

UNIVERSITY OF HAWAII'I
JOHN A. BURNS SCHOOL OF MEDICINE

**UNIT 6L
HANDBOOK**



2008-2009

Handbook for Unit 6L

Longitudinal Clerkship: 2008 - 2009

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Introduction

The goal of the third year curriculum at the John A. Burns School of Medicine at the University of Hawaii is to train students to be competent as generic physicians. While the school does offer third-year students the traditional sequence of department-specific clinical rotations, since 1992 we have also offered a longitudinal clerkship, Unit 6L, with a goal of developing a program that is community-based, student-directed and patient-centered. By “longitudinal” we mean that the clerkship is based at a given ambulatory care site with a given population of patients and that the principal training occurs in continuity clinics in each of the six clinical disciplines for six months during the year. The other six months are spent doing discipline-specific in-patient training: 4 weeks in Pediatrics, OB-GYN, Surgery and Psychiatry and 6 weeks in Medicine. For more general information, refer to the 6L website at www.hawaii.edu/6L.

Underlying Principles

The “competency” of a generic physician refers to the possession of knowledge, skills, and attitudes useful to any physician no matter what specialty or sub-specialty he or she practices. Such a physician would be a life-long learner with a sound conceptual foundation, capable of practicing medicine in a humane, compassionate, and comprehensive manner. More specifically, during the third year we want to train all JABSOM students to become physicians capable of:

- applying problem-based learning techniques to patient care;
- using clinical skills, information resources and knowledge base to make reasoned decisions in the clinical setting;
- understanding and using bio-psychosocial formulations in the clinical setting; and
- functioning in multi-disciplinary health care teams.

Given such a goal, there were three general principles used in designing the longitudinal clerkship:

- Clerkship education should resemble the clinical practice of medicine, meaning that it should be primarily based in outpatient settings and that it should provide for continuity of care.
- Clerkship education should use Problem Based Learning principles, meaning that it is based on student-directed learning.
- Clerkship education should teach processes, especially those involved in clinical decision-making and use of the entire spectrum of information resources.

Given that four-part goal for all third-year students and those three design parameters for the longitudinal program, a number of specific goals were specified for the 6L program:

- 1) The program should be persuasive, not coercive, in guiding students towards primary care.
- 2) The program should provide contact with the full range of care experiences and with role models in the appropriate areas of medical practice.
- 3) The program should provide a home for the students, capable of supporting them through the rigors of the clerkship year.
- 4) The program should enable students to demonstrate competence in clinical skills, including written and oral presentations, to the satisfaction of each of the clinical departments.
- 5) The program should meet the basic career needs of the students, namely in ensuring that they are capable of functioning as sub-interns in the fourth year, in making them competitive nation-wide for residency positions, and in aiding them to pass their national board exams.
- 6) The program should ensure that students have begun developing desirable practice behaviors, including the ability to facilitate primary prevention and health maintenance.

Program Objectives

The individual curricular objectives for each of the clerkships during the third year are determined by the respective clerkship departments. However, the 6L program does have specific objectives in place distinct to this alternative third year track. The participants of the 6L program will:

- have increased ambulatory training in an environment that will foster continuity of care both within the individual clinics as well as across disciplines
- have increased exposure to what medical practice is like in the "real world"
- be provided with an integrated experience for learning
- develop close relationships with individual preceptors over an extended period of time throughout the ambulatory portion of the program which in turn will facilitate a more comfortable learning environment for the learner
- be exposed to health care practices and communities in rural areas of Hawaii

Fall 2008 Unit 6L Student Information - BLOCKS FIRST

Student	Spring 2008 Addresses	Phone/Pager (Clinics students not on Oahu will be reachable by the pagers listed below)	E-mail	Comments
Jason Barnes	620 Sheridan Street, #406 Honolulu, HI 96814	(808) 284-0012 (cell) 577-1558 (pager)	jasonbar@hawaii.edu	Blocks First (Hilo)
Karen Dang	1505 Halekoa Drive Honolulu, HI 96821	(808) 737-8038 (home) (808) 277-7664 (cell) 288-0028 (pager)	karen.m.dang@gmail.com	Blocks First (Pali Momi Wahiawa)
Natalie Kong	P.O. Bo 226 Waimanalo, HI 96795	(808) 282-5536 (cell) 288-0029 (pager)	nkong@hawaii.edu	Blocks First (Leeward)
Yun Sun Lee	1415 Victoria Street, #403 Honolulu, HI 96822	(808) 256-5090 (cell) 288-0031 (pager)	yunsun.lee@gmail.com	Blocks First (Pali Momi Wahiawa)
Nicole Meunier	2555 Rooke Avenue Honolulu, HI 96817	(617) 785-8752 (cell) 288-0033 (pager)	meunier@hawaii.edu	Blocks First (Leeward)
Clinton Pong	1634 Lusitana Street, #A Honolulu, HI 96813	(808) 358-8837 (cell) 577-2044 (pager)	clintonp@hawaii.edu	Blocks First (Maui)
Bradlee Sako	131 Uluwehi Place Wahiawa, HI 96786	(808) 392-8540 (cell) 577-2558 (pager)	bradsako83@gmail.com	Blocks First (Maui)
Christian Small	3065A Gulston Street Honolulu, HI 96816	(808) 722-4331 (cell) 577-2585 (pager)	csmall@hawaii.edu	Blocks First (Hilo)

Fall 2008 Unit 6L Student Information - CLINICS FIRST

Student	Spring 2008 Addresses	Phone/Pager	E-mail	Comments
Adria Honda	1028 Kino'oke Street, #102 Hilo, HI 96720	(808) 295-9999 (cell) 1 (800) 385-7161 (pager)	hilohonu@gmail.com	Clinics First (Maui)
Joshua Hvidding	185 A Alea Place Pukalani, HI 96768	(808) 672-0319 (home) (808) 224-7584 (cell) 1 (800) 385-8384 (pager)	hvidding@gmail.com	Clinics First (Hilo)
Melanie Payanal	1028 Kino'oke Street, #102 Hilo, HI 96720	(808) 676-7908 (home) (808) 291-8897 1 (800) 385-7594 (pager)	mmann@hawaii.edu	Clinics First (Maui)
Adam Sprouse-Blum	185 A Alea Place Pukalani, HI 96768	(808) 234-7139 (home) (808) 383-0274 (cell) 1 (800) 385-7901 (pager)	sprouseb@hawaii.edu	Clinics First (Hilo)
Gloria Tumbaga	55 S. Kukui Street, D604 Honolulu, HI 96813	(808) 550-2657 (home) (808) 387-3302 (cell) 288-0026 (pager)	gloriamarietumbaga@gmail.com	Clinics First (Leeward)
Jill Wong	1750 Kalakaua Avenue, #2109 Honolulu, HI 96826	(808) 927-2521 (cell) 288-0027 (pager)	jillwong@hawaii.edu	Clinics First (Leeward)

Unit 6L Faculty Contacts

Role	Name	Address	Phone	Fax	Pager/Cell
Program Coordinator	Jill Omori, MD	Office of Medical Education MEB, 651 Ilalo Street Honolulu, HI 96813 jill.omori@hawaii.edu	692-0932 641-0422	692-1252	641-0422 (p) 221-0685 (c)
Program Support	May Maeda	Office of Medical Education MEB, 651 Ilalo Street Honolulu, HI 96813 maedam@hawaii.edu	692-0930	692-1252	
Site Coordinators	Jill Omori, MD (Oahu)	Office of Medical Education MEB, 651 Ilalo Street Honolulu, HI 96813 jill.omori@hawaii.edu	692-0932 641-0422	692-1252	641-0422 (p) 221-0685 (c)
	Jon Martell, MD (Hilo)	235 Kaiulani Street Hilo, HI 96720 jmartell@fundamentalparticle.com			808-898-4530 (p)
	James Jones, MD (Maui)	144 Hoopalua Drive Pukalani, HI 96768 JJNEPHRO@yahoo.com	808-572-9886	808-572-2818	808-278-3221 (p) 808- 276-3652 (c)

Roles and Responsibilities

Program Coordinator: Faculty member appointed by M.D. Program Committee to direct the development and management of the program. Reports to the Unit 6 Committee.

