

Beyond the Body: Elevating Patient Care with Emotional Intelligence in Osteopathic Practice



The Honorable Sir A.T. Still (yes I knighted him)

"True healing begins not with diagnosing the body, but with understanding the soul that inhabits it."

"Empathy is not simply feeling for another, but feeling with them, understanding their journey as if it were your own."

"The physician who cannot heal their own inner turmoil is ill-equipped to heal another."

"Hope is a fragile thing, yet it is the most powerful medicine we possess."

"The answers we seek are often found not in textbooks, but in the quiet whispers of the human heart."

"Wisdom is not gained through years, but through the willingness to learn from every moment, every encounter."



- Administrative DME
- Assistant Dean of Clinical Medicine
- Program Director FM Residency
- Program Coordinator
- Vice President, Professional Services & CLO
- resident
- Associate Dean of Pre-Clinical Education
- Career and Professional Development Counselor
- VP Professional Development Initiatives and Communication
- Director of CME
- GME Academic Manager
- Manager, Medical Education
- Director of GME
- Assistant Director or Financial Aid, Financial Wellness Coordinator
- Professor & Chair - Osteopathic Principles & Practices
- Director of Interprofessional Education and Student Wellness
- Program Manager
- SVP Osteopathic Accreditation
- Director
- Anatomy Technology Facilitator
- Career and Residency Match Advisor
- Associate Dean for Clinical Affairs
- assistant professor
- Chair/ Associate Professor
- Assistant Professor
- Chair
- Career Advisor
- Employee Wellness Coordinator
- Assistant Dean of Clinical Affairs
- assistant professor; director of career, academic and life coaching
- assistant professor of family medicine
- Internal Medicine Resident
- Director of Recruitment
- Sr. Associate Director of Counseling
- Professor of Family Medicine and Public Health
- Director of career development
- Assistant Professor of OPP
- Assistant Vice President for Human Resources
- Director of Benefits
- Payroll Director
- Director HR
- Physician - Educator
- Director of Admissions
- Director of Behavioral Sciences
- Associate Dean of GME/DIO
- Residency Advising Specialist
- Associate program director
- Institutional Coordinator/Academic Specialist
- Director, Faculty Development
- Director of Career Development
- Director of Faculty Development
- Career Counselor/Education Specialist
- Assistant Dean of Diversity
- Dean
- Medical Student
- Chief Diversity Officer
- Director of Admissions
- Advisor, Provider & Associate Well-Being
- Chief Diversity and Community Relations Officer
- Assistant Dean for Clinical Education
- Educational Learning Specialist
- Student
- Assistant Prof
- Associate Professor of OMM
- Educational Skills Specialist
- Chair Pediatrics

So why does Andy care?

EI/EQ and its importance for Medical Professionals

Poor communication, often linked to low emotional intelligence, is cited in over 40% of medical malpractice suits

Research involving medical students showed that those demonstrating "emotional disengagement" were later rated by patients as having poorer overall communication skills

Better distinguish between relevant and irrelevant emotions when making decisions involving risk

High EQ equips medical professionals to:

- Manage stress more effectively, reducing the risk of emotional distress that can impair cognitive functions and increase malpractice risks
- Maintain better focus and critical reasoning skills under pressure

Overview

1. What is Emotional intelligence?
2. Why does it matter?
3. Basic neuroscience of EI.
4. Four critical areas of EI:
 - Self-awareness
 - Self Management
 - Building autopilot awareness/ stretching the gap between thoughts and actions
 - Social awareness
 - Relationship management
 - Empathy (Active listening) and gratitude

Who got to use the app?

Any volunteers for your experience?



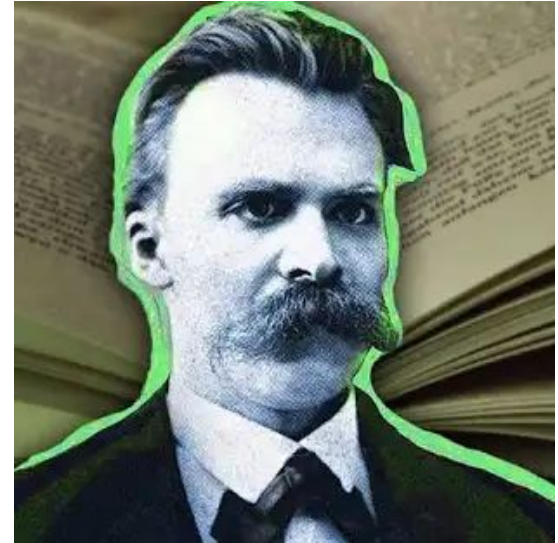
Democratizing EQ: Communication
skills for Everyone, Everywhere

Emotional Intelligence

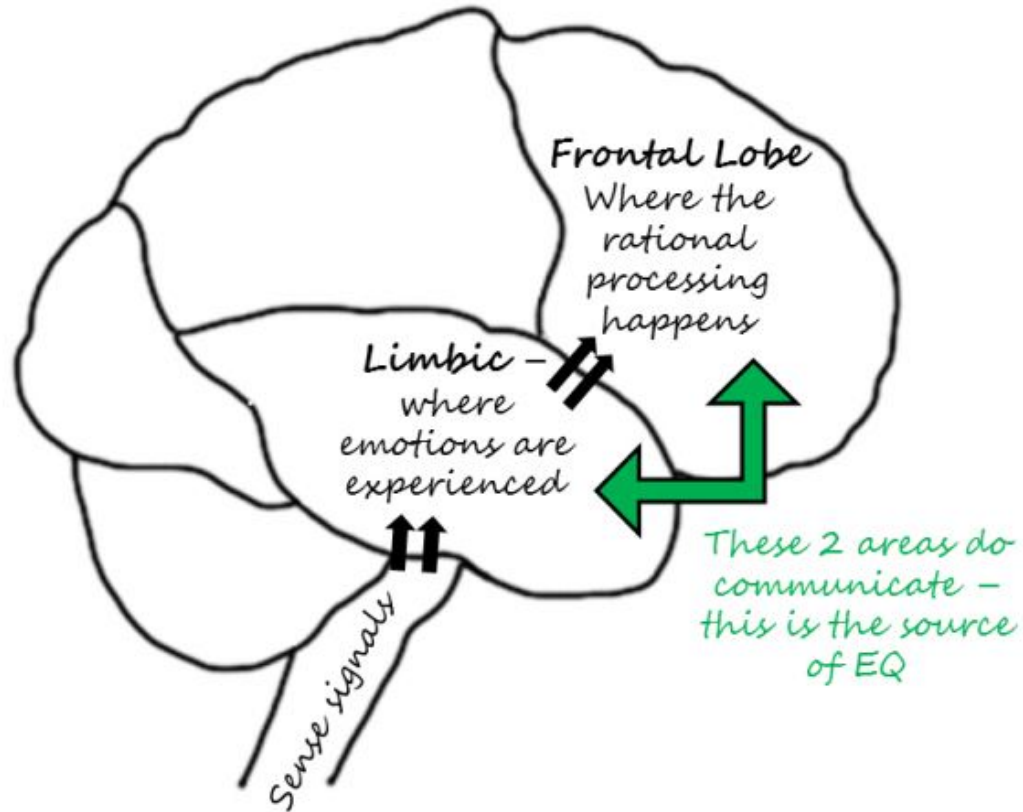
: your ability to **recognize** and **understand** emotions in yourself and others, and your ability to use this awareness to **manage** your behavior and relationships.

