







OUTLINE

- Brief historical background
- Traditional methods of teaching
- Outcome-based education
- Use of technology in Medical Education
- Challenges in adopting technology
- Trends in Medical Education



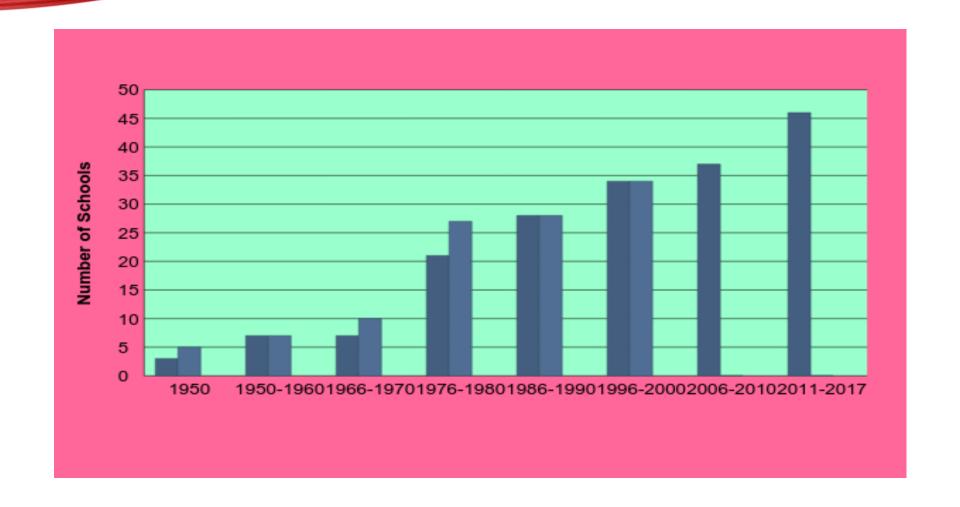


HISTORICAL MILESTONES

- 1959- The Medical Act.
- 1967 The Association of Philippine Medical Colleges was founded
- 1968 Granting of MD degree after 4 years
- 1970 content based curriculum converted to objective based curriculum
- 1978-81 Competency based Curriculum "5 Star Physician"
- 1982 Integration of Primary Health Care in Medical Curriculum.
- **1999** The APMC affiliated with the Philippine Accrediting Association of Schools, Colleges and University (PAASCU)
- 2012 Commission on Higher Education (CHED)- CHED MEMO #46 series 2012
- 2017 46 Medical Schools











- Students
- COE
- Faculty
- Research
- Physicians Licensure Examination
- Programs
- Top performing school
- International linkages







Here are the top passers:

2017 Best Philippine Schools to Study

MEDICINE

Based on overall board exam performance, number of examinees, top performing examinees, accreditation status, and faculty-student ratio.

1	University of Santo Tomas - 96.11%
2	UE Ramon Magsaysay Mem. Medical Center - 95.49%
3	University of the Philippines-Manila - 85.52%
4	DLSU-Health Sciences Institute - 81.60%
5	FEU-Nicanor Reyes Medical Foundation - 80.82%
6	Saint Luke's College of Medicine - 77.03%
7	Cebu Institute of Medicine - 77.00%
8	Xavier University - 70.74%
9	West Visayas State University-La Paz - 70.13%
10	Silliman University - 67.70%
11	Saint Louis University - 67.47%
12	Pamantasan ng Lungsod ng Maynila - 67.44%
13-25	See FULL RANKINGS at http://bit.ly/2yFY2LL.
12	Pamantasan ng Lungsod ng Maynila - 67.44%
	2 3 4 5 6 7 8 9 10 11





K	NAME	SCHOOL	%
1	VINCENT EDOUARD ANTHONY RETARDO GULLAS	UNIVERSITY OF SANTO TOMAS	90.50
2	JAN DAVID CHOA MONZON	DE LA SALLE UNIVERSITY- HEALTH SCIENCES INSTITUTE	90.08
2	ROBERT CARANDANG REÑA	DE LA SALLE UNIVERSITY- HEALTH SCIENCES INSTITUTE	90.08
3	KARL PHILLIP LUMIO AVILLO	WEST VISAYAS STATE UNIVERSITY-LA PAZ	90.00
4	MARC VINCENT NGO BARCELONA	UNIVERSITY OF SANTO TOMAS	89.83
5	ANA ERYKA ELAINE ADRIANO PERALTA	UNIVERSITY OF SANTO TOMAS	89.67
6	ALDRIC CRISTOVAL CHUA REYES	UNIVERSITY OF THE PHILIPPINES-MANILA	89.58
7	MARK ANDRIAN ORILLOZA YANO	CEBU INSTITUTE OF MEDICINE	89.50
В	STEPHANIE MARIE CARBON SENO	UNIVERSITY OF SANTO TOMAS	89.42
9	SIMON LIM GO	UNIVERSITY OF SANTO TOMAS	89.33
10	KELVIN KEN LEE YU	UNIVERSITY OF SANTO TOMAS	89.25

