# Transitions in Osteopathic Medical Education

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Health care in the United States has become an extremely complex maze. The era of a generalist opening a practice in a small town is ending as payment systems and quality- and value-based care models emerge. The health care workforce is changing to meet these demands as nonphysician and lower cost providers increasingly enter the maze. Team-based care is rapidly becoming the model of choice.

The educational institutions that train osteopathic physicians (ie, DOs) have a fundamental role in determining how osteopathic medicine will exist and be practiced in light of these demands. The present theme issue of *The Journal of the American Osteopathic Association* (*JAOA*) highlights how osteopathic medical education is changing to meet these demands and considers some of today's challenges in achieving high-quality education.

## Ensuring the "Osteopathic" in Osteopathic Physicians

The values, attitudes, expectations, and vision of the next generation of DOs are strongly influenced by the training they receive.[1,2] In the past, DOs trained in osteopathic hospitals[3] and the osteopathic culture permeated every aspect of training and practice.[4] However, once DOs were allowed to take licensure tests without completing osteopathic graduate medical education (GME), the numbers of DOs entering directly into Accreditation Council for Graduate Medical Education (ACGME) programs increased substantially.[5,6] Today, uniquely osteopathic training seems to be increasingly limited to osteopathic medical schools.[7] Furthermore, a 2007 report[8] stated that DOs made up only 45% of faculty at osteopathic medical schools.

As a result, I believe a "voltage drop" occurs in osteopathic engagement with every transition in training. In my experience, first- and second-year osteopathic medical students have curricula surrounding osteopathic principles and practice, but a sharp drop in osteopathic-specific training time and focus occurs in the clinical years. A similar voltage drop occurs with the transition from medical school to GME, from residency training to fellowship, and from fellowship to practice. To maintain the "osteopathic" in osteopathic education, perhaps we need recharging outlets at each level. Osteopathic postdoctoral training institutions have been the battery pack for DOs in osteopathic residency and fellowship training, providing some osteopathic juice when the level ran low. Osteopathic-focused GME can provide an additional charging outlet for osteopathic infusion after medical school.

## Osteopathic Training in a Single GME Accreditation System

In the single GME accreditation system, discussed in this issue by Hempstead[9] and Buser et al,[10] all practicing DOs will spend a portion of their training in an environment where the "osteopathicness" is not the critical portion of the residency training and does not need to exist for the GME program to be accredited. However, the ACGME's Osteopathic Program Committee is developing criteria for GME programs to maintain osteopathicness throughout every program with an osteopathic track.

The system is likely to be more integrated and team oriented, allowing DOs additional opportunities to learn best practices when interfacing with the health care system. Allopathic graduates (ie, MDs) and international medical graduates will be able to apply for and enter ACGME-accredited programs with an osteopathic focus, while DOs will continue to be allowed to enter ACGME-accredited programs. As Hempstead[9] argues, these changes, in which DO trainees will be increasingly exposed to DO mentors and in which MDs will be able to learn and benefit from exposure to osteopathic principles and training, can benefit everyone, including our patients.

## Osteopathic Medical Education in 2015

In addition to the challenges of transitioning to a single GME accreditation system, this issue of the *JAOA* explores various other transformations in os-

teopathic medical education. To continue to improve and advance osteopathic medical education, new technological tools continue to be introduced. Such technology has made teaching remotely a reality[11] and thus has facilitated the existence of new branch campuses and satellite sites.[12] In addition, McCoy et al[13] discuss engaging technology-based learning environments that help osteopathic medical students develop essential skills such as clinical reasoning and collaboration. Although ultrasonography is not a new tool, Kondrashova and Lockwood[14] investigate its use as a novel approach to teaching osteopathic manipulative medicine.

In the evolving health care system, the role of international medical school graduates cannot be ignored, and Ranasinghe[15] provides an excellent summary in that regard. In addition, Schienthal et al[16] provide an overview of osteopathic continuous certification—another major change in the previous status quo of the medical education continuum. All of these and other articles in this theme issue are meant to raise questions and provide an avenue for professional and thoughtful discussion on these topics.

## Transitions

The process of transition, particularly in major areas such as the single GME accreditation system, is often more difficult than the initial decision to change. As the profession further defines itself in the single GME system, it will be easier to accept the discomfort of the transition knowing the benefits that await the US health care system. Such transitions also give the osteopathic medical profession the opportunity to consider other areas in need of more attention and to begin to address any potential issues. I hope the articles in this issue of the *JAOA* provide a starting point for discussions on these important topics. (doi:10.7556/jaoa.2015.037)

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