

How to Navigate the Revised UPEC Manual (2022 edition)

**Tools that Bridge Classroom to Workplace Learning Using
the OBE Approach**

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Disclosure

- I have the following relevant financial relationships to disclose:
Speaker's bureau for: Sanofi Consumer Health, Pediatrca, Wyeth, Menarini
- I have no actual or potential conflict of interest in relation to this presentation
- I will not discuss off label or investigational use of any product in this presentation

Rudolf Virchow



Medical education does not exist to provide students with a way of making a living, but to ensure the health of the community.

Primary Health Care Providers

AZ QUOTES

Objectives

At the end of this presentation, the participant is able to:

- Discuss the principles of curriculum designing, focusing on its role in bridging classroom to workplace learning
- Apply the various teaching-learning and assessment tools that enhance learning in the workplace
- Create a deeper appreciation of the outcome-based approach in undergraduate medical education

Role of Curriculum Design

In bridging classroom to workplace learning

Curriculum: establishes the foundation of what learners are expected to know, do and understand through their educational experiences (TLAs)

Teachers: apply learning standards to engage learning experiences

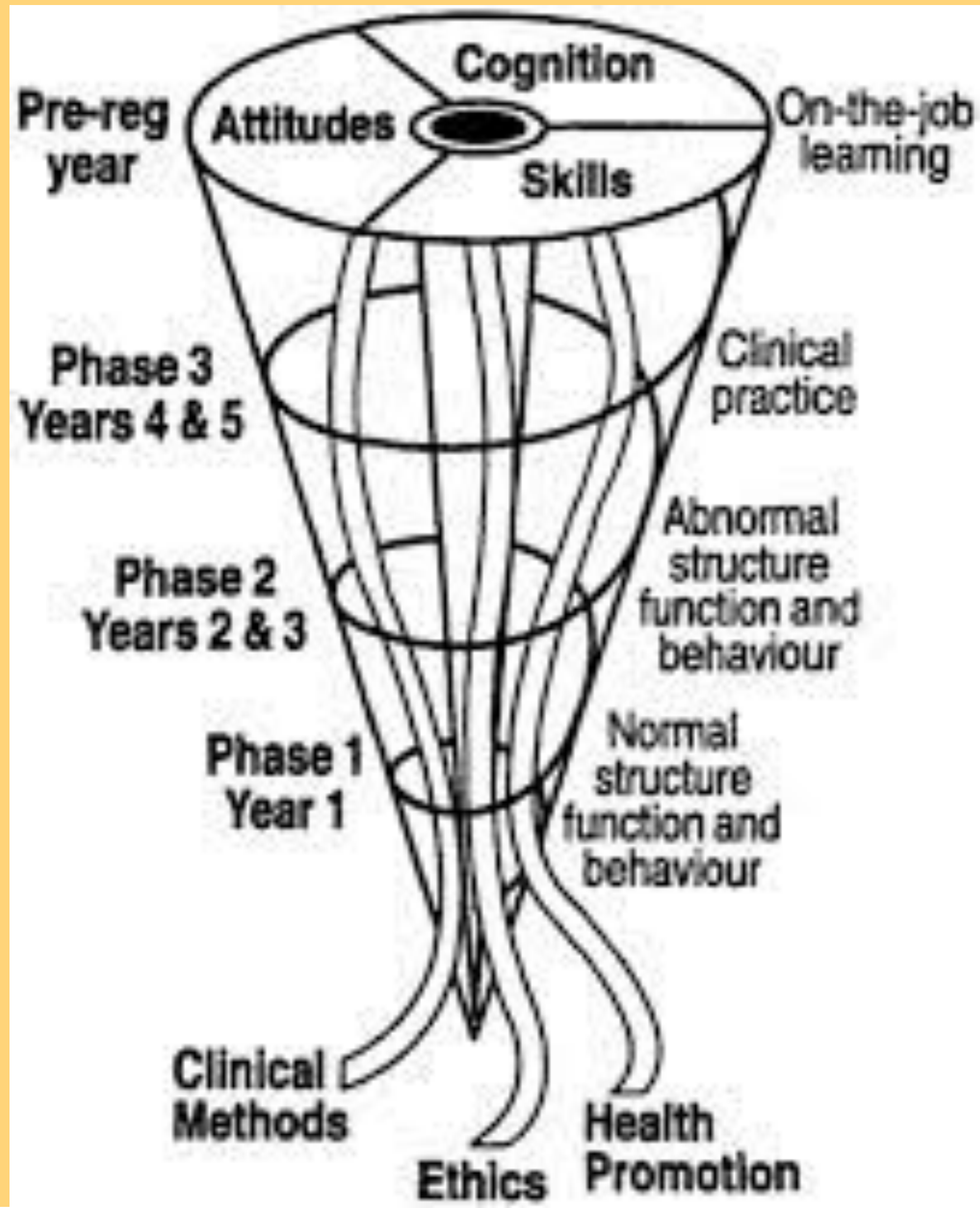
Encourage students to pursue their passions & build a sense of personal identity