NK	SCHOOL	TOTAL NO. OF EXAM.	TOTAL NO. PASSED	PASSED
1	CEBU INSTITUTE OF MEDICINE	122	122	100.00%
1	SAINT LUKE'S COLLEGE OF MEDICINE	83	83	100.00%
2	WEST VISAYAS STATE UNIVERSITY-LA PAZ	101	100	99.01%
3	PAMANTASAN NG LUNGSOD NG MAYNILA	108	106	98.15%
4	UNIVERSITY OF THE PHILIPPINES-MANILA	150	146	97.33%
5	UNIVERSITY OF SANTO TOMAS	482	468	97.10%
	ATENEO DE MLA UNIV. SCHOOL OF MED. & PUBLIC HEALTH-PASIG	138	134	97.10%
6	UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEM MEDICAL CTR	326	316	96.93%
7	XAVIER UNIVERSITY	56	54	96.43%
8	SAN BEDA COLLEGE	106	100	94.34%
9	CEBU DOCTORS UNIVERSITY-COLLEGE OF MEDICINE	110	103	93.64%
10	FAR EASTERN UNIVERSITY-NICANOR REYES MEDICAL FOUNDATION	268	248	92.54%





TRADITIONAL METHOD OF TEACHING







The Learning Pyramid

Average Learning Retention Rates

LECTURE 5%

READING 10%

AUDIO VISUAL 20%

DEMONSTRATION 30%

DISCUSSION GROUP 50%

PRACTICE BY DOING 75%

TEACHING OTHERS 90%

Adapted from NTL Institute for Applied Behavioral Science

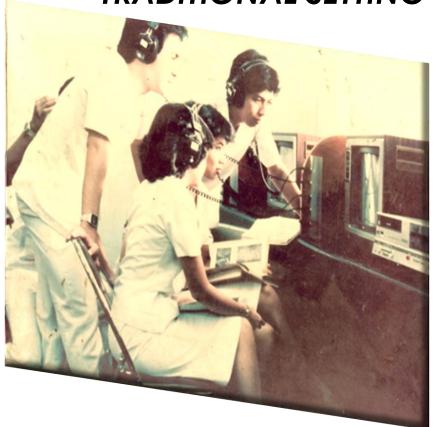








USE OF TECHNOLOGY IN THE TRADITIONAL SETTING







USE OF TECHNOLOGY IN THE TRADITIONAL SETTING











Republic of the Philippines OFFICE OF THE PRESIDENT COMMISSION ON HIGHER EDUCATION



CHED MEMORANDUM ORDER

No. 18

Series of 2016

SUBJECT: POLICIES, STANDARDS AND GUIDELINES FOR THE DOCTOR OF

MEDICINE (M.D.) PROGRAM

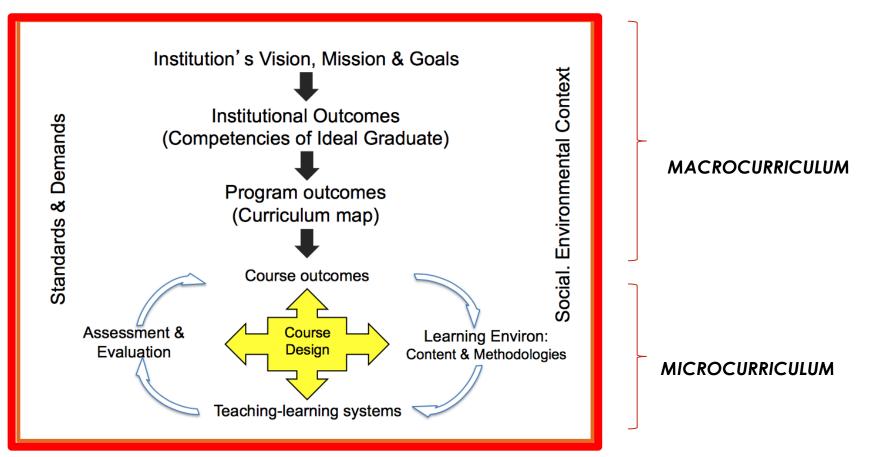
In accordance with the pertinent provisions of Republic Act 2382, otherwise known as the "Medical Act of 1959 as amended", and Republic Act No. 7722, otherwise known as the "Higher Education Act of 1994", in pursuance of an outcome-based quality assurance system as stipulated under CMO No. 46 s. 2012 and for the purpose of rationalizing medical education in the country with the end in view of keeping apace with the demands of national relevance and global responsiveness, the following Policies, Standards and Guidelines (PSGs) for the Doctor of Medicine Program are hereby adopted and promulgated by the Commission.

"rationalizing medical education in the country with the end in view in keeping apace with the demands of national relevance and global responsiveness"





