

Official Publication of the FAR EASTERN UNIVERSITY
 Dr Nicanor Reyes Jr School of Medicine Alumni Foundation

ECTOPIC MURMURS



FEUDNRSMAF HEARD THE CALL AND ANSWERED IT
 Amethyst C Cureg MD, Class 73, Treasurer FEUDNRSMAF

On the day I called, you answered me; my strength of soul you increased. ~ Psalm 138

The year 2020 will be remembered as the year of the great COVID19 pandemic and the havoc it unleashed across the globe, including our native country the Philippines. It will also be remembered as the year FEUDNRSMAF alumni acted as ONE, and resoundingly answered the call to provide financial help to FEU-NRMF frontliners in their battle to treat patients with COVID19. Above all, we wanted our compatriots to know that although we are distant, we walked with them in their continuing heroic journey to aid the sick and save lives. We thank the FEU-NRMF Medical Alumni Society for their hard work.

Together, we doubled our goal of \$ 10,000.00, and raised \$28,500.00 !

Of this - \$ 1,000.00 was donated directly to the school per the request of the donor and the remainder was wired to FEU-NRMF Medical Society to procure protective personal equipment for the frontliners. Of the \$5,000.00 donated by the North Texas Association of Family Physicians, \$2,000.00 was expressly allocated to provide food for needy kababayans. Class 77's donation of \$1,000.00 was disbursed directly by them.

Your response was heart warming. Many of you promptly emailed and called your classmates to solicit donations. I can't name you all, but you know that you did a great deed... **Salamat po!** Because of you, our fundraising was vastly successful.

Special thanks to the FEUDNRSMAF CoVID19 Relief Fund donors! *

\$5,000.00	• North Texas Association of Philippine Physicians
\$3,320.00	• Dr Wilson Morales
\$2,000.00	• FEUDNRSMAF
\$1,500.00	• Drs Manuel & Lou Malicay
\$ 1,310.00	• Class 1961
\$1,000.00	• Dr William Cook
	• FEUMASSC
	• Michigan Chapter
	• Class 1977
	• Class 1966
\$500.00	• Dr Honorio Benzon
	• Dr Roy Cabrera
	• Drs Recto & Clair Deleon
	• Class 60
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\$250.00	• Dr Grace Obena
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\$100.00	• Dr Honorato Nicodemus
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	• Dr Felix Exconde
	• Dr Noli Guinigundo
• Dr Isidro Almeda	
\$50.00 +	• Dr Liang Tan
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Far Eastern University Dr Nicanor School of Medicine Alumni Foundation (feudnrsmf)



* Apologies if I inadvertently missed a donor. Please let me know so I can rectify the error. Thank you.



CHAIRMAN'S MESSAGE - Licerio "Jun" Castro, MD, Class 1973

Communication presents a healthy means of engagement which invariably entails arguments, disagreements and discontentment as a storm raging, unabated.

The unity of wills is a fundamental source of strength and the mindset of the deity is a natural outgrowth of the core of common interest. The free flowing impetus that is cast across our sacred grail undeniably creates a solid bond that generates unquestionable honesty, integrity and respect among men. The relationship that we have built on trust and respect perched high on that pedestal signifying the tremendous sacrifices and unselfish gifts of our predecessors are true reflection of the very nature of our organization as such.

At the very heart of our values lay the essence of togetherness as we navigate the world around us. We are all bound by an oath with equal compassion to uphold our Constitution and By-laws with dignity and respect. Freedom of want hereby granted us that privilege to exercise basic constitutional rights at the highest level to express our feelings in accordance with the law of the land.

Let us remember that the era of unprecedented situation had overtaken our lives at the moment. The pandemic had filled the world with an unpredictable future. Nationwide riots, civil unrest have aggravated the financial and economic uncertainties and realize that these factors have influenced us in every way. However, common decency will not allow ourselves to be exploited, sow discord nor tarnish the good name of our institution.

My dear colleagues let us pause for a moment, take a breather and look at our surroundings. What do you see?

It is us your brothers and sisters in the same situation. Before and during this pandemic, members of the Executive committee were in close communication to establish a common ground in finding solutions to the vast array of scenarios in anticipation of occurrences that have befallen our organization. Silence must not be construed as inactivity. On the contrary, the officers were far from stagnant.

With utmost humility, I begged for your **patience** to allow the Executive Committee arrive at a decision deemed to be pleasing to all with regards to all matters concerned. We have anticipated our inability to satisfy everyone's desire but with assurances that the decision would be forthright.

The Foundation Executive Committee during its meeting on June 4, 2020, voted unanimously that all currently elected and appointed officials will fulfill their term limits as inscribed in the By-laws, and recommend to the BoT that an election be held before July 31, 2020. This gesture should pave the way for the selection of new officers who are eager to put forth their insights into actions as the BoT so wishes. Furthermore, it would dispel any notion that we are determined to cling to our present positions for another year.

On June 19, 2020, the BoT by a 2/3rds majority voted via email in favor of postponing the election to July 2021 to be held at the Hilton Anaheim in Anaheim California on July 14 - 18, 2021. The Executive Committee acknowledged this vote of confidence for our work. Devoid of misplaced ambitions, we will commit to serving the Foundation again with our utmost best until July 31, 2021, when we vacate our positions to make way for new talents.

We are humbled and glad for having had the opportunity of serving the Foundation to our ultimate best. Suffice to say that we have fulfilled our noble goals with dignity, honor and integrity.

Thanks for all the moments we have spent together;

Thanks for all the things we have accomplished together;

Thanks for all the guiding missions we have fulfilled together;

Thanks for the arguments we have pursued together but most of all, thanks for all the laughter and tears we have shared together.

Today, one thing is clear, a community grows stronger through adversity. As we re-emerge to a new normal, let us enjoy the things that we have missed; time with friends, families, familiar faces, memories in the making and fresh air.

I hope and pray that everyone would be safe and healthy.

May the Lord bless us all.



