

# Stauts of Pediatric Education in the Philippines\*

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MEDICAL AUTHORITIES and educators in the Philippines have in recent years been more encouragingly responsive than in the past, to the increasing requirements of Pediatrics in the medical curriculum. It has taken time and effort to attain these aspirations for Pediatrics but now favorable and encouraging trends are evident.

In this country, four important conferences have favorably influenced the teaching of Pediatrics: namely, the Pediatric Education Seminar of the Western Pacific Region, WHO, in February 1967 the First and Second National Conference on Medical Education under the auspices of the Association of Philippine Medical Colleges (APMC) in 1968 and 1972 respectively, with logistic support from the Josiah Macy Foundation; and the Nutrition Seminar for Medical Educators in 1973, also under the auspices of APMC. These conferences have, directly or indirectly, accelerated revision and changes in pediatric education, with

fruitful and far-reaching effects.

An outstanding factor in the progress of Philippine pediatric education has been the Philippine Pediatric Society, with its annual conventions, its Qualifying Board, and its varied activities to upgrade the teaching and practice of pediatrics.

Social awareness and involvement in communities now pervade all disciplines. Medical education in general, but pediatrics in particular, has been very much influenced by this trend. Concern for the rural population has increased, although implementation of measures in their behalf has not been as fruitful as desired and hoped.

In the Philippines, noteworthy is the fact that the nine medical schools (two were opened in 1975), collectively and individually have taken valuable measures and formulated revisions and recommendations to upgrade pediatric education.

## BACKGROUND

Significant in justifying changes in pediatric education in the Philippine are day to day observations on trends in the country as well as information obtained from current Philippine Health Statistics and Demographic Data thus:

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\*Read in the Conference on Pediatric Problems in Tropical Countries sponsored by South Asian Regional Seminar on Tropical Medicine and Public Health (SEAMEO), Bangkok, Thailand, November 27, 1975.

**Table I. HEALTH AND DEMOGRAPHIC DATA  
PHILIPPINES, 1973**

Total Population	40,219,000
Total children under 15 (43% of the total population)	17,385,000
Registered Births	1,049,290
Ave. birth rate (1963-73)	26.1/100 live-births
Crude death rate	7.0
Growth rate	2.8%
Fertility rate	119.9%
Infant Mortality rate	64.7/1000 live-births

The latest statistics show a total of 17,385,000 children under 15 years or 43% of the total population, as compared to 25% in developed countries.

The average birth rate for the past 10 years (1963-1973) is 26.1 per 1000 population. The figure 1,049,290 represents the total number of births registered in 1973. Of this number, 49.6% did not have the benefits of medical attendance. Among those who were medically attended 45.4% were delivered by physicians; 6.2% by nurses and 48.4% by midwives. In 1973, 23.3% were delivered

in hospitals while 76.7% were home deliveries.

The neonatal mortality rate is 32.5 per 1000 (Table II) which is 2 to 3 times that of developed countries. It has also been noted that pre-school mortality rate in the Philippines is 60 to 80 times that of Australia and New Zealand. It is accepted that pre-school mortality rates are more sensitive indices of the socio-economic status of a country and the efficiency and organization of child health services than the infant mortality rates.

**Table II. NATALITY STATISTICS, PHILIPPINES 1973**

Neonatal Mortality Rate	30.3/1000
Maternal death rate	1.4%
Birth attendance	57.3% of births
Assisted by	
Physicians	45.4%
Nurses	3.9%
Midwives	24.3%
Place of birth	
In hospitals	23.3%
Home deliveries	76.7%

Although the present maternal death rate of 1.3% was reduced by 83.3% in the past 50 years, this rate is still three times that of progressive countries.

**Medical Manpower**

There are approximately 13,600 active physicians in the Philippines today. More than half are based in the cities. One-third are concentrated in Metropolitan Manila.

Overall ratio in 1970 was approximately 1 physician per 2,800 population. Maldistribution continues to be a serious

problem and the solution to medical manpower loss is far from satisfactory. A compulsory six-month service in rural areas before granting medical licensure may to some extent help our masses.

