SHOW NOTES

Tune in to today's episode with Warren Willey and with special guest, Shane Robinson.

Shane is the head of an Osteopathic Internal Medicine residency program in a town called Blackfoot, Idaho, of Bingham Memorial Hospital. He is involved in training Osteopathic doctors, internal medicine wardens in particular, and there's been a recent shift in medical training as far as the postgraduate education is concerned.

Warren and Shane will share differences between DO's, Osteopathic doctor's and MD Allopathic doctors and what that means for you.

Websites mentioned: drwilley.com
Books mentioned: What Does Your Doctor Look Like Naked

TRANSCRIPTION:

Warren Willey: 00:41 Well, hello. Welcome to another installment of the RecoverMe podcasts. RecoverMe, if you recall, is the medicine that meets you where you are. We can't change your stressors, but we can help your body and mind deal with them better. The purpose of today's podcast, kind of fun. I'm excited to have a real good friend. I'd been working with them for what, five, six years now, Shane, that'd be pretty longer? Probably longer to him because I'm kind of a pain, but working with my good friend. Today we're going to talk about the difference between DO, which is a doctor of Osteopathic medicine and MD, a medical doctor, Osteopath, Allopath. The reason we're bringing this up is the couple of the podcasts and a couple of the recent articles I've written for rather large magazines. People have sent in emails and questions and say, "hey, what's a DO?" And so we thought it would be a good idea to just do a short little podcast about the difference because both have very unique and special talents at one direction. The other direction. They look almost identical and there's a great likelihood that people listening have seen an MD and or a DO and didn't know which one they were seeing.

Warren Willey: 01:52 So we want to spend a few minutes on it. And the reason Shane is with us today, and I'll introduce him officially here in just a second, is he is the head of an Osteopathic internal medicine residency program in a town called Blackfoot, Idaho of Bingham Memorial Hospital. He is involved in training Osteopathic doctors, internal medicine wardens in particular, and there's been a recent shift in medical training as far as the postgraduate education. So, a doctor MD or DO usually has at least three or four years of

undergraduate school getting their Bachelor's, Science or Bachelor's Arts usually in scientific fields, doesn't always have to be though. Then they get accepted into Osteopathic school or Allopathic school, which is a four year program. And then they go into their specialty training from there. So, internal medicine residency right now, for example, is 36 months as his family practice Obstetrics and Gynecology for years and all the way up to 8 to 10 years if you get into a Cardiothoracic surgery or Neurosurgery.

Warren Willey: 03:08 So the postgraduate training timeframe is based on whatever specialty the MD or DO chooses. That's where the big changes are occurring out there in medical education is the residency's used to be quite distinct. So we'd have, you go to your undergrad school and you'd go to a DO school and then you'd go to a DO residency and then you go out and practice. And again, you've probably been to a DO and didn't even know it. A lot of people don't differentiate the two. Pass the training. MD, same thing. Undergraduate school, graduate medical education or excuse me, medical school and then they go into graduate medical education, which is the residency, usually an Allopathic residency. Well as of, is it next year, Shane? A 2020, the Allopathic and Osteopathic residency's combined. They combine. And so I bought a shot Shane, to come on and tell us about that for one and two I want to talk to because we have a lot of doctors that are listening that probably don't know that, I know a few medical students are listening because I required them to, they my medical students.

Warren Willey: 04:20 So it might be interesting for them to hear it. It's also, I think an interesting topic because people don't know the difference and there are some unique differences, but at the same time, very, very lot of similarities. Our overall goal, both MD and DO is what's the best outcome for the patient. And the whole RecoverMe philosophy is as people who have listened to the podcasts and some of the books and the websites and stuff, now know that our goal is to optimize your health so you can survive in this world. Whatever the world throws at you, your body can handle it, your mind can handle it, and you go forward with this. So I'm going to start by coming right out of one of my old books, What Does Your Doctor Look Like Naked. And I wrote a chapter two in this book. I wrote this in the 90s was just that. What is the doctor of Osteopathic medicine? And so I'm just gonna read some of the text here so people know how they're alike. Applicants about DO and MD colleges typically have four year undergraduate degrees with emphasis on scientific courses. As I shared, both DOs and MDs compete or complete four years of basic medical education. And afterwards they'd go into their sub specialty training. Both DOs and MDs must pass comparable state licensing examinations. They're fully accredited and licensed to practice in all 50 states. DOs comprise a separate yet equal branch of American medical care

and together DOs and MDs enhance the state of care available in America. The difference between the two is, DOs have some extra training in the Musculoskeletal system. And that's kind of a whole person approach, if you will. And not to saying the Allopaths and the MDs aren't trained to think of head to toe, but it's definitely a little more, here's your renal system, here's your cardiovascular system, here's your nervous system, here's your bones.

