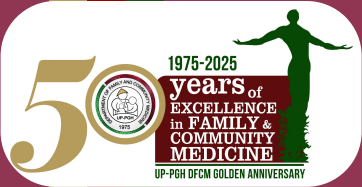


# DFCM **RESIDENTS'** STAFF CONFERENCE



ALIGNMENT OF SERVICE-  
LEARNING ACTIVITIES IN DFCM



# Agenda

## I. Context

## II. Changes in training and learning activities

- A. Chart review for Ambulatory Care Unit and FPC
- B. ECG learning activity
- C. EBM facilitation
- D. Protected time for research writing & mentoring
- E. DFCM Library and VLE

## III. Changes in service pathways

- A. Integrated census for Family Practice Center
- B. Updated Scope of Services of the Family Practice Center
- C. Reaffirming Ambulatory Care Unit as non-urgent service (outpatient) in the ER complex
- D. Regular and live endorsements to consultants-on-duty at the Ambulatory Care Unit

## IV. Open forum



# Context

- Balance of learning activities and service in different training areas, while ensuring that key program outcomes are met

PROGRAM OUTCOMES	
1. Demonstrate clinical competence	6. Engage in continuing personal and professional development
2. Communicate effectively	7. Adhere to ethical, professional and legal standards
3. Lead & manage health care systems	8. Practice nationalism & global cooperation
4. Produce relevant research in family and community medicine	9. Practice the principles of social accountability
5. Collaborate within inter-professional team	

- Response to evaluation and feedback from 2024 and prior years
- Growth point of our service-learning activities as a training program

# Changes in training-learning activities

## Chart Review for Ambulatory Care Unit and FPC

- Face-to-face session
- Facilitated by senior resident/Chief Resident with service consultant
- Revised style of chart review
  - No prepared powerpoint → share actual RADISH/EMR entry
  - No single presenter → 2 to 4 presenters for cases randomly chosen from census of the previous week
  - Full chart reading → focused/guided by **ISBAR framework** and **PFC approach**
- For the first 2-3 months, discussion will focus on:
  - Approach to top 10 chief complaints / top 10 clinical diagnoses
  - History-taking, physical examination, formulation of diagnoses

	<b>Ambulatory Care Unit</b>	<b>Family Practice Center</b>
Primary Topics	<b>Top 10 Chief Complaints:</b> <ol style="list-style-type: none"> <li>1. Abdominal pain</li> <li>2. Fever</li> <li>3. Vomiting</li> <li>4. Cough/colds/congestion</li> <li>5. Diarrhea</li> <li>6. Genitourinary - retention</li> <li>7. MSK pain/swelling/stiffness</li> <li>8. Headache</li> <li>9. Dyspnea</li> <li>10. Skin - rashes/dyscoloration</li> </ol>	<b>Top 10 Diagnosis:</b> <ol style="list-style-type: none"> <li>1. Metabolic syndrome</li> <li>2. Hypertension</li> <li>3. Dyspepsia/GERD</li> <li>4. Osteoarthritis</li> <li>5. Diabetes</li> <li>6. Obesity</li> <li>7. Kidney disease/CKD/AKI</li> <li>8. Dyslipidemia</li> <li>9. Heart failure</li> <li>10. Low back pain</li> </ol>
Secondary Topics	Ear pain Chest discomfort/pain Cough Dizziness/fainting/nausea Elevated BP Genitourinary - flank pain Injection of medication MSK pain Skin - wound Dysphagia/swallowing issues	BPH Cholelithiasis MSK/Myalgia/MPS Fatty liver Urolithiasis Ischemic heart disease Psych/Depressive Episodes Stroke/CVD Gout Nontoxic goiter



# Changes in training-learning activities

## ECG Learning Activity

- To encourage practice of reading and more effective feedback
- Revised blended style of ECG learning/discussion
  - Telegram channel as repository/database
    - Mainly for submission of tracings and to aid in monitoring
    - Not as primary place of discussion
      - Virtual q&a can still be initiated by the RIC to address point-of-care concerns
  - ECG hour (1x/month) to discuss cases and tracings
- All residents required to submit **at least 5 tracings per month**

# Changes in training-learning activities

## Topics for Focused Discussion

### Arrhythmias

- Heart blocks (AV blocks, bundle branch blocks)
- Irregular rhythms
- Ectopic rhythms, premature and escape beats

### Axis deviation and hypertrophies

- Axis deviation
- Atrial enlargement
- Hypertrophy

### Infarction

- Strain pattern
- Infarct

### Syndromes and special patterns

- Electrolyte abnormalities
- Brugada, PRWP, WPW syndrome, etc...

