

# Incorporating Osteopathic Philosophy Into Residency Programs

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SPECIAL COMMUNICATION

## Abstract

Osteopathic residency programs face many difficulties with incorporating osteopathic philosophy into their curricula. The author reviews the Accreditation Council for Graduate Medical Education (ACGME) requirements for philosophy and presents a strategy for developing and implementing osteopathic philosophy in residency programs utilizing the works of Andrew Taylor Still, MD, DO, reviewing the history of the osteopathic profession, and introducing healing philosophies.

## Introduction

One of the greatest challenges presenting residency program directors is how to incorporate osteopathic philosophy into osteopathic residency education.

Developing a neuromusculoskeletal medicine (NMM) curriculum (or in the ACGME parlance, osteopathic neuromusculoskeletal medicine, or ONMM) into a residency program is actually easier to accomplish than people realize, as there are many resources available for teaching the hands-on component in ONMM residency programs.

However, trying to decide what truly constitutes an osteopathic curriculum beyond osteopathic manipulative medicine (OMM) is challenging. This is true for all residencies, including ONMM programs.

For decades, the concept of defining an osteopathic physician has been confined to medical school curriculum. A few lectures here and there, combined with the OMM/ONMM curriculum, is supposed to give osteopathic medical students a strong foundation of osteopathic identity to last them into their residencies and their entire careers. Little, if any, emphasis is placed on treating hospitalized patients. Once they enter their clinical rotations, which is mostly hospital-based training, students are at a loss as to how to apply osteopathic principles to the hospital world, as they receive little additional training or support on using these principles in this setting. In addition, once they enter their residency programs, osteopathic physicians often find that, aside from some lectures in OMM, if they are fortunate, they have little reinforcement of their

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osteopathic identity. Identifying and contracting OMM/ONMM board-certified physicians and funding them to mentor students and residents would help greatly in advancing interest and utilization of osteopathic principles in the hospital setting, and it may encourage osteopathic physicians to continue utilizing OMM/ONMM after they have completed their training.

Now, the ACGME accreditation process has changed the landscape for osteopathic medicine. Many residency programs are choosing not to pursue osteopathic recognition and are training their residents on the ACGME (allopathic) model. Those that choose Osteopathic Recognition, as well as ONMM residency programs, face the new challenge of designing and implementing OMM and osteopathic philosophy into their programs. It is now up to individual residency programs to assure the future of osteopathy in their residency programs. Unfortunately, many residency programs lack the expertise and resources to design and implement Osteopathic Recognition. The AAO could help in this regard by providing board-certified NMM physicians to aid residency programs and

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by implementing a centralized AAO-directed Osteopathic Recognition curriculum to the residency programs.

ONMM residency programs, by their very nature, have already incorporated the manual medicine aspect of ONMM into their programs. After all, that is what ONMM residents signed up to learn. The more difficult thing, however, is trying to figure out what to include in the philosophical part of the residency program. Even more difficult is making it interesting for residents to learn and convincing them that it is a vital part of their education. This is even more of a problem for other, non-ONMM residency programs: *How do you maintain a philosophic osteopathic identity in the ACGME world?*

In my many years of running an integrated family medicine/NMM program and an ONMM-2 (NMM Plus One) program, osteopathic philosophy has always been the eye-rolling part for residents. With lots of resident feedback, I have actually found that residents are very interested in learning philosophy if it is approached differently than in the past. Younger residents do not respond to having mandatory curriculum force-fed to them like they experienced in medical school. This is especially true for non-scientific curriculum such as philosophy. It requires a new approach based on these points:

- How can this interest me personally?
- Does it have any relevance to me and how I will treat patients?

Once I finally understood that I needed to make philosophy *personally* important to the residents, figuring out how to interest residents in learning osteopathic philosophy became an easier task.

If residency program directors are to successfully demonstrate that osteopathic philosophy is important to learn, it becomes necessary to make philosophy *real* to our residents, to encourage them to see how everything they do for their patients is dependent on having a strong understanding of *why and how they treat osteopathically*. With a good foundation in osteopathic philosophy, it helps them further develop their osteopathic identity, and helps to reinforce that ONMM is much more than manual medicine.

