MED TIMES

FALL
2020

AN INTERVIEW WITH THE DEAN

"THIS DOESN'T MEAN WE'RE GOING TO BE PARALYZED"

A BREAST CANCER SURVIVOR:
LIGHT AT THE END OF THE TUNNEL

BLACK LIVES MATTER
FROM SOCIAL MEDIA POST TO GLOBAL MOVEMENT

جامعة الفيصل
Alfaisal University


Med
TIMES

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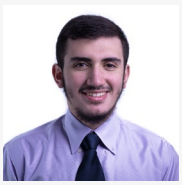

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The era of COVID-19 has changed everything permanently; however, the new MedTimes team refused to let the unfortunate circumstances become an obstacle. The team met the pandemic with utmost enthusiasm and determination to continue their work as per normal. This skillful and talented team insisted on letting the fall issue of MedTimes, come to light. They are profoundly dedicated to bring a new image to MedTimes and I wish them all the best. I am eagerly waiting for more surprises and amazing issues to come.

- Dr. Akef Obeidat

IN THIS ISSUE

A MESSAGE FROM THE DEAN

by Adnan Dwehji & Lana Arbili

How you have been and how have you dealt with the social acclamations that have taken place due to the pandemic?

The pandemic is something new in our era and no one has experienced anything of this magnitude. Over the last 10 years, we faced a few viruses, like the MERS in Saudi Arabia, but this virus paints a completely different picture: widespread, easily contagious and has the potential to infect a large number of people.

As a medic and also a responsible member of the community, I believe that the Ministry of Health has taken good step by step precautions and guidelines based on the information that was received from different countries and from the WHO. We have been successful in taking the right decision of social distancing and obligatory use of mask which slowed down the rate of infection and prevented the overload of the health system.

How was your approach towards being the Dean of College of Medicine changed due to the pandemic, more specifically regarding going online?

The decision was not easy. We acknowledge that online teaching is a recognized way of teaching and has its value, but it is inferior to physical education in some ways, especially since the College of Medicine has adopted an interactive approach to learning instead of the classic didactic lectures.

> *"The doctors that will graduate will be responsible for the lives of patients and so there can be no compromisation of the education content, whether it's knowledge or skills."*

We wanted to keep this part of education and so invested in the IT infrastructure and platforms that facilitate the continuity of these interactive sessions online through flipped classrooms, team based learning, and problem based learning.

What were the primary challenges faced by yourself as well as faculty? And how did you overcome them?

The main challenge was feeling that we were fulfilling our duty of delivering the educational material that is required. The doctors that will graduate will be responsible for the lives of patients and so there can be no compromisation of the education content whether it's knowledge or skills.

The second challenge was this style of teaching is new to most of us and are doing it for the first time. We are very impressed by the interactive participation of our students which really reflects the quality of Alfaisalents.

"I'm always honored to be part of MedTimes. It's a reflection of not just the medical students, but also the university as a whole."

What are your primary goals regarding online learning?

We need to document what we've done and consider that some of the online education activity was superior to the physical one in certain aspects. We are now in a position to create a more dynamic hybrid that will be implemented even in the absence of a pandemic. We need to utilize technology to the maximum and we are learning from this experience.

What are your primary concerns for this semester?

Of course, from the point of view of the faculty and the administration, we want to make sure that we conduct all the educational material sufficiently, efficiently, and that the students receive it well and with ease. On the other hand, we also have to take into account the students' position. They were concerned about evaluation and assessment. They were concerned about how we can create an assessment that is fair to the tool that we have used without compromising the learning objectives and learning outcomes – such is a must for undergraduate and graduating students. So, this is going to be a challenge. Soon, students will be doing their first assessment within the block system. We are looking into that carefully so that we are fair to the students, but also fair to the education mission that we have been assigned.

In a few simple words, how would you describe online learning?

Easy when you have the tools, productive if you have the skills, and useful if the students took it seriously. So, in general, it is efficient with the elements I have mentioned before.

If this pandemic persists for longer than expected, what would your suggestion be for a solution?

Safety comes first, although education is an essential element in everybody's life, of course, when we have something like a pandemic. If we have a second pandemic, a second wave, or a prolonged pandemic, then we always have to put in mind that safety comes first, because this virus can actually cause mortality or severe morbidity. So, the priority always comes to the safety of individuals, whether we are in an education setting between faculties and students, business settings, or social settings.

> *"We want to make sure that we conduct all the educational material sufficiently, efficiently, and that the students receive it well and with ease."*

I think people should not change the guidelines that ministry has put in place, even if the pandemic extended for a long time. People sometimes get fed up from a prolonged lockdown, mask wearing, or social distancing, but they have to trust that the government, ministry of health, and WHO are actually recommending the best tools and guidelines for their own safety. We have seen people who took it lightly actually, and they became infected, and then they went on to infect the beloved people in their family. Some of these cases led to loss of these people.

Put your trust in the health authority and follow the regulations regardless of how long the pandemic will last, whether we are going to have a second wave, or if we will have a new virus in the future. Remember, your safety and the safety of your beloved people always comes first. This does not mean that we are going to be paralyzed. Education should continue, research has to be conducted, and business and trade have to continue within the guidelines that the authority sets in place. It is a tough time. It is new to the people in our generation and to the younger generations. But this is how we learn and this is how we show how responsible we are towards such a problem.

Looking past all the struggles that we have faced due to the pandemic, what are some positives that you have seen within our community?

I think it was a lot. I mean, we took life for granted. People really felt that with new technology and development in a lot of fields, including healthcare, that they are a hundred percent safe. And now, we realized that we have to be careful. We always have to do research, we always have to investigate, and we always have to screen, because we may be facing a new virus as small as the coronavirus – which is an RNA virus that makes us face such a global problem. It took us a long time to understand the disease, it took us a longer time to set up a treatment, and we are still working on the vaccination or preventative methods with no clear outcome, despite the knowledge and the education that we have reached.

We always have to be prepared to face these challenges by working harder, studying harder, and researching more seriously to find a solution for each problem.

We also learned that being in your own home or in your own country is not always a bad thing. We have had a lot of social and family ties become stronger. A lot of people that used to travel abroad but are now travelling domestically have discovered the beauty of their own country. You also thought that travelling and buying new things are a must but now you realize that maybe it is not as important as we thought it was. So, I think we are aligning our life now to be homier, but enjoyable and interactive, yet safe.

IN THE EYES OF ALLAH, WE ARE ALL MONO-CHRONOMATIC

by Zainab Ifthikar

Islam stems from the word سلام, literally translated into peace. For a religion that is inherently built on the foundation of peace, by default there can be no place for notions as wicked as racial discrimination. The Quran is known to be Hudal lin-naas: a guidance for mankind, meaning it is a religion for everyone, welcoming people of all kinds regardless of who they are, where they come from, or what they look like. This language of universality in Islam negates any arrogance that is created and upheld by society.

In Surah Al-Hujurat, verse number 13 Allah says:

يَٰٓأَيُّهَا ٱلنَّاسُ إِنَّا خَلَقْنَٰكُم مِّن ذَكَرٍ وَأُنثَىٰ وَجَعَلْنَٰكُمْ شُعُوبًا وَقَبَآئِلَ لِتَعَارَفُوٓاْ إِنَّ أَكْرَمَكُمْ عِندَ ٱللَّهِ أَتْقَىٰكُمْ إِنَّ ٱللَّهَ عَلِيمٌ خَبِيرٌ

> *O humanity! Indeed, We created you from a male and a female, and made you into peoples and tribes so that you may get to know one another. Surely the most noble of you in the sight of Allah is the most righteous among you. Allah is truly All-Knowing, All-Aware.*"

Hold up your hand, what is the color of your skin? Has it ever assigned you a particular status in life? Do you believe that it characterizes your beauty? Does it grant you a special passport to the world of opportunities? If that's true, then why so? Why is there an inherent hierarchy in color instilled in our society? White over black, a frown for the brown, and the melanin in your skin making you feel like a criminal who committed felony.
Killed pinned to the ground, killed when sound asleep, and killed when jogging out of town are no ways to die. Racial injustice is strewn into our social framework; yet, Allah created us in these multitude of colors, loves us all the same and gave us a religion that refutes this kind of discrimination.

Growing up listening to the mellifluous verses of the Holy Quran, I have had chills run up my spine simply envisioning Allah's eternal love for His people. Neither did He create us all in the same hues, nor did he make us elite due to the hues we were given.

Even our beloved Prophet mentioned in his renowned farewell sermon on mount Arafat at Mecca: "All mankind is from Adam and Eve, an Arab has no superiority over a non-Arab nor a non-Arab has any superiority over an Arab; also a White has no superiority over a Black nor a Black has any superiority over a White except by piety and good action. Learn that every Muslim is a brother to every Muslim and that the Muslims constitute one brotherhood." In these stern yet endearing words, the Prophet had planted little seeds of togetherness in our minds, highlighting that there is not one fathomable character in this world that can distinguish us from each other except the goodness that we bear in our hearts.

Today, if you walk into any mosque in any corner of the world, you can see people of all colors and race, the rich and poor, of different nationalities standing shoulder to shoulder in congregational prayer. There is no discrimination that sends people of one kind to the back of the line, there is no selection in who gets to lead the prayer, and by the end of Surat-al-Fatiha in salah, we hear everyone saying Ameen together. There is togetherness echoing in that one voice as it resonates in unison across the walls of the mosque.

Step into the embrace of Masjid-al-Haram and you can see hundreds of pilgrims circumambulating the Kaaba. You can see their heads bobbing in prayer, hands raised up in supplication, wearing the same garments. At that very moment, there would not even be an ounce of prejudice that you can find amongst the pilgrims. The institution of Hajj and Salah by themselves have instilled brotherhood in us.

Even back in 1955, Rosa Parks, an African American woman was jailed for refusing to give up her seat on a bus to a white man. But centuries before this incident, Islam introduced impartiality to civilization. Bilal Ibn Rabah (R.A), a beloved companion to our prophet and an African slave, became the emblem of equality for generations to come. He was the first person who sounded the call for prayer (Azaan) in Medina and he rose to prominence through his spirituality. Islam gave him the gift of freedom from slavery and the gift of equal recognition. Simultaneously, it also gave us the gift of freedom from arrogance and the acknowledgement that no man is superior or subordinate to another.

