



Healthcare Reform Lies!

Sifting through the Myths of America's Longest Running Social Issue

page 4

AUG-SEP 2009

**In this
issue**

Giving You More Ways
to Find Career
Opportunities **page 3**

Transformational
Nurse
Leadership **page 7**

How to be a
Healthcare
Professional **page 8**

Keys to Becoming
a Social
Entrepreneur **page 12**

Truth and Lies



Nobody likes a liar. No one has made that clearer than Republican Rep. Joe Wilson of South Carolina, when he interrupted Pres. Obama's primetime address to the nation with two simple yet deeply unsettling words, "You lie!" And when this outburst happens to be directed at the President of the United States of America, well, you can bet that many feathers were extremely ruffled. Whether or not Rep. Joe Wilson's outburst rings of truth, it was, nevertheless boorish and uncouth of him to call out Pres. Obama during an important, very public moment. Have some respect, Joe.

In any case, healthcare reform is the root cause for all this hullabaloo at the moment, and the feature story will hopefully clear up some misconceptions about the issue (pg.4-5). Still, I encourage everyone to do their bit of research and sift through all the facts and opinions that are out there, before you decide for yourself what's truth and what's lie. I'd rather not voice my opinion when I'm not sure of the facts, because doing so would deem me ignorant, would it not?

Anyhow, perhaps President Obama should have a little tête-à-tête with his 'good friend' Sarkozy about healthcare also, in addition to discussing Iran's secret nuclear facility. According to the first ever (and last, due to its severe complexity) World Health Report published in 2000 on the best healthcare systems in the world, France ranked #1, and the US ranked #37. Nine years later, have things changed?

"Change we can believe in." -- Let's hope Pres. Obama was telling the truth with that one.

The Editor

contents

- NEWS *brief*
- 3 Giving You More Ways to Find Career Opportunities**
JUNO's dedicated to find you the best job. Here are more proofs to our commitment.
- FEATURE *story*
- 4 Healthcare Reform Lies!**
Sifting through the Myths of America's Longest Running Social Issue
After 65 years, the healthcare reform debate is hearing its final arguments. Since we never know when the war of words will end, here are some truths (and lies) about Washington's superstar bill.
- EMPLOYEES *first*
- 6 Immigration Updates**
Press Release: Department of Homeland Security
Read this important update from the Department of Homeland Security today.
- NURSES *first*
- 7 Transformational Nurse Leadership - Cultivating Leaders Through Personal Encounters with Nature**
You can be an agent of change in your facility. Begin by reading this article to learn how to make a greater impact.
- 8 How to be a Healthcare Professional (without a Nursing or Medicine Degree)**
Nursing is not the only healthcare profession. Check out other jobs the largest industry the US has to offer.
- NURSES *first*
- 10 Center for Continuing Education**
JUNO believes Continuing Education for healthcare professionals should be a priority. Find out the latest classes being offered in the New York area.
- COMMUNITY *first*
- 12 Strategic contributions of FGG's scholarship program**
JUNO's social service partner, FGG, doesn't just give. It gives to make the greatest impact.

departments

- EMPLOYEES *first*
- 13** Nurse quote of the month
Requirements Checklist for RN & PT Applicants
Birthday Celebrants
- REVIEW *corner*
- 14** Sample general NCLEX quiz
Wordfind
- HUMOR *side*
- 15** Nurse humor
Pinoy humor
Nurstoons



Publisher
JUNO Healthcare Staffing System, Inc.

Editor in chief
Charmaine Teodoro

Contributors
Valjun Apuzen
James Cai

Graphic Designer
D.C. Santa Maria

HOW TO CONTACT US
JUMP CREATIVES
411 Fifth Avenue, Suite 1006
New York, New York 10016
Tel: 212.685.5866 Fax: 212.685.5867

Editorial email
junoconnection@junohealthcare.com

MISSION STATEMENT
JUNO Connection provides essential guide and information on working and living in the United States as a JUNO healthcare professional.

PUBLIC INFORMATION

Distribution
JUNO Connection is published bi-monthly by JUNO Healthcare Staffing System, Inc., with address at 411 Fifth Avenue, Suite 1006, New York, New York 10016. Periodical's postage paid at New York, NY.

Subscription
JUNO Connection is made available free of charge to subscribers worldwide. To request a copy, email us at junoconnection@junohealthcare.com

Every precaution is taken to ensure accurate reproduction of manuscripts, artwork and photographs. However, the publisher does not accept responsibility for the correctness of the information produced herein. Send your contributions to the Editor. Article submissions must be double-spaced and may be mailed to JUNO Healthcare Staffing System, Inc, 411 Fifth Avenue, Suite 1006, New York, NY 10016, or emailed to junoconnection@junohealthcare.com. We welcome news reports, feature stories and other relevant publishable materials. The management reserves the right to edit submitted pieces for space and content considerations.

Giving You More Ways to Find Career Opportunities

By James Cai

Passionate in our goal to connect healthcare professionals with the best opportunities available in the industry, JUNO Healthcare is making moves to give prospective applicants more ways to discover the right job for them. After launching our website, <http://www.junohealthcare.com>, to provide complete information about our company and give healthcare professionals links to valuable online resources, JUNO is launching our online database, where you can find employment opportunities in the fields we serve. Whether you're looking for a nursing, allied healthcare, homecare or corporate position, you can find it at <http://www.junohealthcare.com>, and apply for it on the spot.

JOB SEARCH DATABASE, LIVE CHAT FUNCTION

The job search database allows you to navigate through the site. You can register, upload resumes and view available careers from there. There are also questionnaires on the applicant's pages that you can answer to input licensure info and the like. You will have the opportunity to scour new opportunities and be alerted of any new jobs available in your area.

As mentioned earlier, the database gives you all the details you need to apply in any of our divisions. You are also assured that all information you send is transmitted to our servers securely and is kept in strict confidence. Personal information you give us like your name, number and address will not be disclosed to any third party. The only exception is when we present your qualifications and experiences, without your contact information, to our client facilities. We work as hard as we can in protecting your private data as we do in finding you a job.

