



THE SERVARIANT

WHERE PASSION MEETS THE POINT OF THE PEN

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THE 2020 ISSUE

UCSM DRIVES COVID RELIEF INITIATIVES

QUENNIE NIKKI PARING

COVID SITUATION IN CEBU

KIMBERLY DAVID

The whole province of Cebu is not anymore COVID-free as more and more cases are reported every day, including positive cases even in jails.

As the whole province now transitioned to General Community Quarantine from the two-month long Enhanced Community Quarantine, people are questioning the government's action due to the increasing cases and lack of mass testing. Cebu City even became the number one with most cases in a day as COVID penetrates even the jails where most prisoners are in a sardine-like situation.

The Cebu City Jail and Mandaue City Jail both recorded more than a hundred prisoners who tested positive when the swab testing took place. The carrier was allegedly a jailer. The fast spreading of the virus in the city jails prompted Cebu City Mayor Edgardo Labella to suspend the visitation privileges starting March 18, until the GQC will be lifted.

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PHOTO CREDITS TO: DR. ANNA MARIE SANDOVAL



PHOTO CREDITS TO: LEANE QUENIAHAN

HUMANS OF UCSM: Primoris Edition

STEPHANIE DOROG

All of us felt teary-eyed when we witnessed our pioneering batch, Batch Primoris, march the aisles of Summit Galleria Cebu last June 26, 2019. The people we looked up to were finally spreading their wings and leaving their home and venturing out to a more exciting chapter in their lives - PGI ▶11

An ECG on your wrist

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Red Flags bag their first chip!

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UCSM DRIVES COVID RELIEF INITIATIVES

QUENNIE NIKKI PARING

The University of Cebu School of Medicine officially postponed the classes last March 14. On March 16, President Rodrigo Duterte issued Proclamation 929 declaring the country under a state of calamity as COVID cases exceeded more than a hundred. By March 25, Governor Gwendolyn Garcia signed the Executive Order (E.O.) No. 5-N placing the province of Cebu into Enhanced Community Lockdown (ECQ) effectively at 12noon of March 27. With strict restrictions to inbound and outbound travels, approximately 105 students weren't able to go home. Various social media postings showed the overwhelming situations of both public and private hospitals due to limited workforce and PPEs.

UC Council of Medicine initiated the first distribution of relief goods to the stranded students in Mandaue, Cebu and Talisay last March 30. Former council president and auditor, Alexander Kaw and Edgar Frederick Creus respectively, led the distribution of 90 relief packs containing canned goods, toiletries, coffee and a kilo of rice. The council pooled together council funds and faculty contributions to realize the said distribution. This was done in foresight for possible delays in quarantine pass issuances and scarcity of basic necessities as Cebuanos scramble for groceries.

Another set of relief packs was distributed on May 8 and 9 with the team effort of faculty me-

mbers **Dr. Shanida Camomot, Dr. Heidii Chua, Dr. Nino Michael Inting, Dr. Benson Lim, Dr. Charrie Manlangit, Dr. Florentino Berdin, Dr. Merci Letigio, Dr. Ched Uy, Dr. Sheila Santillan, Dr. Anna Sandoval, Dr. Gladdys Dela Torre, and other non-faculty staff.** With the assistance of the council, the doctors were able to get an updated list of stranded students. The doctors' concerns for the students' well-being encouraged them to raise funds. They had distributed relief packs to 103 students in Mandaue, Cebu and Lapu-Lapu containing canned goods, coffee, noodles, loaf of bread, biscuits and 5 kilograms of rice. They had also extended their help to 8 security guards and 8 housekeeping personnel working inside the school premises.

Alpha Chi Sigma (AXE), UCSM's oldest student organization, started its relief operations immediately after the classes were postponed. In almost 3 months, the organization had already distributed 1500 face shields, 200 washable face masks and 150 PPE suits to the frontliners in the Province of Cebu and some municipalities/cities in Negros Oriental. They had also given relief goods to their 10 fellow alphan members who were stranded last April 30. To jumpstart the relief operations, the AXE's members personally chipped in financially and posted on their official facebook page to call for donations. The television coverage of the AXE's relief operations on ABS-CBN's TV Patrol Central Visayas last March 25 opened opportunities for more partnerships with Moalboal volunteers - Nini De Ryck, Kevin Hampson, Eiza Tampus, Kaye Brier and Dwayne Arnett. Donations also flooded from UCSM faculty, friends and family of the organization's members. Fidel Casc-

abel, alumna of the organization, shared that AXE wanted to show solidarity and gratitude to the frontliners who kept on enduring in these trying times. The organization extended their gratitude to the donors who showed them the meaning of "ripple effect of kindness." Currently, the organization is focusing on printing 3M respirators' exhaust covers and inlet adapters.

Driven Advocates for Sustainable and Innovative Goals (DASIG) worked hand in hand with other AMSA-affiliated organizations in Cebu like Cebu Crisis Assistance Team (CCAT) last March 13 under the supervision of Dr. Annely Celocia, Dr. Chamberlain Agtuca, Dr. Bryan Albert Lim and Dr. Helen Madamba. DASIG team handled the communications, collaborations, information and media drive which serves as the backbone of the relief operations. The organization focused on public hospitals within the Cebu provinces hard-hit by the rise of COVID cases. Services spanned from calling for PPE donations, augmenting volunteer healthcare staff, disseminating information through infographics and social media postings and blood donation drives. DASIG representatives Maxine Caindec and Nikko Dajao felt honoured and privileged to impart their efforts of turning "single drop of effort to waves" as the CCAT community of volunteers and donors continue to grow and relieve its relief efforts.

Despite the obvious limitations of funds and capacity, it did not hinder the combined efforts of the faculty, student council and school's organizations to show support and heed to those in need. This showed UCSM's bayanihan and goal to "heal as one."

N.B.: Serviant would like to thank the generous response and efforts of Dr. Anna Sandoval, Alexander Kaw, Fidel Cascabel, Nikko Dajao, Maxine Caindec and Shedwin Escobido.

COVID SITUATION IN CEBU

KIMBERLY DAVID

From the information released in a Freedom of Information request in 2019, Cebu City Jail has a population of 5,675 with only 61 cells in male dormitory, giving the average of 93 persons per cell. This means that the male dormitory congestion rate is at 983% and a wide image of Philippine jails - hot and unsanitary with frequent occasions of water outages: making the virus to spread faster.

Speculations spread in social media regarding frontliners carrying the virus unknowingly to their area of residence, leading to a viral video in which a nurse from one of the public hospitals in Cebu City handling COVID patients was not allowed to enter her boarding house where COVID positive patients were also recorded.

Due to unprecedented spread of the virus, most schools in Cebu resorted to online classes and eventually, ending the semester. Governor Gwendolyn Garcia also ordered the cancellation of online classes or activities in response to complaints that not all students have the privilege to access the internet.

Cebu province also reported positive cases in the area despite the advance implementation of ECQ. On March 25, Governor Gwendolyn Garcia announced that the whole province of Cebu will be under ECQ starting March 27 during her live coverage in Sugbo News Facebook page. Most of the positive cases in Cebu province were of frontliners or immunocompromised individuals.

As of June 1, the whole province of Cebu, including the three big cities, Cebu City,

Mandaue City, and Lapu-Lapu City are already under GCQ. With this, slowly, companies are already allowed to operate and individuals can now go back to work. However, the use of jeepneys are still prohibited leading people to question how and on what means they can report to their respective workplaces. Back-riding motorcycles are also not allowed under GCQ in compliance with the social distancing protocol.

The question regarding the transportation is yet to be addressed by the authorities. Given the fact that most workers are depending on jeepneys on their daily transport to work, many are having a hard time despite the change.

DIREWOLVES BAG AWARDS AT REGIONAL APMC-SN

QUENNIE NIKKI PARING



PHOTO CREDITS TO: APMC-SN R7

The University of Cebu School of Medicine representatives and students ventured to Southwestern University-PHINMA for the annual convention of the regional Association of Philippine Medical Colleges - Student Network (APMC-SN). Now on its 8th year, the gathering paved the way for a series of activities that spanned from November 14-17, 2019. In the words of the SWU-Phinma Dean, Dr. Peter S. Aznar during his explanation of the convention's rationale, the theme "Pukaw: Awakening the Drive for Nation-Building" aimed to give awareness of the challenges of the implementation of Universal Health Care Law in the country. He also acknowledged the importance of the attendees as future doctors who will spearhead the furtherance of its application.

APMC-SN Visayas is composed of 13 medical schools: Cebu Doctors' University (CDU), Cebu Institute of Medicine (CIM), Central Philippine University College of Medicine (CPU), University of the Visayas Gullas College of Medicine, Iloilo Doctors' College of Medicine (IDCM), Matias H. Aznar Memorial College of Medicine (MHAM), Dona Remedios Trinidad Romualdez Medical Foundation (DRTRMF), Silliman University Medical School (SUMS), Southwestern University-PHINMA (SWU-PHINMA), University of Cebu College of Medicine Foundation, Inc. (UCCMFI), University of St. La Salle (USLS) and West Visayas State University (WVSU). As per tradition, the convention follows an alphabetical order of hosting. It was SWU-PHINMA's turn in 2019. The 2018 convention was held in Silliman University. UCSM has yet to host its own when its capacity to hold convention is ready.

First day was a mixture of plenaries and talents as it showcased the other side of the usual academic limelight of talented medical students through PASUNDAYAG: MG/MR Night. The competition which started at six in the afternoon, spawned from the highly anticipated MedGroove, MedRhythmia and War Dance.

UCSM representative for MedRhythmia was UCynchrony led by its president Trishia Nicole Roxas who was also the leader of the team's Soprano sec-

tion. The chorale placed as 1st runner up against CDU, MHAM and SWU. According to her, their technique was rehearsing their piece as if they were already on stage as they strive to sound as one embodying each lyric of the song. Louie Mani, leader of the Tenor section added that the strategic contrast of their chosen upbeat song which was One Day (by Matisyahu) to "Rise Up" (by Andra Day), a ballad, was what made them stand out.

Other members in the Soprano section were Ma. Bonna Luzon, Clairice Mangle, Rica Alyssa Pepito, Joseann Danica Roxas, Mia Chanel Russell and Jia Angeli Zapatos. Altos led by Charity Joy Limpido consisted of Maria Lyn Acebedo, Ma. Christyl Felias, Sharmaine Felia Lacanaria, Mary Claire Perez, Venice Rosales and Honey Grace Tripoli. Other Tenor section members were Joshua Zachary Alo, Anthony Araneta, Henry Ken Awa, Zacarias Pinca, Rey Christian Sevellano and Vincent Jed Wasawas. Lawton Ace Acapulco led the Basses with Mike Ancel dela Torre, Rey Kristoffer Despi, Syrum Quinto and Emer Joy Vale. With the team's discipline, mentorship from Los Cantantes, support of UCSM family and the grace of the Almighty God, they kept "moving on" despite the "raging waters."

War Dance was a competition of hip hop and street dance through 3 rounds of dance battle. Rounds 1 & 2 were the team's choice of dance routine while the 3rd round was a routine common in all teams. The team showcasing dance styles of variety, originality, showmanship and musicality wins the battle. The "Alphas" composed of Mark Allen J. Yap, Lenbergh O. Sabroso, Wil Van N. Armeccin, Ian Lemuel B. Cabe, Maria Odessa R. Eslet, Scherhyne M. Pedrosa and Nicka Andrea L. Pama had shown just that. According to Mark, captain of the crew, that despite their hectic schedule of academic exams and hospital duty, it was talent, attitude and determination that landed them as 2nd place. MHAM grabbed the 1st place while CDU was 3rd.

Second day was a series of plenaries holding true to the convention's goal of awakening the future physicians in the morning while a series of worksh-

ops, career fairs, research seminars and debate competition were held in the afternoon.

The last day comprised the main events: Clinico-Pathological Case Presentation (CPC), Research competition, Medical Quizbee and the awarding of contests winners.

CPC was represented by Jason Banzuela (presenter), Rayn Jezreel Romero (alternate presenter), and supporting members Corina Zia Casenas and Allans Joy Pino. The 7-minute-presentation bore no hint of the school identification or props. Each judge was given a chance to ask one main and follow-up question to the members. An excess of time meant a 0.5 deduction to the final score. The presentation was judged according to delivery, content and Q&A. The historical first win of the school was due to the members' vigorous analysis of the case, consultation of doctors & specialist, systematic presentation and capability of the members to answer the questions. Other winners were WVSU and CIM tying for 2nd place.

The Quizbee competition was composed of 4 representatives from each year level as the questions were randomly gathered in every year's topics. The Direwolf team was composed of: Jason Banzuela, Mark Johnuel Duavis, Syrum Joseph Quinto and Cres Van Loed Bayhonon. For 2 weeks, they had scrupulously compiled questions and practiced through a "mock quizbowl." The team had surpassed the Elimination round which consisted of easy, average and difficult rounds against 10 other medical schools and even made it into the Jeopardy round. Due to misunderstanding of rules, the team landed 5th place; still a feat after joining the past 3 years of quizbowl.

Syrum Quinto, UCSM's APMC representative, saw the convention's theme fit with regards to the current shift of Philippine healthcare system. As of March 2020, UCSM continues to support the programs and activities of APMC through its representative, Edgar Frederick Creus, who was the former committee head for Organizational Development and now, the newly elected Regional VP for Visayas. We will be also expecting the leadership of the newly elected APMC-SN representative, Angel Ann Ambayan, an incoming 2nd year student.



PHOTO CREDITS TO: APMC-SN R7

AXE gets its first TOMSO Award

QUENNIE NIKKI PARING

Association of Philippines Medical Colleges – Student Network (APMC-SN) proudly awarded Alpha Chi Sigma (AXE) as one of the Ten Outstanding Medical School Organizations (TOMSO) in the Philippines last January 2020. AXE, one of the 21-vying student-led organizations from different medical schools, was recognized because of its efforts in creating sustainable programs and services extending to public health. This matches APMC-SN TOMSO's goal of establishing the role of medical students in nation-building.

APMC-SN opened its search in the 4th quarter of 2019 and encouraged all the registered medical organizations to join. Each organization must submit a portfolio containing the organization's vision, mission, purpose of each activity, funding, execution, and pictures. A 5-minute video presentation was also required to document all their activities in summary. AXE, a relatively young organization of 2 years, with its programs gearing towards public service since its founding, bagged the prestigious award amidst the tight competition.

