



**Editor: Hiba Jawdat Barqawi**

## Dean's message of the month

Welcome back faculty, staff and students!

I am very excited to start the academic year 2016-2017 with you. It has been quite promising thus far. As always, I am very proud of our College's achievements; this would have not been possible, if not for your efforts and dedication towards our continuous advancement.

I would like you to welcome the newcomers to our college. Whether you recently graduated and joined the college as an F2, eager to teach and share your knowledge and experience with the students, or if you are a seasoned professor who can impart wisdom and encapsulate years of experience in one shorthand conversation, I believe that you have a place here to grow, to learn and to share.

I have had the pleasure to meet with all the students from Foundation Year to Year 5 and, as always, I am available to provide support so feel free to visit me during the allocated student visit hours. Furthermore, I would like to stress the importance of attendance and punctuality, not only for your future academic assessment or evaluation but as an integral part of your professional character as future physicians.

This year we have taken on 320 foundation students, 180 of which are enrolled in the College of Medicine and the remaining 140 in the College of Dentistry. 117 students made it to Year 1 from Foundation this academic year, which reflects a grand success on the part of the faculty in aiding and guiding these students and also reflects the students' tremendous efforts and passion towards their futures as healthcare providers.

I ask you all to cooperate with the security staff in the colleges who are there to protect and help us all to adhere to the university regulations and city laws. If a member of security staff requests your ID card, please respond politely and cooperate.

I urge you all to make the most of your academic year. Make this a rich and transformative year in your careers. To the students, you are surrounded by competent, intelligent and kind faculty and staff who are always willing to help and guide you. To the faculty and staff, this college and the students are indebted to your continuous efforts and motivations. Here's to new beginnings and to a successful academic year.

**Professor Qutayba Hamid MD, PhD, FRCP, FRS**

**Dean College of Medicine**

### Inside this issue:

Dean's message	1
College News	3
Viral News	4
Featured Faculty	7
Faculty Achievements	8
Student Corner	11
Events	14
Doctor's Orders	15

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

( يَا أَيُّهَا النَّفْسُ الْمُطْمَئِنَّةُ (٢٧) ارْجِعِي إِلَىٰ رَبِّكِ رَاضِيَةً مَّرْضِيَّةً (٢٨)  
فَادْخُلِي فِي عِبَادِي (٢٩) وَادْخُلِي جَنَّاتِي (٣٠) )  
صدق الله العظيم

بقلوب مؤمنة بقضاء الله وقدره  
تتقدم أسرة كلية الطب البشري  
بصادق العزاء والمواساة لوفاة

**الدكتور سعود بن سلطان المعلا**

سائلين المولى عز وجل أن يتغمد الفقيد بواسع رحمته  
وأن يسكنه فسيح جناته و يلهم أهله وذويه الصبر والسلوان

On behalf of all Faculty, Staff and Students at the College of Medicine we express our  
profound grief and sympathy at the demise of

**Dr. Saoud Al Mualla**

who sadly passed away in July. We offer our most heartfelt sympathy for his loss.

Dr. Saoud was based at the College of Medicine from 2010- 2015.

May Allah rest his soul in peace.

## College News

### Mobile Clinic

HRH Sheikh Dr. Sultan bin Mohammed Al Qassimi, Member of the Supreme Council, Ruler of Sharjah and President of the University of Sharjah and Professor Hamid Al- Nuaimy, the Chancellor of the University of Sharjah provided funding for establishing a mobile clinic to serve the community in need last year.

The mobile clinic is now ready and it will start fully functioning in December 2016 and will provide preventive, diagnostic services to people who have difficulty in receiving care in the primary health centres.



### Anatomy Museum

Professor Hamid Al- Nuaimy, the Chancellor of the University of Sharjah has agreed to install an Anatomy Museum in our College of Medicine. It will be equipped with the most updated colourful anatomical specimens for teaching and learning anatomy. The museum will be ready around this time next year. There are also plans for setting up a 'Tissue Bank' as well.