FRAMEWORK FOR OBE







MEDICAL EDUCATION IN THE PHILIPPINES

Content Based or Input Based Education



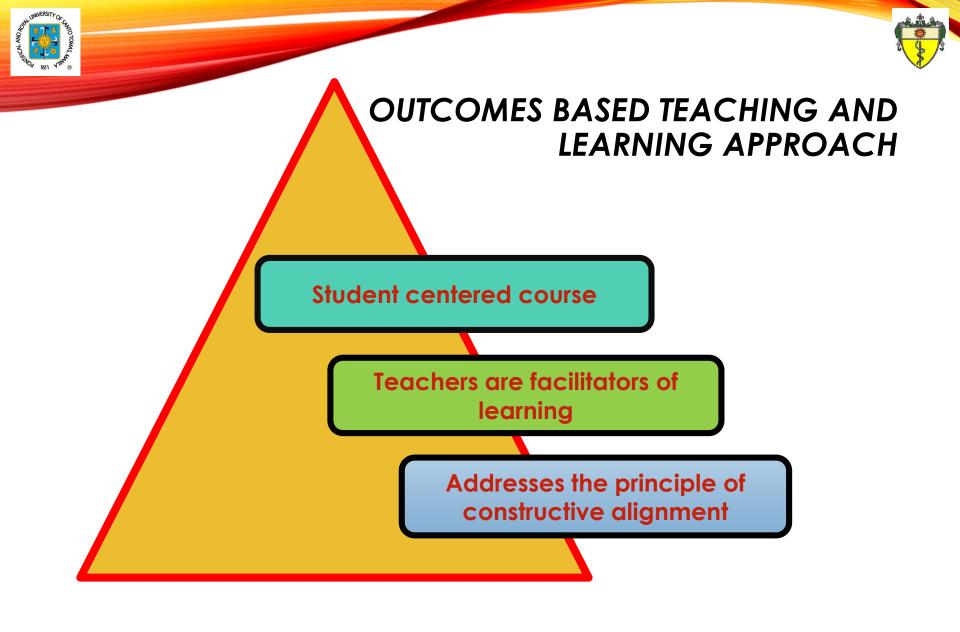
- Focus on knowledge of concepts theories principles and methodologies
- Emphasis is on the educational process

Competency
Based Education

- Restricted to skills and competencies through a performance
- Learners need to know & be able to do in varied situations

Outcome Based Education

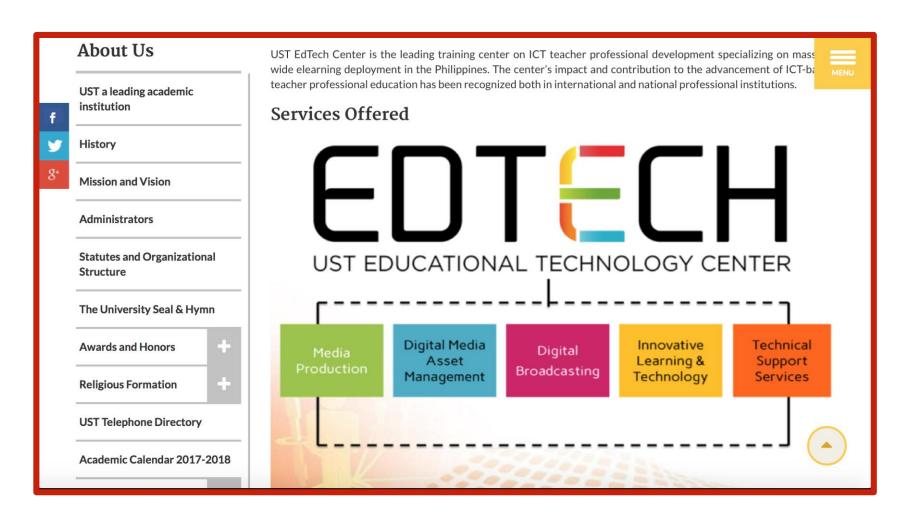
- Extended to high cognitive level
- Learner demonstrates what they know & are able to do







