

Global Health – Philippine Elective Curriculum

Title of Clerkship: Global Health – Manila, Philippines Student Elective Clerkship

Elective Type: Fourth-Year Elective Clerkship

UT Department(s): Emergency Medicine

Type of Elective:	Clinical	X	Non-Clinical/Research	Basic Science
	_____	_____	_____	_____

International Department/ Clerkships:

- Emergency Medicine
- Other specialties available upon request -
 - Pediatrics
 - Surgery
 - Tropical Medicine/Infectious Diseases
 - Internal Medicine/Infectious Disease
 - Ophthalmology
 - Orthopedics

Clerkship Site: East Avenue Medical Center, Manila, Philippines

Course Number: GLHL 756

Blocks available: Potentially, Blocks 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, but **students must first check availability with The Center for International Health Care Initiatives, then get additional necessary approvals PRIOR TO enrolling. Please see “Special Requirements” section below.** (Note: Not typically offered in July and August – blocks 13 & 14)

Number of students per block: 2 - 4

UT Faculty: Kris Brickman, M.D.

International Faculty: Emmanuel Bueno, M.D. – Global Health Medical Education Supervisor, Chairman, Emergency Medicine Residency Program, Director, Emergency Department & Trauma Service

Veronica Datinginoo, Training Officer, Coordinator for Medical Education in Emergency Medicine.

Alfonso Nuñez, M.D., Medical Student Coordinator.

Rolando Cortez, M.D., President and CEO, East Avenue Medical Center

Teodoro (Ted) Herbosa, M.D., Undersecretary of Health, Philippines Department of Health, Government Administrator responsible for all hospital operations throughout the Philippines

Elective Description/Requirements:

This elective clerkship will enable fourth-year medical students to gain four to eight weeks clinical experience in both inpatient and outpatient clinical settings at East Avenue Medical Center, Manila, Philippines. The students will live in an apartment/dormitory facilities within walking distance of the East Avenue Medical Center (EAMC). An additional alternative may be an opportunity to stay with one of the faculty members who will be responsible for transportation both to and from the hospital daily.

Students will have the opportunity to work with attending physicians in a variety of specialties including primarily Emergency Medicine but also could include virtually all medical and surgical subspecialties. There are ongoing residency programs in most specialties including Obstetrics and Gynecology, Pediatrics, Orthopedics, Ophthalmology, General Surgery, Internal Medicine and Tropical and Infectious Diseases. The Emergency Medicine rotation is the most structured at this time and possibly could be coordinated with a rotation of a UTMC senior EM resident. EAMC is a 600 bed hospital with training and educational programs in virtually all medical/surgical specialties. There are over 350 residents rotating through EAMC as their primary educational institution annually. A rotation in Emergency Medicine is guaranteed upon the request of the student but additional rotations in other specialties will require prior approval of the Philippine faculty, medical supervisor and coordinator.

The student's clinical experience will focus on primarily one of the above areas based on the student's interest and availability of supervised service in that specialty. Student will be expected to manage a variety of problems; specifically the student will learn to integrate the knowledge of clinical disease entities, both medical and surgical. These disease entities will include but not limited to; trauma and acute surgical disease, oncology, cardiology/acute coronary disease, pulmonary disease/acute infectious disease entities, acute neurology emergencies, gastrointestinal disorders, endocrinology and renal/urologic disorders.

Although training and education of medical students and residents in the Philippine medical system is similar to the US educational system, there are still significant differences that will require adaption from medical students in Manila. Although the education and knowledge of faculty and training residents is extensive at EAMC, the technology and resources available often are not. It will be imperative to develop clinical exam skills in making evaluations in this busy, tertiary care facility using what the Philippine faculty state as your "clinical eye." CT scans cannot be ordered on every abdominal pain and headache that presents to the ED. On any rotation, in particular the EM rotation, you will always be working under

supervision and direction of an attending physician referred to as a “Consultant” and will be working alongside another resident and or student from the Philippines. Fortunately English is spoken universally throughout Manila and language barriers should not be a problem on this rotation. Please note that regardless of the specialty that you choose for your elective, you will be exposed to a wide variety of tropical and infectious diseases that you likely have never seen in the US. Specifically Dengee fever is prevalent throughout the Philippines and this hospital sees an average of 6 new cases of Dengee fever per day. Malaria, tuberculosis, parasitic diseases including schistomaniasis and leptosporosis, typhoid and chegela are prevalent throughout the Philippines and managed routinely at this educational facility.

Length of Clerkship: Four Weeks, including travel to and from Manila, Philippines.

Links to EPOs: Educational Course Objectives (ECOs):

K12, K13, K14, K15, K16, S8, S9, P6, P7	1. Describe the institutional mission of EAMC and relate it to the breadth and depth of medical care provided. Include the size of the catchment area served by this tertiary care hospital.
K3, K6, K7, K8, K9, K10, K12, K13, K14, K15, S2, S8, S9, S10, S11, P5, P6, P7	2. Discuss the impact of the three leading types of cancer on (a) the local, urban population served by EAMC, (b) prevalence throughout the Philippines, and (c) the population in rural villages near Manila. Include prevalence, societal productivity / economic impact, mortality and any major public health initiatives currently underway to address the underlying etiologies or access to treatment.
K1, K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K12, K13, K14, K15, S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, P1, P2, P3, P4, P5, P6, P7	3. Discuss the clinical assessment, diagnostic testing and recommended treatment of an individual brought to EAMC’s Emergency Department with acute abdominal pain. Include the various factors to be considered in the allocation of potentially scarce clinical resources.
K9, K10, K11, K12, K13, K14, K15, K16, S2, P1, P2, P3, P4, P5, P6, P7	4. Discuss the similarities and differences between delivery of acute clinical care at UTMC and EAMC. Explain the degree to which physicians have autonomy in deciding which course of treatment to pursue, as well as the impact of an individual’s ability to pay (for medical services) on the type of treatment provided?

