

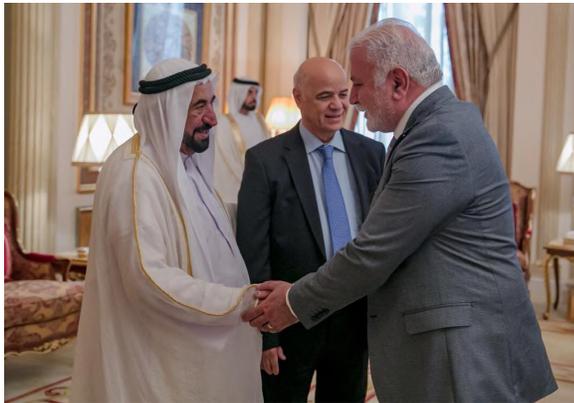


NEWSLETTER

COLLEGE NEWS	MSA	R & D	UOSMUN	PAC CORNER	RECOMMENDATIONS	
EDITOR-IN-CHIEF		CREATIVE DIRECTOR		FIRST EDITOR	EDITORS	RECOMMENDATIONS
DR. HIBA JAWDAT BARQAWI		MENNA TOLLAH AL-EMAM		SARYIA FAROUK ADRA	JUMANA MUSTAFA KAMEL SAMARA ABDULLAH MALEK	DUA'A ALNUSAIRAT

DEAN'S MESSAGE OF THE MONTH

As we approach the end of the academic year, I would like to wish Years 3 and 5 the best of luck on their upcoming IFOM examinations. The end of this year has also seen a close to many activities,



including student ones. I thoroughly appreciated and enjoyed the efforts of our students in the medical student association throughout the year in organizing and executing activities that were both beneficial and interesting to us all.

We have been busy working on the 5 year Strategic Plan for the College of Medicine and many ideas and objectives have been proposed, and priorities identified, including better clinical training, modern teaching facilities and the Centre of Excellence, among others.

Recruitment has also been in full force as we try to bring in new faculty members to increase the size of our family. Research is still ongoing and I am very pleased with the grants that many faculty members in our College have managed to acquire. I wish you all the best of luck in your endeavors.



COLLEGE NEWS

Faculty Achievements

Conference Participation




Prof. Qutayba Hamid and Prof. Mohamed Al Hajjaj participated in the BORM-GT Conference held from 15th -16th March 2019 in Dubai, UAE by chairing a session each at the conference. Prof. Qutayba also gave a talk entitled: 'Pathophysiology of Asthma; An Overview'.

Prof. Qutayba Hamid also participated in the 21st Annual Meakins-Christie Laboratories International Workshop on Asthma and COPD held from 24th-25th March 2019, in the form of an oral presentation entitled 'Does Vitamin D play any role in asthma?'

Dr. Nihar Dash participated in the ICAMR conference in Dubai, UAE on the 21st - 22nd March 2019 with a talk titled "Antibiotics at the Crossroads".



College of Medicine Lunch Gathering



On the 12th March 2019, the faculty and staff of the College of Medicine gathered for the bi-annual College of Medicine Lunch, which was a huge success and was enjoyed by the attendees.

EDEC Prize



Dr. Bashair Musa participated in and was awarded the 'First Place Prize for Oral Presentation' for her talk entitled "Identification of Potential Biomarker for Early Detection of Impaired Awareness of Hypoglycemia" at the 9th Emirates Diabetes and Endocrine Congress (7th-9th March 2019).



Touching Clinical Lab Results Pain Points Workshop



The role of the clinical laboratory is primarily to provide physicians with patient data for use in clinical decision-making. However, laboratory results do not always correspond with the patient's clinical status. Many different pre-analytical and analytical factors may contribute to the total variability

of results, moreover “in vivo and in vitro” factors may cause problems in interpretation of laboratory data.

To address some of the common clinical laboratory results pain points and factors that interfere with the validity of the results, a work shop titled as “Touching Clinical Lab Results Pain Points” was held on the 7th of March, 2019 in the Medical Campus CSTC, planned and organized by Dr. Eman Al Ayoubi. The workshop aimed to address these lab challenges through lectures given by Dr. Ahmed El Serafi, Dr. Sameer Awadallah and Dr. Eman Al Ayoubi and then innovate solutions through problem-solving different clinical lab scenarios in round table group discussions, facilitated by the speakers and UHS lab instructor Mr. Mohammed Mansour. The workshop was directed towards lab managers and supervisors, lab technicians, clinical chemists or pathologist and quality control officers.



Clinical Sciences Department Elderly Home Visit

The Community Service Subcommittee of the Clinical Sciences Department arranged a courtesy visit to the residents of Sharjah Elderly Care Unit on the 21st March 2019. The organizers of this trip were Dr. Balsam Qubais Saeed and Dr. Ghada Mohammed. There are more community-related activities in the pipeline for those wishing to be involved.



Sports Achievements



On the 9th of March 2019, the University of Sharjah was represented by Nasser Zahra, Khulood Kabbani and Year 3 student Fatimah Al-Taie at the 7th Annual Charity Run for Friends of Arthritis patients. Mr. Nasser came in second place.



On the 8th of March 2019, Nasser Zahra participated in the Hatta Hills Half Marathon. He finished it in 1 hr and 38 minutes.



