



Whole Person Care (WPC) and Clinical Clerk Competencies (CCC) – A Rapid, Self-Perception Survey



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INTRODUCTION

The Adventist University of the Philippines – College of Medicine (AUP-COM) was established in 2015 as the first College of Medicine among Adventist institutions in the Asia-Pacific region. Its unique focus is on developing medical students as "physician missionaries" with a holistic healthcare approach known as Whole Person Care (WPC). WPC considers various dimensions of health, including biological, psychological, social, and spiritual aspects (BPSS model), emphasizing that the best approach to health is multidisciplinary.

Clinical clerkship under the Doctor of Medicine (MD) program offered by the AUP-COM is a critical phase where medical students bridge theory and practice, transitioning from medical school to hospitals, aligning with the WPC approach. However, the practical integration of WPC into clinical practice remains a challenge. A formal assessment of how clinical clerks apply WPC principles in their rotations and patient interactions has not been made since the first batch in 2018. With the increasing number of clinical clerks, it becomes essential to understand the link between WPC and their competencies.

Furthermore, the results of this initial study are fundamental in shaping future physician missionaries, fostering a comprehensive perspective, as it is encapsulated in the guiding principle and motto: "Through Christ, healing and wholeness."

OBJECTIVES

This study sought to investigate the association of Whole Person Care (WPC) to Clinical Clerk Competencies (CCC) of AUP-COM Level 4 medical students during clinical clerkship in their designated training hospitals.

Specifically, the study aimed to:

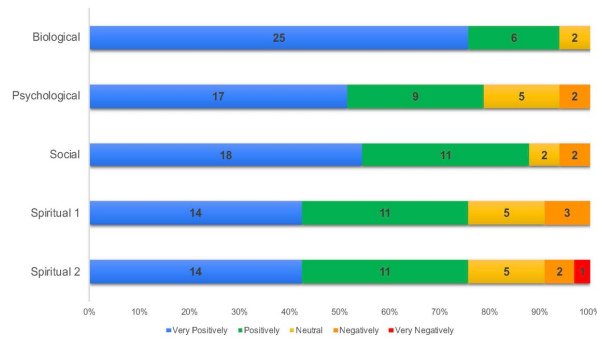
- Assess the application of the biopsychosocial-spiritual (BPSS) model of Whole Person Care by clinical clerks
- Evaluate the clinical competencies of clinical clerks in terms of patient care, interpersonal skills, and collaborative teamwork
- Determine the relationship between the application of BPSS aspects of Whole Person Care (WPC) and clinical clerk competencies (CCC)

METHODS

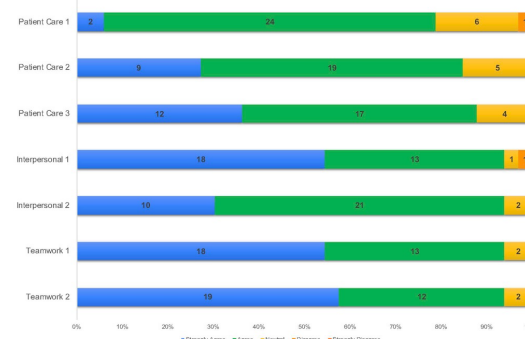
- Cross-sectional, analytic study; descriptive-correlational design
- Data was collected via an online platform (Google Forms); respondents were given a one-week window to submit their responses.
- Total enumeration: 33 clinical clerks (8 males; 25 females) from Batch Aurum 2024 currently enrolled in Level 4 MD; presently undergoing hospital rotations at Batangas Medical Center (BatMC) and Adventist Medical Center Manila (AMCM) for the past three months, from June to August 2023
- The [short self-assessment survey](#) comprises 12-item ethically-reviewed and validated questions: five (5) assessing BPSS model application of WPC and seven (7) measuring clinical clerk competencies in patient care, interpersonal skills, and collaborative teamwork.
- Descriptive and inferential statistics were used: weighted means, frequencies and proportions, Likert scales, and Pearson correlation using data management tools and statistical software (MS Excel; Prism 9)

