UNIVERSITY OF THE EAST
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.

THE MEDICAL CENTER
NEWSPAPER

A Center of Excellence in Health Sciences
Exceptional People. Extraordinary Care.
# TABLE OF CONTENTS

- President’s Message ................................................................. Page 2
- Remarks from the VPAA ............................................................ Page 3
- Remarks from the VPHS ............................................................. Page 3
- My Six-Letter Words in Med School ........................................ Page 4
- Remaining Positive ................................................................... Page 5
- Improving Study-Life Balance ................................................ Page 6
- Teaching Grit Building Resilience ............................................. Page 7
- How A Mathematical Analysis of Hospital Statistics Can Improve Efficiency and Cost of Care .......... Page 8
- Of Seeds and Blossoms, Roots and Foliage (The Legacy of Learning in UERMMMC)  ........................................ Page 9
- University Affairs ..................................................................... Page 10-12
- The New Medical Center Library ............................................. Page 13
- What You Need to Know About Thyroid Abnormalities .......... Page 14
- World Hearing Day .................................................................. Page 15
- Blessing of the Newly Renovated Pay Hospital Rooms .......... Page 16
- Nursing Advocates .................................................................. Page 17-19
- Business Development Glimpse .............................................. Page 20-22
Beloved Patrons & UERMMMCI Family,

The first quarter of 2017 is almost ending. Yet still, to prepare for a brighter tomorrow is to do your best today.

Starting with this March issue, I am delighted to announce that the Medical Echoes has been expanded as the Medical Center Newsletter with the inclusion of the UERMMMCI academic updates.

With this re-launched, we have more and exciting news to feed you. You now also get to read enriching articles written by our esteemed deans, faculty members and students.

The year kicked-off with the UERM Hospital’s 57th Anniversary celebration last January 9-13, 2017. Concurrently, we had the blessing of the new doctors’ clinics located at the Medical Arts Pavilion and newly renovated rooms at the pay hospital.

It was at the same time that we launched the hospital website (https://www.uermhospital.com.ph/) apart from the existing Medical Center website you are used to. I ask your feedback to make the hospital website an even better resource for the public. After all, we are just a few clicks away connected.

Last February 7-10, 2017, we had a momentous celebration at the 55th Grand Nursing Alumni Homecoming. The week after was the Grand Medical Alumni Homecoming. It was very rewarding to receive one of our Lifetime Achievers and Alumni, Dr. Rolando M. Puno all the way from Kentucky, USA and Dr. Paulyn Jean Rosell Ubial, DOH secretary as our keynote speakers during the Grand Medical Alumni Homecoming.

We are also humbled to receive praises from the Alumni when they made a tour of the entire Medical Center and cannot help but be amazed at what we have prolifically reached at the present time. To all our Alumni, we will always be grateful for the support you give immeasurably.

For the past two years, we have received a series of invitations from various schools to participate in the campus career orientation for its senior high school students. This is definitely an indication of the strong and sturdy image we have established over the years.

I enjoin everyone to participate in the programs leading to our Diamond Anniversary celebration on June 15, 2017. The announcement of the programs will be posted at the north and south campuses as well as in the websites and Facebook pages of the UERM.

As usual, I seek your support for us to continuously achieve a sustainable and inspiring UERMMMCI now and then.

*With warmest wishes.*
Remarks from the VPAA
by Dr. Gemiliano D. Aligui

When we opted to gain advantage of the integration of the different sectors of the Medical Center, there is only one way to go and that is upwards. This is not an implied move but an explicitly determined strategy that will propel the progress of the Medical Center towards more resiliency and focus. We have set our north star and we will manifest our progress towards competitiveness and knowledge creation. We welcome the new Deans, Dr. Norbert Lingling D. Uy (COM), and Prof. Belinda M. Capistrano (CON). I also wish to mention Dr. Milagros B. Rabe (Graduate School) who has been appointed more than a year ago. For this issue, we break grounds to signify our contributions to how we work together to achieve a union of thinking, efforts and celebration. To date, we have a total of 2,531 students, with 63% coming from the College of Medicine, followed by the BS Physical Therapy (16%), BS Nursing (7%), BS Medical Technology (7%), Graduate School (3%), and the BS Prosthetics and Orthotics (3%). Although this proportion may change in the next 2-3 years, the target is to keep the enrolment at entry rate that will keep an average of 2,530 student population. The dynamics of teaching is another area of innovation where we harness the digital technology as one of our instructional modes of curriculum delivery. Since we have already reached the stage as a Center of Excellence in the College of Medicine, and Center of Development for the College of Nursing, we aim higher for board rating performance and further on towards accreditation of the other programs. We boast of the BS Prosthetics and Orthotics to be Category 1, the highest given by the International Society of Prosthetics & Orthotics (ISPO).

With our high standards of accreditation, and the equal progress of development in the hospital, we are well above the rest and which are the real reasons for celebrating our 60 years of excellent work.

