



BROADCAST

Official Newsletter of the Philippine Society of Nephrology

VOLUME 17 ISSUE 1

JUNE 2020



COVID-19

NOVEL CHALLENGES IN NEPHROLOGY CARE

A Call of Duty for a Wartime Hospital

Russell T. Villanueva, MD

The COVID-19 virus has changed our everyday life. Almost overnight, the novel coronavirus gripped countries like the Philippines and placed healthcare workers in the frontlines of uncharted territory—initially, armed only with the little knowledge they had about this invisible enemy that ruthlessly and exponentially claimed lives worldwide.

As our country faced this pandemic, the government saw the need to put up COVID-19 centers that would take the lead in combating this disease. Heeding the call was the University of the Philippines- Philippine General Hospital (UP-PGH), who, in a short span of time, was able to begin operations as the main referral center in Manila. The UP-PGH has faced—and has overcome—such adversities in the past. From the time it opened its doors to the public in 1910 to the present, this hospital has survived fires, earthquakes, bombings and other natural or manmade calamities with its healthcare workers on the frontlines. Wartime Manila saw the hospital wards with depleting medical supplies for an overflowing number of patients, many of whom were soldiers who were given the same kind of care whether they were enemies or allies of the state.

More than a century later, the UP-PGH is again at the forefront of a long and difficult battle, this time, against the coronavirus pandemic. The hospital has opened its doors again to care for the victims of this invisible enemy. As Hospital Director, Dr. Gerardo Legaspi, aptly puts it, the people behind UP-PGH are more than healthcare providers. They are People Giving Hope. Thanks to the collective and individual efforts of our healthcare workers and staff who heed the call of duty despite the risks and dangers, the PGH spirit is alive and well.

As of this writing, there has been 376 COVID-19 related cases admitted in PGH since the start of its operations as a referral center.

The PGH Division of Adult Nephrology has also been placed in the forefront of the COVID response. Patients with kidney disease are vulnerable to severe effects of the COVID-19 infection. These patients are immunocompromised but are required to receive regular dialysis in typically crowded hemodialysis centers.



Patients on dialysis usually have other comorbidities such as hypertension, diabetes, and heart disease. It is not uncommon to hear that COVID-19-positive hemodialysis patients are often asked to be transferred to other hospitals to reduce the risk of spread of infection in their dialysis units.

Last May 2020, there were over 70 COVID confirmed cases who were co-managed by the hospital's renal service. Most of these cases have pre-existing chronic kidney disease and were already on maintenance hemodialysis. There were also cases of acute kidney injury secondary to profound viral infection. Sadly, both conditions— advanced chronic kidney disease and the development of acute kidney injury—carry a high mortality risk.

The challenges faced by the UP-PGH Nephrology Department, with Dr. Raymund Alonso at the helm, are further complicated by the reality that there is still no known treatment for this viral disease, that there are limited resources and manpower, and that the cloud of uncertainty brought about by this pandemic still looms.

The story of PGH is a story of the Filipino people's resilience and unwavering courage in the face of adversity. But more than this, it is a story of defiant hope—the kind of hope that gives us courage to heed the call of duty and to serve. ■



COVID-19 at The Medical City

Roberto C. Tanchanco, MD

At one point during the COVID19 Pandemic of 2020, The Medical City had the most number of admitted COVID19 patients in the country. As most of these patients were expected to be severely ill, and as it was unclear at the time how many of those would need renal care, we assumed the worst and braced ourselves for a surge of referrals, much as we did during the time of the leptospirosis epidemic a decade ago.

We drafted a management guideline for ourselves, and shared it with our department, based on the assumption that early intervention is the key to optimizing the outcome of our critically ill patients. At the same time, we also had to anticipate a possible shortage from our end in terms of staff, stuff and supplies. To this end, we adopted a group practice setup, with a pool of consultants assigned to the COVID positive and suspects, and another pool assigned to the non-COVID patients, for one week at a time. We also beefed up our dialysis capacity, and here I wish to highlight the tireless efforts of Dr. Irmingarda Gueco, as head of our hemodialysis unit, who ensured that two additional hemodialysis units were set up in a separate COVID ward, and that enough CRRT machines and consumables were available at any time.

The pathway in our guideline assumed that most of our COVID19 referrals will be critically ill patients, and we subscribed to the recommendations of the Surviving Sepsis Campaign guidelines for COVID19 in terms of a conservative fluid strategy and hemodynamic support.

To encourage early intervention, we emphasized that the trigger for calling in nephrology should not be limited to a rise in serum creatinine or drop in eGFR, but more importantly, a significant drop in urine output.

We also adopted for ourselves an earlier trigger for requiring renal replacement therapy, not waiting for the absolute indications like anuria of at least 12 hours, intractable acidosis, severe hyperkalemia, or fluid overload, but instead requiring it for oliguria of at least 6 hours, and at a relatively higher pH and HCO₃ cutoff, a relatively lower K cutoff, and a relatively lower rise in creatinine. Earlier timely intervention, we believe, leads to better outcomes.

Due to the expected surge of patients, we also modified our CRRT prescription, shortening the CRRT session to 12 hours at a time, and extending it only if there was no other patient in line and we had a reserve machine available.

We also anticipated that some patients might be prescribed hemoperfusion as a strategy to address cytokine storm syndrome.

As of May 18, 2020, there were 258 COVID19 patients confirmed by RT-PCR admitted at The Medical City. Of these, 40 were referred to our section, 6 of whom were already on dialysis, and 26 of whom developed AKI. So in TMC, the incidence of AKI is 10.1%, and the need for CRRT was noted in 16 patients (6.2%).

ICU care was required for 31 COVID19 patients, among whom 94% required mechanical ventilation (with a mean PF Ratio of 164 on admission), 42% underwent proning, and 54.8% required vasopressors. Of these ICU patients, 58.1% developed AKI, compared to 3.8% in the wards.

Among those who developed AKI, 35% had CVD, 31% had CKD, 58% had Diabetes, and 65% had Hypertension.

The over-all mortality rate in our center was 14% , but among those who developed AKI, the mortality COVID19 patients was 61.5%.

Here and elsewhere, the mortality rate is very high once a COVID19 patient requires ICU admission, but it becomes even higher when advanced respiratory support and renal replacement therapy become necessary.

Among our 31 COVID19 patients who required ICU admission, 71% have died. Among the 29 patients who required mechanical ventilation, 76% died. Among the 16 who required CRRT, 89% died.

In a case series of 52 ICU patients reported from Wuhan, China, 62% died overall, but when mechanical ventilation was used, it rose to 81%. Out of 9 patients who required RRT, 8 died.

In the United Kingdom's ICNARC report, last updated on May 1, 2020, with a much larger database of 5139 COVID19 patients admitted to 251 critical care units across the UK, we see the same pattern, total ICU mortality is 49%, which rises to 62% when with respiratory support, and rises further to 75% with renal support.

We performed hemoperfusion in 7 patients who were deemed to have cytokine storm syndrome. Of these 7 patients, 5 died, but 2 patients were able to recover, with a progressive improvement allowing extubation, then cessation of renal replacement therapy, and eventual discharge.