Warren Willey: 06:18 Whereas the Osteopaths are kind of said, hey, this is the person they're made up of those components. And so the Musculoskeletal training incorporates the interconnectedness of nerves, muscles, bones that make up two thirds of the total body mass and how that mass effects other aspects of health and disease states. Osteopaths are also trained in what we call OMT osteopathic manipulative therapy. And what that is, that is a form of manipulating the musculoskeletal system to increase blood flow to certain areas of the body, be at the back, the arms, the legs ahead, the cranium, trying to increase blood flow. There's a statement in osteopathic medicine made by the founder, 80 still that says the rule of the artery is supreme and what he basically means by that is to get something to heal, to get some to function well, to get some to survive and live optimally.

Warren Willey: 07:14 It needs a blood supply and muscular skeletal and hindrance on that, be it from swelling, be at from compression it from positioning, being it from weakness, changes blood flow, and therefore it changes the outcome of the person, how good their quality of life is or whatnot. So all DOs are trained in OMT. Not too many actually practice it out there and we'll talk about that in a minute here with Shane. So there is the basic differences. Now I want to get into the graduate medical education because I think this will really help people understand this. So please allow me to introduce my good friend, Shane Robinson. Again, he's in Blackfoot, Idaho. I will hand out his phone number, email, unless he tells me I can, but Shane is a head of the internal medicine residency program there. That's been going on rather knew how many years, Shane?

Shane Robinson: 08:08 We've graduated two classes now, so we started to seed our first class in 2013. Yes. And ours is, as you mentioned, the three year residency program specializing in internal medicine. Awesome.

Warren Willey: 08:23 And if those graduates, I know one went into Rheumatology, and the others have, are they're doing general internal medicine or hospitalist, if I recall?

Shane Robinson: 08:35 Both general internal medicine and hospitalist work. Some have moved to larger cities, mostly in the greater Utah, Salt Lake area. Some

have moved to a rural communities in Southeast Idaho. Oh. And the Fellowship also here's some other residents have some interest to further their education with the fellowship Rheumatology be one of those that seem to peak some interest or critical care.

Warren Willey: 09:03 Excellent. And so people know to just so they really understand medical training. So after the three year internal medicine residency program, then they choose to go into their subspecialty or fellowships. Rheumatology for example, I believe is another three years, or is it two years?

Shane Robinson: 09:21 Two years.

Warren Willey: 09:25 Cardiology's three years I believe. So after that, all of those specialists. So your Nephrologist, your Cardiologist, your Gastroenterologist? Yes, your GI guys, all those go into, they all have the three year internal medicine residency behind them and then they go into their sub specialty from there. A one thing Shane hit on, which I really love, especially being in small rural Southeast Idaho, is our, this residency program was able to provide a community with a very well trained doctor because of this program and that is huge. Idaho has one of the worst Physician to patient ratios in the country. We need docs to come out here and stay here and this program offers that. So that being said, Shane, give us a brief review and I don't want it, I don't think we have to go too much into what the way it used to be. Let's go forward and say what does it mean to medical students, current doctors out there and most importantly the general public with the combination of residencies, DO and MD coming together?

Shane Robinson: 10:31 Yes. Well, as you mentioned before, most of the public would not understand or even recognize the difference between an MD doctor or a DO doctor. And there was a historically those separate residency's Osteopathic and Allopathic residencies. There was a concerted effort in 2013, 14, I believe, to look at expanding residencies a bringing all residencies maybe under one umbrella. And so they began to be a merger about five years ago and asking all residencies, Allopathic and Osteopathic residencies to come under one banner. And so many of the DO residencies in the United States have began to move that direction under ACGME. And I wish I could pull that up because we use it so freely, what is ACGME, but basically that is, you know, better than 70 percent of our residencies are certified by the ACGME in the United States.