PRESIDENT'S MESSAGE - Rick Deleon MD, Class '64

The world we live in is in turmoil ushered in by the vast affliction that the Covid-19 pandemic had perpetuated. It was a conflagration affecting mankind that had tremendous impact, with greatest challenge to the global health care system.

The lockdown that was enforced created lots of anxiety and depression. Lives changed, rich and poor in the same categorical boat. This pandemic crisis resulted in human and economic hardships on a global scale. The ensuing lockdown in the United States caused a downward spiral of the economy resulting in massive unemployment claims not seen since the Great Depression of the 1930s. Both rich and poor were not immune to the effects of the virus. Many of those in medical practice experienced a big drop in their patient loads, that affected their incomes and resources to support their staff. Everybody did their best coping with the effects of the lockdown. As the pandemic continues to rage, we will have to live and adapt until such a time when an effective treatment and vaccines becomes available. What kept us together are the values of faith, love, and solidarity.

What have we learned about the Covid-19 Pandemic:

That God is our best protection, that our best refuge is our home, that our best company is our family, that our time is today and its message is wait and respect. And that we don't know much about the virus with the therapeutic approach still speculative and experimental, at best We have to go back to the essentials hoping that someday, somehow a breakthrough will pop out, with a vaccine and a pill to ward off the virus. The Covid-19 pandemic crisis has resulted in human and economic hardships and miseries that has run across the continental United States and has spread internationally, unabated.

A tragedy that all of us don't want to happen, happened in Minneapolis where a person died in the custody of the police. This had sparked and created chaos and havoc in a God-fearing nation which, reverberated worldwide. The killings, destruction and burning properties (buildings) that followed through had added heartaches in a nation embroiled by political divide. The police brutality and excessive force during investigations, questioning and scrutiny encouraged the public and some political leaders with a rallying cry and clamor for police defunding. The consensus of opinion in complete defunding and abolition of the police department is a resounding unstable society, increase lawlessness, crimes abound with impunity with more killings and destruction of properties. A police defunding is a great tragedy.

We have to address the spiritual decline and moral decadence that engulf the nation. There should be radical reforms in the police and justice system to address the historical inequities and causes of violence. Right to peaceful assembly is great and acceptable and to petition the government for redress of grievances. We need a plan that provides actionable measures for reform. We can live life comfortably upon resolving the problem that exist in our midst. Kindness makes a world of difference. Non violence should be the mantra to carry out in the pursuit of equality and put an end to the inequities. The means we should be as logical as the ends we seek. It is wrong to use immoral means to attend moral ends. Mahatma Gandhi pioneered advocating non violence. This political weapon (non violence) remains through out history as the greatest contribution to mankind. The Philippines people power revolution and protest was a beacon of light and hope.

We cancelled the Annual Homecoming and Scientific Convention scheduled for July 28-Aug. 2,2020 in Anaheim, CA because of the pandemic crisis. Some senior alumni members were reluctant to travel because of the risk and in compliance with the stay at home directives. The Board of Trustees voted to re-install the current Executive Committee officers and outgoing trustees through July 31, 2021. We will continue to serve to avoid unnecessary disruptions as we prepare for a successful July 2021 annual reunion and scientific convention. We hope to see you all there!

Clarita and I would like to express our thanks and gratitude to the members of the Board of Trustees of the Foundation for the trust and confidence entrusted to me in serving as your President. I am humbled to have served the Foundation. It was one fantastic journey and I enjoyed every step along the way.

Thank you!



ANNUAL SCIENTIFIC CONVENTION AND REUNION, 2021 UPDATE - Oscar Tuazon MD, Class 1973 Convention Chairman, Southern California Chapter

As you all know, the July 2020 Annual Scientific Convention was cancelled due to the COVID19 pandemic. Subsequently, the Southern California Host Chapter negotiated with the Hilton management group to re-schedule the event for 2021 without incurring any additional Foundation liabilities. As a result of our perseverance, Hilton Anaheim has agreed to eliminate any damages owed for the postponement of our July 2020 scheduled event, and offered to apply our 2020 deposits for the July 14-18, 2021 FEUDNRSMAF Annual Reunion & Scientific Convention.

The goodwill of Hilton Management Group, along with the FEUDNRSMAF Board of Trustees' prudent majority vote to maintain its current Executive Committee leadership will allow the Southern California Host Chapter and Executive Committee to plan our July 2021 seamlessly and effectively. We are in the process of collecting feedback from the celebrating Jubilarians and other alumni to structure a highly successful July 14-18, 2021 Annual Scientific Convention and Reunion.

So mark your calendars! We hope to see all in July 14-18, 2021.
Stay safe, stay healthy.
See you soon!



**2021 FEUDNRSMAF
Annual Scientific Convention and Reunion
Hilton Anaheim
Anaheim, California
July 14 - 18, 2021**



THE JOKE TURNED INTO A NIGHTMARE, BUT LOVE DEMONSTRATED IN GENEROSITY, EMPATHY AND KINDNESS BRINGS HOPE - Humphrey C. Bitun MD, Class 1994, President FEU-NRMF Medical Alumni Society 2020-2022

Initially, the threat posed by COVID-9 that originated in Wuhan, China was treated as a laughingstock by some Filipinos, including health care workers. Some said “Gawang China!”; “Madali lang masira ‘yan, walang kuwenta!”; “Hindi ‘yan tatagal sa init ng bansang Pilipinas”.

But this “joke” turned into a nightmare of a pandemic in just less than two months. During 2020 gala night speech, I emphasized the generosity of our local alumni and those living abroad, not knowing exactly the reason why, but I heeded the small voice of the Holy Spirit prompting me to call in advance. Now it is clear to me, the very purpose is revealed: to prepare the heart of His people to face the challenge God decreed to happen to the whole world this year.

COVID-19 is the worst infectious disease that the whole world has ever encountered in our lifetime. The damage it has caused is enormous; affecting millions, claiming hundreds of thousands of lives all over the world including some of our very own alumni, both young and old - not a joke. It has caused not only a health crisis, but an economic crisis as well, affecting even the most affluent countries in Europe and in the U.S. The effect is even greater in developing countries like the Philippines, where the government and health care system are not prepared to face such problem.