I have found that my individual quest for truth and kindness had ended where Islamic teachings began, because in Islam I am truly myself; I am not brown, I am not Asian and most importantly I am not different, rather I am equal in the eyes of Allah and the religion He gave us. I stand with those who have endured racial injustice not only because it is unfair and inhumane to them, but also because it is a crucial aspect taught in my religion. We can counter every ruthless act of injustice in our modern-day world through recounting Islam's history of anti-racism and the daily practices of Muslims. By the end of the day Islam has shown us that in the eyes of Allah, we are all monochromatic.


BLACK
LIVES
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FROM SOCIAL MEDIA POST TO GLOBAL MOVEMENT

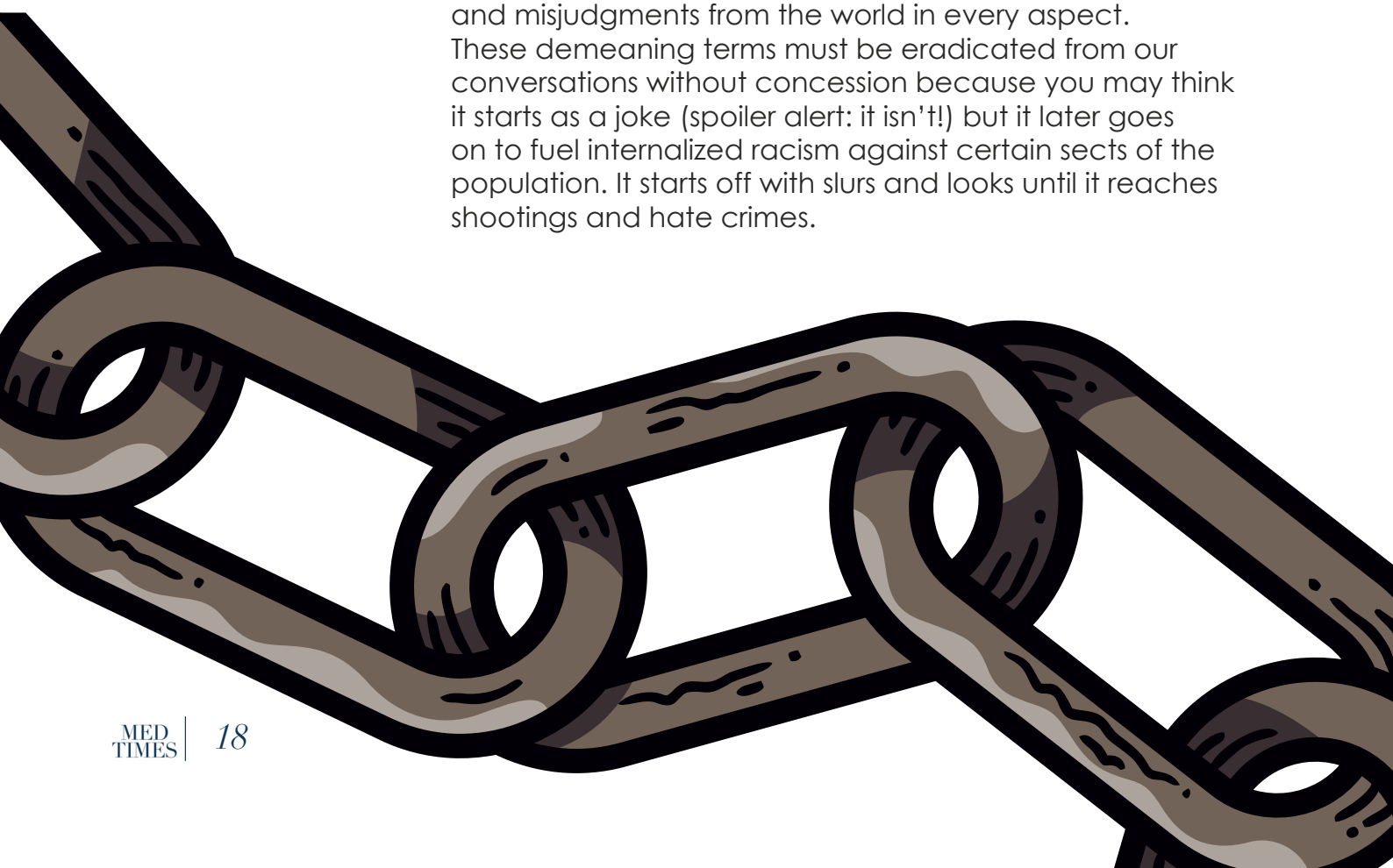
by Dalia Hamdan & Laiba Zahid

"I can't breathe." The famous last words of George Floyd. The symbol of an uprising was a man who suffered the worst consequences of a corrupt system, an innocent life snuffed out too soon.

For so long now, people of color have been persecuted and oppressed for their roots and the color of their flesh. Any attempts at fighting back have been faced with even more pain, backlash, and oppression. This is nothing new. The fight for equality has existed for hundreds of years and has always been fought by those brave enough to raise their voices, to fight for their birthrights. The difference this time though? They can no longer be silenced. For centuries, people in power have used their money and authority to silence all the voices that could put them or their positions at risk. The modern world we live in is ever-changing, and all these changes, or lack thereof, are witnessed by people across the globe. Now more than ever, the entire world is just a few clicks away as globalization allows us to peer into the happenings in countries miles and miles away. The oppressed, struggling in silence for generations, have found a place to cast their voices and the oppressors, impassive to their actions, are finally being taken off their pedestals and exposed for their atrocities committed against the innocent people. This universal uproar forced our societies to glance inward and acknowledge the racism we have in our region. It opened the eyes of many to how racism is woven into the fabric of our culture. This works in favor of those who have had their voices silenced by shackles of power around their necks because no more is the world sitting in silence and is demanding justice!

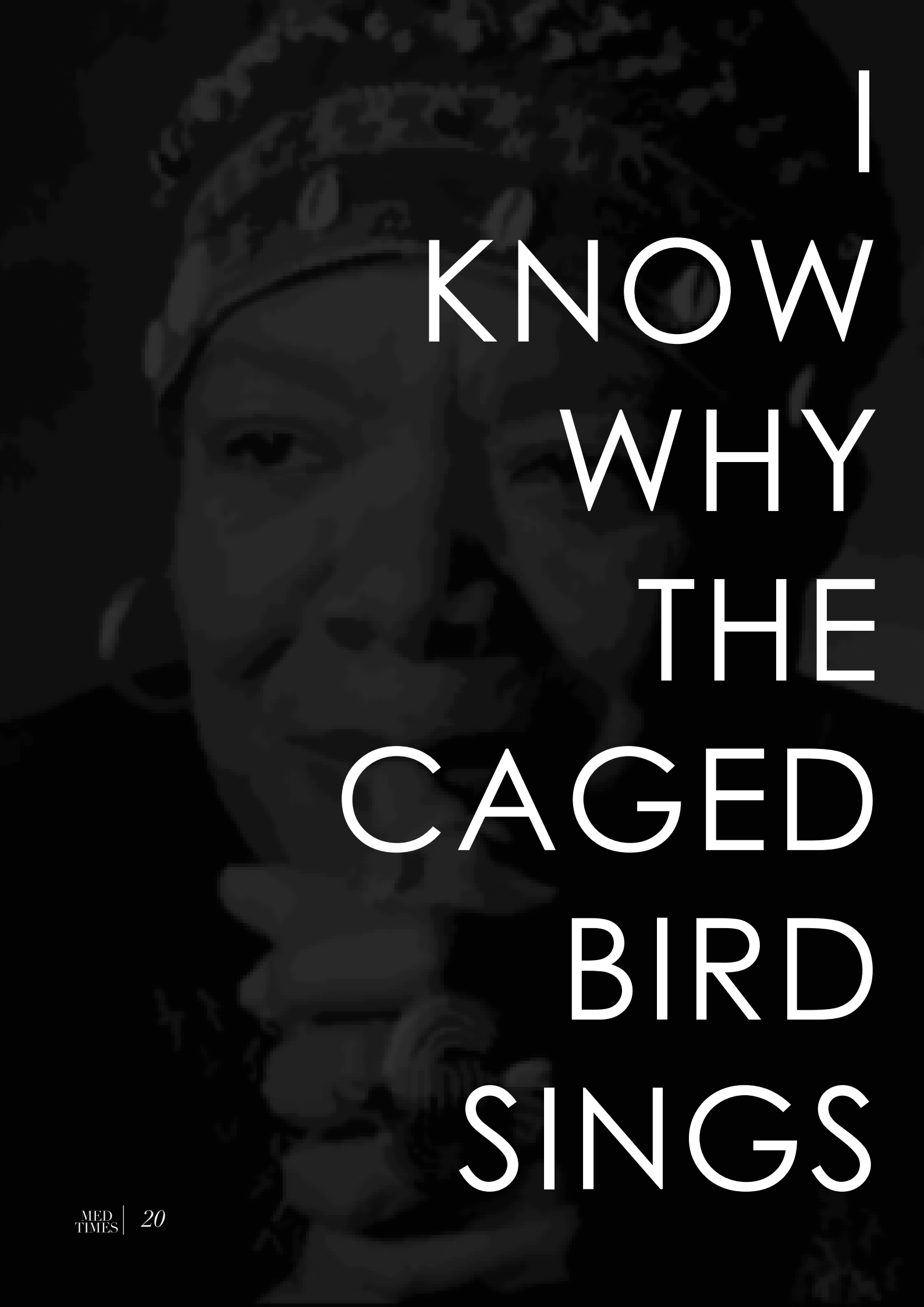
We as Arabs have experienced prejudice and persecution based on our race allowing us to have a deeper understanding of the pain others go through. Countries like Palestine, Lebanon, Syria, Egypt, Libya, etc have faced years of political unrest as well as financial and social turmoil from the western countries. This fact has been recognized by many Arabs across the globe as we stood in solidarity with our comrades in the war against racism and injustice. Furthermore, it is not aberrant for South Asians as well to face the same type of treatment from different aspects of the world in regards to their nationalities and color. There is still much to be done and we are nowhere near the target for equality, but we take one step at a time towards a hopeful future.

