

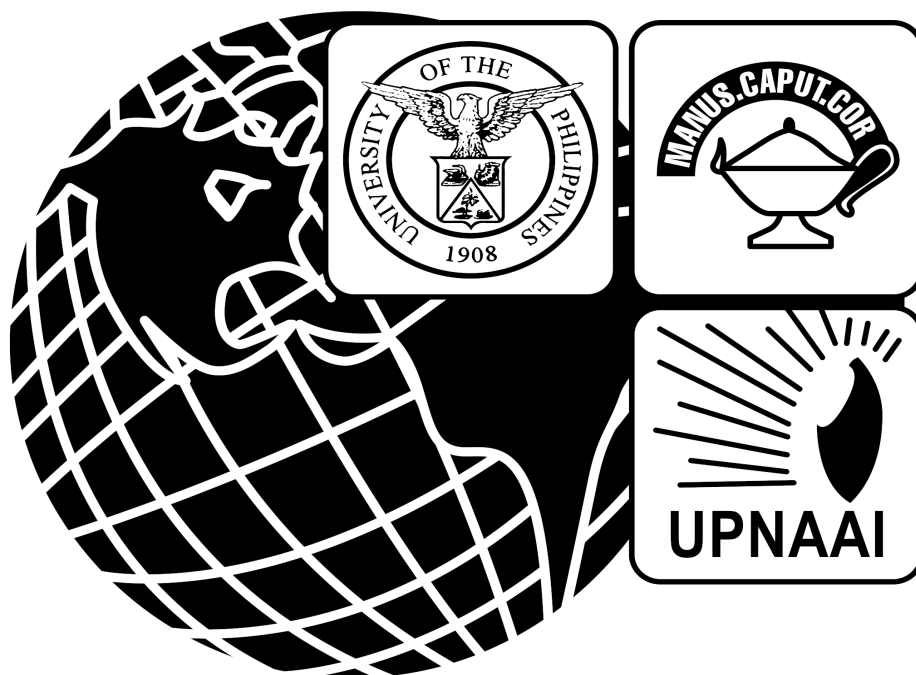
40th ANNUAL UPNAAI CONVENTION

and

EDUCATION CONFERENCE

AUGUST 2 to 9, 2019

Aboard the Ovation of the Seas Alaska Cruise



CONFERENCE
PROCEEDINGS



40th Annual UPNAAI Convention
In the New Millennium- UPNAAI at 40: Evolving and Emerging Nursing Roles
Aboard the Ovation of the Seas Alaska Cruise
August 2 - 9, 2019

CEU Accreditation

This program is approved for 7.3 contact hours of continuing education by the California Board of Nursing (CA BON), Provider number CEP6961. This activity was planned in accordance with the CA BON Accreditation Standards and Policies.

How to Evaluate and Claim Education Credit

Every attendee must provide an active RN license and sign the attendance record upon registration. The attendee must complete the evaluation form for the podium presentation on August 3, 2019 and will receive a CEU certificate for 6.3 contact hours at the end of the educational seminar on August 3, 2019. On August 7, 2019, every attendee must again sign the attendance record and complete the evaluation form for the poster presentation. At the end of the poster presentation, every attendee will receive a CEU certificate for 1 contact hour in exchange of a completed evaluation form.

Disclosure and Conflict of Interest Resolution Policy

UPNAAI Education Committee staff requires all podium and poster presenters to disclose relevant personal financial Relationship with commercial interests prior to contributing to the activity. The staff assess disclosed relationships and Follow a defined process to resolve real or implied conflicts to ensure to the best of our ability that all educational content is free of commercial bias.

Learning Objectives: At the conclusion of the educational conference, the participants will:

1. Discuss the varied roles of nursing in education, clinical practice, research, public health, and business administration
2. Discuss the theories of graceful aging and happy retirement
3. Learn the history of UPNAAI and its contributions to the University of the Philippines College of Nursing, alumni, and communities involved
4. Endeavor to contribute talents, skills, and resources to ascertain the viability of UPNAAI as an essential conduit between the alumni and the University of the Philippines College of Nursing

EDUCATIONAL CONFERENCE

August 3, 2019

7:00 am – 11:15 am

SILK Deck 4

12:30 PM – 4:00 PM

ROYAL THEATER Deck 4

Moderator:

Wilhelmina Ungco, BSN'79, RN, CCRN

1st Vice President, Education and Research Committee Chair

07-0800 AM	Registration
0800 AM	Welcome Remarks Wilhelmina Ungco , BSN'79, RN, CCRN 1 st Vice President, Education and Research Committee Chair
0810 AM	Invocation Letty G. Kuan , EdD'85, MSE'79, MAN'75
0815 AM	<i>Precision health is unlocking many answers and nursing holds one of the keys</i> Marlon Garzo Saria , PhD, BSN'98, RN, AOCNS, FAAN
0900 AM	<i>Asian Immigrants in Leadership Roles in the U.S.: Implications for Nurse Leader Development</i> Ramil Cabela , DBA, MBA, BSN'91, RN
0945 AM	<i>Nursing Educator's Emerging Roles in Effective Student Outcomes</i> Adelaine Cailipan , MBA, BSN'89, RN
1030 AM	Panel Discussion: Q&A
1100 AM – 1115 AM	Awarding of Certificates Deborah Anne Y. Butuyan , BSN'89, RN
1115 AM – 1230 PM	LUNCH
1230 PM – 1245 PM	Check-in to Afternoon Educational Conference
1245 PM	<i>Bohol Bathroom Projects: Nurse-Led Community-Based Interventions to Support Determinants of Health</i> Jenneth B. Doria , DNP, MS, BSN'79, RN
1330 PM	<i>40 Years of UPNAAI Leadership: Past, Present, and Future</i> Peregrin C. Francisco , MSA, BSN'71, RN
1415 PM	Introduction: 2019 Julita V. Sotejo Medallion of Honor Recipient Peregrin C. Francisco , MSA, BSN'71, RN
1420 PM	Awarding of the Julita V. Sotejo Medallion of Honor Deborah Anne Y. Butuyan , BSN'89, RN
1425 PM	Closing Keynote Address: Julita V. Sotejo Medallion of Honor Recipient

Happy Retirement and Graceful Aging

Letty G. Kuan, EdD'85, MSE'79, MAN'75

- 1510 PM Panel Discussion: Q&A
- 1530 PM Summative Remarks: 2019 Julita V. Sotejo Medallion of Honor Recipient
Letty G. Kuan, EdD'85, MSE'79, MAN'75
- 1550 PM- 1600 PM Awarding of Certificates and Closing Remarks
Deborah Anne Y. Butuyan, BSN'89, RN

POSTER PRESENTATION

August 7, 2019

10:00 am – 12:00 pm

MUSIC HALL Deck 3

MODERATOR: Erlinda Cruz Paguio, BSN'72, MA'78, ANP-BC, RN
Adviser, Educational and Research Committee

- 10:00-10:10 AM *Preventing Hospital Acquired Pressure Ulcers in ICU*
Elisa I. Castillo, RN, MSN, BSN'79, ACNS-BC, CCRN
- 10:10-10:20 AM *Knowledge Based Medication Administration (KBMA) and Meaningful Use*
Leolinda O. Mangaoang, MA, BSN'79, RN
- 10:20-10:30 AM *MOHS SURGERY: The Gold Standard in Skin Cancer Treatment*
Celine Pico, RN, BSN,'80, CAPA
- 10:30-10:40 AM *Culture of Begin Shift Huddle in a Med Surg Unit*
Teresita C. Santos, MSN, BSN'79, RN
- 10:40-10:50 AM *CAUTI HACKS in the ICU*
Wilhelmina Ungco, BSN'79, RN, CCRN
- 10:50-11:00 AM *Early Progressive Mobility: The Basics*
Wilhelmina Ungco, BSN'79, RN, CCRN
- 11:00-12:00 AM **Q&A**

**Two Theories of LGK:
Happy Retirement and Graceful Aging
Letty G. Kuan, EdD, MAN, MSE
2019 JVS Medallion of Honor Awardee**

Learning Objectives:

- Discuss the theories of graceful aging
- Demonstrate ways and means for a happy retirement

Abstract

According to the book of Ecclesiastes, there is a time to be born, a time to bloom and a time to exit. In life, we follow this process, because life is a gift, a sacred blessing. We have to develop and enjoy each period of our existence. After having lived a gainful life, we have to retire.

Retirement is an important event in our life that must be prepared because there is role discontinuity. Among the many variables of retirement preparation is the development of second role options at age 40 when we are in fullness of life. This is essential to continue our functionality and self-esteem after retirement.

A life well lived from childhood to adulthood, makes a person loved and lovable. When we anticipate, accept and prepare retirement with love, aging years become a sine-qua-non of growth and development. Graceful aging comes with a radiance of joy because old age is grace, a blessing, a reward, a repository of wisdom, because life has been lived in love, compassion and gratitude. There is fulfillment and lasting legacy.

The Nurse Educator's Role for Effective Student Outcomes

Adelaine Cailipan, MBA, RN

Learning Objectives:

- Identify significant roles of educators in guiding the new generation of nurses
- Encourage new nurses to acquire higher learning such as advanced nursing practice
- Effect a meaningful collaboration among administrators and educators in curriculum building

Abstract

“Nursing education developed very haphazardly,” as stated by Julie Fairman, RN, PhD, FAAN, a Nightingale professor of nursing, Director of Barbara Bates Center for the Study of the History of Nursing and a Robert Wood Johnson Foundation investigator in health policy research at the University of Pennsylvania in Philadelphia. Since the beginning of formal nursing education 150 years ago, improvement of nursing standards has always been the aim. The ever-changing healthcare environment has always impacted Nursing practice and Nursing Education per se. The purpose of this presentation is to inform the audience of the major changes that has affected Nursing today: An aging baby boomer; impact of the Affordable Care Act and rising educational goals for the profession and Diversity. By knowing these factors, Nurse educators will be aware of the needs and challenges entailed in training future nurses and their vital roles to take for effective student outcomes. Nursing is entering a new era of great transformation which calls for all nurses to be actively involved in the training and education of future nurses.

‘So never lose an opportunity of urging a practical beginning however small for it is wonderful how often in such matters the mustard -seed germinates and roots itself,’ – *Florence Nightingale*

**ASIAN IMMIGRANTS IN LEADERSHIP ROLES IN THE UNITED STATES:
IMPLICATIONS FOR NURSE LEADER DEVELOPMENT**

Ramil Cabela, DBA, MBA, BSN, RN

Learning Objectives:

- Identify lessons gleaned from the experiences of successful Asian immigrants
- Determine implications for leader development among nurses

Abstract

Cultural identity and resource availability aspects in traditional leadership development literature remain understudied, especially among minority populations like Asian immigrants.

This study explores the leadership journeys of 24 United States immigrants from China, India and the Philippines using a phenomenological approach, primarily with semi-structured interviews. Experiences of 18 additional immigrant leaders published in popular media are also analyzed.

Data from the study reveals that Asian migrants' roads to leadership in U.S. organizations are heterogeneous and characterized by either linear or nonlinear, overlapping phases of leader development where migrant leaders overcome assimilation challenges and leverage their unique, individual human capital to intersect with organizational level capital in order to enhance their chances of success. Findings suggestive of a relationship between leveraged or suppressed cultural traits and leadership styles are explored.

Drawing from theories rooted in behavioral economics and psychology, as well as evidence from other leadership empirical studies, this research demonstrates that Asian leader pathways reflect an adaptation process that appears to interact in complex ways with individual, organizational, and societal resources available to them. Practical implications for organizations and nurse leader development are drawn and future research directions are recommended.

UPNAAI at 40: Leadership Lessons Learned

Peregrin “Perry” C. Francisco, RN, MSA

Background: UPNAAI is (40) years in existence. This is a Ruby Anniversary.

Objectives:

- Recall and review 40 years of UPNAAI leadership, growth, and development
- Demonstrate UPNAAI’s leadership contribution to the alumni, their family, and community

Abstract

An engaged and supportive alumni association is crucial to the success of a learning institution. Today we celebrate the 40th anniversary of UPNAAI. Since its inception in 1979 by a few alumni of the UP-PGH School of Nursing and College of Nursing, UPNAAI has grown in numbers. It now boasts of five chapters in mainland USA. The trailblazing alumni, composed mostly of UP-PGH School of Nursing Class 1968, consistently and ardently maintains ties with the College of Nursing. (The School of Nursing has been closed for many decades.) Since 1979, UPNAAI has responded to the needs of the UP College of Nursing, both in kind and funds. Every year, UPNAAI celebrates its vibrant existence with a two-day convention on the first weekend of August. An educational seminar kicks-off the celebration wherein an exceptional alumna/alumnus is awarded the Julita V. Sotejo Medallion of Honor. (Julita V. Sotejo is a highly respected and pioneering Dean of the University of the Philippines College of Nursing.) A luncheon roll call follows in the afternoon. During this informal festivity, every class since the late 1940’s is called to be recognized. The current Dean of the UP College of Nursing addresses the luncheon roll call. The highlight of the convention is the dinner-dance gala. This time, the induction of the officers and board of directors for 2019-2021 will coincide with the grand celebration of UPNAAI’s ruby jubilee.

**Bohol Bathroom Projects:
Nurse-Led Community-Based Interventions to Support
Determinants of Health**

By Jenneth B. Doria, DNP MS RN
University of Utah
College of Nursing

Learning Objectives:

- Identify the components of a successful community-based intervention project
- Utilize the nursing process to effect change in communities
- Address determinants of health using multi-sectoral approach to promote health and wellness

Abstract

With major advances in science, technology, and telecommunication, it is lamentable that there are still many areas in the world suffering from poor sanitation services, a major determinant of health which impacts quality of life of individuals, families and communities. Global shortage of basic sanitation among 2.9 billion people (UNDP, 2019) encompasses the Philippines where 19 million out of over 100 million people do not have access to adequate bathroom facilities (water.org, 2019). Even health facilities in the country suffer sanitation problem, with three out of 10 lacking access to clean toilets, 23% having unclean toilets, and 4% without any toilet (WHO, 2019). The dismal situation is further compromised by water supply shortage which creates a significant barrier to health promotion, disease prevention, and sustenance of well-being among underserved populations.

The Bohol Bathroom Projects consist of a collaborative effort to tip the scale towards achieving health equity and bridging this gap by creating community-based interventions borne out of a genuine passion to improve quality of life among the poor and the needy in the Philippines. The two-pronged project created a construction livelihood program by building four bathroom facilities, or 16 toilets with three handwash areas, in three public schools and a seaside community. Bohol, a southeastern Visayas island, was selected because many buildings were damaged there due to being in the epicenter of a major earthquake in 2013. The communities were identified based on assessment of lack of functional bathroom facilities in public schools and the municipal doctor's report of high rate of e coli infection due to prevalence of open defecation in the seaside community.

The bathroom project utilized the nursing process to drive a multi-sectoral approach and enhance community capacity to support major determinants of health that include sanitation services, health education, and livelihood. Community-based workers gained employment from building the disaster resilient bathroom facilities using materials that are accessible to the areas. These nurse-led projects harnessed the expanded role of the nurse to impact population health by driving the preventive model of care where the nurse leverages the role of a leader, educator, and collaborator positioned to effect change in meeting basic needs across the life span and community settings.

Precision health is unlocking many answers: Nursing holds one of the keys

Marlon Garzo Saria, PhD, RN, AOCNS, FAAN

Learning Objective:

- Discuss the evolving and emerging nursing roles in the era of precision health

ABSTRACT

“So tonight, I’m launching a new Precision Medicine Initiative to bring us closer to curing diseases like cancer and diabetes, and to give all of us access to the personalized information we need to keep ourselves and our families healthier.”

President Barack Obama

State of the Union Address

January 20, 2015

Precision health is an evolving approach to disease prevention, diagnosis, and treatment using specific information about an individual’s genes, environment, and lifestyle. While there is a heavy emphasis on genetics and genetic testing and their influence on an individual’s risk for developing diseases, precision health also takes into account where one works and lives, what they eat, their hobbies and how they play, their culture, and how these social determinants affect their health risks and health goals.

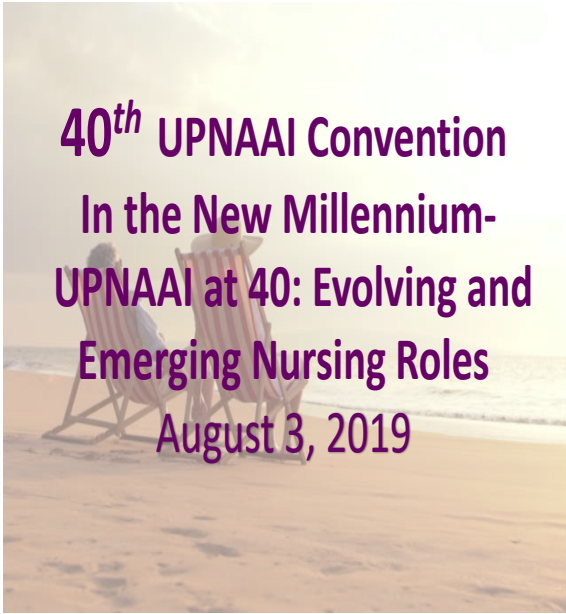
The concept of precision health can be easily applied to cancer risk assessment, cancer prediction and prognostics, cancer diagnostics, pharmacogenomics, and therapeutic targeting. Rarely, however, does precision health is discussed within the context of the science supporting decision making and behavioral change to improve prevention programs and healthcare education, as well as improving access to healthcare and healthcare delivery. These are the gaps that give NURSES the mandate to broaden the conversation around precision health. **Precision nursing** should be just as important to **precision health** as **precision medicine** is. This session will provide an overview of precision health and the unequivocal role of nurses not only in delivering but also in designing precision medicine.

“What if matching a cancer cure to our genetic code was just as easy, just as standard? What if figuring out the right dose of medicine was as simple as taking our temperature? And that’s the promise of precision medicine - delivering the right treatments, at the right time, every time to the right person. And for a small but growing number of patients, that future is already here.”