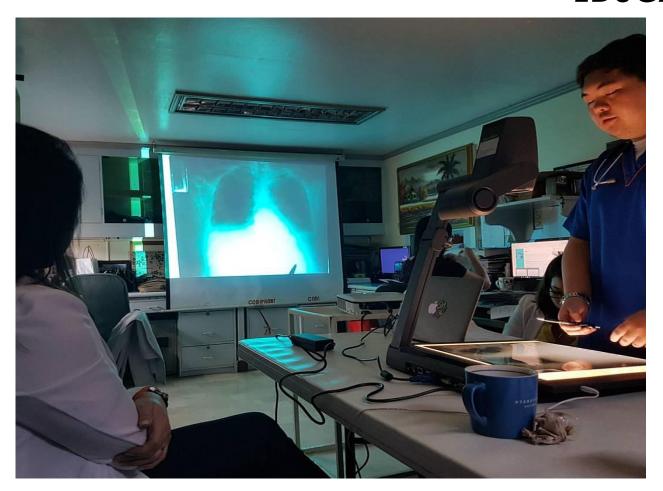
USE OF TECHNOLOGY IN MEDICAL EDUCATION





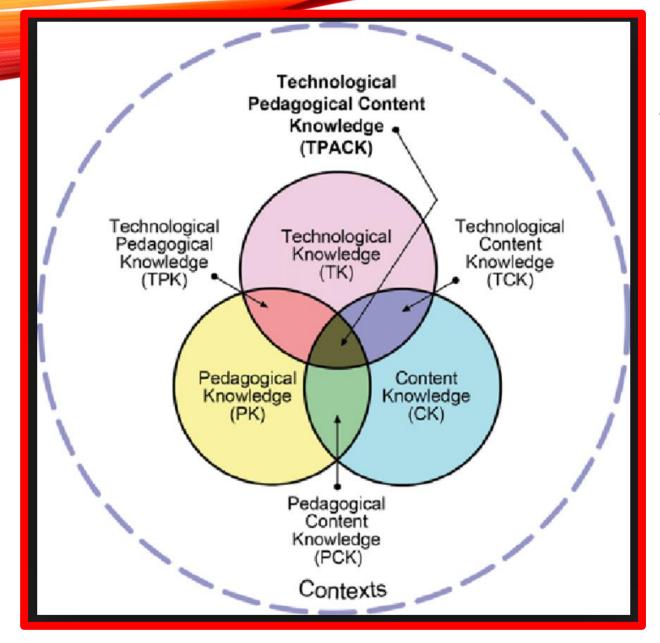


USE OF TECHNOLOGY IN MEDICAL EDUCATION









TPACK



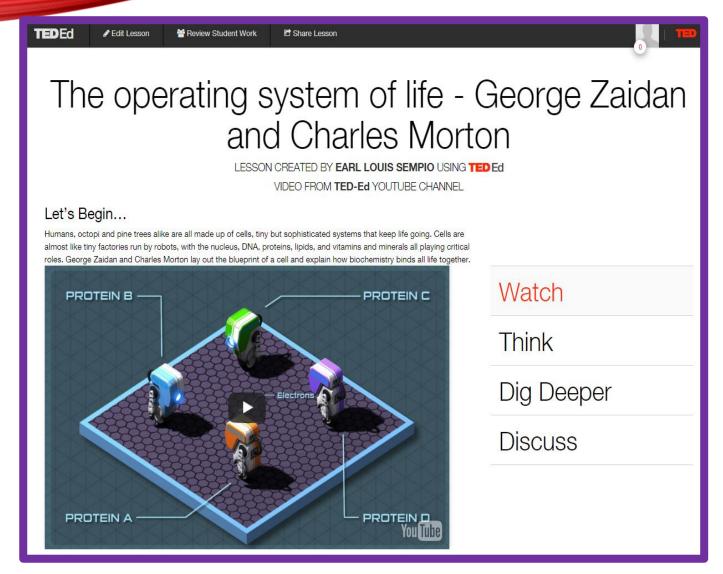


FLIPPING ONLINE

Flipping Online Before Class	<u>Traditional Classroom</u>	Flipped Classroom Read and/or Watch lecture before class
During Class	Listen and take notes in class	Student centered discussion and formative quizzes. Students consolidate understanding with professor
After Class	Students consolidate understanding	Students further consolidate and apply learnings.