### ExamSoft

Good news! The College of Medicine has adapted one of the best softwares for online examination called ExamSoft. What does that mean to you? It means all your examinations from now on will be computerized instead of on paper and pencil. During this transient period you will perform at least one or two practice mock exams or quizzes to familiarize yourself with the software before any actual examination. ExamSoft has been used in more than 120 medical schools/programs world-wide for a long time with excellent students and faculty reviews. We will keep you updated on further developments in the near future. To learn more ExamSoft please check out the following link: <http://learn.examsoft.com/exam-programs/medical-program>

### MOU with Sheikh Khalifa Hospital

The College of Medicine has signed an MOU with Sheikh Khalifa Hospital in Umm al Quwain to train our students in Paediatrics, Surgery, Internal Medicine and Obstetrics & Gynecology. A big thank you goes to Dr. Bassam Mahboub and Professor Hajjaj for initiating this process and following it through to the finish. The agreement was signed on the 29<sup>th</sup> September 2016 in the presence of our Dean Professor Qutayba Hamid and the CEO of the hospital.



### Art Gallery

One of our very talented graduates Rasha Al- Barazi was able to present her work at a fundraiser art gallery at the Student's Center in the Women's Colleges at our university. She had several paintings accepted and one of those selected art pieces was a painting of our College of Medicine.



## Viral News

### Unanswered questions surround baby born to three parents

Submitted by **Dr. Jalal Taneera**

By Jennifer Couzin-Frankel Sep. 27, 2016

News broke today of what is believed to be the first baby created using a controversial genetic technique to avoid transmission of a potentially fatal genetic disease. Beyond stretching the boundaries of in vitro fertilization (IVF) procedures, the technique has gained notoriety because it leaves the baby with three genetic parents. The little boy was reportedly born 5 months ago, and a New York City fertility specialist performed the treatment in Mexico, where rules around human embryo manipulation are more lax than in the United States, which has declined to greenlight the experimental procedure.

Details remain sketchy. *New Scientist*, which broke the story, published a smiling photo of the fertility specialist, Dr. John Zhang of New Hope Fertility Center in New York City, holding the newborn, and told the family's tale. The married parents had lost two older children to a mitochondrial disease, a rare class of conditions caused by defects in the DNA of mitochondria, the organelles that provide energy to cells. Babies inherit their mitochondrial DNA maternally, so if the mother carries a mutation in that DNA, a variety of life-threatening conditions can afflict the newborn. Zhang reportedly used an approach called spindle nuclear transfer to create five human embryos. The method involves removing the nucleus—the bulk of a cell's DNA—from one of the mother's egg cells, and inserting that nucleus into a donor egg cell stripped of its own nucleus. The result is an egg with mitochondrial DNA from a healthy donor and nuclear DNA from the mother. Five donor eggs prepared this way were then fertilized with the husband's sperm—but only one of the resulting embryos had a normal number of chromosomes. That embryo was transferred into the mother-to-be. Zhang declined additional interviews today. (“Patients come first,” an employee in the clinic's marketing department wrote to *Science*.) But many scientists were uneasy with how Zhang's team reported the development and the fact that it took place in an environment of potentially minimal oversight.

In addition to the *New Scientist* piece, the only other information available was an abstract in an upcoming issue of *Fertility and Sterility* that details talks to be presented at the American Society for Reproductive Medicine meeting in October. The abstract, which said the baby was “doing well” at 3 months, reported that roughly 1% to 2% of the mother's diseased mitochondrial DNA persisted in the baby's cells that were tested. But the baby didn't appear to have Leigh syndrome, the condition that had killed his two siblings.

The limited information in the abstract left many wanting more. “Right now it's just, ‘We have done it.’ It's a claim,” says Dieter Egli, a stem cell biologist at Columbia University. Unanswered questions included what type of ethics review the IVF procedure received (the abstract notes an Institutional Review Board approved the experiment, but did not specify whether it was in Mexico or elsewhere), what medical follow-up the child would receive, whether this was the first time the group had performed the technique, and whether previous efforts were unsuccessful and went unreported. “This and other important questions remain unanswered because this work has not been published and the rest of the scientific community has been unable to examine it in detail,” wrote Dusko Ilic, a reader in stem cell science at King's College London, in a public comment for journalists. “It's vital that that happens soon.”

