



PNAM Newsletter

Official Publication of the Philippine Nurses Association of Michigan

VISIBILITY * VIABILITY * VITALITY

Volume 23, NUMBER 1

www.pnaofmichigan.org

Winter/Spring 2009



Culture of Nursing Excellence for the Future

By Remedios C. Lazaga, BSN, RN – President Elect

The PNAM Annual Spring Educational Conference turned out to be a beautiful and successful day. On April 16, 2009 (Thursday), the Education Committee advisors and members met early at the Best Western Sterling Inn Banquet and Conference Center to welcome our outstanding speakers and PNAM members (old and new). The day started at 7:00am with Registration/Continental breakfast. At 8:00 AM, PNAM President Carmen Perez followed by President Elect and Education Committee Chairperson, Remedios C. Lazaga welcomed the conference attendees and guests.

The conference started with the topic “Diabetes Mellitus...with Eyes Wide Open”. Ms. Gloria Jean Verdi, MSN, RN, CDE, coordinator of the Diabetes Educational Program at William Beaumont Hospital – Royal Oak, MI and Tamra K. Dukatz, CRNA opened everyone’s eyes to the current trends in medical management of diabetes mellitus (DM). A brief discussion of the pathophysiology of DM followed by Diabetic Complication and Control Trials (DCCT) and Diabetes Prevention Program (DPP) were all included.

Our next topic was on “2009 Advances in Pain Management” which was presented by Ms. Linda Mary Vanni, MSN, RN, ACNS-BC, NP, a Clinical Nurse Specialist at Karmanos Cancer Institute, Pain Services. Ms. Vanni who is also a stand-up clown on the side entertained the attendees while discussing the recent changes in pain management therapy and identifying new interventional techniques for pain management.

After a brief morning break (snacks also served), next topic for the day was “Emerging Role of The Nurse in Robotic Surgery”. This was discussed by Ms. Stacey Dusik-Fenton, BSCN, RN, CNOR, CRNFA is robotic specialist and certified nurse first assistant – Henry Ford Hospital, Detroit, MI.

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10th North Central Regional Conference Hosted by PNA Ohio

By Sofia E. Bole, BSN, RN, CCRN

Theme: Power of Nursing, Creating and Strengthening our Future through Interagency Collaboration, Service and Program Development.

The PNAA North Central Region (NCR) held the 10th regional conference with all seven chapters in attendance, on April 24, 25, 2009. A welcome dinner was hosted by the Cancelliere Family at their residence on the 23rd with



PNAO officers and members welcoming delegates and guests on their arrival to a sumptuous dinner.

The Michigan delegation included: Remy Solarte, Ellen Dioso, Emma Pacris, Regina Mupas, Connie Sumalde, Sonia Mawilai, Remy Lazaga, Tita Salvani, Carmen Perez, Leiden Limbo, Ninfa Lantz-Tan, Sofy Bole and Dr. Cesar Solarte.

On April 24, **The Leadership Institute and Mentoring WS** was moderated by Corny Obordo and Redd Knotts. It stressed the importance of the PNAA PRISM given by President Leo Jurado. PRISM stands for Professional

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Message from the President...

Leading the Leaders



**Carmen R. Perez, MS,
RN, LNHA**

It was a year ago when I was inducted as the President of PNAM. My role was to lead an organization of leaders. I took this lead role to mean four pronged service. First of this role was that of Assistance, as a Helper. My role is to serve the membership. It meant planning, blazing new trails and creating new ways to be more effective as an organization. It means treating the membership as important segment of the organization and looking ways to “in-

gather” and to support them.

Secondly, I asked an advisor what could be my most important job if I wanted to be a good leader. She did not hesitate to say, “Be a good president”. I was to make sure my actions were consistent with what I was asking the membership to be and do. Members watch what you do, especially in moments of tough times and choices.

Thirdly, as a leader, I learned that service meant to celebrate and cheer lead. Value and recognize members for what they do. As a leader, look for occasions to publicly affirm excellence. Look for opportunities to tell stories of what others could emulate and or model.

Lastly, Great Leaders are also tutors. Service leaders act as mentors—always helping others learn. Service leadership entails finding ways to inspire.

The future calls for more focus on the membership. The PNAM leaders must be responsive helper in assisting the members, a role model, an inspirational cheerleader and a caring mentor. Nurses are leaders in their own professional right, hence “leading the leaders to serve.” ☺

Message from the Editor...

Team Effort and Commitment Works

As we start to write on our second newsletter for this term, we recalled the friendship we have developed during the meetings.

We were driving to attend the PNAA North Central Regional Conference when we talked about how we completed the first issue. We apologize to members whose names were misspelled or omitted. I felt deplored by those errors but was immediately relieved after someone said, “That happens in journalism. That’s why members collaborate and work as a team.”



Regina Mupas, BSEEd, RN

We want to express our appreciation to our advisors and others who imparted their passion and talent in the completion of the Summer/Fall 2008 Newsletter issue. I would like to say that writing, editing and publishing are excellent path to deter aging – they stimulate the brain cells. We still have a lot to learn but the process does get easier with practice. With the guidance and expertise of our leaders we will do it again. Team Effort and Commitment works!