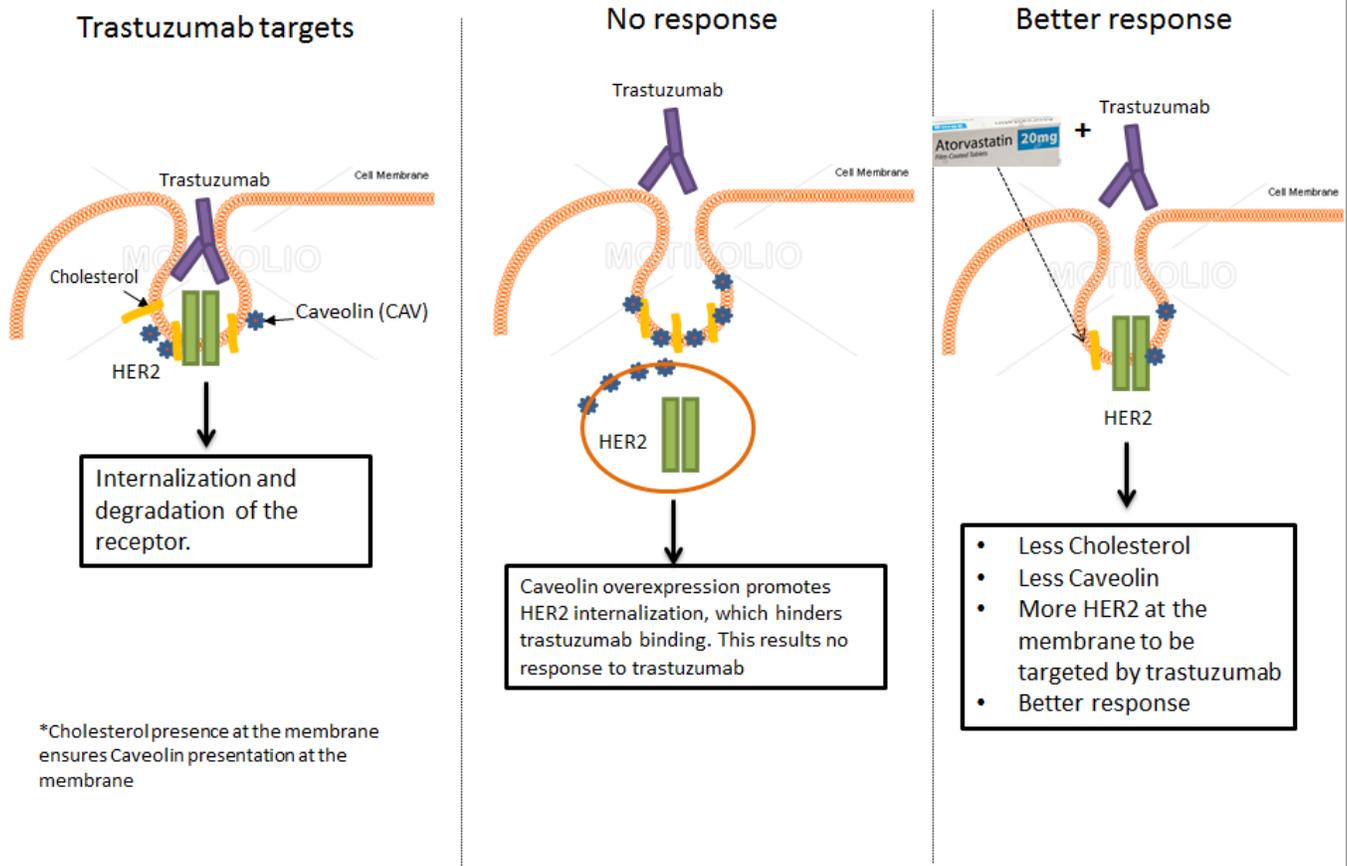
On the 22nd of February 2019, Nasser Zahra participated in the Sharjah Race and got 1st place in his category.

Basic Medical Sciences Seminar

Dr. Samrein Ahmed participated in the Basic Medical Sciences Seminar Series in the 11th Seminar, held on the 20th March 2019. Her talk was titled 'Simple lessons from Cell Biology in treating cancer'.

The seminar was based on the 2018 article published in Nature: Caveolin-1 mediates cellular distribution of HER2 and affects trastuzumab binding and therapeutic efficacy.

<https://www.nature.com/articles/s41467-018-07608-w.pdf>



Graphical Abstract by Dr. Samrein Ahmed

CTC NEWS

Laparoscopic Bile Duct Exploration Hands-on Cholangiography and Choledochoscopy Course

On the 2nd and 3rd of March 2019, the “Laparoscopic Bile Duct Exploration Hands-on Cholangiography and Choledochoscopy Course” was held at the University of Sharjah’s Clinical and Surgical Training Center (CSTC).



This course was accredited by the Royal College of Surgeons of England and the Association of Laparoscopic Surgeons Great Britain & Ireland (ALSGBI) and was designed for consultants and senior trainees with the skills of routine and emergency laparoscopic cholecystectomy who may already have experience with intra-operative cholangiography. There were 9 participants from the GCC and Middle East who were made familiar with the technical aspects through short interactive talks. The course has a major practical hands-on component with the opportunity to practice cholangiography, trans-cystic duct cannulation and exploration, choledochotomy exploration, and methods of biliary drainage.