Norbert Gleicher, a fertility specialist at the Center for Human Reproduction in New York City, says that the New York team's decision to work in Mexico is to be expected, given the obstacles to trying such an experimental procedure—or even applying for approval to offer it—in the United States. Gleicher says he has sought a meeting with the U.S. Food and Drug Administration (FDA) to discuss mitochondrial DNA replacement for U.S. patients, including as a treatment for infertility. “We have not even been able to get an appointment,” he says. The United Kingdom, as well as a U.S. National Academy of Sciences panel, has given its approval in theory to mitochondrial transfer to prevent disease. In the United States, however, Congress has blocked FDA from allowing any such experimental treatments.

The regulatory situation in the United States “kind of doesn't make any sense,” Gleicher argues, “because what it results in is exactly what you have been witnessing”—essentially, an experiment that moves “to places with no supervision.” Egli agrees. “For me, the lesson here is that it's very important that regulatory agencies like FDA move forward,” he said. “This could have been done in the United States by groups that have many years and decades of research [experience].”

Clinical embryologist Jacques Cohen of Reprogenetics in Livingston, New Jersey, who has advised Zhang's team about regulatory issues, defends their decision to perform the procedure in Mexico because of the U.S. restrictions. “Just because this was done in Mexico doesn't mean it was not done ethically,” says Cohen, who himself led controversial fertility experiments in the 1990s involving the transfer of cytoplasm, in which the resulting babies also had three genetic parents.

Zhang is not a newcomer to embryo modification techniques. In 2003, he revealed that he had done something similar in China, swapping a nucleus from one egg to another, though in that case the egg was already fertilized. The news was publicly reported, including in *The New York Times*, but a research paper describing it appeared only last month, in *Reproductive BioMedicine Online*. The 30-year-old woman did become pregnant, but her twins both died before birth.

In 2009, a group led by Shoukhrat Mitalipov of the Oregon Health & Science University in Portland revived the debate about mitochondrial replacement therapy by achieving success in macaque monkeys. Like others, Mitalipov suggested in a statement to *Science* that it was troubling that “desperate parents” were being forced to “countries with less oversight.” He attributed this to congressional action that is blocking FDA from allowing the mitochondrial replacement procedures to be attempted.

## Mediterranean Diet High in Fat May Reduce Breast Cancer Risk

Submitted by: **Dr. Mona Dajani**

A study suggests that eating a high-fat Mediterranean diet may reduce the risk of breast cancer, diabetes, and heart disease.

The research was published online by the *Annals of Internal Medicine* on July 19, 2016. Read the abstract of “Effects on Health Outcomes of a Mediterranean Diet With No Restriction on Fat Intake: A Systematic Review and Meta-analysis.”

This study was a meta-analysis. A meta-analysis combines and analyzes the results of many earlier studies. In this case, the researchers reviewed 28 studies looking at how eating a Mediterranean diet affected people’s health outcomes. The studies were done between 1990 and April 2016.

Because people have different definitions of what a Mediterranean diet is, the researchers defined it as a diet that had no restrictions on how much total fat a person could eat and also included two or more of the following components:

- a high monounsaturated fat to saturated fat ratio, meaning a person ate much more monounsaturated fat, such as olive oil, than saturated fat, such as lard
- eating lots of fruits and vegetables
- eating lots of legumes (beans, peas, peanuts, lentils, and soybeans)
- eating lots of whole grains and cereals
- drinking moderate amounts of red wine
- eating moderate amounts of dairy products
- eating only a little meat or meat products and increasing the amount of fish eaten



The researchers pointed out that only a few studies compared a Mediterranean diet to all other diets. Still, the few that did suggest that a Mediterranean diet with no limits on how much fat you eat may be linked to a lower risk of heart disease, breast cancer, and type 2 diabetes. But the studies offered no evidence that a Mediterranean diet helped people live longer overall.

Doing all that you can do to keep your breast cancer risk as low as it can be makes good sense, including:

- eating a healthy diet that’s low in processed foods, sugar, and trans fats
- maintaining a healthy weight
- avoiding alcohol
- exercising every day
- not smoking

You can learn much more about breast cancer risk and other steps you can take to minimize your risk in the [www.breastcancer.org](http://www.breastcancer.org) in the ‘Lower Your Risk’ section.

