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

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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

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