The course director was Mr. Ahmad Nassar, Consultant Upper GI and Laparoscopic Surgeon, University Hospital Monklands, Lanarkshire and Honorary Senior Clinical Lecturer, University of Glasgow and member of the Association of Laparoscopic Surgeons of Great Britain. The Vice Chancellor of the Colleges of Medicine and Health Sciences, Prof. Qutayba Hamid and the director of the Clinical & Surgical Training Center, Prof. Nabil Sulaiman were pleased with the participants’ feedback as the course was able to train healthcare professionals in this field of specialization for more effective patient care and a higher level of patient safety worldwide.

Nurses Development Program MOH- Group of Hospitals

The University of Sharjah’s Clinical and Surgical Training Center (CSTC), in partnership with the JNJ institute, were honored to host 70 nurses from the MOH Group. Prof. Nabil Sulaiman, the director of CTC visited the training groups and was impressed by the participants’ dynamic participation and eagerness to learn the most current evidence-based techniques in order to improve patient safety in all MOH institutions.

This event provided an opportunity for nurses to be updated on current trends in providing the best healthcare in the fields of:

- Patient safety checklist & safety challenges in the OR
- Instruments handling
- Surgical sutures and advancement
- Intra-operative bleeding management minimal invasive solution (Access, Stapling, Ligation)
- Safety in surgery (energy sources, harmonic & EnSeal devices)
- Classical stapling (Open Surgical Staplers)



Sharjah Surgical Institute is accredited by AAALAC International

Sharjah Surgical Institute was fully accredited by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) International Council on 7th March 2019.

Prof. Qutayba Hamid, Vice Chancellor for the Medical College & Health Sciences & Dean of the College of Medicine said, “We are pleased to receive such high praise from the leading independent world body on the care and use of laboratory animals. We are confident of being at the top of our industry with the endorsement of AAALAC. We are delighted to receive this accreditation, as it only confirms our quality norms and the global standards we follow.”

Prof. Nabil Sulaiman, Director of the University of Sharjah Clinical and Surgical Training Center commented: “The AAALAC accreditation is great news and demonstrates the high standards we set for animal welfare and quality at Sharjah Surgical Institute. This is the first and only AAALAC accreditation which has been awarded to any institute in United Arab Emirates. This is highly appreciated by our participants & partners who continue work closely with us.”

On the 20th of March 2019 Mr. Javier Guillén, the Senior Director for Europe and Latin America - AAALAC International visited Sharjah Surgical Institute highlighting the importance and ways to improve Animal Care and Use Program. Mr. Guillen was warmly welcomed by Prof. Qutayba Hamid and Prof. Nabil Sulaiman.

The session was aimed to emphasize on the areas of improvement for Animal Care and Use Program and to highlight the key elements and suggestions that will help in obtaining the Full Accreditation from AAALAC International.



Mr. Javier was awarded a token of appreciation from Prof. Nabil Sulaiman upon visiting the Center for sharing his valuable knowledge and expertise.



VIRAL NEWS

Researchers find differences in gut microbiomes in people with schizophrenia

Submitted by: Dr. Mohammed Al Bataineh

A team of researchers affiliated with several institutions in China and one in the U.S. has found that people with schizophrenia have differences in their gut biomes compared to people without the mental disorder. In their paper published in the journal *Science Advances*, the group describes testing schizophrenia patients and experiments they conducted with mice, and what they found.

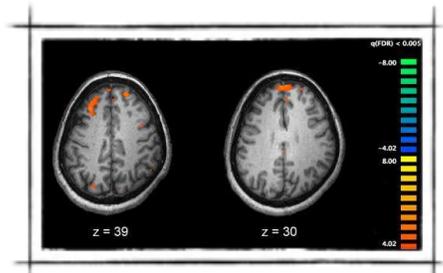
Schizophrenia is a mental disorder characterized by hallucinations, delusions, disordered thinking and muted emotional expression. It is believed that 0.5 to 1 percent of all people worldwide have the disorder, which has no cure. Scientists have studied the disorder for many years, but it was only recently that a possible connection between the gut biome and the disorder came under scrutiny. In this new effort, the researchers found differences between the gut biomes of people with and without schizophrenia.

To learn more about the possible connection between the gut biome and schizophrenia, the researchers collected stool samples from 53 schizophrenia patients who were taking medication to reduce symptoms. They also collected five stool samples from schizophrenia patients who were not taking medication and from 69 people who did not have schizophrenia.

The researchers performed gene sequencing on the stool samples to isolate gut biome bacteria. They divided the bacteria they found into operational taxonomic units (OTUs). They report that out of 854 OTUs, they found 56 that appeared only in schizophrenia patients and 64 that appeared only in the control group. They also noted that the gut biomes of the schizophrenia patients had overall lower diversity than the control group.

Taking a closer look, the researchers found a smaller subset of bacteria that were clearly different between schizophrenia patients and those without the disorder. They report that when they introduced samples of the subset from the schizophrenia patients into the biomes of healthy mice, the mice displayed behavior changes.

The researchers claim that their results show that people with schizophrenia have differences in their gut biomes and that those differences may be associated with schizophrenia symptoms. Furthermore, they suggest that certain bacteria in the biome may be associated with schizophrenia-related symptoms due to interactions with microbiota gut-brain amino acids, and possibly lipid metabolic pathways.



The image shows two levels of the brain, with areas that were more active in healthy controls than in schizophrenia patients shown in orange, during an fMRI study of working memory.

Source: **MedicalXpress**

STUDENTS CORNER



MSA - Hope

On the 5th of March, the students of the MSA organized an event aimed at raising awareness about mental illnesses, their prevalence and the stigma associated with them.