Clearly, the development of AKI is a grim development for critically ill COVID19 patients, but thankfully still not without hope of recovery. ■

You may view the talk at:
<https://bit.ly/2BR1c6O>

Ebb and Flow

Rey A. Isidto, MD

You are an island of calm in a sea of frenzy. Around you, the day's incoming tide of fresh nurses, residents, and fellows wash over the bleary-eyed and exhausted ones. The motion is like clockwork, and the assuredness of the ebb and flow is a soothing balm to your sleep-addled nerves. You yawn and vigorously stomp your feet to mentally dust off the last remaining cobwebs of slumber. Just like any other day, the donning area adjacent to the nurses' station is your starting point.

The pandemic started as a topic of merry intellectual debate between you and your lawyer wife. You, with your meager virologic armory; she, with her casks brimming with public policies. COVID-19 was out there, but it seemed trivial, unreal and intangible. Life went on, and you gamely contended with the busyness and trivialities of a young doctor in the cusp of his practice. Life is good.

However, with mounting alarm, you saw the first cases in China spread like relentless wildfire, skipped borders and cut huge swathes across several countries, regardless of race and socio-economic status. One day, the Department of Health reported the first case, then another; and after a brief lull, the wave rushed relentlessly on to Philippine shore. The sick came with mild symptoms in the morning, had a racking cough at night, and would be intubated the next day. All over the country, clusters of the disease's virulence is on display in varying degrees. Your region has pulled up the proverbial short straw, and the constant deluge of patients streaming into the hospital has the health system bursting at the seams. Weeks of this relentless beating had inevitably found the chinks of your

armor. The hospital's residents and fellows had one by one succumbed either to exhaustion, quarantine or to the dreaded COVID-19. You see familiar faces of co-workers and nurses mixed in with the sick. Some of them recover, others do not. The mental anguish is staggering.

Before any battle is fear. Fear so intense it washes everything out into a vast expanse of shrill white noise. You struggle to breathe but blood drains from your face and pools in your stomach as thick, gurgling molasses of heme and iron, diffidently languishing in the deep recesses of your capillaries. But the battle front is thinning. Medical help is in short supply. Despite the crippling fear, you volunteered to pick up the slack, leaving behind a family minus a paternal nucleus and a fledgling nephrology practice. A doctor is a doctor, regardless of specialization. And a nephrologist in the time of a pandemic is indeed a precious commodity.

You remember growing up in the farm. A summer storm cloud suddenly zippered open, and you see the gray veil of rain inexorably advancing from a distance. You rushed out of the house to frantically wrench the drying clothes baking under the sun, but you know full well that at any minute, the deluge will overtake you. Probably, the lot will turn out dripping with water. But you still do it anyway. Because it is the right thing to do.

Months after patient zero was announced, talk of the New Normal floated about. The quarantine had changed acronyms several times over. New cases and deaths are still reported by the hundreds. Clearly, the virus lingers. You wring your hands at the perceived apathy of your elected officials, but what can they do? The country can not survive the continued economic inactivity.

So tentatively, you open your clinic doors to your patients. Rigid triaging





methods, physical distancing, masks and protective gears, excessive use of alcohol and antiseptics became a daily ritual. Precious N95 face masks, alcohol, antiseptics and other PPEs has emerged as the new currency. You used to hug patients after each consult, but now, you deny yourself the luxury of touch. The new normal is a far cry from the usual indulgences in the past, resulting to a wary, withdrawn people, but adapt you must. The nation has been through hell and high water, but the people have not just survived, but even flourished. We are an enduring race. And it is in this resilience and faith in the Almighty that you venture your hopes on.

The hospital's PA system cut in to your reverie. The announcer squawked gracelessly; you suspect that he used to man the local *sabungan*. You find yourself at the self-same donning area. Behind you, the fellows were assiduously donning their PPE, their muffled breaths tugging at the face mask for release. The procedure is painstakingly intricate and fraught with potential breaches. You wait for them to finish, lost in your thoughts, eyes staring but not seeing.

Beside you, the door whooshes open, forcefully vacating air before it has a chance to escape, and you fall in step behind the fellows. They make a beeline for the first case, and you closely follow. The patient could have very well been asleep, were it not for the E-tube and the giant machine at his side, rhythmically pumping in air. Another HCW, another statistic. He needs to be proned, and you snicker at hearing the word used as a verb.

It is disconcerting to look at your face without a mirror, more so to see the E-tube sticking out of your mouth, bobbing in motion to the ministrations of the machine. It should hurt, but you don't feel any pain. You miss your family with a physical ache in your phantom heart. Probably tomorrow when you could go beyond the walls, you might see your wife in the adjacent hospital chapel. But for now, you futilely smooth the permanent furrows on your inanimate face; pondering on your life, praying for your family, hoping for your colleagues to hang on and for the beloved country to survive. ■



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President's Message

Elizabeth Angelica L. Roasa, MD

PSN PRESIDENT 2019-2020

Dear Colleagues,

The PSN 2019-20 fiscal year has come and gone, leaving us reeling in its wake. On April 22, 2019, a 6.1 intensity earthquake shook Central Luzon and Manila threatening our 38th Annual Convention. Was this portentous of the year to follow?

Soon enough, we were besieged by many uncontrolled threats - from the usual, to the unusual, and to the unprecedented. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reports that more than 7M Filipinos were affected by natural hazards and conflicts in 2019.

Equatorially situated along the edge of the Pacific Ocean, the Philippines lies in the PACIFIC TYPHOON BELT and the RING OF FIRE. Typhoons and floods are staple fare, but 2019 brought them more randomly and ferociously - 21 cyclones entered the PAR, 8 making landfall. Notably, Tisoy and Ursula affected similar areas within 6 weeks in November and December, drenching and casting gloom and devastation in the Visayas and South Luzon on Christmas Day.

Mild tremors occur on a daily basis (> 12,000 seismic events in 2019, PhilVolcs); but a record FIVE quakes with magnitudes above 6 shook the Philippines in 2019. Aside from the April temblor, a series of jolts (averaging intensity 6.5) rattled areas in North Cotabato and Davao del Sur last October.

Infamously the second most active in the world, Taal Volcano awoke on January 12, 2020, 43 years after its last major eruption. Spewing ash and destruction, thousands remain dis-



-placed or permanently relocated. The country faced infectious health emergencies including a measles outbreak (Jan 2019), a dengue epidemic (declared August 2019) and the polio outbreak (declared September 2019). Lambanog "poisoned" the Christmas holiday for several families in Laguna.

Adding fuel to the fire, alongside these natural disasters, other issues emerged, questioning and casting doubt on our integrity and practice as nephrologists. The events that unfolded since mid-2019 destabilized our lives, leaving many of us feeling angry, helpless and frustrated.

Over the years, the PSN has honed responses and emergency measures to help members and patients affected by typhoons and floods and the problems they create. Earthquakes and volcanic eruptions are less predictable but with innate Filipino resilience we have risen to the occasion to help each other cope and recover. Individually and collectively as a society, we are currently fighting to defend, protect and uphold our rights, honor and the names we have long kept unblemished.

