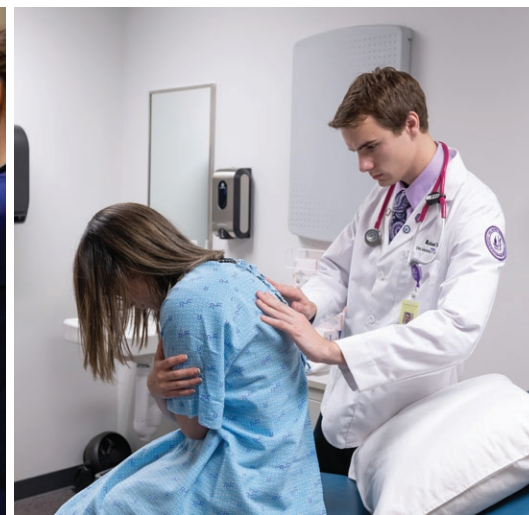




# FUNDAMENTAL OSTEOPATHIC MEDICAL COMPETENCY DOMAINS 2026



GUIDELINES FOR ASSESSMENT FOR OSTEOPATHIC MEDICAL LICENSURE  
AND THE DISTINCTIVE PRACTICE OF OSTEOPATHIC MEDICINE





**John R. Gimpel,  
DO, MEd**

**PRESIDENT AND  
CHIEF EXECUTIVE  
OFFICER**



# President's Foreword

*Fundamental Osteopathic Medical Competency Domains 2026: Guidelines for Assessment for Osteopathic Medical Licensure and the Distinctive Practice of Osteopathic Medicine.*

Competency-based medical education (CBME) is an outcomes-based approach to medical education and assessment that is well-aligned with the osteopathic medical profession and puts the needs of patients at the center of teaching, learning, and assessment. CBME has continued to evolve over the past 30 years, with the continued global trend toward developing comprehensive frameworks for defining, applying, teaching, and measuring the competencies of a physician. The National Board of Osteopathic Medical Examiners (NBOME) is proud to have played a role in advancing this paradigm, particularly as it relates to osteopathic medicine.

One relatively early milestone for CBME was the 2006 release of an initial detailed report by the NBOME on physician competencies for osteopathic medical practice from the licensure assessment perspective, entitled *The Seven Osteopathic Medical Competencies: Considerations for Future Testing and the Practice of Osteopathic Medicine* (2006). Subsequent reports include *Fundamental Osteopathic Medical Competencies: Guidelines for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine* (FOMCD 2009 and the FOMCD 2011 editions), with the FOMCD 2011 published as a supplement to the *Journal of the American Osteopathic Association* (JAOA).

Subsequent to the release of the FOMCD 2011, efforts were made to delineate the progression of a physician-in-training in graduate medical education (postgraduate training) toward an

expected level of proficiency in their competency development. These “milestones” were put forth by the Accreditation Council for Graduate Medical Education (ACGME). Numerous other professional associations and organizations added CBME-oriented frameworks for competencies and entrustable professional activities across the education, training, and practice continuum.

The NBOME's *Fundamental Osteopathic Medical Competency Domains 2016: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine* (the FOMCD 2016), also published as a supplement in the JAOA, attempted to align with competency frameworks across the continuum, while still maintaining its focus as a competency framework to inform assessment for osteopathic physician licensure (i.e., NBOME's COMLEX-USA) and the practice of osteopathic medicine. Substantial attention in the FOMCD 2016 was given to professionalism and trustworthiness, interprofessional collaboration and care in teams, self-care and physician wellness, systems-based practice and practice-based learning and improvement, and clinical procedures. The FOMCD 2016 garnered considerable attention in the United States and internationally as it served to inform the enhanced competency-based COMLEX-USA blueprint for 2018-2019 and also served as a guide for those in education or with an interest in osteopathic medicine.

We are extremely pleased to bring forward the NBOME's *Fundamental Osteopathic Medical Competency Domains 2026: Guidelines for Assessment for Osteopathic Medical Licensure and the Distinctive Practice of Osteopathic Medicine*. An evidence-based design led by the NBOME and its more than 1,000-member National Faculty, the FOMCD 2026 will continue to inform the COMLEX-USA blueprint and assessment for



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licensure at the NBOME. Osteopathic principles and practices (OPP) are explicitly integrated across all seven competency domains, highlighting the interrelationship of OPP within each domain and attention to the impact that the osteopathically distinctive focus has on the care patients receive from osteopathic physicians. Considerable effort was put into aligning, where appropriate with consensus, competency and entrustable professional activity frameworks published by the American Association of Colleges of Osteopathic Medicine (AACOM) and other professional organizations, societies, and associations. This includes the 2024 *Foundational Competencies for Undergraduate Medical Education* framework outline co-sponsored by the ACGME, AACOM, and the Association of American Medical Colleges (AAMC), and to which the NBOME contributed.

The *FOMCD 2026* introduces several significant enhancements designed to better align the COMLEX-USA examination series with both patient needs and the evolving practice of osteopathic medicine. Recent evidence shows that physician incorporation of the enhanced competencies reflected in the *FOMCD 2026*—encompassing knowledge, skills, attitudes, and values—leads to improved patient outcomes and greater physician satisfaction. These elements have long been recognized by experts as fundamental to the distinctive practice of osteopathic medicine. For example, Competency Domain 6 has been renamed “Professionalism and Compassion in the Practice of Osteopathic Medicine,” and now includes expanded requirements related to compassion, humanistic behavior, and consideration of spirituality and belief systems in health care. This change reinforces the compassionate, body-mind-spirit osteopathic approach to patient care established by our profession’s founder, Andrew Taylor Still, DO.

The *FOMCD 2026* also has an increased focus on social determinants of health and health systems science, and an increased focus on nutrition and diet in patient care and

disease prevention—the latter a major component in Dr. Still’s original philosophy and a resurging area of interest across numerous health professions today.

Skills related to digital health, telehealth, and augmented intelligence are further elaborated on in the *FOMCD 2026*, perhaps balanced by significantly more codification for the fundamental person-centered competencies related to physician skills in physical examination, physician-patient communication, medical interviewing, and patient education.

The NBOME would like to acknowledge those on our National Faculty, particularly those on the Blueprint Subcommittee, for their expertise and collaborative efforts in producing the *FOMCD 2026*.

The NBOME strove to make an inclusive process when considering practice analysis and review of evidence supporting the *FOMCD 2026*; this included input from medical educators and learners at all levels of undergraduate and graduate medical education, experts in physician licensure and accreditation, a broad specialty mix of physicians active in diverse clinical practice settings, and public members representing the voice of our patients.

The *FOMCD 2026* is a synergistic product of the work of many people over two years and builds on the NBOME’s pioneering efforts over the past 20 years on physician competency frameworks. I hope you find the expanded the *FOMCD 2026* to be illuminating, informative, helpful, and maybe even inspiring.

We anticipate your feedback as we continue to keep pace with the exciting evolutions in the practice of osteopathic medicine, while at the same time standing up for our patients in being proud of and true to our tenets of compassionate care for the whole patient in body, mind, and spirit, and improving patient care and the health of the public.

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*President and CEO, NBOME*

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Introduction



NBOME Board of Directors, December 2025.

## Introduction



# Introduction

## Overview

The 2026 edition of the *Fundamental Osteopathic Medical Competency Domains (FOMCD)* document reflects a current comprehensive practice analysis and expert consensus on the competency domains required to practice osteopathic medicine. The *FOMCD 2026* will serve to inform the competency domain dimension of the **COMLEX-USA Blueprint**, which is the basis for the COMLEX-USA examinations, the examination series designed and used for **licensure of osteopathic physicians**.

This document builds on the fundamental competency domains outlined in the *FOMCD 2016* and prior work to delineate the competency domains dating back to 2006. While osteopathic medical practice is always evolving, changes of the past decade have required greater competence in rapidly developing areas such as digital health care and other technologies, professional well-being, health systems science, and nutritional and dietary facets of practice. Throughout its evolution, the osteopathic profession remains committed to the osteopathic tenets and to its origin in compassion, empathy, body-mind-spirit unity, social determinants of health (SDoH), and patient-centered care.

## FOMCD 2026 ENHANCEMENTS

The *FOMCD 2026* reflects the expansion of osteopathic medical competency frameworks to align with contemporary health care practices and societal needs and to articulate osteopathic medicine's distinctive patient-centered, body-mind-spirit approach. These enhancements include:

Competency Domain 6, *Professionalism in the Practice of Osteopathic Medicine*, was retitled *Professionalism and Compassion in the Practice of Osteopathic Medicine*, highlighting the key role of compassion in quality patient care and outcomes and its alignment with professionalism in the practice of osteopathic medicine.

Competency Domain 7, *Systems-Based Practice in Osteopathic Medicine*, was revised to better articulate more comprehensive principles of health systems science, including health informatics, data-driven quality improvement, public health preparedness, and the importance of advocacy for the delivery of osteopathic health care.

Digital health (including telehealth and artificial/augmented intelligence) was integrated throughout the document, reflecting the growing role of technology in the practice of osteopathic medicine.

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New outcomes were added to assess competence in understanding the roles nutrition and diet play in health and their application to patient care, and to align with the American Association of Colleges of Osteopathic Medicine food as medicine and nutrition in medical education principles.<sup>1</sup>

The NBOME defines the role of nutrition in osteopathic medicine as follows:

**Nutrition in osteopathic medicine** integrates safe, effective, evidence-based dietary knowledge, food-as-medicine principles, and concepts of disease prevention into comprehensive, person-centered care. It considers socioeconomic, cultural, and psychological influences on eating and uses compassionate, collaborative, interprofessional, community-oriented strategies in shared decision-making to address nutritional needs across the lifespan.

Physical examination expertise was expanded to emphasize comprehensive, systematic assessment skills—including structural and mental status examinations—and integration of clinical reasoning and osteopathic principles throughout.

Culturally responsive care and avoidance of bias were integrated more broadly.

Patient-centered and value-based care emphases were expanded by explicitly addressing SDoH in addition to spirituality and patient belief systems.

Content related to physician self-care, digital intelligence, and ethical business practices was expanded, broadening the scope of appropriate professional conduct for osteopathic physicians.

Particular attention was given to align with competency frameworks agreed upon by the American Association of Colleges of Osteopathic Medicine, the Accreditation Council for Graduate Medical Education, and the American Association of Medical College’s publication, *Foundational Competencies for Undergraduate Medical Education*, 2024.

## ON THE DISTINCTIVE PRACTICE OF OSTEOPATHIC MEDICINE

This definition builds on [Defining the Distinctive Practice of Osteopathic Medicine: Building on the Summit 2019](#).