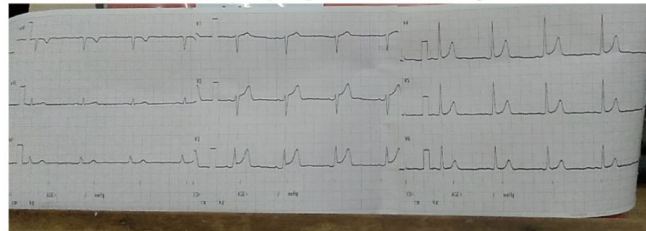
## Example Documentation (to be sent via Channel)

Dec 20 2024, Ambulatory Care Unit

58/M CN 123467

CC: Abdominal pain (epigastric) x 2 days

Sinus bradycardia with early repolarization changes



# Changes in training-learning activities

## EBM Learning Activity & Facilitation

- EBM Conferences
  - 7-8AM (appraisal) and 8AM to 8:30AM (new case), every Thursday
  - R3 as facilitator → EBM faculty as facilitator
- EBM Lecture-Workshops
  - EBM lectures → EBM lecture-workshops
  - Senior residents as facilitator (graded activity)
  - Guidelines and materials to be released

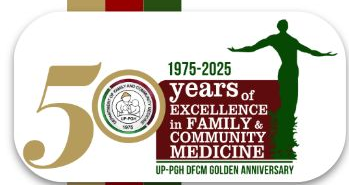


# Changes in training-learning activities

## Research Writing Time

- Protected research writing time every 1st and 3rd Thursday, 10AM to 11AM at ERC 213 faculty room
  - No research faculty supervision
- ALL INSIDE residents with an approved research question may apply
  - Coordinate with service senior and co-residents
  - Subject to approval % Chief Resident at least 1 week before
- Required to submit output to Chief Resident and research supervisor/co-author via email

Date	Resident	Rotation	Status (APPROVED/ DENIED)	Output Sent?	Remarks
January 9 2025				<input type="checkbox"/>	
January 9 2025				<input type="checkbox"/>	
January 9 2025				<input type="checkbox"/>	
January 9 2025				<input type="checkbox"/>	
January 9 2025				<input type="checkbox"/>	
January 23 2025				<input type="checkbox"/>	
January 23 2025				<input type="checkbox"/>	
January 23 2025				<input type="checkbox"/>	
January 23 2025				<input type="checkbox"/>	
January 23 2025				<input type="checkbox"/>	
February 6 2025				<input type="checkbox"/>	
February 6 2025				<input type="checkbox"/>	



# Changes in training-learning activities

## Mentoring Time

- Protected mentoring time, at least 1x/quarter
  - First session: February 27 (Thursday)
  - Output/s: Updated portfolio, mentoring checklist

## In Development

- Opportunities for shadowing with preventive and lifestyle medicine (FPC rotation)
- Changes in community urban activities/schedule

# REFER TO THIS LINK

<https://bit.ly/DFCMGuidelines2025>

... > Guidelines for Residents... ▾ 👤

Type ▾

People ▾

Modified ▾

Name ↑

☰ Chart Review for Ambulatory Care Unit and FPC 2025 👤

☰ DFCM Library and VLE Guide 2025 👤

☰ ECG Learning Activity for 2025 👤

☰ Learning Contract and Introduction Letter Template 👤

☰ MHR/Psychiatry Rotation for 2025 👤

☰ ORL/Surgery/Dermatology Elective for 2025 👤

☰ PAFP TALLY SHEET Template 👤

☰ Research Writing - Protected Time for 2025 👤

PDF RESIDENCY TRAINING MANUAL 2024.docx.pdf 👤

## DFCM Library

A repository of key resident outputs, including capstone reports and monthly audits, updated by residents every month parallel to their personal portfolios

<https://drive.google.com/drive/folders/1cevDBp7uvaeiFRroB4vZTt995yXUjRoW>

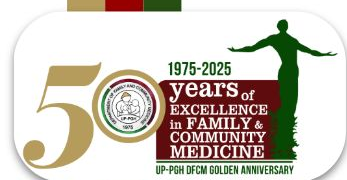
- I. Advocacy
- II. Ambulatory Care Unit: Ambulatory Care Unit Monthly Census, Ambu-DEM Joint Conference Slides, Ambu-PER Conference Slides, any case presentation
- III. Clinical Case Presentation
- IV. Community Rural Reports
- V. Community Urban Reports
- VI. Community OB: Primary Obstetric/Gynecologic Case Presentation
- VII. Family Case Presentation
- VIII. Family Practice Centre: Family Medicine Clinic Monthly Census, Family Health Services Monthly Census, any case presentation, any PFC matrix presented in audits
- IX. GP In 2024: Practice management audit, any case presentation
- X. GP Out 2024: Practice management report
- XI. Research: Research capsule, proposals, final research report, poster/visual abstract
- XII. SHPM Case Presentation
- XIII. UP Health Service: Census/report
- XIV. Other output

