



Intrinsic Murmur

The Official Newsletter of FEU-NRMF Medical Alumni Society

OCTOBER 2012

State of the Foundation Address (S.O.F.A.)

by Naomi S. Nocheseda, MD



On July 2, 2012, the first ever “State of the Foundation Address (S.O.F.A.)” was delivered by the new Chairman of the Board of Trustees, Mr. Nicanor C. Reyes III. The event was attended by other members of the Board, administrators and management officers of the Far Eastern University Dr. Nicanor Reyes Medical Foundation Institute of Medicine and the Medical Center, faculty, active and visiting consultants, employees and medical alumni.

The S.O.F.A. was intended to inform everyone the position of the Institute and Medical Center at present, in terms of the achievements in the board examinations of our graduates, the high levels of accreditation of our residency training programs, the national and international recognition and participation of our

faculty and consultants. More importantly, however, the Chairman presented his vision, large-scale plans and the physical and structural improvements currently in progress.

Everyone was made aware of the on going construction of the façade to house more food and novelty stalls; and the addition of 6th floor level that will accommodate more or less 30 small private rooms, 1 suite room, Wellness Centers for adult and pediatric patients, women’s health,



aesthetic and dermatological units. Hopefully the 6th floor rooms and Wellness Centers will be operational by October, 2012. (As of printing date, the construction of the 6th floor is already in the final stage.)

Committed to his vision of building a “New FEUNRMF Institute of Medicine and Medical Center” that can compete with other leading institutions and that can make a difference in our society, Sir Butch, as he is fondly called by many, presented and displayed beautiful perspective images of an 8-storey parking area and a 20-storey Medical Arts Building that will have an aerial glimpse of the whole of Quezon City.

Phase I basically is the project for the parking area that will commence any time soon this month of August. Groundbreaking ceremony was held last July 27, 2012. This parking area will

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EDITOR'S CORNER

It's been awhile since the last issue of our newsletter. We, the editorial staff, are very happy that we were able to come up with this issue at last. We initially planned to have this published in time for our January 2012 Alumni Homecoming, but because of unavoidable events, we were not able to do so.

There are people destined for greatness. They do things that other people are unable to do. They think of things that other people think cannot be done and accomplish them with style. They don't get tired of doing good for others even without asking them to. This issue features a person of such persona as our late beloved chairman of the board, Dr. Josephine Cojuangco-Reyes. This issue is especially dedicated to her. She passed away a year ago, but we can still feel the good things that she has done for us and the FEU-NRMF community. Time flies so fast. To many of us, she was the beautiful and dignified lady that gives the inspirational message during graduation and many activities of FEU-NRMF. She was the force behind the transfer of our institution from Morayta to Fairview, Quezon City. She has been a part of the FEU-NRMF community for a long time and she has touched the life of many of us. In this issue, we pay her homage once more.



PRESIDENT'S REPORT

Greetings to my fellow Alumni!

First of all, I would like to thank Dr. Rey de los Reyes and his staff for trying their best in making this issue possible despite meager resources and their busy schedules.

I have lined-up several projects and activities to make our organization a worthy ally of our alma mater. To achieve this goal, I need the cooperation and support from all. The success of any organization lies on the collective effort of all stakeholders. I enjoin all of you to actively participate in all endeavors of the FEU-NRMF MAS. Therefore I am counting on all alumni, US based and local, to support your humble board of directors in their pursuit of having our alma mater be number one. I also would like to inform all of you that a website will soon be realized, thanks to the cooperation of my board and the work of Dr. Arnold Bautista.

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Phase II is a very bold step that will be undertaken by the administration in erecting a 20-storey building. Fifteen floors will be allotted for hospital use- patients' rooms, diagnostic units, lounges and cafeteria. One floor will be solely for Critical Care Section and a substantial space is allotted to Nephrology Service, both of which he believes need to be strengthened. In the hope of putting FEUNRMF as a recognized center for excellent research, one floor will be devoted to house a molecular research facility,



This is a big dream. Yet, the vision is clear. The legacy will remain - that Far Eastern University Dr. Nicanor Reyes Medical Foundation will remain



The Chairman reiterated his call to everyone, all stakeholders, to walk with him, hand in hand in supporting the endeavors of building a “New FEU-NRMF Institute of Medicine and Medical Center” that will make a difference in the lives of many Filipinos.

Intrinsic Murmur



FACE TO FACE

with the New Medical Director

- Dr. Policarpio C. Joves

by Naomi S. Nocheseda, MD

It took a while before this interview happened. The free time from our schedules didn't seem to reconcile. He was a reluctant subject for the interview, I could sense his anxiety and fear in anticipation of what he felt "crazy and daring questions" I would ask! I have to assure him... several times, in fact.

The titles that come after his name MD, MPH, MOH, FPAFP and soon PhD seem to be intimidating! But the person in front of me is very unassuming, very simple, indeed that he will not brag about all of these, neither would he claim he is outstanding in what he does. I was talking to a soft-spoken, calm man who was "afraid" of me, his straight-talking, critical interviewer whom he fondly calls "mandirigma" together with my good friend Gail Castro. During my conversation, he would plead, several times, some caution in anticipation of what I have to say or ask!

Dr. Policarpio C. Joves hails from Gerona, Tarlac, a diligent student since grade school, he has practically worked in and with almost all sectors – the academe and research, private hospitals, local government units and corporations.

He has always maintained a balanced career, a mix of clinical practice, teaching and community medicine, one which he feels gives the utmost fulfillment in his life.

Community Medicine is his expertise and is so close to his heart. For him, public health is working with people and for the people. Given a common mind-set, goals and hopefully, enough resources, the academe and the private health sector that includes hospitals, lying-ins and clinics can really work together to reach out, help and improve the health status of various communities.

In fact, his desire has always been to improve health services whether in the community or clinical setting. His desire is for the medical academe to be community oriented, wherein the curriculum and postgraduate training are integrative that it can be cascaded to the community level where health services are needed most.