Remarks from the VPHS
by Dr. Maribeth T. de los Santos

The maiden issue of The Medical Center Newsletter is an offshoot of the Medical Echoes, the hospital newsletter. All the features of the former Medical Echoes are still there, except, this time, it’s better since important happenings and issues in the academe are also included. Inside The Medical Center Newsletter are sections which discuss topics involving the students, the faculty, employees, consultants and the administration.

On the hospital side, we retain the feature articles which discuss the salient points of common diseases, written by experts in the field. Feedbacks from readers of the past issues of the Medical Echoes are mainly praises for their usefulness not only for the patients and employees but also for students and healthcare providers as well. This month, we celebrate the International Women’s Health, and last March 3, 2017, the World Hearing Day. Lecture on the Breastfeeding Act to Working Moms will be delivered by one of our graduates in Obstetrics and Gynecology Residency Training Program, Dr. Bianca Villanueva. Prevention of hearing loss beginning in childhood is clearly outlined by our Otolaryngologists, Dr. Al Omar Salting and Dr. Cathrine Miura.

Recent activities involving the Nursing Service and initiatives to improve patient care are highlighted under the section on Nursing Advocates, under the helm of the Chief Nurse, Mrs. Norilee S. Magsingit.

Come June 15, 2017, the Medical Center will celebrate its 60th Anniversary, with the theme “Anim na Dekada ng Talino sa Siensya, Maarugang Paglilingkod at Makabuluhang Pananaliksik”. The celebration actually started in September 2016, making it a 10-month long series of activities leading to the Gala Night on June 15, 2017 at EDSA Shangrila Hotel. Highlights of past activities as well as upcoming events are uploaded in our hospital website at www.uermhospital.com.ph.

Indeed, these are exciting times for the Medical Center. Let us all enjoy and savor the diamond years of UERMMMCI and may we all shine like diamonds!
Despite that deep inside the recesses of my heart is my dream of becoming a physician, I found myself at a point of impasse in medical school. It seemed like I was in a perpetual search for the most suitable paradigm on how to best approach med school. Both the perpetual search and impasse undermined my productivity and growth. So it was to my surprise that a six-letter word from our anesthesiology preceptor, Dr. Fidel C. Payawal, became the most suitable paradigm on how I should direct the course of my learning in med school. The six-letter word was “commit.” It used to be that I thought it was possible to study medicine without pain and sacrifice. The word “commit” helped me understand that in pain, there is learning and in sacrifice, we find value. Furthermore, commitment begets tenacity which is essential in med school. Moreover, it made me realize that I must persevere and persist every single day to deserve the trust of my future patients.

For my first year and a half in med school, “passed,” was just the six-letter word that gave me perspective. Imbibing “passed” was an indirect result of my being aware of the brevity of life. Hence, I decided to make both pursuing med school and sampling the buffet of life as my top priorities. As a result, I spent equal time on studying and on trivial pursuits which was irresponsible. Another reason for using the word “passed” as my paradigm back then was fear. A certain fear paralyzed me to always seek solace in needless distractions which made me counterproductive. In times when I came across a difficult lecture, I would not choose to endure learning it and instead would ask for the intercession of St. Joseph of Cupertino to help me pass an exam which I barely studied for and a miracle would sometimes present to me. Although I am religious, this bothered me because I was studying to become a doctor and not a miracle worker.

“Strive” became my new paradigm in med school for the latter half of 2nd year and at the start of third year. Taking precedence is bringing about change in myself. So I decided remove my self-defeating beliefs and choose things that were essential. Despite the illusion of the present times that we can have it all, I had to accept the reality that my intelligence is limited and my time, finite. Furthermore, it is a disservice to my future patients if I do not “strive” to become the best possible version of myself as a physician. Striving is important as it builds good habits and solid character which are both essential in medicine. Then, I decided to abandon my trivial pursuits. Lastly, to have a holistic learning experience, I joined a sorority, the student council and endeavored in my studies. It was a 180 degrees change for me as it was a step closer in becoming a person of magis that is doing more for Christ and for others.

The advices imparted by Dr. Fidel C. Payawal came at an opportune time. He told us that in medicine, learning and toiling is life-long because physicians must keep up with the technological advancements, medical breakthroughs and the changing demographics. He then asked us to look deep inside us if we are really committed to medicine because only those committed will have the strong will to persevere past the arduous task of learning. This was when I realized that the six-letter word, “commit,” will best equip me in med school. From that day onward whenever I felt discouraged, tired and disappointed, I tell myself “you are committed to this.” Indeed, in “commit” I accepted that learning is an outcome of pain and making sacrifices will help me find value in things. Ultimately, commitment to medicine is the key to persevere every single day to deserve the trust that my future patients will give me.
 Millennials or as the world call them ‘The Generation of Digital Natives’ are often times perceived to be impatient – curious, narcissistic, shallow, grinch, deep, diverse, stable and yet sporadic beings. They were said to engage more on materialistic values than to help large communities and that they were nothing of what previous generations have hoped them to be as the ‘Hope of our Fatherland’ for their diversity have given the world the challenge of the taste of change in all aspects of life and love for profession.