Rest assured that we are devoted to your welfare and success in the



industry. It's our ultimate objective to present you the best opportunities and help you seize the one that's right for you. So aside from our database access we also have a live chat function that allows you to speak to a JUNO Healthcare representative while you're on the site. He/she will be ready to answer your questions and queries and provide you details on what you need. A JUNO representative will be able to assist you as you fill up forms or inquire about the job opportunities available.

LIVE ON TWITTER AND FACEBOOK

Another addition to complement our chat functions and job search database functionality is JUNO Healthcare's live participation on social networking sites Twitter and Facebook. Connecting with you in places where we can best present positions available for a manifold range of healthcare professionals is

our duty and in today's communications landscape, we're giving you information on the most accessible locations.

Our Twitter and Facebook accounts will preview the most current positions that we have, allowing you to be the first person to know of new jobs you can apply for. In our Twitter account we can also converse with you, answering any questions or concerns you may have on any of our positions.

In Facebook, you can leave comments about healthcare issues, your experience with other agencies and any ideas you want to suggest to JUNO Healthcare. You can also see new articles and posts related to healthcare career development on our social media pages.

Both our social network accounts can also serve as platforms you can use to network with other healthcare professionals.

On Twitter, you can follow us at <http://twitter.com/junohealthcare>

Healthcare Reform Lies!

Sifting through the Myths of America's Longest Running Social Issue

By Caleb Galaraga

"YOU LIE!" that shout heard from the floor of Congress, while the President of the United States was delivering his primetime speech before a rare joint-session of both the House and Senate, is one of the most talked about events in this healthcare reform drama. Barack Obama called the special meeting of the two chambers to revive his advocacy of reforming America's healthcare system. According to his top adviser, David Axelrod, that was the President's "final push to get this done."

What the President tried to do that night was to clarify the issues surrounding the national debate. Because of the lack of details and the inability of both the public and legislators to clearly communicate what will be in the reform, there have been many myths propagated by those who oppose it.

The journey to overhaul the healthcare system of the most powerful nation on earth has been a long one with no guarantee of seeing the light at the end of the tunnel. According to the President, "the bill for comprehensive health reform was first introduced by John Dingell Sr. in 1943. Sixty-five years later, his son continues to introduce the same bill at the beginning of each session." For a nation known for its innovative ideas, unstoppable progress and creative minds, the application of change in an industry representing 20% of the American GDP seems to be a gross legislative and intellectual oversight. Obama, himself, and hundreds of leaders in both the political and social sector believe that it's time to resolve this enduring national issue. In his speech, the President declared, "I am not the first president to take up this cause, but I am determined to be the last."

TALES OF THE OPPOSITION

During the August recess, town hall meetings turned into shouting matches between legislators and their constituents. Some people have compared the



American President, the most powerful leader in the free world to Hitler and the widespread idea that the government is taking over healthcare industry took root in the minds of the American public. It is this type of outlandish and unverified claims that has caused great struggle in seeing the truth from the clout of lies hovering over the healthcare overhaul saga.

THE DEATH PANEL

Calvin Woodward, in his article "FACT CHECK: Health overhaul myths taking root," took stock of some of the myths that's shaping the minds of the public. In an NBC News poll, Woodward indicated that 45 percent of those polled believed that it's likely that the government will decide when to stop care for the elderly. This is with regards to the so-called "death panels" which Sarah Palin helped propagate through her speeches and Facebook notes. Palin asserts that the Obama administration proposes the creation of a group of experts that will determine the eligibility of the elderly and infirm to receive life-saving medical treatment.

Woodward explains that reform critics have inaccurately conveyed a provision in a House bill that mandates Medicare to finance counseling sessions regarding end-of-life care, hospices, living wills and similar matters only if a patient wants to consult with a doctor. Such sessions or consultations are not required for a patient. The bill even indicates that it prohibits coverage for any form of counseling that promotes suicide or assisted suicide as an option.

Woodward's article, talking about



Sen. Johnny Isakson of Georgia "who has been a proponent of coverage for end-of-life counseling under Medicare, said such sessions are a voluntary benefit, strictly between doctor and patient; it was 'nuts' to think death panels are looming or euthanasia is part of the equation."

TAXPAYER'S MONEY FOR ABORTION

Anti-abortion groups question the way the government indirectly finances abortion via a number of loophole provisions. The House bill in scrutiny has a public option that contain a longstanding policy which precludes using federal taxpayer dollars to pay for Medicaid abortions except in cases of incest, rape or threat to the mother's life.

Dan Gilgoff, who covers religion for U.S. News & World Report, reports that "Private healthcare providers are free to cover abortion, but not with federal funds. The public plan would cover abortion, but not with federal funds; a Capitol Hill aide tells me money for abortions would come from what participants pay into the public plan."

Since the government, who collects the money from the premium payments of public option policyholders, manages the funds for disbursement for abortion purposes, anti-abortion groups says that the reform does use federal dollars for abortion.

It is how you define federal dollars, then, that will determine if the healthcare reform patronizes publicly financed abortions. Hopefully this issue will be clearer to all of us in the coming weeks.



THE END OF YOUR CURRENT COVERAGE

Another claim from the critics of the reform says that if a government-sponsored health insurance plan is realized, private insurers will be driven out of business and millions of Americans will lose the insurance they have right now. They argue that a government-run program will unfairly compete with private sector providers. That it will create an uneven playing field that could potentially result to more than a 100 million Americans losing their private coverage.

The fact of the matter is, the figure mentioned represents only Americans who will willingly change their plans. The proposed reform being debated does not force anyone to subscribe to a public option. Moreover, it prevents many individuals that hold an employer-based insurance from replacing their current insurance with a public option.

Having a government-sponsored program, which may not even be part of the final bill, does not affect the current coverage you may have right now.

