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### Resumption of Individual Manuscripts

Our numerous "Special Issues" have backlogged the excellent individual manuscripts awaiting publication.

In this issue, we present the United Kingdom Diabetes Study, which might well be published in *Lancet* or the *New England Journal of Medicine*, but because of the incidence of diabetes mellitus in Hawaii especially in our native Hawaiians, we are pleased to feature this paper. Mahalo to Doctors Beddow, Arakaki, and Srimanuthiphol for their report.

Lt. Col. Michael Sawyer and his associates in the Surgery Department at Tripler have submitted a very concise manuscript on the Cell Cycle. As you will discover, much has occurred since some of us attended Medical School pertaining to molecular biology research. The recently held seminar on genetics and molecular biology sponsored by Queen's Medical Center, the Ohio State University and National Cancer Institute, held here in Hawaii in February 1999, attested to the quantum leap in genetics findings. The Cell Cycle manuscript by Sawyer et al is reader friendly, containing both theoretical and practical information.

Our final manuscript, presented by fourth-year medical student Lisa Hui and her preceptor Dr. Jinichi Tokeshi is the case report of a man with severe meningococcal meningitis treated with antibiotics plus dexamethasone. Mahalo, Dr. Tokeshi and Ms. Hui, for their interesting submission.



### The Role of Family Practice in Medical School Education

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In February, 1993, the Liaison Committee on Medical Education (LCME) endorsed a document giving family medicine its necessary place in medical education. For the first time the Committee stated: "All schools must provide broad-based clinical education programs that equip students with the knowledge, skills, attitudes and behaviors necessary for further training in the practice of medicine. Instruction and experience in patient care must be provided in both ambulatory and hospital settings. All schools must offer a core curriculum in primary care, utilizing the disciplines or multi-disciplinary approaches involved in the delivery of such care. Clinical education programs involving patients should include disciplines such as family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry and surgery. Schools that do not require clinical experience in one or another of these disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medication education."<sup>1</sup> This document culminated a 10-year process that coincided with increased public demand for more broad-based physicians available to the American public for primary care.

The W.K. Kellogg Foundation conducted a health care consumer poll in 1994 looking at attitudes toward the delivery of health care in local communities and how these same consumers interact with the health care system. The summary of findings showed an overwhelming belief that the American public should make more use of family doctors (84%) rather than medical specialists (50%). They also supported the government spending its training money either equally on the training of generalists and specialists (46%) or that the government should double spending on training generalists over specialists (33%). These same consumers were more likely to turn to generalists (48%) rather than specialists (29%) to meet their health care needs; for family members the comparative numbers were 59% saw generalists and 28% specialists.<sup>2</sup>

The public demand for more generalists has been going on for some time. It has resulted in Family Practice being established as a specialty in the 1960's culminating in the establishment of the American Board of Family Practice in 1969, which then administered its first certifying exam in 1970. It mandated recertification from the beginning! Although initial requirements to sit for the Boards did not mandate a 3-year residency, rather required at least 3 years of practice and 50 Continuing Medical Education (CME) credits annually, the Board allowed no one to "grandfather" in. All had to take the certifying exam. Since 1978, a 3-year FP residency has been required to sit for Boards. In the U.S., 10 of 125 medical schools still do not have departments of Family Medicine, although

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all states now have Family Practice Residencies. Fifteen medical schools do not require training in Family Practice.

The John A. Burns School of Medicine, although a relatively young medical school, did not begin with a Family Practice department. For many years it centered clinical training around the 5 disciplines of internal medicine, obstetrics and gynecology, pediatrics, psychiatry and surgery. Under the leadership of Dean Christian Gulbrandsen, M.D., a department was established in 1992. From the beginning, the department took on a 2-fold task: (1) establishing a required 3<sup>rd</sup> year clinical clerkship that had parity with other clerkships, and (2) establishing a Family Practice residency program. Both goals were met in late June 1994! Since the Class of 1996, all JABSOM graduates have experienced 7 weeks of ambulatory Family Practice training in their third year, equal in length to their training in obstetrics and gynecology, pediatrics, psychiatry and surgery. This exposure to and experience with family physicians and family practice education has changed the specialty choice of JABSOM graduates from an average of 3% per year for years 1988 to 1992 to