The bulk of pediatric practice in the Philippines is in the hands of the general practitioner. The majority of those who limit their practice to pediatrics or who spend considerable time to children, are registered in the Philippine Pediatric Society and so the membership of this Society may well be taken as representing the pediatric manpower supply of the country.

**Table III. PHILIPPINE PEDIATRIC SOCIETY MEMBERSHIP 1975**

<b>Total Members</b>		<b>564</b>
<b>Classification:</b>		
Fellows	111	
Specialists	109	
Active	266	
Affiliate fellows	8	
Associates	70	
<b>Distribution</b>		
Greater Manila	435	
Provinces	129	

The maldistribution of physicians who have had additional training in Pediatrics and Child Health is evident. Thus 4/5 of pediatricians are in and around Manila while 1/5 are spread in the rest of the

country. Some countries have reported a ratio of 1 pediatrician to 1000 children. In the Philippines the average proportion is approximately 1:30,000 children.

**Table IV. RATIO OF REGISTERED PEDIATRICIANS TO CHILDREN, PHILIPPINES (1975)**

	<b>Number of</b>	<b>Pediatricians</b>	<b>Ratio</b>
		<b>Registered in PPS</b>	
Greater Manila	2,602,200	435	1:6000
Provinces	14,200,000	129	1:110,000
Total Average	16,802,200	564	1: 29,800

## UNDERGRADUATE PEDIATRIC EDUCATION

In recent years both the status and hours allocated to Pediatrics in the medical curriculum have improved significantly (Tables VI, VII, and VIII). To a large extent these have resulted from recommendations of medical education seminars and conference previously mentioned.

### Fundamental Principles

One of the guiding principles in the preparation of the pediatric curriculum in the nine medical schools of the country, is the basic objective of a medical school in the Philippines as defined in the First National Conference on Medical Education, thus:

"The basic objective of a medical school is the production of a basic physician, that is, one who is well rounded in all aspects of medicine, who can take care

of his patients adequately in general practice in his particular environment, and who is all prepared to take up any branch of medical science after graduation."

Another fundamental principle is the realization of a need for comprehensive and continuing care of a growing and developing subject, highly sensitive and vulnerable to the environment. We subscribe to the central concept of pediatrics and child health as a concern for normal child development; that the student should be introduced to the study of growth and development (physical, intellectual, emotional and social) and those factors which cause significant deviations from the accepted norms.

### Apportionment of Clinic Hours

It is encouraging to note that presently Pediatrics ranks third (Table VII) in the apportioning of total clinic hours and this comes close to Surgery.

Table V. \*HOURS IN MEDICAL SCHOOLS, PHILIPPINES (1974)

Total hours	4,000**
Apportioned into	
Basic	1/3
Clinical	2/3
Apportionment of Clinic Hours	
Medicine	30 — 32 %
Surgery	20 — 22 %
Pediatrics	15 — 18 %
OB-Gyn	12 — 15 %
Psychiatry & Neurology	10 — 12 %
E E N T	5 — 8 %

\*From the Association of Philippine Medical Colleges (APMC)

\*\*Excluding the 2 months of full clinical clerkship in Pediatrics and the duties at night, also Sundays and holidays.

It is also an observation that a good portion of Community Medicine is taken up by Pediatrics since children constitute about 47% of the population in most

communities. Further as recommended by the WHO Pediatric Education Seminar, Pediatrics is integrated with the other clinical disciplines.

**Table VI. IVTH YEAR 10-12 MONTHS ROTATING FULL-TIME CLERKSHIP\***

Medicine	3 months
Surgical	2 — 2 1/2 months
Pediatrics	2 months
OB-Gyn	1 — 1 1/2 months
Psychiatry	1 month
Community Medicine	1 month (extramural)
EENT	1/2 — 1 month

\*From the Association of Philippine Medical Colleges (APMC)

The number of hours allotted to undergraduate pediatric teaching as recommended by different pediatric education seminars are 300 to 400 hours excluding of the internship period. The 1963 conference in Manila suggested a minimum

program schedule as follows:

All the medical schools presently give much more than the recommended 300 hours; some have more than doubled the time for Pediatrics, which also is started earlier, with the basic subjects.