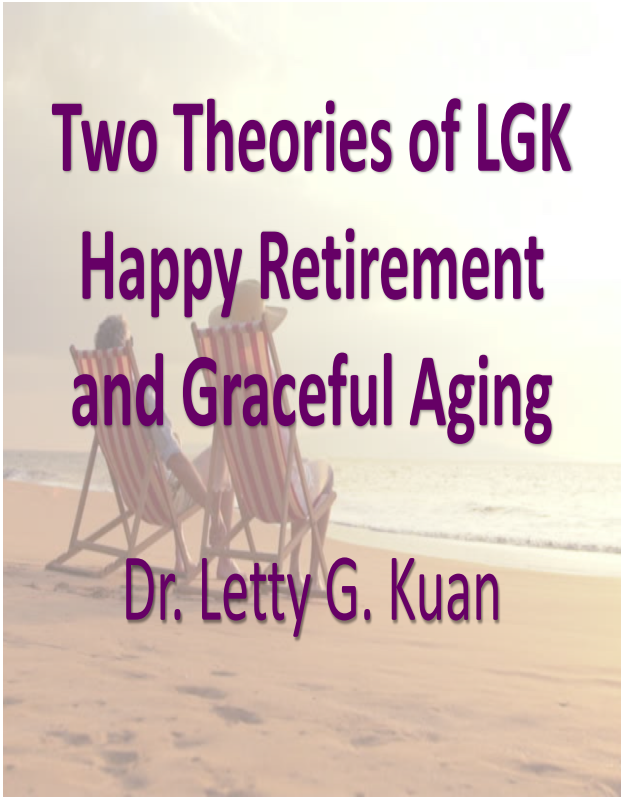
President Barack Obama

East Room

January 30, 2015



40th UPNAAI Convention
In the New Millennium-
UPNAAI at 40: Evolving and
Emerging Nursing Roles
August 3, 2019



Two Theories of LGK
Happy Retirement
and Graceful Aging
Dr. Letty G. Kuan

Theory I: Happy Retirement
Retirement is a:

- halt in active gainful work
- free self-schedule agenda
- decrease in revenues
- role discontinuity
- freedom from pressure

Retirement needs:

- preparation
- second role option
- budgeting
- connectedness



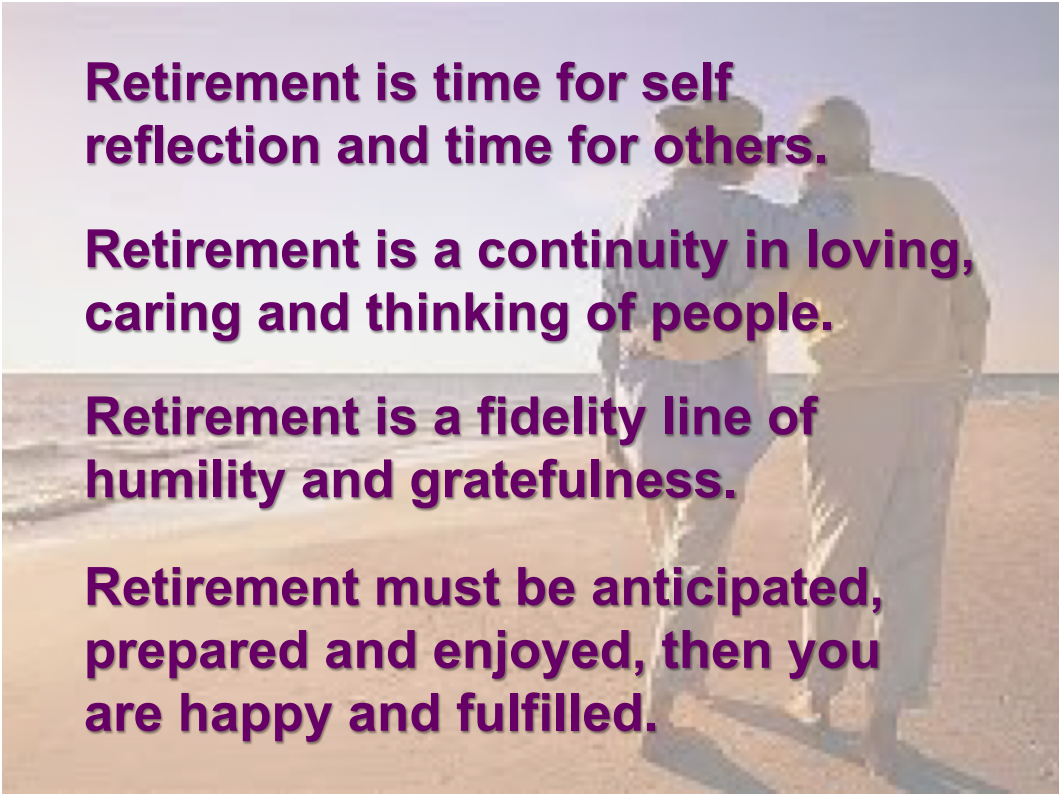
Retirement variables:

- Health
- Security - income, friends, relatives
- Track record of excellent work
- Reading - at least 2 hours per day
- Employment of talents
- Music - repertory plays, debate
- Travels - displacement
- Home - a place of your heart
- Community to interact with



Retirement views

- Important episode of development
- Reward and promotion
- More time for compassionate work
- Detachment is progressive
- Nearness to God through mission
- Prayer time is refined
- Get in touch across age groups
- Share and learn
- Love to make people happy

A photograph of an elderly couple walking away from the camera on a sandy beach. The sun is low on the horizon, creating a warm, golden glow. The couple is dressed in casual attire, and their shadows are cast long on the sand.

Retirement is time for self reflection and time for others.

Retirement is a continuity in loving, caring and thinking of people.

Retirement is a fidelity line of humility and gratefulness.

Retirement must be anticipated, prepared and enjoyed, then you are happy and fulfilled.

A photograph of an elderly couple walking away from the camera on a sandy beach. The sun is low on the horizon, creating a warm, golden glow. The couple is dressed in casual attire, and their shadows are cast long on the sand.

Theory 2: Graceful Aging old age is:

- reward
- wisdom
- wits
- wealth
- value
- fulfillment
- purifying
- closeness to God
- exemplary icon

Graceful aging requisites:

- Pleasant, loving childhood
- Meaningful growing up years
- Abundance of Hugs, caresses
- Continuous recognition
- Public appreciation
- Healthy camaraderie
- Doting, thoughtful parents
- Relational siblings
- Significant friends, neighbors
- Record of pleasant travels
- Meaningful communication

Meaning decades of life

- 10 - childhood glee
 - 20 - loveful camaraderie
 - 30 - gainful employment
 - 40 - Full adulthood bloom
 - 50 - significant mid-age
 - 60 - displacement sprees
 - 70 - tract record acknowledgement
 - 80 - three legacies assured onwards
- ⇒ happy years

Paradigm

Pleasant, loving childhood

+

Meaningful, gainful adulthood

+

Appreciated, recognized mid years



Graceful Aging

Life is sacred,
Life is a gift,
Hence life should be well
lived,
Life should be full of
love because life is love

Important event such as
retirement should be prepared,
anticipated, accepted then aging
years become a sine-qua-non of
growth and development.

Old age is grace, a blessing, a
reward because life has been
lived in love!



TITLE

UPNAAI at 40: Leadership Lessons Learned

Peregrin "Perry" C. Francisco, RN, GN'69, BSN'71,MSA
UPNAAI Past President 2011-2012



Objectives

- Recall and review 40 Year's of UPNAAI leadership growth and development
- Demonstrate UPNAAI's leadership contribution to the alumnae, their families and community



Disclosure

- I have no actual or potential conflict of interest in the context of the subject of this presentation to disclose.



UPNAAI's 40th Year

- Ruby Anniversary
- Rubies are thought to possess an eternal inner flame, as symbol of passion that is alive and strong



Leadership

- Leader is a person who directs, leads, guides , commands, and influences.
- Leadership is someone in a position of office to direct, lead, guide , command, and influence.
- Leadership is a research area
- Leadership is also a practical skill encompassing the ability of the individual or organization to “lead” or guide others, individuals, teams, or entire organization



Five Characteristics of Effective Leaders

- Leaders must care
- Leaders must communicate
- Leaders must have character
- Leaders must be competent
- Leaders must have courage



Questions

Are you a leader?

What identifies you as a leader?

What characteristics do you possess
to be a leader?



Memory Quilt

- Recall and review the past 40 years of UPNAAI's existence
- Remind us of many lessons learned
- Collect memories that create a patchwork of our contributions to UPNAAI members, families and community



History of UP PGH School of Nursing

- 1905 The Bureau of Science and the Philippine Medical School
- 1906 The Philippine Training School of Nursing
- 1908 The University of the Philippines
- 1909 Mission, curriculum, and faculty of the nursing school
- 1910 Philippine Island General Hospital was renamed PGH
- 1911 The six (6) pioneer nursing graduates of PGH
- 1976 The last graduates
- Reference: UP PGH School of Nursing Alumni Association "A Legacy Of Excellence" 2019



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History of UP College of Nursing

- April 9, 1948 University Council of UP approved the BSN curriculum
- April 29, 1948 UPCN was established with classes in July
- Julita V. Sotejo, first Dean of UPCN
- 1952 First Graduates
- Reference: Action Oriented LEADERSHIP and J.V. Sotejo: A Biography by Luz Buenavista Tungpalan



History of UPNAAI

July 15, 1979 - Organized initially as UP-PGH Alumni Association of California by Mrs. Florencia Sison-Castelo, GN'50 with 30 original members at Cerritos Park

1986 – was granted CA BRN with CEU provider number and worked to unite the SN and CN into one organization

Oct. 19, 1988 – name was changed to UP Nursing Alumni Association of California (UPNAAC)

1993 – overhauled to aggressively recruit members outside of California and changed to UPNAAI, and established the JVS Medallion of Honor



History of UPNAAI continued

1993 - J.V. Sotejo Medallion of Honor was established

Academic Enhancement Fund

UPNAAI News (UPNAAC Newsletter)

UPNAAI Yearbook

Nursing Journal

July 31, 2009 – 501(c)3 tax exempt status



UPNAAI Mission, Vision, and Objectives

Mission Statement: Foster professional and personal development of its members through education, research, support and collaboration.

Vision Statement: Act as a unified international organization which will provide leadership to pursue the ideals of unity, fellowship, academic excellence, leadership, professionalism, and service to country and humanity among nursing graduates of U.P. residing in the U.S. and other countries.

Objectives:

To unite and foster a bond of fellowship, mutual understanding and cooperation among alumni members all over the world.

To strengthen and maintain high standards of the nursing profession through continuing education, research and sharing resources among members.

To initiate and implement projects and programs that encourage professional relationship among members, socio-civic activities, and promote goodwill towards the health profession, the community, the country and humanity



History of UPNAAI continued

1995 – UP Board of Regents recognized UPNAAI as a UP Alumni Association and awarded it with UP Oblation Trophy as benefactors of UP Alumni Home

1999 – Recipient of Most Outstanding Chapter Overseas of UPAA

2000 – UPNAANC (Northern CA) and UPAAM (Michigan)

2001 – UPAANYNJ (New York/New Jersey), Maiden Publication of the UPNAAI Journal

2002 – Journal was granted copyright and membership with the Library of Congress

2005 – Academic Enhancement Fund for nursing practice, education and research



History of UPNAAI continued

2008 – UPNEC (East Coast) a revitalized UPAANNYNJ Chapter

July 31, 2009 – UPNAAI secured 501C(3) tax exempt status

August 7, 2010 – UPNAAI DELMARVA Chapter was installed, formed the UPCN Wish List fundraising

2014 - UPNAA-TX Chapter

2015 - RMRPS Chapter

2016 – UPNAA-NCR Chapter



History of UPNAAI – 20 Presidents

Florescinda Sison Castelo '79-82

Gina Valencia Baldemor '83-84

Emma Untalan Osano '85-86

Mila Capulong Velasquez '87-89

Mely de Leon '90-'91

Luz Martinez Latus '92-'93

Goodrich '10-'11

Connie Orillo Oliveros '94

Francisco '12-'13

Nati Octaviano Matitu- Mercado '95

Josie Francisco Villanueva '96-'97

Lyvia Mendoza Villegas '98-99

Merle Flores Borrero '00-'01

Maggie Ongkiko '02-'03

Dors Maligalig '04-'05

Jessie Fernandez Ivins '06-'07

Chato Ansay '08-09

Emy Geluz

Perry Camilon

Jesusa Santa Barbara Czach '14-'15

Ed Pajarillo '16-'17

Debbie Yambao Butuyan '18-'19



History of UPNAAI CHAPTERS

UPNEC – U.P. Nursing East Coast Chapter, Pres. Rosemarie Gadioma

UPNAAI DELMARVA – Delaware, Maryland, Virginia Chapter, Pres. Perry Francisco

UPNAA-TEXAS Chapter, Pres. Debbie Anne Butuyan

UPNAA – Rocky Mountain Region and Pacific States Chapter, Pres. Ida Santos

UPNAA-Northern Central Region Chapter, Pres. Cristina Presbitero



History of UPNAAI – 26 J.V. Sotejo Awardees

1993 Fely dela Cruz-Millman
1994 Mollyn Villareal-Bohnen
1995 Erlinda Ortin
1996 Erlinda Agustin-Simunek
1997 Aurora Santos-Yapchiongco
1999 Phoebe Dautz-Williams
2000 Leticia Sta Maria-Lantican
2001 Soledad Salvador-Grino
2002 Cecilia Mercaida Laurente
2003 Rozzano C. Locsin
2004 Marilou Aniceto-Wasseluk
2005 Luz Buenavista-Tungpalan
2006 Mely C.M. de Leon

2007 Carolina Pestano de Guzman
2008 Josefina Angeles Tuazon
2009 Fely Elegado-Lorenzo
2010 Lorraine Evangelista
2011 Marilyn Pichon Patillo
2012 Minerva Salinas Guttman
2013 Marlene Cataylo Chance
2014 Dul Fara-on Pacquiao
2015 Edmund J.Y. Pajarillo
2016 Rebecca Marana Galvez-Tan
2017 Lydia Arao Palaypay
2018 Carmencita Matias-Abaquin
2019 Letty Kuan



History of UPNAAI continued

2013 – 17th President, First President outside of California, from Virginia

2016 – 19th President, First Male President

2018 - 20th President, First President from Texas



Leadership Lessons Learned

Deep rooted history

Rich Philippine traditions and excellence

Outstanding leadership

Challenging evolution and growth

Continuous development and innovation



Personal Lessons Learned

Knowledge of organizational history, mission, vision and objectives.

Identify goals that are doable and measurable.

Develop interpersonal relationship with past and present UPNAAI leaders.

Reach out to members and non-members.

Mentor members aspiring to be leaders of UPNAAI.



Summary

We have looked back to over a century of our history.

- We are deeply rooted and thankful to the nursing pioneers before us.
- We have seen, lived, experience the challenges of a growing educational system and professional organization.
- We have many role models that we look up to.
- We continue to learn that our contributions are not just local, but international.
- We are helping not just a few individuals, but groups of people, organizations and UP family.



Summary

We kept connected with UP Nursing and assisted in many ways.

- We have been recognized by UP leadership for our excellence in nursing.
- We continue to perform community service in the Phils. and U.S..
- We express our appreciation to our devoted supporters who provide their time, talent and treasures.
- We are challenged to focus on what really counts, providing excellence in Nursing education, service and leadership.
- We need to be engaged and grow in membership and leadership.

***"It's not what you gather but
what you scatter that tells you
what kind of life you have
lived."***

~~ Helen Walton



Improving Health, Housing, Education, & Livelihood of the Poor in the Philippines
(501c3 Foundation)

BATHROOM PROJECTS BOHOL, PHILIPPINES

CALAPE, TUBIGON, CLARIN AND INABANGAN MUNICIPALITIES

IHHELPP PARTNERSHIP WITH SORENSON LEGACY FOUNDATION

JULY- DECEMBER 2018

Jenneth B. Doria DNP MS RN
University of Utah College of Nursing



The Famous 'Chocolate Hills' in Bohol

BACKGROUND-WHY BOHOL?

- SEVERE SHORTAGE OF BATHROOM FACILITIES IN SCHOOLS
- MAJOR EARTHQUAKE IN OCTOBER 2013, SCHOOL BATHROOMS DAMAGED & UNREPAIRED
- HIGH RATE OF E. COLI INFECTION IN SEASIDE COMMUNITY DUE TO WIDESPREAD OPEN DEFECATION PER MUNICIPAL HEALTH CLINIC REPORT
- NEEDS ASSESSMENT DONE BY LOCAL RESIDENT & BYU-HC ALUMNA
- COMMUNITY-BASED INTERVENTION DRIVEN BY MULTI-STAKEHOLDER EFFORTS AMONG TWO PUBLIC FOUNDATIONS, SCHOOL OFFICIALS, LOCAL GOVERNMENT UNIT, LDS LEADERS/MEMBERS & NON-MEMBERS UNDER A LIVELIHOOD PROGRAM

WHY BATHROOMS?



This Photo by Unknown Author
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- 4.2 B people lack safe sanitation (UNICEF, 2017)
- 19M out of 100 M Filipinos without access to adequate toilets (water.org, 2019)
- 3 out of 10 Philippine health clinics lack toilets (WHO, 2019)
- 'ONLY 7% OF THE POPULATION IS CONNECTED TO A SEWER SYSTEM. 26 M FILIPINOS, OR 1 IN 4 PEOPLE, ARE STILL WITHOUT SANITARY TOILET FACILITIES; OF THAT NUMBER, 7 M Filipinos are forced to defecate out in the open, in city streets, esteros, fields, and bushes (REYES, 2016).
- '7.1 M Filipinos resort to "OPEN DEFECATION" while 570,000 use "UNIMPROVED SANITATION FACILITIES" like buckets and open latrines' (Cervantes, 2016).

HOME BASE: CLARIN, BOHOL

The Compressed Earth Block (CEB) machine was shipped from a province north of Manila & placed in Clarin where blocks were manufactured and transported to the 4 municipalities.



THE COMPRESSED EARTH BLOCK (CEB) LIVELIHOOD PROGRAM



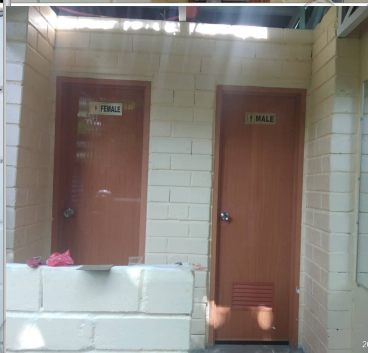
- TEAM OF 4-5 WORKERS WHO MANUFACTURE COMPRESSED EARTH BLOCKS USING A MACHINE PROVIDED BY IHHELPP.
- USES SOIL , 10% CONCRETE AND WATER; WEIGHS ABOUT 14 LBS, MUCH STRONGER THAN REGULAR HOLLOW BLOCKS. CEB CAN BE DISASTER-RESILIENT USING VERTICAL STEEL BAR REINFORCEMENTS OR REBARS.
- WORKERS PAID ABOVE REGULAR PREVAILING WAGES, CONSISTENT ACROSS VARIOUS ASSIGNED LOCATIONS; INCLUDES ONE MEAL AND SNACKS
- ACCOMMODATION PAID FOR THE TRAINER/CREW WHO TRAVELS AND TRAINS A NEW SET OF WORKERS; PRACTICE ALIGNS WITH IHHELPP'S CORE VALUES TO FOSTER DIGNITY, RESPONSIBILITY AND SELF-RELIANCE.

CALAPE MUNICIPALITY: CALAPE NATIONAL HIGH SCHOOL



The bathroom was built on a small allocated ground at the school. The school has over 300 students and 8 bathrooms, or 1 bathroom : 40 students.