Nietzsche- “Beyond Good and Evil”

"I have often perceived that what a man can say almost determines what he can think. Our thoughts, feelings, and insights are, as it were, tethered to our words; the more limited our vocabulary, the more limited our thoughts."



The Path Between Feeling and Reason



WHAT IS THE DIFFERENCE?

INTELLIGENCE QUOTIENT (IQ)

IQ score is derived from standardized tests designed to measure intelligence. IQ relates to intellectual abilities, like how well you learn, understand, and apply information. People with higher IQs can think abstractly and make mental connections more easily.

EMOTIONAL INTELLIGENCE (EI OR EQ)

EI is using emotions to think and enhance our reasoning. Those with high EI are able to manage their emotions as well as use their emotions to facilitate their thinking and understand the emotions of others.

Simply put EQ (EI) is
Utilizing your emotions to
determine the:

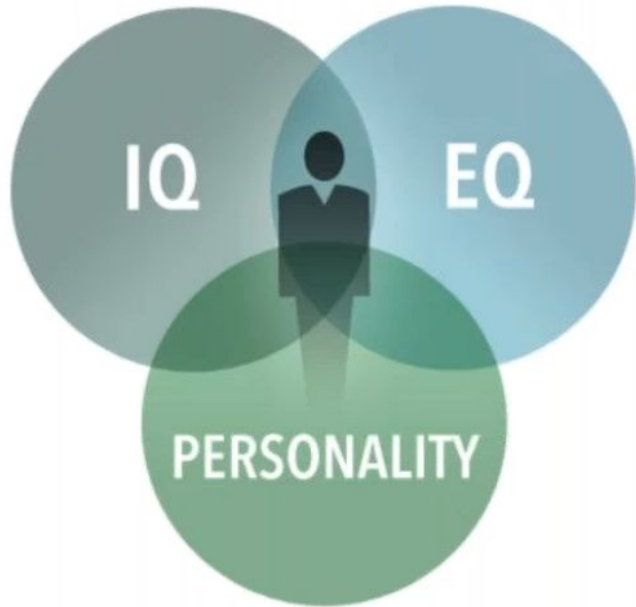
- Right response
- Right time
- Right person

EQ is not...

- Letting your feelings run rampant
- Being nice regardless of what happens to you
- Specific to gender or genetically fixed
- IQ, knowledge or education based
- Anger management
- Suppressing emotions
- Attempting to be a robot
- Being passive



EQ is a Key Part of The Whole Person



Expertise (IQ) - **What** you bring to work.

Personality - **Who** you are at work.

EQ - **How** you make the most of both your expertise and your personality.

THE GOOD NEWS

EMOTIONAL INTELLIGENCE CAN BE DEVELOPED!

- People feel before they think and act
- It's possible to change people's responses to feelings
- These changes have a positive impact on individual and team behavior
- New behavior improves job performance

EMOTIONS → THOUGHTS → BEHAVIOR → PERFORMANCE

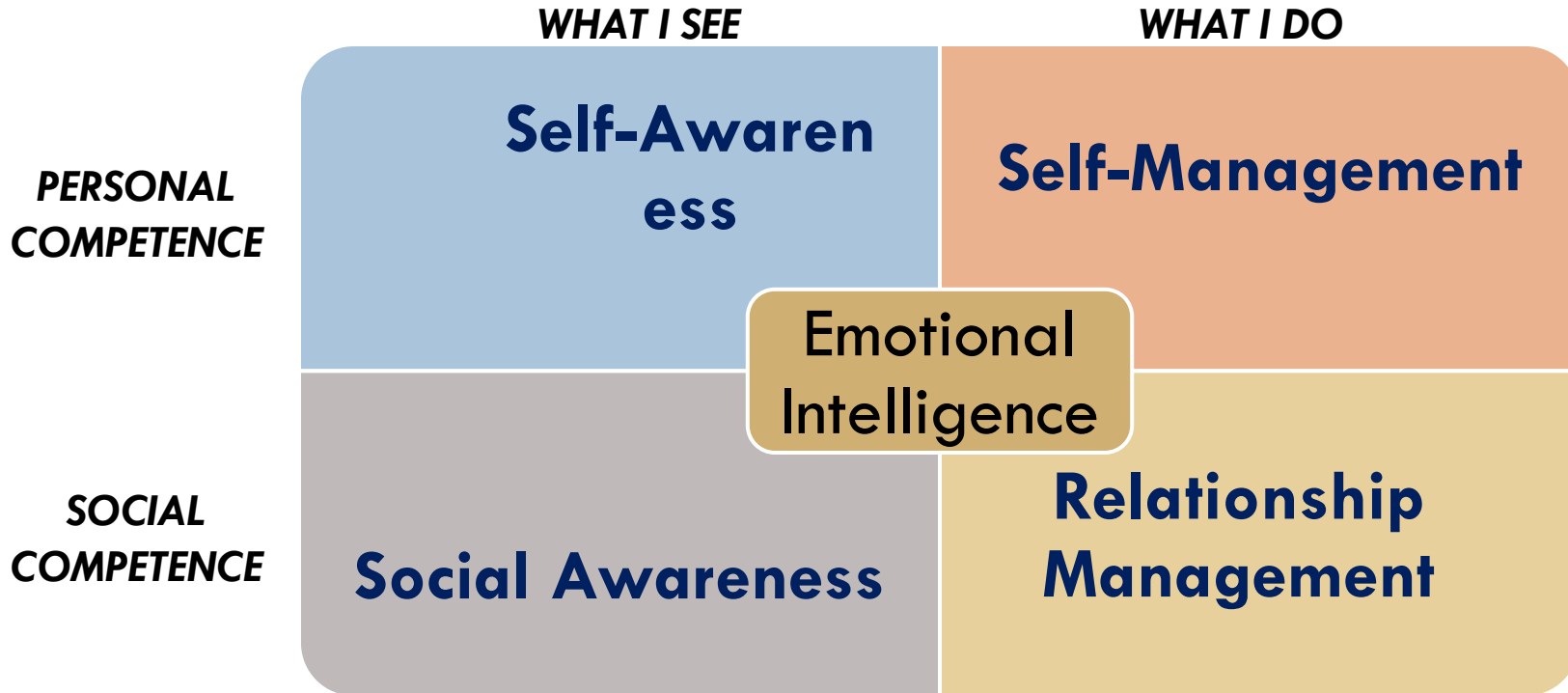
When one works on EQ they are:

- Revising responses to feelings
- Changing thinking patterns
- Altering behavior and trying new things

Coaching/Mentorship/Digital feedback is massive in the process



4 Skills of Emotional Intelligence



WHAT I SEE

WHAT I DO

PERSONAL COMPETENCE

Self-Awareness

- Ability to accurately perceive your own emotions
- Stay aware of your emotions as they happen
- Keep on top of how you tend to respond to specific situations and people

Self-Management

- Ability to use awareness of your emotions to stay flexible and positively direct your behavior
- Managing your emotional reactions to all situations and people

