

## Global Health – Manila, Philippines Student Clerkship Description

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

**Clerkship Site:** East Avenue Medical Center - Manila, Philippines

**Rotation Type:**

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

**Length of Clerkship:** Four weeks with longer rotations possible.

**Department(s):** Emergency Medicine

**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, e-mail: [drkbaan@yahoo.com](mailto:drkbaan@yahoo.com). Office phone number: (632) 921-6480 or (632)929-4080, cell phone 0917-8391240

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

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Teodoro (Ted) Herbosa, M.D., Undersecretary of Health, Philippines Department of Health, Government Administrator responsible for all hospital operations throughout the Philippines, Office Phone (632)711-6075; Fax (632)711-0780, Cell phone (0908)868-6185, e-mail [ted.herbosa@gmail.com](mailto:ted.herbosa@gmail.com) or [tjherbosa@co.doh.gov.ph](mailto:tjherbosa@co.doh.gov.ph)

**Housing:** There are a few different options available for housing that we have been working through. The primary hospital in which most rotations will be based would be East Avenue Medical Center. This is a 600-bed teaching hospital with over 600 physicians on the medical staff and additionally 150+ interns and over 200 other residents training in virtually all medical and surgical specialties. There is a dormitory type facility that includes beds, bathrooms, showers, etc that would meet all of your basic requirements for living during a one month rotation and this dormitory is attached to the hospital. In addition, there is a hotel within walking distance of the hospital that may also be an option for housing of students/residents. Finally, there is the potential that you could rent a room for one month in one of the local homes of the healthcare providers and/or physicians and they will provide transportation for you to and from the hospital. Further definitive details and costs regarding the housing will be provided at the time of facilitating a Global Health rotation in Manila.

**Transportation:** Traffic in Manila can be everything from bad to horrible. There are limited bypass systems and commonly it can take an hour to get from one side of the city to another. Taxis are everywhere and are relatively cheap, commonly \$2.00 will get you just about anywhere you want to go. A more colorful and sometimes more useful option for transportation are the local “jeepneys” which are modified trucks on a diesel engine with essentially 2 covered benches and a roof over an extended pick up truck type vehicle. This is pretty much the locals mode of transportation and costs a whopping \$0.15 to get anywhere in town. There are also young boys on passenger-attached bicycles and motorcycles who can weave around traffic and get you to where you are going at a minimal cost. Make sure that if you are in a cab that they turn the meter on since one trick is for them to tell you that the meter is broke and try to overcharge you for your cab ride. If the meter is broken, try another cab – it won’t take long. In addition to cabs, there is a metro that runs through Manila but depending on where you want to go and where you are starting from, this may not be real useful since it does not cover a significant majority of greater Manila. Still, if you are near the metro stop and your location is also nearby, the metro is a safe and cheap mode of transportation as well and easy to follow.

**Language Communications:** The Philippine language is virtually impossible to understand or to even try to learn since it is an amalgamation of a number of different cultures and languages that continue to evolve. The good news is that everyone speaks English – at least everyone that I have encountered in the healthcare field. Therefore it is unnecessary for you to worry about language issues even for those patients who will not speak English. You will be with another student and/or resident who will assist you with any of the patient interpretations. Almost all nurses, healthcare providers, physicians, administrators, etc. speak perfectly good English and will not represent a problem in the Philippines.

**Food:** As far as food and dining, again you can find virtually every variety that you can imagine. Local Philippine food commonly will use animal parts that you have never heard of before into a variety of stews. Like most other areas of the world, you will still find multiple outlets of the ubiquitous US fast food enterprises including Starbucks, KFC, Burger King and McDonalds. There is no dining option that you will not find here.

**Foreign Medical and Travel Insurance:** You will need to have medical insurance prior to leaving for your foreign destination. This medical insurance will be arranged through CMI ([www.culturalinsurance.com](http://www.culturalinsurance.com)) or ISI (<http://www.internationalstudentinsurance.com>) and you will need to complete an application for this. The cost for a four week rotation will be approximately \$50. This insurance will cover any acute medical care, transportation costs and repatriation back to the U.S. Keep in mind that most of these experiences will be in academic medical centers that can clearly provide any minor care that would not warrant the use of this medical insurance. Needless to say, in the event of any illness, you must notify the Office of Global Health immediately so that we can provide any assistance necessary in managing any medical issues. In the event that you have insurance through your parents that covers any and all of these international activities, it

will be required for you to provide proof of this insurance to preclude accessing the above mentioned insurance policy.

No separate liability insurance will be required for your rotation abroad. Your medical student liability coverage will be sufficient to cover your academic responsibilities.

**Program Costs:** Flight cost to Manila. Housing costs to be determined but likely \$500-\$1000.

**Pre Trip Requirements:** No vaccinations necessary. White coat and stethoscope. Medical insurance. Any medication necessary. U.S. citizens require a valid passport but no visa is necessary for the Philippines. All students/residents must notify embassy and check for any precautions prior to entering the country.

