



### **From Hilo to Waianae A Community-based Clerkship**

**Gordon M. Greene, Ph.D.**  
**Department of Family Practice  
and Community Medicine**  
**John A. Burns School of Medicine**  
**1960 East - West Road**  
**Honolulu, Hawaii 96822**

Over the last several years John A. Burns has become nationally recognized for its problem-based learning curriculum. In this format, students in their first two years begin mastery of the knowledge, skills and attitudes of physicians through intense group learning centered on patient cases. A third-year student program, the 6L clerkship, was begun in 1992 to bring many of the same principles of adult learning into clerkship training. By using community settings in rural and medically-underserved areas, students from these areas or students who felt a bond with these communities can learn medicine in a place where they might eventually practice.

Since the start of the program, ten to twenty percent of each class of third-year students have participated in the 6L clerkship. Of the thirty two students who have completed the program and graduated from medical school, just over eighty percent of this group have taken their residencies in a primary care specialty.

The focus of the clerkship is on a given population of patients who use the facilities and physicians of a particular setting or organization. In that context, for six months students take clerkship training each week in medicine, surgery, psychiatry, pediatrics, OB-Gyn and family practice by working with a clinical faculty member in at least one half-day clinic in each discipline. If a patient is admitted to the hospital, the student will follow them onto the wards and participate in their care when they are discharged. If a patient crosses disciplines - for example a pregnant mother who sees an internist, an OB-Gyn and a pediatrician over the course of six months - the student will work to maintain contact across clinics. Historically, Queen Emma Clinic at Queen's Hospital was the first site of training. Recently, Hilo, Waianae Coast Comprehensive Health Center, and the Kaiser system on Oahu have been added.

For the remaining six months of clerkship training, the students participate in "turbo-blocks". Rather than learning in-patient medicine through the seven or eleven week blocks that most students follow, 6L students rotate through intense four week blocks of pediatrics, surgery, psychiatry, OB-Gyn and eight weeks of medicine. Like their fellow students who rotate through the disciplines, the 6L students take call, do extensive write-ups and sit for same end-of-block examinations. Throughout the entire year, there are weekly seminars for the students that include small group tutorials, practice in the use of evidence-based medicine, journal clubs, and workshops on doctor/ patient relationships.

How well do students who train in the 6L program compare to those who train in the traditional clerkships? While a number of measures of knowledge and skills show that 6L students fare no

worse than traditional students - in terms of graduation rates or clerkship honors, for example - it is difficult to demonstrate that this is an improved method of clerkship training. Now that the format of the program has been stabilized (for the first several years there were only one or two "turbo blocks" in a few selected disciplines), a larger number of students will participate in the program and better comparisons will be made.

The most successful students in the 6L program seem to be those who have confidence in their abilities to work and study independently. Because there is sufficient time for the preceptors to gauge student abilities and to foster further development, these students gradually take on increasing loads of patient responsibility, both on the wards and in the clinic. As one of this year's students said, the best part of the experience was "the mentor relationship formed with my attendings... and the sense of being truly responsible for patient care, especially in orchestrating care between specialty clinics." This sense of responsibility and mentorship sets up a positive feedback for learning which then fosters additional confidence. For example, because of their early training in the skills of using evidence-based medicine, 6L students have intervened and altered successfully the course of patient care by a ward team and attending physician through use of appropriate literature.

Another perspective on the attributes of students who succeed in this form of training comes from members of the admissions committee for the Family Practice residency based at Wahiawa Hospital. Over the last several years this has become a sought after program, with highly competitive students applying from across the country. Each year there have been several successful John A. Burns applicants who came through the 6L program. The one consistent characteristic of these 6L students that distinguishes them from other applicants is what committee members describe as "their ownership of their patients."

While students for the most part also like the focused, in-depth, discipline-specific learning that takes place during the 4-week in-patient blocks, they can become frustrated when more traditional assessment techniques are encountered. If the block grade is determined in large part by a multiple choice exam, students feel torn between doing the patient-centered learning that their first two years of training fosters as compared with simply studying the texts to pass the examinations. The students also express frustration in managing a complex weekly schedule that includes their seven clinics, rounds on patients who may have been admitted to several hospitals, and the medical school didactic sessions.