The event's planning extended over two semesters and involved the cumulative effort of more than forty students from the medical college. The event began with an opening ceremony during which Prof. Qutayba Hamid and Prof. Hellme Najim gave speeches and advice regarding the management of stress and the importance of de-stigmatization of mental illness. In addition, roses with positive quotes were distributed to the attendees.

The event also included a well conducted play performed by students from the College of Medicine, that entailed the visualization of depression, OCD and schizophrenia.

After the opening ceremony, the students were directed to four different rooms, each taking them through four or five stations that attempted to address the various faces of the illnesses. The rooms dealt with illnesses ranging from anorexia and bipolar disorder to depression and schizophrenia. Each room contained a video representing the illness, an exploration of the disease's depiction in the literature, and stations explaining the causes and symptoms. In addition, there was a fifth relaxation room that contained food, drinks, couches and calming decorations along with the screening of a popular comedy show.

The event concluded with the announcement of the results of the media competition and the distribution of the awards by the Research and Development Association. The scientific committee and its heads were very pleased with the event turnout and with the great feedback received from the students and faculty and would like to wish the everyone a successful, stress-minimal second semester.



Hatta Trip



On the 9th of March, over a hundred students from preclinical years went on a trip organized by the MSA's social committee. The day started with an enjoyable two-hour bus ride to Hatta Dam, where the group went for a unique kayaking experience surrounded by the spectacular mountains. After a round of picture-taking, they moved on to the park for an impressive 50 kg barbeque feast, where they also played



board games, tug of war, and organized a football tournament, among many other activities. Special thanks go to the social committee for organizing this pleasant trip.

Student Publication

The following students: Mohammad Bakri Hammami (Year 5) and Hazem Taifour (Year 4) published an article titled: "Knowledge and Attitude Toward First Aid: A Cross-sectional Study in the United Arab Emirates." The article was published in Avicenna Journal of Medicine in the January-March 2019 issue.

Link: www.ncbi.nlm.nih.gov/pubmed/30697519

Project Binway

Following an environmental theme, "Green Wonderland" was the last event organized by the MSA's community committee this year and was held on the 20th of March 2019. Open to students and faculty from different colleges, the event involved activities utilizing recycled materials such as: used paper, cardboard, plastic bottles and cans. Contestants got points for every game played and exchanged them for prizes, which included designable flower pots, stuffed animals, per-



sonalized notebooks, among others. The event also served as a platform for students from different colleges to design and display dresses constructed out of recycled materials. "Project Binway". Attendees at the event had the opportunity to vote for their favorite design.



Harvard Innovation Challenge

The Harvard Global Undergraduate Education Movement (HGEM), along with the Harvard Dubai Club, conducted the region's first ever Harvard Innovation Challenge. It was held in the Ismaili Centre in Dubai, extending over three days from the 14th to 16th March 2019. The event aimed to inspire students to find viable solutions to world's most pressing problems in the fields of Public Health, Education, or Sustainability. Kamel Samara, a first-year medical student, participated as one of the key chairs for the Public Health Track.

The event's opening ceremony began with speeches by Hind Al Mualla, the KHDA Chief of Creativity, Happiness and Innovation; Sajida Shroff, the President of the Dubai Harvard Club; and Emily Hunter, the co-president of HGEM. The speakers highlighted the growing importance of innovation and entrepreneurship in the face of rapidly advancing technology. After the ceremony, the delegates were directed to their track halls where they would deliberate, discuss and debate their solutions to topics like Vitamin D deficiency, global warming, solar panels, obesity, among many others.

Kamel Samara, along with the co-chairs, was responsible for guiding the delegates towards practical and applicable solutions. They would challenge and question the ideas presented by the delegates to ensure that critical details like funding and target audience were clearly identified and factored into their respective proposals. By the end of the conference, the delegates prepared a complete presentation and pitched their ideas to a panel of Harvard graduates.

The experience reminded Kamel of the great potential hidden within every person and the importance of deferring judgement, since for most of history, flying seemed like a feat of magic.





R & D

Mental Illness Media Competition

The R&D's film and photography competition received numerous, extraordinary submissions from the various colleges in the medical campus, which successfully highlighted the significance of mental health. The submissions also shed a light on the consequences of the lack of awareness to mental illness.



Islam Masadeh, Year 5
Winner of Film Competition



Hazem Taifour, Year 4
Winner of Photography Competition

Closing Ceremony

The Research and Development Association held its closing ceremony on Monday, the 11th of March. The ceremony began with a recap of the year's events and programs, most notable being the Medical Student Research Program (MSRP). This is the R&D's fingerprint left for years to follow and hopefully, a continually expanding program to accommodate more students and provide workshops more tailored to the students' needs. Another achievement involved setting a foundation for the Medical Mobile Clinic Program, aiming for more periodic activity to allow for active engagement with the community.

Afterwards, the members were given certificates for their efforts during this year, along with a small souvenir in remembrance of the R&D family of 2018-2019. A comical guessing game ended the event, followed by refreshments that the members enjoyed.



What is MSRP? What does MSRP stand for?

MSRP stands for Medical Student Research Project and was created by students from the College of Medicine to facilitate research, increase productivity and outcome of students' projects. For those who did not invest in research, MSRP is a sub-program of the Research and Development association; created to help the students join and get enrolled in a research.

Who is running the MSRP?

