



COLLEGE OF MEDICINE

NEWSLETTER

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COLLEGE NEWS



HISTORICAL REMEDIES



ONE CRIME AT A TIME



WEIRD BUT TRUE



CLINICAL COMMOTIONS



MSA



PAC



STUDENTS' CORNER



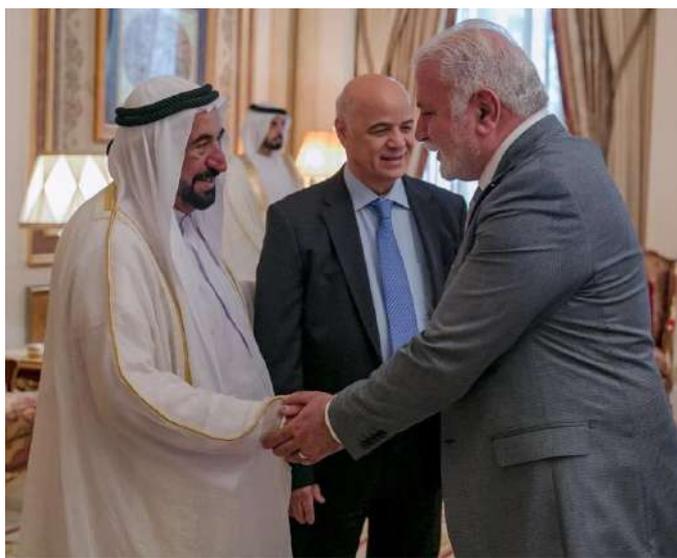
DOCTOR'S ORDERS

DEAN'S MESSAGE OF THE MONTH

I would like to welcome back all the faculty, staff, and students to a new academic year at the College of Medicine. I hope you have prepared yourselves for the year ahead. I would like to also take this opportunity to welcome the new members of faculty and staff who have joined us. Our mission is to continue to achieve excellence in teaching, research, and community service, as we have consistently done over the past few years.

As we shift to hybrid teaching, in line with the framework of national efforts to circumvent the spread of COVID-19, I would like to reassure all our students and their families that the college is putting in great effort to ensure the smooth delivery of study materials and is taking all measures to alleviate any concerns. All the faculty and staff, myself included, are invested in ensuring there are no interruptions to the quality of learning you have all been accustomed to receiving.

I would also like to express sincere thanks to the faculty for taking initiative and showing enthusiasm during this time. It brings me great pride to see that the University of Sharjah has ranked 1st in the UAE, 3rd in the GCC, and 5th in the Arab World for Clinical and Health subjects according to the Times Higher Education 2022 world rankings. As always, I am very proud of our college's achievements; this would have not been possible if not for the continuous efforts and dedication of our faculty and staff. I would like to thank His Highness Sheikh Dr. Sultan bin Mohammed Al Qassimi, Member of the Supreme Council, Ruler of Sharjah and President of the University of Sharjah, and Prof. Hamid Al-Naimiy, Chancellor of the University of Sharjah, for their continuous and tremendous support. I wish you all a successful academic new year!



COLLEGE NEWS

THE Ranking



The University of Sharjah has been ranked 446th in the Times Higher Education (THE) 2022 world ranking, climbing 212 positions from the previous year. In 2021 THE ranking placed 177th in young world universities as well as Asian universities rankings. With these achievements, UoS has been ranked the third best university in the UAE.

According to THE Subject ranking of 2022, the University of Sharjah's Clinical and Health Sciences program has been placed between 201-250 programs worldwide. It also ranked 1st in UAE, 3rd in GCC, and 5th in Arab countries.



Launch of the University of Sharjah's Medical Journal



The University of Sharjah is proud to announce that its medical journal "Advances in Biomedical and Health Sciences Journal" has been approved. The journal is a peer-reviewed, quarterly publication whose primary aim is to become a leading research forum by publishing innovative and creative studies in basic, clinical, and translational research. The scope of the journal covers all branches of medicine, dentistry, pharmacy, health sciences, and medical education. The editorial board invites all faculty to submit their papers for publication at <https://www.abhsjournal.net/submitarticle.asp> and looks forward to their valuable contributions.

Re-accreditation of Master of Leadership in Health Professions



Special thanks to Dr. Mohamed Hassan Taha, the program's current coordinator, and Dr. Mohamed Elhassan Abdalla, the program's former coordinator, for their great efforts in the preparation of the re-accreditation process for the Master of Leadership in Health Professions, as well as faculty and students from the University of Sharjah and the University of East Anglia enrolled in the program. Special gratitude to Prof. Esam Agamy and his team at Quality Assurance, Institutional Effectiveness, and Accreditation for their unlimited support and guidance to the program. The accreditation has been extended until July 2026.

MSc in Diabetes Management Rolls into the Second Batch



After the success of the students of the initial batch of 2020-2021 in the MSc. in the Diabetes Management program, an induction program was held on 2nd September 2021 for the incoming second batch of students. The program started with welcoming remarks by Dr. Bashair Mussa (Program Coordinator) followed by an opening speech from Prof. Qutayba Hamid (Dean of Medicine & Vice-Chancellor of Medical and Health Science Colleges) and an introduction of the program by Prof. Salah Abusnana (Program Director).