Osteopathic medicine is an evidence-based approach to care that centers on the unity of body, mind, and spirit. It emphasizes compassion, professionalism, and the importance of physician-patient relationships. Osteopathic physicians are trained and entrusted to listen carefully, engage patients in shared decision-making, and respect their individual goals and values throughout the course of care.

Osteopathic physicians are highly trained physicians who complete a comprehensive medical education and receive integrated training in osteopathic principles and practice (OPP), including the musculoskeletal system, hands-on physical diagnosis, and osteopathic manipulative treatment (OMT). This added focus strengthens their ability to diagnose and treat patients, deliver preventive health care, and contribute to positive patient outcomes.

## DEVELOPMENT PROCESS

Our process for updating the *FOMCD* was systematic and inclusive, involving a comprehensive practice analysis that relied on a combination of stakeholder engagement, literature and physician practice database review, and iterative refinement through broad and diverse expert consensus.

We gathered considerable direct feedback through a **comprehensive stakeholder survey** disseminated widely among osteopathic physicians, educators, students, licensing authorities, and professional organizations. Stakeholders were invited to provide their perspectives on the relevance, clarity, and comprehensiveness of the existing competencies for the practice of osteopathic medicine and to make



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recommendations for addressing contemporary developments in health care. NBOME staff synthesized the results of the survey in an internal report that informed subsequent review of the *FOMCD*.

We conducted a rigorous **literature scan** focused on medical journal articles published since 2021. This review was conducted by members of the COMLEX-USA Blueprint Subcommittee in addition to select National Faculty Chairs. The goal of this scan was to identify evolving competencies critical to osteopathic medical practice, with particular attention to emerging trends such as digital health, health systems science, and physician well-being. In synthesizing

findings from over 2,000 articles, we identified significant shifts toward integration of technology and virtual care, underscoring the need to update definitions and competencies in these areas.

Following these research projects, detailed reviews and edits of the competency domains were completed by members of the COMLEX-USA Blueprint Subcommittee, NBOME Board of Directors, and NBOME National Faculty Chairs, and were supported by NBOME staff. For each competency domain, details were integrated from reviewing survey insights alongside the literature findings. Through **structured discussions and expert deliberation** at multiple in-person



NBOME President and CEO John R. Gimpel, DO, MEd, discussing revisions to the Fundamental Osteopathic Medical Competency Domains.

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meetings, the reviewers proposed modifications and approved revisions aimed at aligning the *FOMCD* with contemporary practice realities and emerging health care landscapes.

Transparency has been a core principle guiding our process. In this spirit, we openly acknowledge the use of **advanced technologies**—including generative artificial intelligence (ChatGPT-5.0, ChatGPT-4.5, and ChatGPT-4o) and internal explorations into natural language processing (NLP)—as supportive tools in the development of this document. These technologies augmented our ability to identify and categorize emerging topics in the *FOMCD* efficiently, thereby enhancing our synthesis and interpretation of extensive stakeholder feedback and literature data. Subject matter experts from the NBOME National Faculty and staff members reviewed, verified, and edited all contributions from artificial intelligence.

## DEFINITIONS

The following operational definitions apply to the *FOMCD* 2026:

**Competency domains:** related sets of foundational abilities representing the required elements and outcomes that define knowledge, skills, experience, attitudes, values, behaviors, and established professional standards for the practice of osteopathic medicine.

**Required elements:** the essential foundational components that define the standards for each competency domain, including specific, definable knowledge, skills, experiences, attitudes, values, and/or behaviors—each aligned with one or more outcomes.

**Outcomes:** clear, explicit statements of desired abilities that comprise required elements and that can be measured, attested to, or unmeasured.

**Measured outcomes:** outcomes that can be **directly assessed** in the COMLEX-USA examination series, including Level 1, Level 2-CE, Core Competency Capstone for DOs (C3DO), and Level 3.

**Attested outcomes:** outcomes that can be **verified by trusted agents** such as osteopathic medical school deans or residency program directors for their inclusion in the licensure pathway.

**Unmeasured outcomes:** outcomes that are **difficult to assess or verify** in a reliable, valid, fair, and cost-effective manner within the licensure pathway. These outcomes may be better addressed through formative learning activities, workplace-based assessments, or ongoing training in graduate medical education and practice settings.

To ensure clarity and consistency—especially around newly incorporated competencies related to technological advancement—we have adopted the following definitions as they apply to osteopathic care:

**Artificial intelligence:** computer systems that simulate human abilities across a range of tasks, from simple functions to complex analysis.

**Augmented intelligence:** the use of artificial intelligence by qualified individuals to enhance their knowledge, skills, abilities, and decision-making.

**Digital health:** the use of electronic technologies to promote wellness, improve patient outcomes, and strengthen patient engagement in their health and health care. Digital health encompasses a broad scope, including—but not limited to—electronic health records, clinical decision support systems, telehealth, mobile apps, wearable devices, data analytics, and augmented intelligence.

**Telehealth:** the use of electronic information and telecommunication technologies to support remote health

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care, health-related education, health administration, and public health. Telehealth is a subset of digital health.

Osteopathic physicians must use artificial intelligence in an ethically and legally responsible manner. Maintaining awareness of the potential applications, benefits, and limitations is essential. While artificial intelligence can be an effective tool in augmenting patient care—particularly in collaboration with an interprofessional health care team—it is not a substitute for the expertise and judgment of a qualified osteopathic physician. Osteopathic physician involvement remains essential in delivering osteopathic care.

The NBOME acknowledges that language, particularly in the realm of technology, continues to evolve. These definitions may be updated as related terms and their uses develop over time. Feedback may be sent to [editors@nbome.org](mailto:editors@nbome.org).



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National Board of Osteopathic Medical Examiners.  
 Fundamental Osteopathic Medical Competency Domains 2026: Guidelines for Assessment for Osteopathic Medical Licensure and the Distinctive Practice of Osteopathic Medicine. Chicago, IL, 2026.

Information herein is provided only as a resource for interested stakeholders. For the most updated information pertaining to content or test specifications for the COMLEX-USA examination program or any other NBOME assessment or service, please refer to that provided on the NBOME’s website: [www.nbome.org](http://www.nbome.org).

1. American Association of Colleges of Osteopathic Medicine. *AACOM Releases Historic Statement After “Food as Medicine” Special Session*. Published April 19, 2024. Accessed October 24, 2025. <https://www.aacom.org/news-reports/news/2024/04/19/aacom-releases-historic-statement-after-food-as-medicine-special-session>
2. Association of American Medical Colleges; American Association of Colleges of Osteopathic Medicine; Accreditation Council for Graduate Medical Education. *Foundational Competencies for Undergraduate Medical Education*. Published 2024. Accessed October 24, 2025. <https://engage.aamc.org/UME-Competencies-AAMC-ACGME-AACOM>

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**Acknowledgements**

We also want to acknowledge the contributions of NBOME teammates, including **Jack Boulet, PhD, MA**, **Xia Mao, PhD**, **Candice Pernell, MA**, **Ben Sachs**, **Alexis Snyder**, **Abby Truett**, and **Dana Young**, who provided crucial administrative and logistical support to the Blueprint Subcommittee meetings, literature scan, and stakeholder survey.

Competency  
Domain

1

NBOME





# Osteopathic Principles, Practice, and Manipulative Treatment

## Overview

Osteopathic physicians must demonstrate knowledge of osteopathic principles and practice and approach patient care by incorporating the distinct behavioral, philosophical, and procedural aspects of osteopathic medical practice. This is based on the four tenets of osteopathic medicine:

1. The body is a unit; the person is a unit of body, mind, and spirit.
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based on an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

While these tenets form the foundation for the other six osteopathic competency domains, this competency domain emphasizes the distinctive osteopathic approach to providing compassionate osteopathic patient care, including the integration of foundational osteopathic principles, somatic dysfunction diagnosis, osteopathic manipulative treatment (OMT), and an emphasis on the use of palpation for both diagnostic and therapeutic purposes. Osteopathic physicians must recognize, diagnose, and treat patients with somatic dysfunction using OMT in the clinical setting. Considerable overlap—particularly in Competency Domains [2. Osteopathic](#)

[Patient Care and Procedural Skills](#) and [3. Application of Knowledge for Osteopathic Medical Practice](#)—demonstrates the integration of osteopathic principles throughout the practice of osteopathic medicine.

The Educational Council on Osteopathic Principles (ECOP) of the American Association of Colleges of Osteopathic Medicine (AACOM) defines OMT and somatic dysfunction in the *2025 Glossary of Osteopathic Terminology* as follows:

### Osteopathic manipulative treatment (OMT)

“The therapeutic application of manually guided forces by an osteopathic physician...to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction.”

### Somatic dysfunction

“Impaired or altered function of related components of the body framework system: skeletal, arthrodiar, and myofascial structures, and their related vascular, lymphatic, and neural elements... Somatic dysfunction is treatable using osteopathic manipulative treatment.”



## Required Elements

### 1.1 Knowledge of Osteopathic Principles, Practice, and OMT

**Definition:** The osteopathic physician must demonstrate an understanding of osteopathic principles and practice, including basic science, structure, function, mechanisms of action, and physical findings of somatic dysfunction, and the foundational application of OMT.

#### MEASURED OUTCOMES

The osteopathic physician...

1. recognizes the role of body-mind-spirit unity in whole-person health care.
2. recognizes the relevance of osteopathic principles in the compassionate care of all patients.
3. articulates how the five osteopathic models of care (behavioral-biopsychosocial, metabolic-nutritional, neurologic, respiratory-circulatory, and biomechanical-structural) support the osteopathic tenets.
4. describes the interrelationship between structure and function in the human body and explains how it guides patient evaluation, including physical examination.
5. identifies the reciprocal effects of dysfunction within the musculoskeletal system and dysfunction within the vascular, lymphatic, neurologic, and organ systems.
6. articulates the scientific knowledge supporting the use of osteopathic principles, practice, and OMT, including the mechanisms of somatic dysfunction and OMT, and evidence for the clinical application of OMT in facilitating health.
7. identifies the effects of the patient's diet and nutrition on the whole person for both health and disease.
8. identifies biomechanical elements of the patient's history, including those relevant to the patient's occupation, exercise habits and tolerance, posture, and mechanism of injury.
9. identifies physical examination findings consistent with somatic dysfunction.
10. lists and describes the types of somatic dysfunction found within the 10 body regions (head, cervical, thoracic, lumbar, sacral, pelvic, lower extremity, upper extremity, rib, and abdominal/visceral).
11. explains the underlying mechanisms, signs, symptoms, and physical findings associated with viscerosomatic, somatovisceral, viscerovisceral, and somatosomatic reflexes.
12. applies knowledge of Chapman reflex points to diagnostic and disease processes.
13. differentiates between direct, indirect, and combined OMT treatment methods.
14. names and describes the diagnostic examination, initial positioning, monitoring, motion barriers, activating forces, therapeutic timing, repetition, and reassessments used in indirect, direct, and combined OMT techniques.
15. identifies and describes the various OMT techniques, including counterstrain; muscle energy; myofascial release; high velocity, low amplitude; soft tissue method; lymphatic treatment method; osteopathic cranial manipulative medicine; articulatory technique; balanced ligamentous tension; ligamentous articular strain; facilitated positional release; Still technique; and visceral manipulation.
16. identifies the indications and contraindications for different OMT techniques.



