sponsored by an Osteopathic Postdoctoral Training Institution (OPTI). The author reviews recent activities related to OPTI operations, including OPTI historical data and academic sponsorship changes, revisions to the *OPTI Accreditation Handbook*, and the 2012 OPTI Workshop. The author also summarizes the new OPTI Mission and Vision Statements, examines OPTI governance, and cites common commendations and deficiencies for reviews completed from 2008 to 2012.**

*J Am Osteopath Assoc.* 2013;113(4):311-319

An Osteopathic Postdoctoral Training Institution (OPTI) is a community-based training consortium that comprises at least 1 college of osteopathic medicine (COM) and 1 hospital and may include additional community hospitals, teaching health centers, and ambulatory training facilities (*Figure 1*). The OPTI system was established by the American Osteopathic Association (AOA) in 1995. Since 1999, all osteopathic graduate medical education (OGME) programs must be a member of an AOA-accredited OPTI. All AOA-accredited COMs must also be a member of an OPTI. As of July 1, 2012, OPTIs are required to be academic sponsors for all OGME programs.<sup>1</sup> There are currently 21 accredited OPTIs. The newest OPTI, the Tennessee Osteopathic Medical Education Consortium, or TOMECE, in Harrogate, was approved in October 2012 (*Figure 2*).

## Recent Activities

During the past year, the AOA Council on Osteopathic Postdoctoral Training Institutions (COPTI)—led by former chairperson, D. Keith Watson, DO, and current chairperson, Lorenzo Pence, DO—hosted the 2012 OPTI Workshop and initiated the revision of the OPTI Annual Report. Further, COPTI implemented 2 new, substantial changes: a 5-year accreditation cycle and revised OPTI accreditation standards.<sup>1</sup>



**Figure 1.** Example of community relationships of osteopathic postdoctoral training institutions (OPTIs). **Abbreviations:** COM, college of osteopathic medicine; GME, graduate medical education.

**2012 OPTI Workshop**

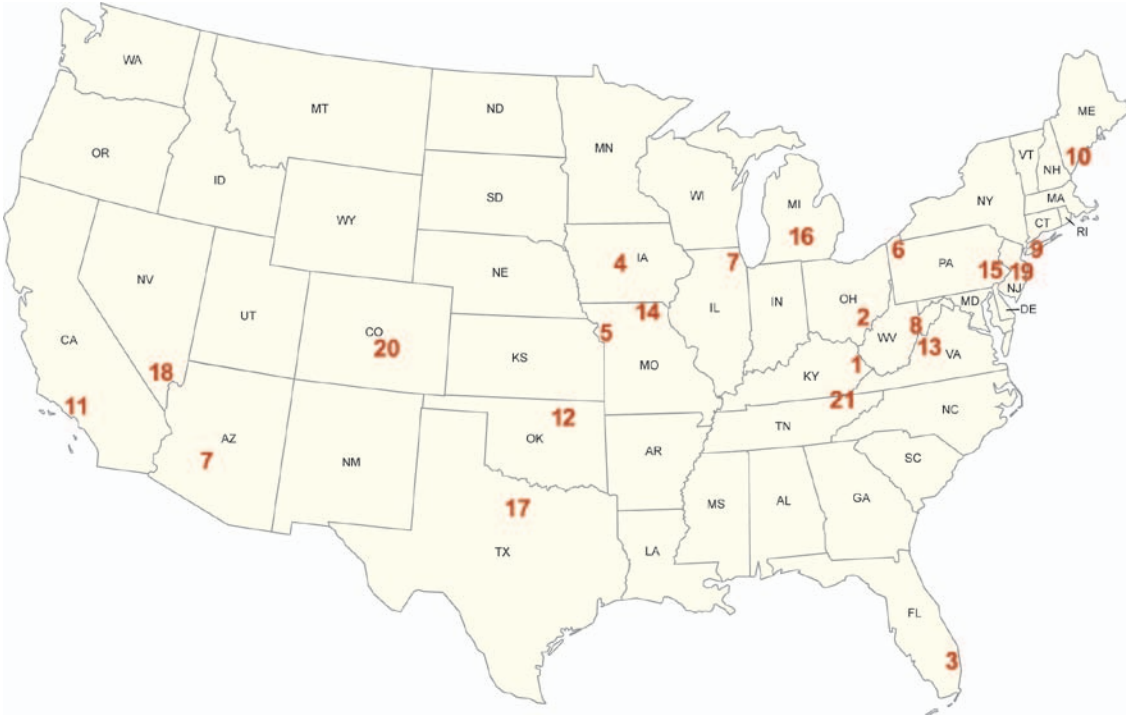
The 2012 OPTI Workshop, “Academic Sponsorship: OPTImizing Performance Improvement,” was held in Louisville, Kentucky. Fifty-nine OPTI leaders, representing all AOA-accredited OPTIs, participated in discussions about academic sponsorship, quality metrics, process improvement, and integration of osteopathic principles and practice (OPP) into OGME programs. Leaders of OPTIs also assessed the newly approved “Section IX: Standards for Accreditation of OPTIs”<sup>1</sup> and provided feedback to the COPTI on the implementation and evaluation of each standard. The event concluded with a symposium on preparing for an OPTI site visit, which was addressed to the point of view of both the inspection team and the OPTI.