And just as we thought we had enough, another disaster caught us unaware.

In December 2019, a novel virus stealthily surfaced in Wuhan, China, inexorably and exponentially, turning the world upside-down, casting the entire global community on uncharted waters. A pandemic was declared by the WHO in March 2020. Everyday life ground to a halt - lockdown in the Philippines was enforced. We have hit pause on most of our business-as-usual activities: schools closed, graduations cancelled, public transport down, shops and malls quiet, community quarantines enforced. The future is dimly uncertain.



In order to survive, human nature searches for the silver lining. All threats come with opportunities - a chance to improve. What is in store? Blanketed with the COVID crisis, the Philippine Society of Nephrology is presented with at least 3 opportunities directed to OTHERS, to OUR SOCIETY and to OURSELVES.



ADAPTATION and CHANGE:

Our interaction with others – core families, relatives, friends, co-health workers and patients -- has been adversely compromised. We are faced with the challenge of responding effectively to an ever-unfolding event with many 'unknown unknowns'. We need to **adapt and change**.

COVID creates opportunities for sustained innovation. Now viewing the world through a "COVID lens",



we are enabled with new ways of "seeing". How successfully this crisis is managed will depend on how well we are able to face it head-on: identifying resources and coordinating effectively with the government, dialysis unit owners and society as a whole. We are now learning how to better manage and care for our patients – from all fronts – AKI, pre-ESRD, dialysis and transplant.

UNITY and COOPERATION

Let us remember that this pandemic and its effects will not soon be over. Travel bans will not prevent the transport of disease from one nation to another. A vaccine is still to be developed to mitigate infection. COVID 19 spares no one – wealthy people will experience it along with the poor.

Individual effort is not sufficient - we need each other. Crisis brings out the best and the worst in persons; let us look beyond petty differences and overcome divisions. Make the PSN stand as a strong and united society, cooperating and supporting each other as we strategize solutions to the problems that affect us. Together, let us continue to research, study and understand its effects on the kidney, directly and indirectly, learning from evidence-based treatments from our foreign counterparts and crafting our own local guidelines together with the other medical specialists. We are working with the PCCP, PSBIM, PSTS, among others to this end. We are helping government bodies craft policies on aspects related to our field and beyond.

All the disasters are a test - our collective response as society will shape the future for years to come. More than ever we have been transcending our regional boundaries, emerging from our cocoons. We have the opportunity to metamorphose into an even better and stronger collegial group. Together, we will combat this threat as we work hand in hand in unity and cooperation.

INTROSPECTION

Let the threat of COVID 19 open to us the opportunity to examine our inner souls and accept our mortality. Each day brings new challenges: we face a new normal, a new reality and the grim possibility of death. We cannot foresee the future, but the one thing we can control in this new environment is our commitment to examine ourselves through introspection and meditation. As we navigate through this crisis we can re-prioritize our values. The virus can "mutate" the DNA of our souls, giving us insight on what is more important and how to enrich our lives to become more meaningful. To live to the fullest, we must not be afraid to trust and confide in others and also keep constant prayer and maintain faith. Let us meditate about the world that will emerge once we are allowed out of isolation. What will be different? How will it change? How can WE change ourselves and the world we now live in?

Nelson Mandela said "I never fail, I either win or learn."

No matter how hard hit we have been after the crises and disasters spawned in the year passed, though we may all love smooth sailing – remember that sailors are born from high winds and rough seas. The days ahead will be challenging, but if we embrace the opportunities to change, adapt, unite, cooperate and mend our souls, we will win and emerge victorious. Let us derive positive energy from these to make a difference in the uncertain future we face.

Thank you. ■

Update on PSN's Green Dialysis Project: Waste Assessment and Characterization Study in a Free-Standing Dialysis Center

Ricardo A. Francisco, Jr., MD

The Green Dialysis Project of the Philippine Society of Nephrology took off this year with the first "Waste Assessment and Characterization study" done in a free-standing dialysis center in Malate, Manila. The said study was jointly conducted by the PSN, the staff of the dialysis company and of the Health Care without Harm (HCWM) group, an international non-governmental organization that works to reduce environmental footprints in the health care sector.

The study was done to get the baseline characteristics of the generated wastes in a dialysis unit and identify items within the waste stream of the center that can be reduced and recycled.

As cited in World Health Organization (WHO) report, 75% - 90% of healthcare waste are general non-infectious waste. In the audit conducted, the total weight of collected infectious waste accounts for 59.57% prior to segregation. This is more than twice the estimated value recommended by WHO. Only the remaining 40.42 % are considered general, non-infectious waste. It was also observed that several non-infectious waste such as food packaging and plastic bottles and medical packaging are present in the infectious waste bins.

In a study conducted by WHO, weight of plastic waste generated by hospitals in India, Italy, Taiwan and China are 10%, 45% and 50% of total weight respectively. Prior to initial and secondary sorting done during the audit, the weight of plastic wastes was estimated to be at 61% but it increased to 72% upon further re-segregation.

Among the plastics identified, medical devices (51%), syringes (7%), plastic food wares (9%), medical and non-medical packaging (4%) and

disposable drinking bottles (1%) are major waste generated. Essential plastics, those are used in daily dialysis operation, in total comprised of 58% of the waste generated. Non-essential plastics, not used for daily dialysis operation, when aggregated is at 14%. The combined weight of drinking bottles and plastic food ware accounted for 10% of the total waste generated in the dialysis unit. It was also noted during the audit that these plastics are combined with other infectious materials and by practice are disposed all together without segregation. The non-recovery of these recyclables will increase the cost of infectious waste disposal by a rough estimate of Php 33,000 while if proper segregation was observed and all recyclables were sold, there is an estimated income of Php 47,000 that will be generated from this type of waste.

The waste audit team recommended that all dialysis centers should develop a health care waste management manual to include important components. These include a waste management team (composed of representatives of different areas of the center), the holding of regular waste management meetings, regular orientation training of newly hired employees on waste policies and the setting up of penalties for waste segregation violations.

The procurement standards should include environmental indicators to decrease waste generation. Products being purchased should not contain toxic chemical and the amount and type of packaging should not add more to the waste of the center. The company where products are being purchased must have a clean record in terms of following environmental and labor regulations. To lessen additional waste from expired medications and other materials,

dialysis centers should implement first in, first out (FIFO) policy. The unit should also find manufacturers/producers that offers take back policy for expired medicines and offers to collect used consumables and facilitate its disposal, as a leverage of the unit's their purchasing power.

dialysis centers should implement first in, first out (FIFO) policy. The unit should also find manufacturers/producers that offers take back policy for expired medicines and offers to collect used consumables and facilitate its disposal, as a leverage of the unit's their purchasing power.

Nineteen (19%) of the generated waste are from packaging, plastic food ware, and bottles which are non-essential to dialysis operation. To reduce and eliminate these wastes, the dialysis management should implement policies that will encourage and require their staff and patients to bring their own reusable bottles, food containers and utensils. Likewise, policies should also be in place discouraging the bringing in of bottled drinks and food in plastic packaging. Instead of providing or allowing use of bottled drinking water in the unit, a water dispenser be provided and them to bring their own reusable water container.

