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# FCH 260.1 & FCH 260.2

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Course Guide for August 18-24 2020



AUGUST 1, 2020

DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE  
University of the Philippines-Philippine General Hospital

University of the Philippines College of Medicine-  
Philippine General Hospital  
Department of Family and Community Medicine  
Key Concepts in Family and Community Health (FCH 26.1 &FCH 260.2)  
Course Guide for UPCM Learning Unit 7 and Postgraduate Interns Batch 2020-2021

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## Weeklong COURSE GUIDE

The Department of Family and Community Medicine offers the courses FCH 260.1 and FCH 260.2 to Learning Unit 7 students of UPCM and post graduate interns. Due to the unforeseen pandemic, a weeklong course is designed as part of the remote learning.

### Course Objectives

At the end of the week, the intern should be able to:

1. Discuss primary care approach to common diseases seen at DFCM service areas
2. Discuss application of clinical practice guidelines in the management of primary care cases
3. Discuss PFC framework (patient centered family focused community oriented) to care for families
4. Discuss application of family assessment tool in the analysis of family dynamics in relation to illness
5. Discuss community oriented care concepts
6. Discuss active listening skills and basic counselling
7. Discuss basic supportive, hospice and palliative care
8. Contextualize the COVID-19 pandemic within the Primary Health Care Framework
  - a. Explain the multifactorial nature of key COVID-19 health issues in the Philippines
  - b. Critique the national and local COVID-19 pandemic response in the Philippines through key program examples
  - c. Reflect on their role as future physicians who will be working in the Philippine Health Care System as it is now.
9. Discuss preventive medicine, basic epidemiology, evidence based medicine

### Course Faculty-in-charge

- FCH 260.1 (Family Medicine) course coordinators
  - Dr. Anna Guia Limpoco (Coordinator)
  - Dr. Peter Julian Francisco (Co-Coordinator)
- FCH 260.2 (Community Medicine) course coordinator
  - Dr. Paolo Victor Medina
- Preventive and Evidence -based Medicine PLE review faculty-in-charge
  - Dr. Louella Carpio

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Course Outline

FCH 260.1 (FAMILY MEDICINE) and EBM/PREVENTIVE MEDICINE

| FCH 260.1 Modules:<br>(August 18 to 20,<br>22) EBM/Preventive<br>Medicine Module: (August<br>24)   | Synchronous   | Asynchronous  |
|--|---|---|
| <p>Top 10 Morbidities from National Objectives of Health</p> <p>Top Morbidities seen at DFCM service areas<br/>                     August 18 (AM &amp; PM)<br/>                     August 19 2020 (AM)</p>                                 | <p>Non Communicable</p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Hypertension</li> </ul> <p>Communicable</p> <ul style="list-style-type: none"> <li>• Acute Gastroenteritis</li> <li>• Dengue</li> </ul> <p>COVID 19</p> <p>Plenary sessions on DM, HPN, COVID, AGE, Dengue will be webinar style of around 30min to 1 hour sessions with DFCM faculty</p> <p><b>Goal:</b> Discuss the primary care approach to common diseases with focus on management</p> <p>There will be 1 hour processing at the end of the day % assigned DFCM faculty</p> | <p>Non Communicable</p> <ul style="list-style-type: none"> <li>• Dyspepsia</li> <li>• Osteoarthritis</li> <li>• Asthma</li> <li>• Mental Health in Primary Care</li> </ul> <p>Communicable</p> <ul style="list-style-type: none"> <li>• Leptospirosis</li> <li>• Pneumonia</li> <li>• UTI</li> <li>• Pulmonary TB</li> </ul> <p>Clinical practice guidelines as reference</p> <p>Modules will be uploaded to LMS, Interns can access at their own time. For each of the modules there will be 2-3 post test questions (self-assessment). Each module will have a recorded session and notes as a guide that interns can download and study at their own pace.</p> |
| <p>Patient Centered Family Focused Community Oriented Care (August 19 2020 PM)</p> <p>Family assessment tools<br/>                     Connection of family psychodynamics and the illness<br/>                     Coordination of care</p> | <p>Introduction to Patient centered Family focused Community oriented care (PFC)<br/>                     Family case presentation in the regular Thursday staff conference of DFCM</p> <p>Plenary session on introduction to PFC in preparation for the staff conference on august 19 2020 PM</p>  | <p>Family Life Cycle stages<br/>                     Family Assessment Tools<br/>                     Occupational Health</p> <p>Modules will be uploaded to LMS, Interns can access at their own time. For each of the module there will be 2-3 post test questions (self-assessment)</p>  |

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|   | <p>Plenary session on Family case presentation in a staff conference on August 20 2020 AM</p> <p><b>Goals:</b><br/>         Discuss the application of PFC framework in the analysis and management of an illness in the context of patient, family and community</p> <p>Discuss the utilization of family assessment tools in the analysis of illness</p> <p>There will be 1 hour processing at the end of the day % assigned DFCM faculty</p> |  |
| <p>Basic Counselling (August 22 2020 AM)</p> <p>application of basic counselling skills such as active listening skills<br/>         Individual Catharsis<br/>         Education Action</p> | <p>Active Listening Skills<br/>         Individual CEA</p> <p>Goal: To discuss active listening skills and basic counselling</p> <p>Plenary session on ALS and basic counselling (August 22 2020)</p> <p>There will be 1 hour processing at the end of the day % assigned DFCM faculty</p>  | <p>Family CEA</p> <p>Modules will be uploaded to LMS, Interns can access at their own time. For each of the module there will be 2-3 post test questions (self-assessment)</p>   |
| <p>Basic Supportive Hospice &amp; Palliative care (August 22 2020 AM)</p>   | <p>Basic concepts on supportive, hospice and palliative care</p> <p>Goal: Discuss basic supportive, hospice and palliative care concepts</p> <p>Plenary session on introduction to SPHC concepts (August 22 2020)</p> <p>There will be 1 hour processing at the end of the day % assigned DFCM faculty</p>  | <p>Pain management<br/>         Bereavement<br/>         Disclosure</p> <p>Modules will be uploaded to LMS, Interns can access at their own time. For each of the module there will be 2-3 post test questions (self-assessment)</p> |

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| Preventive Med, Epidemiology, EBM (August 24 2020) | Preventive Medicine Board Examination review<br><br>Plenary session on Preventive Medicine Board Examination review (AM)<br><br>There will be 1 hour processing at the end of the day % assigned DFCM faculty | EBM (Diagnostics & therapeutics) |
|--|---|----------------------------------|