**OPTI Annual Report**

Since 1999, all OPTIs have been required to complete the OPTI Annual Report, which queries OPTIs on a

series of operational issues. As the role of the OPTI has expanded to include academic sponsorship, so too does it become prudent to track OPTI responses and the impact that an OPTI’s operational structure has on OGME program quality.<sup>2</sup> Such information will enable the AOA and the COPTI to provide additional detailed data on OPTI operations and the effect of these operations on program quality. In short, these data will continue to be used to answer the question, “Where are OPTIs going?”<sup>3</sup>

To answer this question, a subcommittee of COPTI members and other OPTI leaders are revising the OPTI Annual Report. This subcommittee is entrusted with creating fewer, more effective questions, which would provide meaningful measures of a successful OPTI. The subcommittee includes representatives from the COPTI and the OPTI Council of the Association of Osteopathic Directors and Medical Educators, an OPTI advocacy group. New questions will be available for public comment and will be presented at the April 23, 2013, OPTI



1. Appalachian Osteopathic Postgraduate Training Institute Consortium Inc (A-OPTIC Inc), Pikeville, Kentucky
2. Centers for Osteopathic Research and Education (CORE), Athens, Ohio
3. Nova Southeastern University College of Osteopathic Medicine Consortium for Excellence in Medical Education (CEME), Fort Lauderdale, Florida
4. Health Education and Residency Training Network (HEARTland), Des Moines, Iowa
5. Kansas City University of Medicine and Biosciences College of Osteopathic Medicine Educational Consortium (KCUMB-COMEC), Missouri
6. Lake Erie Consortium for Osteopathic Medical Training (LECOMT), Erie, Pennsylvania
7. Midwestern University/OPTI (MWU/OPTI), Downers Grove, Illinois, and Glendale, Arizona
8. Mountain State OPTI (MSOPTI), Lewisburg, West Virginia
9. New York College of Osteopathic Medicine Educational Consortium (NYCOMEC), Old Westbury
10. Northeast Osteopathic Medical Education Network (NEOMEN), Biddeford, Maine
11. OPTI—West Educational Consortium, Pomona, California
12. Osteopathic Medical Education Consortium of Oklahoma (OMECO), Tulsa
13. Osteopathic Medical Network of Excellence in Education (OMNEE), Blacksburg, Virginia
14. Still OPTI, Kirksville, Missouri
15. Philadelphia College of Osteopathic Medicine (PCOM) MEDNet, Pennsylvania
16. Statewide Campus System/Michigan State University College of Osteopathic Medicine (SCS/MSUCOM OPTI), East Lansing
17. Texas OPTI, Fort Worth
18. Touro University Medical Education Consortium (TUMEC), Las Vegas, Nevada
19. University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine (UMDNJ-SOM) OPTI, Stratford
20. Rocky Mountain OPTI (RM OPTI), Parker, Colorado
21. Tennessee Osteopathic Medical Education Consortium (TOMEC), Harrogate

**Figure 2.**

Locations of the 21 osteopathic postdoctoral training institutions (OPTIs) in the United States.

