

Reaction to the Basic Medical Education (BME) ID on Adolescent Health

PPS Undergraduate Pediatric Education Curriculum (UPEC) Committee

Q&A Forum

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PHILIPPINE PEDIATRIC SOCIETY, INC.

Road Map

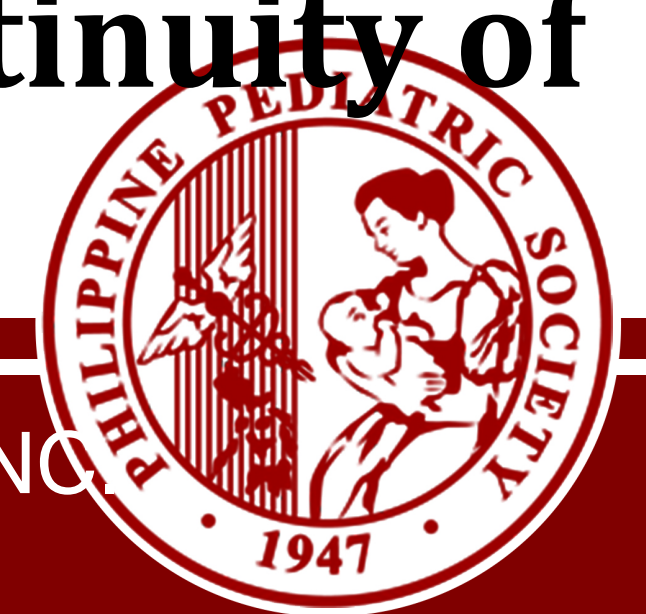
- Role of primary care providers in Adolescent health
- Anchoring Adolescent health competencies to CHED program outcomes
- Spiral curriculum
- Teaching Adolescent Health in BME
- Enriching the learning of Adolescent health through continuous, comprehensive and collaborative training



Role of Primary Care Providers in Adolescent Health Care



- Often the **first point of contact** for adolescents seeking consult
- Need to be equipped to **address their unique health care needs**
- BME should address gaps in training, highlighting **effective screening & diagnosis of common disorders, appropriate counseling & communication skills & continuity of care**