Ultimate goal for curriculum design:

- deepen learning
- support students in gaining important core competencies (critical and creative thinking, skillful communication, and demonstrating care for self and others)

Bruner's Spiral Curriculum

Bruner, 1960



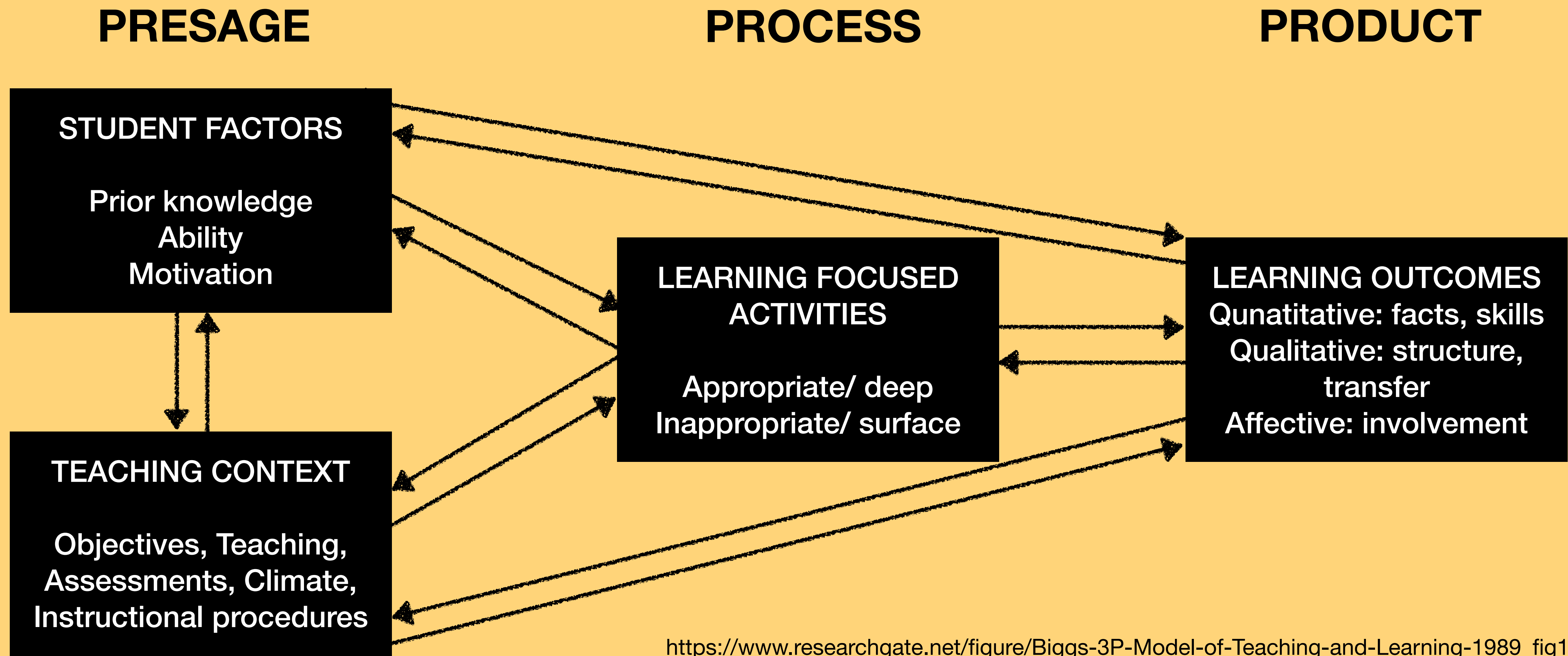
NEW LEARNING has a RELATIONSHIP with OLD learning and is put IN CONTEXT with the OLD INFORMATION

The COMPLEXITY of the topic/ theme INCREASES with each REVISIT

LEARN BASIC topics, themes or subjects FULLY and IN DEPTH and REVISIT them

3P Model of Teaching and Learning

Biggs, 1989



Outcome-Based Education (OBE) Approach In Undergraduate Medical Education (UME)