Site Coordinators: Academic or clinical faculty responsible for scheduling students with preceptors, recruiting clinical preceptors, and overall student well-being at their site.

Role	Name	Address	Phone	Fax	Pager/Cell
Department Coordinators For Clinics	Damon Lee, MD (FM)	UH Dept. of Family Medicine 95-390 Kuahelani Avenue Mililani, HI 96789 damonlee@hawaii.edu	627-3235	627-3262	641-0190 (p)
	Cynthia Hew, MD (IM)	UH Dept. of Medicine 1356 Lusitana Street, 7th Floor Honolulu, 96813 hewcynth@hawaii.edu	586-7462 or Dept 586-2910	586-7486	
	Mark Hiraoka, MD (Ob/Gyn)	UH Dept. of Ob/Gyn 1319 Punahou Street, Room 824 Honolulu, HI 96826 hiraokam@hawaii.edu	203-6506	955-2174	299-0269 (p)
	Kyra Len, MD (Peds)	Kapiolani Med. Ctr. Dept. of Pediatrics 1319 Punahou Street, 7th Floor Honolulu, HI 96826 Kyra.Len@kapiolani.org	983-8387	945-1570	363-4225 (p)
	Junji Takeshita, MD (Psych)	UH Dept. of Psychiatry 1356 Lusitana Street, 4th Floor Honolulu, HI 96813 takeshitaj@dop.hawaii.edu	586-2927	586-2940	272-1160 (p)
	Susan Steinemann, MD (Surg)	UH-Dept of Surgery 1356 Lusitana Street, 6th Floor Honolulu, HI 96813 steine@hawaii.edu	586-2922	586-3022	530-0869 (p)

Roles and Responsibilities

Department 6L Coordinators: Faculty member appointed by each clinical department to manage the out-patient training of the students and to represent the department at the Unit 6 Committee meetings. The two principal responsibilities are to: 1) Coordinate the teaching of their discipline's clerkship curriculum with the clinical preceptors; and 2) ensure the final evaluation of each student to the standards of the department.

Role	Name	Address	Phone	Fax	Pager/Cell
Department Coordinators For Blocks (In-patient)	Laurie Tam, MD (IM)	Department of Medicine Queen's University Tower 1356 Lusitana Street, 7th Floor Honolulu, HI 96813 lmtam@hawaii.edu	586-7460 or Dept. 586-7478	586-7486	
	Mark Hiraoka, MD (Ob/Gyn)	Kapiolani Med. Ctr. Dept. of Ob/Gyn 1319 Punahou Street, 8th Floor Honolulu, HI 96826 hiraokam@hawaii.edu	203-6506	955-2174	299-0269 (p)
	Gwen Naguwa, MD (Peds)	Kapiolani Med. Ctr. Dept. of Pediatrics 1319 Punahou Street, 7th Floor Honolulu, HI 96826 gnaguwa@hawaii.edu	956-7590	949-4232	
	Junji Takeshita, MD (Psych)	UH Dept. of Psychiatry 1256 Lusitana Street, 4th Floor Honolulu, HI 96813 takeshitaj@dop.hawaii.edu	586-2927	586-2940	272-1160 (p)
	Susan Steinemann, MD (Surg)	UH-Dept of Surgery 1356 Lusitana Street, 6th Floor Honolulu, HI 96813 steine@hawaii.edu	586-2922	586-3022	530-0869 (p)

Roles and Responsibilities

Department 6L Block Coordinators: Faculty member appointed by each clinical department to manage the in-patient training of the students. The three principal responsibilities are to: 1) ensure the quality and quantity of in-patient clerkship training; 2) ensure the students' well-being while on the rotation; and 3) coordinate the proper evaluation of in-patient performance.

Medical Student Education Support Staff Contact Information

Name	Department	Address	Phone	Fax	E-mail
Tina Allison	Pediatrics	Kapiolani Medical Center 1319 Punahou Street, 7th Floor Honolulu, HI 96826	956-6525	945-1570	tallison@hawaii.edu
Sharon Chun	Medicine	Queen's University Tower 1356 Lusitana Street, 7th Floor Honolulu, HI 96813	586-7478	586-7486	sharonch@hawaii.edu
Dana Iida	Psychiatry	Queen's University Tower 1356 Lusitana Street, 4th Floor Honolulu, HI 96813	586-7445	586-2940	iidad@dop.hawaii.edu
Shelley Roberts	Surgery	Queen's University Tower 1356 Lusitana Street, 6th Floor Honolulu, HI 96813	586-8227	586-3022	surgclrk@hawaii.edu
Lisa Kellett	Ob/Gyn	Kapiolani Medical Center 1319 Punahou Street, 8th Floor Honolulu, HI 96826	203-6532	955-2174	kellett@hawaii.edu
Lira Quitevis	Family Medicine	The Physician's Center 95-390 Kuahelani Avenue Mililani, HI 96789	627-3235	627-3262	lira.fmch@gmail.com

Program Elements

Out-patient Training:

This is training in ambulatory medicine, working 1/2 day per week (two 1/2 days per week in Family Medicine) for six months under the direct supervision of a clinical faculty member who has a well-developed patient population that can help the student understand the scope, the depth, the patterns of reasoning, and the attitudes common to that discipline. In any given week, clinics are attended in all six disciplines, with considerable effort given to maintaining continuity of care for patients, both in their return visits to a given clinic but also as a given patient needs to look to other disciplines or other settings for additional health care.

One common example would be to follow a mother during her prenatal care, to attend labor and delivery, and to continue care for both the mother and child following delivery. Or, if a Medicine clinic patient is admitted to a hospital with acute abdominal pain and needs surgery, a student will try to sustain care for that patient while still balancing the other clinical responsibilities he or she holds.

In-patient Training:

This is discipline-specific training in in-patient medicine, working for 4 weeks (6 weeks in Medicine) in a hospital setting under the direction of one clinical department. Students are trained through their full participation in the range of patient-care activities: rounding on patients, taking call, attending Grand Rounds, and serving in general as a member of the ward team under the supervision of both residents and attending physicians.

Discipline-specific Seminars/Activities

Topics in Ambulatory Medicine

This is a series of seminars, led primarily by faculty from the Department of Family Medicine, to provide focused teaching on a number of topics that students will frequently encounter during their out-patient training. Background reading is required before some seminars.

Doctor-Patient Seminars

These workshops introduce some specific skills for examining the nature of the patient/physician relationship, skills that are particularly useful in difficult encounters. Two 1-2 page write-ups will be required.

Department-specific PBL

The departments of Pediatrics, Medicine, and OB/Gyn schedule 4-5 PBL sessions on Oahu for 6L students, schedule to be coordinated with the 6L Coordinator. These are important opportunities for department faculty to see how your medical training is progressing so that they can better prepare your end-of-clerkship evaluation.

Pediatric Emergency Medicine Experience

As part of your pediatric ambulatory experience, you will be scheduled to rotate through the emergency department at Kapiolani Medical Center for Women and Children twice during your ambulatory clerkship. One session will be approximately 5 hours and is generally done on a Friday night. The other session is a full day on either Saturday or Sunday. Refer to the separate Peds Emergency Medicine schedule.

Internal Medicine Educational Activities and Meetings

While on Oahu, 6L students on Clinics will attend 5 PBL Tutorials and 4 Ambulatory Journal Clubs and view 5 Department of Medicine Grand Rounds previously recorded on DVD. These activities will be scheduled by the 6L Program in coordination with the Department of Medicine. In addition, 6L students on Clinics will meet once a month, usually on the day of Colloquia, with Dr. Hew to discuss their ambulatory medicine experiences and collect required clerkship items such as attendance sheets, write-ups and evaluations.

