

Better Together: Harmonizing the Academic Model with Osteopathic Principles to Optimize Medical Education

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Disclosures

- Elizabeth Zmuda, DO
 - None
- Sara Sukalich, MD MEd
 - None

Objectives

- Articulate the value of traditionally allopathic and osteopathic approaches to medical education
- Delineate strengths and challenges of your current medical education structure
- Design an integrated model that optimizes medical education in your setting
- Identify barriers to collaboration in your setting

Workshop plan

- Background
- Group exercise: Compare and contrast
- Worksheet #1: What does your current model look like?
 - Complete – report out to table
- Example of an integrated model at OhioHealth
- Worksheet #2: What does your draft integrated model look like?
 - Complete – report out to table
- Group discussion: Share learnings

The basics



Number of medical schools

Allopathic: 154-ish

Osteopathic: 37-ish



Number of graduating medical students each year

Allopathic: about 21,000

Osteopathic: about 8,000



About 13,000 graduate medical education programs



About 240 programs with OR

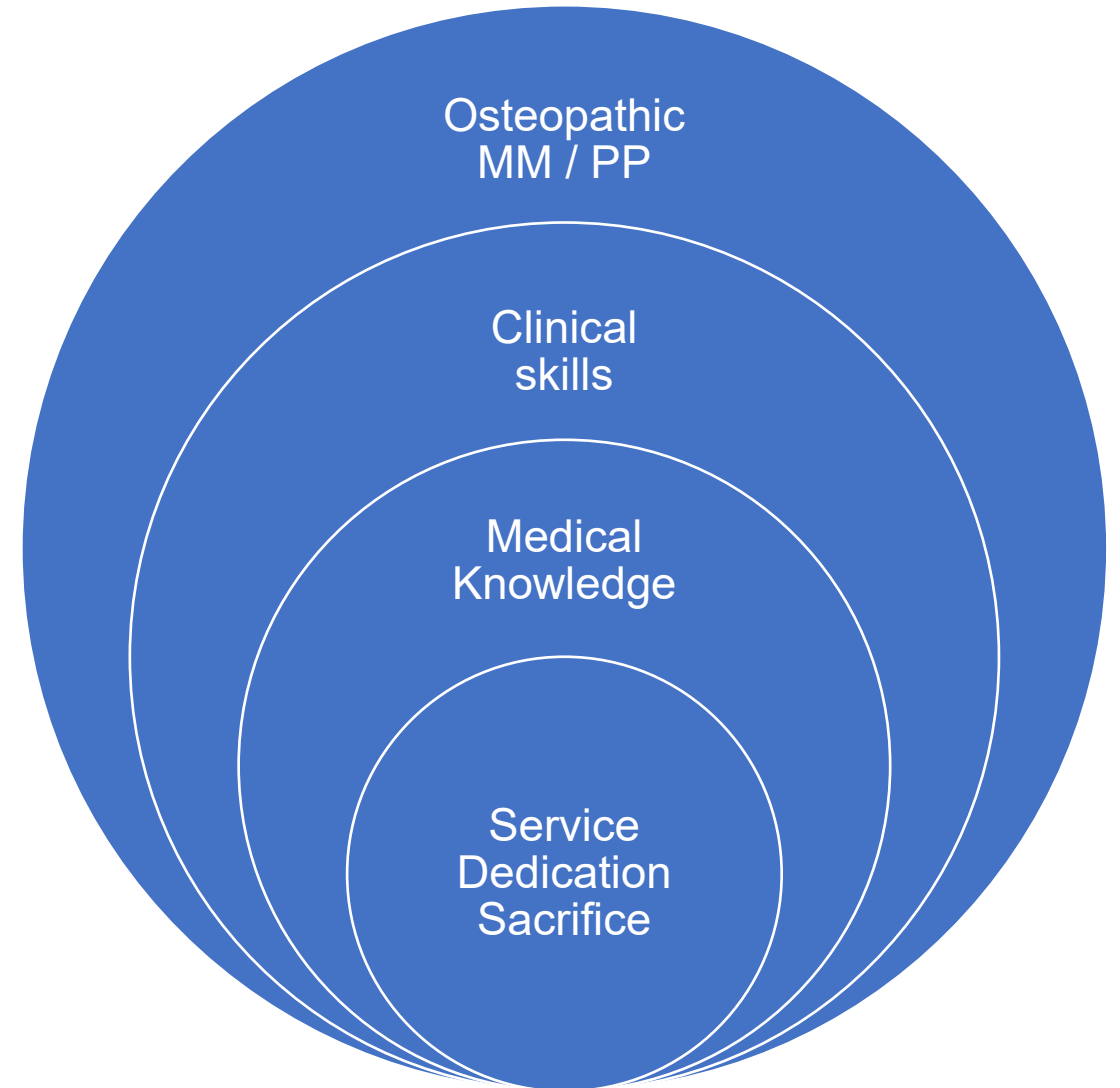
We aren't so different...