FALSE ADVERTISEMENTS AND UNCLEAR PROMISES

The preposterous remarks and bogus claims from reform critics fires up the continuous debate in this issue. However, you, as a healthcare professional, must know that since the devil is in the details when it comes to a huge undertaking like this, vague ideas presented by those in favor of the reform does not actually look the way it is. There are issues presented as if they're concrete but in actuality are more like



presumptions and hyperboles rather than exact statements.

THE REFORM WILL BRING ABOUT IMMEDIATE CHANGE

Not only do we have to wait for the bill to be debated in both the House and Senate and enacted into a law and ratified by the President before any change can come, but also, the transformative impact of the reform will not be completely realized until 2013.

Any hope of immediate and sweeping change as soon as anything goes beyond talk, media hype and propaganda is an illusion. We all have to wait for it to take change and actually influence the way healthcare is delivered to the general public.

NOT A DIME WILL BE ADDED TO THE FEDERAL DEFICIT

During his speech last September 9, President Obama said that "most of this plan can be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse." He also mentioned that "The plan will not add to our deficit."

Although his message and statements are ideal, they're not factual. Congressional budget experts say that the legislation in place and being proposed adds hundreds of billions of dollars to the federal deficit in the next 10 years, \$239 billion to be exact. Despite the fact that the President has proposed cost-saving measures, it's debatable if these measures will be implemented, adopted and will yield the expected result. In short, most of these savings

Continued on page 6

A Summary of THE OBAMA PLAN: STABILITY AND SECURITY FOR ALL AMERICANS

For those with health insurance: MORE STABILITY AND SECURITY

- Ends discrimination against people with pre-existing conditions
- Limits premium discrimination based on gender and age
- Prevents insurance companies from dropping coverage when people are sick and need it most
- Caps out-of-pocket expenses so people don't go broke when they get sick
- Eliminates extra charges for preventive care like mammograms, flu shots and diabetes tests to improve health and save money
- Protects Medicare for seniors
- Eliminates the "donut-hole" gap in coverage for prescription drugs

For those with no health insurance: QUALITY, AFFORDABLE CHOICES FOR ALL AMERICANS

- Creates a new insurance marketplace – the Exchange – that allows people without insurance and small businesses to compare plans and buy insurance at competitive prices.
- Provides new tax credits to help people buy insurance
- Provides small businesses tax credits and affordable options for covering employees
- Offers a public health insurance option to provide the uninsured and those who can't find affordable coverage with a real choice
- Immediately offers new, low-cost coverage through a national "high risk" pool to protect people with preexisting conditions from financial ruin until the new Exchange is created

For all Americans: Reins In the Cost of Health Care for Our Families, Our Businesses, and Our Government

- Won't add a dime to the deficit and is paid for upfront
- Requires additional cuts if savings are not realized
- Implements a number of delivery system reforms that begin to rein in health care costs and align incentives for hospitals, physicians, and others to improve quality
- Creates an independent commission of doctors and medical experts to identify waste, fraud and abuse in the health care system
- Orders immediate medical malpractice reform projects that could help doctors focus on putting their patients first, not on practicing defensive medicine.
- Requires large employers to cover their employees and individuals who can afford it to buy insurance so everyone shares in the responsibility of reform

SOURCE: http://www.whitehouse.gov/issues/health_care/plan/

Immigration Updates

Press Release: Department of Homeland Security

U.S. Department of Homeland Security (DHS) Secretary Janet Napolitano today granted deferred action for two years to widows and widowers of U.S. citizens—as well as their unmarried children under 21 years old—who reside in the United States and who were married for less than two years prior to their spouse's death.*

"Smart immigration policy balances strong enforcement practices with common sense, practical solutions to complicated issues," said Secretary Napolitano. "Granting deferred action to the widows and widowers of U.S. citizens who otherwise would have been denied the right to remain in the United States allows these individuals and their children an opportunity to stay in the country that has become their home while their legal status is resolved."

Secretary Napolitano also directed U.S. Citizenship and Immigration Services (USCIS) to suspend adjudication of visa petitions and adjustment applications filed for widow(er)s where the sole reason for reassessment of immigration status was the death of a U.S. citizen spouse prior to the second anniversary of the marriage.

Additionally, U.S. Immigration and Customs Enforcement (ICE) will defer initiating or continuing removal proceedings, or executing final orders of removal against qualified widow(er)s and their eligible children.

USCIS will also favorably consider requests for humanitarian reinstatement where previously approved petitions for widow(er)s had been revoked because of the law. DHS will soon issue guidance instructing the public on how to apply for this relief.

These directives apply regardless of whether the citizen filed a petition for the alien spouse before death. Deferred action is generally an act of prosecutorial discretion to suspend removal proceedings against a particular individual or group of individuals for a specific timeframe; it cannot resolve an individual's underlying immigration status. Individuals granted deferred action may apply for work authorization if they can demonstrate economic necessity.

While Secretary Napolitano's directive provides a short-term arrangement for widow(er)s of deceased U.S. citizens, legislation is required to amend the definition of "immediate relatives" in the Immigration and Nationality Act to permit surviving spouses to remain indefinitely after the U.S. citizen spouse dies, enabling them to seek permanent resident status.

SOURCE: http://www.dhs.gov/ynews/releases/pr_1244578412501.shtm

Healthcare Reform Lies!

Continued from page 5

are theoretical. The reality is, if the reform passes there will be more bills to pay for the government and the people that finance it.

THE BIGGEST LIE AND THE LONG ROAD AHEAD

There are still some major concerns that need to be discussed and agreed upon before a total makeover of the healthcare system takes place. Aside from having a bill in place, enacting it into law and actually weaving it as an entitlement of some sort to all Americans and enforcing the policies on private health insurers, there are administrative and bureaucratic hurdles that have to be conquered. Succeeding in ratifying a healthcare reform law is the tip of the iceberg of a long-term and widespread sector changeover.