FCH 260.2 (COMMUNITY MEDICINE)

| FCH 260.2 Module (August 21, 2020)   | Synchronous  | Asynchronous   |
|--|--|--|
| <p>Overarching Frameworks:</p> <ul style="list-style-type: none"> <li>• Alma Ata Primary Health Care</li> <li>• WHO Health Systems Framework</li> <li>• Social Determinants of Health</li> <li>• The Practice of Community Medicine</li> </ul> <p>Specific Concepts:</p> <ul style="list-style-type: none"> <li>• Philippine Health Situation</li> <li>• Philippine COVID-19 Pandemic Response</li> <li>• Health Inequity: The Philippine Health Care System</li> <li>• Devolution and Health</li> </ul> | <p><b>AM:</b> (30 minutes to 1 hour) - Giving of Materials and Instructions for Group Work/Output:</p> <ul style="list-style-type: none"> <li>• COVID-19 sa Pilipinas: “Ang Mga Kuwento Ni Michelle Silvertino at Theresa Cruz”</li> <li>• Will entertain questions, clarifications, etc. from the interns.</li> </ul> | <ul style="list-style-type: none"> <li>• Materials will be uploaded for the interns in the VLE for their viewing (ideally before the sessions/activities on August 21) <ul style="list-style-type: none"> <li>○ Introduction to Community Medicine (PHC-SDH-Health Systems) - % PVNMedina</li> <li>○ Alma Ata Declaration (1978)</li> <li>○ Astana Declaration (Redeclaration of PHC; 2018)</li> </ul> </li> <li>• 9AM to 3PM: Group Work/Discussions for the blocks. <ul style="list-style-type: none"> <li>○ Each block will be divided into 2: <ul style="list-style-type: none"> <li>▪ Kwento ni Michelle Silvertino Group OUTPUTS: <ul style="list-style-type: none"> <li>• Web of Causation: “Bakit Namatay si Michelle Silvertino?”</li> <li>• Program Critique (Analysis and Recommendations): <ul style="list-style-type: none"> <li>○ Balik Probinsiya Program</li> <li>○ Hatid Probinsiya Program</li> </ul> </li> </ul> </li> <li>▪ Kwento ni Theresa Cruz Group OUTPUTS: <ul style="list-style-type: none"> <li>• Web of Causation: “Bakit Namatay si Theresa Cruz?”</li> </ul> </li> </ul> </li> </ul> </li> </ul> |

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| <ul style="list-style-type: none"> <li>• Human Resources for Health in the Philippines</li> </ul> |  | <ul style="list-style-type: none"> <li>• Program Critique (Analysis and Recommendations):           <ul style="list-style-type: none"> <li>○ Bayanihan to Health Act HRH Provisions</li> <li>○ DOH HRH Pandemic Hiring Program</li> </ul> </li> <li>▪ Outputs are to be presented to the whole block (for collective learning); Course preceptor-mentors to facilitate the module processing. (Takes place of the daily course check-out/mentoring session)</li> <li>○ Selected “Trigger” Inputs/Materials will be provided in the VLE to serve as take-off points for the group discussions and outputs.</li> <li>○ Rubrics for Activity Evaluation and Grading will be provided to both faculty and students through VLE</li> </ul> |
|   | <p><b>PM:</b> 3-5PM:<br/>         Presentation of outputs of the block to their course preceptors/mentors.</p> | <ul style="list-style-type: none"> <li>• Additional materials for personal reflection, study will be given (no deadline for accomplishment; materials in VLE for review/revisiting at any time during the year.</li> <li>• Module Checkout:           <ul style="list-style-type: none"> <li>○ Flipgrid Reaction Videos               <ul style="list-style-type: none"> <li>▪ What was your most significant learning for today?</li> </ul> </li> </ul> </li> </ul>  |

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## FCH 260.1, FCH 260.2 and Preventive Medicine AUGUST 18-24, 2020 Course Schedule

| Dates        | Activities  | Point person              | Platform   |
|--------------|---|---------------------------|--|
| August 18-19 | <p style="text-align: center;"><b>Program for August 18 2020</b></p> <p>8-8:15 AM: Welcome Remarks % Chair DFCM<br/>8:15-9:30 AM Orientation for the week and schedule of activities (Dr Limpoco)<br/>10:00-11:00 AM Hypertension module (Dr PJ Francisco)<br/>11-12 Q&amp;A</p> <p>Moderator: Dr. Anna Guia Limpoco</p> <p>1:00-2:00 PM Diabetes mellitus Type 2 module (Dr Sta Ana)<br/>3:00-4:00 PM COVID 19 module (Dr PJ Francisco)</p> <p>Moderator: Dr PJ Francisco</p> <p>5:00 on wards: processing per block with assigned faculty</p> <p style="text-align: center;"><b>Program for August 19 2020</b></p> <p>8:00-9:00 AM Review of Aug 18 activity % Dr. PJ Francisco<br/>9:00-10:00 AGE module<br/>11-12 Dengue module</p> <p>Moderator: Dr P. Medina</p> <p>1-2 PM: PFC Module (Dr AM Gabuyo)</p> <p>Moderator: Dr Limpoco</p> <p>5:00 on wards: processing per block with assigned faculty</p> | FCH 260.1 & 2 consultants | VLe (LMS)<br>Zoom webinars AM plenary<br><br>Self-assessment per day<br><br>Individual Zoom sessions with assigned faculty Processing /feedback (% assigned consultants per block) |



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|-----------|---|---|---|
| August 20 | <p><b>Program for August 20 2020</b></p> <p>8-12 NN Family Case<br/>Presenter: Dr Ian Hipol<br/>Reactors: Dr Pj Francisco (P)<br/>Dr L Nicodemus (F)<br/>Dr. P. Medina (C)</p> <p>Moderator: Dr AM Gabuyo</p> <p>5:00 on wards: processing per block with assigned faculty</p>  | <p>DFCM<br/>Family case presentation (Dr Ian Hipol)<br/>Moderator: Dr A Cordero<br/>Reactors/Panelists (PFC)<br/>Dr Pj Francisco (P)<br/>Dr L Nicodemus (F)<br/>Dr. P. Medina (C)</p> | <p>Zoom webinar plenary<br/>8-11 AM</p> <p>Individual Zoom sessions with assigned faculty<br/>Processing /feedback (% assigned consultants per block)</p> |
| August 21 | <p><b>Program for August 21 2020</b></p> <p>8-9AM Instructions (plus consultation, clarifications) for the Day's Activities % Dr. P. Medina<br/>9AM-3PM Asynchronous group work for interns (to produce 2 outputs)<br/>3-5PM Presentation of outputs to faculty preceptor-mentors and processing of the day's activities.</p>         | <p>Dr P. Medina</p>   | <p>Zoom Webinar plenary</p> <p>Individual Zoom sessions with assigned faculty<br/>Processing /feedback (% assigned consultants per block)</p>             |
| August 22 | <p><b>Program for August 22 2020</b></p> <p>8-830 Short recap of aug 21 2020 % Dr P. Medina<br/>830-1030 Basic Counselling (Dr Dionisio/Dr Engada)<br/>11-12 Introduction to basic supportive, hospice and palliative care (Dr Ang)</p> <p>Moderator: Dr Limpoco</p> <p>5:00 on wards: processing per block with assigned faculty</p> | <p>Dr Allan Dionisio<br/>Dr Kash Engada</p> <p>Dr Andrew Ang</p>  | <p>Zoom webinar plenary</p> <p>Individual Zoom sessions with assigned faculty<br/>Processing /feedback (% assigned consultants per block)</p>             |
| August 23 | <p><b>OnLine assessment for topics covered from august 18-19</b></p>  | <p>FCH 260.1 &amp; 2<br/>Coordinators</p>   | <p>VLe (MCQ 30 points)<br/>Interns can access on august 23 2020 (10 AM to 3 PM)</p>   |
| August 24 | <p><b>Program for August 24 2020</b></p> <p>8-10 Preventive medicine board review session (Dr Carpio)<br/>10-12 Feedback of OnLine Exam (Dr Francisco/Medina/Limpoco)<br/>Feedback on the course</p>  | <p>Dr L. Carpio</p>   | <p>Zoom webinar plenary</p> <p>Individual Zoom sessions with assigned faculty<br/>Processing /feedback (% assigned consultants per block)</p>             |