1993	5 (9% of class)
1994	10 (17% of class)
1995	13 (24.5% of class)
1996	6 (13% of class)
1997	17 (32% of class)
1998	16 (28% of class)
1999	13 (24% of class)
2000	12 (23% of class)

The JABSOM Family Practice residency has graduated 23 family physicians, all but 3 of whom practice in Hawaii or the Pacific Basin, and will graduate 6 more this year. Fifteen practice in rural or underserved areas of Hawaii or in the Pacific Basin.

The Family Practice clerkship emphasizes ambulatory or outpatient teaching. Students rotate with community family physicians who in addition to providing competent comprehensive care to their patients take on this teaching role. These physicians see patients of all ages from newborn to the elderly, emphasize caring for families, and teach additional skills stressed in FP training that may be overlooked in other primary care disciplines. For example, students (and residents) are expected to learn/master a significant amount of skill in outpatient gynecology, dermatology, sports medicine, and office orthopedics. Training brings attention to the doctor-patient relationship, both during clinical encounters, and in required seminars. Hawaii's diverse ethnic and cultural environment requires that students gain knowledge and skills in cross-cultural communication and understanding. Family physicians routinely care for depressed persons, anxious persons, persons who have experienced abusive or violent relationships, and persons with addiction problems, to alcohol, street drugs or nicotine. Family physicians, and thus training environments, emphasize prevention: simple things such as immunizations (flu shots, pneumonia and varicella vaccines); contraception; screening for colon, cervical, breast and prostate cancers; and an emphasis on cardiovascular health that addresses regular exercise, healthy eating habits, evaluation of cholesterol levels and consideration of family risk history.

A primary care physician often is the steersman for a patient

through a complex medical system, whether the initial diagnosis requiring referral is a hip fracture or breast cancer, developmental delay in a baby or toddler, or a suicide attempt by a teenager or lonely senior citizen. This partnership approach places on the family physician an important advocacy role for his or her patient. The continuous role of patient education accompanies all of the above roles.

A somewhat new "buzz-phrase" in academic medical environments and in particular, Family Practice education, is "evidence based medicine (EBM)." It is applying appropriately what is learned from the literature to patient care. When this contrasts with previous physician behavior, it is a challenge to change. Skills in EBM are a part of student, resident and faculty education as a way to keep pace with changes in medicine and its appropriate application. Epidemiology of a disease or condition is included at all levels of student education at JABSOM. It is the way a primary care physician knows which patient may be at risk for what.

The Family Physician is required to have a breadth of clinical knowledge and skills topped by an outstanding physician-patient relationship. Above all, the family doctor must be an astute diagnostician. Students are trained to manage ably the 20 or 30 most common outpatient diagnoses seen in FP as a discipline but also included are the less common, even rare diagnoses on the list of differentials.

The significant role of a Family Practitioner can be illustrated by a short case example from a training site. A young adult was presented to the FP clinic as a follow up from an Emergency Room visit. Requested was an assessment of the adequacy of his oral antibiotics for a severe infection—a series of ulcers on both legs. The patient reported the sores were worsening in spite of his adherence to the prescribed antibiotics. A routine impetigo or cellulitis should have been responding. A carefully encouraged history uncovered that this patient had a history of inflammatory bowel disease (IBD) treated some years previously. Once in remission, all medications had been discontinued. Now it was important to initiate steroids immediately, attention given for the likely recurrence of the IBD, and careful management assumed for this person's wider problem.

Family Practice has a permanent place in medical education. The faculty of the Department of Family Practice and Community Health accept the challenge of continuing to train outstanding primary care physicians for Hawaii and the Pacific Basin.

#### References:

1. Functions and Structure of a Medical School: Accreditation and the Liaison Committee on Medical Education; Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. 1993 and updated 9/1998.
2. What the Public Values in its Health Care System, W.K. Kellogg Foundation, Communications Consortium, Washington, D.C. 1994.