6L Group Meetings

All 6L students will meet once a month on scheduled colloquium days (over the lunch break). These will be used primarily to check in with each other and the 6L Coordinator on your progress through the program. This is an excellent opportunity to share with each other useful tips and strategies for specific blocks and ambulatory sites and it is also used for trouble-shooting and program evaluation.

Attendance is required and should not be difficult since you will already be on campus for colloquium.

Unit 6 Colloquium

Colloquia will be held once a month on a Friday (all day) for all MSIII students, both Unit 6B and Unit 6L. All Neighbor Island students are expected to travel back to Oahu for the once a month colloquia sessions. In special situations, colloquia sessions may be taped for 6L students who are not able to return for the colloquium days. The colloquia attendance policies for the general 6B students will also apply to all 6L students.

Patient Logs

All clerkship students, including 6L students, are required to maintain a log of patient encounters. There are two reasons for the requirement: JABSOM needs this information in order to meet LCME guidelines for the operation of the medical school and departments need this information in order to ensure some degree of comparability between different clerkship sites and experiences. The format and criteria for patient information are established individually by each of the clinical departments but the specific database program (t-clerk) and having a PDA are common requirements for all clerkship disciplines. The expectations of each department will be explained to students during orientation. **BE SURE TO UNDERSTAND THESE EXPECTATIONS** since clerkship grades will not be awarded if the patient logs are not properly maintained.

To this end, all 6L students must have available a personal digital assistant (PDA) that meets certain minimum performance criteria. All 6L students will follow departmental guidelines for timely submission of their patient log data during both their BLOCK and CLINIC training. Neighbor Island students will need to take a computer with them in which they are able to hot sync their PDA to in order to upload their patient log data on a regular basis.

Schedule - if you do blocks first:

Fall Blocks	Jun 23 - Jul 18	Jul 21 - Aug 1	Aug 4 - Aug 15	Aug 18 - Sep 12	Sep 15 - Oct 10	Oct 13 - Nov 7	Nov 10 - Dec 5	Dec 8 - Dec 12
								Orientation to Clinics
Jason Barnes	IM	IM	2 wks Elective or vacation	Peds	Surg	OB/GYN	Psych	
Karen Dang	IM	IM	2 wks Elective or vacation	Surg	OB/GYN	Peds	Psych	
Nicole Meunier	IM	IM	2 wks Elective or vacation	OB/GYN	Peds	Surg	Psych	
Christian Small	IM	IM	2 wks Elective or vacation	Peds	OB/GYN	Psych	Surg	
	Jun 23 - Jul 18	Jul 21 - Aug 15	Aug 18 - Sept 12	Sep 15 - Oct 10	Oct 13 - Oct 24	Oct 27 - Nov 7	Nov 10 - Dec 5	Dec 15 - Jan 2
Natalie Kong	Surg	OB/GYN	Psych	IM	IM	2 wks Elective or vacation	Peds	Winter Vacation
Yun Sun Lee	OB/GYN	Peds	Psych	IM	IM	2 wks Elective or vacation	Surg	
Clinton Pong	OB/GYN	Psych	Surg	IM	IM	2 wks Elective or vacation	Peds	
Bradlee Sako	Surg	Psych	OB/GYN	IM	IM	2 wks Elective or vacation	Peds	

Spring Clinics	Orientation	CLINICS	Group meetings	Discipline-specific seminars	Exam period
Jason Barnes Karen Dang Natalie Kong Yun Sun Lee Nicole Meunier Clinton Pong Bradlee Sako Christian Small	December 10-14, 2007	January 5 - June 12 (21 weeks)	5 meetings on Oahu *Refer to schedule for dates	3 Peds PBL sessions 4 OB/GYN PBL sessions 5 IM PBL sessions 4 IM Journal Clubs FM Didactic Series 4 Dr.-Pt. Sessions Colloquia Series* *Refer to schedule for dates	June 2 - June 13 (2 weeks) *This does not include the early exams

Schedule - if you do clinics first:

Fall Clinics	Orientation	Clinics	Group meetings	Discipline-specific seminars	Exam period	Dec 8 - 19	Vacation
Adria Honda Joshua Hvidding Melanie Payanal Adam Sprouse Blum Gloria Tumbaga Jill Wong	Jun 23- 28, 2008	June 30 - Nov 28 (22 weeks)	5 meetings on Oahu *Refer to schedule for dates	3 Peds PBL sessions 4 OB PBL sessions 5 IM PBL sessions 4 IM Journal Clubs FM Didactic Series 4 Dr.-Pt. Sessions Colloquia Series* *Refer to schedule for dates	Dec 1 - 5 (1 week)	2 week elective or vacation	Dec 22 -Jan 2

Spring Blocks	Jan 5 - Jan 30	Feb 2 - Feb 27	Mar 2 - Mar 27	Mar 30 - Apr 24		Apr 27 - May 22	May 25 - Jun 12
Adria Honda	Peds	OB/GYN	Psych	Surg	1 week vacation	IM	IM
Joshua Hvidding	OB/GYN	Surg	Psych	Peds	1 week vacation	IM	IM
Melanie Payanal	Peds	Psych	Surg	OB/GYN	1 week vacation	IM	IM
Adam Sprouse Blum	OB/GYN	Psych	Surg	Peds	1 week vacation	IM	IM
Gloria Tumbaga	Peds	OB/GYN	Psych	Surg	1 week vacation	IM	IM
Jill Wong	OB/GYN	Surg	Peds	Psych	1 week vacation	IM	IM

**PLEASE NOTE THAT THIS IS A TENTATIVE AGENDA. CHANGES WILL BE MADE!
FALL SEMINAR & TRAVEL SCHEDULE FOR CLINIC-FIRST STUDENTS**

Date	Clinics First
June 23 (Monday)	Unit 6 Orientation Kaka'ako 3 rd Floor Auditorium Please refer to separate Orientation schedule
June 24 (Tuesday)	FM Orientation and Didactics Physician Center at Mililani 7:30 a - 12:15p Waianae Homeless Clinic (See HOME schedule) 2:00p - 6:00p Please refer to separate Family Medicine schedule for Clinics Students for June 26-28
June 25 (Wednesday)	IM Orientation Kaka'ako 7:30 a - 9:30 a FM Didactics Kaka'ako 9:45 a - 5:15 p Please refer to separate Family Medicine schedule
June 26 (Thursday)	Peds PBL #1 - Dr. Kyra Len Kapiolani Medical Center 8:30 a - 10:30 a OB/GYN PBL#1 - Dr. Shawna Brizzolara Kapiolani Medical Center Bingham Conference Room 9:30a - 11:30a FM Didactics - Dr. Damon Lee Kaka'ako 3:00p - 5:00p HOME Clinic (See HOME schedule) Next Step Shelter in Kaka'ako 6:00p - 10:00p
June 27 (Friday)	Kaiser Orientation 8:30a - 10:30a Family Medicine Didactics Physician Center at Mililani 1:00p - 4:45p
June 28 (Saturday)	OB/GYN professional patient training session Kapiolani Medical Center, Room 815 9:30a - 12:30a
June 30 (Monday)	Begin Clinical Rotation
July 13 (Friday)	OB/GYN PBL #2 with Gaylin Li, M.D. Kapiolani Medical Center Conference Room A (Cafeteria) 7:30a - 9:30a