He never expected to be medical director of FEU-NRMF. Perhaps, he said, he was just at the right place at the right time when the administration was looking for one who has both clinical and teaching experience.

And what better prepared him to understand more the hospital system was when he became part of the task force/committee that prepared and worked for the Philhealth accreditation of the hospital, attaining the recognition of "Center of Excellence". He was very thankful to Dr. Reynaldo B. de Vega, his predecessor for giving him the opportunity to be part of the technical working group.

As the current medical director, he has initiated major physical and policy changes. He preferred the term "re-orientation" of the entire health service of the hospital into three (3) major areas: Primary Care (Ambulatory Care, Emergency Care & Wellness), Subspecialty Services (including Neuroscience Unit and the Cancer, Pain & Palliative Section) and the Diagnostic & Ancillary Procedures.

This major step hopes to put FEU-NRMF Medical Center in the forefront of quality health services to the Filipino people, concentrating in the Quezon City area.

He hopes to improve the culture of health service with emphasis on excellence, professionalism and

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Face to Face with.....

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volunteerism. The Center he said cannot provide excellent and professional service if our resident doctors, allied professionals and employees are not competent and well trained. That is the reason why the medical school is very important in maintaining the highest standard of medical and paramedical education; that is the reason why our residency and fellowship training programs should always strive for the highest level of specialty/subspecialty accreditation. Both of these will ensure delivery of quality health services to our clients.

He went on to say that the academe has a wider,



stronger influence to students. It is important that the mindset of the administrators of the medical school and hospital is similar, with their goals and policies congruent with one another. That way, there will be continuity within the training in the hospital starting from what has been inculcated in the medical school.

The culture of service he meant is one with consistency, at the same time, excellence - one with observable rather than written standard. He hopes to achieve this culture of service through constant

orientation and re-orientation, training and re-training.

He agreed that this is not easy and in fact will be a long, tedious process. Many will remain critical. Some may be completely resistant and narrow-minded. He can only hope and pray for everyone's cooperation and patience and that he be given a chance to undertake all of these during his term of leadership. And how does he handle criticisms, problems, difficulties and obstacles? He considers them collectively as "challenges", and he intends to remain non-confrontational, reasonable, open and always ready to listen and consider. After all, a true leader is not only a manager but one who is an active listener with high tolerance and respect for the opinions of others.

“He hopes to improve the culture of health service with excellence, professionalism and volunteerism.”

Given the punishing schedule and workload, what does “Jovs” (as many of us fondly calls him) do to unwind? to de-stress? He will be simply lying in his bed all day long! Or have a sumptuous lunch of rice and “pinakbet”! Or go to the mall and window-shop for home decors! Or in a coffee shop to browse magazines! Or simply put to laze around.

Towards the end of my conversation, I could sense some easiness and warmth, he was relaxed and already a bit loose. It was almost finished, I could actually guess what he was thinking. After all, we were just talking about hobbies and other interests.

We have one thing in common, though, our love for Philippine folk art and realist paintings. The only difference is, he gets to buy and acquire them while I don't!

How do we keep the music playing?

By Marisse C. Reyes



I think I will take Mom's cue and talk about happy memories.

When my parents Noring and Jo Reyes moved to our house in Wack Wack, I continued to live with my grandparents Jose and Demetria Cojuangco at 2221 Roberts Street, Pasay, until after my First Holy Communion. Mom said my Dad couldn't bring me to Maryknoll College in Pennsylvania Avenue, so Mang Iking, Lolo Pepe's driver had to bring me to school. Uncle Joe (Peping Cojuangco) proxied for my father during my First Communion, for reasons I do not know why. They kept saying "Ang bata naman ng father mo".

Dad and Mom were devoted to Far Eastern University. The only time I ever got to see Dad was on Sunday lunches, because during the week, he would leave so early to play golf in Wack Wack and come home at God knows what hour. Maybe traffic wasn't as bad then as it is now because at a young age, I would go to FEU, seeing Mom at the Principal office of the Girls' High School. On other days, while I would sit around her bedroom, she was busy listening to the speaking voices of her students in Speech and Drama, through some old-fashioned recording machine. I think at some point she even taught President Gloria Macapagal-Arroyo how to modulate her voice. Mom even played the lead role of "The Constant Wife" on stage in the FEU Auditorium.

Somehow I knew that Dad and Mom were having difficulties in their married life, but Mom never said

anything. I just happened to read her letter to Dad in some old Readers' Digest...that he had promised to take us to the zoo, some letter which she most probably never got to give Dad and which Dad probably never read. Anyway, in my fourth year of High School in Assumption Convent as it was called then, Mom announced that we were going to the States. She immediately made an appointment with a well known couturier for the suits we would wear on the trip. I was a terribly shy gangly teen-ager and almost died when she told the couturier to consider me as a model. I was already 5'6" then and 110 pounds. Although Mom told me she would enroll me in John Robert Powers Modeling School in New York, it was never in my dream to be one so it never happened.

Dad eventually followed us to the States. While we were in New York for five years, we were a family. We took road trips with the Enrique Joaquins to Washington, West Virginia and Maryland, just to eat crabs, Sunday lunches in Chinatown, and Europe as my college present. Mom's greatest joy was to shop but since we lived in New York, we didn't shop each day, only in our free time the way we do here in Manila. She and Dad were busy taking up their doctorate at Teacher's College at Columbia University. What year was that, when there was a total blackout in New York? I now wonder how Mom was able to go home all the way from Columbia back to our apartment in

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pitch darkness. She said she had slipped and fell but some kind soul had helped her back to her feet.

We went back to Manila in 1967 when my youngest brother Kit was born...amidst joyful reunions with family after two straight years in States then back again till 1970. Lolo Pepe and Lola Ma and some 21 members of the family had joined us in 1964 for the World's Fair, and we drove there in a limousine with a Caucasian driver, because of Lolo's position in Irving Trust or something to that effect.