One of the biggest lies that surfaced which was heavily touted by the opposition is the idea that Americans don't want a government-run health insurance program. Contrary to the reality that important healthcare provisions for workers today have been influenced by government action, Social Security Administration

disability benefits, Medicare, Medicaid as well as a host of federal subsidies were all part of public initiatives. During the Johnson Administration where miners needed more healthcare assistance, the government created the Occupational Safety and Health Administration.

Jennifer Klein, in her commentary for CNN.com, says, "The entire system of employee health insurance emerged because of federal direct support for unions and collective bargaining during the formative decades of the 1940s, 1950s and 1960s." In a CBS/New York Times Poll last July, it revealed that more than two-thirds of Americans want the government to offer a health insurance plan like Medicare to compete with private insurers.

There are reservations, of course. Bureaucracy, inefficiencies and the fear that the government is creeping over every area of a person's life are all part of the public's concern when it comes to government solutions to personal problems. It will be drastic change to the common realities we're used to dealing with. Realities, however dire they are or abhorrent they could be, can sometimes still be the comfort zone for many if not most Americans.

Although change is not the type of

phenomena everyone will embrace, it is one of the few things that is constant in this world and sometimes change is necessary to prepare the future for greater things to come.

In the coming weeks, more information will come out regarding the healthcare reform program. There will be more comments and views from legislators, activists, healthcare professionals, lobbyists, pundits, religious leaders, business leaders and grassroots organizers. What's important is that you filter the truth from the myth, the fact from the fiction. Understand the angle on every side and hear out every suggestion. Recognize the fact that it's okay to refine your positions, to change your mind and to possibly be open to change itself.

Healthcare is not only about you. It's about your children and your family. As the President has said and as cliché as it may sound, it's also about this country. Maintaining an open mind is key in knowing how best to respond to this proposal of tremendous change in the system. As the author and radio show host Rudy Ruiz said, "In the end, opening our minds can only enhance the prognosis for our most cherished patient: America."

Transformational Nurse Leadership - Cultivating Leaders Through Personal Encounters with Nature

By Jackie Levin, *Clinical Nurse Specialist-Leader in the field of Holistic and Transformative Nursing*

In these transitional times, when the old healthcare order is falling away and a new one is emerging, transformational nurse leaders are needed to guide our staff, patients, families, and institutions into this new era of health care. Leadership of this kind comes from "the inside out" and in order to truly be an agent of change, we must be willing to risk transforming ourselves.

This can be very challenging. Fear of relinquishing the traditional command-and-control style of leadership in favor of a less familiar yet more authentic style of leading can keep us locked into old habits. So how can we learn new ways of leading? For a quest like this, I often turn to nature as a guide.

Last fall I participated in a women's leadership retreat to explore myself as a leader. I began with a basic question: Who I am leading and where am I leading them?

As part of the retreat, I took these questions out with me on an early morning walk along the rim of a high desert mesa in northeastern Arizona. It was quiet except for some birds singing their dawn songs in the trees below. Leaning against a boulder, I surrendered my mind to the stillness around me and felt at peace. Then a deerfly started buzzing in my face. I swatted it with my baseball cap, annoyed. My serenity dissipated into the air around me.

Distracted, my thoughts left the mesa and shifted to my work. I pictured myself in the chaos of a nursing unit. The sound of conversations behind curtains, the clanging of metal against metal, the smell of cleaning solution, all the unanswered emails and unending demands from nurses, doctors, and administrators wafted through on the warm desert breeze.

Later, in the growing heat of the day, I asked for another message from nature. At that moment, I became aware of a

falcon flying gracefully on the air currents overhead. I knew from where I sat that what appeared effortless did in fact take a particular kind of wisdom and elegance to work with the force of the winds and not against them.

Reflecting on both of these encounters with nature and using nature's wisdom as a metaphor for my own emerging leadership, I asked myself, "how often do I spend my energy swatting at small nuisances when I would be better off reading and navigating the larger currents?"

My quick annoyance at the irritating buzz in my outer world had mirrored to me how easily I allow my mind to become diverted by the buzz of all sorts of minor occurrences beyond my control. The fluidity of the falcon using the wind currents to soar effortlessly reflected the innate grace that is available to me when

I take the time to balance mind with body, heart, and spirit.

I realized that my guiding question wasn't "who am I leading", but rather, "how do I want to be as a leader?" What an important shift!

I find great wisdom and insight is available to me when I step into nature in an intentional way. Over the course of this one retreat, many more profound insights came to me regarding who I am as a woman and as a nurse leader with a passionate desire to make a profound difference in the field of healthcare.

Spending several days on a retreat in nature is an effective, powerful, and delightful way to renew and grow oneself as a transformative nurse leader. However, great learning and insight can also come from a simple encounter with nature in our own backyards or local parks, if the intention is there.

Next time you're heading out into nature and you know you'll have some quiet time on your own, consider where you're feeling challenged in your life or in your work. Then set a question as your guiding intention and pay attention to the signs nature offers to you.

I was so inspired by my experience on that retreat last fall that I'm now co-leading that same program because this is the kind of transformative experience I want to bring to nurse leaders. I know it is a deeply rejuvenating experience, one that can revitalize our overworked selves while helping us to reconnect with the vision that brought us into nursing in the first place.

So when you're ready to go beyond the intentional walk in the park and instead access the deep wisdom of body, mind, heart, and spirit so you can bring all of who you are to your nurse leadership, go to <http://www.fourshieldsofleadership.com> and check out the Four Shields of Leadership for Nurses. I'd love to share the experience with you!

From Jackie Levin, Clinical Nurse Specialist-Leader in the field of Holistic and Transformative Nursing.

Article Source: http://EzineArticles.com/?expert=Jackie_Levin



How to be a Healthcare Professional (without a nursing or medical degree)

By James Cai

It's a common misconception that the only way you can work in healthcare is to become a doctor or a nurse. No wonder then, that a lot of young people are taking up nursing, and most immigrants who come to the US, knowing healthcare jobs are in demand, study to become doctors. Though there's a continuous demand for doctors and nurses, especially due to shortages projected for the latter, they represent only half of healthcare providers.