### ACGME vs AOA Requirements

The original ACGME requirements for philosophy for ONMM residency programs was stated as follows<sup>1</sup>:

Residents must study osteopathic philosophy in depth during the program (Program Requirement: IV.A.6.a).(1)

This original recommendation was further expanded upon by the ONMM Residency Committee in an FAQ statement<sup>2</sup>:

This should reinforce the importance of the original philosophy, as expressed by Dr. A.T. Still in his writings, and other philosophy related to osteopathic principles and practice. The Review Committee strongly recommends that residents read at least one book by Dr. Still prior to completion of the program. This is considered a minimum and should promote a lifelong pursuit and commitment to understanding and implementing the osteopathic philosophy and practices.

In the American Osteopathic Association's basic standards documents for OMM residency training, there was a specific requirement for reading two books by Andrew Taylor Still<sup>3</sup>:

5.2.12 Osteopathic philosophy must be studied in depth by the resident in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine. A minimum of two texts by A.T. Still, MD, DO must be read during the two-year residency period. This philosophy must be incorporated into the basic science and clinical study.

The new ACGME document gives additional latitude as far as what to choose to include in the curriculum, yet it also is very specific in stating goals for osteopathic philosophy: "should promote a lifelong pursuit and commitment to understanding and implementing the osteopathic philosophy and practices."<sup>2</sup> Thus, the document allows programs to be creative in designing curriculum but is very specific in what they should do for teaching osteopathic philosophy. Paradoxically, the ACGME recommendations for teaching osteopathic philosophy can be seen as being stronger than the previous AOA requirements.

### Teaching the Writings of Dr. Still

Realistically, every ONMM residency program incorporates teaching osteopathic philosophy at some level. But the trap that all residency programs can fall into is that the training is heavily weighted on teaching manual skills while neglecting the importance of utilizing the neuromusculoskeletal system in diagnosing systemic diseases. As they are trained to become NMM specialists, however, residents must be taught to recognize structural problems as clues to systemic processes. After all, they are being trained as neuromuscular medicine specialists, not just manual medicine specialists!

This concept is what Dr. Still emphasized when he established osteopathic medicine. While reviewing Dr. Still's books and the early books in osteopathy is important, they are difficult to read and understand, especially for residents. Understanding Dr. Still's

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genius can be difficult due to his writing style and the sometimes obtuse topics. Thus, Dr. Still's teachings have often been condensed to quoting short passages from his books. In fact, Dr. Still warned against us using just a few of his quotes without understanding the context in which they were written. In essence, this is like pulling a famous quote out of a Shakespeare play and expecting to understand the scene and entire play.

To better understand Dr. Still's writings, my recommendation is to start with John Lewis' first-rate biography, *A. T. Still: From the Dry Bone to The Living Man*.<sup>4</sup> Lewis' biography provides a well-researched, in-depth look at the life of Dr. Still and his founding of the osteopathic profession. Lewis' book also provides a great history of the early politics of our profession, and the looming battles over osteopathic philosophy that exist to this day.<sup>5</sup> Reviewing Lewis' biography before reading Dr. Still's books provides an excellent foundation upon which to better understand Dr. Still's writings. All of my residents have said that after reading Lewis' book and learning his life's story and motivations that they had a much better understanding and appreciation for Dr. Still and his teachings.

Utilizing a supplemental text such as the one by Lewis will help residents gain a better understanding of the motivations and concepts behind Dr. Still's writings. This additional background will help all physicians, but especially residents, to more deeply examine

the stories and metaphors that he used to describe osteopathic concepts. Most importantly, it will assist residents to better understand and appreciate the emerging philosophical concepts of osteopathy and the battle over its meanings that persist today.

### History: Our Past and Our Journey

The second piece to the puzzle is providing residents with a strong understanding of osteopathic history from the early days of the profession to the new, uncharted territory of the ACGME world. Osteopathic history is not a subject that is presented well at most osteopathic medical schools, so it is incumbent upon program directors to make sure that it is presented to our residents. History, however, should be more than memorizing the date the banner was flung to the breeze. It should be about understanding the events and stories that created the historical events.

Understanding the history of the profession will bridge residents' perceptions of the profession from the early days to the 21st century and help them understand how the battles to define and maintain osteopathic philosophy continue to this day. I firmly believe that reading philosophy without historical context is a worthless undertaking. It leaves the reader either believing in the philosophy almost like a religion, or it becomes so obtuse to the reader that

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it cannot be understood or fully appreciated. Additionally, since many of the battles over osteopathic teaching and identity date back to the early days of the profession, obtaining a historical perspective also lends itself to a better and deeper understanding of the philosophical underpinnings of osteopathic medicine.