Allopathic medicine:

- Identifying and preventing illness
- Relieving symptoms
- Science focused
- Sub-specialization

4 tenants of Osteopathic Medicine:

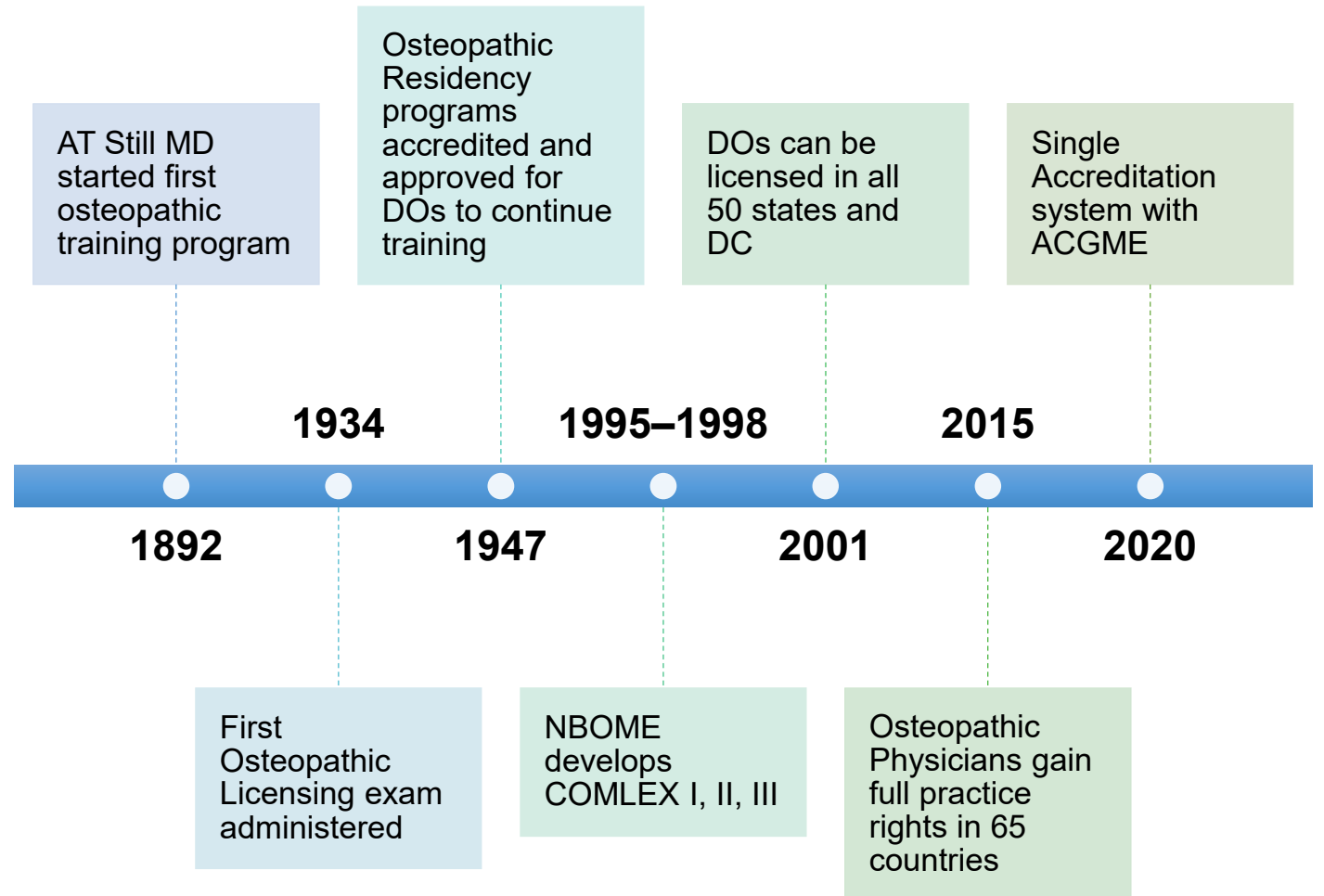
- The body is a unit (mind, body and spirit)
- The body has inherent self-healing capacity
- Body structure and function are reciprocally interrelated
- Holistic care focuses on incorporation of the first three tenants