The only time I saw my Mom really cry was when her father died. She said the only person who loved her had passed, who would love her now? I said the same thing to my daughter Kym when Mom passed. I guess Mom is the reserved, ever proper stoic lady, while I just tend to be the opposite. Then there were bowling tournaments in the office, Mom was so mahinhin (prim) that it seemed as though she didn't want to scratch her ball. Being in the national bowling squad in the '80's, I had backswing and tossed my 5.6 lb ball; while gently pushed her ball down the alley.

It was hard for Mom and myself to be roommates. I have allergic rhinitis...I can't stand smoke but Mom did. She said Dad taught her to smoke and drink. They both loved to dance, and I guess it is from them that I got addicted to dancing.

Mom had so many achievements, it would need more than a book to cite all of them. I knew that she was well-loved because she looked after the welfare of so many people aside from her own family. She tended to pay forward any blessings that she had. On the last Sunday, July 24, that we had spent together, Mom kept asking if I had tissue, she kept blowing her nose. I was offering her my handkerchief but she wouldn't take. And in Sugi restaurant, she kept blowing her nose. It reminded me of one Sunday in New York when we walked to Loyola church from our apartment in 86th St. in 6 inches of snow. We kept laughing as we not only waded but giant-stepped one foot at time. And once we got into the church, we halved one tissue, folded into half and quarter each blowing our nose because of the cold.

I do not know if Mom had any premonitions her time was almost up. She said she was afraid to fix the mausoleum of Dad as we visited him last December 21, 2010. And then upon seeing all the white flowers on the first night of Uncle Pete's wake, she told me she wanted colored flowers. I kept telling her how morbid she was, and she irritatedly told someone how I would brush off her bilins.

Mom was in no great hurry to reach Santuario de San Antonio on the morning of July 26, 2011 for the funeral mass of Uncle Pete. She said we would leave at 8:15 a.m. but we waited for Kit until 8:45 a.m. We made a grand entrance, being an hour late, and we arrived just in time for the homily of Fr. Capuno. "Ikaw dapat ito?" (This should have been you) she jokingly told Uncle Joe who should be delivering the eulogy, before she walked to the altar.

Mom always praised me for my accomplishments as a writer, and as a dancer, my two passions in life. I think life will never be the same without Mom. I thought that Mom would be with us forever. She was in our lives as normally as we breathe, and a thief had stolen the breath of the woman who had given life to me and my brothers, in full view of hundreds of people.

On the night of July 31, 2011, I asked permission to leave the dinner for Forbes at around 9 p.m., I still had a practice. As I entered the car, something flew in, alighted on my cheek, and I brushed it off, thinking it was a fly. But it was a brown butterfly that had landed on the front passengers' seat. "Si Mom 'yun," said Linda Reyes, my sister-in-law.

"How do you keep the music playing" was her favorite song, and that is the question we ask ourselves today. But her death has made our family closer. And she seems to be around more than we think.

On behalf of my brothers Butch, Jay and Kit and the rest of the Reyes family, I wish to thank family and friends who stood by us especially during those first hours of our bereavement, dazed and dumbfounded by Mom's passing. You don't know how much strength and comfort that gave us. God Bless you!

Life after being COC

A candid interview with Dr. Deane Campo-Cruz

By J. Ona Cruz, MD

Here is one of the institute's most friendliest and beloved faces. Always with the ready smile and greeting, armed with a perpetual supply of jokes and funny anecdotes. Running into her whether in the corridors of the hospital, the elevator, the halls of IM, or in the confines of the OB-GYN office, is always a happy experience or a comforting one (for those with problems on love and life). For that is what she is- a friend to all, a shoulder to cry on, a joy to be with. Here is one candid interview which took place during one of our "kwentong kuchero" sessions. (FYI-The KKK or kwentong kuchero klub is an informal get-together of OB-GYN consultants and residents in the 4th floor office. It usually takes place around our large oval table, over a plate of pan de sal and coke. It is a "meeting of the minds" wherein any topic from politics to medicine to showbiz to how to cook adobo to the root word of words to the corniest of jokes is discussed and oftentimes dissected. It is not exclusive, no high IQ is required. One needs only to have a sense of humor to belong.)

Dra. Deane Campo-Cruz (Manang Deanee to most of us) is truly green and gold, having graduated from FEU Premed, proceeding to Medicine and graduating in 1971. She then went into Obstetrics and Gynecology residency in the same institution where she met the love of her life, Dr. Danny Cruz. She eventually became a consultant and teaching staff of the department, receiving many accolades along the way, having garnered top awards in her clinical and teaching profession. In 2000, she was offered the job as the Hospital's Chief of Clinics, a post she has filled satisfactorily until her retirement last year. We take our story from there....

How did you feel when the position was offered to you?

DCC: "Well I had some mixed emotions. Of course I was elated because it is an honor to know that people trust you as capable enough to handle such a job. But at the same



time, I also had some concerns because I knew what the position would demand, especially on my time. I knew it would mean major changes in my schedule for my family and of course, my practice. After I had a talk with Dra. Lilia Luna (Former FEU-NRMF Hospital Director) and Dr. Ernie De la Cerna (Former FEU-NRMF Chief of Clinics)- they were very good in convincing me, and I thank them for that, I decided to take the post and to look at it as an opportunity for both personal and professional growth. I realized that I was fortunate because this is one chance not given to many."

What do you think are your qualities that made you right for the job?

DCC: "Occupying an administrative post entails of course a sense of responsibility. Much is given and much is expected in return. One has to have patience, an open mind. You have to be people-oriented because that is the best way to get things done. You have to learn to listen to people and communicate as well. A sense of humor is always good because at times, problems do come in twos, threes, fours and more and sometimes, you play the role of shock absorber. I have always enjoyed a good laugh so I guess, this is one thing that kept me going. It's also important to be on time and work hard and manage one's time well. I want to believe I have that. Afterall, I am a mom of three growing boys (ha..ha)."

What are some of the COC's job description that you considered most challenging?

DCC: "Yung talking with media pag may issues sa atin. You have to always be careful and accurate on what you say kasi alam mo naman pwedeng mamiiss-interpret ka and

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Life after being COC.....