SOCIAL COMPETENCE

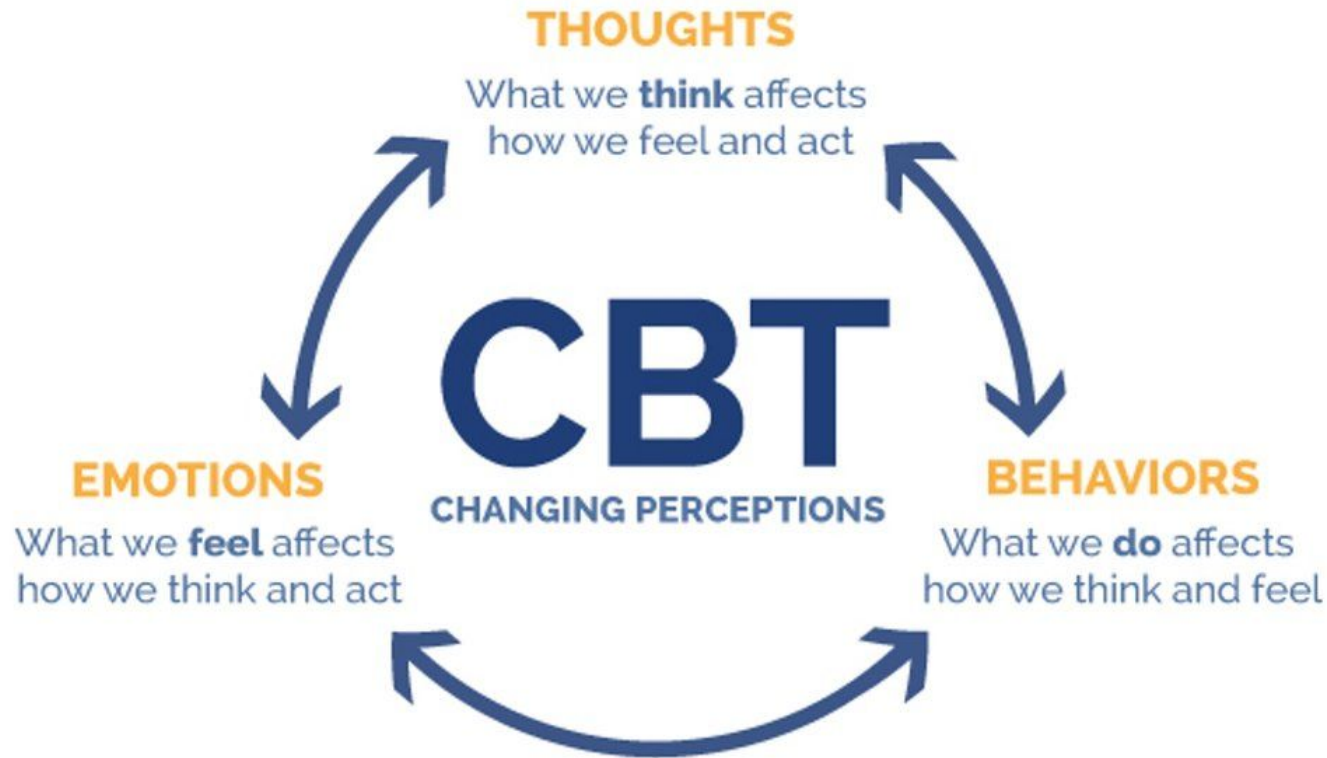
Social Awareness

- Ability to accurately pick up on emotions in other people
- Understand what is really going on
- Understanding what other people are thinking and feeling even if you don't feel the same way

Relationship Management

- Ability to use awareness of your emotions and emotions of others to manage interactions successfully
- Ensure clear communication and effective handling of conflict

CBT triangle, basic CBT principles



EQ and Osteopathic Medicine: A Holistic Approach

Osteopathic philosophy emphasizes the **unity of body, mind, and spirit**, recognizing that psychological and emotional factors are integral to physical health..

•**EQ interventions** directly address this unity by fostering:

Self-awareness: Heightening understanding of the connection between mental and physical states.

Self-regulation: Providing tools for stress management and resilience

Empathy: Cultivating patient-centered communication

“Yall are the nice doctors”

“DO’s Just get me”



Pt quote from the hallowed halls of Barrier Islands Psychiatry

Like you're the shit... My husband is like Dr. Doe. Who is he? I gotta look him up. And he said, well, what kind of doctor is he? I said, well, he's a D.O. And he's like, he's a D.O. And I said, yeah. And he's like, well, one of his doctors is a D.O. And he's like, well, they're the doctors that you want because they do this and that and this. And I told my sister [NP]. She's like, well, let me look him up. And I'm like, so you know, you've been looking a lot. And she's like, oh my God, the D.O.'s are the best.

My husband actually asked, I forget which doctor it is...he just treats everything so differently and so well. It's just unbelievable.

Well, I have not heard anything but wonderful things about it and this is my first experience and I'm just, I mean, a week, in a week, I mean, I couldn't even put on makeup to get here last time. Yeah, it's a big difference. Thank you. (pt starts to cry a little)

Integrating EQ for Rational and Empathetic Treatment

Self-Regulation and Self-Healing: Meditation and AI-based coaching (AI or in person or BOTH) can support stress management, resilience building, and self-reflection.

Structure and Function Interrelation: Strengthened EQ supports more effective physician-patient communication, fostering trust and collaboration.

Rational treatment relies on understanding body unity: EQ training ensures care decisions address psychosocial factors alongside physical health

EQ training ensures that care decisions address psychosocial factors alongside physical health, fully embodying the holistic nature of osteopathic practice

Result: Cultivating empathetic, communicative, and resilient physicians who embody osteopathic principle

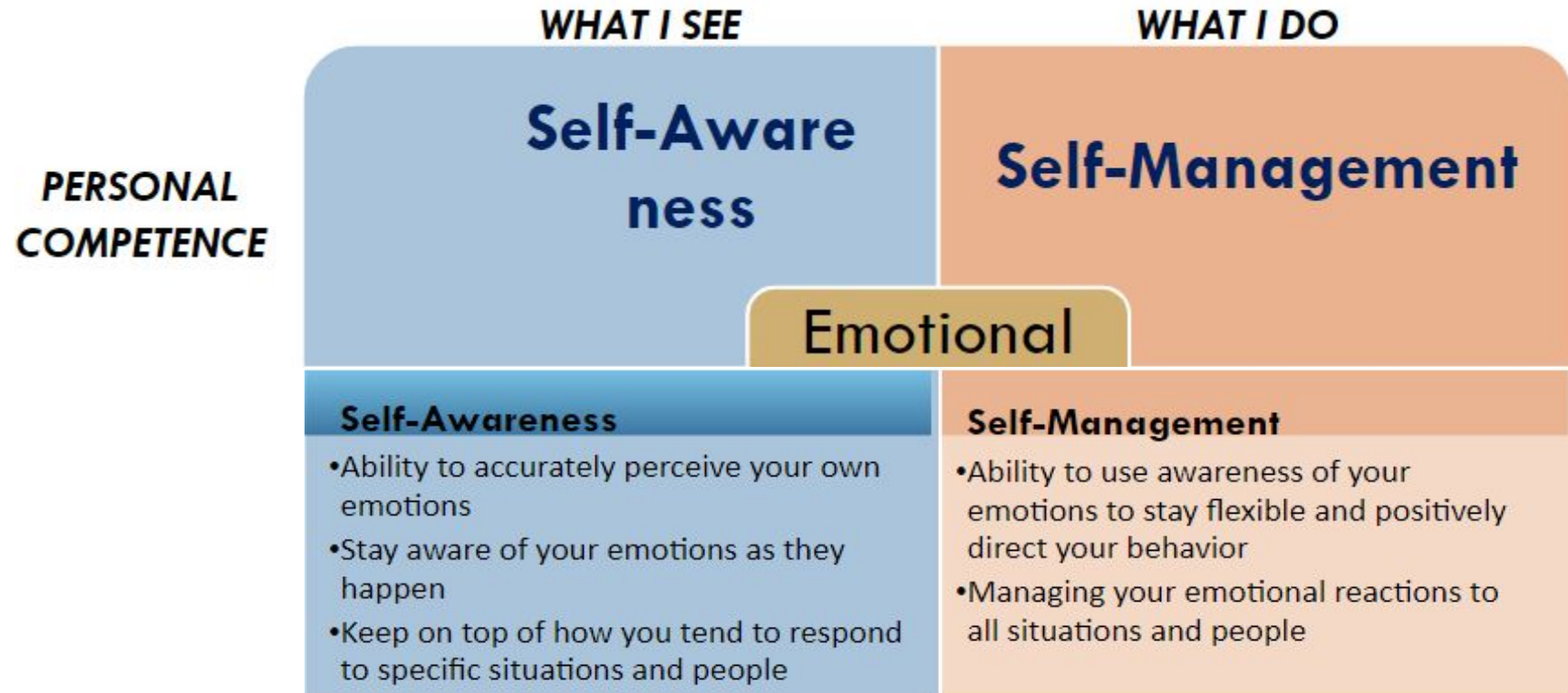
“I can say this the way it really is with y’all (DO’s)”