The MSRP was found and is primarily directed by the president of the R&D association, Mohammad Bakri (Year 5), the director of Basic/Preclinical years, Huwaida Fazel (Year 3), and the director of the clinical years, Khaled Adel (Year 4). The program functions under the supervision of Prof. Qutayba Hamed and the Research committee of the College of Medicine.

What are the goals of MSRP?

MSRP aims to eliminate the gap between students and research by enrolling students into different researches of different types and fields. This is particularly important to satisfy the different research interests of students and thus involving as many students as possible to be part of research. Furthermore, MSRP is dedicated to ensuring high quality and better outcomes from students through providing scheduled and accurately designed workshops that enhance their research knowledge and skills leading to higher chances of publishing research.

How is the matching process conducted?

MSRP's matches people with a coordinator or a doctor who is passionate and willing to involve students. We aim to match the students primarily with projects that would be interesting to them and beneficial on the long run.

The matching of a student with a project depends on a scoring system that was developed to eliminate any subjectivity in the process. The score depends on multiple factors including; the academic standings, research experiences, previous achievements and interests of the student. We also take into account the faculty's expectations and requirements, along with the mutual research interests. It is highly important to note that the process does not depend on first-come-first-served rule, and neither -of course- on the relationship between an applicant and a director.

Year 1 testimonial

As first year students, we are extremely fortunate to have been able to learn so much about medical research through our participation in MSRP. This has been quite a journey; exposing us to various forms of research and their impact on our lives as future physicians and researchers. MSRP has made learning about research quite comprehensive. It served to hammer home the crucial steps of any research, such as data collection, data entry, and data analysis. Not to mention other skills such as communication skills, scientific writing and team work.

MSRP is completely student-led, reflecting the great support system we have towards bringing about improvement in the medical field as future doctors. Moreover, it plays a critical role in educating medical students about all aspects of research, by inviting them to attend a series of workshops, giving them constant support and answering any queries they may have.

The amount of effort and hard work that is being dedicated to this project by the team is quite admirable. Not only does it help in maximizing productivity but also ensures that the quality of work delivered is up to the required standards.

The workshops provided have been quite helpful in reducing any obstacles that we may face throughout our research. In addition, the workshops have served to expand our knowledge, and expose us to convenient tools that would make all steps of research much more approachable.

The MSRP has given students the opportunity to work with other students and doctors that have common interests and ambitions. It has created a small, supportive family that works hard towards contributing to the medical field. We would confidently recommend the MSRP to anyone who is interested in the field but doesn't have prior experience. MSRP can also be useful for students with previous research as it provides learning opportunities, updated information and constant support.

I Applied to MSRP, but I wasn't matched, why is that?

The MSRP matches participants based on the availability of projects provided by the doctors/faculty. Unfortunately, not all the doctors prefer to have students on-board to do their research, and subsequently limits the number of students that can be matched with projects. In addition, due to the huge number of people who apply and who are interested in certain type of research, we cannot satisfy everyone's expectations, especially that we also take into consideration the requirements provided by the project coordinators or doctors. However, we certainly try constantly to squeeze new projects to match more students.

I didn't apply yet to the MSRP and I wish to apply, How?

The MSRP will open again by the start of next academic year 2019-2020. The program application will be directly through a web-portal on the University website. Instructions will be provided later.

I want to do research but not through the MSRP, can I?

Absolutely. The MSRP is only a facilitator of the process. You can always start research with any doctor without going through the MSRP matching system. The MSRP was found to eliminate the problem of finding a doctor who would take students, but we don't control every student-based research. Participation in the MSRP workshops is also open for all the students from the College of Medicine.

How do we ensure a smooth journey to everyone?

Since we aim to reach results of high quality rather than aiming for quantity, we try to ensure constant level of excellent performance and journey to both the participating students and the doctors. For this reason, we conduct regular meetings with the members and ask for monthly reports to reflect on their journey, satisfaction, learned skills and to further evaluate any concerns if present. We also conduct regular meetings with the doctors to ensure that all the expectations are being met.

Who can I contact to get more information about the MSRP?

You can always contact the R&D facebook group. Or you can approach the MSRP directors personally:
 Mohammad Bakri (U00041488), Khaled Adel (U14110046),
 Huwaida Fazel (U15100277)



PAC CORNER

STUDY SMART, NOT HARD

We have all been told at some point in our academic lives to strive to study smart instead of just hard. But what is smart studying? In this PAC corner, we will introduce innovative, evidence-backed study tips to tackle the common struggles of – almost – *every* medical student!

I. “I don’t know what I know”

Chances are, you have been passively reading and re-reading your lecture notes for the past three days, and you still have no idea whether or not you are ready for that big exam. We challenge you to start your study sessions with solving questions. Afraid you will get them wrong? Of course you will! The point here is not so much to test yourself as it is to let the questions guide your learning. Gauge your strengths and weaknesses, distinguish the familiar from the new, and pick up what’s high yield simply by solving several questions before actually reviewing the material. This not only consolidates your long-term memory, it also helps you make the most out of what you are studying.

