

## Consolidated Outcome-based Undergraduate Medical Education

<i>Objectives: At the end of the activity, the student should:</i>	<i>Contents</i>	<i>CHED Program Outcomes for Doctor of Medicine ( as per CHED M.O. 18; Series of 2016)</i>										<i>CHED MD roles<sup>2</sup></i>	<i>Expected behavior and year level<sup>3</sup></i>
		<i>Clinical Competence</i>	<i>Communi- cation</i>	<i>Lead/Manage health care teams</i>	<i>Research</i>	<i>Professional Collaboration</i>	<i>Systems Approach</i>	<i>CPPD<sup>1</sup></i>	<i>Practice Standards</i>	<i>Nationalism and Internationalism</i>	<i>Social Accountability</i>		
<ul style="list-style-type: none"> <li>- Recognize the phenomenon of ageing</li> <li>- Recognize ageism and reject myths about older people</li> </ul>	Ageing/Ageism Myths								X			A,B,C, G	1I,2P,3P, 4D
	Demographics/ Physiology/ Pathology	X	X			X	X	X	X			B,E,F,G	1I,2P,3P, 3D,4D
							X	X		X	X	A,B,C	2I,3P,4D
<ul style="list-style-type: none"> <li>- Discuss the physiology of ageing</li> <li>- Understand the mechanisms involved in the various changes observed in the ageing process</li> <li>- Differentiate senility from ageing</li> <li>- Explain the different theories of ageing</li> </ul>	Physiology of Ageing												1I,2P,3P, 3D,4D
	Theories of Ageing	X				X	X		X	X	X	A,B,E	———— 1I,2P,3P, 4D
<ul style="list-style-type: none"> <li>- Describe the pathologic changes in ageing</li> <li>- Understand the effects of changes in the elderly individual with the ultimate goal of being more capable of helping them when they present as patients in the future</li> </ul>	Pathology/ Pathophysio- logy of Ageing								X	X	X	A,B,E	2I,3P,4D

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- Describe the demography of ageing	Demographics of Ageing	X						X					C,D,E, F,G	1I,1P,1D
- Discuss bioethical issues among the older person and their care (end-of-life care)	Bioethical Concerns in Ageing												A,C,E, G,	1I,2I,3I,1 P,2P,3P, 4D
- Differentiate gerontology from geriatrics in 4 aspects: clinical,biological, historical andsociological	Geriatrics versus Gerontology	X			X			X	X				C,E	3I,3P,4D
- Describe the development of geriatric medicine inthe Philippines - Explain ageing and Philippine culture (government, NGOs,organizations, laws and policies)	Evolution of Geriatric Medicine in the Philippines: History Culture Laws Socio-Economic Issues	X		X				X	X				C,E	1I,1P,1D, 2D,3D
- Discuss the pharmacokinetics/ pharmacodynamics in the older person	Pharmacology/ Polypharmacy			X				X		X			A,B,E, F	2I,3P,3D, 4D

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<ul style="list-style-type: none"> <li>- Conduct a comprehensive history from an elder including data on social support and functional ability</li> <li>- Perform a full physical examination, including locomotor, nervous and cardiorespiratory systems</li> </ul>	Comprehen- sive Geriatric Assessment									X		A,B,D, G	3I,3P,4P, 4D
<ul style="list-style-type: none"> <li>- Describe geriatric syndromes (delirium, falls, frailty, dementia, depression, nutrition)</li> <li>- Recognize, assess and manage geriatric syndromes, and refer when appropriate</li> </ul>	Geriatric Syndromes									X		A,B,D, G	3I,3P,4D
<ul style="list-style-type: none"> <li>- Identify and document physical and behavioral signs of elderly abuse and/or neglect; and consider community resources and adult protective services referral and social work assessment, when appropriate</li> </ul>	Elderly Abuse/ Violence							X		X		A,C,G	3I,3P,4P <b>-PGI(D)-</b>

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- Recognize, assess and appropriately manage common clinical conditions associated with ageing and frailty	Common Clinical Conditions: Falls/Dizziness Cognitive, Affective and Behavioral Disorders PressureUlcers Sleep Disorders Hearing and Vision Disorders Urinary Incontinence Weight Loss and Nutritional Issues Constipation and Fecal Incontinence			X						X	X	A,B,E	3I,3P,4P  <b>-PGI(D)-</b>  -----  3I,3P,4P, 4D
- Identify and evaluate family/caregiver needs and limitations - Identify signs of caregiver stress/burden; and prevent or manage accordingly	Caregiver stress/ burden Stress management									X		A,C,G	3I,3P,3D, 4P,4D

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<ul style="list-style-type: none"> <li>- Recognize the older person as a whole human being and apply a biopsychosocial approach to their care</li> <li>- Explain the need for optimizing and improving older people's function rather than just focusing on diseases</li> </ul>	Biopsychoso- cial Approach to the Older Person's Care							X				A,B,C, D,E,F, G,	1I,2I,3P, 4D
<ul style="list-style-type: none"> <li>- Recognize that there is a multi- and interdisciplinary approach to the geriatric patient</li> </ul>	Inter- Multidisciplina ry Approach to Geriatric Care									X		A,B,C, D,E,F, G	3I,3P,4D
<ul style="list-style-type: none"> <li>- Select/discriminate appropriate laboratory request, and interpret/explain basic x-rays and laboratory data</li> </ul>	Choosing Appropriate Laboratory/ Diagnostic Exams Normative Values Interpreting Basic Radiologic Exams							X		X		A,C,E, F	2I,2P,3P, 4P,2D, 3D,4D

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<ul style="list-style-type: none"> <li>- Apply primary, secondary, tertiary prevention of disease and disability, when indicated</li> <li>- Use and practice national guidelines for preventive care, explain the reason why guidelines are not employed (such as immunoprophylaxis, chemoprophylaxis, and counseling)</li> <li>- Identify and manage medical disorders at an early state to minimize morbidity and mortality</li> <li>- Recognize and assess the indications /contra-indications to physical, occupational, speech and other rehabilitative therapies and appropriately manage disability to prevent further functional loss</li> </ul>	Primary, Secondary, & Tertiary Prevention Geriatric Laws (Republic Acts) National Policies and Guidelines											A,B,C, D,E,F, G	1I,2P,3D, 4D
<ul style="list-style-type: none"> <li>- Accomplish basic health planning (family health and discharge planning including short and long-term care)</li> </ul>	Health Planning for Short and Long Term Care of the Older Person											A,B,C, D,E,F, G,	3I,3P,4P <b>-PGI(D)-</b>

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- Describe Models of Care (e.g., palliative medicine, care of the chronically ill and disabled; venues of care)	Models of Care									X		D,F,G	3I,3P,4D
- Recognize, evaluate and manage geriatric emergencies, including disaster situations - Identify and assess frail elderly at risk for death, dependency, and/or institution-nalization - Perform triage for geriatric emergencies	Initial Management of Geriatric Emergencies/ Urgencies/ Disasters											A,B,C, D,E,F, G	3I,4I,4P  <b>-PGI(D)-</b>
- Recognize and accept the limitations of general practice - Refer patients properly to a healthcare setting (home, ambulatory hospital, nursing home care, palliative care, hospice) - Refer appropriately to other medical professionals, allied professionals, social support services - Use appropriate referral when needed for multi-morbidity	Recognizing Limitations of Practice									X		A,B,D, G	3I,3P,4P  <b>-PGI(D)-</b>

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