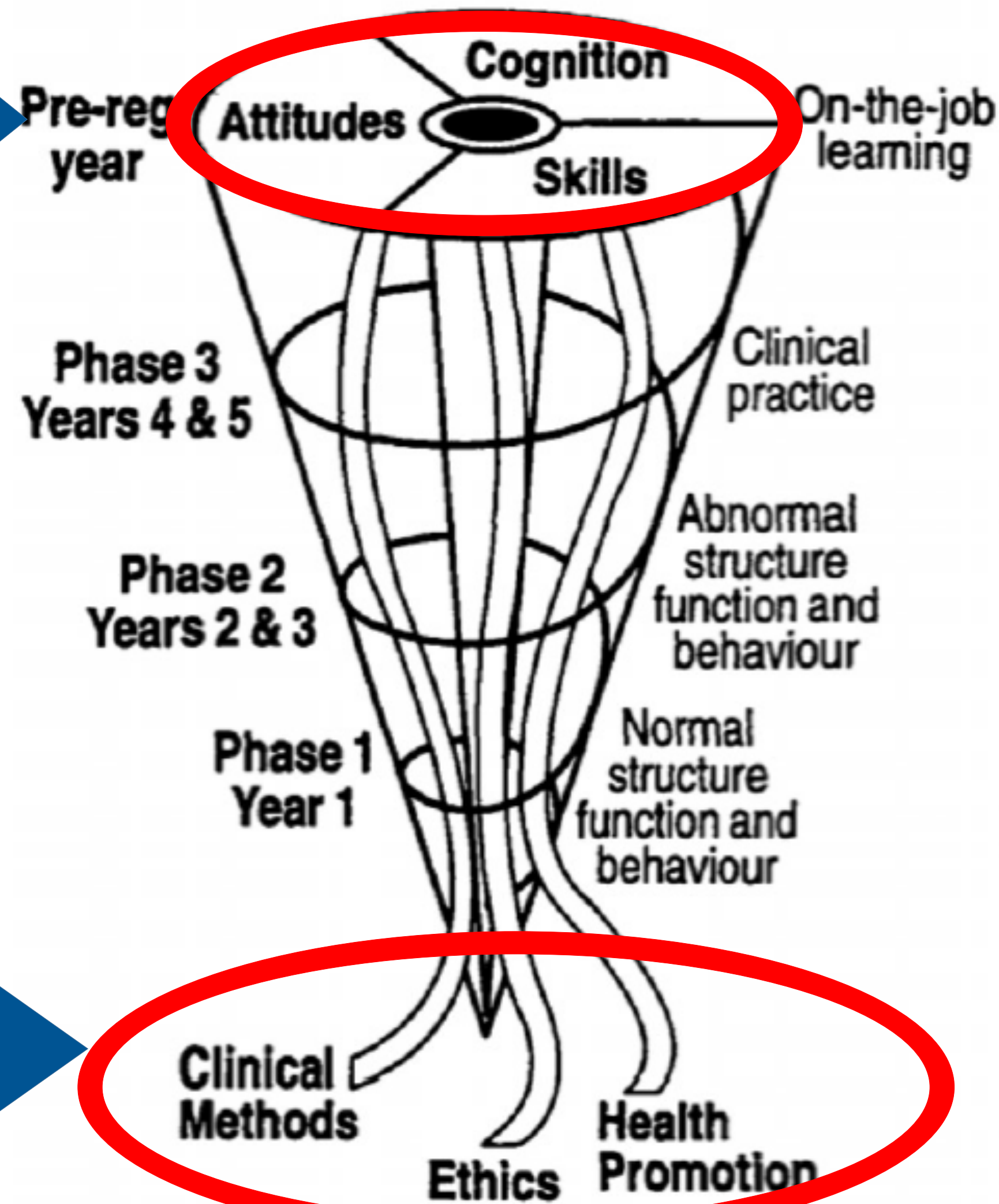
CHED MD Program Outcomes		Operational Definition of Program Outcomes
<p>Knowledges, skills & attitudes Common conditions, preventive and promotive management</p>	1. Demonstrate clinical competence	Competently manage clinical conditions of all patients in various settings
	2. Communicate effectively	Convey information, in written and oral formats, across all types of audiences, venues and media in a manner that can be easily understood
<p>Active listening With respect and sensitivity Non-judgmental</p>	3. Lead and manage health care teams	Initiate planning, organizing, implementation and evaluation of programs and health facilities. Provide clear direction, inspiration and motivation to the healthcare team/community
<p>Planning and coordination especially in the community Lead in transition process for chronic patients</p>	4. Engage in research activities	Utilize current research evidence in decision making as practitioner, educator or researcher. Participate in research activities.
<p>Use of evidence from creditable sources/ references Generate new research output</p>	5. Collaborate within interprofessional teams	Effectively work in teams in managing patients, institutions, projects and similar situations
<p>Genuine practice of inter professional education (IPE)</p>		

	CHED MD Program Outcomes	Operational Definition of Program Outcomes
Integration with UHC Proper coordination process especially during transition	6. Utilize systems-based approach to healthcare	Utilize systems-based approach in actual delivery of care Network with relevant partners in solving general health problems
Supplemental learning opportunities to augment competencies	7. Engage in continuing personal and professional development	Update oneself through a variety of avenues for personal and professional growth to ensure quality healthcare and patient safety
Knowledge of ethical and legal standards Authentic practice of professionalism	8. Adhere to ethical, professional, and legal standards	Adhere to national and international codes of conduct and legal standards that govern the profession
Being service-oriented Culture sensitivity Commitment to profession	9. Demonstrate nationalism, internationalism and dedication to service	Demonstrate love for one's national heritage, respect for other cultures and commitment to service
Comprehensive, relevant, just and cost-effective health care in the hospital & communities	10. Practice the principles of social accountability	Adhere to the principles of relevance, equity, quality and cost effectiveness in the delivery of healthcare to patients, families and communities

SPIRAL INTEGRATED CURRICULUM MODEL

University of Dundee, Dundee, UK (Harden, et al, 1997)

