Letters

Guide OPTI development beyond organizational differences

To the Editor:
From the onset, the osteopathic postgraduate training institution (OPTI) concept has been hailed as an innovative approach to graduate medical education in a strongly competitive environment challenged by shrinking resources. Through several years of careful, tedious, and sometimes strained collaboration of osteopathic constituent stakeholders, the OPTI was born. The first OPTI was accredited in 1998, and as of today, 18 OPTIs are accredited and operational. It has not been without difficulty, and the OPTI, now in its infancy, must be nurtured and continuously improved to affect excellence in osteopathic graduate medical education.

All would agree intellectually that OPTI is about quality osteopathic graduate medical education. However, as the major organizations who ultimately determine the OPTIs’ success have divergent ideas on implementation and the path to achieving quality, OPTI development is sometimes unclear. These differences result in part from organizational perceptions and misunderstandings about the other major contributing organizations in terms of financial resources, tuition utilization, and responsibilities of the hospitals or colleges.

Under the leadership of James E. Zini, DO, who has prioritized the OPTIs’ development during his presidency, the leadership of constituent stakeholders are urged to put their best foot forward. It is clear that the Association of Osteopathic Directors of Medical Education, the American Osteopathic Healthcare Association, the American Association of Colleges of Osteopathic Medicine, Osteopathic Specialty Colleges, and the American Osteopathic Association are sincere and dedicated, all wanting success for our profession. Regional, state, and program needs must be recognized and considered as we all progress toward the same goal.

It is up to us to ensure quality osteopathic graduate medical education—through OPTI—that will provide our students with distinct and excellent opportunities in osteopathic medicine. The future of our profession is at stake.

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Careless abandonment of osteopathic identity or lack of instillation in medical school?

To the Editor:
Addressing the need for osteopathic medical schools to foster a sense of identity, Robert Fogel, DO, stated that, “our students have thrown out the baby with the bath water in an endeavor to completely emulate the practices of their allopathic counterparts” (JAOA 2001;101:330). From a student’s perspective, one could easily make the argument that the baby is never in the possession of the osteopathic student and therefore cannot be thrown out.

In the first year of osteopathic medical school, osteopathic medicine is presented as a separate entity from other classes, such as anatomy and biochemistry. Due to this lack of integration, the campus Osteopathic Manipulative Medicine office is quickly assumed to have a separate ideology. Because faculty who lack knowledge of

References
osteopathic medicine teach classes, they do not give students an osteopathic education. As classes become more clinical, few clinicians—most of whom are osteopathic physicians—bring little, if any, osteopathic outlook to lectures. When there is an attempt to teach or instill an osteopathic identity over the 2 classroom years, the students have already dismissed it. Is it any wonder that fewer than 30% of third- and fourth-year students have adequate exposure to osteopathic manipulative treatment (OMT) in clinical rotations? Is it obvious why 90% of residents and interns report rarely incorporating OMT in their practice? In a vicious cycle, these students become interns, residents, and attendings who then present the same osteopathic education they received to their students.

The school and its curriculum cannot be solely at fault. Dr Fogel states: “Our prescient notions of holistic care and the importance of the primary care physician in healthcare delivery have been accepted by insurance companies.” It is hard to agree with this statement when insurance companies exert pressure to turn over large numbers of patients in a short time, and OMT is not always reimbursed. Manipulation is the first to go because of the time and money constraints placed on the physician. The current system makes it hard for osteopathic physicians to practice the medicine they once dreamed of providing to patients.

Beyond speculating about who is to blame for the lack of osteopathic identity, one must look at what the osteopathic identity is and why it is so important to propagate it. Fogel says that the osteopathic identity can be provided by “demystifying osteopathic medicine and presenting its principles and practice as the art of ambulatory orthopedics.” Unfortunately, this would not demystify the identity but would, in fact, change it into something it is not. Osteopathic manipulative medicine treats more than musculoskeletal problems; it uses the neuromusculoskeletal system to treat and affect the entire body, whether through high-velocity thrust techniques or osteopathy in the cranial field. Osteopathic manipulative treatment goes beyond treating low back pain, headaches, and chest pain from a cough and can be used alone or in conjunction with other modes of therapy because it treats the whole body. Therefore, students should not be limited to diagnosing and treating a few selected conditions. Instead, students should learn how to use OMT and practice it as the art that it is for every condition and for the entire body. We dismiss this approach because medicine is becoming more specialized, but osteopathic medicine, when practiced correctly, is a holistic approach from which a modality of treatment has sprung. Students need to use their knowledge of applied anatomy, physiology, pharmacology, and pathology to give patients the best possible care, because it is this knowledge combined with current modes of therapy, technologies, and manual medicine that provides a way to see how pathologic processes affect physiologic mechanisms and anatomy. This then becomes the art of osteopathic medicine and the basis of the osteopathic identity.

Approaches to fostering the osteopathic identity should be grounded in preserving the osteopathic identity as it was envisioned by its founder, A. T. Still, MD, DO, rather than changing it to accommodate current conditions. For this to happen, the osteopathic identity must be taught to the student—who then realizes that he or she has the baby and, hopefully, will never have reason to throw it out.

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References

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