More about allopathic medical education

- History: Ancient Greeks/Romans/Persians, European model, apprenticeship
- 1765: First allopathic medical school in the US (University of PA)
- 1848: First school for women
- 1868-1904: Seven schools to educate Black students
 - All but Meharry and Howard closed after 1910 Flexner Report
- 1889 Johns Hopkins pioneers GME
- 1914: AMA standards for interns
- 1942: LCME
- 1981: ACGME

More about osteopathic medical education



Meaningful Osteopathic Education

How do we redefine excellence in Osteopathic Education?

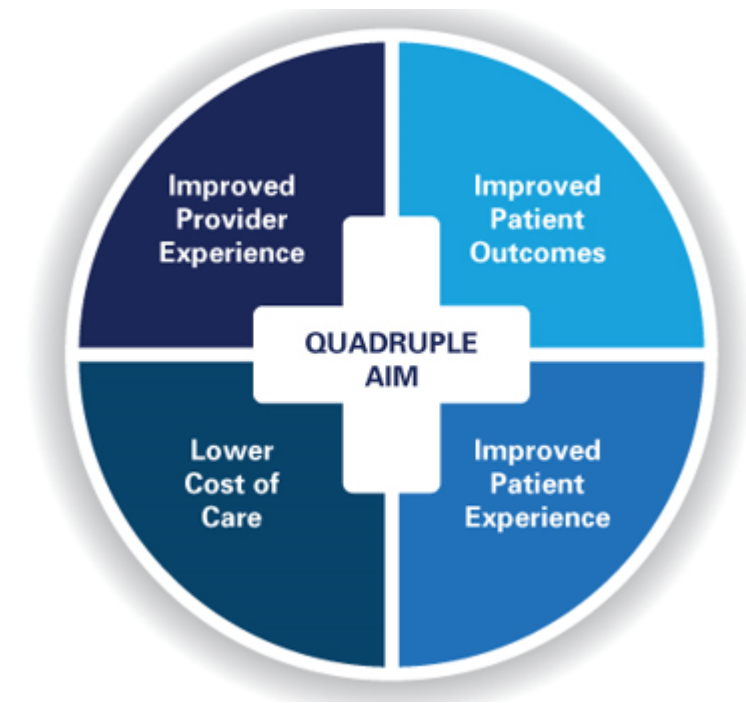
Spectrum of Learners and individualized learning

DO vs MD	Primary Care vs Specialty	Residency vs Fellowship	Programs with/without Osteopathic Recognition	Level of interest in OPP and OMM
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Osteopathic Recognition

- Preserve OPP and distinguish osteopathic programs
- Preserve GME specialty opportunities for DO students
- May support triple/quadruple aim



+ Noll, et al.

^ Eilerman, et. al.

*Rue, Katina et al.

*Hempstead LK, Harper DM.

Meaningful Osteopathic Education

Shortcomings of Osteopathic Recognition

- Does not assess for quality of the *application* of OPP
- Osteopathic UME/GME education in programs without OR
- No variation in medical or surgical specialties
- No variation based upon type of facility
- Residency vs fellowship
- Smaller, less resourced programs and systems disadvantaged



Compare and contrast: DO or MD?

- Rural care
- Improving access
- Holistic care
- OMM/OPP training
- Specialty care
- Symptom resolution
- University-based
- Primary care
- Not enough faculty, resources
- Focus on the underserved
- Preventative care
- Diversity
- Pipeline





Worksheet #1: In the elevator at AIAMC...