For the members and nonmembers who would be interested in this project, we welcome you to volunteer your time, share your talent and meet new friends. The rewards are numerous. My favorites are knowing the members, dining while we discuss issues, and having a good laugh like we did in Cleveland, Ohio. Discover yourself! We are just a click away, visit www.pnaofmichigan.org. ☺

Congratulations

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Nurses Association of America (JPNAA), official professional publication of PNAA. She also was the regional coordinator of the recently concluded and successful NCR conference. She gave a power point presentation on: **The Making of PNA America, the North Central Region Ingredient** highlighting the accomplishments and the role the NCR played in the PNAA.

Ellen B. Dioso, BSN, RN, on her prestigious award as Outstanding Citizen of Aklan, Philippines, awarded by the Governor of the province of Aklan in January 2009. Ellen was also a panelist at the PNAA NCR Leadership Institute conference in Ohio as past president of the tenured, stable and highly accomplished chapter.

N.B. To all members, if you have any achievement, promotion, award, please let us know. In addition, any get well-wish, condolences, you can contact the PNAM Editor: remup8@aol.com ☺

Staging A Wholesome Environment, Call the Monster Out!

By Sofia Espada Bole, BSN, RN, CCRN

It is common anywhere even at home, anytime in institutions regardless of setting, be it in schools, hospitals, municipal halls, social gatherings, fundraisings or simply during meetings when people can get excited, frustrated or angry to utter untoward remarks. What makes it even more interesting is that it infects people at all levels but with varying degrees from mild to severe.

What ignites people to get overly excited and end up in a negative tone or in a competition mode? This happens day in and day out, among siblings, colleagues, students and professionals like educators, health care providers, politicians, employees and many other groups. What I am alluding to is a monster that affects almost everyone. This monster is called **Lateral Violence or Horizontal Violence**. This is a disruptive behavior that is toxic in a professional practice setting. Verbal abuse can be a communication perceived as harsh, or a condemnatory attack both professionally and personally. Such abuse can include silence, backbiting, gossip, and passive aggressive behavior.

In nursing or any other profession, lateral violence can consist of a variety of behaviors; from unintentional, thoughtless acts to purposeful, intentional, destructive acts meant to harm, intimidate or humiliate another group or individual(s). Lateral violence can range from random instances to a pattern of repeated behaviors. Collectively, these behaviors have the effect of creating an environment of hostility. Any time there exists a **“we versus they attitude”**, or an imbalance of power, conditions are prime and ripe for lateral violence to occur.

In its extreme form, lateral violence can manifest itself as bullying. Bullying as defined by Barbara Caloroso (2003), is “a conscious, deliberate, willful, hostile activity intended to harm, induce fear through threat of further aggression, and create terror”. Regardless of how bullying masquerades itself, three elements will always be present: **imbalance of power, intent to harm, and the threat of further aggression.** When left unchecked, a fourth element comes into play; **terror in or intimidation of the target.**

Martha Griffin, Ph.D., RN, a nationally recognized expert on lateral violence has identified ten of the most common forms: **Nonverbal innuendo, verbal affront, undermining actions, withholding needed information or advice, sabotage “setting up to fail”, infighting, backstabbing, scapegoating, failure to respect privacy and broken confidences.**

Some literatures I read include the following as causes/signs of lateral violence: **inequitable assignments, belittling gestures, mocking body language as raising eyebrows or making faces, unwarranted criticism, fault finding, shouting, yelling or other intimidating behavior, judging others on age, gender, sexual orientation, ethnicity or size, undermining behavior such as ignoring questions, constantly criticizing or excluding individuals from discussion, verbal retorts, abrupt responses, vulgar language, segregation, isolation, and elitist attitude** regarding work area, education, and experience as additional expressions of lateral violence which denigrate an individ-

ual. An easily understood example of elitist attitude could be *“University of --- graduate ako, ikaw sa tabi-tabi lang, ano'ng laban mo?”* (This statement is formed to clearly demonstrate an example and has no bearing on factual information. Regardless of tertiary educational setting, individual success is to a large extent formulated by the individual, not the institution). This is a statement of superiority, a milder form of lateral violence in verbal form.



Researchers at Columbia University Medical Center's Functional Magnetic Resonance Imaging (fMRI) Research Center have shown that watching violent programs can cause parts of your brain that suppress aggressive behaviors to become less active. Columbia scientists have shown that a brain network responsible for suppressing inappropriate behavior or unwarranted aggression (including the right lateral orbitofrontal cortex or (rOFC) and the amygdalia) became less active after study subjects watched several short clips from popular movies depicting acts of violence. These changes could render people less able to control their own aggressive behavior index.

Lateral violence not only affects us psychologically, but it is also tough on bodily functions in terms of physiology. The stress related effects can be noted in terms of headaches, stomach disorders like ulcers, weight changes, hypertension, cardiovascular disease, stress, anxiety, panic, anger, embarrassment, depression, insomnia (inability to sleep), fatigue and rumination. In weight changes, some people when stressed out, eat and eat ending up gaining weight, to some, they loss weight due to loss of appetite. There is a condition called **post traumatic stress disorder (PTSD)** that can occur as a result of being a recipient of lateral violence but also secondary to observing aggression being inflicted unto others. People suffering from lateral violence can have conflicts in intimate relationships, engage in substance abuse, and experience in social isolation and phobias. Ultimately in its extreme form, there can be loss of income, career damage secondary to absenteeism and suicidal or homicidal thoughts and behaviors can occur.