<p>July 13 cont'd (Friday)</p>	<p>Medicine Meeting with Cynthia Hew, M.D. JABSOM Room to be announced 10:00a - 10:30a</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p</p>
<p>August 1 (Friday)</p>	<p>OB/GYN PBL #3 with Gaylin Li, M.D. Kapiolani Medical Center Conference Room C (Cafeteria) 7:30a - 8:30a</p> <p>Medicine Meeting with Cynthia Hew, M.D. JABSOM - Room to be announced 10:00a - 10:30a</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p</p> <p>Peds PBL #1 with Gwen Naguwa JABSOM - Room to be announced 3:45p - 5:00p</p>
<p>September 12 (Friday)</p>	<p>OB/GYN PBL #4 with Gaylin Li, M.D. Kapiolani Medical Center Conference Room A (Cafeteria) 7:30a - 8:30a</p> <p>Medicine Meeting with Cynthia Hew, M.D. JABSOM Room to be announced 10:00a - 10:30a</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p</p>
<p>October 3 (Friday)</p>	<p>Medicine Meeting with Cynthia Hew, M.D. JABSOM Room to be announced 10:00a - 10:30a</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302</p>

	<p>12:30p - 1:30p</p> <p>Peds PBL #2 with Shilpa Patel, M.D. JABSOM - Room to be announced</p> <p>3:45p - 5:00p</p>
November 7 (Friday)	<p>Medicine Meeting with Cynthia Hew, M.D. JABSOM Room to be announced 10:00a - 10:30a</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p</p> <p>Peds PBL #3 with Shilpa Patel, M.D. JABSOM - Room to be announced 3:45p - 5:00p</p>
December 5 (Friday)	
December 3 - 7	Exam Period
December 6 (Thursday)	<p>Family Medicine OSCE Kaka'ako MEB CCS 8:30a - 10:30a</p>

Please note that most the of the OB/GYN and Peds PBL sessions, IM activities and meetings, and FM doctor-patient sessions are not yet listed on this schedule. Please refer to the 6L Google calendar for updates.

**PLEASE NOTE THAT THIS IS A TENTATIVE AGENDA. CHANGES WILL BE MADE!
 SPRING SEMINAR & MEETING SCHEDULE FOR *BLOCK-SECOND* STUDENTS**

Date	Blocks Second Students
January 5 (Monday)	Begin mini-blocks (refer to separate schedule for Block students)
January 9 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p
February 6 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p
March 13 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 12:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p Unit 7 Sign-up 1:30p - 3:30p
April 3 (Friday)	No Colloquia - Good Friday Holiday!
May 1 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p

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 SPRING SEMINAR & TRAVEL SCHEDULE FOR CLINIC-SECOND STUDENTS**

Date	Block-first students
June 23 (Monday)	Unit 6 Orientation Kaka'ako 3 rd Floor Auditorium Please refer to separate Orientation schedule
June 24 (Tuesday)	Individual Block Orientations (refer to separate schedule for Block students)
July 11 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p
August 1 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p
September 12 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p
October 3 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p
November 7 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p
December 5 (Friday)	Unit 6 Colloquia - Kaka'ako 3 rd Floor Auditorium 10:30a - 3:30p 6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p
December 8 - 12 (Monday-Friday)	Ambulatory Clinics Orientation (Schedule to be determined)

PLEASE NOTE THAT THIS IS A TENTATIVE AGENDA. CHANGES WILL BE MADE!

SPRING SEMINAR & TRAVEL SCHEDULE FOR *CLINIC-SECOND* STUDENTS

Date	Clinic Second
January 5 (Monday)	Start clinics
January 9 (Friday)	<p>Return to Oahu OB/GYN PBL with Reni Soon, M.D. Kapiolani Medical Center, Conference Room C (in Cafeteria) 7:00 am - 9:00 am</p> <p>Medicine Meeting with Cynthia Hew, M.D. MEB Room DH302 10:00 am - 10:30 am</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p</p> <p>Peds PBL with Shilpa Patel, M.D. MEB Room DH302 3:45 pm - 5:00 pm</p>
February 6 (Friday)	<p>Return to Oahu OB/GYN PBL with Gaylyn Li, M.D. Kapiolani Medical Center, Conference Room C (in Cafeteria) 7:00 am - 9:30 am</p> <p>Medicine Meeting with Cynthia Hew, M.D. MEB Room DH302 10:00 am - 10:30 am</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p</p>
March 13 (Friday)	<p>Return to Oahu OB/GYN PBL with Gaylyn Li, M.D. Kapiolani Medical Center, Conference Room C (in Cafeteria) 7:00 am - 9:30 am</p> <p>Medicine Meeting with Cynthia Hew, M.D. MEB Room DH302 10:00 am - 10:30 am</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302</p>

	<p>12:30p - 1:30p</p> <p>Peds PBL with Shilpa Patel, M.D. MEB Room DH302 3:45 pm - 5:00 pm</p>
April 3 (Friday)	<p>Medicine Meeting with Cynthia Hew, M.D. MEB Room DH302 10:00 am - 10:30 am</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p</p> <p>Dr/Pt #3 with Jill Omori, M.D. MEB Room DH302 3:30p - 5:30p</p>
May 1 (Friday)	<p>Return to Oahu</p> <p>Medicine Meeting with Cynthia Hew, M.D. MEB Room DH302 10:00 am - 10:30 am</p> <p>Unit 6 Colloquia - Kaka'ako 3rd Floor Auditorium 10:30a - 3:30p</p> <p>6L Group Meeting - Kaka'ako DH302 12:30p - 1:30p</p> <p>Dr/Pt #4 with Jill Omori, M.D. MEB Room DH302 3:30p - 5:30p</p>
June 2 - 13	Exam Period

Examinations

For more detail on additional forms of evaluation and assessment - see Clinical Department Requirements for In-patient and Outpatient Training

If students take clinics first:

Psychiatry:	Midterm written exam taken in December Final written and oral exams at end of block training (spring)
OB/Gyn:	Interim written exam taken during December exam period Final written exam at end of block training (spring)
Medicine:	CSE (Clinical Skills Exam) at end of block training (Spring) NBME Exam at end of block training (Spring) Optional retake of NBME Exam (July)
Family Medicine:	Mid-term exam in October OSCE/Written exams given during December exam period NOTE: these are the last exams for Family Medicine
Surgery:	No written exam in December Written exam at end of block training (spring)
Pediatrics:	Oral exam and OSCE at end of block rotation Written exam at end of block training (spring)

If students take block first:

Psychiatry:	Midterm written exam at end of block training Final written exam in April Oral exam during June exam period
OB/Gyn:	Interim written exam taken at end of block training Final written exam in May
Medicine:	CSE (Clinical Skills Exam) and NBME Exam during June exam period Optional retake of NBME Exam (July)
Family Medicine:	OSCE in April Written exam given during June exam period
Surgery:	Written exam during the June exam period . <i>Option</i> to take exam earlier in the spring at the end of one of the 6B blocks, but need to arrange this > 8 weeks in advance.
Pediatrics:	Written exam taken at end of block training, may repeat in June if passing score not achieved Oral exam and OSCE during June exam period

Clinical Department Requirements

Discipline: *Family Medicine*

Out-patient training (two 1/2 days per week) + 10 additional supplemental half days

Faculty/Departmental contact:	Damon Lee, MD/Lira Quitevis
Relation to 6B:	Separate but equal
PBL group/didactics:	Web-based PBL cases/modules
Family Practice Seminars	The FM department hosts the series of seminars, Topics in Ambulatory Medicine - schedule varies
Orientation:	Meet with Dr. Lee
Training sites:	Designated 6L sites
Supervision:	Clinical preceptors
Write-ups:	2 during Dr-Pt seminar, 1 cross-cultural, and 1 homeless experience write-up.
Evaluation:	Mid-semester and Final rating of clinical performance by preceptor; students take an OSCE and a written exam at the end of their 6 months of ambulatory training.