- “Tell me about your sponsoring institution”
 - In three sentences or less
 - Structure, strengths, challenges

Report out:
Current
state



Medical Education at OhioHealth: A decade of change



- Care sites and programs with osteopathic and allopathic heritage
 - Relationships with osteopathic and allopathic medical schools
- Organizational focus on “systemness” and rapid expansion
- Creation of a system leader position
- Desire for standardization and equity
- Increased collaboration, particularly in FM programs
- Several re-organizations impacting Med Ed

GME Teaching Hospitals



OhioHealth Doctors Hospital

Doctors Hospital (12)
Anesthesia Residency
Cardiology Fellowship
Emergency Medicine Residency
Emergency Medical Services Fellowship
Family Medicine Residency
General Surgery Residency
Internal Medicine Residency
Neurosurgery Residency (closing)
OB/GYN Residency
Otolaryngology Residency
Orthopedic Surgery Residency
Pulmonary/Critical Care Fellowship



OhioHealth Riverside Methodist Hospital

Riverside Methodist Hospital (13)
Dermatology Residency
Family Medicine Residency
General Surgery/Preliminary Surgery Residency
Hospice & Palliative Medicine Fellowship
Internal Medicine/Preliminary Medicine Residency
Multiple Sclerosis Fellowship
OB/GYN Residency
Psychiatry Residency
Quality and Safety Fellowship
Simulation Fellowship
Sports Medicine Fellowship
Transitional Year Residency



OhioHealth O'Bleness Hospital

O'Bleness Hospital (3)
Family Medicine Residency
Osteopathic Neuromusculoskeletal Medicine Residency
Diabetes Fellowship



OhioHealth Grant Medical Center

Grant Medical Center (11)
Addiction Medicine Fellowship
Breast Surgery Fellowship
Colon and Rectal Surgery Fellowship
Family Medicine Residency
Geriatrics Fellowship
Hospital Medicine Fellowship
Ortho Trauma Fellowship
Research Fellowship
Podiatry Residency
Surgical Critical Care Fellowship