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thus place the hospital in a bad light. But so far salamat naman, wala akong naging problema doon. It's also part of the job to see to it that hospital policies are carried out especially pagdating sa medical training. As COC, you are involved in the training of students, interns, residents. You have to see to it that they obtained good values and attitudes as doctors of the FEU-NRMF as they go about their daily routine. So ang training kailangan kasama yon. That's part and parcel kasi of optimum service delivery. Pag maganda ang attitude ng doctor mo, mas maganda ang serbisyong mapaparating mo sa mga pasyente. Sometimes, I play the role of counselor for the interns. They come to me even for personal problems. But this part of the job, I like this. I enjoy counseling. It's one of my fortes, my vocation.

The real challenge for me as COC was juggling my time. I am also a wife, mother, a practicing obstetrician, and a teacher. So medyo pag dating sa oras talagang minsan mahirap. Pero my family, my husband especially, was very understanding. My practice also suffered a bit but that's quite alright. I have no regrets because I was happy with the job."

What were the perks of the job? What did you enjoy the most and miss the most?

DCC: "I learned so much. Not only in administrative and management skills but more importantly, I learned to deal with people. People from different viewpoints, attitudes, problems, persuasions. Marami akong natutunan sa kanila. From all walks, talaga, makakausap mo. I learned to look at things from their point of view. I may not always agree with them but at least you get to understand where they are coming from. I enjoy being with people. I miss the camaraderie we share during our meetings, the jokes and experiences we shared- with Mrs. Reyes, Dean Habacon, Director De Vega, The Department Heads for instance. Alam mo, iba-iba ang style ng kanilang mga jokes- may kanya-kanyang brand ng sense of humor ang mga yan."



Now that you have retired as COC, is life very different?

DCC: "Not really naman. Kasi I am still teaching kaya andito pa rin ako halos araw-araw. Pero magaan na ang schedules ko. I now have more time for other things and for my family. I can accept more speaking engagements especially for my advocacies and for the church where Danny and I are very active in. I have my Wednesdays



The Cruz Family... Doctors all.

and Saturdays free to spend with Danny and the kids so I am closer to them now. Kami ni Danny lalo na. Most of the time, we are marriage counselors to our younger church members and other couples. We get to join more of our church's activities. May time na rin ako mag-flower arranging and cooking. Pero I am very glad na teacher pa rin ako. First love ko yon e."

What are your hopes for the institution?

DCC: "Of course, I would love to see more expansion in FEU-NRMF. I am happy to see major additions now to our hospital facilities and services. As a member of the family, I would like to see the full achievement of this institution's mission and vision."

Well said and See you around, Maam Deane!

“Pag maganda ang attitude ng doctor mo, mas maganda ang serbisyong mapaparating mo sa mga pasyente.”

Missing The Great Lady's Graduation Speeches...

Every year, during graduation, we always look forward to the speech of our Chairman, Dr. Josephine C. Reyes. In April, 2011, three months before her passing she delivered her final message, a testament to her commitment as educator. And like the previous one, this was real good, if not, the best!



I think Graduation day is a bit like walking through a gate. You are leaving behind the safety and security of college for the uncertainty and adventure of the rest of your life. Some of you will take a solid step and go on to further train and hone in your professional skills. The rest of you will pause at the gate, taking a look at the panorama beyond, having no idea of what the future will hold, what people you will meet and what will happen to your career.

That is not to say that you do not have your own ideas about that career. You have worked hard while at college and your faculty has sweated hard to arm you with the knowledge your course require. You may know exactly what you want to do and, of course, you may realize your dreams. On the other hand life could throw up some surprises and you could find yourself doing something diametrically opposed to what you had planned. So your degree is something like having the security of a walking stick. It will keep you steady as you make your first steps until you find your own particular solid ground.

The roads you walk may be smooth or sometimes rough. You may face boulders or maybe just small rocks. You may choose your particular destination or you may just go where your feet bring you.

Some of you will rush thru the gate, others may be more hesitant. Some of you will have plenty of baggage to bring, others will travel light. One thing you will all bring is your memories of your growing years and of your families. Today, those who have encouraged you all those years are happy to see you graduate. I know you will agree with me that they are owed a huge debt of gratitude for their support and love. Obviously, judging by your results, you studied hard but you also had help from your professors. Gratitude to and graciousness towards others will always stand you well in life.

We always remember the person who speaks kindly of us so always remember to speak kindly of others.

Bring with you the knowledge you have but bring also an open mind. It's great to have a route planned but be willing to travel the byways and to see what they have to offer too. Make a decision that you are going to make a difference in the world, even if it is only in one small corner of it. Work hard but do get your priorities right. Always have time for your families and friends.

Finally, enjoy the trip. Go on your journey armed with enthusiasm and curiosity. Open your hearts to your fellow travelers and they will surely open theirs to you.

I wish you well on your journey and always go with God.



**DR. JOSEPHINE
COJUANGCO-REYES
1927-2011**

Research Method Workshop at the FEU-NRMF Medical Center

Cecile C. Capinpin, M.D., Department of ENT-HNS

In pursuit of its mission of excellence in medical education and completion of relevant researches, the FEU-NRMF Medical Foundation, with the generous support of Astra Zeneca Academy AZ R & D Institute, once again conducted the Evidence-Based Medicine and Research Method Workshop last April 14 & 21, 2012. And later on as schedule is the Clinical Research Methods Workshop to be held for four Saturdays beginning May 12, 2012. As an overview the Evidence-Based Medicine Workshops discusses the different methods of evidence-based medicine and its application on five areas namely a) Critical Appraisal on Therapy, b) Critical appraisal on Harm, c) Critical Appraisal on Diagnosis, d) Critical Appraisal on Prognosis, and e) Steps in the Conduct of Systematic Review or Meta-Analysis while the Clinical Research Methods workshop is for writing a clinical research protocol which includes the introduction to research processes, literature review, study and sampling designs, randomizations, sample size determination and power, questionnaire design and data collection, data

processing, data analysis using Epi info software and also ethical considerations. Both workshops are held annually and is mainly aimed to help the residents apply the methods of evidence based medicine and clinical research methods to conduct EBM as well as develop a clinical research protocol. This year, however, is made more special because consultant/s from each department were also encouraged to join the workshops. Also, the said activities were assigned to be under the guidance of none other than Marilyn Ellorin Crisostomo, MSPH (Biostat), MPH, PhD(ongoing) who has earned her degree in Master of Public Health at Harvard University, School of Public Health in Boston, MA. She also holds a Master in Public Health (Biostatistics) at the University of the Philippines in addition to earning academic units in PhD, also from U.P. With all these developments, the members of the subcommittee on research under the leadership of Dr. Angelico Alejo, are very pleased that once again we are at the forefront in the pursuit of excellence in making quality researches.