- CHED Implementation Handbook 2013
- An approach that focuses and organizes the educational system around what is essential for all learners to know, value and be able to do to achieve a desired level of competence at the time of graduation
- 10 program outcomes

Relevant, adequate and appropriate training/ preparation

	CHED MD Program Outcomes	Operational Definition of Program Outcomes
PO1	1. Demonstrate clinical competence	Competently manage clinical conditions of all patients in various settings
PO2	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
PO3	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
PO4	4. Engage in research activities	Utilize current research evidence in decision making as practitioner, educator or researcher. Participate in research activities.
PO5	5. Collaborate within interprofessional teams	Effectively work in teams in managing patients, institutions, projects and similar situations

PO6

CHED MD Program Outcomes	Operational Definition of Program Outcomes
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
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
8. Adhere to ethical, professional, and legal standards	Adhere to national and international codes of conduct and legal standards that govern the profession
9. Demonstrate nationalism, internationalism and dedication to service	Demonstrate love for one's national heritage, respect for other cultures and commitment to service
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

PO7

PO8

PO9

PO10

Anatomy of the Revised UPEC Manual

Expert Review Recommendations

Defintion of terms

Improved GLOSSARY OF TERMS

Separate glossary for TLA & Evaluation

Additional references

Specific LIST OF RESOURCES per ID

General and Specific references per ID

Organization of TLA & Evaluation

Reorganized TEACHING-LEARNING ACTIVITIES and EVALUATION (MENU-type)

TLAs via in-person or virtual Evaluation tools as formative or summative

Homogenous titles
Use of OBE approach
Organize LOs

Section 1: CORE topics
Section 2: DISORDER/ DISEASE-BASED topics
Section 3: SELECTED topics

Objectives relabelled as LEARNING OUTCOMES with POs that they cover

PROGRAM OUTCOMES (PO) covered by a LEARNING OUTCOME

Headings based on recurrent themes

Easy to follow IDs

Consistent and better aligned LEARNING OUTCOMES in IDs

Use of template
Higher order verbs
Easy to follow sequence

Instructional Design Matrix

Using OBE Approach

PROGRAM OUTCOMES	OBJECTIVES	CONTENT	T-L STRATEGIES	RESOURCES	EVALUATION
1. Clinical competence 2. Effective communication 3. Leadership/management 4. Research 5. Interprofessional collaboration 6. Systems- based approach 7. Personal & professional dev't 8. Ethical, professional & legal standards 9. Nationalism & internationalism 10. Social accountability	Cognitive	Concepts Topics Theories Hypothesis	Lectures SGL strategies Clinical T-L strategies	AV materials Books Journals	Written (MCQ) OSCE Mini CEX
	Psychomotor	Procedures Steps Materials needed Communication	Simulation Demo- return demo Role play	Equipment Skills lab Clinic/ hospital facilities	OSCE DOPS Performance rating scale
	Affective	Values Attributes	Role play Bedside rounds		Multi Source Feedback Logbook Portfolio

- Data gathering and recording
- Pediatric procedures
- Normal newborn
- Growth and development
- Nutrition
- Preventive Pediatrics
- Community Pediatrics

Core Topics

LEARNING OUTCOMES
1. Elicit an age appropriate history and organized a
(PO 1, 2, 8, 9, 10)

LEARNING OUTCOMES
2. Perform an age appropriate thorough and complete physical examination and apply applicable assessment skills (PO 1, 2, 8, 9, 10)

LEARNING OUTCOMES	CONTENT	TEACHING-LEARNING ACTIVITIES	EVALUATION
3. Construct a complete and organized written history and physical examination (PO 1, 2, 8, 9, 10)	<ul style="list-style-type: none"> • Complete standardized data form • Written communication skills • Motor and technical skills • Integrity, honesty, professionalism, confidentiality, neatness, systematic synthesis 		
4. Effectively communicate with the family and patient during history taking and physical examination (PO 1, 2, 8, 9, 10)	<ul style="list-style-type: none"> • Interview techniques • Communication skills • Interpersonal skills 		
5. Orally present complete and pertinent data clearly (PO 1, 2, 8)	<ul style="list-style-type: none"> • Verbal communication skills • Interpersonal skills • Knowledge of pertinent data 		
6. Demonstrate the desired attitudes during history taking and physical examination (PO 1, 2, 8, 9, 10)	<ul style="list-style-type: none"> • Desired attitudes <ul style="list-style-type: none"> - Compassion - Empathy - Rapport - Sensitivity - Responsibility - Professionalism - Friendliness - Respect for privacy - Patience - Gentleness - Non-judgmental attitude 		