II. “I never follow my study schedules” or “I have so much to study, but so little time”

Chances are, you already tried making a study schedule. Challenge yourself to create a large to-do list of all the material you’re going to be tested on, and instead of dividing the material over the days, try a different method. Make four columns with the following headings: "important and urgent", "important but not urgent", "urgent but not important", "not urgent and not important". Now prioritize your material based on what you think is heavily tested on, what you think you have absolutely no idea about, etc. and allocate each topic into its corresponding column. Tackle the topics that fall into the “important and urgent” columns before moving on to the next one, and so on. This method ensures that you cover not only the topics you knew the least about, but the ones that are considered high yield. This way, you are guaranteed to ace most questions on the exam, even if you have not finalized your revision.

III. “The topics keep getting boring, I don’t feel like studying”

Chances are, you have been studying the same topic for the past five days. You are bound to run low on motivation. Here's a tip – and trust me on it: every time you sense your energy is low when studying a topic, leave it where it is, and pick a different subject. Studies have proven that, given that you will not be abusing this method *too frequently*, interweaving and integrating different subjects helps you make better connections, and therefore, improve your long-term memory. Bonus tip: as much as we encourage productivity, we also encourage self-care. The last thing a student wants a month into their big exam is to burn out. Take smart breaks. Make sure they are away from your study environment and involve something that stimulates your reward centers. Don't think social media; think a walk outdoors, maybe towards your favorite ice-cream place. Whatever happens to be your cup of tea.

IV. “I don’t remember what I had learned last year”

Chances are, and we are betting on this, that you have crammed a good chunk of the material the night of the exam. Relax. I think we are all guilty of this to an extent. In fact, this struggle goes back in time, but luckily in 1885 a German psychologist, Herman Ebbinghaus, thought of a concept that is now commonly known as “spaced repetition”. You may have heard of this from your colleagues in the form of flashcards. And if those are not your forte, you could still apply the concept to your lecture material/notes. The idea here is to actively retrieve the material at increasingly spaced interval after learning it, which should help interfere with the forgetfulness curve. To better manage your time, try leaving longer intervals between more familiar material and shorter intervals between study sessions for material you’re less familiar with. Cramming may have helped you score well on a test, but is useless in the long-term. A study has shown that after one year, without spaced repetition, an average medical student forgets about 33% of medical knowledge. It even sums up to 50% of the material after only 2 years.

V. “I knew it a minute ago, now I don’t”

Chances are, you have been passively learning the material by simply highlighting the texts. Medical knowledge requires heavy rote memorization of certain topics. Unfortunately, some of it is inevitable. Aside from all the above tips, we recommend visual aids, mnemonics, and story associations. The idea here is no rocket science; you need to associate a concept with an image, or a funny word, or a weird story that triggers your mind to remember the rest of the material. This is an old and well-tried method of memorizing among medical students, and there are various platforms available that help you achieve just that! A mini tip: search for patient experience on YouTube to watch real patients describe their own illness. Science says that if you can pay attention to something emotionally, you’re more likely to retain it.

What to Expect When You're Expecting...to Lose Someone

“Code Blue, 7th Floor, North,” blared the overhead alarm as I was running my plans for each patient with my intern. It was the middle of November, I was a third-year medical student in an internal medicine clerkship; the days were long, the patients were complicated, and the intimidation of the medicine floors was in full swing. Naturally, I still didn’t know what I was doing, but truly, who does during their third year of medical school? As the code was called, I speed walked to the 7th floor. I was tired, I had a tough attending that week, my UWorld questions were not going as well as I hoped, and I was homesick. Although this particular day began the same as any other, nothing quite prepared me for what was about to happen. I made my way to the room, and my intern ran through code blue procedures: “Do you remember your algorithms? Have you have done chest compressions before? You know how many Joules to use when shocking?” This was my first time going to a code.

With a sinking feeling, I realized the code had been called on a patient I was caring for and had gotten to know over the three weeks I was on service. She had a pleasant family and called me “sugar” every morning when I went to see her. I had examined her just 30 minutes prior to the alarm. As I was reflecting on this, large blue gloves were placed on my hands and I was told “start chest compressions!” I had lost patients before, some I knew, others I had known only at that moment, but this was different. We had bonded, but now, death was knocking on her door. After several rounds of CPR, shocking her and giving epinephrine, it was decided to call it and she died. I removed my tie, now soaked in ultrasound gel. I sat with my intern while he broke the news to the family, and tears were shed as he told them, “We did everything we could.” Before they left, her daughter paused to tell me, “She liked you best, sugar”.

Encounters like this make me reflect on the reality of losing a patient. As we are buried in medical school textbooks and stressing about tests, we seldom realize that although we are gaining knowledge to help people, sometimes even our best won’t cheat death. Despite this, we still try, because it helps to ease the blow when a patient dies. We can further distance ourselves from the situation by putting up a defense; we can tell ourselves they were the patient and we were the doctor. But what do we do when they aren’t just a patient?

I remember where I was when I got the phone call. It was my second year of medical school, and I had a crazy week ahead of me. Our week was bookended in challenging midterms: pathology on Monday and microbiology on Friday. In between these tests was an OSCE exam, making it truly a difficult week for any medical student. I remember walking out of the first pathology exam feeling good. Like every student in my year, we put the most emphasis on pathology and neglected microbiology, only to cram as much as we could before the test. With no lectures that week, I planned to study microbiology diligently between Tuesday and Friday morning. After lunch on Wednesday, I checked my email and a chill ran up my spine when I saw a message from brother that read, “Family Emergency: CALL HOME RIGHT AWAY!”