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|--|---|--|--|
|  | 5:00 on wards: processing per block with assigned faculty |  |  |
|--|---|--|--|

FCH 260.2 INTERNS' ACTIVITY FACULTY GUIDE "Ang Mga Kuwento Nila Michelle Silvertino at Theresa Cruz"  
August 21, 2020

**August 18 to 24, 2020 Course; FCH 260.2 Objectives**

At the end of the week long course, the interns are expected to:

1. Contextualize the COVID-19 pandemic within the Primary Health Care Framework
  - a. Explain the multifactorial nature of key COVID-19 health issues in the Philippines
  - b. Critique the national and local COVID-19 pandemic response in the Philippines through key program examples
  - c. Reflect on their role as future physicians who will be working in the Philippine Health Care System as it is now.

**ACTIVITY OUTLINE**

| FCH 260.2 Module<br>(August 21, 2020)   | Synchronous   | Asynchronous   |
|---|---|--|
| Overarching Frameworks: <ul style="list-style-type: none"> <li>• Alma Ata Primary Health Care</li> <li>• WHO Health Systems Framework</li> <li>• Social Determinants of Health</li> <li>• The Practice of Community Medicine</li> </ul> Specific Concepts: <ul style="list-style-type: none"> <li>• Philippine Health Situation</li> <li>• Philippine COVID-19 Pandemic Response</li> </ul> | <b>AM:</b> (30 minutes to 1 hour) - Giving of Materials and Instructions for Group Work/Output: <ul style="list-style-type: none"> <li>• COVID-19 sa Pilipinas: "Ang Mga Kuwento Ni Michelle Silvertino at Theresa Cruz"</li> <li>• Will entertain questions, clarifications, etc. from the interns.</li> </ul> | <ul style="list-style-type: none"> <li>• Material will be uploaded for the interns in the VLE for their viewing (ideally before the sessions/activities on August 21)               <ul style="list-style-type: none"> <li>○ Introduction to Community Medicine (PHC-SDH-Health Systems) - % PVNMedina</li> <li>○ Consider FlipGrid reactions to material.</li> </ul> </li> <li>• 9AM to 3PM: Group Work/Discussions for the blocks.               <ul style="list-style-type: none"> <li>○ Each block will be divided into 2:                   <ul style="list-style-type: none"> <li>▪ Kwento ni Michelle Silvertino Group OUTPUTS:                       <ul style="list-style-type: none"> <li>• Web of Causation: "Bakit Namatay si Michelle Silvertino?"</li> <li>• Program Critique (Analysis and Recommendations):                           <ul style="list-style-type: none"> <li>○ Balik Probinsiya Program</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul> |

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| <ul style="list-style-type: none"> <li>• Health Inequity: The Philippine Health Care System</li> <li>• Devolution and Health</li> <li>• Human Resources for Health in the Philippines</li> </ul> |  | <ul style="list-style-type: none"> <li>○ Hatid Probinsiya Program</li> <li>▪ Kwento ni Theresa Cruz Group OUTPUTS:           <ul style="list-style-type: none"> <li>• Web of Causation: “Bakit Namatay si Theresa Cruz?”</li> <li>• Program Critique (Analysis and Recommendations):               <ul style="list-style-type: none"> <li>○ Bayanihan to Health Act HRH Provisions</li> <li>○ DOH HRH Pandemic Hiring Program</li> </ul> </li> </ul> </li> <li>▪ Outputs are to be presented to the whole block (for collective learning); Course preceptor-mentors to facilitate the module processing. (Takes place of the daily course check-out/mentoring session)</li> <li>○ Selected “Trigger” Inputs/Materials will be provided in the VLE to serve as take-off points for the group discussions and outputs.</li> <li>○ Rubrics for Activity Evaluation and Grading will be provided to both faculty and students through VLE</li> </ul> |
|  | <p><b>PM:</b> 3-5PM:<br/>         Presentation of outputs of the block to their course preceptors/mentors.</p> | <ul style="list-style-type: none"> <li>• Additional materials for personal reflection, study will be given (no deadline for accomplishment; materials in VLE for review/revisiting at any time during the year.</li> <li>• Module Checkout:           <ul style="list-style-type: none"> <li>○ Flipgrid Reaction Videos               <ul style="list-style-type: none"> <li>▪ What was your most significant learning for today?</li> </ul> </li> </ul> </li> </ul>   |

**DETAILED ACTIVITY GUIDE:**

**August 21, 2020 Activity Objectives:**

1. At end of the activity, the interns are expected to:
  - a. Explain the multifactorial and multilevel impact of the COVID-19 pandemic on specific population/stakeholder groups
    - i. Discuss how the Philippine Health Care delivery system affects the COVID-19 pandemic response

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- ii. Discuss how the Social Determinants of Health determine the impact of COVID-19 on people
  - b. Use the Primary Health Care Framework in critiquing the Philippine COVID-19 pandemic response.
- .Analyze the Balik Probinsiya and Hatid Probinsiya Programs
- i. Analyze the HRH provisions of the Bayanihan to Heal as One Act and the HRH recruitment program of the DOH

**Instructions to the Interns (given by Dr. Paolo Victor N. Medina during the 8-9AM instructions/clarifications/session):**