“I can imagine having a beer with my DO doctors”
(nice thought but... ehh)

“I was happy to see you were a DO when you got on the service, I really like working with you guys”

The first two are about you!

Drawing from CBT/Mindfulness principles becoming a observer,
developing metacognition. —“Autopilot awareness” —



Self Awareness & Self Management

With Self-Awareness, a person has 50/50 chance of demonstrating Self-Management

		Self-Management	
Self-Awareness		Yes	No
	Yes	49%	51%
	No	4%	96%

N = 427, $p < .001$ (Burckle and Boyatzis, 1999)

Without Self-Awareness, a person has virtually no chance of demonstrating Self-Management.

Self Awareness & Social Awareness

With Self-Awareness, a person has a 38% chance of having Social Awareness

		Social Awareness	
Self-Awareness		Yes	No
	Yes	38%	62%
	No	17%	83%

N = 427, $p < .001$ (Burckle and Boyatzis, 1999)

Meditation

Learn to observe the gap between having a thought and moving forward with the feeling attached to that thought

		Self-Management	
le. Development of self awareness-	Self-Awareness		
		Yes	No
		Yes	49%
	No	4%	96%

Notice your patterns break them down build them up better

- Ie. Neuroplasticity

Books:

Power of habit

Atomic habits



NEUROPLASTICITY

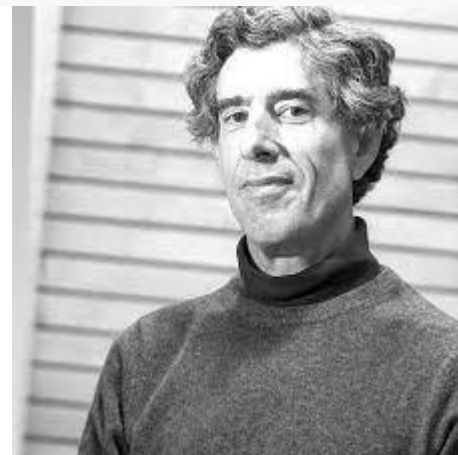
HOW DOES IT WORK?



Pull out your cell phones!

Healthy minds app

- The app is free.
- They do an excellent job of making meditation approachable.
- You can choose between passive and active meditation.
- You choose how long you want to meditate.
- The sessions are all research-based.
- The app includes explanations regarding the why and what you are doing.



Richard
Davidson

Gratitude

In as little as 3 weeks of daily gratitude start to rewire brain, which can be observed on fMRI.

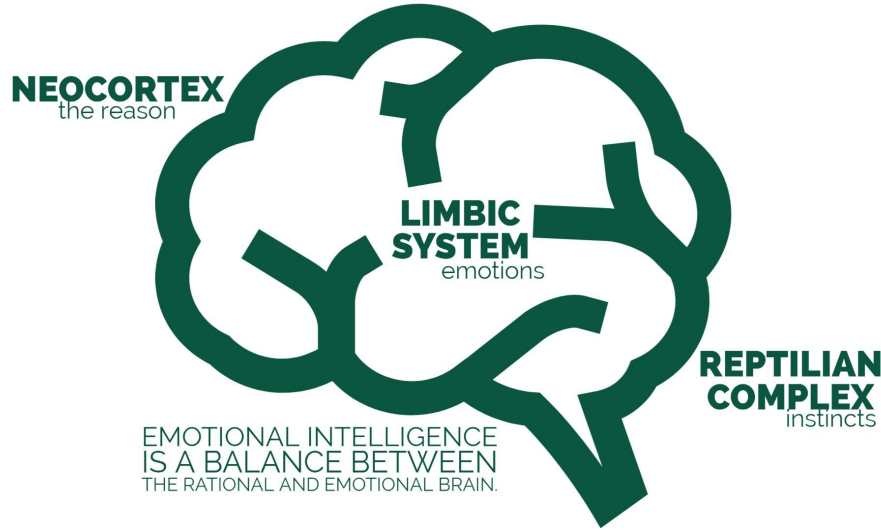
The amygdala

Sifting out unimportant, and scanning for threats→ Attaches emotion to the thoughts, and if primed for fear/worry that is what it will attach more often than not

– When we learn to short circuit this loop we can get into that gap we can neutralize a stress response.



SUBCONSCIOUS TO CONSCIOUS THOUGHT



1. REPTILIAN BRAIN

WHAT HAPPENS HERE?

- Heart Rate
- Breathing
- Balance
- Compulsive Behavior

2. LIMBIC BRAIN

WHAT HAPPENS HERE?

- Memories of Emotions
- Value Judgments
- 'Gut Feelings'

3. NEOCORTEX

WHAT HAPPENS HERE?

- Language
- Abstract Thought
- Imagination
- Consciousness

- 2. Logical/Conscious Thought
 - slow & effortful
 - future focused
 - not a primary driver of decision making

95% OF DECISIONS MADE HERE.

1. Subconscious Thought
- fast processing
 - emotion driven
 - cares about here & now



**EMOTIONS ARE THE
DRIVING FORCE BEHIND THE
DECISION MAKING PROCESS.**

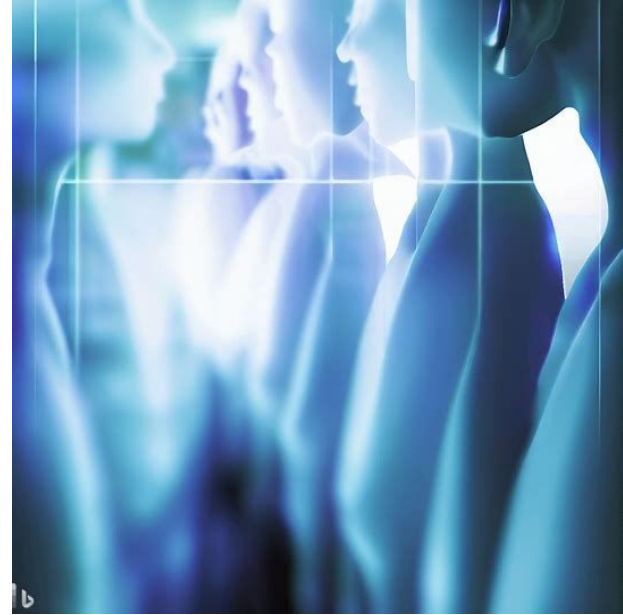
These are the two concern others:
Being present (active listening), and having empathy.