In response, the FEU-NRMF Medical Alumni Society (FEU-NRMF MAS) officers and board members came to an agreement to help our fellow alumni and call for assistance. This was triggered when one of our consultants discovered that the residents attending to suspected COVID-19 patients in the ER triage were not well protected - mainly, due to lack of complete Personal Protective Equipment (PPE) brought on by the scarcity of supplies and lack of funds. In coordination with the FEU-NRMF Medical Center represented by the Chief Medical Officer, Dr. Nolan Pecho, and FEU-NRMF MAS immediately released Php150,000 to purchase PPEs which were endorsed to, and received by the office of the Chief Medical Officer (CMO) for appropriate distribution to the different Departments according to their needs. Additional disbursements were subsequently released to purchase additional PPEs, financial assistance to COVID-19 afflicted alumni, and to buy food for our frontliners.

We also sent a solicitation letter to FEUDNRSMAF. Their monetary donation of \$ 26, 770.00 was swift and overwhelming. Of this - we purchased 500 surgical gowns (PHP 120,000.00); 72 reusable PPEs (PHP87,120.00); food for front liners (PHP2,000.00); 500 Tyvek coveralls (PHP 325,000.00) and 500 pieces of surgical gowns (PHP130,000.00) bringing the total purchases to PHP686,120.00. Class 77 was reimbursed \$ 992.00 (less transaction fee) for their initial purchase of PPE that was directly donated to the FEU-NRMF Department of Surgery. The remaining balance of about PHP726,122 (based on current exchange rate of 49PhP/US\$) will be used for future purchases of PPEs.

In the same way, the call was heeded by our local alumni, friends, family members, religious, and non-governmental organizations whose heart was touched by God and promptly sent their gifts. The different departments contributed as well to sustain our program not limited to providing PPEs, but also food to our front liners and financial assistance to our fellow alumni who are hospitalized due to COVID-19.

In behalf of the FEU-NRMF Medical Alumni Society, I would like to take this opportunity to express our appreciation and heartfelt gratitude to FEUDNRSMAF and North Texas Association of Philippine Physician donors.

May our loving God and Father, whose riches is immeasurable, return back and give you even more than what you gave. Truly, God can multiply even five loaves and two fish, to meet and satisfy the needs of His people.



Thank you FEU-NRMF Medical Alumni! ❤️



FROM THE HOME FRONT FEU NICANOR REYES MEDICAL FOUNDATION (FEUNRMF) SCHOOL OF MEDICINE - Rey H de los Reyes MD, FPOGS, MSA, Class '78

Challenges in Medical Education in 2020 and Beyond

When COVID-19 was reported by China in December 2019, nobody expected that it will cause a pandemic. Most expected it might be similar to SARS which also started in China or MERSCov which started in the Middle East, both of which are caused by a Corona Virus. When the first Philippine case was reported in Jan. 30, 2020 on a 38-year-old Chinese female tourist, most thought that the government will be able to control its spread as it has done in the past. It was when the first local transmission was reported on March 7, 2020 that the alarm was sounded.

The initial one (1) week suspension of classes (March 9-15, 2020) was treated just like when a typhoon hit Metro Manila. All Department Chairmen were reminded to prepare their make-up classes, especially for the 3rd year students who will have their final examination scheduled on March 23-28, 2020. Our 3rd year students start about a little over a month earlier than the other year levels, providing them enough time to prepare for Clinical Clerkship. However, when class suspension was extended for one (1) more month (March 16 – April 15, 2020), an emergency meeting with the Department Chairmen to plan on how we will deliver our learning activities was immediately convened. We have a Learning Management System (LMS) in place using Moodle but it had not been fully utilized. Several faculty training activities were conducted in the past, however, its use was not fully appreciated by most of the faculty. The COVID-19 pandemic made us realize the importance of Moodle, our main LMS platform. Hurriedly, our faculty had a crash course on how to conduct classes online, prepare a videotaped lecture and how to upload learning materials to Moodle which students may download at their convenience without endangering their health.

The greatest initial challenge was how to conduct laboratory activities, skills training and give examinations online with the limitation brought about by the digital divide that we face not only in our own institution but in the entire country. It did not help that students prefer to have a vacation rather than study online, using the poor internet connectivity as a convenient alibi. With the encouragement of the Commission on Higher Education (CHED) and the Association of Philippine Medical Colleges (APMC) to continue the remote teaching and learning activities of our school and the support of the FEU-NRMF Administration, especially the Information and Technology (IT) Department, we were able deliver what we aimed for the remaining days of the 2nd semester of School Year 2019-2020. It is a difficult transition indeed from the usual face-to-face teaching that we have utilized for years, to a new method of teaching medicine. As I write this article, we are about to comply the CHED Advisory to finish the second semester by June 30, 2020.

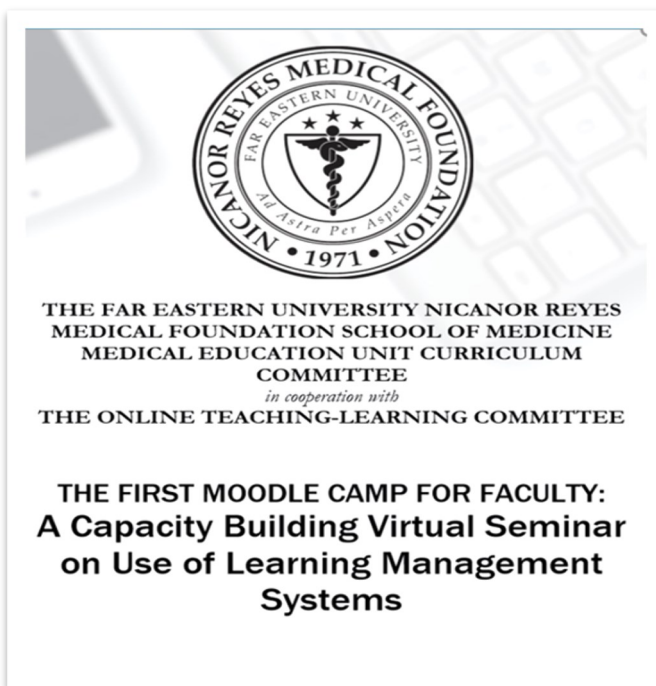
There are still a lot of challenges to conquer in the days ahead as we adopt to a new normal.