Several renowned faculty members from the College of Medicine, University Hospital Sharjah, Dubai Health Authority, and Ministry of Health and Prevention are contributing significantly to the program.

National Strategic Framework for SARS-CoV2 Virus (COVID-19) Genetic Sequence Surveillance in United Arab Emirates

Prof. Rifat Hamoudi was recently elected to serve as a member of the "National Strategic Framework for SARS-CoV2 Virus (COVID-19) Genetic Sequence Surveillance in the United Arab Emirates" committee, which includes members from other UAE universities and government institutions with outstanding contributions to the research effort to combat COVID-19. Prof. Hamoudi's team produced multidisciplinary research that identified a set of novel biomarkers correlating with COVID-19 severity, which resulted in two key publications in the World Journal of Gastroenterology and Frontiers in Immunology.

The research was carried out by Ph.D. student Ms. Sarah Hammoudeh and was led by Prof. Rifat Hamoudi in collaboration with Prof. Rabih Halwani, Prof. Qutayba Hamid, and Dr. Mohammed Rahmani. This work is supported by the University of Sharjah COVID-19 grant (No: CoV19-0308) entitled "The use of bioinformatics and engineering mathematics followed by biological in vitro and in vivo validation to decipher the molecular mechanism of COVID-19 infection of the respiratory tract".

Faculty Achievements



Incentive Awards



Congratulations to four members of the College of Medicine's faculty for winning individual annual incentive awards as an appreciation for excellence in:

- Research: Prof. Rabih Halwani and Dr. Jalal Taneera.
- Teaching: Dr. Mohamed Eladl.
- Teaching and leadership: Prof. Esam Agamy.

Paul Dudley White International Scholar Award

Congratulations to Dr. Firdos Ahmad and Dr. Rizwan Qaisar, along with their research team, for their collaborative work in winning the Paul Dudley White International Scholar award for the highest-ranked abstract in the UAE. The work was presented on 23rd August 2021 at the American Heart Association conference.



Publications



Prof. Rabih Halwani and his team (Dr. Narjes Sharif-Askari) as a part of a COVID-19 international research team found that autoantibodies neutralizing type I interferons, hardly recognized pre-pandemic, contribute to about 20% of COVID-19 fatalities and increase in incidence in the elderly. On 31st August 2021, Nature reported this work as one of the most important papers in the pandemic.

- P. Bastard et al., Autoantibodies neutralizing type I IFNs are present in ~4% of uninfected individuals over 70 years old and account for ~20% of COVID-19 deaths. *Sci Immunol* 6 (2021).
- P. Bastard et al., Autoantibodies against type I IFNs in patients with life-threatening COVID-19. *Science* 370 (2020).
- D. Kwon, Rogue antibodies involved in almost one-fifth of COVID deaths. *Nature* 10.1038/d41586-021-02337-5 (2021).

Faculty Achievements

Interview – COVID-19 Public Health Response

Dr. Basema Saddik was recently interviewed by Ms. Amy Greenbank, a news reporter from New South Wales News, Australian Broadcasting Corporation (ABC), to provide her insight and comparisons on the COVID-19 public health response and vaccination roll-out between Australia and the UAE. Look out for the link to the interview coming soon!



International Committee of the American Physiological Society

Congratulations to Dr. Bashair Mussa for being invited to serve on the International Committee of the American Physiological Society for a 3-year term. American Physiological Society is the most prestigious physiology society which was founded in 1887 with more than 10,000 members.



International Association for Medical Education

Dr. Mohammed Taha has been invited by the International Association for Medical Education (AMEE) to develop the ASPIRE Award of Collaboration amongst Medical Colleges. He will contribute to the board by developing and suggesting the evaluation criteria for submissions that merit the ASPIRE Award.



Estedad Program

Dr. Khuloud Bajbouj has coordinated a program for the joint initiative between the University of Sharjah's Research Outreach Department and the Ministry of Education's 2020 Summer National Ambassador's Program "Estedad". The course, titled 'Artificial Intelligence in Drug Discovery', consisted of two weeks of research track training for UAE national high school students. The team also included Dr. Asima Karim and Ms. Abeer Al-AI, an MSc student in the Molecular Medicine Master program.

Community talk

Dr. Balsam Qubais presented a lecture titled "Prevention of respiratory tract infection" for Sharjah residents on 13 September 2021 as part of the community services provided by the university.



Welcome New Faculty



Prof. Yasser Bustanji has recently joined the College of Medicine's Department of Basic Medical Sciences. He has previously been working as a faculty member and principal research investigator at the University of Jordan's School of Pharmacy, where he was the director of Hamdi Mango Center for Scientific Research. Prof. Bustanji also worked as the Chairman of the Department of Biopharmaceutics and Clinical Pharmacy, and as Vice Dean of the School of Pharmacy at the University of Jordan.

Prof. Bustanji was a member of the bioequivalence and biowaiver committee as well as the initial classification committee at the Jordan Food and Drug Administration (JFDA). He also acted as a consultant to the Jordan Food and Drug Administration GMP inspection teams and was an expert adviser for the Accreditation and Quality Assurance Commission of the Higher Education Institution. In addition, Prof. Bustanji has been a judge at the International Science and Engineering Fair since 2011.