The green nephrology project encourages all dialysis centers to develop their own waste policies based on the hierarchy of waste management. On the top of the hierarchy is the prevention of waste production followed by waste reduction. Recycling, reusing and recovering, though are significant measures, are only secondary to reduction and prevention of waste generation. The bottommost part of the hierarchy is treatment and disposal. As much as possible, only the residual and infectious wastes should reach our sanitary landfills. ■

Reflections on the Taal Volcano Eruption: From the Point of View of a Nephrologist, a Father and a Lemerano

Aljun M. Malambut, MD

**"DISASTERS TEACH US HUMILITY."
- Anselm of Canterbury**

January 12, 2020 - the day that changed my life forever.

I live in the busy town of Lemery, which serves as a provincial urban center for the surrounding municipalities such as Taal, San Luis, San Nicolas, and Agoncillo.¹ Three Tertiary Hospitals and the Batangas Provincial Hospital are located within the town proper. Life was good. Or so it was...

I knew that Taal Volcano is an active volcano, I just never thought that I would live to see the day it would have a major eruption. It was a lazy Sunday afternoon, people were at home relaxing, and preparing for the coming week. Then the unexpected happened - without warning. The initial reaction was that of amazement, as everyone was at awe at the magnificent sight of the eruption. It took only a few hours (when the earthquakes started) before everyone realized how serious the situation was. Imagine if it had occurred on a busy weekday, with the kids at school and parents at work. The panic and chaos it would have created would have been insufferable.

At this point, my primary concern is getting my family to safety. We packed some clothes, took our important documents, and went as far away as possible. The travel to Manila was extremely dangerous, as the ashfall caused poor visibility on the road. Thank God we safely arrived at my mom's place. During this time, hospitals grappled to transfer patients to safe zones. All patients were brought outside, waiting to be transferred to another hospital. Some, such as my wife's post C-section patients, chose to be prematurely discharged. By the next day, all the hospitals were emptied.

Once I had my family secured, I focused my attention to my dialysis patients. Renal patients are a special subset, since whatever the situation is, they will need dialysis treatment. Ensuring the continuity of treatment was the top priority. However, all the dialysis staff were also victims, and although

some were able to do some coordination, most of the dialysis patients were on their own. It was during this time that the PSN-STC Disaster Committee earned their stripes. Dialysis centers around Southern Luzon accepted patients from the disaster areas with open arms, foregoing with the usual documents needed for proper transfer. I do not have any data on this, but I think most, if not all the patients were able to maintain their treatments. It was a pleasure to see an active PSN-STC Viber Group during this time.

Once the dust had settled, the gravity of the situation became clearer. I initially thought that this would be over after a few days and that life would go back to normal within a week or so. I was so wrong. I realized that I might not be able to go back to my beloved town anymore. There goes my practice. Losing an investment or a home is difficult but losing your means of livelihood is unimaginable. I could not envision myself starting my practice all over again. Good thing is that I also have a practice in Tagaytay. (Lesson: Don't limit your practice to one place). Like me, many patients also lost their livelihood. Many lived on growing crops, livestock, poultry, and fishing. They were all gone in an instant. Where will they get their funds to sustain their dialysis treatments? Good thing it was January, and patients had renewed Philhealth benefits. Timing was everything

I was fortunate that after a few weeks, we were able to go back. I never realized how much I would miss my town and all the people in it: neighbors (whom I seldom talk to), fellow doctors, nurses, hospital staff, friends, and relatives.

I was just glad to be back. I used to curse people I see on TV who disregard government orders to vacate their homes during times of calamity. Now I understand how they feel. I understand the sentiments of the good Vice Mayor of Talisay (who was ridiculed and became a meme).

In the aftermath of the eruption, things were never the same. Businesses were down, and some shops never reopened. Investors went away and the price of land went down. A lot of dialysis patients did not come back,

afraid that the volcano may erupt again. Hospitals were crippled since a handful of their staff did not return to work. Damage was seen everywhere - houses, roads, electricity, and even the water system. With all the negativity around, spirits were still high since the people have a lot to be thankful for.

This experience has truly made a considerable impact in my life. During calamities such as this, social class does not matter, since everyone is saddled with a sense of helplessness, fear, and uncertainty. Whether you live in a mansion or a makeshift home, whether you are a doctor or a vendor, you will not be spared from the wrath of a volcanic eruption. Even the most disaster-prepared town will crack if they are directly affected by such a calamity. Hospitals, which play an important part in calamities, are also held powerless and vulnerable.

The advent of social media has had a profound influence on the dissemination of information with regards to the eruption, whether it was fact or fiction. In a matter of a few minutes, a certain piece of information will spread to hundreds and even thousands of people. Whether for family, colleagues such as PSN, friends, social media provided a means of procuring help such as donations, propagating information and making sure everybody you love for is accounted for.

The greatest realization (aside from finding out that Binintiang Malaki is not the crater), is that in a blink of an eye, everything you have may be taken away from you. God reminds us all time. The Taal Volcano Eruption was a very humbling experience. It is during these times you realize which things are the most important. In trials such as this, family and friends will always stay together and support each other. As a result of the eruption, I have learned to appreciate more what I have and how blessed I am.

No one can ever be spared from a calamity such as this, but it still pays to be prepared. I just hope and pray that Taal Volcano will stay calm, at least for another 50 to 100 years. ■

BICOL

Rizalina Rosales-Ramos, MD

The PSN Bicol is a young chapter established only last 2017. Now, we are on its fourth year and we are dedicated to pursue our mission and vision. We have 15 members, 8 fellows, 5 diplomates and 2 board eligible that is spread across the geographically challenged region V with 2 island province.

Yearly, we actively support all the activities of PSN National like postgraduate trainings, summits and meetings initiated by the BOT. We celebrated the National June month and World Kidney Day with various activities like lay fora, screening for metabolic illness and health education. For this year, we were engaged with our Cam Sur Municipal Health Officers who were now better equipped in handling Urinalysis results and Leptospirosis after our lectures likewise our pediatric nephrologists also conducted urinalysis and BP screening among Grade 6 pupils in Bagacay Elementary School.

One of the highlights of our chapter for this year is the accreditation of the Bicol Regional Training and Teaching Hospital in Legaspi City, Albay as a training program in Nephrology. This was made possible by our very committed past president and founder Dr Lorna Wong. After Dr. Wong 's retirement the training program is now chaired by Dr Leng Luna- Antonio and the young Dr. Leslie Yap as Training Officer. They have two fellows in training and hopefully they will make us proud as a chapter.

Although small in size, we look forward to the coming years as one of the stronger chapter committed to deliver the highest standards of renal care in the region and the nation. ■

WESTERN VISAYAS - PANAY

Diosemil L. Leyson- Guzman, MD

The year 2020 continues to be a challenging and yet productive year for the chapter. Even before the imposition of social restrictions, the chapter was able to hold a meeting to discuss upcoming plans for the year and elect a new set officers. Among those discussed were proposals for continuing medical education activities, fundraising for patients and chapter events and other PSN related matters.