PROGRAM
OUTCOMES
REALIZED



**Adolescent primary care
anchored to public health
and UHC**

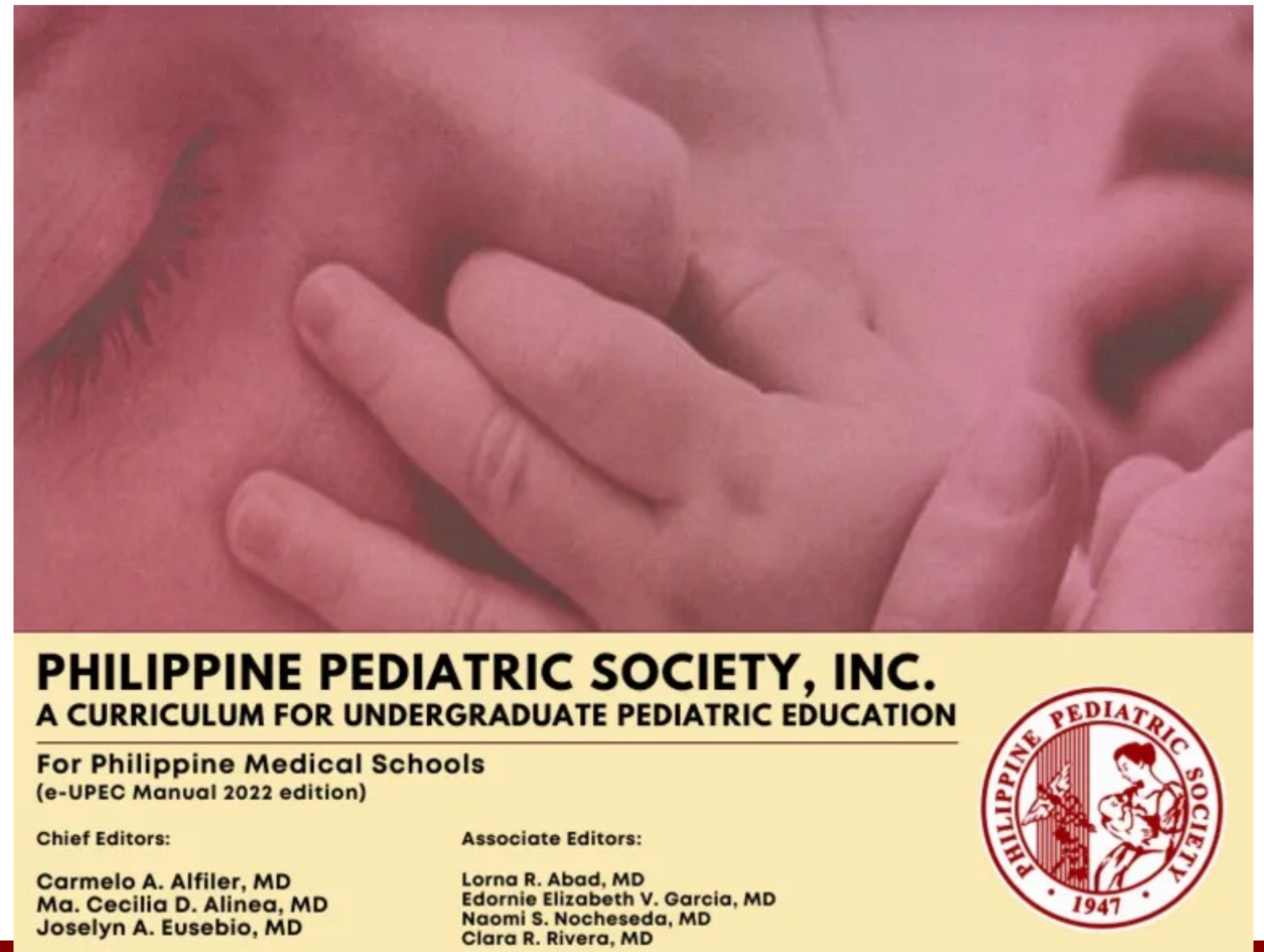
are continually integrated as
students progress from learning
“normal” to “abnormal,”
from classroom to clinics/
communities