Family Medicine 6L Detail

The goal of the family medicine clerkship is to introduce students to the care of patients and their families as a first access provider. Students will see patients from all age groups and with a wide spectrum of concerns and problems. These include health care maintenance issues (screening and prevention), life habit counseling (i.e. smoking cessation, diets), acute illness management (i.e. sinusitis, tendonitis), and chronic illness management (i.e. asthma, diabetes, depression). Sexual and reproductive health, underserved care, sports medicine, behavioral medicine, community medicine and primary health care, cross-cultural competency, and medical informatics are also important components of the curriculum. To supplement their primary preceptor experience, students may also rotate with preceptors who specialize in or have special interests in sports medicine, geriatrics and home care, industrial medicine, prison medicine, and occupational medicine. Students will also help staff the H.O.M.E. (Homeless Outreach & Provider Education) Project student-run free clinic or participate in caring for the homeless at other community sites during their clerkship.

Please refer to the Family Medicine Clerkship Components (Refer to the FM 6L handbook for more information):

Preceptor Experience: Two ½ days per week for the entire semester. You will be expected to spend one half day per week with your ambulatory FM preceptor and one half day per week at the Waianae Homeless Clinic. In addition to these two half days per week, you will also spend an additional 10 half days in supplemental FM clinics (including prison medicine, sports medicine, FM OB clinic, HOME clinic at Kaka’ako, PCM, home visits, etc.).

Clerkship Components (Refer to the FM handbook for more information):

1. Preceptor Experience: Two ½ days per week for the entire semester
2. Ten supplemental half days
3. Didactic Sessions/Readings
4. Web-Based Cases/Web Modules
5. Community Service Activities/Homeless Clinic
6. Cross-Cultural Competency Curriculum

Evaluation Components:

1. OSCE (Observed Structured Clinical Exam)
2. Department Exam
3. Student Performance Evaluations

Discipline:

INTERNAL MEDICINE

Faculty contact:

Laurie Tam, MD, Clerkship Director

Relation to 6B:

6L students will have the same competency-based standards as the 6B students. Refer to the Third-Year Clerkship in Internal Medicine Student Handbook at <http://www.uhmed.org/MedicalStudents/ThirdYearClerkship/tabid/96/Default.aspx>

Inpatient training (6 weeks)

Faculty contact:
Coordinators

Miki Kiyokawa, MD and Joel Brown, Hospital Site

Training Sites:

Usually Kuakini Medical Center, sometimes Queen's Medical Center

Orientation:

Given by Clerkship Director, Hospital Site Coordinator, Chief Resident and Office of Medical Education at inpatient training site

Required educational activities:

Same as 6B: UH Dept of Medicine Grand Rounds, Internal Medicine Seminars, PBL Tutorials, Bedside Clinical Skills, Chief Rounds, Introduction to Medical Emergencies, HIV Medicine and conferences and rounds specific to the inpatient training site

Call:

Same as 6B: Long call every 4th night until 10:00pm and overnight call once

Write-ups:

Same as 6B: Two per week, 5 by midway through inpatient block, 5-10 total by last day of inpatient block, to be submitted to Hospital Site Coordinator for review

Evaluations:

Observed History and Physical evaluation (at least 1);
Observed Patient Counseling evaluations (2);
Mid-Clerkship Feedback Form;
Student Evaluation Form summary for inpatient block

Ambulatory training	(one half day weekly for 21 weeks plus 4 additional half days, totaling 25 half days)
Faculty contacts:	Cynthia Hew, MD, Ambulatory Medicine Coordinator; 6L Internal Medicine Ambulatory Preceptors
Training Sites:	Ambulatory sites outside of Honolulu on Oahu or on the Neighbor Islands
Orientation:	Given by Clerkship Director, Ambulatory Medicine Coordinator and Ambulatory Preceptors
Required educational activities:	Same as 6B: UH Dept of Medicine Grand Rounds (recorded on DVD), PBL Tutorials and Ambulatory Journal Clubs (scheduled when students are on Oahu)
Write-ups:	Two per month, 10 total by last day of ambulatory training - originals to be submitted to Preceptor for review and then copy of originals with Preceptor comments to Ambulatory Medicine Coordinator.
Evaluations:	Observed Patient Counseling evaluations (2); Mid-Clerkship Feedback Form; Student Evaluation Form at end of ambulatory training
End of Clerkship Evaluations:	Clinical Skills Exam (CSE); NBME Subject Exam in Internal Medicine

Internal Medicine for 6L (MED 532)

The goal of the Third-Year Clerkship in Internal Medicine is to provide the opportunity to develop competence in Internal Medicine, which serves as the foundation for all specialties and their respective residencies. To practice competently, a physician must obtain and retain a large body of knowledge, master the skills of clinical practice & information retrieval, learn efficient problem solving techniques and develop attitudes that ensure compassion, integrity, self-discipline and life-long learning. It is the student's responsibility to utilize this clerkship experience to accomplish these goals. It is the Department of Medicine's responsibility to assure that every graduate of the John A. Burns School of Medicine has obtained residency level competency in Internal Medicine.

The core of this clerkship is "Patient-Based Learning," which occurs as students evaluate patients through history taking and physical examinations, develop comprehensive assessments including differential diagnoses, formulate diagnostic, therapeutic and

education plans and then provide care and follow-up appropriate to the inpatient or ambulatory setting.

Inpatient training is 6 weeks in length. Students are usually assigned to Kuakini Medical Center but sometimes at Queen's Medical Center. They take call every 4th night until 10:00pm and overnight call once. Ambulatory training is one half day weekly for 21 weeks plus 4 additional half days, totaling 25 half days. Students are assigned to one of a number of community internists on Oahu, Kauai, Maui or the Big Island.

The University of Hawaii Department of Medicine uses the Core Medicine Clerkship Curriculum for its Third-Year Clerkship in Internal Medicine curriculum, like many other medical schools in the U.S. In this curriculum, thirty three (33) Training Problems and their respective Learning Objectives are used to achieve the core clinical competencies that every medical student should master during the third-year internal medicine clerkship.

Competency in Internal Medicine is determined by specific performance criteria in (1) Knowledge, as observed by residents and attendings and tested by the NBME Subject Exam in Internal Medicine, (2) Clinical Skills, as observed by residents and attendings and demonstrated in the Observed H&P exercise and in the Clinical Skills Exam, and (3) Professionalism, as observed by residents and attendings. Credit is awarded by the Department of Medicine Student Education Committee (SEC).

Please refer to the Third-Year Clerkship in Internal Medicine Student Handbook for more detailed information. The Handbook will be distributed at orientation and is available on the UH JABSOM Department of Medicine website [at](http://www.uhmed.org/MedicalStudents/ThirdYearClerkship/tabid/96/Default.aspx)
<http://www.uhmed.org/MedicalStudents/ThirdYearClerkship/tabid/96/Default.aspx>

Recommended Resources:

Highly recommended clerkship guidebook:

Primer to the Internal Medicine Clerkship, Second Edition, Clerkship Directors in Internal Medicine (CDIM), c2008 - download free of charge from
<http://www.im.org/AAIM/Pubs/Primer.htm>

Highly recommended textbooks:

Kochar's Clinical Medicine for Students, Dario M. Torre, et al. (eds.), Philadelphia: Lippincott Williams & Wilkins, c2008, 5th ed.

Cecil Essentials of Medicine, Thomas E. Andreoli, et al. (eds.), Philadelphia: WB Saunders, c2007, 7th ed.

Reference textbooks:

Cecil Textbook of Medicine, Lee Goldman, Dennis Ausiello (eds.), Philadelphia: Saunders, c2004, 22nd ed.

Harrison's Principles of Internal Medicine, Dennis L. Kasper, et al. (eds.), New York: McGraw-Hill, Medical Publications Division, c2005, 16th ed.

DeGowin's Diagnostic Examination, Richard F. LeBlond, et al. (eds.), New York: McGraw-Hill, Medical Publications Division, c2004, 8th ed.

Spiral bound books and pocket guides:

Practical Guide to the Care of the Medical Patient, Fred F. Ferri, St. Louis: Mosby, c2007, 7th ed.

