

REPORT ON VISIT TO MICHIGAN OSTEOPATHIC COLLEGE

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This is a report of a visit to the Michigan State University, College of Osteopathic Medicine on June 3 and 4, 1971. Dean of the College, Myron S. Magen, D. O., FACOP, was most cooperative and most generous with his time and that of his faculty.

Initiative and Initial Financing by State Association

Initiative for the creation of the college came from the state osteopathic association. The association furnished the start-up financing and provides some continuing support. This is possible because of the large membership and annual dues of \$440 which are allocated as follows:

Michigan College of Osteopathic Medicine	\$200
College of the member's office	100
Operation of state association	140

Thus the College is assured of about \$200,000 per year from the state association. Initially the Michigan Osteopathic College Foundation served as an instrument for assembling funds and acquiring land.

Start-Up and Operating Costs

During the start-up years from 1965 to 1969, the operating costs were about \$200,000 per year. In 1969-70 the College began teaching its first class, and expenditures jumped to about \$400,000 per year. To meet rising costs of operation, the College gave up its independence and became part of the University of Michigan. Before these arrangements were consummated, the institution's cash position was within thirty days of not being able to meet its payroll. For operations in 1970-71, the State of Michigan provided \$932,000, which, together with the support of the state association, brought the budgetary level to over \$1.1 million. When enrollment reaches a stable level of four classes with 25 to 35 students each, an annual operating budget requirement of \$2 million is anticipated.

Although the college has become part of the University of Michigan, the Michigan Osteopathic College Foundation remains independent and raises funds which supplement the public support from the state.

When the college was an independent venture, a campus in Pontiac was planned. An initial administration building was financed from contributions, and a mortgage was taken to finance a classroom and laboratory building. The

college was operating in these buildings in Pontiac in 1970-71, but a move to the Michigan State University campus in East Lansing was contemplated. There the Osteopathic College will be in close proximity to the College of Human Medicine (allopathic) and the College of Veterinary Medicine. The buildings in Pontiac may be retained for clinical use.

The Michigan "Spiral" Curriculum

During the first year, introductory courses give the student an overall view of medical biology; clinical exposure begins during the last of the first year. By the end of the second year, the student has had a significant amount of clinical work. He is expected to be able to give a complete office physical exam. On the academic side, the basic subject matter is repeated during the whole curriculum in an ever increasing degree of sophistication.

The D. O. 's who act as clinical preceptors for the students are given check lists of skills which the student is expected to learn, and avaluation reports on the students must be submitted. Thus the program introduces students to medical practice as soon as possible, rather than emphasizing research for the first ~~time~~ years.

Comment by the author: if the categories of physician's assistant or manipulative therapy technician are recognized, then the first two years might provide most of the preparation for these categories, and students could have the option of stopping (temporarily) at this level or continuing and becoming a physician.

The Michigan Student Body

The student body tends to be heterogeneous rather than consisting entirely of students who have pursued the usual high school and college pre-medical (biology) programs and entered medical school immediately after graduation. There are a number of older students with experience in a diversity of fields; there is one lawyer among them. The opinion was expressed that about the only "real" pre-requisite for medical school is a good chemistry course and general maturity and interest on the part of the student.

It was assumed that the students would have automobiles so that they could commute between the campus, preceptors' offices, clinics, etc.

Personnel and Clinical Requirements, particularly with Respect to New England

At least one 300-bed hospital

For the faculty, at least 20 D. O. 's committed to giving half time or more to regular teaching. Need a highly qualified pathologist internist, pediatrician, etc.

The comment by the Michigan people was to question whether by itself New England had either the facilities or the people at present.

Perhaps use hospitals outside of New England area: Philadelphia and Cherry Hill, Grandview, Ohio, etc.

For the preceptors of first and second year students in the "spiral" (non-Flexnerian) curriculum, need many practicing D. O. 's within commuting distance so that preceptor appointments may be selective.

If a modified Flexnerian program, only clinics might be needed for the first two years, then go to outside hospitals for last two years.

Advantages in New England

Availability of basic science and research personnel

A climate for innovations