Competency  
Domain

1

NBOME

17. recognizes the relative value, advantages, and disadvantages of different OMT techniques.

## 1.2 Skills in Osteopathic Principles, Practice, and OMT

**Definition:** The osteopathic physician must apply osteopathic principles, including the use of OMT, to an appropriate patient care plan.

### MEASURED OUTCOMES

The osteopathic physician...

1. incorporates osteopathic principles into problem solving in clinical settings.
2. obtains medical, family, social, diet and nutritional, and cultural histories, including patient belief systems and other relevant information from or about the patient pertinent to the presenting concern, emphasizing structure-function and body-mind-spirit relationships.





3. performs an appropriate osteopathic structural examination.
4. diagnoses somatic dysfunction within the 10 body regions (head, cervical, thoracic, lumbar, sacral, pelvic, lower extremity, upper extremity, rib, and abdominal/visceral), prioritizes a differential diagnosis, and develops an appropriate care plan.
5. identifies locations of Chapman reflex points.
6. obtains appropriate patient consent for the administration of OMT.
7. performs direct, indirect, and combined OMT techniques effectively, including counterstrain; muscle energy; myofascial release; high velocity, low amplitude; soft tissue method; lymphatic treatment method; osteopathic cranial manipulative medicine; articulatory technique; balanced ligamentous tension; ligamentous articular strain; facilitated positional release; Still technique; and visceral manipulation.
8. provides for the safety and dignity of the patient while diagnosing somatic dysfunction and administering OMT.
9. incorporates OMT into the patient's care plan in a way that takes into consideration their lived experiences.

### 1.3 Integration of Osteopathic Principles, Practice, and OMT Into Care

**Definition:** The osteopathic physician must demonstrate the knowledge and skills necessary to recognize and diagnose somatic dysfunction and to apply the principles and practice of osteopathic medicine in patient care.

#### MEASURED OUTCOMES

The osteopathic physician...

1. articulates the scientific knowledge underlying osteopathic principles, practice, and OMT.
2. incorporates the five osteopathic models of care into preventive health care and patient care management.
3. recognizes the value of the osteopathic structural examination within the complete physical examination in identifying elements such as somatic dysfunction, viscerosomatic relationships, and the role of the musculoskeletal system in patient care.
4. integrates OMT into multidisciplinary treatment plans and in diverse clinical settings (e.g., specialty care, hospitalized patients, and patients with varying needs and across the age spectrum from newborns through geriatrics).
5. recognizes the limits of their knowledge and clinical skills in the use of OMT and the application of osteopathic principles, and seeks referrals when appropriate.
6. describes how patients from diverse lived experiences may express the symptoms of their somatic and/or visceral dysfunctions in various ways.
7. appropriately employs the use of palpation in both diagnostic and therapeutic contexts.

Competency  
Domain

1

NBOME

**ATTESTED OUTCOMES**

The osteopathic physician...

1. communicates the benefits of osteopathic medical care of patients, including its scientific foundations, evidence-based applications, and patient-centered benefits, to health care professionals, policymakers, and the public.

**UNMEASURED OUTCOMES**

The osteopathic physician...

1. advocates for research related to improved understanding of the biomechanics and physiologic background underlying somatic dysfunction and its diagnosis and treatment, including its relationship to health maintenance and improved patient outcomes.
2. promotes the benefits of OMT in clinical settings and through public engagement and professional education.



Competency  
Domain

2

NBOME





# Osteopathic Patient Care and Procedural Skills

## Overview

Osteopathic physicians must provide osteopathic medical care that is patient-centered, compassionate, safe, effective, evidence-based, timely, efficient, and equitable in order to promote health and support the body's self-regulatory and self-healing capacities. This includes maintaining an awareness of new and emerging medical practices and incorporating information gathered about social determinants of health—including food security—to inform patient care. This care applies to patients across the life cycle, in all clinical settings, including care for patients with varying needs, and is adapted to the osteopathic physician's scope of practice and clinical practice setting.

Effective osteopathic care requires understanding why the patient is seeking care, assessing and following their health over time, applying osteopathic principles and OMT appropriately, and using sound clinical reasoning. Effective patient interviewing, history-gathering, physical examination expertise, clinical reasoning, and use of other appropriate data enable osteopathic physicians to make accurate diagnoses and support patients and caregivers in making informed, evidence-based decisions about care. An inquisitive mind, mastery of core physical examination techniques, and an understanding of humanity, health, structure-function relationships, and the underlying pathophysiology of disease all support clinical reasoning and help the physician guide the patient toward desired health outcomes.

Osteopathic patient care emphasizes developing mutually agreed-upon diagnostic and patient care plans, including appropriate patient education and follow-up. It encompasses preventive and therapeutic plans and the performance of clinically necessary procedures essential to the physician's scope of practice. In delivering the highest-quality patient care, osteopathic physicians must promote wellness, focus on body-mind-spirit unity, and emphasize prevention of disease. They must be able to serve appropriately and contribute effectively as members and/or leaders of interprofessional health care teams and must foster effective, open, collaborative communication with and among other professionals.

Outcomes related to communication skills are primarily mapped to Competency Domain [5. Interpersonal and Communication Skills in the Practice of Osteopathic Medicine](#). Compassion also appears in Competency Domain [6. Professionalism and Compassion in the Practice of Osteopathic Medicine](#), and interprofessional collaboration is primarily mapped to Competency Domain [7. Systems-Based Practice in Osteopathic Medicine](#). Patient education is an essential part of osteopathic patient care and is primarily mapped to Required Element [5.3 Information Giving and Patient Education](#).



## Required Elements

### 2.1 Patient-Centered Data Gathering and History Building

**Definition:** The osteopathic physician must effectively gather relevant and reliable information from the patient through the medical interview and from secondary sources, including the patient’s caregivers and health records. Compassionate care is reflected in the osteopathic physician’s approach to how the information is gathered in the interview and the extent to which the osteopathic physician explores the patient’s identity, desires, and life context.

**Note:** Required Element [5.1 Eliciting Information](#) focuses on interpersonal and communication skills used in eliciting information from patients and caregivers.

#### The osteopathic physician...

1. directly elicits the patient’s view of the reason for presentation, gathering this information from family members or other caregivers when the patient is unable to provide it.
2. elicits the patient’s description of relevant factors, when possible, including the onset, duration, timing, location, setting, and factors potentially aggravating or alleviating symptoms.
3. elicits the essential information from the patient, and, when appropriate, from caregivers and other sources, regarding health history contributing to the patient’s presentation (e.g., past medical and surgical histories, allergies, physical and psychological trauma, exercise habits and tolerance, occupation, family history, diet and nutrition history, travel, sexual history, developmental milestones, social determinants of health).

4. elicits a comprehensive history of medication use and medication allergies.
5. elicits relevant essential information regarding the patient’s presenting symptoms or condition (e.g., mechanism of injury, biomechanical influences).
6. determines, with the patient and/or caregiver, any need for interpretive or adaptive services to provide effective communication and care.
7. elicits and explores essential information about the patient’s beliefs, concerns, expectations, and health literacy—while considering contextual factors such as age, gender, culture, sexual orientation, religious or spiritual beliefs, and socioeconomic background—that may influence clinical decision-making and patient care.
8. elicits information about the patient’s family and support system, living situation, occupation, and hobbies.
9. elicits information about the patient’s financial ability to implement agreed-upon diagnostic and therapeutic care plans based on health insurance and other potential resources.
10. adapts information-gathering to the situation, effectively interviewing the patient, family members, and/or caregivers in various clinical settings.
11. compiles and documents a comprehensive synopsis of all relevant clinical patient information in the context of patient care in both written and oral formats.



## 2.2 Physical Examination Expertise

**Definition:** Expertise in physical examination skills for osteopathic medical care is built on consistent practice of the core techniques—including vital sign measurement, inspection, palpation, percussion, auscultation, and other components of the structural examination—within a systematic framework, such as a comprehensive, head-to-toe assessment or an organ-system-based approach, including a mental status examination when indicated. Key factors for developing this expertise include an inquisitive mind, mastery of core physical examination techniques, and the clinical

reasoning ability to interpret findings in the context of the patient’s history, grounded in knowledge of health and disease pathophysiology.

### MEASURED OUTCOMES

The osteopathic physician...

1. performs a complete head-to-toe assessment or a comprehensive organ- or body system-based approach within a logical, ordered framework, which includes head, neck, chest, abdomen, genitalia/groin/buttocks, back/spine, and upper and lower extremities, as well as organ





and body systems (constitutional; cardiovascular; ears, nose, mouth, and throat; eyes; genitourinary; hematologic/lymphatic/immunologic; musculoskeletal: joints, bones, muscles, tendons, ligaments, and fascia; neurologic; psychiatric, mental status; respiratory; and skin), and applies clinical reasoning and an inquisitive, sensitive mind to interpret findings within the context of the patient's history and the mechanisms and pathophysiology of disease.

2. performs a patient presentation-focused physical examination, using clinical reasoning and caution to ensure that atypical clinical presentations (e.g., referred pain) are identified.
3. recognizes normal patient variations during physical examination, the importance of bilateral comparisons, and the need to examine the joints above and below the site of presenting symptoms.
4. integrates an understanding of viscerosomatic and somatovisceral reflex patterns and referred pain (e.g., always using knowledge of the neuromusculoskeletal system in health and disease to further guide patient evaluation).
5. demonstrates proficiency in accurately measuring vital signs—including temperature, blood pressure, heart rate, and respiratory rate—for patients across the lifespan and with diverse body sizes.
6. demonstrates proficiency in patient observation and visual inspection, including observations related to gait and movement as well as abnormalities in shape, size, and/or color.
7. demonstrates proficiency in palpation, using hands-on skills to assess texture, temperature, moisture, vibration, tenderness, and other tissue abnormalities on or within the body.

8. effectively uses percussion by tapping on specific areas of the body to produce sounds that help assess aspects of underlying structures and fluid.
9. effectively uses a reflex instrument to assess both deep tendon reflexes and pathologic reflexes.
10. effectively uses auscultation by listening to bodily sounds, usually with a stethoscope, to evaluate organs like the heart, lungs, and intestines.
11. assesses elements of the structural and musculoskeletal examinations, including range-of-motion testing, joint and myofascial structure evaluation, and assessment for somatic dysfunction—as further characterized in [Competency Domain 1. Osteopathic Principles, Practice, and Manipulative Treatment](#).
12. effectively conducts a structured mental status evaluation to further assess the patient's mental state and cognitive function.