From a faculty perspective, a major concern has been that 6L students spent a great deal of their training time without direct faculty supervision. Hospital-based clerkship training is a well-honed system that ensures that student performance is observed often and by many people. Because 6L students spend at least half their year working with a clinical faculty member who may have minimal contact with colleagues within the medical school, there is need for strong liaison between the faculty responsible for the discipline curriculum and the clinical faculty in the community. Now that the program has been modified to include 4 weeks of in-patient training in all disciplines, this faculty concern seems to have been allayed.

While the clinical faculty who participate at the four 6L training sites enjoy teaching, the organizations themselves also see the benefit of providing students with sustained exposure to their

particular approach to their patients' needs. The first cadre of 6L students are about to finish their residency training. Their selection of the types of settings where they choose to practice will be tracked.

In clinical medicine and medical education, innovations undergo a rigorous period of testing before earning a place in the curriculum. After five years, the 6L program has survived this initial testing and has become a focus for new ideas in clinical teaching. Success is attributed to the support of the communities, the medical school administration, the clinical departments and the invaluable volunteer efforts of the clinical faculty. Above all, the program is succeeding because some of the best students in the medical school have absorbed the principles of problem-based learning and are now taking ownership of their clerkship training.

## **Alzheimer's Association Provides Physicians with Ethics Fact Sheets**

"You have Alzheimer's disease." For a patient and his family, these words can be frightening and life-altering. For a physician, these words can pose many ethical issues. "How and when should I tell my patient?" "Should I tell his family first?" "What questions are they likely to ask me?"

To help physicians and caregiving teams handle these and other difficult ethical questions they may face when caring for individuals with Alzheimer's disease, the Alzheimer's Association has created a helpful fact sheet series called "Ethical Considerations." These materials have been adapted from a research study conducted by Stephen Post, PhD and Peter Whitehouse, MD, PhD, both of Case Western Reserve University in Cleveland.

The Alzheimer's Association is the only national voluntary health organization dedicated to research, and to providing support and assistance to people with Alzheimer's disease, their families and caregivers. Founded in 1980, the Association works through a network of more than 200 chapters across the country. The Association's most recognized educational program is its National Alzheimer's Disease Education Conference, which is expected to draw more than 1,500 Alzheimer health care professionals to Chicago in July.

The first two fact sheets in the series, "Issues in Diagnostic Disclosure" and "Issues in Death and Dying" are now available to physicians and other health care professionals by calling 1(800) 272-3900 or the Hawaii Alzheimer's Association Chapter at 591-2771.

## **I Can do That**

**by Robert Flowers MD**

*Whenever you shrink from a task never think  
The assignment asks more than you've got—  
Just stand on your toes, take a breath, snort your nose  
And give it your very best shot!  
Just whisper this mantra that's absolute "contra"  
To Forces that freeze where you're at—  
A short phrase that hurls us to undreamt of worlds  
It's simple—say, "I can do that!"*

We all start out small among people so tall  
A lot like a small little shrimp  
But unless self esteem is totally redeemed  
We'll walk through this life with a limp.

God who is gracious said, "Just be audacious."  
"You're children I love and begat—"  
"I planted the seed—you have what you need"  
"Four words—just say, "I can do that!"

A thread pure as gold holds us all, I am told,  
We're brothers and sisters in spirit  
And yet there's another, dear sister and brother,  
That four worded phrase—can you hear it?

"I can do that," said the rookie at bat  
Having just watched the slugger, Babe Ruth.  
He stretched his bat back, then we heard the loud CRACK  
Lou Gehrig turned fancy to truth.

A young island vessel once watched "Sumo's" wrestle  
And saw giants thrown from the ring.  
Chad ate all his rice and mumbled it twice—  
His "I can do that," made him king.

And I in my task to correct often ask,  
"Can I make this deformed part look good?"  
Then I search deep inside me for the source that can guide me  
And a "yes!" lets me know that I could!

With these words here before you, and humbly implore you  
Adventure—and never stand pat.  
Embrace what God gave you—  
Five words that can "save" you—  
"Audacity" and "I can do that!"

*Whenever you shrink from a task never think  
The assignment asks more than you've got—  
Just stand on your toes, take a breath, snort your nose  
And give it your very best shot!  
Just whisper this mantra that's absolute "contra"  
To Forces that freeze where you're at—  
A short phrase that lifts us, empowers and gifts us  
Let's say it now, "I can do that!"*