

My clinical elective experience in Internal Medicine at Kuakini Medical Center

I was privileged to participate in a four-week elective rotation in Internal Medicine at the Kuakini Medical Center (KMC) in Honolulu, Hawaii from April 4th until April 29th, 2016. The first three weeks were spent in the General Internal Medicine program, while the last week was spent learning from Dr. Jinichi Tokeshi, the Clinical Professor of Family Medicine at the University of Hawaii John A. Burns School of Medicine.

KMC is a medical complex consisting of acute care hospital wards, senior nursing facility and private medical offices. It is located in the Liliha district, which is approximately 15 minutes away from Waikiki by car. KMC was founded as the Japanese Charity Hospital in 1900 to care for the Japanese immigrants living in the Kapalama area. The hospital was relocated to the current location in 1918 and has now developed into an acute care hospital of approximately 250 beds, equipped with ER and ICU. It also functions as a community teaching hospital for medical students and medical, surgical and transitional residency programs at the University of Hawaii (UH) John A. Burns School of Medicine. The patient population that KMC serves is characteristic in that a great majority of the patients are Japanese- and Philipino-Americans. Also, as KMC serves many geriatric patients, it is an important training ground for geriatric medicine.

My time in the Internal Medicine (IM) program was largely spent with the medical residents working under the system of Medical Team Care. There were four medical teams, each comprised of an intern, an upper resident, and an UH medical student. I was assigned to Team C and closely followed the upper resident throughout the rotation. The following describes a typical workday of my team at KMC:

5AM UH medical student arrives at the hospital and starts rounding on her patients (medical students follow one to three patients).

6AM Intern and upper resident and I arrive at the hospital. The intern and upper resident round on patients separately. I observed the upper round on patients. Once finished with the rounds, the residents sit down to write progress notes.

8AM Morning Report on Mondays and Fridays. Residents take turn to present a case that was diagnostically challenging at morning reports, and supervising attendings and the program director also gather for discussion. The conference is held for educational purposes, so that the residents can practice presenting, share their experiences and learn from one another. On Wednesdays and Thursdays, specialists in cardiology, neurology and oncology give lectures on topics useful for day-to-day practice in the wards.

By 10AM, the team meets and speaks with their attendings/hospitalists to discuss assessments and treatment plans for each patient.

10AM ICU rounds. KMC has an open ICU, which means ICU beds are open for both medical and surgical patients. Residents present their ICU patients and discuss assessments and plans with the intensivist on call. Once finished, each resident team resumes their ward duties. Residents usually finish their work by 4PM in the afternoon.

<Call days>

Each team was on call every fourth day. On a call day, the team is responsible for new medical admissions for 24 hours starting at 7AM. Each team has a cap of 10 patients (including maximum of 3 ICU patients) at any one time, and once the team is capped, additional admissions are taken care of by attending physicians. I learned that the purpose of the 10-patient cap is to enable a safe environment for residents to practice and learn from each case. Prior to participating in the elective, I had heard that the patient turnover was quick in the US, and it was indeed the case at KMC. Many patients who were admitted were treated and discharged within two to three days.

Residents attend to ward duties and take part in routine conferences on call days as well, but they are paged whenever there is a new admission, and it is their responsibilities to go to the ER to perform careful assessments on new patients and decide on a treatment plan. UH medical students also get involved in this process by taking patient history and physical examinations.

I was lucky to have been part of a team of residents who were interested in making sure I was learning something new everyday. In particular, the upper resident taught me a great deal during the morning rounds, including the relevant physical exams to perform for each patient and ways to communicate with the patients and their families. When there was time, he also taught me how to write progress notes and about antibiotics and the principles of their usage. I also learned that UpToDate was the go-to-resource for medical residents to help inform their clinical decision-making. In the latter half of my three-week IM rotation, I was allowed to follow patients, make assessments and come up with plans for each, and practice presenting to my upper. I learned so much through this experience. I was impressed every day by the level of compassion and a clear sense of responsibilities and ethics the residents were working with. I was inspired by the residents' eagerness to learn and the passion on the part of supervising attendings to teach.

<Dr. Little's Medical English class>

Every Thursday from 5PM, I attended Dr. Little's Medical English class to learn about the expectations and structures of case presentation as well as the effective delivery methods. Students were expected to prepare a case presentation before each class and to present on the day of the class. In between her classes, I paid close attention to how the residents presented cases to their attendings and at morning reports, in order to learn different expressions used in medical communication. I tried to incorporate these expressions into my case presentation with Dr. Little, as well as the feedbacks I received from her in previous sessions. By the end of the month, I felt more confident about being able to structure and deliver my case presentation well. The class also taught me that knowing one's patients well and practicing before presenting were the key prerequisites for a good case presentation.

<Off-duty days>

Observers like myself had Sunday and Tuesday afternoons off. I spent my free time exploring the island of Oahu with other overseas students and/or with residents who were off duty. The residents I was following during my rotation were extremely kind, and they took me surfing and hiking all over Oahu. One day when the entire team was off duty, the residents drove me all the way to North Shore to visit beautiful beaches, the home of sea turtles.