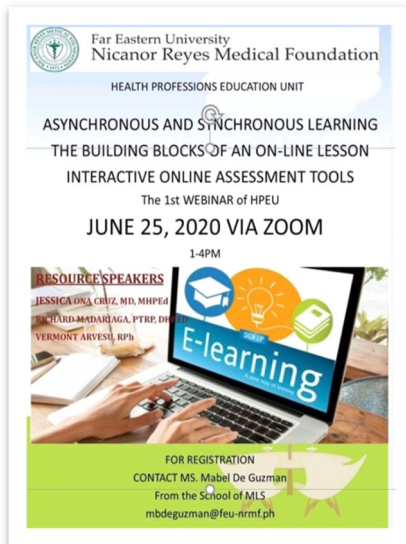
Starting the coming School Year 2020-2021, we will be utilizing Blended Learning where students learn via electronic and online media as well as traditional face-to-face teaching. Four major areas need to be addressed for its effective implementation. These are Infrastructure, Curriculum, Faculty Development and Student Support Services.

Infrastructure includes learning devices, internet connectivity, learning management system and physical structure of the learning institution. Most of our medical students have the learning device (computers, tablets, cellphones, etc) but internet connectivity is a major concern. There are still areas in our country, and even in the National Capital Region where internet connection is poor. I hope the government will improve the internet access especially in areas around educational institutions. FEU-NRMF Administration is supportive of the upgrade of our LMS. The IT Department together with the Online Teaching-Learning Committee of the School of Medicine are actively reviewing and studying options for its improvement comparable with other institutions. Renovations in our campus and school buildings are ongoing in conformity with the health standards in the prevention and spread of COVID-19, beginning upon entry to our campus, at hallways, inside offices and classrooms.

The Medical Education Unit through the Curriculum Committee have revisited our curriculum in preparation for its revision in consonance with blended learning delivery of medical education. A revised curriculum is the expected output of the Moodle Camp for Faculty: A Capacity Building Virtual Seminar on the Use of the Learning Management System. This is a three-day activity which will be held on June 22-24, 2020 for 3rd Year Faculty, July 8-10, 2020 for 1st Year Faculty and July 15-17, 2020 for 2nd Year Faculty members. On the other hand, the Health Professions Education Unit (HPEU) of the Foundation will also hold a Webinar on June 25, 2020.

Faculty development is integral as the faculty adapts to its evolving role in blended learning: how to teach in a remote learning setting, how to give and what assessment/examination tool to employ, among others. We must retrain and retool our faculty. I am happy that our faculty has accepted and willingly participated in these endeavors.





Student Support is also essential. During the period of transition (the remaining days of the 2nd semester of SY 2019-2020), the Online Teaching-Learning Committee tirelessly conducted training not only to our faculty but also to our students on how to access our LMS, how to join online classes, how to take examination online, etc. They developed several primers as the process and the pandemic evolves. Starting SY 2020-2021, these will become regular activities of our school. There will be a formal student orientation on how our LMS works. Our in-campus Wi-Fi will be made stronger. There will be designated areas within the campus, e.g. the library, canteen, unoccupied classrooms, etc. where students with poor internet connection at home or in their dormitories, may stay. Using the our free Wi-Fi, they will be able to actively participate in online classes and take examinations without difficulty.

Beginning SY 2020-2021, lectures, small group discussions (SGD), conferences and some skills training will be conducted online using Moodle, Zoom, Google Classroom and Jitsi meet. Laboratory and skills activities will employ face-to-face teaching with strict observance of personal distancing and the minimum health standards set by the Department of Health. Clinical Clerkship will start on July 1, 2020 while the regular classes for 1st to 3rd year will start Aug. 3, 2020. While General Community Quarantine (GCQ) is in place, classes will be online as mandated by CHED and APMC Advisories. We innovate on how to deliver laboratory activities and skills training to our students. You will be surprised at the innovations developed by our clinical faculty to address the training needs of our students. We congratulate them and encouraged them to continue innovating.

We expect enrollment to drop this coming school year. Firstly, the effect of the K12 program initiated 4 years ago will be felt this SY 2020-2021 and in SY 2021-2022. The K12 program added 2 more years in high school before they go to college. Most students intending to proceed to medicine will only be on their 3rd year this SY 2020-2021. We intend to accept 300 to 400 first year students. Secondly, the financial effect of the COVID-19 pandemic may affect 1st year applicants and our current students. Students whose financial support comes from OFW parents or sibling/s or benefactors may file for a leave of absence this coming semester or the whole year. Many OFWs lost their jobs because of the pandemic. Many businesses have been severely affected by the pandemic as well. There are parents and students who are fearful of contracting the disease at school. We assured them that preventive measures are in place and health standards imposed by DOH will be strictly observed.

The COVID-19 pandemic affected every aspect of our life. It has changed not only the health care system but the educational system as well. The transition to an evolving NEW NORMAL has been very challenging and difficult. A new normal which we are still uncertain. However, in spite of the ongoing pandemic, education should not stop, most especially in medicine. Otherwise, humankind will be gone. We should learn, adapt and survive!

BE SAFE and HEALTHY EVERYONE!!!



DONE DONNING - Lea Dianne C. Ayuyao MD, Class 2017, 2nd Year Medical Resident

I look at myself in the mirror after removing my PPE. My hair and forehead are dripping with sweat, my face has small scars, and indentations from wearing the N95 mask that was applied with adhesive tapes for total coverage. My eyes look heavy and my lips dry.

