

Joint Clinical Clerkships for Osteopathic and Allopathic Medical Students: New England's Experience

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Although combined osteopathic and allopathic medical programs are well established for graduate medical education and continuing medical education, little has been published in the literature about such integration at the undergraduate level. The authors describe the preliminary efforts of a joint clinical clerkship program with students from regional osteopathic and allopathic medical schools at a major community teaching hospital in New England. Osteopathic principles and practice are consistently reinforced, exposing students from both medical backgrounds to them. It is hoped that this pilot program serves as a model for developing similar combined programs throughout the United States.

For at least the past decade, there has been a crisis in osteopathic medicine in the area of graduate medical education.¹ Osteopathic physicians have been accepted into training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) since 1969 and their numbers have grown steadily.^{2,3} In fact, osteopathic physicians participate in more ACGME programs than in programs approved by the American Osteopathic Association (AOA).⁴ Reasons for this rapid growth include the decreasing complement of international medical graduates,⁵ closure or merger of osteopathic hospitals into allopathic hospital systems (particularly in the Northeast), and formal attestations by osteopathic physicians serving as house staff that ACGME programs are of higher quality.^{6,7} Discussions are being held between the AOA and the ACGME to equate the AOA traditional internship with the ACGME transitional year, but this step has not yet been accomplished.

In addition, despite two separate avenues for accrediting continuing medical education (CME) sponsors, the AOA has undertaken steps to develop dual credit for conferences, offering Category 1A CME credit from the AOA and

Category 1 CME credit toward the American Medical Association's Physician Recognition Award.⁸

Meanwhile, the osteopathic profession has paid little attention to dual education of osteopathic and allopathic medical students in the undergraduate years—specifically in the third and fourth years of medical school. One notable exception is Michigan State University's (East Lansing) widely recognized program, which integrates osteopathic and allopathic students during the first two years of medical school training. However, it is important to note that Michigan State University's osteopathic and allopathic medical students complete their clinical years at separate hospital systems.⁹

There are anecdotal reports about allopathic teaching hospitals that allow osteopathic medical students to do some third-year (but more fourth-year) rotations at their facilities.

In the remainder of this report, we highlight a formalized integration at the third-year level of students from regional osteopathic and allopathic medical schools at a major community teaching hospital in New England. With increased demands on clinical faculty and decreased time for clinical teaching throughout the United States, the efficiencies inherent in such formal restructuring may serve as a model, particularly in regions of the country where teaching sites are limited.

University of Massachusetts Medical School

Established in 1962 by an act of the legislature in the Commonwealth of Massachusetts, the University of Massachusetts Medical School (UMMS) in Worcester is one of 28 freestanding university-based academic health sciences campuses in the United States. The University of Massachusetts Medical School's first class entered in 1970 and graduated in 1974 with degrees in allopathic medicine. Current class size is approximately 100 students, all of whom are Massachusetts residents.

University of New England College of Osteopathic Medicine

Situated in Biddeford, Me, the University of New England College of Osteopathic Medicine (UNECOM) was founded in 1978 as a result of the 1973 deliberations of the New England Foundation for Osteopathic Medicine. The college graduated its first class in 1982 and also currently averages approximately 100 students in each class. The University of New Eng-

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- Family Medicine
- Interclerkship Programs
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Psychiatry
- Surgery
- Objective Structured Clinical Exam

Figure 1. Third-year core clerkship requirements of the University of Massachusetts Medical School in Worcester.

- Family Practice
- Internal Medicine
- Obstetrics and Gynecology
- Osteopathic Manipulative Medicine
- Pediatrics
- Psychiatry
- Surgery
- Electives

Figure 2. Third-year core clerkship requirements of the University of New England College of Osteopathic Medicine in Biddeford, Me.

land College of Osteopathic Medicine is the only osteopathic medical school in New England.

