

MED TIMES

WINTER
2021



**THE VACCINE:
BRINGING
HOPE AMID THE
CRISIS**

EMOTIONAL
SUPPORT
COLUMN...
**Q&A WITH DR
HOMOUD ALABRI**

THE SPREAD OF
COVID DEPRESSION

SHOWCASING OUR
STUDENTS' ACHIEVEMENTS



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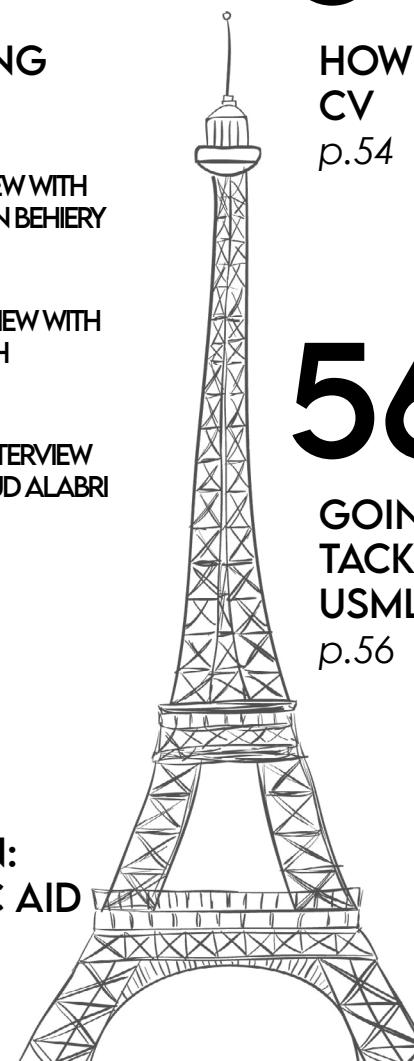
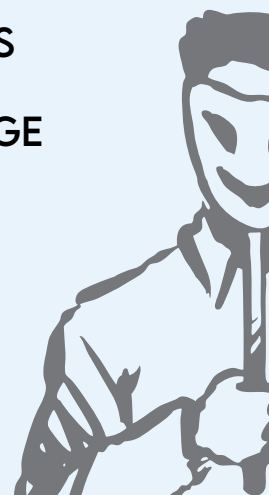
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THE VACCINE

BRINGING HOPE AMID THE CRISIS

by Laiba Zahid

It had happened just overnight. The entire world had completely shut down, the clock ticked but lives remained still. Sunrise after sunset, it was months of isolation, loss, grief, and attempts at distracting our minds from the ongoing distress in the world as hope crippled day by day. Needless to say, this year has remodeled the world in every aspect such that returning back to normal seems to be what everyone desperately desires but also fears the most. Through the development of scientific technology and medicine, many promising vaccine candidates have been successfully developed, and are just waiting to be introduced to the world.

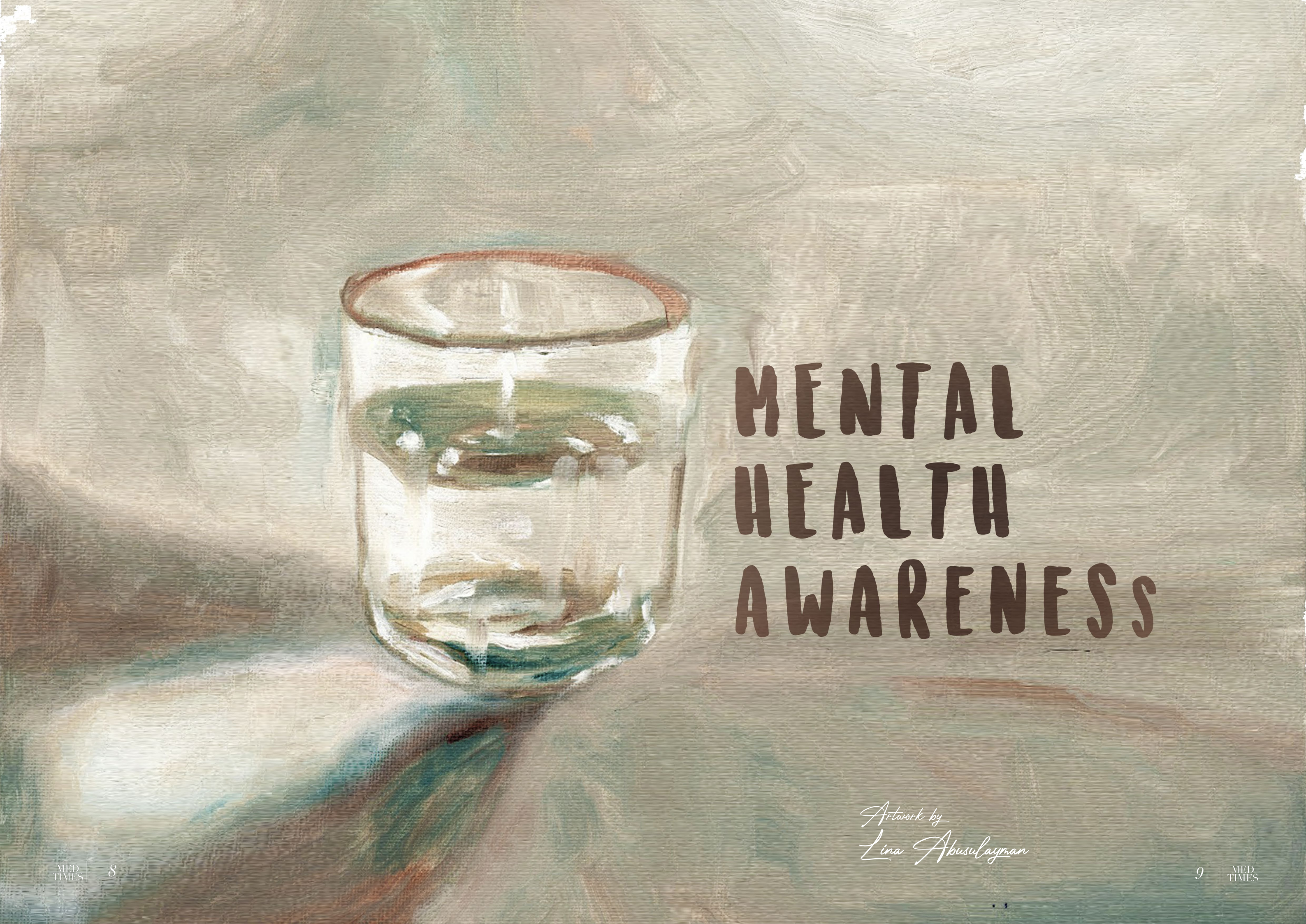
One of the earliest releases of vaccine trial results were of the **"mRNA-1273"** vaccine developed by the U.S. With an incredible 94.5% effectiveness, such that if exposed to the real virus it would be able to surmount an efficient response to it. Interestingly enough, it was created by the unusual use of the virus' mRNA - a technique that has never been used in any approved vaccines up to date.

Though quicker and easier to manufacture, it has been reported to have an insatiable and inefficient mode of delivery into the body. Similarly, **Pfizer** from Germany has proposed its own mRNA vaccine with a 95% effectiveness in preventing COVID-19. The company has also publicized its plans of producing 50 million doses in 2020 and up to 1.3 billion doses by the end of 2021.