Led by their president and vice president, Aaliah Dy and Mark Cuyos, the awarding was set to be on February 7, 2020, on the night of the first day of the 3rd APMC-SN National Convention 2020. The event will be held at Silliman University in Dumaguete with the theme of KASINGKASING: Creating Committed and Compassionate Medical Students in the Advent of Universal Health Care. Due to the recent events of the COVID pandemic, the event was postponed to a later date.

Dy, the outgoing president, felt happy and congratulated all the members of AXE for their dedication and effort in making their projects successful. She also thanked Dr. Dexter Andales, their AXE mentor, for his unwavering support to their programs. She further stated that being a TOMSO awardee is not a validation, AXE's goal remained the same – to serve the underserved.

Now with its growing family, as a new set of members were acknowledged last February 16, 2020, there is definitely a lot more in store for the organization in the school years to come.

AXE gives love to the “Home of Love” Center

L'MONDEE RIO NERI



PHOTO CREDITS TO: ALPHA CHI SIGMA

On the 24th of November 2019, AXE members and volunteers, together with their adviser, Dr. Dexter Andales travelled all the way to Tuburan, Cebu for one last outreach activity for the year 2019.

Their chosen recipient, Home of Love, is a rehabilitation house set up by nuns from the Mary Queen of Heaven Missionaries, a religious community established by the Archdiocese of Cebu. These sisters go undercover to bars and clubs where they try to buy out unwilling sex workers and bring them to the

Home of Love Center. In their new home, these young women and children are sent to school and taught livelihood skills while being strictly closed off from the outside world. They stay in the center for 5-7 years or until they finish college.

Some of the residents in the Home of Love are also children of the victims. A total of 13 young women and children aged 2-18 years old participated in the health promotion activity where AXE taught them about nutrition, dengue prevention, the importance of

BLOOD DONATION DRIVE IS ACTIVE IN UCSM

QUENNIE NIKKI PARING

UCSM held its 4th year of blood donation program last September 19, 2019 at the 5th floor examination hall. The drive was in coordination with VSMMC Blood Services Unit, along with APMC-SN Region Blood Committee and UCSM Student Council. This program, spearheaded by the council president, Alexander Kaw, also has a counterpart in UC Banilad aiming to encourage more students to become blood donors.

The event started at 8am, and ended at 5 in the afternoon. The student/donor firstly gets weighed in, to check if he passes the cut-off of at least 50kg. He then fills up the form required by Vicente Sotto Memorial Medical Center (VSMMC) and is interviewed. All the information he had disclosed was kept confidential. Thirdly, he's haemoglobin is measured and must be within the normal range of men, 13.5 to 17.5 grams/dl, and women, 12.0 to 15.5 grams/dl. Passing all these steps, the student/donor can now have his blood extracted. He is then required to rest for 15-20 minutes.

All in all, 168 bags were successfully extracted from UC: 31 blood bags from UCSM, and 137 blood bags from UC-Banilad.

After donating, students get a cup of “champorado” from VSMMC as well as a cone of ice cream from the student council. In this way, the council hopes to get more donors in the next years' blood donation drive.

vaccines and how to do basic hand washing. They responded well to the activity as they were cooperative and enthusiastic although some were still shy and reserved.

Male members of the AXE team were strictly reminded to keep a safe distance from them. According to Aaliah Dy, president of AXE and the main organizer of the activity, “Although the event was not significantly an eye-opener as we already know about this, it still makes you sad that human trafficking is happening and it is essential to just refrain from judging and have empathy.”

The latest statistical report ranks the Philippines as the 4th country with the highest rates of prostitution. Nevertheless, there is gratitude in knowing that there are centers such as the Home of Love whose mission is to offer some rescued victims of prostitution a second chance at a life with hope, dignity and happiness.

MIND MATTERS: MENTAL HEALTH AWARENESS WEEK

MARIE LOUISE JUMAWAN

Last October 21 to 25, 2019, the University Of Cebu Council Of Medicine in partnership with Alpha Chi Sigma was proud to spearhead the first Mental Health Awareness Week for the University Of Cebu School Of Medicine. Fun activities and surprises were prepared for everyone to take some stress off their shoulders and unload all those burdens that being a medical student may entail. The whole week paved a way for the students to pause for a while and talk about the mental and emotional stress they are facing each day.

On the first day of the weeklong activity, a Mental Health Awareness Talk was prepared for the students to attend. Students from Batch Kairos were given the opportunity to freely talk and share with three motivational speakers. The three speakers were Mr. Jeremiah Edward Bohol, Mr. Kevin Garcia, and the school's very own Ms. Marielle Rhea Z. Aguilar. Mr. Bohol is a clinical psychologist and is the chair and professor at Cebu Doctors University – Psychology Department. He is also a consultant psychologist of Seamen's hospital, Veteran's Evaluation Services and Psychosomatherapia Clinic. He is also a mental health first responder and combat responder. The second speaker, Mr. Garcia, studied Bachelor of Science in Nursing at USJR and is the operations manager handling Engagement and Mental Health Activities in Teleperformance. He is also the author of the Proposed Teleperformance Mental Health and Wellness Center. The last speaker was our very own life coach in school, Ms. Marielle Rhea Z. Aguilar. She studied Master of Arts in Guidance and Counselling at Cebu Normal University and is the founder of Project Bohol: Mental Health Awareness. Students who came to hear what these speakers had to say surely brought home with them a light and cheery heart to help them continue fighting towards that MD goal.

A Freedom Wall was set up in the 4th floor Student's Lounge where students were free to express what they have been keeping within them. Card and board games were also available for students to play and de-stress. Ice cream was also served during the second and fifth day of the activity.

Every lunch time for the whole week a film chosen by the students through online voting was being shown at the Amphitheatre 1. Ranging from Hollywood films to Studio Ghibli films were chosen and students were given the chance to relax and have fun, even for a short while.

As the week came to an end, students were able to de-stress and breathe, and be renewed again to face the new set of challenges being a medical student brings.

Online Elections — a first for COMELEC

GRETCHEN GARCIA

The University of Cebu School of Medicine COMELEC kicked-off the UCSM Council of Medicine Election 2020 with a general assembly last February 3 followed by a series of election period activities set to culminate on May 18 during the official election day. Due to the unexpected COVID-19 pandemic, adjustments to the planned election activities to be moved to the online space were made including the actual election, which was a first in the history of elections of the university. Miting de avance, a crucial event of the election period to get to know the candidates and their platforms, was cancelled. Instead, an online reintroduction of candidates and their party platforms were made while the official online election day was moved to a later date of May 25-26, 2020.

Ms. Chelsea Calano, Chairperson of UCSM COMELEC, said in an interview that since physical election was made impossible by the pandemic, online election was discussed as the main option. “This is a valid option as this has been already done by APMC-SN.” The committee also reviewed the Election Code, made consultations with former COMELEC Chairpersons and gained the approval of the dean, Dr. Melfer Montoya. Ms. Calano continued, “Section 4 of the UC COMELEC Election Code states that the COMELEC shall have exclusive charge of the enforcement and administration of all laws relative to the conduct of elections for the purpose of ensuring free, orderly, and honest elections.”

Moving the elections online was not without its own set of challenges. Ms. Calano said that the first hurdle they had to overcome was deciding on a specific platform and a system to employ to make the election orderly, secure and ethical. The COMELEC also had to deliberate on how to get a good number of voter turnout with the problems of schedule, internet access, election platform and public information. Despite a 2-day elec-

tion, a user-friendly platform and an active online information campaign, voter turnout made a 16.28% drop from last year's election. Ms. Calano explained the possible factors affecting voter behavior, “I believe that the social setting in school allows the students to be more vote-oriented during election day. With online elections, the process involved in voting requires more intrinsic motivation.”

COMELEC, after internal and third-party cross-validation, announced the official election results last May 28. The newly-elected Council of Medicine Officers were Ms. Alyanna Anne Crisologo, President; Ms. Diane Grace Uy-Matiao, Vice President for Internal Affairs; Ms. Mary Dominique Gaston, Vice President for External Affairs; Mr. Cres Van Baynohan, Executive Secretary; Ms. Danielle Cherie Arago, Treasurer; Ms. Jamie Marie Biaño, Auditor; Mr. Lawton Ace Acapulco, Public Information Officer; Ms. Angel Anne Ambayan, APMC Representative; Ms. Aaliah Marie Dy, Year 4 Representative; Ms. Jamie Guzman, Year 3 Representative; and Ms. Ma. Christyl Vie Felias, Year 2 Representative.

Asked about the COMELEC guidelines on unopposed candidates which is common every UCSM election, Ms. Calano explained, “The unopposed candidate should reach the votes of 50% + 1 of the actual number of voters for him/her to be appointed for the position. In the event of invalid election wherein the votes did not reach actual number of votes required, a special election will be held wherein the UCSM Dean/UCSM-CoM Adviser will appoint UCSM-CoM officers for the certain school year.”

The induction of officers and oath-taking were conducted online with the attendance of the newly-elected officers, Dean Dr. Melfer Montoya, UCSM-CoM Adviser Dr. Florentino Berdin and some COMELEC Commissioners last June 2, 2020.



PHOTO CREDITS TO: ALPHA CHI SIGMA

To be better after

MIKHAEL JEFF T. YAMIT



CARTOON CREDITS TO: JOSHUA ZACHARY ALO

Covid-19 has struck the Philippine Healthcare system to its core and the healthcare workers have felt it first. This is of no surprise, however, because even before this pandemic happened, HCW has already been battling with limited resources. Lack of PPEs, insufficient manpower, not enough health facilities nationwide, limited budget or moreover, improper allocation of the budget, I could go on and on and it would take forever. It's a vicious cycle and people outside of the medical bubble have neglected it and now we're experiencing the consequences.

Months have passed and a bunch of band-aid solutions have been placed to try and arm the frontliners. Mediocre hazard pays, questionable rapid testing kits, unjust compensation and inefficient transportation all of which are still happening today. To add salt to injury, there are VIP patients demanding to be prioritized, public officials who are known violators of ECQ guidelines and the inequalities in executing justice. Still, with all of the stressful things happening left and right, we need to think clear and aim for a solution.

One that would rescue us from this pitfall of mishaps.

We start by electing officials based on merit and character. Not based on popularity or fame, the prestige of one's family background or who gives the biggest money in the envelope during elections. If we base our votes on merit and character, we become objective and critical of the candidates. Let us not forget the number of incompetent officials that stained the names of those who are worthy to be called "public servants" during the pandemic. Let us not forget how some of them used their power to better only themselves while bypassing crucial protocols employed by the same government they are in. The next elections will be our answer to these transgressions; make sure you are heard.

Next we should look at ourselves. Have we been cooperative and at the same time critical of the government? Do we speak out against injustices and also go out of our way by helping out in times of crisis? Are we loyal to the person in charge or to the citizens of the

country? Are we giving out constructive criticism or are we just plain hating? These are important questions that we should reflect on and think hard about. Corny it may sound but setting apart our differences during times of crisis will help immensely. We should make sure that we come out better after this.

Now as medical students who have been sidelined during such an important event in human history, what should we be focusing on? Well, the answer to that will always be found in our books, figuratively speaking. It will always be the same hard work, the same drive and passion we've demonstrated that will help the nation in times of a crisis. You might have felt useless during times where a lot has been happening, with all the medical professionals doing their part and you're just left there with books that are waiting to be read. Don't forget that feeling. Remember it. Use it as fuel and strive to become the physician you've always wanted to be. Because when the time comes again that the country would need doctors to man the line, you'd be ready.

Ang Kwento ni Rosario: The Political Account of Health

ANN JENNIFER ALVEZ

Have you heard about the story of Rosario?

Rosario was the youngest of four malnourished children. One day she went down with measles which was complicated by coughing and diarrhea. As much as Rosario's family wanted her to be better, they were met with difficulties due to their living conditions - lack of equipment in the health care center and costly medicine and hospital expenses. Unfortunately, the story ended with Rosario's untimely passing.

As a fundamental human right, health is defined by the World Health Organization as the state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. Thus, it is not limited to pathological diseases and is encompassing of societal factors that contribute to a person's total being. Health is, after all, multisectoral and multifactorial.

The WHO also introduced social determinants of health which are conditions in which people are born, grow, live, work, and age that affect health risks and outcomes. These primarily include factors such as economic stability, social and community context, neighborhood and built environment, education, and health and health care. Going by the WHO's definition of health, when these factors are compromised, health is also compromised.

These social determinants are amenable to interventions; thus, they are dependent to political actions. These are shaped by the distribution of wealth, power, and resources, which is why the government's decision will always have an impact on how the health care is run in our country. As such, health care is a subject for political discourse. It cannot be denied that a good healthcare system depends on good governance that should produce results that meet the needs of the society and make use of the resources at disposal. When the government stays true to its mandate of serving the people, there will be a better system when it comes to health. However, the governance in this country seems to be the exact opposite.

Take the current pandemic, for example. The government's response to the pandemic is a blatant display of incompetence along with the absence of urgency. They clearly downplayed the threat of the virus and had poor decisions such as the delayed implementation of travel ban which could have prevented worsening conditions, inability to procure adequate supplies of PPE, inability to provide just compensation of essential workers, absence of mass testing, and the lack of economic and financial aid to those in need.

While government officials deem their lives as lucky, saying "Ang sarap ng buhay," there are families and children like Rosario who are exposed to threats because of their living conditions: living in the slums where the virus could easily be spread from one person to another, where they cannot even have masks, where they cannot even be tested because of the government's misplaced priorities, where they cannot even have aid and starve to death.

If only the government was critical enough to foresee and plan ahead, to intervene with proper medical solutions, the coun-

try would have been in a better position. Unfortunately, they have failed to uphold their mandate of service to the Filipino people and continued serving their self-interests, affecting lives of many people from different sectors.

However, politics in health does not only touch interventions and policies. Just like any other resource, there are social groups who have more access to quality health care than others which has to do with socioeconomic hierarchy. With this, we should avoid viewing health in one dimension since there are multiple groups in multiple sectors involved under this system.

People with better socioeconomic status are clearly favored with opportunities that allow them to enjoy quality health care. They have more access to information and resources that promote health. On the other hand, people with lower socioeconomic status have to grapple with hardships before they could get to have a glimpse of health care, if they even have the chance.