**Student risk/potential problems:** Travel to any foreign country has its inherent risks that must be considered prior to leaving the US. On these elective rotations, as opposed to traveling with a missionary group, you will not have faculty escorts on this academic adventure. Prior to your departure, safety and security concerns have been addressed to the best of our ability but you will still be functioning independently and anytime you venture outside of the academic and hospital environment, you must be aware of risks that may be compounded by a language barrier. This in no way should detour you from exploring the cultural and recreational activities that each foreign location provides for you but you simply must be cautious and somewhat strategic in how you explore and participate in this foreign landscape.

Specifically, although crime such as theft, sexual assault, etc. has not been a problem in any of our academic locations, students should take appropriate precautions. Women particularly should not venture outside of the campus/housing area alone after dark. Groups of 2 or more regardless of gender should be safe in this environment. I would strongly encourage all students to not invite problems such as spending late nights in local bars, wearing provocative clothing, engaging in excessive alcohol consumption or more significantly any illegal drug use. These activities will invite problems and I will assure you that you will find it, and there will be little that we can do to assist you particularly if you break their laws. Drug laws especially in foreign countries can be much more problematic than the US and not only could jeopardize your medical career but very likely will jeopardize your own freedom. Pick-pockets are prevalent throughout the city of Manila, even in the upscale areas of town. I would caution you to never take your passports when you are out and about the city but carry photocopies only with you. Keep your passports locked in your room so that you do not have to have them replaced should they be lost. Violent crime is very rare in Manila but again, theft is the biggest issue that you should be aware of. Keep in mind that the seedy areas of town abut next to the upscale areas and you never can be too far away from potential criminal activity so please do not invite this problem and you should have no problem.

In essence, all students must use common sense at all times. Resources that you are normally accustomed to in the US may not be readily available. There will be an international coordinator/liaison that will always be available 24/7 for you to contact if you have any problems. For any problems that might occur, you are to immediately notify the Global Health Office here at the University of Toledo. Be sure to [register with the U.S. Embassy or Consulate on-line](#), by phone, email, fax or in person. Registration helps consular staff contact you if necessary and allows you to receive situation updates.

As far as illness and injury, I would expect most of these issues to be handled at least initially at the hospital where you are completing your rotations. You need to immediately notify the international coordinator on site there as well as the Office of Global Health of any healthcare issues that arise and further ongoing management including potential transportation back to the US will be coordinated through the University of Toledo and the international institution.

**Hospital/Educational Facility:** Our affiliation agreement in the Philippines is unique in that our agreement is with the Philippine Department of Health through the Undersecretary of Health, Dr. Teodoro Herbosa. The unique feature is that this agreement would allow Dr. Herbosa to develop opportunities in any number of hospitals throughout the Philippines that he is responsible for in his administrative duties. Dr. Herbosa, as the Undersecretary of Health, is the Administrator overseeing all hospital operations of the government hospitals throughout the Philippines. In discussing a primary training site, he feels that East Avenue Medical Center would be an excellent facility to use as our primary base for our Global Health rotations with the opportunity to have rotations or at least visit some of the other hospitals as the education needs would dictate.

East Avenue Medical Center (EAMC) is a 600 bed hospital established in 1969 under the Philippine Department of Health. Currently there are 400 physicians on faculty at EAMC which serves as the primary residency training site for virtually all specialties, surgical and medical, in Manila. Currently there are over 200 residents and 150 PGY-1 interns rotating at EAMC. In addition to their medical education programs, there is an active nursing training program with currently 750 nurses in training undergoing a 4-year Bachelor of Science Program at EAMC.

Dr. Herbosa, a trauma surgeon and emergency physician, started the very first Emergency Medicine Residency Program in Manila at Philippines General Hospital. Over the last 5 years there has been an additional four programs that have developed with EAMC being the #2 program initiated in the Philippines, currently under the direction of Dr. Emmanuel Bueno, Chair of Emergency Medicine and current Chief of Staff of EAMC. The Emergency Medicine Residency is a four year program with an initial PGY-1 internship year and 3 additional years rotating through the ED. At EAMC there are currently 6 residents per class and their educational curriculum follows the core curriculum of the US EM Residency curriculum. A board exam virtually identical to ABEM is required upon completion of the residency program.

Emergency Medicine at EAMC represents an amazing opportunity to participate in a very high volume; high acuity facility that manages a large range of patients from severe trauma to tropical diseases that you will never find or see in the United States. The current ED volume is over 150,000 per year and is a public government hospital that sees any and all patients presenting to the ED, similar to our healthcare system. They are the highest ranking trauma facility within the hospital systems throughout the Philippines and serve as a primary, tertiary care facility for virtually all specialties. Designations of hospitals within the Philippines range from Level 1 to 4 with 4 being the highest tertiary care facilities and EAMC is a Level 4 facility. Along with Emergency Medicine, Trauma Care and the full array of surgical and medical specialties, EAMC has one of only 3 burn units in the Philippines.