The Baras Experience....

FEU-NRMF Faculty Encounter with the Third Domain



The Committee on Continuing Professional Development and Curriculum Review conducted its annual summer seminar for the faculty last May 17-19. The workshop was held at the Punta De Fabian in Baras, Rizal. Representatives from the different departments of the Institute of Medicine, Schools of Physical Therapy, Nursing, Medical Technology and Respiratory Therapy were in attendance. This year's theme of "Encounter with the Third Domain" covers important teaching concepts concerning attitudes. This area of teaching and learning is one which is often overlooked both in terms of instruction and evaluation. It however, holds, an equally important place in the fulfillment of the the mission and vision of exemplary medical services and the formation of compassionate and caring professionals in the medical and allied medical fields.



The topics and speakers of the seminar are as follows: What is the Affective Domain of Learning (Dr. R.Bongat), Human Behavior in Teaching and Learning Environment (Dr. M.Neri), From Good to Better, The Affective Of Clinical Teaching (Dr. J. Ona Cruz), teacher

as Role Model (Dr. P.Joves), Teaching Tolerance (Ms.T.Tan), Twelve Roles of Teachers (Dr.L.Dela Rosa), Evaluation of Attitudes (Dr.AMortos), and Upholding Academic Integrity (Dean R. Habacon). Aside from the lecturettes, participants also had role playing activities and feedback sessions. Team building games were likewise conducted admixed with some much needed R and R.

Overall the workshop was a success, thanks to the enthusiasm of all the participants, The full support of the FEU-NRMF administration, The Dean (Dr.RHabacon) and the efforts of the committee's hard working chairman (Dr. Elizabeth Reyes) and its members (Drs. L.dela Rosa, J. Ona Cruz, SM Habacon, P. Chua-Chan, MJ Teoxon, Mrs. B.De Guzman, Mrs. A Aldave, Mrs. Trina Tan, Dr.A. Mortos, and Mrs Hope Magpantay).



On June 21, 2011 Dra Campo-Cruz experienced a major health set-back. During this critical time, her family have stood by her, taking turns to care for her at bedside. They and all members of the FEU-NRMF community have prayed for her speedy recovery. Answered prayers. Here is a touching message from her beloved son, Dr. Aben Cruz, a faculty of the FEU-NRMF Department of Pharmacology.....

The Little Things

by Abraham Daniel C. Cruz, MD



We've always been taught to think big, to be the best, to give it everything we've got. And I'm pretty sure there's nothing wrong with aiming for greatness. That's how most of us wish to live and that's what we hope to accomplish with our short, mortal lives, so that

at least, somehow, we will make a mark on this planet. Yet there will always be special moments, however rare or short or painful, that will transform our minds, change how we see things, and make our hearts crave for a life that is actually worth living.

Exactly one year ago tomorrow, June 21, 2011, my mom had mild stroke. In the weeks that followed, she was confined again for post-stroke seizures and again, three days before her birthday, for atrial fibrillation in rapid ventricular response. And in between those weeks, I contributed to all these by contracting dengue. Needless to say, we went through one hell of an emotional yet cathartic ride for three months. And in between cursing and reconciling with God and doubting His plan for us, and discovering the fragility of our mortality, I've learned the immense value of the little things.

I learned the value of stillness while watching your loved one breathe in and out while listening intently to the beeps of the cardiac monitor, grateful for those simple yet true signs of life.

I learned to appreciate people and their respective skills, from attending physicians to nurses to orderlies to physical therapists to medical technologists, for in

the course of their daily grind, even if it's just their "job," they help us to heal.

I learned the importance of simple acts of kindness, a hug, an encouraging word, a look of concern, a get-well note, a visit, a simple gift, a short prayer – these lift you up so that you will not feel alone, and they restore your faith in the nature of man's intrinsic goodness.

I learned to value time, and how it reveals to the heart what is truly important when you give it to take care of someone, because time is something that when given, we can no longer take back, which is why I'm grateful for my family even more – my dad who was strong and courageous and firm, and my two siblings who gave up time during their residency training in the hospital to take turns in taking care of my mom.

These little things – a smile, a word of gratitude, a gentler way of saying things, preparing your loved ones' meds, cooking a meal, cleaning the house, washing the laundry, helping your mom to dress up, your parents waiting up for you until you get home, changing your schedule a bit, filling up that glass of water, saving the best piece for the other, temperance when people try your patience, prudence in speech, remembering a date, or simply, just being there – these are the things that make up our lives.

Despite their seeming insignificance and ordinariness, it is actually the little things that make us and others feel loved and valued.

So don't be stingy with the little things, because in a world where life is short and fragile, it's the little things that make life worth living.

CONGRATULATIONS!

Dr. Randy Dabu

7TH PLACE

August, 2012 Physicians' Licensure Examinations



Volunteering in Ethiopia

Volunteering in Ethiopia

by Dr. Ginny Pineda

This is a country with so much pride but equally or more so much poverty. It has inviting posters for volunteers and tourists about Lalibella and its monolithic churches but in Lalibella you will walk along cobbled stones and smell drying human feces along the way. On your left and on your right are barren land... vast stony stretches of dry land.



What will grow on them Children in tattered clothes approach you begging for money with almost the same line of story..."I have no mother, father dead. I need money for school..."Whether you believe them or not is up to you. But even if wanted to listen to some more stories in search for truth the flies hover around my face, my ears, my nose, my mouth....all are endangered. What if they enter into these holes?