The German researchers found that their vaccine promoted the immune system of patients involved in the study to produce neutralizing antibodies at levels much higher than those found in recovered patients. Only a fraction of the participants developed side effects such as fever, fatigue, headache, chills, and joint pain.

Another candidate is popularly known as the **"Oxford vaccine: ChAdOx1 nCoV-19"** has been generated by a weakened version of a common cold virus: the adenovirus that infects chimpanzees. It has been stated to be 70% - 90% effective once given in the right dose: twice, 28 days apart. The vaccine showed similar immune responses between ages 18-55 and even above, proving itself to be perfect for adults of all ages, without any serious adverse effects. Despite the high percentage of effectiveness, it is no secret that weakened viruses tend to be riskier for immunocompromised people that just happen to be the prime target for covid. A Chinese company has come up with a vaccine labeled **CoronaVac**, made up of an inactivated version of the SARS-CoV-2 virus. The dosage was set as 2 doses taken 14 days apart with the requirement of booster shots for it to work most efficiently. CoronaVac is declared to be well-tolerated by adults without any side effects and has actually been administered to 90% of the company's employees following its approval by the Chinese government for emergency use.

The COVID-19 pandemic may have been the worst in history, resulting in more than half a million deaths after being classified as a pandemic by the WHO. Despite the agitations regarding immunization, millions of lives are saved, and it is recognized widely as one of the most successful and cost-effective health interventions. Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough because they do not eradicate the virus. In order to stop this fatal pandemic, it is absolutely crucial to combat it by getting vaccinated alongside following all safety measures.



MENTAL HEALTH AWARENESS

*Artwork by
Lina Abusulayman*

THE SPREAD OF COVID DEPRESSION

by Heba Rahman

Days dreadfully turn into months as the nagging feeling of uncertainty pushes one deeper into the abyss of depression, which is a mood disorder that causes a persistent feeling of sadness and loss of interest. Throughout the pandemic, depression rates have exponentially increased – taking in many new victims within its folds. Generally, a three-fold increase was reported in the number of adults suffering from depression before and after the pandemic. This increase stems from various factors like having anxiety about the virus, loneliness from lockdown, but the main driver of depression was financial worries.

The novel coronavirus initially brought along with it a whiff of unknown danger, which planted a deep-rooted seed of fear in the hearts of people. This seed turned to a plant and blossomed once infections began to spread like wildfires. Now, the situation has only worsened due to the lack of preparedness and actions from some governments along with insufficient supplies and ICU units within hospitals. All of this has increased the people's fear of catching the virus, further deteriorating their mental health. Moreover, the grief of losing a family member or a loved one to COVID-19 causes a lot of mental strain. Coping with grief during COVID-19 has brought its own set of obstacles which make it even harder to recover than it already is. Researchers estimate that for every person who dies of COVID-19, nine close family members were affected. Although the death rates of COVID-19 are not astoundingly high, the impact of even one death infects and haunts a large number of people for much longer than the virus can.

To limit the spread of the virus, lockdown was mandated by most governments. As a consequence, people reported feeling extremely lonely in these dire times. For example, people who test positive for COVID-19 must be isolated, which is the antithesis of the norm where patients lean on loved ones for comfort. Grieving people were stripped from the privilege of spending time with the deceased or even with family and friends to share the pain with. Also, people already diagnosed with depression before the pandemic reported their symptoms getting worsened due to the inability to have a face-to-face session with

their psychiatrist.

Lastly, financial worries are the major stressors during these times. Because of lockdown, a multitude of people are now facing job, food, and house insecurity - a stressful experience associated with distress and negative feelings. Specifically, the team found that individuals with less than \$5,000 in savings were 50% more likely to be experiencing

Despite all these, there is a light shining at the end of this dark tunnel. Several efforts have been made by various governments and hospitals to stifle the growth of depression including seminars and free psychiatrist consultations. In these trying times, it is important to know that no one is alone with their sorrows and that in the dark creeks that run by there is this thick paw of life darting among.



by Tariq Makhzoum

IMPOSTER SYNDROME

The Superwo(man) The Perfectionist The Natural Genius The Expert The Rugged Individualist

It's results day. Messages are flying around. Happy people, sad people, congratulations and condolences getting thrown around like candy on Halloween. Finally, a familiar chime rings from your phone. Your heart leaps. The whole universe holds its breath. Just before the screen, you hesitate. Anxiety sets in. You take a deep breath, stilling your emotions. Then, you open the results. Relief washes over, and it's breathed out with a sigh. "Better than expected," you say. But something still remains, a feeling of unworthiness, of self-doubt. An unshakeable fear that one day, your accomplishments will be exposed, the mask will fall, and all of the achievements will be revealed for what they truly are, raw luck.

If you've experienced this before, congrats, you've experienced imposter syndrome, welcome to the club (you can collect your cookies and certificate down the hall and to the left). First discovered 1978 by Dr. Pauline R. Clance and Dr. Suzanne A. Imes, Imposter syndrome –Also called imposter phenomenon– is an experience of intellectual fraud, where a person believes that they are unworthy of their achievements, but instead reached them through luck, or that they've tricked others into believing that they are sharper than they truly are. Current research suggests that over 2/3 of people experience imposter syndrome at some point in their lives. Even within Alfaisal, 60% of students experience imposter syndrome, giving roughly 1740 people that all share the same experience.

Often times, people with imposter syndrome, tend to ignore evidence of their ability, and will often, in their own minds, highlight their own failures, in spite of external interference. This happens due to the false assumption that others are just as skilled as you are, making you feel unworthy of your achievements.

So, I hear you ask, having imposter syndrome is kind of sad, how do I fix it? (What do you mean you weren't asking that? I'll assume you did and move on). First of all, if the stats above didn't make this painfully obvious, you aren't alone. Even great minds, such as that of Einstein, aren't invulnerable to this fatal weakness. Even he would often feel that he was simply luckier than his peers, despite having extraordinary intelligence that was recognized by many. Thus, the first step is communication. Simply sharing your experience with others that have experienced it can weaken the syndrome's grip on your mind. Another tactic employed in therapy sessions is rephrasing. Changing "I might fail this exam," to "I got this," can help remove the self-doubt that sets the scene for imposterism to seep in. Last, but certainly not least, remember that it's okay to experience self-doubt, to experience imposter syndrome. Never (and I cannot stress this enough) deprive yourself of your emotions. Ultimately, the first step to solving a problem is always to spot it. Only then, can you shift your frame of mind.

VINCENT VAN GOGH

Psychosis & Creativity

by Mohamad Halawani

Vincent Willem van Gogh "the tortured genius" was one of, if not the best, painter of all time. In a decade, he created hundreds of paintings that would later be considered masterpieces. His work was very personal to him and he made it clear that he cared most about the feeling he gives off to the person seeing the art. "I want to touch people with my art. I want them to say 'he feels deeply, he feels tenderly'." His emotions and his thoughts were somewhat of an issue though. It is believed that Vincent suffered from severe depression and anxiety, and some believe he also had schizophrenia. The things that affected him the most were his psychotic episodes, believed to be caused by his mental disorders and abuse of absinthe.