In the workplace, most often victims of lateral violence can include new hires, those unable to express themselves well can be overpowered by aggressive behaviors and competition. Factors contributing to lateral violence include frustration and job dissatisfaction, work overload, inability to cope student load, imbalance in individual coping mechanisms versus work related stress, family/personal problems extended in work setting. **The term lateral violence describes what happens when out of anger and frustration an oppressed group turns on itself and members begin to violate one another.**

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Staging A Wholesome ENvironment

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Lateral violence can affect everyone in the workplace and cannot be ignored. This poses a big problem to management and affects productivity. Some resolutions include short term and long term measures like **zero tolerance** in the workplace. Executives and administrators must set an example for respectful behavior. Further, must hold individuals accountable for upholding a respectable behavior in the workplace and or in the academic setting and clinical environment. Measures include: naming the problem acknowledging its existence, identifying the victim and the aggressor and keep accurate records. Institutional policies regarding lateral violence and its repercussions to curb its incidence. Create a wholesome institutional culture of excellence and quality focusing on the reasons for being: **students for educational institutions and patients for hospital settings**. My personal suggestion: Offer seminars on Stress Management, Anger Management and or Effective Communications, or perhaps Self Behavior Analysis conducted by an expert, or Root Cause Analysis seminars, Conflict Management and Ethical conduct.

On a personal note, lateral violence can be minimized depending on the individual's upbringing during formative years further enhanced by cultural values and how we view our existence with an important role we play in society. Our success is how we make it and how we play our role as a valuable member in a constantly changing social norms and trends. What is it that makes our individual human being existence so important in influencing today's world? Money is not everything, power is not the ultimate goal, lateral violence is not the answer to hasten rise to power, nor is it the ultimate goal. Lateral violence can hurt us and those around us, so, call the monster out and clear your conscience for a healthy living, a healthy environment and a healthy role we play by being a model! Time spent wisely and fruitfully maximizes time utilization for noteworthy projects. **Call that monster out of the room, out of your system** for a wholesome world, a world focused on academic excellence, economic prosperity, professional growth and a culture of safety! With this, we can say, we are empowered to make a difference in our complex world and the world of healthcare.

Horizontal or lateral violence has no room to grow when we make our core values the center and object of our being in a professional world. Regardless of our privilege and comfort in life, it should not be that difficult to make lifestyle alterations by creating a culture of wholesomeness with due consideration for those around us. Freedom in its true sense has responsibilities attached. Loving one another in words and in deed never goes out of style,

the priceless commodity we can share with each one in a world where professionals especially nurses are emulated with pride and respect for their compassion and caring!

Lastly, in a world of communication, one most important word is **we**, not I. Two most important words are **thank you**, in appreciation of something good extended to us. And the three most important words are **I am sorry**, if we have caused discomfort or displeased the other. These words are simple, yet give a pleasant culture of difference in our interactions with others. I hope that many of you have come across life stories from any Profiles in Excellence where it chronicles the achievements and exemplary works of individuals and or organizations from where we and others can derive inspirations, hope, courage and guidance. Most often these stories convey the beauty of life with a purpose, to reflect God's presence in the midst of individual struggles and triumphs with a will to leave a legacy, not just leave behind a story.

Kindness in words creates confidence. Kindness in thinking creates profoundness. Kindness in giving creates love, Lao-tzu.

Kind words can be short and easy to speak, but their echoes are truly endless, Mother Theresa of Calcutta.

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Legislative Networking with COMON

By Carmen Perez, MS, RN, LNHA

PNAM is a member of the Coalition of Michigan Organizations of Nursing (COMON) since its inception over 20 years ago. COMON meets quarterly with the month of September as the General Assembly meeting. An annual conference is held in Lansing to educate our legislators on healthcare issues and encourage/convince them to support bills affecting healthcare.

During the June 18, 2009 meeting, the following goals were discussed: 1) To serve as a vehicle for communication among nurses and nursing organizations to promote education, collaboration and advocacy. 2) Revise, support and disseminate the nursing agenda. 3) Promote membership and 4) Develop organizational structure.

A Task Force on Nursing Education was formed and reviewed the 2008 survey on Michigan Nursing. The survey reported the age groupings of nurses as the following:

- 31 % of employed RN's are 55 or older
- 39% of RN's expect to stop working in 1-10 years
- 39% of employed LPN's are 55 years or older
- 41% of employed LPN's expect to stop working in 1-10 years

The Task Force proposed for the transition period of new graduate nurses. This is different from orientation or refresher course program.

On the June 18th meeting, PNAM was represented by the president and the secretary- Sally Noveras. The next COMON meeting will be on September 17th at the Michigan Public Health Institute in Okemos, Michigan. ☺

Update on Infectious Disease Prevention

Swine Influenza A (H1N1) commonly known as "swine flu"

Swine flu signs and symptoms are not any different from that of a common cold or upper respiratory infection: sneezing, coughing and fever. This infection has spread worldwide in several countries, thought to have originated in Mexico. According to the World Health Organization, at this point in time, there are now 70 countries reported to have H1N1 confirmed cases.

Per Centers for Disease Control (CDC) guidelines regarding swine flu, patients with suspected or confirmed illness should be placed in a private room with doors closed. An airborne isolation room with negative pressure if available is an ideal one. High risk procedures like suctioning, bronchoscopy etc. should use a negative pressure room. The sick person should wear a mask when outside the room.

Healthcare personnel should observe isolation techniques using the **Droplet and Contact Isolation (Extended Contact Precautions)**. Fit and tested disposable N95 respirator is recommended for use by the healthcare providers, dispose after each use. Proper handwashing before entering and before leaving the patients' room helps prevent the spread of this viral infection.