The World Kidney Day celebration last March 12, 2020 observed the advised limitation of participants without comprising the objectives of the activity. The chapter, in cooperation with the West Visayas State University- College of Medicine launched the yearly event at the medical school with the participation of third year medical students. The goal was to mobilize the next generation of doctors, emphasize the emergent epidemic of renal disease and the physician and communal role in its prevention and control. A poster making contest/ infographics on basic renal health and disease prevention and management was among the highlights of the event.

Activities for the public and renal patients were conducted in individual dialysis units and were comprised mostly of lectures and dissemination of infographics. In cooperation with the PNSP Panay Chapter, a lecture on general renal care and early detection of childhood renal disease was also done at the Western Visayas Medical Center Out Patient Department.

As in other regions in the country, we had our share of challenges in providing renal care services during the COVID 19 pandemic. Since the execution of the enhanced community quarantine, issues on patient mobilization and cohorting and dialysis center infection control measures are avidly discussed and addressed by the members of the chapter. As of writing, Western Visayas has a total of 113 COVID cases. None of our known Chronic Kidney Disease patients and nephrologists have tested positive for the virus. With adherence to infection control guidelines, PSN Western Visayas continues its mission to provide the optimum and accessible renal care for patients in the region during this time of crisis. ■



ER UPDATES

WESTERN VISAYAS - NEGROS OCCIDENTAL

Franelin L. Paylado, MD

It all started in late March with the first confirmed case that heralded local transmission. Then it continued into April, then May, then June. Days melted into weeks, and then months as we went through different stages of lockdowns and quarantines.

Negros Occidental was blessed because we had few cases compared to others. Lockdown was declared early. So for weeks we drove through strangely quiet streets and made rounds in eerily empty hospital wards. But it wasn't the peaceful, relaxing time it could have been. It was like we were all just waiting for a dreadful storm.

As in other regions in the country, we had our share of challenges in providing renal care services during the COVID 19 pandemic. Since the execution of the enhanced community quarantine, issues on patient mobilization and cohorting and dialysis center infection control measures are avidly discussed and addressed by the members of the chapter.

The thing I remember most is the anxiety we had. It was not only that we feared catching the virus and dying a lonely death. We feared bringing it home to our families. We feared how we can provide for our needs during these uncertain times.

Social Media was king. It made our isolation less so. Viber Groups helped us COVID-proof our units and manage patients; and Tiktok even made us laugh once in a while.

A fever meant isolation and extra expense for the patient. Dyspnea too. I never had patients so compliant as during those ECQ days. Unfortunately, this also meant that some patients would lie about their symptoms because they didn't want to be isolated or admitted.

Gradually, the anxiety and fear gradually went down as the quarantine was downgraded. As we slowly drift to The New Normal, I can look back at those days and be proud of the Nephro community. Doctors, nurses, institutions, and patients all worked as a unit and cooperated. Throughout the country we were separated by water, borders, and lockdowns, but we all made it. We were apart but together. ■

PNSP

Nathan C. Bumanlag, MD

Amidst the ongoing global COVID-19 pandemic, the Pediatric Nephrology Society of the Philippines, Inc. remained true to its ongoing commitment and advocacy by preparing and holding simultaneous WKD events on March 12, 2020. While the society's original plans were somewhat modified to account for social distancing at the onset of the community quarantine, our spirits and enthusiasm were not at all dampened.

As part of the annual celebration of the World Kidney Day, with the timely theme "From Prevention to Detection and Equitable Access to Care" members held multiple events across the country. From Northern Luzon to southern Mindanao, the society's grasp was felt. There were at least fifteen events spearheaded by a friendly neighborhood pediatric nephrologist. Dr. Concesa Bacamante-Padilla, Claire Imbisan and Dr. Kristen Manalo held sessions in Baguio and Isabela, respectively. In the Visayas region, Dr. Cresanie Puig-Reyes and Dr. Irish Manguilimotan coordinated their respective activities.

Mindanao was well represented by Dr. Maria Kertyl Akut and Dr. Gemma Tiu who presided over their WKD

programs in Northern Mindanao Medical Center and Davao Regional Medical Center, respectively. Of course, the five training institutions, under the able leadership of their respective chairpersons, in alphabetical order: National Kidney and Transplant Institute, Philippine Children's Medical Center, Southern Philippines Medical Center, University of Santo Tomas, and University of the Philippines - Philippine General Hospital held their own respective unique celebration.



Due in part to the restrictions brought about by the advent of social distancing, the traditional gatherings of people could not push through hence our president Dr. Maria Rose Cabansag commissioned the help of Dr. Rene Francisco and Dr. Coe Dela Serna to produce a short educational infomercial regarding renal health and preventive nephrology. Easy-to-understand leaflets regarding common renal diseases were also distributed to encourage early detection of said renal diseases

In behalf of the Pediatric Nephrology Society of the Philippines, the officers and the Board of Trustees, we are humbled by the continued support of our members. We may not be able to mention all but we are extending our gratitude to everyone who held their own WKD program.

Mabuhay and PNSP! ■

Mask Zone



The Other Face of a Nephrologist

A Nephrologist is a medical practitioner that responds to the call of any patient who has a kidney disease. We are often times busy doing our clinics, making rounds to our patients, manning hemodialysis clinics and a lot of activities that involves our medical profession but we are awed by people who continue to do these tasks and yet has another passion that balances the forces of life.

Dr. Mayleen Jeniffer L. Laico is a graduate of the Cebu Institute of Medicine batch 1990. She had her postgraduate internship at the University of the Philippines-Philippine General Hospital (UP-PGH) and had her residency in Internal Medicine at Lincoln Medical and Mental Health Center in Bronx, USA. She had her fellowship training in Nephrology at Metropolitan Hospital Center in Manhattan, NY, USA.

Her love for her country and place of origin made her decide to start her clinical practice at Chong Hua Hospital in Cebu City, Philippines.

Currently, she is the Assistant Medical Director for Continuing Medical Education of the same institution and a guest lecturer for the Department of Internal Medicine at the Cebu Institute of Medicine.

She is a board member of the PSN-CEV chapter and the chair of the PSN Adult Specialty Board. She is one of the most sought after speakers for nephrology.



In between clinics, she started putting life into adult coloring books by Basford using colored pencils. It was that time that a lot of her friends noted that she combines colors well and prodded her to take art workshops. She started her romance with painting using water color then explored using other media like acrylic and oil but she loves using watercolors more than any other..

The central figure of her art works are mostly flowers. A flower figure is her favorite subject because it simply means JOY and HOPE and it definitely emanates in every art piece she is handling. What makes it more interesting though is that her passion to paint flowers as the central focus of expression was innovatively fused with medicine. Thus she started to draw the different organ systems with flowers. It is a sight to behold and such bold ideas and creativity caught the attention of a lot of people. Numerous requests to create similar themes in their respective subspecialty poured in -- Endocrinology, Cardiology and a lot more.



