



## Editorial

### Special Issue: American College of Physicians - American Society of Internal Medicine Hawaii Chapter

**Norman Goldstein MD**  
Editor, Hawaii Medical Journal

This Special Issue features two societies comprised of specialists and internists: The American College of Physicians, and the American Society of Internal Medicine. Many excellent papers and posters were presented at the last Hawaii Chapter meeting on March 19, 1999. Five of these presentations are published in this issue, which will also be distributed to attendees and exhibitors at the ACP-ASIM Hawaii Chapter meeting to be held on March 3 and 4, 2000.

Also within, are presentations made on December 8, 1999 at the informational program for our State legislators sponsored by the Hawaii Coalition for Health. Included are remarks by Coalition founder and president, Arlene Jouxson-Meyers, MD JD, MPH; new Medical School Dean, Edwin Cadman; Dean of the School of Nursing, Dr. Roseanne Harrigan; Associate Dean of Wm. S. Richardson School of Law and Professor of Law, Medicine and Psychiatry at NYU Law School, Sylvia Law; and Regent of the University of Hawaii, A.Q. McElrath.

In addition, this Special Issue contains an insert and membership application for the Hawaii Medical Association. If you are not already a member of the HMA, now is the time to join. We need emerging as well as established physicians in the HMA to maintain and improve the practice of medicine in Hawaii. Our Hawaii medical community values your participation. Join us today.

Norman Goldstein MD, FACP, Editor

**Until there's a cure,  
there's the  
American Diabetes  
Association.**



## Medical School Hotline

### Clinical Skills Training at John A. Burns School of Medicine (JABSOM): Teaching and Learning the Art, Craft and Science of Clinical Practice

**John S. Melish MD and Richard T. Kasuya MD**

The medical profession combines a variety of skills, attitudes, and a scientific knowledge base. The capacity of an individual physician to care for an individual patient requires that the physician establishes trust and collects appropriate data in relation to the patient's concerns, signs, and symptoms. He or she then establishes reasonable diagnostic hypotheses based on that data, and then prescribes evidence-based treatments. This requires the understanding and consent of the patient, making the doctor a teacher and guide. Our student-physicians refine these skills over a lifetime of practice. This process begins at the JABSOM the first week of medical school and continues for the next four years.

As central as these skills have been to the practice of medicine, they have gained even more importance in this day of resource allocation and managed care. Physicians in general, and primary care physicians in particular, have been asked to rely more on their clinical data collection and acumen and less on the non-judicious use of technological tools, in their care of patients. Our goal and commitment is to provide excellent and qualified practitioners to our community.

At the JABSOM, history taking and physical examination skills have been taught in first two years of medical school since its inception in 1970. At that time, JABSOM was a two-year medical school whose graduates finished their training at Mainland schools. Our students appreciated that they were as well or even better prepared than their Mainland counterparts to challenge the third year clinical clerkships.

When the JABSOM became a four-year institution in 1975, this policy of early introduction to patients continued. In the first year, students were instructed in the elements of a standard physical examination that they practiced on each other and learned interviewing skills beginning with a patient profile. The students learned the basic physical exam maneuvers on each other but practiced interviewing skills on volunteer patients in an outpatient setting. In the second year, students learned organ-directed interviewing and physical examination skills in the context of a lecture-based clinical correlation course, Introduction to Clinical Medicine, throughout the second year. (This course ran concurrently with basic science courses in physiology, pharmacology, psychiatry, and pathology, and public health, the familiar medical school curriculum of the time for second year students.) Clinicians lectured on approaches to clinical evaluation of diseases by systems. With each block of lectures, a specific laboratory was held where "extended physical examination skills" were taught. At the same time, individual students were assigned to a tutor who found them patients with problems corresponding to the unit of study. They observed the students during the interview and examination process, giving them

valuable feedback on their skills and their effectiveness in obtaining data and reporting it both orally and in written form. This experience occurred every other week and represented a time commitment of six to eight weeks from members of the clinical faculty. This meant recruiting between 20 and 30 faculty members (sometimes more) every 6 to 8 weeks, a full time job for the coordinator of the Introduction to the Clinical Medicine Course. Again, students generally made an easy transition to the third year clerkships as a result of this patient-related experience.

In both the first and second years, students learned to use the Problem Oriented Medical Record System developed and promoted by Dr. Lawrence Weed. This was adapted to JABSOM and became the standard format for both the students and for the residents in our integrated residency training program. Progress note writing in this format was taught as they entered the third year clerkships. This approach to documentation continues to the present.