**Table VIII. TIME ALLOTTED TO PEDIATRIC (1973-75)**

	MCU	FEU	UP	CIM	UE	UST	SWU
First 3 years	204	169	137	170	168	197	94
Fourth Year (Clerkship)	2 mo.	2 mo.	2 mo.	1 1/2 mo.	2 mo.	2 mo.	2 mo.
Total Pediatric hours		650	432			549	
Total hours medical curric.		4315	5468			4104	

**Students and Faculty members**

The student enrollment in medical schools has been reduced in recent years so that classes are now less congested

than in the past. Nevertheless there are still more students than abroad, so that three sections per year with 40 to 50 students each, are still observed.

**Table IX. ENROLLMENT IN MEDICAL SCHOOLS, PHILIPPINES**

Medical School	Ave. Undergraduate Med. Students Per Academic Year 1968-73	Freshmen Quota
Univ. of Sto. Tomas	1,250	300
Univ. of the Philippines	400	None; usually 85-100
Manila Central Univ.	825	200 but will admit 100 in 1974-75
Far Eastern Univ.	1,150	300
Southwestern Univ.	950	100 beginning 1974-75
Univ. of the East	850	300 but admits 250-270
Cebu Inst. of Med.	725	200

The proportion of faculty to students is still unsatisfactory. To some extent this had been improved by affiliating with some accredited teaching hospitals and providing pediatric supervisors from the medical school. This has also increased bed capacity for teaching purposes. Full time staff have been appointed in 4 schools while in 3 schools all teaching staff are on part time basis.

The salaries of the staff leave much to be desired and in fact are unrealistic to current cost of living; hence it is not easy to obtain full time staff.

#### **Topics, Time allotted, and methods**

The departments of Pediatrics of the seven medical schools have availed of a list of topics and time per topic as recommended by a Committee of the APMC in its First National Conference on Medical Education (Annex A). Details as to methods and on what year to take them up have been left to each school. Topics that have been allocated more hours are as follows:

Characteristics and Problems of Various Age Periods (up to 14 hrs.)

Growth and Development (6 to 14 hours)

Physiology and diseases of the newborn (6 to 16 hours)

Communicable Diseases (20 to 30 hours)

Digestive System (4 to 15 hours)

The trend is to introduce Pediatrics earlier in the second year, starting with such topics as Growth and Development, Genetics, Nutrition and Social and Preventive Pediatrics. Steps have been taken to integrate Pediatrics into some of the basic subjects and other clinical disciplines.

Didactic lectures have been reduced in

favour of bedside and extramural activities. Preceptorship of small groups is commonly observed. Assignment with pay patients has been started in at least one school.

Health education of parents and teaching them some procedures in the care of sick children are activities of medical students in the hospital or in community projects.

Family planning and maternal and child health have been emphasized both in urban and rural setting so that medical students now have opportunities to do motivational work and give family planning services.

A health center in an urban poor locality or in a rural area is now under a medical school and child care in such a center is under a staff of the Department of Pediatrics.

Although the past three years have been years of adjustment and revisions to meet the new 4 year medical curriculum (Annex B), it may be said that there have been aggressive and positive steps to tailor pediatric curriculum to Philippine needs.

#### **Research**

A deplorable aspect in medical education in the Philippines is the lack of incentives for students or faculty to do commendable research work. Student research is encouraged in 3 schools and the students themselves have taken the initiative of developing a research fund. The Philippine Pediatric Society during its annual convention offers research contents, a motivating factor to do research. One company awards a yearly research fellowship per school which may be for Pediatrics.

### Evaluation of Students

There has been very little change in the evaluation of medical students; we still depend to a large extent on examinations and recitations and at times evaluation of preceptors.

In the clinical years, presentation of cases, participation in conferences and performance in patient care are assessed.

A final qualifying examination is given at the end of clerkship. Oral examinations have been discontinued.

The Medical Board Examination to some extent allows individual evaluation of students and a comparison of students from the different schools.