Educate the patient, family and visitors on the importance of precautionary measures. Observe respiratory etiquette by covering nose and mouth when coughing and sneezing, handwashing before handling food or articles to avoid cross contamination.

For further information, go to : <http://www.cdc.gov/swineflu/guidance.org>

(Sofia E. Bole, BSN, RN, CCRN) ☺

Mail from a member:

June 22, 2009

Dear PNAM,

I would like to thank the PNAM Leadership for involving me more with the organizational activities. The PNAA North Central Regional (NCR) convention held in Cleveland, Ohio last April 24-25, 2009 gave me an excellent opportunity. I observed the dynamics, energy and enthusiasm of the NCR delegates and PNAA Officers. As an observer and participant in the leadership and educational conference, it gave me a better and wider perspective what PNAM/PNAA is all about. With that inspiring experience, I encouraged five of my friends to renew their membership and be more active in the activities of PNA.

I know I am, and will be surrounded by leaders and bright minds. Please allow me to thank President Carmen Perez for her persistence in encouraging me to re-join the PNAM.

Your revitalized and renewed member,

Sincerely,

Leiden Limbo, BSN, RN, Commerce Township ☺



Community Service and Networking

One Goal, Many Cultures

By Nina McCaulley, BSHA, RN

In May 2009, I had an opportunity to volunteer at the World Medical Relief (WMR) in Detroit. Our goal in volunteering was to be able to help those in need of medical assistance globally. What we did was sort out medical supplies for convenience in packaging. Several countries around the world had been recipients of this humanitarian service.

Volunteers were from different countries, Philippines, Russia, Middle Eastern countries and many others. Coming from different corners of the world, our goal is the same regardless of cultural orientation., hence we say: One Goal, Many Cultures!



Medical Mission, Healthcare Expo, Kalayaan Picnic

- On January 2009, several nurses from the PNAM volunteered for the Philippine Medical Mission Foundation of Michigan. The mission was in Guimaras Island off the province of Iloilo, central Philippines. PNAM nurses included Fe San Agustin, Martha Cabarios and Atty. Maria Salud.
- On May 16, 2009, the PNAM volunteered at the Filipino Community Healthcare Expo held at PACCM. This

has been an annual activity among the Filipino American community. PNAM under the leadership of Carmen Perez took charge of the BP screening station.

- The Kalayaan Picnic held last June 6th is another annual activity among the Filipino American community. It was held at Hal-mich Park in Warren. PNAM had a picnic table loaded with delicacies including the lechon donated by Ed Guevarra.
- PNAM had fun during the bowling fundraising event at the 5 Star Lanes in Sterling Heights, Michigan.
- In the month of May 2009, a Cheese Cake fundraising which netted a good income to increase PNAM coffers.

10th North Central (Continued from page 1)

Linkages, Regulatory Agencies, Inter-agency Collaboration, Services and Management of Resources.

A Panel Discussion on **Succession Planning** was selected to include a new chapter president (Minnie Parbs of PNA Wisconsin), a tenured and stable chapter (Ellen Dioso, Immediate Past President) and a new/young leader (Lilian Planca of PNA Ohio). They shared their experiences with other leaders. This was moderated by Sofy Bole. From the PNAA perspective, Pete Calixto, PNAA Past President gave a presentation on Success-

sion Planning. Gloria Beriones presented **Developing Presentation Skills**, how to dress, how to develop slides and suggestions on slide presentation, speak clearly and many other helpful hints on presentation.

Thanks to our sponsors of the



Leadership Institute: **the PNA Foundation and the Western Union**, who gave grants for the WS, hence each chapter was given three free registrations and minimal costs to attendees.

How to Conduct a Meeting was presented by our very own from PNA Michigan, Mrs. Remedios Solarte. **Scholarship at the Core of Leadership** was presented by Gloria Beriones-PNAA Chairperson of Education Committee. After lunch, the North Central Region Business Meeting was presided by the NCR-VP. She gave a presentation on: **The Making of PNA America, the NCR Ingredient high-**

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10th North Central

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lighting the contributions of leaders from the NCR. It is of great importance to emphasize that PNAM along with PNA IL, both from the NCR are Founding Chapter Members of PNAA on April 21, 1979. All seven chapter presidents presented their accomplishments via power point showcasing their chapter.

On April 24, 2009, the educational conference covered different topics that included the Keynote Address: **Advancing Our Future, PNAA's PRISM Value Chain through Stewardship**, by President Leo Jurado. This was followed by a panel discussion on **Community Collaboration**, a showcase presentation on community involvement. Bet Rosas gave a topic on Gawad Kalinga, Bessie Schiroky on Medical/Surgical Missions and Mattie Upano on Wellness Screenings. **Assessment of Cultural Phenomena Influencing Care** was delivered by Dr. Kirstie Carlson, certified diversity professional educator at Cleveland Clinic. Dr. Susan Seidlicki, spoke on **Building Evidence Based Nursing Practice, A Path to Excellence**.

The energetic Oscar DeJelo, Past President of PNAO spoke on **Simulation Lab in Nursing Education vs. Actual Student Clinical Experience**. Simulation cannot replace the actual experience but both can compliment each other. **Wellness in Nursing, Strive and or Survive – Healthy Behavior for Nurses** was delivered by Michelle Cameron. Audrey Godoy, PNAO President Elect discussed the **Role of Advanced Practice Nurses: Positive Patient Care Outcomes of the Nurse Practitioner in the Cardiology Setting**. Overall, the two-day conferences were rated excellent by attendees.

