FM or NMM/OMM? Assisting Osteopathic Medical Students with Residency Selection

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Topics

• Background
• Methods
• Results
• Discussion
• Questions
Background

• Before 2006
  – Specialty decision was made during traditional rotating internship
  – One could enter general practice (GP) after the internship year or enter a residency

• After 2006
  – Osteopathic Medical Students (OMSs) began applying for selected specialty residencies during the 4th year of medical school
Background

• Timeline for (most) current OMSs:
  – Years 1&2: Classroom
  – Year 3: Core Clinical Rotations
    • Family Medicine (FM)
    • Internal Medicine (IM)
    • Pediatrics
    • Obstetrics and Gynecology (OBGYN)
    • General Surgery
Background

• Half way through 3rd year
  – Begin planning 4th year

• 1st half of 4th year
  – “Audition” rotations for desired residency
  – Apply for residency positions
  – Interviews for residency positions

• 2nd half of 4th year
  – Residency match
Background

• Why is this an issue?
  – Experiences with professors in medical school and attending physicians on clinical clerkships affect specialty choice
  – With the 2006 changes, students have less clinical experience before choosing a specialty
  – Hasty career decisions with limited information could lead to decreased job satisfaction
Background

• A student subset: those interested in practicing Osteopathic Manipulative Medicine (OMM) as a primary mode of therapy in their medical practice

• Possible Residency Choices
  – Neuromusculoskeletal Medicine and OMM (NMM/OMM)
  – Family Medicine (FM)
  – Internal Medicine (IM)
  – Combined FM/NMM or IM/NMM
  – +1 NMM/OMM fellowship after desired residency
Background

• Student Decision making process
  – Required to do clinical rotations in IM and FM
  – Few required to do clinical rotations in NMM/OMM
  – Limited information is available about NMM/OMM scope of practice
Background

• Purpose of study
  – Assess OMSs knowledge of FM and NMM/OMM
    • Residency Training
    • Post-Residency Scope of Practice
  – Assess FM and NMM/OMM resident’s knowledge
    • Residency Training
    • Post-Residency Scope of Practice
Methods

• 32 question anonymous online survey
• E-mail recruitment
  – ATSU-KCOM and ATSU-SOMA student list serve (classes 2014-2017)
  – Student and resident list serve from the American College of Osteopathic Family Physicians (ACOFP)
  – Student and resident list serve from the American Academy of Osteopathy (AAO)
• Incentive
  – A chance to win one of five $50 Amazon gift cards (identifying information separate from survey responses)
• Statistical Analysis
  – Multivariate Kruskal-Wallis Test
Methods

- Survey composition
  - Identifying question (ie: OMS1, OMS2, FM resident, NMM/OMM resident, ect...)
  - 16 questions assessing residency knowledge
  - 14 questions assessing post-residency scope of practice knowledge
  - 2 questions assessing perceived average time spent with patients in FM and NMM/OMM
Methods

• “Correct” survey responses
  – 14 out of the 32 survey questions had identifiable “Correct” answers
  – These questions included
    • Specific residency requirements located in the AOA residency standards for NMM/OMM and FM
    • Fellowship opportunities open to NMM/OMM and FM
    • Laws regarding resident moonlighting
    • OMM/NMM academic teaching requirements
Results

• 3,894 total survey responses
• 3,147 responses used in analysis
• 90% OMSs (N=2,833)
  – OMS1: 25% (N=789)
  – OMS2: 24% (N=765)
  – OMS3: 21% (N=673)
  – OMS4: 19% (N=593)
  – OMS Fellows: 0.4% (N=13)
• 7.5% FM residents (N=235)
• 0.6% NMM/OMM residents (N=20)
• 1.3% Combined/+1 residents (N=41)
• 0.61% Other (N=19)
Results

• “Correct” Survey Responses
  – Mean: 8/14 “correct” out of total responses

• Group ranking
  – NMM/OMM (9.45)
  – FM (8.28)
  – OMS4 (8.26)
  – OMS2 (8.21)
  – OMS3 (8.25)
  – OMS1 (8.10)
  – Combined/+1 (8.04)
Results

