A dream fulfilled

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Introduction

When I was first asked several weeks ago by the graduates to be the guest speaker for the class, I was handed a letter by famous entertainer and President of the Student Body, Val Vimoto. The letter explained that the class felt I was like a father, mother, sister, brother of the students. I said to myself, "Wait a minute. Back up here. The father of the students? Now what does that mean?" Well, a day or two later, I started reading one of the Self Directed Research Projects that the students have written. At the beginning of one paper, this particular student had written a short acknowledgment thanking many people who had helped her during her years here. She even thanked, among others, her boyfriend. And I said

to myself, as I was reading, "What is she doing with a boyfriend? She's too special. There's no boy good enough for her". And then suddenly, I stopped, and realised, "Aha. That's what they mean - I am acting like a father. Isn't it just like every father to be convinced that there is no boy in this world good enough for his daughter?" And so, I realised, maybe the students DID have something there.

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honoured to be able to represent the faculty, past and

So, kids, DAD is here to recall some memories, to reminisce briefly, to take us back to the beginning of our time at the PBMOTP. Remember, you and I began here together that January of 1992. If you remember, we were all squeezed fairly tightly into the campus those first few weeks – we had the FIRST class of the PBMOTP <u>AND</u> the LAST class of the PBMOTP <u>AND</u> every class in between, ALL on the campus ALL at the same time. Three to a room, remember? As Dr Dever said at the time, things were a bit cosy. So cosy, in fact, that Dr. Malani and I found we had two students rooming in our house.

Reality check

The first day of school, we assembled together in the classroom for our first orientation, and I remember all of you

being so enthusiastic, smiling and nodding at each thing we said on that first day. Little did anyone realise then how much harder and harder it would get each day over the next few days and months, to produce that smile again. I also remember one of the faculty saying, after that first orientation session when we'd met the new students for the first time, "Well, I can tell you one thing - the Samo-

ans certainly aren't getting any smaller".

have become, a very close-knit family, a family that comes together again today from far and wide for a family reunion of sorts, as we celebrate the last graduation of the PBMOTP."

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Actually, though, I suspect that the request for a guest speaker this time was one extended by the students perhaps to the faculty as a whole, and that Val's letter referring to us being the sister, brother, mother, and father to the students is a reference to the family that we as a faculty and students have become, a very close-knit family, a family that comes together again today from far and wide for a family reunion of sorts, as we celebrate the last graduation of the PBMOTP. And I am

* Coordinator of the Community Health and the Hospitalbased Paediatric Training Programs, PBMOTP. This article was 'The Graduate's Choice' address at the final PBMOTP graduation, Pohnpei, December 14, 1996. Do you remember those first few weeks, Thursday mornings, after Grand Rounds (in those days, it was on Thursday mornings, it was still called "Grand Rounds", and nobody wore a tie), before getting into the lecture of the day I'd ask you, "Did you understand what that case was all about?", which usually was answered with "No-o-o-o, NO idea", and so we'd spend the first half hour explaining the case again. One afternoon during those first few weeks, I can remember trying to lecture during a dry season unusually dry for Pohnpei. It soon became obvious, from the noise outside and the darkness, that a brush fire which had started far from the school was getting closer and closer. As the smoke started to fill the classroom, and Dr. Dever, Dave Serious and Realino

Cantero got out the garden hoses to try to keep the fire away, I can remember the class being uncertain as to just what was going to happen next: was Dr. Flear going to dismiss the class or were we going to sit there and burn to death. Well, the class suddenly made a collective decision, got up and ran outside, and it was difficult for me to continue teaching an empty classroom. So I dismissed the class.

Then the first ten weeks were over, and the real medical school business began. PBL, Problem Based Learning, was the way we learned in those days. You also began very early in your first year seeing patients in the various clinics, a difficult task in the beginning, as you tried to learn everything from how to interview a patient to how to put all of the information together so it made sense and to come up with the right diagnosis. Even harder, was trying to figure out those crazy schedules: group C, group D, and the PBL I group and the PBL Il group, and the morning group and the afternoon group and Fixed Resources Sessions. Now admit it! Wasn't learning that schedule even harder than PBL?

In the beginning of our third year was the big move from the clinics without walls to the new Dispensaries - Tuesdays and

Thursdays you spent the entire day in the dispensaries, unless it was your five weeks assigned to Pohnlangas, when you spent the entire five weeks at the clinic, doing PBL as well as managing the dispensary on a daily basis. The team assigned to Wone had it the hardest, though, because it

took so long to travel there each day. It seemed to me that one particular student was always assigned to do the driving. And it seemed that another particular student was always assigned to that passenger seat in the front, and she used to keep her feet planted firmly up in front on the dashboard. I often wondered whether there was a connection between the wild driving through Kitti, and the distraction in the passenger seat. The preceptors took advantage of that long ride out to Wone in different ways: one faculty member used to take the opportunity to find out what was going on campus; another one used to hold journal club from the back seat.