The Prism Glitz and Glamour was the theme of the Gala Night were elegantly clad attendees enjoyed the NCR camaraderie. Two of our PNAM leaders were honored for their chapter leadership. **Congratulations to Connie Sumalde and Regina Mupas on their award**. All PNAM attendees both old and new expressed their satisfaction of the regional event and look forward to another year in 2010. Prior to our departure on Sunday, a brunch was tendered by the PNAO officers and members. Some of us toured the Cleveland Clinic before coming home to Michigan. Mark your calendars for April 16-17. ☺

Culture of Nursing Excellence

(Continued from page 1)

Attendees enjoyed a wonderful and tasty lunch buffet served at the hotel lobby from 11:40am – 12:40pm. The PNAM had vendors at the lobby headed by Global Home Care, Axiom Home Care, NRJ Impressions (Nida Jaramillo & Co.), and Monavie (Donna Rice).

The afternoon sessions started with “Bone Marrow Stem Cell Transplant: Navigating the Course” and discussed by Rita DiBiase, MSN, RN, ACNP-BC, ACNS-BC, AOCNS-Clinical Specialist/Nurse Practitioner at Karmanos Cancer Center. Ms. DiBiase’s description of the different types of stem cell and marrow transplant and discussion of the overall transplant process (acute and long-term) was very enlightening. Ms. Linda Calderon, BSN, RN shared her personal experience as a stem cell recipient for being diagnosed with Multiple Myeloma in

“Stem Cell for Multiple Myeloma: Patient and Nursing Perspective.” After listening to Ms. Calderon’s humorous description of her ordeal, one’s troubles/problems did not seem to matter anymore.

The day would not been complete without an afternoon break with snacks offered (again) before the proceeding to the last topic for the day. Food (includes brain food) was abundant all day!

The day ended with “Trends in Preventive and Interventional Cardiology” by Dannette Hanson, MSN, RN, CS, CCRN, CSC a nurse practitioner certified in Critical Care, Cardiology. All topics indeed were very informative and highly reflect the title of creating a culture of nursing excellence now and for the future!

The conference was a great success and received an overall rating of 98%!!! On behalf of the Education Committee, we would like to take this opportunity to thank all attendees and members. We acknowledge and thank Dr. Cesar and Ms. Remy Solarte (advisor) for their undying support and to Ms. Lily Diego and Sofy Bole, our advisors. To the committee members Julie Romasanta, Emma Pacris and Ninfa Lantz-Tan, my outmost gratitude for all the hard work and dedication you have all poured into the education committee!

KUDOS TO ALL! ☺

PNAM Membership 2009

(Continued from page 11)

**PNAM Lifetime (LTM) Members
In good standing/active**

- Bada, Norma
 - Boado, Victoria
 - Bole, Sofia
 - Cabarios, Martha
 - Cruz, Maria Theresa
 - Diao, Erlyn
 - Diego, Lily
 - Dioso, Ellen
 - Ferguson, Remedios
 - Amy Risvold
 - Mandap, Leonor
 - Odtohan, Blanca
 - Santos-House, Erlinda
 - Sodawalla, Anita
 - Solarte, Remedios
 - Tutay, Rose
 - Vista, Annie
 - Waltz, Gloria
- 2009 Paid LTM to PNAA**
- Bole, Sofia
 - Cabarios, Martha
 - Diego, Lily (paid till 2010)
 - Dioso, Ellen (paid till 2011)
 - Mandap, Leonor (paid till 2010)
 - Risvold, Amy
 - Solarte, Remedios (LTM-PNAA)
 - Vista, Annie (paid till 2011)
 - Waltz, Gloria Agnes ☺

Lymphedema / Cellulitis

By Susan Richardson, BSN, RN, WCC

Lymphedema is a disorder of human lymphatic circulation characterized by accumulation of lymph fluid in the form of swelling in arms/legs, which occurs when lymph vessels are removed or blocked.

There are two type:1) Primary - developmental abnormality 2). Secondary – from surgery, S/P breast cancer, radiation, chronic venous insufficiency.

*Assessment as evidenced by:*1). Swelling in arms and/or legs 2). Edema does not decrease at night/with leg elevation 3). Pitting edema which does not rebound within 30 seconds. 4). Positive Stemmer's sign-Inability to pick up a fold of skin at the base of the second toe due to thickening of the tissues/fibrosis. 5). Areas of fibrotic skin tissue which is difficult to indent. 6). Hyperatosis - Scaly change in the skin due to increased production of keratin. 7). Lymphatic papillomatosis- Lumpy skin or wart like projections; Cobblestone appearance due to dilated surface lymphatic vessels or accumulations of lymph. 8). Lymphorrhea-Light amber colored fluid that drains from open wounds. It is not normal plasma but a protein rich substance.

Complications include: Cellulitis due to impaired circulation, skin breakdown because of decreased blood supply, fungal infections, increased pain as a result of fibrosis and increased build up of fluids, loss of function and depression.

Treatment: 1).Complete Decongestive Therapy: a). Short stretch compression bandages-spiral wrap b). Manual lymph drainage c). Therapeutic exercise d). Skin care e). Elastic compression garments 2). No cure-only manageable. 3).Patient teaching 4.Absorptive dressing for weeping under compression to prevent maceration and skin breakdown.