## CTC News

### CTC Staff are Working to Increase the Number of the Courses and the Number of the Trainees at the Centre

The University of Sharjah Clinical and Surgical Training Centre (CTC) had witnessed a successful Academic Year 2015-2016, under the support and guidance of both **Prof. Qutayba Hamid Al Heialy** (the Chairman of the Board of the Management of the Centre) and **Prof. Nabil Sulaiman** (the Director of the Center), where more than 160 courses were conducted at the center and more than 2,500 surgeons, physicians and nurses have been trained at the CTC. Accordingly, we are trying to achieve our mission main mission "to train and develop Health Care Professionals by offering a wide range of tailored-made development programs on the latest surgical practices and other clinical techniques in order to ensure proper adoption with optimum levels of healthcare practice in the Middle East."

The center is usually open and in operation as per the needs of the partners and the clients and the demand of the weekend courses is high as most of the Health Care Professionals are available during Fridays and Saturdays.

In this Academic Year 2016-2017, the CTC staff are working hard to increase the number of the courses and the trainees to achieve the planned targets. So far, Four Emergency Courses (American Heart Association Courses) were conducted at the center, Five Cadaveric Courses (for the Shoulder Arthroscopy, Knee Arthroscopy, knee Replacement, Revision Knee and Revision Hip) were completed successfully, Three Animal Courses (Bariatric - Advanced Bleeding Management In Open and Lap Gyn Procedures), and Other Six Various Courses (Aesthetic Medicine Course – 3<sup>rd</sup> Module of the Professional Diploma in Ob/Gyn Ultrasound Program – Basic Surgical Skills for the Students – RCS Basic Surgical Skills and for the Doctors - ICD Principles In Clinical Practice - Laser Competence Certification Course).



## Featured Faculty– Recruitment

We welcome the following new faculty to our college:

Dr. Eman Abu-Gharbieh is currently an Associate Professor at the Department of Basic Medical Sciences at the University of Sharjah. She is also serving as an evaluator at the Accreditation Council for Pharmacy Education (ACPE) International Services Program.



For about eight years (2008 -2016), she was employed at Dubai Pharmacy College. She started off as an Assistant Professor and was promoted to Associate Professor in 2011. She held the position of Chief Academic Officer at Dubai Pharmacy College during the period 2013-2016. Moreover, she worked for The University of Jordan as Assistant Professor at Department of Biopharmaceutical and Clinical Pharmacy during the period 2004-2008.

She received her PhD in Pharmacology and Toxicology from the University of Bologna, Italy, and her BPharm degree from the University of Jordan, Jordan. She is a member of various national and international scientific organizations.

Dr. Eman has many publications in international peer-reviewed journals and presented at various national and international conferences. Her research focuses on Neuropharmacology, Phytotherapy and Drug safety. She has supervised more than 20 clinical and Pharmaceutical researches. She has been recognized with Ibn Al Talmeez Award for the best Healthcare Management Research presentation in 8<sup>th</sup> Emirates Critical Care Conference - Dubai 2012 and the Best Research Paper Award at the 1<sup>st</sup> Kuwait Pharmaceutical Sciences Conference & 10th Conference of Scientific Association of Colleges of Pharmacy in the Arab World, Kuwait, 2006.

Dr. Ibrahim Eltayeb graduated from the College of Medicine at Gezira University, in Sudan.

He has two masters degrees in Clinical Microbiology and Pub-



lic Health from Griffith University, with a PhD in epidemiology that he obtained in 2013 from Queensland University of Technology in Australia.

He worked as a research manager at the Department of Emergency Medicine, Royal Brisbane and Women's Hospital and adjunct Assistant Professor at the School of Medicine, University of Queensland, in Australia before joining the University of Sharjah last month, as an Assistant Professor at the College of Medicine at the Department of Community and Family Medicine.

Dr. Ibrahim's research interests are in epidemiological studies, emergency medicine, communicable and non-communicable diseases and health services.

## Faculty Achievements, Awards & Special recognition

### Publications:

**Prof. Azzam Magazachi** recently had an article published:

- Al-Jaderi Z and Maghazachi AA (2016) Utilization of Dimethyl Fumarate and Related Molecules for Treatment of Multiple Sclerosis, Cancer, and Other Diseases. *Front. Immunol.* 7:278. doi: 10.3389/fimmu.2016.00278

**Prof. Randa Mostafa** recently had the following publication:

- Ennaceur,A.; Hussain, M.D.; Abuhamdah,R.M.; **Mostafa, R.M.**; and Chazot,P.L. (2017): Slope climbing challenges, fear of heights, anxiety and time of the day. *Behavioural Brain Research* (316) 169 -182.

