New & noteworthy

Updates on activities in the profession

Mentoring may be the answer

One of the biggest challenges facing osteopathic specialty organizations is keeping the osteopathic residents who choose to do allopathic residencies. Two recent studies have looked at this challenge and how it may be addressed. The President of the American College of Osteopathic Internists (ACOI), Karen J. Nichols, DO, has submitted a paper for publication that describes an analysis of the demographics of the first graduating class of the Midwestern University–Arizona College of Osteopathic Medicine. One interesting finding of that study was the correlation between role models of the graduates and their choice of residency program. Sixty-six percent of graduates whose role models were allopathic physicians selected Accreditation Council for Graduate Medical Education (ACGME) postgraduate programs; 65% of graduates whose role models were osteopathic physicians chose osteopathic postgraduate programs. An important corollary to these statistics is that 50% of those selecting ACGME programs plan to join the American Osteopathic Association (AOA), while 87% of those selecting osteopathic programs plan to join. The ACOI Board of Directors believes that if those numbers hold true for the specialty of internal medicine, future membership growth for the ACOI may rest on the ability to mentor our students, interns, and residents.

The AOA conducted a similar study focusing on the residency choice process of a larger number of students and residents. Of significance, students identified their three most trusted information sources about choice of residency programs: (1) present residents and interns; (2) the American Medical Association Web site; and (3) practicing osteopathic physicians.

Because the ACOI Board believes that a strong emphasis on the personal connection must be addressed for students, interns, and residents in our training programs, it has established the ACOI Mentoring Program. The program's goals are to increase the percentage of osteopathic students entering internal medicine (IM); increase the percentage of osteopathic students in osteopathic IM graduate medical education programs; and increase the percentage of graduating IM residents in osteopathic and allopathic programs who join the ACOI.

There are short- and long-term objectives for the program. A short-term objective is to provide mentors and role models for students who are members of the IM clubs on osteopathic college campuses. Potential measures of the success of this effort would compare the numbers of mentored versus unmentored students who become members of ACOI on graduation; select osteopathic graduate medical education programs (compared to present statistics by school); contact their mentors a specified number of times; and cite the ACOI as their preferred source of information.

A longer-term objective would target graduating residents (to be mentored during residency) and osteopathic internists in practice 5 years (for follow-up). Similar measures of success would be based on the percentage who become and remain active members of the ACOI.

An additional aspect of the ACOI Mentor Program matches remote mentor-volunteers with osteopathic internal medicine residents in ACGME programs. This aspect of the program takes advantage of the fact that many osteopathic internists wish to serve as mentors, but are not located near an osteopathic training site. These individuals (over 100 volunteers to date) will be linked with osteopathic residents in their states.

The program will use a "pocket mentor" guide that will be available in hard copy and on-line. This guide will outline information about the program and the ACOI and will be available in mentor and "mentee" versions. It will outline the roles and functions of both mentor and mentee and will include suggested forms to identify and report contacts, as well as application materials, contact schedules, and methods.

The ACOI supports the mentor program through its newsletter. One column, "The Shining Lights of Medicine," presents recollections submitted by ACOI members of their mentors and the traits that made them so important to that member.

The program is in its infancy, but the ACOI Board is firmly committed to instituting measures to "keep our kids in the fold."

Participants dine during a joint session held by New York regional chapter and the New York College of Osteopathic Medicine student internal medicine club.

Board education

The mentoring program is not the only new initiative for the ACOI this year. The ACOI has instituted a Board of Directors education program. For some, the appointment to the ACOI Board is the first volunteer board activity they have experienced. Each new director is assigned a mentor, and there is an extensive board orientation manual, but there are many functions of the board that take time and effort to learn. To bridge that gap, the ACOI has identified six areas in which all Board members should have a working knowledge. As there are six meetings in the usual 3-year Board term, one area is presented at each meeting. Experienced Board members and staff have prepared the modules. The module topics are the following:

☐ AOA 101 (how the AOA works);
☐ ACOI 101 (how the ACOI works, projects, etc);
☐ Board Function: Managing a Talking Job (overall function and responsibilities of the Board);
☐ How to Prepare for a Board Meeting, Read Financial Statements, Understand Budgets;
☐ How to Properly Advocate as a Physician (directed to legislative input); and
☐ Understanding the ACOI Bylaws.

End-of-life care

One of the most successful initiatives the ACOI has ever been involved in is the Education for Physicians on End of Life program. This 16-module curriculum was presented at the 2000 annual meeting in Boston. The initial subscription was to be limited to 30 physicians, but the response was so overwhelming (nearly 150 attended) that the program was expanded. This was the first time that the entire curriculum was offered in an osteopathic setting under the financial support of the original funder, the Robert Wood Johnson Foundation. The popularity of the offering prompted its inclusion in the 2001 Orlando convention program. Another new pro-

gram offered at the Boston meeting was a "Women in Medicine" workshop that was attended by approximately 80 ACOI members. The opportunity to have an open dialogue about the issues of being a woman physician was enthusiastically welcomed. This forum also will be offered again at the 2001 convention.

Research focus to be enhanced

The ACOI has committed its efforts to encourage research by instituting a four-tiered plan to increase research within the ACOI.

The first element of the plan is to identify and increase exposure to research already being done by the ACOI membership. To accomplish this element, an expanded emphasis is being placed on the poster/abstract presentations at the ACOI's annual convention and scientific seminars. Each osteopathic medical school and its affiliated osteopathic postgraduate training institute (OPTI), when appropriate, will be asked to submit worthy abstracts for consideration. The ACOI Research Committee will review the abstracts/posters and will forward those having original and significant research implications to *JAOA* for publication. In addition, recognition of the best posters will be acknowledged at the annual meeting, in concert with the existing resident research session.

An additional part of this effort is to increase exposure to those members of the ACOI who are doing research outside the profession. A network is being developed to encourage presentation of all research activities by osteopathic internists at the annual meeting. It is hoped that this effort will stimulate collaborative research efforts among the various constituents within the profession.

The second element of the plan is intended to stimulate interest in research among the members of the ACOI who may not be involved now. This began last year at the annual convention with a didactic session dedicated to informing interested members of the various ways they could become involved in clinical research. This was followed by a newsletter summary condensing the session for those who were not present. From these, a database is being compiled to network those interested in research. The possibility of expanding this effort to assist in grant writing and review is being explored.

The third element of the ACOI research plan is to expand the research in collaborative efforts. Building on the interest from the database, the ACOI is exploring the possibility of coordinating a multicenter trial. Potential topics and ideas for such a collaborative effort are being considered, with the possibility of the trial being instituted within the next year. Collaborative efforts are also being explored outside the ACOI with other specialties within the AOA, as well as through the AOA Bureau of Research.

The fourth element of the plan is to extend research efforts within the residency programs. A symposium of research-related topics is being considered for the next annual meeting of the internal medicine residency program directors. The ability to bring together the various programs should open a dialogue aimed at increasing the amount of meaningful research done within the residency programs. It is hoped that this will increase the residents' exposure to research and increase the number of resident research posters/abstracts submitted for the ACOI's annual competition. This will also allow the exploration of continued research efforts over multiple years, allowing for the participation of the many residents at various levels of training.

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