Workshop in Baltimore, Maryland, for feedback from OPTI leadership. The OPTI Annual Report will be modified by the subcommittee if necessary and receive final approval by the COPTI at its July 31, 2013, meeting. Each OPTI receives its annual report each August and must complete and return it to the AOA no later than October 1. The COPTI reviews the data each year at its fall meeting.

### Role of the OPTI in OGME

In January 2011, the Education Policy and Procedure Review Committee III made recommendations to the AOA Board of Trustees (BOT) with the intent of improving the policies and procedures that govern and direct the education enterprise of the AOA.<sup>4</sup> These recommendations recognized OPTIs as the academic sponsors of all AOA-approved OGME programs.<sup>1,4</sup> As previously mentioned,<sup>5</sup> the responsibility of OPTIs greatly increased with this role, which became effective July 1, 2012. Also, in 2013 the OPTI Mission and Vision Statements were approved to define the OPTIs' purpose, primary objectives, and values.

### OPTI Academic Sponsorship

As academic sponsors, OPTIs are responsible for ensuring that OGME training programs are following specialty standards and standards outlined in *AOA Basic Documents for Osteopathic Postdoctoral Training*.<sup>1</sup> In addition, OPTIs are accountable for compliance of base institutions (eg, hospitals) with AOA policies, including reviewing and overseeing contracts, the AOA Match program, quality performance, trainee evaluations, and on-site program reviews, as well as monitoring corrective action plans, internal reviews, and core competencies.<sup>5</sup> The OPTIs will not, however, oversee base institution responsibilities such as financial support for trainees and programs, AOA Match participation, and administrative support.<sup>5</sup>

### OPTI Mission and Vision Statements

The Hamm Report on OPTI Effectiveness, conducted by Michael Hamm and Associates and previously described by Duffy,<sup>6</sup> called for a clear mission and vision concept for OPTIs. The OPTI Mission and Vision statements were drafted and discussed at 3 COPTI meetings and at the 2011 and 2012 OPTI Workshops; the statements were also approved by the Council on Osteopathic Training (COPT) and the Bureau of Osteopathic Education (BOE). The OPTI Mission and Vision Statements were approved by the AOA BOT at its 2013 midyear meeting (*Figure 3*).

### OPTI Governance

In matters relating to OPTI governance, the COPTI is the final accrediting body for OPTIs and is the first body to approve revisions to OPTI accreditation standards, policies, and administrative guidelines.

### OPTI Accreditation

Since July 1, 2011, COPTI has been the final decision body for OPTI accreditation.<sup>5</sup> Provisional approval, continuing approval, and corrective action plan and prog-

<b>OPTI Mission Statement</b>
To advance and academically sponsor osteopathic graduate medical education in support of the osteopathic medical education continuum.
<b>OPTI Vision Statement</b>
An organizational model for meeting tomorrow's health care needs by continuously enhancing and transforming the quality of osteopathic training programs to produce superior physicians.

**Figure 3.** The 2013 Mission and Vision Statements for Osteopathic Postdoctoral Training Institutions (OPTIs), as approved by the American Osteopathic Association's Board of Trustees at its 2013 midyear meeting.

ress report approval are under the authority of COPTI. Information regarding OPTI continuing approval and the new 5-year accreditation cycle can be found in the 2012 annual osteopathic medical education theme issue of *The Journal of the American Osteopathic Association (JAOA)*.<sup>5</sup>