- Allergy and Immunology
- Bones and Joints
- Cardiology
- Critical care
- Dermatology
- Developmental
- Endocrinology
- Gastroenterology, Hepatology and Nutrition
- Hematology
- Infectious Diseases
- Neonatology
- Neurology
- Oncology
- Renal/ Nephrology
- Respiratory
- Rheumatology

Disease/ Disorder- Based Topics

		LEARNING OUTCOMES	LEARNING OUTCOMES	LEARNING OUTCOMES	CONTENT	TEACHING-LEARNING ACTIVITIES	EVALUATION
BURDEN OF DISEASE 1. Discuss the burden of cardiovascular disease in their long-term children and grandchildren (PO 1, 2, 4)	HISTORY TAKING 4. Elicit a complete history which focuses on the character and circumstances surrounding the complaint (PO 1, 2, 8, 9)				f. Interpretation of the results of laboratory tests done g. Correlation of laboratory test results with the clinical data, differential diagnosis and natural course of the illness h. Adverse clinical outcome of diagnostic tests		
BASIC SCIENCE 2. Explain the pathophysiology of the presenting complaint (PO 1, 2)	PHYSICAL EXAMINATION 5. Perform an accurate physical examination including auscultation, palpation, and percussion (PO 1, 2, 8, 9)	6. Determine the abnormality based on information gathered (PO 1, 2, 8, 9)		DIAGNOSIS 9. Establish the diagnosis using evidence (PO 1, 2, 4, 8, 9, 10)	<ul style="list-style-type: none"> • Diagnostic criteria for common cardiovascular diseases 		
CLINICAL CORRELATION 3. Enumerate the presenting signs and symptoms of cardiovascular disease (PO 1, 2)			DIAGNOSTIC TESTS 8. Choose the appropriate diagnostic tests to confirm the diagnosis (PO 1, 2, 8, 9)	MANAGEMENT 10. Discuss a plan of treatment for emergency care, definitive care, and long-term/rehabilitative care for various cardiovascular diseases (PO 1, 2, 4, 5, 6, 8, 9, 10)	<ul style="list-style-type: none"> • Relevance, availability, socio-economic factors, rehabilitative care and schedule of follow-up of common cardiovascular diseases • Indications for hospitalization and emergency care of patients with cardiovascular problem/s: <ul style="list-style-type: none"> - Heart failure - Arrhythmia - Hypercyanotic attacks - Sudden death • Equipment, materials and medications for resuscitation 		

- Adolescent disorders and risk taking behaviors
- Clinical Genetics
- Emergency Pediatrics
- Environmental Pediatrics
- Ethical issues
- Fluids and electrolytes

Selected Topics

LEARNING OUTCOMES	LEARNING OUTCOMES	LEARNING OUTCOMES	CONTENT	TEACHING-LEARNING ACTIVITIES	EVALUATION
BURDEN OF DISEASE CLINICAL CORRELATION 1. Explain risk-taking behavior among adolescents, contributory factors, and the impact of these behaviors on future health (PO 1, 2, 8, 9, 10)	HISTORY TAKING 4. Elicit a complete history which focuses on the character and circumstances surrounding the complaint (PO 1, 2, 8, 9, 10)	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 		
	PHYSICAL EXAMINATION 5. Perform a complete and accurate physical examination including a systematic cranial examination using inspection, palpation, percussion and auscultation (PO 1, 2, 8, 9, 10)	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)	<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 		
		5. Discuss principles of Health Care Transition (PO 1, 2, 5, 7, 10)			

LEARNING OUTCOMES	LEARN OUTCO	LEARNING OUTCOMES	CONTENT	TEACHING-LEARNING ACTIVITIES	EVALUATION
BURDEN OF DISEASE 1. Explain the concept of environmental health a. Discuss the burden of illness caused by environmental factors (PO 1, 2, 4) 2. Discuss the vulnerability of children to environmental toxicants (PO 1, 2)	HISTORY TAKING 4. Elicit an accurate comprehensive history of child exposures (PO 1, 2, 8, 9, 10)	MANAGEMENT 6. Integrate environmental issues or concerns into health supervision (i.e., well and sick child visits, continuity clinic, in-patients, etc.) a. Provide anticipatory guidance to prevent and abate exposures (PO 1, 2, 5, 6, 8, 9, 10)	<ul style="list-style-type: none"> • Daily environmental issues or concerns • Diet • Hobbies • Child and adolescent employment • Preventive measures/ anticipatory care 		
BASIC SCIENCE AND CORRELATION 3. Identify the common environmental threats to the health of children a. Discuss the clinical manifestations that may appear due to these substances b. Discuss the pathophysiology of toxicity c. Correlate anatomical physiology with development of (PO 1, 2)	PHYSICAL EXAMINATION 5. Recognize specific examination findings that signal environmental exposure (PO 1, 2, 8, 9, 10)	ADVOCACY 9. Encourage parents to seek solutions to their environmental concerns through education from their health care provider local and national resources and organizations (PO 1, 2, 8, 9, 10)	<ul style="list-style-type: none"> • Principles in risk assessment • Communication skills • Health education • Environmental health advocacy 		