Berkshire Medical Center

The Berkshire Medical Center (BMC) in Pittsfield, Mass, is a 307-bed acute care hospital. It is a major teaching affiliate of UMMS (see <http://www.berkshirehealthsystems.org>) and lies in the seat of Berkshire County, serving a population of approximately 200,000 from Massachusetts and the nearby states of New York, Vermont, and Connecticut.

Berkshire Medical Center has been recognized as a prototype for community hospital education nationwide.^{10,11} The commitment of BMC to undergraduate medical teaching, as well as to its graduate and CME programs, is clearly demonstrated by its mission statement (see <http://www.berkshirehealthsystems.com/2/HN/Info.asp?hmid=1> for more information) and by its willingness to provide students with free on-campus room and board.

Since the founding of UMMS, BMC has served as the university's only major teaching affiliate outside the greater Worcester area and has provided third-year core clerkships through a lottery system. Berkshire Medical Center has also provided fourth-year subinternships and electives for UMMS students. Traditionally, BMC has provided the same opportunities through UMMS for other osteopathic and allopathic medical students.

Berkshire Medical Center has approval from the AOA and the ACGME for a dual-tracked residency-training program in general internal medicine. It also has an AOA-approved rotating internship. This kind of preparation allows osteopathic physicians to sit for the examinations of the American Osteopathic Board of Internal Medicine and the American

Board of Internal Medicine. The majority of those physicians who elect to do so are UNECOM graduates.

Formalizing the Coequal Partnership

From 2000 to 2002, discussions were held between the administrations of UNECOM and BMC to offer third-year core clinical training opportunities to UNECOM students in addition to the fourth-year rotations that were already available. This change was held in abeyance until BMC received the concurrence of UMMS in 2002.

A review of the third-year core clerkship requirements for UMMS (Figure 1) and UNECOM (Figure 2) showed that the requirements are very similar. Further, the schools' academic calendars coordinate well. Even UNECOM's requirement for Osteopathic Manipulative Medicine had already been met by a previously established osteopathic manipulative medicine clinic at BMC¹² and by using an existing outreach program from UNECOM (see <http://www.une.edu/com/outreach.html>).

In addition, osteopathic physicians have long held staff privileges at BMC, where osteopathic and allopathic medicine have been consistently treated as co-equals. Finally, with the agreement of UMMS leaders in 2001 that these new accommodations would not compromise the education of existing BMC students, BMC began planning for the simultaneous education of medical students from UMMS and UNECOM.

In addition to UMMS clinical clerks, 8 third-year UNECOM students are now at BMC. These eight UNECOM students form the core of the UNECOM Clinical Training Center. Whereas UMMS students spend isolated portions of their third year at BMC, UNECOM students live and learn on campus for the entire year.

MEDICAL EDUCATION

The University of Massachusetts Medical School has traditionally provided some financial reimbursement to BMC for educating students and providing free room and board to them during the limited time its students are at BMC. The University of New England College of Osteopathic Medicine entered into a similar financial support arrangement in 2002.

The integration of third-year students from UNECOM with third-year students from UMMS has been virtually seamless. Faculty and house staff do not differentiate the osteopathic and allopathic medical students, and the performance level of the two groups of students has been on par.

Berkshire Medical Center has purposely “mixed and matched” UMMS and UNECOM students in its student housing facilities to encourage interdisciplinary socialization and the cross-pollination of ideas from these two established medical philosophies. This approach has been highly successful. In fact, a number of UMMS students have attended the BMC osteopathic manipulative medicine clinic.¹² Further, one allopathic medical student¹³ coauthored a case report on using an osteopathic approach when treating a patient with a chronic pain syndrome.

The core clerkship directors at BMC and the BMC Office of Medical Education are pleased with the synergy created as a result of this innovative program. The medical education leaders at the respective institutions are also in agreement about the success of the joint clinical clerkships program.

Comment

Based on our experiences, using an established major allopathic community teaching facility for the clerkship education of osteopathic medical students side by side with their allopathic colleagues is an unqualified success. We hope that it will serve as a model for similar arrangements, particularly in regions of the country where the resources of established teaching sites and clinical faculty are scarce or strained.

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