Persistent themes
all throughout
medical school;
PROGRAM
OUTCOMES

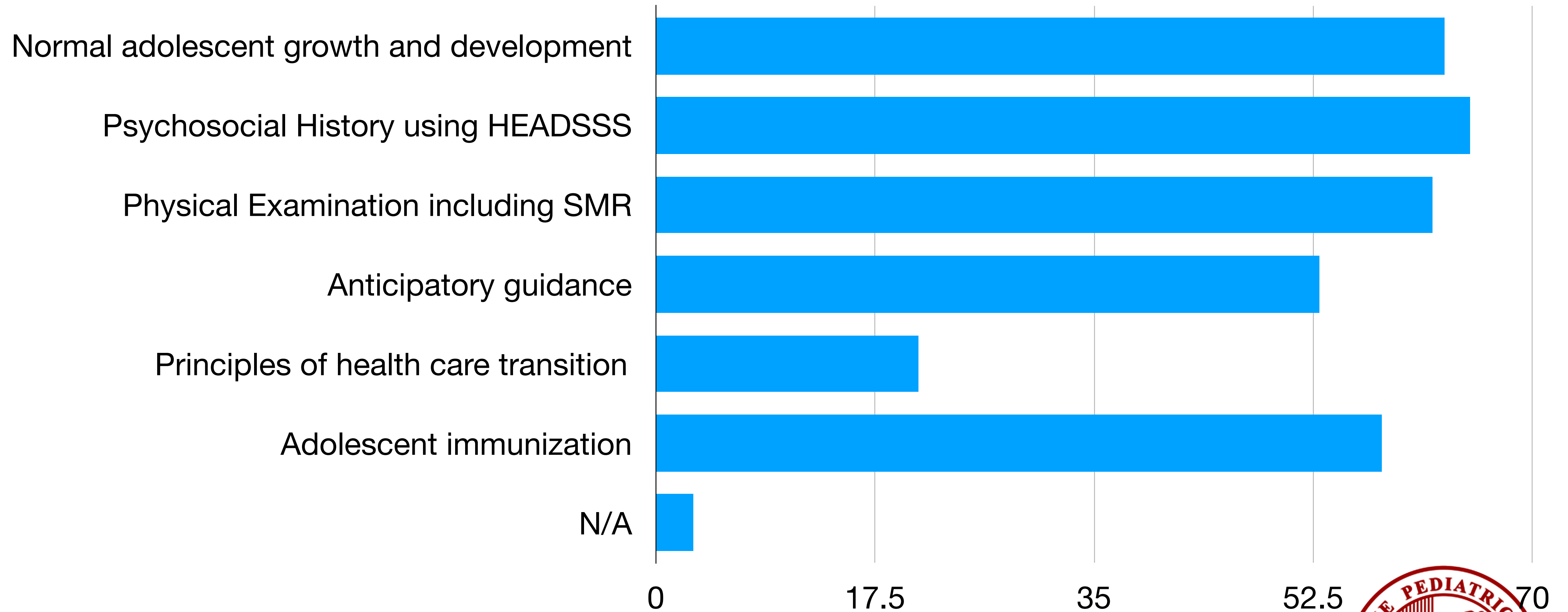


Teaching Adolescent Health in BME

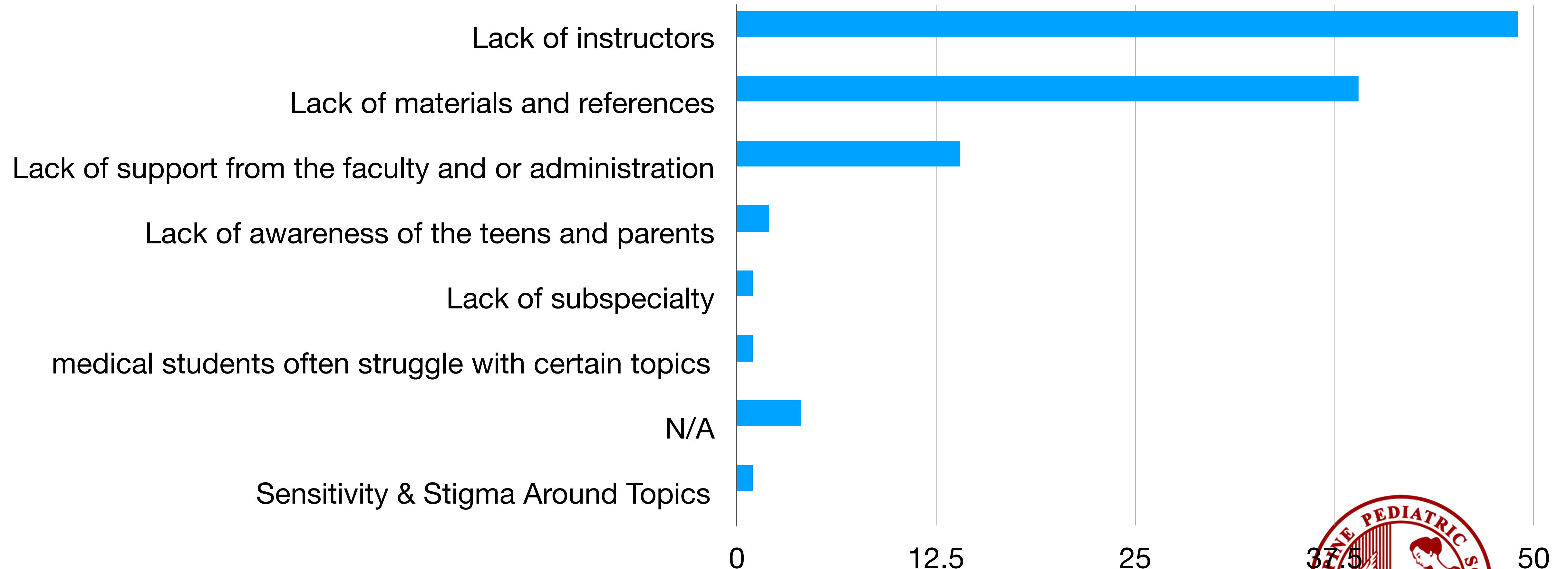
- ✓ **Integrated in the basic sciences** in pre-clinical years
- ✓ **Fundamental competencies are introduced early then revisited** with increasing complexity in clinical years
- ✓ **Seamless spiraling of knowledge, skills and attitudes** developed all throughout medical school