Throughout his life, Vincent had 12 psychotic episodes which resulted in some of his most notable artworks. During his first psychotic episode, Vincent cut off his own ear in a fit of rage. After a few other psychotic episodes, Vincent was admitted into a psychiatric hospital, where he spent most of his time. Many of his greatest paintings were made in the garden of the hospital during his episodes. "I put my heart and soul into my work, and I have lost my mind in the process". Because of this, many believed that he was only great because of his suffering and his episodes, but I disagree. Van Gogh has shown that at his worst times, when he felt the most pain, he was able to create something beautiful, something that touches you. He

found beauty in the struggles, and love in the darkness within him. This only shows that mental illnesses do not define a person and their actions, but their love, passion and determination is what makes them, them.

Throughout his life, he was called a failure and a madman, yet he did not let that push him away from his passion; his passion only grew stronger with pain. "I can't change the fact that my paintings don't sell, but the time will come when people will recognize that they are worth more than the value of the paints used in the picture." This just shows his absolute determination and belief that he has in himself. Sadly, Vincent never got to see the day that he so dearly anticipated. He passed two days after a self-inflicted gunshot. But his work lived on posthumously, Johanna van Gogh-Bonger, Vincent's sister-in-law, collected his work after her husband Theo died. The paintings were later showcased at art exhibits, and people started to realize how great of a loss Vincent's death was.

"If you hear a voice within you say you cannot paint, then by all means paint and that voice will be silenced." This quote summarizes what I am trying to say here. Do what you love, put your heart and soul into what you think deserves it, and try to find beauty in the pain. There is always good in the bad, and bad in the good. You just need to find that, not only in things around you, but also within yourself. Beauty surrounds us.



MENTAL HEALTH ART COMPETITION

Art is essential to life and its valuable role in mental health is being recognized and used to help people explore their emotions.

The winning pieces, among the many submissions received, were selected by the MedTimes heads alongside the influence of Alfaisal students' votes.

First place goes to Rana AlMoghanam's powerful piece, and the reason behind choosing this painting extends beyond the artistic skills, as the painting's simplicity and its ability to perfectly capture mental health can't go unnoticed. The art truly speaks for itself, yet the artist describes her painting beautifully.

Second place goes to Lina AbuSulayman, for its uniqueness and its accurate yet captivating depiction of the variability of mental health.

Finally, third place goes to Raffi Ahmad AlMutawa, for its crushing, dark, yet skillful illustration of someone suffering from mental illness with the surrounding discrimination of an overly critical society.

FIRST PLACE: BEAUTY WITHIN SADNESS

by Rana AlMoghanam



I personally believe that individuals usually perceive mental illnesses negatively; Nevertheless there's beauty within sadness and pain. Pain teaches us to handle situations differently, as well preparing us to grow .

SECOND PLACE: DREAMING 816

If only I could be a flower by the river, instead of a person on the sidelines of their own life.

Earth, sky, and me.

If only I could be consumed by flowers, instead of by my fears.

Tulips, sunflowers, and me.

If only I could be consumed by the water rushing by, instead of time passing by.

Waterfalls, rivers, and me.

If only I could.

by Lina AbuSulayman



THIRD PLACE: I CHOSE THIS

A man, trying to hold on to what sanity he has left, chained to his own mind, falling apart, slowly darkening up to his society as he becomes one with the world around him. Members of society, ghostly figures, stand and stare as they mock him.

The birds in the sky flying above him, mocking society, possibly all he may have left. This is a reference to a part of society's discrimination against people suffering from mental health issues. Many times when one feels comfortable explaining their problem, society mocks them, claiming they "chose to act like that" or they brought it on themselves.

by Raffi Ahmad AlMutawa



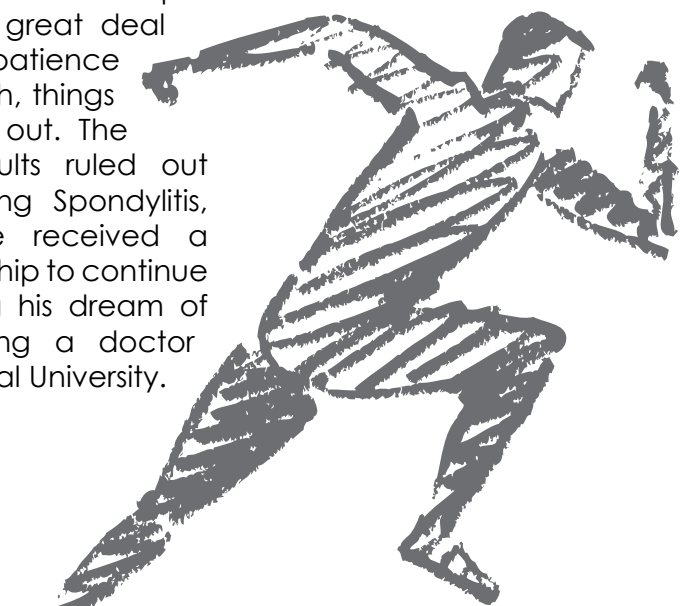
A TALE OF PERSEVERANCE

by Yara Akkielah

This is an interview conducted with Zahid Alkhatib, a fifth year medical student with an inspiring backstory that reminds us that things have their own way of working out eventually. Zahid was born and raised in Riyadh. When he graduated high school, he went to Syria to study medicine. He was doing well in his first year, but towards the middle of the year, he started having health problems. The doctors suspected Ankylosing Spondylitis, which required long-term and expensive treatment that was not available there in Syria. His father then urged him to come back to Riyadh for further investigations and

treatments and apply to Alfaisal University, despite the financial obstacles due to the hefty tuition. This, naturally, brought on plenty of stress and worry, about his health and his education, but he never lost hope. After a great deal of patience and faith, things worked out. The test results ruled out Ankylosing Spondylitis, and he received a scholarship to continue pursuing his dream of becoming a doctor at Alfaisal University.

Zahid's patience and perseverance is truly an inspiration. He was kind enough to share important lessons he learned and tips that helped him push through the difficulties, carry on, and get to where he is now.



What obstacle have you faced in medical school?

No specific obstacle, but if I had to choose, I'd say the obstacle of time. All students feel like they are running out of time, especially in second year, and it does not get better in third year with the four or five parallels. It is very exhausting and draining.

What obstacles do you notice most students face?

Procrastination: After exams, they delay studying for the block. It was a huge struggle for me, as well. Whenever you delay, you do not really study. Your brain is programmed to never study. My advice? Just sit down and do it. You will feel better afterwards

Negativity: High negativity and lots of depression in our atmosphere. First, there is negativity from ourselves. If someone got a really bad grade, they destroy themselves by overthinking. I've been through this myself. How to stop this? Zoom out. Go outside with people, go to the cinema, or go for a walk. DO NOT TALK ABOUT MEDICINE. The other part is negativity from your friends. The "I told you to study early on" and such, even if it is intended as advice, it can negatively affect someone. Try to focus on the advice part of it and not the criticism for the sake of your mental health.

Social media: If you search for my accounts, you will find them inactive for more than a year. Social media is built for addiction. Taking a break for 5 minutes ends up being an hour or so. I cut social media. I try to keep my phone away. Most people spend an average of 6-7 hours a day on their phones. This is a lot of time. I am not saying to completely cut it off, but rather control it. Fill your time with other things. Personally, after reducing my screen time, I had a lot of free time, which I spent on football, learning languages, reading books, and other courses to increase general knowledge. Get off your phone and spend time with your family and friends face-to-face. I think these three points play into mental well-being as well.