Our society has seen so many stories of sad realities because of societal discrepancies leading to health disparities. There's a frail grandmother who cannot buy her maintenance medicine because she needs to prioritize her meals. There's a struggling farmer who has to work thrice as hard to pay for his son's hospital bills who was mistaken for a drug addict and got shot. There's a mother, carrying her sick child, who has to travel and pass by five barrios just to reach the healthcare center in the town proper, but still couldn't avail of the services needed because of the center's lack of equipment. There's the breadwinner son of the family who lost his job and has to find ways to buy medicine for his sister who is sick.

Rosario was a child suffering from malnutrition. She was a child who was deprived of access to quality health care. She could have had the chance to grow up if she was treated. She could have had a future if she was born into a family with better socioeconomic standing. But she came from a struggling family who had to make ends meet because their living conditions weren't ideal. She came from a family who had to forego health because they didn't have the resources. She came from a family who cannot live by "Health is Wealth" because she didn't have both.

There are so many Rosarios out there who have to brave life everyday, carrying the uncertainty of their future because they come from a social group who was neglected by the government who had sworn to serve them, give them opportunities to stand on their own, and to uplift their condition. They live with these uncertainties every single day. They have ever since been exposed to this disparity. They have for years.

As future doctors, we need to acknowledge these societal discrepancies which could be the reason why the grandmother we are attending to wasn't able to comply with her medicine, why the son of the struggling farmer cannot be treated immediately, why the sick child's condition worsened because of the lack of proper equipment in their healthcare center, why Rosario wasn't able to experience the health care she deserves.

It is important to be critical of the societal conditions and the lack of political interventions that are the very reasons why they became sick and that hinder them from getting the care that they deserve. Health inequities have disenfranchised the marginalized sector, ripping them off their right to life, right to standard of living that is adequate for their health and well-being. Isn't it disheartening that we all have the right to life, but there are people who cannot even experience such right because they were deprived of access to health care?

There are stories of life which we may think as absurd and far-fetched, but they do exist. There are Rosarios everywhere. It's high time we open our eyes and acknowledge that the marginalized sector cannot enjoy the same luxury of health that we, the privileged, do. It's

How far have we come?

MARK ANTHONY ALMOSARA

Dramatic changes in the Philippine healthcare system for the past decades entailed recognizable reforms in policies to provide protection, especially among the impoverished communities, at low cost to free of charge. These reforms were also specifically tailored to keep up with the standards set not just to the neighboring Asian countries but globally as well.

Taking a good stance in this pandemic, a thought crossed my mind on how operational and ready are we in our healthcare system to face such unprecedented time? Would there be a nod of agreement amongst us that our current and "improved" system could take an appropriate and effective response to our health needs?

Compared to the previous decades which is immensely filled with pervasive corruption, poverty, income inequality, poor health and nutrition, particularly those who are underprivileged living in the "laylayan ng lipunan", life expectancy at birth among Filipinos increased and we tend to live longer now; 62.2 years in 1980, 69.1 in 2016. In 2017, the congress passed into law the Universal Healthcare Bill. In summation, this bill aims to provide comprehensive healthcare and insurance for all Filipinos principally covering disease prevention, treatment, and rehabilitation.

Funding. Here's the rub, in the past years the government threw funds to downstream diseases. In an exposé, Dr. Tony Leachon stated that funding downstream diseases are the primary money hauler in which the government spends 10 billion PHP (198 million USD) every year. Giving spotlight to the intervention of the upstream disease by raising a notch to the health promotion and the influence of social, economic, and environmental factors should have been a parsimonious and better move. Thanks to legislation such as the Sin Tax Law and the National Insurance Act of 2013, the healthcare allocation for resources was raised. Reproductive Health Law also gave a breather to the population by guaranteeing universal and free access to modern contraceptives. Government officials spending funds in healthcare poses a great contest especially the current system we have now. The decentralization of healthcare at three levels namely, national, provincial, and local has its ineffable upshot. You will be stuck in palm-face if for example the mayor or governor is not health-oriented because the budget would most probably be re-channeled to areas the official want to develop like reconstructing an already functional road or renovating a municipality hall

high time we understand where different sectors are coming from, where our patients are coming from. We should not confine ourselves in the thick books we read that consume all of our time and in the four walls of the classroom. We should go out and immerse in the stories of life from different sectors in our society.

We are taught from the very start to practice compassion and empathy, to be of service to our patients from different social groups. But how can you be compassionate when you isolate yourselves from the struggles of one sector? It is hypocritical to say so when you turn a blind eye from the brutality they experience because of the difference in status. Selective compassion and apathy to the plight of masses has no room in the practice of health care.

into a palace. In the end, better plans and best intentions of the DOH secretary goes down the drain.

Furthermore, the real and undeniable picture of DOH's success in generating political and financial support, and its spending is up to the reader by simply lobbying in public hospitals.

Infrastructure. Clearly, people in the metropolis are quite lucky to have hospitals nearby however the situation in rural areas is different. In provinces, health centers are very far let alone hospitals. In this case, patients who are in need of major medical needs from provinces need to flock and go to the nearest city to be provided suitable care. Data gathered by the Philippine Center for Investigative Journalism (PCIJ) from the National Health Facility Registry of the DOH reported that last 2018 the Philippines had a total of 1,456 hospitals and only 463 or 32% are government hospitals. 270 or 58% in Luzon, 80 or 17% in the Visayas, and 89 or 19% are in Mindanao. The report is also based on the National Database of Selected Human Resources for Health, a projected national population of 106,168,803 for 2018. The ratio of government-owned hospitals to the Philippine population is 1:229,306.

Labor migration. The weak workforce is a direct effect of labor migration. Without a second thought, it is easy to tell that the shortage of medical professionals may be doctors, nurses, med techs, pharmacists, and physical therapists. This en masse exodus is a direct result of under-compensation and shattered work-life balance. Appropriate training and retention programs should continuously be provided across all healthcare professionals. It is very laudable that the government somehow gave a raise in the past years but delayed salaries and lack of statutory benefits won't pacify an empty stomach and an awfully tired spirit.

Last say. The Universal Healthcare law stands very promising if not mixed with the dark magic of avaricious political agendas. With this new normal, I only hope that the Philippine healthcare system will be more effective in safeguarding us and responding to future challenges. The pandemic is a game-changer. Not a single country is ready to brush-off a pandemic or whatever outbreak with ease.

There's no end in sight for this pandemic and we are still counting the lives lost, yet officials still point fingers who is to blame. I am very sure it's not the virus.

Fourth Bimonthly in the time of COVID-19

STEPHANIE DOROG

What started as an outbreak in Wuhan, China on December 2019, the novel Coronavirus spread globally in a matter of months and eventually became a pandemic killing thousands on a daily basis. It was not long until the Coronavirus made its way to the Philippines, leading to the downfall of our healthcare system. The first suspected case in the Philippines was investigated on January 22, 2020, and 633 suspected cases were reported as of March 1, 2020. Reports of the said virus led the government to decide that the whole country will be under Enhanced Community Quarantine starting from March 16, 2020 until April 12, 2020. Enhanced Community Quarantine meant restricting the movement of the population except for necessity, work and health circumstances. Establishments such as small businesses, malls and even schools and universities were eventually closed down until further notice. With the increase in the number of cases day by day, it eventually led the government to constantly extend the quarantine period. The extension of the quarantine period led the university to decide that online examinations and online output submissions would serve as an effective means to monitor the students' progress during the lockdown.

Batch Kairos, the freshmen, was tasked to take online examinations and submit online team based learning cases in Physiology and Biochemistry. They were also tasked to make a food diary for their nutrition module in Biochemistry. Batch Invictus, the sophomores, was tasked to take 5 online examinations in Surgery 1, 2 online examinations in Pharmacology and 1 online examination in Parasitology. Case studies and formulations in Pharmacology, Parasitology and Medicine 1 were also asked to be submitted. Online pediatric history taking via messenger or zoom was also assigned. Batch Tritonos, the juniors, was tasked to compose concept maps for 24 chapters from their Oncology module in Internal Medicine. Case studies and formulations in Pediatrics, Surgery 2 and Internal Medicine were also assigned. Every case study assigned was given a certain time frame to accomplish. Batch Concordia, the seniors, was tasked to have online conference calls encompassing at least 3 topics and a 20-item examination depending which rotation/department they were assigned to. Case studies were also given if conference calls were not scheduled.

Online examinations and submission of requirements have created quite a stir in most universities. There are various reasons as to why several (most) students oppose to online examinations, but this can be narrowed down to two main reasons: lack of internet accessibility (or connectivity) and negative effects on their mental health.

It's a given that internet accessibility is a privilege for most Filipino students. Several students lack electronic gadgets, others have weak internet connection or mobile signal since they're from far flung areas. As for most of the students in the University of Cebu-School of Medicine, online examinations and submission of requirements was a doable task since they had accessible internet access, but for some online submission of requirements and examinations meant having to step out of the comforts of their own home and look for accessible internet access. Nonetheless, students complied with the online tasks since failure was not something they were willing to risk.

Naturally, stress from studies is normal. Every student feels anxious when it comes to examinations, output submissions or anything that could affect his grades. When you add fear, worry, and stress caused by this COVID pandemic to the mix, it becomes a completely different story. Students' mental health is rapidly decli-

ning during this crisis for a number of reasons. One of the reasons why is the lack of financial funds due to the unemployment of their financial sponsors. Families are suffering from the unemployment of their family members and are getting by (the day) with minimal or even no amount of salary. Children are affected by this because the lack of funds makes it difficult to comply with their educational requirements. As for most Filipino families affected by this, food and other basic necessities is the top priority during this pandemic; however, the needs of the student to comply with the educational requirements is a must since education is also important. Another reason why is the thought of uncertainty. Due to the temporary halt of land, sea and air travel caused by the lockdown, several students were unable to go home to their families, forcing them to battle anxiety alone. "Will I have enough supplies to last me during the quarantine period? When I run out of supplies, how do I buy groceries without risking my health?" "When will I see my family? Will I ever see them soon? I wonder how they're doing back home and if they're safe," are just some of the thoughts that linger in the minds of the stranded students. In a period when our minds and hearts can't see eye-to-eye, our way of thinking is clouded causing us to be distracted and defocused on matters that are supposed to be important.

For the UCSM faculty, online examinations were given to serve as a gauge of the students' progress and a tool for assessment during the quarantine period. In the words of Dr. Michael Damazo, first year faculty, online examinations were not part of the initial plan for the faculty hoped that the quarantine will be lifted and physical examinations were to be taken once classes resumed. When the quarantine was extended, it slowly became apparent that there was no certainty that face-to-face classes would resume before the school year ended. He added, "There was a heightened urgency among the faculty to try and make the best of the 2nd half of the 4th bimonthly period, hence the impetus behind the online exams. There were many platforms considered to be used in the online exams. The pros and cons of its utility was debated especially with regards to the credibility of the results. The prevailing argument then was the online exams are meant to give the students an incentive to study and not waste their time."

With the different opinions from the students and faculty members, the question comes to mind (our minds)- "What will the university do amidst the concerns (opinions) of the students and faculty members? Will online tasks continue or will they stop?"

Students and educators equally acknowledge the importance of continuing education at home amidst the pandemic; however, it is undeniable that online examinations and submission of outputs has become a challenge both for students and teachers. It has not only been a struggle for the students and faculty members of UCSM, but also the entire educational system in the Philippines. A solution, which tackles the concerns of both parties, must be implemented to counter the negative effects this pandemic has on our education. The solution seen fit was the cancellation of all online examinations and online submission of outputs in all year levels. It was decided that the average of all quizzes and other submissions in the fourth bimonthly period will be given as a bonus (plus 5%) in the computation of the final grade. The solution may superficially appear not beneficial to the education, but it is the most humane solution the administration and faculty members have agreed upon. With that being said, at least we can officially put fourth bimonthly behind us and close (the) school year 2019-2020.

The more the merrier

MIKHAEL JEFF T. YAMIT

For everyone's information, elections came right around the corner. Another batch of hopefuls will again inherit the responsibility to the student body and all its baggage. A governing structure that would set up a stage of opportunities with their platforms. To have the decency and obligation to implement what they promised. But, this year's election was again plagued with the very same problem from the previous years; a single party running for office.

Is this a problem? Is it that big of a deal? Well, yes to both questions. It's a problem because students lack the advantage of having an option. The power of the people to decide doesn't count if there's nothing to be decided upon. Would we call it "exercising our rights to vote" if there is literally one set of candidates to choose from? A lone party running lacks the advantages of healthy competition. A comparison between each candidate's merits, policies, and reasons for running will showcase the aspirant's capabilities in contrast to others. Ideally, with a toned down personal bias, it would make our votes critical and reasonable. Such a venue will also bring out the best in a candidate, an essential picture that students would need to see before casting a vote. This kind of situation will show their ability to "walk the talk". It displays a glimpse of what to expect when they become elected.

It's a big deal because it reflects our current state. For a profession that pleads leadership, somehow those who are able still shy away from positions that could develop it. Running for a position no matter how daunting will help us down the road and yes, a lot of factors must be taken into account and that is a reality. We are medical students. We deal with a lot of things daily. Having to deal with the rigors of medicine while maintaining governance on the side doesn't sound inviting. But, to rise to the challenges of medicine by answering the calls to lead shows great character and determination. Most importantly is the inherent will to serve the people, a Doctor's essential.

We are in a time of turmoil globally. In this time, we have seen first-hand what good leadership can achieve and what a bad one can get. A medical school is not exempted from the consequences of leadership. We are fortunate that the past councils have done their job right and even the newly elected ones show great promise. Nonetheless, we can't wait for a time when good is not enough. It's insufficient to only stress the right to vote, we need to encourage the right ones to step into the role. If you believe you have the guts, ability, and the will to be elected to the council the next year then step forward, please. The more the merrier or so they say.

DOCTORS HAVE SUPERPOWERS: AN ACCOUNTANT'S JOURNEY TO MEDICAL SCHOOL

ANGEL MELODY LEGERA

"Everybody loves pizza, right?" such is the ever famous introductory line of Kairos' very own Ms. Accountancy during her report in one of Biochem's plenary sessions. But this is not about pizza, though she loves it, this is about a woman who believed that there is a blessing in waiting; a woman who braved herself through Medicine despite not having a pre-medical course.