Around February to early March of this year, we were receiving reports of the Corona virus that was spreading worldwide. I was rotating through the Infectious Disease section and reading about the virus. I was not expecting anything ominous to happen unlike the EBOLA or the SARS virus. Suddenly things became fast paced. Classes were suspended, clerks and interns were asked to go home, and all departments were manned by a “skeleton” crew.

And then, the nation was placed on a lockdown.

The changes were swift and overwhelming. The first weeks were difficult for a 2 ½ month old medical resident. We were still figuring out our responsibilities when we were thrust to the “front lines” against an invisible enemy. There was a tinge of fear with every consultation no matter how “trivial” the chief complaint was. Simple complaints like cough, sore throat and fever became a major concern. Our decisions to send patients home caused anxiety that we might be making the wrong choices. Our fears did not end with our shifts. We worried that we might be bringing this virus home and passing it on and infecting our loved ones.

I will never forget my first COVID 19 patient that turned out to be a severe case. A talking patient who suddenly became dyspneic until the last words he said was “Ikaw na ang bahala, Doc”. He was intubated and I was at a loss on what to do next. Thankfully, we have consultants to assist in patient management. It was during these moments that I realized how much more I must learn to save lives. Weeks later, we became more comfortable in dealing with COVID19 cases, and more confident with our clinical decisions. I realized how experience is one’s best teacher. The last 3 months have been a humbling experience as a physician in training. I am proud of the minor accomplishments early in my career and so much humbled with the thought that there is yet a lot to learn and experience.

Someday, when I become a consultant, I will look back from these early experiences as a second-year medical resident who lived through this pandemic crisis. I will remember how that physician turned her fears into essential experiences and instilled courage in combating this deadly virus. I will remember how she was assisted and supervised by her mentors and that I will do the same to the younger generations of physicians. I will always be grateful for the clinical experiences offered to all of us doctors in training and that this may motivate the youth to pursue Medicine as a career.

Looking back at the mirror I see that same young doctor now stronger and imbued with the willingness to learn and to work harder. Things were difficult then but about to get better. Just as I was to leave the doffing area, I hear the nurse on duty looking for me, saying “Doc. 48 M patient, difficulty breathing, RR40 and O2 saturation 79%!” I smile and realize that if this happened 3 months ago, this doctor would have had a panic attack. But things are different now. I simply head back to the dressing area to put on my PPE like it was the most ordinary thing to do. And say **“Here we go again”**.



COVID-19 Pandemic Thru the Lens of a Medical Student - Jordhel Ferrer, FEU-NRMF Institute of Medicine Second Year Medical Student

Upon the announcement of the class suspension from March 10-14 due to the COVID19, like most dorm students I eagerly packed my things and endured the heavy traffic heading home. I thought, an almost weeklong rest from a full load schedule seemed timely. However, after a few days of getting enough sleep and watching the news, I finally grasped the gravity of our situation. From a weeklong suspension to an official 30-day ECQ (extended community quarantine) and further extensions at 15-day intervals thrice, the pandemic plunged the world into a health crisis.

There was a disproportionate balance of the growing number of COVID19 cases with scarcity of PPEs and shortage of health workers. Our "frontliners" bore the brunt of the pandemic and exposing themselves to the risks of contracting the disease while tending to the needs of the patients. It has been more than 2 months since the first lockdown. The suspension of classes is continuing in compliance with the CHED COVID advisory. Classes were replaced with pre-recorded lectures, online learning materials and assessment tools. Transitioning to an online learning platform has not been smooth due to technical issues that have been duly rectified. This was a struggle to some of us. Not everyone had access to a stable Internet connection and others reside in areas with occasional power outages. Some of the students had to go the extra mile outside their homes to get a decent data signal. "Kung ayaw may dahilan. Kung gusto palaging merong paraan". By the time, a student had access to the exam website, the pressure was on to respond as fast as possible due to time constraints. No student should end up failing an exam that they prepared for due to factors beyond their control. It is just not fair.

With the recent cheating incidents, a new test taking set-up was instituted which is understandable on the part of the institution to uphold the academic standards. Everybody suffers regardless of individual honesty. It inevitably raises the question: Can this new system of assessment discourage cheating, or does it add unnecessary stress? It all boils down to a precarious E- learning environment aggravated by social inequality during a pandemic crisis.

Continuing our education as soon-to-be doctors in the face of a pandemic is wrought with difficulties. We still need invaluable hands- on lab activities and clinical exposure to learn certain skills. However, this is not feasible until resumption of our regular setup. Considering the pandemic, the students should expect a blended learning approach (online and live teaching sessions) for the incoming academic year. Adjustments must be made. We clamor for quality education and effective learning for everybody, but we also understand that this cannot all happen overnight. Measures must be taken to limit and minimize the disruption of our educational system given these unprecedented times, without effective treatment and availability of a vaccine.

There are still some of us who want to learn. Yet some of us are hampered by the lack of resources and some are not in the proper mindset due to loss of a loved one or still trying to adjust. It is so easy to dismiss these statements when others are doing fine. What we ask as students is a little bit of leniency and understanding. After all, we are in the midst of a pandemic.



HOW TO BE A MEDICAL STUDENT IN A PANDEMIC - Katrina Paglicawan, FEU-NRMF 4th Year Medical Student, FEUDNRSMAF Class 1961 Full Scholar

Although cases of COVID-19 were initially reported in December 2019, it was only in March 2020 that we felt its full impact. It was the core topic of our numerous health teaching sessions in the barangay health centers and schools during our Community and Family Medicine rotation in February 2020, but we never foresaw how it would drastically change our lives in the coming months.

I was in Australia at the time, making the most of my global elective rotation made possible through the generosity of kind benefactors from FEUDNRSMAF, where the restrictions weren't as drastic and we still saw patients in the wards and clinics with safety precautions. However, I had to cut my global rotation four days early to catch the last flight home. I am grateful to the UNSW Prince of Wales Clinical School for allowing me to finish the rest of the lectures and activities online.