Unfortunately, derogatory terms against those of darker skin tones are still a part of the language that many carelessly use. We must educate others on how regressive this type of behavior is, and how it isn't merely a joke or a phrase, but a destructive weapon that terrorizes those at the receiving end and embeds its horrific effect into their minds as it replays over and over. Sometimes, people forget that the individual they see in front of them is not an object or a subject to be discussed but a human who festers feelings, thoughts, and emotions. And that under all that determination to make a change, strength and beautiful dark skin is a person who bears the pain of his/her ancestors alongside the weight of the mistreatment and misjudgments from the world in every aspect. These demeaning terms must be eradicated from our conversations without concession because you may think it starts as a joke (spoiler alert: it isn't!) but it later goes on to fuel internalized racism against certain sects of the population. It starts off with slurs and looks until it reaches shootings and hate crimes.



This internalized racism grows with time and extends out into the medical field in which racial bias still runs rampant. Believe it or not, studies have shown that it was previously thought that darker-skinned individuals had higher pain tolerance levels and did not feel the same pain and so were given less pain management as compared to their fairer-skintned counterparts. This system must be abolished, where a black doctor would have to work harder to prove his/her capabilities just to score the same job opportunities as his lighter-skinned colleague, diminishing all their hard work and effort to mere skin color. And where a dark patient is forced to face discrimination from those that are supposed to wholeheartedly care for their health. And where students fail to find the representation of their own communities leading to a lack of diversity and making the minoritized people feel unsafe and unwelcome. And where interracial marriage is still a polarizing matter than could lead to the falling out of families.

In the vastly interconnected world of today, with everything available with one tap of a finger, there really aren't many excuses as to why someone would remain unaware of these matters apart from the lack of empathy and care for matters that don't personally concern oneself. We have a moral obligation to make adjustments in our homes and our countries to make the world a better place for future generations to come. We must have these uncomfortable conversations within our surroundings and confront the wrongdoers, voicing our opinions. If we do not stand against these problems then we contribute towards them.



I KNOW WHY THE CAGED BIRD SINGS

A free bird leaps on the back of the wind
and floats downstream till the current ends
and dips his wing in the orange sun rays
and dares to claim the sky.

But a bird that stalks down his narrow cage
can seldom see through his bars of rage
his wings are clipped and his feet are tied
so he opens his throat to sing.

The caged bird sings with a fearful trill
of things unknown but longed for still
and his tune is heard on the distant hill
for the caged bird sings of freedom.

The free bird thinks of another breeze
and the trade winds soft through the sighing trees
and the fat worms waiting on a dawn bright lawn
and he names the sky his own

But a caged bird stands on the grave of dreams
his shadow shouts on a nightmare scream
his wings are clipped and his feet are tied
so he opens his throat to sing.

The caged bird sings with a fearful trill
of things unknown but longed for still
and his tune is heard on the distant hill
for the caged bird sings of freedom.

-Maya Angelou

HENRY OSSAWA TANNER

Upon recounting prominent figures in African American history, many minds will immediately trace back to stories of revolutionists like Rosa Parks, Martin Luther King Jr and Malcom X. Based on their profound achievements, it's no doubt the narratives of such individuals have proven to be indispensable throughout time.

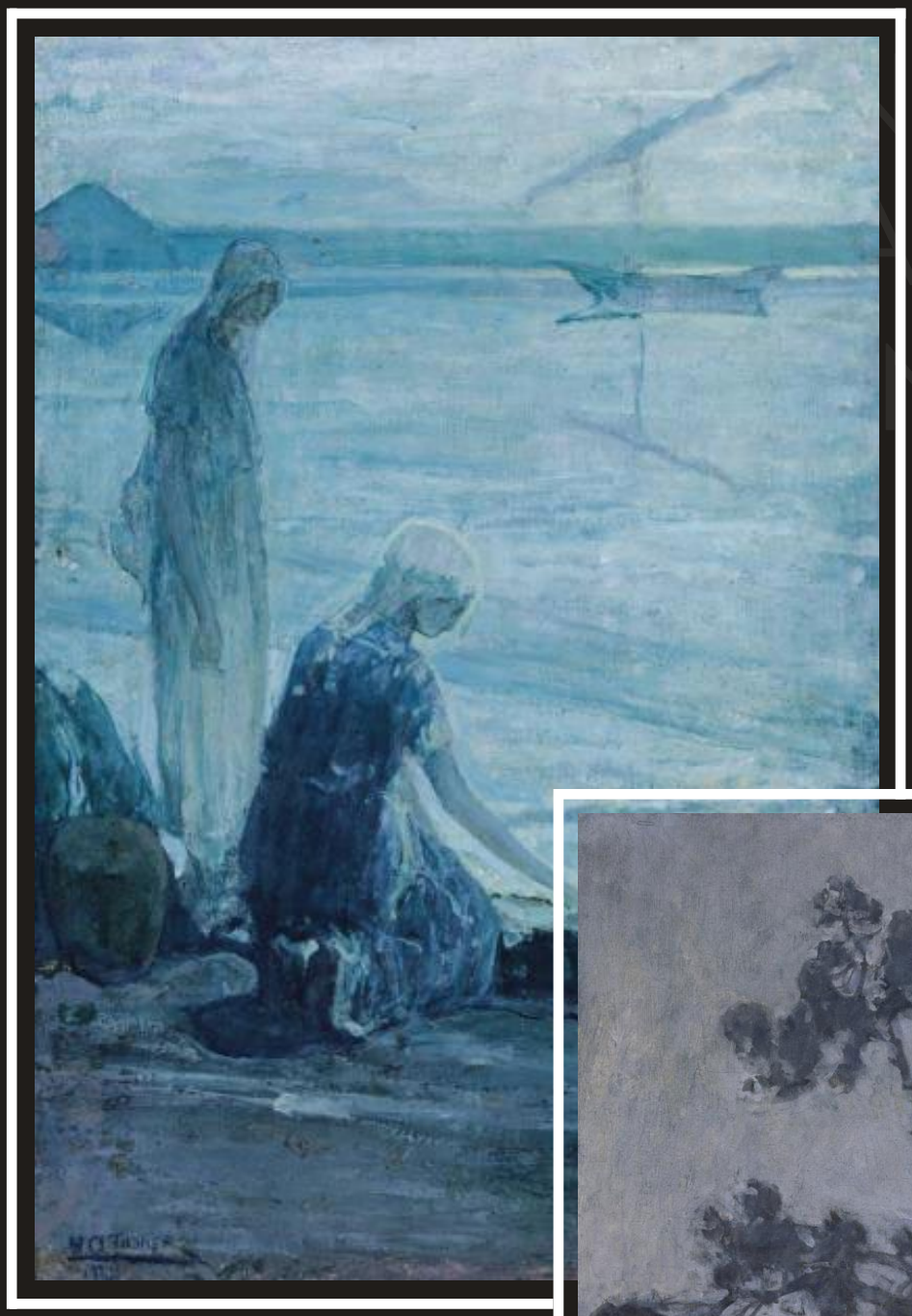
However, although the impact of revolutionists like those aforementioned are beyond comparison, they only make up a slice of the pie. An abundance of African American history is richly flavored with stories of many other visionaries, artists and pioneers who have paved the way for the rise of Black Americans to this day.

The life of the artist Henry Ossawa Tanner illustrates this truth in vibrant colors. Today, he is famously known as the first black artist to have achieved international acclaim. Born in 1859 in Pittsburgh, Pennsylvania, Tanner spent his childhood and adolescence in a very early post-thirteenth amendment America. Although slavery was abolished, racial discrimination was still very apparent within society. He was the only Black student at the Pennsylvania Academy of Fine Arts, where he studied. Many of his pieces gained popularity, but even with this success, Tanner struggled to build his career amidst the prejudice in the US. It wasn't until he moved to France in 1891 where he was able to find acceptance within the Parisian society and his career quickly took off.

In his own words, Tanner would later come to claim, "In America, I'm Henry Tanner, Negro artist, but in France, I'm Monsieur Tanner, L'artiste américaine". He felt the acceptance that he didn't feel back home.

