Specialty-oriented internships

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The osteopathic medical rotating internship for many years represented the culmination of the making of an osteopathic physician. The rotating internship has been singularly responsible, in many instances, for our representation as *the* primary care profession. As recently as 12 years ago, the majority of DOs entered practice directly from the rotating internship. This 1-year exposure from classroom to practice was a trip through a required minimum of five clinical specialties with some typical exposure to radiology, pathology, and anesthesiology. The author proposes a specialty track program as part of a restructured internship.

(Key words: Internship, osteopathic graduate medical education, residency training)

Rotating internship

Unfortunately, the American graduate medical education (GME) system has never been designed as a continuum in academic exposure. Therefore, most physicians experience distinct, and often unrelated, phases of education, including the basic sciences, clinical clerkships, internship, and eventually, residency. The rotating internship is intended to expose students to the broad field of medicine and to create a well-rounded primary care generalist. However, a greater continuum may be possible by offering various options that emphasize the trainee's interest, whether it be as a primary care generalist or as a specialist while maintaining a rotating training experience.

Creation of specialty tract residency programs

In 1990, the American Osteopathic Association (AOA) initiated for the first time a distinct variation in opportunities for osteopathic medical graduates entering the internship. As a member of the AOA Task Force on Alternate Approval Mechanisms in 1988 and 1989, I suggested restructuring the internship to maintain the benefit of the rotational nature of multiple exposures. However, I also suggested a redirected emphasis on a specialty of interest that would also help to maintain the number of osteopathic medical graduates within osteopathic residency programs. At the time, our own osteopathic medical graduates were leaving in large numbers to join allopathic residencies.

The opportunity to offer simultaneous intern and residency credit during the same year would ultimately shorten the total training period by 1 year. This shorter period would make it more attractive for osteopathic medical trainees to remain in the same program. The requirement was instituted that an AOA-approved residency program in the respective specialty exist in the training institution. This requirement would enhance the learning experience by enabling the trainee to interact with the residency director and other residents in the same specialty.

Multiple specialty groups evaluated this option. It was accepted as a specialty track internship program. However, only the osteopathic specialty colleges of internal medicine and obstetrics and gynecology granted residency first year credit to interns. The fourth year of the program has been completed, and the first class of internists graduated in June 1993. The first class of obstetricians and gynecologists will graduate this month.

Since 1990, several additional specialty groups

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Table
Selected Questions From Survey of Directors of Medical Education

Question	Total	Response: Yes No. (%)	Response: No No. (%)	Response: Uncertain No. (%)
Does your institution plan to continue specialty tracks?	50	48 (96)	0 (0)	2 (4)
Should the AOA maintain an internship requirement in any form?	111	91 (82)	11 (10)	9 (8)
Should tracks be offered in other specialties besides OB/Gyn and internal medicine?	48	32 (67)	16 (33)	0 (0)
Are you pleased that the AOA offers specialty tracks?	49	37 (76)	4 (8)	8 (16)
Have specialty tracks benefitted the institution in recruiting interns and residents?	50	37 (74)	4 (8)	9 (18)