I voluntarily self- quarantined when I arrived home. As I continued my remaining surgical rotation, there was initially anxiety, not knowing how we are supposed to go about it; and sadness that we would no longer be able to experience the skills the same way our peers had. But even though this pandemic took these opportunities away, we also saw how our residents and consultants rose to the challenge of educating us despite the difficulties, inspiring and motivating us to keep on learning. I must admit, learning was more difficult, even with the discipline I acquired over the years in medical school. There was always an air of anxiety I cannot explain. We prayed daily as a family, and we are grateful that we are safe, but we sometimes can't help but worry for ourselves and for others.

I took it one day at a time, reading more when I get the momentum, and allowing myself to rest when I felt mentally tired. We still had our course audit exams. Concentrating and absorbing what I just read wasn't as effective as I hoped it would be; but I kept on reading anyway. I remembered what doctors always told patients especially when the prognosis is unclear – that "WE WILL DO OUR BEST." This pandemic showed us that we do not hold the future in our hands, but our calling to become future doctors remain the same, so we, too, must do our best. It helped that our residents and consultants set the example for us, as I have experienced under the FEUNRMF Department of Surgery. I appreciate how they persevered in looking for creative ways to ensure that we learn every day, not only through the online lectures, video demonstrations, conferences and case discussions, but also going as far as sending us suturing and hand tying kits so we can participate in an online skills workshop. It may not be how we imagined our surgery rotation would be, but given the circumstances, it exceeded my expectation, and we are very grateful for all their efforts.

As graduating students, we our sad that we cannot have a proper graduation ceremony yet, but we are also grateful to the School of Medicine for ensuring that we still fulfill the requirements needed to graduate on time. All of us have been waiting for that event, the culmination of our hard work and sacrifices in medical school, but we understand that our safety and that of our loved ones matter more. We are hopeful that soon, a vaccine or a specific treatment will finally be discovered, but until then, we will continue to do our best as we move on to become post-graduate interns, taking one day at a time, and carrying with us all that we have been learning from this pandemic, so we can become the best doctors we can be when our turn comes.



CLINICIAN'S CORNER : Hypofractionated Radiotherapy: When “Less” Is More

Alvin R. Cabrera, MD, Department of Radiation Oncology, Kaiser Permanente Washington

As of mid June, the United States has started to reopen and medical practices are moving beyond scheduling urgent cases alone. In nearly half of American states, however, COVID-19 cases are rising. We remain obligated to protect our patients, staff, and the health of the public by reducing transmission risk in clinical settings as much as reasonably possible. This mandate applies to all health care providers, but especially to physicians who treat individuals at high risk of severe infection, including those with certain comorbidities, the elderly, and the immunocompromised.

As a radiation oncologist, the elderly and/or immunocompromised comprise the majority of my patients. A COVID-19 study in China involving 105 cancer patients and 536 non-cancer patients found that cancer patients who developed COVID-19 had a higher risk of ICU admission and mechanical ventilation and a nearly threefold higher death rate than non-cancer patients.¹ We must reduce the risk of infection for our cancer patients, and certainly risk of SARS-CoV-2 exposure is higher in clinics and hospitals than at home. Yet the consequences of cancer progression are such that treatment must often proceed, and many of our therapies take place in clinical settings.

The American Society for Radiation Oncology (ASTRO) has compiled resources to help oncology practices mitigate risk: <https://www.astro.org/Daily-Practice/COVID-19-Recommendations-and-Information>. One recommendation is to employ hypofractionation whenever appropriate, which, by delivering a higher radiation dose per treatment than conventional fractionation, allows radiotherapy courses to be completed over fewer visits in a shorter period of time. Though conventional fractionation (180-200 cGy per day, Monday to Friday) remained dogma for many years, with modern radiation techniques we can deliver radiation with greater conformity and precision, and we now have high quality data supporting hypofractionation for many cancer patients, including those with breast cancer, prostate cancer, and bone metastases.

Breast cancer: Following lumpectomy, adjuvant radiation optimizes local control and survival. For many years, the standard postlumpectomy radiation course comprised 5-6.5 weeks of daily treatments. Multiple large, randomized trials have demonstrated, however, that 3-4 weeks of treatment with higher daily doses is noninferior with respect to efficacy or safety.² In 2018, ASTRO's evidence based guideline on radiation therapy for the whole breast endorsed the shorter course of treatment as the preferred regimen for the preponderance of patients.³ Importantly, level 1 data support the omission of adjuvant radiation in postlumpectomy patients who are 70 years or older with ER+, clinically node negative, T1 tumors who agree to receive adjuvant endocrine therapy.^{4,5}

Prostate cancer: Historically, radiotherapy to an intact prostate was delivered over approximately 7.5-9 weeks. Three multicenter, randomized, noninferiority trials including more than 5,500 mostly low-intermediate risk patients have found that two shorter, moderately hypofractionated radiation courses (6000 cGy in 20 fractions over 4 weeks or 7000 cGy in 28 fractions over 5.5 weeks) confer similar rates of cancer control and (low) toxicity.⁶⁻⁸ As such, the ASTRO/American Society for Clinical Oncology, American Society of Clinical Oncology (ASCO), and American Urological Association (AUA) recommend offering moderately hypofractionated radiotherapy to low-intermediate risk prostate cancer patients, and to high risk patients who will be receiving radiation to their prostate and seminal vesicles but not regional nodes.⁹

Several prospective, nonrandomized studies have investigated ultrahypofractionation (>500 cGy per fraction) via stereotactic ablative radiotherapy (SABR), which allows completion of treatment in five fractions over approximately 1.5 weeks. These studies generally reported up to around 5 years of follow up and were of lower quality than the studies on moderate hypofractionation, but have demonstrated promising results with respect to efficacy and safety. The ASTRO/ASCO/AUA guideline conditionally recommends offering ultrahypofractionation as an alternative to conventional fractionation in men with low to intermediate risk prostate cancer, and strongly recommends that intermediate risk patients who receive ultrahypofractionation be treated as part of a clinical trial or multi-institutional registry.⁹

Bone metastases: Numerous randomized trials have demonstrated equivalent pain relief in patients with bone metastases following 800 cGy in 1 fraction, 2000 cGy in 5 fractions, 2400 cGy in 6 fractions, and 3000 cGy in 10 fractions. A single 800 cGy fraction has not been shown to increase toxicity risk. One caveat is that single fraction radiotherapy is associated with a higher rate of re-irradiation in subsequent months.¹⁰ Particularly during the pandemic, single fraction radiotherapy should be considered.

