

FROM THE PRESIDENT'S DESK



The Kind of Doctor I Wanted to Be

Bruce R. Williams, DO, FACOFP

It was so heartwarming to have the opportunity to share the fellowship of my osteopathic family in Dallas. This period of separation and isolation has taken its toll, and the doctor couldn't have written a better prescription than for us to be together. As I accepted the gavel from Dr. Bixler, I also accepted a great responsibility, but I have the experiences of Drs. Bixler, DeLuca, Koehler and others to draw upon, as well as the wisdom of an exceptional Board of Governors. And, with the support of our wonderful ACOFP staff, I am excited about the coming year.

Becoming a family physician was always my dream; my parents say it began when I was around four years old. It was then that I developed tonsillitis, and I watched and waited weekly for my physician to make his house call. While I did not like the shot of penicillin that accompanied his visits, I was impressed by the attention and care he gave. I could tell he enjoyed what he did and felt what he was doing was important, and I also liked the maroon Buick Riviera that he drove. My tonsils were eventually removed and, the following year, I got off the school bus with a high fever. I was apparently very sick because the bus driver delivered me to my house, and my mom immediately took me to my doctor, with whom I was developing a relationship. Because of this relationship, my mom would take me to W.T. Grant's department store and buy me the black doctor's kit with the candy pills, and I would pretend to be the neighborhood doctor.

When it came time to apply to medical school, I went back to my doctor (Dr. Simpson, an MD) and asked him where I should apply. After a discussion of Penn State University, Thomas Jefferson University, George Washington University and others, he asked me what kind of doctor I wanted to be. I quickly replied that I wanted to be a family doctor. The discussion then turned to osteopathic medicine, so I investigated further, eventually applying only to osteopathic medical schools. I was accepted to Kansas City University College of Osteopathic Medicine (then, the University of Health Sciences). Through my medical education, I never wavered from my desire to be an osteopathic family physician, and I have been very blessed to practice osteopathic family medicine for more than 31 years.

Throughout my years in practice, I learned a great deal from my patients—the people who entrusted me with their care, believed in my knowledge and ability as a physician and respected me as a person. The first lesson I learned is that I was their doctor, and they wanted me to take care of them. They didn't want to see every “-ologist;” they wanted me to address their problem. When I had a patient in the hospital, they would wait for me to explain the results and tell them what the consultant said, and they wanted to

discuss their treatment decision with me. I felt the responsibility to develop my skills so I could take care of as much as I could without sending them to a specialist,—unless, of course, that is what they wanted. I also felt disappointed that I didn't do more, like deliver babies or set bones, but I did as much as I could.

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The other lesson was what a gift osteopathic manipulative treatment (OMT) is. I built my practice doing OMT, and patients sought me out because of it. I realized that this was something I could provide my patients so that when they left my office, they felt better than when they walked in—and there was almost nothing else that would accomplish the same thing. I found that when I combined osteopathic manipulation with other standard treatment, my patients got better faster. They requested OMT, even if that wasn't why they were there, because it made them feel better. Moreso, this was a treatment that connected them with me. I had to earn their trust and help them to develop a sense of comfort with me for the treatment to be effective. That hands-on treatment was far more effective for the overall care of the patient than just the technique itself—it helped to establish and solidify the doctor-patient relationship that is so important.

We need to encourage our students and residents to develop their osteopathic manipulative skills and to use them. We need to educate them on documentation and billing, so they realize the benefit to their practice as much as they realize the benefit to their patients. Our osteopathic family medicine colleagues can seize this opportunity as well. With the 2022 Intensive Osteopathic Update coming up in August, there will be opportunities to refine your skills and learn new techniques that you can use in your practices every day, and with the ACOFP OMTtotal library, instructional videos are continuously at your disposal. We were given this gift, and we should be using it. Our patients deserve it.

So, as we emerge from isolation, it is time for our patients to get back to receiving the continuity of care they need—the screenings, the immunizations, the exams and the individual attention that has been missing. Our patients need their physician who will DO it all. It is time for osteopathic family medicine to rise to the top and get the recognition and respect we deserve.

This is a significant part of our ACOFP strategic plan. We will continue advocating for our patients and our practices and promoting osteopathic family medicine to achieve the quadruple aim of better care, lower costs, and improved patient and physician satisfaction. We will also continue the work we have started with incorporating diversity, equity and inclusion into our structure; developing our governance to align with the needs

and expectations of our members; updating our management platform and website to serve our members more efficiently; and advocating for our members and patients with a strong and deliberate voice.

It is my honor to serve as your ACOFP president this year, and I am eager to work with you for the benefit of our patients.

Osteopathically yours,



Bruce R. Williams, DO, FACP

2022–23 ACOFP President

CALENDAR OF EVENTS

JUNE 16–18, 2022

ACOFP Future Leaders Conference
American College of Osteopathic
Family Physicians
San Diego, CA
acofp.org

JUNE 17–19, 2022

TOMA/TxACOFP 15th Annual Convention
Texas State Chapter of the ACOFP
Arlington, TX
txacofp.org

JULY 15–17, 2022

Direct Primary Care Summit
ACOFP
Kansas City, MO
dpcsummit.org

JULY 28–31, 2022

46th Annual CME Seminar & Convention
American College of Osteopathic Family
Physicians of California
Anaheim, CA
acofpca.org

JULY 28–31, 2022

FSACOFP Annual Convention
Florida Society of the American College
of Osteopathic Family Physicians
Orlando, FL
fsacofp.org

AUGUST 5–7, 2022

ACOFP Intensive Osteopathic Update
American College of Osteopathic
Family Physicians
Rosemont, IL
acofp.org

AUGUST 5–7, 2022

47th Annual CME Symposium
Pennsylvania Osteopathic Family
Physicians Society
Hershey, PA
poma.org

AUGUST 11–14, 2022

MAOFP 2022 Summer Family
Medicine Update
Michigan Association of Osteopathic
Family Physicians
Acme, MI
maofp.org

AUGUST 12–14, 2022

NCS-ACOFP Annual CME Conference
North Carolina Society of the ACOFP
Pinehurst, NC
nc-acofp.org

OCTOBER 27–30, 2022

OMED 2022
American College of Osteopathic
Family Physicians
Boston, MA
omed.osteopathic.org

CME Resource: *Osteopathic Family Physician* Offers 2 Hours of 1-B CME

ACOFP members who read *Osteopathic Family Physician* can receive two hours of Category 1-B continuing medical education credit for completing quizzes in the journal. Visit the eLearning center at www.acofp.org to access the quizzes.