A Pediatric Residency Training Program usually consists of 3 to 4 years training in the Department of Pediatrics of a University hospital or in some accredited training center or hospital under a certified Fellow in Pediatrics. As formal residency programs are limited to teaching hospitals in bigger cities, there are not enough opening for all graduates who wish to specialize in Pediatrics. Therefore, a big number of graduates start a year or two in any local hospital but subsequently leave for abroad. In fact even residents in university and teaching hospitals seldom remain longer than one or two years in the country. Pediatrics is one of the most popular fields among graduates who leave. Unfortunately those who return to practice can be counted with the fingers.

Some information on residencies in the seven Philippine medical schools are summarized in Table X.

An example of a residency training program leading to a specialist certificate of the Philippine Pediatric Society

is summarized in Table XI and the distribution of residents' assignments in the 3 or 4 years residency program is shown in Annex C. It is gratifying to note that those who complete 3 to 4 years under a residency training program in the country succeed as pediatricians wherever they practice, particularly when the practice is outside of Greater Manila.

### POST-GRADUATE AND CONTINUING PEDIATRIC EDUCATION

During the one-year rotating internship after the M.D. degree is conferred, a two-month assignment in Pediatrics may be considered as a post-graduate course before licensure of practice. This prepares the physician for general practice, of which 40% to 60% is pediatrics.

Since 1968 the University of the Philippines has given 2 to 3 week annual courses in Pediatrics for practitioners. The University of Sto. Tomas has also given such courses since 1971; the FEU started a Community Pediatrics Course with Community Obstetrics last year. The other schools give annually short courses for their own alumni.

Medical societies have offered half to one-day courses in pediatrics for practitioners. In fact pediatric refresher courses are popularly requested by practitioners and the Philippine Pediatric Society has annual courses in different regions of the country.

### SUMMARY AND CONCLUSIONS

While Pediatrics or Child Health has been recognized as an autonomous department in all the medical schools in the Philippines for about 50 years now, significant gains have been attained only in the past eight years, following a Pe-

Table X. PEDIATRIC RESIDENCY TRAINING PROGRAMS IN UNIVERSITY HOSPITALS, PHILIPPINES 1974

	UST	UP	MCU	SWU	FEU	UE	CIM
1. Bed Capacity	40	120	20 (charity)	50		20	20
a. Pediatric			30 Semi-charity				
b. Nursery	60	60 (charity)	20 (Charity)	20	20 (Charity)	25 (charity)	25
		80 Pay	30 Semi-charity			10 Pay	
2. OPD Load							
General Pediatric	150	80-100	30-40 daily	60	65-30	25-30	10
Child Health (Preventive)	20 daily	40/day	25/week	50/week once	20/week		
3. No. of Residents	8	22	5	3 reg. 2 adj.	6 reg. 6 adj.	1 PT 4 reg.	7
4. Duration Residency Program	3 years	3 years	3 years	3 years	4 years	4 years	3 years
5. Affiliation with other teachings hospitals				Yes	Yes	Yes	Yes
6. Staff Time							
— Part Time	9	8	6	8	11	9	7
— Full Time	17	2	0	0	6	2	0
Total —	26	10	6	8	17	11	7



**Table XI. A PEDIATRIC RESIDENCY TRAINING PROGRAM\*  
(3 or 4 YEARS)**

**I. Clinical Training**

**A. General Pediatrics**

- |                 |             |
|-----------------|-------------|
| 1. In-Patients  | (a. Service |
|                 | (b. Pay     |
| 2. Out-Patients | (a. Service |
|                 | (b. Pay     |

**B. Care of Newborn Infants**

General Nursery  
Neonatal Intensive Care Unit (NICU)

**C. Preventive Pediatrics**

Child Health Clinic  
School Health Service

**D. Outpatient Subspecialty Clinics**

- |                    |           |
|--------------------|-----------|
| 1. In the hospital |           |
| Neurology          | Radiology |
| Hematology         | Surgery   |
| Allergy            | Pathology |
| Cardiology         |           |

**II. Clinical Laboratory for Pediatric Procedures**

**III. Community Pediatrics**

- Attend a 3-week Course at the Institute of Maternal and Child Health for training in Maternal and Child Health and Family Planning, prior to
- Community Health and Medical service (outside headquarters).