It was a week after Christmas when I arrived in Lalibella. The pilgrims came from different regions to say their prayer in this holy land of 11 monolithic churches of the 4th century. Most of the pilgrims are poor who walked hundreds of meters to reach this part of the earth in Ethiopia. They cannot afford hotels so many defecated along the road. Can you imagine walking a kilometer of cobbled stones smelling drying human feces and flies hovering your face? Don't imagine.

Later that day I sat quietly in front of one of the stone churches buried hundred feet down the huge hole dugged several hundred years ago. I looked towards the horizon and watch the changing clouds as they are blown by the wind and the skies turning different hues of red and oranges as sunset comes near. It was a windy day and chilly as well. But how difficult life must have been for these people in this part of Ethiopia with stony fields, dry seasons, no water supply, no lakes, no rivers... there are soil to cultivate.

So they have prayed to God and built these churches asking for mercy...and until now you will see them in flocks in their long white robes praying for hours...For how many hours...I don't know. What do they ask God? Are their prayers granted?

Along the winding hi-ways going up to this area are women in their barren feet walking kilometers of road in their hunch back figures as they carrying loads of firewood which they sell for a few dollars in the market to be able to buy food.

In the Philippines when you see mud house in Ethiopia they look so "cute" but when you are there and see how poor

the people live...as you see the inside of these houses...floor is barren land, dirty and old clothes in one corner, black kettles with meager food if any..

It is Sunday today and the morning is fine with sunny weather, March 18, 2012 and I am listening to a lecture on "newborn resuscitation" which cost VSO Ethiopia 5000

US dollars to hold. It is an incredible project that VSO wants to sponsor teaching Ethiopians...it refuses to buy materials for resuscitation like oxygen tank. This huge sum of money VSO pays the trainors, the trainees, the venue, the food..

But I had to go along as VSO Ethiopia insist that this is what they have been doing for "ages". How I wish VSO staff from janitors, to program managers, to directors will ONE day have their sons and daughters to be among my patients in Awassa Referral Hospital. and then reality bites. As their child be the recipient of a fourth tube coming from one oxygen tank...very little oxygen left for his son. And I will see them watch their child as his chest go fast breathing gasping for air...sooner or later he gets tired and ...stop. Then their hearts will bleed and cry. Then they will realize why I needed oxygen ...why I needed to think of ways to help the nursery, the critical care units where we have 100 patients and only two tanks of oxygen.

And when you hear a nurse say, "Dr. Ginny we have five patients who needs oxygen and I have only one left what do I do?" Then I will pick which of their children will get the fourth or fifth tube coming from one tank which is half empty...

It is bad enough that we are poor in Ethiopia that is why there are NGO but it is worst if we do not use those resources wisely.

So where is the logic in paying all those trainors, trainees all those dollars if after an hour or a day they go back to the same pediatric unit...face a gasping child...and they have no oxygen to give? Isn't there more logic and compassion if we ask these people to donate back the money and buy 50 tanks of oxygen?

With this last note, I pray that VSO Ethiopia will rethink of their values. their programs and honestly ask themselves do we have compassion for the children of Ethiopia?



TAKBO KO, BUHAY MO:

The First FEU-NRMF Fun Run Event

Eloisa De Guia, MD

This year, 2012, marks the 25th year of Batch 87. As part of our celebration, collectively as a group, we wanted to give thanks for what we have in life. We wanted to thank our school for planting the seeds of what we have become now.

We wanted to celebrate life.

As we conceptualized the event, we have set the following objectives: 1. To promote camaraderie within the medical community of FEU-NRMF 2. To promote physical fitness awareness not just in the medical community but to the community at large and 3. To boost the FEU-NRMF indigency fund reserves.

Spearheaded by Dr. Cora Omalin, a practicing pediatrician from San Pedro, Laguna, and this Fun Run event turned out to be a big blast. Never mind the monsoon rain that was being pulled around by super typhoon Karen. It turned out to be Providential. The usual Sunday crowd milling at the Quezon City Memorial Circle was kept to the minimum, and thus, it was as if we reserved the entire

Circle area for the FEU-NRMF community. We cannot ask for anything more. For the longest time, we worry about the rain giving us bonuses like Leptospirosis. However, this time around, the pitter-patter of the rain in the midst of the Fun Run was something different and oh-so-cool.

The activity was started with the Invocation led by Dr. Angelico Alejo. The FEU Hymn was led by Dr. Sonny Habacon. Dean Remedios Habacon, delivered the opening remarks. Warm-up exercises, followed by more high impact moves were done before the Fun Run began. 10k. 5k. 3k. All around the inner lane of the Quezon City Memorial Circle.

As Dean Habacon noted that this Fun Run met the objectives set, she plans to institutionalize it and most likely, make it a yearly event. Way to go. We, members of the FEU-NRMF-IM Batch '87, would want to thank everyone who participated in this event. We know that you enjoyed it, just as much as we did.



MEDICAL AND SURGICAL MISSIONS:

Going there is hard to do...

Daniel C. Fabito, MD, FACS, FPCS

"Volunteerism represents the tangible expression of a philosophy that human intervention can have positive results. One need not be passive and fatalistically accept that current conditions are immutable. Volunteers imbue new hope, optimism and future direction in those with whom they interact and significantly augment the institutional developmental efforts with which volunteers are often associated with. Volunteerism is a typical American trait that is increasing in popularity among diverse sections of our society."