1. Each intern's block/group should be divided into **2 subgroups**. The final groupings will be left to the interns to decide.
  2. One sub-group will be assigned to "Ang Kwento ni Michelle Silvertino" while the other will be assigned to "Ang Kwento ni Theresa Cruz".
- a. Note: the materials for both stories are accessible to the whole block.
  3. From 9AM to 3PM, the subgroups will be asked to watch and/or read the materials in the file folder labeled "Ang Kwento ni Michelle Silvertino/Theresa Cruz" to come up with the outputs for the day.
- . After going through the relevant materials, **BOTH SUBGROUPS** will answer the question: "**Bakit namatay si Michelle Silvertino/Theresa Cruz?**" as per their assigned story by creating a **Web of Causation**.
- i. It is suggested that the members of the subgroup choose at least one facilitator and at least one documentor from among themselves to facilitate the process.
    1. The facilitator asks the group for the most immediate cause of Michelle Silvertino's/Theresa Cruz's death first ("Bakit namatay si...?"). The likeliest answer will be COVID-19, which the documentor lists down. The facilitator then asks again ("Bakit nagka-COVID-19 si...?"). The answer is again written down and connected to the answer immediately preceding it. This goes on as a thread of connected answers which have been elicited by repeatedly asking the question, "Bakit?" until the thread ends because the question, "Bakit?" cannot be answered anymore.
    2. It is inevitable that there can be more than one answer to the question, "Bakit?" at several points during the process. If this happens, it is highly recommended that the documentor writes down the/these answer(s) and indicates connections to previous answers as the case may be.
  - a. To help make the process more efficient, and to ensure that the necessary connections are made, it is also recommended that the "Bakit? Bakit?" procedure is exhausted for a particular thread first before moving on to the next/other threads.
  - b. The group can always go back to previous threads when new connections are made or realized.
- ii. Usually, it takes 30 to 45 minutes to come up with a Web of Causation similar to this example: <https://tinyurl.com/KwentoNiRosarioWeb> (which is of "Kwento ni Rosario"), a similar activity (from which much inspiration is drawn from) that many medical students were able to have in their respective med schools.
    1. Note: the whimsical.com website can be explored by the interns for tools to use to create their webs of causation for the activity, but this is not required.
    2. The web of causation can be of any format or design (even a figure drawn on Manila Paper, etc.) that is most convenient for the interns to come up with for presentation to the rest of the block and the consultant preceptor-mentors **later in the afternoon**.
  - iii. The Web of Causation will be used as the take-off point for the second output of the group work, which is the **COVID-19 Program Critique** related to the story of Michelle Silvertino or Theresa Cruz. After presenting their respective webs, the subgroups are expected to make a statement summarizing the root causes and their interconnections within the greater contexts of the Philippine Health Care System and Alma Ata Primary Health Care. .

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a. By using their respective Webs of Causation, the subgroups already have an appreciation of the problems and issues surrounding the unfortunate deaths of Michelle Silvertino and Theresa Cruz. To address these, the Philippine government has come up with specific programs, within the overall National COVID-19 response. For the second OUTPUT of the subgroup, a **COVID-19 Program Critique** will be expected from the interns, tackling either the **Balik Probinsiya and Hatid Probinsiya Programs** for the Michelle Silvertino subgroups or the **Relevant HRH provisions of the Bayanihan to Heal As One Act and the DOH HRH Recruitment Program** for the Theresa Cruz teams.

To help point the interns to the right direction in terms of materials to review for the Program Critique, they are enjoined to check out the materials in the respective relevant sub-folders labeled: “Balik at Hatid Probinsiya” and “HRH Bayanihan to Health As One”

i. The abovementioned programs are to be analyzed, critiqued and assessed using the Principles of Primary Health Care below:

| PRIMARY HEALTH CARE PRINCIPLES (Alma Ata, 1978)   | Sample Discussion Points/Elements for Analysis <i>(not exhaustive; only to help the interns come up with the program critique)</i>   |
|---|--|
| Health is a fundamental human right and the goal is the highest level of health as defined by WHO.        | <ul style="list-style-type: none"> <li>• Core health issue(s) that the program seeks/fails to address?</li> <li>• Vulnerable population/group most affected by the health issue? Why?</li> <li>• How is the right to health promoted and protected (or not) by the program?</li> <li>• How are the needs of the target population/group addressed (or not)?</li> </ul>   |
| Government has the duty and responsibility to ensure the health of the people.                            | <ul style="list-style-type: none"> <li>• What are the roles of the national and local governments in the program?</li> <li>• How is the government fulfilling its role as steward of health in the planning, implementation, evaluation and continued improvement of the program?</li> <li>• How is leadership and governance manifested and actualized in the program?</li> </ul>   |
| The people have the right and duty to participate individually and collectively in ensuring their health. | <ul style="list-style-type: none"> <li>• What are the roles of people (citizens and stakeholders) in the program?</li> <li>• Do they have a say in the relevant decision-making processes?</li> <li>• How would you characterize their involvement?               <ul style="list-style-type: none"> <li>○ Beneficiaries? Volunteers? Consultants? Partners? Managers?</li> </ul> </li> </ul>  |
| Inequities in health are founded in inequities in life and are UNACCEPTABLE.                              | <ul style="list-style-type: none"> <li>• What are the Social Determinants of Health that contextualize and define the core health issue(s) being addressed?               <ul style="list-style-type: none"> <li>○ Economic, Environmental, Political, Social, Cultural, Religious, Health, Gender, etc.</li> </ul> </li> <li>• What are the SDH that promote/facilitate program success? What are the SDH that hinder program success?</li> </ul> |

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|  |   |
|--|---|
| <p>Economic and Social Development (intersectoral collaboration), is of basic importance in the fullest attainment of health for all</p>   | <ul style="list-style-type: none"> <li>• How does the overall social, economic, political, cultural, etc. development context of the Philippines impact on program success? Relevance?</li> <li>• How are the interactions between the health and non-health sectors involved in the programs? Are the dynamics between health and non-health sectors collaborative? Synergistic? Complementary?</li> </ul> |
| <p>Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to people.</p> | <ul style="list-style-type: none"> <li>• How is the program aligned with “Health for All”?</li> </ul>   |

iii. If you were given the opportunity to change the program, what are the top 3 things that you will prioritize and why?