Prof. Bustanji has published over 100 research articles in highly esteemed peer-reviewed international journals and has supervised over 70 master and PhD theses. His research interests include identifying and testing compounds as potential candidates in the development of pharmaceutical drugs, cancer and cytotoxicity research, acute and chronic evaluating toxicities of compounds, and nanotechnology research.

Welcome New Faculty

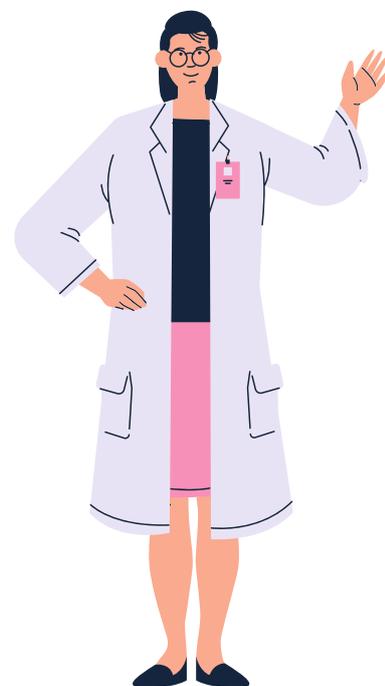
Dr. Deepika Kamath has joined us as a lecturer in the Department of Basic Medical Sciences, College of Medicine.

She obtained her MBBS and specialization as a Doctor of Medicine (MD) in Physiology from the Rajiv Gandhi University of Health Science, India. She has worked as a Medical Practitioner serving people across rural areas in India. Before joining the University of Sharjah, she taught as an Assistant Professor in Physiology at K. S. Hegde Medical Academy of Mangalore, India.

She was an active member of the National Social Service Unit, organizing medical camps and community health awareness programs. Her research interests include medical education as well as the impact of lifestyle modifications on the autonomic nervous system.



Dr. Fathima Afrah has recently joined as a lecturer at the College of Medicine, University of Sharjah. She previously worked as an adjunct lecturer at the College of Medicine until she joined full-time. Her areas of expertise include neurophysiology, the basics of animal research, and molecular biology techniques of research. She has several publications in the fields of anatomy and physiology.





HISTORICAL REMEDIES

CORPSE MEDICINE



By: Rama Qadri

The concept of using one person's body to heal another is not a strange one in our society: organ transplants and blood transfusions are only scratching the surface of what people donate to save the lives of their fellow humans. How far, though, are we willing to go to stay alive? Would we ingest powdered bone to treat a stroke? How about drinking fresh blood to cure epilepsy?

As repugnant as it sounds, the answer to both these questions is a resounding yes. Human bodies were considered to be the cure to all diseases not too long ago. The last recorded instance of cannibalistic medicine was in Germany in 1908, where the audience attempted to ingest blood at a public execution. Executions in the Middle Ages were seen as a ripe ground for medical ingredients, and audience members would flock to scaffolds carrying cups and bowls hoping for a lucky blood splatter that would heal their ailments.

Blood was probably the commonest medical agent used. Each time an Ancient Roman gladiator lay defeated on the floor of the arena, epileptic patients desperate for a cure would drink his blood right out of his wounds. Some spectators would run out of their seats and grab a piece of the gladiator's liver, believing it was the origin of a person's bravery and physical prowess.

It is important to keep in mind that iatric cannibalism was not just prevalent among the uneducated poor. Robert Boyle, widely regarded as the first modern chemist and whose theories are taught in classrooms today, was an avid supporter of using skull powder to cure "fits" in children. The King's Drops, a holy grail elixir containing skull powder, gained fame for its use by the English King Charles II, who developed the tincture in his personal laboratory and drank it every day until his death.

Fresh bodies were not the only source of medicine. In fact, mummies thousands of years old were also regarded as a panacea. The word "mummy" originates from the Arabic *mumiya*, which now denotes mummified corpses, but had previously been referred to as bitumen. Scholars had mistakenly believed that mummies were covered with the curative bitumen (they later discovered it was resin) and thus collected the embalmed corpses for treatment of internal bleeding. In fact, the mummies were so prized for the healing properties that they began to run out, and counterfeit mummies started making their way into apothecaries.

It is interesting to note that while Europeans were desecrating graves and committing vampirism to obtain cures, they still condemned tribes of the New World as savages for cannibalism. Perhaps they believed that their detachment from the other human was civilized, or that by rendering the body part or fluid completely unrecognizable, they retained their enlightenment. Nonetheless, in essence, the two peoples were committing the same sin: consuming the flesh of their fellow human beings.

Sugg, R. (2011). *Mummies, Cannibals and Vampires: The History of Corpse Medicine from the Renaissance to the Victorians*. Routledge.
 Powdered Mummies Used as Medicine. (n.d.). Merck. <https://www.merckgroup.com/en/stories/powdered-mummies-used-as-medicine.html>





ONE CRIME AT A TIME

DNA Mismatch

By: *Salma Osama*

There is only one way to get away with murder: completely eliminate the evidence and flee the country, preferably disguised. At the very least, this is what Dr. Hawley Crippen believed before he got arrested dressed up as his mistress's father on a ship sailing from London to Canada. As if inspired by Edgar Allan Poe's Tell-Tale Heart, Crippen found it best to conceal his wife's dead body under his own house, believing he could never get caught.