There are many options a student/professional can choose to become a healthcare worker, which means not everyone needs nursing, medical or dental training to become a healthcare industry professional. In fact, more than sixty percent of healthcare providers are individuals that do not practice nursing or medicine.

THE OTHER SIXTY PERCENT OF HEALTHCARE PROVIDERS

There is another set of healthcare providers who are also involved, directly or indirectly, with patient health and who work with facilities and other healthcare institutions. There are approximately 5 million of them and they encompass up to 200 health careers. This group of health professionals represents an estimated 60%, more than half, of all healthcare providers. They are called allied health professionals, individuals who play a crucial role in working with clinicians, informing them of their patients' progress and response to treatments.

Allied health professionals are distinct in such that they are not trained to become a doctor, dentist or nurse. They are prescribed by these commonly known workers to assist a patient with a particular issue he/she is experiencing. They are licensed professionals in



charge of helping you deal with a specific health-related issue so that the bigger picture of your overall health will be the best possible outcome.

ROLE AND SIGNIFICANCE OF ALLIED HEALTH PROFESSIONALS

An allied health professional is either a technician or a therapist/technologist. Technicians are trained to perform a specific type of procedure and usually work under a therapist or technologist. A therapist or technologist on the other hand, are practitioners that need to have the procedural skills and ability to evaluate patients, diagnose conditions, develop treatment plans and understand the reason behind treatments for the purpose of identifying which one is appropriate for a patient. He/she must also be aware of the side

effects of such treatment.

Although these professions are not as popular compared to the more famous career paths of nursing, medicine and dentistry, they are just as important.

COMMONLY KNOWN ALLIED HEALTH PROFESSIONS

There are more than 80 different professions that fall under allied health. For those interested, the Association of Schools of Allied Health Professions' (<http://www.asahp.org>) provides some helpful links and insights on the types of careers available for a current or prospective worker.

Some commonly known and in-demand allied health professionals are:

Physical Therapists: Provides assistance for disabled and injured individuals, accident victims and those



There are many options a student/professional can choose to become a healthcare worker, which means not everyone needs nursing, medical or dental training to become a healthcare industry professional.



experiencing lower back pain, arthritis, fractures, head injuries, cerebral palsy or heart disease. They help these people restore the function of their bodies that was affected by an injury or disease. Improving mobility, relieving pain and preventing or limiting permanent disabilities is part of their job.

Occupational Therapists: They help individuals with physical, mental, emotional or developmental disability have the necessary skills to be independent and productive members of society. Aside from helping them gain the basic motor functions and reasoning abilities, they prepare them for work or academic life, making them active members of society despite their challenges.

Dental Hygienists: Dental hygienists make sure you don't have

bad breath! Just like every part of our body, oral hygiene is an important part of keeping one's life clean, sanitary and bacteria free. These professionals teach their patients how to keep their teeth from rotting or aching. In a clinical setting, they remove soft and hard deposits from the teeth.

Dietitians: These are experts in food and nutrition. They promote good health through proper eating- having the right diet, eating not only the right amount but also the right types of food. They are able to advise and consult with patients on their food intake and can also supervise the preparation of food. They can also function as researchers when studying a particular diet or creating a food menu.

Speech Language Pathologists: They are focused on helping those

who are having difficulty in their speech, either because they stutter too much, can't produce speech sounds or are not acquainted with an understandable accent. They assess an individual's speech and formulate ways on how to deal with these various problems. Speech language pathologists can also help prevent disorders related to speech, swallowing, fluency, voice, cognitive-communication and language.

The healthcare industry has a lot of different professions that will allow you to seize the career opportunities it offers. It's important then to take time to learn all the different healthcare professions available so you can pick one that will best fit your interest, background and competencies.

Center for Continuing Education

Reprinted with permission from www.nurse-education.org.

Continuum Health Partners is the umbrella organization for 5 top ranked NYC hospitals, Beth Israel Medical Center, St. Luke's Hospital, Roosevelt Hospital, Long Island College Hospital and the New York Eye and Ear Infirmary.

It also supports 2 nursing schools, Beth Israel's Phillips School of Nursing and The Long Island College Hospital School of Nursing; the Doc's Medical Groups and the Center for Health and Healing.

The hospitals are full-service teaching centers for medical schools and the two nursing schools. In conjunction with our philosophy as a teaching and research institution, Continuing Education for our nurses and other health care professionals is a top priority.

The Center for Continuing Education is an approved provider by the NYSNA for RN contact hours. Traditional and complementary programs are offered to meet the educational needs of nurses at the bedside and in leadership roles. In partnership with the Beatrice Renfield Center for Nurses, continuing education opportunities range from the clinical to the alternative, from caring for others to self-care and protection.