Survey of 68 Medical Institutions: Adolescent topics taught in Pediatric curriculum



Survey of 68 Medical Institutions: Challenges in teaching topics in Adolescent Health



ADOLESCENT DISORDERS AND RISK-TAKING BEHAVIORS

LEARNING OUTCOMES	CONTENT	TEACHING-LEARNING ACTIVITIES	EVALUATION
<p>BURDEN OF DISEASE</p> <p>CLINICAL CORRELATION</p> <p>1. Explain risk-taking behaviors among adolescents, contributory factors, and the impact of these behaviors on future health (PO 1, 2, 8, 9, 10)</p>	<ul style="list-style-type: none">• Risk-taking in the context of adolescent psychosocial and cognitive development• Top causes of mortality among 10-14 and 15-19-year olds from DOH• Non-Communicable Diseases (NCDs) in Filipino Adults (DOH)• Risk and protective factors• Statistics on sexual risk-taking (NDHS, YAFFS, DOH)• Statistics on smoking, alcohol, drug use, mental health, violence including bullying, online sexual exploitation of children or OSEC (DOH, YAFSS, GSHS, UNICEF)• Nutritional status (FNRI)• Inactivity/screen time	<ul style="list-style-type: none">• (Note: Select appropriate item/s from list/menu below)• In person and/or virtual:<ul style="list-style-type: none">- Lecture- Preceptorials- SGD- Role-play- Video presentation- Demonstration-return demonstration• Handout• OPD and ward rotation	<ul style="list-style-type: none">• (Note: Select appropriate item/s from list/menu below) <p>Formative:</p> <ul style="list-style-type: none">• Mini-CEX <p>Summative:</p> <ul style="list-style-type: none">• Written exam• OSCE• CBD• Reflection paper• Performance rating scale for:<ul style="list-style-type: none">- Preceptorials- Return demo- SGD- Role-play

Review the key physical, cognitive and psychosocial developmental milestones of adolescence & their impact on health care delivery

Identify common adolescent health disorders, including their presentations, risk factors and management

Discuss the approach to chronic disease in adolescents, with a focus on promoting self-management and adherence

Key developmental milestones

Common health disorders

Chronic disease management

Large group:

- Symposium
- Panel discussion

Small group:

- Think-Pair-Share
- Brainstorming
- Jigsaw
- Fishbowl
- Gamification



LEARNING OUTCOMES	CONTENT	TEACHING-LEARNING ACTIVITIES	EVALUATION
<p>HISTORY TAKING</p> <p>2. Elicit a complete and accurate history, including the psychosocial history using the HEADSSS interview format (PO 1, 2, 8, 9, 10)</p> <p>Communicate effectively and sensitively with adolescent patients from diverse backgrounds, establishing rapport, eliciting information and addressing sensitive topics</p> <p>Demonstrate empathy, respect & a non-judgmental approach</p>	<ul style="list-style-type: none"> Interviewing skills & communication skills Process of an adolescent medical interview: <ul style="list-style-type: none"> Initiating the session: <ul style="list-style-type: none"> Establish rapport Assure confidentiality and limits Interview the adolescent alone Medical History Including menstrual and gynecologic history Psychosocial Interview using HEEADSSS 3.0: Home, education/eating, activities, drugs, sexuality, suicide, safety Identifying both risky behaviors and protective factors (strengths) <p>Basics of respectful & sensitive communication</p> <p>Non-judgmental approach</p>	<p>Actual patient care in OPD and ward rotations</p> <p>Conferences:</p> <ul style="list-style-type: none"> Endorsement conference M&M/ Audit HSTH 	