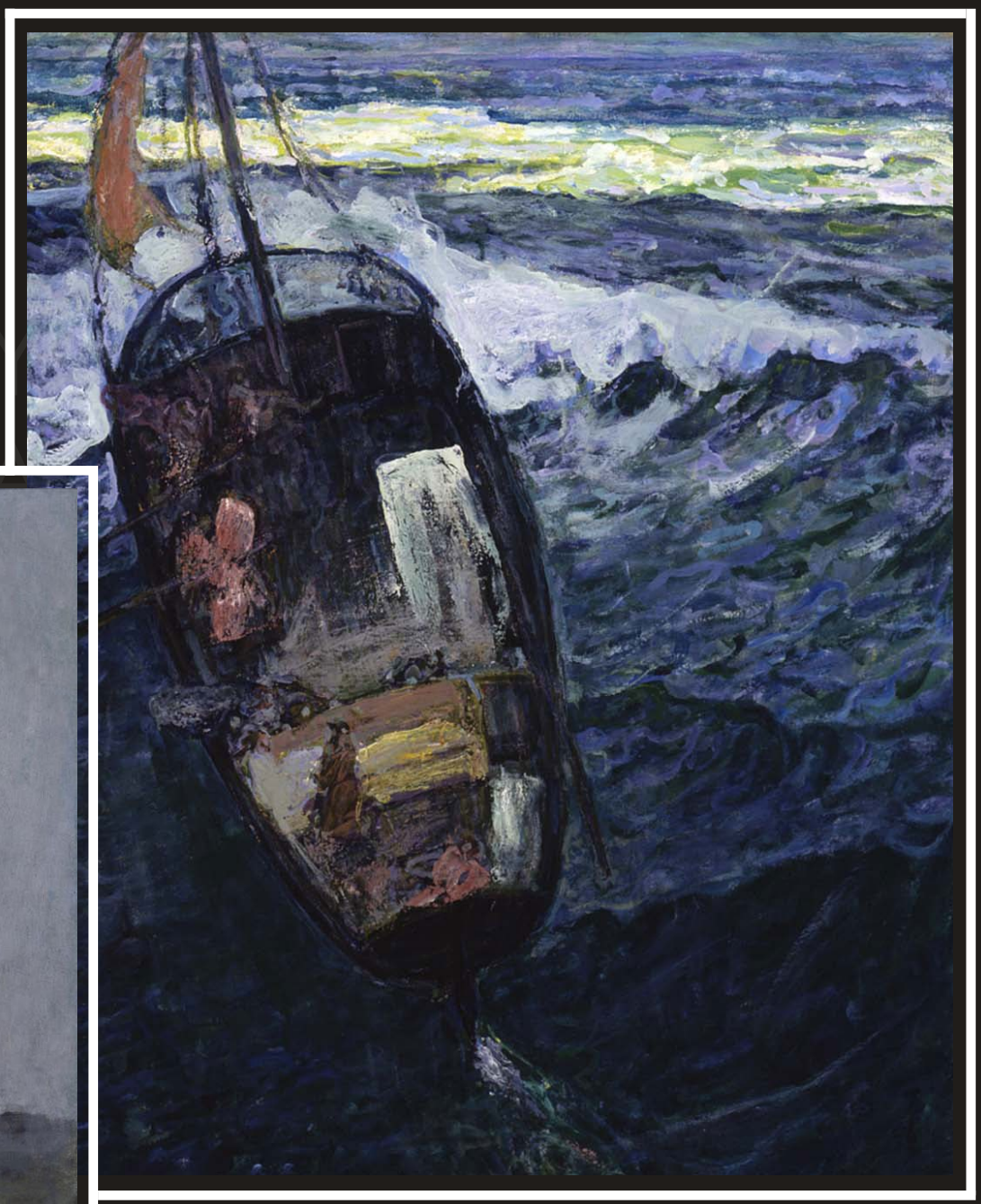
At a time in which Black people were only ever portrayed as entertainment in art, Tanner's alternative display of black families in his pieces has come to serve as a steppingstone for more humanizing depictions of Black people in 19th century art. This influence now ripples into modern day contemporary art, paving the way for more Black artists to illustrate their experiences using art, as well as for revealing these otherwise hidden experiences to society.

By Sana Butt



MOSES IN THE BULLRUSHES, 1921

ABRAHAM'S OAK, 1905

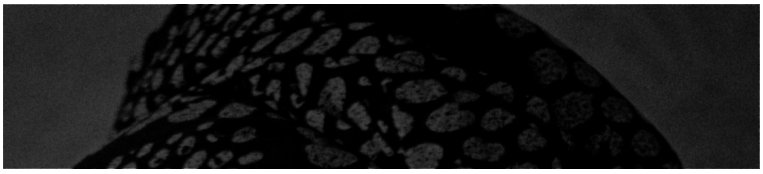


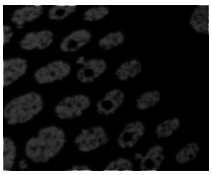
FISHERMEN AT SEA, 1914

HENRY OSSAWA TANNER

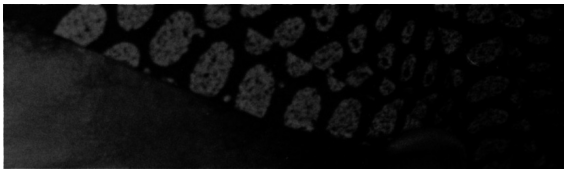
5 BLACK ARTISTS YOU SHOULD KNOW ABOUT

by Lara Majdi

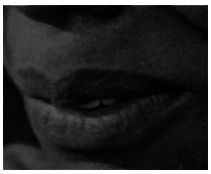


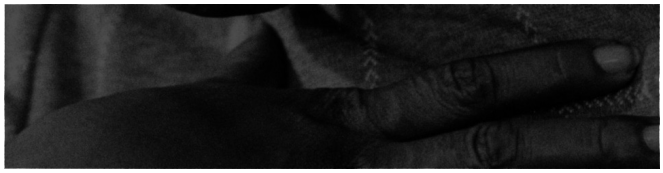


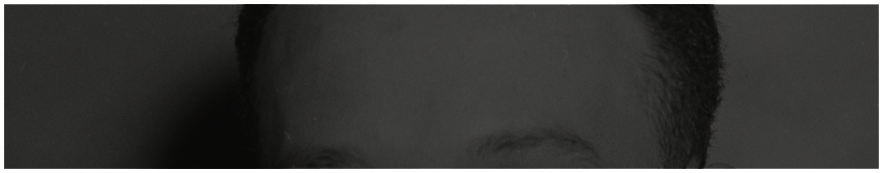
MAYA ANGELOU



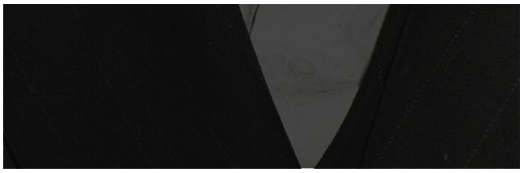
Marguerite Annie Johnson is an American poet, memoirist, and civil rights activist. She published seven autobiographies, three books of essays, several books of poetry, and is credited with a list of plays, movies, and television shows spanning over 50 years. She received dozens of awards and more than 50 honorary degrees. Angelou is best known for her series of seven autobiographies, which focus on her childhood and early adult experiences. The first one, I Know Why the Caged Bird Sings tells a beautiful story of her life up to the age of 17 and brought her international recognition and acclaim.





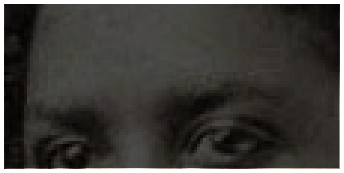


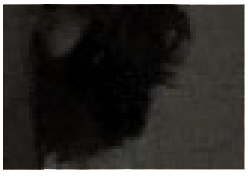
CHARLES HENRY ALSTON



He was an American painter, sculptor, illustrator, muralist and teacher who lived and worked in the New York City, neighborhood of Harlem. Alston was active in the Harlem Renaissance. He designed and painted captivating murals at the Harlem Hospital and the Golden State Mutual Life Insurance Building. In 1990 Alston's bust of Martin Luther King, Jr. became the first image of an African American displayed at the White House.

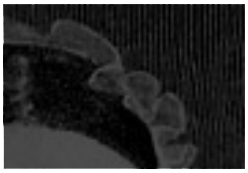
She was an African American sculptor, of mixed African-American and Native American. She was born free in Upstate New York, and worked for most of her career in Rome, Italy. She holds the title of the first African American sculptor to achieve national as well as international prominence. Edmonia remained the only Black woman artist by the end of the 19th century who had participated in and been recognized by the American artistic mainstream.

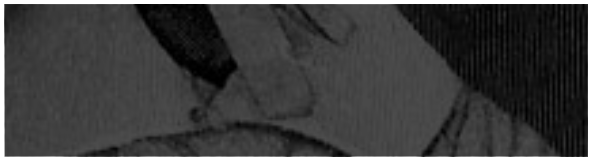


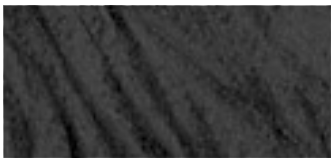


EDMONIA LEWIS

ANGELINA WELD GRIMKE

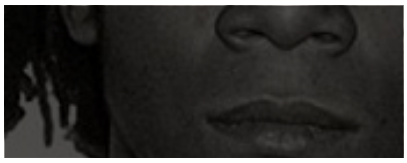






She was an American journalist, teacher, playwright, and poet. "Race" was a major issue in her life; although she was 75% white, with a Caucasian mother and a half-Caucasian father, she was still considered a "woman of color". Angela was one of the first American women of color to have had a play publicly performed.

JEAN-MICHEL BASQUIAT



Basquiat began painting graffiti in the late 1970s, often socializing and working alongside other artists of the subculture in the Bronx and Harlem. Graffiti artists often focus on figurative images (cartoonish pictures of animals, people and objects). This mesmerizing black spray paint tag on a wall is emblematic of the SAMO works. The concept of SAMO, was developed during Basquiat's involvement with a drama project in New York, where he conceived a character that was devoted to selling a fake religion.

MSK BLOCK

TIPS N' TRICKS

Interview with Dr. Paul Ganguly

by Tehreemah Raziq

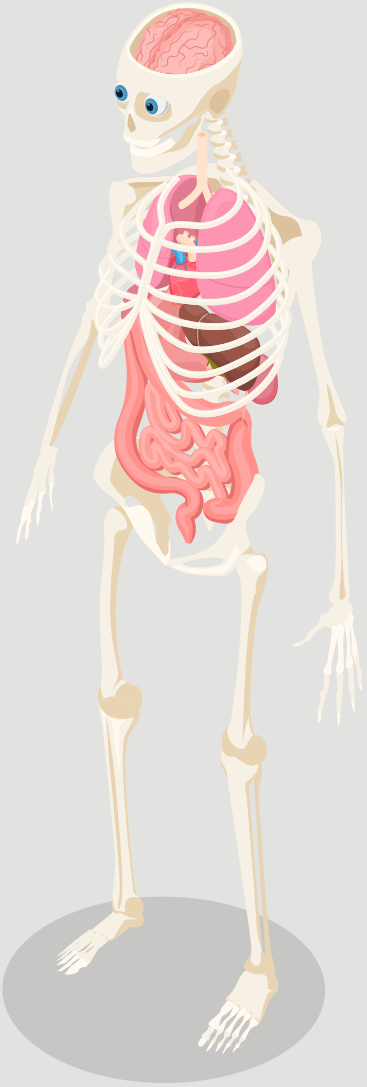
Dr. Pallab (Paul) Ganguly is one of the five founding members of the College of Medicine at Alfaisal. Amongst numerous awards and accolades, Dr. Paul has received a Merit award from the University of Manitoba, Young Investigator Award from the Canadian Cardiovascular Society, Young Investigator Award from the American College of Angiology, a Gold Medal from the International Society for Heart Research, and other awards from Alfaisal for being the Best Professor (in research) and the Most Popular Professor. Dr. Paul shares his experience with MedTimes and how he established the musculoskeletal (MSK) block in the university.

