

Primary Care In Philippine Health Professions Education

**The SCHOOL OF HEALTH SCIENCES
APPROACH**



SHS

- Established on April 1976 initially as Institute of Health Sciences (IHS) during the 871st Meeting of the UP Board of Regents:

ESTABLISHMENT OF THE U.P. INSTITUTE OF HEALTH SCIENCES

The Board approved the establishment of the U.P. Institute of Health Sciences (Tacloban).

The Institute would be a bold and innovative approach toward the rural educational health program by producing functional health workers at various levels of the curriculum. It will complement, rather than copy, the present program of the U.P. College of Medicine, since it will cover the whole spectrum of the health care delivery system. The College of Medicine will maintain its present role of producing the teachers, specialists and researchers. Manpower training in the Institute shall be directed toward rural practice, with the end in view of providing a program-model applicable to the Philippines and other developing countries.



U.P. Manila – School of Health Sciences Vision

- SHS as a relevant center of excellence for innovative health human resource development for the attainment of health for marginalized Filipinos in the context of nationalism and globalization in the 21st century

University of the Philippines Manila School of Health Sciences Baler, Leyte & South Cotabato

A. The Step Ladder Curriculum



U.P. Manila – School of Health Sciences

Mission

- **Develop relevant and excellent health practitioners committed to serve the marginalized sectors of the country**
- **Develop innovative undergraduate, graduate and short courses attuned to the health needs of the country;**
- Develop outstanding faculty committed to the attainment of institutional goals/mandate;
- Strengthen the unit's research capability and undertake researches crucial to the enhancement of innovative health sciences education and the country's total health development, and;
- **Collaborate with other health science institutions in developing, implementing and evaluating health sciences education curricula**

Community-Based Health Profession Education

- Provision of health care training aimed to meet the needs of a future health professional (midwife, nurse, physician) who will practice in the community setting.
- Services given or made accessible at the community level (first point of contact/first contact care)
- The educational training aims to equip the learner with comprehensive knowledge, skills and attitude to assess, manage patients and families who present with a health condition manageable at own level or refer as appropriate

Primary Care in the Philippines

- Health Care professionals who provide services within the scope/context of Primary Care:
 - General practitioners
 - Private physicians, School physicians
 - Rural health physicians
 - Municipal Health Officers
 - Family Medicine
 - General Internal Medicine
 - Nurses, Physical Therapists
 - Midwives, Dieticians

PROGRAM OUTCOMES OF AN MD GRADUATE AS RECOMMENDED BY CHED

1. Demonstrate clinical competence
2. Communicate effectively
3. Lead and manage health care teams in various health settings
4. Engage in research activities
5. Collaborate within inter professional teams
6. Utilize systems-based approach to health care
7. Engage in continuing personal and professional development
8. Adhere to ethical, professional and legal standards
9. Demonstrate nationalism, internationalism & dedication to service
10. Practice the principles of social accountability

PROGRAM OUTCOMES OF AN MD GRADUATE of SHS

1. Demonstrate clinical competence (**primary care & integrative medicine**)
2. Communicate effectively (**Public Health Advocacy**)
3. Lead and manage health care teams in various health settings (**Public Health**)
4. Engage in research activities (**Health Systems & Community-Based Research**)
5. Collaborate within inter professional teams (**Primary Health Care/Primary Care Team**)
6. Utilize systems-based approach to health care (**LGU setting**)
7. Engage in continuing personal and professional development
8. Adhere to ethical, professional and legal standards
9. Demonstrate nationalism, internationalism & dedication to service
10. Practice the principles of social accountability

ROLES/COMPETENCIES OF A DOCTOR OF MEDICINE GRADUATE OF SHS

▪ **Primary health care physician**

- **Primary Care provider** and **integrative medicine** practitioner
- **Health leader** and **manager** (includes community organizer and developer in various situations including health emergencies and disasters)
- **Health information manager** and **advocate** (to include role as data user, generator; ability to analyze the data; disease surveillance)
- **Health resource manager** (to include HR and access to medicines and technology even during emergencies and disasters; climate change risk assessment & mitigation)
- **Health researcher** and **innovator**

Why Primary Care?