1. San Luis, Pampanga	55 Km.
2. Niugan, Malabon	10 Km.

**IV. Research and/or Case Report**

**V. Teaching: Tutoring of affiliate medical students**

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\*At the Children's Medical Center Philippines.

diatric Education Seminar in the Region under the auspices of World Health Organization in 1968, two National Conferences on Medical Education in 1968 and 1972, and a Conference on the teaching of Nutrition in Medical Schools, the last three assisted by the Josiah Macy Jr. Foundation, through the Association of Philippine Medical Colleges. Worthy of mention among recent changes in **undergraduate pediatric education** are:

- More teaching hours for Pediatrics/Child Health, above the recommended 300 or 400 hours so that some schools are giving up to 800 or more hours.
- Introduction of the subject earlier in the medical curriculum, mostly in the second year or even in the first year.
- Full time staff so that only two schools have none; before 1968 practically there were no full time staff in any of the schools.
- Classes are small and more manageable as a result of a reduction of total enrollment for purposes of accreditation. Whereas there were 200 to 250 students taking up pediatrics per year, the number has diminished to less than half so that there are only 2 or at most 3 sections instead of 5 or 6 sections per class.
- Closer relations and integration in the basic subjects as well as clinical departments are now implemented.
- Community pediatrics is very much emphasized so that extramural teaching and community involvement have increased strikingly. In

this connection:

- \* Medical schools have community projects both in urban poor and rural areas with one center under its charge and a pediatrician staff supervising child care.
- \* Maternal and Child Health and Family Planning have received special attention with the students and residents actively participating.
- \* Nutrition is now taught with greater emphasis and more attention given to practical aspects and current problems.
- Almost all of the Pediatric faculty members have undergone teacher training courses including live-in and sensitivity training.
- Evaluation methods have been devised which include minimum pass level and quartile deviation; student counselling by faculty advisers concerning problems on scholastic performance and related contributory factors; the use of standard performance evaluation sheets, feedback evaluators of the services and staff by the students and periodic assessment of the senior students totality of knowledge in clinical pediatrics though an oral and written exams at the end of their pediatric training.

In the **residency training programs**, there are more systematic programs. Extramural activities constitute an important part of the program. Residents have been increased stipends are slightly more reasonable. Evaluation methods have been improved.

As regards **post-graduate and continu-**

**ANNEX A**

**PEDIATRIC TOPICS AND TIME ALLOTTED**

Subject Matter	Time Allotment in Different Schools							
	Rec. by APMC*	MCU	FEU	UP	CIM	UE	UST	SWU
Characteristics & Problems of Various Age Periods	4	12	1	1	9	2	14	2
Physiology & Dis. of Newborn	12	16	11	9	13	6	16	8
Social Pediatrics Including Family Planning	3	2	8	3	0	4	5	4
Preventive Pediatrics	2	3	2	4	3		5	2
Growth & Development	10	11	9	10	6	13	14	6
Genetics	3	2	1	5		3		2
History Taking & P. E.	4	2	12	3	6	1		4
Therapeutics & Pediatric Procedures	3	8		5	3	1		3
Infant Feeding & Problems	6	5	6	3	6	12	6	6
Nutrition & Its Disturbances	6	7	6	2	7	12	6	8
Psychopathologic Problems	3	4		2	4	3		2
Fluid & Electrolyte	5	7	5	3	7	7	4	8
Communicable Diseases	25	20	30					
Respiratory System	6	15	13	5	11	1	3	4
Digestive System	5	15	10	4	6	9	7	6
Genito-Urinary	5	9	7	4	4	1	3	4
Nervous System & Convulsive Disorders	10	10	6	5	10	1	3	6
Cardiovascular Disease	8	10	9	11	6	8	3	4
Blood & Blood Forming Organs	6	10	6	5	6	4	3	5
Inborn Errors of Metabolism	2	2	5	2	7	2	0	3
Collagen Diseases	2	6	2	3	0	0	3	2
The Skin	2	4	0	2	4	0		1
Musculoskeletal System	2	2	0	3	6	0		2
Neoplasms	2	4	0	6	1	2		2
Pediatric Emergencies		5	2	3	1	1		1
Allergy Immunology	4	0	5	7	4	0		1
Endocrine Glands	5	8	5	7	14	3	3	2
Spleen, Thymus, & R-E System	4	2	5	1	7	1	3	2
Unclassified Diseases	2	2		9				
<b>Total Hours</b>		<b>203</b>	<b>161</b>	<b>132</b>	<b>162</b>	<b>101</b>	<b>100</b>	<b>114</b>

\*First National Conference on Medical Education. Association of Philippine Medical Colleges 1968.