Upon receiving his MBBS and MD degrees from the North Bengal University and the All-India Institute of Medical Sciences respectively, Dr. Paul travelled to Canada to complete his postdoctoral training at the University of Manitoba. It was there that he was introduced to the love of cadaver dissections and the pleasure of teaching. While appreciating the convenience of plastination, diagrammatic charts, and anatomage, Dr. Paul insists that there is no better way to be interested in the human musculoskeletal system than through dissections.

After pursuing his education in the American College of Angiology, Dr. Paul became appointed Professor of Anatomy in the College of Medicine at Alfaisal. At that time, cadaveric dissections were not well recognized and taught at the university. Nevertheless, and slowly but surely, students came to terms with it and thereafter Dr. Paul became a pioneer in establishing the MSK block in 2008.

Given that MSK is one of the longest blocks in first year (spanning 7 weeks), Dr. Paul advises that in order to be in line with the block's objectives, students must study on a daily basis, review on a weekly basis to avoid accumulation of study material, as well as attend all lectures, interactive review sessions, and TBLs. He also encourages students to actively participate in lab sessions, as the many facilities such as CT scans, cadaver dissection, histology slides and models will not only aid in the learning process but also provoke students' interests and love for the block.

Dr. Paul states that MSK is a very interesting block, yet also admits that it can be challenging especially due to the memorization of many medical terms that originate from Latin and Greek. He also says that learning about all the nerves and blood vessels and their branches, locations, functions as well as clinical aspects can be arduous. On the bright side, he says that students often find the lower limb easier than the upper limb since they have gotten used to the nomenclature. Afterall, "This is medicine, and nothing is too difficult such that it cannot be done" Dr. Paul states. He advises students to think of it as a learning process, commenting that even he himself as a professor is learning.



Some of the learning resources Dr. Paul recommends are the textbooks listed by the lecturers and the presentation slides provided. He encourages peer assistance as it can be challenging for a student to study on his/her own. An effective study method according to him is dividing the study material amongst friends and quizzing each other.

When asked how the doctor would like to be regarded by his students, he smiled at the common notion of being the sweetest faculty member. He reminds us that he is the MSK Block Director and the Chairman of the Assessment Office and that sometimes decisions have to be taken that will not please all stakeholders, particularly students. He states that although he is honored to be regarded as one of the sweetest, he is also quite strict in most matters.

On behalf of MedTimes, we would like to thank Dr. Paul for his time and all his thoughtful words for advice. We are pleased to have reassurance from the "most popular" professor at the university.

T/A INTERVIEW: Dr. Saad Mansoor

By Tariq Makhzoum

The MSK block tends to be a very hard-hitting block with its focus mainly on anatomy and lab. It can be very easy to get lost between muscles, innervations, and plexuses. To assist in the combat of this, we asked Dr. Saad Mansoor to give us some advice on the hidden tips and tricks that will allow you to ace this block.

When it comes to MSK, Dr. Saad states, lectures sit on the throne. They form the foundation of what you study and are the pillars upon which the exam is built. You can't afford to enter the exam hall without having killed the lectures, and if you're only studying from one place, let it be the lectures. Directly following them is the lab. Not only does the lab give you a perfect opportunity to repeat what was taken in class with hands-on experience, but it also displays the material that may even appear verbatim on the OSPE. Then comes solving questions, whether Guyton's physiology, BRS anatomy, or Michigan questions. They form the third pillar to success and make the difference between a B or an A. However, the lectures can sometimes cause confusion. To counter, supplementing them with some book reading can help plug the holes; or you could reach out to your mentor or a TA and ask for help with the material, as they will always oblige you.

Naturally, many professors teach MSK, and any student with a powerful desire to succeed needs to be aware of the professors' psychological biases. To start things off, Dr. Paul Ganguly stands at the peak as the block director, so, his words are no different from law. If he mentions the food that he ate in the morning, there's not an unreasonable possibility that it may appear at the end of the block. However, this doesn't mean by any standards that you should neglect the other teachers. Dr. Atif will often include animations in his slides, which offer very clear visual demonstrations to allow you to visualize concepts. As for Dr. Ani, her lab demonstrations stand in excellent combination with her lectures, so pay attention to those to assist in your gaps of understanding. Finally, anything can be on the exam. A professor saying that something is "not that important" doesn't carry any bearing on what may be written in the questions.

As for some tactical maneuvers to navigate through the heavy load, Dr. Saad was not scanty in offering his advice. Most importantly, give labs their proper due, even the review sessions, as the very specimens you see in class may be the same ones you see in the OSPE. As for memorizing all the anatomical phrases, using a table with 3 columns for muscle names, innervation, and additional notes respectively can allow you to memorize large swathes of information incredibly easy. Plus, turning the histology slides into flashcards that you go over once in the morning, then once before bed allows you to perfect your information.

Ultimately, the wise Dr advises, enjoy your university time when you can afford it. Through cultivating discipline, and slowly building up your skills, you can guarantee that you succeed in this block.

The Ultimate Guide To MSK

Interview with Sarah Alsaleh *by Momo Arai*

MSK or Musculoskeletal block is the first "real" block for students, and that can be extremely intense and challenging for them. Luckily, Sarah Alsaleh, currently a second year medical student, has provided an insight of what to expect in this block.

What is the most important subject?

It is essential to master anatomy as the majority of the lectures and exam questions will be from it.

Most important concepts in MSK:

- **Anatomy**: Features of bones, joints, muscles, nerve supply, and clinical cases. Blood supply is very crucial as the doctors love to ask questions about it.
- **Physiology**: How smooth and skeletal muscles contract.
- **Embryology**: The formation of ectoderm, mesoderm, and endoderm.
- **Histology**: Histology of skeletal, cardiac, and smooth muscles.

Resources:

Lectures should be prioritized as questions are never asked from other resources, unless the doctors mention a specific video or an external reference you should stick to the lectures.

Where to practice questions?

Guyton's review, Gray's anatomy review, BRS Physiology and Anatomy, and questions from University of Michigan are some of the most outstanding practice tools for this block. Past exams collected by the exam committee are also excellent resources for practice.

How to study intensively?

- Being disciplined. One must pick themselves up no matter how hard they get pushed down.
- Study smart, not hard. Choose a time that guarantees no interruptions and dedicate it only for studying. This, combined with regular breaks, will ensure an effective study method to avoid burn out.
- Link the concepts together. For example, after taking the anterior compartment of the forearm and the thigh, compare their structures to differentiate between the two and not get mixed up in questions.
- Make a list for anatomy. Summarize a segment of the body like the shoulder region on one page, include bones, muscles, innervation and blood supply. Mention the clinical scenarios, syndromes, and their symptoms as well. This will provide a sufficient outline for revision.

Tips and tricks:

- *Test and practice.* After learning a complex concept like the brachial plexus, draw the system out from memory. This will aid in active recall.
- Devote one day a week for *parallel blocks* like MOL as letting them pile up can be disastrous at the end.
- *Pay attention in lectures.* Review them daily without rushing until you grasp the main concepts.
- Make up *mnemonics* and crazy stories to recall important concepts.
- Lastly, never give up. "Dream of the grade you want, make Dua, and start working for it."

POD BLOCK TIPS AND TRICKS

Interview with Dr. Hatouf

By Feras Ataya

Dr. Hatouf Sukkarieh was born in Amman, Jordan where she completed her Bachelor degree in pharmacy. She then moved to the US and decided to pursue her PhD in pharmacology and physiology. Upon graduating, she moved to Saudi Arabia and joined Alfaisal University to become an Assistant Professor of Pharmacology. Dr. Hatouf shares her experience and career choices, and gives her advice on the most commonly asked questions by students.

How did you become interested in your field?

In the 7th grade, I was terrible in chemistry. I struggled with it so much that my older sister who was good at it would tutor me. In every topic, she used to give me tips and tricks and hints here and there -- which to me evolved into a game. Overtime, I excelled in the subject and became top in my class to the point where my family started to say that Hatouf would make a great pharmacist.
As high school graduation was approaching and it was time for college, I knew I needed to make a career choice fast. So I took advice from my family and close friends and they all agreed that pharmacy is the career for me. And that is what I went for. After graduating undergrad, I worked in the pharmaceutical industry in companies like Merck, as well as in retail pharmacies. When I decided to pursue my PhD, graduates were told to teach the postdocs some pharmaceutical techniques. I enjoyed teaching so much and would always get positive feedback for my way of conveying information that I decided to pursue a teaching career.

What are the characteristics of high achieving students in your opinion?

Having the mindset that you will achieve is only the first step to achieving. What are the rest of the steps then? I remember a friend of mine who did not put a lot of time into studying and was able to sleep at night and still get an A. I became very curious so I asked her for her secret. She revealed that she is always attentive with professors when the material is discussed, because that is what is most likely going to be asked on the exam. So if you thoroughly understand the material with the information that your professors want you to focus on, then achieving is the only option. Also never skip something that you don't understand. Use imagery to help you understand and remember like a cartoon or a simple video that a kid would watch, for example, – that's okay.

You already touched upon this. In your opinion, what is an effective method for studying lectures, especially when on a time constraint?

Why is the time limited, that's the question. We make it limited – it is not. Procrastination is very costly to a medical student. If you have a plan, then there shouldn't be limited time. But answering your question, I would be attentive in class. Second, I would go to a professor or a TA and ask them if they could re-explain concepts or clarify topics. That way, it cuts the study time down. I wouldn't mind students coming to me and asking me about what they need to focus on or what is very important, or asking me to reexplain a concept. Another thing to do is to go back to the learning objectives since they cover the main points. On top of all this, we need to take care of ourselves.. take breaks when needed, eat a healthy diet, and get a good night's sleep. Afterall, you are in control of managing your time and getting the help and resources you need.