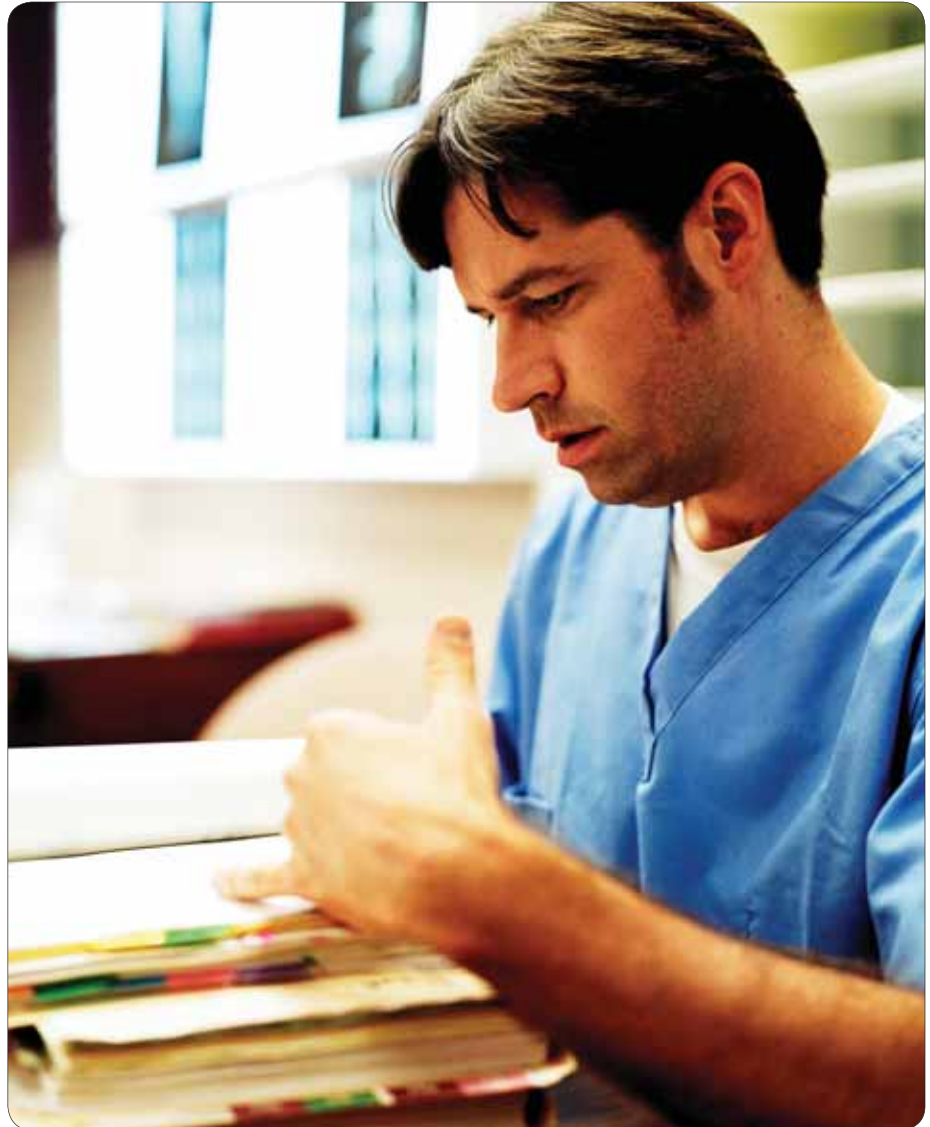
Some of the sample courses they offer are:

Hypnosis for Pain Management

The benefits of utilizing hypnosis techniques in healthcare are limitless, for both the provider and the patient. This workshop is designed to give any healthcare provider a basic overview and a working knowledge of hypnosis.

Dates: May 4, June 22, Sept 14, Dec 7, 2009

We also provide interactive, streamed online presentations of the NY State mandated courses. These



programs are real presentations of the live class as opposed to text-based readings. They are followed by the ability to print your certificate on the spot!

Time is Muscle : Responding to Chest Pain

Knowing that "time is muscle" will prepare you to manage effectively and expediently the patient with chest pain. Outlining the steps for providing care, which include assessment, problem identification, planning, intervention and evaluation, will give you the confidence to manage the chest pain patient quickly

and appropriately.

Bioterrorism: Emergency Preparedness

Online The Bioterrorism: Emergency Preparedness program provides healthcare professionals with the necessary information to provide rapid, effective and appropriate emergency care to the community they serve in the event of a bioterrorist event.

Feel free to browse the site and register for courses. We encourage your feedback and requests. For more information, visit website at <http://www.nurse-education.org>.

Earn While Giving

We offer jobs for:

- Companion
- Caregivers
- Specialty Care
- Homemakers
- Providers
- Concierge

FREE pre-deployment training
to successful applicants.

Call now: 201.239.9333



*Make a living
by caring and
being of service
to people.*



when you need a helping hand.

putting people first.



JUNO HEALTHCARE STAFFING

JUNO Healthcare New Jersey, Inc.

www.junohealthcare.com

NEW JERSEY OFFICE

35 Journal Square, Suite 825, Jersey City, New Jersey 07306

TEL 201.239.9333 | FAX 201.239.9093 | EMAIL homecare@junohealthcare.com

NEW YORK | NEW JERSEY | CALIFORNIA | ARIZONA

Keys to Becoming a Social Entrepreneur

In our last issue, we identified social entrepreneurs as individuals who use business strategies to transform society and fulfill their vision of eradicating social problems. They are practitioners of entrepreneurship, which according to the Institute of Social Entrepreneurs, is the “art of simultaneously pursuing both a financial and social return on investment (double bottom line).” These individuals saw a large need in society and had a vision to meet it; they acted on that vision and with fervor and passion implemented their idea with the goal of impacting the lives of as many people as possible. They turn ideas into reality.

Becoming a social entrepreneur takes commitment and passion. Tremendous dedication is a must, and so is a strong and relentless desire to effect change in one’s environment in practical and sustainable ways. These individuals make a difference in their community for the long-haul. In order to become a social entrepreneur, important steps need to be taken in order to gain the characteristics and values necessary for world-changing ideas to come to pass.

1. DISCOVER YOUR TRUE PASSION

What is the issue that’s closest to your heart? What social need are you concerned about the most? What cause can you advocate for years without getting tired of it? What moves you and ignites the fire in your spirit to take action and make an impact? What would you do today, and everyday, if money is not an issue? Knowing these things will lead you to discover your true passion. The hardship and struggles that social entrepreneurship presents can put down even the most fervent worker; only those who are truly passionate about what they’re promoting or advocating can conquer the difficulties they’re facing.

Before beginning a social venture, take a deep, sincere and honest introspective look into your desires, ambitions and objectives. Know yourself well and see that what you aspire to do strikes a chord in your heart in a powerful



way. Passion is defined as a powerful and compelling feeling. Identify that social concern that will compel you to go against the odds in order to solve it.