An organization wishing to become an AOA-approved OPTI must provide a letter of intent, a completed OPTI application (Appendix A of the *OPTI Accreditation Handbook*<sup>7</sup>), and a feasibility study. The feasibility study must encompass an overview and history of the OPTI formation concept and process and offer a self-study report responding to all the standards located in sections A and B (Table 1).<sup>1</sup> After COPTI approval of the application and feasibility study is complete, a provisional accreditation site visit is scheduled. Provisional site visits take 1 day, focus on sections A and B of the OPTI Standards, and require 1 reviewer. The OPTI Inspection Crosswalk for provisional accreditation completed by the site reviewer is evaluated by the full COPTI at the next COPTI meeting, and, if approved, provisional accreditation is granted to the OPTI. A full site visit must occur within 1 year, but an extension may be granted if the OPTI provides reasonable rationale for deferment.<sup>7</sup>

### Revising OPTI Accreditation Documents

To best assess the effectiveness and functionality of an OPTI's effect on OGME, the COPTI makes revisions to OPTI accreditation standards, policies, and administrative guidelines. Revisions to the OPTI accreditation documents often start when a change is made to the responsibility of OPTIs by the AOA BOT, the BOE, or the COPT. For example, when the AOA BOT approved the policy that placed OGME programs under the guidance of OPTIs, the COPTI formed a special OPTI Standards Subcommittee to revise the OPTI Accreditation Standards,<sup>1</sup> the AOA's *OPTI Accreditation Handbook*,<sup>7</sup> and the *OPTI Inspection Crosswalk*.<sup>8</sup> Other revisions to OPTI accreditation documents may be brought on by

**Table 1.**  
Definitions of the 8 AOA OPTI Standard Sections<sup>1</sup>

AOA OPTI Standard Section	Definition
A	Prerequisites for accreditation
B	Organization, governance, and finance
C	Program evaluation
D	Research standards
E	Faculty and instruction
F	Intern and resident status and services
G	Curriculum
H	Facilities

**Abbreviations:** AOA, American Osteopathic Association; OPTI, osteopathic postdoctoral training institution.

feedback from OPTI leadership at the OPTI workshops, OPTI correspondence, or other OPTI advocacy groups.

Like other postdoctoral training policy and specialty standard revisions, OPTI accreditation document revisions, once approved by the COPTI, must receive approval from the COPT. After approval by the COPT, the approved revisions are posted to the AOA website for a 45-day public comment period. The AOA's Department of Education staff announces in their e-newsletter that policies are available for public comments. Any comments are reviewed by members of the COPTI and the COPT, who will make any necessary amendments. Once the comments are reviewed, the COPTI- and COPT-approved documents go to the BOE. Once approved by the BOE, the documents receive final review and approval from the AOA BOT. The changes to the standards are then posted online as "effective date pending" and will be effective for all OPTIs on July 1 of the following year.

Most recently, "Section IX: Standards for Accreditation of OPTIs" in *AOA Basic Documents for Postdoctoral*

**Table 2.**  
**“Must Meet” OPTI Standards<sup>a</sup>**

Standard Number	Standard
A.9.1	OPTI shall be a formalized entity.
A.9.2	OPTI shall have at least 1 member hospital; all hospitals must be accredited or licensed.
A.9.3	OPTI shall include membership of at least 1 COM accredited by AOA COCA.
A.9.5	All member institutions of the OPTI must have an affiliation agreement with the OPTI.
A.9.7	OPTI shall academically sponsor a minimum of 2 AOA-approved residency programs, at least 1 of which is in the following specialties: family medicine, general internal medicine, obstetrics and gynecology, general surgery, or general pediatrics.
B.9.13	OPTI shall complete and forward to the AOA an annual report on a schedule set by COPTI but no later than October 1.

<sup>a</sup> Effective July 1, 2012.

**Abbreviations:** AOA, American Osteopathic Association; COCA, Commission on Osteopathic College Accreditation; COM, college of osteopathic medicine; COPTI, Council on Osteopathic Postdoctoral Training Institutions; OPTI, osteopathic postdoctoral training institution.