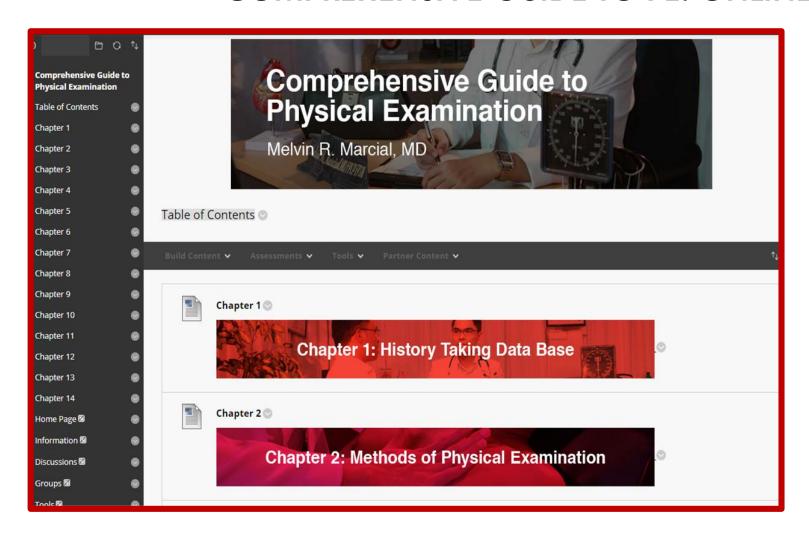


TED ED





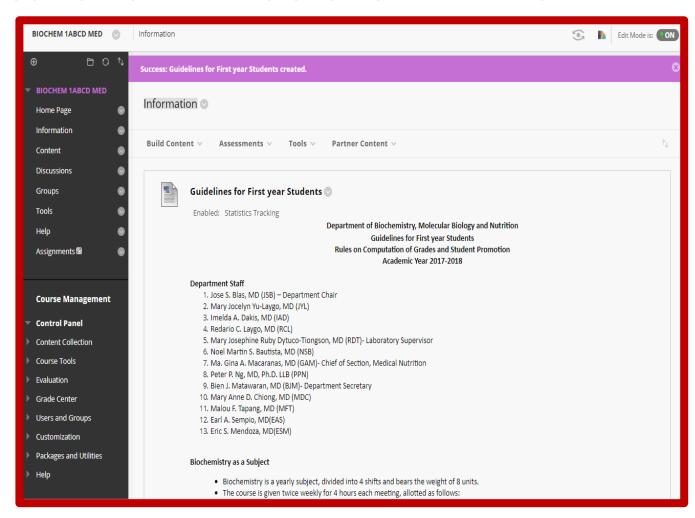
COMPREHENSIVE GUIDE TO PE: ONLINE







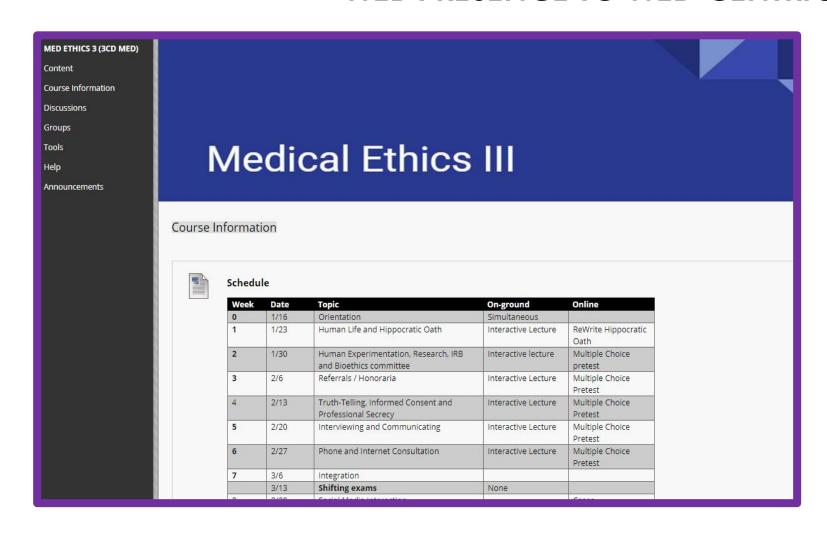
USE OF ONLINE TOOLS FOR TRADITIONAL METHODS