2. CHOOSE YOUR FIGHTS WELL

Once you’re able to identify the concern you want to deal with, break it down into specifics and acknowledge the scope that’s within your capacity. Have a realistic and objective understanding of what you can do to solve a problem by finding or creating a solution. Remember to choose your fights well. Don’t have the Messianic Complex of trying to do everything all at once in order to save the world. Choose to be a laser beam that will have a razor sharp focus on your target in order for you to hit it well.

Focus, as in most aspects of life, is one of the most powerful elements you need to integrate in your journey as a social entrepreneur. Too many programs, organizations and foundations out there have too much on their plate. Don’t overwhelm yourself. Choose to make a huge and lasting impact on a very specific issue that falls under your passion, rather than deal with a multitude of social concerns but barely causing change.

3. COMMIT TO YOUR CAUSE UNTIL YOU SEE RESULTS

It may take time for your actions as a social entrepreneur to make an impact,

but commit to it until you see results. Whether it’ll take two weeks, two years or two decades- stay devoted to your cause. Envision, aspire and tirelessly stay focused until you see that your action makes an impact. This is the equivalent of a businessman working hard and doing his best until he sees profitability. As a social entrepreneur, your goal is to see your idea come into fruition. It is important for your idea to make an impact because in it is the key to potentially solving hundreds, if not thousands more of people’s problems in your community, nation or around the world. Be determined and dedicated to beat the odds and get through every hurdle for the sake of making an impact on someone, somewhere.

Social entrepreneurship is as much a calling as it is a career for some of the most passionate individuals today. It is a lifestyle that stretches you to the limit and gives you an opportunity to maximize your skills and realize your potential. It is a path not taken by the faint of heart, mediocre or resigned. Pursuing your call of becoming a social entrepreneur is a decision as much as it is a natural progression of a person who has in heart the desire to effect change and make an impact in people’s lives. It is a personal pathway that leads to a strong, concentrated devotion to making the world a better place for today’s generation and generations to come.

Nurse quote of the month:

“Constant attention by a good nurse may be just as important as a major operation by a surgeon.”

Dag Hammarskjold

REQUIREMENTS CHECKLIST FOR RN & PT APPLICANTS

- Updated resume
- Diploma from your country of origin
- Transcript of records
- Birth certificate, yours and dependents' marriage certificate (if applicable)
- 3 copies of 2 x 2 ID pictures
- Board certificate and board license (PRC ID)
- Passport / US visa (if applicable)
- TOEFL / IBT or TSE / IELTS results
- Employment and training certificates
- NCLEX result or CFGNS certificate for RNs or NPTE result for PTs

Happy Birthday!

August-September celebrants



5aug

Alice J.

7aug

Jonel M.

8aug

Cesar L.

9aug

Vashti C.

16aug

Nonette T.

18aug

Ramon A.

21aug

Jocelyn D.

10sep

Uloaku N.

11sep

Ijeamaka E.

Stephen T.

29sep

Violet O.

NCLEX quiz for RNs

Sample NCLEX practice exam

1. A nurse is reviewing a patient's chart and notices that the patient suffers from conjunctivitis. Which of the following microorganisms is related to this condition?

- A. Yersinia pestis
- B. Helicobacter pylori
- C. Vibrio cholera
- D. Hemophilus aegyptius

2. A nurse is reviewing a patient's chart and notices that the patient suffers from Lyme disease. Which of the following microorganisms is related to this condition?

- A. Borrelia burgdorferi
- B. Streptococcus pyrogenes
- C. Bacillus anthracis
- D. Enterococcus faecalis

3. A fragile 87 year-old female has recently been admitted to the hospital with increased confusion and falls over last 2 weeks. She is also noted

to have a mild left hemiparesis. Which of the following tests is most likely to be performed?

- A. FBC (full blood count)
- B. ECG (electrocardiogram)
- C. Thyroid function tests
- D. CT scan

4. A 84 year-old male has been losing mobility and gaining weight over the last 2 months. The patient also has the heater running in his house 24 hours a day, even on warm days. Which of the following tests is most likely to be performed?

- A. FBC (full blood count)
- B. ECG (electrocardiogram)
- C. Thyroid function tests
- D. CT scan

5. A 20 year-old female attending college is found unconscious in her dorm room. She has a fever and a noticeable rash. She has just been

admitted to the hospital. Which of the following tests is most likely to be performed first?

- A. Blood sugar check
- B. CT scan
- C. Blood cultures
- D. Arterial blood gases

6. A 28 year old male has been found wandering around in a confused pattern. The male is sweaty and pale. Which of the following tests is most likely to be performed first?

- A. Blood sugar check
- B. CT scan
- C. Blood cultures
- D. Arterial blood gases

ANSWERS

- | | |
|----|---|
| 3. | D |
| 2. | A |
| 5. | A |
| 4. | C |
| 6. | A |
| 1. | D |

JUNO Wordfind

1. Adenine

A nitrogenous base, one member of the base pair AT (adenine-thymine).

2. Allele

Alternative form of a genetic locus; a single allele for each locus is inherited from each parent (e.g., at a locus for eye color the allele might result in blue or brown eyes).

3. Bioremediation

The use of biological organisms such as plants or microbes to aid in removing hazardous substances from an area.

4. Carcinogen

Something which causes cancer to occur by causing changes in a cell's DNA.

5. Centimorgan

A unit of measure of recombination frequency. One centimorgan is equal to a 1% chance that a marker at one genetic locus will be separated from a marker at a second locus due to crossing over in a single generation. In human beings, one centimorgan is equivalent, on average, to one million

E	R	E	M	O	R	T	N	E	C	T	N
C	E	N	T	I	M	O	R	G	A	N	O
H	L	Z	O	X	U	T	L	D	V	A	I
P	E	Y	E	S	X	D	E	C	A	N	T
R	L	M	M	C	A	N	B	D	E	I	A
O	L	E	O	J	I	H	I	G	F	M	I
M	A	S	N	N	U	N	I	A	M	O	D
O	M	E	E	O	P	Q	U	R	T	D	E
R	F	N	G	A	C	E	U	I	W	Y	M
D	A	E	S	I	S	A	T	S	I	P	E
N	E	G	O	N	I	C	R	A	C	I	R
A	B	E	T	O	Y	R	A	K	U	E	O
Y	S	C	I	S	N	E	R	O	F	Y	I
G	U	V	L	O	W	U	S	P	L	O	B

base pairs.

