

One of Ours

James Burhop, DO, MS

Dr Burhop has a master's degree in neuroscience and physiology.

Address correspondence to James Burhop, DO, MS, Fellow, Pediatric Emergency Medicine, Eastern Virginia Medical School, Children's Hospital of the King's Daughters, 601 Children's Ln, Norfolk, VA 23507-1910.

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E-mail: dr.burhop@gmail.com

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I am the only osteopathic physician in my emergency department and one of a few in my entire children's hospital. When we are fortunate enough to have osteopathic residents rotate through our department, I pay close attention to their performance. I recently reviewed the performance of one such resident with an allopathic physician in our department:

"With one arm leaning on the door and his back turned away from the patient, this guy talked to the patient's mother, not once picking up the patient's medical records. This guy is social—very social. I mean, do you see how he chats and chats and chats with everyone? It's really a gift; I have never seen someone chat so much and do so little work. And it was a night shift—just me, a first-year resident, and him together overnight. I must have reviewed 30 patients' medical records by myself. At one point, I dropped a patient's record in this guy's lap. Next, I tried to send him home to read material on pediatric blunt head trauma, just to get him to do something productive with his time. When he was not chatting with the nurses, he was over by the ice machine, mindlessly filling up a cup with ice. This guy is useless."

"He's one of yours?" my colleague asked.

"Indeed," I replied. "I am going to chat with him about professionalism and his performance in the emergency department."

More recently, I spoke with the same colleague about a different osteopathic resident:

"He picked up 4 patient medical records at the start of his shift, sutured half a dozen lacerations, and wheeled that sick kid up to the pediatric intensive care unit after a first attempt at intubation—and that was a difficult airway. Did you see how well he dealt with that belligerent parent? All the nurses really respect that guy. And he is kind—just a good human being. That guy is amazing! He came here this month from the adult emergency department, I think. This guy is great; I wish he would stay a few more months here. Man, I'd give him a job."

"And he's one of yours," my colleague added. "A DO."

Did you get that? An osteopathic physician.

Summer marks the beginning of the new medical year, when many of us change our positional status. Whether transitioning from medical student to resident, resident to fellow, or fellow to attending physician,

we are constantly advancing through the medical hierarchy.

Although each new responsibility involves a learning curve and period of maturation, at the end of the day we are osteopathic physicians: DOs trained to think about the patient as a person and not simply a complex group of organ systems working independently. We are trained to treat our patients as human beings.

During medical school, all of our peers are osteopathic, and we spend hours in the osteopathic manipulative treatment laboratory learning treatment techniques. Our approach to gross anatomy involves a detailed examination of the facets and intra-articular workings of the human body. After medical school, the training backgrounds of our peers change. Some of us enter osteopathic residency programs, while others never again set foot at the side of an osteopathic manipulative treatment table. For all of us, however, those first years of training shape the physicians that we become.

As we move beyond the walls of our medical schools, it is important for us to remember that we, as doctors of osteopathic medicine, represent not just ourselves but the entire osteopathic medical profession. When it comes time to review the physicians completing rotations in our emergency department, I am proud of the performance of most of the osteopathic physicians that I encounter. When a DO comes through the department who does not meet my expectations, however, I take it very personally. I wonder why this person is representing him- or herself—and the larger community of osteopathic physicians—in a less-than-professional manner.

As we go forward in our careers, we must always carry ourselves with pride and integrity. We must take advantage of opportunities such as speaking engagements, teaching our colleagues about osteopathic medicine, and working abroad in countries with limited access to health care. When we put on that white coat, suit and tie, or scrubs, we must wear our identification badges high on our collars and with pride. As DOs, we practice evidence-based medicine, perform thorough physical examinations, strive to be caring and kind physicians, and—most importantly—work hard and aspire to be the best.

And at the end of the night, when each of us leaves our hospital, clinic, or operating room, we will have the other physicians asking, "Who was that amazing DO?"

We can proudly reply, "One of ours!" (doi:10.7556/jaoa.2013.028)

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