Crippen was an American homeopathic physician who lived in London with his wife, Cora. Cora had a particular interest in showbusiness, and despite not achieving her dream of becoming a performer, she still landed a job as the Treasurer of Music Hall Ladies' Guild. She and Crippen had an uneventful marriage, which made it easy for him to lie about her sudden disappearance. She had been curiously missing for quite a while and was last seen with her husband at a dinner party. Crippen initially said that she had taken a visit to the States, but as the days passed, he amended his excuses several times until he finally announced her devastating death from a fatal disease.

Curiously, Crippen did not seem to be mourning his wife. He was often seen out and about with his new mistress, Ethel Le Neve, and thus garnered much suspicion, leading to a police visit to his house. More alert than ever, Crippen and his mistress chose to dress up as father and son and fled the country on a ship that would take them to Canada. The police, meanwhile, grew more skeptical and conducted another search of the house. Shockingly, they discovered dismembered body remains under the basement's floorboards, and they were later confirmed to be Cora's. Thinking they had successfully fled, the couple were arrested on the ship and brought back to America for trial.

On further examination of the fleshy remains, traces of the alkaloid hyoscine were found. Known for its anticholinergic effect, hyoscine blocks the binding of acetylcholine to muscarinic receptors in the central nervous system, producing a desirable effect when taken in appropriate doses. In Cora's case, excessive amounts of hyoscine must have been administered to her, which resulted in mental confusion as well as circulatory and respiratory failure, and ultimately, death. Despite all the evidence against him, Crippen still insisted he was innocent and that the body must've been there long before they moved to the house. The evidence was overwhelming, however, and he was sentenced to death for murdering his wife.

A pressing question remained unanswered: why would a poisoner dismember the corpse when he could have made the death appear natural?



Almost a century later, Crippen's case was reopened by toxicologist John Trestrail, who was bewildered by the oddness of the case. He had never seen a poisoner rid himself of the body that way. Professor David Foran, Director of Forensic Science at Michigan State University, was brought in by Trestrail to reconduct the DNA analysis of Cora's remains, which were preserved in formaldehyde since the time of the trial. Foran decided to conduct his analysis on both nuclear and mitochondrial DNA. Since it remains unchanged over generations and can be used to track down maternal ancestry, mitochondrial DNA obtained from Cora Crippen's grandnieces was used to compare with Cora's. As for the nuclear DNA, karyotyping was done, and the outcomes were analyzed. Not only did the body not belong to Cora's family, as confirmed by the mitochondrial DNA mismatch, but also it didn't even belong to a female. A male Y chromosome was found during the analysis of the nuclear DNA, leaving Foran entirely baffled. Had Crippen been innocent all along?

Professor Foran published his findings in the *Journal of Forensic Sciences*, despite being severely criticized for trying to clear out a murderer's name. After more than one hundred years of his wrongful execution, could Crippen finally get the justice he deserves?



WEIRD But True

THE COST OF PROVING A POINT – NOBEL PRIZE OR DEATH?

By: Drishti Kampani

SURGERY TO CURE ULCERS – NO MORE.

The first scientific description of gastric ulceration was reported back in 1586. From then until the early 20th century, it was attributed to stress. Antacids were prescribed to patients and if ineffective, they were commonly directed to the drastic measures of gastric surgery to reduce symptoms.

In 1981, Barry Marshall and Robin Warren discovered that the stomach in patients with gastritis and ulcers was overrun by corkscrew-shaped bacteria. However, the idea was dismissed by most mainstream physicians. Unable to perform studies on either lab mice (since the bacteria only affects primates) or people due to ethical concerns, Marshall recruited the only human patient he could: himself. He collected a sample of *Helicobacter pylori*, which was known as *Campylobacter pylori* at the time, from an infected patient and drank the broth he cultured it in. A few days later, he developed gastritis and ulcers, allowing him to biopsy his own gut and unequivocally prove the temporal relationship. An ailment that commonly killed large swathes of the population, now, has a simple cure – antibiotics. Marshall and Warren shared the Nobel Prize in 2005 for their discovery, having been vindicated after making their point.

PROVING YOUR COMMITMENT TO MEDICAL SCHOOL BY DYING – NO MORE.

While Marshall was lucky to have survived the self-experimentation, Daniel A. Carrion couldn't say the same. In 1875, a severe febrile illness associated with hemolytic anemia affected hundreds of workers in La Oroya in Peru, delaying critical construction projects. They died because of 'Oroya fever', and it became a national priority to understand this disease. Some scientists believed it may be associated with another peculiar, endemic cutaneous condition called Peruvian warts.

Carrion, an enthusiastic student, was required to prepare a thesis to graduate from medical school, so he decided to study the association between Oroya fever and Peruvian warts. Wanting to take detailed notes on the evolution of Oroya fever, Carrion found it best to do so by experiencing the disease himself and begged his supervisors to inoculate him with tissue scrapings from an infected patient. Despite their refusal, he was still able to get what he wanted after asking his friends for the favor. Three weeks later, he developed pain in his ankles and came down with cramps, fever, chills, and headaches. His pale, jaundiced appearance and the dark-colored urine were consistent with the severe hemolysis he had. Within the following week, he was too ill to take notes, so his friends continued his research project for him. Carrion's health deteriorated rapidly, and he eventually passed away. There was a brief attempt to prosecute his friends for murder, but the case fell apart due to public sentiment. Carrion was heralded as a national hero, and Oroya fever became Carrion's disease. Subsequently, it was discovered that the causative organism was a gram-negative bacterium – *Bartonella bacilliformis*, which gets transmitted by sandflies.