6. Centromere

A specialized chromosome region to which spindle fibers attach during cell division.

7. Domain

A discrete portion of a protein with its own function.

8. Dominant

An allele that is almost always expressed, even if only one copy is present.

9. Enzyme

A protein that acts as a catalyst, speeding the rate at which a biochemical reaction proceeds but not altering the direction or nature of the reaction.

10. Epistasis

One gene interferes with or prevents the expression of another gene located at a different locus.

11. Eukaryote

Cell or organism with membrane-bound, structurally discrete nucleus and other well-developed subcellular compartments.

12. Forensics

The use of DNA for identification.

13. Gene

The fundamental physical and functional unit of heredity.

14. Genome

All the genetic material in the chromosomes of a particular organism; its size is generally given as its total number of base pairs.

15. Gynandromorph

Organisms that have both male and female cells and therefore express both male and female characteristics.



Nursing humor

Medical mishaps

During a patient's two week follow-up appointment with his cardiologist, he informed his doctor that he was having trouble with one of his medications. "Which one?", asked the doctor. "The patch". The nurse told me to put on a new one every six hours and now I'm running out of places to put it!" The doctor had him quickly undress and discovered what he hoped he wouldn't see... Yes, the man had over fifty patches on his body! Now the instructions include removal of the old patch before applying a new one.

Ticket revenge

A motorcycle patrolman was rushed to the hospital with an inflamed appendix. The doctors operated and advised him that all was well. However, the patrolman kept feeling something pulling at the hairs on his chest.

Worried that it might be a second surgery the doctors hadn't told him about, he finally got enough energy to pull his hospital gown down enough so he could look at what was making him so uncomfortable.

Taped firmly across his hairy chest were three wide strips of adhesive tape, the kind that doesn't come off easily.

Written in large black letters was the sentence:

"Get well quick, from the nurse you gave a ticket to last week."

Pinoy humor

Graduation day speech

A fleasance afternoon 2 all, 2 me, 2 you, we, they and everyone.

Tonayt I am graduation, and i'm froud of me. I invitation u all to eat our hauz bcoz I know sumday dat I will eat ur hauz too. I will die 10 chickens, 7 girls and 3 boys 2 eat u all and I will ask my father to cook my mother. I'm suring u wil come because I'm gradu-ation. *Thank u.. speech ni Janina San Miguel, Bb. PILIPINAS - WORLD '08 nung nag graduate siya ng high-skul*

Sa hospital

Pasyente: Okay ba ang services dito sa Hospital?

Doc: Oo, naman. Sigurado talaga.

Pasyente: Paano kung hindi ako satisfied?

Doc: Ibabalik namin ang sakit mo!

Life cycle

Nanay: Hoy! Bakit buntis ka?

Anak: Wala po ito Inay, project po to. Tungkol sa life cycle.

Nanay: Sino ama nyan! Sabihin mo!

Anak: Marami po eh...GROUP PROJECT kasi...

Absent

Tatay: Anak, bakit ang baba ng na-kuha mong grado sa exam?

Anak: Absent!

Tatay: Anu? absent ka nung araw ng

exam?

Anak: Hindi po.. yung katabi ko absent.

...

Use it in a sentence!

Teacher: Use DEDUCT, DEFEAT and DETAIL in a sentence.

Student: Okey Ma'am I'll try my best!

Teacher: Okey, you may begin.

Student: DEDUCT jumped over the moon, DEFEAT first then DETAIL!

...

Byahe sa bus...

Konduktor: Oh, sino pa ang walang ticket?

Babae 1: Bayad o dyan lang ako sa kamias.

Babae 2: Ako sa santolan.

Lalake 1: Ako sa sampaloc.

Lalake 2: Ako sa babuyan sa kanto.

Bakla 1: Sa may kangkongan.

Bakla 2: Ako sa royal lang.

Konduktor: Ayos, ah. Puwede na tayong mag sinigang, may soft drinks pang kasama.

...

Bakit masarap mahalín ang NURSE?

1. Kasi matiyaga
2. Kasi madiskarte
3. Kasi mabait
4. Magaling maglambing, and lastly,.....
5. MABILIS SA KAMA.....kapag matutulog..... PUYAT EH!

Nurstoons

by Carl Elbing



hir-ing

The #1 word in our dictionary.

While a lot of companies
are laying-off, we are hiring.

RNs, LPNs, CNAs.

Find out your employment
options with us.

 **JUNO** HEALTHCARE
STAFFING

www.junohealthcare.com

putting people first.

NEW YORK

**JUNO Healthcare
Staffing System, Inc.**

411 Fifth Avenue, Suite 1006
New York, New York 10016
Tel: 212.685.5866



NEW JERSEY

**JUNO Healthcare
New Jersey, Inc.**

35 Journal Square, Suite 825
Jersey City, New Jersey 07306
Tel: 201.239.9333



when you need a helping hand.

CALIFORNIA

**JUNO Healthcare
California, LLC**

**JUNO Healthcare
Registry, Inc.**

4929 Wilshire Boulevard, Suite 328
Los Angeles, California 90010
Tel: 323.937.7210



Juno Healthcare Registry, Inc.
has earned The Joint Commission's
Gold Seal of Approval

ARIZONA

**JUNO Healthcare
Arizona, LLC**

City Square 3838 Tower
3838 North Central Avenue
Suite 1820
Phoenix, Arizona 85012
Tel: 602.274.2000 / 274.2251