Principles of Active Listening

1. Pay attention: Focus on the speaker and their message.
2. Avoid interruptions: Let the speaker finish their thought.
3. Clarify understanding: Ask questions to make sure you understand the message.
4. Show empathy: Acknowledge the speaker's feelings and experiences.
5. Provide feedback: Use verbal and nonverbal cues to show you're listening.
6. Avoid distractions: Put away distractions and focus on the speaker.
7. Summarize: At the end of the conversation, repeat the speaker's main points.

By following these key principles, you can become a more effective listener, build stronger relationships, and communicate more effectively.



Empathy

There are two key strategies for training empathy: imagination and meditation

Imagination> Walk in their shoes (mirror neurons) -> unfortunately we start to shut down and becomes apathetic to avoid pain

Meditation> Compassion exercises - “May you be ____ (healthy/calm/happy)”

THEN - Link the two, to avoid apathy->> become like a mother!



Overview

What is it? Why does it matter? Basic neuroscience/neuroplasticity

Four basic areas:

- Self-awareness
- Self Management
- Social awareness
- Relationship management

Self-awareness and self management —> big thing to work on here is mindfulness—autopilot awareness – stretch the gap between thoughts and action

Social awareness relationship management: Active listening and empathy, gratitude

Overview of to-do list items

End of day

Meditate- Use Healthy minds!

Work on naming and labeling emotions— widen the gap

Actively listen - be cognizant about what you are doing while you listen be present
give them 100%. Use EI Unplugged!

Empathy

Walk in their shoes, and compassion exercise (on healthy minds)

References

Drs. Travis Bradberry and Jean Greaves
Emotional Intelligence 2.0

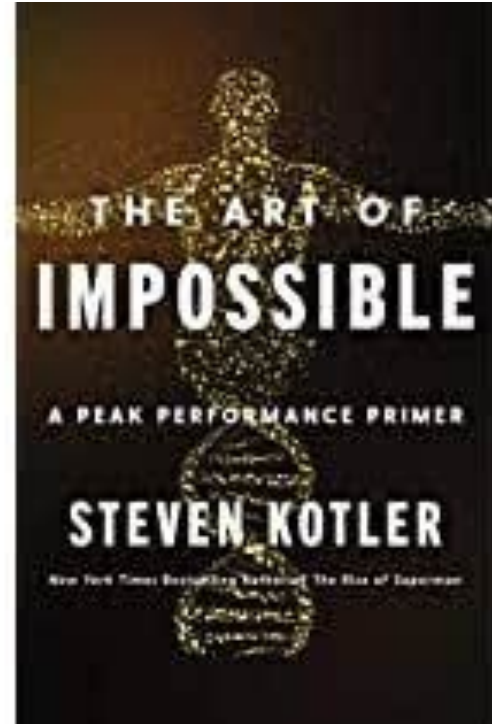
EQ Emotional Intelligence Quotient In Action

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Resources

My recommendations

- Emotional Intelligence Unplugged app
- Healthy minds App
- Brutally honest spouse/partner
- Coach/mentor/study buddy
- *"The Power of Habit"*
- *"Atomic Habits"*
- *"How to Win friends and Influence people"*
- *"Never Split the Difference"*

- Books:
 - Emotional Intelligence 2.0 by Travis Bradberry and Jean Greaves
 - The EQ Edge: Emotional Intelligence and Your Success by Steven J. Stein and Howard E. Book
 - Emotional Intelligence: Why It Can Matter More Than IQ by Daniel Goleman
 - The Brain and Emotional Intelligence: New Insights by Richard J. Davidson and Sharon Begley
 - Emotional Intelligence for Dummies by Jeanette Raymond
- Courses:
 - Emotional Intelligence: Cultivating Immensely Human Interactions on Coursera
 - Emotional and Social Intelligence on edX
 - Managing Emotions in Times of Uncertainty & Stress on Yale Online
 - Inspiring Leadership through Emotional Intelligence on Coursera
 - Mindshift: Break Through Obstacles to Learning and Discover Your Hidden Potential on Coursera
- Articles:
 - The 10 Must-Reads on Emotional Intelligence by Harvard Business Review
 - How to Improve Your Emotional Intelligence by Forbes
 - The Benefits of Emotional Intelligence by Psychology Today
 - How to Teach Emotional Intelligence by Meteor Education
 - Emotional Intelligence: A Practical Guide by Mind Tools
- Other resources:
 - The EQ Blog by TalentSmart
 - The Emotional Intelligence Network
 - The Greater Good Science Center
 - The Mindful Self-Compassion Institute



Empowering Future Physicians: Integrating Harm Reduction and Overdose Prevention into Medical Education

Texas

Fatima Yusuf
and Mili Patel



SOMA Spring Convention | March 28-30, 2025

Introduction

This session will explore innovative strategies to integrate harm reduction and overdose prevention into medical education. Participants will learn about incorporating drug-checking tools, safe medication disposal programs, and digital resources to enhance patient care and public health efforts.



Learning Objectives



1. Understand the role of OPC by recognizing its mission, key initiatives, and significance in harm reduction
2. Recognize the importance of harm reduction in medical practice and education
3. Identify strategies for integrating overdose prevention tools into clinical training
4. Explore student-led initiatives that enhance patient safety and community health

Overdose Prevention Committee (OPC)

- What is OPC?
 - A student-led initiative under the National Student Osteopathic Medical Association (SOMA)
 - Dedicated to addressing the overdose crisis through advocacy, education, and harm reduction strategies
- Our Mission
 - Increase awareness of overdose prevention and substance use disorders
 - Advocate for policy changes to integrate substance use education into medical school curriculum
 - Provide resources and training to medical students on harm reduction and patient care

Overdose Prevention Committee (OPC)

- Key Initiatives
 - Organizing Naloxone training workshops
 - Collaborating with local and national SOMA chapters for overdose prevention
 - Hosting educational events and discussions on substance use disorders
- Why It Matters
 - Overdose deaths continue as a critical public health issue
 - Medical students play a vital role in harm reduction and patient advocacy
 - Empowering future physicians to address substance use with compassion and evidence-based care



Why Harm Reduction Matters for Future Physicians



- Improves **patient outcomes** by reducing overdose deaths and complications
- Addresses substance use as a **medical condition**, not a moral failure
- Enhances medical education by equipping students with **practical addiction medicine skills**
- Fosters **interprofessional collaboration** with pharmacists, social workers, and public health teams

Innovations in Harm Reduction & Medical Education

- Substance Use Navigators (SUNs)
 - Role for Providers
 - Bridge the gap between acute care and long-term support
 - Serve as mentors in clinical settings, demonstrating how to connect patients with community resources
 - Role for Medical Students
 - Exposure to real-world strategies that improve care continuity
- Technology-Driven Solutions
 - Mobile Apps and Digital Platforms
 - Offer instant access to overdose prevention protocols and naloxone use guidelines
 - Provide educational modules and case-based simulations that can be integrated into your training

Innovations in Harm Reduction & Medical Education

- Virtual MAT Platforms
 - Allow remote monitoring and support for patients on Medication-Assisted Treatment, easing follow-up care
- Interprofessional Training
 - Collaborative Learning
 - Engage in case-based sessions with pharmacy, nursing, and social work students to understand different perspectives in managing SUDs
 - Participate in simulated overdose scenarios that build teamwork and communication skills
 - Outcome
 - Develop a holistic approach to patient care that is essential during an overdose crisis

Interactive Discussion: Your Role in Treating Substance Use Disorder



Scenario: You're a medical student in the emergency department. A patient just survived an opioid overdose. They've been here multiple times for the same reason but never follow up with treatment.