## VLE (Virtual Learning Environment)

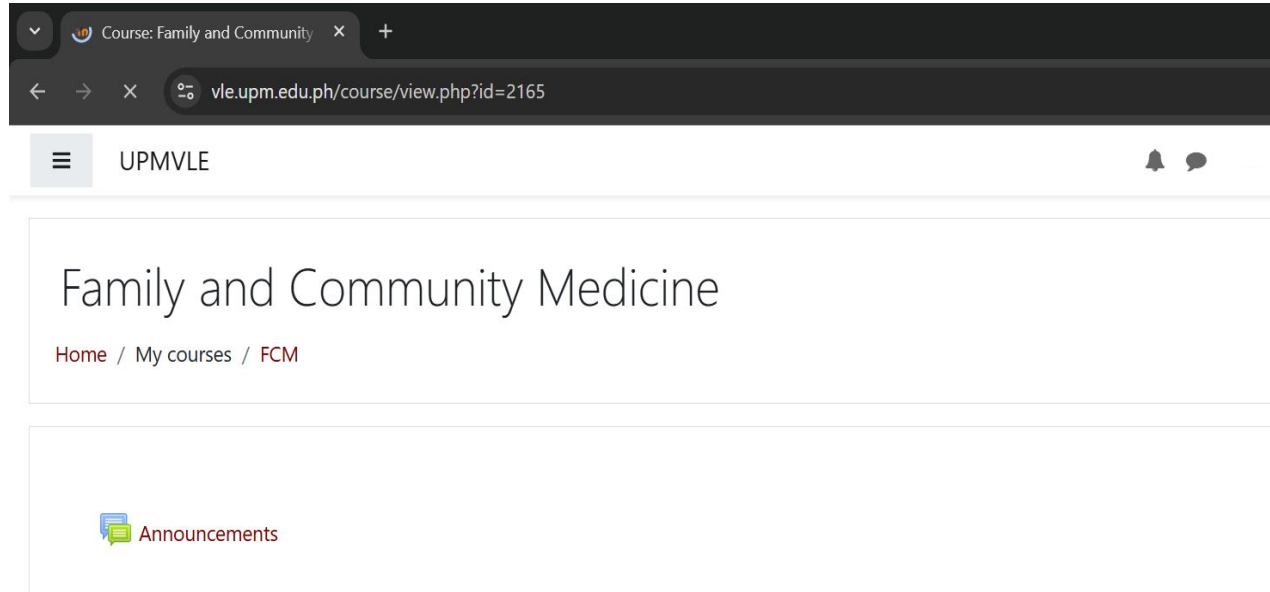
A digital space hosting references for clinical management, family counseling, and community topics for self-directed learning, *guided by and patterned after PAFP Blueprint*

<https://vle.upm.edu.ph/course/view.php?id=2165>

- I. Lifestyle and Preventive Medicine
- II. Acute Care
- III. Clinical Practice Guidelines and DFCM Lectures
  - A. Nervous System and Mental Health
  - B. Integumentary and Musculoskeletal System
  - C. Cardiology and Circulatory System
  - D. Pulmonary Medicine
  - E. Gastrointestinal System
  - F. Genitourinary Tract and Reproductive System
  - G. Endocrine System
  - H. Infectious and Immune System
- IV. Palliative and Hospice Medicine
- V. Occupational Safety and Health
- VI. EBM, Research, and Quality Assurance
- VII. Family Assessment Tools and Counseling
- /III. Community Medicine



# DFCM Virtual Learning Environment (VLE)




Course: Family and Community

vle.upm.edu.ph/course/view.php?id=2165

UPMVLE

## Family and Community Medicine

[Home](#) / [My courses](#) / [FCM](#)

 Announcements



UPMVLE



General

Lifestyle and Preventive  
Medicine

Acute Care

Clinical Practice  
Guidelines

Nervous System, ORL,  
and Mental Health

Integumentary and  
Musculoskeletal System

Cardiovascular and  
Circulatory System

Pulmonary Medicine

Gastrointestinal System

Genitourinary and  
Reproductive System

# Changes in service pathways

## I. Integrated census for Family Practice Center

- the nursing staff and residents will use the **same census**
- pre-con will be done by the FPC encoder (Ma'am Norvie)
- completion of census and post-con ("census police") will be done by the FPC residents
- residents will complete the census entries
- deadline of the completed census will be on the first day of the succeeding month

## II. Updated Scope of Services of the Family Practice Center

- Anticipate changes in coordination with PLM clinic

Reference:

[Family Practice Center Manual of Procedure version 4 \(2024\)](#)