What advice do you have for your younger self at the time?

Find what works for you. It will take time, but it will be worth it. Do not just settle for something that is not doing you any good.

What helped you get through these hectic times?

What made me get through is that I liked medicine. Also, when you hear motivational words from others like friends and family.

Did you ever reconsider medicine?

It was very brief, but I got through it.

Is there any uplifting incident that stuck with you to this day?

Yes, of course. In fourth year, there was a female patient who knew we were students, and she said the sincerest prayer. You leave the room feeling like this made your day.

Also, I did a general surgery elective in third year, and out of nowhere, the doctor told me: you will go through a lot of rough times, but you will get through them. I see the potential doctor in you. This stayed with me and helped me push through the difficult times.

What advice do you have for everyone reading this?

If you entered medicine because you liked it, push through with it.

This Makes No Cents

Written by Bushra Alshaar
Artwork by Adnan Dwehji

When had my value become the answer to a mathematical equation? When was it that the amount of space I take up with my own flesh and blood and heart and soul was reduced to numbers that could only be valid if they were within a certain range? And if they were anything above or below that range I suddenly became a wrong answer, something that would show "Math ERROR" on a calculator because, due to the immoral laws of media, it shouldn't exist.

Then society makes us believe that we are under an obligation to employ absolute values and reciprocals, go through the effort of making our denominators the same, to take out what's common and start cancelling that, just to fix this. To try and make all 7.5 billion people meet the answer key.

When did my worth become measured by the size of a meaningless number on a social network? A place that claims to bring people together, when in truth it is just an embodiment of human uncertainty and need for validation. How many people from that number actually know what my favorite food is, or know anything about my black hole theories or my opinions about how time is a concept rather than a fact? (For time is a number, too.) How many of that number know that existence does not need proofs or applications of formulas to be valid? That we have no need to reduce our complexity into canonical forms in order to fit in?

(Do they realize they have made me a number just so I can be added to theirs?) Why must we compress our lives into points of (x, y) and force our accomplishments and dexterity to be plotted into graphs of uniform shapes and familiar names? Where if we don't meet the terms "hyperbola", "sinusoidal" and such, we have gone astray and must revise the tables?

My intelligence is doubted because my numbers show that I have none. The efficiency of my brain, the speed of my message transmitter neurons, the analysis of information my eyes absorb, the beauty of science and miracles, the allocation of memories and soul, both of which even "people of intelligence" know nothing about as of yet, have been squeezed into mere percentages! Do they realize that they make me feel like a cent? Worth only one-hundredth of a currency unit? A value so obsolete that there has been debate about removing the coin altogether?

Like vending machines, I must either give the exact number they require or not buy anything at all. I wonder if I am capable of scraping together enough numbers to please those institutions and have them give me a future. Despite my verbal rebellion, I cannot disregard an entire system. That system is tragically embedded into my coding just as much as it has in anyone else. I cannot deny that the numbers I wish never existed made me feel like a number.

I want to exist.

So, since I am forced to play by their game, I will at least disregard every asymptote and undefined point, I will become the range of negative infinity to infinity. I have found a loophole and I intend to exploit it. In this way, I can be anything I want to be and still be found in an answer key. On the green screen of a calculator, printed within the bounds of black pixels, is not "Math ERROR", it is a number.

That number is me.

However, in the future, I hope they fear being fed their own medicine.

"The limit does not exist" is an answer, too.

Introducing

When was the last time you learned a Saudi-specific health statistic? Maybe an odd slide in a COM lecture or something you saw scrolling through Twitter? Chances are, you have learned more about healthcare in the West than in the very country you study in. A quick google search would take you to American CDC websites and UK NHS infographics, but seldom to a Saudi-published PubMed article. This may seem like a mild nuisance, a couple clicks through google scholar never hurt anyone, right? Not exactly. This seemingly small obstacle is a part of a much larger, more complex problem: the scarcity of representation of the Saudi demographic in public health campaigns.

خير

Perhaps you've heard the infamous figure that claims one in eight women will fall victim to breast cancer in her lifetime. Although this statistic falls true in North America, women in Saudi have a heightened risk with the number rising to approximately one in five women (21.8%). This slight deviation in figures can have a greater, unprecedented effect. Inconsistent figures can psychologically lower the urgency for preventative care, making the work done by public health campaigns futile and, as a result, subjugating more women to dismal fates.

Health Khair

By: Sarah Haque

Raising health awareness across a population is a key means for fostering better social and health outcomes. However, without access to demographic-specific public health information, the full extent of these beneficial outcomes is not entirely possible. Just as our culture and social structures differ from other countries— particularly the West, where most mainstream health statistics are derived from— our health data does too. It is due time to make this valuable data and statistics simplified and accessible for all residents of the Kingdom.

فيلد

A new initiative, “Health خير,” seeks to increase the awareness of the greater Saudi population by granting access to key measures, evidence, and statistics within the health sector. It strives to accomplish this goal with condensed and visually appealing infographics that use research-driven information to raise awareness of pertinent health subjects. Find out more @healthkhair on Instagram.