404 CLINICAL COMMOTIONS

BIAS IN CLINICAL PRACTICE

By: Anas Obaideen

Picture this: you are a resident at the OBGYN department, attending a meeting about the death of a patient after your colleague missed the diagnosis of an ectopic pregnancy. You return to the clinic to examine a young, unmarried girl complaining of pain in her iliac region – “ectopic pregnancy,” you think to yourself, and immediately order an abdominal ultrasound and a serum HCG test. Though both of these tests came back negative, you resist ruling out ectopic pregnancy and proceed by asking for a CT scan. The last thing you want is to end up in your colleague’s shoes and have this patient die on you.

As sensible as your actions may seem to you, they are actually examples of two common biases found in clinical practice. Your insistence on exposing the patient to harmful CT radiation despite all tests coming back normal is an example of *availability bias*. Your judgment has been affected by the lingering fear of missing an ectopic pregnancy, as your fellow resident did. Furthermore, you forgot to ask yourself about the likelihood that a young, unmarried girl would have two false negative pregnancy results, and end up truly having an ectopic (in case you are unsure, it’s quite the rarity). This is the second form of bias you exposed yourself to the *base rate neglect bias*.

Back at the clinic, you are now faced with a middle-aged woman presenting with elevated leukocyte count, to which you thought “infection, obviously” and started her on empirical antibiotics. All is going well, is it not? Apparently so, until your consultant-in-charge finds out you just fell victim to *confirmation bias*. Leukocytosis alone is not necessarily due to infection, and instead of finding out the reason she had an elevated WBC count, you jumped to concluding your diagnosis as an infection.

Your disappointed senior consultant informs you of a cesarean section that you will be performing alone later in the night. He has laid out the entire plan for you, and when the patient presents to the clinic, she informs you of strong labor pains. You avoid changing the plan that had been given to you and continues with performing the C-section - at the end of the day, your senior is the one who told you to do so. Had you checked the patient’s status, you would have realized that she was fully dilated and ready to deliver vaginally. This is an example of the *diagnostic momentum bias*, where an on-call doctor avoids acting on the ongoing changes in a patient’s condition to avoid “disrespecting” a senior physician.

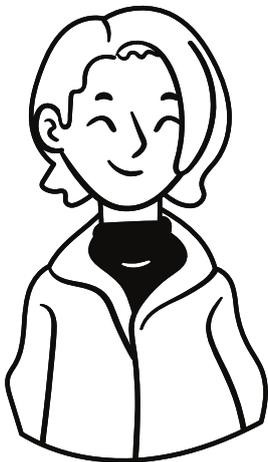
Accounting for over 70% of diagnostic errors, biases in clinical practice remain an area underrecognized by physicians worldwide. There is a countless number of different cognitive biases, and debiasing strategies involve slowing down, asking counterintuitive questions, separating beliefs from intellect, and using checklists. It is important to keep in mind that malpractice is rarely caused by lack of knowledge but it is these biases that truly can break a physician’s career.

Type of Bias	Description
Anchoring bias	Implicit reference point of first data
Attribution bias	Attempts to discover reason for observations
Search-satisficing bias	Tendency to believe that our current knowledge is sufficient and complete
Confirmation bias	Favor of information confirming previous belief
Framing bias	Favor based on presentation of information in negative or positive context
Status quo bias	Favor of options supporting current scientific dogma
False consensus bias	Tendency to overestimate how much others agree with us
Blind spot bias	Tendency to believe one is less biased than others
Not-invented-here bias	Bias against external knowledge

References:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7838049/#!po=4.54545>
<https://link.springer.com/article/10.1007%2F513224-019-01304-5>

QUICK QUIZ

TEST YOUR GENERAL MEDICAL KNOWLEDGE WITH THIS QUICK QUIZ! YOU ONLY HAVE ONE MINUTE TO ANSWER 10 QUESTIONS, SO MAKE EVERY SECOND COUNT!



TAKE QUIZ



STUDENT
ASSOCIATION



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Rita Alkhatib

Vice President



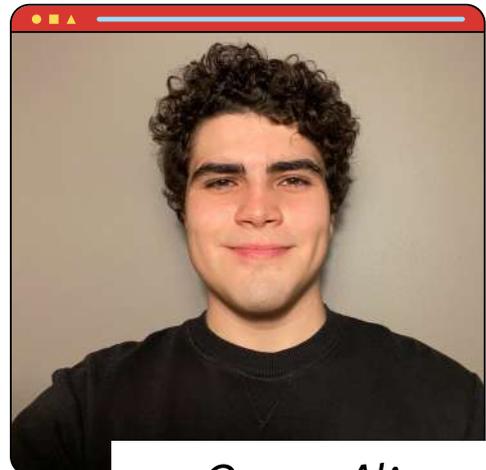
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Secretary