It is without question that the path towards nursing profession be profoundly easy. Thousands have gone and passed through it and without a doubt, you too, will. For what those thousands felt and experienced does not differ on how or what you feel yesterday or even today. For they, without question, struggle the same way as you did on formulating nursing diagnoses, or wearing your aprons and cap within 2 minutes because you’re late and you just got out of the cab. For they also consume 1 hour duty hours doing intravenous regulations before, and that they also experienced the hardship of memorizing medication classification, pharmacokinetics and pharmacodynamics, indication, caution and contraindication, and adverse effect. For they also got rejected on interviews during history taking. They also had their episodes of bullying whenever they would use their hand-me-down apparatus and paraphernalia. They also failed on examination, or freeze during case presentation. They also struggled to erase mistaken TPR chartings and yet, those aspirant student nurses have become our world’s leading nurses today.

Little did the world know that the uniqueness of millennials’ characteristic enables them be prone to camouflage adaptation. They’re shallowness makes it easy for them to engrave patients character and condition within their hearts. Their impatience, excitement and curiosity has led their deep involvement to their profession into discovering the depth of disease pathology and treatment effectiveness. Their stable yet sporadic characteristics enables them to cope to life and death emergency situations. It is with these abilities and characteristics that they were able to rise above them all. They never carry their mistakes as failures. They never let disappointment measure their worth. They never dwell on the dark sides. Instead, they focus on the positive and let the light overshadow the dim one. They would wrestle their inner demons – fear, doubt, disappointment, rejection, mistakes, misconception, mistrust, and failure – and confront it heads high, and so shall you.

Instead of dwelling on the negative, let your assets be the heart that you have, full of love. Ears that are willing to listen, eyes that see beyond what is given, and hands that are always ready to extend help. Focus on widening horizons through passion towards profession, discovery of uniqueness in diversity and development of treatment effectiveness through camaraderie. Show them that you’re wiser because you’ve learned.

Place disappointments and failure under your feet and use them as stepping stones to conquer the world. For in the end, it is not the exams that would measure your competency. Up-to-date apparatuses does not always call for effectiveness, and that patients welfare is the ground – nurses advocacy.

Be it yesterday or the latter, from now on, remember this for tomorrow:

“Our struggle doesn’t happen to you alone, let it pour, ask for more, for in the end, it’ll make you stronger. Practice what you preach. Walk the talk, don’t let it be the other way around. One way or another, whether you take the long way or the shorter, once the disciple embraced the principle, not to pursue but to quit is where you’ll wobble. Think of struggles as passive, you’ve just walk the way – formative, embrace what you’ve learned – normative, bitterness is just an additive, ‘Lilipas din yan’ is the term, and that’s remaining positive.”
Juggling your academic matters and personal lives is a way that allows you to succeed at both is not easy and one of the biggest perceived challenges of a pre-medical student. Life’s indefiniteness demands certain flexibility in both your schoolwork and personal activities. Scheduling equal number of activities can be frustrating and may always seem impossible. As some may say, achieving a balance between academics and social life is not a luxury – it’s a necessity! It can be really hard to find a healthy balance between social life and schoolwork, but we would like to share some of our best tips below:

Be Real.
Finding balance starts with considering realistic goals for yourself. Aim for something not too high or not too low.

Be Optimistic
We need to break ourselves free from worries and realize that worry and stress won’t make the situation any better. Optimism is one of the keys that would allow us to get through all the hardships and trials we experience in college.

Find Your Niche
While there are several subjects in college that may discourage us and make us doubt our own strengths and capabilities, it is best that we find our own pace and rhythm. The overused but true-to-life saying that “each person is unique and different” should be taken to heart. It is impossible for two students to be alike. They have different study habits, social responsibilities and personal lifestyles.

Establish Good Connections
No man is an island especially in this world. Hence good connections are big grades and time saver. Look for peers that will lift you up to success not a connection that will drag you to drinking sessions.

Live by the 80/20 Rule
The concept is there are certain tasks, about 20% of your work that leads to 80% of your results. Always be aware of what you do and treasure the tasks that produce the most impact.

Make Effective Use of Technology
There’s no doubt that having a smartphone or laptop in school is useful for writing papers, gathering information and learning how to program and use software. But, obvious as it seems, surfing the Internet during class, connecting with friends, and shopping or streaming movies could also prove to be a source of distraction and hindrance to learning. According to the West Point researchers, students who use a laptop or tablet in the classroom had caused an overall drop of roughly one-fifth of a standard deviation. Students who were allowed unrestricted use of their laptops or tablets performed with a .18 percent reduction, while those with modified tablet access saw a .17 percent drop. This equates a 1.7-point drop on the 100-point scale.

The researchers also stated that both unrestricted and modified use may affect students in a number of ways. It could lead to distractions, in which students are checking social media or even doing homework for another class. It may also reduce the students’ abilities to effectively take notes. So, if there’s still a need for you to use a laptop for note-taking in class, make sure you are still able to focus and pay attention. Practice efficient note-taking, and if you are using a smartphone, limit its use to only take pictures of the lecture, with permission of course, so you can still focus, and listen attentively during the discussion.