## 2.3 Differential Diagnosis and Diagnostic Testing Interpretation

**Definition:** The osteopathic physician must formulate a differential diagnosis based on clinical reasoning informed by the patient evaluation (e.g., medical interview, physical examination, diagnostic test results), prioritize diagnoses appropriately, and determine the nature of the concern in the context of the patient's unique circumstances across various health care settings. Using evidence-based principles, clinical reasoning, and patient-centered decision-making to balance benefits, limit harm, and control costs, osteopathic physicians must work with their patient to reduce uncertainty in diagnosis and guide responsible management decisions.

**Note:** Further guidance on the appropriate use of diagnostic testing and appropriate testing selection as an adjunct, and





not a replacement for clinical reasoning and acumen by the osteopathic physician (e.g., knowing the sensitivity and specificity of tests and estimating pre-test probability of disease), is included in Competency Domain [4. Practice-Based Learning and Improvement](#).

#### MEASURED OUTCOMES

The osteopathic physician...

1. generates, assesses, and tests appropriate initial hypotheses during the medical interview and physical examination.

2. generates and prioritizes an appropriate list of potential diagnoses given the patient's medical history, physical examination findings, and other available data, recognizing the effect of biomedical, biomechanical, psychosocial, genetic, age-related, and cultural factors.
3. interprets the results of relevant laboratory, imaging, and other diagnostic evaluations, recognizing their scope, capabilities, risks, and limitations.





## 2.4 Essential Clinical Procedures

**Definition:** The osteopathic physician must perform basic clinical procedures essential for the practice of osteopathic medicine while respecting and considering the diverse backgrounds, identities, and personal circumstances of each patient.

**Note:** OMT techniques are primarily mapped to Competency Domain [1. Osteopathic Principles, Practice, and Manipulative Treatment](#), and physical examination is mapped to Required Element [2.2. Physical Examination Expertise](#).

### MEASURED OUTCOMES

The osteopathic physician...

1. employs hand hygiene, infection control practices, and universal precautions.
2. understands indications and techniques for common clinical procedures.
3. recognizes indications for injections and aspiration procedures.
4. describes appropriate wound care and minor surgical procedures.
5. recognizes indications for immobilization and splinting.
6. recognizes indications for and complications of emergency procedures.
7. demonstrates and maintains competency in basic life support and advanced cardiovascular life support.

### ATTESTED OUTCOMES

The osteopathic physician...

1. demonstrates the technical skills necessary to safely and effectively perform basic clinical procedures, including, but not limited to, venipuncture and intravenous access, intramuscular injections, urinary catheter insertion, specimen collection (including throat and cervical), basic wound closure, and others as appropriate for the osteopathic physician's scope of practice and the clinical practice setting.

## 2.5 Patient Care Management

**Definition:** The osteopathic physician must provide diagnostic information; develop a safe, evidence-based, cost-effective, equitable, patient-centered care plan; and use all ethical and appropriate options with the goal of addressing the patient's physical, psychosocial, and spiritual needs as well as their social challenges. Within the context of evidence-based and cost-effective care, the osteopathic physician must assess the patient's motivation, willingness, and resources to implement the diagnostic and therapeutic plan.

### MEASURED OUTCOMES

The osteopathic physician...

1. uses an unbiased and collaborative approach with the patient and their caregivers to develop a care plan that incorporates the patient's knowledge and social environment and that maximizes the patient's desired outcomes.
2. applies a person-centered, osteopathic approach to develop an evidence-based care plan that may include diagnostic testing, nonpharmacologic treatment



(including OMT), dietary and nutritional management, and medication use/reconciliation.

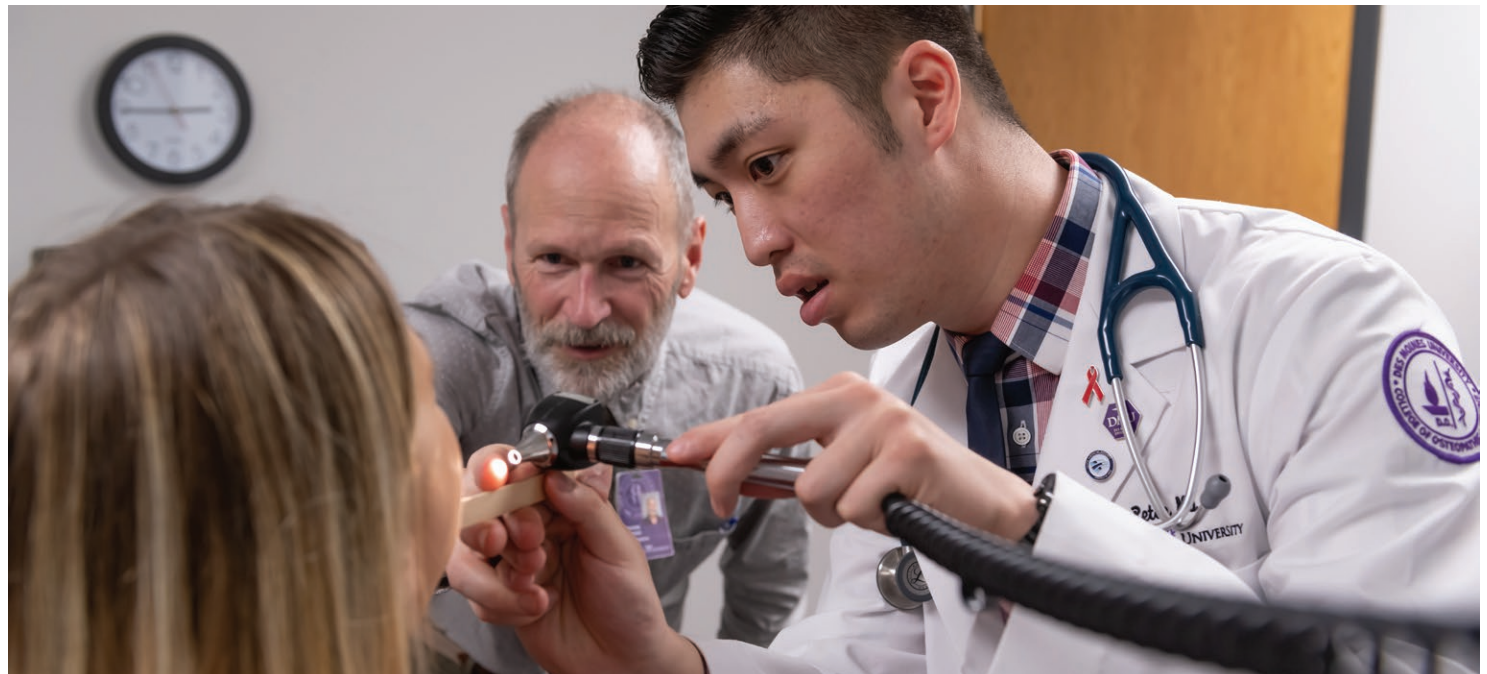
3. incorporates nutrition, lifestyle and body-mind-spirit unity principles—including attention to diet, nutrition, social determinants of health, and the patient’s belief systems—into the patient’s wellness and care plan.
4. identifies, addresses in an ethical manner, and appropriately works toward the relief of suffering and distress while maintaining patient dignity and respecting the unique aspects of the patient’s circumstances and lived experiences.
5. ensures that informed consent is obtained and that the patient and/or caregiver is given clear pre- and post-procedure information and instructions.

6. recognizes and effectively and empathetically manages post-procedure complications.
7. provides appropriate care in a telehealth environment, while recognizing the scope and limitations of virtual care.

**ATTESTED OUTCOMES**

The osteopathic physician...

1. monitors and manages the course of the patient’s condition over time.
2. notifies the patient of information important to their medical care, including diagnostic study results and prognosis, in a timely and appropriate manner.



Competency  
Domain

3

NBOME





# Application of Knowledge for Osteopathic Medical Practice

## Overview

Osteopathic physicians must demonstrate fluency in foundational biomedical, clinical, and health systems sciences and be able to apply principles of health, disease, and diagnostic and treatment options to the care of patients. This knowledge base includes the application of core scientific and clinical practice concepts relevant to osteopathic medical practice (e.g., the body’s innate capacity to heal, determining differential diagnoses and disease etiologies, recognizing treatment indications and contraindications, evaluating the risks and benefits of diagnostic and therapeutic interventions).

Fluency in knowledge is fundamental to an osteopathic physician’s competence and is demonstrated by the ability to interpret, integrate, and skillfully apply principles of foundational biomedical, clinical, and health systems sciences in a timely manner.

Foundational osteopathic principles of body, mind, and spirit underlying the human condition—including biological complexity, genetic diversity, homeostasis, nutrition and the importance of diet, biomechanical and neuromusculoskeletal structure-function interrelationships, social determinants of health, and the influence of systems and environment—guide osteopathic physicians in understanding health and in diagnosing and treating disease across the lifespan.

Osteopathic physicians must understand common religious and spiritual beliefs in order to respond sensitively to the needs of patients and their support networks and assist the

patients in meeting their desired outcomes.

Although application of knowledge also includes health systems sciences, those concepts are primarily mapped to Competency Domain [7. Systems-Based Practice in Osteopathic Medicine](#). Knowledge related to osteopathic medical practice can also be mapped to other Competency Domains.



## Required Elements

### 3.1 Foundational Biomedical Sciences Knowledge Base

**Definition:** Given the various clinical presentations common and important to osteopathic medical practice, the osteopathic physician must be able to demonstrate the application of knowledge of foundational biomedical science concepts related to patient care and health, homeostasis, diet and nutrition, structure-function relationships, disease prevention, and disease recognition and management and do so in an integrated, compassionate, and patient-centered manner for patients presenting with various concerns or opportunities to maintain wellness.

#### MEASURED OUTCOMES

The osteopathic physician effectively applies clinically relevant foundational biomedical science knowledge related to the following:

1. Anatomic and structural bases of health and disease
2. Biopsychosocial, cultural, and religious influences on health and health care
3. Diet and the nutritional bases of health and disease
4. Epidemiology and population sciences
5. Medical genetics
6. Microbiologic and immunologic bases of health and disease
7. Molecular, biochemical, cellular, and tissue bases of health and disease
8. Neurosciences

9. Pharmacologic principles and pharmacotherapeutics in health and disease
10. Physiologic and pathologic bases of health and disease

### 3.2 Clinical Sciences Knowledge Base

**Definition:** Given the various clinical presentations common and important to osteopathic medical practice, the osteopathic physician must be able to demonstrate the application of knowledge of established and evolving clinical science concepts related to patient care and health, homeostasis, diet and nutrition, structure-function relationships, disease prevention, and disease recognition and management and do so in an integrated, compassionate, and patient-centered manner for patients presenting with various concerns or opportunities to maintain wellness.