## ANNEX B

## REQUIREMENTS FOR M.D. IN THE PHILIPPINES (1972)

- Baccalaureate Degree: 4 years AB or BS
- Four years in a recognized Medical School, the 4th year of which is 10 to 12 months full clerkship with 24 hour duties, including Sundays and holidays.
- M.D. degree is conferred
- One year rotating internship in a hospital or medical center accredited by the Board of Medical Education.
- Licensure Examination to qualify for practice
- Six months of service in rural areas under the auspices of the Department of Health before the Certificate of Licensure is awarded.

ing education, the rotating internship after the M.D. degree has added to the practice and experience of the new graduate before practice.

A rural assignment of 6 months by the Department of Health exposes the new graduate to community medicine and public health, both for service and gaining experience on practice in less privileged areas.

The problems encountered show that there are still many steps and measures to take before reaching close to satisfactory pediatric education, the principal problems of which are logistics, materials and teaching aids; large classes; lack of full time and more staff resulting in inadequate supervision; and implementation of satisfactory evaluation of students, staff, and school.

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ANNEX C

THE CHILDREN' MEDICAL CENTER PHIL. INC.

\* Outline of Services for Residents (1974)

First Year	Second Year	Third & Fourth Year
1. Memorial (Service) Ward	1. Memorial (Service) Ward	1. Memorial (Service) Ward
2. Memorial (Service) OPD	2. Memorial (Service) OPD	2. Memorial (Service) OPD
3. II Floor Pay	3. II Floor Pay	3. II Floor Pay
4. III Floor Pay	4. III Floor Pay	4. III Floor Pay
5. General Nursery -- IV Floor	5. Neonatal Intensive Care Unit (NICU) IV Floor	5. General Nursery & NICU --- IV Floor*
6. OPD Pay	6. OPD Pay	6. OPD Pay
7. Preventive Pediatrics ((Child Health Clinic)	7. Preventive Pediatrics (Child Health Clinic)	7. Emergency Room
8. Family Planning Course at INCH	8. Community Pediatrics in the Is. of Marinduque (2 months)	8. Preventive Pediatrics (Child Health Clinic)
9. School Health	9. Surgical Pathology	9. Subspecialty Clinic Hematology Cardiology Surgery Radiology Allergy-PGH (2 weeks) Neurology-JE or PGH (2 weeks)

ANNEX C (Continued)

- 10. Clinical Laboratory
- 10. Subspecialty Clinics
  - Hematology
  - Cardiology
  - Surgery
  - Radiology
  - Allergy-PGH (2 weeks)
  - Neurology-UE or PGH (2 weeks)
- 10. Elective (1 month)
  - Infectious Diseases
  - SLH (2 weeks)
  - Tuberculosis
  - QI (2 weeks)
- 11. Clinical Laboratory
- 11. Elective (1 month)
  - Infectious Diseases
  - SLH (2 weeks)
  - Tuberculosis
  - QI (2 weeks)
- 11. Research
- 12. Radiology Conferences
- 12. Tutoring of Medical Students
- 12. Organizing Conferences and Reports
- 13. Research and/or Case Report
- 13. Research
- 13. Tutoring Medical Students

\*Others assignments as deemed necessary

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ANNEX D

PEDIATRIC RESIDENCY TRAINING PROGRAM (TEACHING HOSPITALS)