On the phone, my brother told me that my maternal grandfather had died of a heart attack. No words can describe my disbelief. I was alone, hundreds of miles away from my family during the loss of someone with whom I was very close. After I got off the phone with my brother, I headed to the docks that overlook the Caribbean Sea near campus. It was sunset and I couldn't fight back the tears. As I cried, I still couldn't believe that my grandfather, my Nonno (Italian for grandfather), had passed away. He was my hero, my Batman! I reflected on it for over an hour and just asked myself "why?" I didn't understand his passing; he was in good health. I didn't understand the timing of his death; I hadn't grown up to make him proud. I didn't understand why he left so early; I didn't get the chance to say goodbye. With many tears and long reflection, I decided to stay in Grenada and miss his funeral. He always told me, "Go to school, get smart and do good things," and so I justified that he would understand why I stayed. I still regret not going.

How do we distance ourselves from death when it takes one of our own? There is no easy answer. With a patient, we say, "I was their doctor first," to minimize the pain or sadness we might feel when they pass. With our loved ones, this reasoning does not work. It is said that time heals all wounds, but the scars remain as reminders of our emotional trauma.

I still have the tie I wore to the code that day. I took it with me when I moved for residency and have it hanging in my closet. I call it my sugar tie. I will never wear it, as the faded blue hue of the tie still shows the stains of the gel used in the code.

I still remember the last time I saw my Nonno, just before I left for my second year of medical school. He was happy and encouraged me to "take it easy with school," as we played Italian cards. He even gave me a pack of his old cards to play with my friends on the island. I still carry a pack of them with me in my backpack, every single day, just in case.



My Nonno on his 81st Birthday:

Honesty was his ideal

Work was his living

His family was his heart

Source: **FirstAid Team**

The Art of Being Aware

Imagine this: the largest stage in the world, dim-lit, extending its long, polished wooden planks towards the shadows of its glittering, red velvet curtains, supporting the room's tension, anticipation, and expectations all in an unspoken strength.

Now imagine a room full of people chortling, whispering, hissing, and anticipating about who plays what part. However, as one actor looks beyond the red velvet curtains, he realizes he's reached the point of no return. People are watching back. That mere memory of a kid tiptoeing just to peek over the candy counter is scarcely a flashback.

OK, back to reality. Now imagine yourself sitting at a café. There is no greater conversation than a one-on-one with someone else across that flat-round, oak table. You've sat at this table too many times to count. It has seen and heard too much. You allowed yourself to be most vulnerable at this table regardless of who was sitting across you, because you were given the opportunity to do so. And you never seemed to care about anyone else around you, although you were clearly aware of their presence.

So, why can't you treat every moment of your life, as if you were having the best café-convo in town?

OK, change of scenery. A bamboo forest, a town with temples that spoke to the sky, small houses so close to each other that a whisper could travel miles, and an afternoon sun that sent golden rays through glass windows. Kyoto, Japan.

A curious soul at 18, I skipped along the alleyways of Kyoto, until I stopped and lost sight of my dad who was too far along ahead. I saw a young woman, standing behind a glass door in an empty room in her small home, with her face reflecting the orange hues of the day. Her image was as clear as still water. She stood there, hands clapped together, with a pot of incense in front of her that produced the thinnest thread of smoke that went up and pierced the hazel rays of the afternoon. It didn't take long for a curious crowd to stop and look at what she was doing and why she was doing it.

She was talking to herself, but it seemed more like whispers that the glass door was protecting, so us outsiders wouldn't hear it. She was praying. She knew that there were a lot of tourists watching her. She knew. She was aware. But she didn't bat an eye, or move an inch; and the thread of smoke? It followed suit. All I could think was *Wow*, she must be having the best damn conversation on the best coffee table at what seems to be like the best café in town. She knew what mattered to her, and although she was conscious of her surroundings, she didn't pay much attention to them. That *hallelujah* moment that I experienced, is what came to be called the Art of Being Aware.

So, whether you are performing on stage, or having your favorite latte at a café, people are always going to be watching and wondering. And it's not a matter of not caring, because that would make you ignorant; it's a matter of being aware, but not giving it much importance, relative to what's important to you. Eyes on the prize. Focus on what matters, because a mere ripple in the water, should not change the course of your sail.

Written by: Sumer Baroud (Year 3)

Special Olympics 2019

“Meet the Determined.” A privilege that six students in their third year of medicine got to experience after taking part in the Special Olympics as medical volunteers. Under the patronage of His Highness Sheikh Mohammad Bin Zayed Al Nahyan, the special olympics were held in Abu Dhabi from the 14th to the 21st of March this year. This is the world’s largest humanitarian sporting event, and a global movement which focuses on the empowerment of People of Determination through the power of sport. With more than 7000 athletes from 190 countries participating, the olympics linked together the whole world with the purpose of integrating People of Determination into societies, eliminating any discrimination, and promoting the importance of sports as an essential part of our lives.

During this experience, the volunteers got to interact with the champions, discuss any health issues with them and more importantly, converse with them. It was a great opportunity for all volunteers to look beyond the differences and to appreciate the importance of willpower. The champions were highly motivated and determined to achieve during the olympics. From the volunteers' perspective, the event improved their communication skills, highlighted the importance of inclusion of every member of society, and decreased the gap between society in general and the People of Determination.

"Let me win, but if I cannot win, let me be brave in the attempt."

"I'm glad I got the chance to be involved in such an enlightening experience that helped me see the bigger picture."

Logeen Abdelaal

"There is a sense of fulfillment that one can only sense while helping others."