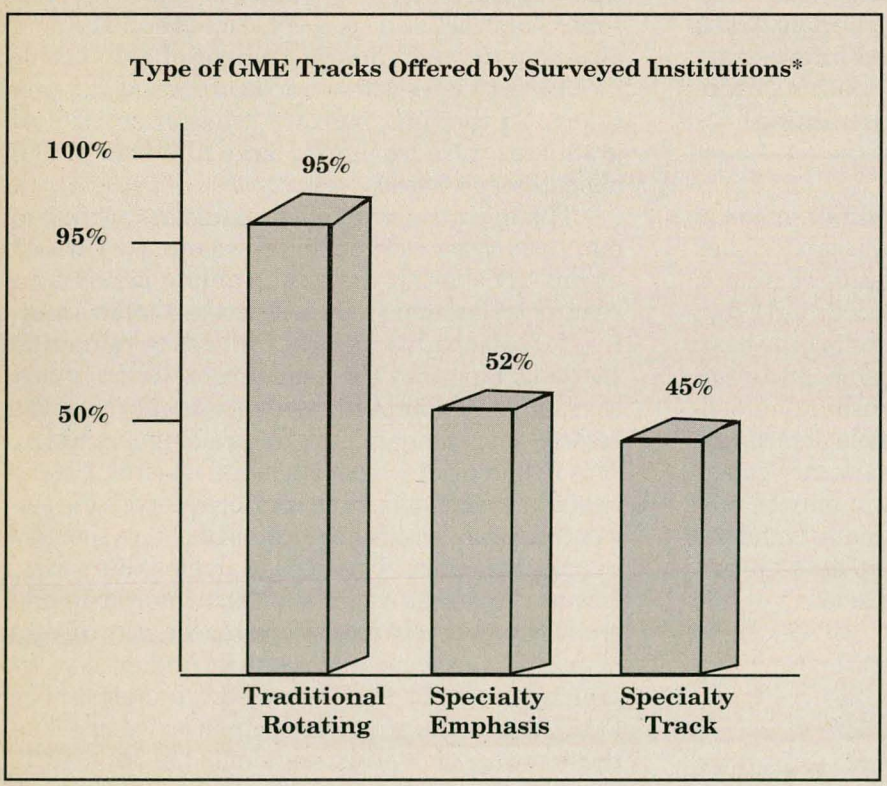

Figure 1. *Bar graph depicts near-universal offering of a traditional rotating internship by the surveyed osteopathic medical institutions. *Total percentage exceeds 100% as institutions may offer more than one type of track.*

(pediatrics, emergency medicine, family medicine, and psychiatry) have offered specialty emphasis option internships. These internships emphasize a given specialty without offering residency credit.

Survey of directors of medical education

With a list prepared by the AOA Department of Education, I surveyed 146 directors of medical education (DMEs) during July and August 1993. Of these, 112 (76.7%) responded. The *Table* lists selected questions from this survey and the DMEs' responses.

Overall, 25% of the programs that do not offer specialty credit tracks and 8% of those programs with specialty credit tracks do not support, or are uncertain of their support for, the continuation of an internship requirement. Surprisingly, nearly 20% of all DME's argue to eliminate the internship or