Prior to 1989 and the curricular reform of that year, a faculty member evaluated the students' clinical skills at the end of the medical clerkship. In this exercise, the faculty member observed the student performing a complete history and physical examination on a hospitalized patient, making an oral presentation, and completing a problem oriented medical record. The examiner reviewed a written History and Physical Examination Report, a complete problem list, and an assessment of the three most important clinical problems, along with a diagnostic and treatment plan and plans for patient education. The students' findings were confirmed at the bedside, with immediate feedback to the student. The student then requested additional data based on his or her plan. This was obtained by the observer from the chart and reported to the student who then wrote a progress note on the three major problems. The observer graded the student based on a standard form, gave feedback as to all of the elements of the exercise, including the professional impression and attitude evinced by the student.

In 1989, the then medical school dean, Christian Gulbrandsen, instituted a wide-ranging curricular change. At that time, problem-based learning (PBL) became JABSOM's way of integrating appropriate medical information with the data collection and reasoning processes unique to medical diagnosis and management. Clinical skills became an integral part of the curriculum.<sup>1</sup> In this context, students interview and examine patients that fall within the differential diagnosis of the patient problems they study in the classroom setting. This integration provides additional relevance and meaningfulness to all aspects of JABSOM's students educational experience.

In Unit 1 of the M.D. Program curriculum, students learn basic physical examination skills and clinical anatomy in an integrated course.<sup>2</sup> For example, in one week students will be studying the PBL health care problem of a patient suffering from an acute myocardial infarction. They will spend one morning that week with clinical faculty learning the basic cardiac physical examination and spend that same afternoon with faculty from the Department of Anatomy reviewing the heart and mediastinal anatomic relationships on cadavers and instructional models. Students also spend one afternoon every-other week in the community interviewing and examining actual patients under the supervision of practicing physicians.

Patient contact and the learning of the clinical skills relevant to the Health Care Problems under study in the core PBL curriculum

continue throughout the remainder of years 1 and 2. Faculty preceptors work with small groups of students, and demonstrate and teach the skills required to collect data by interview and physical examination at the bedside in both ambulatory and hospital settings. These sessions are held for three hours each week, and are supplemented by periodic large group clinical skills demonstration and practice laboratories led by experienced and expert clinical faculty from various disciplines in medicine.

In Unit 6 (the clinical clerkships) and Unit 7 (the senior electives), clinical skills training becomes intertwined with the students' day-to-day experiences in their required clinical clerkships (Surgery, Obstetrics and Gynecology, Internal Medicine, Family Practice, Pediatrics and Psychiatry), required senior Emergency Medicine rotation and senior clinical electives. Under the guidance and supervision of clinical faculty, students continue to develop their skills in professional communication, history taking, physical examination and physical diagnosis, and medical decision-making.

It is very important to recognize that clinical skills experience relies heavily on the generosity and support of volunteer physicians across all disciplines and located throughout the community. These physicians volunteer their time and expertise to teach medical students the art and science of clinical medicine. This is a tremendous investment in the future quality of medical care in our community.

Evaluation of students' clinical skills performance is done via a number of methods. Throughout the four years, faculty evaluate each student using a checklist of skills and learning objectives. Students are videotaped performing the physical examination sequence for formative feedback. Students are also evaluated using standardized patients in Objective Structured Clinical Examinations (OSCEs) periodically throughout the four years of medical school training. The JABSOM's Center for Clinical Skills administers these examinations, and also trains and provides standardized patients for learning experiences throughout the first two years of training. Early in their training, students have the opportunity to interact with these standardized patients to practice skills ranging from counseling an adolescent on the dangers of high risk behaviors, to providing smoking cessation education to a patient at risk for heart disease, to comforting the grieving mother of a child injured in the home. Later in their training, students are expected to obtain satisfactorily complete histories, perform focused physical examinations and demonstrate exemplary professional and communication skills with standardized patients in formal OSCEs. Of note, the United States Medical Licensing Examination (USMLE) Step 2 expects to begin incorporating an OSCE component in the near future. JABSOM's strong standardized patient program will definitely help its students best prepare for this national requirement.

Clinical skills are a central component of the education of future physicians. The University of Hawaii JABSOM is fully committed to producing outstanding clinicians by providing a clinical skills educational experience that is integrated, innovative, rigorous and progressive.

## References

1. University of Hawaii John A. Burns School of Medicine. 1999-2000 General Guide to the M.D. Program. August 1999.
2. Kasuya RT, Nelson M, Melish J. The Integration of Clinical Skills and Clinical Anatomy in Medical Education. *HMJ* 56(4):89.