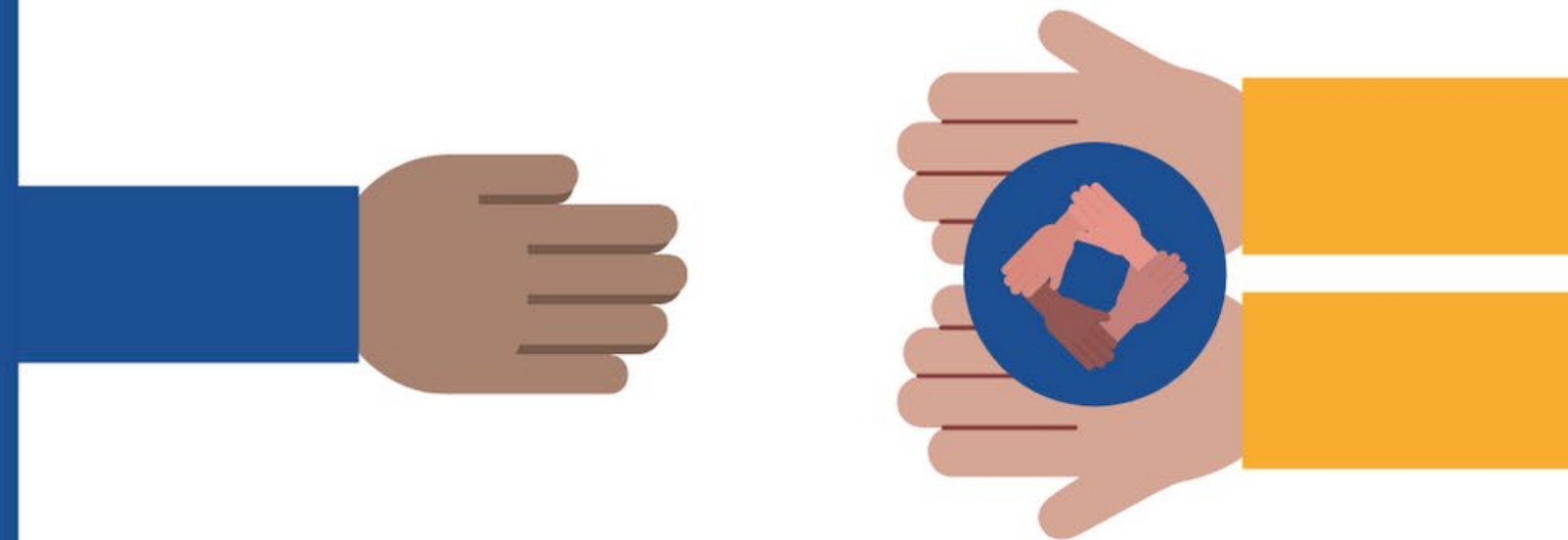
HELPLINES IN KSA

By: Sarah Haque

Living in this region of the world, it is easy for cultural, spiritual, and familial beliefs to influence how we perceive mental illness. In many cases, these overlying traditional beliefs affect our attitude towards our own psychological well being, instilling an internalized prejudice that denies us from seeking help and effectively leads to a prolonged course of illness and worsened quality of life. Although there has been dramatic progress within our lifetime to address this subject— namely social media movements advocating for emotional honesty and the implementation of the first ever Saudi Mental Health Policy in 2006— but until we put mental health on par with physical health, sustainable progress can never truly be achieved.

More interventions and research should be conducted in settings like schools and colleges where the youth spend the majority of their time. Based on the results of the SNMHS, it is apparent that mental health conditions are most prevalent among the Saudi adolescents. The SNMHS highly encourages future research to target this finding in particular and to build upon it, as the youth are a vital resource of every country.

Let us create a shared environment of trust



While we have come a long way with normalizing discussions about mental healthcare, we have significant lengths to go to remove the stigma by our respective cultures and to increase access to mental healthcare. We continue to see mental healthcare as a response to problems, rather than something recommended for everyone as a way to improve life in general. If we are able to alter this understanding, it will not only further remove stigma, it will encourage people to seek out help before they are in crisis. Having a healthy outlet for coping with the ever-present stresses that accompany life and medical school is critical to decompress and decipher the next steps of action when our mental health is in shambles. Often this can look like a positive behaviour or hobby, but often it means talking about problems and seeking help. In the case of the latter, The National Center for Mental Health Promotion provides the following services:

- Call **937**: Ministry of Health Call Center
- **Ajwad app**: rehabilitation services to psychiatric patients and the disabled
- **Qareebon app**: provides mental health e-services and treatments and free psychological consultations
- Call **920 03 33 60**: Psychological Consultation center which comprises mental health specialists and counselors that provide confidential and professional consultations by phone. (8 AM to 4 PM, Sat-Thu)
- **Alfaisal counselors**

MENTAL HEALTH AMELIORATION SOCIETY



We are the Mental Health Amelioration Society, a group of medical students who noticed a gap and aimed to fill it by guiding our peers through the important process of maintaining their mental health. We believe that the impact of the MHAS will enrich the university community into a brighter and healthier future - just like what our logo represents!



President

Aya Arwadi



Vice President

Khadeeja
Moustafa



Head of Events

Atiah Bilkis Bint
Ismail



Events Associate

Mais Gaith



Head of Centralized Care

Shaima Sadeq
Proma



Centralized Care Associate

Lya Lama
Laurence



Head of Design

Bushra Alshaar



Head of Social Media

Danah Majed
AlSaedi

Special thanks to Hadeel Alhemsy for her invaluable efforts since April 2019

PAST EVENTS

October 2019

How to Human Workshop

In this workshop, Dr. Raed Albar and Dr. Ali Garatli went into the details of how our emotions control our behavior in order to help us better understand ourselves. O, a medical student, said that he really enjoyed the lectures and thought they were very helpful especially during stressful times and studying. A, another medical student, said that she felt like her whole perspective on her emotions now changed because she saw them from a different point of view.

Stigma (In collaboration with The Writing Club)

This campaign aimed to spread awareness about the importance of mental health and to engage the student body in a conversation about its importance. After participating in a game of "Myth or Fact" at our booth, O.K. shared that he had faced some of these misconceptions throughout his life and is glad that awareness is being spread. He had experienced people assuming that he could easily overcome his depression and admitted that it made him feel worse at the time.

November 2019

Mental Health Symposium (In collaboration with LIFE Org)

This awareness campaign was done at Kingdom and Dar AlBaraa Schools to spread awareness about anxiety, depression, bullying and substance abuse. It also aimed to give the students insight into the correct approach to these issues. One middle school student expressed his desire to work on his anger because small things frustrate him unnecessarily. He thought it was part of his personality but noticed that it was affecting his social relationships and decided to work on it. Another group of friends asked us about ways they could overcome their anxiety before exams which led to a large group discussion with many students sharing their experiences with us and listening intently during our presentation on the topic.

December 2019

Stress Relief

This 3-day event was meant to show students an array of activities they could try to overcome or relieve their stress. We showcased activities such as playing table tennis, coloring mandalas, gardening and sculpting with clay. A third year medical student said that the event provided him with a much needed change of atmosphere and a nurturing environment where he could exhibit healthy self expression through art. L.B., an engineering student, said that art in general and specifically clay was recommended by her therapist and it helped her through a very difficult time.

February 2020

Art Hive

The Art Hive offered students a wide variety of traditional and non-traditional materials to inspire their creativity which is proven to relieve stress, increase focus, and improve memory. A. M., a student of architectural engineering, said the Art hive was one of her favorite events last semester. "It was really chill and fun and such a nice break from exams." N.A., a student of business, said that she had an amazing experience at the Art Hive as it was fun, entertaining and informative.

March 2020

Body Language

In this workshop, Dr. Raed Albar discussed how to interpret body language cues and facial micro-expressions. A second-year medical student said the slides were great, the lecturer was knowledgeable, and the best part was the tests at the end with insightful and clear videos. C.A. said that the body language workshop helped her in having more empathy with her friends and in detecting how they might be feeling, improving her relationships.

November 2020

Personality Workshop

This workshop helped students understand their personalities better and how to improve them. A. I. said, "I not only gained knowledge about myself but also it helped me structure my study plan as I could pick on my weakness and strengths."

December 2020

Resiliency in Unity Discussion Group

This group brought students together and encouraged them to open up about their feelings. S.A. said, "Being student-led, it really made me realize that I was not alone in feeling pre-exam stress, and I was given (actually) helpful tips on how to navigate these emotions and come out on top."

Emotional Support Column

by Dalia Hamdan

Mental health is a demon we all battle from time to time. In my personal experience, university students, particularly medical students, are especially prone to falling victim to these crippling thoughts. Although the world is progressing towards more encouragement for speaking up about these struggles, there still seems to be a stigma around reaching out and asking for help. Acknowledging your unhealthy thoughts and accepting the fact that there are professionals that can help you lead a happier and healthier life should be viewed as a sign of extraordinary strength and self-awareness, and not in any way a sign of weakness. In an attempt to help our students get some weight off their shoulders, the MedTimes team sent out an email to the entire Alfaisal student body to see what questions you would like answered by our beloved Psychology professor, Dr. Homoud Alabri.

How can I make a proper sleep routine while maintaining a maximum study plan? My grades are good but I'm not happy with this way of life. Do you think I should just continue as I am, or make a firm stance to change my routine? and if so, how?