Make Time for Friends and Family
Family time is not a matter of convenience but a matter of priority. These people are your greatest support unit and will be by your side in the ups and downs of your life. Reward yourself by taking some time off, it actually makes things better.

Get Enough Sleep and Rest
Thinking time is as important as reading time and writing time. Your brain needs rest and time to process new information. Likewise, your body needs exercise and sleep to keep it in a proper state of alertness so that you can focus on studying effectively. Studying when you’re sleepy is ineffective. If your body is telling you that you’re tired, then have a nap or go to bed early. A good night’s sleep will help you understand and remember information better. It is also much less stressful to take an exam or attend a class when you feel well rested and alert.

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The success of teaching grit and enhancing resilience among our millennial learners is an immense challenge. As present day educators in the healthcare profession, we must move towards answering this fundamental question: "Are we gritty and resilient enough to guide our learners towards becoming passionate and persevering learners thereby becoming successful professionals and effective healthcare providers?"

Our current generation of higher education students has unique characteristics that relates very well to the digital age. They are learners living in a time where gratification is instant and where interactive classroom instructions reflect their preference towards a more portable digital-savvy learning environment. Psychologists describe how this group grew up in a time when they can get the information they want with a click of a button. It is the same behavior they apply to the rest of their interests and desires, which is identified as the immediacy principle. Also, this group of learners were observed to change minds quickly, give up easily and complain when they have a lot of tasks or need to do homework during weekends. These behaviors are referred to as not having enough grit.

What are the major steps for grit and resilience to develop? The role of the teacher is very essential in developing grit among millennial learners. Our educators must clearly understand how to teach grit. There is a need for educators to ask young learners to commit to long-term goals in order for them to develop the passion to realize the identified goals. The learners have to write down their goals and the steps they need to do in order to achieve their goals. Learners must formulate concrete steps and visualize in their mind how to accomplish the identified goals. The learners have to write to commit to long-term goals in order for them to develop the passion to realize the identified goals.

In the event that there are distractions and they fall short of the expected outcome within a specified time, they can navigate to a better course of action in order to continue the journey towards attaining their goal. There must be sufficient time where teachers constantly reminds these students that working hard is indeed far better than being smart. Working hard must be emphasized because it develops craftsmanship and focuses the learner to details rather than hurriedly finishing the task.

To sustain focus and minimize distractions, the educator must facilitate students’ capacity to control impulsivity, avoid distraction, stay focused and manage their emotions in order for them to develop more grit. Spending time with a trusted teacher whom they identified with, who is open and warm, can help students verbalize the distractions affecting their studies and probably arrived at better ways to improve learning in the classroom and clinical area. Teachers need to go beyond simply teaching students what to learn to really helping them become an accountable, ethical, kind, and honest professional. Students must be provided with relevant and significant situations that would allow them to display grit in any given circumstance. Long-term challenging projects that call for grit can be a way for them to engage in worthwhile activities.

The learning environment plays a major part in promoting grit and educators must be prepared to manage the challenges in integrating grit in the curriculum. These setbacks consist of lack of tactical knowledge in implementing grit, lack of intrinsic motivation, lack of resources especially in a country like the Philippines where getting online connectivity is a struggle.

If we believe that the development of competent professional is parallel with honing passion and perseverance in one’s career, then it’s time for us to realign our program of instruction into one that will produce the best results – a grittier professional. We envision professionals who possess enough grit who is able to see opportunities behind every problem, able to build bridges when faced with barriers and someone who rises above challenges with creativity, confidence and compassion.

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Many of us use indicators to determine outcomes in most managerial settings. The hospital is not alien to this as we know that it is one place where lots of measures are used most especially in assessing both efficiency and cost of care. However, what we normally accept as standards are not what they do for specific cases. Although particularly useful, ALOS or Average Length of Stay, is a common measure for key result areas but may be inappropriate for predicting patient flow and management. By understanding the nature of the data means that we need to know the skewedness, bias, interaction, dependency and complexity of the data or at least attempt to determine them. Unless we examine more closely the nature of the data, we cannot always assume normality and this is characteristic in a measure such as ALOS which can often be ignored. Studies have shown that ALOS is potentially skewed for long-term hospitalization than short-stay; therefore, both must be segregated.

Another issue is how we use data to study a situation, say patient flow and service utilization studies, which cannot be done by simple deterministic or regression methods. The hospital is a stochastic environment that complex interactions take place all the time and are time dependent for which realistic situations need to be considered. This is important particularly in situations where assessment of demands and usage must be considered for planning future directions of services and human resource allocations. There is often dependency over transitions of care within a hospital. The case-mix is a typical example of a complex setting. Under this perspective, two approaches in modeling present contrasting qualities.