EDITORIAL

V.U.C.A., GLOBAL PANDEMIC and NEPHROLOGY

Agnes Alarilla - Alba, MD

This GLOBAL PANDEMIC – the COVID 19 fully equates to VUCA (Volatility, Uncertainty, Complexity and Ambiguity). While this acronym has its origin in an Army war College following the end of the Cold War in 1990 or often times used as a slang to describe teens, the challenges our leaders face in the context of the coronavirus aptly fits VUCA.

Why does it fit?



The throng of lovers for her masterpieces are not only from Cebu but expanded from the North to the south of Philippines. It is not only requested locally but also internationally. She actively participates in the local exhibits and had her solo exhibit at the Marco Polo Hotel during the PSN Convention last October 2019. Proceeds of sales from her masterpieces are shared to those less fortunate giving a deeper meaning to all these passions.

We, her nephrology family is so proud to see her work, the “Flower Kidney” featured as the cover of the American Journal of Nephrology in the June 2019 issue.

She is definitely a nephrologist to reckon with for she has the hands that treat not only people with kidney diseases but a creator of artworks that does bring an infinite array of hope and joy to a lot of people. ■

Volatile: On December 31, 2019 Chinese officials confirmed dozen of cases of unknown cause of Pneumonia- a week later the outbreak was identified as the new coronavirus and since then thousands have been infected and continues to have a death toll in an unpredictable manner. Renal involvement whether to a patient with renal disease and its susceptibility to COVID or a COVID patient developing a renal illness currently falls into 10-40% and it is still uncertain up to what extent it will evolve.

Uncertain: the next phase is still uncertain- are we in the second phase? The void of information has led to not only national but global trauma. When will this end? When can we resume regular dialysis sessions? Or put down our guards on wearing PPEs?

Complex: Because it has a lot of interconnected factors, it is difficult to fully analyze the impact of the virus and its effect on society. It affects training, it affects manpower in our centers, our economic survival as physicians and all the other staff involved in renal care.

Ambiguous: our experience is exceptional and unprecedented

As months goes by from the onset of the pandemic, it has one of the greatest impact on the workplace. The directives are all work from home. Educational institutions shifted to teaching online. We have tighter border controls and travel bans. Our conferences were postponed or cancelled .

What can we do as an organization?

Volatility can be countered by VISION.

In this time we have put forth our vision of providing renal health for all the Filipinos. We will align our energies to what can be done now to fulfill our vision. The PSN in its effort to continue the education of our trainees and membership, Instead of the usual convention, it has converted the convention topics to small webinar series that prevented bigger gatherings and yet fulfill the mission of educating its members.

Uncertainty can be countered with UNDERSTANDING.

We must learn to look and listen beyond our usual functions and capabilities Communication is a must at all levels of the organization and we should develop our collaboration skills. PSN has timely opened its website. Constant communication is traversed by viber communications and emails.

Complexity can be countered with CLARITY

We should explore and focus to get out of this chaotic situations as quickly as possible and give a sense of direction. PSN has created collaboration to answer the needs of dialysis in areas that were quarantined.

Ambiguity can be countered with AGILITY

We should be able to communicate efficiently across our organization, decide and move quickly to apply our solutions. What are the tips in order to survive this VUCA? Simplify the way we operate, keep the flow moving and collaborate better together.

What should we acquire: Learning agility, development of self-awareness, living comfortably with ambiguity and demonstrate adaptability and openness to change

It is important to check our locus of control and perceptions of purpose. As described by Kayvan Kian the interaction of these two factors will enable you to address the high priority items that are within your scope of influence.

It is vital that we manage ourselves, then our teams and finally our bigger network- our society, and the Leadership of PSN has greatly adapted to these changes- reintroduced our website, shifting the annual convention to weekly webinars, constantly communicating and making clear the path in fulfilling our mission despite the different uncharted routes we are facing. As the old dictum says the only constant thing in this world is change and as a society we must work hand in hand to move forward and achieve our VISION . ■

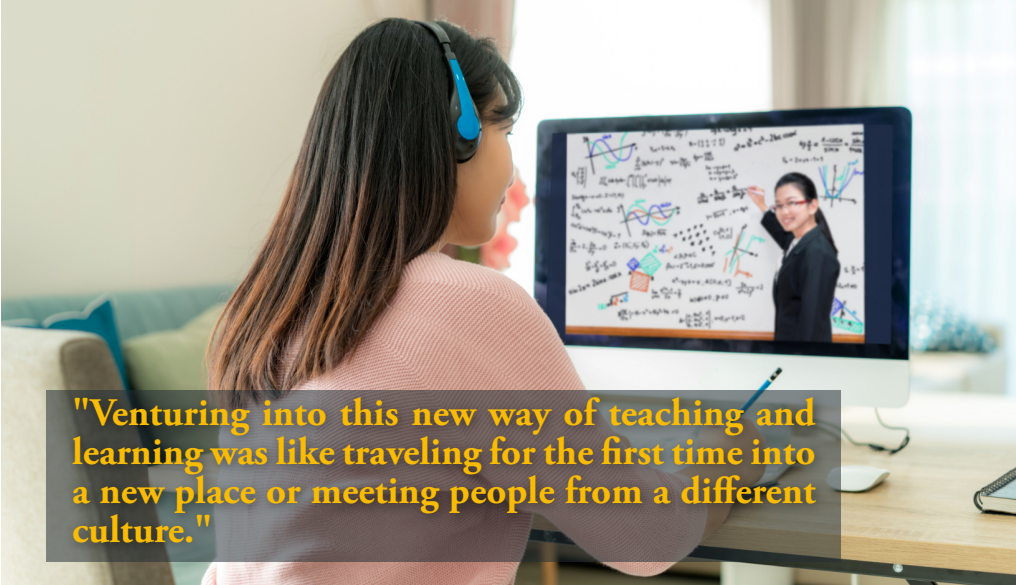
Embracing the New Normal: Teaching Amidst the COVID Pandemic

Lynette Fillone-Alcala, MD

Being in the academe for the past years had taught us various lessons of learning, living, surviving or even embracing death and with this pandemic, everything seems to be magnified. As much as we wanted to be safely tucked in the comfort of our homes we cannot say NO to the call of our noble profession. Apart from performing our roles as medical frontliners, being in the academe made us address more urgent matters that would safeguard the students, the clinical clerks and interns as well as our resident trainees in the wards.