Summary: Shorter courses of hypofractionated radiotherapy should be offered to appropriate breast and prostate cancer patients, and patients with bone metastases. Limiting the number of radiation treatments reduces exposure risk during the COVID-19 pandemic for this vulnerable population. Indeed, hypofractionation should be considered for appropriate patients regardless of COVID-19, given the quality of the supporting data, similar outcomes compared to conventional fractionation, and the convenience of shorter courses, especially for patients with limited performance status

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Dr Alvin Cabrera is a University of California San Francisco graduate and a Fulbright scholar. He completed his Radiology and Radiation Oncology residencies at Stanford University and Duke University North Carolina respectively. He left academia to transition to community practice. Dr Alvin Cabrera is the son of FEU-NRMF alumnus Dr Roy Cabrera⁶⁵ and Dr Cita Cabrera

NATIONAL HEALTH OBSERVANCE MONTH: June is National Safety Month



The recent events of social unrest were extensively covered by the media across the US and abroad, and watched on television by all, including our children. We, as health care providers need to understand the effects of racism on the wellbeing of children and how we can play a role to address the effects of racism.

Talking to Children About Racial Bias: Ashaunta Anderson, MD, MPH, MSHS, FAAP & Jacqueline Dougé, MD, MPH, FAAP. American Academy of Pediatrics (Copyright © 2019)
Excerpted from the American Academy of Pediatrics [HealthyChildren.org](https://www.healthychildren.org), accessed 6/26/20

Medical providers should assist parents to talk to children about racial bias and provide them with the tools to handle and respond to racism.

How Do Children Learn Racial Bias?

Children learn about racial differences and racial bias from an early age and learn from their first teachers - their parents how to deal with and react to these differences.

The process of learning racial bias is a lot like learning a new language (e.g., a child raised bilingual vs. a child who starts learning Spanish in junior high). Biology determines a critical early learning period as well as a later window where learning is much harder.

- ◆ **As early as 6 months**, a baby's brain can notice race-based differences.
- ◆ **By ages 2 to 4**, children can internalize racial bias.
- ◆ **By age 12**, many children become set in their beliefs - giving parents a decade to mold the learning process, so that it decreases racial bias and improves cultural understanding.

But like language immersion, children exposed to society will gain fluency in racial bias even if their parents do nothing.

Strategies to Help Children Deal with Racial Bias:

There are three strategies that parents can use to help their children deal with racial bias:

- ◆ **Talk to your children** and acknowledge that racial differences and bias exist.
- ◆ **Confront your own bias** and model how you want your children to respond to others who may be different than them.
- ◆ **Encourage your children to challenge racial stereotypes and racial bias** by being kind and compassionate when interacting with people of all racial, ethnic, and cultural groups.

How Parents Can Confront Their Own Racial Bias

Parents must first confront their own biases, so that their example is consistent with messages of racial and ethnic tolerance.

- ◆ **Be a role model.** Identify and correct your own racially biased thoughts, feelings, and actions. If you want your children to believe what you preach, you have to exhibit those behaviors as well. Your everyday comments and actions will say more than anything else.
- ◆ **Have a wide, culturally diverse social network.** Encourage your children to have diverse circles of friends, as well. This lends itself to engagement in multicultural activities and experiences.
- ◆ **Travel and expose your children to other communities.** This can help them understand that there is diversity in the world that might not be represented in the community that you live in.
- ◆ **Get involved in your child's school, your place of worship, and politics.** Parents who are involved in this way are better able to advocate for fair treatment of racially marginalized groups and raise awareness of race issues in other groups.

Tips for Talking About Racial Differences & Racism

Talking about race is not racist. It's OK - and important. From a young age, children may have questions about racial differences and parents must be prepared to answer them. But, it's important to keep your child's developmental readiness in mind.

- ◆ **For preschoolers:** At this age, your child may begin to notice and point out differences in the people around you (i.e., at the grocery store, at the park, etc.). If your child asks about someone's skin tone, you might say, *"Isn't it wonderful that we are all so different!"* You can even hold your arm against theirs to show the differences in skin tones in your family.
- ◆ **For grade schoolers:** This is the age that is important to have open talks with your child about race, diversity, and racism. Discussing these topics will help your child see you as a trusted source of information on the topic, and he or she can come to you with any questions. Point out stereotypes and racial bias in **media** and books such as villains or "bad guys" in movies.
- ◆ **If your child makes comments or asks you questions about race based on school incidents or something they read or watched:** Further the discussion with questions such as, *"How do you feel about that?"* and *"Why do you think that?"* This is also helpful if your child heard something insensitive or if your child experienced racial bias themselves. Before responding to his or her statement or question, figure out where it came from and what it means from his or her perspective. *Click on this link [Talking to Children About Tragedies & Other News Events](#) for more information.*

These conversations begin to lay the groundwork for your child to accept and respect everyone's differences and similarities. As children mature, the answers to questions will become more complex. These are moments to learn what your child understands or is struggling to understand about racial bias.

Additional Resources:

1. AAP Statement: click [Dismantle Racism at Every Level](#)
2. AAP: click [Traumatic Impact of Racism on Young People](#)
3. Pediatrics: click [Police, Equity and Child Health](#)

"You can't be Hans Solo...you're black."

It hit me out of nowhere. I so was confused. I mean, my skin was certainly darker than anyone else in the group, but since when was that going to stop the game about space aliens? I assumed they sensed my confusion and offered me the role as Lando instead, because "...he looked more like you.

" It was the day that my mother explained racism to me.

