Osteopathic Medical Education in 2011: Adapting to Changes in the Healthcare System

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If you are like me, when you look back 5, 10, 20 years or more, you realize that you would not have predicted many aspects of the world we live in today. This realization is particularly true in our professional world of medicine. Scientific advances in diagnostic and treatment technology, the information age, and economic, social, political, and demographic changes have all impacted the healthcare environment. Although this sense of rapid change may or may not pertain to your own personal circumstances, certainly it is hard to deny the transformations we are experiencing in our healthcare delivery system. Likewise, it is hard to deny the many implications that such changes may have on the way we educate physicians—our graduates will be practicing amidst technology, healthcare delivery systems, and medical knowledge that are different than those in which they are being trained.

These implications affect osteopathic medical education. Our profession is one with reformist roots. Andrew Taylor Still, MD, DO, developed osteopathy to more effectively maintain the health of his patients and founded osteopathy’s first school to teach others how to do the same. Since those early years, the osteopathic medical profession has evolved by embracing the biomedical sciences and achieving full physician rights and privileges to care for patients. Because of these changes, today’s osteopathic medicine is recognized for its innovation and the education of physicians that can offer the best in care.

To understand our profession’s path and to monitor its development, we need data that track the changes we are experiencing and articles that document, explain, and provide updates on the developments in our educational system. The annual osteopathic medical education issue of JAOA—The Journal of the American Osteopathic Association is an important venue for information in this regard. In the present edition, knowledgeable authors present the facts and figures related to growth in our schools, trends in osteopathic graduate medical education, changes in college and residency accreditation, data on Osteopathic Postgraduate Training Institutions, and developments in osteopathic specialty board certification. In addition, this year’s edition provides important articles describing innovations within our educational system.

Anyone paying attention to medical education these days is likely aware of proposed changes in the way physicians are trained. Among those recommended reforms is a movement to educate physicians to be patient-centered and to work in collaborative teams. The patient-centered aspect of this call has been a core aspect of osteopathic philosophy since its enunciation. However, the idea of team-based care, as meant today, may be less so. While one could argue—as I have—that this concept is inherent in several aspects of the competencies that guide osteopathic medical education (ie, systems-based practice and professionalism), this association is not explicit. In addition, healthcare professionals may not fully understand team-based care as it is described today: “multiple health workers from different professional backgrounds working together with patients, families, carers and communities to deliver the highest quality of care.”

Education for team-based care (ie, Interprofessional Education [IPE]) has emerged as a priority in the education of physicians and other healthcare professionals. While the issue of interprofessional practice (also referred to as collaborative practice, team-based practice, and interdisciplinary practice) has been among us for a long time, it has recently been given increased priority because of a number of developments in the healthcare system, including the following:

- the focus on patient safety and the prevention of medical errors
- evidence that team-based care can improve quality of care
- concerns about and planning for physician shortages
- calls for reorganization of healthcare around medical homes and accountable care organizations
- systems-based practice
- the growing geriatric population
- the framework put into place by the Patient Protection and Affordable Care Act

Given these factors and the movement toward IPE as a key component of education in the healthcare professions, what is the best way to educate osteopathic medical students, residents, and other healthcare professionals for team-based care? Although research on this question is certainly needed, curricular changes are underway. Osteopathic medical schools are implementing IPE curricular and extracurricular activities that recognize the changing healthcare landscape and may very well be able to provide leadership to this movement in meaningful ways. Two articles in this

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issue describe initiatives underway in osteopathic medical schools. Beginning on page 206 of the present issue, the director of Interprofessional Education at the Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Susan E. Mackintosh, DO, MPH, and colleagues describe the IPE program being established at their school. The authors explain their university-wide initiative and the fundamental coherence of IPE principles to the “osteopathic medical profession’s founding principles, broad-based perspective, and health-promoting tenets.” They make the case that the IPE movement is in line with the profession’s philosophy and argue that osteopathic medical education could “emerge as one of the leading forces in IPE.” Beginning on page 213, Karoly Mészáros, MD, PhD, and coauthors describe the positive results of a pilot IPE event conducted at Touro University California.

Interprofessional education is playing out on a national level as well. During the past 2 years, 6 associations (the Association of Schools of Public Health, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, the American Association of Colleges of Nursing, and the American Association of Colleges of Osteopathic Medicine) have been collaborating to further define competencies for interprofessional, collaborative practice as a proposed framework to guide IPE curriculum in healthcare professions’ education. The 6 associations formed the Interprofessional Education Collaborative and convened an expert panel with 2 appointees from each profession (representatives for the American Association of Colleges of Osteopathic Medicine were Thomas A. Cavalieri, DO, dean of the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine, and Dr Mackintosh). The group, chaired by Madeline Schmitt, PhD, RN, professor emeritus at the University of Rochester, produced the document “Core Competencies for Interprofessional Collaborative Practice.”

In February 2011, the US Department of Health and Human Services’ Health Resources and Services Administration (with the support of the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, and the American Board of Internal Medicine Foundation) convened a conference to examine the draft of “Core Competencies,” with representatives from the 6 healthcare professions and a variety of representatives from government, accreditation, academic, and related organizations to discuss the report and how to move forward in this effort. (The “Core Competencies” full report will be released in May 2011 and will be available at www.aacom.org/InfoFor/educators/ipc/.) At the meeting, it became clear that accrediting agencies for some of the collaborating professions’ colleges (eg, nursing, pharmacy) had established specific accreditation standards for IPE and that others were considering doing the same (eg, Liaison Committee for Medical Education for US allopathic medical schools). Given that accreditation standards for osteopathic medical colleges and osteopathic graduate medical education include competency in “systems-based practice” and “professionalism,” perhaps the role of IPE should be specifically assessed in osteopathic medical education as well.

References