#### MEASURED OUTCOMES

The osteopathic physician effectively applies clinical science knowledge pertaining to the primary care-oriented focus of osteopathic medical practice, including generalist concepts from the following specialties and their relevant subspecialties:

1. Anesthesiology and pain management
2. Dermatology
3. Diet and nutritional care
4. Emergency and acute care medicine
5. Family medicine
6. Internal medicine and medical subspecialties
7. General surgery
8. Geriatrics



- 9. Neurology
- 10. Obstetrics and gynecology
- 11. Ophthalmology
- 12. Orthopedics
- 13. Osteopathic neuromusculoskeletal medicine
- 14. Otorhinolaryngology
- 15. Palliative and hospice care
- 16. Pathology
- 17. Pediatrics and adolescent medicine
- 18. Physical medicine and rehabilitation
- 19. Preventive and occupational medicine
- 20. Psychiatry and behavioral medicine
- 21. Radiology



Competency  
Domain

4

NBOME







# Practice-Based Learning and Improvement in Osteopathic Medical Practice

## Overview

Practice-based learning and improvement involves the continuous self-evaluation of osteopathic medical practice using evidence-based approaches to develop best practices that enhance patient experiences and optimize outcomes. Osteopathic physicians must assimilate and apply evidence-based principles and biostatistical and epidemiologic concepts. They must also apply clinical decision-making skills and employ methods for evaluating the relevance and validity of both established and emerging scientific evidence. Additionally, they must appraise the clinical significance of research findings and apply principles of judicious diagnostic testing to avoid unnecessary procedures, reduce medical errors, and monitor costs.

Osteopathic physicians must demonstrate the use of best-available evidence and practical strategies to integrate evidence-based principles into patient care. This includes applying systematic methods for ongoing self-evaluation of clinical practice patterns and improvements—such as those that reduce medical errors, address health care inequities, and promote health. They must also set learning and quality improvement goals, incorporating feedback and reflection into daily practice.

## Required Elements

### 4.1 Fundamental Biostatistical and Epidemiologic Concepts

**Definition:** The osteopathic physician must identify and apply basic statistical methods and fundamental epidemiologic concepts to practice-based learning and improvement.

#### MEASURED OUTCOMES

##### The osteopathic physician...

1. interprets features and meanings of different types of data, including quantitative and qualitative, and different types of scales (e.g., nominal, dichotomous, continuous).
2. interprets measures of central tendency, including mode, median, and mean, and measures of variability, including variance and standard deviation.
3. explains and interprets measures of frequency of disease, injury, and death in forms of rate, ratio, and proportion, including incidence and prevalence.



## 4.2 Clinical Decision-Making Tools

**Definition:** The osteopathic physician must interpret literature regarding research, health care delivery, and other clinical topics for use in understanding disease- and patient-oriented evidence. This includes interpreting research regarding augmented intelligence use, emerging health care technologies, and platforms for patient care.

### MEASURED OUTCOMES

The osteopathic physician...

1. conducts, interprets, and applies the results of systematic reviews of literature and various types of research studies.
2. understands research limitations, such as design bias and sources of scientific uncertainty.
3. objectively compares, contrasts, and critiques disease- and patient-centered evidence in the interpretation of literature.
4. identifies and applies population health data to address health care disparities.
5. describes different types and clinical applications of technology-based health interventions (e.g., ambulatory blood pressure monitoring, continuous glucose monitoring) and how they can be incorporated into population-based care.

## 4.3 Evidence-Based Medicine Principles and Practices

**Definition:** The osteopathic physician must recognize, interpret, and discern what constitutes evidence-based osteopathic medical principles and their application to patient care.

### MEASURED OUTCOMES

The osteopathic physician...

1. accesses the best-available/highest level of evidence to answer clinical questions with accuracy, precision, and maximum efficiency.
2. critically appraises the available evidence and its validity, impact, and applicability based on clinical outcomes.
3. applies evidence-based clinical practice guidelines (e.g., American Cancer Society, U.S. Preventive Services Task Force) to patient and population care.
4. integrates evidence-based nutrition guidelines, incorporating patient history and/or self-monitoring data into patient and population care.
5. incorporates evidence-based medicine when applying osteopathic principles, practice, and OMT into clinical decision-making.

### ATTESTED OUTCOMES

The osteopathic physician...

1. integrates the critical appraisal of the medical literature with clinical expertise based on the patient's unique genetics, values, and circumstances.

## 4.4 Clinical Significance of Research Evidence and Statistical Inferences

**Definition:** The osteopathic physician must determine the clinical significance of research evidence as applied to osteopathic medical practice.



**MEASURED OUTCOMES**

The osteopathic physician...

1. interprets aspects of statistical inference and hypothesis testing (e.g., sample size, confidence intervals, number needed to treat/harm).
2. interprets pretest/posttest probabilities in diagnostic and screening tests.
3. recognizes disinformation/misinformation and explains potential biases in research that could have implications on health care.
4. interprets and applies scientific evidence in social, regulatory, and economic contexts (e.g., global pandemic, vaccine shortage).

**4.5 Translating Evidence into Practice-Based Improvement**

**Definition:** The osteopathic physician must identify, describe, and apply systematic methods for continuously evaluating personal clinical practice patterns, implementing practice-based improvements, reducing medical errors, and supporting lifelong learning. These methods should incorporate information about individual patients, patient populations, and/or communities to improve care.

**MEASURED OUTCOMES**

The osteopathic physician...

1. recognizes and identifies the role of quality improvement strategies within the context of the health care system.
2. describes and demonstrates the use of tools employed in quality improvement.

3. converts the need for information (e.g., prevention, diagnosis, therapy) into an answerable clinical question.
4. applies evidence-based quality improvement strategies to improve daily clinical practice.
5. uses quality improvement strategies to understand and address health system failures and conduct related analyses (e.g., Six Sigma, lean principles, root cause analysis).
6. applies the outcomes of audits, appraisals, and performance reviews to practice.
7. recognizes methods for evaluating and improving clinical practice by analyzing patient outcomes relative to external benchmarks and self-reflection (e.g., clinical assessment programs, performance improvement modules, Healthcare Effectiveness Data and Information Set [HEDIS] criteria).
8. incorporates ongoing learning—by acquiring, evaluating, and applying new knowledge in areas such as disease prevention, diagnosis, management, nutrition, patient education, and palliative care—into patient-centered care.
9. uses information technology, including augmented intelligence, for ongoing knowledge development and clinical decision-making.
10. engages in regular self-assessment and pursues educational activities to address identified gaps in competence and performance, consistent with professional standards.
11. recognizes the limits of personal competence in knowledge, skill, and/or experience.

**UNMEASURED OUTCOMES**

The osteopathic physician...

1. incorporates regular feedback and reflection into practice.
2. demonstrates the active pursuit of new clinical knowledge relevant to patient care.

Competency  
Domain

5

NBOME





# Interpersonal and Communication Skills in the Practice of Osteopathic Medicine

## Overview

Osteopathic physicians must demonstrate the knowledge, skills, experience, attitudes, values, and behaviors that facilitate accurate and efficient information gathering, empathetic rapport building, and clear communication with patients, their support networks, and members of the interprofessional health care team. They must also effectively document and synthesize clinical findings, diagnostic impressions, and treatment plans across verbal, written, electronic, and virtual formats, incorporating appropriate resources—such as interpretation services—when communication barriers exist.

Effective interpersonal and communication practices in osteopathic medical care require physicians to demonstrate inclusivity, cultural sensitivity, and freedom from bias. These attributes are essential for understanding patient concerns, building and sustaining therapeutic relationships, educating patients, facilitating shared decision-making, and implementing care plans.

Effective communication involves active listening, attentiveness to both verbal and nonverbal cues, motivational interviewing techniques, and appropriate use of touch. Osteopathic physicians must engage in empathetic, nonjudgmental dialogue with patients and their support networks.

In osteopathic medical practice, a person-centered approach is essential—one that encompasses the osteopathic philosophy of body, mind, and spirit, providing a comprehensive, compassionate, and respectful approach to each individual's unique characteristics and experiences.





## Required Elements

### 5.1 Eliciting Information

**Definition:** The osteopathic physician must communicate effectively with patients and their support networks in an inclusive, culturally sensitive manner to help determine the nature of patient concerns and to establish diagnostic impressions. The osteopathic physician should begin interviews by encouraging patients to fully express their concerns. Information must be gathered in an unbiased, nonjudgmental way that promotes effective exchange and collaboration with patients, their support networks, and members of the interprofessional health care team.

**Note:** Required element [2.1 Patient-Centered Data Gathering and History Building](#) includes topics related to gathering information on patients.

#### MEASURED OUTCOMES

The osteopathic physician...

1. allows interviewed individuals to complete their statements without interruption to elicit the full set of concerns.
2. uses open-ended and closed-ended questions effectively.
3. listens actively using appropriate verbal and nonverbal strategies (e.g., eye contact, body language, facial expressions), sitting at eye level with the seated patient, when possible, to support optimal face-to-face communication.
4. recognizes and responds appropriately to verbal and nonverbal cues from the patient and/or caregivers.

5. elicits information about social determinants of health (e.g., occupation, living circumstances and safety, housing stability, food security, access to care) to understand factors impacting the patient's health and treatment adherence.
6. elicits sensitive information (e.g., sleep history, substance use, sexual history, past trauma) in a compassionate, nonjudgmental manner.
7. gathers information on the patient's dietary habits and food choices in a sensitive manner, incorporating social and personal context.
8. uses resources as appropriate (e.g., whiteboard, models, images, interpretation services) to effectively communicate with the patient, minimizing any information exchange barriers.
9. adapts appropriate communication techniques for telehealth encounters (e.g., telephone, videoconferencing).

### 5.2 Rapport Building

**Definition:** The osteopathic physician must develop, maintain, and appropriately conclude therapeutic relationships and demonstrate competence in the rapport-building functions of the interview while respecting individual characteristics and lived experiences.

#### MEASURED OUTCOMES

The osteopathic physician...

1. develops, maintains, and appropriately concludes the therapeutic relationship by communicating interest in, respect for, support of, and empathy for the patient (e.g., by employing person-first and gender-affirming language).