**Dr. Nihar Dash** and **Prof. Azzam Magazachi** recently had an article published:

- Dash NR, Maghazachi AA (2016) Dengue vaccine an Optimistic Beginning. *MOJ Immunology.* 2016; 4 (1): 112-113. DOI: 10.15406/moji.2016.04.00112

**Dr. Nihar Dash** also recently had the following publications:

- Nihar Dash, Debadatta Panigrahi, Mansour Al Zarouni. Antimicrobial effect of honey from the Arabian Gulf Region against bacterial isolates from pus and wound swabs. *Advances in Microbiology.* 2016; 6 (10):745-752.DOI: 10.4236/aim.2016.610073.

- Mousa Abu Ghoush, Mohammed Abdul Qadir, Zaharaa Al-Lami, Safa Al-Abdullah, Nihar Dash. Undergraduate Medical Students' Perception about Learning in Small Group at University of Sharjah. *Journal of Health Sciences.* 2016; 4 (4): 207-214. DOI:10.17265/2328-7136/2016.04.005.

Congratulations to our faculty and staff members on their successes and achievements and we wish them the best of luck in all their future endeavours.

**Mr. Nasser Zahra** participated in a competition in Dubai, in August 2016, with his team. He ran 348 km during the month of August and managed to come in 3<sup>rd</sup> place along with his team.



# “Smart Plan for Healthy Ramadan” Awareness Campaign

Conducted by the College of Medicine’s Diabetes and Heart Diseases Group

The Diabetes and Heart Diseases (DHD) research group appreciates the challenges that our community face during Ramadan to enjoy healthy and safe fasting. This led the DHD research group to take initiative and organize their first awareness campaign “Smart Plan for Healthy Ramadan” in Sharjah (Al Shaab Village - Al Hazannah) on the 10<sup>th</sup> of June 2016. The team members from the College of Medicine include **Prof. Nabil Sulaiman, Dr. Maha Saber, Dr. Jalal Taneera, Dr. Bashair Mussa, Dr. Sara Shorbagi, Dr. Mohamed Zadrn and Dr. Fatemeh Hazin.** The campaign was held in collaboration with the College of Health Sciences.



## Smart Plan for Healthy Ramadan



**Prof Nabil Sulaiman**  
Head of the family Medicine Department & DHD Research Group



**Associate Prof Maha Saber**  
MRCP (UK), FRCP (Edin.)  
College of Medicine



**Assistant Prof Jalal Taneera**  
College of Medicine



**Assistant Prof Bashair Mussa**  
College of Medicine



**Dr Sara Shorbagi**  
MRCP MRCGP  
College of Medicine



**Dr Mohamed Zadrn**  
College of Medicine



**Dr Fatemeh Hazin**  
College of Medicine

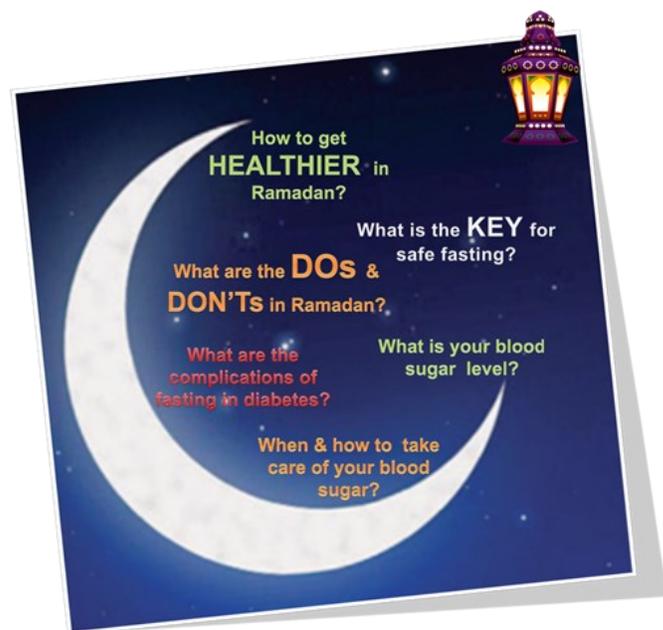
In Collaboration with College of Health Sciences.....