Shane Robinson: 11:45 The other 30 percent were Osteopathic residencies. So it's a combination of training. I think that that is good. I think it's good for the

public. Again, you don't know too much of the difference between an MD or DO, Osteopathic residencies that we're just Osteopathic or only recruiting DO doctors. What that affords residencies like ours in Southeast Idaho. It really opens the playbook up to MD or Allopathic candidates. So we can really take the best of the best that has increased our applicant pool by fourfold. And we were able to look at who we would like to have a training in our program.

Warren Willey: 12:33 That is a fourfold increase. I didn't realize it was so much. Wow.

Shane Robinson: 12:38 Pretty close. Yes.

Warren Willey: 12:41 What's the number, forgive me for asking this question without warning, but what is the number of DO schools compared to MD schools in the country? Do you know that off the top of your head?

Shane Robinson: 12:52 I don't know if I were making a guess. I think at one time there were about 25 to 30 DO medical schools in the United States. There's been a slight increase over the last probably 10 years with a few Osteopathic medical schools jumping up. In fact, the Idaho College of Osteopathic Medicine, just opened up in Idaho, our first a medical school in Idaho. It's an Osteopathic school, so right around that number. For Allopathic, it's been kind of the traditional arm of medicine. There are the ones that you would think of the dukes and Stanford medical and Mayo Clinic, Harvard, you know, you name it, those have been more of the traditional academic medical schools from the Allopathic or MD side. And I couldn't even venture a guess to say how many, probably in the hundreds of schools in the US.

Warren Willey: 13:58 I'm recalling, and this was late 80s, early 90s. It was roughly, I want to say 125 Allopathic schools because I know for a fact there was only 14 Osteopathic schools when I applied. And I know that numbers doubled, if not gone up by 1.5 over the last few years become more popular. In the residency programs prior to the combination, what was the difference in plus say like hospital training. In Osteopath went to Osteopathic medicine and an Allopath went to Allopathic internal medicine. Is there much difference between their training for your standard recognized disease states, high cholesterol, high blood pressure, or cardiac disease, cancer, all those pretty similar?

Shane Robinson: 14:47 I would say, again, I don't know that you would know the difference between a DO medical students and or resident or an Osteopathic. In fact, our residency director is an MD, MD trained. And so, really it's, again, you wouldn't, as you pointed out before, the Osteopathic emphasis, so they may

have another set of tools that they might be able to implement in hospitalist medicine, if you will. So, you know, maybe they would be a slightly different approach, for someone with Pneumonia. It wouldn't mean a change in the Pneumonia protocols per se, as those are fairly straightforward. But are there other muscles, Skeletal types of things that could be a rib raises come to mind? Right. And an Osteopath may try to promote blood flow, try to promote the body's own healing to help promote the healing of the whole patient there in addition to a traditional Western medicine as we would see it.

Warren Willey: 16:02 I liked that and if I can go a little deeper with that just for clarification. So your standard treatments you're talking about, it will be like antibiotics, help with breathing, so oxygen, steroids to help with inflammation and just generally making sure the rest of the system is doing well without getting terribly sick and Osteopath would do the identical thing, but he may, he or she may come in and do some rib raising just to open the lungs up some more or increased lymphatic flow with some pit pumping, which means while the patient's laying in a hospital bed, the physician would grab their toes and just slowly rock them because they're not moving much when they have Pneumonia in the hospital. And your lymphatic system, which is your clearance system, doesn't get much movement if the muscles are contracting. So simple little things like Shane mentioned, rib raising, pit pumping to help increase that.

Warren Willey: 16:57 And again, back to the whole patient hopefully will help their own system stimulate an immune response and alongside the antibiotics and steroids and oxygen and all the traditional treatments improve their outcome.

Shane Robinson: 17:10 Correct.

Warren Willey: 17:12 Very good. So we're with the combination of the two residency programs now being one, what does that mean for something like that? Is that something that if I was hospitalized next week for Pneumonia and I had a DO came in that goes through our program, we okay. Price shouldn't be next week since it starts in 2020, let's say 2025. I'm lucky enough to get Pneumonia, will that opportunity be there? How is that training going to change if it is with this combination?