NEW BATHROOM AND WASH AREA



TURN-OVER CEREMONY



TUBIGON MUNICIPALITY: UBOJAN ELEMENTARY SCHOOL

<https://www.facebook.com/ibhelpchange/videos/1837531773005318/>





NEW TUBIGON BATHROOM

TUBIGON TURN-OVER CEREMONY





BARANGAY POBLACION NORTE, CLARIN MUNICIPALITY

- Sea-side community
- ↑ Rate of E. Coli infection due to rampant open defecation per municipal doctor
- Site inspection with compressed earth block (CEB) livelihood program lead, ihelpp board members & local community officials



OLD UNUSABLE BATHROOM TURNED INTO STORAGE UNIT FOR FISH BASKETS





- LOCAL OFFICIALS WANTED A NEW BATHROOM UNIT ADJACENT TO OLD FACILITY
- CEB LIVELIHOOD PROGRAM CREW ASSISTED BY LDS MISSIONARIES

NEW CLARIN BATHROOM



Old bathroom

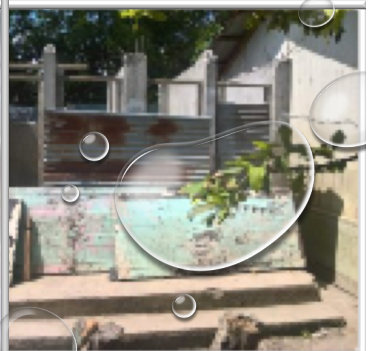
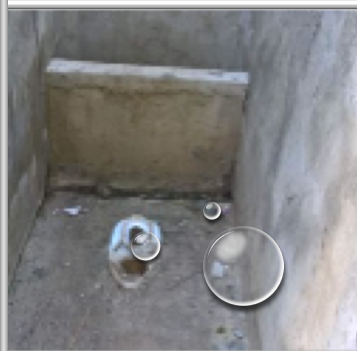


A new bathroom built

INABANGA NATIONAL HIGH SCHOOL

TOILETS BROKE DOWN FROM
EARTHQUAKE

- 24 TOILETS, ONLY 10 FUNCTIONAL
- 8 TOILETS AT THE BACK COMPLETELY
DAMAGED
- SCHOOL OFFICIALS OPTED TO REBUILD



THEN



NOW

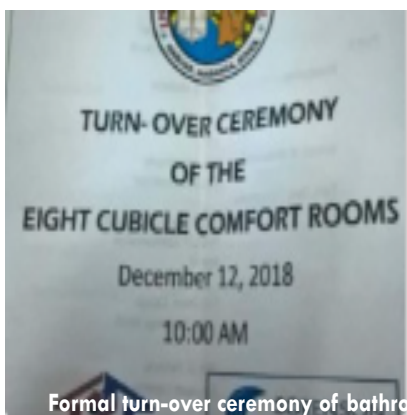
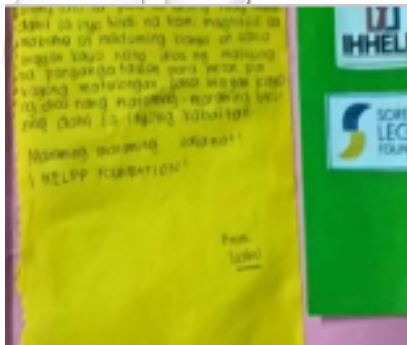


TRANSFORMATION OF 8 CUBICLE BATHROOM

Aftermath of major earthquake (October 2013)



Reinforced steel doors, new roofing



Formal turn-over ceremony of bathro

"Thank you for this early Christmas gift-because of this, we no longer have to use stinky & dirty bathrooms..." Isabel

Letters from very grateful students



1. IMPROVE QUALITY OF LIFE BY DECREASING HEALTH RISKS AND DISEASES DUE TO IMPROPER DISPOSAL OF HUMAN WASTE:

At least 10 children and 10 families who use the communal bathroom in the designated community will be interviewed (ongoing) by the local IHHELLPP Project Coordinator/volunteer on the following topics:

- a. Frequency of bathroom use
- b. Consistency of handwashing after bathroom use
- c. Perceived benefits to the person and to the community (i.e. health and wellness)
- d. Decrease in the reported incidence of diarrhea

2. FOSTER COMMUNITY DEVELOPMENT THROUGH COLLABORATION AMONG RESIDENTS, LOCAL COMMUNITY AND LDS CHURCH LEADERS: LOCAL IHHELLPP VOLUNTEER WILL COORDINATE THE PROJECTS AND MONITOR THE COMMUNICATION/ COLLABORATION PROCESS AMONG THE VARIOUS STAKEHOLDERS, AND TO OVERSEE THE TIMELINESS OF COMPLETING THE PROJECTS.

- THIS OUTCOME WAS MET.
- The LDS District President and councilor visited every municipality and established ties with the specific school officers and local government Mayor/residents. Workers were local residents who participated in the livelihood program. IHHELLPP Board members visited each location prior to starting the project on June 2018 and will do a post project tour on Feb. 11-13, 2019.



4. PROMOTE A HEALTHY ENVIRONMENT AND ECOSYSTEM THROUGH SANITARY HEALTH EDUCATION: AN EDUCATIONAL ONE-HOUR PROGRAM WILL BE CONDUCTED AFTER EACH BATHROOM PROJECT IS COMPLETED. A PRE-TEST AND POST-TEST OF INFORMATION TAUGHT WILL BE CONDUCTED AMONG THE PARTICIPANTS.

Partly achieved.

LESSONS LEARNED

SUMMARY

- THE COLLECTIVE BATHROOM PROJECTS WAS A SUCCESSFUL JOINT EFFORT AMONG VARIOUS STAKEHOLDERS (COMMUNITY, LOCAL GOVERNMENT OFFICIALS, SCHOOL OFFICIALS/TEACHERS, LOCAL CHURCH LEADERS AND RESIDENTS).
- A SUCCESSFUL LIVELIHOOD PROGRAM USING COMPRESSED EARTH BLOCKS WAS INITIATED AND SUSTAINABILITY IS PROJECTED BASED UPON STRONG INTEREST IN USING THE MATERIAL FOR FUTURE CONSTRUCTION OF SIMPLE BUILDING FACILITIES.
- HEALTH EQUITY CAN BE ACHIEVED THROUGH NURSE-LED COMMUNITY-BASED INTERVENTIONS.
- THE BUDGET WAS MET.

RECOMMENDATIONS

- CONTINUE TO MONITOR CONSTRUCTION PROCESS FOR QUALITY AND SAFETY
- TRACK DIFFERENT BATHROOM PROJECTS FOR CLEANLINESS AND MAINTENANCE.
- CONSIDER FORMALIZING A MEMO OF UNDERSTANDING FOR TRANSPARENCY OF EXPECTATIONS AND ACCOUNTABILITY OF RECIPIENTS
- CARRY OUT PRE AND POST SURVEYS OF OUTCOME MEASURES (FREQUENCY OF BATHROOM USE, HANDWASHING, REDUCED FREQUENCY OF DIARRHEA, PERCEIVED BENEFITS TO HEALTH AND WELLNESS)
- INTEGRATE SHORT HEALTH EDUCATION PROGRAM DURING TURN-OVER CEREMONY
- IDENTIFY WAYS TO REDUCE COSTS AND MAINTAIN QUALITY FOR SUSTAINABILITY

ACKNOWLEDGMENT

IHHELPP expresses its sincere gratitude to:

- **Sorenson Legacy Foundation** for making the Bohol Bathroom Projects possible, thus benefitting the lives of children and high school students and Clarin community residents
- **University of Utah College of Nursing** for its mission to advance health in global communities
- **University of Utah office of Health Equity and Inclusion** through the Herman Hooten travel stipend for supporting this community-based intervention to bridge disparities in health and sanitation

Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.

-Margaret Mead

veganposters.com

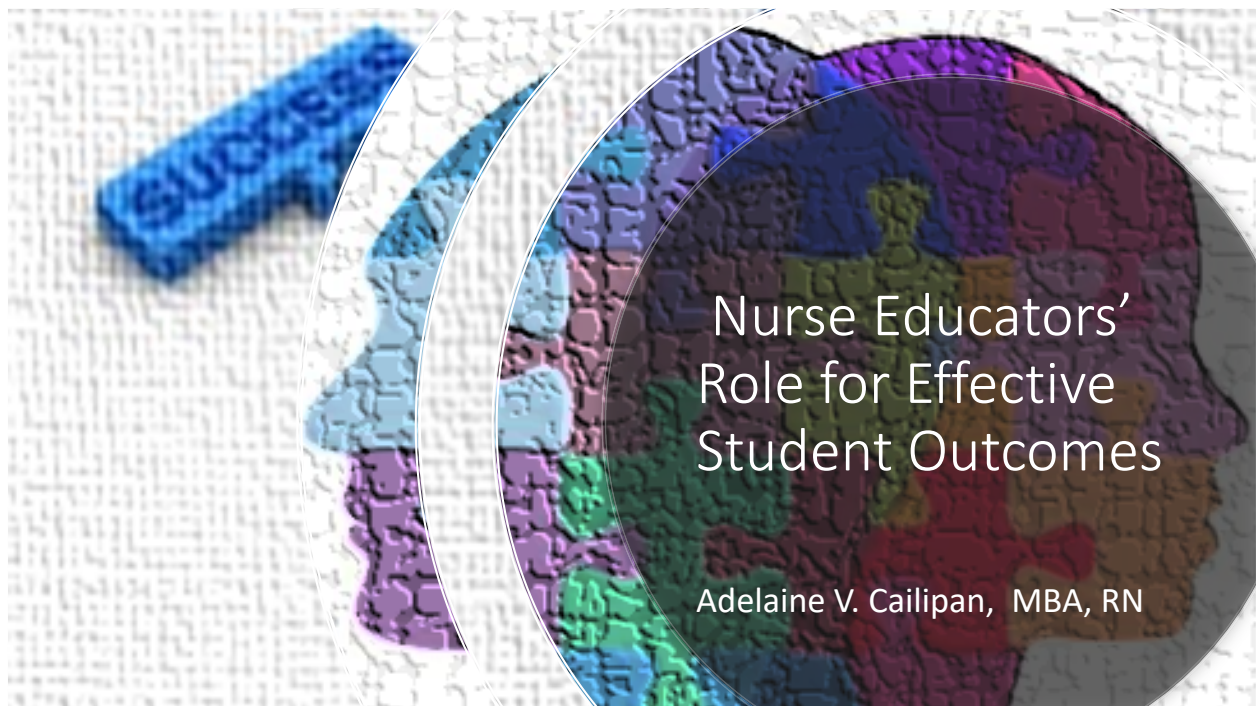
"We ourselves feel that what we are doing is just a drop in the ocean. But the ocean would be less because of that missing drop."

- Mother Teresa

WWW.SEVENQUOTES.COM

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RNC-OB

Terriquez, Delores MSN, MBA, HC, RN

Nursing Yesterday, Today and Tomorrow

History of Nursing Education

The tradition of formal training for nurses is only about 150 years old. Prior to the 1870s, most people were cared for at home by family members

Nursing Yesterday, Today and Tomorrow

History of Nursing Education

- Early to mid-1800s:** Physicians begin scattered efforts to “train” low-status women to assist them with menial tasks.
- 1854-1856:** Florence Nightingale demonstrates the value of military nurses during the Crimean War. She begins to organize her thoughts on how nurses should be trained.
- 1859:** Florence Nightingale publishes “Notes on Nursing,” the first instruction manual of any kind for nurses.
- 1860:** The Nightingale Training School for nurses opens in England and is quickly deemed a success. This leads to a new public image of nurses as professionals and is widely seen as the invention of modern nursing as we know it today.
- 1873-1889:** The Bellevue Hospital School of Nursing is founded in New York City, as the first nursing school in the U.S. to be founded on the principles set forth by Florence Nightingale—it features a one-year program. Soon afterward, the New England Hospital for Women (Connecticut) and Massachusetts General Hospital (Boston) open nurse training programs.
- 1889-1900:** By the turn of the century, there are over 400 hospital-based nursing schools in the U.S. There is no standardization; programs range from six months to two years in length and each hospital sets its own curriculum and requirements. These schools exist primarily to staff the hospitals that operate them.
- 1909:** The University of Minnesota School for Nurses becomes the first university-based nurse training program. It awards a baccalaureate degree to students that complete a three-year program.
- 1923:** A study known as the Goldman Report concludes that nurses should ideally be educated in a university setting, according to academic standards.

Nursing Yesterday, Today and Tomorrow

History of Nursing Education

- 1948:** The Carnegie Foundations studies nursing education and publishes the Brown Report, again recommending that nursing schools be placed in academic settings rather than hospitals. Regardless, hospital-based diploma programs continue to be the norm, training the vast majority of American nurses and focusing on filling open nursing positions.
- 1952:** A project at Columbia University introduces the concept of two-year, associate degree nursing programs as a research-based plan to test this new education model. The curriculum is composed of half nursing classes and half general-education classes, with clinical experiences gained in the community.
- 1960-1975:** Diploma programs decline rapidly as they are replaced by associate's degree programs at community colleges.
- 1982:** Even as the ADN remains the most common degree held by working RNs, the National League in Nursing (NLN) releases the first position statement to affirm the BSN is most desirable as the minimum educational level for entry-level nurses. Over the next three decades, many other organizations adopt the same position.

Nursing Yesterday, Today and Tomorrow

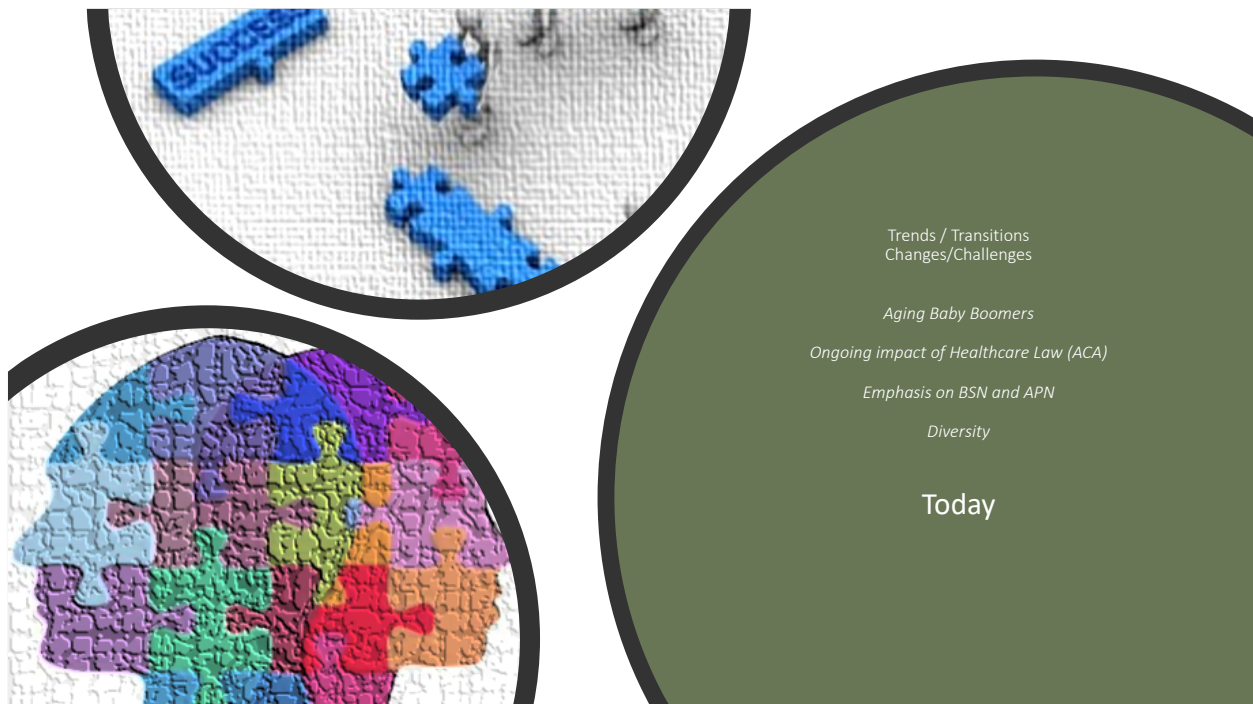
History of Nursing Education

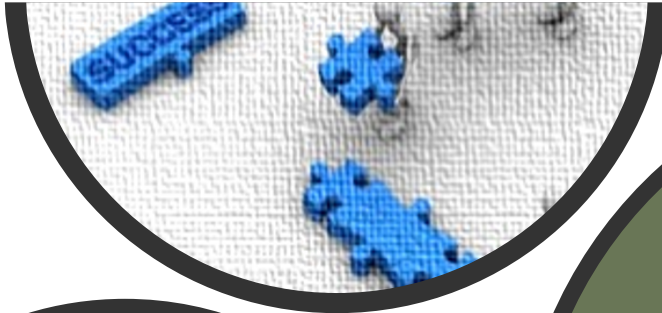
1990: The Department of Health and Human Services creates a commission to address the national nursing shortage. Fears of worsening shortages put a damper on efforts to require the BSN as entry to professional practice.

2003-2008: Several studies demonstrate that patient outcomes improve when a higher percentage of nurses on staff hold a BSN.

2010: The Institute of Medicine issues a landmark report called *The Future of Nursing*, which compiles extensive research to back its recommendations for all nurses to attain higher levels of education. It calls for 80 percent of the nursing workforce to hold a BSN degree by 2020.

2012: New York and New Jersey consider controversial legislation known colloquially as the “BSN in 10” law. It would require ADN-prepared nurses to obtain a bachelor’s degree within ten years of entering nursing practice. Again, fears of a looming nursing shortage prevent the BSN from becoming a national standard for entry level practice. By this time, however, many employers are stating a preference for BSN-holding nurses and creating incentives for nurses to go back to school.



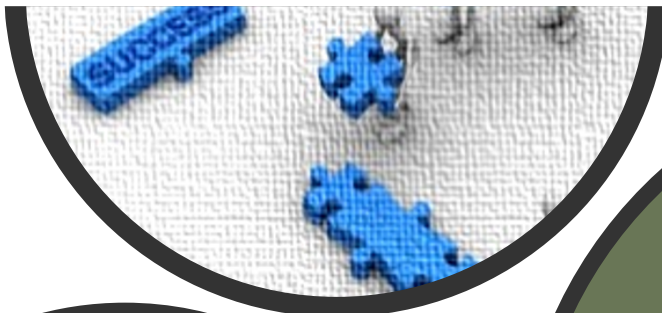


Trends / Transitions
Changes/Challenges

Aging Baby Boomers

The percentage of the population aged 65 and over among the total population increased from 4.1 percent in 1900 to 13.0 percent in 2010 and is projected to reach 20.9 percent by 2050.

www.nia.nih.gov



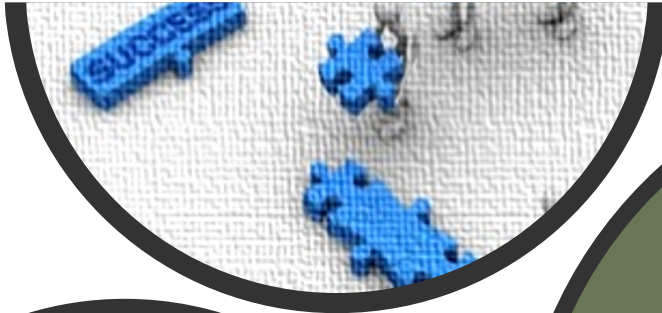
Trends / Transitions
Changes/Challenges

Ongoing impact of Healthcare Law (ACA)

An estimated 30 million Americans are expected to gain health insurance through the Affordable Care Act (ACA), and a healthy and sizable workforce will be needed to meet the increased demand. The health care workforce is already facing a critical shortfall of health professionals over the next decade.