5. The two OUTPUTS will be presented and discussed in your respective preceptorial-mentoring groups from 3:00PM to 5:00PM. The suggested schedule (and recommended report/output lengths are as follows (the block may decide to change up the presentation schedule, etc. according to the members’ collective preference):

- a. 3:00 to 3:20 - Subgroup 1 Web of Causation Presentation
- b. 3:20 to 3:40 - Subgroup 1 Program Critique Presentation
- c. 3:40 to 3:55 - Processing (consultant-led comments, questions, reactions, etc) of Subgroup 1 Outputs
- d. 3:55 to 4:15 - Subgroup 2 Web of Causation Presentation
- e. 4:15 to 4:35 - Subgroup 2 Program Critique Presentation
- f. 4:35 to 4:50 - Processing (consultant-led comments, questions, reactions, etc) of Subgroup 2 Outputs
- g. 4:50 to 5:00 - Session End (DSAQ processing) by Consultant Preceptor-Mentor

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**Evaluation Rubrics (Reference for Both Faculty and Interns)**

**WEB OF CAUSATION**

| <b>CONCERNS</b><br><i>Areas for Improvement</i><br><i>(70 to 80)</i> | <b>CRITERIA (Done Well)</b><br><i>Standards for this Evaluation</i><br><i>(81 to 90)</i>  | <b>STRENGTHS AND GOOD POINTS</b><br><i>Evidence of Exceeding Standards</i><br><i>(91 to 100)</i> |
|--|---|--|
|  | <b>Clarity and Presentation</b> <ul style="list-style-type: none"> <li>• Web of Causation is presentable and can be understood</li> <li>• Figures, images, etc. used are non-distracting and help facilitate understanding</li> <li>• Diagram is complex, yet organized</li> </ul>  |  |
|  | <b>Content</b> <ul style="list-style-type: none"> <li>• Answers to “Bakit?” are comprehensive and exhaustive</li> <li>• Answers cuts across themes/sectors/SDH</li> <li>• Purposeful effort to go beyond health and health-related paradigms</li> </ul>   |  |
|  | <b>Analysis</b> <ul style="list-style-type: none"> <li>• Connections between answers are clear, make sense and more importantly relevant/meaningful to the issue(s) at hand</li> <li>• 3 to 5 levels of root causes analyzed in terms of relationships, interactions and effects.</li> <li>• Exhaustive and comprehensive identification of problems (individual, government, SDH, etc.)</li> </ul> |  |

**FINAL GRADE:** \_\_\_\_\_ **FACULTY EVALUATOR:** \_\_\_\_\_

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**PROGRAM CRITIQUE**

| <b>CONCERNS</b><br><i>Areas for Improvement</i><br><b>(70 to 80)</b> | <b>CRITERIA (Done Well)</b><br><i>Standards for this Evaluation</i><br><b>(81 to 90)</b>   | <b>STRENGTHS AND GOOD POINTS</b><br><i>Evidence of Exceeding Standards</i><br><b>(91 to 100)</b> |
|--|--|--|
|  | <b>Clarity and Presentation</b> <ul style="list-style-type: none"> <li>• Design and manner of delivery enhance clarity of the presentation.</li> <li>• Figures, images, etc. used are non-distracting and help facilitate understanding</li> </ul>   |  |
|  | <b>Content</b> <ul style="list-style-type: none"> <li>• Important provisions (both positive and negative) of the program are highlighted</li> <li>• Mindfulness in trying to cover the many facets to the program in terms of the issue at hand.</li> <li>• Issue(s) that the program seeks to address are depicted clearly and comprehensively</li> </ul>   |  |
|  | <b>Analysis</b> <ul style="list-style-type: none"> <li>• Exhaustive and comprehensive identification of problems (individual, government, SDH, etc.)</li> <li>• Problems, issues, criticisms, good points, etc. of the program are contextualized well within the Principles of Alma Ata Primary Health Care (refer to interns' guide)</li> <li>• Critique is not one-sided nor neutral but biased towards the needs,realities and contexts of the people</li> <li>• Inequities are highlighted and explained</li> <li>• Feasible, timely, acceptable, relevant and meaningful Recommendations for program improvement/strengthening based on analysis.</li> </ul> |  |

**FINAL GRADE:** \_\_\_\_\_ **FACULTY EVALUATOR:** \_\_\_\_\_



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**NOTES TO THE FACULTY PRECEPTOR:** The two OUTPUTS will be presented and discussed in your respective preceptorial-mentoring groups from 3:00PM to 5:00PM on August 21, 2020. The suggested schedule (and recommended report/output lengths are as follows (the block may decide to change up the presentation schedule, etc. according to the members' collective preference):

- 3:00 to 3:20 - Subgroup 1 Web of Causation Presentation
- 3:20 to 3:40 - Subgroup 1 Program Critique Presentation
- 3:40 to 3:55 - Processing (consultant-led comments, questions, reactions, etc) of Subgroup 1 Outputs
- 3:55 to 4:15 - Subgroup 2 Web of Causation Presentation
- 4:15 to 4:35 - Subgroup 2 Program Critique Presentation
- 4:35 to 4:50 - Processing (consultant-led comments, questions, reactions, etc) of Subgroup 2 Outputs
- 4:50 to 5:00 - Session End (DSAQ processing) by Consultant Preceptor-Mentor

Please ensure that both subgroups are given enough time to present their outputs as above. For each subgroup, 15 minutes have been allotted for any comments, clarifications, questions, corrections, reactions, etc. that you may have to their presentations. Depending on your group's preference, you can opt to just let both subgroups present their outputs first then have 30 minutes of processing time after all presentations. Use the rubrics provided for their evaluation. As you can see, the single-point rubric encourages you to write qualitative feedback for your interns as part of their formative assessment. Hopefully, what you would put in the rubrics will impact their growth as physicians-to-be, especially in these difficult and uncertain times. To end the session, 10 minutes are allotted for DSAQ processing as with the previous days. Just ask the interns what DSAQ point they would like to share as you close the day's activities. Please also remind them of the Flipgrid video reactions that they have to accomplish (anytime after the rotation) as their check out activity for the day. The instructions for this will be in the VLE. Maraming salamat and God bless!

## INTERNS GUIDE for the use of LMS

### General rules:

1. Each of the interns in the different tracks should access the FCH 260.1 and 260.2 course in the VLe
2. Reading materials and modules for asynchronous will be uploaded in LMS which can be accessed anytime
3. Self test at the end of each module should be answered
4. Processing for any clarifications and integration of the modules can further be reinforced during the session with assigned faculty
5. There will be an **ONLINE exam to be uploaded on AUGUST 23 2020 AM**. You can take the exam at any time within (10 AM-3PM). Feedback on the exam will be provided on August 24 2020.
6. Submission of the self assessment test will serve as an attendance for the said activity.