**Assistant Prof Mo'ez Faris**  
College of Health Science



**Ms Heba Mustafa**  
College of Health Science



## The Curious Case of the Patient Who Was Killed by a Corpse

Albert Lowenfels, MD (Adapted from Medscape, January 05, 2012)

Submitted by **Dr. Azma AbdulMalek**



### The Case

The patient was a 57-year-old male who discovered a hidden body after a prolonged and costly search. The corpse was that of a young man, who died under somewhat unusual, possibly violent, circumstances and was buried in a secret location that remained undiscovered for many years. Although buried for a long time, the body was well preserved. Little is known about the health status of the young man during his life, except that he may have been androgynous. He seemed to have difficulty walking, requiring the use of a cane. Final events, possibly leading to his death, were a fractured skull and a fracture of the leg.

After encountering the corpse, the patient, an astute but amateur scientist, spent many hours in close contact with the body. One evening, several weeks after discovering the gravesite, while he was shaving, the patient sliced off a healing facial pimple that probably originated from a mosquito bite. The cut on his face became infected and soon afterwards he died.

### Medical History

The patient was a previously healthy 57-year-old man, married with 2 children, and with no known familial disease. The patient was a smoker, and his history included a serious automobile crash when he was 35 years old, which may have caused a punctured lung. His other injuries at the time of the vehicular crash included a broken wrist, burns, and damage to his palate. After he recovered, he remained thin and fragile, suffering from recurrent lung infections.

#### About the Patient

George Edward Stanhope Molyneux Herbert, 5th Earl of Carnarvon, commonly referred to as Lord Carnarvon (1855-1923), was a wealthy English aristocrat who, in his 30s, sustained injuries from an automobile crash that impaired his health, making him susceptible to lung infections. His physician advised him to seek a warmer climate, and Egypt, which at the time was a British protectorate, seemed a logical choice. As a result of this decision, Carnarvon developed a passion for Egyptian archeology. He financed and was actively involved in the original 1922 excavation of King Tutankhamun (forever and popularly known as "King Tut"), repeatedly entering his dusty, hot tomb over a period of several weeks.

### The Diagnosis

Lord Carnarvon apparently died after developing septicemia originating in a minor skin infection on his face. However, there has been speculation that Lord Carnarvon may have been infected with aspergillosis during his many visits to King Tut's tomb. Before his death, Lord Carnarvon was reported to have suffered from ocular and sinus-type pain, consistent with a diagnosis of *Aspergillus* infection of the sinuses.<sup>[1]</sup> *Aspergillus* and other organisms have been detected in Egyptian mummies.<sup>[2]</sup> The 5-month period between Lord Carnarvon's first entry into the tomb and his death is also consistent with this infection, which can have a prolonged incubation period.

### Summary

In 1922, Lord Carnarvon discovered the hidden tomb of the Egyptian King Tutankhamun, which had been carefully hidden in the Valley of Kings. Although their deaths are separated by more than 3000 years, the deaths of King Tut and Lord Carnarvon have some close links: both men suffered from poor health prior to their death; infection is likely to have played a causative role leading to both deaths; both men, as a result of inherited wealth, led privileged lives. Now, based on recent DNA analysis, we know many of the details surrounding King Tut's health even though he died centuries ago. It is surprising that we know less about Lord Carnarvon's comparatively recent death than we do about King Tut's death. Is it possible that King Tut, seeking revenge for having his burial place disturbed, struck back from the grave to kill Lord Carnarvon? Although unlikely, the "Curse of the Pharaoh" legend persists.