After a hectic and very busy schedule during the most recent medical-surgical missions in Laoag, Paoay, Bangui, and Pagudpud, Ilocos Norte sponsored by FEU-NRMF Medical Alumni of Northern Illinois and participated in by the Nevada Medical Alumni Chapter and other physicians and paramedical personnel from across the United States, we had the distinct pleasure and privilege of having an audience with President Benigno Aquino III last January 20, 2011 at Malacanang. After the regular pleasantries and handshakes, he gave a short speech, thanking everybody for visiting the Philippines and doing the missions. He also expounded on his agenda for the country: to help the poor and the less fortunate kababayans and briefed us on his administration's strategic plans for the next five years. Then came the group photo shoots with him and I was lucky to be at his side. I grabbed the opportunity to converse with him about missions and said to him, "Mr. President, you should look into the multiple problem and extreme difficulties that mission groups like us have been encountering. Existing guidelines requirements imposed on foreign medical-surgical missions are cumbersome, restrictive and unfair considering that most of us have the sincere desire to help and care our poor and marginalized country men." He answered and assured me that he is very much aware of these problems and difficulties



*(*This article was first published in The Philippine Surgeon by the Society of Philippine Surgeons in Amerika)*

and that the Health Secretary is personally addressing them. He added, "I will cut the red tape."

In the early seventies Presidential Decree 451 was issued, allowing former Filipino professionals to practice their respective professions in the Philippines. It stated that "professionals who were formerly citizens of the Philippines and who have passed licensure examinations in the Philippines for the practice of their profession, may, while in the country on a visit, sojourn or permanent residence, practice their profession, provided that they are professional practitioners of good standing prior to their departure from the Philippines and in their adopted country." This decree has allowed erstwhile Filipino physicians and nurses, naturalized citizens in their adopted countries and previously barred from practicing their profession in the Philippines, to serve the indigent population and share their knowledge and expertise with their professional colleagues. It is therefore safe to say that the start of foreign medical and surgical missions has been inspired by this Decree and was instrumental in the success of the Balikbayan Program launched in the early seventies.

Foreign medical-surgical missions in the late seventies and decade of the eighties have blossomed with enormous interests among various "national, regional and local chapters of Filipino-American medical associations, as well as specialty societies in undertaking and sponsoring missions in different parts of the country. It was then less complex and cumbersome for host associations. Over the years however, it became apparent that there are serious concerns and rather than getting encouragement to continue these missions, some sectors in the Philippine government are regulating missions to the point that missionaries are hampered from continuing their projects. In 1982, in special meeting with the late President Ferdinand Marcos on Malacanang, with then Secretary of Defense General Fidel Ramos, Cabinet Secretary Greg Cendana, Dr. Renato Ramos and Dr. Noli Zosa and myself (we represented the APPA), foreign medical missions was the main agenda. We discussed how we could improve

Continued next page



the conduct for a successful mission, ease Custom regulations on equipments and supplies and medicines brought into the country and create a more friendly environment for Fil-Am physicians to continue missionary work. I proposed then a creation of Commission on Medical Missions under the Presidential Office with the idea of having a one-stop regulatory office that will take care of the different aspects of the missions, protecting the rights of patients, interest of the missionaries, host hospitals and participating local health professionals. The Board of Medicine through Resolution No. 06, Series of 1991 issued Guidelines for Granting Permits to Foreign Doctors Conducting Medical Missions sponsored by local private organizations. It was a very comprehensive resolution with the following rules (1). A foreign medical mission can only be conducted in a given locality with the expressed and written consent of the local medical society. (2). With the help of the DOH, the local medical society shall screen patients. These missions must be taken as professional endeavors and not as a medium for political patronage. (3). Specialty practice needs written Legally binding contract are



needed covering trainees; records submission to PRO, DOH, specialty society and the PMA; posting bond. (5). Granting of special permit by the PRG (6). Permission needed from DOH if facilities of DOH are used (7). Special permits must be prominently displayed.

On January 30, 2001, the Department of Health issued an Administrative Order No. 179 covering Policies and Guidelines in the Conduct of Local and Foreign Medical and Surgical Missions. The order supersedes all other administrative orders and issuances inconsistent with its provisions, sponsors of medical missions are required to seek clearances from the Office of the Secretary of Health through the Bureau of Local Health Development (BHLDD) for local

missions or through the Bureau of International Health Cooperation (BIHC) for foreign missions. Additional provisions that were included in implementing the guidelines imposed more responsibilities and cumbersome requirements for sponsoring organizations. Clearance from the Bureau of Food and Drugs for medicines to be dispensed must have a one year expiratory- date upon arrival in the Philippines. The DOH reviews the requests and consults with the Professional Regulatory Commission (PRC), the Board of Medicine, the Philippine Medical Association (PMA), and the Philippine Hospital Association (PHA) whenever necessary. The experience of compliant mission groups to get permits and clearances range from 6-8 months. Sponsoring organizations generally spend one to two years preparing for the missions, raising funds, collecting supplies, equipments and medicines as well as signing up physicians who leave their practices for two to three week medical missions. The excitement and the enthusiasm joining the mission get dampened by the bureaucratic process of obtaining permits and clearances.

Of course, the easy way out is just to totally not sponsor any foreign medical missions to the Philippines or do missionary work in other countries where we are most welcome without much of the hustle imposed by the Philippine bureaucracy. However, most Filipino expatriates have the intense desire to give back and help fellow kababayans in need of medical and surgical care. Perhaps we in the United States should accept the challenge of reaching out to the different government departments and medical associations, and have a continuing dialogue so we could better understand their concerns and at the same time be given the opportunity to study, comment and make necessary reasonable proposals to some of their regulations.

Indeed, on this side of the Pacific, different groups such as the NAFFAA, Global Coalition USA, the Society of Philippine Surgeons in America, Association of Philippine Physicians in America and different medical alumni in the US, continue to find ways of improving medical missions to the Philippines.

Dr. Fabito is a laparoscopic and vascular surgeon and past president of SPSA. He has been and continues to be active in medical and surgical missions and was involved in the initial SPSA mission in the mid-eighties.

“However, most Filipino expatriates have the intense desire to give back and help fellow kababayans in need of medical and surgical care.”