### Modules available in the LMS

- Common primary care cases seen at the outpatient department, ambulatory clinic and family health unit
- Family Medicine Principles
- Evidence Based Medicine
- Counselling skills such as CEA
- Career opportunities for Family Medicine graduates
- PFC matrix

### Reference materials

- Clinical practice guidelines
- PFC art
- Primary care webinars
- Family assessment tools

### Evaluation

| Criteria   | Grade       |
|--|-------------|
| <b>Attendance</b> <ul style="list-style-type: none"> <li>• Plenary sessions in AM</li> <li>• Group processing in PM</li> <li>• Submission of the self assessment test</li> </ul> | <b>20%</b>  |
| <b>Self assessment</b> <ul style="list-style-type: none"> <li>• Reflection papers (20%)</li> <li>• Self test (15%)</li> <li>• On Line Exam (15%)</li> </ul>                      | <b>50%</b>  |
| <b>Group processing</b> <ul style="list-style-type: none"> <li>• using rubrics</li> </ul>  | <b>30%</b>  |
| <b>Total</b>   | <b>100%</b> |

## FACULTY GUIDE for PROCESSING of the Day

The coordinators send our heartfelt gratitude to all the DFCM faculty accepting to be faculty preceptors for this batch of interns. There are 21 Blocks for Track A. For tracks B, C, D will be handled by the coordinators.

**Goal:** Conduct processing using the day's end processing sessions using the "Bakit? Bakit?" method and the DSAQ framework

### *The "Bakit? Bakit?" Method and the DSAQ framework:*

The goal for the processing session at the end of each day is NOT to evaluate the interns in terms of their learnings, insights, etc. from the day's teaching-learning activities. The submissions and work within the course are enough for that. In terms of assessment and teaching, the day's end session is really intended to live up to its name; that of helping contribute to the formative learning of the interns by making sure that their experiences while in this rotation with us are processed so that we can mentor and guide them.

We still want to somehow assess their key takeaways from the lesson, however, so to do this, the course coordinators are proposing the "Bakit? Bakit?" Method. For every application of the Primary Care learnings of the interns for the day, we would like to get an idea of how much of the concepts they understood.

For the first 30 to 45 mins or so, the interns will take turns in giving their reasons for a specific Primary care decision, action or recommendation. The preceptor gives the clinical scenario/question for the day and the first intern gives his/her answer to that. The preceptor asks, "Bakit yun ang gagawin/sasabihin/ibibigay/etc. mo?" but instead of the first intern answering, the next intern in the group will give his/her explanation to the first intern's answer.

The preceptor processes the answers and repeats the procedure till all interns have had their turn. In this way, the interns are engaged and challenged to think critically of each others' decisions, recommendations, actions, suggestions while at the same time reinforcing the lessons of the day.

As earlier mentioned, we hope to establish some form of relationship with these future physicians, which we will further nurture when they rotate with our department again during the rest of the Academic Year. Call it role-modeling, mentoring, guidance, etc. We have to remember that after these August 2020 sessions, these interns will be rotating with us twice in both FCH 260.1 and 260.2 for AY 2020-2021.

Let us grab the opportunity to 1) show what the DFCM can offer in terms of the practice of FCM and 2) contribute to the formation of this generation of Filipino doctors.

Thus, for the last 15 to 20 minutes of the one-hour day's end processing, we are proposing that instead of the usual SGD-type questions, we can close the session by using the DSAQ framework to help the interns assigned to us make sense of whatever difficulties, questions, concerns, insights, reflections, etc. that they have. By helping them reflect on the things that they Discovered or Surprised them; beliefs/principles/knowledge that were Affirmed in them or find answers to Questions that they might have coming from the day's lessons, we take an active part in their learning journeys as UPCM-PGH interns; something that hopefully they will appreciate as they complete their UPCM-PGH internship, particularly in these uncertain times.

## GENERAL RULES FOR THE FACULTY

- For the assigned block, a faculty will facilitate daily processing of the day's learnings for August 18-24.
- Each faculty will be given a faculty guide to facilitate the session / mentoring.
- The faculty or the block's LO should generate a zoom link to be used in a mentoring session.
- Each session should have a screenshot to serve as a documentation of the activity.
- The faculty should coordinate with the LO prior to the daily meeting.
- The goals of the processing is to give feedback and mentoring using the rubric as a formative evaluation tool.
- **Please submit a soft copy of the evaluation to Mam Tess for each day of processing**

## Evaluation Guide and Rubric for August 18 2020 Session

### **CASE (Hypertension, DM and COVID)**

A family friend sought your consult because of a dry cough for 1 week. She is a 45 year old hypertensive maintained on losartan 50mg/tab, 1 tab OD and diabetic maintained on metformin 850mg per tablet, 1 tablet once a day since 2019.

PE: unremarkable

### **Guide questions:**

"Bakit? Bakit?" Method: First 30 to 45 minutes of the session:

1. (Direct this question to the first intern): As the physician on duty at the ambulatory clinic, can you give one concrete action, decision, advice, etc. on how you are going to manage this patient based on your learnings today?
  - a. Intern gives his/her answer. Ask, "Bakit yan ang gagawin mo?" but direct this to another intern. This intern then tries to explain, his/her colleague's answer. Depending on the response, the preceptor can continue asking "Bakit?" but still directing this to another intern in the group until the line of questioning is exhausted.
  - b. When the above happens, the preceptor just asks the original question again to another intern, and the process is repeated until all interns have recited or the set time expires, whichever comes first.
  - c. This keeps the discussion an engaging one with the interns needing to listen to each other's answers because they might end up having to explain someone else's responses. Thus, the application of the days learnings are reinforced, corrected (as needed) and deepened (with preceptor and peer feedback)

DSAQ Framework For the last 15 to 30 minutes of the session,

2. to help close the activity, the preceptor introduces the DSAQ framework. Each intern (one round) will give a response to at least one of the four DSAQ elements:

- e. Tell us one thing that you Discovered today.
- f. What Surprised you today?
- g. What was Affirmed?
- h. Do you have any Questions about today's topics/events/activities that you want to ask?

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3. The faculty preceptor is requested to let everyone give their DSAQ answers before responding, commenting, answering, etc. He or she then closes the session by using the interns' answers as a take-off point.
- i. If there are questions that cannot be answered or concerns that remain unaddressed, the group can help each other look for answers, etc. to be discussed during the next day's end processing-mentoring session.

References: Clinical Practice Guidelines and lectures

**August 18 2020 EVALUATION RUBRIC FOR BLOCK \_\_\_\_\_**

| <b>CONCERNS<br/>Areas for<br/>Improvement<br/>(70 to 80)</b> | <b>CRITERIA (Done Well)<br/>Standards for this Evaluation<br/>(81 to 90)</b>  | <b>STRENGTHS AND<br/>GOOD POINTS<br/>Evidence of<br/>Exceeding Standards<br/>(91 to 100)</b> |
|--|---|--|
|  | <b>Clarity and Presentation</b> <ul style="list-style-type: none"> <li>• sound clinical discussion of the case posted</li> </ul>  |  |
|  | <b>Content</b> <ul style="list-style-type: none"> <li>• Answers to "Bakit?" are comprehensive and exhaustive</li> <li>• Answers cuts across themes/sectors/SDH</li> <li>• Purposeful effort to go beyond health and health-related paradigms</li> </ul>   |  |
|  | <b>Analysis</b> <ul style="list-style-type: none"> <li>• Connections between answers are clear, make sense and more importantly relevant/meaningful to the issue(s) at hand</li> <li>• 3 to 5 levels of root causes analyzed in terms of relationships, interactions and effects.</li> <li>• Exhaustive and comprehensive identification of problems (individual, government, SDH, etc.)</li> </ul> |  |

**GROUP FINAL GRADE: \_\_\_\_\_ FACULTY EVALUATOR: \_\_\_\_\_**

## Evaluation Guide and Rubrics for August 19 2020 Session

### **CASE (AGE and Dengue Fever)**

A 14 year old, male, patient came to the ambulatory clinic because of fever, diarrhea and vomiting for 2 days. He also claimed to have headache and occasional joint pain. Persistence of symptoms prompted consult at the clinic.