She is Jamie Biaño, a Certified Public Accountant. If I will choose a word to describe her, it would be "enigmatic." There is so much more beyond her white complexion and long straight hair, Jaime is a woman of substance. She might appear firm and quiet at first but dullness will never come to life once she gets comfortable with you.

Jaime could still remember what she wanted to become when she was still in preparatory school. She wanted to be a photographer. It was not for the grandest reason but the feel-good accomplishment of being able to use a newly learned word in a sentence: pho-tog-ra-pher. However, things have changed when Jaime exposed herself to doctors and medical related stuff. Her ambitions instantly shifted to the idea of becoming one – stable, brilliant, and as how her young mind describes them "Doctors must have superpowers!"

Jaime grew up under the care of her parents. Despite the desire to become a doctor, she submitted herself to their will to take up B.S. Accountancy. When asked whether she ever felt bad about it, "I understand my parents considering that I am not the only one who is being sent to school. Plus, the undeniable expensive cost of Medicine is something that I need to be mindful of." According to her parents, Accountancy is a practical course where jobs are easily made available after graduation. True enough, when Jaime got her license, she was able to work immediately as an accountant in a private company.

Ecclesiastes 3 opens its chapter with "For everything there is a season, a time for every purpose under heaven." After the silent waiting, constant submission and giving honor to her parents, Jaime is finally one step closer to her dream. She is now a freshman student of Batch Kairos and it comes with a blessing and full support of her whole family. As someone who does not have a pre-med course, it was not easy for her to adjust. "Everything is new." Her excitement during her first weeks in school were overshadowed by doubts from orientations during the Intium, diagnostic tests, and daily exams that is being practiced in UCSM. However, her desire of becoming a physician is greater than her fears. Instead of shrinking back, she chooses to fight daily, to always give her best shot no matter how hard Med school may seem to be.

In dealing with failures, Jamie allows herself to take it all in, to feel every inch of pain that comes with it. She doesn't pretend. She ponders upon it before catapulting herself back up. She said the greatest learning is to appreciate what you have before time makes you appreciate what you had. And that the tongue is a beast only a few can master. If it is not tamed, it will run wild and cause us grief. Jamie's advice to other medical students like her is to always learn from people who have been through where you want to be.

The young Jaime once believed that doctors have superpowers. Now she understands better, that their superpowers lie on how they dedicate themselves to become instruments of healing; how they willingly offer their lives in order to save the lives of others. With faith and confidence, no matter how different her Medical journey started, this is what she is called to become – a great Physician.



ART BY: ANGEL MELODY LEGERA

SEASON OF BECOMING

ANGEL MELODY LEGERA

I was there when super typhoon Haiyan happened. I have seen the gnashing of teeth caused by pain trying to step one's wounded foot forward. I remember how I wade past the bloody waters doing my best not to step on the lifeless bodies surrounding me; the number of weeks I needed to distance myself from people because I lost my ability to engage in a normal conversation. During those quiet times, the screams of help I keep hearing from my walls drew me closer to what I want to become in the future. Had it not been for that experience, I would have chosen any other field but Medicine.

Three months into year 2020 started but it already feels like years have gone by. A lot of phenomena surfaced that wobble the entire world. We are presently living the future contents of history books from bushfires, armed conflicts and attacks, plane crashes, swarming locusts, volcanic eruptions, bird flu outbreaks, and the pandemic that holds the crown, COVID-19. Giving more emphasis on the latter, who would have thought that a virus, known to be a small infectious agent, can create a big change in our day-to-day lives? Who would have thought that such a time as this will come where we need to lock down our borders and distance ourselves from people? A time where we are called to stay at home and take extra precautions for the benefit of everybody.

They say, in order to contain or not to spread the virus, each one should consider himself a carrier. But aren't we all sick long before this pandemic happens? Perhaps, we are called to slow down and examine our lives during the quarantine period so that when all of this is gone, we may never again take for granted the gift of life, the kiss of our parents, the hug of a friend, or paying respect to other creatures. In the midst of distress and adversities, this pandemic also reveals what we are made of and what we are capable of becoming – may it be for the wicked, but I do hope, since we have seen the worst, this time, we will choose what is for the best.

The emperor in the movie Mulan said, "The flower that blooms in adversity is the rarest and most beautiful of all." I believe that during these trying times, dreams will be formed, passion will be ignited, and life's purpose will be realized. Perhaps, we need to be separated today so we can be more united again tomorrow. And when that tomorrow comes, we have more noble Physicians, Nurses, Lab Techs, Researchers, Politicians, Armies, Educators, and other professionals who are product of adversities – who strived to be better from the worst.

Trials, hardships, sickness and disease – this, too, shall pass. As how Antoine de Saint-Exupéry puts it in his renowned book *Le Petit Prince*, "ephemeral." Until then, let us make the most out of what life throws at us and cling closer to the one who holds the earth's foundation.

TUTORIALS:

Promoting Camaraderie and Cooperation among Medical Students of UCSM

JOSHMARY DENICE SAPLAD

It's a fine day when you go to school knowing you have an exam and are not cramming much about it. You studied well the night before and reviewing some last-minute flashcards. It would indeed be so much of a blessing if there is someone very willing to help you prepare for it.

Such is the case for Batch Kairos, the first-year medical students of UCSM, who are fortunately blessed with two hardworking medical student tutors.

Mr. Thirdy Kong is currently a third-year medical student from Batch Tritonos. Despite his busy schedule, he would find time to collect photos from Histology slides, determine each structure and layer and present it to Batch Kairos in a distinct and understandable way. He points out which ones are easily mistaken for each other, the clinical significance of important structures and even the possible type of questions in the practical exams which are useful to those students who have never had this type of assessment during their pre-med course. As of this writing, he has conducted two tutorial sessions, not including the individual random tutorials with his former students.

"Basically, it was really helpful and most of us were able to catch up with what we needed to learn to excel in our upcoming evaluations such as quizzes and exams." said Mr. Cres Van Bayhonan, a student from Batch Kairos, referring to Mr. Kong's teachings.

Aside from Mr. Kong, a medical intern also gave his time to impart his knowledge to Kairos with the subject Neuroanatomy. Mr. Jason Bansuela from Batch Concordia took a lot of effort in making a presentation for a 2-hr tutorial session and managing to condense 5 topics in it. An overview was given to each area while still emphasizing the most important bits that will be helpful in clinical situations. Together with the school council, he also founded the Students' Pedagogical Community, a society for students whose advocacy is to teach.

Miss Jehdaiah Nemeño, another student from Kairos commented, "The tutorial was so helpful. It was actually a very good discussion in a way that those concepts that we couldn't fully grasp during the lecture were explicitly explained."

The said tutorial sessions were all held at the Amphitheater 1 of UCSM after the class hours of Batch Kairos, around 4:30-7:00PM, after securing an official letter approved by the Dean and Department Head.

Of life, love, and realizations

CLEANSING THE WORLD: Mother Nature

ANTHONY ARANETA

Mother Nature is of great help in our daily needs and the survival of our kind. She offers and provides good resources of food, energy and water. She nurtures us since the day our ancestors set foot to this world and became her children, yet here we are, changing its course of history. Are we the salvation of this world or the cause of its destruction?

Since the beginning of time, change has its way of becoming on top of the food chain - devouring, remodeling and cleansing world by world by world, and era to era; from Big Bang the finite extent of our world. In every era that this world has been in for decades and centuries, there's always a start and an end, just like the time where the dinosaurs started to roam the earth, and ended their lives with an asteroid and the setting new life of species for a new phase of time.

Remember the time where wars lead to the death toll of hundreds and thousands of people and humanity was on the verge of extinction? All the diseases and infection that

cost the lives of people around the globe? May it be MERS-CoV, Ebola, HIV, Tuberculosis, and etc. Have you ever thought that maybe this is the only way Mother Nature can live again?

Mother Nature has been infested with dangerous beings ever to have lived and walked in this earth: a deadly disease that not only consumes but also destroys life. It's not caused by a virus or a bacteria, but by humans. YES! We are the very reason why our mother nature is suffering. Where her life ends, our lives goes with it. Just like a Host and its Virus, when the Host dies, the Virus also dies.

The new circulating Virus, the NCoV now called COVID-19 is now a pandemic and affecting a lot of lives. Do you think this is also one of nature's defense mechanism for its survival? Do you think that in order to start anew, and commence a new beginning, she has to sacrifice a lot of lives? Our lives!?

We may be a burden to our own Mother

but we can also be good sons and daughters towards her. There's always an alternative way to prevent her from dying and saving a lot of lives. As I have said, Change is constant, and Change should start within you, to start a new beginning leading those who are astray to a path with purpose and living life along with Nature. So, which part are you? The One who destroys her or the one that will save her?

the quack wolf

INOCENTES BALIGUAT

At a gathering of animals, a wolf stood out telling tales about the loyalty, strength and unity of his pack besting all animals in the forest.

Among other things, the wolf said "My pack could survive three winters without missing a fur!"

The sly fox, knowing all too well the lone wolf has nothing much less a loyal, strong and united pack asked, "You say that now, wolf, *but where is your pack?*"

the day i stalked the president

INOCENTES BALIGUAT

When you get old, nothing much changes in your day. You get up at 5 with a cracked bone. Take the shower and then, smoke the porch dry. Watch Marta burn some leaves across the street. Nathaniel in his window never runs out of a book to read. I don't know if he is stupid.

But that day was different. I went out. There was a tattletale in the grocery store. The President was HERE. The President of the Republic!! What were the odds? He IS! I took the backdoor. I drank beer with Randy, the store-owner, some time ago. And god, did I see the President with the men in ironed clothes. They were immaculate. It must be the taxes.

I decided to follow them. I wanted to know things.

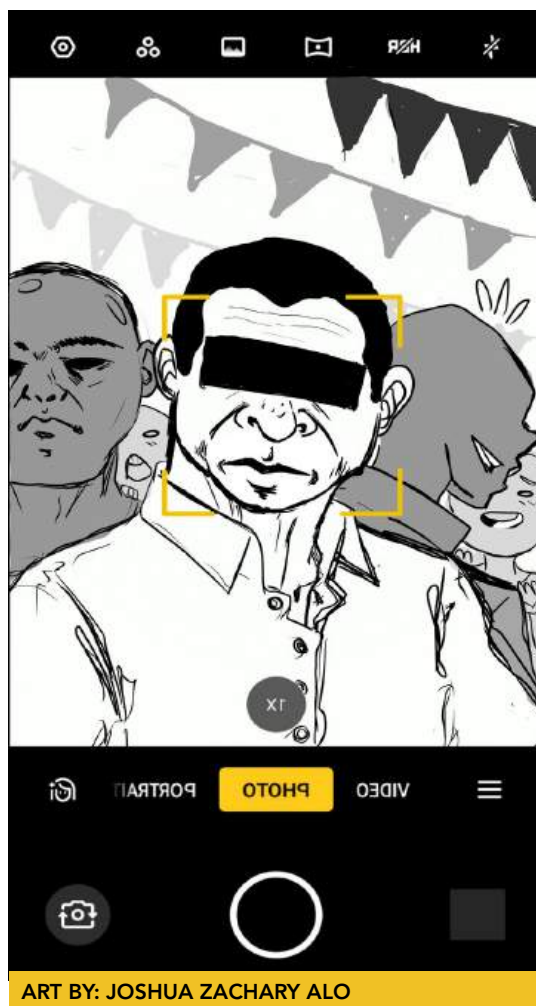
The President went out the entrance with the entourage. He didn't notice the homeless out-

side. Cardboard boxes foot printed, torn never to be used again. He shook some hands and was swarmed. I do not understand the adoring people and their politicians.

He went to the local church next. They had this mass; said it was the proper welcome. For what? Does the president even pray for us? Folks around here never fill the church on a weekday; it did that day. Where were they all coming from?

After, they blessed the machines from China to be donated. Juan was definitely losing his job. Cheers were deafening. I see, it was supposedly a blessing. Goods were changed hands. Everyone was in high spirits. The mayor was all praises. The president with air down his chin bowed like a servant then.

Where were guns when you need one?



ART BY: JOSHUA ZACHARY ALO



ART BY: ZINAICAH SY

Malleable

bit.ly/3a7shNV

What made You call me, Lord?
An unequipped servant, a people-hater.
Why let me dream that dream,
and have these visions I barely understand?
What did You see in me
that I was brought in this time and place?
Why lead me here?
Having no feelings, no filter on judgments

Who do You want me to be, Lord?
A great missionary? A light to people?
I know who I want to be.
A Doctor.
A person offering every minute of her life to You.
But am I for that life I badly want to have?
Lord, discernment is crucial.
Lord, direct my life. Lead me to You. Wait for me when I reach the end because it is only You that I long so much to see.

Lord, purify my flaws. Purify my intentions.
Purify my love. Purify me with your everlasting mercy and unconditional love.
And mold me to be malleable.
To better fit in your glorious kingdom.
To better understand your glorious creations.
To better see your glorious works.
To better feel your glorious love.

Lord, I have seen your glory. But this is merely a glimpse. Not even through a crack. But a ray of light, an echo of sound, an awareness of a great feast above. Beyond this earthly realm is a glory far greater that I can ever fathom, that my human mind can never grasp. Yet here I am knowing that ahead of me, there is something glorious!

Untitled

untitled

it dawned on me that holding on keeps us grounded in the phantoms of past memories, regrets keep us from appreciating the present where life is untried, and memories haunt us but then we learn and move on. life is too short to be buried by regrets, so show others how grace elevates you and that the past deeds do not control you.

love suppressed

bit.ly/3a7shNV

Once there was a princess.
A princess who doesn't know love,
Yet a prince proposed to marry her.
But she doesn't know what to do.
So, she ate the ring the prince gave her.
And she turned into a rabbit.
Hunted by his father's knights,
brought to the kitchen to be cooked.
She tried so hard to shout
and tell them that she's the princess.
But her cries didn't come out.
And it was too late when they saw the ring inside the rabbit's stomach.
And that was the end of the story told to us.
A lesson presented by Ate Sara that a person who doesn't love can't give her life any sense, any value.

But here I present a love felt deep inside,
suppressed by a dozen emotions.
How love feels like guilt.
Like a crime I'm not supposed to do.