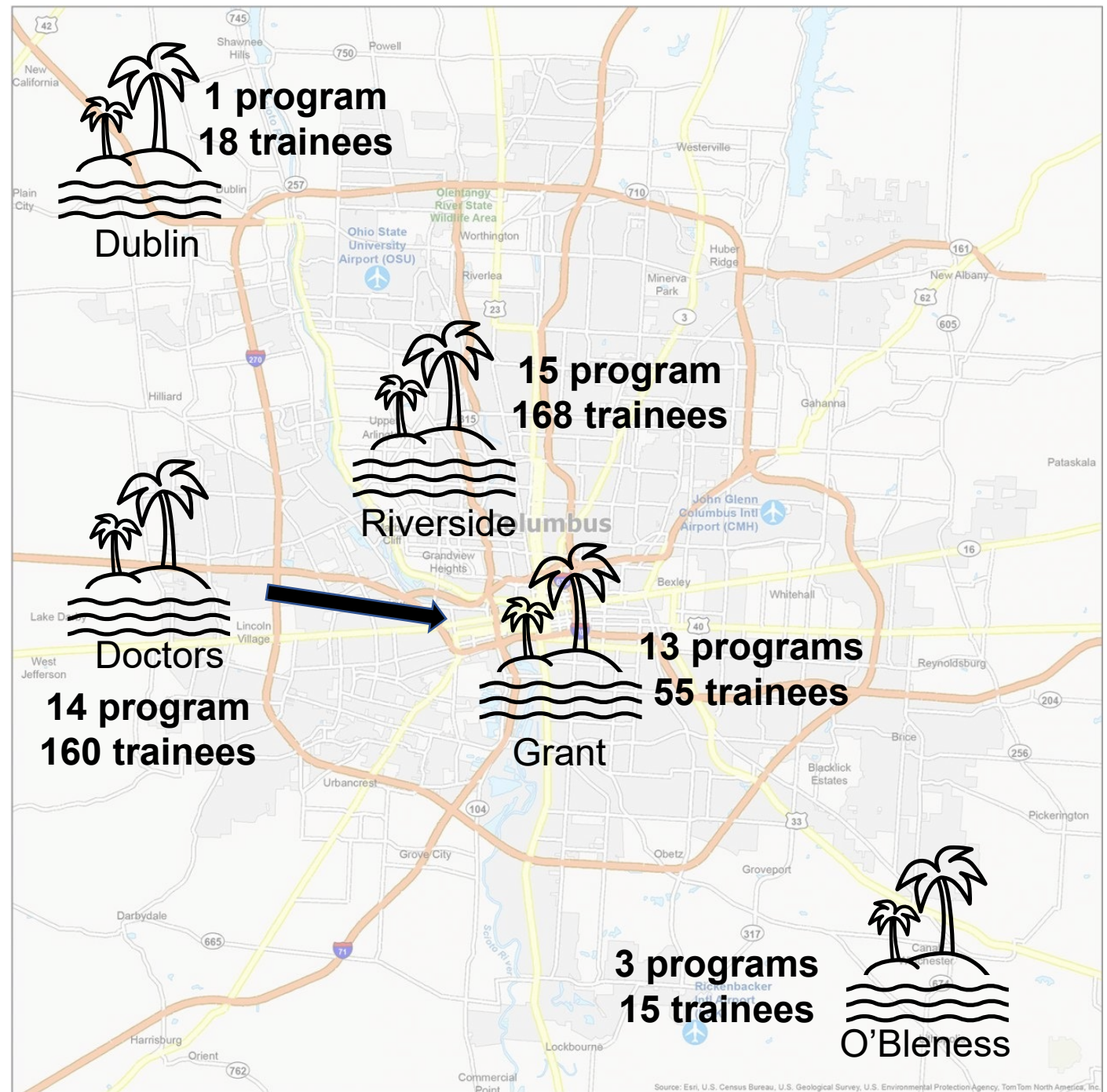


OhioHealth Dublin Methodist Hospital

Dublin Methodist Hospital (1)
Family Medicine Residency

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OHIOHEALTH
MEDICAL
EDUCATION

- Each care site = sponsoring institution
 - Doctors, O'Bleness = AOA
 - Dublin, Riverside, Grant = ACGME
- Expenses & revenue at care site
- Lack of parity in experience & resources
- Decision making at the care site