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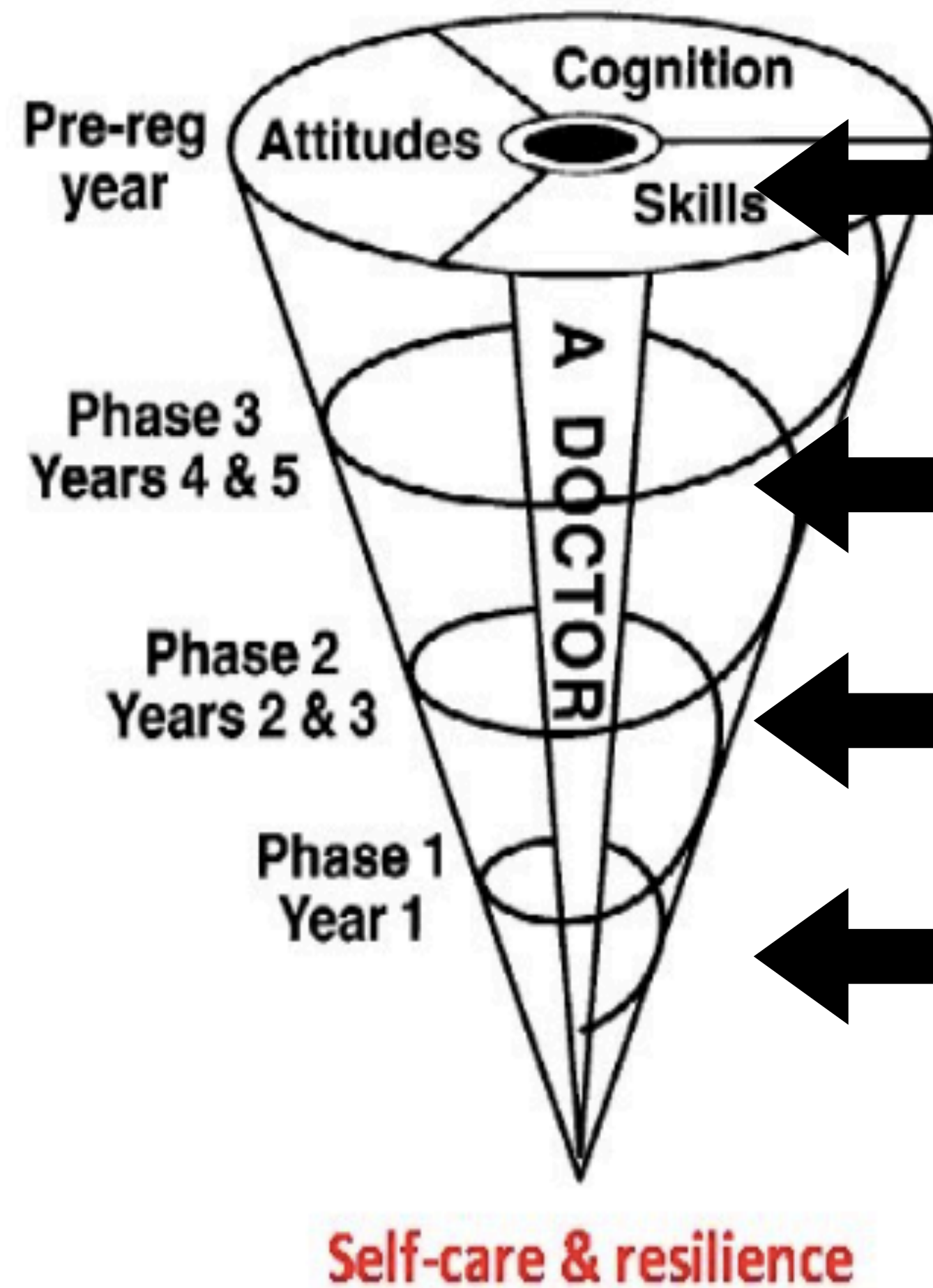
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Making Learning Spiral

- Iterative revisiting (not just repetition)
- Deeper understanding during each revisit
- Application becomes operational (rigor)
- Internalization leads to comprehensiveness
- **MASTERY**