2. develops a safe and supportive clinical environment by ensuring predictability, transparency, and respect for patient autonomy, being mindful of individuals with a history of trauma.
3. facilitates shared decision-making by actively listening, respecting patient autonomy, and ensuring that diagnostic and treatment decisions align with patient values, preferences, and goals.
4. communicates effectively with emotionally charged patients and/or their caregivers in a nonjudgmental manner.
5. fosters trust with patients experiencing pain or other mental health issues by validating their experiences, addressing concerns about stigma, and emphasizing a person-centered approach.
6. communicates effectively and encourages open communication with the patient as appropriate during clinical procedures, including OMT.
7. employs therapeutic touch appropriately to foster trust, communication, and therapeutic rapport.
8. identifies and establishes effective communication with any individuals acting on the patient's behalf.
9. clarifies the osteopathic physician's role in the patient's care and/or on the health care team with the patient and their support network.
10. fosters patient trust and builds rapport in telehealth encounters by using clear verbal communication, exhibiting active listening, managing expectations, and ensuring patient comfort with the virtual environment.

## 5.3 Information Giving and Patient Education

**Definition:** The osteopathic physician must provide information and patient education in a manner that ensures understanding of the condition, management options, risk factors, and physician recommendations for patients. This involves empathetic communication that achieves consensus among patients, their caregivers, and the physician; facilitates informed consent; outlines mutually agreed-upon diagnostic, therapeutic, or health promotion strategies; and supports coping mechanisms and lifestyle changes to prevent illness and promote health.

### MEASURED OUTCOMES

#### The osteopathic physician...

1. provides information to the patient using inclusive and culturally sensitive language and concepts.
2. provides explanations to the patient at a level commensurate with the patient's health literacy, circumstances, and lived experiences.
3. communicates the potential benefits of osteopathic principles and practice and OMT to the patient.
4. exhibits compassion and employs precise language when communicating with the patient, particularly when sharing life-altering news and diagnoses that may evoke strong emotions.
5. explains the rationale when not recommending a test or treatment requested by the patient.
6. obtains and documents informed consent, communicating appropriately based on the patient's health literacy.



7. elicits the patient’s outcome goals and confirms the motivation, readiness, and means of the patient and their caregivers to follow the care plan.
8. identifies and strengthens the patient’s coping skills by applying biopsychosocial-spiritual principles and addressing the social and psychological impacts of their condition and treatment.
9. recommends and explains appropriate disease prevention and health promotion strategies, including lifestyle changes and available community support services.
10. recommends dietary and nutrition-based strategies that support health promotion, disease prevention, and patient management, taking into account the patient’s dietary habits and goals and the roles of macronutrients and micronutrients.
11. provides education on strategies to support function, mobility, and overall health, including therapeutic exercises, activity modifications, safe ergonomic and workstation practices, lifestyle changes, the use of assistive or supportive devices, and sleep hygiene principles.
12. provides education on the benefits, limitations, and appropriate uses of in-person care versus telehealth.
13. effectively communicates directions for next steps related to diagnostic and treatment care plans.
14. provides closure to the patient interview by summarizing and affirming agreements, checking for understanding, asking about remaining concerns, and planning follow-up as necessary (e.g., follow-up care, awareness of unexpected outcomes).

## ATTESTED OUTCOMES

The osteopathic physician...

1. recommends appropriate digital health care tools to the patient and their caregivers.
2. ensures that the patient receives accurate information, support, and guidance regarding appropriate alternatives when certain treatment options are not legally available in a given jurisdiction.

## 5.4 Documentation and Communication

**Definition:** The osteopathic physician must demonstrate effective documentation and communication in patient care and in working as a member of the interprofessional health care team.

## MEASURED OUTCOMES

The osteopathic physician...

1. documents subjective elements of the patient’s history and review of systems—including information provided by the patient or secondary sources—covering medical, surgical, family, medication, diet and nutrition, allergy, social, cultural, and sexual histories.
2. documents objective patient information (e.g., physical examination findings; laboratory, diagnostic, and point-of-care test results).
3. demonstrates the ability to prioritize relevant information in the medical record.
4. documents a reasonable diagnostic assessment and/or differential diagnosis as supported by subjective and objective findings, relevant data, and diagnostic reasoning.





5. documents elements of the patient care plan.
6. interprets medical record entries made by other care providers.
7. obtains informed consent for the use of augmented intelligence and related technologies in medical documentation and transcription.

**ATTESTED OUTCOMES**

The osteopathic physician...

1. develops and maintains accurate, comprehensive, understandable, and timely medical records.
2. documents sensitive health information in a professional and nonjudgmental manner.



3. navigates electronic health records, electronic prescribing, and other electronic health record-related clinical software following security and legal guidelines.
4. appropriately uses augmented intelligence for documentation purposes, when applicable.

**5.5 Interprofessional Team Communication**

**Definition:** The osteopathic physician must communicate effectively with other health care professionals as a member or leader of an interprofessional health care team.

**MEASURED OUTCOMES**

The osteopathic physician...

1. effectively communicates critical information about the patient’s condition that requires immediate attention.
2. facilitates closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended.
3. effectively communicates during transitions of care to enhance information exchanges.
4. communicates to the interprofessional health care team the principles of osteopathic care and the benefits of OMT.

**ATTESTED OUTCOMES**

The osteopathic physician...

1. communicates necessary elements of the care plan with other members of the interprofessional health care team.
2. communicates appropriately with other health care professionals regarding patient referrals.

Competency  
Domain  
**6**  
NBOME





# Professionalism and Compassion in the Practice of Osteopathic Medicine

## Overview

Osteopathic physicians must uphold the osteopathic tenets through ethical, behavioral, technological, and social science principles that form the foundation of osteopathic medical professionalism. This includes demonstrating accountability to patients, society, and the profession while consistently maintaining high moral, ethical, and professional standards in medical education, training, research, and practice.

Professionalism requires osteopathic physicians to establish, maintain, and appropriately conclude the physician-patient relationship with altruism and conscientiousness.

Osteopathic physicians must exemplify integrity, humanistic behavior, and responsiveness to patient needs considering the body, mind, and spirit. They must treat each patient with respect and demonstrate cultural sensitivity and inclusivity in caring for a diverse patient population. They must demonstrate compassion, a quality once regarded as separate from, or even incompatible with, being “professional,” but now recognized as essential for improving patient outcomes and supporting physician well-being. An appreciation for patients as people in body, mind, and spirit aids physicians in delivering compassionate patient care and includes a willingness to address patients’ religious or spiritual belief systems appropriately, recognizing how this might impact their health care and outcomes.

As technology and artificial intelligence become increasingly integrated into osteopathic medical practice, physicians must develop digital intelligence and collaboratively use these tools when appropriate to enhance patient safety and physician well-being.

Additionally, osteopathic physicians must recognize and address factors that affect physician well-being and contribute to burnout. This includes developing skills to manage stress, build resilience, and foster a culture of wellness within the profession.

Although professionalism also includes a commitment to excellence and continuous professional development, those attributes are classified in Competency Domain [4. Practice-Based Learning and Improvement in Osteopathic Medicine](#). In addition, many of the actions of compassion are outlined in Competency Domain [5. Interpersonal and Communication Skills in Osteopathic Medicine](#).



## Required Elements

### 6.1 Knowledge of Ethics and Jurisprudence

**Definition:** The osteopathic physician must demonstrate knowledge of the behavioral and social sciences that underpin professionalism—including medical ethics, jurisprudence, social accountability and responsibility, and awareness of human diversity—and apply this knowledge to build trust in the health care system and in physician-patient relationships.

#### MEASURED OUTCOMES

The osteopathic physician...

1. explains and applies moral, legal, and ethical guidelines for professional behaviors.
2. explains and applies the ethical principles of autonomy, beneficence, nonmaleficence, fidelity, justice, and utility in professional practice.
3. engages compassionately to correct misinformation and build trust, addressing misinformation and disinformation about evidence- and science-based patient care recommendations, including that spread via social networks, digital communities, and online platforms.
4. demonstrates familiarity with key national laws and regulations governing medical practice, including those related to patient rights, privacy, health data management, discrimination, and health care access.
5. assesses the patient's social and economic situation, capacity for self-care, and ability to participate in shared decision-making, and integrates these considerations into treatment planning.

6. demonstrates understanding of the ethical and legal principles related to social determinants of health, structural bias, health inequities, and other systemic factors.
7. demonstrates understanding and application of social accountability and responsibility in professional interactions.

### 6.2 Compassion and Humanistic Behavior

**Definition:** The osteopathic physician must demonstrate respect, altruism, compassion, integrity, honesty, and trustworthiness toward patients of all backgrounds, cultures, and identities.

#### MEASURED OUTCOMES

The osteopathic physician...

1. exhibits respect for the autonomy, dignity, and privacy of the patient.
2. recognizes the impact of past experiences on patient health and behavior (e.g., adverse childhood experiences, catastrophic injuries).
3. demonstrates empathy, sensitivity, active listening, and compassion when counseling the patient.
4. exhibits openness, respect, honesty, and trustworthiness when sharing health information with the patient and their caregivers, including during formal inquiries or litigation.
5. demonstrates kindness, warmth, and understanding while taking steps to alleviate the patient's suffering and improve their well-being.



6. demonstrates humanistic behavior in digital interactions (e.g., email, social media, virtual consultations).
7. upholds and advocates for equitable and inclusive values in all aspects of health care.
8. takes timely and appropriate action to protect individuals at risk of abuse, neglect, or harm.

**ATTESTED OUTCOMES**

The osteopathic physician...

1. exhibits behaviors that promote public confidence in the osteopathic medical profession and related health care professions.



**6.3 Primacy of Patient Need**

**Definition:** The osteopathic physician must demonstrate responsiveness to each patient’s unique needs, prioritize patient needs over personal interests while maintaining personal well-being, and recognize inequities within communities and among individuals with varying needs.

**MEASURED OUTCOMES**

The osteopathic physician...

1. respects the right of the patient to personal privacy and dignity during evaluation and management.
2. respects patient autonomy and the right of the patient to be fully involved in decisions about care.
3. uses sound judgment and reasoning to develop care plans that incorporate the patient’s perspective, considering their socioeconomic status, culture, and unique personal circumstances.
4. provides compassionate, unbiased care using evidence-based strategies that minimize harm and enhance quality of life (e.g., pain management, palliative and hospice care, trauma-informed care, dietary and nutritional care).
5. addresses the physical, emotional, and spiritual needs of the patient and their caregivers and takes steps to minimize unnecessary suffering or distress.

**ATTESTED OUTCOMES**

The osteopathic physician...

1. prioritizes the care of patients while recognizing the necessity of personal well-being.
2. is readily accessible to patients and colleagues when on duty and ensures adequate patient coverage at all times.



3. provides care and makes appropriate referrals for all patients, including those facing financial or other barriers to access.

#### UNMEASURED OUTCOMES

The osteopathic physician...

