Adherence of Physicians-in-Training to the 2009 International Standards for Tuberculosis Care (ISTC) at the University of the Philippines-Philippine General Hospital

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Received date: October 02, 2015; Accepted date: January 21, 2016; Published date: January 24, 2016 Copyright: Furthermore, 1/3 of all Filipinos with TB symptoms prefer to consult private physicians for treatment. And lots of these private practitioners (PPs) prefer to use management options other than TB DOTS, a treatment strategy which may have serious implications on the quality of TB care [10].

Auer et al. and Portero et al. [9,11] showed that private practices for diagnosis and treatment of TB usually deviate from guidelines. Among private practitioners in Malabon, Manila in 2005, most of them relied on the clinical presentation and result of CXR to diagnose PTB. Only 13% of the respondents routinely also asked for sputum examination and 96% used CXR as a tool to monitor treatment. A similar trend unfortunate trend is seen in terms of treatment practices.

In 2011, the Department of Health reported that there was limited engagement of private doctors practicing within the hospital and limitation of hospital to default-trace losses from external referrals [12]. Hence, were exerted to encourage private practitioners to be engaged in terms of national initiatives in TB control.

With the activities and initiatives started in 2009 to reinforce the standards embodied in the ISTC since 2006, the investigators would like to describe the adherence of third year residents -in- training (Internal Medicine and Family Medicine from University of the Philippines, Philippine General Hospital, 2012-2013) to the ISTC 2009 guidelines (Appendix 1). trainees had been through multiple CMEs, round table discussions, and TB seminars during their training hence it is the aim of this paper to determine if the made since 2009 were translated into knowledge and actual practices of the physicians especially those who are in-training residentsintraining acts as front liners in the delivery of primary health care services in the various points-of-care in hospitals and are probably expected to pursue private practices in the future.

of the study: Tuberculosis is a treatable disease hence management strategies are important. adherence to tuberculosis List of TB patients seen by each resident was retrieved from the logbooks from OPD or individual's census 59 patient charts were retrieved, one for each resident-in-training To select the charts of patients, random number generator application was used.

Patient selection

following were the inclusion criteria for patients reviewed:

TB

- Pulmonary or extra-pulmonary TB
- Seen by the involved resident at outpatient clinic during his/her 3rd year residency (2012 or 2013)
- Followed up with the involved resident for at least three months

Excluded were those patients who completed their treatment, those initially seen by other resident-on-training for the same complaint/disease and those who are currently on anti-TB treatment.

In case the selected chart was excluded, the investigators got another chart (based from random number generator) to complete the required charts (Figure 1).

patient chart was reviewed using a checklist containing the

especially in highly prevalent countries [811,1314]. However, as seen in Figure 1, only 88 1% of the residents requested the procedure A similar trend was shown in studies done in India [15,16], among 122

Conclusion and Recommendations

study showed that the third year residents in-training of UP-PGH, 2012-2013, generally adhere to ISTC standards 2, 17,