How miserable it feels to know it's there.
But there's so much in here somewhere,
a bright future I must always bear.
To look upon, to always look ahead,
that the present always seems hurried.

Simple moments just go by too fast,
barely matter as long as I pass.
The course, the year, the semester.
The exams, the weeks, the days.
But on that future will it matter?
How I invested on this pace
I don't think so, not really.

'Cause they say what matters is the journey,
what I've learned from each story.
That made me who I am now,
that built up my tower of knowledge,

They tell me to keep learning.
So, I throw interest to anything.
But incompetence made me suffer.
I forgot what I have learned.
When I'm asked I constantly buffer,
the unnecessary in my mind is racing

'Cause there just too much in here.
It's everywhere!
It is stacked on something much more important.

Beneath all my interests, my incompetence or my knowledge, or my misery,
Is a love felt deep inside of me.
Suppressed by a dozen emotions,
just waiting for the perfect time to pass.
This phase of falsely thinking that love needs a set time to be released.
'Cause love is love and it need not be suppressed.
It needs only to be surfaced.

Express

sechsundfunzig

Connections we made
Communication gone lost
All but defenses of talk
Shallow is every thing

Thought it's a keep
Signs said no
But who to believe
When you can't prove so

Tears at darkness
Dusk of nothingness
Demands are thrown
Reasons not known

To ask for a time spare
Beg for a little emotion
Apology accepted
Apology wasted

Entry 365

Codename

I needed a reason to cry.
I needed a reason to vent out pent up feelings
emotions that needed to be screamed
cries that needed to be heard
so that pain will subside.

But I can't.
I need to smile.
I need to pretend that I'm happy
even when I'm not
even when I cannot
even when I don't want.

Because I am a strong person.
I am expected to be strong and courageous
to be enthusiastic
to be... strong.

But they forgot that strong people are human beings too.
They also cry.
They get hurt.
They... feel pain.

And because I am a human being capable of feeling pain
capable of showing sad emotions
capable of crying and hurting
I don't need a reason to cry
I will cry when I feel like crying
I will cry when I want to
I will cry.

And once these tears dry up,
I'd face the world again with a smile.
I'd be the smiling and happy person.
I'd be stronger than I was before.

Harmonica

bit.ly/3a7shNV

Started hearing it since June.
Now every night I hear that tune,
that high pitched hum out there.

We all know who's playing it.
The ragged man with the sign.
Jesus is Coming, he wrote.

But I never got to read the sign fully.
Because always we are in a hurry.
I was able to give him a coin.
But from the heart, was it given so?

Jesus is coming we all know.
But exactly when, we have no clue.

There is no time set when he plays,
there is no date set when he won't.
His harmonica never failed him,
like Jesus ever to all of us.

He must have seen some vision to spread such proclamation.
But do we ever pay attention?
Yet again tonight he will play.
Now for me a reminder that Jesus is coming.
He is coming soon.



ART BY: ZINAICAH SY

Akong mama nga gwapa
Panagsa kay maldita.
Maski dako siya'g baba,
Love nako siya.
Unya gipaskwela ko niya'g medisina,
Hala sige, padayon lang ta diring dapita!

Akong mama nga gwapa,
ang tingog maabot sa gawas sa amoa.
Dako kaayo'g baba,
mas dako pa sa gradong akong nakuha.
Naa'y kas-ang siya nakapangutana,
"Kumusta imong pagskwela?"
Duko-duko atong drama.
Kay wa'y ayo baya ani atong kahimtanga.

Balde na sa luha ang nagawas,
pila na pud ka-highlighter ang nahurot.
Ang pangandoy hinay-hinay na'g kapapas,
Sakita man diay sa buot.

"Basin di diay ni para sa akoo."
Ikapila ko nang giingon sa huna-huna.
Pagkakita nako sa akong mama nga gwapa,
Natagaan ko'g gamay'ng paglaom pag-tawag niya'g "Doktora".

Pila na ka buwan ang nilabay.
Makaingon man sad ta'g "Agay!"
Sa tanang kahagbungan ug kalisdanan,
mura'g wala man ni'y katapusan
Nagsunod-sunod ang mga kagabhion
Ug ang kadag-om sa kaugmaon.
Pero paggakos ni mama sa akoo,
Makaingon sad ta'g, "Sige, laban pa."

Og sa dihang ting-finals na,
Niduol ko sa akong mama nga gwapa.
Ningisi kong pagkatam-isa
"Mangayo ko'g pang-studyout, Ma."

HUMANS OF UCSM

STEPHANIE DOROG, JOSHMARY DENICE SAPLAD, L'MONDEE RIO NERI

Primoris Edition

Post Graduate Internship. They say Post Graduate internship can kick-start any medical graduate's career. It is a time when post graduate interns rotate in all of the different fields of medicine. His days could start off with him being a pediatrician where he'll manage young patients and then would make a complete 360 and become an internist assessing and treating adults. The next month he could be assigned to the Department of Surgery and assist the surgeon in performing different procedures on the operating table. A few months later he could be an obstetrician-gynecologist and start off by caring for pregnant women and delivering their babies or a researcher who would conduct studies aimed to improve overall human health. With the countless work experience a post graduate intern gains, he is given an idea of what program he'd like to pursue in his future residency training.

With that in mind, have you ever wondered what life outside the walls of our University was like for our dear kuyas and ates? Is it as glamorous as what we've seen in shows such as The Good Doctor, Grey's Anatomy and House, M.D? Or is it the complete opposite? Hear the stories first hand from our very own UCnian Post Graduate Interns.



Leanne Queniahah
Perpetual Succor Hospital

From anxiety to enjoyment

They say that post-graduate internship is the best, but I wasn't really excited to become a post-graduate intern 6 months ago. During my first day as a PGI in Perpetual Succor Hospital, my anxiety was just through the roof. I know, it was PGI-ship, not residency. I didn't understand why I felt that way, since I was a clerk in the same hospital for a year. I guess it felt odd, walking around in smart casual clothes and a smock. I kind of felt like a fraud. I felt like I didn't know enough to become a PGI. Clerks were calling me "doc", residents and consultants trusted me more, it was just a lot to process, at that time. I first rotated in the Department of Family Medicine – a relatively "chill" department but like I said, I was taking things a little too serious. It was a huge blessing to have been grouped with amazing, smart, and such fun people. Seeing them at work, actually doing well and at the same time enjoying, made me realize that I was merely lacking in confidence and it didn't help that I didn't want to make mistakes! This only made me more prone to making mistakes. From then on, I tried to relax a little bit more, and decided to trust myself a little more, too. Also, it was okay to not get everything right. I then saw a difference in myself. I was having more fun and I was more receptive to learning. We then rotated in the Department of Obstetrics and Gynecology after – a specialization that wasn't exactly at the top of my list. When you're in a situation like this, you just have to keep in mind that every rotation is an opportunity to learn as much as you can. You just have to take it one day at a time, try to see the bright side of every situation, study, do your job, and then go from there. It also was a huge help knowing that I would be rotating in the Department of Surgery next – a department I was looking forward to go back to for almost a year. Suffice it to say, I had a blast. As PGIs, we're given another chance, another year, to see which departments we feel like we might want to train in during residency. Grab this opportunity, ask questions, participate, be proactive. I'm halfway through PGI-ship and now I can truly say that PGI-ship truly is the best year of your med life. I'm going to miss it. Don't take it for granted, you guys. I'm so excited for all of you to become PGIs, as well. Good luck with everything! See you around!



Toby Lantin
UP - Philippine General Hospital

Living life away from home

Uncertainty. This plagued me ever since the start of senior clerkship. The choice of where to apply for my Post-Graduate Internship never really was a clear one for me as I always went with the flow of things. Pre-med and college was me going to wherever my friends went as I felt that it was never going to be fun without them around. Now it's different, I found myself questioning where I would want to be, how would it help me for my goals and future career path, and there I ended up somewhere far from my comfort zone- Manila.

In the busy streets of Ermita, not knowing how I ended up here. Orientation came by fast and boy was I overwhelmed. The hospital was huge and I couldn't remember one bit from that tour except that place where there was a bidet (best number 2 spot in town if I may add). Everything was new. Everyone was new. I remember going back to where we stayed and questioning myself "Sure naba ko ani?" again and again as if an answer would come out. Fast forward to the first day of internship and still I never came to know if I was sure of the choice I made but then again, it's too late to take it back by now. There I was assigned to the ER with no idea what to do. Patients kept coming nonstop not giving us time to even sit down. Adjustment period does not exist here in UP-PGH. You have to get your tasks done fast or else the work gets piled up. I remember one time I had to debride a whole infected leg and let me tell you I had no idea how to do any of that, the closest I got to do at clerkship was freaking change dressing. Now there I was holding the equipment! I looked at my patient then glanced to my teammates hoping for someone to see the look of despair I had in my gaze, but sadly everyone was too busy with the non-stop influx of patients. So, I winged it. I also had to talk to my patient with balls of sweat dripping from my face from time to time, you know, for rapport. When it was done I thought I did a pretty decent job as the patient did not feel that much pain, but when my senior checked it and did some finishing touches the patient had to wail in pain. That was how I learned how to properly do debridement. I was laying down in my bed one time, with my fatigue ridden body, looking back at the busy days. I found myself smiling. All that toxicity, stress, adrenaline, and sweat at the end of the day was worth it.

Post Graduate Internship is half way done on my end and I'm looking forward for more that is to come in this path I have chosen to traverse. Uncertain as I am if this was the right choice to be made but hell I would choose it again if I get to redo everything. One thing I would say to everyone who is uncertain of something. Take it. Live outside your comfort zone. Yes, I know it's difficult. I know you don't know if you have what it takes, but take it anyway. Nothing worth it comes easy much more in our career paths. Take that leap of faith and you'll find yourself growing, much more than you'll ever expect.



Joseph Chavez
Perpetual Succor Hospital

Where did my humanity go?

I walked into a patient's room. I was holding a box with stuff needed to insert an IV line. I greeted the patient. She was a middle-aged woman sitting on the bed with her husband. I can't remember her name but I can still clearly picture her face. Anxious. Scared. She knows what's going to happen. She told me she's afraid of needles. I told her not to worry for it will be quick if she just cooperated. I started the procedure. It was difficult for she had thin veins in her hand. I was trying my best to insert that needle. I was too focused on what I was doing then suddenly something shocked me. A drop of water fell on her arm. I looked up and I saw her crying. It was her tears. She's not making any sound to avoid distracting me but I know that she was undoubtedly in terrible pain. She was so brave. I was speechless. I was shouting at the back of my mind, "What have I done?" I was too focused on the procedure that I forgot about the patient. I was too occupied with the things that I have to do that I forgot the reason why I was there in the first place. That time, I realized one thing. Despite all the knowledge and skills that I've gained in this chosen profession, I've lost something. Something that is part of me. I've lost part of my humanity. It was unacceptable. On the spur of the moment, it all came back to me. All the reason why I started this in the first place. Those were also the same reasons how I got this far despite the struggles I went through. I was lost but that moment I've found myself once again. Those tears saved me. And I know for a fact that those tears will be saving more lives when the time comes. It will be saving lives through me.



Henley Sanchez
Southern Philippines Medical Center

The Lone Wolf of Mindanao

It never really occurred to me how things will be like here in Davao being the only one from UCSM, let alone whole Mindanao, but sure enough it made things more challenging. Having to step out of my comfort zone of 9 long years wasn't easy and deciding to be in the government hospital which has the largest bed capacity of all DOH operated hospitals certainly made things much more difficult. You miss all the things that are familiar to you; the food, the city, the people who became family, basically everything and everyone. But I suppose personal growth requires you push yourself even more, away from things that are familiar.

Though one of the things I've come to fully appreciate here is that when the nurses call you "doc" they mean in it and look up to you for orders. Stepping up from being one of the chest compressors as a clerk then all of a sudden being the PGI that leads the whole ACLS before your resident comes, if he or she even comes at all, all by yourself. From being the one who would monitor patients then to becoming the one who would give orders in behalf of your seniors when things get awry. All the responsibilities expected were daunting but a good challenge always keeps you sharp.

It's also refreshing to be in an environment where almost no one knows who you are. You start from scratch; best of all no one pressures you to live up to certain expectations. I'm the new kid from the school no one's ever heard before. And comes after the need to explain where you're from and what it's like there. I mean really, what is it really like in UCSM?

Looking back, I fully expected myself for the worst when I decided to be here but I ended up surprised when it was nowhere at all I expected it to be. I'm not dead tired every after duty despite the number of patients I attend to and load of work I do. We are given enough time to prepare for the board exams. Imagine being pulled out from your posts twice in a week? I even joined our chorale and won a competition! But best of all everyone treats everyone with respect regardless of position. Because no matter how difficult things get, if you work with the right people it makes all the difference.



Louie Arizobal
Perpetual Succor Hospital

Panandaliang Saya

I remember almost crying as I marched to "A Million Dreams" during graduation. After four grueling years of the nightmare that is medical school, it was a wonder how we've kept our dreams alive. Every day since then has been nothing but a dream. Days passed, and we found ourselves venturing and continuing the dream of becoming a licensed physician being post graduate interns – something, as is customary of a pioneer batch, foreign to us all.

The days of a PGI starts with choosing which hospital you want to train in. There are a lot of factors to consider but it mainly depends on how much you are willing to learn, how you want to learn, what skill sets you want to develop, and which hospital you do eventually see yourself going into residency in. A year in a hospital could either make or break you, so choosing is no pushover.

Our work varies depending on the hospital we're in, but it's basically the gray area between that of an intern's and a resident's: from doing the dirty jobs like monitoring patients, and inserting NGTs, to suggesting and participating in the treatment of these patients. As PGIs, the residents have more confidence and trust in us, sometimes even leaving us to decide how to manage patients. That goes with saying the privilege given is taken with caution.

The PGI-ship year has been branded by most as the 'chill year' which is, in a sense, partly true. We work fewer hours a day, have less paper works, and fewer physical work. However, we always keep in mind that the board exam is meeting us at the end of the year. The 'chill' is coupled by a relative amount of 'pressure', depending on how we want to perform come the exams. And of course, when you hear comments such as "you're from UCSM, all eyes are on you, you need to pass the boards", pressure is inevitable.