What are some challenges that are unique to POD?

It's a bit of everything; "a flower from each grove"[translation of Arabic proverb]. It's challenging, but you have to accept the challenge.

If students have trouble understanding the material of POD, what advice would you give them, and what resources would you recommend?

POD is like any other block. The only difference is the diversity of topics. The first thing I would think of is linking. If I am taking antibiotics in pharma, then I would study that in micro. I fell in love with the block system because it is like puzzle pieces that you put together. I feel like students start POD with a very high level of fear, worry, and stress. How on Earth would that help you get through anything? We also have our social lives. Organize yourself, be more focused, and you will get there. Good luck!

Do you have specific advice for students doing POD?

Have fun. Enjoy it. Work together. Open up to others. Share the stress, but share the enjoyment too. I still remember when I joined Alfaisal, I gave a lecture and someone came to me. She stopped me and said, "oh my God, I actually understood!" I said, "oh great, I am so happy for you." So, enjoy that achievement. We're going to get through this together.

Do you have any closing remarks for our readers?

I love my students and I wish you all the best of luck. I am very proud of you. The faculty is there for you – in our different ways; in our smile, in our support, and even in our criticism. We still love you and support you.

POD

T/A INTERVIEW: Dr. Sana Kadan

By Feras Ataya

Could you please introduce yourself to our readers?

I am Sana Kadan, a TA. I've been a TA in this university for 2 years and I work in the anatomy department. I started off as direct student at Alfaisal, so I was a student up to my internship for 6 years. And it was a journey, to say the least. It was a great experience in the university. Obviously, some things have changed since then, but the basics haven't.

What are your future plans?

I was very dedicated to having a physician's pathway, but now I am considering an academic one a bit more. I am pursuing both, and we'll see which one works out eventually Insha'Allah.

What were some of the challenges presented by POD, and how did you overcome them?

POD, unlike other blocks, is heavily reliant on memorization. You take EndoRepro before POD, and EndoRepro is highly dependent on your understanding. Pharmacology and microbiology took me by surprise when I first started. Everybody who freaked because of these two subjects in particular. However, there are definitely ways to overcome these challenges. I feel like every person who had trouble with pharma, was able to overcome it by creating tables. For microbiology, First Aid for the USMLE has two charts – one for gram-positive and one for gram-negative that pretty much saved people's lives at the time.

You already touched upon this in your response earlier, but were there specific resources that you used to study POD?

For micro, First Aid's tables are amazing. Don't depend on short term memory. You need to repeat it several times for it to stick. For pharma, the lectures are more than enough – lectures might even be more detailed. But if you read a pharmacology book – you WILL get lost. Pathology is the only subject that I used a book for, which was Robbin's Basic Pathology. This is only if you feel like you are lost in the lecture. Some doctors go into too many details, so you could refer to the book to make it a bit more organized for yourself. Then there's immunology, slides are more than enough for immunology. You don't need to refer to a book.

What about Pathoma? Did you make use of that?

Yes. At the end of the block if I feel certain topics are unclear to me, I go watch it in Pathoma. It helped reinforce the information. Some doctors have lectures that are very straightforward, so you probably won't need to refer to anything else. They won't ask outside what they taught you. The ones that have very detailed slides, the approach would become one of two; either you refer to a book if you want it to be more organized, or you transcribe. Transcription is a really good strategy for pathology because it really helps you understand what the doctor wants you to know for the exam.

What were the positive habits that helped you in POD?

In other blocks I used to leave everything till the last three days before an exam. This really affected me negatively when POD came along, because I suddenly had 8 lectures piled up in the 1st week. I would force myself, despite everything, to sit down and study every day. Once I fixed it, nothing piled up during this block. I would have 3 days. I would study lecture on the 1st two days, and then on the 3rd day, I would revise. Once I started doing that, I noticed that by the last week of the block I didn't have anything I didn't know. Everything was clear. Once I made this a habit, it made the block a lot easier.

Do you have any closing remarks? Don't listen to your seniors when they tell you that POD is a bad block. You don't even need to use your brain cells for this one. You just have to keep repeating and repeating until it sticks. Like parrots. If you freak out, any effort you make will go to waste. So, don't be nervous – just relax.

STUDENT INTERVIEW - Bader Abou Shaar

By Feras Ataya

Bader Abou Shaar is a 4th year medical student who was admitted as a direct student. He was actively involved in research early on by joining the Undergraduate Research Committee (now the International Office). In addition, he joined the MedTimes photography team and was the head of the lab committee during POD. Moreover, he joined the Exam and PBL committees, and was the head of the Waman Ahyaha photography team.

"It was a very enriching experience to be exposed to all of these different clubs, committees, and teams. It was beneficial to building my personality and developing other skills that are critical for medical students specifically and students generally", Bader said.

His hobbies were include reading, table tennis, and swimming.

What was the influence of the habits you had developed on POD?

I would try to get an idea about the upcoming lectures by going through the previous batch's lectures or by skimming through the topic quickly in a book. After having the lecture, I would study the lecture right after because the doctor's voice would still be resonating in the back of my mind. You need to implement those two habits consistently; if you are not consistent, it won't work out.

What about the negative habits?

Procrastination, not using the habits I talked about earlier, and being too indulged in extracurricular activities. I know people who have been negatively affected in their academics by indulging too much in extracurriculars.

Which resources do you recommend?

I used SketchyMicro. It is for people who enjoy utilizing visual aids to learn. Furthermore, the labs were supplemental, reinforcing what we learned in lectures, and giving us the chance to see organisms on agar plates. I discovered Clinical Microbiology Made Ridiculously Simple towards the end of the block and used it minimally. I don't recommend using 1000-paged books – ask the professor if you need further information.

We had about 24 pharmacology lectures and had a tough time memorizing all the drugs. SketchyPharm was not complete at that time but now is good, although it is time-consuming resource. Rang & Dale's Pharmacology Flashcards provide a summary overview.

Pathoma is the number 1 most recommended resource for pathology. It was critical in POD for understanding everything concisely. By subscribing Dr. Sattar's, there are straightforward videos come along with a book which is a transcription close to those videos. Doctors will recommend Robbin's Basic Pathology but I didn't find reading 10 pages for a lesson an efficient use of my time.
Immunology was a challenge – not focusing on the first few lectures meant never focusing again and never understanding how we got from here to there. Kaplan Step 1 for immunology was a good introduction to the topic. First Aid will not help you unless you supplement it with B&B or Osmosis.

How did you supplement the studying for POD with studying for board exams, if you did at all?

I was concerned with studying the information for what it was. I go through Sketchy and Pathoma videos swiftly now that I am revisiting them because I got familiar with the visual approach they take.
Did you make use of Anki? I have prepared the program on my phone and PC but I would like to utilize it towards the end of my first pass of First Aid.

What were some of the challenges of POD and how did you overcome them?

There was a comment made by most of students at that time. They got surprised about how the exam questions were distributed. For my side, I took an entire week to memorize all 24 pharmacology lectures, drugs, side effects, and indications. Then we had about 3 or 4 pharmacology questions. It felt quite disappointing, especially when you know you did your best to study the whole material comprehensively.

Do you have any advice for challenges that might face a student whose exam is in a few days or weeks?

If you prepared well then you shouldn't really think about what is going to happen since all that's left are the supplications of your parents and Allah's blessing. Leave your fate in the hands of Allah.

Any closing remarks?

Live your life; don't lock yourself in your room and study 10 hours a day. Enjoy your time and have a healthy balance in your life.

HEM BLOCK

TIPS N' TRICKS

nterview with Hem/Onco Block Director: Dr. Raihan

by Zainab Ifthikar & Maha Hameed

How long have you been teaching the Hem/Onco Block in Alfaisal?

I started teaching in 2012 when the first Hem Onc block was conducted, so it's been about 8 years now.

In medical school, did you plan on becoming a professor in the future?

It was not in medical school when I decided to become a professor, rather much later in my residency that this route opened up. I did a 5-year residency training in hematology in Aga Khan university, Karachi. Due to many personal, social and political reasons at the time, I stayed in Aga Khan University and started teaching. I taught from the time I finished my residency in 2003 till the year I joined Alfaisal University in 2011.

What made you choose Hem/Onco as a specialty?

After graduation, I had actually planned to become a neurosurgeon! First, I decided to give Surgery part one of Pakistan Board Examination but failed twice. I then gave Medicine part one of the same exam and failed that as well. This amounted to 3 failures in a row within the same year to someone who had never failed an exam before in his life. I then sought out advice from my seniors, all of whom suggested going into Pathology. I gave that exam and passed, in the first attempt. However, by the time I passed, the residency applications in Pathology had already closed, and I would have to wait another year.

To my surprise, out of nowhere, there was a residency position available in Aga Khan University in the middle of the year. Five candidates were applying for this position, out of which I was chosen. During my interview I was offered different specialties within Pathology, but I chose Hem/Onco since I found it most clinically oriented. At the time, there were no residency positions available in any other hospital, and to this day, they have never offered them in the middle of the year.

What advice do you have for students choosing their specialty?

In light of the story I just mentioned, I want my students to always keep their options and minds open. Never become fixated on something, because that might not always end up being the right path for you. My advice would be to also apply for other specialties that are not necessarily your first choice.

What would you say has been the most rewarding aspect of your teaching experience?

Over here in AlFaisal, it is the students. The level of the students that I have seen in the last 8 years, in regard to respect and love they give is what I consider to be top-notch. The way that the students behave here is truly phenomenal, and I think that the number one thing that I have really enjoyed, is the interaction that I've had over these years with some of the most brilliant and respectful students.

Do you have any tips for how students can optimize their studying for this block?

Hem/onco is only 3-weeks long, but all of the midterms also fall on every Sunday during this block. I've said this before many times; "If you fail to plan, you plan to fail". The most important advice that I can give, is time management. I suggest keeping 4 days of the week (e.g. Sunday to Wednesday) to study for Hem/Onco and the other 3 days for studying for your midterms.