Individual/ Patient-Centered Services	Family Health Services	
	Family-Focused Services	Community-Oriented (Multidisciplinary) Services
<b>Curative Primary Care Consultation and Referrals</b> Primary care consultation Primary care counseling* Mental health services Coordination and navigation of care Continuity of care Geriatric syndromes	Family Wellness/Lifestyle Family Counseling**  Family needing chronic care (geriatric, post-stroke, NCDs) Family needing multidisciplinary care	Orthogeriatric-Fracture Liaison Services (OG-FLS) Osteoarthritis MDC (OAMDC) Transition care-Youth with Developmental Disabilities (TC-YDD) Mucopolysaccharidoses (MPS) Clinic Stop Smoking/Vaping Program (SSVP)***  <i>In development:</i> Addiction Medicine MDC Sexual Health MDC Bariatric Surgery MDC Family Health Liaison MASLD MDC (LM) Transition care (post discharge to community)-Supportive, Hospice and Palliative MDC (SHPM)
<b>Health Prevention and General Lifestyle Services</b> Primary care wellness and lifestyle^^ Screening services: <ul style="list-style-type: none"> <li>- Comprehensive Geriatric Assessment</li> <li>- Sleep health^</li> <li>- W3E2 Talk Weight management^</li> <li>- Substance use disorder^</li> </ul>		

\*Individual Catharsis, Education, Action (CEA), Rogerian, Crisis counseling, Genogram counseling, Solution-focused brief therapy, Disclosure (SPIKES Protocol)

\*\*Family CEA, Intentional counseling

\*\*\*Catering to a limited population as of writing (e.g. to PGH employees only)

^This is distinct with primary care consultation because of use of the ACLM form.

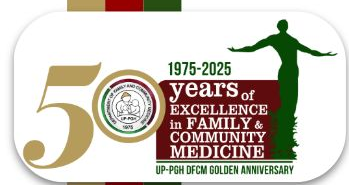
^^Using PHEX



# Ambulatory Care Unit Description

The ambulatory care unit is part of the Philippine General Hospital Emergency Room Complex dedicated facility providing immediate medical attention for adult and pediatric patients with non-life threatening and non-high risk conditions (assessed by triage as ESI 4 to 5) requiring prompt intervention

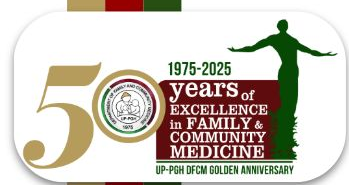
*Reference:* Ambulatory Care Unit Manual of Procedure (revised as of 2024)



# Ambulatory Care Unit Description

It serves as a critical component of the hospital's continuum of care, bridging the gap between primary care and emergency services. It is a key service-training area managed under the Department of Family and Community Medicine. The highest priority is given to patient safety

*Reference:* Ambulatory Care Unit Manual of Procedure (revised as of 2024)



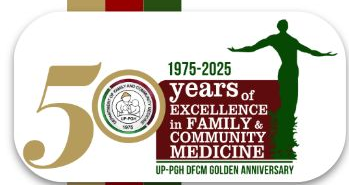


# Ambulatory Care Unit Description: **Service**

Providers at the Ambulatory Care Unit conduct appropriate evaluation, provide accurate diagnosis, coordinate with other services, do on-site diagnostics as indicated, administer medications, and conduct medical procedures.

**All adult and pediatric cases are to be managed for a maximum of 6 hours with time marks of 2 hours for monitoring and re-evaluation.**

*Reference:* Ambulatory Care Unit Manual of Procedure (revised as of 2024)



# Ambulatory Care Unit Description: **Training**

Resident trainees develop their clinical acumen by ensuring the **judicious use of resources** at the ambulatory care unit and managing patients in a timely and appropriate manner. Trainees in the ambulatory care unit include residents and medical students. They are supervised by senior residents and consultants of the Department of Family and Community Medicine.

*Reference:* Ambulatory Care Unit Manual of Procedure (revised as of 2024)



# Supervision of Consultants at the Ambu-ER

Junior ROD to call the consultant-on-duty 3x in the AM shift (10am, 2pm, 5pm), 2x in the PM shift (10pm, 6am), AND as needed, using the AMBU phone through cellular phone call (NOT Viber/Telegram)

*Reference:* Ambulatory Care Unit Writeshop minutes of the meeting (December 18, 2024)



# Symptom management at the ambu-ER

**Rational use of IM medications for symptom management** should be implemented → refer to Consultant-on-duty prior to use (exceptions include meds with clear indications like Pen G, TeANA, ATS)

Request from ER Pharmacy to stock more oral meds for pain/symptom control → residents to procure list of oral meds to be used



*Reference: Ambulatory Care Unit Writeshop minutes of the meeting (December 18, 2024)*