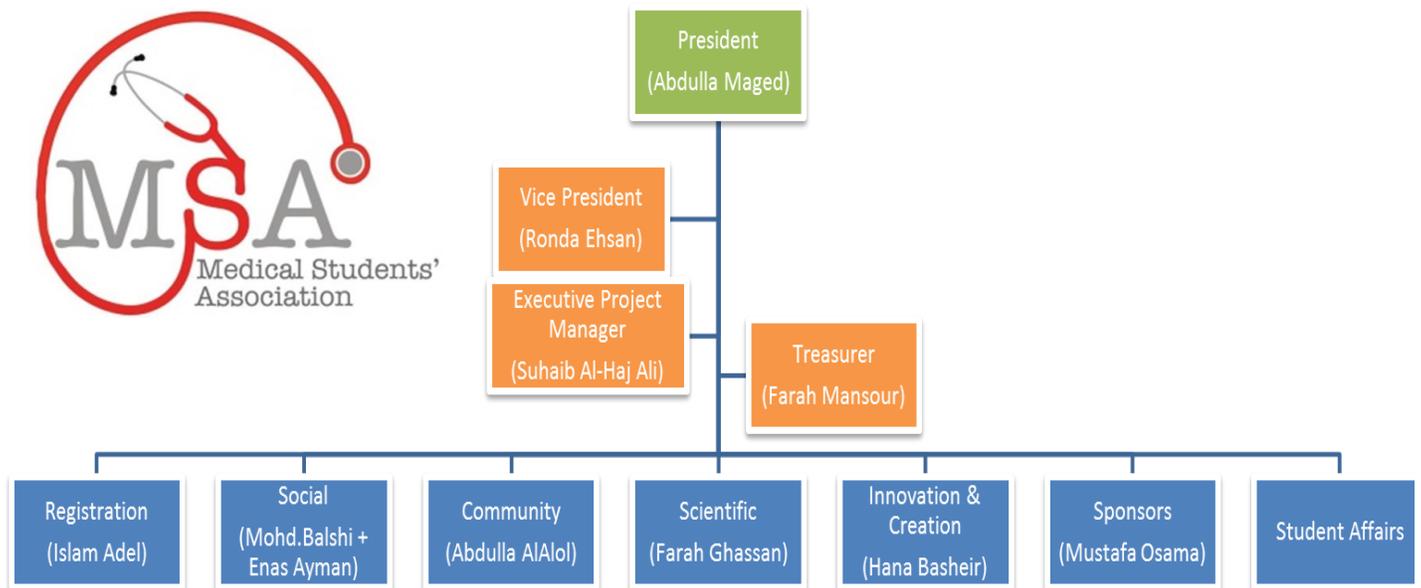
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Elnaggar A, Sahab S, Ismail S, et al. Microbial Study of Egyptian Mummies: an Assessment of Enzyme Activity, Fungicides and Some Mummification Materials for the Inhibition of Microbial Deterioration, *e-conservation magazine*. Available at <http://www.e-conservationline.com/content/view/931> Accessed December 19, 2011.

## Student Corner

### Medical Students' Association 2016-2017



#### **A word from the President of the MSA, Abdulla Maged:**

The Medical Students' Association (MSA) was founded 2 years ago in a vision to introduce medical students to extracurricular activities in a well organized manner. We see the buds forming from what has been sown by the previous presidents in terms of recognition and excellence. I, as a newly elected president aim to continue their great work and add more to the association in terms of events, conferences, awareness campaigns and much more. I believe that medical students have way more potential than to just sit in front of books/laptop screens memorizing lectures and conducting tests and the MSA is a great opportunity to prove that. Finally I would like to conclude with a quote I always cherished and I believe would sum up how I would go about with my leadership responsibilities.

“Work hard, stay humble and dream big.”

#### **MSA's:**

##### Vision:

To provide a platform that embraces the various academic and extracurricular interests of medical students, while simultaneously allowing the students to cope with the stresses of the medical field. Furthermore, it is an opportunity to convey the importance of extracurricular activities especially in the medical.

##### Mission:

- Give the students a chance to creatively express themselves and their opinions.
- Release students from the confined circle of day to day lectures by organizing and participating in events and activities.
- Give students the opportunity to share and improve on their knowledge, attitudes and skills.
- Provide and maintain a solid link between students and faculty members, and develop interpersonal relationships among students of different batches.
- Create an outlet for students to actively and enthusiastically contribute to their local environment and society as a whole.