> *"Some people are made of stardust and the luminescence of their work truly reflects that."*

You've become more active on twitter over the past year, how has using twitter to interact with your students impacted you?

It feels like being in the company of your friends and colleagues, "mahfil" as we say in Urdu. I mostly follow the AlFaisal community consisting of those that are current students or have already graduated, because most of my tweets are directed to them. It has been helpful during this COVID-19 situation, as I have gained many friends whom are my students during this very trying time.

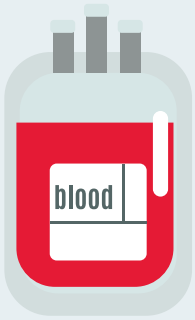
What is one place you wish everyone visited in your home country Pakistan and why?

It's very hard to just choose one place, but if someone wanted to see heaven on Earth, I would say to visit Kaghan and Naran (the Northern areas) during the summer months May to August.

Last question before we leave, in one sentence what is your definition of a student who is a high achiever?

Someone who has learnt how to excel in studies whilst being able to maintain a good work-life balance.

HEM



T/A INTERVIEW: Dr. Hakim AlMakdama

by Yara Akkielah

What approach do you recommend students follow for the Hem/onc block?

So, for the approach I'm going to divide it into two: there is the approach for you and then there's the approach to do well on the exam. I always like to start with the approach for you, because whether you're getting an A or a C+, if you leave this block understanding the basics and understanding how to implement what you've learned then you're a winner. So, for 3rd year, I would highly advise, regardless if you want to take your board exams for the USA or not, it's the year you should study from First Aid. It's what I genuinely believe in because First Aid is a summary of everything. The best thing you can do for this block is to make sure you study the lectures, but you also integrate it with first aid. I highly recommend it to everyone I talk to, and this applies to any block. Then solve uWorld questions. Do not enter the exam before you solve all uWorld questions that are related to the block. It is not only great for your understanding, but if you're able to solve uWorld and do great on it, I promise you will do well on your exam. However, all of this is to help you prepare for the exams. Now, on the other hand, for the exam I'll be very honest about it. I think Dr. Raihan is the most suited person for this block, and I'm not saying this just to please him. I genuinely mean it. I had the same opinion when I was a student and I stand by it now as well. With Dr. Raihan, use transcriptions or the recordings and listen very carefully. He says his MCQs in class. He literally repeats the important things over and over again.

There are also the large group discussions which come in the form of clinical scenarios, and last year, for example, I believe that two out of three of the SAQs were thoroughly derived from LGDs. As for the clinicals. Let's put it this way: Clinicians come in class and they bring an eighty-slide lecture. But if you focus, you will realize that out of these eighty slides, they only ever focus on 15 or 20. That's where they stop, and they repeat the concepts. So, with clinicians, again just pay attention to what they're saying. It's going to be very long, and it's going be a lot of repetition, but they literally tell you what they want in class. The last thing I think is that there are a lot of cancers like leukemias and lymphomas. I think Dr. Emad Raddaoui gave this lecture and did a wonderful job at it. The lecture covers everything, but it was very long because there is a lot to cover. My advice is to make a table for the cancers with the important characteristics and genes.

To summarize everything, Dr. Raihan's words are gold. Clinicians pay attention to them as they give you the questions in class. SAQs come from the large group discussions, and for pathology you should definitely do Pathoma, which is incredible, and Dr. Emad's lectures are very important.

STUDENT INTERVIEW - Radwan Alkhatib

By Feras Ataya

The hematology block is a short block, one that's only three weeks long, with each week covering a certain theme. Usually speaking, the final 3-4 days are free of lectures and its also worth noting that clinical lectures in this block are minimal. With that being said, how does one acheive an A in such a block?

We interviewed Radwan Alkhatib, a fourth-year medical student.
He is a top performer in his batch who also achieved an A in this block.

"How do you study intensively and take notes during classes?"

Radwan replied by saying it depends on the professor. He recommends either completely focusing and writing everything down in-class for slow-paced doctors or recording the lecture and listening at home for doctors who explain very fast.Radwan also recommends dividing the lectures amongst friends to save time "Batchmates should save each other's time by dividing the major and most critical lectures of the block among themselves, listening to them, and writing notes".

"What advice do you have for doing well in this block?"

He responded by telling us to focus on Dr. Raihan' words, the director of the block. "Doctor Raihan is one of the greatest professors you will ever meet, along with his enjoyable and humorous style of teaching that you will never forget. Given that, anything taught by him should be studied not only for your exam, but also for your clinical years for sure! This is because Doctor Raihan prepares his lectures by focusing on the most important and high-yield concepts that any student should not finish the heme/onc block without knowing!"

Any practical tips for studying the block?

"I recommend every third-year medical student to stick to these advice, not only in heme/onc block, but in all third year blocks. They are a key to success." "External resources must always be your companion. I recommend that students watch Pathoma before attending the in-class lectures. This will give them an overview of what to expect in class so that they do not feel lost". He went on by saying that "After class, they should watch Boards & Beyonds to make sure that they have covered the major concepts. They then should proceed with studying the slides".

We asked him how important is that?

"Pathoma and BnB are the lifesavers of third year medical students. Though many students may underestimate that, never ever should a student skip them while studying any particular block"

Any hard lectures or ones that are worth focusing on?

"So we have stressed enough on the pathology lectures given by Doctor Raihan; they are the bulk of the block. After that, it is worth noting that lymphoma and the 5 microbiology lectures in this block are the hardest lectures. Though they may take time and effort, they should never be left for the night before the final!"

What is a characteristic of a high achieving student?

"High achieving students don't have to be the ones that get A's, though this is important for sure, but rather those that try to integrate information from studying all these years to come up with a clear, specific, and to-the-point answer in a matter of seconds whenever faced with a scenario or a question."

THIS IS GOING TO HURT
A BOOK REVIEW

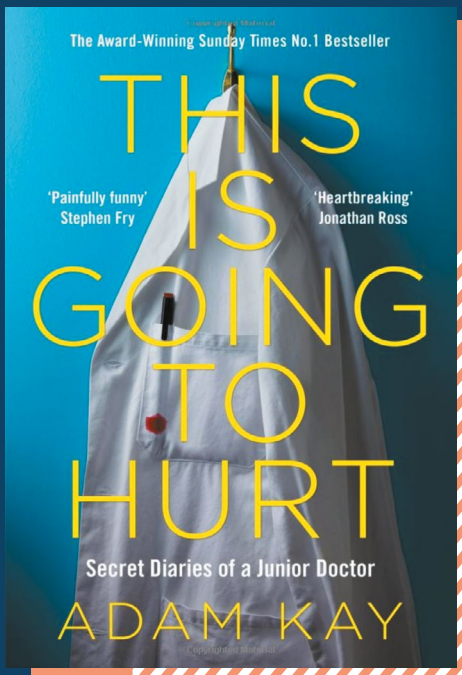
For this month's MedTimes Recommendation, we're shining the spotlight on the hugely popular memoir by the doctor-turned-comedian and writer for film and TV, Adam Kay.
This is Going to Hurt is a book of a culmination of diary entries written by Dr. Kay that walk you through his years of medical training, starting with him as a junior and working up all the way to his time as a consultant at the National Health Service in the United Kingdom.

With over 1.5 million copies sold and three national book awards, this book has captured (and broken) the hearts of many. It is refreshingly lighthearted yet brutally honest about the trials and tribulations that doctors face on a daily basis, and the enormous emotional toll it has on the brave souls that decide to make this their living.

This hilarious and heartbreaking book is infused with comedy and amusing anecdotes of his time on the OBGYN ward; it's guaranteed to have you grinning from ear to ear on one page then reaching for the tissue box on the next.
There are explanations of all the medical terms the author uses throughout the book so that any person, in the medical field or not, can smoothly follow along and get a clear imagine of the scene the author is painting.

What's even better is that the general flow of the book is quite easy to keep up with as it is a collection of largely unconnected dairy entries and so is the perfect read for the busy medical student: you can put it down during exam season and pick it up a few weeks later to resume reading where you left off with ease.

The title should be fair warning enough, but WARNING: this doesn't have a happy ending, so if you're one to shy away from a few tears, then this book is not for you.



Here's a little taste of the humor you'll be getting:

Thursday, 10 August 2006

Reviewing a mother in clinic, six weeks after a traumatic delivery. All is now well, but something is clearly troubling her. I ask her what's up and she breaks down in tears – she thinks the baby has a brain tumour and asks me to have a look. It's very much not my department* but one look at the mother's collapsed face tells me that now perhaps wouldn't be the best time to play the unhelpful station assistant at a ticket window and advise she should see her GP. I examine the child and hope that whatever she's concerned about is within the limited parameters of my paediatric knowledge.

She shows me a hard swelling on the back of baby's head. My ship has somehow come in and I can confidently announce that this is baby's occipital protuberance, which is a completely normal part of the skull. Look, there it is on your other kid's head! There it is on your head!
'Oh my God,' she cries, the tears still streaking her face, eyes darting from her baby to her three-year-old and back again, like she's watching Wimbledon. 'It's hereditary.'

Excerpt From: Adam Kay. "This is Going to Hurt."

by Dalia Hamdan

A BREAST CANCER SURVIVOR: LIGHT AT THE END OF THE TUNNEL

by Raghad Hijazi

Can you tell me about yourself and when you were diagnosed with breast cancer?

My name is Samira Hakeem, I am from Makkah, but I live in Riyadh. I have four girls. I was diagnosed in December 2018.

What kind of treatment did you receive? And for how long?

I first received chemotherapy which lasted for 7 months. Following that, I underwent a surgery to remove both breasts which lasted for 5 months. The last procedure I had was an Oophorectomy (removal of the ovaries) as a preventative treatment.

Hair loss is one of the more difficult stages of treatment; how would you describe your experience with losing your hair?

It was extremely difficult but reminding myself that my hair is going to grow back helped a lot.

Have you joined any support groups? If yes, how did you benefit from them?