• Which attendings are considered a Primary Care Specialty?
  – Correct answer: BOTH
  – 48% of total said both
  – 48% of total said FM
  – There is a statistically significant trend to view NMM/OMM as a non-primary care specialty as OMSs progress through training
  – Resident responses were equally distributed
Results

• Which residents can legally moonlight in urgent care and/or an ED in most states?
  – Correct answer: BOTH
  – 52% of total said both
  – 40% of total said FM only
  – More OMS 1 and 2 believe neither group can moonlight
  – More FM and Combined/+1 residents believe only FM can moonlight
  – More OMM/NMM residents believe both can moonlight
Results

• Which residents are required to complete rotations in OBGYN, Peds, IM, Surgery?
  – Correct answer: BOTH
  – 68% of total said both
  – 22% of total said FM
  – More OMS 1&2 believe these requirements apply to neither resident group
  – More FM and Combined/+1 residents believe these requirements only apply to FM residents
  – More NMM/OMM residents believe these requirements apply to both
Results

• Which residents are required to treat at least 100 Surgical, Peds, and OBGYN patients?
  – Correct answer: NMM/OMM
  – 76% of total said NMM/OMM
  – More OMS1-4 and NMM/OMM residents believe these requirements apply to both
  – More FM residents believe these requirements only apply to NMM/OMM residents
Results

• Which residents are eligible to apply for Sports Medicine and/or Pain Management Fellowships?
  – Correct answer: **BOTH**
  – 72% of total said both
  – More OMS 1&2 and NMM/OMM residents believe both are eligible
  – More FM and Combined/+1 residents believe only FM is eligible
Results

• Average time Family Medicine spends with patients
  – Evidence based answer: **Between 11-20min (13-16min)**
  – 68% of total said between 11-20min
  – 23% of total said between 5-10min
  – More OMS2 believe FM doctors spend less time with patients (5-10min) than OMS4 believe (11-20min)
  – Resident responses were equally distributed
Results

• Average time NMM/OMM spends with patients
  – Evidence based answer: **Over 30min** (38min)
  – 47% of total said 21-30min
  – 25% said over 30min
  – 25% said 11-20min
  – More OMS1&2 believe NMM/OMM spends less time with patients than residents believe
  – Resident responses were equally distributed
Discussion

• As OMS year increases, perceptions begin to align more with resident perceptions

• Overall perception among FM and Combined/+1 residents is NMM/OMM residents learn less primary care, have less professional opportunities and a narrower scope of practice

• Overall perception among NMM/OMM residents is there are more similarities between FM and NMM/OMM residencies and scope of practice
Questions to Mentor Students on Residency Selection

• Do you want to be required to practice OMM in residency?
  – OMM/NMM is the only residency with specific OMM requirements

• Do you want to manage labor and delivery?
  – FM residencies have specific guidelines for delivery numbers, NMM/OMM does not
  – While NMM/OMM requires rotations in OBGYN, FM requires more
Questions to Mentor Students on Residency Selection

• Do you want extensive training in medical management (both inpt and outpt)?
  – While NMM/OMM residency requires medical management “competency”, FM residency has strict medical management requirements
  – How much management an individual does in practice is up to his/her comfort level

• Do you want to be an OMM department chair at a medical school?
  – While both FM and NMM/OMM can teach OMM, only NMM/OMM can be department chair
Questions to Mentor Students on Residency Selection

• Do you want to become competent in performing musculoskeletal injections during residency?
  – NMM/OMM residency has a competency requirement for joint injections, FM residency does not

• How much time do you want to spend with patients?
  – This is practitioner dependent, however, on average, NMM/OMM spends more time with patients than FM
I have compiled a six page guide outlining the salient differences between FM and NMM/OMM residencies for Students, Interns, and Residents. If interested, please see me after the presentation or e-mail me at SShosky@atsu.edu
Questions?

Reasons I love Spring

- Warm weather
- Easter
- April showers
- May flowers
- Picnics
- Bugs
References


References