Venturing into this new way of teaching and learning was like traveling for the first time into a new place or meeting people from a different culture. Trusting the concepts of adult learning, self-directed learning or self-study we explored all possible options to achieve learning outcomes by assigning case discussion platforms both online and thru email giving students focused tasks and learning points. Small group discussion guides were modified to bypass face to face encounters to fit asynchronous

Students' varied concerns need to be addressed especially those stranded in their boarding houses or dormitories. The birth of "Pagtatap" the WVSU care community came into being after an online "Kasanagan" was held and various student concerns like quarantine passes, long queues in supermarkets, allowances that did not arrive or mental health issues crop up as they worry about their families away from them. These struggles prevented them from accomplishing assigned tasks although some students admitted those online learning activities provided the distractions they needed from the glaring inconsistencies of the various government agencies tasked to handle the pandemic. A lot of them felt frustrated the way public safety was ensured that they started to get involve in the small ways that they can be of help like making improvised PPEs for the residents they left behind in the hospital. But we have to draw the line between licensed professionals and neophyte students of medicine in this unseen covid battle. While majority of us learned to conquer our fears because our patients needed us out there or we need to support our resident trainees in the frontlines we have to be firm in our decision to keep the students out of the hospital premises and in the safety of their homes during these times. Now, as we start another school year, and as cases continue to be reported, what will be the best option that we have to adapt to continually deliver learning to our students in the new normal? As demand for social distancing, avoidance of mass gathering and quarantine protocols are being implemented will our desire to embrace flexible learning be the answer to bridge this school year or until a vaccine is approved or when herd immunity is achieved?



"Venturing into this new way of teaching and learning was like traveling for the first time into a new place or meeting people from a different culture."

The Covid pandemic was a phase in our journey that tested our commitment to the path we chose to thread. As we have experienced, the face to face classes were called off in the middle of the genito-urinary block because of the enhanced community quarantine, we have no choice but to send the students home, pull them out from clinical rotations and usher them to safety. But medical life must go on despite the circumstances thus plans to migrate learning into the online medium was embraced with varied reactions both from the students, the faculty and the administration.

learning to address connectivity issues and promote inclusion. Picking up from where we left in the classroom, we pushed for learning to continue despite the uncertainty looming in the horizon.

The struggle became real when COVID cases began to rise in alarming proportions and cases became closer to home when we recorded our first case in the locality. Then protocols and government policies became concerns for students especially when lockdowns were implemented and flights home were cancelled.



PANGHIImagas COVID Edition

Marvin C. Callanta, MD

Noon: pag may lagnat ka, nanay mo lang nag aalala
Ngayon: pag may lagnat ka, buong bryg na nag aalala

Noon: maghugas ng kamay pagkatapos mangulangot,
Ngayon: maghugas ng kamay bago mangulangot.

Noon: pag may balikbayan, dinadayo
Ngayon: pag may balikbayan, lahat lumalayo

Totoo sigurong galling sa bats ang covid... Kasi people are some sort of panicky

Masama ang tingin ng sumusunod sa akin sa grocery...
Hindi po ako nagpapanic buying, may sari-sari store po kami!

Yang covid na yan, di rin magtatagal... Kasi made in china!

Now we have to embrace the millennial mindset of being technology savvy, learning how to look presentable in the E classroom, to observe proper online etiquette and simply enjoy classes online and trust that our students will do their part in understanding concepts in renal physiology and making independent learning a vital part of their new normal armamentarium. ■

ANNOUNCEMENT

PSN Adult Specialty Board

Announcements from the Philippine Society of Nephrology Adult Specialty Board:

The Adult Nephrology Specialty Board would like to inform all training institutions that the Philippine Society of Nephrology Diplomate Certification Examination for Adult Nephrology has been postponed to the following dates:

Written Examination: October 11, 2020
Oral Examination: October 18, 2020

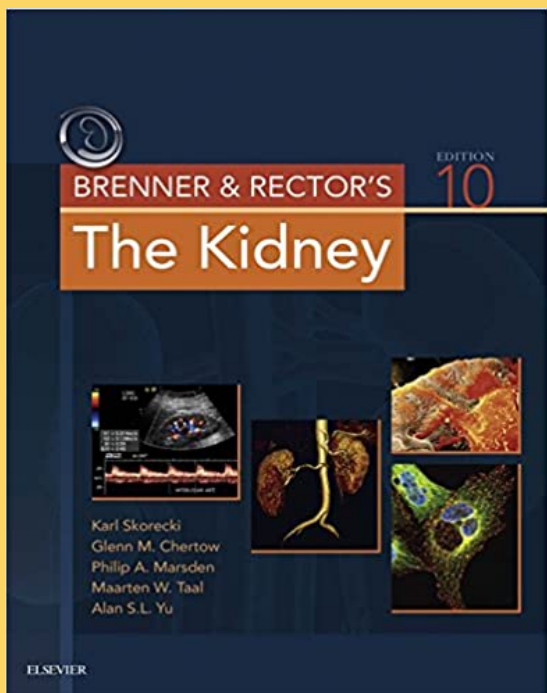
The postponement of the exam to these later dates was proposed by the Adult Nephrology Specialty Board and has been approved by the Philippine Society of Nephrology Board of Trustees. The postponement was deemed necessary due to the Coronavirus Pandemic and the consequent Enhanced Community Quarantine imposed on several areas of the country.

Furthermore, the deadline for the submission of application requirements for the Adult Nephrology Diplomate Certification Examination 2020 has been rescheduled to **August 30, 2020**.

The coverage of the exam will include only the following source:
Brenner and Rector's The Kidney, 10th edition

The members of the specialty board are:

Chair: Mayleen Jeniffer L. Laico, MD, FPCP, FPSN
Members: Porshia Comes-Natividad, MD, FPCP, FPSN
Anne Margaret J. Ang, MD, FPCP, FPSN
Rommel P. Tolentino, MD, FPCP, FPSN



PSN 50th ANNIVERSARY

Roberto C. Tanchanco, MD

GOLDEN Anniversary



As we continue to live under the cloud of the COVID19 pandemic, our continuing preparation to celebrate the 50th anniversary of our society has become a great challenge, with questions of uncertainty cropping up: Will we be able to gather physically rather than just virtually? Will we be able to hold our scientific convention in our usual venue, or will we need to resort to webinars?

Our founders likely never imagined that such a situation as we now face would ever come up. However, our national board of trustees has been up to the task, navigating these uncharted waters with a steady hand, providing guidance on how to continue practicing nephrology and looking after the needs of our members and our patients in the context of a pandemic, while also working on how to sustain the existence of our organization, fulfilling the duties and obligations encoded in our constitution and by-laws, including the smooth transition of leadership, and paving the way for our trainees who seek to become diplomates, and for our diplomates who seek to don the mantle of fellowship. The PSN continues on its mission.

The path to 2021 for our 50th anniversary celebration has had its share of setbacks already. Activities that were planned for this year, including the Swing for KT Golf Tournament last January 29 that was

cancelled because of the Taal Volcano eruption, the PSN Fun Run and Golf Tournament set in March 2020, and the 2nd Post Graduate Nutrition Workshop set in July 2020, have all been cancelled.



The Scientific Convention for 2021, as well as the Preconvention Workshop being planned with the Southeast Asian Glomerulonephritis Network, may need to be delivered in an online format, like the webinars that we have grown accustomed to attending online via Facebook Live and Zoom and other such formats.