Conduct age-appropriate screening services

Recognize the influence of social determinants of health on adolescent well being and health care access in the primary care setting

Value the importance of patient-centered care, shared decision-making, and adolescent autonomy

Identify opportunities for health promotion & disease prevention within routine clinical encounters

Preventive screening services:
- Laboratory tests
- Screening tools for common disorders

LEARNING OUTCOMES	CONTENT	TEACHING-LEARNING ACTIVITIES	EVALUATION
PHYSICAL EXAMINATION 3. Perform a complete PE, including Sexual Maturation Rating (SMR) and neurologic examination (PO 1, 2, 8, 9, 10)	<ul style="list-style-type: none">• Normal anatomy• BMI computation, plotting, interpretation using WHO charts• Vital signs and normal values for adolescents• Sexual maturation rating (SMR)• Getting consent from the adolescent• Respect for patient’s privacy, confidentiality, need for chaperone		
DIAGNOSIS 4. Diagnose an adolescent disorder based on findings in history and physical examination (PO 1, 2, 5, 6, 8, 9, 10)	Salient points in history and PE Common differential diagnoses Common laboratory tests for confirmation of diagnosis as needed		
MANAGEMENT 5. Discuss appropriate management and anticipatory guidance to both the adolescent and parents (PO 1, 2, 4, 5, 6, 8, 9, 10) 5.a. Discuss principles of Health Care Transition (PO 1, 2, 5, 7, 10)	<ul style="list-style-type: none">• Pharmacologic and non-pharmacologic treatment• Growth and development,• Injury prevention• Healthy lifestyle (diet, physical activity)• Avoidance of smoking, alcohol and drug use• Responsible sexual behaviors• Mental Health• Health maintenance (immunization)• Limits on screen time• Principles of Health Care Transition		



YL 4: Clerkship

Objectives	Content	Teaching-Learning Strategies	Evaluation
<p>Review common adolescent health problems (YL3 topics) with increasing emphasis on chronic conditions & their management in primary care setting (adherence, self-management and transition planning)</p>	<p>YL 3 topics: Mental health problems Metabolic/ Endocrine- obesity, metabolic syndrome Reproductive/ sexual- menstrual problems, teen pregnancy Dermatologic- acne, etc Chronic disorders</p> <p>Screening</p> <p>Counseling: adherence, self management and transition planning</p>	<p>Strategies in the clinics/ community:</p> <ul style="list-style-type: none"> - Actual patient care in OPD, wards, ER, community - Conferences - Case-based discussions - Small group activities - Preceptorials (OMP, SNAPPS) - Role playing - Simulations - Journal clubs - Family visits (PFC analysis) - Use of technology: online modules and videos, interactive simulations 	<p>Formative:</p> <ul style="list-style-type: none"> - Mini-CEx - CBD <p>Summative:</p> <ul style="list-style-type: none"> - Written exam: extended matching type, key features exam, concept application test - OSCE/ OSOE - 360 degrees feedback/ MSF - Portfolio - Reflection - Clinical performance assessment using Rubrics - Peer evaluation



Objectives	Content	Teaching-Learning Strategies	Evaluation
Discuss legal and ethical considerations in adolescent health care in primary care	<p>Confidentiality- balancing adolescent privacy with parental rights, limits</p> <p>Informed consent and assent</p> <p>Emancipation</p> <p>Mandated reporting: recognizing and reporting suspected child abuse, neglect, or exploitation</p> <p>Legal rights of adolescents regarding healthcare decisions: access to specific services (e.g. STI testing) without parental consent</p>	<p>Didactics:</p> <ul style="list-style-type: none"> - Symposium - Panel discussion <p>Field trip: court house hearing, CPU, Women's desk</p>	



