|  | **PROFESSIONAL PRACTICE GAP & EDUCATIONAL NEED** | **LEARNING OBJECTIVES** **(3-4 for overall conference/ individual session)** | **OSTEOPATHIC DISTINCTION** |
| --- | --- | --- | --- |
|  | ***Note: The example questions are guidance for how you can fill out this question. You do not have to answer the exact question(s) below. You are welcome to provide other reasons for the need for this activity.*** ***What problem is the activity planned to address/how are the intended participants currently involved?******Why does the problem exist and what will be presented to address what the learner needs to do?******What educational need(s) are the cause of the professional gap(s)?***  | ***What is the learner expected to achieve or be able to do to address the identified professional practice gap(s) after the activity?***Includes at least one (1) learning objectives reflective of achievement of AOA Core Competencies | ***If seeking AOA Category 1 credit, select at least one option for how this activity/ program is osteopathically distinct*****Core Competencies**[ ]  Osteopathic Principles and Practice.[ ]  Medical Knowledge and Its Application into Osteopathic Medical Practice[ ]  Osteopathic Patient Care[ ]  Interpersonal and Communication Skills in Osteopathic Medical Practice[ ]  Professionalism in Osteopathic Medical Practice[ ]  Osteopathic Medical Practice-Based Learning and Improvement[ ]  System-Based Osteopathic Medical Practice |
| ***Example*** | The CDC cites smoking as a risk factor for COVID-19 due to its compromising effect on the immune system.[[1]](#footnote-2) Additionally, smoking is known to cause immediate damage to lung tissue[[2]](#footnote-3) and is associated with increased risk for acute respiratory distress syndrome.[[3]](#footnote-4) Under the rapidly evolving landscape, it is critical that physicians treating patients have the latest evidence on the risks for COVID-19 associated with smoking and are prepared to have conversations regarding smoking cessation.Due to the rapidly evolving state of research regarding COVID-19, not all physicians may be fully abreast of the latest evidence regarding the risks for COVID-19 associated with smoking both combustible cigarettes and e-cigarettes. Furthermore, some physicians express concern about whether the current moment is the most appropriate time to have cessation conversations or are unsure how to best have conversations in the current care environment.(knowledge, competence)  | After this presentation, clinicians will be able to:1. Describe how smoking heightens risk for developing severe cases of COVID-19, and how cessation can reduce risk.
2. Initiate cessation conversations with patients in a manner that communicates risks in an understandable way, is empathetic and supportive, and is appropriate for how care is currently being delivered, such as via telemedicine. **(Interpersonal and Communication Skills in Osteopathic Medical Practice)**
3. Communicate available resources to support current and former smokers in their efforts to quit
4. Identify OMM techniques suitable for patients with respiratory symptoms based upon osteopathic principles and past publications
 | **Core Competencies**Includes at least one (1) learning objectives reflective of achievement of AOA Core Competencies[ ]  Osteopathic Principles and Practice.[ ]  Medical Knowledge and Its Application into Osteopathic Medical Practice[ ]  Osteopathic Patient Care[x]  Interpersonal and Communication Skills in Osteopathic Medical Practice[ ]  Professionalism in Osteopathic Medical Practice[ ]  Osteopathic Medical Practice-Based Learning and Improvement[ ]  System-Based Osteopathic Medical Practice |

**Osteopathic Core Competencies**

**Competency 1:** Osteopathic Principles and Practice: Demonstrate and apply knowledge of accepted standards in OPP appropriate to their specialty.

**Competency 2:** Medical Knowledge and Its Application into Osteopathic Medical Practice: Demonstrate and apply integrative knowledge of accepted standards of clinical medicine and OPP in their respective osteopathic specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

**Competency 3:** Osteopathic Patient Care: Demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

**Competency 4:** Interpersonal and Communication Skills in Osteopathic Medical Practice: Demonstrate interpersonal and communication skills that enable them to establish and maintain professional.

**Competency 5:** Professionalism in Osteopathic Medical Practice: Demonstrate their professional activities promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population.

**Competency 6:** Osteopathic Medical Practice-Based Learning and Improvement: Demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.

**Competency 7:** System-Based Osteopathic Medical Practice: Demonstrate an understanding of health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine.

1. Centers for Disease Control. “Coronavirus Disease 2019 (COVID-19); Groups at Higher Risk for Severe Illness”. 2020. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html> [↑](#footnote-ref-2)
2. Benjamin, Regina. “Exposure to Tobacco Smoke Causes Immediate Damage: A Report of the Surgeon General”. Report of the U.S. Surgeon General. Mar-Apr 2011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3056024/> [↑](#footnote-ref-3)
3. Hsieh et al. “Prevalence and impact of active and passive cigarette smoking in acute respiratory distress syndrome.” *Critical Care Medicine* 2014 Sep;42(9):2058-68. [↑](#footnote-ref-4)