K1, K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K12, K13, K14, K15, S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, P3, P5, P6, P7	5. Describe the three most common infectious diseases seen at EAMC and the pathogenesis, differential diagnosis, assessment and recommended treatment for each. Include similarities and differences in diagnostic assessment and treatment of the most common infections encountered at UTMC. Discuss how the concept of “public health” influences treatment decisions at both institutions.
K12, K13, K14, K15, K16, S8, S9, S11, P6, P7	6. Compare the “typical” worldview of someone from Manila, Philippines with that of someone born and raised in Toledo, Ohio. Discuss differences in the understanding of “health and wellness” vs. “disease and illness”, and explain how these differences impact the delivery of medical care in both locations.
K3, K9, K10, K11, K12, K13, K16, S1, S2, S9, P1, P2, P5, P6	7. Describe the cultural differences in the physician/patient relationship in the Philippines compared to the United States and outline the medical ethics issues that face the Philippines that may interfere with optimal overall patient care. Incorporate both patient and physician perception to the rapidly changing health care landscape as it relates to these medical ethics issues.
K5, K6, K7, K10, K11, K13, K14, K15, S2, S7, S8, S11, P3, P7	8. Identify the similarities of the Philippine and American health care systems as well as the disparities that currently exist. Define the obstacles that exist that may limit health care development in selected areas of deficiency.

Professionalism: UT COM students will meet or exceed the institutional standards for professionalism as stated in the current Educational Program Objectives (EPOs) and the current Educational Course Objectives (ECOs) for the sponsoring departments.

Instructional Methods:

- Case write-ups
- Clinical case presentations / discussions
- Diagnostic tests – use / interpretation
- Independent study
- Inpatient rounds
- Interpretation of lab data
- Mentored clinical practice
- Teaching rounds

Evaluation Methods Employed:

- Attendance
- Case presentation
- Case write-up

- Clinical log
- Faculty observation and assessment of clinical skills
- Narrative
- Reflective paper
- Self-assessment
- Formal Presentation

Prerequisites: Successful completion of all third-year required clerkships

Clerkship Director: Kris Brickman, M.D.

Clerkship Coordinator: Pamela Woznicki

Phone Number: 419-383-6330

Email: Pamela.Woznicki@utoledo.edu

Special Requirements:

Special Requirements:

Students participating in this elective will need to fulfill ALL requirements set forth by the UT COM International Travel Committee and gain approval from that body (a) PRIOR TO enrolling in this elective, and (b) at least four months prior to anticipated departure from the U.S.

Each student will be responsible for securing funding for his/her own air transportation to the Philippines and other costs associated with travel between the U.S. and the Philippines. Visas are not required in the Philippines. Keep in mind there is a approximately \$20 airport charge upon leaving the Philippines that must be paid as you go through immigration at the airport so keep some money available for this.

English is spoken throughout the Philippines and virtually all faculty, students and residents within EAMC will speak fluent English.

Students will have telephone service through their cell phones but will require prior conversion for international travel to the Philippines. Also telephone cards can be used for international calls as well as calls within the Philippines. Internet access will be available in the Philippines and students are advised to take their own laptops with them for this rotation. All costs and expenses though for telephone usage, long distance service and internet use will be the responsibility of the student.

A formal orientation will be provided through the Office of Global Health on the Health Science Campus. Students will be required to attend these orientation sessions to gain an understanding of their rotation, the cultural issues of the Philippines and the similarities and differences in clinical practice as it pertains to EAMC and their specific rotation. Video-conferencing (e.g. via Skype) with key medical and institutional leaders from EAMC will occur as necessary prior to the commencement of travel

to complete this orientation process. There will be weekly contact with students and the Office of Global Health while all students are on international rotations abroad. Discussions with the international liaison in the Philippines and the University of Toledo coordinator in the Office of Global Health will occur at least twice monthly to review the student's rotation. These updates are to assure appropriate completion of program goals and objectives and to maintain ongoing communication between the two programs.

AAMC Hot Topics Addressed in this Elective Clerkship:

General Hot Topics

- Biostatistics
- Clinical pathology
- Clinical problem solving / decision making
- Communication skills
- Community health
- Cultural diversity / multi-cultural medicine
- End-of-life care
- Epidemiology / population-based medicine
- Evidence-based medicine
- Family violence / abuse
- Geriatrics
- Health disparities
- Health care financing
- Health care systems
- Human development / life cycle
- Human sexuality
- Medical ethics
- Medical socioeconomics
- Nutrition
- Occupational health / medicine
- Pain management
- Palliative care
- Patient health education
- Prevention and health maintenance / preventive medicine
- Rehabilitation / care of disabled
- Substance abuse
- Women's health

Hot Topics Related to Clinical Prevention and Population Health

- Counseling for health risk reduction
- Disease screening tests
- Environmental health
- Health determinants

- Health policy development processes
- Health services financing
- Health surveillance strategies
- Health care workforce
- Immunization
- Public health systems

Additional Hot Topics

- Health literacy
- Racial / ethnic demographics of illness