Educationally, providing residents with a historical underpinning to osteopathic philosophy and the battles that ensued to grow the profession gives them a better understanding of where the osteopathic profession came from, the challenges that were faced in the past, how the profession grew, and the challenges facing the future of the profession. It makes the philosophy real and personal. And, with all the changes facing our profession in the next few years, understanding where we came from and how we got here is of vital importance.

My favorite easily read text of osteopathic history is *The DOs: Osteopathic Medicine in America* by Norman Gevitz.<sup>6</sup> He presents a concise, accurate, easily read history of osteopathic medicine. Like Lewis, he is able to relate the history of the osteopathic profession in a manner that makes it accessible to the modern reader. Most importantly, it enables residents, all of whom were born years after many of the major battles in the profession, to understand how the osteopathic profession came to the problems and decisions that it faces today.

## Healing Philosophies

The next step to incorporate philosophy should branch out into healing philosophies with an emphasis on the osteopathic approach to patient care.

This can take many different approaches, from energy medicine to spirituality and healing. Because available didactic time in any residency program is at a premium, it is important to try to choose topics relevant to osteopathy and of interest to your residents.

Dr. Still emphasized over and over again the concept of a higher life force, a Creator that designed the body to always return to health. To him, this concept was the basic underpinning of the osteopathic concept<sup>7</sup>:

First the material body, second the spiritual being, third a being of mind which is far superior to all vital motions and material forms, whose duty is to wisely manage this great engine of life.

The importance of adding this into the residency curriculum is not to try to convince residents of a particular belief system. It is included to heighten their curiosity, and to expand their under-

standing of how healing goes beyond the hard sciences. The concept of a greater, spiritual being as part of health and healing is finally becoming a widely discussed part of medicine. Also, patients will inevitably want to discuss these topics with their physicians, so they should at least become familiar with discussing healing philosophies. Not everyone will be comfortable discussing spirituality and healing with their patients, but everyone needs to understand these concepts and how they are an important part of patient healing.

While there are many different healing philosophies that can be included in an osteopathic curriculum, there are several osteopathic authors who have published books on spiritual healing powers. *Osteopathy and Swedenborg* by David Fuller, DO,<sup>8</sup> traces the concept of the soul-body connection back hundreds of years to the Swedish physician and philosopher Emanuel Swedenborg.

Probably the 2 physicians who have recently contributed the most to incorporating philosophy into our profession are Robert Fulford, DO,<sup>9</sup> and R. Paul Lee, DO.<sup>10</sup> Drs. Fulford and Lee do an excellent job of incorporating the philosophy of energy, spirituality and healing into an osteopathic perspective. They bring a modern perspective to the very topics that Dr. Still presented about nature and the body's self-healing abilities.

## Pulling It All Together

One of the advantages of the ACGME curriculum is that it provides a lot of room for creativity. So, just like any other part of the curriculum, philosophy becomes another piece of the puzzle. It can easily be included as a short part of a didactic session. Oftentimes, the discussion on philosophy lasts longer than anticipated, which means that the residents had some good insights and questions. A chapter out of a philosophy book reviewed per month spreads out a longer book over most if not all of an academic year. The books that I have referenced are suggestions. You may find other ones to use in your particular program. The ACGME requirement for an average of 4 hours of structured teaching per week allows ample time to add philosophy into the residency program.

Residency program directors should be prepared for some resistance to including philosophy in residency didactics. This is usually due to the fact that residency training is geared towards the hard sciences and how they apply to physical diagnosis and treatment. Teaching philosophy encourages residents to think about the art of medicine. It may even make them uncomfortable at first. I have found that the residents who are attracted to the ONMM program are much more open to examining osteopathic and healing philosophies, but they still are more interested in learning techniques.

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I hope that the strategies that I have presented here—osteopathic philosophy, history, and healing philosophies—will give residency program directors a framework for incorporating philosophy into their own programs.

We need to remember, and to teach our residents, that osteopathy is more than OMM. It is a system, and it is a philosophy. It is the science of medicine; and it is the art of medicine. OMM is an integral part of osteopathic medicine, but we need to remember for ourselves—and to teach those who study under us—that we all need to learn our heritage, understand our philosophy, and remember that all of humanity, indeed all of our patients, are more than their physical ailments. Then, and only then, do we become true osteopathic physicians as envisioned by Dr. Still<sup>11</sup>:

I want to say that when an Osteopath explores the human body for the cause of disease he knows he is dealing with complicated perfection.

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