Harden, Medical Teacher, 2009



Slide shared with permission of Judith Gilroy, Assoc Dir Academic Affairs RCSI

Evaluate, Create
MASTERY

Apply, Analyze, Collaborate
LEARNER CENTRIC

Understand
DEPTH, CORRELATION

KNOWLEDGE AS FOUNDATION
SELF CARE
RESILIENCE

Sharples et al. BMJ, 2017; Jones et al, 2001

Teaching-Learning Activities (TLA)

Providing an Appropriate Learning Environment

Pedagogical approaches

- Blended learning
- Hybrid learning
- Team-based learning
- Self-directed learning

Specific TLAs

Use of both in person and online

Some students attend class in person while others join the class virtually

Engage student knowledge through individual testing (iRAT) and group

Learning on one's own initiative, with learner having primary responsibility for planning and organizing the process

ed in person or virtual
(use of technology)

ce knowledge, skills and

ures, instructional
(, demonstrations)

D, PBL)

- Preceptorial (OMP, SNAPPS)
- Telemedicine



Process of Problem Based Learning (PBL)

1. Examine and define the problem.
2. Explore what they already know about underlying issues related to it.
3. Determine what they need to learn and where they can acquire the information and tools necessary to solve the problem.
4. Evaluate possible ways to solve the problem.
5. Solve the problem.

Small Group Discussion (SGD)

All members have a chance to **speak and express**, hear and test out ideas

Group members can receive and respond to respectful but honest and constructive **feedback**

A **variety of points of view** are put forward and discussed

The discussion is not dominated by any one person

There's an agreement that the group is **working together** to solve a problem, create a plan, make a decision and final conclusion



One Minute Preceptor (OMP)

5 Microskills



S.N.A.P.P.S.

Summarise the case

Narrow the differential

‘What are the diagnostic possibilities here?’

Analyse the differential

‘Why is this diagnosis likely/unlikely?’

Probe the teacher

‘What question would you like to ask me?’

Plan management

Select issue for self directed learning

- Type of preceptorial
- Teacher: facilitator who serves as knowledge “presenter” rather than “source”
- Learner: discusses patient encounter beyond facts; asks questions; engages in follow-up learning

“Traditional” Presentation Format

Subjective: History of Present Illness

This is a ___ year old ___ with history of ___ who presents with chief complaint of _____. *Don't forget to include quality, locations, severity duration, timing, context, modifying factors and associated signs and symptoms.*

Review of Systems: *(can also be given before the Objective section)*

Constitutional, Eyes, Ears/Nose/Mouth and Throat Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Breast, Neurological, Psychiatric, Endocrine, Hematologic, Lymphatic, Allergic, Immunologic

Past Medical and Surgical History

Current Medications with Dose and Frequency

Pertinent Past medications

Medication Allergies and Adverse reactions

Immunizations

Social History

Family Medical History

Objective: Vitals

Eyes	Ears	Nose
Mouth	Throat <i>(including thyroid)</i>	
Cardiovascular	Respiratory	Gastrointestinal
Genitourinary	Musculoskeletal	Skin
Neurologic	Psychiatric	Lymphatic

Assessment: This is a ___ year old

Plan: Propose a plan for further evaluation and/or treatment.

“SNAPPS” Presentation Format

Summarize

- Present only the pertinent facts from the HPI, ROS, Past Medical History, Medications, Family History, Social History, and Physical exam.

Narrow Differential Diagnosis

- State a Problem Representation using medical term(s) and Semantic Modifiers
- Offer three (3) possible Diagnoses [and 1 “do not miss”]

Analyze the Differential

- Rank your Diagnoses by reviewing what information supports or goes against each (demonstrate your knowledge and you analytical skills). Commit to a Diagnosis if you can.

Probe the Preceptor (at any time in the presentation)

- Identify your gaps, points of confusion or dilemmas and ask questions to tap into the preceptor’s knowledge base.
- Preceptors like you to ask questions: it shows them what to teach you, and personalizes your instruction.

Plan Management

- Propose a Diagnostic Plan to sort out the Problem and/or confirm the Diagnosis
- Propose a Therapeutic Plan to manage the Problem
- Preceptors will give you feedback regarding what you did well and what you could improve upon.

Select an Issue for Self-directed Learning

- Think about your performance. What knowledge would have helped you do a better job in evaluating this patient?
- Select a source of information and review it. Consider giving the preceptor a paragraph summary of what you learned from your reading.