A year of post graduate internship has been the breather. It has been the calm in between the storms. The years of medical school has been a training ground to the more tiring life that is to come during residency training, but it's enlightening to note that there is a pause that bridges these two. There's no better description of a life as a post graduate intern than it is a 'panandaliang saya.'

Non-Faculty Edition



"One of the happiest moments I had in my life was when I qualified to become a member of the Association of Working Scholars of UC-METC. It wasn't an easy feat to be chosen among the many applicants. As a working scholar, I must balance academics and family time. If you have family problems, you must never bring it to school or work because it affects your daily tasks and the way you handle them. Just keep staying positive and smile despite the challenges. Never forget that faith is strengthened with family. Always pray even when things don't go your way, keep praying for things to be the same as before."

"Also, always be hardworking and remember, you can't spell success without UC."

Miss Sheena Teresa Besabella, a former working scholar for 4 years, now the Executive Assistant to the Dean of University of Cebu School of Medicine. She applied for work at UC-Banilad but was eventually assigned to UCSM because she is much more needed here. Indeed, her love for UC radiates to the whole UCSM population—students, applicants, staff and visitors alike.



"Usa sa akong pinaka dili malimtan, katong pag December nga gi-invite mi sa Christmas party sa UC. Wala gyud mi nag expect na paadtoon mi kay naa ra gyud mi ato sa among quarters unya nahibong na lng mi kay gipatawag mi ni Dean ug working student na moadto daw mi sa conference room sa Hospital. Unya pag-abot didto, special kaayo ang pagtagad sa amoa, ge-accommodate mi apil sa mga doctors, gipalingkod, gipakaon, gisilbihan apil sa mga waiters."

"When asked about a line she holds true in her life, "Kung unsa ko sauna, mao ra gihapon ko karon. Kabalo ko kung unsa ko, bisan pa ug matagaan mi ug grasya sa Ginoo, dili gyud ko mag-usab. Sangpit lang gyud sa Ginoo salig ra gyud bisag unsay mahitabo."

Ma'am Marieta Alfanta is one of the Dean's trusted in the Maintenance Department of UCSM. She is employed here for almost 4 years already after being assigned in the housekeeping department in UCMed. Despite the pressure and the difficulty with the shifting schedule back in UCMed, she endured for her child to go to school, and to not let her husband be burdened by all the expenses. A true hardworking and dedicated mother of two who is ever faithful to UC, and a very trustworthy individual!



"Upon studying about the passageway of bile from the liver, I realized that if I can memorize this, then I can memorize and study Anatomy. Only through the laboratory manual and with the guidance of Dr. Jezebel Czellan Llenes in dissection, I learned visually about the nerves from the roots, trunks, divisions up to the terminals. I even have mnemonics and tips that I can use to help the students if they need it during dissection. If I don't know something, I would always be willing to endorse them to the doctors who know better than me. I would advise the students to read the manual carefully because there, the Anatomy is already summarized and laid out, with all the medical terms, for the students to follow easily through."

"I believe that experience is really the best teacher because of my 6 years as a lab technician, I learn by watching the students learn."

- **Sir Christopher Diate**, the passionate pioneer laboratory technician of the UCSM Anatomy Department, who is always willing to go the extra mile to supervise the medical students even during Saturdays before their major exams.



"As a security guard, my job is to protect freedom from fear and harm, and to avoid further damages or losses of properties. My daily task here is different with other companies. It is to guide people with their inquiries, be accountable for the security of the school, be visible, vigilant, and always observe. We are also in charge of some collections, so we must always be prepared and flexible at all times. In this school, we are always sharing values, and, learning virtues with each other. I'm so proud of being assigned in this school. You should also be a proud UCnian because our school is a 3-time Quiz Bowl successive champion. Hopefully, this year, we'll also have a very impressive performance like before."

Sir Jhon Ryan Hermosilla who is indeed a visible legend of UCSM. Upon entering the school even as a student applicant, his contagious smile and accommodating personality would always encourage people to stay in this school because they know that their safety and security is well taken care of. He is always willing to help others with anything, even as simple as pouring the water jug to the dispenser, he'll do it comfortably and joyfully!

An Interview With A Driven Advocate

EXZEL LEI FUERZAS

With a great addition to the growing family of UCSM, DASIG has made itself known as an up and coming organization, currently with 102 candidates for membership, with a preference for public health and different outreach programs. Together with Nikko Dajao, Vice President – External of DASIG, let us learn how this AMSA organization came to life here in UCSM.

Let's start with the easiest question Nikko. In general, what is DASIG?

DASIG stands for Driven Advocates for Sustainable Innovative Goals, an organization that is focused on public health, more on community services. It is a [arm] branch of AMSA, which means Asian Medical Students Association. AMSA is not just into public health, it also has medical education, environmental health, research and reproductive health. So, we try to inline these advocacies in UCSM, as an arm of the organization.

Why did you start DASIG? What inspired you or what was that tipping point?

There was a public forum that I attended in my early years here in UCSM hosted by AMSA SOMA. It was when I attended for the second time that I thought that it would be nice if we have an organization that is mainly focused on public health or that an AMSA accredited organization be established here in UCSM. Then I talked with Doc Montoya if we could establish an AMSA chapter here in UCSM and we talked about why we should take this step so that is how we came up with DASIG. It was Doc Montoya who connected me and Max. We just met because of our desire to put up an AMSA accredited organization here in UCSM. We also reached out to different AMSA organizations here in Cebu, especially the AMSA SOMA of CIM since they are considered as the mother organization for AMSA here in Cebu and we also got the chance to talk with the president of AMSA Philippines.

How long has it been since DASIG became an official organization here in UCSM?

One year. We started February last year and we're already operational, then by July or August 2019 it was accredited by our student council and also by AMSA as an observer member. In AMSA, before an organization is



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accredited as a local member it needs to undergo a series of steps, acquiring first the observer membership, then the candidate membership, and then onto local membership. So, we established DASIG to be a stepping stone of the future generation of medical students here in UCSM to finally become a local member of AMSA.

Currently, how many students are part of DASIG?

There are 16 members for the core team. These are the officers of DASIG. Actually we were shocked by the list of students that signed up to be a member. We actually reached 102 students from [i think], 120 sign ups. There were from Batch Primoris who signed up but they already graduated so they were crossed out. Because from last year until the end of the first semester, it was not allowed to recruit students to join any organization. On recruitments, mahitabo siya in the second semester. Those na amo nang na pool, last time, amoa gihapon sila gi consider. It was up to them if they still wanted to be part of DASIG. So during the general assembly, ako jud giingon nga ang pag apil sa DASIG dili pugsanay. But we encourage you to join.

How would you describe the culture inside DASIG? [Member to member? Officers to members?]

We started out by calling in volunteers to run our core team. From 2 (Max and I) we became 16. The culture here in Dasig is inclusive. So, regardless of your standing here in the school, if you're a student council officer or even a member of a different organization like AXE or Serviant, you are welcome. You are welcome to join any of our activities. and be a member. The only rule that we actually have about membership is that, you can't hold any position, you cannot be an officer here in DASIG if you are already an officer in any organization, because it will be a difficult task for you. It will be hard if you'll come to a point of conflict in interest.

Our goal here in DASIG is to cater students not solely on the context of academics. This is an avenue where students can venture outside school, to be acquainted with fellow medical students from different schools that are not into competition. The difference of APMC to AMSA is that In APMC although they were known for competitions [inter school], it was only for friendly competitions to showcase the abilities of medical students (e.g. Medlympics and quiz bowls). Here in AMSA, inter school projects are made together. Each school is a helping hand of another, a collective project that will be laid out as a whole. AMSA Cebu is composed of 6 medical schools, from that, there will be a project that'll be initiated and then we'll be working hand in hand.

So, the culture actually is helping hand in hand, it is open and inclusive, we are not a fraternity and we don't have any sort of initiation. Although we have an induction for our new members, but without any initiation.

I saw on your social media page that you have different committees in DASIG. Can you give us a run through of these committees?

It is actually a requirement of AMSA if we want to be part of their chapter here in the Philippines. We started slowly. From two committees - public health and medical education; then as the organization grew, public health was given subcommittees, of which are reproductive health, mental health and community health. Public health became the mother committee. It was separate with medical education because it has a different pattern.

Faculty Edition



DR. SHIELA SANTILLAN

Dr. Shiela attended West Visayas State University-College of Medicine after taking up Biology as her pre-med from the University of the Philippines-Miagao Campus. She remembers hating Anatomy and Surgery but loving Physiology out of all the subjects. Dr.Santillan admits that she crams before exams (Procrastination Nation!) and is a slow reader but for her this is ok, just read everything and be sure to finish. In every major exam she advises that you just have to keep going and remember your goal. For us, our goal is to PASS AND PLUS (passing score + a few points, you know, to save up for the rainy days!) After exams or when dealing with stress, Dr. Shiela loves watching movies and visiting her pre-med college campus to appreciate nature. When asked for any funny experiences, she recollects having been in an awkward situation where she didn't recognize a fellow classmate one time at the beach. As her school adopted a partial PBL style, she only knew her block mates until third year!



DR. ULYSSES RALLON

Fun fact: Dr. Rallon is a man invested in many endeavors. Apart from being a doctor, he is also a nurse and a law school graduate. He had Biology as his pre-med in the University of San Carlos and took up medicine at the University of Visayas. When asked about his study skills, Dr. Rallon is modest in acknowledging himself as a slow learner. He reads at least 3 times on typical days and 5 times to be on par with the smart ones in class. He notably hates biochemistry but loves physiology. To survive med school, Dr. Rallon offers three pieces of advice:

- Convince yourself that you are a med student. Once a student acknowledges this fact, the right attitudes follow.
- Develop an attitude where you study because you are aspiring for knowledge. This will surely lessen the burden of reading so many chapters and lecture slides.
- Remove all distractions. Dr. Rallon offers a technique that he has tried with his students. He recommends that you buy a notebook and list down all your activities for two weeks. After doing this, his students realized that there were a lot of unnecessary activities that they have been doing. After eliminating these from their daily routines, they were amazed at how much extra time they gained. In med school, there is so much to do, yet so little time. It is through time management that one can become a doctor.



DR. ANNA MARIE SANDOVAL

Like most students in UC-Med, Dr. Sandoval's pre-med was Medical Technology which she took up in Velez College and they afterward proceeded to med in CIM. While in med school, she particularly had a difficult time with any subject concerning Neurology (relate much? It's quite ironic that even our brains have a hard time studying about themselves!).

She notes that she took her studies quite seriously. One of the most important components of studying has something to do with first, where and when you study. For most of us, it's impossible to study at home given that our beds are just a few steps away from our study tables (I know, we've all been there). Coffee shops, workplaces, or better yet the school's 4th floor (it's open 24/7!) could be good study spaces. Dr. Sandoval herself was a resident macrophage of her school, staying up late until 9 pm and then going home for some more studying. She claims that she never had time to chill, except maybe like giving herself a well-deserved meal and some extra hours of sleep. Dr. Sandoval advises that to survive med school, it is important to manage your time well. In her case, she devoted two-thirds of her day (that's 16 hours!) to studying and the rest was for sleeping, eating, personal maintenance and etc. True enough, studying for exams is a race against time, so don't let time pass by without being productive!

Medical education focuses on helping students on their academics, [can be] skills or knowledge. We conduct tutorials and workshops that can not be taught on the spot during your first or second year in medical school. For example, our first years and second years during summer we conduct “operation tuli,” so before we let our members engage into that activity we conduct workshops on basic suturing.

Nikko, for you, what is the greatest strength of this organization?

Greatest strength namo kay ang people. Ang desire sa mga tao na mu work on. Wala’y magpa labwanay, we listen. For example, mag meeting mi maminaw mi sa mga side comments. Muhatag mi ug constructive criticism, dili mi muingun na “ay ayaw na.” Wala miy palabwanay, for example, ako ang founder ug si max ang founder, wala miy palabwanay na ako sunda or kami ang sunda ninyo, “listen to us kay kami ang founder,” wala. Dili mi ganahan muing-ana kay mahug man gud siya nga “Boss.” Our main goal is for the organization to remain as a student led organization, and since we are all students we give way to everyone’s ideas or concerns. We have delineation in our line of work. Max is the president and I am the External VP, we do our tasks accordingly. Committee heads, together with the students on that committee should come up with their own projects. They should be the ones to initiate. Me, Max and the other officers are just there to overlook and give a helping hand.

Given the 102 aspirants of DASIG. How do you screen them? Or are they automatically part of DASIG?

Ang 102 kay dili na sila automatic full members kay duha man among membership diri, candidate members ug full members. Ang amo-a man gung gipangita sa members kay those [who are] committed. Although, what we assure is that we won’t get too much of their time. We actually have 4 or 5 steps. Ang first is the sign up. Then, [next] you need to attend the general assembly. Then, [next] is you need to attend the team building kay 102 kabuok diverse people then dili pa magkitaay pirmi kay lain lain ug batch so we need to have a team building nga at least makita and ma showcase nato gani ang camaraderie. Also, they need to have a batch project. So, per year, nay batch project na sila mismo candidate members, gi-assign or gipapili mana sila sa subcommittees, they will be evaluated according to their committee kay gipapili mana unsa ilahang most liked or suitable sila nga committee. So graded sila didto per committee. They need to come up with a project nga on their own. Sila mismo mu initiate, kami mu guide lang mi, mu tan aw mi unsa among matabang, pwede budget-wise mga ing-ana. It’s their way pud ba na makakita gani ug initiative. Then, after that, you need to attend the induction. Mag pinning if ma apil ba jud ka as a full member.

Nikko, the next 3 questions. I gathered from ordinary students here in UCSM. So first question is why did you choose the word DASIG?

Akuy nag coin bitaw ana “laughs” nya na tagbaw jud mig pangita kay na form naman gud ang SOMA, ALSA, SENOM. Kanang nangita kug word nga mu go away lang ta sa other org na into Latin na style. Nya mao to Cebuano man kaayo ang Dasig paminawn. Mao to amo lang gi-define kung unsa jud ang core namo. So goal-oriented, so mga public health advocates. Amo gyud gipaningkamutan nga naa gyud ang goal na to serve pud ug sa UC pud na core na “driven to excel, drive to serve.”

So with all that UC and studying medicine has to give to you, how do you manage DASIG? And does the organization make sure that members are also sailing smoothly with regards to their time management, being a med student and also a member/officer of DASIG?

