INTRODUCTION TO
OSTEOPATHIC MEDICINE

Accepted Students Day, VCOM Carolinas Campus
March 30, 2019

Dr. Lisa Carroll, Chair, Discipline of Family Medicine
Dr. Matthew D. Cannon, Associate Dean of Clinical Affairs
OBJECTIVES

• Review the history of Osteopathic Medicine
• Explain some of the characteristics that make up a D.O.
• Provide insight into the D.O. students and graduates of VCOM’s Carolinas campus
What is a D.O. anyway?
WHAT IS A D.O.?

D.O. = “Dog Obsession!!!”
WHAT IS A DO?

Dr. Tae-Kwon, D.O.
What is a DO?

In the United States, and in 64 other countries, a DO is a fully licensed physician with equal practice rights as an MD.

Both DOs and MDs are fully qualified to practice in the same fields, prescribe medication and perform surgery.

AOA.org website
D.O. AND M.D. DEGREES

• Most every state in the U.S. have both DO and MD members serving on their licensing boards.
• Dr. Sean Conley, D.O.
• Current physician to the President of the United States
Former U.S. Surgeon General
Advisor on Bioterrorism

Ronald R. Blanck, D.O.
It was November 8, 2004, and some of the heaviest fighting of the Iraq war was being waged.

Earlier that day Jadick, a Navy doctor deployed with the 1st Battalion 8th Marine regiment, had operated on a badly wounded Marine that was brought to his unit on the outskirts of the city.

The man died, which convinced Jadick he needed to be closer to the action.

He convinced his executive officer to move deeper into the fight.
Andrew Taylor Still, M.D., D.O. (1828-1917)
Founder of Osteopathic Medicine

- Civil War Surgeon and Cavalry Officer
- He states seeing more casualties from sickness than battle injuries.
  - 1 out of 7 amputees survived
  - No sterile technique
  - Three of his own children died of meningitis
  - Saw many addicted to morphine or some type of opiate

Studied the good and the bad of medicine for over a decade.
HISTORY OF OSTEOPATHIC MEDICINE

• Some dates
  • 1874 – Basic principles first articulated by A.T. Still, M.D.
  • 1892 – First college founded in Kirksville, Missouri
  • 1950 – Start of “full scope of practice” rights
  • 1967 – Draft extends to D.O.s
  • 1973 – Full practice rights in all 50 states
HISTORY OF OSTEOPATHIC MEDICINE

• Basic tenets of Osteopathic Medicine
  • The body is a unit, and the person represents a combination of body, mind, and spirit.
  • The body is capable of self-regulation, self-healing, and health maintenance.
  • Structure and function are reciprocally interrelated.
  • Rational treatment is based on an understanding of these principles: body unity, self-regulation, and the interrelationship of structure and function.
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<td>• Board Certification</td>
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<td>• Use of Osteopathic Manipulative Treatment</td>
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GROWTH OF OSTEOPATHIC MEDICINE

• 25% Presently
• 40% By 2030
OSTEOPATHIC PRINCIPLES

The holistic approach to health care of mind, body and spirit.
EXAMPLES OF A HOLISTIC APPROACH

• Hip pain or knee pain
• Depression- fatigue, myalgias
• Chronic co-morbidities
• Spiritual aspects
HOLISTIC APPROACH

• Medication adherence
• Financial abilities
• Transportation
• Educating patients on their conditions
• Hospital discharges and rechecks
• Developing relationships
• Mission trips- VCOM
MISSION

• Putting your efforts into practice…

• Our mission is to train globally-minded community-focused physicians to meet the needs of rural and underserved populations and to promote health.
D.O. DIFFERENCES

• Many DOs choose to go into primary care

• 60% of DOs are in primary care:
  • FP, Ped, IM, OB/GYN, ER

• A “generalist 1st philosophy” provides a broad background for an Osteopathic physician assisting him/her in their approach to a patient regardless of the field of medicine they choose.

• NMM/OMM residency-those who choose to go further with their
  • Osteopathic Manipulative Medicine skills.
WHAT IS THE DIFFERENCE?