- What barriers keep patients with substance use disorders from getting care?
- How can we help as medical students?
- How can harm reduction be better integrated into everyday medical practice?
- What innovations could have the biggest impact on reducing overdoses?

Student-Led Initiatives in Harm Reduction

- Naloxone Training
 - Local chapters: In-person or virtual
 - Regional/National events: Annual training opportunities
 - Research opportunities to advocate for curriculum reforms and policy changes
- Guest Lecturers
 - Dr. Richard Morgan, DO: his journey overcoming addiction and advocating for harm reduction
 - Dr. Elizabeth Zona, DO: Career paths in addiction medicine and the future of harm reduction in clinical practice
- SOMA Resolution
 - April 2023: Increasing the Education and Preventative Prescribing of Naloxone Use for Opioid Overdose
 - April 2024: Inclusion of Intranasal Naloxone Apparatus Within AED Cabinets

30 Second Video: How to Administer Naloxone Intranasally



Overdose Prevention Tools in Clinical Training

- Naloxone dosing in different settings
 - Out-of-hospital Naloxone usage by bystanders and EMS
 - Emergency department protocols for Naloxone administration
 - Inpatient management of opioid overdose
- FDA approved medications for the treatment of opioid use disorder
 - Methadone
 - Buprenorphine
 - Naltrexone
- Simulation-Based Learning
 - Practice with different routes of administration of Naloxone
 - Case studies of overdose reversal and harm reduction counseling
 - Interprofessional communication between healthcare providers treating SUD

Game: What Goes in a Clean Injection Kit?



Wrap-Up: Commitment Pledge

- How will YOU promote harm reduction and overdose prevention into medical education?
- Write down one action that your school will take toward harm reduction
- Add post-it to board in the front of the room!





Introduction to Robert's Rules & Mock House of Delegates

***Maria Rollinger, OMS-III, Vice
President & Speaker-elect***

***Raashmi Krishnasamy, OMS-II,
Parliamentarian-elect***

What is the House of Delegates?

- Also known as the HoD or the House, **SOMA's House of Delegates is a representation of Osteopathic Medical Students across the nation.** We meet at the house to establish policy within which SOMA is tasked to advocate and conduct their work.
- SOMA's HoD is made up of **2 Chapter Leaders** (usually the President and NLO or a Proxy) **from all our active chapters!** These two people are the delegates of the SOMA House.
- **Your resolutions** allow SOMA to have a **specific stance or advocate** on topics and create programming aligning with specific policy.

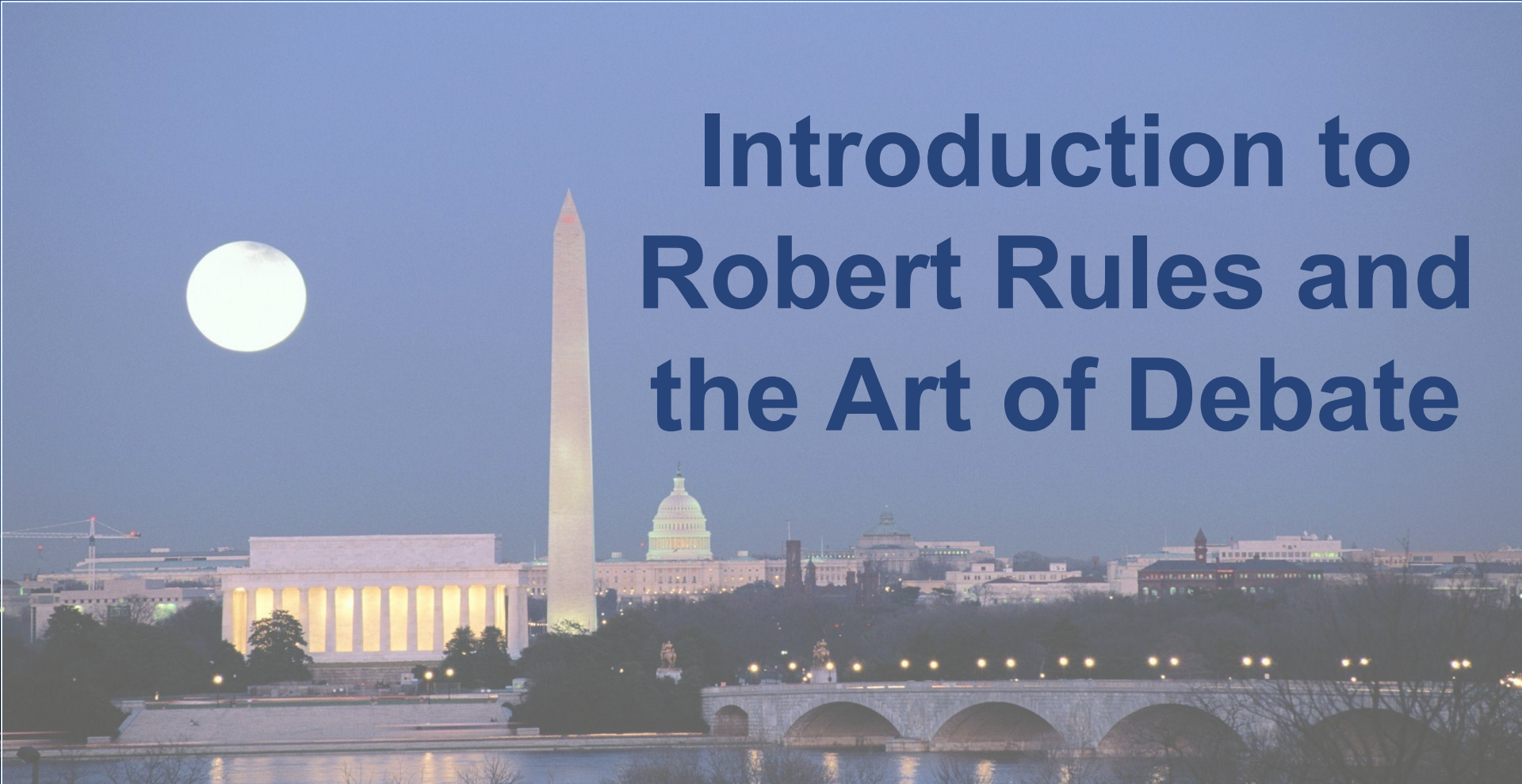
Why is this important?

- **Establishes a framework** for which **SOMA can justify action** through internal and external advocacy.
- To submit resolutions in time for the physician's HoD in July.
- It is **your job** as the House of Delegates to **ensure our policies reflect what your members believe is the best for our patients, our profession, and our peers.**
- Allows this to be a **safe space** to learn how to use Robert's Rules! This is a time where we can make mistakes and learn from them.

	FULL NAME	WHO THEY ARE	WHAT THEY DO	WHEN TO ASK
AOA	American Osteopathic Association	Osteopathic physician leaders	Governing arm of the osteopathic profession and osteopathic political advocacy group.	Changes to osteopathic policy
AACOM	American Association of Colleges of Osteopathic Medicine	Deans of medical schools	Osteopathic medical education governing arm. Curriculum and medical school advancement.	Changes to medical school policy and curriculum
SGA	Student Government Association	Local student government leaders	Local medical school curriculum governing arm. Empowers the medical student voice.	Changes to local medical school policy and curriculum
COSGP	Council of Osteopathic Student Government Presidents	Student government presidents	Nationally amplifies the medical student voice regarding curriculum & medical school issues.	Changes to medical school curriculum
AMA	American Medical Association	Osteopathic and allopathic physician leaders	Governing arm of the physician profession and physician advocacy group.	Changes to all physician policy
COCA	Commission on Osteopathic College Accreditation	Experienced current and former medical school leaders	Ensures all osteopathic medical schools are meeting education and policy standards.	Changes to medical school evaluation
NBOME	National Board of Osteopathic Medical Examiners	Osteopathic medical education experts	Ensures osteopathic board examinations measure medical student competency and adequacy of patient care.	Changes to osteopathic board exams
NBME	National Board of Medical Examiners	Medical education experts	Ensures medical board examinations measure medical student competency and adequacy of patient care.	Changes to medical board exams

Let's work
together to
keep these
community
standards!