Amy Anderson, March 2014





Trends / Transitions
Changes/Challenges

Emphasis on BSN and APN

IOM Recommendation

Nurses should practice to the full extent of their education and training.

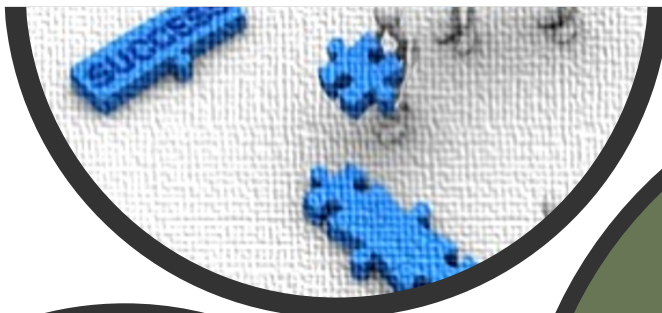
Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.

Effective workforce planning and policy making require better data collection and an improved information infrastructure.

IOM arrived at these recommendations by acknowledging the unique role that nurses play in the health care system. Because nurses have regular and close proximity to patients and scientific understanding of care processes across the continuum of care, they have a unique ability to act as partners with other health professionals and to lead in the improvement and redesign of the health care system and its many practice environments, including hospitals, schools, homes, etc.

Thomas Sullivan, May 2018



Trends / Transitions
Changes/Challenges

Diversity

When the Nursing workforce reflects its patient demographic, communication improves thus making the patient feel more comfortable. A person who has little in common with you cannot adequately advocate for your benefit.

Erica Bettencourt, August, 2016

Definition of Diversity

noun, plural di-ver-si-ties, the state or fact of being diverse; difference; unlikeness; **diversity** of opinion, variety; multiformity, the inclusion of individuals representing more than one national origin, color, religion, socioeconomic stratum, sexual orientation, etc.; diversity in the workplace, a point of difference.

<https://www.dictionary.com/browse/diversity>

Nursing Yesterday, Today and Tomorrow

Future Challenges Future Needs



The Need :

Nurse Educators



Nurse Educators

A competent nurse educator should have the knowledge, skills and attitudes to adopt new approaches in planning, organizing, implementing and evaluating nurse education programs.

WHO 2016 Nurse Educator Competency



Vital Role of Nurse Educators

Manage
Facilitate
Encourage
Validate
Accommodate
Role Model





Vital Role of Nurse Educators Manage

- Active involvement in curriculum design
- Transfer of knowledge
- Course Dynamics



Vital Role of Nurse Educators

Facilitate –

to make easier or less difficult; help forward (an action, a process, etc.): Careful planning **facilitates** any kind of work.
<https://www.dictionary.com/browse/facilitate>

Facilitate well with other nurse educators and staff nurses for students effective skills development and critical thinking and decision-making skills.

NurseTim.com



Vital Role of Nurse Educators

Encourage

encourage definition: 1. to make someone more likely to do something, or to make something more likely to happen: 2. to talk or behave in a way that gives someone confidence to do something: 3. to help someone to feel confident and able to do something, or to give advice to someone to do something:

<https://dictionary.cambridge.org/us/dictionary/english/encourage>

NurseTim.com



Vital Role of Nurse Educators

Validate

Definition

val-i-date

['valə.dāt]

recognize or affirm the validity or worth of (a person or their feelings or opinions); cause (a person) to feel valued or worthwhile.

NurseTim.com



Vital Role of Nurse Educators

Accommodate

Definition

Accommodate entered English in the mid-16th century from the Latin word *accommodate*-, meaning "made fitting.". Whether it refers to changing something to suit someone's wishes or providing someone with something he needs, accommodate typically involves making something fit. You might change your lunch plans, for example,...

<https://www.vocabulary.com/dictionary/accommodate>

NurseTim.com



Vital Role of Nurses and Nurse Educators

Role Model

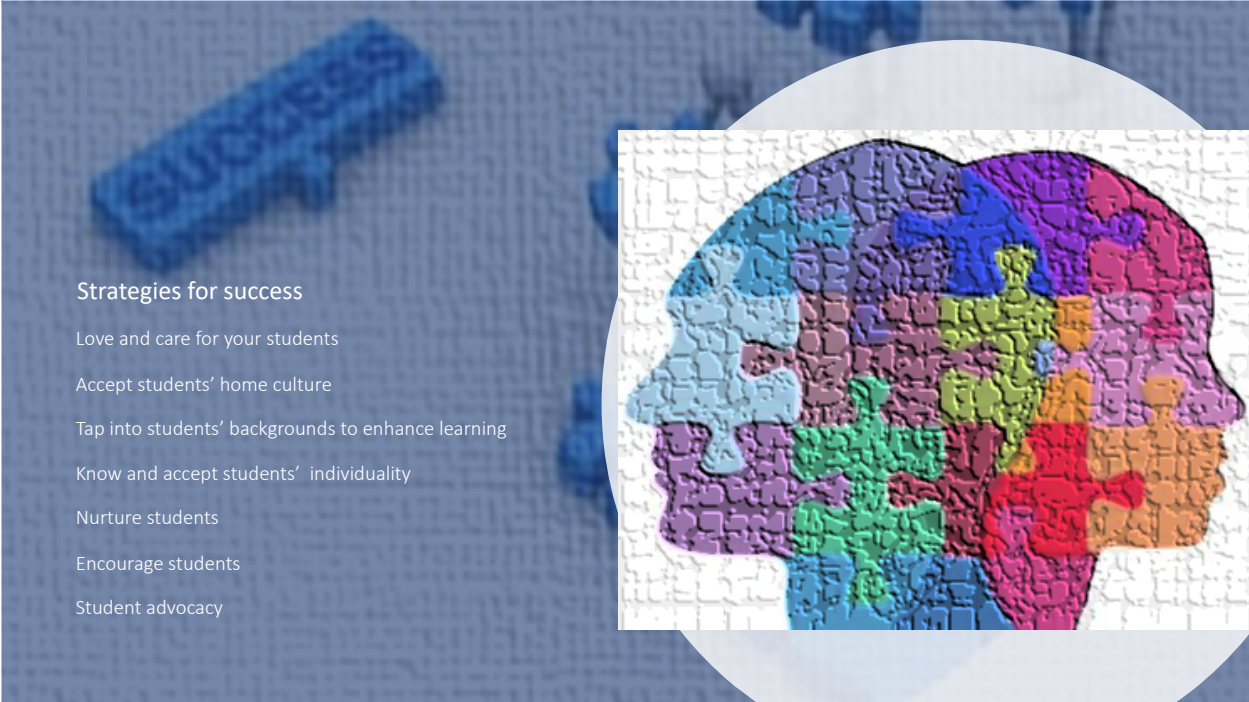
You are a role model and they will mimic you – so shine and make a positive impact! But, please take the student under your wings with a willing heart.





Strategies for success

- Maintain high standards
- Be radically involved with curriculum design
- Adapt to new Technology and Trends
- Know Healthcare Regulations
- Embrace Diversity



Strategies for success

- Love and care for your students
- Accept students' home culture
- Tap into students' backgrounds to enhance learning
- Know and accept students' individuality
- Nurture students
- Encourage students
- Student advocacy



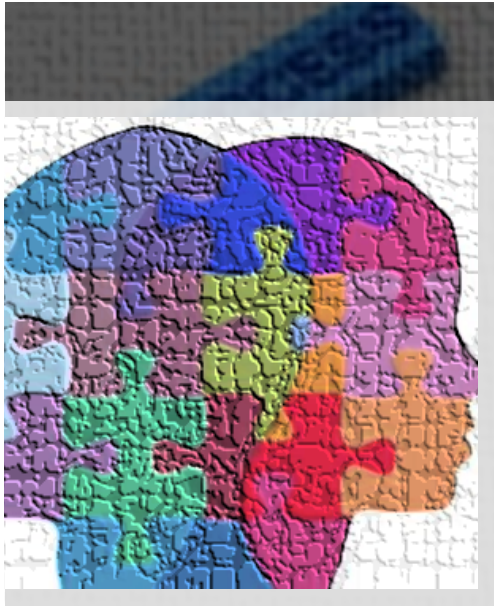
Every Nurse' Role

Support and Adopt a
Student Nurse



'So never lose an opportunity of urging
a practical beginning however small for
it is wonderful how often in such
matters the mustard -seed germinates
and roots itself,' – *Florence Nightingale*





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Asian Immigrants in Leadership Roles in the U.S.: *Implications for Nurse Leader Development*

Ramil L. Cabela, RN, BSN, MBA, DBA

University of the Philippines Nursing Alumni Association International
Educational Conference, Alaska, Aug. 2019



Jess Lee
(China)
CEO & Co-Founder,
Polyvore



Vinod Dham
(India)
"Father of Pentium
Processor"



Sheila Marcelo
(Philippines)
CEO & Founder,
Care.com

Research Impetus

Cultural diversity

- Rising immigration patterns
- Need for multicultural, competent leaders

Leadership development literature

- Scarcity of studies on minority populations
- Extant theories drawn from narrow sample (Chin, Desormeaux & Sawyer, 2016)

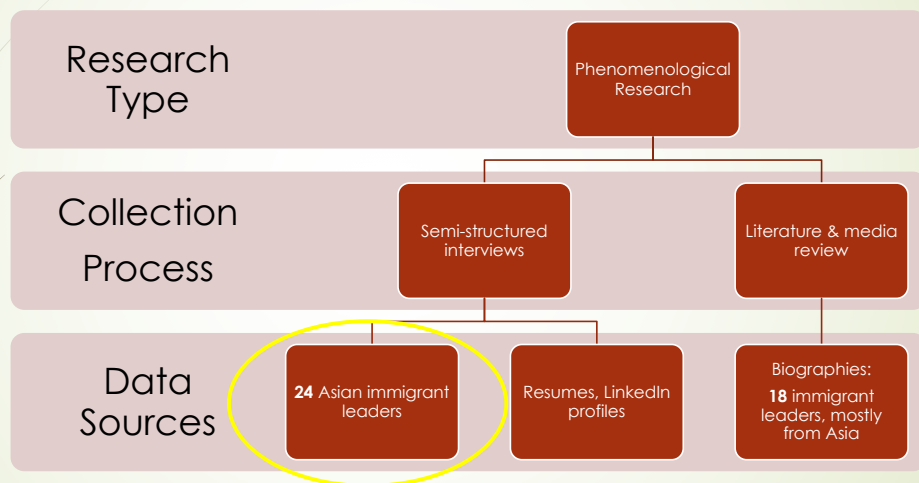
Immigration

- Highly skilled Asian immigrants (Batalova & Fix, 2017)
- Net positive benefits (Ballmer, et al, 2011; West, 2010)

Research Questions

- 1. How do U.S. minority immigrants experience the process of landing leadership roles?
- 2. How do U.S. minority immigrants leverage (or suppress) their cultural identities when leading their organizations?
- 3. What lessons can be gleaned from their challenges and opportunities?

Research Design



Primary Data Sample

Inclusion Criteria

Leader = position of influence, with at least 1 direct report

Immigrated to U.S. (not a native-born American)

From top 3 Asian countries in terms of immigrant population

Industries

Large & small organizations

Academia

Fashion

Finance

Food processing

Health care

Life sciences

Technology

Travel

Government agencies

Study Sample

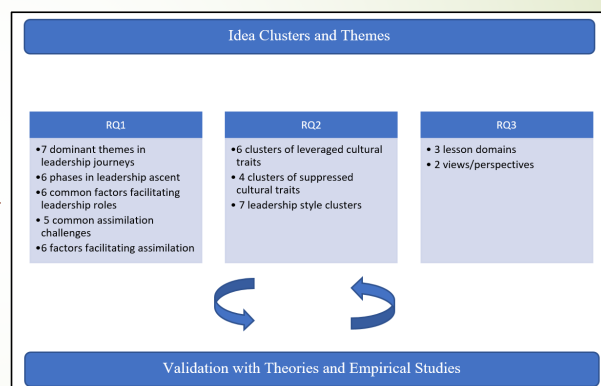
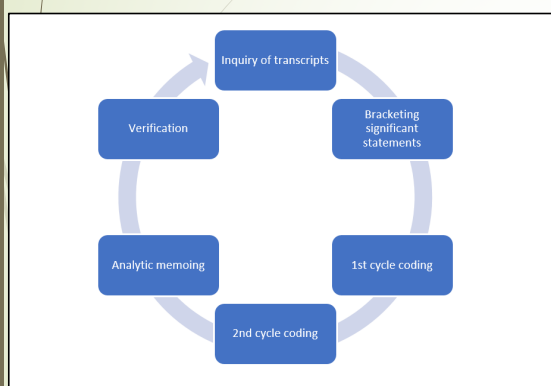
5 Chinese

7 Indians

12 Filipinos

3 RNs

Analytic Process & Outcomes



Theoretical Framework

Assimilation

- Changing Identificational Assimilation Model
- Stress & Coping Theory

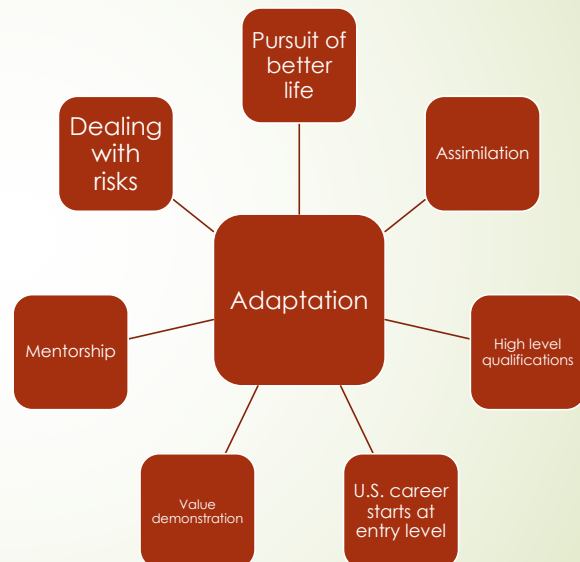
Cultural Traits & Leadership Styles

- Hofstede's cultural dimensions
- GLOBE Culturally Endorsed Leadership Profiles
- Situational Leadership
- Servant Leadership

RQ1 Overview: Eight Dominant Themes

Immigrant journeys to leadership are complex & heterogeneous.

No single pathway or common formula.



RQ1 : Linear vs. Nonlinear Paths

Linear Path Leaders (n = 14)

- Sequential career path from individual contributor (IC) to leader
- Progressively increasing scope of responsibility

Nonlinear Path Leaders (n = 10)

- Broad, lateral swings in career
- Seek/accept IC roles post-managerial positions, then move on to further leader roles

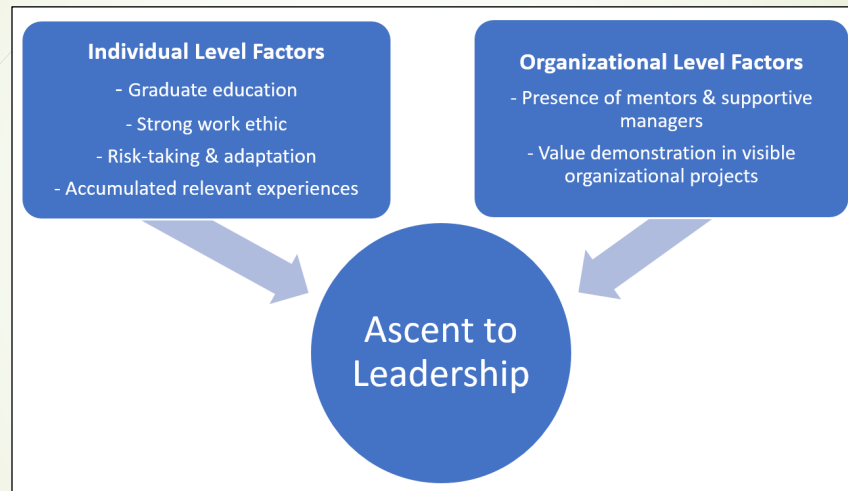
RQ1 Overview: Eight Dominant Themes

Immigrant journeys to leadership are complex & heterogeneous.

No single pathway or common formula.



RQ 1: Factors Facilitating Ascent to Leadership



RQ 1: Assimilation

Immigrants face some common challenges.

Type of Challenges	Count of Leaders Who Expressed Challenges			
	Chinese n = 5	Filipinos n = 12	Indians n = 7	Total n = 24
Language and communication barriers	4	1	4	9
Native-born Americans' lack of awareness of immigrant culture	1	4	3	8
Initial financial hardship	1	5	1	7
Adjustment to social norms	1	3	5	9
Bias and discrimination	1	6	3	10

Example of Bias & Discrimination

"My husband and I went to a restaurant (in a southeastern U.S. city). Because he wears a turban, we were kicked out of the restaurant. The manager approached us and said, 'You look like a person who screamed at us and wanted free food.' My husband said, 'You cannot think I was that person. I don't look like anybody.' At that time, we just didn't know how to react. We walked out and sat in the car. I got so upset and said to my husband, 'How dare they say that. Let's go back and make sure that we clarify things. So we went back into the restaurant and told the manager, 'I don't think he looks like the person you thought he is. You're mistaking him for someone else. So I think you need to let us in.' The manager replied, 'If you don't get out of the property, I will call the police.' We left in frustration and wrote (a complaint letter) to the organization. They have not responded back."

■ Indian Immigrant, COO of an electronics company

RQ 1: Factors Facilitating Assimilation Process

Integrating Stress Coping Theory and Changing Identificational Assimilation Theory

Top Factors Used By Study Immigrants	Theories (Characteristics)	
	Stress & Coping Theory	Changing Identificational Assimilation Theory
Family support	Emotional support seeking	Selective mechanism
Support from student associations & community/ethnic networks	Emotional support seeking	Selective mechanism
Having the 'appropriate mindset'	Cognitive reframing	Symbolic mechanism
Developing English proficiency	Cognitive reframing	Selective mechanism
Connecting with majority	Problem-solving behavior	Selective and/or symbolic mechanisms
Engaging in civic & cultural activities	Problem-solving behavior	Selective and/or symbolic mechanisms

Example of Cognitive Reframing

"We (she and her husband) conditioned our minds to be ready for the transition – embrace the fact that this was a different country with its own culture, work environment, rules, and work practices. We considered ourselves coming in as external actors, as outsiders. We conditioned ourselves to understand that we were going to be second class citizens. We're not natural born Americans, so we understand that there will always be circumstances where there is preference for the American native/domestic, which happens everywhere else around the world."

■ Filipino Immigrant, Director at a prestigious U.S. university.

RQ2: Top Cultural Traits Leveraged

- Family orientation
- Strong sense of community
- Strong work ethic
- Integrity
- Respect for authority
- Modesty

Example of Family Orientation:

"At work, it's not just about work. It's about the team and you treating each other as family and working like a family. For example, when there's a new member in my team, we have a celebration on their first day or when we finish a big project, we will eat ice cream. When somebody who was really sick came back, we had balloons for them. It's just part of that family sense."