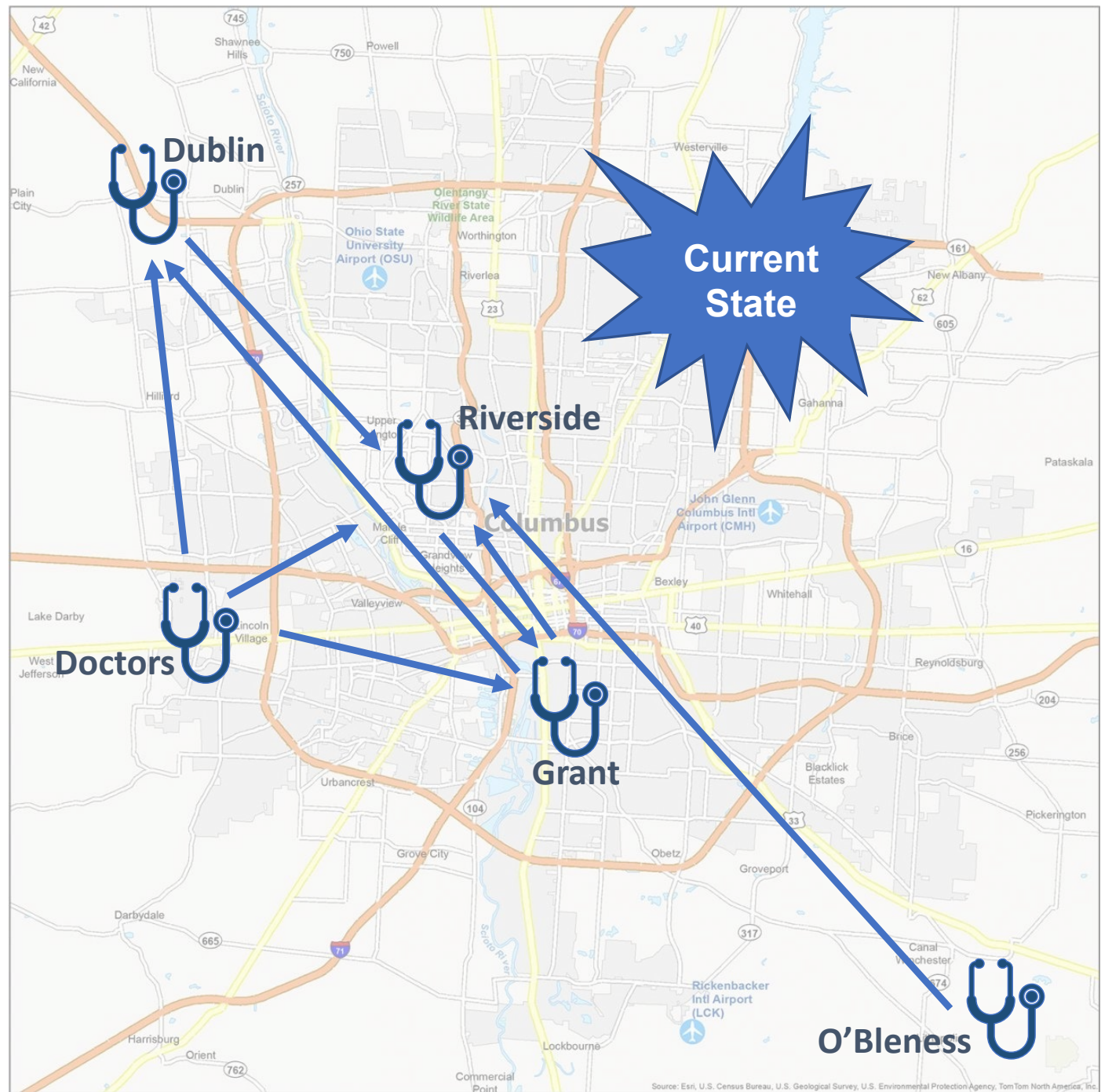




OhioHealth

Medical Education

- OhioHealth = Sponsoring Institution
- Expenses & revenue shared
- Cross-coverage of care sites by trainees
 - Pandemic response & beyond
- Single accreditation
 - Increase in resources needed for AOA programs
- Standardization and sharing of best practices
 - Faculty development
 - System team



Med Ed Programs by Clinical Enterprise Service Line

Heart & Vascular

Fellowships:

- DH Cardiology
- O'B Diabetes

Neuroscience

Residencies:

- RMH Psychiatry
- RMH Neurosurgery

Fellowships:

- GMC Addiction

Cancer

Fellowships:

- RMH HPM

Surgery

Residencies:

- DH ENT
- DH Gen Surg
- DH Ortho
- GMC Podiatry
- RMH Gen/PrelimSurg

Fellowships:

- DMH Robotic Uro
- GMC Breast
- GMC C&R
- GMC Eye trauma
- GMC Ortho trauma
- GMC Research
- GMC Surgical CC
- RMH Sports

Women's & Reproductive Health

Residencies:

- DH Ob/Gyn
- RMH Ob/Gyn

Acute Care & Specialty Medicine

Residencies:

- DH Anesthesia
- DH EM

Fellowships:

- DH EMS
- DH Pulm/CC
- GMC Hosp Med

Primary & Ambulatory Care

Residencies:

- DH FM
- DH IM
- DMH FM
- GMC FM
- O'B FM
- O'B ONMM
- RMH Derm
- RMH FM
- RMH IM/PM
- RMH TY

Fellowships:

- GMC Geriatrics

Other

Fellowships:

- RMH Q/S
- RMH Simulation

Osteopathic Recognition

**Residents & Fellows
are everywhere in
the Clinical Enterprise**

400 trainees in 40 programs

Osteopathic GME at OhioHealth

- >60% entering residents DO
- Partnership with OUHCOM supports UME-GME continuum
- 10 GME Programs with OR at Doctors
3 additional FM + OR programs at OhioHealth
- Increase Osteopathic Medical Education
Spectrum of osteopathic training and resources

Where can *WE* agree...

- Expand GME support of service lines (pipeline, workforce, etc.)
- Holistic services addressing SDOH and population health of community
- Enhance trainee and faculty scholarly activity
- Increase collaborative opportunities
- Teach the community



WE are better together

- Faculty development
 - Programming, people
- System resources
 - Accreditation, operations, medical students, simulation, etc.
- Collaboration between programs, care sites
 - Family Medicine program director group
- AIAMC initiatives



Worksheet #2: Build or optimize your integrated model

- Draft an integrated model
- What are the barriers to making these changes?
- Share with your table





Report out:
Models and
Barriers

Barriers to collaboration = leadership opportunities

- Culture
- Assumptions
- Lack of knowledge
- Lack of resources
- Change management
- Scarcity mindset
- Fear of the unknown



Solutions

Program Director Osteopathic Medicine

Collaboration with other programs / partners

Faculty development

Mentoring

Shared resources

OR in traditionally allopathic programs



Thanks!
Questions?