# THE BOARD MEMBERS



**President**



**Vice- President**



**Executive Project  
Manager**



**Treasurer**

## HEADS OF COMMITTEES



**Head of Registration Committee**



**Heads of Social Committee**



**Head of Community Committee**



**Head of Scientific Committee**



**Head of Innovation & Creation  
Committee**



**Head of Sponsors Committee**

## Events

The college recently had an interesting seminar held by visiting speaker, **Dr. Colin Greengrass** on Sunday 18<sup>th</sup> September 2016 entitled: “**Introduction to Medical Education**” at M27– 022.

Dr. Colin is currently working at the Department of Physiology at the College of Medicine in King Saud University in the Kingdom of Saudi Arabia. He is a member of the International Behavioural Neuroscience Society (IBNS) and the Extended Education Research Group (ASME) as well as the International Association for Medical Education (AMEE).

### Upcoming Events:

- The **MSA book-fair** will take place between the 2<sup>nd</sup> and 6<sup>th</sup> of October 2016 in the M27 lobby and the MSA room (M27-161) where students can buy medical textbooks at a reduced cost.
  - The **2<sup>nd</sup> Faculty and Staff Lunch Gathering** will take place on Thursday the 6<sup>th</sup> of October 2016 at the M27 lobby. In the interest of promoting a friendly environment and international harmony at the College of Medicine, Professor Qutayba invites everyone to participate in this event by bringing their own national dish to place in the lunch area to share the cultural taste among all of us.
  - The ‘**4th Emirati - German Congress in Medicine**’ will take place from 6<sup>th</sup>– 8<sup>th</sup> November 2016 at the Colleges of Medicine and Health Sciences, University of Sharjah, in association with University of Lübeck in Germany and Sharjah Health Authority .
  - The ‘**6th Annual Conference “Child Health”**’ will be held at the College of Medicine and Health Sciences, University of Sharjah on 15<sup>th</sup>- 16<sup>th</sup> November 2016. This conference will be under the patronage of Sheikha Jawaher bint Mohammed Al Qasimi, Wife of Ruler of Sharjah and Chairperson of Supreme Family Council.
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For any comments  
regarding this newsletter or  
suggestions for  
improvement please  
contact the Editor  
**Hiba Jawdat Barqawi**  
on [hbarqawi@sharjah.ac.ae](mailto:hbarqawi@sharjah.ac.ae)  
[Ext: 7268](tel:7268)

## Doctor's Orders

This Issue's "Doctor's orders" is submitted by **Professor Mohamed Hajjaj**



### Sick-building syndrome

Sick-building syndrome (SBS) is an increasingly common problem. Known causes of the illness such as lead poisoning, formaldehyde fumes, radon gas, and many others have been associated with individual buildings. There are no diagnostic tests for the syndrome and objective physiological abnormalities are not generally found. Although permanent sequelae are rare, the symptoms of SBS can be uncomfortable, even disabling, and whole workplaces can be rendered non-functional. In assessment of patients with SBS complaints, specific building related illnesses suggested by history or physical examination should be ruled out. On-site assessment of buildings is extremely useful. Treatment involves both the patient and the building. Whenever possible, changes such as ventilation improvements and reduction of sources of environmental contamination should be initiated even if specific etiological agents have not been identified. The prognosis of an alleged syndrome is unclear, but symptomatic treatments may reduce problems and result in a fair to good prognosis.

### SBS symptoms

The symptoms of SBS may include: headaches, dizziness, nausea, aches and pains, fatigue, poor concentration, shortness of breath, chest tightness, eye and throat irritation, irritated/ blocked/ runny nose and skin irritation (skin rashes, dry itchy skin). The symptoms of SBS can occur on their own or in combination with each other, and may vary from day to day. Different individuals in the same building may experience different symptoms. They usually improve or disappear altogether when you leave the building and often return when you re-enter the building.

### SBS environments

SBS seems to be associated with certain types of buildings. Most cases occur in open plan offices, but people sometimes develop the symptoms while in other buildings that are occupied by lots of people such as: schools, libraries, museums

### Workplace health

There are measures you can take at work to help prevent the symptoms of sick building syndrome. For example you can:

- open windows to avoid getting too hot
- organise and prioritise your workload to help prevent stress
- take regular screen breaks of five to 10 minutes (if you use a computer) for every hour that you're sitting at your desk
- go outside for some fresh air and a walk during lunchtime and break time
- eat healthily and exercise regularly to help maintain high energy levels and good posture while at work