TLAs as tools in bridging classroom to workplace learning

Students need to learn to **make connections** between different experiences in learning rather than just master facts

Achieve this by **learning through inquiry**—> teacher providing guidance focussed on accelerating learner's thinking

Bruner: early teaching of any subject should **emphasise grasping basic ideas**, and the **curriculum should revisit these basic ideas**, building upon them incrementally until the learner **understands them fully and in depth (spiral curriculum)**

If students learned the '**fundamental principles**' of a subject, the connections between ideas within subject are formed

Evaluation

Making Sure That Learning Has Occurred

Formative

Mini- Clinical Examination Exercise
(Mini-CEX)

Clinical Encounter Card (CEC)

Blind Patient Encounter (BPE)

Clinical Work sampling (CWS)

Direct Observation of Procedural Skill
(DOPS)

Case-based Discussion (CbD)

Summative

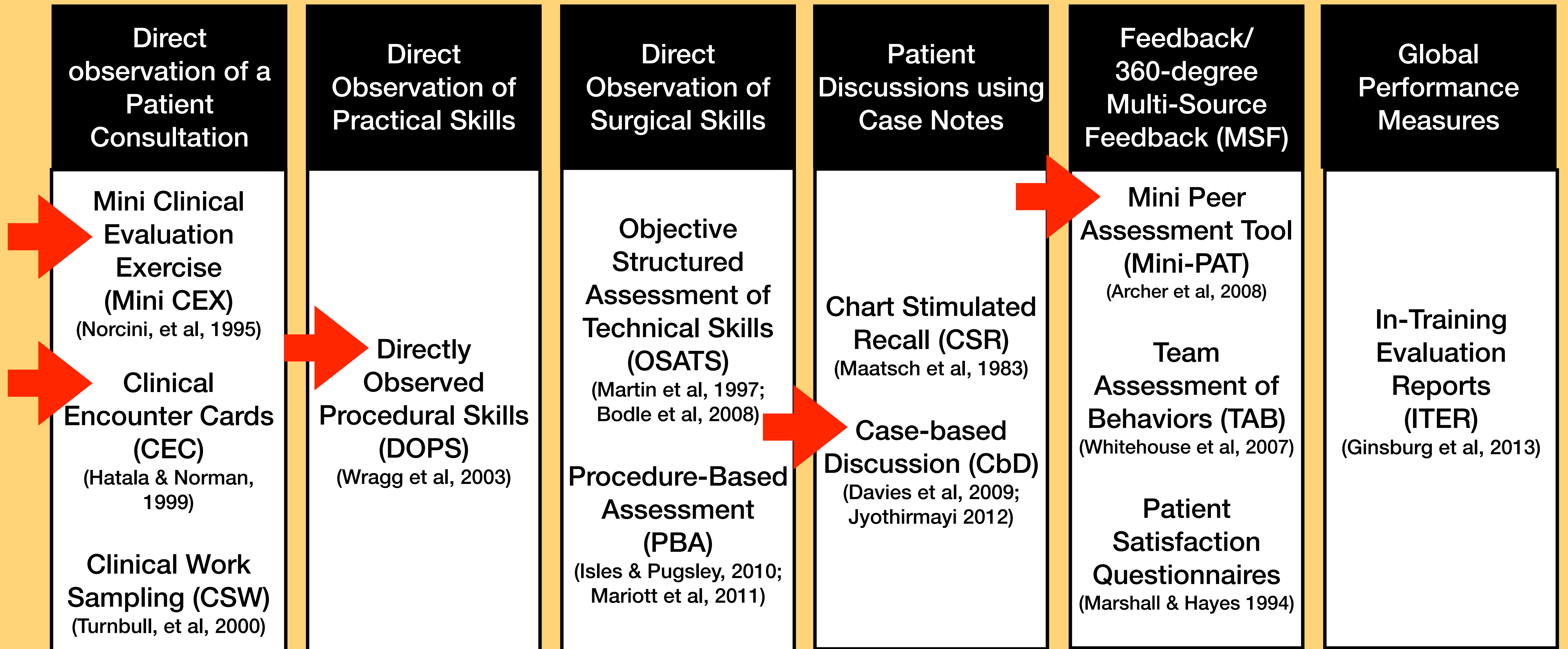
Written Examination

Oral Examination

Objective Structured Exams

Global Performance Measures

Evaluation



Mini-Clinical Evaluation Exercise (CEX)