1. ensures that personal beliefs and biases do not interfere with equitable patient care, and respects patient decisions, even when they conflict with personal values.
2. respects the patient's right to decline participation in teaching or research without impacting their care or the physician-patient relationship.
3. respects the right of the patient to obtain a second opinion.
4. respects the value of the patient's time.

### 6.4 Spirituality and Belief Systems in Health Care

**Definition:** The osteopathic physician must demonstrate an understanding of the role of spirituality and religion in patient care and integrate this awareness into clinical decision-making and communication, being open to learning from patients and their support systems about how their belief systems might impact health care decision-making and patient outcome goals. Religious belief systems can significantly influence health care through beliefs about illness, healing, diet and nutrition, organ donation and transplants, reproductive health, and end-of-life issues. The osteopathic physician must support the spiritual well-being of patients as part of comprehensive, person-centered care, consistent with the tenets of osteopathic medicine, and with an awareness that understanding the patient's source of meaning and purpose can promote trust and alleviate suffering.

#### MEASURED OUTCOMES

The osteopathic physician...

1. conducts a basic patient-centered spiritual assessment, as appropriate, identifying spiritual needs, strengths, and beliefs relevant to health, well-being, and treatment options, and performing this assessment routinely in the care of the patient with a serious illness.
2. collaborates with spiritual care providers (e.g., chaplains, clergy, traditional healers, humanist counselors) to support the patient's spiritual well-being in ways guided by their values and meaningful traditions.
3. collaborates with palliative care teams to incorporate spiritual care.
4. adapts diagnostic and therapeutic options for the patient based on their input, which may be influenced by their religious belief system or spirituality.
5. addresses the spiritual needs of specific populations (e.g., immigrants, refugees, Native communities, trauma survivors).

#### UNMEASURED OUTCOMES

The osteopathic physician...

1. demonstrates cultural humility and respect for diverse expressions of spirituality, including those with secular existential beliefs.
2. recognizes and addresses signs of spiritual distress (e.g., loss of meaning, isolation, guilt, existential anxiety), particularly in the patient experiencing a serious illness, grief, or chronic pain.
3. identifies and supports healthy patient coping mechanisms based on their spiritual values.



## 6.5 Cultural Awareness and Responsiveness

**Definition:** The osteopathic physician must demonstrate cultural humility, recognizing that understanding diverse patient experiences is a lifelong process. This includes showing sensitivity, respect, and responsiveness to all patients, taking into account factors such as culture, religion, age, gender, sexual orientation, socioeconomic status, and mental and physical abilities.

### MEASURED OUTCOMES

The osteopathic physician...

1. exhibits cultural awareness, respect, and responsiveness when communicating with the patient, their caregivers,



and other health care team members.

2. addresses cultural factors openly and responds appropriately to culturally informed cues, interpreting patient-reported symptoms in light of the patient's culture and lived experiences.
3. recognizes how social determinants of health affect patient experiences and adjusts communication and care strategies accordingly to enhance patient trust and engagement.
4. demonstrates awareness of and respect for the patient's sense of meaning, core beliefs, and spiritual practices in health care decision-making.

### UNMEASURED OUTCOMES

The osteopathic physician...

1. engages in continuous self-reflection, recognizing personal biases and their impact on patient interaction and medical decision-making.
2. commits to fostering inclusivity and equity in medical practice by recognizing and addressing bias in health care.

## 6.6 Accountability and Duty in the Physician-Patient Relationship

**Definition:** The osteopathic physician must establish, maintain, and conclude the physician-patient relationship in accordance with ethical and legal standards. The osteopathic physician is accountable for their actions and their impact on patients, the public, and the profession.



**MEASURED OUTCOMES**

The osteopathic physician...

1. applies proper ethical and legal standards in establishing and maintaining the physician-patient relationship by examining, diagnosing, and treating the patient with proper consent.
2. engages in shared decision-making that respects the patient’s lived experiences while adhering to ethical and legal guidelines.
3. takes appropriate action to protect the patient from risks that compromise patient care (e.g., health care provider impairment, substance use, incompetence, unethical conduct, inappropriate relationships, discriminatory practices).
4. properly terminates physician-patient relationships when necessary (e.g., physician relocation, inappropriate patient conduct).
5. reports adverse events promptly and accurately to support improvements in quality of care.
6. promptly apologizes and discloses any adverse events to the appropriate parties, fully explaining what occurred, including the short- and long-term implications.

**ATTESTED OUTCOMES**

The osteopathic physician...

1. effectively recognizes and manages transitions of care while demonstrating empathy and adhering to ethical and legal standards.

**UNMEASURED OUTCOMES**

The osteopathic physician...

1. uses their influence as a physician properly, avoiding situations where personal and professional interests might be in conflict.
2. works to mitigate harm caused by adverse events and contributes to solutions that prevent their recurrence.
3. discloses changes in medical license or hospital privileges to patients and relevant personnel as appropriate.
4. promptly notifies the state medical or osteopathic licensing board, or other appropriate authorities, of any legal action, such as criminal convictions or suspension/ revocation of a medical license.

**6.7 Physician Well-Being**

**Definition:** The osteopathic physician must cultivate a strong, osteopathically distinctive professional identity while maintaining personal well-being and resilience. This includes recognizing and addressing factors that contribute to burnout, mental health challenges, and personal and professional stressors, as well as developing self-awareness, mindfulness, work-life balance, and effective coping strategies.

**MEASURED OUTCOMES**

The osteopathic physician...

1. recognizes their own risk factors for burnout, as well as those that could affect their health care team (e.g., excessive workload, prolonged work hours).
2. recognizes signs of burnout, including depression, substance use, suicidal ideation, and other mental health challenges.





- 3. describes evidence-based strategies to build resilience, reduce stress, and improve work-life balance in clinical practice.
- 4. defines and communicates clear boundaries for patient communication, including expected response times for digital messages and availability for office and telehealth visits.

**ATTESTED OUTCOMES**

The osteopathic physician...

- 1. safeguards personal health and the well-being of patients and colleagues by following infection control protocols, including universal precautions and recommended immunizations.
- 2. refrains from using any substances that could impair judgment or skills when caring for patients, working with colleagues, or interacting with the public.

- 3. ensures that personal health conditions or circumstances (e.g., illness, impairment, disability) do not compromise patient care or safety.

**UNMEASURED OUTCOMES**

The osteopathic physician...

- 1. engages in self-awareness and mindfulness techniques.
- 2. recognizes factors that influence one’s own health and nutritional well-being.
- 3. recognizes when personal physical, mental, or emotional health concerns can be managed through reasonable self-care and when to seek care from another health care professional.
- 4. uses effective coping strategies for stress management, demonstrating flexibility and maturity when facing change and uncertainty.





5. identifies and manages secondary trauma and compassion fatigue through self-reflection, peer support, and resilience-building strategies.
6. adheres to sound personal financial practices.
7. advocates for a supportive, stigma-free culture that prioritizes physicians' mental health and well-being in medical education and practice.

### 6.8 Ethical Business Practices and Legal Compliance

**Definition:** The osteopathic physician must demonstrate commitment to honest and transparent business practices, complying with relevant laws, policies, and regulations. This includes maintaining ethical conduct in digital and electronic communications, ensuring that shared information—especially regarding service quality, outcomes, credentials, and qualifications—is factual and evidence-based.

#### MEASURED OUTCOMES

The osteopathic physician...

1. follows current regulations, laws, and statutes governing medical practice, including those related to reportable diseases.
2. recognizes the professional, ethical, legal, and regulatory standards related to digital health and the handling of health information.
3. discloses any personal interest to patients when offering or selling goods or services directly from their own practice.

#### UNMEASURED OUTCOMES

The osteopathic physician...

1. ensures that all claims about service quality, outcomes, or expectations, and about personal or staff credentials, qualifications, and training, are accurate and evidence-based.
2. refrains from exploiting patients' vulnerabilities or lack of medical knowledge.
3. exhibits honesty in all financial arrangements with the patient by providing clear information about fees and charges to support informed decision-making.
4. applies ethical principles in business and medical practices, including recognizing and managing conflicts of interest.

### 6.9 Ethical Principles in Research

**Definition:** The osteopathic physician must demonstrate knowledge of and commitment to ethical and equitable principles in osteopathic medical research, particularly those related to autonomy, justice, confidentiality, and accountability.

#### MEASURED OUTCOMES

The osteopathic physician...

1. ensures that ethical standards guide decisions to provide or withhold clinical care in research, particularly when diagnostic or treatment interventions may be futile.
2. ensures that informed consent is obtained from all research study participants using clear, understandable language.
3. respects the research study participant's right to withdraw from a study at any time without penalty.
4. provides additional protection for vulnerable populations in research, including children, incarcerated individuals, and those with impaired decision-making capacity.



5. conducts a thorough risk-benefit analysis before initiating any research project.
6. maximizes potential benefits while minimizing risks to research study participants.
7. ensures the fair and equitable selection, recruitment, and treatment of research study participants.
8. maintains patient confidentiality in research projects by implementing appropriate safeguards such as data encryption.

#### ATTESTED OUTCOMES

The osteopathic physician...

1. respects and safeguards confidential information, including protected health information (PHI), in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws.

#### UNMEASURED OUTCOMES

The osteopathic physician...

1. conducts all research with honesty and integrity.
2. ensures that reported or published information is factual and evidence-based.

### 6.10 Digital Intelligence

**Definition:** The osteopathic physician must apply best practices in digital professionalism, comply with privacy and security policies, and uphold ethical standards in all technology-enabled interactions. This includes the responsible integration of emerging technologies, such as augmented intelligence, to enhance decision-making, improve efficiency, and support patient-centered care.

#### MEASURED OUTCOMES

The osteopathic physician...

1. maintains a professional digital identity that adheres to privacy, confidentiality, and security regulations.
2. recognizes the scope, capabilities, and limitations of telehealth.
3. identifies the scope and limitations of the Internet of Medical Things (IoMT)—including medical devices, wearables, patient tracking systems, and real-time data—in supporting patient care.

#### ATTESTED OUTCOMES

The osteopathic physician...

1. efficiently manages electronic communication (e.g., email, secure messaging, patient portals).
2. demonstrates awareness of digital health tools, including devices and health monitoring applications.
3. demonstrates proficiency in navigating electronic health records.
4. recognizes and mitigates risks associated with digital health tools, including misinformation, cybersecurity threats, and bias.

#### UNMEASURED OUTCOMES

The osteopathic physician...

1. critically evaluates and integrates augmented intelligence tools (e.g., decision support, predictive analytics, automated documentation) to enhance clinical judgment and patient-centered decision-making as appropriate.