First, this is a very good question because many students struggle with the lack of sleep. It is essential to know that we depend on our minds for academic performance, so it is very important to give ourselves a healthy sleeping routine. And we can achieve that by sleeping at least eight hours and it must be mostly at nighttime.

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Any student that needs help, we are here to support you any time at the counseling unit at student affairs. We have many years of experience with academic difficulties and psychological disorders, so please do not hesitate to contact us.

- Dr. Homoud Alabri

To change any bad habit, we need to put a plan for the new habit and follow it for several weeks until it becomes a daily routine like brushing your teeth. It may be hard in the beginning with some resistance, but if you follow the plan it will stick forever.

I struggled with caring about academics this year. With everything that happened over the summer, I now feel like everything in life is not significant. I feel that nothing really matters since many people have bigger issues. How do you suggest I get rid of this way of thinking?

This may be a sign of depression; it is better to sit down with the counselor to talk about your situation and help you correct some cognitive distortion about yourself or life in general.

How can I manage to deal with burnout before finals? I don't have the energy to study but I have to.

Burnout is related to continuous stress without having breaks. It is very important to remember to have short breaks, like 10 minutes every hour, and move from your desk and do something you like and enjoy. Change your study location or change the environment atmosphere. Treat yourself to a good enjoyable activity at the end of a long study day and go out for a nice meal or take a short walk or a nice warm bath.

7 WONDERS OF SAUDI ARABIA

by Momo Arai

Artwork by Lina Abusulayman

"Travel and change of place impart new vigor to the mind".

Here are some places, both in and out of Riyadh, to fuel your wanderlust.

THE SAUDI TITANIC, GULF OF AQABAH

After its accident more than four decades back, Georgios G still stands amidst the coral reefs and is now an integral part of the scenic beach. It is located 40 km south of Haql and is popular not only for its sandy beach and snorkeling services, but also for this shipwreck that stands as a breathtaking silhouette in the turquoise sea.



AL SOUDAH CABLE CAR STATION, ABHA

Jabal Al Soudah, about 3000 m above sea level, is the highest peak in Saudi Arabia and is engulfed in clouds. It also has the longest and the highest cable car in the kingdom that is the main highlight of the area. It whisks passengers from the peak of the mountain and covers 1,183 meters through the sea of clouds. Want to escape the city and relax in mountainous greenery? Well, this is it.



SAUDI'S SCUBA DIVING BASE, YANBU

Yanbu, "the pearl of the red sea", is a port city with several magnificent diving spots. Vibrant coral reefs, marine sea creatures, and even sunken ships can be spotted from different diving areas. An adventure into the realm of marine life and a myriad of colors: who can say no to that?

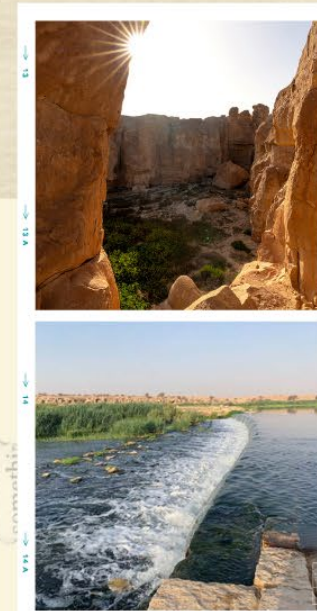
EDGE OF THE WORLD, RIYADH

A spectacle in a rocky backdrop 90 kilometers northwest of Riyadh, this place is named so due to the uninterrupted panoramic view of the horizon from the top of the infamous "column". You can admire the wonderful view and even camp. There are walkways that you can follow and hike to the bottom, with unique views of the skyline all the way down.



LAKE PARK, RIYADH

Only one hour away from the center of the city, Lake Park has a wonderful lake, hence the name. It offers several picnic areas and a waterfall that cascades down in the lush greenery and rocky background. The waterfall is remarkable, and the pathways dotted with trees are perfect for long walks. What could be a better place to cool off?



AL-QARAH MOUNTAIN, HOFUF

Entitled as a world heritage site by UNESCO in 2018, Al Qarah Mountain houses natural caves and is worth the visit. Located 10 km away from Hofuf, its colossal ridges and sedimentary cliffs can be seen from a distance. Explore these towering monuments and its caverns for an unforgettable caving experience.



ZERO LATENCY, RIYADH

It is named due to the removal of motion sickness usually associated with VR. It offers a variety of entertainment where you are free to move around and play any one of the games available with your friends and family. Enter a different world with Zero Latency: the world of virtual reality.



THE CURIOUS TALE OF PHINEAS GAGE

by Feras Ataya

Fig. 466.—Convulsions and fissures of the outer surface of the cerebral hemisphere.

The year is 1848. A handsome man of 25 was digging into the bowels of the earth, stuffing the hole with a mixture of saltpeter, sulfur, and charcoal – tense, volatile, and explosive gunpowder. Rutland and Burlington Railroad Company had hired a contractor to level a parcel of land for laying down railroad tracks, and the foreman of the operation was our 25-year-old Phineas Gage, born to humble farmers in the good state of New Hampshire. Feeding the rocky carpet with explosives then detonating them would flatten the earth so that it may wear rows of steel upon which great steam locomotives may one day zig-zag across the country, carrying people and opportunity.

Gage needed to dump some sand on top of the gunpowder before packing it densely with his tamping iron, a large 6-kilogram rod 1.1 meters long. Sand is inert and would help direct the blast into the surrounding stone. Some of his coworkers were engaged in conversation, and Gage wanted to chime in. So, he looked over his right shoulder and opened his mouth to speak, but the tamping iron in his grasp had struck the side of rock deep in the hole he had dug. Now, a 6-kilogram javelin hurled skyward, penetrating Gage's left cheek, ripping into his brain, and finally exiting through the top-left of his skull, landing several dozen feet away. His tamping iron blew sparks that kissed the gunpowder, detonating it.

Gage had forgotten to dump the inert sand on top of the gunpowder. Our foreman survived the accident, was conscious **immediately** afterwards, and was **speaking** to his most-certainly bewildered comrades in steel. They hurried him frantically to Dr. Edward H. Williams in the nearby town, Gage comically greeting him with arguably the greatest understatement in medical history. "Doctor! Here is business enough for you. 😊"

Dr. Williams recounts his initial findings as follows.