Evaluator: _____ Date: _____

Resident: _____ R-1 R-2 R-3

Patient Problem/Dx: _____

Setting: Ambulatory In-patient ED Other _____

Patient: Age: _____ Sex: _____ New Follow-up

Complexity: Low Moderate High

Focus: Data Gathering Diagnosis Therapy Counseling

1. Medical Interviewing Skills (Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

2. Physical Examination Skills (Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

3. Humanistic Qualities/Professionalism

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

4. Clinical Judgment (Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

5. Counseling Skills (Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

6. Organization/Efficiency (Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

7. Overall Clinical Competence (Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

Mini-CEX Time: Observing _____ Mins Providing Feedback: _____ Mins

Evaluator Satisfaction with Mini-CEX

LOW	1	2	3	4	5	6	7	8	9	HIGH
-----	---	---	---	---	---	---	---	---	---	------

Resident Satisfaction with Mini-CEX

LOW	1	2	3	4	5	6	7	8	9	HIGH
-----	---	---	---	---	---	---	---	---	---	------

Comments: _____

Resident Signature _____ Evaluator Signature _____

Clinic: farm animal small animal horse

Ward: _____ date: _____

Patient's problem: _____

Activity: _____

Name of teacher: _____

Signature of teacher: _____

©Buchner 5/2015 1

What could be better?

Suggestions for next steps?

2

Activity:

- Improvement desirable	- 0- 0+ +	0- satisfactory
- 0- 0+ +	0+ good	+ excellent!

Students: please enter self-assessment **(anonymous !)**

Communication:(during round)

Correct/complete

Brief/relevant

Terminology

Comprehensible language

Activity:

Examination: (internal, surgical, orthopaedic, radiologic, ophthalmological, etc.),

Treatment (Kathether, bandage change, debridement, stomach tube, others):

which: _____

Preparation/Instruments

Interaction with animal

each and submit both cards separately.

Questions on feedback:
(to be completed by students (anonymous !))

How did you perceive the feedback?

Yes, very much no

Was it helpful?

Was it personal?

Was it provided immediately?

Further remarks: _____

Part 2: Please detach and submit both cards se



Case Based Discussion Scoring Form

Case Number:		Assessor:	
Candidate Name:			
Age & Gender of Patient:			

Clinical Context

Brief Description of Case:

Setting

Medical centre / Office based practice	Hospital	Residential aged care	Aboriginal Medical Service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

Location

RA 5 – Very Remote Australia	RA 4 – Remote Australia	RA 3 – Outer Regional	RA 1 & 2 – Inner regional or major city
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

Presentation

New patient to this practice	New patient for this doctor but been at this practice before	Returning patient with new problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returning patient with chronic disease and a new problem	Review of an acute problem	Review of chronic disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

Case Focus

Communication Skills	History Taking	Physical Examination	Clinical Management in Rural/Remote Context	Professionalism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

How do you rate this Doctor in their:

	Below expectations for F1 completion		Borderline for F1 completion	Meets expectations for F1 completion		Above expectations for F1 completion		U/C*
	1	2	3	4	5	6		
Good Clinical Care								
1 Ability to diagnose patient problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ability to formulate appropriate management plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Awareness of their own limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Ability to respond to psychosocial aspects of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Appropriate utilisation of resources e.g. ordering investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining good medical practice								
6 Ability to manage time effectively / prioritise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Technical skills (appropriate to current practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching and Training, Appraising and Assessing								
8 Willingness and effectiveness when teaching/training colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Patients								
9 Communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Communication with carers and/or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Respect for patients and their right to confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with colleagues								
12 Verbal communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Written communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Ability to recognise and value the contribution of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Accessibility/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Overall, how do you rate this doctor compared to a doctor ready to complete F1 training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any concerns about this doctor's probity or health?

Yes

No

If yes please state your concerns:

Anchoring to OBE Approach

- Achievement of program outcomes by each learner: basis for promotion and graduation
- Evaluation tools should provide information if the outcomes have been achieved
- Knowledge tests show clinical competence (PO1), engagement in research activities (PO4), interprofessional collaboration (PO5), systems-based approach (PO6)
- Observation and Feedback assessment tools show effective communication (PO2), leadership (PO3), personal and professional development (PO7), ethical, professional and legal practice (PO8), nationalism/ internationalism (PO9), social accountability (PO10)

Summary

- Undergraduate curricula is crucial in producing relevant primary care providers as it establishes the foundation of what learners are expected to know, do and understand through their educational experiences
- Anchored to an outcome based approach whereby outcomes are achieved for promotion and/or graduation
- PPS has developed and revised the Undergraduate Pediatric Education Curriculum as guide in creating the foundations of competencies in the field
- TLAs create the optimal learning environment and evaluation tools provide information if this learning has occurred—> important in curriculum design

UPEC Committee 2020- 2022