Your fourth and fifth years were different from the final two years of the previous classes, as you spent half of those years in the hospital, and the other half in the dispensaries, learning by doing every day. You learned what it meant to be clerks, typists, pharmacists, lab technicians, janitors, even gardeners, along with learning how to be good doctors. In the evenings, in the house in Sapwalap, you also were also reminded what it was like to be cosy, as you tried to squeeze yourselves eight to the only air-conditioned room in that hot house where you stayed each evening.

And now, graduation day, the day that seemed so far away, impossibly far away, during that first orientation session in January five years ago. And the smiles now are back. We finally made it. The dream you could barely envision so many years ago has at last been realised.

Thanks for the dream

Graduation speeches often follow a pattern: a recounting of things past and an encouragement to do good things in the future, an acknowledgment that an end is at hand, and a new beginning awaits. Often people will offer thanks, usually the graduates thanking family and friends for the encouragement and support they have received through their long years of study. I would like to break precedent today, however, and pause to thank you, the graduates. On behalf of the faculty, many of whom have returned to be with us today, and who I am sure share my feelings, I would like to offer these words of thanks to the graduates themselves.

First, I would like to thank all of you graduates for allowing us to try out new methods of teaching and training on you. As the PBMOTP developed through the years, we learned

together, through long hard like a completely acceptable

struggle, through a process of trial and error really, the best way to teach and to train students to be doctors in Micronesia. And for many of you in those first three years, I am sure that PBL did seem more like an experiment than

way of teaching and learning. And during your fourth and fifth years, I am sure many of you wondered whether it was such a good idea to be spending so much of your time in the dispensaries here in Pohnpei and in the outer islands, instead of on the wards of the hospital. But Drs. Hunton and Dever and others, many years ago, believed that PBL WOULD work. Drs. Robertson, Becker, Upson, Pointer and others believed that training our students in the dispensaries WOULD work. And I think you will agree that, indeed, these things HAVE worked. And that you are the best trained group of graduates in the history of the school because of them. You were expected to teach yourselves about medicine because this is what you will be doing for the rest of your lives, constantly teaching yourselves new things. You were expected to perform the duties of lab techs and pharmacists and typists and such, not because we expect you to run the laboratory or the pharmacy when you get back home, but because, in learning how to perform those duties, you learn that, as a doctor, nothing in medicine is foreign or strange to you. You can, if necessary, make your own laboratory diagnosis, dispense your own medications, administer the immunisations yourselves after you've weighed and measured the baby. And there will be times, I guarantee you, that it WILL be necessary for you to do these things, and you can

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be confident that you have been trained to be the complete health care provider, in any setting.

I would like to thank you also for your compassion and your care and your concern for your patients, for staying long hours with your patients when they needed you the most, for spending the time and the effort to make sure they and their families understood what was happening, and what they could expect. It is unusual for medical students in my own past experience to have such close access and so much responsibility for taking care of patients as you have had. But you have risen to meet the challenge. Knowing about

diseases and about medicines and dosages and such is extremely important in taking good care of your patients. No less important is gaining the confidence of your patients and assuring them, by what you say and what you do, that their well being is the most important thing to you. This is a responsibility that all of you have shown yourselves eagerly to accept, and I admire you for that. Please try to stay as concerned about your patients in the future as you did while you were students.

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I would also like to thank each and every one of you for your courage and perseverance when we lost our temper and scolded you unnecessarily, and made you lose heart when we shouldn't have. In the end, I hope those times are balanced by the times we gave you praise and encouragement when you deserved it and needed it most. Let me remind you too that we stand ready to support you in various ways after you leave us today and return to your jurisdictions. Please don't hesitate to call on us when you feel you need help.

I would also like to thank each and every one of you for the opportunity that you have given all of us to teach you. I know that I speak for many of the faculty, when I say that having had the opportunity to teach you and train you to be doctors like ourselves has perhaps been the most worthwhile and rewarding experience in the lives of many of us. Some of us faculty had taught medical students in the past; others, like myself, had not, except as a brief part of our residency training. So that, for many of us, teaching medical students as a full time job was a new experience. For me personally, you have helped me to realise that teaching students medicine is one of the most deeply satisfying experiences of my life. And that realisation that you have helped me to, is no small thing. And I thank you for that: I thank you for showing me, with a sudden widening of your eyes or a sudden smile, as we sat across from each other at a microscope or poring over the statistics in your studies, that you understood the point I was making, that you had learned something you had never known before. Those moments are priceless, and I thank you for them.

In conclusion

Finally, I would like to thank each and every one of you for having given all of us the opportunity to be proud of you. You now have the skills and the knowledge that are so much needed in your jurisdictions, the ability not only to care for patients acutely ill, but the ability to improve the overall health status of your home islands, in ways that emphasise preven-

tion as well as cure. Today is a day that we publicly proclaim this fact for all to hear, that the men and women sitting here before us are the best you will ever find, and that they are coming home to take up the challenges that await them.

Many years ago, in Yap, as I worked with nurses helping to save the lives of sick children, I had a dream of one day having an opportunity to train a good medical student from Micronesia in paediat-

rics, so that he or she would be able to save the lives of his or her own people, and I would no longer be needed. It is not often that someone is able to say, and to mean it, that they have seen a dream fulfilled. My last thank you is a thank you to all of you for having been a part of my dream, for having made my own dream come true.

Thank you.	
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