The operational approach is more costly to build because of the complexity and volume of data required –mostly related to financial and outcome data. On the other hand, more intuitive and less volume intensive is the compartmental approach where data can be obtained by observing the flow of patients from one service to another, e.g., emergency room -to- medical/critical care -to- surgery-intensive care -to- ward -to- discharge (and then follow up). Among the models used are: Markov Chain Model, Case-Mix Compartmental Exponential Model and Discrete Event Simulation Models. The attractiveness of modeling patient outcomes and cost of intervention/care would be the gathering of minimal amount of data (but good data nevertheless) and putting it in a probability model within a stochastic framework. In other words, if one knows the mathematical nature of the system, then realistic projections are possible. These predictions can be a basis of investments and/or decisions on work load efficiency maneuvers.
I am on my first academic year of teaching in UERMMMCI. My first year of teaching, anywhere, for that matter. Maybe my decision to become a teacher, out of the blue, had something to do with my completion of a Diploma degree in Clinical Epidemiology a year ago. Or the pursuit of new challenges at this particular point in my life and career. Still, perhaps, I think it may have been brought on, and inspired, by my medical batch’s silver jubilee homecoming in February of 2016. Coming back to UERM as a silver jubilarian carried with it a deluge of recollections and memories. Seeing old classmates, professors, former seniors and younger schoolmates zapped me back to the middle years of the 80s when we first set foot on the greatest medical center along Aurora Boulevard.

It is difficult to fit in a single write-up the hallmarks and events that span the wide range of four years of challenging and gruelling medical education. While advancing age sometimes erodes the ability to recall specific dates and incidents, there are some images that withstand the test of time. The feeling that comes with remembrance remains most steadfast – the awe of hearing heart sounds and being taught the cardiac cycle for the first time, the pride of being part of a resuscitating team (no matter if we were simply ambubaggers shoved into the task), the amazement of witnessing for the first time a baby coming out of an incised uterus during a C-section. I remember running down corridors, not just me but our entire small group, stethoscope swinging left and right as it hung across my neck, everytime a Code 64 was called. I remember the nights we went without sleep, zombie-dazed from monitoring that seemed to make no sense at the time. I can still feel the frenzied sense of urgency on that unforgettable afternoon when we, JIs on outpatient Pediatrics rotation, were visiting a classmate’s friend in the OB Gyn Service Ward. Suddenly, the great earthquake of July 16, 1990 struck – and the building swayed, vibrated, shook, and swayed some more. We could have run, fearful for our lives. We could have scampered to safety; we were not on duty, anyway. But we did not leave: instead, we stayed put, right there, with the patients and the ward staff. I took a frail old patient by the hand, wrapped my right arm round her shoulder, and escorted her through the ward and out the staircase, as she feebly walked while glass windows shattered and oxygen tanks wobbled around us. I may have looked calm, but truth be told I felt like screaming frantically. “Dalian po natin!!! Mamamatay po tayo rito!!!” My classmates did their individual share too, as we all vacated the second floor. It wasn’t like we planned to be helpful or noble, or be heroes. It only came so naturally: to be there in that situation, and deciding at that very moment that you could be of assistance to someone weaker, or more needy, or more frightened than you.

These were some of the best moments that sharply defined our timelines in our passage of becoming the doctors that we are. Looking back now, I think that fateful afternoon unveiled the very culmination of the learning we obtained from this institution – a succinct summary of what we’ve been taught: not only the information or the knowledge held by us chosen few, but more importantly the responsibility, the accountability of being in charge of another human being. To a young medical student, it would be obvious that when we talk about learning, we immediately think of thick heavy books, bound transcriptions (in our time, at least), and long examinations. To the clerks and the post-graduate interns it means clinical rotations, patient histories and progress reports, rounds with residents and consultants. In our fledgling minds, that was all it was – we studied, we took exams, we passed. In our limited scope of vision, we did not fairly see that we were “becoming” – that between the lines written in books and reports, in every skill we acquired, every resourceful solution we invented, each patient we comforted, we were developing into the kind of physicians that our Alma Mater hoped us to be.

Our institution, which has stood tall and proud many years before we came, welcomed us with open arms and gave us its teachers and consultants so that they may infuse us with everything we needed to be good doctors in the four years we were here. First, the academic integrity, and then the clinical competence – all the way underlined by the immutable values of respect for life, equality and compassion. When we graduated, we moved on to our own chosen areas of interest, enthusiastic for more education - but our consultants stayed as they always had, to tutor more future doctors and to be part of their growth in this continuing cycle of learning and sharing.

There are legacies that are written, like our textbooks that reflect the lifeworks of respected author-docors who came before us. And there are those, just as valuable, that are not cast in stone yet remain alive – like expertise taught from consultant to resident to intern and students, or the nuggets of life-wisdom that a mentor shares in sincere openness with his mentees. Like seeds they are sown into the hearts of young adults who will one day take care of fellow human beings, and like good seeds they blossom into acts of goodness carried out by prudent minds and skillful hands. I had taken my share of those blossoms and carried them with me, as I practiced my specialty in my home province for close to twenty years.