Yes; they provided me with immense psychological support. Interacting with those that have recovered gave me hope. It was like looking at the finish line.

Is there any advice that you would like to share with those who are undergoing treatment?

Try to be strong, do not lose hope, and seek the help of Allah. Remember that what you are currently going through is temporary.

If you were to give advice to relatives of a breast cancer patient, what would you tell them?

Treat them with empathy and compassion, not with sympathy. Tell them that you understand their emotional turbulence. Also, try to talk to them about subjects that are not related to their illness.

In your opinion, what topics made you feel uncomfortable when talked about?

People asking about how large the tumor is, what stage it is, about the details of the treatment and so on.

What advice would you give to future physicians regarding dealing with patients?

Treat the patient and not the disease; give them enough time, explain to them, and listen to them.

INTERVIEW WITH DOCTOR KAUSAR SULEMAN

A BREAST CANCER SPECIALIST

By Feras Ataya

Dr. Kausar Suleman was born in Pakistan and studied medicine there – in DOW University. She completed her internship, did her ECFMG, and then went to the US. She started her residency in NYC in a Columbia affiliated program. After completing her internal medicine residency, she decided to stay in the US, and started her practice. She felt that oncology was the only specialty wherein she struggled. Soon after her colleague was diagnosed with cancer, dying in front of her, leaving her feeling that she could not help at all. So, she chose to pursue oncology as a subspecialty.

Could you briefly introduce yourself to our readers?

During my 3 years of internal medicine practice I had married. My husband was in Houston, so I moved there. I think it was my fate to go into oncology because I applied to one university and it was only during the last month when they were starting the fellowship. They did not accept my application at first, but I made friends with the secretary and she pushed the program director to interview me. He was nice and said we have positions for next year. I said, "fine, but if some position comes up, let me know." He called me in Ramadan and told me that a candidate will not be coming. I got my green card, moved, and started my fellowship. When I finished, I had my 2nd baby, and my husband was concerned that the kids were getting neglected. My program really wanted me to stay, and I told them I could only do that if I was part-time. They never offered part-time positions but created a space for me where I would work clinics 3 days a week and could finish the rest at home. I was an assistant professor, then an associate, and in 2008 I decided to go into private practice. I didn't like it because I was used to challenging cases. I thought we needed to go back to our roots, so we moved here. I love it here – we initially came for a year but have been here for 10!

How do breast cancer patients usually present? At what age should women check for signs of breast cancer and how often?

The guidelines used to be that every woman has to perform a self-breast exam, which has been discouraged now. This is applicable in the West due to anxious patients who receive excessive workup. Whereas here, we get patients that have a 5- or 6-centimeter mass and don't know when it appeared. Screening is recommended at about 45 years of age by the American Cancer Society, but should we apply the same thing here? The average age is about 55 to 60 in postmenopausal women in the West, but the median age here is 45. The statistics are the same, but 60% of our population is young, so it should be 40 at least. A breast exam by a healthcare provider between the ages of 40 and 49 is good. awareness in healthcare

providers is a must– there are a lot of myths about workup being contraindicated in pregnant women and that we should let the pregnancy finish before continuing.

What are the treatment options for breast cancer? If a woman tests positive for a mutation in either BRCA1 or BRCA2 genes, how should she proceed?

Ideally, if breast cancer has not spread beyond the breast and local lymph nodes, then it is curable. Breast cancer is not one single disease. They are treated according to type and on a receptor basis. Local therapy (surgery, radiation) and systemic therapy (chemotherapy, hormonal therapy, biological therapy) depending on the type of cancer and its aggressiveness. BRCA mutation is completely different and was popularized by some film actors. The most common cause of breast cancer is being female. Women have a 1 in 8 lifetime risk of developing breast cancer. Yes, if a patient does have a BRCA mutation then their lifetime risk is 60% to 80%, but only 5% to 10% of the population has a BRCA mutation. It is not mandatory to remove both breasts if you have the mutation – yes, it decreases the chances, but it does not make them 0. It is recommended to remove both ovaries once the family is complete or at the age of 35. A patient with a BRCA mutation who did not go for a skin sparing bilateral mastectomy should be screened from age 30. Breast tissue is dense in women under 40, so a mammogram is not useful; MRI is recommended for screening in these patients.

We often hear stories of women hesitating to see a doctor if they notice an irregularity in their breast. What prevents a woman from seeking a doctor in these cases? Are there hurdles preventing them from seeking a doctor?

I don't think it is a single factor here, locally. We are all human. No one wants to hear bad news and we all go through denial. Personally, I worry about a blood test because I am diabetic. I don't like doing my HbA1c. I understand this factor, but we have to overcome it. There is a small percentage who are scared that their breast cancer is a punishment of some sin they committed or are scared that their spouse will leave them because therapy has made them menopausal. I have a few patients who stopped therapy just to become pregnant. I have one highly educated girl who works and just decided not to take therapy. She is lucky she has not had a recurrence. Of course, therapy is not 100%, but it still decreases the chances. There are families who are unfortunately not supportive; their ladies are alone. One patient who was 45 years old had metastatic breast cancer and came to my clinic many years ago – I still can't forget this incident. He brothers brought her. I disclosed that she was metastatic. The brother said, "there is no problem, she is an old woman – she will be dying regardless." And I said, "she's not dying." That woman had the drive to live. She wanted to survive and raise her kids. She stayed for another 4 or 5 years and followed all therapies religiously. When the time came, I told her, "now, I think we have to stop." She quietly accepted. Recently, I called one patient who had such an aggressive tumor that I felt it would burst out and become a wound. He husband refused to bring her. "Why didn't you do everything on the same day?! We are coming from a long distance." She came with her sister, who is taking care of her. She is not getting support. In a 2-week period, her breast mass burst into a full-blown wound. On the other hand, there are families who are so supportive that they become completely devoted. I think we humans have to all think that what goes around comes around.

You already touched upon this in your response to the previous question. What role does the patient's family play after the diagnosis?

Sometimes the family is more miserable – I really think that they need more social and psychological support. You were asking me how students can help – you guys can help by making a support system. We are probably limited to big cities and are not in remote areas. There are very good support systems where patients explain things to other patients; that is the best way to understand, because no matter how much we explain the side effects to them, once they hear it from another patient, they understand it better. If one person is sick, then the entire family is affected.

> Screening is recommended at about 45 years of age by the American Cancer Society

> Women have a 1 in 8 lifetime risk of developing breast cancer.

What can we do as an individual to raise awareness of breast cancer? And what can we do as a community?

I think you guys are doing a good job. If your presence and guidance can help one family only, it can make a huge difference, because that one family is a whole generation. We also need to raise awareness among primary physicians.

Do you have any closing remarks?

I think I am happy that students have so much awareness. You guys are trying to help out and want to work. It's excellent.

MY IDOL WOMAN

by Lara Majdi

From my heart to her pumping heart
From my breath to her abroad breath
Is gravity pulling us or are we just floating around
Is the world making us far apart or am I yet an embryo living in

YOU

From her lightening side
To her polished nails
A deep ecstatic bright smile in between
With the white glowing teeth
A glance to her shinning black eyes
A look at her symmetrical face

Expressing deep feelings
With every thought she remembers
And thinking of her history
How fast days pass
With everlasting tik-toks,
A never-ending moving clock
Everything changes
YES, changes to the BETTER
And she's younger everyday with the greatest ideas to have

With being an idol woman
A fairy is seen
Visible to herself when everyone is blind
Being independent
Leaving her age behind
Hearing gossip from others
Yes, who said she cares
A plethora of confidence
Being stronger everyday
With the best motivation to carry

I'm puzzled if I'm you
or yet striving to be you
For all words that go unspoken
I should admit
Yes, it's an idol woman

Yes, it's HER!

Yes, it's HER

Yes, it's HER!

She Thrives on Pain

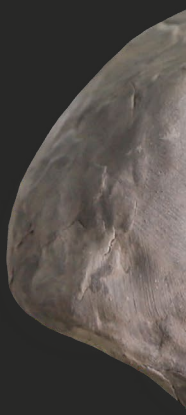
by Sara Samhan

AFTER

A rainy night
An exhausting day
Nothing is going as she wants
Seeing her upside-down happiness
Having lots of annoying interferences
Knowing nothing
Being lost
Sinking frequently
Being lost in the dark depth of the sea
All the darkness she sees
Seeing the reflection of her pale face
Lots of overthinking
Knowing nothing but just lost in the sea

Searching for any approaching light
When she finally reaches the deck of the sea,
A moonlight appears
With a silent whisper to hear
From afar an echo is heard
“Hey! You reached the deck
And soon you’ll shoot for the moon
With a deep persistence to have
Thriving every day with a stronger perseverance
Seeing her eyes shining with passion
With flying high in the pitch-dark midnight
Facing obstacles and soaring high into the sky
With having an optimistic sorrow smile
A new chapter will open soon
After reaching the moon
Approaching daily to her goal
Hearing a high-pitched sharp tone
With wandering around
Approaching the moon to be reached
Sitting on it like an angle
With breathtaking scenery
Seeing all of you on earth
She thrives on pain
Yes, she does

Piece 03



While the breast is often represented as an unsuitable organ, it's a piece of the body that should be celebrated, supported, and, adorned. The sculpture is meant to utilise flowers and stems, that wrap around the chest, as a representation of glands and ducts of the mammary glands. It reminds women and men alike of the ever growing beauty of our bodies.

by Lina Abu Sulayman

"COVID-19 has changed the lives of so many in many aspects, including academically, nonetheless I want to reassure you, Pandemic or not, Alfaisal university continuously works on ensuring the presence and implementation of the three pillars of which modern medical education is based on: knowledge ,skills and attitude. This will help provide students with the armor they need for life after graduation. The office of Vice Deanship of Academic Affairs will always be there to support you in every aspect, and my office is always open. Rest assured, you are well taken care of, and I am certain our students will be able to conquer and excel in their careers with great confidence and the proper preparation. I wish you all the best of luck."

- Dr. Wael Al-Kattan

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Until next time...

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