Ensure	Ensure a Safe Space •What's said here stays here, what's learned here leaves here
Challenge	Challenge the issue, Not the person •Use "I" Statements
Communicate	Communicate Effectively •1 Mic, 1 Speaker •Go Up, Go Down
Maintain	Maintain healthy productivity •Self-Care •Respect Everyone's Time
Keep	Keep things positive •Assume Good Intentions •Have Fun (even during difficult conversations)

A nighttime photograph of the Washington Monument and the Lincoln Memorial in Washington, D.C. The Washington Monument is a tall, white, obelisk-shaped structure that stands prominently in the center. To its left, the Lincoln Memorial is a large, white, rectangular building with a series of columns. A full moon is visible in the dark blue sky to the left of the Washington Monument. In the foreground, a bridge with several arches spans the water, and the city lights of Washington, D.C. are visible in the background.

Introduction to Robert Rules and the Art of Debate

Who is Robert and what are his Rules?

- Parliamentary procedure that governs many organizations, including SOMA!
- Used to **conduct productive meetings** without anymore formality than necessary.
- As Chapter Leaders, you have all the power – Robert's Rules allow for majority to rule, while **ensuring that the minority is heard**.
- Remember – National Leaders have NO vote in the house, and can only speak if granted permission by the Speaker of the House.
- **Ensures meetings are fair, efficient, democratic, and orderly.**

General Flow of the House



Actions and policy ideas are formally presented through resolutions



The author/committee “moves” to accept a resolution, followed by a second

“I move to accept resolution...”



Discussion begins, usually alternating between pro and con arguments



Whoever initially “moved to accept the resolution” is allowed to talk first



Each person wishing to speak must first identify him-/her-self to the chair and be recognized

How to Give Testimony Step by Step

Step 1 - Introduce yourself!

- Name, OMS-# from (school name)

Step 2 - Speaking behalf of

- Yourself
- As an author of the resolution
- Your chapter (if non autoenroll)
- Your COM/chapter (if autoenroll)
- *Cannot speak on behalf of SOMA



MY NAME IS _____,
OMS_____, [INSERT
FULL NAME OF SCHOOL
HERE]



I AM SPEAKING ON
BEHALF OF _____

How to Give Testimony Step by Step

Step 3 - Rising in support or opposition of the resolution

- Stand at the mic that represents your viewpoint

Step 4 - State your case

- State an action - explain what to happen to the resolution
 - Approve? Disapprove? Amend? Refer to Author?
- **Briefly** share why with *novel* testimony
- Always vote in the affirmative



I RISE IN
OPPOSITION/SUPPORT
OF THIS RESOLUTION



THEN STATE YOUR
OPINION WHY

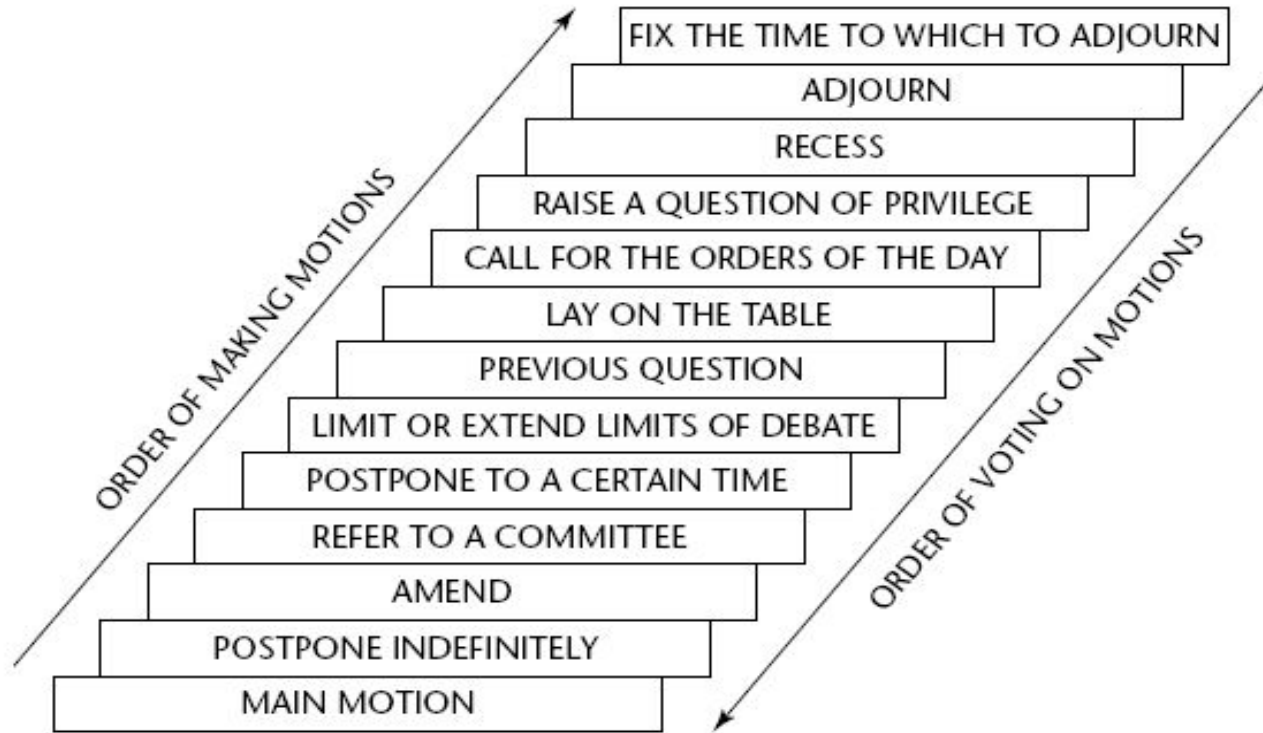
ROBERT'S RULES OF ORDER CHEAT SHEET

To:	You say:	Interrupt Speaker	Second Needed	Debatable	Amendable	Vote Needed
Adjourn	"I move that we adjourn"	No	Yes	No	No	Majority
Recess	"I move that we recess until..."	No	Yes	No	Yes	Majority
Complain about noise, room temp., etc.	"Point of privilege"	Yes	No	No	No	Chair Decides
Suspend further consideration of something	"I move that we table it"	No	Yes	No	No	Majority
End debate	"I move the previous question"	No	Yes	No	No	2/3
Postpone consideration of something	"I move we postpone this matter until..."	No	Yes	Yes	Yes	Majority
Amend a motion	"I move that this motion be amended by..."	No	Yes	Yes	Yes	Majority
Introduce business (a primary motion)	"I move that..."	No	Yes	Yes	Yes	Majority

The above listed motions and points are listed in established order of precedence. When any one of them is pending, you may not introduce another that is listed below, but you may introduce another that is listed above it.