- **Person/People-centered** (based on needs)
- **Comprehensive** (as compared to an overly specialized care)
- **Cost effective:** management of health conditions need less resources at the primary level of prevention/care (health promotion and illness prevention) vs risk of financial catastrophe if addressed at the other end of the spectrum (curative & rehab care, particularly in a hospital setting)
- **Access:** first-contact care, health care service opportunities for people living in the far-flung, GIDA areas
- **Continuity of care:** coordination of care (including social services) with higher levels

Primary Care 1 of 2

- Given an individual, family or groups with common health condition/s in a community/home setting, the graduate will be able to competently provide:
 - First-contact & continuing care using both conventional and complementary medicine using appropriate technology & medicines
 - Counseling & Health education including health promotion & disease prevention

Primary Care 2 of 2

- Given an individual, family or groups with common health condition/s in a community/home setting, the graduate will be able to effectively:
- Coordinate client's concerns with other health professionals & partners in holistic care development
- Refer/triage cases needing secondary (community/district hospitals) or tertiary care (by medical centers and teaching hospitals)
- Manage client information

Primary Care 2 of 3

- Given an individual, family or groups with common health condition/s in a community/home setting, the graduate will be able to:
- Establish rapport and working relationship with client, who is well informed, consulted and an active participant in his/her care including decision making

Curriculum Design: with focus on Community-based health care provision

PROGRAM	DIDACTICS	COMMUNITY EXPOSURE	CLINICAL MANAGEMENT
DOCTOR OF MEDICINE 20 QUARTERS (1 Quarter= 11 weeks; 5 years)	Human Biology series Human Perspective series Human Disease series	Community (2 Quarters) & Hospital Clerkship (1 Quarter) Hospital Internship (4 Quarters) Community Internship (4 Quarters) 1-Rotations in RHU, Birthing, TB DOTS facility, Home visits	IMCI IMPAC (CEmONC) EINC TB Protocol 2016 GINA Protocol CAP CPG CPG on DM, Dyslipidemia PhilPEN interventions CPG on Infectious diseases (e.g. Rabies protocol) MHPSS Acupuncture treatment for minor conditions & psychological conditions

Curriculum Design: with focus on Community-based health care provision

PROGRAM	DIDACTICS	COMMUNITY EXPOSURE	CLINICAL MANAGEMENT
<p>BS NURSING (8 QUARTERS¹ on top of 12 QUARTERS of Midwifery) (1-Quarter= 11 weeks)</p> <p>With 2 Quarters of SERVICE LEAVE</p>	<p>Medical & Surgical Nursing Emergency & Disaster Nursing Community Health Nursing Mental Health Nursing Health Research Epidemiology Care of the Elderly Pharmacology</p>	<p>School Health Nursing Intensive Community Practicum¹ (8 weeks)</p> <p>1-Rotations in RHU, BHS, TB DOTS facility, Home visits, Health Research</p>	<p>IMCI (ICATT) IMPAC (BEmONC) EINC TB-DOTS BLS & SFA MHPSS, Psychosocial FA Surveillance & Outbreak Investigation SPEED Traditional Med</p>

Curriculum Design: with focus on Community-based health care provision

PROGRAM	DIDACTICS	COMMUNITY EXPOSURE	CLINICAL MANAGEMENT
<p>MIDWIFERY (Community Health Work) (13 QUARTERS¹) 1-Quarter= 11 weeks)</p> <p>With 2 Quarters SERVICE LEAVE (community-based)</p>	<p>Fundamentals of Health Care Fundamentals of Nursing Care of infants & children Normal & Abn OB Midwifery Pharma Comprehensive FP Health Service Mgt Health Care Facility Mgt Entrepreneurship in Health Public Health Ed Health Informatics Health Research Primary Health Care</p>	<p>Community Practicum 1,2,3,4¹ Clinical Practicum 1 (FP), 2, 3, 4 Practicum on Health Facility Mgt</p> <p>1-Rotations in RHU, BHS, Birthing & Newborn screening facilities, Home visits, community-based research</p>	<p>IMCI IMPAC (BEmONC) EINC TB-DOTS BLS & SFA Traditional Med FP UFC EPI MHPSS</p>

References

- SHS Overview. Office of the College Secretary. School of Health Sciences, University of the Philippines Manila. 2015
- Department of Midwifery, Nursing, Medicine Curricular Proposals. Curricular Review and Revisions of the SHS Step-Ladder Curriculum. School of Health Sciences, University of the Philippines Manila. 2017
- Proposed MD Program. SHS Curricular Review. School of Health Sciences, University of the Philippines Manila. 2017
- WHO. Primary care: putting people first. The World Health Report 2008-primary Health Care (now More Than Ever) <http://www.who.int/whr/2008/en/> accessed January 24, 2018
- Primary Care: America's Health in a New Era accessed January 25, 2018 <https://www.ncbi.nlm.nih.gov/books/NBK232631/#ddd00039>
- <https://www.primarycaretraining.co.uk/course-type/distance-learning-courses/> accessed January 26, 2018