■ Chinese Immigrant, VP at one of America's largest banks

RQ2: Top Cultural Traits Suppressed

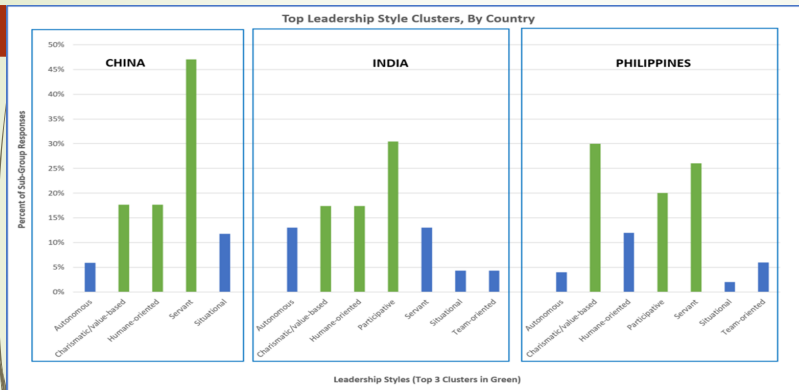
- Gender inequity, especially bias against women
- Lack of assertiveness
- Conflict avoidance
- Tendency towards hierarchical perspectives

Example of Gender Inequity:

"There is still the mentality of prioritizing males over females. At dinner, kids eat first, guys eat second, women eat last. Indian women are brought up to be dependent on their husbands. In my career, I feel that I had to work two to three times harder just to have a seat at the table and be taken seriously because I am a woman and an immigrant. I work so hard to know every data point well so that I could really stand behind it, and people could take me seriously and respect me."

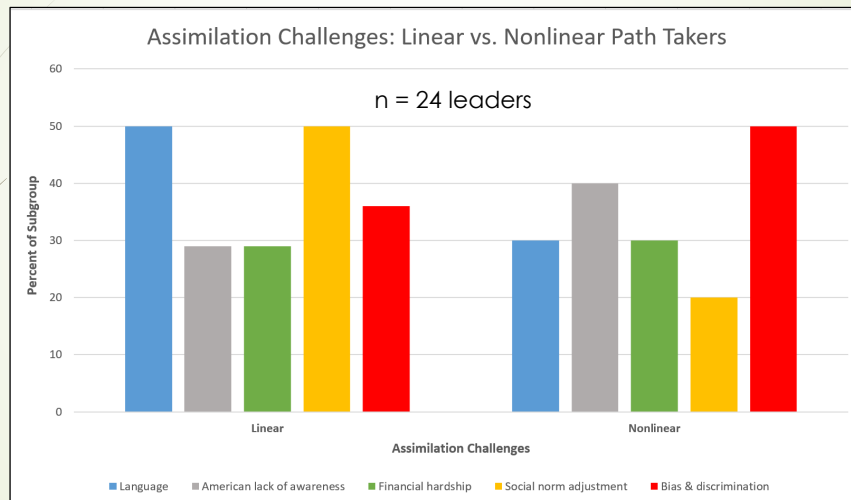
Indian Immigrant, COO at a fast growing biotech company

RQ2: Top Cultural Traits & Leadership Styles

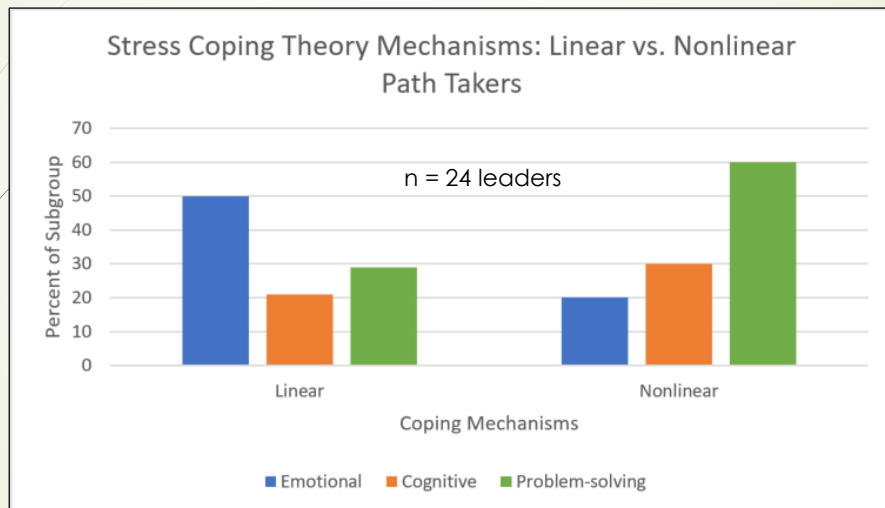


Cultural Traits Leveraged	Cultural Traits Suppressed	Leadership Style Clusters
- Family orientation - Close-knit community - Strong work ethic - Value of integrity	- Gender inequality (bias against women) - Lack of assertiveness - Conflict avoidance - Hierarchical tendencies	- Servant leadership - Charismatic/value-based - Participative - Humane-oriented

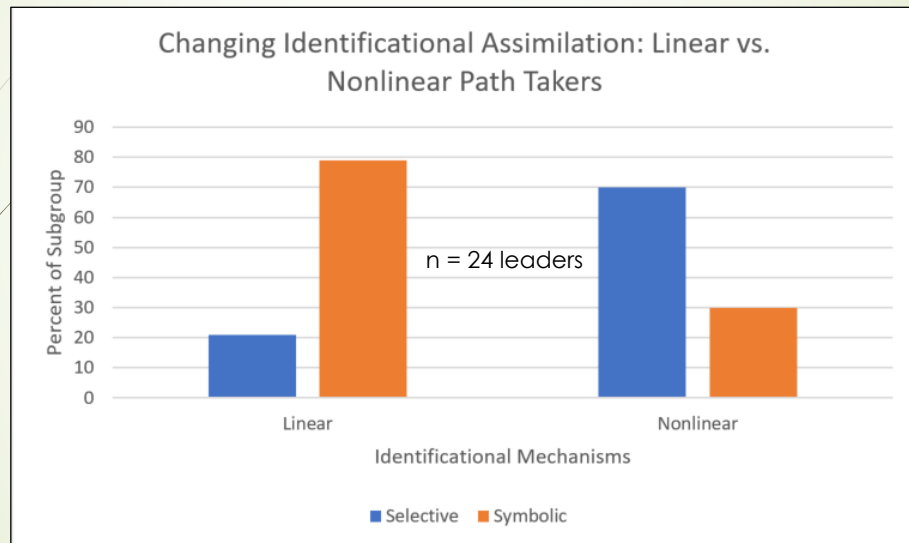
Nonlinear leaders faced more discrimination challenges; linear leaders faced language issues.



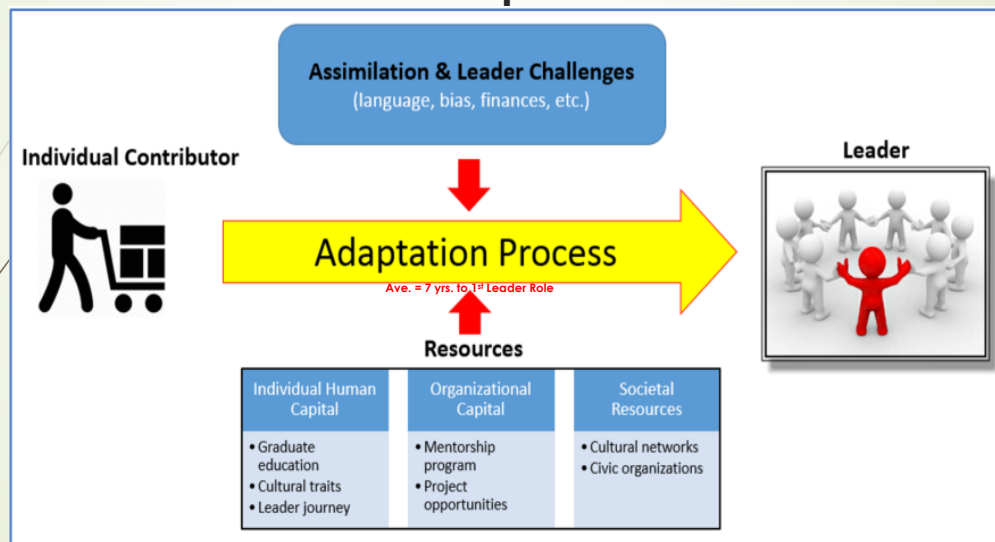
Coping Mechanisms: Nonlinear leaders used problem-solving; linear leaders sought emotional support



Identificational Assimilation: Nonlinear leaders used selective mechanisms; linear leaders were more symbolic



The Underlying Theme of Asian Immigrant Leader Experiences



RQ3: Implications for Nurse Leader Development

Considerations for Nurses

- Leverage the best of both American and ethnic cultures.
- Keep an open mind and adapt to American environment. Learn how to effectively deal with risks and pivot to different situations.
- Invest in graduate education.
- Demonstrate value to organization.
- Master communication using English.
- Build relevant experiences.
- Surround self with supportive people. Immerse in mentorship opportunities.

Future Research

- Investigate further the relationship between leveraged/suppressed cultural traits and leadership styles.
 - Compare Asian cultures with others.
 - Focus on nurses and other health care professionals.
- Methodically test how psychosocial coping mechanisms help shape leader behaviors.
- Explore further benchmarks for optimal duration of leadership development.
 - Average: 7 years (range = 1 – 16 years) for Asian immigrants
 - Differences in duration among various groups; impact on leader effectiveness
- Examine effect of leader adaptation to their leadership development.
 - Tease out degree and direction of relationships between cultures, available organizational and societal resources, and leadership styles.





Presentation Flight Path

- Discuss the evolving and emerging nursing roles in the era of precision health.



Definitions

Cancer

- A large group of diseases characterized by cells growing out of control and spreading throughout the body.
- Disease of the cell, involving a series of mutations or changes in the genetic makeup, or DNA (deoxyribonucleic acid) of the cell.
- Also known as malignant cells.
- Not a single disease; clonal heterogeneity





Characteristics of Cancer Cells

- Abnormal cell proliferation
- Lack of controlled growth and division; poorly differentiated; abnormal structure
- Ability to spread (metastasize) and invade other tissue (normal cells cannot do this)
- Can involve any bodily tissue
- Evade natural cell death (apoptosis)



Courtesy of National Institutes of Health



Carcinogenesis

- Carcinogenesis-transformation, mutation
 - Environmental factors (carcinogens), AKA somatic
 - Inherited or germline (BRCA1/BRCA2)
- Regulatory cells
 - Proto-oncogenes (Ras)
 - Tumor suppressor genes (RB gene)
 - Caretaker genes
 - Chromosome translocation (BCR-ABL)
- Enabling factors
 - Genomic instability
 - Inflammation
 - Stroma



Ding L., Bailey, M.H., Porta-Pardo, E., Thorsson, V., Colaprico, A., et al. (2018). Perspective on Oncogenic Processes at the End of the Beginning of Cancer Genomics. *Cell*, 173(2), 305–320. doi: 10.1016/j.cell.2018.03.033.



Hallmarks of Cancer

**Hanahan & Weinberg,
2000**

**Hanahan & Weinberg,
2011**



Hanahan, D., & Weinberg, R.A. (2011). Hallmarks of cancer. The next generation. Cell, 144, 646-674. doi: 10.1016/j.cell.2011.02.013.



Definition

Precision Medicine

- Use of specific information about a person's genes, proteins, and environment to prevent, diagnose, and treat disease
- Classifies individuals into subpopulations based on susceptibility to a particular condition, cancer biology, disease prognosis, and response to specific treatment
- Allows for preventive or therapeutic interventions to be delivered to individuals more likely to benefit, sparing those who will not benefit from the cost and toxicities of ineffective treatment

Personalized Medicine

- Receiving personalized care or developing patient-specific drugs
- Ability to provide therapies specifically designed for an individual
- Tailoring of medical treatment to the individual characteristics of each patient



National Cancer Institute. (2017). NCI dictionary of cancer terms—Precision medicine; President's Council of Advisors on Science and Technology. (2008). Priorities for personalized medicine : report of the President's Council of Advisors on Science and Technology; Rantala, J. (2018). Diagnostic therapy efficacy assessment in genomic medicine and rare cancer care;



Applications of Precision Medicine

- Cancer risk assessment
- Cancer prediction tools
- Diagnosing disease
- Determining prognosis
- Pharmacogenomics
- Identification of therapeutic targets
- Ethical considerations
- Patient care considerations



Definitions

- Research protocol: detailed written plan of a clinical trial
- Clinical research: studies that involve human volunteer participants
- Clinical trials: studies that test new treatments or new ways of using existing treatments, also referred as experimental or interventional studies





Types of Clinical Research

- **Observational**
 - Case report/case series
 - Cross-sectional
 - Case control
 - Cohort
 - Outcomes research
- **Experimental or interventional**
 - Prevention trials
 - Screening and diagnostic trials
 - QOL or supportive care trials
 - Therapeutic trials



ClinicalTrials.gov, 2018; National Cancer Institute, 2016; Saria, 2017; Schmotzer, 2015



Expanded Access / Compassionate Use

Expanded access

- Use of an investigational drug outside of a designated clinical trial; restricted to patients with a serious condition or disease who no longer have satisfactory medical options available and who may benefit from the investigational therapy

Compassionate Use

- Individual patient accesses investigational therapy; risk from the investigational drug is not greater than the risk from the disease; approval from FDA may be obtained within 24 hours in emergency situations

Right to Try Act (May 30, 2018): permits/allows eligible patients to have access to eligible investigational drugs.

- **Eligible patients:** diagnosed with a life-threatening disease or condition; exhausted approved treatment options and is unable to participate in a clinical trial; has provided written informed consent
- **Eligible investigational drugs:** completed Phase 1, not approved or licensed by the FDA; active development or production is ongoing



Standafer, 2015; <https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/right-try>



Phases of Clinical Trials



www.gao.gov/products/GAO-17-564



My Introduction to Translational Research



NE
JTE
Center



The Vision

Personalized Care in the Era of Personalized Medicine®
Kesari & Saría (2011)

“So tonight, I’m launching a new Precision Medicine Initiative to bring us closer to curing diseases like cancer and diabetes, and to give all of us access to the personalized information we need to keep ourselves and our families healthier.”

Obama (2015)



What's in a Name?

Translational Research

Bench to Bedside



Feldman, A. Bench-to-Bedside; Clinical and Translational Research; Personalized Medicine; Precision Medicine—What's in a Name? Retrieved from <https://ascpt.onlinelibrary.wiley.com/doi/epdf/10.1111/cts.12302>



Nursing Implications

- Patient assessment and management
- Nursing education
- Patient education



Patient Assessment & Management

Pre-diagnosis

- Assess clinical risk factors
- Screening as appropriate (family history, clinical risk factor testing, environmental risks)
- Explain genetic risk testing (implications, results, validity, familial implications)



Vorderstrasse et al. (2014). Sem in Oncol Nurs, 30:2: 130-6.



Diagnostics

- Discuss genetic testing for relevant mutations associated with clinical presentation
- Discuss tumor testing for identification of somatic mutations



Vorderstrasse et al. (2014). Sem in Oncol Nurs, 30:2: 130-6.



Treatment/Prognosis

- Identify patients for whom any 'omics or genetic testing platforms are appropriate for guidance in treatment considerations or prognostication
- Discuss recommended therapies based on tumor type and mutation identification
- Use clinical decision support tools to integrate personalized approaches and patient data (biomarker, patient-reported data, clinical data) into patient treatment plan discussions



Vorderstrasse et al. (2014). Sem in Oncol Nurs, 30:2: 130-6.



Patient Assessment & Management

Ongoing Monitoring and Management

- Support patient in determining and following through on family implications for genetic test results
- Psychosocial support for patient throughout chronic phase of oncology care



Vorderstrasse et al. (2014). Sem in Oncol Nurs, 30:2: 130-6.



Nursing Education

- Understanding of and ability to explain genetic and genomic tests, their validity and the meaning of results that will be obtained
- Navigation of the ethical, legal and social issues involved in genetic and genomic testing
- Awareness of referral base for genetic counseling, clinical trials, or specialty care





Exemplar: CQOR



Center for Quality Outcomes and Research

- Family Caregiver Study: An exploratory study of caregiver burden among family caregivers of patients with cancer (PI: Saria)
- CancerLife Study: Patient-Driven Solution in Cancer Care: A Two-Stage, Non-blinded, Randomized, Controlled Trial of a Digital Information and Communication Platform in self-reporting and monitoring of cancer and cancer-treatment related symptoms (PI: Saria)
- Caregivers and Clinical Trials: Integrating Family Caregiver Support into Cancer Clinical Trials (PI: Saria)
- An exploratory study of typing cadence or keystroke dynamics as a non-invasive approach to measure neurological function (PI: Saria)



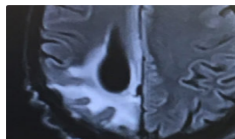


Personal Stories of Collaboration

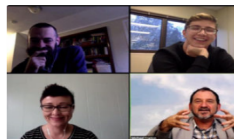


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Comparative Effectiveness Research for Glioblastoma and Palliative Care



Why Palliative Care?
Optimizing palliative care for people with



The Stakeholders
Stakeholders in the Brain Cancer Quality of



Personal Stories of Collaboration



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OUR TEAM

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Liz Salimi
Liz Salimi is the Senior Multimedia Communications Manager for Quest Diagnostics at Beth Israel Deaconess Medical Center. She's also a patient.

After receiving a brain cancer diagnosis one week after her 29th birthday, Liz began blogging.

[READ MORE](#)



Bethany M. Kwan, PhD, MSPH
Social psychologist and health services researcher at the University of Colorado. Daughter and care partner of a person who had glioblastoma.

[READ MORE](#)



Marlon Garzo Soria, PhD, RN, AOCNS, FAAN

Dr. Soria is an advanced practice registered nurse with over eighteen years of experience in oncology serving in multiple roles ranging from direct clinical care to program development and management. He is currently the Oncology Clinical Nurse Specialist at Providence Saint John's Health Center.

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Shirley Oles-Green, MSW, MA, ACSW, LCSW, OSW-C
Shirley Oles-Green is Clinical Director at the Coalition for Compassionate Care of California and founder of Collaborative Care. Her education, research and

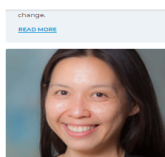


Adam Hayden, MA
Adam Hayden, MA (@adamhayden1) is a graduate trained philosopher, blogger, and speaker. In June 2016, Adam was diagnosed with the aggressive and deadly brain cancer, glioblastoma (GBM), a grade IV astrocytoma. Following his d

[READ MORE](#)



Lisa A. O'Leary, Esq.
Lisa O'Leary is a practicing attorney in California. She received her undergraduate degree from California Polytechnic State

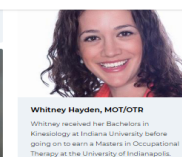


Eve A. Isham, PhD

Eve Isham is a cognitive scientist. Her lab explores human cognitive processes including time perception, action, and decision making.