The Washington Manual of Medical Therapeutics, Gopa B. Green, et al. (eds), Philadelphia: Lippincott Williams & Wilkins, c2004, 31st edition.

The Sanford Guide to Antimicrobial Therapy, David N. Gilbert, et al. (eds.), Hyde Park: Merck

Highly recommended self-assessment program:

Medical Knowledge Self-Assessment Program (MKSAP) for Students 3 (book and CD-ROM), American College of Physicians (ACP) and Clerkship Directors in Internal Medicine (CDIM), c2006 – discount offered for ACP student members at www.acponline.org/catalog.

Discipline:

OB-Gyn

In-patient training (4 weeks)

Mark Hiraoka, MD

Relation to 6B:

Similar experience. 2 weeks Obstetrics, 2 weeks Gynecologic surgery. Same number of procedures required. Night / Weekend / Holiday call required.

Didactics:

Obstetrics and Gynecology Rounds and OB/GYN conferences are mandatory

Orientation:

specific to 6L

Training sites:

Kapiolani Medical Center for Women and Children

Supervision:

Resident Team and Faculty - student is responsible for reporting to the Chief Resident

Write-ups:

none

Evaluations:

1) written exam
2) clinical performance (Faculty & Resident Evaluations)

Recommended Textbooks:

- *Obstetrics & Gynecology*, fourth edition, Beckman, Ling et. al. 2002.
- *Essentials of Obstetrics & Gynecology*, fourth edition, Hacker and Moore, 2004.

Reference Books:

- *Williams Obstetrics*, 22nd edition. Cunningham, MacDonald, et. al. 2005.
- *Comprehensive Gynecology*, fourth edition, Mishell, Stenchever M, Droegemueller W, et. al., 2002.
- American College of Obstetrician and Gynecologists 2006 Compendium of Selected Publications (Committee Opinions and Technical Bulletins) published yearly by ACOG

In-patient training (4 weeks) - continued

The goal of the Obstetrics and Gynecology clerkship is to provide the medical student with experience in Obstetrics and Gynecology problems and instruction in doing an adequate pelvic examination. The student should become familiar with common problems in Obstetrics and Gynecology. Each student should try to maximize their opportunities for seeing and learning about the broad spectrum of Obstetrics and Gynecology issues during this clerkship.

The *minimum* experience of each student must be:

- Perform 3 (three) deliveries
- Participate in 10 (ten) deliveries
- Assist with 2 (two) hysterectomies/major surgeries (at least one of which should be vaginal)
- Assist with 5 (five) cesarean sections
- Perform 10 (ten) pelvic exams
- Participate in 2 (two) gynecologic laparoscopies
- Observe an OB ultrasound

The Obstetrics/Gynecology clerkship will be at Kapiolani Medical Center for Women and Children. The clerkship is divided into two parts: Obstetrics (Birthing Center and Gynecology (Surgery). This schedule provides the maximum possible clinical exposure for the medical student. A rotation schedule is provided during orientation. Weekly Obstetrics and Gynecology Grand Rounds and OB/GYN are mandatory.

On the Obstetrics and Gynecology rotations, the medical student is responsible for reporting to the Chief Resident. The student will be taking overnight, weekend and/or holiday call. The medical student call schedule will be distributed during orientation.

If a student is involved with a patient's surgery, delivery or admission to the floor, he/she is expected to follow this patient until discharge from the hospital. Students will follow patients throughout the duration of the rotation.

NOTE: The student should NEVER do a pelvic examination without a Resident or an Attending Physician present

Obstetrics (Kapiolani): During this rotation you are assigned to the Labor and Delivery Unit. You are expected to follow patients in labor, scrub in deliveries and round on your patients. You take night call on a rotating basis. You report to the Obstetrics Chief Resident in Labor and Delivery.

Gynecology (Kapiolani): During this rotation, you will spend most of your time learning about Gynecological problems and their management. Your cases will be assigned to you by the Gynecology Chief

In-patient training (4 weeks) - continued

Resident. You should try to work-up the patient and follow her post-operatively. You should also scrub in on minor surgeries when you can. Please carefully review the attending physician's record prior to surgery.

Out-patient training (22 weeks, 1/2 day per week)

Faculty contact:	OB/Gyn Physician preceptor
Write-ups:	1 OB and 1 GYN write-up, each patient to be followed longitudinally, one write-up due 2 months after training begins and the other 4 months after. Fall clinic students: OB write-up due Sept 1 and Gyn write-up due Nov 1 Spring clinic students: OB write-up due March 1 and Gyn write-up due May 1
PBL:	PBL sessions are held during the out-patient training
Evaluation:	1) 2 quarterly ratings of clinical performance by preceptor. 2) Written exam 4) Write-ups

Training Sites:

Kaiser-Waipio Clinic
94-1480 Moaniani Street
Waipahu, HI 96797

Mililani Specialty Clinic
95-119 Kamehameha Highway, Suite A
Mililani, HI 96789

Women's Health Center of Maui
30 N. Church Street, Suite 300
Wailuku, HI 96793

Preceptors:

Jolene Bachman, MD
James DiMarchi, MD

William McKenzie, MD
William Goh, MD

Benjamin Berry, MD

FINAL EVALUATION FOR 6L OB/GYN

The final evaluation for the year is based on:

- Final Written Examination
- Out-patient clinical performance
- In-patient clinical performance
- Interim Examination
- Write-ups

If you have any questions, about this rotation, please contact the Obstetrics, Gynecology and Women's Health Department.

Discipline

Pediatrics

In-patient training (4 weeks)

Faculty contact:	Gwen Naguwa, MD
Relation to 6B:	6B already based on 4 weeks in-patient training. 6L students have same pt. load, same call schedule.
PBL group/didactics:	same as 6B
Orientation:	Specific to 6L.
Training sites:	Kapiolani
Supervision:	fit into 6B ward team system, assigned to faculty preceptor
Write-ups:	4

Out-patient training (22 weeks, 1/2 day per week)

Faculty contact	Gwen Naguwa, M.D.
Write-ups	one, due to clinical preceptor by end of outpatient block
PBL sessions	3 on Oahu during Outpatient block
ER training:	4 days (approx. 8 hours each) on 2 consecutive weekends

Evaluation

Students are graded based on a summative score from final evaluations in inpatient and outpatient rotations. As in 6B, final grades are weighted 60% for clinical performance, and 40% for exam or written performance. Final course grades are determined after weighing the following components:

Clinic preceptor evaluation	25%
Pediatric faculty mentor evaluation	20%
Resident/ Attending evaluations	15%
Written Exam	20%
Oral Exam	10%
Colloquia	10%

LONGITUDINAL CLERKSHIP IN PEDIATRICS PEDS 532

Goals: The Longitudinal Clerkship in Pediatrics teaches third year medical students the core pediatric knowledge, clinical skills, and attitudes which are fundamental for a general physician. The goals and objectives this clerkship are consistent with the traditional Peds 531 Pediatric Clerkship. In addition, Peds 532 offers emphasized training in an outpatient setting, in order to understand Pediatrics from a community-based, primary care prospective.

Objectives: Course objectives are for third year medical students:

1. To accurately identify common diseases and disorders in pediatric and adolescent age groups, as identified in the clerkship curriculum guide, discussed in conferences, and evaluated on oral and written exams.
2. To demonstrate analytical thinking skills during attending rounds and faculty tutorials, by describing pathophysiologic principles of abnormal clinical conditions, formulating an appropriate differential diagnosis, formulating a diagnostic work-up, and implementing an appropriate management and therapeutic plan.
3. To demonstrate clinical skills by being professional and compassionate while accurately obtaining pediatric and adolescent histories and performing age-appropriate physical exams, as observed by supervising faculty and residents, and evaluated on an observational checklist.
4. To recognize pediatric emergencies and acute life-threatening situations, as described in the clerkship curriculum guide, discussed in colloquiums, and evaluated through oral and written exams.
5. To communicate historical, physical, and laboratory data in a lucid, succinct, and well-organized manner, as explained in the Peds 531 Information Guide, and discussed and evaluated during attending rounds and faculty tutorials and documented in patient charts.
6. To demonstrate the ability to utilize reference material relevant to patient care, by reviewing recent pediatric literature, applying this knowledge to actual patient problems, and coherently writing five case reports.