RESULTS

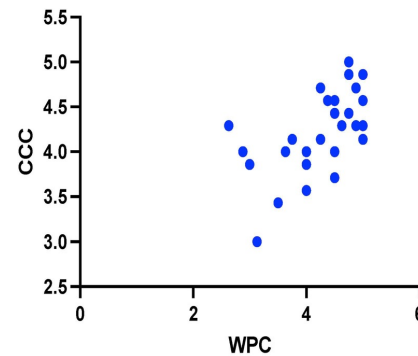
4.34 /5.00
Above Average
Whole Person Care^a



4.27 /5.00
Good
Clinical Competencies^b

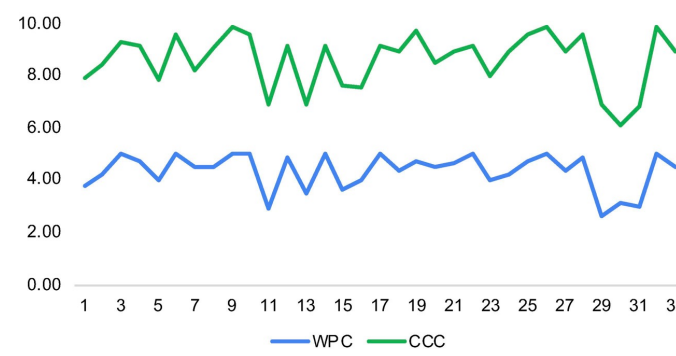


100% clinical clerks consider the biological; 94% psychological and social aspects; and 91% spiritual aspects of WPC in dealing with patients



The scatterplot (left) illustrates a statistically significant moderately positive correlation ($r = 0.593$) between Whole Person Care (WPC) and Clinical Clerk Competencies (CCC). Moreover, the stack line graph (right) demonstrates similarity in the patterns of WPC and CCC levels. This suggests that as clinical clerks increasingly apply the WPC approach via the BPSS model, their clinical competencies also improve.

99% clinical clerks perceive they demonstrate proper patient care; 99% interpersonal skills such as empathy, active listening and respect; and 100% collaborative teamwork



CONCLUSION

The rapid self-perception survey conducted among AUP-COM clinical clerks revealed that they rate themselves highly in applying the Whole Person Care (WPC) approach and perceive themselves as clinically competent clerks (CCC) during their initial 3-month clerkship in the hospitals. This reflects the quality of medical education provided by the AUP College of Medicine.

The substantial positive link between WPC and CCC underscores the significance of promoting the biopsychosocial-spiritual (BPSS) model in fostering a holistic, patient-centered approach to healthcare.

While its impact plays a crucial role in shaping the quality of our medical students, the ultimate beneficiaries of the WPC approach are the patients, their families, and the communities they serve as future physician missionaries.

RECOMMENDATIONS

Further initiatives are essential to fully integrate the concept and application of WPC not only among clinical clerks but among all medical students of AUP-COM.

At the administrative level:

- Provide faculty orientation (or training) to effectively teach and model the WPC integration in clinical/hospital settings (BatMC and AMCM), aside from the AUP-COM as its medical school.
- Continuously perform rapid assessments at strategic timelines and at the end of the clinical clerkship to monitor the trend and evaluate their overall performance.
- If possible, incorporate feedback from actual patients to gather their perspectives on the WPC approach provided by the clinical clerks.

At the academic level:

- Continue curriculum enhancement, integrating the WPC principles into medical students' education and training.
- Develop a refined assessment to evaluate the practical application of WPC by medical students. One approach is integrating WPC assessment into objective structured clinical examinations (OSCEs).
- Provide mentoring opportunities to medical students where doctors who apply WPC into their clinical practice can guide medical students in developing patient-centered healthcare skills.

CORRESPONDENCE

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^a WPC weighted mean degree of intensity/verbal interpretation and interval: Very positively/Very high 4.50 – 5.00; Positively/Above average 3.50 – 4.49; Neutral/Average 2.50 – 3.49; Negatively/Below average 1.50 – 2.49; Very negatively/Very low 1.00 – 1.49
^b CCC weighted mean degree of intensity/verbal interpretation and interval: Strongly agree/Very good 4.50 – 5.00; Agree/Good 3.50 – 4.49; Neutral/Fair 2.50 – 3.49; Disagree/Poor 1.50 – 2.49; Strongly Disagree/Very poor 1.00 – 1.49

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