*Applies to Step 3 of Giving Testimony

Another way to look at it



I move to
amend the
motion to
read
"SOMA
provides
garbage for
cookies at
lunch at all
future
conferences"

I move to
adjourn

ORDER OF MAKING MOTIONS

MAIN MOTION
POSTPONE INDEFINITELY
AMEND
REFER TO A COMMITTEE
POSTPONE TO A CERTAIN TIME
LIMIT OR EXTEND LIMITS OF DEBATE
PREVIOUS QUESTION
LAY ON THE TABLE
CALL FOR THE ORDERS OF THE DAY
RAISE A QUESTION OF PRIVILEGE
RECESS
ADJOURN
FIX THE TIME TO WHICH TO ADJOURN

ORDER OF VOTING ON MOTIONS

I move that SOMA provides garbage
for lunch at all future conferences

Interruptible Motions

To:	You say:	Interrupt Speaker	Second Needed	Debatable	Amendable	Vote Needed
Object to procedure or personal affront	"Point of order"	Yes	No	No	No	Chair decides
Request information	"Point of information"	Yes	No	No	No	None
Ask for vote by actual count to verify voice vote	"I call for a division of the house" or simply yell, "Tally-Ho!"	Must be done before new motion	No	No	No	None unless someone objects
Object to considering some undiplomatic or improper matter	"I object to consideration of this question"	Yes	No	No	No	2/3
Take up matter previously tabled	"I move we take from the table..."	Yes	Yes	No	No	Majority
Reconsider something already disposed of	"I move we now (or later) reconsider our action relative to..."	Yes	Yes	Only if original motion was debatable	No	Majority
Consider something out of its scheduled order	"I move we suspend the rules and consider..."	No	Yes	No	No	2/3
Vote on a ruling by the Chair	"I appeal the Chair's decision"	Yes	Yes	Yes	No	Majority

The motions, points and proposals listed above have no established order of preference; any of them may be introduced at any time except when meeting is considering one of the top three matters listed from the first chart (Motion to Adjourn, Recess or Point of Privilege).

Logistics

Timing:

- **Less than <2 min. to speak, & max testimony 2x per motion**
 - Debate may be limited further by the Speaker if needed
 - We will keep track of time
- Can only talk 2nd time after everyone else has had a chance to speak

When do we call for a **vote**:

- There is **no one else stands up** to debate
- A motion to close debate ("**call to question**") is passed by 2/3 majority

Voting

- You are **voting on behalf of the SOMA members** in your chapter
- Voting is conducted **via voice vote**.
 - Aye – For the motion
 - No – Against the motion
 - Abstain
- **If the voice vote is too close to call, *Tally Ho!***
 - This forces a **standing vote**, where each person will be counted.
 - Always let your RT know when you are leaving the room

What is a Consent Agenda?

- Consent agenda used to quickly vote on several related motions at once
- Only ask to extract resolutions where you **disagree** with the Res Com recommendation

APPROVE	S-25-01	CONSTITUTION AND BYLAWS REVISIONS
APPROVE w/ AMENDMENTS	S-25-02	ESTABLISHING THE ROCKY MOUNTAIN WOOD TICK AS THE NATIONAL SOMA MASCOT
NOT APPROVE	S-25-03	ESTABLISHING A SOMA MEMBERSHIP FEE OF \$1000
NOT APPROVE	S-25-04	MANDATING CLS WEAR PINK BLAZERS ONLY FOR SPRING CONVENTION

What is a Consent Agenda? (Example)

- Your resolution is recommended **for approve as amended** by ResCom.
 - You **agree** with the ResCom amendments and want it to pass as is, ***do not extract*** it.
 - If you **disagree** with the amendments and do not think they are appropriate, ***extract the resolution*** to discuss!
- **If you *extract* a resolution, be prepared to be the first one to speak on it** when we come back to it. We will go through entire agenda first then return and debate extracted resolutions in number order.

What does each final motion mean?

Accepted Policy

Approve: The ResCom or Delegation loves the resolution as is. **No changes needed** and it can become official SOMA policy.

Approve as Amended: The ResCom or Delegation overall loves the resolution but it needs **a few minor changes** to be actionable for SOMA. **Resolution is approved** and made official policy with minor changes.

What does each final motion mean?

Not accepted Policy

Refer to Author: The ResCom or Delegation thinks that **the spirit of the resolution is great** and that it can be official policy in the future. RtA resolutions **need fine tuning** either in research, approach, asks to be accomplished. These will be worked on throughout the year with ResCom and Authors to bring back at the next HoD with a better chance of passing.

Not Approve: The ResCom or Delegation **appreciates the effort** that went into the resolution but as is it is **not actionable or out of the scope of SOMA**. These resolutions cannot be brought back as is and need to undergo substantial change including title, resolved and whereas changes.

What is Sunsetting?

- SOMA **policy needs to be reviewed on a 5 year basis** to make sure it accurately reflects the priorities of the organization.
- Reviewed by the BoT and given a recommendation after thorough review.
- ***To sunset*** a resolution basically **removes it from our policy database.**
 - Send it off into the sunset because it is either no longer relevant or SOMA has completed the ask!
- ***To reaffirm*** is to **keep the resolution in our database.**
 - Because there is still work to be done.

Who should I contact if I am confused or have a question?



Message the Google Chat!

Spring 2025 House of Delegates!

- If you are not in this chat and are a voting delegate please reach out to your Region Trustee or Secretary!

This is a *safe learning space!* Be kind to others and yourself.

Practice Round!

Let the Mock House Begin!



Consent Agenda

APPROVE	S-25-01	CONSTITUTION AND BYLAWS REVISIONS
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S-25-02

Resolution: S-25-02

Subject: ESTABLISHING THE ROCKY MOUNTAIN WOOD TICK AS THE NATIONAL SOMA MASCOT

WHEREAS, SOMA is the Student Osteopathic Medical Association, representing students in the field of osteopathic medicine¹; and

WHEREAS, Medical students are future doctors, and need practice treating rare diseases; and

WHEREAS, Rocky Mountain Spotted Fever frequently appears on board examinations; and

WHEREAS, a recent poll of current SOMA Board of Trustees members confirmed the universal opinion that ticks are unique and will make us stand out; and

WHEREAS, Whereas no American sports organizations have claimed the tick as a formal mascot ; and

RESOLVED, that the SOMA adopt the Rocky Mountain Wood Tick as its official mascot.

References:

1. Student Osteopathic Medical Association. (2022). Mission Statement. Retrieved March 4, 2025, from <https://studentdo.org/mission/>

Explanatory Statement: None needed, how cool is this?

Submitted by:

Raashmi Krishnasamy, OMS-II - A.T. Still University School of Osteopathic Medicine in Arizona

Maria Rollinger, OMS-III - Michigan State University College of Osteopathic Medicine

Josh Connor, OMS-III, University of Incarnate Word

Action Taken:

Date: 3/29/2025

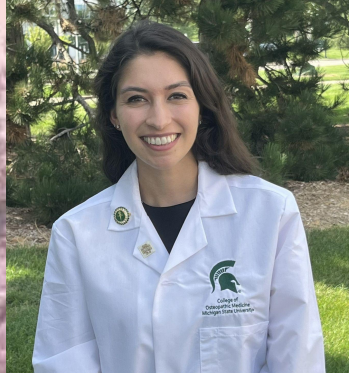
Effective Time Period: Ongoing

[Resolution link](#)



SOMA Spring Convention | March 28-30, 2025

Thank You! Questions?



***Maria Rollinger, OMS-III
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***Raashmi Krishnasamy, OMS-II
Parliamentarian
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