Cellulitis is an acute non-contagious inflammation of the connective tissue of the skin, resulting from staphylococcus, or other bacterial infection.

Signs/ Symptoms include: 1). Localized skin redness or inflammation that increases in size as the infection spreads. 2). Tight, glossy, "stretched" appearance of the skin. 3). Pain or tenderness of the area 4). Skin lesion/rash (macule) 5). Sudden onset. 6). Usually with sharp borders. 7). Rapid growth with in the first 24 hours. 8). Boils, blisters, pustules, or similar lesions. 9). Thin red line (along a vein) from the cellulitis toward the heart (lymphangitis) 10). Warmth over the area of redness. 11). Fever

Treatment: 1). May require hospitalization if it is severe enough 2). Intravenous antibiotics, oral antibiotics 3). Treatment is focused on control of the infection and prevention of complications 4). Analgesics may be needed to control pain. 5). Elevate the affected area, usually higher than the heart, to minimize swelling. 6). Apply warm, moist compresses to the site to aid the body in fighting infection by increasing blood supply to the tissues. 7). Rest until symptoms improve.

The difference between cellulitis and lymphedema is that cellulitis generally affects only one leg.

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Joining the PNAM

Professional linkages and collaboration is vital in the Nursing Profession. We cannot stand alone and just watch on what is going on with our profession. We need to belong to an organization, get involved and serve in whatever capacity.

Before I left the Philippines, I was an active member of the Association of Deans of the Philippine Colleges of Nursing, whose main thrust is a continuous quality improvement of the Nursing Curriculum and production of world class nursing graduates.

I groped for a Nursing Organization four years ago. Through some readings and research, I was able to gather information and was impressed with one of its accomplishments- the abolition of CGFNS (Commission on Graduates of Foreign Nursing Schools) examination as a requirement for foreign graduate RN Licensure in the State of Michigan. This was spearheaded by Remy Solarte through the PNAM Task Force. Later, I met Carmen Perez who invited me to join and attend the monthly meetings. There, I experienced the warm and friendly reception of nurses. I learned a lot from the intellectual discussion of issues, concerns and projects (both in the U.S. and the Philippines).

I encourage every nurse in Michigan to join PNAM. We are a family, we have fun and with our concerted efforts, we will achieve more! God bless!

*Sincerely,
Reglita Pogado Laput
MPHM, BSN, RN
(New PNAM Officer)*



What is Clinical Documentation Improvement Program?

By Concepcion Sumalde, BSN, RN



The Clinical Documentation Improvement program is implemented by hospitals to improve the concurrent physician documentation of the medical record. It is the collaboration among physicians, physician assistants, nurse practitioners, coders and the clinical documentation specialists to facilitate a team base approach to documentation that accurately reflects severity of illness and intensity of service.

Clinical Documentation Improvement facilitates correct documentation to ensure safe and accurate diagnosis and treatment. It clarifies specificity and accuracy of national disease trends and epidemiology trends. It ensures accurate data for appropriate physician and hospital profiling of clinical performance. It also ensures appropriate reimbursement for the level of services rendered to the patient.

The Clinical Documentation Specialists are registered nurses trained in clinical documentation requirements to ensure that the patient's medical record is accurate and complete. The role of Clinical Documentation Specialists has opened another area of practice for registered nurses. ☺

The Director of Nursing Long Term Care Facility

By Remedios Doctor, RN



From a personal perspective enhanced by the wisdom of experience

As a Director of Nursing in the nursing home, I consider two core guiding principles, that of flexibility and consistency. My day starts with a morning tour of the facility, randomly asking residents how their night went. I ensure staffing ratios are within regulations. I also check nurses during inter shift report.

At 0900, the Administrator calls for a "stand up" meeting with the department heads. At this meeting, each Department Heads presents their issues. For nursing, I present any new admissions, new hires, transfers and or discharges, or resident condition change.

The nursing staff in the nursing home is composed of registered nurses, licensed practical nurses, certified nursing assistants and ward clerks. The nursing home also employs the Mini-

mum Data Set nurses (MDS) who conducts federally required assessment of residents and care planning, the Infection Control Nurse Coordinator who collects and analyzes facility infections, and the In-Service Nurse provides education and training of facility staff and orient newly hired staff. In a small facility, the Assistant Director is sometimes the Administrative Nurse.

As a Director of Nursing, I coordinate the services of the Rehabilitation Department, the Pharmacy Provider and the Laboratory Services. Monthly, there is a nursing director's meeting. We share the challenges that faces the facilities and share our corrective action plans.

There are three "c's" that a Director of Nursing has to consider: **compliance, care and census**. In summary, being a director of nursing in a long term care facility entails challenges, opportunities, and organization. ☺

Announcement/FYI 2009 USTNAA Grand Reunion

The tenth USTNAA Grand Reunion will be hosted by USTNAM. It will be held at the Detroit Marriott, Renaissance Center. The dates are **September 18-20, 2009**. For more information please visit the website: USTNAA.ORG. Contact persons are Phil Mangahas, President of USTNAA at pmang@hotmail.com, phone # 248-515-6851 or Jane Nunez Neri, President USTAAM at neri.jane@gmail.com phone # 586-884-6835.

Everyone invited. Please save the dates and register soon. (Martha E. Cabarios)

Do you know?