Shane Robinson: 17:49 It might be, we're actually interviewing our first MD candidates, as we speak. So, we're gearing up to invite MDs to participate in our traditional Osteopathic residency. What does that look like, for instance? That's a great question. I think with the DO residents that we have now, I think that, you know, as you've mentioned, you know, just you have another, they have a few more tools in the toolbox, so to speak. It will be interesting with the MD

candidates are residents that we begin to have in our program, how many of those would look at their osteopathic counterparts and say, boy, that that's kind of neat, that could help me and my practice teach me how to do, you know, x, y, and z that might help with patient care, etc. So there would be probably a little bit of cross training from a resident colleague to resident colleague, whether they're Osteopathic and so forth. And that really should be the emphasis of residency where residents are learning from each other. You have good attending physicians. We have an attending DO, that's the deal. We have an attending that's an MD. So, you know, you get a little bit of, to get all of that, the same medicine and then some with that.

Warren Willey: 19:18 I like that. I think I agree with you completely. I think it's very personalized. I know when I went to 19:23 [inaudible] I went to a traditional Allopathic, very Allopathic residency at the Mayo clinic and being the only DO there, I had a couple of my MD colleagues that were more fascinated and excited about Osteopathic manipulative therapy than any DOs I went to school and I did. I got to teach them a lot of the techniques and whatnot. And you know, honestly, and you know, this Shane, up until just the last few years I incorporated OMT and almost everything I did. It just, my practice has kind of changed a little with the RecoverMe approach, the thing. But I think the OMT and understanding how important the Musculoskeletal system is as a component of your health. We don't think that much because we think, okay, my liver's important, my kidneys are important, my heart's important, my brain's important, my sexual functions important.

Warren Willey: 20:14 Whatever thing you, you consider part of your health, we don't think about the muscoloskeletal system being the biggest component of our bodies and how important that is in health. And how manipulative therapy, how moving, how muscle contraction changes everything. I do, I have a podcast coming up here for those who like to listen to RecoverMe podcast about longevity. And it's just about what is the most, what is the number one thing you can do to stay alive and have a good quality of life the longest and may be given away with the whole thing's about. But it's about movement. It's about muscle contraction. That is the secret to longevity. And I'll get into great detail on the science behind that. It's absolutely fascinating. And so incorporating the musculoskeletal system, all that being said Shane, do you, I'm sure with our residency program, we'll still have some cross training there. But what about when it, if doctors, if medical students, residents soon to be full blown, full pledged hang their own shingle doctors out there wanting to learn OMT, is this going to inhibit or limit that ability?

Shane Robinson: 21:32 I don't think so. In fact, with this merger of there, there was a both camps, if you will, it was some conversation or some discussion primarily

from the Osteopathic side. How do we jump into, how do we maintain our DOness and not lose that because, as you know, that there is some great value. Many physicians went to DO or osteopathic school because they like that the whole body approach and the manipulation part of that as a modality that they use in their practice and subscribe to that philosophy.

Shane Robinson: 22:17 So with those merging together is trying to maintain some Osteopathic identity as they come together. The ACGME has recognized that the Osteopathic on the ACGME board, there are a couple of DO doctors that actually sit on the big board, to again lend voice to the Osteopathic world. And then also programs can seek Osteopathic recognition. So you could be, we'll all be ACGME certified by 2020. And those that want to continue to kind of promote that modality can seek Osteopathic recognition, which is a separate certification in and of itself. You would have a DO physician champions that would have didactic, more lecturing that would go along with that, which would be open to the MD residents as well, to kind of get caught up with their DO brethren and sisters if they wanted to learn some of those things right alongside with our Osteopathic counterpart. So, there are many in the nation that are moving that direction that have been either traditional DO schools and or Osteopathic schools that say, hey, we've got enough candidates. I think that there's some value in looking at Osteopathic recognition.

Warren Willey: 23:53 That's great. We have a mutual friend that went to an Osteopathic residency out east. If you know who I'm talking about there, I won't mention his name without his permission, but he said the program is very, very literally half and half, half MDs half DOs. And one of the DO preceptors continues the manipulative training for all the residents for both MDs and DOs. Really neat program. And the way I look at it, because I've talked to a couple physicians around the country recently who learned about this and they're, they're a little afraid for the DOs or the DOs just going to get absorbed, is this going to be the borg and suck us up and now we're all identical and I don't think it will because I still think the schooling has a more emphasis on the holistic approach versus a system approach. So Osteopaths versus Allopaths and they both have their place and I think coming together after that training in residency, it's just going to make the patient care better in my opinion. And I want your opinion on that too, Shane. Do you see this with everything you've seen in being involved in this for awhile? Patient care is what I really, I think all of us really have the most concern with. I feel personally patient care is going to be benefited by this combination. What's your opinion being a director of a residency program?