Yet whatever lies ahead, life will go on. As the world braces itself for the New Normal, so shall PSN. Hence our 50th anniversary celebration will truly be the beginning of a new chapter in the life of our beloved society. ■



Engaging with the Media

Maaliddin B. Biruar, MD

It has been more than 20 years since my first TV interview. I was still in residency training manning the emergency room that is teeming with leptospirosis patients with some of them on acute peritoneal dialysis. I immediately called my mother after the interview and told her that it will be shown on primetime news later that day. Back then my biggest motivation to appear on a TV or radio show was to make her proud. She would always inform our relatives in the province to tune in every time I

Media engagement took a different turn during residency training. From writing news articles, I became a resource person for news items on print and on TV. I was working at a government hospital and would always get interviewed on TV during epidemics. I was never camera-shy. I told myself that if I did not know the answer, I would just be honest about it and would refer the interviewer to the best resource person.

The following are some practical tips on media engagement:

Make it brief. Because of social media and other distractions available, our attention spans have shortened. If you want to say something, be direct to the point and not skirt around an issue. This is similar to an elevator pitch where you try to sell something to someone in an elevator and you only have a few minutes from the time the elevator doors close until you reach your desired floor.

Know your audience. Use language that is appropriate to your target audience. You may consider using simple metaphors when explaining scientific and technical concepts to a lay audience.

Be yourself. This is a very short advice but it has a lot of implications. Stick to what you should know. Do not pretend to know everything if you are not an expert on it. A surgeon was bashed online when he was interviewed on TV about HIV and answered the questions incorrectly. If you are not the right person to talk about an issue, politely decline and refer it to the right spokesperson.

Be professional. Whenever you represent an organization in an interview, everything you do and say will reflect on your organization and will be interpreted as its statement. It is tempting to try to advance your personal agenda but that can be done at a different time. Be guided by ethical principles. This also applies to our online persona. Since our patients are able to access our social media accounts, make sure to keep your personal life private. Having a separate account for patients is ideal.

Be prepared. As experts in our field we should always keep ourselves updated about new information related to our specialty so that anytime we are asked to speak, we can do so with full authority. ■



was on air. However, the excitement of getting interviewed and telling her about it has evolved. As I gained maturity and professional experience it is not just to make my relatives proud but what matters more is to be able to convey the right information related to my profession and specialty.

My first exposure to media communications started in high school when I wrote for our school paper. I especially liked writing news articles because of their brevity, simplicity and straightforward messaging that a 10-year old reader can understand. When I eventually became the editor, I took delight in slashing lengthy news reports making sure that messages are conveyed using the least possible number of words.

Current media exposure is related to my professional career as a physician, specifically to my duties in PSN and PCP. We all experienced media communications expand tremendously because of the internet. From tri-media (print, radio and TV), we now have social media as a new communications platform which has a wider reach. Anyone who holds a cellular phone can post what they want without prior editing and minimal censorship. For physicians like us this is both a blessing and a curse. We have easy access to information while conducting our clinic consultations but at the same time these are also available to our patients who may misinterpret the data and may become a health risk.

PSN is now ONLINE!

Find a Philippine Society of Nephrology doctor near you. PSN doctors are some of the qualified nephrologists in the world.

Find a Kidney Doctor

Find a Dialysis Center



<http://psn.org.ph> :

Expert Champions of Filipino Kidney Health

The Philippine Society of Nephrology (PSN), Inc. is a non-stock, non profit and apolitical organization governed by the laws of the Republic of the Philippines. PSN adheres to the Constitution of the Philippine College of Physicians (PCP) and the Philippine Medical Association (PMA) being one of its recognized components.

JUNE 15-26 NURSES

JULY 20-31 POD

AUGUST 17-28 FELLOWS IN TRAINING

SEPTEMBER 14-25 NURSES

OCTOBER 19-30 TECHNICIANS

NOVEMBER 16-27 POD

- Classes will run from 8 AM to 12 PM, Mondays to Fridays for 2 weeks.
- Ensure a strong and stable internet connection to maintain a stable video connection to run a webinar

HEMO DIALYSIS

ONLINE POSTGRADUATE COURSE 2020



**2020 PERSPECTIVE:
NEPHROLOGY IN
THESE CHANGING TIMES**

PHILIPPINE SOCIETY OF NEPHROLOGY
THE WEB LECTURE SERIES

DATE	TOPIC	SPEAKER	MODERATOR
June 3	COVID-19 and the Kidneys	<i>Dr Elizabeth Montemayor</i>	<i>Dr Jan Melvin Zapanta</i>
June 10	Rational Use of Diuretics in Kidney Disease	<i>Dr. Luis Limchiu</i>	<i>Dr. Pamela Imperial</i>
June 17	The Future of Renal Anemia Management	<i>Dr Lynn Gomez</i>	<i>Dr. Anne Ang</i>
June 24	Emerging Biomarkers in Acute Kidney Injury	<i>Dr Albert Chua</i>	<i>Dr Bien Manlutac</i>
July 1	A New Era of Therapeutics in Diabetic Kidney Disease	<i>Dr. Vlado Perkovic</i>	<i>Dr. Benjamin Balmores</i>
July 8	Kidney Transplantation in the time of COVID-19	<i>Dr Bea Concepcion</i>	<i>Dr Stephanie Andres</i>
July 15	The Relationship Between Serum Uric Acid and Development of Nephropathy	<i>Dr. Oscar Naidas</i>	<i>Dr Patrice Estabillo</i>
July 22	Peri-operative Acute Kidney Injury: Prevention, Detection and Treatment	<i>Dr. Michael Walsh</i>	<i>Dr Russell Villanueva</i>
July 29	New Clinical Directions in the Management of Glomerulonephritis	<i>Dr Stephanie Andres / Dr Russell Villanueva</i>	<i>Dr. Marla Navarro</i>
Aug 5	Managing the Kidneys when the Heart Is Failing	<i>Dr. Agnes Mejia</i>	<i>Dr CJ Aguatis</i>
Aug 12	Chronic Interstitial Nephritis in Agricultural Communities: A New Epidemic	<i>Dr. Mac De Broe</i>	<i>Dr Elizabeth Montemayor</i>
Aug 19	A Practical Approach to Sodium and Water Disorders: "Too Little or Too Much?"	<i>Dr Jun Anacleto</i>	<i>Dr Dolores Bonzon</i>
Aug 26	Optimizing Outcomes in Peritoneal Dialysis Services in Resource-limited Settings	<i>Dr Adrian Liew</i>	<i>Dr Donnah De Leon</i>
Sep 2	Nutritional Strategies in Chronic Kidney Disease	<i>Dr Roberto Tanchanco</i>	<i>Dr Vimar Luz</i>
Sep 9	Using Digital Media to Promote Kidney Disease Education	<i>Dr. Edgar Lerma</i>	<i>Dr Carlo Trinidad</i>



2nd Primer on Peritoneal Dialysis



4th Hemodialysis Symposium



17th Family Day



Adult Specialty Board Exams



PSN IN



HD Postgrad for Non-Nephro PODs



Accreditation Visit



HD Technicians Workshop



Nephro Forum (UP-)



Summit



3rd OBE Workshop



PSN Midyear Convention (Cebu)



Meeting with Philhealth



Research Forum

ACTION



Review Course



PNSP Anniversary



Nephro Forum (SLMC)



PGH)



PSN Christmas Party



Transition Orientation