• One notable difference between D.O. and M.D. training is that a D.O. curriculum adds an additional 300–500 hours of studying techniques that involve hands-on manipulation of the human musculoskeletal system.
This training in Osteopathic Manipulative Medicine provides students an in-depth and thorough understanding of how injury or illness in one part of the body affects other parts.
COMMUNITY BASED MEDICAL EDUCATION

• Exponential growth in the number and size of medical schools over past 20+ years has lead to new models for medical education

• AAMC defines community-based medical school as:
  • Does not have an integrated teaching hospital
  • Received full accreditation in 1972 or later
  • Non-federal

• Community Based Medical Schools:
  • Currently 145 LCME (Liaison Committee on Medical Education) approved US medical schools (Allopathic) and 17 in Canada and 7 in stages of pre-approval (169 total)
  • 43 of the 169 are classified as community based (25% of LCME schools)
  • All 55 osteopathic schools follow the community-based teaching model
  • Roughly 41% of all medical schools follow community-based teaching model
COMMUNITY BASED MEDICAL EDUCATION

• Association of Professors of Medicine study showed:
  • 7 studies evaluated medical knowledge with only one showing a difference
  • Students expressed increased ‘overall education value’
  • Clearly showed through the studies that CBME students will have more involvement with more patients who have a wider variety of problems

• An Emergency Medicine clerkship study showed:
  • Significantly more patients evaluated per shift
  • Significantly more procedures performed per shift

• Academic Emergency Medicine study showed that teaching site did not affect final exam score
COMMUNITY BASED MEDICAL EDUCATION

• Study comparing University of North Carolina Students at Asheville (CBME) or Chapel Hill (AMC) showed:
  • Asheville students earned higher scores on Step 2 CK and the six shelf exams attributed to the clerkships

• Archives of Pediatric and Adolescent Medicine study showed:
  • Community-based education at the third-year clerkship level can be accomplished without significant effect on examination performance
OUTCOMES: CAROLINAS CAMPUS

• **Part II Board scores** well above the national norm

• Secured very **competitive residencies** at very **prestigious institutions**

• 43 graduates will enter **South Carolina or North Carolina residencies** (at every SC ACGME sponsoring institution other than Self Memorial)

• 73 VCOM graduates presently in South Carolina residencies.

• 40% will train in **Virginia and Carolinas**
OUTCOMES - CAROLINAS CAMPUS

• Primary care residencies-
  • 54% in 2015
  • 69.3% in 2016
  • 70.2% in 2017
  • 68.7% in 2018
  • 66.7% in 2019
Retention in states where students are from

- VCOM Carolinas - Class of 2015
- South Carolina (3 year residency programs)
  - In-state residents - 12 out of 15 residents chose to practice in state
  - SC residents who went to residency out of state -
    5 out of 9 residents chose to come back “home”
- 17 out of 24 = 71%
## Examples of Residency Placements – Carolinas Campus

### Institutions
- Johns Hopkins
- MUSC
- Geisinger
- Cleveland Clinic
- Vanderbilt
- Wake Forest
- Walter Reed
- Mayo Clinic

### Programs
- Neurosurgery
- Dermatology
- Orthopaedic Surgery
- Radiation Oncology
- Anesthesiology
- Otolaryngology (ENT)
- Diagnostic Radiology
- General Surgery
SUCCESS

• #5 Nationally (MD or DO)
  • In students entering primary care residency programs

• #3 Nationally (MD or DO)
  • In highest African American enrollment

• #2 Nationally (MD or DO)
  • In students receiving their first choice residency program

• US News and World Report 2017
• #1 Case Western University
• #2 Edward Via College of Osteopathic Medicine
• #3 University of Connecticut
• #4 University of California- San Diego
• #5 Mayo Clinic School of Medicine
• #6 Stanford University
• #7 Texas A&M Health Science Center
• #8 Columbia University
• #9 West Virginia School of Osteopathic Medicine
• #10 New England College of Osteopathic Medicine
QUESTIONS?