Objectives	Content	Teaching-Learning Strategies	Evaluation
<p>Outline the essential components of a successful transition to adult care for well adolescents and those with chronic conditions, including the roles of the primary care pediatrician (PCP), the adolescent, the family, and adult care providers</p> <p>Facilitate the transition of well adolescents and those with chronic conditions to adult care with supervision</p>	<p>Definition of transition and its importance in primary care</p> <p>Criteria for chronic patients requiring transition Transition planning proces: assessment of readiness, development of a written transition plan, coordination of care</p> <p>Key elements of successful transition: patient education & empowerment, family involvement, provider collaboration</p> <p>Transfer to adult care: Timing, process, documentation, follow-up</p> <p>Psychosocial aspects of transition: Impact on identity, independence, relationships</p>	<p>IPE activities: collaborative sessions with IM, nurses, social worker, BHWs, nutrition scholars</p> <p>Projects- patient education materials, posters, organizers</p>	



Objectives	Content	Teaching-Learning Strategies	Evaluation
<p>Collaborate effectively with interdisciplinary teams (specialists, nurses, social workers) and community resources for coordination of care</p> <p>Communicate effectively and efficiently with patients, parents and other HCPs</p> <p>Display professionalism, ethical conduct, respect, and compassion</p> <p>Demonstrate good time management</p>	<p>Transition team, roles and responsibilities</p> <p>Referral and transition process</p> <p>Clinic and community resources available, how to access</p>	<p>IPE activities: collaborative sessions with IM, nurses, social worker, BHWs, nutrition scholars</p> <p>Projects- patient education materials, posters, organizers</p>	



YL 5: Internship

Objectives	Content	Teaching-Learning Strategies	Evaluation
<p>(Build on clerkship with a focus on management and leading health care teams)</p> <p>Facilitate long-term management of complex adolescent health issues in the primary care setting</p> <p>Initially lead transition of care for well adolescents and those with significant chronic conditions, including coordinating with multidisciplinary teams and adult specialists</p>	<p>List of common adolescent health issues and more thorough management-preventive, promotive</p> <p>Approach to ethical dilemmas</p> <p>Review of transition care process, composition of transition team and their roles/ responsibilities, resources available</p> <p>Leadership skills</p> <p>Communication skills</p> <p>Technological skills</p>	<p>Strategies in the clinics/ community:</p> <ul style="list-style-type: none"> - Actual patient care in OPD, wards, ER, community - Conferences - Case-based discussions: ethical dilemmas - Small group activities - Preceptorials (OMP, SNAPPS) - Peer teaching - Journal clubs - Family visits (PFC analysis) - Use of technology: online modules and videos, interactive simulations - Telemedicine 	<p>Formative:</p> <ul style="list-style-type: none"> - Mini-CEx - CBD <p>Summative:</p> <ul style="list-style-type: none"> - Written exam: extended matching type, key features exam, concept application test - OSCE/ OSOE - 360 degrees feedback/ MSF - Portfolio - Reflection - Clinical performance assessment using Rubrics - Peer evaluation



Objectives	Content	Teaching-Learning Strategies	Evaluation
<p>Advocate for policies and systems that support adolescent health and transition</p> <p>Conduct learning sessions with other medical students and healthcare professionals</p>	<p>Global, regional and local policies and systems supporting adolescent health and transition</p> <p>Presentation skills</p>	<p>Didactics:</p> <ul style="list-style-type: none"> - Symposium - Panel discussion <p>Active participation in:</p> <ul style="list-style-type: none"> - Related CMEs - Research - Lobbying to support policies and projects 	



Survey of 68 Medical Institutions: Challenges in teaching topics in Adolescent Health

Faculty development to empower teachers with KSAs

Lack of instructors

Use of available sources (UPEC manuals) and other relevant references

Lack of materials and references

Lack of support from the faculty and or administration

Institutionalization of Adolescent Health and Transition Care as an essential part of BME