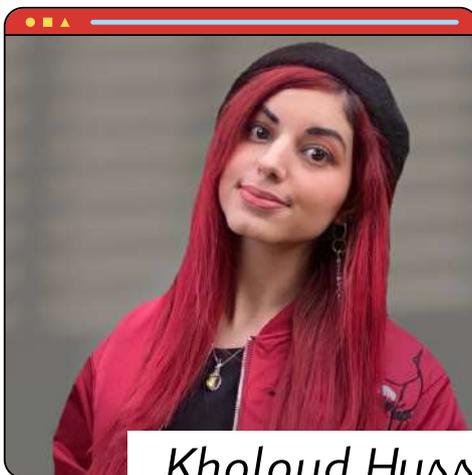
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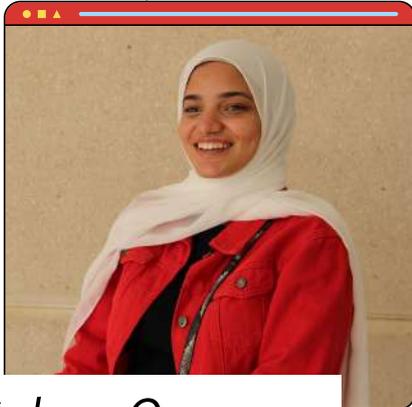
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Amal Khazi

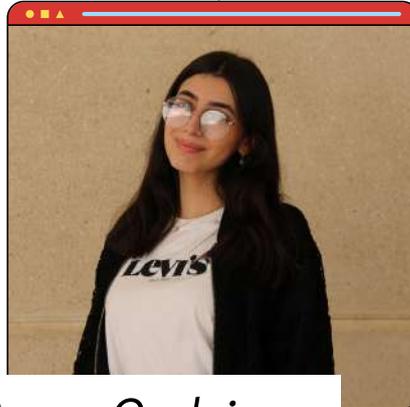
Community Committee

Head



Salma Osama

Co - Head



Rama Qadri



Social Committee

Head



Abdullah Najeh

Co - Head



Anas Obaideen

Scientific Committee

Head



Shahad Mamoun

Co - Head



Sarah Younes



WHAT IS THE MSA?

The Medical Student Association (MSA) is an organization *by* medical students *for* medical students. The MSA contributes to the student life of the College of Medicine and constantly provides opportunities for students to take part in activities outside of their academic studies.

WHAT DOES THE MSA DO?

The MSA organizes academic and extracurricular events that allow students to express themselves, form meaningful connections, and relieve the burden of academic stress. It does so through the three arms of the MSA: the Social, Scientific, and Community committees.

- The **Community Committee** advocates community service by raising awareness about worthy causes, providing volunteering opportunities for its students, and performing charitable acts that benefit society.
- The **Social Committee** provides students with an atmosphere that encourages them to learn more about one another and enjoy each other's company outside of the classroom.
- The **Scientific Committee** aims at expanding student knowledge through various engaging activities like field trips and outdoor interactive events. It also hopes to enhance student self-development, research, and debate skills.

Any questions?

Reach out to us on Instagram at [@msa_medicine](https://www.instagram.com/msa_medicine)  or send us an email at msa@sharjah.ac.ae 

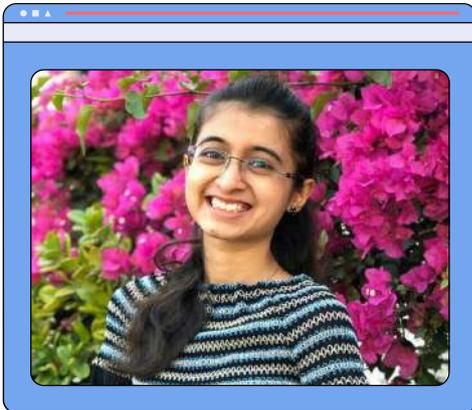


SOCIAL GATHERING

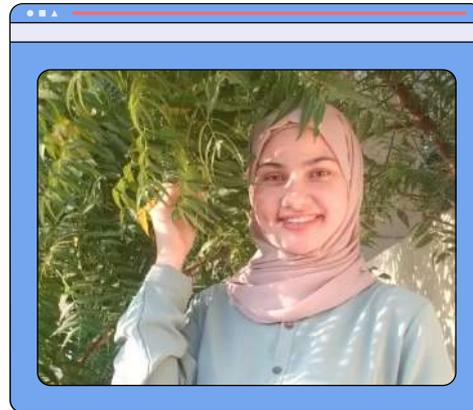
The MSA's Social Committee was delighted to organize its first Social Gathering in over two years. The event took place on Tuesday 28th September 2021 at Buffalo Wild Wings, where unlimited food and drinks were being served. The event engaged students from pre-clinical years in various activities such as trivia games, board games, video games, and eating challenges, with valuable gift vouchers distributed to some of the winners!