At the University of Arizona, Dr. Isham is the Director of the Consciousness-Action-Time laboratory, an affiliate faculty in the Cognitive Science Graduate Group.

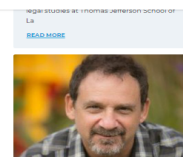
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Whitney Hayden, MOT/OTR

Whitney received her Bachelors in Kinesiology at Indiana University before going on to earn a Masters in Occupational Therapy at the University of Indianapolis. For the past 10 years, she has worked at her local county level 1 trauma hospital as well as several long term rehab facilities providing r

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Michael Fratzkin, MD

Paternal grandson, brother, son, and physician, Dr. Fratzkin is dedicated to the well being of his community. Since completing his training, he has made his home and built his family in rural Northern California. He has served his community in primary care in a community clinic system, as a medical dr

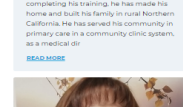
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Margaretta S. Page, RN, MS

Margaretta is a career neuroscience nurse. She has spent the last 27 years as a member of the UCSF Neuro-Oncology Clinical Team. Her roles have included providing direct patient care to the neuro-oncology patient across the disease trajectory, research, support group facilitation, and patient and pr

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Amanda Bates

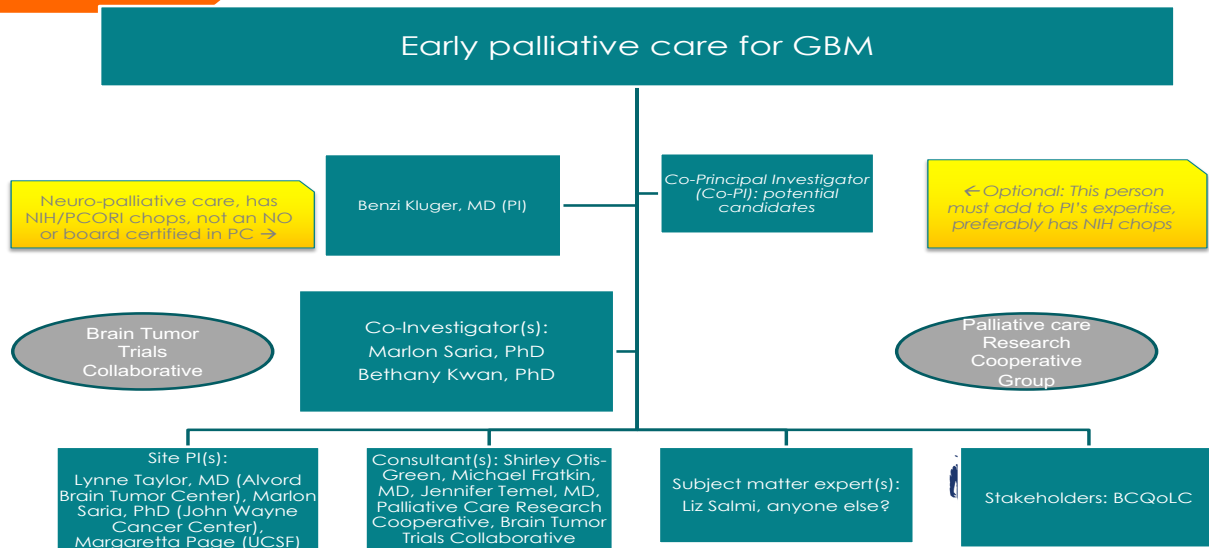
Amanda Bates is the Research Programs Manager for the National Brain Tumor Society (NBTS). She is leading the development of the Patients and Caregiver Engagement Program. She is also a staff



Michael Hogarth, MD, FACP, FACM
Dr. Michael Hogarth is a faculty member in the UC San Diego Health Department of Biomedical Informatics (DBMI) and serves as UC San Diego Health's Clinical Research Information Officer (CRO). He is also



Caregivers as Focus of Palliative Care



Exemplar: Translational Grant Proposal





Translational Team Science Grant Proposal

CDMRP Peer Reviewed Cancer Research Program (PRCRP)
Translational Team Science Award, "Addressing gaps in survivorship care for young adult cancer survivors in the military"



**JOHN WAYNE
CANCER INSTITUTE**
at Providence Saint John's Health Center



California State
University
Long Beach



Walter Reed
National Military
Medical Center



William Beaumont
Army Medical Center



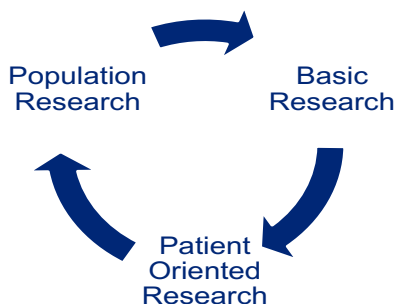
Specific Aims

Aim 2: Effectiveness of FOCUS program

Aim 2A: Non-cancer versus cancer YA military families

Aim 2B: Cancer YA families versus non-traditional YA support system

Aim 2C: Older versus younger cancer survivors



Aim 1: Explore the perceived extended caregiver network of military and civilian YA cancer survivors

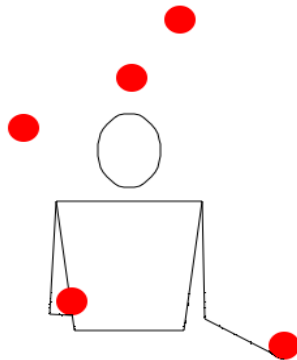
- survivor's need for psychosocial support
- their identification of traditional and nontraditional family relationships
- who they identify as "caregiver(s)"
- how the survivor utilizes their network for support emotionally and with treatment decisions.



**JOHN WAYNE
CANCER INSTITUTE**
at Providence Saint John's Health Center



Concluding Remarks



Questions:
SariaM@jwci.org



Letty G. Kuan, EdD, MAN, MSE
2019 Julita V. Sotejo Medallion of Honor Recipient

Letty G. Kuan

Page 1

1/19/2019

CURRICULUM VITAE

(2018)

DR LETTY G. KUAN

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lgkuan@up.edu.ph

Mobile: (+63) 920-908-4039

CURRENT WORK INFORMATION

PRESENT POSITION/DESIGNATION

1. Professor Emeritus
2. Board of Director
3. Board of Director
4. Adult Health Nurse Practitioner
5. Therapeutic Counselor
6. Lecturer/Resource Person
7. Guest Professor and Lecturer in:

8. Adjunct Professor
9. Peer Reviewer Publications
10. Peer reviewer Publication

OFFICE/ORGANIZATION

College of Nursing, UP Manila
Bioethics Society of the Philippines
Southeast Asia Center of Bioethics
Notre Dame de Vie
Ina ng Buhay
Religious Sisters and Clergy
Silliman University, Dumaguete
Cebu Normal University, Cebu
St. Paul University, Dumaguete
Fr. S. Urios University, Butuan
San Pedro College, Davao City
St. Joseph's College, Quezon City
San Carlos Seminary, ICAM, Mla
Central Seminary, UST
Formators Inter-Religious, Davao
UP Open University
San Pedro College, Davao,
University San Jose Recoletos

11. Peer Reviewer Publication Cebu Normal University
 12. Peer Reviewer Publication University of Florida USA

1. PERSONAL BACKGROUND

Date of Birth 19 November 1936
 Place of Birth Katipunan, Zamboanga del Norte
 Nationality Filipina
 Civil Status Single, Consecrated (Notre Dame de Vie)

2. EDUCATIONAL BACKGROUND

Highest degree earned	Institution	Date granted
Elementary graduate	Zamboanga Central School	1946-1949
High School graduate	St. Theresa's College, Cebu	1950-1953
Collegiate Secretarial	St. Theresa's College, Cebu	1954-1955
Graduate Nurse (GN)	Southern Is. Hosp. Cebu	1956-1958
BSN Supplemental	St. Paul College Manila	1972-1973
Master Arts in Nursing	University of the Philippines	1973-1975
Master of Science Education	University of the Philippines	1976-1979
Doctor of Education (Guidance)	University of the Philippines	1979-1985

3. SPECIALIZATION/CLINICAL FELLOWSHIP TRAINING

Clinical Neuropsychology	La Salpetriere Hospital	1980-1981
	University of Paris, France	1982-1983
Intensive Neuro Sciences	Univ. Hospital of San Diego, CA	1986
Soins Intensif Course	Geneva, Switzerland	1987
Clinical Neuro-Gerontology	Good Samaritan Hospital	1989-1990
	Watertown, New York	1993, 1997
Gerontology Intensive Course	Univ. of CA, LA	1991
Neurosciences Training	University Hospital, San Diego	1997
Maison Pour Les Pretres Ages	Avignon, France	1997
Alternative Interventions	Nanning, Guangxi, China	1998, 2009
Alternative therapies	University of the Philippines	2001-2002
Therapeutic Counseling	Syracuse University	07/2002
		06/2007
		07/2009
Counseling Across Cultures	Long Beach, CA	2005, 2009
Counseling for Gender		

Confused People	Irvine, CA	2005, 2008
		2009, 2010
	Illinois State University	2013
Updates in Spiritual and Cultural Studies	Centre Cultural, Venasque, France	2011-2012
Update Studies	Paris, New York, L.A.	2005-2007
		2009, 2015

4. HONORS/AWARDS RECEIVED

A. ACADEMIC

Honor Graduate	St. Theresa's College, Cebu	03/06/55
Best Clinician	Southern Islands Hosp. Cebu	04/07/58
Cum Laude	St. Paul College, Manila	10/15/73

Academic JVS Scholar	University of the Phil. Nursing	06/04/74
University Scholar	University of the Phil. Nursing	1974-1975
University Scholar	University of the Phil. Educ.	1976-1979
University Scholar	University of the Phil. Educ.	1979-1985
Academic Excellence	University of the Phil. Educ.	04/20/86
Professor Emeritus	University of the Phil Nursing	09/30/2004

B. PROFESSIONAL/CIVIC

Outstanding Speaker	European Nurses Association, Paris	04/22/81
Phi Gamma Mu	New York Chapter	10/01/85
Phi Kappa Phi	New York Chapter	04/20/86
Professorial Chair Holder	Diamond Jubilee,	1986-1987
Professorial Chair Holder	Julita V. Sotejo UP Manila	1991-1992
Professorial Chair Holder	Juan & Juana Angara UP Manila	1993-1994
Professorial Chair Holder	Diamond Jubilee UP	1998-1999
Outstanding Professional	UPCNA, Nikko Hotel	04/19/91
Outstanding Professional	UPAA, Manila Hotel	06/20/92
Atienza Inaugural Lecturer	St. Jude Alumni Assoc.	03/28/92
V. Beltran Lecturer	St. Luke's Alumni Assoc.	10/23/92
Outstanding Teacher	Manila Foundation, Li'l Theater	10/22/93
Outstanding Publication	Manila Foundation Midtown	06/22/95
Outstanding College Prof.	Metrobank Foundation Plaza	09/05/95
Outstanding Gintong Sikap	Phil Society of Consumers	12/10/95
Most Outstanding Nurse	UP Manila AA Century Park	06/16/96
Most Outstanding Alumna	UP Manila Foundation	06/21/96
Sabbatical leave one year	UPM College of Nursing	11/96/97
Gawad Parangal	UPM Foundation	06/19/98
Outstanding Prof Nurse	PRC Manila Hotel	06/22/98
Most outstanding Researcher	Phil. Nurses' Assoc. Midtown	10/26/2000

**PEREGRIN C. FRANCISCO, RN, MSA
CURRICULUM VITAE**

Name: Peregrin (Perry) Camilon Francisco

Home Address: 1144 Flobert Drive
Virginia Beach, Virginia 23464
Telephone Number: (757) 495-5875
E-mail: peregrinfrancisco@gmail.com

Objective: To share my personal and professional knowledge, skills and abilities for the improvement of access to safe and competent delivery of health care, and promotion of quality health care through the various opportunities available in my community and leadership development.

Qualifications: Excellent people and organizational skills, positive attitude, enthused by new challenges, self-directed, team player and a great sense of dedication and commitment. Passionate in the promotion and improvement of the quality of health care through building of leadership capacity.

Spouse: Rey M. Francisco, Eye MD

Children: Anthony – 11-29-73
Abigail – 9-21-80

Citizenship: USA

Education:

Graduate:	
1992-1994	Master of Science in Administration Central Michigan University Michigan, USA
1991	Certificate in Personal Computing for Business Old Dominion University Norfolk, Virginia
1988	Certificate in Healthcare Management Old Dominion University Norfolk, Virginia

International, DELMARVA Chapter 2009**Member, Virginia Board of Nursing, July 1, 2007-June 30, 2011**

Member, Board of Audiology and Speech Language Pathology, 1995-2003
Parent Member and Volunteer, Old Dominion Aquatic Club, 1989-1999
Virginia Beach Swim League, Indian Lakes Swim Team, 1986-1991
Volunteer, American Heart Association
Volunteer, American Diabetes Association
Volunteer, Leukemia Society of America, 1988
Member, International Association of Lions Club, 1993-1995
Member, St. Mark Catholic Church, Social Committee
Chairman, Exhibit tenth Annual National Convention, PNA, July 1989
Board Member, PNA, 1988-1990
President, PNAT, 1987
CEA Chairman, PNAT, 1987-1989
Member, Humana Hospital Bayside Auxiliary, 1989-1991
Secretary/Treasurer, PMA SEV Auxiliary, 1989
Secretary/Treasurer, CMSA, 1986-2000
President, PMA SEV Auxiliary, 1988
Loaned Executive, United Way of Hampton Roads, 1992
Co-Chairman, Medical Professional Campaign, United Way of VB, 1993
Program Coordinator, Hampton Roads Director of Nursing Education, 1989
Member, Hampton Roads Director of Nursing Education, 1989 – 1992
Member, Health Care Administrator of Tidewater, 1999
Volunteer, Virginia Beach Health Advisory Board

Presentations:

Numerous presentations on Leadership Development at the PNA Regional and National Conferences 2007-2012

Presentations on Nursing Regulations and Practice at the PNA/PNA International Nursing Conferences 2010 Cebu and 2012 Manila

Balik-Turo presentations on various Clinical Topics, 2012 Cebu and 2012 Manila
Numerous presentations on Leadership Development, Nursing Regulations and Practice, Clinical Topics at the PNAVA Chapter Conferences 2007-2012

Caring for Yourself that You May Care for Others: "Career Options After Nursing"
Coordinator and Speaker, UP-PGH Class 1969 Reunion, June 3, 2006
Breaking the Barriers to Health and Wellness: What an Educator Can Do,
"Outcome and Success Measurement", October 25, 2005
Co-Facilitator, Leadership Workshop, PNA, July 13, 2005
Co-Moderator, Creating Partnership for a Preferred Future: Sharing vision,
Values and Leadership, July 15, 2005

CV-P. C. Francisco, RN, MSA
Updated: April 24, 2012

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Letter of Commendation for Professional and Community Projects, PMASEV
Outstanding Service, Philippine Medical Association of Southeastern VA, 1994
Recognition of Leadership, Chesapeake Medical Society Auxiliary
Best Waiter, Leukemia Society, 1988
Silver Award, Professional Celebrity Waiters Dinner, June 9, 1988
Certificate of Appreciation CPR Awareness, American Heart Association, 1991
Certificate of Participation, United Way of South Hampton Roads "Day of
Caring", 1992
Recognition of Contribution to the Citizens of the Commonwealth of Virginia,
Virginia Board of Audiology and Speech Language Pathology, 6/1/1995-
6/30, 2003
Exchange Scholar, Group Study Exchange Program, Rotary Club International,
1998
Certificate of Appreciation, Virginia Beach Health Department Volunteer
Program, July 20, 2001
Certificate of Excellence, for dedication and Outstanding Performance, Pyxis
2000 Implementation, January 2000
Certificate of Appreciation, Sentara Nursing Clinical Information System
Committee
Recognition of Mentors, Norfolk Public Schools and Virginia Beach Public
Schools, 1992
Commendation for Continuing Medical Education Series – Nutrition,
Gastroenterology Consultants, Ltd. March 1989
Commendation for Continuing Medical Education Series – Nutrition Support,
Gastroenterology Consultants, Ltd. March 1992
Commendation for Sentara Bayside Hospital Continuing Medical Education
Series, SBH CME Directors, January 1998
Certificate of Recognition, Countdown Hampton Roads (Community Health
Screening), 1991
Certificate of Recognition, Countdown Hampton Roads (Community Health
Screening), 1993
Certificate of Recognition, Countdown Hampton Roads (Community Health
Screening), 1994
New Horizon Award for Diabetes Education, International Association of Lions
Club
Certificate of Recognition, Hampton Roads Chamber of Commerce Mentorship
Program-VB City Public Schools, 1992
Certificate of Recognition, Hampton Roads Chamber of Commerce Mentorship
Program-VB City Public Schools, 1993
Certificate of Recognition, Hampton Roads Chamber of Commerce Mentorship
Program-VB City Public Schools, 1994
Promoting Educational Excellence: Outstanding contribution & dedicated service,
Technical & Career Education Center
Letter of Appreciation, Participation in Job Fair/Career Day, Virginia Beach

CV-P. C. Francisco, RN, MSA
Updated: April 24, 2012

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PNAVA Conference: Building Personal Success, December 2004
Chapter Continuing Education Presentation, PNAVA, 2003
Chapter Continuing Education Presentation, PNAVA, 2002
"Nursing Informatics" UP-PGH Class 1969 Reunion, 1998
23rd Commencement Speaker, VB School of Practical Nursing, 1994
"Preparing the Nurse of the Future", PNAHR, Oct. 21, 1994
"Internal Consulting Workshop" Hampton Roads Director of Nursing Education,
Sept. 17, 1993
Cardiology Conference, American Heart Association, Tidewater Council, 1991

Articles of Interest:

Journal of Philippine Nurses Association of America (JPNAA), Volume 2-Number
1, Summer 2010, Regulatory Article "Regulation of Simulation in Nursing
Education"

Journal of Philippine Nurses Association of America (JPNAA), Volume 1-
Number 1; Fall 2009, Regulatory Article "NCSBN Guides the Board of Nursing
on Continued Competency"; page 32.