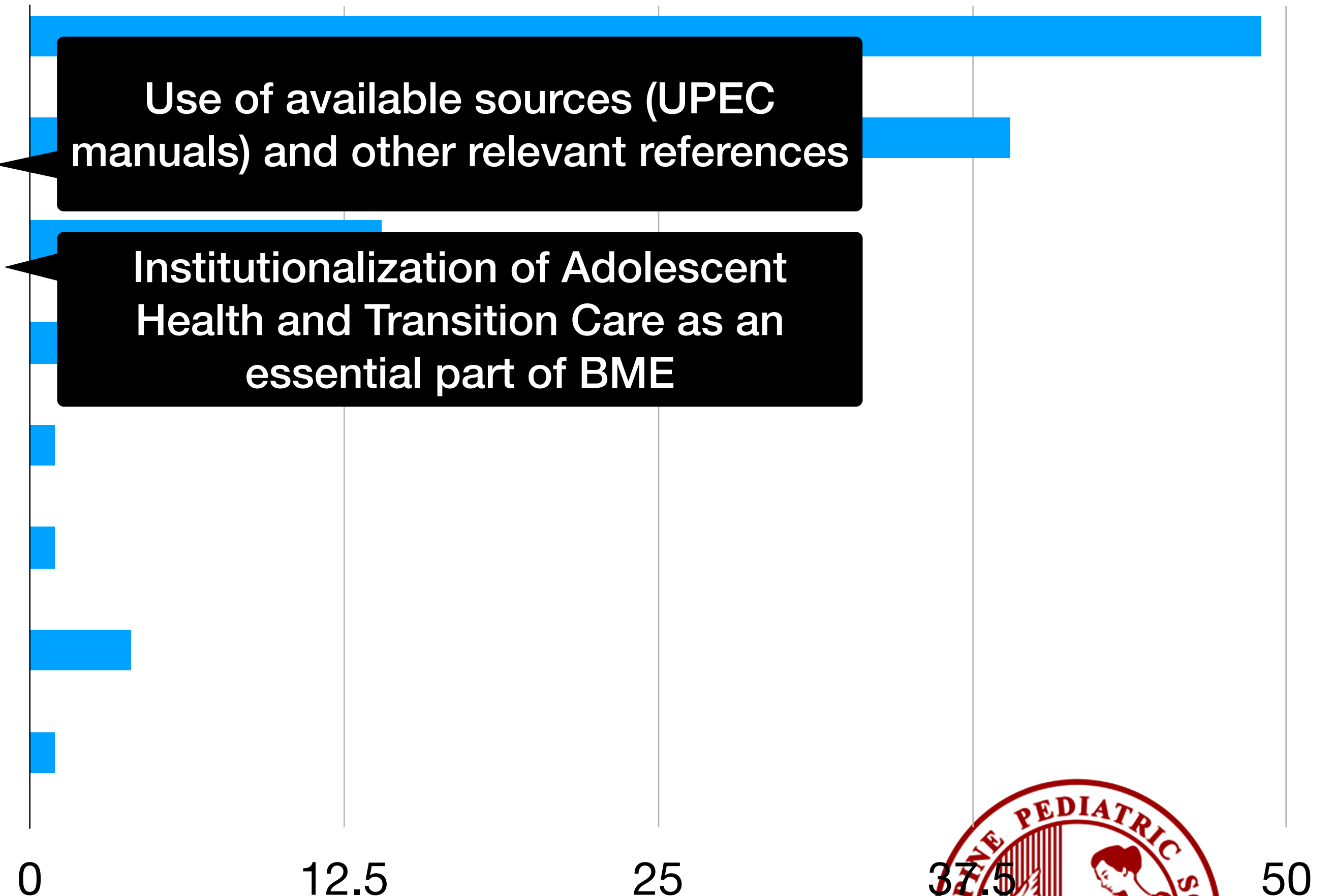
Lack of awareness of the teens and parents

Lack of subspecialty

medical students often struggle with certain topics

N/A

Sensitivity & Stigma Around Topics



Summary

- Adolescent health competencies start in basic medical education, seamlessly spiraling with increasing mastery and proficiency by the end of internship to strengthen the provision of primary care to adolescents until their transition as healthy young adults
- PPS has provided us with sources/ references to aid in the teaching and learning of Adolescent health
- Instructional designs act as guide on what to target/achieve (learning outcomes), what to teach (content), how to teach (TL strategies), and how to assess if targets have been achieved (evaluation) for a more relevant and comprehensive adolescent health and transition care
- There's a need for faculty development to train teachers on how to effectively teach Adolescent health in basic medical education



An illustration of four young people, two men and two women, with diverse backgrounds and styles. They are all smiling and looking towards the viewer. The style is a soft, painterly illustration with a warm color palette. The quote is overlaid in the center.

**“It takes courage to grow up
and become who you
really are.”**

— E.E. Cummings