That beginning the school year 2009-2010, the Nursing curriculum in the Philippines for a baccalaureate program will be increased to five years. It used to be five years, but in the late 70's it was compressed to four years only. (S. E. Bole)

Where are they going to find a job?

I was in the Philippines last April to attend my nephew's nursing graduation at Iloilo Doctor's College. There were 880 nursing students graduating, 15 of them are from my hometown.

At the Pinning Ceremony of Central Philippine University College of Nursing, 480 nursing students graduated as opposed to only 50 of us after the elimination process from 500 students during pre-nursing. Quite a change!

Increasing the years of schooling, high tuition, bad economy, all these increase the challenges and financial burden to parents and students. Can nursing schools be affordable in the future?

(S.E. Bole) ☺

Information/ Updates from the PNAA

By Sofia E. Bole, BSN, RN, CCRN

Officially, on April 21, 2009, PNAA turned 30 years old, however the celebration will culminate on July 15, 16, 17 and 18, 2009 in Baltimore, Maryland. All three regions however, the NCR, SCR and WR did an overture by singing the PNAA Theme Song, an initiative developed during the preceding administration but came into fruition this year when the music was finally decided and approved by the PNAA EB.

On April 24 and 25, 2009, the PNAA-NCR conference held a successful regional activity with a Leadership Institute on the first day, and the theme of Power of Nursing: Creating and Strengthening our Future, through Interagency Collaboration, Service and Program Development. This was hosted by PNA Ohio, our gracious host.

Another PNAA Initiative for the 2008-2010 administration is the overhauling of the PNAA website. Visit us at: <http://pnaa.onrampbranding.com>. The new website will be launched in July 2009, Baltimore,MD.

The **Journal of the Philippine Nurses Association of America (JPNAA)** will be launched also. **Mission:** To promote scholarly discourse with the ultimate aim of achieving culturally competent nursing care for clients and their families and enhancing professional development of nurses globally. **Vision:** To be the influential voice that reflects professional excellence and recognizes the contribution of nurses to healthcare and society.

The **PNAA International Nursing Conference** is slated for **January 7-9, 2010, Waterfront Hotel, Cebu City, Philippines**. It will be decided either before or after the conference to hold the Nurse Balik - Turo Program. This is in its second year of implementation. Adopt a Nursing School Project is also in need of donors. You can select a school or it can also be your Alma Mater. Please contact: bschiroky@hotmail.com or lex-ilzb@aol.com for further information (NCR contacts).

To name a village, the name PNAA Gawad Kalinga Village was approved by the EB. Several chapters/individuals/families have expressed intent to donate a village. It now costs \$ 2,300.00 per GK house. Location in the Philippines will be decided. Will update you as soon as further information is available.

Shine, PNAA Shine (Theme Song)

*Lyrics by Luz Llasos, PhD, RN * Music by Ryan Cayabyab*

In a place outside our native land
 In the land of great opportunity
 Here comes PNAA
 We stand for the world to see

 We're involved in all the disciplines
 We're educators and administrators
 We're the best hands on nurses
 Responsible, passionate and true

--Chorus--

Let the world know
 Shine, PNAA Shine
 Stand proud, tall and strong
 Shine, PNAA Shine

We will show our dedication
 Our commitment to the community
 Our excellence to our profession
 We dedicate it to the next generation

--- Repeat chorus 2x --- ☺

Committees

Education

Remy Lazaga, Chairperson
 Julie Romasanta
 Emma Pacris
 Ninfa Lantz-Tan
 Advisors: Remy Solarte,
 Lily Diego, Sofy Bole

Membership

Tita Salvani, Chairperson
 Remedios Doctor
 Gloria Camano
 Ester del Espiritu Santo
 Corazon Gabarda
 Advisors: Martha Cabarios,
 Amy Risvold

Website

Sofia E. Bole, Chairperson
 Sonia Mawilal
 Mercedes Laframboise
 Webmaster: Shane Patrick Bole
 Advisor: Ellen Dioso

Ways and Means

Teresita Covacha, Co-Chairperson
 Remedios Doctor, Co-Chairperson
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 Ruby Damasco
 Evelyn Hazard
 Fe San Agustin
 Advisors: Annie Vista, Gloria Waltz
 Public Relations Committee
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 Connie Sumalde
 Ruby Damasco
 Nina McCaulley
 Martha Cabarios
 Advisor: Sofia E, Bole

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 Boots Gabarda
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 Nina McCaulley
 Advisors: Amy Risvold, Martha
 Cabarios

Policy/Procedure

Julie Romasanta, Chairperson?

 Advisor: Ellen Dioso
 Sunshine Person: Sonia T. Mawilal

January

Aquino, Villa
 Armstrong, Darliene (Assoc.)
 Chua, Aileen
 Degala, Fe Luz, student
 Ignacio, Vilma
 Simpao, Edna
 Villanueva, Luna

February

Dechavez, Raquel
 Godoy, Primitiva
 Kho, Jocelyn
 Lim, Erma
 Mamuyac, Lucila
 Pimentel, Carlos VI
 Torres, Emily

March

Araos, Rhodalyn
 Covacha, Teresita (paid till 2011)
 Delespiritusantu, Ester
 Doctor, Remedios (paid till 2011)
 Gabarda, Corazon
 La Framboise, Mercedes (paid till 2010)
 Lazaga, Frederick
 Lazaga, Remedios
 McCaulley, Nina (paid till 2015)
 Mupas, Regina
 Pacris, Emma
 Perez, Carmen
 Rutkowski, Monalisa
 Salvani, Teresita