Kato ako gi ingun ganina nga ganahan rako mu create ug organization nga light lang, nga dili mukuha ug time nila. Mao na nga every meeting namo, mag set jud mig timeline. Like for example, diba naa tuy Project Daisy unta for mental health. Sige mig follow-up ana nga kanang unsa may schedule. Actually, naa miy schedule sa tanang year levels, Kairos, Invictus ug sa Tritonos nga dapat mu meet mi halfway. Mu meet mi unsa nga schedule lang pwede. For example, mu call mig meeting, “guys naa mi long exam ana” so I cancel ang meeting. So, dili mi mu atat ug schedule nga kabalo mi na naay maligsan.

Ako mismo, sa pag manage nako as an officer, mura man gud namo ug stress reliever ang org na stuff. Although usahay ma stressor siya pud labi nag nay mga activities, nya amoa kay sagunson amo exams plus duty plus ing ana. Pero ma manage rajud nimo ang time labi na kung kabalo ka nga ang imung officers kay masaligan nimo nga ma delegate-an nimo nga ma sakto ug mahuman gyud ang trabahuon.



PHOTO CREDITS TO: DASIG

Then usa pud namo is feedback mechanism na murag communication lang ba. We have a group chat, “huy guys, unsa may update? Unsa pay kulang ninyo?” So feedback lang nga mao man guy usa ka importante pud na dapat mag communicate mo. For example, ako mag communicate ko “unsa may updates sa imung project? Give me an update” nya if mu pm na sila nako, mu ingon rapod ko na dapat sa group chat ta mag update kay para ma update tanan.

Last question Nikko. How did DASIG change you? And how can you inspire the 102 candidates, on how DASIG can change their lives too?

Actually, DASIG kay na change akung perspective about cooperation, about collaboration nga dili lang kaayo stand-alone ang organization. Wala siyay competition, dili mi magpa sikatay ug projects. Kanang if unsa among project nga mabuhat namo, the project itself will speak sa unsa ang org, unsa ang leadership. Management and better perspective sa public health kay mu down naman jud, sa community na level, mu go down naman jud sa immersion, unsa ang life ani na mga badjao, unsa ang life ani among gipang tuli karun, unsay life ani among gipang medical mission. And it’s a way pud na ma- apply pud nimo unsa imung nakat-unan sa med school, nga unsay adjustment ba na makita nimo. Also how to deal pud with people, for example, how to talk with people na in authority. For example, we got to talk with the city health officer sa Cebu City, sa Mandaue City. We got to talk with the regional director sa DOH. In a way it teaches you how to establish a network. Sa medicine man gud, dili man gud ikaw ra isa hantud mu graduate ka. You need to link with other people so naa kay link with other schools, naa kay friends with ana nga dili ra kay friends mo kay tungod high school classmate mo, so nagka friends mo kay tungod sa org nga “uy unsay update ninyo dira uy? Pa apila mi ana nga activity ninyo.” So mao na akung ganahan lang na ingnon sa mga gusto muapil. You may discover your role, unsay inyohang mabuhat as yourself, for yourself, and for the organization as a whole.

An ECG on your wrist

PAUL MAITEM

In this present day and age, people have come to appreciate and consume technology of different kinds now more than ever, especially wearable tech. A common device that is a staple to human accessory is a watch. It has become essential for every individual to keep track of their daily schedules, activities, and most importantly time no matter what the lifestyle is. The technology of timepieces has come a long way from high precision mechanical watches to cheap and reliable digital ones and now tech companies these days give us a glimpse into the future by creating innovative products like the Smartwatch, designed to be a companion to our daily activities. Smartwatches have become a trend for the past few years and will continue to grow caused by the increasing demand in the market.

Every time you see a person wearing a Smartwatch or an Apple Watch you can’t help but think “Well, what does it do other than telling what the time is?” A Smartwatch can tell time, date, and display notifications when paired with your smartphone. Newer versions can do fitness tracking, send messages, built-in heart rate monitor, voice assistant enabled, and can track your location with GPS. A new feature being introduced to Smartwatches is what we call ECG or Electrocardiogram. An electrocardiogram is a test conducted by medical professionals to detect heart problems, it is done by measuring the electrical activity of heart contractions. It is useful in the diagnosis of arrhythmias which can be a precursor to cardiac arrest. But how can a tiny gadget detect abnormal heartbeats when a 12-lead ECG recording machine in a hospital requires 10 electrodes attached to the chest, arms, and legs of a patient in an ideal set up to properly conduct? Well, the latest Smartwatches contain various sensors that were originally used to record the health and workout routine of an individual, known functions

to detect heart rate, sinus rhythm and even atrial fibrillation (AFib) through a single-lead ECG. To do all that a Smartwatch needs to have special sensors underside of its watch face that comes in contact with the skin of your wrist. The Optical Heart sensor contains Green LEDs, Infrared LEDs, Photodiode sensors, Back Crystal electrodes and a Digital Crown electrode (design seen on Apple watch series 4&5).

The ECG features of Smartwatches are now certified by the USFDA to detect only Atrial Fibrillations (AFib) and not any other types of Arrhythmias, heart attacks, stroke, blood clots, high cholesterol and blood pressure, this is because it is basically a single lead ECG. While the accuracy of the Smartwatch ECG is still under development and researches are continuously conducted to support it, the tech feature looks promising for the application of medical science to consumer technology. This feature, although limited, is a breakthrough in medical science. By having a wearable device you can use anytime and anywhere that monitors heart rate, information about heart conditions has never been more accessible. It also has increasing reports accurately detecting heart abnormalities. The trend and demand of Smartwatches will bring further development to the technology, like new innovative features such as measuring non-invasive blood glucose for diabetic patients, blood oxygen levels and more.

These Smart technologies are only in its early stages, it is critical to not entirely rely on its diagnostic capabilities but to seek immediate professional help and care when experiencing abnormal signs and symptoms. Self-diagnosing using such technology can cause repercussions and major problems. Consulting a medical doctor and undergoing medical tests are still the best solutions for preventing and diagnosing health problems.



PHOTO SOURCE: GOOGLE

Beyond the 4 walls: Challenges of a virtual academic experience

L’MONDEE RIO NERI

With the escalation of the COVID-19 pandemic leading to enforced large-scale isolation and quarantine, businesses and institutions are trying to rely on modern-day technology to still be as productive and efficient. Previously, schools were trying to salvage what was left of the remaining school days for the academic year through online classes.

Despite government directives to halt these online classes, DepEd, CHED, and private school systems are still researching ways on how to deliver quality distance education. As most of the country already adopted a state of General Community Quarantine (GCQ) by the month of June, physical classes are not yet allowed until August 24, 2020 according to the Inter-Agency Task Force on Emerging Infectious Diseases (IATF).

While educational institutions have honest intentions and our best interests at heart, the major question is if the Philippines, a country with an LTE download speed of 9.5 Mbps (compared to the global average of 16.9 Mbps), is ready enough for a nationwide implementation of online learning classes?

According to Opensignal, a UK-based mobile analytics company, the Philippines only has a 63.7% LTE availability. LTE availability is the percentage of an operator’s known locations where a device has access to LTE service (including roaming). Where did the 37.3 percent go? Think about provinces and remote areas where people have to climb trees or go to the city to have internet access or even send a text message. However, even people from the cities also have problems with mobile internet speeds. According to Speedtest Global Index, in terms of mobile internet speed, the Philippines ranks 103rd among 139 countries in their survey. The country is even at a lower level than war-torn country Syria who ranks at 83.

Price does not often correlate to quality. Despite having one of the slowest internet speeds, the internet in the Philippines is highly expensive. A report by Speed Test showed that the average Filipino user spends \$18.19 per Mbps versus the global average of \$ 5.21 per Mbps. In the country, most mobile data users would subscribe to the 1 GB/3-day plan which costs 50 pesos or 16.6 pesos/day. Other data plans are also available. However, for minimum wage earners and the unemployed parents, this amount could already take a toll on their meager budget.

Another issue is the availability of gadgets for students in a household. While there is a lack of data to provide evidence for this issue, the mere knowledge of how much gadgets cost nowadays could already give us an idea that not all could afford online classes.

It is but a reality that if online classes are still to be enforced given mobile data costs, gadget unavailability, and internet lags, some students will also lag behind.

Pandemics in History

MARVIN ROI LAPASA



PHOTO SOURCE: GOOGLE

Today, the world is at war. Not between nations, but against a common invisible enemy, COVID-19. We were all caught off guard, unprepared, and unequipped. This pandemic has changed lives more than we know. It turned the feared impossibility into a devastating reality. Countries around the world regardless of economic standing are all struggling to win this battle. A very sad part of history in the making, yet not the first of its kind. For some of us, COVID-19 may hopefully be the first and last pandemic we ever experience in our lifetime, but did you know that the world has actually experienced worse? Here are a few of the pandemics that did not only left empires crumbling down but actually made a mark and completely changed the course of human history.

The Black Death (1347-1351)

Also known as the Bubonic plague, the Black Death is the most fatal pandemic ever recorded in human history. The disease left 200 million people dead. About 20 million of these are from Europe, killing about one-third of the continent's population. The disease was caused by the bacterium *Yersinia pestis*, an organism that primarily infects rodents. The disease was then transmitted to humans by fleas. It was called "Black Death" because of the characteristic appearance of a plague-infected lymph node that swells and later turns black, these tender and swollen lymph nodes are called "Buboes", hence, it is also called the "Bubonic plague". The pandemic originally started in Asia and reached Europe through merchant ships.

Plague of Justinian (541-542)

Caused by the same pathogen as that of the Black death, the plague of Justinian has brought devastation to the Byzantine empire in 541 and was later on spread by merchant ships and trading. The disease claimed about 50 million lives. It was named after the Byzantine emperor at the time, Justinian I, who also contracted the diseases but later on recovered.

Asian Flu/H2N2 Pandemic (1957-1958)

H2N2 was a category 2 flu pandemic that has originated from China. The disease caused an estimated 1.1 million deaths worldwide. Fortunately, a vaccine against H2N2 was later on discovered causing a decline in new cases and eventually led to its eradication in 1968.

Smallpox

It was a virus that infected people around the world for thousands of years. The early medical text showed that it may have originated from Ancient India and China. The disease claimed some 300 million lives worldwide in the 20th century. The disease was caused by the bacterium *Variolation*, done by collecting the virus from infected individuals and inoculating it into a healthy person. This procedure, however, yielded a mortality rate of about 3%. Further studies later came up with vaccination using Cowpox, a virus from the same family as Smallpox but infect cows. Inoculation of the Cowpox virus into healthy humans has resulted in immunity from Smallpox. The discovery of the Smallpox vaccine has saved millions of lives in the succeeding years. The World Health Organization finally announced the complete eradication of the Smallpox virus in 1980.

Spanish Flu (1918-1920)

It was a deadly pandemic caused by the Influenza A virus. The disease infected about one-third of the world's population at the time. The fatality was reported to have reached approximately 50 million worldwide. It actually killed more people in its first 25 weeks than HIV has killed in 25 years. In the US alone, it killed more people than World War 1. The Spanish flu was rather unusual because commonly, high fatalities of influenza is seen in either the very old or very young population. However, during the Spanish flu pandemic, the highest fatality recorded occurred in the young adult population.

The mind's double-edged sword

ANTHONY ARANETA

Evolutionarily speaking, species have developed ways of surviving life. This range from camouflage, mimicry, and even attacking first rather than be preyed upon. It's an instinct of the *Homo Sapiens species* to defend himself in times of emergency. However, too much of it is detrimental, too.

In Sigmund Freud's psychoanalytic theory, there are three components of the mind: Id, Ego, and Superego. These components are further involved in the development of one's personality and then effectuated to behavior. Id, which represents the unconscious level, pertains to instinct or pleasures without the consideration of reality. Thus, it has the impulsive tendency among the three. Ego, the conscious level, involves the reality or circumstance a person faces at the moment. It also mediates the other two components to enable a balance of behavior. The Superego, the subconscious level, entails one's values and morality in all aspects of life. It also strongly opposes the Id.

All these 3 components require balance. The deviation of one from the other components (too much or too little) will result in a devastating and unacceptable action in relation to norms. As the Ego fails to present a valid reality, this creates imbalance resulting in anxiety and defense mechanisms reflected to the person's behavior.

One's mind may be likened to a sword constantly sharpened by external forces. When these forces turn right, it benefits the person. If not, then this is where we got our problem.

A defense mechanism operates at an unconscious level to help veer away from unwanted feelings (i.e., anxiety or guilt) making the person feel better. Being a species hard-wired for survival, any uneasy feelings trigger a defense mechanism. While this is natural at most times, it can also blow out of proportion. When defense mechanisms and the confronting triggers do not reach their impasse, it develops into neuroses such as anxiety, phobia, obsessions, and hysteria. There are a lot of defense mechanisms, and some of it we use in everyday life.

DENIAL

This is the most common defense used by an individual. It involves a refusal to accept reality, thus blocking external events from awareness. When a situation is too much to handle, a person may respond by refusing or denying that it exists (i.e., A person may refuse to recognize his/her intimate feelings to someone.).

REPRESSION

An unconscious defense mechanism employed by the ego to keep disturbing, threatening, or unwanted social behavior from becoming conscious. Somehow it helps the individual control himself, oftentimes it's not very successful in the long term since it will force certain troubling wishes, ideas, and memories into the unconscious creating anxiety to the individual that somehow manifests through dreams or slips of the tongue (i.e., Oedipus complex, aggressive thoughts about same-sex partners are repressed and pushed down into the unconscious.).

PROJECTION

A defense mechanism that transfers the individual's unwanted attributes of thoughts, feelings, and motives onto another person (i.e., You hate someone, but you feel guilty and such hatred is unacceptable. You can go around it by believing that they hate you.).

DISPLACEMENT

It's a redirection of an impulse onto something less threatening. The target can be a person or an object that can serve as a symbolic substitute. It is the pleasure of the Id which the Superego does not permit. So, the Ego transfers the Id's energy (or pleasure) from a repressed object to a more acceptable object (i.e., When you're angry at your boss and you want to punch him, but instead you punch the wall.).

RATIONALIZATION

A defense mechanism involving the cognitive distortion of "the facts" to make an event or an impulse less threatening. Thus, people provide excuses for it to be fair (i.e., When a situation is somehow difficult to accept like death or natural phenomenon, one would explain it as "God's will".).