**Source:** Resolution B-6 [M/2012]—Revisions to the Basic AOA Documents for Postdoctoral Training—Section IX: OPTI Standards. <http://www.osteopathic.org/inside-aoa/events/midyear-meeting/Documents/2012-midyear-meeting-documents/B-6-Basic-Documents-Section-IX-OPTI-Standards-BOE-COPT-COPTI.pdf>.

al Training<sup>1</sup> and the *OPTI Accreditation Handbook*<sup>7</sup> were extensively revised to reflect the new academic sponsorship responsibilities of OPTIs. The AOA published the proposed standards on its website for the 45-day public comment period; all comments were reviewed by COPTI, and amendments were made on the basis of the feedback. The *OPTI Inspection Crosswalk*<sup>8</sup> was revised to include the revisions to the standards and also to include the new Pilot OPTI Performance Improvement Program. The OPTI accreditation standards and crosswalk now include 2 types of standards: “Must Meet” standards (indicated with \*\* in the revisions to *AOA*

*Basic Document for Postdoctoral Training* and *OPTI Inspection Crosswalk*) and “regular” standards. The 6 “Must Meet” standards identified by the COPTI that must be met are considered essential to OPTI function and continuing approval (*Table 2*). These standards became effective on July 1, 2012; the first review of an OPTI under the new standards will occur in January 2013. Additional information about the new OPTI accreditation process is available in the *JAOA*’s 2012 osteopathic medical education theme issue.<sup>5</sup>

## OPTI Commendations

Reviewers of OPTI sites score results for OPTI accreditation standards according to 3 categories: “not met,” “met,” or “met with excellence.” An OPTI does not receive extra points for standards that are “met with excellence.” However, they do receive commendations for those standards. The COPTI may award multiple commendations to a single OPTI. *Table 3* summarizes the commendations and deficiencies given in the past 5 years.

In the 22 full OPTI reviews conducted from 2008 to 2012, OPTI accreditation standards were scored as “met with excellence” 31 times (*Table 3*). Three OPTIs received the distinction of being awarded a “blue ribbon” status—a perfect score on the review. In the 22 reviews conducted from 2008 to 2012, COPTI awarded commendations most often in research (Standard Section D) and faculty and instruction (Standard Section E).

The OPTI accreditation standards that were most often awarded as “met with excellence” were Standards D.9.2 (cited 6 times) and E.9.5 (cited 4 times):

- D.9.2: “Each OPTI shall facilitate and provide research education, assistance and resources directly to interns, residents and institutions to encourage research and to meet the specialty college requirements.”<sup>9</sup>
- E.9.5: “Each OPTI and its member institutions and designated faculty, shall integrate [OPP] into

**Table 3.**  
**Commendations and Deficiencies Given to OPTIs for Compliance**  
**With AOA OPTI Standards, 2008 to 2012 (N=22)**

Commendations or Deficiencies, No.	Standard Sections <sup>a</sup>								Total
	A	B	C	D	E	F	G	H	
Commendations	3	2	1	8	7	1	6	3	31
Deficiencies	3	31	31	20	9	11	11	3	119

<sup>a</sup> Definitions of standard sections are found in *Table 1*.

**Abbreviations:** AOA, American Osteopathic Association; OPTI, Osteopathic Postdoctoral Training Institution.

all teaching services as appropriate and shall have designated faculty to provide OPP teaching.”<sup>9</sup>

The OPTI Accreditation Standards revisions to include academic sponsorship into the OPTI requirements made an editorial revision to Standard D.9.2. Standard E.9.3 was chosen as a standard for the Pilot OPTI Performance Improvement Program and is shown in the *Appendix*.

### OPTI Deficiencies

In the 22 full OPTI reviews completed from 2008 to 2012, COPTI cited 119 deficiencies, or OPTI accreditation standards found as “not met” (*Table 3*), with multiple deficiencies cited to a single OPTI. The COPTI cited deficiencies most often in organization, governance, and finance (Standard Section B) and program evaluation (Standard Section C).

