As the premier scholarly publication of the osteopathic medical profession, JAOA—The Journal of the American Osteopathic Association encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the healthcare professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA’s editors are particularly interested in letters that discuss recently published original research.

Letters to the editor are considered for publication in the JAOA with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication.

All accepted letters to the editor are subject to editing and abridgment. Letter writers may be asked to provide JAOA staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Word (.doc) or in plain (.txt) or rich text (.rtf) format. The JAOA prefers that readers e-mail letters to jaoa@osteopathic.org. Mailed letters should be addressed to Gilbert E. D’Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.

Letter writers must include their full professional titles and affiliations, complete preferred mailing address, day and evening telephone numbers, fax numbers, and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest.

Although the JAOA cannot acknowledge the receipt of letters, a JAOA staff member will notify writers whose letters have been accepted for publication. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

All osteopathic physicians who have letters published in the JAOA receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA Category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of Category 1-B CME credit for their responses.

Although the JAOA welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

Extraparenchymal Neurocysticercosis

To the Editor:
I congratulate JAOA—The Journal of the American Osteopathic Association on the creation of the new section, “Clinical Images.” This feature can become a fantastic learning tool for physicians and medical students alike.

The feature’s inaugural installment, in the July issue, showed an interesting magnetic resonance image of an unusual case of neurocysticercosis, which was confirmed by other diagnostic criteria. However, the image shown does not match the written description found in the body of the report. The image reveals a cyst in 1 of the 2 lateral ventricles of the brain, while the report states that the lesion was seen in the “third cerebral ventricle with extension to the left interventricular foramen (also known as the foramen of Monro).” I am happy that treatment resulted in substantial improvement for the patient.

The maximum impact of “Clinical Images” will be assured if the authors remember the importance of accuracy, clarity, and relevance.

Bennett Futtermann, MD
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References

Editor’s Note: Drs Eakle and Wright had many images related to the patient described in their July “Clinical Images” contribution. They chose the image that appeared with their contribution, which demonstrated the cystic lesion at the level of the left lateral ventricle, because it best illustrated the lesion. All efforts will be taken in the future to ensure that this important new section is accurate and clear for the JAOA’s readers.

Time to Direct COM Candidates Away From the MCAT?

To the Editor:
I’m embarrassed, angry, and ashamed.

Allow me to start from the beginning. My father told me that I never faltered as a child when he asked me, “What do you want to be when you grow up?” My answer was always “a doctor.” My path to achieving that goal, however, led me to first become a physician assistant (PA). Several years into my practice as a PA, I wished to begin the next steps toward becoming a physician. I frequently heard a rumor that some medical school, somewhere, offered an accelerated curriculum for PAs studying to become physicians. However, that is exactly what it was—a rumor, with no factual basis.

Having been fortunate enough to do a clinical rotation with an osteopathic physician during my PA training, I sought out osteopathic medical schools. In 2000, I graduated from Lake Erie College of Osteopathic Medicine (LECOM) in Erie, Pennsylvania. While at LECOM, I discovered a love for teaching that led
to my enrollment in the masters of science in medical education program. To fulfill the curriculum thesis requirement, I wanted something tangible and exciting, something that met a real public need, and something that reflected my earlier training as a PA. In May 2010, I presented my thesis—proposing the Accelerated Physician Assistant Pathway (APAP), in which certified PAs can earn a doctor of osteopathic medicine degree in 3 years, compared to the traditional 4-year curriculum. The American Osteopathic Association Commission on Osteopathic College Accreditation approved this accelerated curriculum in June 2010.

As director of the APAP, I speak to many excellent candidates about common themes centering on admission requirements. Yes, the Medical College Admission Test (MCAT) is required even if you scored exceptionally well on your examination for board certification, have been working for 6 years as a PA, have never taken college physics or organic chemistry classes, and haven't had a basic science course in 7 years. The osteopathic medical profession requires all applicants to colleges of osteopathic medicine (COMs) to take the MCAT. “But how do I study for the MCAT?” they may ask. In truth, I do not know.

However, I do know that the original intent of the MCAT, as it was introduced in 1928, was to ensure that individuals who were admitted to medical school would be successful in completing the full curriculum. I also know that the validity of the MCAT is now in question, and there is currently a revision process under way. The Josiah Macy Jr Foundation has challenged the medical profession to go beyond the MCAT and seek other qualities in candidates that correlate with being a good physician. Thus, to better advise candidates on how to prepare for the MCAT, I began by searching the Internet.

Have you ever conducted an Internet search for information about the MCAT? I am embarrassed to admit that I had not until recently. When I did a Google search for MCAT, the top 3 results directed me to the Association of American Medical Colleges (AAMC) Web site (https://www.aamc.org/). Clicking on the site’s MCAT link, a beautiful page of resources appeared. These resources offered advice to applicants on considering a medical career, on applying to a medical school, and on succeeding in medical school. Near the bottom right corner of the Web page was a prominent link that took the user to the American Medical College Application Service (AMCAS) for application to allopathic medical schools. But where was the link to the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) for application to COMs?

I suppose my naivety shows. At the top of the AAMC site, I saw a disclosure noting, “MCAT is a program of the Association of American Medical Colleges.” The AAMC owns the MCAT.

To add insult to injury, we can click on the “Applying to Medical School” tab at the top of the AAMC site. Another well-organized page appears, advising those who have chosen to dedicate their lives to medicine to proceed in the following 3 simple steps:

- Find the medical school programs that are right for you.
- Take the MCAT (Medical College Admission Test)
- Apply to medical school through AMCAS (American Medical College Application Service) or other service.

“Other service?” Are you kidding me? Why isn’t AACOMAS mentioned beside AMCAS? And why do no COM links appear when the “Medical School Directory” link on the AAMC site is clicked?

Why is there such lack of direction toward pursuing the option of an osteopathic medical education? The answer is straightforward. The AAMC has no interest in directing students to the osteopathic medical profession.

There are even larger questions to be answered. Why has the osteopathic medical profession allowed this diversion away from COMs to occur? As college students prepare for application to medical school and begin their studies, they have 1 focus—the MCAT. Internet savvy as they are, college students visit the AAMC Web site, and from their first encounter they are directed toward allopathic medicine, including steps for becoming an allopathic physician and for applying to allopathic medical schools.

I eventually found a link to AACOMAS when I clicked on the “Application and Admission Timeline” link on the AAMC Web site. It turns out that the osteopathic medical profession had not been totally neglected after all!

So here is my call. Drastic measures are needed. We have a piece of equipment in our medical bags that is unique and powerful: osteopathic manipulative treatment. We intend to produce the best and brightest osteopathic physicians, who are proud to deliver evidence-based osteopathic medicine with empathy, respect, and professionalism to patients. We must provide fertile soil from which tall, strong trees will grow.

If an equal footing cannot be found with allopathic medicine, we must dig up our roots and transplant them into higher ground. If the MCAT directs candidates away from us, should we not direct them away from it?

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References