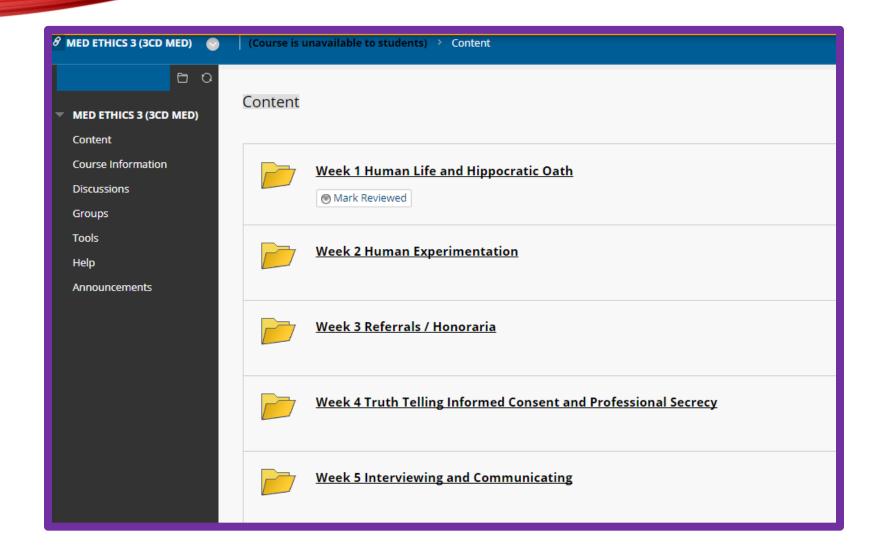


WEB PRESENCE TO WEB-CENTRIC





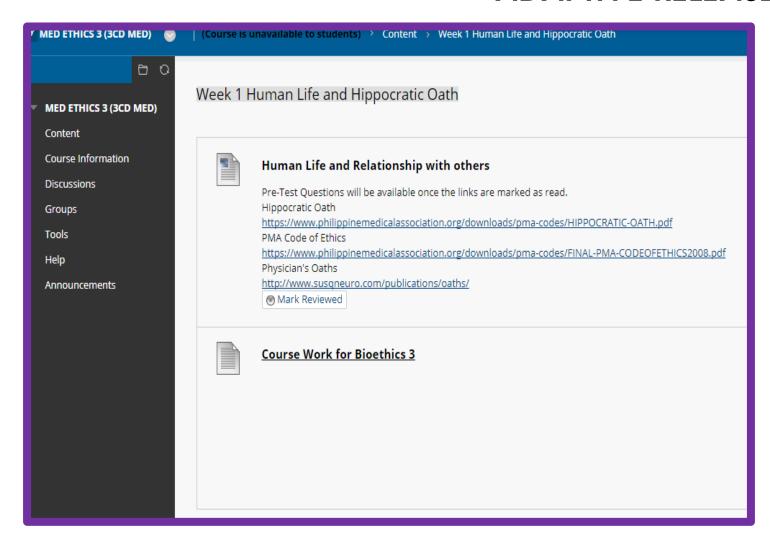








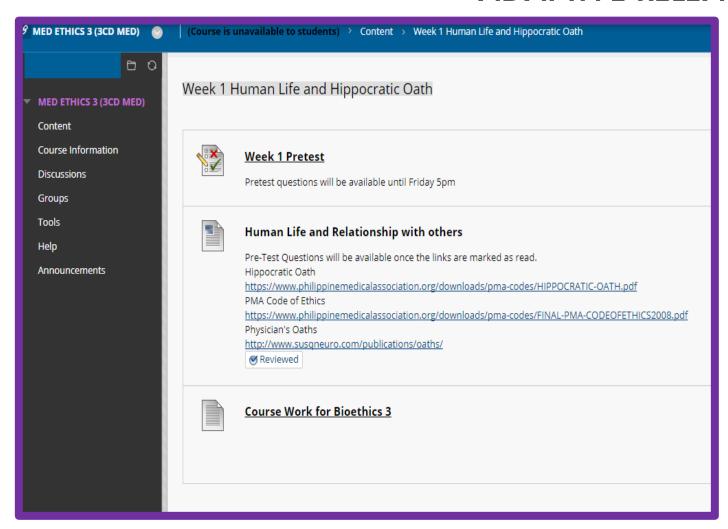
ADAPTIVE RELEASE







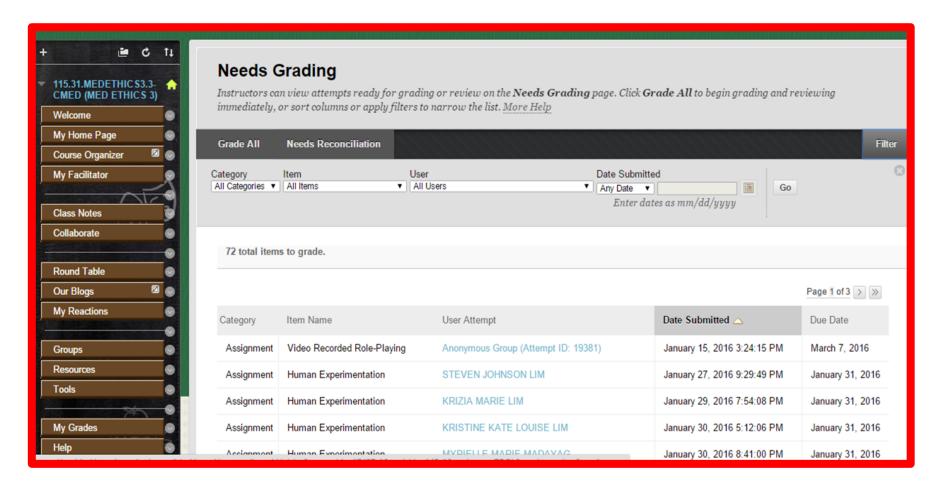
ADAPTIVE RELEASE





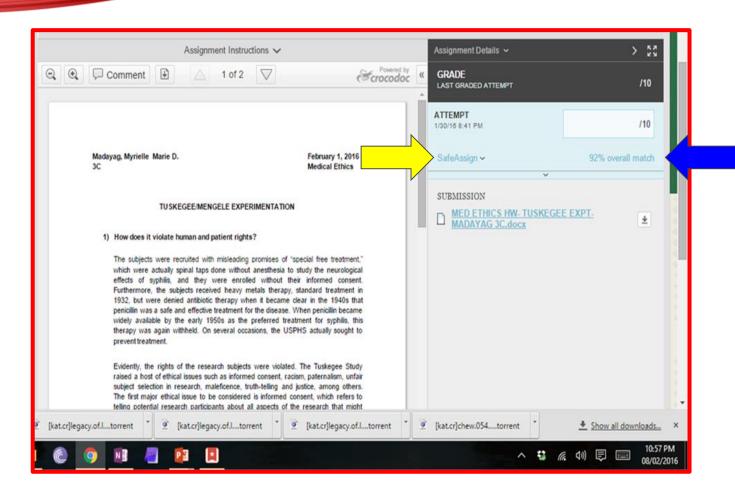


LEARNING MANAGEMENT SYSTEM









SAFE ASSIGN





SAFE ASSIGN

1 The subjects were recruited with misleading promises of "special free treatment," which were actually spinal taps done without anesthesia to study the neurological effects of syphilis, and they were enrolled without their informed consent. 2 Furthermore, the subjects received heavy metals therapy, standard treatment in 1932, but were denied antibiotic therapy when it became clear in the 1940s that penicillin was a safe and effective treatment for the disease. When penicillin became widely available by the early 1950s as the preferred treatment for syphilis, this therapy was again withheld. On several occasions, the USPHS actually sought to prevent treatment.

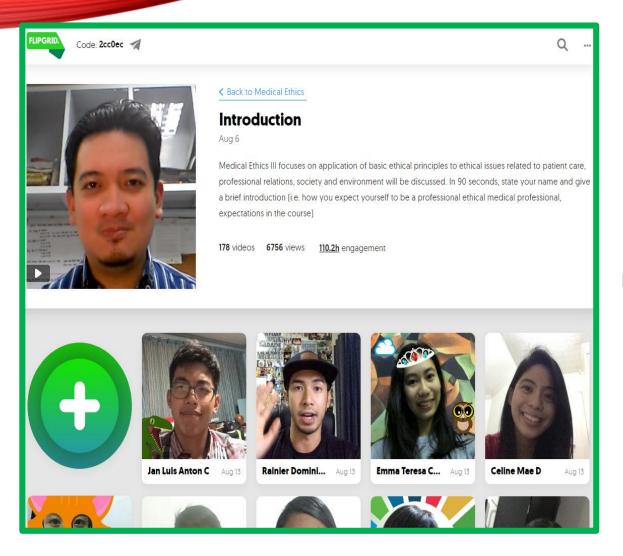
3 Evidently, the rights of the research subjects were violated. The Tuskegee Study raised a host of ethical issues such as informed consent, racism, paternalism, unfair subject selection in research, maleficence, truth-telling and justice, among others. 2