Rotation in Family Medicine

After three weeks of IM rotation, I rotated in Family Medicine under the supervision of Dr. Jinichi Tokeshi, the Clinical Professor of Family Medicine at the John A. Burns School of Medicine. Dr. Tokeshi is a master of Iaido (one of the Japanese martial arts) and Japanese tea ceremony, and he has a wealth of knowledge about the philosophy of Bushido (the way of Samurai), which, according to Dr. Tokeshi, has guided his medical practice for many years. Given this, Dr. Tokeshi has named his family medicine rotation “Tokeshi Dojo”. Truthfully, I was extremely anxious and intimidated by what was to come prior to beginning the rotation, because I had heard from the local medical students and residents that Tokeshi Dojo was well known for being extremely intensive. I was worried I may not survive the week, but in retrospect Tokeshi Dojo was an incredible place of learning shaped by Dr. Tokeshi’s passion for medicine and teaching.

A typical day during my time at Tokeshi Dojo began with my alarm ringing at 4AM. Prior to meeting with Dr. Tokeshi at 6:30AM, the students were expected to round on all his patients admitted in the senior nursing facility as well as in wards at KMC and check/record their vital signs. Another Japanese medical student from Kochi University was rotating at the same time as me, and we decided to split the patients between the two of us. Everyday after we met with Dr. Tokeshi for a teaching round, he would sit us down for a talk on philosophy and clinical medicine. I was particularly moved by his talk on Bushido and how the philosophy behind it could ground us and guide us through our day-to-day practice and careers as physicians. Dr. Tokeshi’s compassion, passion for teaching and strong conviction to serve his patients with a humble attitude was deeply moving.

Dr. Tokeshi would always listen to their patients with an open mind and compassion, and he would not raise his voice when speaking to his patients. He once told us: “People tend to believe that speaking loudly is the solution to communicate with patients who have hearing impairments. But that is not the solution. The key to communication is to be sincere and speak from your heart. There is no need to speak loudly at your patients.” He practiced what he preached, and it was evident that his patients, their families and the hospital staff had great respects for him. It was amazing to see some of the ‘difficult patients’ who would not otherwise communicate with the hospital staff lighten up and start talking when Dr. Tokeshi walked into their rooms.

Regardless of the circumstances he is in, Dr. Tokeshi would put his patients first. He would go into the hospital to attend to his patients at any time of day if their conditions deteriorate. In the US, it is a common practice for hospitalists to take over the care of patients previously seen as outpatients by a family physician are admitted into a hospital. However, Dr. Tokeshi continues to be involved in inpatient care, and he comes into the hospital to be present at his patients’ last moments as well. This is because he believes that his patients need him the most when they are suffering, and to be present at his patient’s deathbed is the last service a physician could offer to the patient.

Once finished with the morning lecture, Dr. Tokeshi took us to his clinic in the Physicians Tower to see his outpatients. At the clinic, we took history of the patients who

came in for checkups, and sometimes he would allow us to perform physical examinations. At the clinic, I learned the importance of trying to understand the patients' true complaints beyond their spoken words. Moreover, I learned the importance of practicing the 'forms' of medical procedures and to train oneself to maintain the presence of mind and to never be shaken under any circumstances.

After the clinic closes at around 4PM, I would begin an afternoon round to check on patients in the nursing facility and the hospital. Unlike the morning rounds, I had more time to spend with each patient in the afternoon, so I took my time to speak with the patients and their families to try and understand their lives, personalities, and their social backgrounds. The afternoon rounds enabled me to be closer to the patients, and this enriching experience allowed me to see the capability of medicine beyond curing diseases; I felt that medicine had the power to positively transform the lives of both the physicians and their patients.

One week was too short of a learning period, but my experience at the dojo truly transformed my worldview. The dojo allowed me to think once again about the role of physicians in our societies. My encounters with the wonderful patients and their families helped shape my vision for the type of physician I want to be. Finally, my encounter with the most amazing physician, teacher and my role model, Dr. Tokeshi, truly changed my life.

In closing:

The four weeks I spent at Kuakini Medical Center proved to be an invaluable experience for me to not only learn about medicine but also to re-evaluate my goals and visions for the future. I was continuously inspired by the residents' passion for learning and the clear vision they had for their future careers. It was truly an honor for me to meet such wonderful role models, and I am determined to incorporate what I have seen and learned in Hawaii into my future training and practice.

I am deeply grateful for the kindness and generosity of the patients and staff at KMC who made my time in Hawaii so special. I would also like to thank the registrar staff and professors at Kobe University School of Medicine for their support, without which I could not have done this placement. Finally, I am forever indebted to my family who trusts and supports me unconditionally. Thank you for giving me such a wonderful opportunity to learn.

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May 15, 2016