THE EXECUTIVE BOARD



President
Drishti Kampani



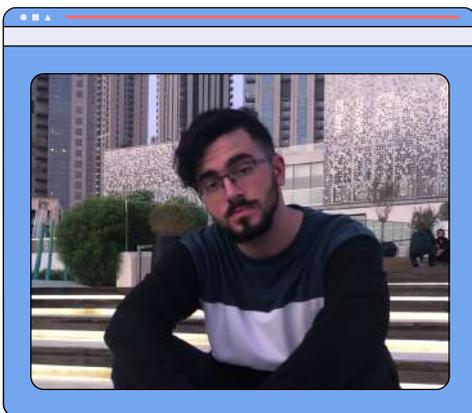
Vice President
Zaynab Wissam



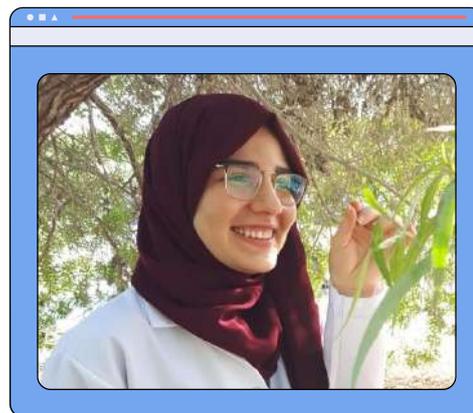
Webmaster
Kamel Samara



Team Lead (Peer-to-Peer Advising)
Majd Rubaieh



Team Lead (PACademia)
Rashid Abu Helwa



Team Lead (Social Media)
Teba Basil

For a full list of our team members: [CLICK HERE](#)



OUR ACTIVITIES

1

PAC Orientations

A team of dedicated advisors from each year organized orientations for the junior batches, providing them with practical advice on different studying techniques and the approach to their respective units. The orientations for years 1, 2, 3, and 4 were received with much enthusiasm.

2

Peer-to Peer Advising

A platform that allows juniors to connect with seniors for all things related to academics, career, or life at the College of Medicine. Students can contact them on Whatsapp, email them or even book a virtual one-on-one session with one of them through - <https://msa-edu.org/pac/p2p>. Three simple steps – log onto the website, pick your advisor and click on the calendar icon.

3

PACademia

A program developed for students and by students, the PACademia team strives hard to develop bite-sized teaching content to make studying at the college of medicine a breeze. Keep an eye out for new videos coming very soon on - [PACademia - YouTube](#). 

4

Road to Residency

This programme aims to connect alumni of UoSCOM to current students, helping them make to make an informed decision about the approach to the career routes available to them. Work's still under construction but keep an eye out for upcoming announcements!

5

PAC Media and Design

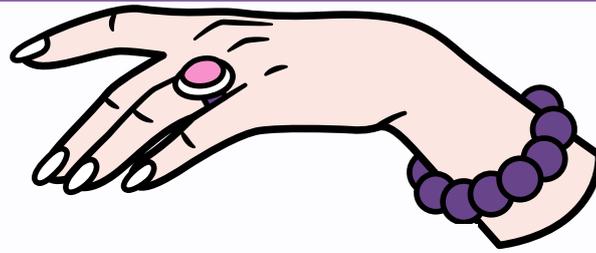
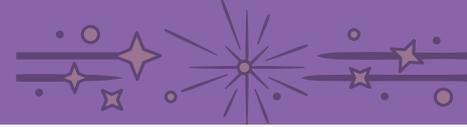
Interact with the artists on PAC through our Instagram page - [Peer Advisory Committee \(@pac.medicine\)](#) • [Instagram photos and videos](#).  They do fun activities every Sunday and Tuesday. Follow the page to stay updated with all the buzz in PAC.

STUDENTS' CORNER



STUDENT REPRESENTATIVES FOR 2021/2022

Committee Name	Phase	Student Name	Year
College Council	Pre-Clinical	Anas Obaideen – ID # U18100037	Year 3
	Clinical	Saud Hilmi - ID # U16103492	Year 5
Curriculum	Pre-Clinical	Kholod Hussain – ID # U18100334	Year 3
	Clinical	Mohammed Zaid Mousa – ID # U16103592	Year 5
Research	Pre-Clinical	Mariam Mohamed Elemam – ID # U18105702	Year 3
	Clinical	Enad Sami Haddad – ID # U16103722	Year 5
Student Assessment	Pre-Clinical	Salma Osama – ID # U18101441	Year 3
	Clinical	Hanin Dawani – ID # U16105655	Year 5
Student Advising & Welfare	Pre-Clinical	Omar Wardan Habbal – ID # U18101641	Year 3
	Clinical	Zainab Wisam – ID # U16103784	Year 5
Year 1 - Representative		Noor Yaghmour – ID # U20100578	Year 1
Year 2 - Representative		Hadeel Alameleh – ID # U19100880	Year 2
Year 3 - Representative		Ahmed Haitham Otour – ID # U18103272	Year 3
Year 4 - Representative		Balkis Zaitoun – ID # U17101664	Year 4
Year 5 - Representative		Rafeef Yahia Said – ID # U16104004	Year 5



**STAY ALERT
FOR THE NEXT
PIECE FROM
OUR MYSTERY
WRITER!**

Mystery Box

To death,

You take lives, destroy families, ravage hearts as shivering bodies encounter you for the first, last, and only time. You've even taken people away from me, yet no one truly understands you. Do we entertain you as we arduously deliver continuously lacking theories? Cling to faith despite never experiencing your touch? Or follow your lead to the hereafter in which some of us absolutely believe (or refuse to believe) in?