Shane Robinson: 25:11 I agree with you. I don't see where this could not help with people coming together. And again, for maybe there are components that we will begin to learn from Allopathic residents that begin to join our program. Do they have some other skills, some other ways that they work through differential diagnosis from the Allopathic side? Are there things that we can learn from them and vice versa. We've already touched on the manipulation side that Osteopaths practice. But what did the Allopathic have to offer? And we're a little naive to that may be from our side because we have not been, we've not had Allopathic MD residents in our program, so it'll be an interesting transition and I can only think that it will help with learning and will only help with patient care. If it puts a few more, again, the proverbial tools in the tool box, I can really only help with patients. I think it also lends to some collaboration, MDs that may ask their DO counterparts, hey, I'm stuck with this. What would you think? What other alternatives would there be? and vice versa, maybe an Osteopathic resident would say, call in your training, what did you see with x, y, and z? And so I think it's more education that this will just be beneficial. I think it's a win all the way around.

Warren Willey: 26:46 Oh, I could not agree more. I'm so glad to hear you say, especially at your level where you're involved in this. That makes me excited. I know personally my best and part of the RecoverMe medicine approach we've been really working on the last couple of years. I've partnered with a Naturopath Chiropractor to get his opinion on a lot of stuff. And it's amazing his, he comes from a completely different mindset and approach. And I know when we combine our forces together, oh my gosh, our patient outcomes are unbelievable. Picturing the same thing with the Allopaths and Osteopaths in the future.

Warren Willey: 27:20 All this was great, Shane. I thank you so much for being part of this today. Everyone listening, thank you. Shane robinson again from Blackfoot, Idaho. Email me, I'll give you his number if you want to talk to him. But no, full of resources. So you medical students thinking of residency out there, check out the Blackfoot, Idaho internal medicine residency program at Bingham Memorial Hospital. Just a spectacular little program which is amazing doctors. The head of it and great administration as you just met a really great program. It's just going to mushroom here with this combination. Oh, one thing I thought of through our last almost half hour talking ACGME stands for what?

Warren Willey: 28:04 American Council of Graduate Medical Education or American College of Graduate Medical Education?

Shane Robinson: 28:11 I think it's called. I think it's college actually.

Warren Willey: 28:13 I think it is too. I think it's the American College of Graduate Medical Education. I'm sitting here thinking, boy, I screwed up in acronym. Better ask.

Shane Robinson: 28:21 I could have easily look that up myself as well. It just becomes ubiquitous we use that. And it is college. I'm almost positive because this was everybody in their own specialty had their own college certification for all residency's right. So the surgeon certify the surgeons and the family medicine certified in family medicine. And so when they combined, that group combined, I believe it was in the mid 90s, late 90a, to create the AGME was bringing all of those to some common standards. So I believe it is, it is college. But to your point, thank you Dr. Willey, you're very kind. We do really appreciate your partnership with our residency. You've been great to have residents and medical students over the number of years that we've partnered together and your insight is very valuable. I even learned quite a bit just hanging around you by Osmosis.

Warren Willey: 29:21 Well, I agree. I love hanging out with you and I'd love it. Students keep me on my toes, man. I tell you what, I love having students in residency and all you docs out there, if you don't take students or residents, you're missing something. They will keep you thinking and o boy go look that up.

Shane Robinson: 29:37 Yes. Thank you for the plug. We need great attending docs because that's the continuum of education. Great docs that teach the young generation coming up.

Warren Willey: 29:48 Yes, absolutely. My friend. Well, again, thank you for joining us on the RecoverMe podcasts. Go to my website, drwilley.com/free to check out a bunch of stuff up there we go. We have some books coming up for free, some DVDs coming up for free and just a lot of great information there. If you have questions, don't ever hesitate to email me or send me a voicemail, voice message over email at drwilley.com D-R-W-I-L-L-E-Y.com and check out /free anytime and go back to that site often. We're goIng to be trained in those free things up quite regularly. So until next time. Thank you for listening. Thank you again Shane, and the best of health and wellness to everybody out there.

HIGHLIGHTS:

02:26 So, a doctor MD or DO usually has at least three or four years of undergraduate school getting their Bachelor's, Science or Bachelor's Arts usually in scientific fields, doesn't always have to be though. Then they get accepted into Osteopathic school or Allopathic school, which is a four

year program. And then they go into their specialty training from there. So, internal medicine residency right now, for example, is 36 months as his family practice Obstetrics and Gynecology for years and all the way up to 8 to 10 years if you get into a Cardiothoracic surgery or Neurosurgery.