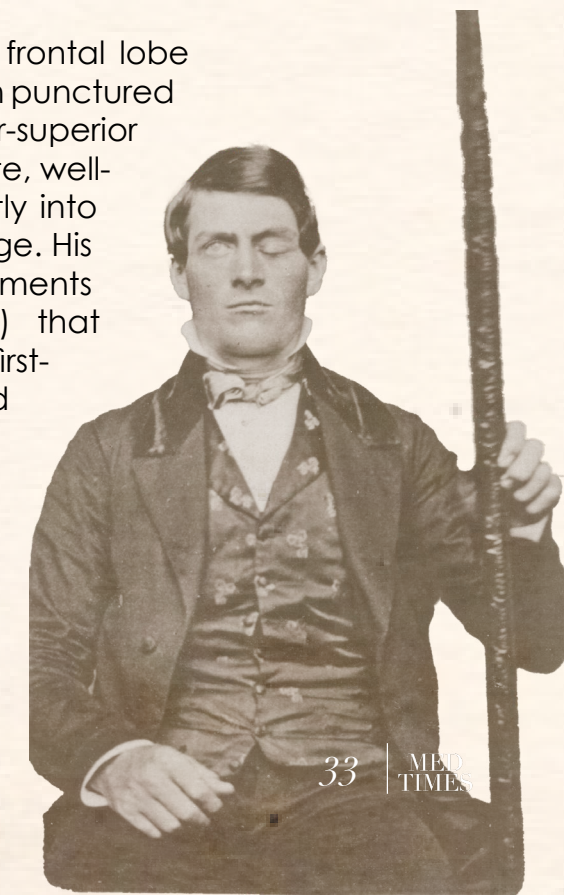
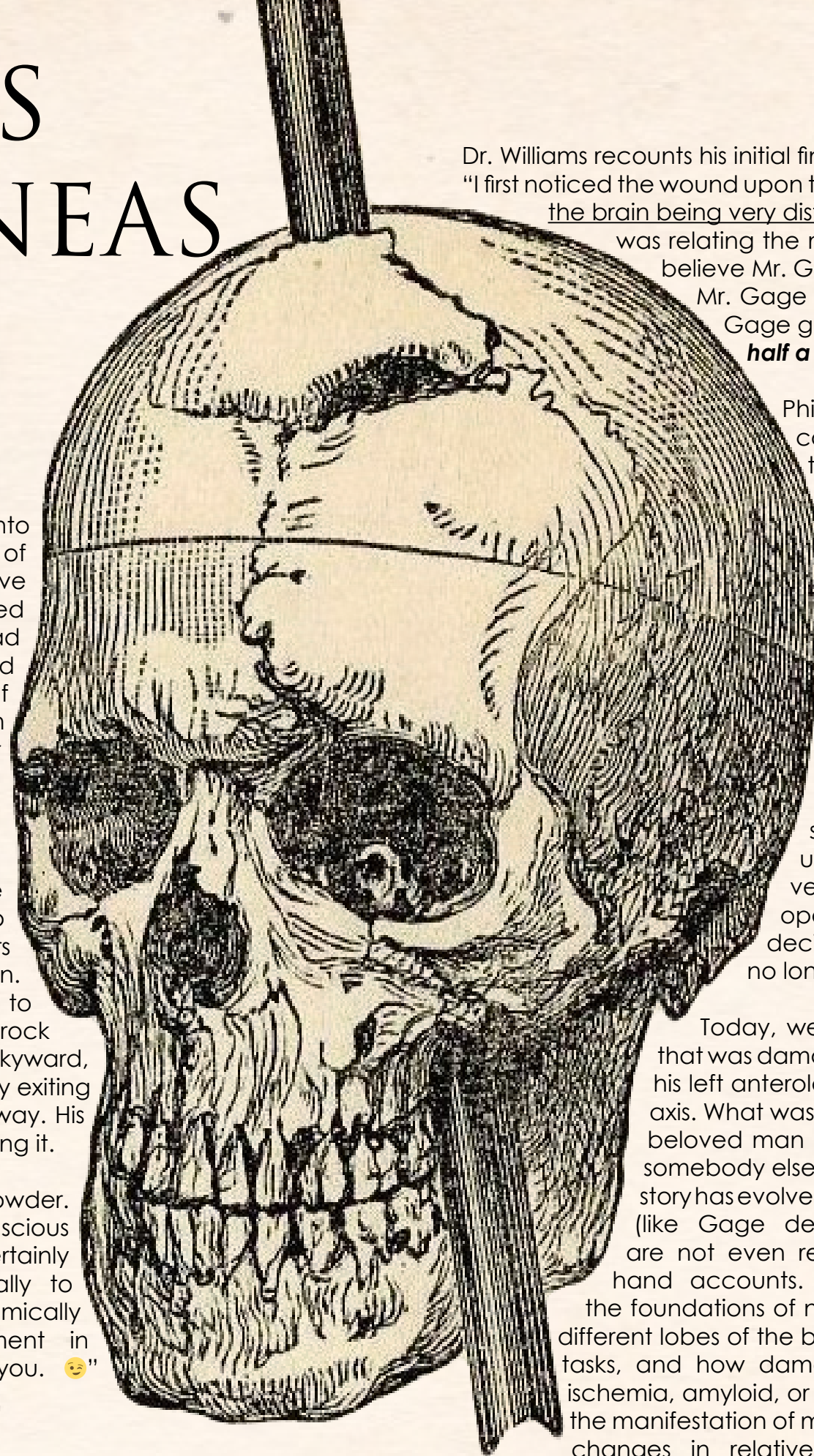
"I first noticed the wound upon the head before I alighted from my carriage, the pulsations of the brain being very distinct. Mr. Gage, during the time I was examining this wound, was relating the manner in which he was injured to the bystanders. I did not believe Mr. Gage's statement at that time but thought he was deceived. Mr. Gage persisted in saying that the bar went through his head. Mr. Gage got up and vomited; the effort of vomiting pressed out about **half a teacupful of the brain**, which fell upon the floor."

Phineas Gage was referred to Dr. John Martyn Harlow, who continued to care for him as he developed a horrid infection that left him semi-comatose, "seldom speaking unless spoken to, and then only responding in monosyllables." Fungus was sprouting from the wound on the top of his skull, and Dr. Harlow, being somewhat of an expert at managing cerebral abscesses, was galvanized and determined to heal him. After fighting excruciating circumstances for the next several weeks, his patient was stable after flirting with death for a few days.

It is Dr. Harlow's observations and interviews with those closest to Gage prior to the accident that form the basis of early brain localization theory.

He notes: "Previous to his injury, although untrained in the schools, he possessed a well-balanced mind, and was looked upon by those who knew him as a shrewd, smart businessman, very energetic and persistent in executing all his plans of operation. In this regard, his mind was radically changed, so decidedly that his friends and acquaintances said he was no longer Gage."

Today, we know that it was Gage's frontal lobe that was damaged when the tamping iron punctured his left anterolateral skull along the inferior-superior axis. What was once a sharp, socially astute, well-beloved man had evolved almost instantly into somebody else – somebody no longer Gage. His story has evolved as well, accruing embellishments (like Gage devolving into psychopathy) that are not even remotely corroborated by first-hand accounts. Regardless, this case laid the foundations of neurology, particularly how different lobes of the brain specialize in different tasks, and how damage, whether by acute ischemia, amyloid, or a projectile, can result in the manifestation of measurable or observable changes in relatively narrow, well-defined domains.



[scrubs]:

A Medical Student's Take

By Museera Irshad Khan and Feras Ataya

“I can't do this all on my own. No, I know, I'm no Superman”
– Scrubs Theme Song

No, we are not supermen. Yet, the medical profession and those that have worked hard for the privilege and responsibility of caring for people's health carry with them an aura of curiosity that beckons minds to ponder the dynamic between healthcare providers in the absence of patients. What goes on when the curtains are drawn? The unique perspective doctors and nurses have towards the last twinkles of life before the departed soul returns to its Lord is often shaped by years of emotional toll and uncertainty. Medicine finds itself at the crossroads between awe-inspiring scientific innovation and ethical dilemmas the human race has not had the ability to struggle with for millennia. Doctors and nurses are human beings, grounded in the mores and vices of the societies they serve, and despite the pedestal they often find themselves standing on, to err is to be, and they are not immune to this axiom.