This academic year, I am further blessed to have been given the chance to return and sow my own good seeds in this field of eager future doctors. For as I have taken, I am motivated to give back. It is a return to my roots, so to speak, as it is here I began my journey as a doctor – a life now grown lush in the foliage of experience and wisdom enriched by the years. I hope to be able to listen and share and teach, to inspire and enlighten and encourage our young would-be doctors, and be part of their rooting and blossoming. I look forward to be part of this enduring legacy of learning where individuals constantly improve themselves and enhance their potential, to serve purposes far greater than themselves.
The Annual Inter-University Sports Fest participated by UERMMMC’s College of Medicine was held last February 18-19, 2017 at the De La Salle Health Institute Complex, Dasmarinas City, Cavite
February 13, 2017 – 4th Dr. Wilmer G. Heceta Memorial Lecture with Dr. Rolando M. Puno as the memorial lecturer. His topic was on “The Legacy of Paying it Forward”.

February 14, 2017 – 19th Dr. Potenciano D. Baccay, Jr. Memorial Lecture Speaker: Dr. Paulyn Jean Rosell-Ubial

February 15, 2017 – Convocation Ceremonies Honoring Emerald, Golden & Silver Jubilarians Speaker: Dr. Alfredo R.A. Bengzon

Last February 28 – March 1, 2017, the UERMMMC’s College of Nursing held its Annual Sports Fest at the Gymnasium of the Central Colleges of the Philippines, Quezon City. Activities such as Basketball, Mixed Volleyball, Street Dance Competition and Mr. & Ms. Sports Fest were carried out.
On January 27, 2017, the College of Allied Rehabilitation Sciences conducted a Workshop on Instructional Design at UERMMMC’s Tan Yan Kee Building, Level 4. On another note, representatives from the Philippine School of Prosthetics and Orthotics attended the Diabetic Foot Summit last February 4-5, 2017 at Marriot Hotel in Pasay City, and at the PhilHealth FORWARD at the Blue Leaf Events Pavilion in Global City, Taguig City last February 13, 2017 where it showcased PhilHealth Enhanced Products and Services. The College also attended the Amputee Climb at Mt. Pulag last February 18-19, 2017.
The Medical Center Library was blessed and continued to operate on August 5, 2016. It was also the first Library Open House. The library occupies the entire third floor of the Jose M. Cuyegkeng Building located at the North Campus. There are five sections in the library: the Reserve and Circulation, the Reference and Filipiniana, the Periodicals, the E-Library, and the Archives.

The Medical Center Library houses 13,433 volumes of books, 8,381 print serial titles, and access to four E-Resources namely: UpToDate Anywhere, Clinical Key, EBSCOHOST Medline Complete and Cumulative Index for Nursing and Allied Health Literature (CINAHL) with full text, and Cochrane Library.

The seating capacity is 295. The library is open from Mondays to Saturdays from 6:00am to 10:00pm and on Sundays from 8:00am to 5:00pm. Extended library hours is being employed up to 12:00mn from Mondays to Saturdays which is one week before and during examinations in the College of Medicine.
Thyroid abnormalities are the most common endocrine abnormalities seen in local practice. A local study done in 2014 gives a figure of 8.53% prevalence rate based on abnormal thyroid function tests found in 4,897 cases. There are four thyroid disorders that frequent our clinics. They are Non-Toxic Goiter, Thyroid Nodules, Primary Hyperthyroidism, and Primary Hypothyroidism.

Goiter comes from the word “gutter” which means throat. It is a condition that usually affects women of reproductive age and children (juvenile goiter). An iodine deficient state is a risk factor in our country along with exposure to goitrogens such as cabbage, soybeans, taho, toyo, tokwa, tofu, cauliflower, cassava (pichi pichi), kalabasa/pumpkin, radish and singkamas. Rarely, it can be an inherited defect. There may be no symptoms but if it enlarges, it can cause symptoms such as throat tightness, difficulty in swallowing or hoarseness.

Thyroid nodules or lumps are growths that form on or in the thyroid gland. The causes are not always known. They can range from being an inherited disorder to being secondary to iodine deficiency or to an autoimmune disease (Hashimoto’s disease). They are usually benign; only about 4% are malignant. They are often asymptomatic especially when they are less than 1 cm in size. These small nodules are detectable by ultrasound. When they are large enough, they can cause compressive symptoms.

Hyperthyroidism or overactive thyroid gland can present together with diffuse goiter (called diffuse toxic goiter) or with nodules (nodular hyperthyroidism). Patients usually come in with palpitations, nervousness, increased appetite, tremors, weight loss, excessive sweating, bulging eyes and goiter.

The cause of diffuse toxic goiter is called Graves’ disease which relates to production of TSI (Thyroid Stimulating Immunoglobulin), a protein produced by the immune system. TSI stimulates the thyroid gland to produce excessive T3 and T4. Other risk factors are stress, pregnancy and smoking. Nodular hyperthyroidism can be a single nodule (toxic adenoma) or multinodular goiter (Plummer’s disease). The pathogenesis is similar with non-toxic multinodular goiter except when they occur in the elderly, who may present only with arrhythmias and weight loss (T3 thyrotoxicosis) as symptoms. These nodules are capable of autonomous function leading to excessive production of T3 and T4. Their symptoms are like that of Graves’ disease.