Instructional Methods:

Inpatient Experience. During the in-patient block experience, students learn in the same format as traditional third year students. Learning is based on didactic lectures, informal group discussions, case based learning, and one-to-one preceptorship. Students attend colloquia, noon conferences, attending rounds, tutorials with faculty and receive case-based instruction from supervising residents.

Outpatient Experience. During this period, students learn through interactive patient and case-based discussions with faculty, observation of preceptors as role-models, and through independent, self-directed learning. Faculty include pediatricians from rural, underserved environments. Patient care experiences will also take place in the Pediatric Emergency Room and the Newborn Nursery, under the supervision of faculty preceptors.

Content: Curriculum content parallels that which is taught in the traditional third year clerkship. See General Pediatric Clerkship Curriculum for details.

Requirements:

I. Outpatient block requirements:

1. Outpatient clinical experience: Students are required to attend one half day clinic per week with an assigned outpatient Pediatric clinical preceptor for 22 weeks. Students are required to participate in patient care through obtaining histories and physicals. Students are required to present all patients to their preceptor and participate in the management of patients under direct supervision and guidance of their preceptor.
2. Problem based learning tutorials: Students are required to attend a series of problem-based learning sessions during their outpatient block experience. These sessions will be conducted by Pediatric faculty on Oahu. Sessions are intended to enhance understanding of common pediatric problems and diseases.
3. Pediatric Emergency Room Experience: Students will spend 2 evenings in the Pediatric Emergency Room at Kapiolani Medical Center for Women and Children. These sessions will be assigned as available to coincide with two separate weekends in which students are scheduled to return to Oahu during the outpatient semester. Students are required to review the Pediatric Emergency Medicine Experience guidelines in the Pediatric Clerkship guide prior to beginning their first ER assignment.
4. Nursery Experience: Students will observe and participate in newborn nursery rounds and delivery room activities as experienced by their designated outpatient preceptor. Students should be able to perform a newborn history and physical exam and demonstrate a basic understanding of common problems in the newborn, as highlighted in the Pediatric Clerkship Guide. Students are encouraged to continue to assist in providing healthcare for these newborns during the longitudinal outpatient experience.
5. Literature review: Students are to complete a total of 5 case write-ups during the course of the year. Students are to select cases from which they have obtained histories and performed physical exams during the course of their inpatient and outpatient experiences. Write-ups should demonstrate competency in obtaining comprehensive pediatric histories as well as documentation of comprehensive physical exam skills. For each write-up, students are expected to perform a brief literature search on the topics of each case and apply their readings to each case in a thoughtful discussion section.

Four write-ups are to be submitted to the student's assigned Pediatric preceptor during the inpatient block rotation. One write-up should be submitted to and reviewed with the outpatient preceptor during the clinic rotation.

II. In-Patient Block Requirements

Kapiolani Medical Center for Women and Children is the primary site for in-patient clinical training in pediatrics. Every opportunity should be utilized to learn from each patient. Residents, in consultation with the attending physicians, are the primary care providers, but the student is expected to function as an essential member of the team.

In-patient Rotation Objectives

At the end of the Ward rotation a student should:

1. Know patients in detail including the basic sciences (anatomy, physiology, pathology, etc.) relevant to his/her problem
2. Be familiar with each patient's results and interpretation of diagnostic studies
3. Be able to present patients in detail at any time

Student Responsibilities

1. Patient care responsibilities: Students are expected to know patients in detail including the basic sciences (anatomy, physiology, pathology, etc.) relevant to his/her problem, and results and interpretation of diagnostic studies. Be able to present patients in detail at any time.

All pediatric medical patients should have a student assigned to assist with their care and to monitor their progress unless otherwise specified. Most new patients will be acquired during evenings and nights on call. Should an excessive number of patients be admitted at night, these should be redistributed the following morning.

2. Rounds: Students are expected to participate in daily work rounds, ward attending rounds and ward sign-out rounds. These are the working conferences for the pediatric service and are directly related to the care of patients. Students are expected to have evaluated his/her patients and written progress notes prior to work rounds each morning.
3. Patient Load: All third year students are expected to care for 5-10 patients per day during their ward rotation, except when on call. After consultation with Chief Resident and Senior Ward Resident, the student will be able to "drop" patients that are stable and in chronic condition, and also to select patients with pathology different from that of previous patients.
4. Patient Work-ups: Whenever possible, students should take the opportunity to be the first person to obtain the history from the patient or the patient's caregivers. After examining a patient, students should formulate the patient's problems and develop a plan for further diagnosis, treatment and management. This should be discussed with the Senior Pediatric Resident as soon as he/she is available. Work-ups should be

written according to the general outline given in the *Guide to Medical Record Keeping*. Student write-ups are an integral part of the patient's permanent medical record and should be in the chart within 24 hours after admission. All student work-ups must be reviewed and countersigned by the Senior Resident or Attending Physician. Note that students are NOT allowed to write orders under any circumstances.

5. Progress Notes: Students are expected to write meaningful daily progress notes on patients that they are following. The progress notes should be in a problem-oriented fashion, should be complete, and give a good picture of the current status of the patient and further plans for his/her care. All notes in the chart should be signed with a legible signature and title, i.e., Keone Jones, MS III.
6. Patient Presentations: Students are expected to gain experience in presenting patients in a professional manner. In certain circumstances short presentations may be appropriate; in other situations formal presentations which cover the patient's entire history will be expected. Each student should be able to present the patients for whom he/she is responsible at any time according to *Oral Case Presentation Guidelines*.
7. Faculty Preceptor tutorials: A faculty preceptor will be assigned to each student to provide tutorial support, evaluate and critique the required patient write-ups and physical, and to assist with correcting any deficiencies the student might identify. Students should meet with their preceptor approximately twice a week. Preceptors will play a major role in the evaluation of their student's performance.
8. Observed History and Physical Exam: Preceptors must observe a minimum of one complete history and physical examination on a non-newborn patient and evaluate the student's pediatric clinical skills. It is highly encouraged that an initial observation be done early in the clerkship to provide feedback, and a formal assessment be done after the student has had an opportunity to practice physical exams.
9. Write Ups: Four write-ups are to be submitted by all 6L students to their assigned in-patient preceptor during their 4-week in-patient experience. Write-ups should be in the standard History and Physical Exam format with an additional 1 - 1 ½ page discussion attached. The discussion should show evidence of reading about the patient's problems with at least three references cited.
10. Night Call: Students will regularly take night call (up to 10pm), including weekends and holidays.
11. Teaching Conferences: (See Conference Schedule for topics)
Students are expected to attend all teaching conferences, tutorial sessions

and Colloquia (Colloquia - Tues, 12-2:30 pm and Tutorial/Conferences - Wed, 12:00-3 pm). Students will be quizzed on colloquia topics.

Students are also highly encouraged to attend the regularly scheduled Monday Noon Conferences (12:30-1:30) and Thursday morning Grand Rounds (8 -9 am), as well as Infectious Disease Conference on the first and third Thursdays of each month from 12:30-1:30 pm.

12. PDA Patient Log: (required for inpatient and outpatient encounters)

All students will be required to maintain and submit a patient log containing all clinical encounters via a PDA or equivalent. Data must be transmitted on a weekly basis to the Clerkship Coordinator, who will provide ongoing feedback regarding information provided, format and patient selection. Further details will be discussed during the orientation session.