PE: T 38.5C, HR- 110

GI - Hyperactive bowel sounds, soft and non-tender abdomen.

Pulses full and equal

### **Guide questions:**

“Bakit? Bakit?” Method: First 30 to 45 minutes of the session:

1. (Direct this question to the first intern): As the physician on duty at the ambulatory clinic, can you give one concrete action, decision, advice, etc. on how you are going to manage this patient based on your learnings today?

- a) Intern gives his/her answer. Ask, “Bakit yan ang gagawin mo?” but direct this to another intern. This intern then tries to explain, his/her colleague’s answer. Depending on the response, the preceptor can continue asking “Bakit?” but still directing this to another intern in the group until the line of questioning is exhausted.
- b) When the above happens, the preceptor just asks the original question again to another intern, and the process is repeated until all interns have recited or the set time expires, whichever comes first.
- c) This keeps the discussion an engaging one with the interns needing to listen to each other’s answers because they might end up having to explain someone else’s responses. Thus, the application of the days learnings are reinforced, corrected (as needed) and deepened (with preceptor and peer feedback)

DSAQ Framework For the last 15 to 30 minutes of the session,

2. to help close the activity, the preceptor introduces the DSAQ framework. Each intern (one round) will give a response to at least one of the four DSAQ elements:

- a) Tell us one thing that you Discovered today.
- b) What Surprised you today?
- c) What was Affirmed?
- d) Do you have any Questions about today’s topics/events/activities that you want to ask?

3. The faculty preceptor is requested to let everyone give their DSAQ answers before responding, commenting, answering, etc. He or she then closes the session by using the interns’ answers as a take-off point.

If there are questions that cannot be answered or concerns that remain unaddressed, the group can help each other look for answers, etc. to be discussed during the next day’s end processing-mentoring session.

References: Clinical Practice Guidelines and lectures

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**AUGUST 19 2020 EVALUATION RUBRIC FOR BLOCK \_\_\_\_\_**

| <b>CONCERNS<br/>Areas for<br/>Improvement<br/>(70 to 80)</b> | <b>CRITERIA (Done Well)<br/>Standards for this Evaluation<br/>(81 to 90)</b>  | <b>STRENGTHS AND<br/>GOOD POINTS<br/>Evidence of<br/>Exceeding Standards<br/>(91 to 100)</b> |
|--|---|--|
|  | <b>Clarity and Presentation</b> <ul style="list-style-type: none"> <li>• sound clinical discussion of the case posted</li> </ul>  |  |
|  | <b>Content</b> <ul style="list-style-type: none"> <li>• Answers to “Bakit?” are comprehensive and exhaustive</li> <li>• Answers cuts across themes/sectors/SDH</li> <li>• Purposeful effort to go beyond health and health-related paradigms</li> </ul>   |  |
|  | <b>Analysis</b> <ul style="list-style-type: none"> <li>• Connections between answers are clear, make sense and more importantly relevant/meaningful to the issue(s) at hand</li> <li>• 3 to 5 levels of root causes analyzed in terms of relationships, interactions and effects.</li> <li>• Exhaustive and comprehensive identification of problems (individual, government, SDH, etc.)</li> </ul> |  |

**GROUP FINAL GRADE:** \_\_\_\_\_

**FACULTY EVALUATOR:** \_\_\_\_\_

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**Evaluation Guide and Rubric for August 20 2020 Session**

**Family Case**

Recall the Family Case Presentation that was discussed today:

**Guide questions:**

“Bakit? Bakit?” Method: First 30 to 45 minutes of the session:

1. (Direct this question to the first intern): As the physician on duty at the ambulatory clinic, can you give one concrete action, decision, advice, etc. on how you are going to manage this patient based on your learnings today?
  - a) Intern gives his/her answer. Ask, “Bakit yan ang gagawin mo?” but direct this to another intern. This intern then tries to explain, his/her colleague’s answer. Depending on the response, the preceptor can continue asking “Bakit?” but still directing this to another intern in the group until the line of questioning is exhausted.
  - b) When the above happens, the preceptor just asks the original question again to another intern, and the process is repeated until all interns have recited or the set time expires, whichever comes first.
  - c) This keeps the discussion an engaging one with the interns needing to listen to each other’s answers because they might end up having to explain someone else’s responses. Thus, the application of the days learnings are reinforced, corrected (as needed) and deepened (with preceptor and peer feedback)

DSAQ Framework For the last 15 to 30 minutes of the session,

2. to help close the activity, the preceptor introduces the DSAQ framework. Each intern (one round) will give a response to at least one of the four DSAQ elements:

- a) Tell us one thing that you Discovered today.
- b) What Surprised you today?
- c) What was Affirmed?
- d) Do you have any Questions about today’s topics/events/activities that you want to ask?

3. The faculty preceptor is requested to let everyone give their DSAQ answers before responding, commenting, answering, etc. He or she then closes the session by using the interns’ answers as a take-off point. If there are questions that cannot be answered or concerns that remain unaddressed, the group can help each other look for answers, etc. to be discussed during the next day’s end processing-mentoring session.