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ALUMNI HOMECOMING 2013

JANUARY 24, 2013 - THURSDAY

- 8:00 - 12:00 Registration
- 8:30 - 9:30 Holy Mass
- 9:30 - 10:30 Breakfast
- 10:30 - 10:45 Opening of Exhibits
- 10:45 - 12:00 35th Dr. Lauro H. Panganiban Memorial Lecture

Scientific Convention

THEME: 'SHOUT TO THE TOP:

NEW TRENDS IN CLINICAL PRACTICE'

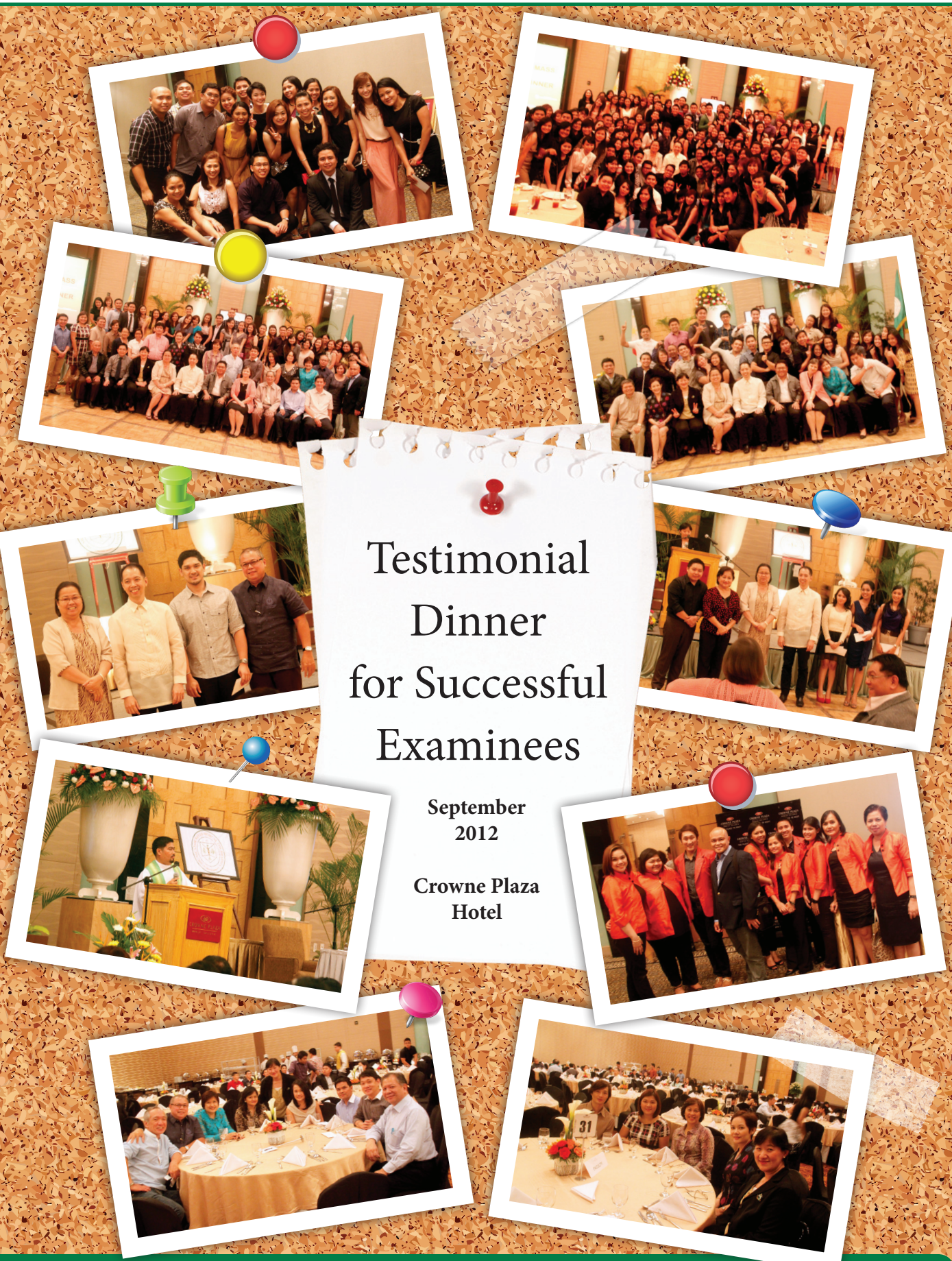
- 12:00 - 1:00 Lunch Symposium
- 1:00 - 1:30 I'm your Boogie Man:
Laparoscopic Surgery in the 21st Century
Dr. Vicente Porciuncula⁷⁷
- 1:30 - 2:00 Lost in Emotion: The Role of Reproductive
Technology when Adam and Eve are Infertile
Dr. Maria Lourdes K. Otayza⁸⁷
- 2:00 - 2:30 **BREAK**
- 2:30 - 3:00 Shake Down: Surveillance and Delivery
of Growth Restricted Fetuses
Dr. Patria Cecilia Martinez⁸⁷
- 3:00 - 3:30 I Think We're Alone Now: A Glimpse in the Dark
Dr. Angelico Alejo⁸⁷
- 3:30 - 4:00 Dilemma: Advances in Radiology Beyond the Basics
Dr. Vincent R. Tatco⁰²

JANUARY 25, 2013 - FRIDAY

- 9:00 - 9:30 Open Your Heart: Interventional Approach
in Acute Coronary Syndrome
Dr. Thomas Parente⁸⁷
- 9:30 - 10:00 Da Doo Run Run:
What is New in the Drowned Lung
Dr. Fernando Ayuyao, Jr.⁷⁷
- 10:00 - 10:30 **BREAK**
- 10:30 - 11:00 Walk Like an Egyptian:
Trends in the Management of Osteoarthritis
Dr. George Saavedra⁸⁷
- 11:00 - 11:30 You Keep Me Hanging On:
Palliative Care in Pediatrics
Dr. Maria Cecilia A. Asi-Bautista⁸⁷
- 11:30 - 12:00 I Can't Go For That: Neonatal Sepsis
Dr. Elmer S. David⁸²
- 12:00 - 1:00 Lunch Symposium
- 1:00 - 4:00 Student Recognition

JANUARY 26, 2013

Grand Alumni Homecoming Ball



Testimonial Dinner for Successful Examinees

September
2012

Crowne Plaza
Hotel