05:20 Applicants about DO and MD colleges typically have four year undergraduate degrees with emphasis on scientific courses. As I shared, both DOs and MDs compete or complete four years of basic medical education. And afterwards they'd go into their sub specialty training. Both DOs and MDs must pass comparable state licensing examinations. They're fully accredited and licensed to practice in all 50 states. DOs comprise a separate yet equal branch of American medical care and together DOs and MDs enhance the state of care available in America. The difference between the two is, DOs have some extra training in the Musculoskeletal system. And that's kind of a whole person approach, if you will. And not to saying the Allopaths and the MDs aren't trained to think of head to toe,

06:40 Osteopaths are also trained in what we call OMT osteopathic manipulative therapy. And what that is, that is a form of manipulating the musculoskeletal system to increase blood flow to certain areas of the body, be at the back, the arms, the legs ahead, the cranium, trying to increase blood flow. There's a statement in osteopathic medicine made by the founder, 80 still that says the rule of the artery is supreme and what he basically means by that is to get something to heal, to get some to function well, to get some to survive and live optimally.

08:33 Both general internal medicine and hospitalist work. Some have moved to larger cities, mostly in the greater Utah, Salt Lake area. Some have moved to a rural communities in Southeast Idaho. Oh. And the Fellowship also here's some other residents have some interest to further their education with the fellowship Rheumatology be one of those that seem to peak some interest or critical care.

09:29 So your Nephrologist, your Cardiologist, your Gastroenterologist? Yes, your GI guys, all those go into, they all have the three year internal medicine residency behind them and then they go into their sub specialty from there.

10:33 most of the public would not understand or even recognize the difference between an MD doctor or a DO doctor. And there was a historically those separate residency's Osteopathic and Allopathic residencies. There was a concerted effort in 2013, 14, I believe, to look at expanding residencies a bringing all residencies maybe under one umbrella. And so they began to be a merger about five years ago and asking all residencies, Allopathic and Osteopathic residencies to come under one banner. And so many of the DO residencies in the United States have began to move that direction under ACGME. And I wish I could pull that up because we use it so freely, what is ACGME, but basically that is, you know, better than 70 percent of our residencies are certified by the ACGME in the United States.

12:54 I think at one time there were about 25 to 30 DO medical schools in the United States. There's been a slight increase over the last probably 10 years with a few Osteopathic medical schools jumping up. In fact, the Idaho College of Osteopathic Medicine, just opened up in Idaho, our first a medical school in Idaho. It's an Osteopathic school, so right around that number. For Allopathic, it's been kind of the traditional arm of medicine. There are the ones that you would think of the dukes and Stanford medical and Mayo Clinic, Harvard, you know, you name it, those have been more of the traditional academic medical schools from the Allopathic or MD side. And I couldn't even venture a guess to say how many, probably in the hundreds of schools in the US.

20:16 you consider part of your health, we don't think about the muscoloskeletal system being the biggest component of our bodies and how important that is in health. And how manipulative therapy, how moving, how muscle contraction changes everything. I do, I have a podcast coming up here for those who like to listen to RecoverMe podcast about longevity. And it's just about what is the most, what is the number one thing you can do to stay alive and have a good quality of life the longest and may be given away with the whole thing's about. But it's about movement. It's about muscle contraction. That is the secret to longevity.

25:14 I don't see where this could not help with people coming together. And again, for maybe there are components that we will begin to learn from Allopathic residents that begin to join our program. Do they have some other skills, some other ways that they work through differential diagnosis from the Allopathic side? Are there things that we can learn from them and vice versa. We've already touched on the manipulation side that Osteopaths practice. But what did the Allopathic have to offer? And we're a little naive to that may be from our side because we have not been, we've not had Allopathic MD residents in our program, so it'll be an interesting transition and I can only think that it will help with learning and will only help with patient care. If it puts a few more, again, the proverbial tools in the tool box, I can really only help with patients. I think it also lends to some collaboration, MDs that may ask their DO counterparts, hey, I'm stuck with this. What would you think? What other alternatives would there be? and vice versa, maybe an Osteopathic resident would say, call in your training, what did you see with x, y, and z? And so I think it's more education that this will just be beneficial. I think it's a win all the way around.