	C.M.C. Hospital	National Children's	St. Luke's Hospital	Jose Keyes Hospital	Mary Johnston Hospital	Fabella Mem. Hospital
1. Date Started	: 1957	: 1962	: 1960	: 1957	: 1952	: 1957
2. Type of hospital:	Children and women	Children	General	General	General	Women and children
3. Bed Capacity	: 95 total	: 150 total	: 750 total	: 450 total	: 192 total	: 700 total
a. Pediatric	: 55	: all	: 75	: 43	: 41	: 110
b. Nursery	: 20	: Premature bas sinets Isolettes	: 35	: 25	: 32	: 200
4. OPD Load	:	:	:	:	:	:
General	: 52/day 16,857/year	: 73/day 90,690/year	: 41/day 16,212/year	: 24/day 9,996/year	: 9/day 27,600/year	: 94/day 32,850/year
Child Health	: 1,116/year	: 12/day	: 3/day	: 4/day	:	: 10/day
Specialty	:	:	:	:	:	:
1.	: Cardiology	: Cardiovascular	: Cardiology --- 88	: Cardiology	: ER --- 4,500	: Cardiology 5/mo.

2. : Surgery : Surgery : Neurology — 54 : Surgery : Dental — 1,500 : Surgery 10/mo.  
 3. : Hematology : Hematology : Allergy — 150 : Hematology : Sterilization : Hematology 10/  
 4. : Neurology : Allergy : Psychiatry — 10 : Neurology 555 mo.  
 5. Family Planning : Neonatology 100/  
 6,890 : mo.

5. Number of :  
 Pediatric resi- : 18 : 4 : 7 : 3 : 17  
 dents : : : : : :

6. Classification & Stipend :

1. 1st Year : P325.00/mo. : P603.00/mo. : (Plus Board & : P603.00/mo. : P350.00/mo. : P603.00/mo.  
 2. 2nd Year : 375.00/mo. : + 60 subsistence: Lodging--P90.00) : Subsistence 400.00/mo. : Subsistence  
 60.00/mo.  
 3. 3rd Year : 400.00/mo. : + 8.00 Laundry : Senior-P440.00 : 8.00 Laundry/ 450.00/mo. : Laundry 8/mo.  
 4. 4th Year : 450.00/mo. : : Asst. Residents : mo. : 500.00/mo. :  
 All meals on : (Same for all) : P350.00 : : :  
 duty otherwise : Junior Res.- : (Same for all) : : (Same for all)  
 once daily : P260.00/mo. : : : :

7. Duration : : : : : : :  
 Residency : 4 years : 3 years : 3 years : 4 years : 3 years : 3 years



**BIBLIOGRAPHY**

1. Cagas, C.R., Purugganan, H.G., and Abrio-Lopez, S.: Pediatric Education in the Philippines Past Present Future, *Phil. J. of Pediatrics*, XX:764, 1971.
2. del Mundo, F.: Identifying and Meeting Priorities for Better Child Care in the Philippines, *Phil. J. of Pediatrics*, XX:197, 1971.
3. Population. Produced by the National Media Production Center, Manila, Philippines, 1973.
4. Papers and Proceedings of the First National Conference on Medical Education. Published by the Association of Philippine Medical Colleges, Manila, Philippines, 1969.
5. MacDonald, W.B.: Paediatric Education Priorities in Asia and the Western Pacific Regional, *Australian Pediatric Journal*, Dec. 1967, 3:4-181.
6. Physician and Nurse Manpower Survey Report. Association of Philippine Medical Colleges, 1967.
7. Philippine Health Statistics 1971. Disease Intelligence Center, Department of Health, Manila.
8. Runaway Population. 1974 World Population Year. Produced by PICO/NMPC, Manila.
9. del Mundo, F.: A Report on the Pediatric Education Seminar Western Pacific Region, WHO, Manila. February 13 to 18, 1967, *J. of the Phil. Med. Asso.* 43:12, 976-978, Dec. 1967.
10. Report of the Meeting on Paediatric Education India World Health House, New Delhi, WHO Regional Office for Southeast Asia. Oct. 1968.
11. Mettrop, G., M.D.: Future Pediatric Education. Undergraduate and Postgraduate. European Conference on Paediatric Education. Netherlands, April 22-29. (Handout)
12. Keeve, P.J.: Observations of a Visiting Physician, *Phil. J. of Pediatrics*, V. XX, 158, 1971.
13. King, M. (ed): Medical Care in Developing Countries, Oxford University Press: 1966.