REACTION FORMATION

A defense mechanism in which a person behaves in the opposite manner of what he actually feels. It is marked by exaggerated behavior like showiness and compulsiveness (i.e., Homophobic men are making defense against their homosexual feelings by creating harsh anti-homosexual attitudes to convince their heterosexuality.).

With these behaviors, one can say that I'm surviving and protecting myself but too much of everything is unacceptable and may develop future consequences.

The mind is a double-edged sword and in order to sharpen this sword, it needs a faithful understanding and patience of acknowledging limitations and boundaries when faced with triggers. To learn one's defense mechanisms is another form of survival, in which instead of the unconscious controlling us, we have a control over our unconscious and therefore, we can use our defenses wisely.

Red Flags CAPTURE THEIR FIRST CHIP!

MIKHAEL JEFF YAMIT



PHOTO CREDITS TO: SOL LANGOMEZ

Red flags pulled out all the stops for their first win and became overall champions of Medgames 2019 held last September 20-21 at the UC-METC Campus.

It was once again a time to indulge in good old sports and a bit of competition as Medgames came right around the corner. Four teams once again raced to the poles, with every one of them eyeing the bragging rights for the rest of the year. This time, however, the Red flags were named victorious as they secure a convincing score of 489 led by its front-runner, Janos Gravador. Code blue came up second with a score of 455 points followed by the Leukowarriors with 438 points and for the fourth, Gold standard with 430 points.

The Reds went on an uphill battle at the start finishing last in the opening event. Somehow strings of misfortune followed its way as they placed last in the dance competition as it proved that the other teams were way more prepared. With the added last finish place in the poster and cheer, things are not looking good as they might end up waving flags of defeat at the end. But with any good sports movie, the reds went for the jugular when it mattered the most. Having top podium finish-

es with big events like volleyball, badminton (men), scrabble, mobile legends and most of the games in larong pinoy, things were finally looking bright. But any UCSM student would know better than to relax midway, the red flags needed to secure the "sure win" with smiles and screams of victory, Vincent Jed Wasawas and Jamie Guzman took on the task to become Mr&Ms Medgames 2019 like Kobe in the fourth quarter. They came in clutch in every segment of the pageant like they were on a mission. From introducing themselves to the much-awaited Q&A portion, they showed composure under pressure and maneuvered through the judges' queries like the last exam of the bimonthly week. But of course, they only showed this level of performance because the competition went at them too with grit and determination, a trait inherent to us all UCSM brethren.

In the end, the Red flags showed a lot is possible with teamwork. And with the Medgames showing this aspect of the students, it certainly is more than just an event to let off some steam. A bit of friendly competition here and a lot of fun there definitely makes all the difference.

FILM MAKING STRUGGLES OF MEDICAL STUDENTS

KIMBERLY DAVID

Many people like to watch movies or TV series. It is even one of the famous past-time to Netflix and Chill. But has anyone asked themselves what it is like to make a movie or a film?

The words medical student and studying might already be put up as synonyms due to the stereotype that a medical student should always study, but that doesn't mean that medical is all about just studying and no fun.

University of Cebu - School of Medicine has an annual activity for first year medical students regarding film making called Medcinema, a word play for the words medicine and cinema. Students are divided into five groups and will be assigned with certain topics in Physiology and Biochemistry randomly. Is it challenging? It is. Not until a script should be written.

Film making is not as easy as it seems. Sure thing one might know how to make a youtube video as fast as Flash, but film making requires creativity beyond any level.

Production people are the backbone of film making. Sure thing the actors and actresses that we can see on screen make the film come into life, but the people behind the camera deserves the same recognition as them. So how difficult is the film making process of Medcinema?

MUST CORRELATE THE TWO TOPICS

UCSM's Medcinema are about Physiology and Biochemistry topics. You cannot just easily write a script, you need to connect the dots between this two subjects. Sure it's easy to think, but can anyone easily make a script regarding Cardiac Physiology and Lipid Metabolism for a 15-20 minutes short film?

FINDING A LOCATION IS DIFFICULT

It's a challenge even for professionals in finding a proper location to shoot a film. It's a must to get permits and process documents just to shoot a certain scenes in a specific area, but being a medical student doesn't give a luxury of time to process and pay. The solution? Finding an open area or public area where guards don't exists.

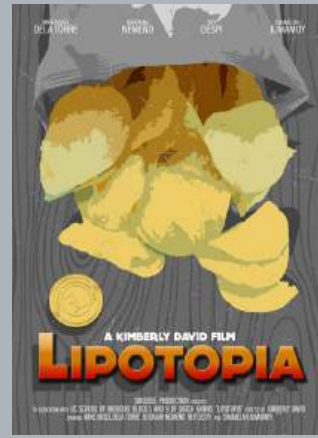
SCHEDULE IS A MESS

With the almost every day exams and lack of sleep, adding the schedule for medcinema shooting is a real challenge. No weekend just for the shoot? That's mostly the case, but keeping awake until the wee hours shooting? That's a different story

EDITING IS UNEXPLAINABLE

Editing the scene and feeling not satisfied with the shot? Wanting to reshoot but no time? That's actually one of the challenges in making the medcinema. Most of the entries were shot during the weekend and reshooting is such another boredom, and another wasted time dedicated for studying. Sure thing it's easy to pay someone to shoot and edit, but it's still a different satisfactory feeling when doing it on your own.

Working in film industry is such a big challenge and people in production deserves a proper recognition. So the next time you watch a film, remember the cameramen, the director, the set and costume designer, the editor, and other people behind the scenes. After reading this, make sure not to skip the credits at the end of the film. Due to the pandemic, the annual UCSM Medcinema showing was cancelled, therefore, there were no winners announced. Below are the list of UCSM Medcinema entries for the school year 2019-2020.



LIPOTOPIA

Four humans discover an old book, a portal to the world of lipid. They're reborn with new strengths and weaknesses and it's only a matter of time before they realize that their lives are numbered. In order to return to the real world, they must defeat anyone who blocks their way, destroy the buildup, and win the fight against Atheros, the embodiment of pure evil.

Will they see the light of day, or will they succumb to the dark world of lipotopia?

SURVIVAL OF THE FECES: INTO THE UNKNOWN

Survival of the Feces is an annual event that takes place in every city. However, after every episode of the event, the survivors are nowhere to be found. A group of teenagers will go on an adventure to find the answers to their questions.



HAIMA

Newt, Lim, Mona, Eyo, and Bash, a group of friends, get sucked into a game and find themselves in a place filled with transporters and patchers who work day and night to keep the system running. Late they'll find out that threats lurk in the midst. In order to get back home, they need to fulfill their destiny: defend the system.

TCA - THROUGH CHANGES AND ACCEPTANCE

All Glyco Jane longed for was to study at the University of Cerebra. However, conflicts arise when her family are directly against her ambitions. Will she give up her dreams to fulfill the expectations of her family or will she branch out of her familial bonds to experience the TCA cycle of life? Join Glyco Jane as she learns the true meaning of ambition, forgiveness, and family.



WHAT HAPPENED TO MYOSIN 005?

Actin, Muscular Corporation's big boss, is in the process of deciding who to promote. In order to get the promotion she desires, Troponin will do anything to remove any obstacle in her path. Trobe ensues as Actin notices another employee, Myosin 005, and Troponin tries to remove her from the equation.

A NIGHT OF GLITZ AND GLAMOUR

MARVIN ROI LAPASA

The whole pack of direwolves came together to celebrate a night of sophistication and class. Last August 30, 2019, the Oakridge Pavillion in Mandaue City rolled out its red carpet for the first ever UCSD Med gala. Highlighting the stylish side of UC with the theme inspired from the hollywood film "Crazy Rich Asians".



Khryzl Barbarona showing us the definition of fierce with her partner Mark Cuyos during the head turner's fashion show.



Players from different teams surely put their game faces on. Perhaps because medgames is just around the corner.



It wasn't just the students who enjoyed the night but also the ever supportive faculties who were grilled in the hot seat.

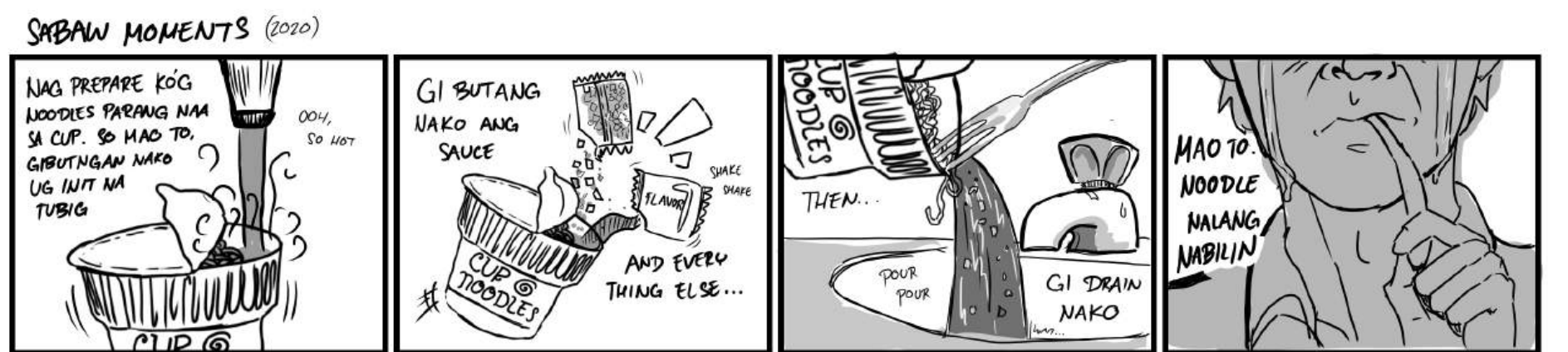
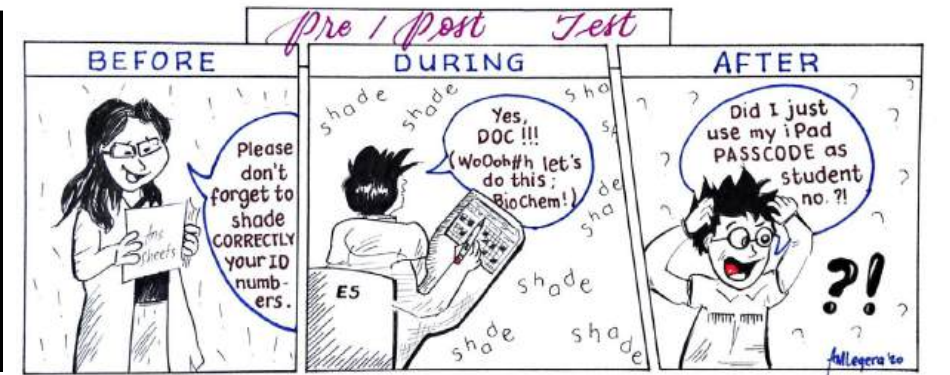


The top fashionistas of the night who made a lot of heads turn. Epitomes of the real crazy rich asians.

PHOTO CREDITS TO: PAUL MAITEM

THE SERVANT COMICS

JOSHUA ZACHARY ALO AND ANGEL MELODY LEGERA



EDITOR'S NOTE

Dear readers,

It is unfortunate to have experienced a pandemic of this magnitude in our lifetime. These days it's not even the only dilemma; we face not only the dangers to health but also other hard pressing issues in our society. Hunger, justice, equality, freedom, are just some of the problems that have always been present but are at times neglected in a cruel world such as ours. I guess the saying is right, it does pour when it rains. They've been highlighted, underlined and enlarged to a point it's wrong to ignore it. Scratch that, it has always been wrong to ignore it.

But like a sad tone in a paragraph, it is there to make a point. As students of medicine, we are expected to be focused on how to become competent physicians. A little too often, we become trapped in our bubble and forget that we were citizens first, even before we were doctors in

training. We forget, sometimes, that we have a voice in the community. We can make an impact albeit not sudden. But regardless, an impact.

May it be slow and steady, progress is still progress. In a med-school as little as ours, sparks of change from an act of kindness can ignite a ripple that'll affect the future. Use our voice today to establish a culture of support so that future UCSM students can be better than what we've already proven in the present. And maybe in the years to come, our voices can help a larger cause. By putting a collective effort, as cliché as it may sound, a lot is possible.

That is what we're trying to achieve in this third issue of The Serviant. It hasn't been easy putting this together while figuring out different obstacles along the way. But because of cooperation, understanding and support from the editors, writers and contributors, we managed to pull through.

Because of them, this has become a reality. And because of you, the readers, this has become validation. May you read every article this paper has to offer.

It may have taken a while but we're here now. Thank you for waiting.

Respectfully yours,

Mikhael Jeff T. Yamit

PS. I'd like to express my sincerest gratitude to all of the editors most especially Quennie Nikki Paring for the many ideas that she shared that helped us to this day, Ann Jennifer Alvez for being the one to layout this 3rd issue and main graphic artist for the social media aspect of the Serviant and lastly to Gretchen Garcia for all the consults, decisions, organizing that was made during our time here in this publication. Daghang salamat ninyo.



THE SERVIANT
ON REBRANDING

The Serviant traced its roots back to a group of students (then student writers) encouraged by the Dean to create a publication representing the school. For 2 years, it has diligently published a full school paper despite the challenges of different schedules, ideas and style of writing from its members. As a conclusion of the Academic Year 2019-2020, the editors, writers and contributors of The Serviant aim to leave a piece of legacy by permanently embedding the school publication's identity in the student body's consciousness. In line with this objective are the creation of new official logo and theme, new officership designations and the launching of the official Facebook page.

The new logo essentially displays an Asclepius' staff imprinted inside a point of a pen which is the literal translation to our new catchphrase: "where passion meets the point of the pen."

Asclepius is a mythological Greek God of Medicine and Healing which translates "to cut open." While The Serviant, which literally means "being a slave to," represents the school publication's pursuit of being a slave in writing the raw and challenging life of UCSM students, faculty, non-faculty and the rest of its community. Coupled with this, it is our goal to serve UCSM to what we know most - words. We believe that it is through our commitment and passion to neutrality, transparency and dynamic creativity, and if we might even boldly say our quirks as a writer, that we can influence our small community of readers who will become future leaders in medicine.

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