"No Lying' Around...When There's Good to be Done!" Article at Network – the
Sentara Healthcare Monthly News

"Students Look Up To Mentors" Article at Network – the Sentara Healthcare
Monthly News

"Closed-Circuit TV Educational Channel" Bits About Bayside – the Monthly
Publication for and about the Employees of Sentara Bayside Hospital

Honors, Awards, Recognition:

Silver Medal Award, Outstanding Clinical Practice, Univ. of the Philippines, 1969
Outstanding Nurse, Humana Bayside Hospital, ICU May, 1978
Outstanding Leadership, Philippine Nurses Assoc. of Tidewater (PNAT), 1987
Recognition of Dedicated Service, PNAT, 1985
Recognition of Dedicated Service, 1989
Recognition of Dedicated Service, 1990
Recognition of Dedicated Service, 1991
Recognition for Dedicated Leadership, PNA Hampton Roads, 1995- 1996
Recognition for Support & Commitment, PNAHR, 1997-1998
Award of Recognition, PNAHR, 2001
National Service Award, PNA, 1988
Award of Appreciation for Board Membership, PNA, 1988-1990
Award of Recognition for Exhibit, PNA 10th Annual National Convention, 1989

CV-P. C. Francisco, RN, MSA
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Vocational Technical Education Center, May 1991
Award for Participation and Achievement, Virginia Beach Vocational Technical
Education Center, 1990- 1991
Letter of Appreciation, Norfolk State University Department of Nursing, 1992
Letter of Appreciation, "Invention Convention" Days at Adopt-A-School,
Pentroke Meadows Elementary School, 1992
Daisy Award Recognition, for exemplary service and commitment, Sentara
Bayside Hospital, 1994
Recognition for Professional Excellence, Sentara Healthcare, May 6, 1999
Professional Recognition for Quality, Sentara Rewards & Recognition, May 6,
1999
Sentara Promise Award for Outstanding Customer Service, June, 1999
Certificate of Appreciation, Tidewater Academy of Family Physicians, 1999-2000
Sentara Promise Award, SNGH, March 2000
Recognition for Excellence in Quality, Sentara Rewards & Recognition May,
2000
Certificate of Appreciation- 5th International Nursing Conference, PNA, January
2006
PNAVA – First Presidential Award, Dec. 2007
PNA – Nursing Excellence in Education, July 2008

CV-P. C. Francisco, RN, MSA
Updated: April 24, 2012

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**UNIVERSITY OF UTAH COLLEGE OF NURSING
ACADEMIC VITA**

SECTION I

Updated 3/19/2018

A. PERSONAL DATA

Name & Credentials	Jenneth B. Doria, DNP MS RN
Rank and Title	Assistant Professor (Clinical)
Contact Information	
Phone	(801) 787-2838
E-mail	jenneth.doria@nurs.utah.edu

B. EDUCATION

<u>1. Year</u>	<u>Degree</u>	<u>Institution (Area of Study/Specialization)</u>
2013	D.N.P.	Chatham University (Nursing Practice)
2012	MS	University of Utah (Teaching Nursing)
2012	Graduate Certificate	University of Utah (Gerontology)
1982	Completed Minor	Brigham Young University-Hawaii (Psychology)
1979	BSN	University of the Philippines (Nursing)

2. Licensure / Certification

1983 – 2019 Registered Nurse (UT)

C. EMPLOYMENT / PROFESSIONAL EXPERIENCE

<u>Dates</u>	<u>Position and Institution</u>
08/15-current	Assistant Clinical Professor, University of Utah, Salt Lake City, UT
04/15-07/15	Course Mentor, Western Governors University, Salt Lake City, UT
01/13-09/15	Adjunct Faculty, Brigham Young University, Provo, UT
07/14-02/15	Visiting Professor/Online Faculty, Chamberlain College of Nursing, Downers Grove, IL
04/12-01/15	Faculty, Everest College, Salt Lake City, UT
09/12-12/12	Faculty, Provo College, Provo, UT

**UNIVERSITY OF UTAH COLLEGE OF NURSING
ACADEMIC VITA**

D. HONORS, RECOGNITIONS & AWARDS

<u>Year</u>	<u>Recognition</u>	<u>Received From</u>
2015	Sigma Theta Tau Research Award	University of Utah(Gamma Rho Chapter)
2013	Sigma Theta Tau International Honor Society	Chatham University (Chi Zeta)
2012	Golden Key International Honor Society	University of Utah
2011	Sigma Theta Tau International Honor Society	University of Utah (Gamma Rho)
2010	George & Delores Eccles Fellowship	University of Utah
2009	Circle of Benefactors	University of the Philippines Alumni
2006	Outstanding Asian Business Award	Utah Asian Business Chamber of Commerce
2002	Spirit of Heritage Award	Heritage School, Provo, UT
1979	Pi Gamma Mu International Social Science Honor Society	University of the Philippines
1973	Ramon D. Bagatsing Scholarship	City of Manila Mayor's Office, Philippines

E. RESEARCH AND SCHOLARLY WORK

1. Extramural Grants/Contracts

<u>Dates</u>	<u>Amount</u>	<u>Funding Status</u>	<u>Title & Funding Agency</u>	<u>Role (PI, Co-PI)</u>
2014	\$20,000.	Active	Reducing Maternal & Infant Mortality in Typhoon-Devastated Municipalities of Samar Using a Multisectoral Collaboration for Community Capacity Development Philippine Humanitarian Coalition, Washington-DC	Global Coordinator Co-PI

2. Intramural Grants/Contracts

<u>Dates</u>	<u>Amount</u>	<u>Funding Status</u>	<u>Title & Funding Agency</u>	<u>Role (PI, Co-PI)</u>
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CON CV Template 10/22/12

**UNIVERSITY OF UTAH COLLEGE OF NURSING
ACADEMIC VITA**

3. Independent Research

<u>Dates</u>	<u>Title</u>	<u>Role (PI, Co-PI)</u>
--------------	--------------	-------------------------

F. PUBLICATIONS & EDITORIAL EXPERIENCE

(Note: Identify peer reviewed publications with * and data based publications with # at the beginning of the citation using APA format.)

1. Books (or Chapters in Books)

2. Journal Publications

Doria JB (2014). A Culturally- Congruent Education Group: An Evidence-based Approach to Improve Prenatal Care Utilization. *J Nursing Practice Applications & Reviews of Research*. Houston, TX: Philippines Nurses Association of America [Official, Peer-Reviewed, and International Academic Journal]. doi:10.13178/jnparr.2014.0402.0408.

Doria JB (2013). Exploring the Role of the Nurse Educator in Implementing a Comprehensive Infection Prevention and Control Program in Behavioral Healthcare. *J Nursing Practice Applications & Reviews of Research*.

3. Papers, Monographs and Reports

4. Published Abstracts

5. Editorial Boards

<u>Years</u>	<u>Journal</u>
--------------	----------------

6. Manuscript & Abstract Reviews

<u>Years</u>	<u>Journal</u>
--------------	----------------

7. Study Sections & Funding Reviews

8. Electronic Media

9. Other

2013 - 2014	Editor, Everest College School of Nursing Newsletter
2012- 2014	Editor, University of the Philippines Nursing Alumni Association of America
1979	Editorial Board for University of the Philippines, College of Nursing Class of 1979 Yearbook
1978 - 1979	Editorial Board for Philippine Nursing Newsletter

CON CV Template 10/22/12

Adelaine V. Caillipan

1410 Cole Lane, Upland, CA 91784, USA

Adelaine2@yahoo.com. acailipan@mtsac.edu. Mobile (626) 2465262

Summary

Highly qualified Registered Nurse offering more than 20 years of nursing experience in the areas of medical-surgical, geriatrics, acute neurological rehabilitation, transitional care, home health, post-partum, newborn care, pediatrics and neonatal intensive care unit. With experience in supervision and case management. Completed MBA with notable GPA. Pursuing certification in Healthcare Management.

Experience

Life Link Healthcare Providers, Inc. 2013 – Present

Director of Patient Care Services

Oversees patient care services provided by all clinical personnel. Provides guidance to Case Managers/Supervisors in managing their clinical teams. Provides assistance for all disciplines in APIE of each client. Evaluates staff performance. Oversees recordkeeping of clinical data and statistics. Plans and implement in-services and educational programs. Evaluates organizational performance. Assists in development of organizational goals. Assures compliance with all laws impacting healthcare providers.

Western University of Health Sciences-CGN, Pomona, CA 2011 -2014 (Contractual)

Clinical Instructor

Facilitates clinical learning experience of BSN (Bachelor of Science in Nursing) students in the Maternity Unit (Huntington Memorial Hospital and Pomona Valley Hospital). Evaluated student's knowledge and skill in primary nursing care and formulation of Nursing Diagnosis. Enhance students' research and communication skills. Closely coordinates with all disciplines in each facility department to ensure quality learning experience for the students based on quality standards. Guides and encourages students for open communication and team work. Proficiency in developing and implementing effective approach and other teaching method that is tailored for each student.

North-West College, West Covina, CA 2012 to Present

Clinical Instructor

Facilitates clinical learning experience of LVN (Licensed Vocational Nursing) students in the Maternity and Pediatrics Department. Evaluated student's knowledge and skill in primary nursing care and identification of Nursing Problems. Closely coordinates with all disciplines in each facility department to ensure quality learning experience for the students based on quality standards. Guides and encourages students for open communication and team work. Proficiency in developing and implementing effective approach and other teaching method that is tailored for each student.

ramil.cabela@gmail.com
mobile: (646)-251-6744

RAMIL CABELA, RN, BSN, MBA, DBA

PROFESSIONAL SUMMARY

Management scholar-practitioner with progressive experience in life science, health insurance, and hospital industries. Led successful development and implementation of innovative processes and systems in pharmacovigilance. Established awards program for case management excellence and innovation. Research interests in leadership, innovation, and cultural diversity.

SKILLS & ABILITIES

- Organizational leadership
- Relationship building
- Project management
- Pharmacovigilance (PV) signal detection and management
- Drug safety case processing
- Research design and analysis

PROFESSIONAL EXPERIENCE, LIFE SCIENCES

SENIOR DIRECTOR, PV SCIENCE: CELGENE (NJ)

Jun. 2016 - Present

Management of PV scientists supporting the company's hematology-oncology franchise

Key Accomplishments:

- Successfully established signal detection and management process for the company's approved product portfolio
- Developed interactive analytics tool for monitoring safety risks in marketed and developmental products
- Implemented operational efficiencies in safety topic investigations

PREVIOUS ROLES HELD AT CELGENE:

Director, Safety Scientist, PV & Epidemiology

Director, Case Management Operations

Associate Director, Case Management

Senior Manager, Case management

Oct. 2006 - Jun. 2016

Leadership in case management operations and PV science analytics teams

Key Accomplishments:

- Ranked # 1 among 15 biotech and pharmaceutical companies in team productivity for adverse event case processing
- Maintained 98-99% regulatory compliance rates and 97-98% quality rates in case assessments for over seven years

- Improved case narrative quality by 50% through Six-Sigma implementation (results published in *SixSigma Magazine*)
- Founded the eCase Awards program to reward innovation and excellence in case management
- Successfully transformed paper-based case management to 100% electronic process
- Led the Celgene-Abraxis merger and acquisition activities for drug safety department
- Collaborated with interdisciplinary teams in developing signal detection strategy with integration of quantitative & qualitative approaches

ROLES HELD AT PFIZER (NY & NJ):
Manager, PV Project Planning, Metrics & Quality Assurance
Reports & Planning Associate
Drug Safety Specialist

Feb. 2001 - Sep. 2006

Leadership, project management, and individual contributor roles in pharmaceutical and consumer health divisions of the company

Key Accomplishments:

- Developed a high-performing team of PV specialists in training and quality assurance of adverse event case processing
- Designed the consumer health division's first electronic project management system for aggregate safety reports (periodic safety update reports, Rx-to-OTC switch safety documents, etc.)
- Implemented management dashboards to monitor workload levels, quality measures, and regulatory compliance
- Forecasted quarterly and annual workload volumes to assist capacity planning and budgeting for adverse event reporting in clinical trials
- Produced resource efficiencies in report distribution to contract research organization by transforming process to paperless system

**PROFESSIONAL
EXPERIENCE,
HEALTH
INSURANCE**

MANAGER, CARE MANAGEMENT SUPPORT SERVICES: HEALTH FIRST (NY)

Nov. 2000 - Feb. 2001

Facilitated regulatory and operational compliance oversight of the company's delegated vendors by coordinating activities of multidisciplinary committee

Key accomplishments:

- Established vendor evaluation tools utilized by medical management

Page 2

Ramil Cabela, RN, BSN, MBA, DBA

- Analyzed trends in health care utilization among client groups enrolled in Medicare, Managed Care and Child Health Plus

CASE MANAGER, EMPIRE BLUE CROSS & BLUE SHIELD (NY)

Jan. 2000 - Nov. 2000

Coordinated health services for Medicare clients within cost-effective settings by utilization review and discharge planning with multidisciplinary team

Key Accomplishments:

- Formulated case management targets and explored best practices by collaborating with medical management team
- Established and maintained open communication with physicians, nurses, discharge planners, social workers and patients to ensure patient satisfaction of health services

**PROFESSIONAL
EXPERIENCE,
HOSPITAL**

CLINICAL NURSE, NEW YORK PRESBYTERIAN HOSPITAL

Sep. 1997 - Jan. 2000

CLINICAL NURSE, MOUNT SINAI MEDICAL CENTER (NY)

Jan. 1997 - Aug. 1997

CLINICAL NURSE, VICTORY MEMORIAL HOSPITAL (NY)

Jun. 1994 - Jan. 1997

Managed critically ill patients in Cardiothoracic Intensive Care Unit, Cardiac Surgical Stepdown Adult Intensive Care and Medical-Surgical Units

Key Accomplishments:

- Delivered a complete range of RN services and expertise to patients before and after cardiac, thoracic and gastrointestinal surgeries
- Performed intensive hemodynamic monitoring and advanced cardiac life support utilizing state-of-the-art equipment and procedures
- Educated patients on surgical recovery and assisted families in crises

EDUCATION

DOCTOR OF BUSINESS ADMINISTRATION

University of South Florida, Dec. 2018

Research work on leadership, cultural diversity, and innovation
 Member of Phi Kappa Phi Honor Society

MASTER OF BUSINESS ADMINISTRATION

City University of New York, Jun. 2001

Prof. Berenson & Levine Award for Excellence in Statistics
 Lifetime member of Beta Gamma Sigma Honor Society for AACSB Accredited Business programs

Page 3

Ramil Cabela, RN, BSN, MBA, DBA

Marlon Garzo Saria, PhD, RN, AOCNS®, FAAN

CURRICULUM VITAE

PART I: General Information

DATE PREPARED: April 2019

Name: Marlon Garzo Saria

Office Address: Providence Saint John's Health Center
 Professional Development, Inpatient Oncology and Caritas Suites (CSS4)
 2121 Santa Monica Boulevard
 Santa Monica, CA 90404
 Direct: (310)582-7340

Work Email: marlon.saria@providence.org

Place of Birth: Paranaque City, Philippines

Education:

1990-1994 High School
 Don Bosco Technical Institute
 Makati City, Philippines

1994-1998 B.S. Nursing
 University of the Philippines, College of Nursing
 Manila, Philippines

2002-2004 M.S. Nursing, Oncology Clinical Nurse Specialist Program
 University of California Los Angeles, School of Nursing
 Los Angeles, California

June 2016 Ph.D., Nursing
 University of California Los Angeles
 Dissertation: The Hidden Morbidity of Cancer: An Exploratory Study of
 Caregivers of Cancer Patients with Brain Metastasis

Additional Training:

2005 Writing Mentorship Program Fellow
 Clinical Journal of Oncology Nursing, Oncology Nursing Society
 Pittsburgh, Pennsylvania

2006 Research Grant-Writing Education Program Fellow
 Oncology Nursing Society
 Pittsburgh, Pennsylvania

2009 Summer Intramural Research Program Fellow

Marlon Garzo Saria, PhD, RN, AOCNS®, FAAN

Oral Mucositis Injury Unit, Symptom Management Branch
National Institute of Nursing Research, National Institutes of Health
Bethesda, Maryland

2009-2010 Leadership Development Institute
Oncology Nursing Society
Houston, Texas

Licensure and Certification:

1999-present Registered Nurse, California
2003-2007 Oncology Certified Nurse, Oncology Nursing Certification Corporation
2004-present Clinical Nurse Specialist, California
2005-present Advanced Oncology Clinical Nurse Specialist, Oncology Nursing
Certification Corporation

Specialty Education and Training:

1999-present Provider, Basic Life Support Healthcare Provider (BLS/CPR/AED)
2005 Trainer, End-of-Life Nursing Education Consortium (ELNEC-Oncology)
2005-2013 Trainer, Oncology Nursing Society's Chemotherapy and Biotherapy Course
2005 Trainer, Cancer Genetics Short Course, National Coalition for Health
Profession Education in Genetics (NCHPEG)
2012-present Provider, Advanced Cardiac Life Support (ACLS)
2013-2017 Provider, Trauma Nursing Core Course (TNCC)

Academic Appointments:

2006-2007 Adjunct Clinical Instructor, Grossmont College, La Mesa, California
2007-2009 Adjunct Clinical Instructor, University of San Diego, Hahn School of Nursing
2009-present Adjunct Clinical Instructor, San Diego City College
2012-2013 Visiting Researcher, Chiba University School of Nursing, Japan
2015-present Faculty-In-Charge, University of the Philippines Open University
2016-present Assistant Professor of Translational Neuro-Oncology and Neurotherapeutics

Health Care Organization or Affiliated Institution Positions:

1999-2004 Clinical Nurse II, Medical-Surgical Specialties/Solid Abdominal Organ
Transplant/Oncology
University of California San Diego Medical Center
1999-2000 Lead Nurse, Sub-Acute Unit
Paradise Hills Convalescent Center, San Diego, California
2000-2002 Clinical Nurse, Medical-Surgical Specialties
Dynamic Healthcare San Diego, Inc.
2004-2009 Clinical Nurse Specialist, Oncology/Bone Marrow Transplant
University of California San Diego Healthcare System
2009-2015 Advanced Practice Registered Nurse, Center for Translational Neuro-
Oncology

Marlon Garzo Saria, PhD, RN, AOCNS®, FAAN

2011-2012 Moores Cancer Center, University of California San Diego
Clinical Nurse II, Infusion Center
2012-present Moores Cancer Center, University of California San Diego
Clinical Nurse, 452d Aerospace Medicine Squadron
March Air Reserve Base, US Air Force Reserves
2015-2017 Advanced Practice Registered Nurse
Department of Translational Neurosciences and Neurotherapeutics
Pacific Neuroscience Institute and John Wayne Cancer Institute
Providence Saint John's Health Center
Clinical Nurse Specialist and Nurse Scientist, Inpatient Oncology and Caritas
VIP Suites
2017-present Professional Development
Providence Saint John's Health Center

Major Administrative Responsibilities:

University of California San Diego Healthcare System
2004-2009 Coordinator, Oncology Nursing Continuing Education Courses
2004-2009 Coordinator, Oncology Nursing Competency-Based Assessment, Education
and Training
2004-2005 Organizer, Oncology Nursing Grand Rounds
2005-2006 Organizer, Oncology-BMT-ICU Collaborative Case Studies
2005-2007 Organizer, Oncology Nursing Journal Club
2005-2007 Organizer, Inaugural Annual Oncology Nursing Recognition Night
2006-2009 Co-Chair, Nursing Research and Evidence-Based Practice Council
2009-2011 Coordinator, Neuro-Oncology Speaker Series at Moores Cancer Center
2009-2011 Coordinator, Neuro-Oncology Case Conference (Brain Tumor Boards)
2009-2015 Coordinator, Translational Neuro-Oncology Laboratory Volunteer Program

US Air Force Reserve, March Air Reserve Base, California

2012-2014 Program Manager, Nursing Orientation
2012-2014 Program Manager, Readiness Skills Verification
2012-present Program Manager, Centralized Credentials Quality Assurance System
2014-2015 Program Manager, Patient Safety
2015-2017 Program Manager, Awards and Decorations
2015-present Flight Commander, Nursing Profiles and Operations
2015-present Squadron Liaison/Contributor, The Beacon (Base-wide Newsletter)
2017-present Assistant Chief Nurse

Providence Saint John's Health Center

2016-present Director, Center for Quality and Outcomes Research

Major Committee Assignments:

University of California San Diego Healthcare System
2006-2009 Member, Advanced Practice Nursing Council
2006-2009 Member, Cancer Committee
2006-2009 Member, Medical Ethics Committee

POSTER PRESENTATION

MOHS SURGERY: The Gold Standard In Skin Cancer Treatment Skin Cancer Management In Our VAMC Veterans Population

Celine Marie Pico, RN, BSN, CAPA; Joey Harrison RN, MSN; Shanta Rampertaap RN, MSN, CPAN;
Mary Maiburger, MD; Pavan Nootheti, MD



ABSTRACT

Mohs micrographic surgery is the most effective technique for removing the most common types of skin cancer: Basal cell cancer, Squamous cell cancer, and Melanoma. Developed by Dr. Frederic Mohs in the 1930's, Mohs surgery is a highly specialized and precise surgical technique for treatment of skin cancer in which layers of skin containing cancer are removed in stages one tissue layer at a time, and examined under the microscope, until only cancer-free tissue remains. The goal of Mohs surgery is to remove as much of the skin cancer as possible, while doing minimal damage to surrounding healthy tissue. Mohs surgery has the highest cure rate in treating skin cancer—98% or higher (Mohs surgery, 2016). It is an outpatient procedure performed under local anesthesia and it is very useful for skin cancers in difficult areas such as the nose, lips, ears, eyes, mouth, hairline, hands, feet and genitals.