Hypothyroidism or underactive thyroid is associated with TPO antibodies, TG antibodies, and TSH-R blocking antibodies that can slowly destroy the thyroid and its ability to produce hormones. These antibodies are related to both genetic and environmental factors (high iodine intake and decreased exposure to microorganisms in childhood). Hypothyroidism locally is seen in patients who have undergone RAI therapy, thyroidectomy or external irradiation of the neck for lymphoma and those with iodine deficiency or history of prior intake of anti-thyroid medication. Symptoms include weight gain, poor memory, fatigue, pale puffy face, and enlarged thyroid.

<table>
<thead>
<tr>
<th>To make a confirmatory diagnosis the following examinations are used:</th>
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</thead>
<tbody>
<tr>
<td>1. Thyroid function tests</td>
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<tr>
<td>↓ TSH (initial test) ↓ FT4 ↑ FT3</td>
</tr>
<tr>
<td>PRIMARY HYPERTHYROIDISM</td>
</tr>
<tr>
<td>↓ TSH ↑ FT4</td>
</tr>
<tr>
<td>PRIMARY HYPOTHYROIDISM</td>
</tr>
<tr>
<td>Normal or Slightly ↑ TSH</td>
</tr>
<tr>
<td>NON-TOXIC DIFFUSE GOITER</td>
</tr>
<tr>
<td>2. Thyroid Ultrasound</td>
</tr>
<tr>
<td>For diagnosing NODULES, assessing GOITER size (normal is 4-6cm length) and signs of MALIGNANCY</td>
</tr>
<tr>
<td>3. Thyroid Scan</td>
</tr>
<tr>
<td>For diagnosis of THYROIDITIS OR TOXIC ADENOMA</td>
</tr>
<tr>
<td>4. CT Scan or MRR of neck</td>
</tr>
<tr>
<td>For diagnosis of SUBSTERNAL GOITER, TRACHEAL NARROWING, OR VASCULAR ABNORMALITIES</td>
</tr>
</tbody>
</table>

Treatment of non-toxic diffuse goiter varies from iodine supplementation to use of thyroid hormone replacement. Nodular thyroids are treated depending on the nature of the results of an FNAB (Fine Needle Aspiration Biopsy). Surgery is recommended for malignant nodules while thyroid hormone therapy is done for smaller benign nodules. Primary hyperthyroidism is treated either by anti-thyroid medication, RAI therapy, or surgery while primary hypothyroidism is managed by thyroid hormone replacement to normalize the TSH.

References:
- American Thyroid Association Professional Guidelines for Thyroid Disease
- Williams Textbook of Endocrinology by Robert Williams
Can’t hear your favorite songs at maximum volume? Can’t understand your teacher at school or boss at work? Wondering what your friends are talking about but you just can’t seem to join in on the conversation? Maybe there’s a problem with your hearing. Then it’s time to see an ENT doctor!

Here at UERM we are aware of the WHO statistics of 360 million people worldwide with disabling hearing loss, where 32 million are children. Majority of those with hearing disability come from third world countries.

Join us on March 3, 2017 as we celebrate World Hearing Day using the official #WorldHearingDay and raise awareness. The theme for this year, as designated by WHO, is “Action for hearing loss: make a sound investment”. Let’s break the barrier to education and social integration, let’s increase productivity, and let’s reduce cognitive decline and depression! Why wait for your child with draining ear discharge having difficulty in learning to lose his/her chance of gaining knowledge and perform well in school? Why let your lolo or lola feel lonely and frustrated from not being able to converse with their favorite apos? Why not help yourself and increase your chances of being hired from your dream job just because you have hearing impairment?

At UERM, we advocate prevention, early identification, rehabilitation, and education and empowerment as cost-effective interventions to address hearing loss. Some strategies for prevention of hearing loss include enforcement of immunization against childhood diseases, promoting maternal health and safe childbirth, avoiding ototoxic drugs, and by just simply turning the volume down to decrease recreational exposure to loud sounds. Knowing all these impacts, it is imperative to identify and manage patients with hearing problems early. The universal newborn hearing test for instance can save up to PhP 1.4 million per child with appropriate intervention.

The American Hearing Center (AMEARCO) here in UERM offers invaluable tests for early detection and diagnostics for hearing loss such as the Pure Tone Audiometry (Air and Bone Conduction), Speech Audiometry, Impedance Audiometry (Tympanometry), Pediatric Audiometry Otoacoustic Emission Testing or the Newborn Hearing Test, Special Test such as Tone Decay Test/ SISI, Hearing Aid Evaluation, Hearing Aid Analysis, Auditory Brainstem Response (ABR) and Soft and Hard Earplug/Earmold. These tests are painless, safe and comfortable. Patients can avail of the services every Monday to Friday from 8AM to 5PM and Saturday 8AM to 12NN at 2/F Rm 225 Main Hospital Bldg.