Sumalde, Concepcion
 Vergara, Arminda Callejo

April

Abesamis, Lutgardo
 Abesamis, Ruth
 Alair, Trinidad
 Bhatti, Elma
 Boncales, Patricia
 Butler, Janet
 Calderon, Erlinda
 Camano, Gloria
 Camano, Kristine
 Capulong, Zenaida
 Casenas, Josefina
 Chua, Teresita
 Dinglasan, Joyce
 Erfe, Rosario
 Fano, Salome
 Fuentes, Bismark
 Funelas, Romel
 Habal, Rosalinda
 Hicks, Stephanie
 Hormillosa, Melvin
 Hormillosa, Luha
 Jaramillo, Rowena
 Jurado, Merlyne
 Kittinger, Hilda
 Laboga, Elena
 Laput, Reglita
 Lantz-Tan, Ninfa (till 2010)
 Limbo, Leiden
 page 1

Mangahas, Carmelita
 Mangahas, Phil
 Marzan, Christian
 Mawilai, Sonia
 Medado-Ramirez, Josephine
 Mendoza, Wilfred
 Mues, Saludes Ramos
 Neri, Mary Jane
 Pacris, Emma
 Pasaylo, Lita
 Pascual, Mary Lee
 Pekar, Laurie (Associate)
 Pezeski, Celyflor
 Pierro, Rosalind Reyes
 Ranola, Katherina
 Salazar, Jo Corazon
 San Agustin, Fe
 Sison, Ma. Corina
 Tino, Carmen

May

Besa, Estrellita
 Deypalubos, Noriel
 Magallanes, Ian
 Noveras, Sally
 Salud, Maria, JD
 Taghap, Ester

June

Lewis, Nellie
 Marzan, Divina
 Romasanta, Julie
 Zielkowski, Danuta (Associate)

(Continued on page 7)

Get Well Wishes:

Thelma Rebucal * Primitiva Godoy.
 Serafina Sharpe * Zorayda Ednalino
 Natalie Capobres * Joshua Karganilla

Condolence to:

The Family of Marian Tarasan and Annie Martinez
 Cecilia Rosales on the death of her father, Benjamin Martinez Sr.
 Liwayway Rillo Diego, on the death of her mother, Sinforosa Rillo
 Daisy Diaz's, death of mother - in-law, Cedula Diaz
 Edith Espelita on the death of her husband, Lemuel Espelita

Congratulations to:

Fe San Agustin, BSN, RN, Diversity Champion Awardee, City of Birmingham in April 2009.
Martha Cabarios, BSN, RN past president of PNAM was recognized by the Tarlac High School Class 1959 Alumni Association for her dedicated service and exemplary leadership in the field of Nursing last January 31, 2009 in Tarlac, Tarlac, Philippines last January 31, 2009.
Regina Mupas, BSEEd, RN and Connie D. Sumalde, BSN, RN both recipients of the North Central Region (NCR) Chapter Leadership Award during the 10th PNAA North Central Region Conference last April 24-25, 2009 in Cleveland, Ohio. Annually, during the NCR conference, each chapter honors chapter members who excel in leadership.
Virginia Serra, RN, Daisy Awardee for being an extraordinary registered nurse at William Beaumont Hospital.
Jade Karganilla, RN for successfully passing the NCLEX,- RN exam, State of Michigan
Remylin Bruder, DNP, RN selected as NCLEX - RN test item writer. Also selected as a Mentee during the NCEMNA Mentor/Mentee workshop last March.
Remedios A. Solarte, MSN, RN, NP, PNAA Executive Director, designated as Executive Editor of the Journal of the Philippine Nurses Association of America (JPNAA), official professional publication of PNAA. She was also a speaker during the Leadership Institute and spoke on the topic: **How to Conduct a Meeting**. She is also the Chair of the PNAA Balik-Turo/Adopt a Nursing School program in conjunction with the PNAA International Nursing conference 2010. Volunteers needed for these projects.
Sofia E. Bole, BSN, RN, CCRN, PNAA Vice President-NCR, designated as Managing Editor of the Journal of the Philippine

(Continued on page 2)

**Philippine Nurses Association
of Michigan
Executive Board 2008 – 2010**

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Advisors: Sofia Bole
Members: Martha Cabarios
Nina McCaulley
Reglita Laput



CALENDAR OF EVENTS

Every 2nd Tuesday of the month, except December is the Executive Board Mtg (EBM)
May 16, 2009 ----- Health Expo, PACCM
June 6, 2009 ----- Kalayaan Picnic, Halmich Park, Warren, MI
June 9, 2009 ----- EBM, Providence Hospital
June 14, 2009 ----- Bowling Fundraising Activity, 5 Star Lanes , Sterling Heights, MI
June 18, 2009 ----- COMON Meeting, Okemos, MI
July 1-5, 2009 ----- PNA America National Convention and 30th Anniversary,
Baltimore, Maryland
July 14, 2009 ----- EBM, Global Home Care
August 1, 2009 ----- PNAM Picnic at Lily Diego' s Residence
August 11, 2009 ----- EBM TBA
September 17, 2009 ---- COMON Meeting, Okemos, MI
October 3, 2009 ----- PNAM Nightingale Awards Night



Philippine Nurses Association of Michigan

Carmen Perez, MS, RN, LNHA
15631 Fordham
Detroit, MI 48205

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