The DCVAMC Dermatology Clinic is one of the three Dermatology clinics in VISN 5 and only two perform Mohs surgery. DCVAMC started performing Mohs surgery in March 2014. Prior to March 2014, patients were being referred to outside providers for Mohs surgery. The average cost of a Mohs procedure in the community costs approximately \$2,988.00 per site. Mohs surgery is performed twice per week here at the DCVAMC. The number of Mohs procedures performed have been steadily increasing each year since 2014.

- Since Mohs surgery services were started in 2014, the number of Mohs cases increased from 158 to 282 in 2018 which translates to veterans' increased access to the services
- Cost saving to the organization since services are offered here.
- Ensure complete cancer removal during surgery, virtually eliminating the chance of the cancer growing back
- Cure skin cancer when other methods have failed

Mohs surgery Images



SUMMARY

References

- Lanoue, J., & Goldenberg, G. (2016). Basal cell carcinoma: A comprehensive review of existing and emerging nonsurgical therapies. *The Journal of Clinical and Aesthetic Dermatology*, 9(5), 26-36.
- Mohs surgery, (2016). *Mayo Clinic Health Letter*, 34(1), 7.
- Potenza, C., Bernardini, N., Balduzzi, V., Losco, L., Mambrin, A., Marchesio, A., Proietti, I. (2018). A review of the literature of surgical and nonsurgical treatments of invasive squamous cell carcinoma. *Biomed Research International*, 2018, 1-9.
- Rees, J., Zens, M., Celaya, M., Riddle, B., Karagas, M., Peacock, J. (2015). Survival after squamous cell and basal cell carcinoma of the skin: A retrospective cohort analysis. *International Journal of Cancer*, 137(4), 878-884.

<http://www.mohscollege.org>



3 MOST COMMON TYPES OF SKIN CANCERS

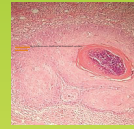
Basal Cell Cancer

- Most common type of skin cancer (Lanoue & Goldberg, 2016)
- Abnormal growths that arise in the skin's basal cells which line the deepest layer of the epidermis
- Most easily treated, least likely to spread
- Appears as a pearly or waxy bump on the face, ears, or neck
- Appears as a flat, flesh-colored or red lesion on the chest or back



Squamous Cell Cancer

- Second most common form of skin cancer (Potenza et al., 2016).
- Are uncontrolled growth of abnormal cells arising in the squamous cells, which compose most of the skin's upper layers (the epidermis).
- Easily treated if detected early. More apt to spread
- Appears as a firm red nodule on the face, lips, arms neck or hands



Melanoma

- Most dangerous of the common forms of skin cancer
- Originates in pigment-producing cells called melanocytes, which give the hair, skin, and eyes their color.
- Can result in death due to metastatic spread
- Can develop anywhere on the body
- Most often located on the arms or legs on women
- Most often located on the trunk, head or neck of men
- Appears as brown, red, or pink spot
- Simple moles that change color or size



PREVENTING HOSPITAL ACQUIRED PRESSURE ULCERS IN THE ICU

Elisa I. Castillo, MSN, RN, ACNS-BC, CCRN

Department of Veterans Affairs, Greater Los Angeles Healthcare System, California

PURPOSE

Critically ill patients are prone to develop pressure ulcers due to immobility. The goal was zero incidence of pressure ulcers in the ICU



<http://www.google.com/images>

RELEVANCE/SIGNIFICANCE

Studies show that the incidence of pressure ulcers in the ICU ranges from 10-40%. The United States spends 11 billion dollars to help solve this problem.

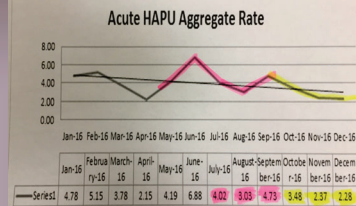
Risk Factors

Braden score <19
Vasopressors
Length of stay in ICU
Age
Incontinence
Poor nutrition
Previous skin breakdown

STRATEGY/IMPLEMENTATION

- ICU nurses volunteered as wound champions
- Monthly meeting of wound champions with the hospital Physicians, Pharmacists, and Nutritionists
- Skin inspection was part of handoff every shift
- Patients turned q 2 hours; turning sheet submitted to the Charge Nurse to be reviewed by the Nurse Manager
- Every Wednesday was PUP (Pressure Ulcer Prevention) day-Every patient checked for new onset pressure ulcers
- Uniform assessment of patients at risk for pressure ulcer development by using Braden scale

CONGRATULATIONS ICU!!! GREAT CHANGES WITH PRESSURE INJURY..... ICU "KEEP UP GREAT JOB"



Evaluation/Outcome

Pressure ulcers in the ICU increased up to 21.93% in September 2016. The data helped identify the unit's weaknesses and were promptly corrected. The incidence of HAPU decreased to 4.12 in December 2016

Implications for Practice

- Rounding q 2 hours with a purpose
- Use of Braden scale
- Implementing the best evidence
- Interdepartmental collaboration

Cultivating a Shared Team Culture of Begin Shift Huddle in a Medical-Surgical Unit

Teresita Santos, RN, MSN, Monica Husser, RN, BSN, Jennifer Klinger, RN, BSN, Melissa Miller, RN, BSN, Julie Navarro, RN, BSN, Kassey Reicks, RN, BSN, Leah Spacciante, RN, MN, Cheryl Shanks, RN, BSN, Carmen Sorto, PCT
University of Washington Medical Center, Seattle, WA



Background

- staff dissatisfaction about broken communication or missed care
- nurses reported feeling unsupported by PCTs
- PCTs reported feeling overwhelmed with tasks, not getting support from nurses

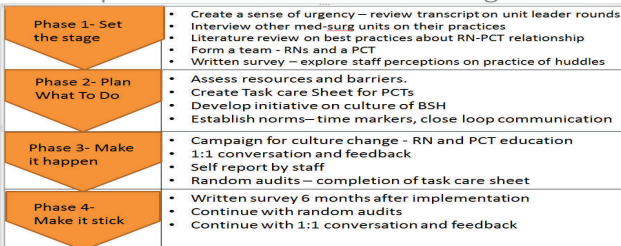
Purpose

- Integrate practice of huddles at beginning of shift
- Implement utilization of task care sheet
- Improve communication and increase collaboration among nurses(RNs) and care technicians(PCTs)
- Improve staff satisfaction about their work day

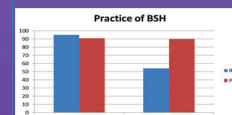
Process Improvement Project

- 5NE Unit Practice Council – primary drivers for this multiphase project
- Phase 1 – formed a team and explored what are the issues and sources of dissatisfaction.
- Phase 2 – developed 5NE initiative towards Begin Shift Huddle (BSH)
- Phase 3 – implementation and campaign for Begin Shift Huddle
- Phase 4 – reassess for gains or losses

Improvement Process and Strategies



Results



Conclusions

- Survey results showed that the practice of BSH improved after implementation of the initiative in SNE.
- However, practice of BSH as “always” scored higher on PCT group.
- Majority of survey responders reported they practice BSH “most times”.

Next Steps

- Differences in practice of BSH between groups suggest that varied interventions would be needed to sustain the practice of BSH.

**Knowledge Based Medication Administration and Meaningful Use:
An Initiative by the The Brooklyn Hospital Center's Nursing Department, the Pharmacy, and the
AllscriptsTeam**

Objectives

This presentation will review The Brooklyn Hospital Center's (TBHC) integration of bar-code scanning technology into the medication administration workflow.

Rationale

Studies have found more than one-third of preventable medication errors occur during the administration stage. TBHC identified an increase in reported medication errors related to the administration stage of the workflow and due to missing 1 or more of the **5 Rights of Medication Administration**: **right patient, right medication, right dose, right route, and right time**. Adding bar-code scanning technology into the medication administration workflow can be effective at improving patient safety at the bedside, while increasing the efficiency of the nursing workflow.

What is Meaningful Use?

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs provide financial incentives for the "meaningful use" of certified EHR technology to improve patient care.

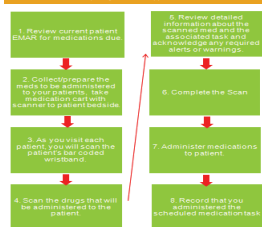
EHRs are expected to be the key foundational tool for improving safety, quality of care and reducing costs within the healthcare industry. To that end, [the American Recovery and Reinvestment Act of 2009 \(ARRA\)](#) set aside nearly \$20 billion in federal payments to incentivize healthcare providers who adopt EHR technology.

KBMA Overview

Knowledge Based Medication Administration (KBMA) uses patient and clinical information in Sunrise Clinical Manager (SCM) and dispensing information from the Sunrise Pharmacy (SRX) system to validate medication administration **'Five Rights'** information for a patient at the point of care. Implementing bar-code scanning technology into the medication administration process will demonstrate a decrease in reported medication administration errors, increase staff awareness and adherence to the 5 Rights of Medication Administration, and increase compliance with timely documentation. To start this initiative, a KBMA General Workflow beginning with the medication in hand and ending with postadministration documentation was created and we worked with the testing team to develop day in the life scenarios for training and test plans.

KBMA is a patient safety initiative

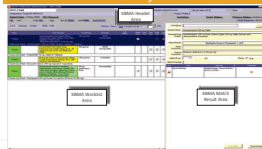
KBMA General Workflow



Five Rights of Medication Administration

- **Patient Patent** – validate the right patient by scanning the patient's barcoded wristband to verify identification.
- **Right Medication** – validate the right medication by scanning the barcode on the medication item dispensed from Pharmacy. The scanned medication information is automatically matched to task occurrences in SCM.
- **Right Dose** – K&MA validates the right dose for a medication order. The dose of the scanned medication to the dose dispensed by the Pharmacy. If the dose amounts do not match, an alert displays.
- **Right Route** – K&MA validates the right route by requiring the nurse to confirm the route upon administration. If a High Risk Medication can be given multiple routes in the same form (e.g. intravenously), K&MA uses the ability to prompt you to validate the route of medication administration.
- **Right Time** – K&MA validates the right time for the medication by tracking the frequency of administration, including when the medication was last administered and when it is scheduled to be administered again. Alerts display if the medication is overdue or is being administered early. In addition, if displays alerts if a

KBMA Layout



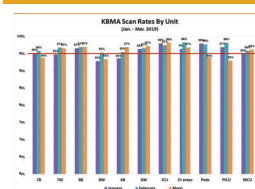
Bar Code Examples



KBMA Glossary

- **MATCH** – Medication scancode matches medication task in KBMA
- **NO MATCH** – Medication scancode is valid but does not match a medication task in KBMA. Enduser can usually find task by changing time view.
- **MULTIPLE MATCH** – Medication scancode matches more than one medication task in KBMA as there may be bioequivalent medications, or multiple task occurrences like Q1HR.
- **PRODUCT NOT FOUND** – Medication scancode is not a valid code. The scan is recognized but the drug information is not in the system. Please report as directed.
- **MANUAL MATCH** – Occurs when there are no task occurrences from verified orders that can be matched to the scanned drugs in the time displayed. Enduser must choose appropriate task from list of meds.
- **MULTI-TAB MED (Partial Dose)** – These are medications that require multiple components to be dispensed and requiring more than one scanned dose.
- **MULTI-DOSE MED** – These are medications that require multiple doses to be given from the same container like an ointment tube or bottle of eye-drops.
- **VARIABLE-DOSE MED** – These are medications that require a variable dose to be given to the patient like insulin.
- **NO SCAN** – The process by which a medication can still be administered despite a damaged barcode or no barcode.
- **FIND PATIENT** – If the patient's wristband barcode won't scan or it is missing, the enduser can still find the patient to use in KBMA.

Data



1. The incidence of medication administration errors (wrong patient, wrong medication, wrong dose, wrong time and wrong route) before implementation of KBMA – about 15 every quarter.
2. Incidence of medication administration errors (wrong patient, wrong medication, wrong dose, wrong time and wrong route) after implementation of KBMA – about 15 every quarter.
3. The degree of compliance to the KBMA procedure by nurses. As of March 2019 compliance rate is 97% as reported to the London Group.

Data Analysis

Although the degree of compliance has been very high, there is no statistical data as yet to correlate the impact of KBMA in the incidence of medication errors before and after implementation of KBMA. This might be attributed to the underreporting of near misses in medication administration.

References

Allscripts (2013). *Medication Management*. Retrieved from: <https://www.allscripts.com/en/solutions/acute-solutions/medication-management/show/medicationadministration.html>

CMS (2012). *Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures*. Retrieved from: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_HospitalCore_16_ElectronicMedicationAdminRec_eMAR.pdf

Kohn LT, Corrigan JM, Donaldson MS(2000). Institute of Medicine (U.S.) Committee on Quality of Health Care in America. *To Err Is Human: Building a Safer Health System*. Washington, DC.

Marini & Hasman (2009). Impact of BCMA on medication errors and patient safety: a summary. *Studies in Health Technology and Informatics*. Vol. 146. from: <http://www.ncbi.nlm.nih.gov/pubmed/19592882>

CAUTI HACKS in the ICU

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METHODOLOGY

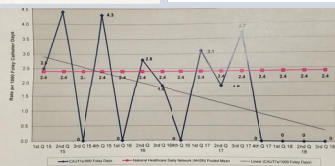
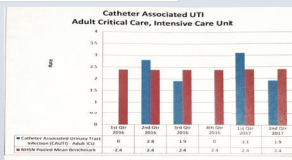
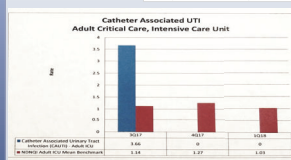
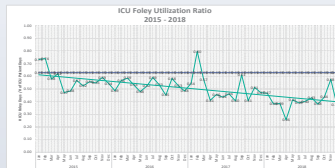
- Hospital-wide one-on-one education on peri-care and catheterization
- Initial peri-care before catheterization
- 2 person technique to maintain sterile technique
- Bladder scan every 12 hours
- Straight catheterization if bladder scan volume 500 mls
- Nurse-driven 48 hour stop order on indwelling catheter
- Early mobility
- Weekly bedside audits
- Foley bag must be no more than 1/3 full
- Foley bag must be labeled with date of insertion
- Foley must be anchored by a statlock
- Foley continuation order must be renewed at 8am
- Indication for continuation must be assessed everyday
- Safety champion does audits every Tuesday
- Supplies in patient's room: graduated cylinder w/ patient's label, baby wipes, liquid soap, peri bottle
- Check for kinks
- Always remove with alcohol
- Date when last changed
- Change when soiled or loose



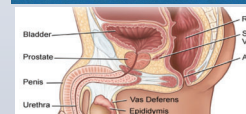
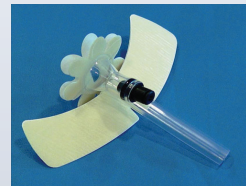
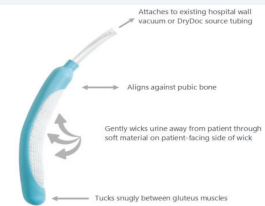
BACKGROUND

- UTI associated deaths per year 13000
- CAUTI events per year 449,334
- Medical cost per CAUTI \$758.00
- \$340M spent in healthcare per year is attributable to CAUTI
- 75% of hospital acquired UTIs are associated with a urinary catheter

DATA



ALTERNATIVES TO INDWELLING CATHETERS



REFERENCES

- <https://www.cdc.gov/cuti-uti/>
- <https://www.cdc.gov/cuti-uti/>
- Quayle BL. Taking the next steps for patient safety and excellence in CAUTI prevention. Poster presented at: APIC 44th Annual Conference. June 14, 2017; Portland, Oregon.

EARLY PROGRESSIVE MOBILITY in the ICU: THE BASICS

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BEDREST IS DANGEROUS! IMPACT OF IMMOBILITY

- Ventilator-associated pneumonia
- Hospital-acquired pneumonia
- Delayed weaning off ventilator
- Physical deconditioning
- Diminished quality of life
- 18% loss of body weight
- Pressure ulcers
- 11% of total blood volume shifted away from legs
- Plasma volume decreased 8% to 10% in first 3 days of bedrest, 15% to 20% by 4th week of bedrest
- Increased cardiovascular workload
- Increased resting heart rate
- Decreased stroke volume
- Decreased cardiac output
- Orthostatic hypotension
- Atelectasis

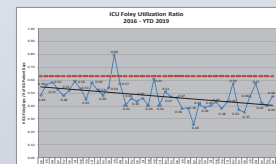
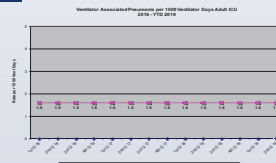
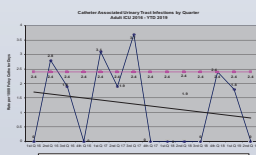
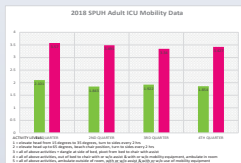


GOAL

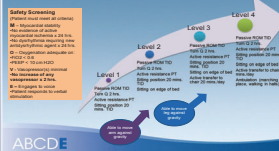
- TO BRING BACK PATIENT
- TO HIS/HER
- BASELINE
- ACTIVITY



DATA



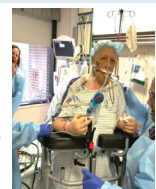
Sample Progressive Mobility Protocol



ABCD

Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time.

* Thomas A. Edison



REFERENCES