The first major ethical issue to be considered is informed consent, which refers to telling potential research participants about all aspects of the research that might reasonably influence their decision to participate. 4 It is a widely held notion among ethicists, medical practitioners and researchers that informed consent is one crucial factor that makes any research involving human subjects ethical. 2 Moreover, the USPHS practiced deception in recruiting subjects for the study. It was never explained to the subjects that the survey was designed to detect syphilis. 5 The term "bad blood," which was a local colloquialism for everything from anemia to leukemia, was used by the doctors and never defined for the subjects. 2 Subjects were never told they had syphilis,

Wor	d Count: 696 chment ID: 110924775	92%
Cit	ations (6/6)	
~	Select Sources & Resubmit	_6
0	http://rastafari.tv/10-cons	_6
2	http://www.socialworker.c	_60
3	http://www.ajol.info/index	_6
4	Another student's paper	_60
6	Another student's paper	_6
6	Another student's paper	0







FLIPGRID

is a video response platform that allows educators to host video based discussions with students.

Educators create topic grids and students respond with recorded videos to discuss, reflect, and share via webcam, tablet or mobile device.



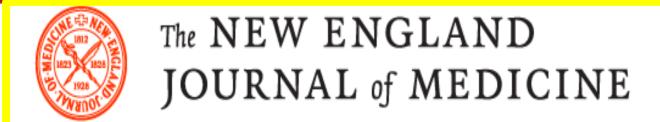


FLIPGRID DISCUSSIONS









HOME ARTICL

ARTICLES & MULTIMEDIA *

ISSUES *

SPECIALTIES & TOPICS *

FOR AUTHORS *





Perspective

Saying Goodbye to Lectures in Medical School — Paradigm Shift or Passing Fad?

Richard M. Schwartzstein, M.D., and David H. Roberts, M.D.

N Engl J Med 2017; 377:605-607 August 17, 2017 DOI: 10.1056/NEJMp1706474



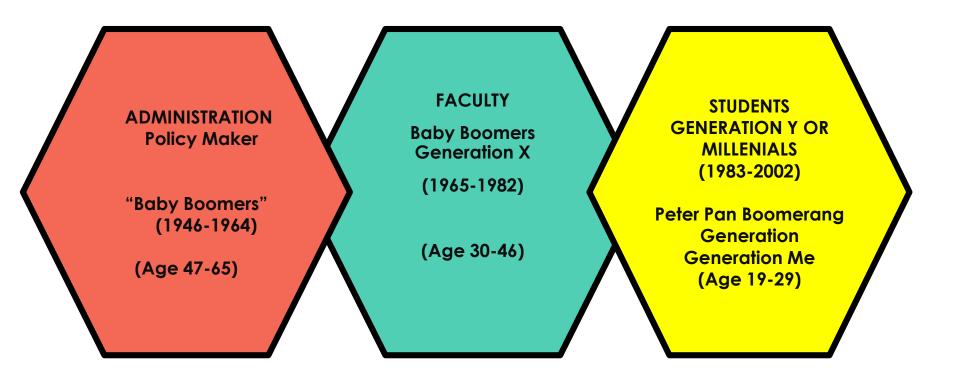
CHALLENGES IN ADOPTING TECHNOLOGY







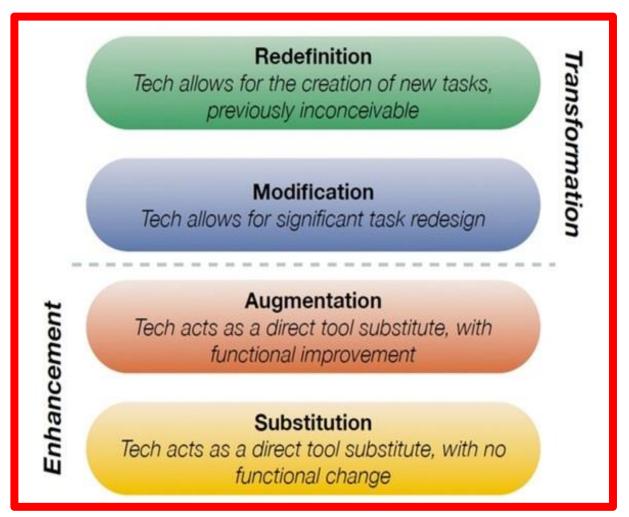
GENERATION GAP





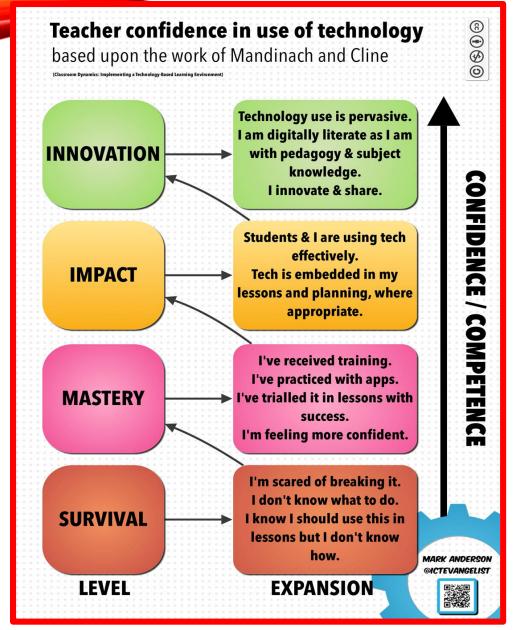


SAMR MODEL















E-learning is an approach to administering education and training through the use of modern technology. Videoconferencing, shared chat, and digital course materials make it possible for entire classes to be held in the cloud rather than in a lecture hall. Below, we explore the two common types of e-learning and how they can be implemented at organizations.