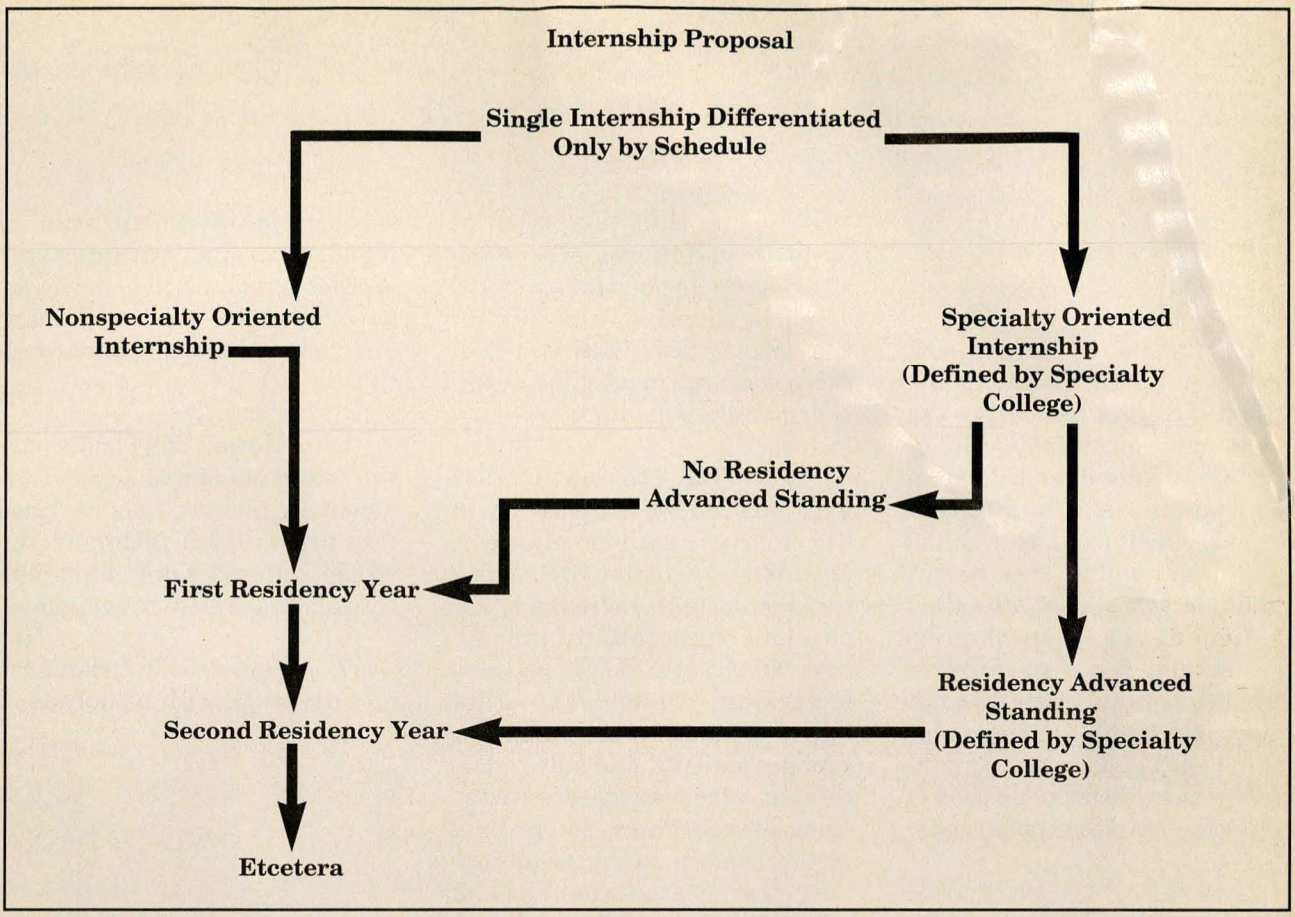

Figure 2. *Flow chart illustrates both the traditional internship track as well as the specialty track for osteopathic graduate medical education.*

at least remain uncertain about its viability. However, at the time of the survey, 95% of the institutions had a traditional rotating internship as part of their GME program *(Figure 1)*.

During the AOA intern match in 1993, a total of 27% of the 1993 graduates either failed to participate in the match or did not enter an osteopathic internship and therefore bypassed the osteopathic internship in any form. The *1993 Annual Statistical Report,* published by The American Association of Colleges of Osteopathic Medicine, revealed that 26% of the 1233 respondents indicated that they felt either unsure, doubtful, or definite that the rotating internship is not a worthwhile addition to their education.

For many osteopathic medical graduates, the internship is becoming confusing, with several different labels for various options and tracks. Complicating matters is the varying residency credit assigned to simultaneous internship/residency training periods. Likewise, the DMEs' uncertainty underlying the overall significance of the internship only creates more confusion.

The DME survey revealed that a majority of institutions with specialty track internships (76%) have benefitted from their program. Pleased with the results, these institutions will continue to offer the program.

Similarly, trainees, satisfied with the program, are opting for it. Therefore, I propose that the AOA internship program be restructured to include only two options: a rotating track and a specialty track *(Figure 2)*. I think that every specialty college should be encouraged to offer a specialty intern track for those osteopathic medical graduates who desire enhanced training exposure in a respective area. At their discretion, some specialty groups may elect to grant simultaneous residency/first-year credit as currently exists; other specialty groups may not.

The specialty-oriented programs would continue to require osteopathic medical graduates to rotate among various disciplines, but emphasize a specific area. This track would indeed offer progressive flexibility and also enhance a continuum in academic exposure. Only in this way can the osteopathic medical profession continue to meet the needs of today's graduates.