Among these deficiencies, the OPTI standards that were most often cited as “not met” were Standards B.9.15 (cited 7 times), C.9.4 (cited 8 times), C.9.8 (cited 6 times), and D.9.5 (cited 6 times):

- B.9.15: “Each OPTI shall define a financial plan and budget that is linked to its strategic plan, annual educational plan and outcomes, and that reflects

profit/loss detailed allocations to all members.”<sup>9</sup>

- C.9.4: “The responsibility of the OGME committee shall be clearly stated. The OGME shall document its effectiveness through outcome measures consistent with the OPTI strategic plan goals.”<sup>9</sup>
- C.9.8: “The OPTI shall implement a system of program evaluation that assesses and measures the effectiveness of each educational program and establishes opportunities for improvement.”<sup>1</sup>
- D.9.5: “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.”<sup>9</sup>

Each standard was amended in last year’s OPTI Accreditation Standards revisions to ensure clarity for COPTI, the OPTIs, and the site reviewers. Standard B.9.15 now requires an OPTI to commit financial resources and to define a financial plan and budget that is linked to its strategic plan, mission, goals, objectives, and outcomes. Standard C.9.4 was removed because it was not achieving the expected outcome that COPTI intended. Standard C.9.8 is currently being rewritten to more clearly define the expectation of the standard; that is, all OPTI-initiated programming provided to mem-

ber institutions—whether related to research, OPP, curriculum, or faculty development—is to be evaluated. Standard D.9.5 now requires that OPTIs provide specific budgeted funding for OPTI-wide or program-specific research for its trainees.

## Conclusion

The role of OPTIs in OGME substantially changed in 2012. As OPTIs are inspected in accordance with the revised standards and using the Pilot OPTI Performance Improvement Program, the data collected from the new OPTI annual reports, OPTI inspections, and program inspections will continue to highlight OPTI functions that are effective or that need improvement. This information will lead to greater understanding of how OPTIs can best sponsor and improve OGME programs.

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**Editor's Note:** The JAOA theme issue on osteopathic medical education includes annual updates from the American Osteopathic Association's departments of accreditation and education. Last year's article on Osteopathic Postdoctoral Training Institutions can be accessed online at <http://www.jaoa.org/content/112/4/204.full>.

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Appendix.

Example of Pilot Performance Improvement Program Section in *OPTI Inspection Crosswalk*.