From: Learning About Racism: A Star Wars Story by Nathaniel K. Jones. MD, July 29, 2019

Adapting to the New Normal

The year 2020 is an unprecedented year for most of us dealing with the impact of a deadly virus that has so far claimed more than 124,000 lives and more than 2.5 million confirmed cases in the United States ¹.

In an abundance of caution, in late March, FEUDNRSMAF was one of the first medical alumni association to cancel its Annual Reunion, that was scheduled to held on July 2020 at the Hilton Hotel in Anaheim, California due to the looming COVID 19 crisis. Soon thereafter, other alumni organizations followed suit.

In April the FEUDNRSMAF responded to a plea from the Far Eastern University Nicanor Reyes Medical Alumni Association's (FEU-NRMFMAS) President, Dr. Bitun for financial help in procuring PPEs- N95 masks, protective clothing, gloves, face shields, goggles, respirators and other equipment designed to protect the FEU-NRMF Hospital frontliners from COVID 19. There was a robust response from officers and members of the Foundation including several Chapters attesting to the solidarity and generosity of the FEU community in responding to a worthy cause. FEU -NRMF MAS coordinated with the hospital to purchase the PPEs as soon as the donations were received.

There is a comprehensive and excellent article by FEU-NRMF Medical Dean Dr. de los Reyes in this issue describing in detail the necessary steps they took to cope with the COVID19 crisis and the lockdown. Beginning this school year 2020-21, they will implement a blended learning system (combination of online and face to face teaching). FEU-NRMF has mitigated the school closure during lockdown with digital technology. These technologies will maximize opportunities of non face-to-face clinical and didactic learning per Dr Rey de los Reyes. The spotty WIFI connectivity in the Phil has hampered the transition to online learning. Economics plays a significant role because not every student could afford to buy the necessary tools (tablet, laptop, desktop) for online learning, including access to reliable Wi-Fi. This is attributed to the financial hardships brought about by COVID19. These are challenging times for medical educators where they have to balance the educational goals and safety of the interns, clerks and residents with those of delivering patient care ². This pandemic crisis has and will continue to affect every aspect of clinical practice and keeping safe at the same time.

As alluded to by Dean delos Reyes, enrollment for the incoming school year and SY 2021-22 will be drastically reduced due to the effects of the K12 program. Further, students whose parents are overseas Filipino workers (OFW) parents may apply for a gap year in enrollment due to lack of funds or outright disenroll. This will reduce our pool of prospective scholarship applicants particularly in the first year. With the support of generous donors, the scholarship committee is considering acceptance of more financial grantees. An algorithm will have to be developed to define eligibility criteria for financial aid, while taking into account a student's probability of course completions and subsequent successful medical school graduation. Lateral entries especially from the sophomore year will also be considered. These exceptional batches had 40 academic scholars (full and partial) last semester.

The blended learning model will likely be in effect for at least a semester or a year until a vaccine and effective treatments are available. Until then, we have to learn how to adapt to the new normal.

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In Remembrance



ABOUT ECTOPIC MURMURS: STAFF, GUIDELINES FOR ARTICLE SUBMISSION

Ectopic Murmurs (*EM*) is the official publication of the FEUDNRSMAF-USA. It was founded by the late Dr. Jesus Nolasco to build our identity as a Foundation and to disseminate relevant information pertaining to our Foundation activities. Subsequently, Ectopic Murmurs (*EM*) was managed by the late Dr. Cesar V Reyes until his death in December 2017. Drs Hernani Tansuche and Amethyst C Cureg acted as Interim Editors to fill the void. In August 2018, the current leadership reappointed Drs. Hernani Tansuche and Amethyst Cureg as editors of the Ectopic Murmurs for a 2-year term. Drs. Licerio “Jun” Castro and Rick Deleon are ex officio members of *EM*.

Ectopic Murmurs (*EM*) will be published in a web-format triannually (February/March, June/July and September/October). Supplemental issues will be released during the months preceding the July Annual Reunion and Scientific Convention to assure that alumni receive updated information for the event. Additionally, exceptions will be made for special announcements or breaking news that warrant an abridged special edition. *EM* encourages the submission of original articles for inclusion in *EM* that bear direct relevance to the FEUDNRSMAF-USA mission, goals and activities, including related material concerning FEU-NRMF Institute of Medicine and Medical Center. Articles must be submitted in Word format. *EM* seeks author/contributor diversity; alumni that have not previously published in *EM* are strongly encouraged to submit articles and will be given priority. We ask authors to delay any submissions of an article, if their article was published in the past 12 months. The Editors reserve the right to accept or reject any submitted articles and to edit for brevity, clarity and conformance. Although the *EM* staff reserves the right to edit, the author/s will be held responsible for the content. Medical articles will be peer reviewed; statements must be validated for copy-editing purposes.

The **Clinicians Corner** section is intended for our alumni members in practice. We invite FEUDNRSMAF alumni members from academia and experts in their field of practice to submit medical articles that are contemporary/current, relevant to our membership, adhere to community standards of practice/care, accurately or thoroughly referenced/attribution, and permission/s granted when applicable prior to submission of article. The **National Health Observances (NHOs) Month** is to raise our alumni members’ awareness about important medical/health topics. For example, “Obesity Awareness Month”, etc. Toolkits and additional information are available at (click): <https://healthfinder.gov/NHO/default.aspx>. Likewise, articles must be accurately or thoroughly referenced/attribution; applicable permissions are granted prior to submission of articles.

If any, **Alumni in the News** will feature fellow alumni that have distinguished themselves. Please let us know if you or someone you know has/have been acknowledged by a professional organization, community organization, professional peers, etc. The **Meet Your** section profiles an alumnus including officers and Board of Trustees . Comments and or suggestions welcomed. Please contact us!



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Through unity, fellowship, advocacy and philanthropy, we will promote the Far Eastern University Nicanor Reyes Medical Foundation Institute Medicine’s vision as a world-class academic and training institution that provide excellent and compassionate health care services.

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1. Foster alumni fellowship.
2. Engage alumni to actively participate in all aspects of FEU-DNRSMAF Alumni Foundation activities.
3. Deliver responsible stewardship of our human and financial capital.

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