So do not be ashamed if you can’t hear well or if you’re already wearing hearing aids. What matters in communication is that you can understand each other. As William Hazlitt said, “the art of conversation is the art of hearing as well as of being heard.”
HOSPITAL EVENTS

Blessing of the Newly-Renovated Hospital Rooms

3rd Floor Pay Hospital

Blessing Ceremony

3rd Floor Pay Hospital Rooms

4th Floor Pay Hospital

Blessing Ceremony

4th Floor Pay Hospital Rooms
55th Grand Alumni Homecoming
February 7-10, 2017
UERM Gymnasium, College of Nursing Amphitheater A, Crowne Plaza Manila Galleria, Ortigas Avenue, Quezon City

The UERMMMCNI College of Nursing & Nursing Alumni Association, Inc., USA and Philippines, celebrated the 55th Grand Alumni Homecoming with the theme: “Ang Nars sa Limampu’t Limang Taon ng Pananaliksik, Akademya at Pagsisilbi”.

The four-day event was well attended by UERMMMCNI Administrators, Faculty & Staff, the Alumni and friends, from United States and the Philippines. The UERMMMCNI College of Nursing together with the Nursing Service, in collaboration with Nursing Alumni Association, Inc. USA and Philippines, painstakingly prepared the big event.

The celebration took place in several venues such as UERM Gymnasium, College of Nursing Amphitheater A, Crowne Plaza Manila Galleria, Ortigas, Quezon City. It was a celebration everyone talked about because of its wide-ranging activities from day 1 to 4, where everybody experienced relaxing activities, fun-filled learning, reminiscing, and networking with old and new found friends and colleagues.

The celebrating Pioneer class ’62 with Ms. Gloria Moral-Chua and Emerald class ’67 Ms. Anunciacion Lipat cut the ribbon, assisted by the Professional Regulatory Board of Nursing Members, Carmelita C. Divinagracia, Class 1962 and Ms. Eleanor Bigornia, Class ’67.
Looking on are other celebrating class participants with Dean Belinda M. Capistrano (3rd from left, first picture), and Dr. Erlinda Castro-Palaganas, Class 1979, Past President, UERMMMCI Nursing Alumni Association, Inc., Philippines (3rd from left, second picture).

Their joy and laughter are contagious as they looked back!

Celebrating Class Golden – 1967 (50 years)

In Photo: Anunciacion Solomon-Lipat
(Asisted by Dr. Norielee S. Magsingit)

Eleanor B. Bigornia
Congratulations to the Founding President of Nursing Alumni Association, USA
Anunciacion Solomon-Lipat, MA, RN ‘67

CELEBRATING CLASSES

<table>
<thead>
<tr>
<th>Color</th>
<th>Year</th>
<th>Years</th>
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</thead>
<tbody>
<tr>
<td>Silver</td>
<td>1992</td>
<td>25</td>
</tr>
<tr>
<td>Sapphire</td>
<td>1972</td>
<td>45</td>
</tr>
<tr>
<td>Ruby</td>
<td>1977</td>
<td>40</td>
</tr>
<tr>
<td>Coral</td>
<td>1982</td>
<td>35</td>
</tr>
<tr>
<td>Pearl</td>
<td>1987</td>
<td>30</td>
</tr>
<tr>
<td>China</td>
<td>1997</td>
<td>20</td>
</tr>
<tr>
<td>Crystal</td>
<td>2002</td>
<td>15</td>
</tr>
<tr>
<td>Tin</td>
<td>2007</td>
<td>10</td>
</tr>
<tr>
<td>Wood</td>
<td>2012</td>
<td>5</td>
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</tbody>
</table>
The UERMMMCI was one of the participants to the First Philippine National Bank International Convention held last February 3, 2017. The whole-day event showcased the 13 companies under the Lucio Tan Group, including the UERMMMCI, with booth exhibitions, video presentations, talk and games by each company. Advertisements on Academe and Hospital sections were displayed at the UERMMMCI booth.

For almost two years, we have been participating in campus career orientations by invitations from various schools in Metro Manila and even as far as Laguna and Antipolo City. It became the backbone of our marketing efforts as enrolment figures continues to grow while we actively manifest our presence in the region. At the first quarter of this year, we gave career orientations to Claret School of QC, St. Scholastica’s College Manila and St. Paul College Pasig.

At the first batch of K12 graduates in 2018, the UERMMMCI expects to receive voluminous students for the bachelors programs who have expressed interests to join our community based on the student surveys we have conducted for every career orientation.
We take pride in many of our state-of-the-art facilities in UERM Hospital making us at par with the rest of the finest health service providers in the region.
In celebration of the International Women’s Month, the Nursing Service Office organized an event on breastfeeding mothers.

For more updates and advertisements, please visit the UERM Facebook [https://www.facebook.com/UERMOfficial/] and our websites at [https://uerm.edu.ph/] and [https://www.uermhospital.com.ph/]

UPCOMING EVENTS

Movie Premier: “Guardians of the Galaxy”

April 27, 2017

Commencement Exercises

April 30, 2017
(Bachelor Programs)

May 23, 2017
(Doctor of Medicine)

Launch of 60 Years UERM MMCI
Coffee Table Book and Diorama

June 15, 2017

60th Anniversary Celebration
with Awarding of Service Excellence
and Lifetime Achievers

June 15, 2017

For more information of our upcoming events, you may get in touch with the Business Development, Corporate and Alumni Affairs at 715-08-61 to 77 local 365 from 8:00am to 5:00pm.