ASYNCHRONOUS @-LEARNING

Asynchronous e-learning occurs when students begin and complete a training course at different times, according to their own schedule.

Common features of asynchronous e-learning include:







New & Emerging Trends in Education

Distance Learning

 Courses are offered 24*7 from a location of student's choice

Open Learning

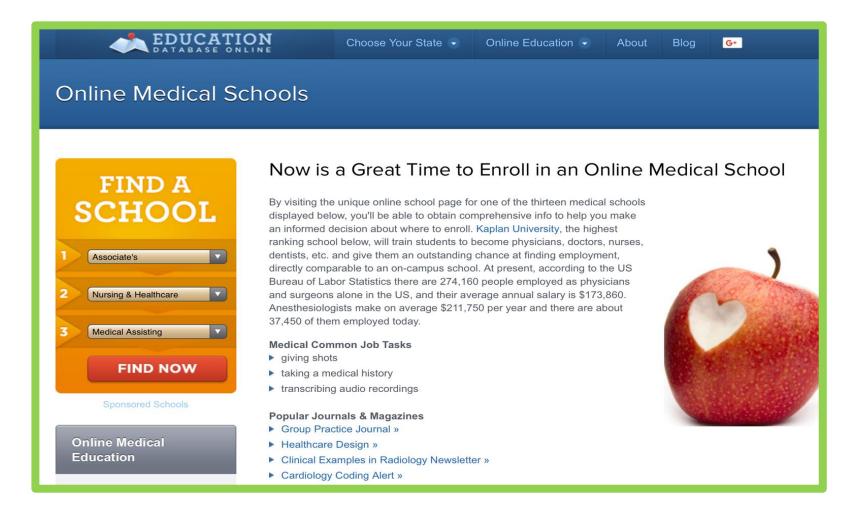
 Provide distance education in a more flexible manner

Online/Virtual /E-Learning

 Combines face-to-face teaching with internet-based learning.















https://oum.edu.ws







WELCOME TO OCEANIA UNIVERSITY OF MEDICINE

Our unique blend of distance learning and hands-on clinical training brings med school to you.



WHAT WE ARE ABOUT

Oceania University of Medicine students have the best of all worlds...The challenging preclinical program is presented online followed by traditional clinical rotations arranged at affiliated teaching hospitals. Graduates are currently practicing or training in Australia, Canada, New Zealand, Samoa, and United States.



ADMISSIONS

If you always dreamed of becoming a physician but "life" got in the way, Oceania University of Medicine is right for you. The flexibility of online medical school allows nontraditional students to balance school with work and family obligations. The median age for OUM students is 40.5 with a range from 22 to 62 years of age.



HOW IT WORKS

The rigorous curriculum is based largely on American and Australian medical education models. The program is typically completed in four-and-a-half to five years.

Accreditation provides a requisite credential that medical school graduates need for licensure and post-graduate training.

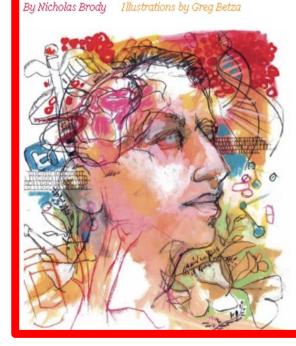




The Rise of the Empowered Patient

Once marginalized, consumers are taking more control over their own treatments

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he degree of trust that any industry's consumers place in its most established authorities can have profound impacts on the nature and range of the products offered, the complexity of the transactions, and, ultimately, the prevailing business models that will determine the industry's success or failure. Consider the recent global financial crisis. While many traditional financial institutions have survived this international recession, the faith that many personal investors once placed in the accepted "market authorities" -including investment house advisors and portfolio managers, many of whom encouraged consumer expectations of unfettered market growth-has been severely damaged. This erosion of trust has fueled increased regulatory scrutiny of the sector, skepticism among its core and peripheral constituencies, and a reevaluation







Paradigm Shift

O The Industrial Age

Episodic Activity

Learner to Curriculum

Teaching Centered

Seat Time Equivalency

Physical Access & Capacity

2 Tier Architecture

Closed Curriculum Model

Institutional Transcript

Controlled Information Access

Physical Learning Environment

Bolt on Assessment

Credentialed

The Learning Age O

Continuous Activity

Curriculum to Learner

Learner & Learning Centered

Compentency Based

Digital Literacy, Access & Capacity

7 Tier Architecture

Open Curriculum Model

Lifelong Learner's Transcript

Open Information Access

Digital Learning Environment

Embedded Assessment

Practice Ready