It should be noted that resources in the Philippines are much more limited than what we are accustomed to in the US. As most of you are aware, the purpose of the GH Program is to allow you to assimilate your medical knowledge with a “clinical eye.” Specifically they expect physicians to make their decisions based on appropriate history and physical examination findings. CT scans ancillary studies can be obtained but not to the prevalence and frequency that we are accustomed to in the US. Additional technology is rapidly evolving in the Philippines in that they currently have digital imaging with a PAX system and are soon to be converting over to electronic medical records but at this current time they still are using paper charts for all of their documentation.

Along with high trauma volume, high acuity, the EM Residents are actively involved in virtually any and all procedures done in the ED. This would provide opportunities for students and residents to participate in intubations, central lines chest tubes on trauma patients on almost a daily basis based on their patient volume. Tropical diseases are also a prevalent part of the ED patient volume. Specifically in September of this year alone, the ED admitted 350 cases of Dengue Fever. In fact, they have a separate triage area for patients with suspected Dengue Fever to be triaged separately and isolated as they come into the ED. Tuberculosis and Malaria are also prevalent currently with a range of 20-30 TB patients presenting daily through the ED. EAMC also has a Leprosy unit that manages complications of Leprosy patients, although there is currently no active Leprosy in existence in the Philippines. HIV patients are surprisingly low in the Philippines with a much lower incidence than the US, likely due largely to HERT immunity. The patient care/management format in the Philippines and specifically EAMC is similar to US academic medical centers. An attending is always on duty who will review all cases and residents and students are primarily responsible for managing patients throughout their ED course as well as their inpatient care. Dr. Emmanuel Bueno who is the Director of the ED at EAMC oversees all operations. The “Attending Physicians” in the ED are called “Consultants” so do not confuse the term Consultant with thinking this is a physician from another service. Along with EM Residents and students in the department there will be other residents from virtually all acute care specialties including Orthopedics, Pediatrics, Internal Medicine, Surgery, etc. who will be managing ED patients and arranging their admission and or surgical intervention. One note to keep in mind, not only in the Philippines but for any GH experience at an international institution is that although medications are commonly the same as what we use in the US, the brand names are typically different. Therefore, please refrain from using brand names

when ordering any medications, but instead use the generic name at all times, i.e. Versed is Podasilam; Ultram is Tramadol; Motrin is Ibuprofen, etc.

Other primary residency programs that are leading educators of medical and surgical education at EAMC include Orthopedics, Obstetrics & Gynecology; General Surgery, Trauma, Pediatrics and Ophthalmology. In fact there is an affiliated eye center with EAMC manages Ophthalmology cases. All of these rotations are potentially available for medical students preferring to take a rotation outside of Emergency Medicine but these will need to be confirmed prior to officially scheduling.

**Medical Education in the Philippines:** The medical education system in the Philippines surprisingly is identical to the US medical system. In fact this is primarily due to the US being responsible for establishing a medical system in the early part of the century in the Philippines. Therefore medical school involves a 4-year program after undergraduate school and board exams are taken on a similar schedule as our medical students. Residency programs also follow a similar pattern and their training and education curriculum is identical to the US medical education system. Many of the “Consultant Physicians” have had some portion of their medical education in the US and therefore are quite familiar with our educational system.

**Cultural Activities:** Manila and the Philippines have a rich cultural history that dates back to the early 1500’s. The Philippines was initially settled by the Spanish and numerous ruins and buildings of old Manila still exist from the Spanish occupation. Unfortunately very few of Manila’s historic buildings have survived due to numerous earthquakes and World War II which essentially devastated the city of Manila as it served as a primary battle ground between the US and Philippine forces against the Japanese. In spite of this, there is much to see of the ancient ruins and rebuilt churches, universities and historic sites that comprise this city.

Highlights include:

- Visiting Mount Pinatubo
- Stroll through Intramuros
- Visit surrounding tropical islands
- Diving and Mount Climbing
- Take a ride in a “Jeepney”
- Play a round of golf on a course amid the ancient ruins of central Manila
- Experience phonetic shopping with the locals in Divisoria (leave wallet and passport at home)
- Upscale shopping at one of the many malls
- Experience one of their most popular sports “cock fighting” REALLY!
- Enjoy a basketball game or soccer match, both popular pro sports in the Philippines
- Choose your fish/seafood choice at the “Fish Market” and watch them cook it for you for one of the best seafood meals you have ever had.
- Visit the Manila Aquarium and Ocean Park

## **Discussion – Manila, Philippines:**

Manila is a city of 20,000,000 people, one of the largest cities in Southeast Asia. It is an enormous metropolis that is made up literally of 13 small cities blending together to make up greater Manila. The primary hospitals that comprise the academic experiences for Global Health in the Philippines are in one of these sub cities called Quezon. This is in the northern part of Manila and blends the older, historic area of Manila, established and built by the Spanish in the mid 1500's with new age sky rise office buildings and hotels. Manila truly represents the full array of culture, social class, poverty and affluence commonly within a relatively small geographic area. One that is ubiquitous throughout Manila no matter what section of town that you are in is the array of malls that exist throughout the city, virtually on every block. Many stores represented throughout Manila are name brands that you are well familiar with throughout the western world.