Competency  
Domain

7

NBOME





# Systems-Based Practice in Osteopathic Medicine

## Overview

Osteopathic physicians must navigate the broad and complex U.S. health care system to provide high-quality, compassionate, patient-centered care. They must understand how factors such as health care policies, the business of medicine, and social determinants of health influence care delivery for individuals and populations. Effective coordination of care requires optimal use of available resources.

Osteopathic physicians must collaborate effectively as both members and leaders of interprofessional health care teams. In doing so, they must identify opportunities to improve care quality, enhance patient safety, reduce medical errors, address health inequities, and eliminate system inefficiencies and waste.

By applying principles of health systems science, osteopathic physicians can improve access, quality, and outcomes of care for both individuals and communities. They must demonstrate the ability to provide compassionate, patient-centered care that integrates body, mind, and spirit while accounting for the effects of health care systems on care delivery. They must be guided by osteopathic tenets when interacting with health care systems, influencing care delivery, and contributing to improvements in system performance.

## Required Elements

### 7.1 Health Care Systems Awareness

**Definition:** The osteopathic physician must understand the structure and function of health care systems and apply systems thinking and adaptive learning to navigate and improve all aspects of care delivery.

#### MEASURED OUTCOMES

The osteopathic physician...

1. demonstrates knowledge of different medical practice types and national health care delivery systems, including their effects on individuals and communities.
2. recognizes systemic challenges in delivering health care by understanding the complexities of access, cost, and quality of care (e.g., hospital closures, workforce shortages).
3. recognizes the impact of environmental factors and the built environment on health and health care delivery (e.g., climate change, pollution, community infrastructure, occupational exposures, food production).
4. identifies the need for health system preparedness and the role of public health agencies in addressing pandemics, natural disasters, emerging global health threats, and other large-scale health crises.



## 7.2 Social Determinants of Health

**Definition:** The osteopathic physician must recognize and assess the social determinants of health (SDoH) that impact health outcomes and access to care at both the individual and population levels. The osteopathic physician must use systems-based approaches to address health inequities and advocate for policies that enhance accessibility, equity, and patient well-being.

### MEASURED OUTCOMES

The osteopathic physician...

1. identifies key SDoH (e.g., economic stability, education, food security, health care access, neighborhood and built environment, social and community context) relevant to patient- and population-based care.
2. recognizes how structural bias and systemic inequities contribute to health disparities and impact patient outcomes.
3. understands and assesses how SDoH influence individual and population health outcomes, care access, and overall well-being.
4. identifies community-based resources for patients (e.g., nutrition resources for patients experiencing food insecurity, transportation services for health care, social work resources, spiritual resources).
5. integrates screening for SDoH into clinical practice through validated tools.
6. assesses the effectiveness of health systems in addressing SDoH that impact patient care.

### ATTESTED OUTCOMES

The osteopathic physician...

1. applies strategies to overcome barriers to health and health care related to SDoH, including leveraging community resources and telehealth to expand access for all populations.

### UNMEASURED OUTCOMES

The osteopathic physician...

1. collaborates with community organizations, public health agencies, and social service providers to address challenges related to SDoH.
2. advocates for equitable health care policies and interventions that address SDoH.

## 7.3 Health Informatics Technology

**Definition:** The osteopathic physician must apply health data science and digital technologies—including augmented intelligence—to enhance patient care, improve health system efficiency, and advance community health outcomes while upholding ethical, legal, and professional standards.

### MEASURED OUTCOMES

The osteopathic physician...

1. manages health data efficiently and securely through health information systems.
2. explains how health informatics supports public health initiatives and influences the delivery and effectiveness of health care.
3. explains how precision medicine and digital health contribute to improving public health.



4. recognizes the impact of data analytics and augmented intelligence on health system outcomes while also acknowledging potential biases and ethical considerations in their implementation.

**ATTESTED OUTCOMES**

**The osteopathic physician...**

1. applies computational thinking to clinical decision-making by prioritizing differential diagnoses, identifying treatment patterns, and optimizing workflow efficiency.
2. uses electronic health information exchange systems responsibly to support safe, efficient, and person-centered care for individuals and communities.

**7.4 Interprofessional Health Care Teams**

**Definition:** The osteopathic physician must understand the function of the interprofessional health care team and the roles of individuals on the team, with the goal of enhancing team performance to optimize patient outcomes.

**MEASURED OUTCOMES**

**The osteopathic physician...**

1. identifies the roles of trainees (e.g., medical students, residents, fellows) and other health care professionals within the interprofessional health care team.
2. collaborates with interprofessional health care team members (e.g., non-physician licensed health care professionals, community organizations, public health experts, dietitians, social workers, religious leaders) to provide compassionate and whole-person care (e.g., body-mind-spirit unity).

3. maintains a distinct osteopathic identity in clinical training or practice environments where others are less familiar with osteopathic medical practice.
4. engages with colleagues and others on the health care team in an ethical and professional manner.
5. explains the importance of seeking appropriate consultations and ensuring timely follow-up.

**ATTESTED OUTCOMES**

**The osteopathic physician...**

1. shows respect for other health care professionals.
2. collaborates effectively with team members from diverse personal and professional backgrounds.
3. promotes an inclusive environment that values all perspectives and fosters empathy.
4. performs their assigned role or task effectively when functioning as part of a team.
5. provides and receives feedback in a meaningful, constructive way.
6. uses professional communication tools (e.g., email, secure messaging platforms, social media) effectively to enhance interprofessional communication while adhering to ethical and privacy standards.
7. uses digital health care and augmented intelligence technologies to enhance collaboration with interprofessional team members.

**UNMEASURED OUTCOMES**

**The osteopathic physician...**

1. acknowledges and values the diverse cultures, roles, training, and expertise of other health care professionals and related resources (e.g., chaplains).



## 7.5 Patient Safety

**Definition:** The osteopathic physician must understand, advocate for, and implement strategies to evaluate and improve patient care systems, with the goal of improving patient safety and the quality of care.

### MEASURED OUTCOMES

The osteopathic physician...

1. identifies and uses effective strategies to recognize health care system errors (e.g., error reporting, root cause analysis).
2. applies strategies to improve patient safety and care systems (e.g., infection control, disease reporting, disaster management).
3. identifies and addresses environmental health risks (e.g., air and water quality concerns, climate change-related infectious diseases, environmental food contamination, occupational exposures) and ensures disaster preparedness within health systems.
4. recognizes and adheres to patient safety and quality improvement measures in medication management, including safe prescribing guidelines and prescription drug monitoring programs (PDMPs).
5. applies strategies to prevent overdose and addiction and to ensure safe, effective transitions of care for patients at risk of inappropriate use of medications or substances.
6. recognizes the impact of physician moral injury, burnout, secondary trauma, and mental health on patient safety, and advocates for and implements systemic interventions to address these issues.
7. uses patient outcome data to drive system-wide quality improvement initiatives.

### ATTESTED OUTCOMES

The osteopathic physician...

1. takes prompt and effective action when patient safety is at risk.
2. recognizes the impact of leadership and organizational culture on the development and implementation of patient safety practices within health care systems.

### UNMEASURED OUTCOMES

The osteopathic physician...

1. uses data on health care team and system performance to develop and implement improvement strategies.
2. reports patient safety events through institutional reporting systems.
3. discloses patient safety events to patients and designated members of their support network.

## 7.6 Value-Based Medicine

**Definition:** The osteopathic physician must assess strategies for allocating health care resources, taking into account value, quality, cost, risks and benefits, equitable distribution, and systemic inefficiencies.

### MEASURED OUTCOMES

The osteopathic physician...

1. incorporates considerations of cost awareness, risk-benefit analysis, and perception of value into patient- and community-centered care.





2. makes cost-effective decisions in providing optimal patient care by working within the constraints of health care systems and available resources (e.g., requesting consultations effectively, using appropriate diagnostic tests, ensuring effective transitions of care).
3. recognizes the impact of treatment costs and financial barriers on patient care, and provides alternative options to maximize health outcomes.
4. evaluates health care resource allocation with a focus on long-term sustainability and efficiency.



## 7.7 Economics and Business of Medicine

**Definition:** The osteopathic physician must understand the economic and business aspects of medical practice, including services, reimbursement structures, practice management, and associated financial impacts. The osteopathic physician must communicate financial considerations effectively to patients, maintain ethical business practices, and advocate for equitable access to health care services.

### MEASURED OUTCOMES

The osteopathic physician...

1. demonstrates an understanding of medical practice management fundamentals, including regulatory and financial compliance and financial sustainability.
2. demonstrates knowledge of the economics of medicine, including reimbursement methods (e.g., insurance coverage, private payers) and billing and coding processes.
3. explains how national health care services (e.g., Medicare, Medicaid, Veterans Health Administration, tribal health services) influence provider reimbursement structures and patient access to care.
4. evaluates the advantages and limitations of value-based care models (e.g., managed care organizations, accountable care organizations, patient-centered medical homes).
5. provides clear and transparent information about health care costs to patients and designated members of their support networks.
6. recognizes the influence of health care financing and economic policies on inequities in access to care.



**ATTESTED OUTCOMES**

The osteopathic physician...

1. adopts cost-conscious approaches to patient care while maintaining high-quality, evidence-based decision-making.
2. upholds ethical business practices in both clinical decision-making and financial interactions with patients.
3. recognizes financial stressors affecting patients and guides them toward appropriate resources or assistance programs.

**UNMEASURED OUTCOMES**

The osteopathic physician...

1. leads or contributes to quality improvement initiatives focused on enhancing patient safety, minimizing hospital readmissions, and optimizing chronic disease management.

**7.8 Policy and Advocacy**

**Definition:** The osteopathic physician must recognize how advocacy influences health policy and supports the delivery of optimal patient care.

**MEASURED OUTCOMES**

The osteopathic physician...

1. recognizes how health policy affects patient care at the local, regional, state, and national levels.
2. recognizes the value of collaborating with community organizations, public health initiatives, and policy efforts to improve individual and population health outcomes.

3. understands how logistical and systems-level barriers (e.g., transportation challenges, limited appointment times) can affect patient care.
4. identifies systemic barriers to equitable health care access for all populations.

**ATTESTED OUTCOMES**

The osteopathic physician...

1. advocates for the recognition, integration, and accessibility of osteopathic manipulative treatment within health care systems.
2. assists patients in dealing with health care system complexities.
3. makes informed patient care decisions based on the characteristics and requirements of various health care delivery and payment systems.

**UNMEASURED OUTCOMES**

The osteopathic physician...

1. recognizes inequities in access to health care and takes steps to reduce them.
2. advocates for access to nutritious food options for patients in their communities.
3. advocates for safety requirements that promote public health and prevent injuries (e.g., helmets, seatbelts, personal protective equipment, firearm safety, system-level safety measures in health care settings).
4. advocates for high-quality patient care and effective care systems.
5. understands how policy and advocacy influence a physician's capacity to provide patient care.

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