References: Clinical Practice Guidelines and lectures



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**AUGUST 20 2020 EVALUATION RUBRIC FOR BLOCK\_\_\_\_\_**

| <b>CONCERNS<br/>Areas for<br/>Improvement<br/>(70 to 80)</b> | <b>CRITERIA (Done Well)<br/>Standards for this Evaluation<br/>(81 to 90)</b>  | <b>STRENGTHS AND<br/>GOOD POINTS<br/>Evidence of<br/>Exceeding Standards<br/>(91 to 100)</b> |
|--|---|--|
|  | <b>Clarity and Presentation</b> <ul style="list-style-type: none"> <li>• sound clinical discussion of the case posted</li> </ul>  |  |
|  | <b>Content</b> <ul style="list-style-type: none"> <li>• Answers to “Bakit?” are comprehensive and exhaustive</li> <li>• Answers cuts across themes/sectors/SDH</li> <li>• Purposeful effort to go beyond health and health-related paradigms</li> </ul>   |  |
|  | <b>Analysis</b> <ul style="list-style-type: none"> <li>• Connections between answers are clear, make sense and more importantly relevant/meaningful to the issue(s) at hand</li> <li>• 3 to 5 levels of root causes analyzed in terms of relationships, interactions and effects.</li> <li>• Exhaustive and comprehensive identification of problems (individual, government, SDH, etc.)</li> </ul> |  |

**GROUP FINAL GRADE:** \_\_\_\_\_

**FACULTY EVALUATOR:** \_\_\_\_\_

## Evaluation Guide and Rubric for August 22 2020 Session

### Based on the counselling sessions and basic hospice concepts

#### CASE SCENARIO

A male patient consulted at the local health center because of cough and weight loss for 1 month. He showed you his DSSM result which showed positive sputum AFB. You disclosed that he tested positive for Pulmonary Tuberculosis. As you continue to explain the diagnosis to the patient, he verbalized that he is afraid that his family, especially his wife, might get infected. He is also worried about losing his work if he reports his condition to his boss.

#### Guide questions:

“Bakit? Bakit?” Method: First 30 to 45 minutes of the session:

1. (Direct this question to the first intern): As the physician on duty at the ambulatory clinic, can you give one concrete action, decision, advice, etc. on how you are going to manage this patient based on your learnings today?

- a) Intern gives his/her answer. Ask, “Bakit yan ang gagawin mo?” but direct this to another intern. This intern then tries to explain, his/her colleague’s answer. Depending on the response, the preceptor can continue asking “Bakit?” but still directing this to another intern in the group until the line of questioning is exhausted.
- b) When the above happens, the preceptor just asks the original question again to another intern, and the process is repeated until all interns have recited or the set time expires, whichever comes first.
- c) This keeps the discussion an engaging one with the interns needing to listen to each other’s answers because they might end up having to explain someone else’s responses. Thus, the application of the days learnings are reinforced, corrected (as needed) and deepened (with preceptor and peer feedback)

DSAQ Framework For the last 15 to 30 minutes of the session,

2. to help close the activity, the preceptor introduces the DSAQ framework. Each intern (one round) will give a response to at least one of the four DSAQ elements:

- a) Tell us one thing that you Discovered today.
- b) What Surprised you today?
- c) What was Affirmed?
- d) Do you have any Questions about today’s topics/events/activities that you want to ask?

3. The faculty preceptor is requested to let everyone give their DSAQ answers before responding, commenting, answering, etc. He or she then closes the session by using the interns’ answers as a take-off point. If there are questions that cannot be answered or concerns that remain unaddressed, the group can help each other look for answers, etc. to be discussed during the next day’s end processing-mentoring session.

References: Lectures

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 Key Concepts in Family and Community Health (FCH 26.1 & FCH 260.2)  
 Course Guide for UPCM Learning Unit 7 and Postgraduate Interns Batch 2020-2021

**AUGUST 22 2020 EVALUATION RUBRIC FOR BLOCK \_\_\_\_\_**

| <b>CONCERNS<br/>Areas for<br/>Improvement<br/>(70 to 80)</b> | <b>CRITERIA (Done Well)<br/>Standards for this Evaluation<br/>(81 to 90)</b>  | <b>STRENGTHS AND<br/>GOOD POINTS<br/>Evidence of<br/>Exceeding Standards<br/>(91 to 100)</b> |
|--|---|--|
|  | <b>Clarity and Presentation</b> <ul style="list-style-type: none"> <li>• sound clinical discussion of the case posted</li> </ul>  |  |
|  | <b>Content</b> <ul style="list-style-type: none"> <li>• Answers to “Bakit?” are comprehensive and exhaustive</li> <li>• Answers cuts across themes/sectors/SDH</li> <li>• Purposeful effort to go beyond health and health-related paradigms</li> </ul>   |  |
|  | <b>Analysis</b> <ul style="list-style-type: none"> <li>• Connections between answers are clear, make sense and more importantly relevant/meaningful to the issue(s) at hand</li> <li>• 3 to 5 levels of root causes analyzed in terms of relationships, interactions and effects.</li> <li>• Exhaustive and comprehensive identification of problems (individual, government, SDH, etc.)</li> </ul> |  |

**GROUP FINAL GRADE:** \_\_\_\_\_

**FACULTY EVALUATOR:** \_\_\_\_\_

## August 24 2020 PROCESSING

This will be a free flowing discussion about the DFCM weeklong course

Ask each of the interns the following questions:

1. What did you discover?
2. What Surprised you?
3. What was affirmed?
4. What questions do you have?

### AUGUST 24 2020 EVALUATION FROM BLOCK \_\_\_\_

|                 | Summary of Responses from Interns |
|-----------------|-----------------------------------|
| Insights        |                                   |
| Challenges      |                                   |
| Recommendations |                                   |

Faculty Evaluator: \_\_\_\_\_

University of the Philippines College of Medicine-  
 Philippine General Hospital  
 Department of Family and Community Medicine  
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## Appendix

### Faculty assigned and Blocks

|                         |                   |             |
|-------------------------|-------------------|-------------|
| Camagay                 | Block A GJ        | 09063319432 |
| Engada, Del Rosario     | Block B Kyle      | 09656693678 |
| Anuran                  | Block C Ronneil   | 09173004893 |
| Babsa ay                | Block D Joy       | 09338690609 |
| Rosario                 | Block E Jezrael   | 09214656404 |
| Pumanes, Villarante     | Block F Bea/beng  | 09051364628 |
| Manuel, M; Opina-Tan    | Block G Jeric     | 09164363007 |
| Maglonzo, Hamoy         | Block H Joanna    | 09998932021 |
| Canuto                  | Block I Archieval | 09563644774 |
| Estepa-Garcia           | Block J Safrollah | 09778024751 |
| Samonte                 | Block K Lanilyn   | 09611443241 |
| Ang                     | Block L Jeune     | 09176371808 |
| Umali                   | Block M Justin    | 09994557063 |
| Francisco A; Carpio     | Block N Ivan      | 09272297547 |
| Nicodemus               | Block O Alista    | 09175595041 |
| Dionisio                | Block P Paige     | 09173201818 |
| Gabuyo                  | Block Q Fershell  | 09338231205 |
| Dela Paz, Bausa-Claudio | Block R Kristle   | 09268073291 |
| Cordero, Leopando       | Block S Sushmita  | 09774364640 |
| Marcelo                 | Block T John Paul | 09064705070 |
| Lapena, Tan gatue       | Block U Michelle  | 09171468780 |
| groupings % lopao       | Track B, C,D      |             |