Ola Tahmaz

"I interacted with them first hand, and saw them from a different perspective than usually portrayed."

Afnan Rashad

"Standing on the beach in a fluttering pink vest and watching the water sports races, I could see why those athletes are called the determined."

Jumana Mustafa



Recommendations: Mother's Edition

by: *Dua'a Al Nusairat*

HADITH OF THE MONTH:

Abu Hurairah (May Allah be pleased with him) reported:

A person came to Messenger of Allah (ﷺ) and asked, "Who among people is most deserving of my fine treatment?" He (ﷺ) said, "Your mother". He again asked, "Who next?" "Your mother", the Prophet (ﷺ) replied again. He asked, "Who next?" He (the Prophet (ﷺ)) said again, "Your mother." He again asked, "Then who?" Thereupon he (ﷺ) said, "Then your father."

PAINTING OF THE MONTH:



The Child's Bath

Mary Cassatt

"When a baby is born a flower begins to bloom in her continuously; this flower is the love of her mother."

كُتِبَ فِي فَقْدِ الْأُمِّ

احضنني وارحلي كالأمس يخبو في ارتياب

أنت ذكرى أنت طيف عابر يخكي سراب

كلما ناديت أمي داعيت جفني الدموع

داهمتني في الدجى والشوق يجتاح الضلوع

فتندى القلب يستجدي من الشمس السطوع

لكن الشمس تناعت، غادرت دون الرجوع

فالتحفت الليل أطويه على ضوء الشموع

فرضيت الدرب وحدي حائرا بين الجموع

وسؤال يحتويني، أي حزن حاكني نسجا وريفا باغتراب؟

أي سعد أرتجي والموج يقصيه اضطراب؟

قد يمر العمر والأحلام من حولي ضباب

تخلق الأنفاس في جوفي بسؤال لا يجاب

أي سعد؟ وجه أمي غائب تحت التراب..

كل طفل يا عيون اليتيم قد من الإياب

دون حزن يخوي رغباته دون انتخاب

ياقلوبا شقها فقد حبيب ووصاب

ألم اليتيم عصب، غصة اليتيم عذاب

فلتعيدوا لليتامي فرحا ولى وغاب.

Words from the Heart - *Hammad Ibn Habib (Year 3)*

If life was a story, you would be my favorite chapter.

I would read you every day, I would be your favorite character.

My hands never left the page, Since the first time that I read you.

You're the only story I could read, over and over.

And if life was a poem, you would be my favorite poet.

I get immersed, in every verse I hear your words & I get addicted.

I press replay, I overdose. Feelings overflow.

You're the reason I believe in 'love at first sight', because the first time that I saw you,

I was already deeply in love. To the point that I couldn't breathe. Literally.

I had to get slapped, in the back, hoping that I would get my breath back.

And once I made that tiny cry, you and everyone else in the room were relieved that I was still alive

I know that was one of the best day of your life.... Mom

Mommy, this is a letter to you, words from the heart, no word of a lie.

I'm sorry for all dem troubles and all dem lies.

Ask me for my life And I'll give you mine, in a blink of an eye!

They say 'home is where the heart is', so I guess you're my home.

I would be that guy, sitting at home, but still feeling homeless.

Because I still love you, mom....

And I just want to say. Je t'aime maman

Seni seviyorum anne Mamá te amo

Ich liebe dich, Mami أحبك يا أمي

موري زه ستا سره مينه لرم Volim te mama

I love you in French and Spanish, Pashto, Arabic, German, Bosnian and Turkish.

I love you in all the languages known to man in the past, from the time of Adam to the present....

And I love with all my heart..... And I pray that we could be together again. In heaven.

Mom, this is my letter to you, words from the heart,

No word of a lie, I love you!



For any comments regarding this newsletter or suggestions for improvement, you can reach us at:

comnewsletter@sharjah.ac.ae

DOCTOR'S ORDERS - DR. SARRA SHORBAGI

Irritable Bowel Syndrome - What is it, and How to Find Relief?

Irritable bowel syndrome is a gastrointestinal disorder, also known as functional bowel syndrome, irritable colon, spastic bowel, and spastic colon. Its symptoms vary for each person, but commonly include abdominal pain and cramping, bloating, constipation and/or diarrhea, and a constantly sudden need to pass stools. There is no exact cause of IBS, and no tests to diagnose it either.

IBS symptoms are chronic; they can subside or flare depending on your lifestyle. Below are some tips to manage them:

- 1. Keep a food diary:** This can help to identify certain foods and drinks that worsen your IBS, so that you can avoid them.
- 2. Increase fiber intake:** This can soften stool, and is helpful in cases of constipation.
- 3. Low-FODMAP diet:** This limits or eliminates the intake of certain carbohydrates, including most fruits, vegetables, legumes, and dairy products. These foods are hard to digest, and can increase gas-producing bacteria that lead to bloating.
- 4. Medications:** Imodium can reduce diarrhea, while fiber supplements and laxatives help relieve constipation. Some antibiotics can also treat bacterial infections or overgrowth.
- 5. Probiotics:** Those, on the other hand, have good bacteria and can help settle the symptoms.
- 6. Pain management:** Peppermint oil, can help calm symptoms. Other remedies include using a heating pad or taking a hot bath.
- 7. Stress management:** Get enough sleep, exercise regularly, and try relaxing techniques like meditation.

Reference: familydoctor.org/irritable-bowel-syndrome/