Evaluation:

Knowledge and problem solving skills are primarily assessed through colloquia quizzes, the written and oral exam, and case write-ups. Clinical skills, interpersonal skills and professionalism are primarily assessed through a habitual rating scale and a History and Physical Exam checklist completed by faculty and residents with whom the student has been in close contact with or worked under.

Students are graded based on a summative score from final evaluations in inpatient and outpatient rotations. As in 6B, final grades are weighted 60% for clinical performance, and 40% for exam or written performance. Final course grades are determined after weighing the following components:

Clinic preceptor evaluation	25%
Pediatric faculty mentor evaluation	20%
Resident/ Attending evaluations	15%
Written Exam	20%
Oral Exam	10%
Colloquia	10%

Pass criteria: Pass criteria is consistent with pass criteria for the traditional 6B Clerkship. Students need to pass both the written and oral exam as well as all the clinical components in order to pass the course.

Honors criteria: Honors criteria is consistent with honors criteria for the traditional 6B Clerkship. Students who receive 70% honors ratings from the above weighted evaluation components will qualify for honors.

Recommended Texts:

Pediatrics for Medical Students (Bernstein & Shelov)
Case Based Pediatrics for Medical Students (Yamamoto)
Harriet Lane Handbook
Nelson's Textbook of Pediatrics (Behrman)

Revised, 6/05

Discipline:

Psychiatry

In-patient training (4 weeks)

Faculty contact:	Junji Takeshita, MD
Relation to 6B:	same objectives, core experiences, and evaluations
PBL group/didactics:	same as 6B
Orientation:	specific to 6L
Training sites:	Consultation Liaison Psychiatry, Queen's Medical Center
Supervision:	Takeshita, Streltzer, Ahmed, and Desjarlais
Write-ups:	1, Due last Wednesday of block
Evaluations:	Block-first students: take mid-term written exam at end of block and then take the final written and oral after 6 months of clinic. Clinic-first students: take mid-term written exam in December and then take final written and oral at the end of block.
ER training:	5 days (3 weekdays, 2 on weekends), approximately 5 - 10 hours each working with Psych. resident on call at Queen's ER

Out-patient training (22 weeks, 1/2 day per week)

Faculty contact:	Junji Takeshita, MD
Write-ups:	1, Due last Wednesday of rotation
Evaluation:	2 quarterly ratings of clinical performance by preceptor; and see "in-patient evaluations" above

Psychiatry 6L Detail

Overview

The goal of the six-month continuity clinic and one month inpatient block in Psychiatry is to provide students with a comprehensive clinical experience in the assessment and treatment of patients with mental disorders. Students will learn to assess and treat patients based upon a bio-psycho-social-cultural understanding of their situation. They will gain experience in treating a broad spectrum of psychiatric disorders and will become familiar with multiple treatment modalities, including pharmacotherapy, psychotherapy and the use of community resources.

Hospital Clerkship (in-patient)

The four week block will focus on hospital consultation/ liaison work with exposure to Emergency Psychiatry, Substance Dependence treatment, Geriatric Psychiatry, Chronic Pain and HIV.

All inpatient work will be at Queen's Medical Center's medical/ surgical units. One to two students will be assigned to the block rotation at any one time.

The students will be supervised on the units by the psychiatry residents and by Drs. Takeshita, Streltzer, Ahmed, and Desjarlais. Students will participate in didactic sessions with Dr. Guerrero, other faculty and QMC Chief Resident.

Each student will be taking four to five Emergency Room calls, supervised by psychiatry residents and faculty.

Grand Rounds are held on Friday morning.

Student Orientation

On the morning of the first day of rotation, Dr. Takeshita will go over the schedules, responsibilities and requirements of the rotation.

Student Evaluation

Each student will be evaluated by the Department of Psychiatry faculty and residents using the standard JABSOM 3rd year student evaluation form. Block-first students take mid-term written exam at end of block and then take the final written and oral after 6 months of clinic. Clinic-first students take mid-term written exam in December and then take final written and oral at the end of block. The written exam is a standardized shelf exam.

An Oral Exam in which the student interviews a patient with the attending present, formulates the case and comes up with a treatment plan will be required at the end of the third year psychiatry experience (i.e. at the end of the inpatient block, if the student is doing the clinic first or at the end of the outpatient clinic rotation if the inpatient block is first).

At least two Psychiatric write-ups are due by the end of the student's third year Psychiatry experience, one of which should be on an inpatient and the other outpatient.

Outpatient Continuity Clinics

The outpatient clinics will be at Queen's Counseling Service under the supervision of Dr. Helenna Nakama; Hilo Clinic on the Big Island under the supervision of Dr. Shelley Ham; Maui Mental Health Center under the supervision of Drs. Balog, Gise and Jaeger; and with Drs. McKenna and Nakamura on Kauai.

Student Orientation

The orientation will be done by the preceptor at each site.

Student Evaluation

Each student will be evaluated using the standard JABSOM 3rd year student evaluation form. Exams and Write-ups have been explained under the Hospital Clerkship section.

Psychiatry Clerkship Evaluation Criteria

During the Longitudinal Psychiatry Clerkship, you will be evaluated using the following weighted criteria:

Final written examination (NBME "shelf exam" in psychiatry)	30%
Evaluation of clinical performance on the wards, clinics, and other experiences	40%
Tutorial	10%
Final oral examination	10%
Inpatient write-up #1	5%
Inpatient write-up #2	5%
Total	100%

Based on the above, a Medical Student Evaluation form will be completed and sent to the Dean of Students.

Grading

Credit will be given to students demonstrating satisfactory performance in all areas: specifically, a passing score on the final written examination and an evaluation score in the credit/satisfactory range for each of the other evaluation measures listed.

No credit/Incomplete will be given to students with unsatisfactory performance in any of the evaluation measures listed.

Remediation: Students will be required to demonstrate satisfactory performance in each of the unsatisfactory areas and in any additional make-up work as deemed necessary by the clerkship director.

Honors will be given to students demonstrating globally outstanding and clearly superior performance. Generally, the honors grade will be considered for those who show honors level performance in all major areas of evaluation (e.g., includes clinical performance and final written examination), an overall evaluation score (determined above) in the honors/outstanding range, and no deficiencies in any of the areas.

Discipline:

Surgery

In-patient training (4 weeks)

Faculty contact:	Susan Steinemann, MD
Orientation:	Blocks coordinator to provide 6L orientation 6L students should contact 6B students prior to the first rotation day to obtain info about the ongoing PBL sessions and be assigned a learning issue. 6L students can obtain their (required) Basic Science syllabus and orientation manual from Surgery Clerk (surgclrk@hawaii.edu or 586- 8229)
Training sites:	Straub Hospital; rotating sites for tutorials
Supervision:	fit into ward team system, Blocks coordinator to be faculty mentor

Out-patient training (22 weeks, 1/2 day per week)

Faculty contact:	Elna Masuda, MD
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Evaluation:

One final grade is assigned at the end of the year, comprised of 60% clinical performance (30% inpatient and 30% outpatient), 15% tutorial performance, 25% written examination

Surgery 531/532 Objectives

This hospital-based clerkship is held over four weeks for 6L students, and is designed to orient the third-year medical student to basic surgical diagnosis and management. Surgery 532 (6L) is held at Straub Clinic & Hospital.

The student functions as an integral member of a team of surgical residents and staff, participating in pre-operative, operative and post-operative evaluation and care, and overnight call (both for general surgery and trauma), attendance at conferences and didactic sessions, and participation in twice-weekly PBL tutorial sessions. Final grade for 6L students is determined by clinical performance (60%), performance in tutorials (15%) and performance on the NBME written examination (25%).

A complete description of the course curriculum, objectives, and evaluation methods is provided in the orientation manual for the course, distributed on the first day of the clerkship. You may preview a copy of the orientation manual by requesting an electronic version from surgclk@hawaii.edu or steine@hawaii.edu.