They've never spoken directly to you, only about you... seemingly behind your back. Are we afraid to look you in the eye? If we'll disregard you at times, worry you're getting closer other times, and hypocritically assume you're no good all the time, what gives us the right to assert you as anything other than a natural occurrence that sustains our environment just as life does?

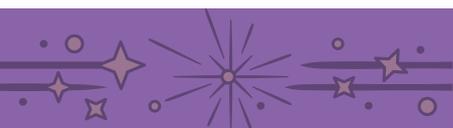
"Was it a sudden death? Was it comfortable? Did the doctors put pain meds into the IVs?" What does it matter? The soul is gone, you've taken it as yours. "None overturns". Isn't it ignorant to assume someone could willingly accept you, feel comfortable around you, or smoothly transition into the grave of which you silently produced for a client who, sometimes, is so unaware of your tickling of their face, ears, mouth, and organs.

Obsession! how will they meet you? Some are impatient enough to make the appointment themselves. Bothers you not, you listen and accept their request. I'd bet you enjoy the projected hatred so often during funerals, except the eulogy of course...

I wish we could be more mechanized about you. Forgive you easier, never mind you quicker, move on from you... if ever. Other times I am dumbfounded by how selfish we act following your presentation, why deny your natural process and wish nothing but to undo what you've done? I haven't been invited to the chamber the soul you take occupies and yet I so loudly declare my existence right outside it. How could you possibly have so much power over a world you've not faced? I envy your perfect track record. A toddler littering love or the con man criminal defense attorney in the hospital room, you don't discriminate. Blinded with the veil of emotionless destruction, your only fruit (chaos) is produced indefinitely. Four blooming lethal seasons, spikes grounding themselves with surrounding white soil (birth). I don't understand why you still look beautiful.

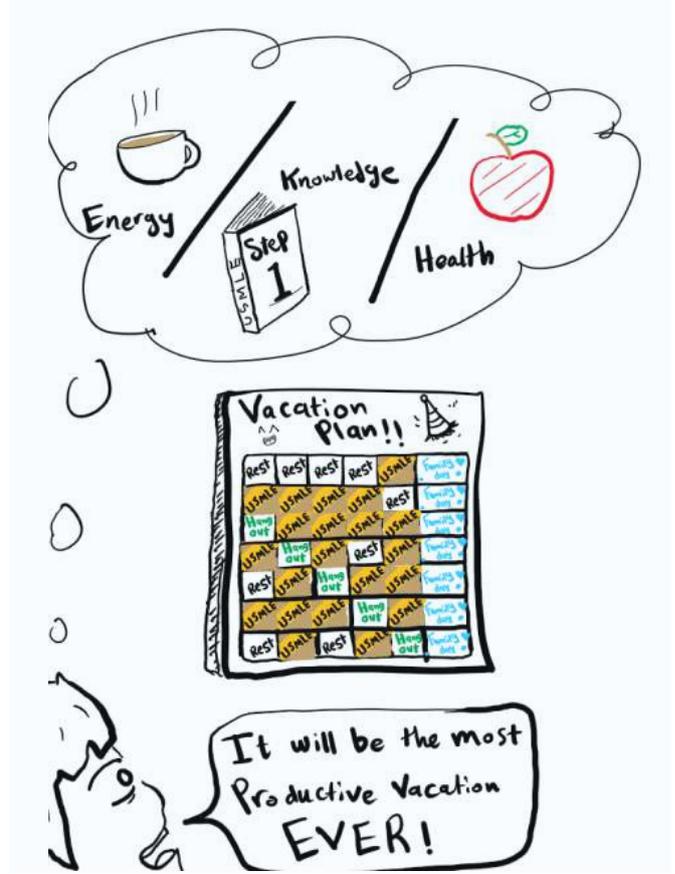
I'll keep in touch,
A future client of yours

AHMAD AL KHAZALI



EXPECTATIONS VS REALITY

By : Awab Musaad



DOCTOR'S ORDERS

DR. SARRA SHORBAGI



CHILD ABUSE

Child abuse refers to any form of violence enforced upon a minor, whether inside or outside their household. Despite physical abuse being the first thing that comes to mind, violence can be implicated in a variety of different forms.

Neglect is the most common form of maltreatment and involves the failure to meet a child's basic needs, such as poor supervision, denying emotional support, preventing social interactions, and avoiding necessary vaccinations. Physical abuse is any form of non-accidental injury caused to a minor. Suspicious signs of physical maltreatment include evenly distributed bruises, rib fractures, and sharply demarcated burn marks.

Sexual abuse is the involvement of a minor in sexual activity of any kind, which also includes exposing a child to pornographic material. This form of abuse must always be considered in a young child presenting with abnormal behavioral changes or signs of sexually transmitted disease. Psychological abuse, such as name-calling, intimidation, or threatening, usually presents as detachment from the caregiver.

Manifestations of each of the different forms of abuse tend to remain throughout adulthood, and a large proportion of abuse victims present with psychiatric illness due to the damage inflicted in their past.

Dial the hotline number 116111 or 800988 to inform the child protection center at the United Arab Emirates of any suspicious case of child abuse you may encounter.



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We're Recruiting

If you're a creative person or an aspiring writer
and would like to apply to be an editor or
designer, click here!

[Click Here](#)