Standard	Suggested Documentation /Interviews for Verifying Met/Not Met	Performance Improvement Program Scoring System																					
<p>E.9.3 The OPTI shall delineate, in collaboration with its member COM(s), hospitals and other teaching institutions, a faculty development plan for core faculty and evaluate its effectiveness.</p>	<ul style="list-style-type: none"> <li>■ Faculty Development Program Policies</li> <li>■ Attendance Roster of Faculty Development Programs</li> <li>■ Faculty Development Meeting Minutes</li> <li>■ Faculty Development Grants</li> <li>■ Evaluation of Faculty Development Programming</li> <li>■ OPTI Bylaws/Policies</li> <li>■ OGME Committee Minutes</li> <li>■ Dean</li> <li>■ OPTI CEO/Chair</li> <li>■ OPTI Academic Officer</li> <li>■ Faculty Development Officer</li> <li>■ Chairs</li> <li>■ Administrative Assistant(s)</li> <li>■ DMEs/ADMES</li> <li>■ CME Office</li> <li>■ Medical Staff Offices in Hospitals</li> <li>■ Program Directors</li> <li>■ Faculty</li> </ul>	<p>Questions to be answered:</p> <p>1. What methods does the OPTI use for developing its faculty?</p> <p>2. How does the OPTI evaluate its faculty development plan for effectiveness?</p> <table border="1" data-bbox="250 1312 1168 1967"> <tr> <td data-bbox="1020 1312 1168 1388">1 pt</td> <td data-bbox="1020 1388 1168 1967">Methods for developing core faculty are noted, but evidence of use by core faculty is lacking; the core faculty development plan has no systematic process for monitoring effectiveness.</td> </tr> <tr> <td data-bbox="990 1312 1020 1388">2 pt</td> <td data-bbox="990 1388 1020 1967">NA</td> </tr> <tr> <td data-bbox="960 1312 990 1388">3 pt</td> <td data-bbox="960 1388 990 1967">Methods for developing core faculty are noted, and there is evidence of use by some core faculty; there is a systematic process defined for monitoring effectiveness, but no documented evidence of its use exists.</td> </tr> <tr> <td data-bbox="929 1312 960 1388">4 pt</td> <td data-bbox="929 1388 960 1967">NA</td> </tr> <tr> <td data-bbox="899 1312 929 1388">5 pt</td> <td data-bbox="899 1388 929 1967">Methods for developing core faculty are noted, and there is clear evidence of use by most core faculty; there is a systematic process for monitoring effectiveness and documented evidence of its use exists.</td> </tr> <tr> <td data-bbox="869 1312 899 1388">6 pt</td> <td data-bbox="869 1388 899 1967">NA</td> </tr> <tr> <td data-bbox="839 1312 869 1388">7 pt</td> <td data-bbox="839 1388 869 1967">Methods of developing core faculty are noted, and there is clear evidence of use by all core faculty; there is a systematic process for monitoring effectiveness and documented evidence of its use exists.</td> </tr> <tr> <td data-bbox="808 1312 839 1388">8 pt</td> <td data-bbox="808 1388 839 1967">NA</td> </tr> <tr> <td data-bbox="778 1312 808 1388">9 pt</td> <td data-bbox="778 1388 808 1967">Needs-based methods of developing core faculty are noted, and there is clear evidence of use by all core faculty; there is a systematic process for monitoring effectiveness and documented evidence of its use exists with evidence of process improvement based upon outcomes.</td> </tr> <tr> <td data-bbox="748 1312 778 1388">10 pt</td> <td data-bbox="748 1388 778 1967">Needs-based methods of developing core faculty are noted, and there is clear evidence of use by all core faculty; there is a systematic process for monitoring effectiveness and documented evidence of its use exists with evidence of ongoing improvements based upon outcomes.</td> </tr> </table>		1 pt	Methods for developing core faculty are noted, but evidence of use by core faculty is lacking; the core faculty development plan has no systematic process for monitoring effectiveness.	2 pt	NA	3 pt	Methods for developing core faculty are noted, and there is evidence of use by some core faculty; there is a systematic process defined for monitoring effectiveness, but no documented evidence of its use exists.	4 pt	NA	5 pt	Methods for developing core faculty are noted, and there is clear evidence of use by most core faculty; there is a systematic process for monitoring effectiveness and documented evidence of its use exists.	6 pt	NA	7 pt	Methods of developing core faculty are noted, and there is clear evidence of use by all core faculty; there is a systematic process for monitoring effectiveness and documented evidence of its use exists.	8 pt	NA	9 pt	Needs-based methods of developing core faculty are noted, and there is clear evidence of use by all core faculty; there is a systematic process for monitoring effectiveness and documented evidence of its use exists with evidence of process improvement based upon outcomes.	10 pt	Needs-based methods of developing core faculty are noted, and there is clear evidence of use by all core faculty; there is a systematic process for monitoring effectiveness and documented evidence of its use exists with evidence of ongoing improvements based upon outcomes.
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**Abbreviations:** ADMIE, associate director for medical education; CEO, chief executive officer; CME, continuing medical education; COM, college of osteopathic medicine; DME, director of medical education; NA, not applicable; OGME, osteopathic graduate medical education; OPTI, osteopathic postdoctoral training institution.

**Source:** American Osteopathic Association. *OPTI Inspection Crosswalk*. Chicago, IL: American Osteopathic Association; 2011. <http://www.osteopathic.org/in/inside-aoa/Education/opti-dean/inghouse/Documents/OPTI-Inspection-Crosswalk.pdf>.