The Resident explored how a culture of financial exploitation can erupt in our field. *Gray's Anatomy* infused the profession's intricacies with interpersonal relationships completely devoid of anything grounded in reality. *The Good Doctor* taught us that we can excel regardless of repeated hurdles and setbacks, even if they manifest pathologically. *Transplant* is a fairly recent addition to the plethora of medical television series and is unique in it's chief hero being a Middle Eastern refugee trying to scrape together a better life for himself and his younger sister. Yet, all of these splendid shows sacrifice reality for dramatization, often to great success as *House* demonstrated for years.



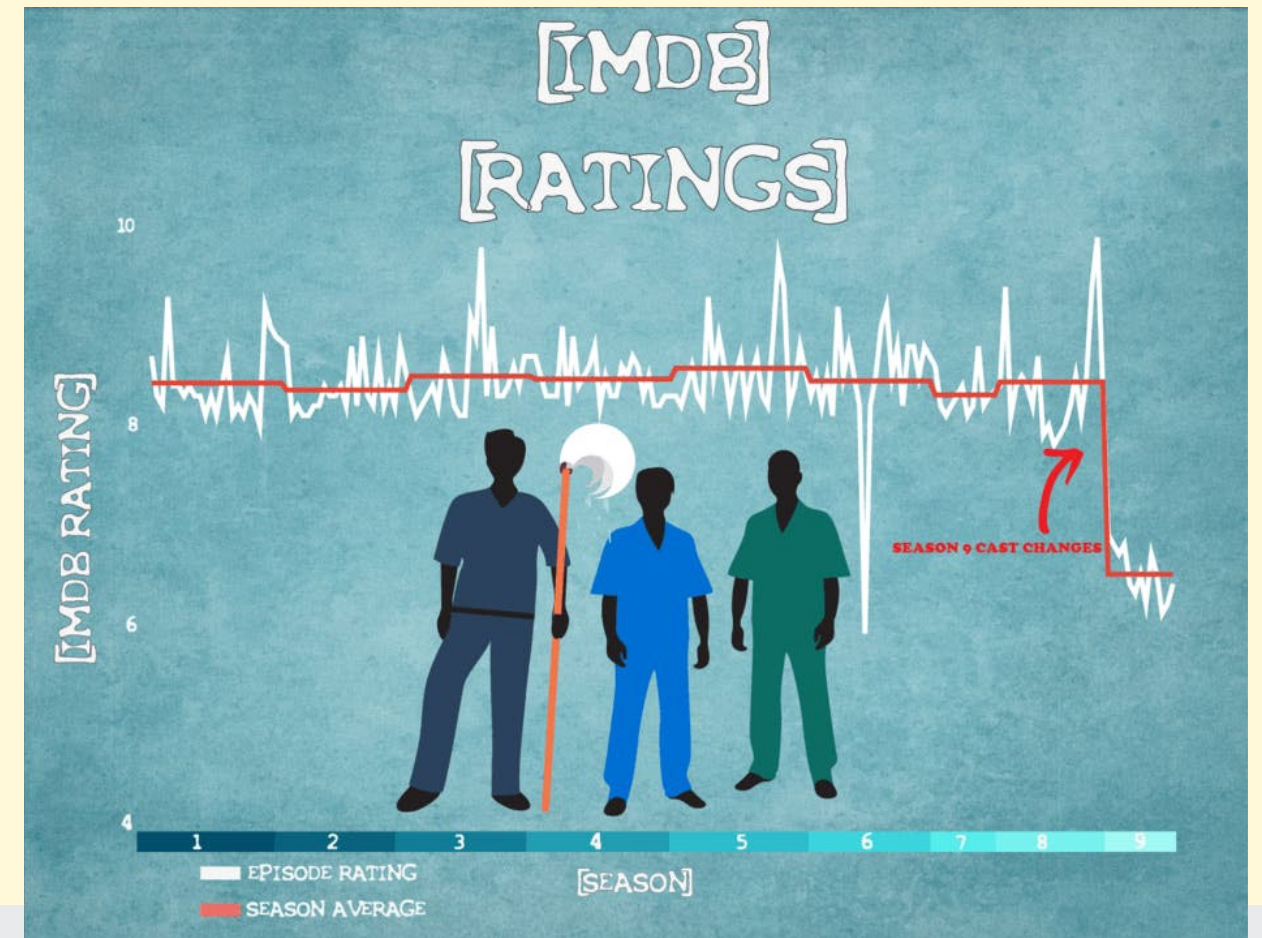
[scrubs]

It has been 19 years since Scrubs debuted and it remains one of the few medical sitcoms that have displayed a near accurate portrayal of the medical profession. Scrubs follows three interns and their dynamic within Sacred Heart Teaching Hospital, as they struggle to apply their medical knowledge and learn the ins and outs of the healthcare profession. The pilot does not waste time in showing the 'rookie status' of main character Dr John Dorian (J.D.) - better known as Bambi among the nursing staff - as he grapples with the simplest of tasks and instructions such as placing IV lines and catheters, prompting seasoned nurse, Carla Espinosa, to take him under her wing. On the other hand, Dr Percival Cox, J.D.'s ill-tempered Chief Resident and dark humour enthusiast does not cut him any slack, demonstrating some of the different types of characters J.D. must interact with on a daily basis. Other regulars of the show include surgical intern Dr Christopher Turk, J.D.'s best friend since college and his partner in goofy shenanigans, and fellow medical intern, Dr Elliot Reid, J.D.'s competition and on-off relationship partner.

Scrubs manages to keep a balance between 'every minute a joke' scenes and real-life complexities of the medical profession with the help of its amazing pool of characters. From the first season, the show does not shy away from significant issues in healthcare workplaces such as tense nurse-physician relationships, matters of patient autonomy and the role of money in medicine. Patient death is another matter explored in the show through multiple characters. Senior and junior doctors equally experience emotional turmoil and in some cases depression as they come to terms with the death of their patients. The show also highlights the regret physicians

and nurses feel due to the enormous responsibility of patient care and how small mishaps can lead to huge consequences. An example of such repercussions is when Dr. Cox is obsessed with getting organs for three of his transplant patients. Thus, he approves organs of a deceased patient - whose possible demise was due to drug overdose based on clinical signs. Tragically, the autopsy results reveal Rabies as the cause of death and all three of Dr Cox's patients die due to the infected, transplant organs. The staff are unable to save any of them despite their best efforts, leaving Dr. Cox with immense guilt of his actions. The impact of such incidences, regardless of the personality and experience of physicians, is not downplayed thus reminding audiences of the difficulty of this stressful profession and the strength of healthcare workers who get back up the very next day and work hard alongside their colleagues to help their patients.

The show is not without its faults, however. Scrubs aired from 2001 through 2010, and in the 10 years since the series finale, the realm of what may be deemed acceptable humor has evolved somewhat, to say the least. Even by fairly liberal standards, a lot of the jokes struggle to break free from the abused and overused entertainment cocktail of the early 2000s. Furthermore, a lot of the female characters' motivations and dialogue revolves around their spouses and partners. There was a real opportunity for the show to explore other aspects of their drives and motives. While the setting and context allows for more meaningful interaction regardless of gender, many of the aforementioned characters follow cliché tropes, and often embody recurring Hollywood templates.

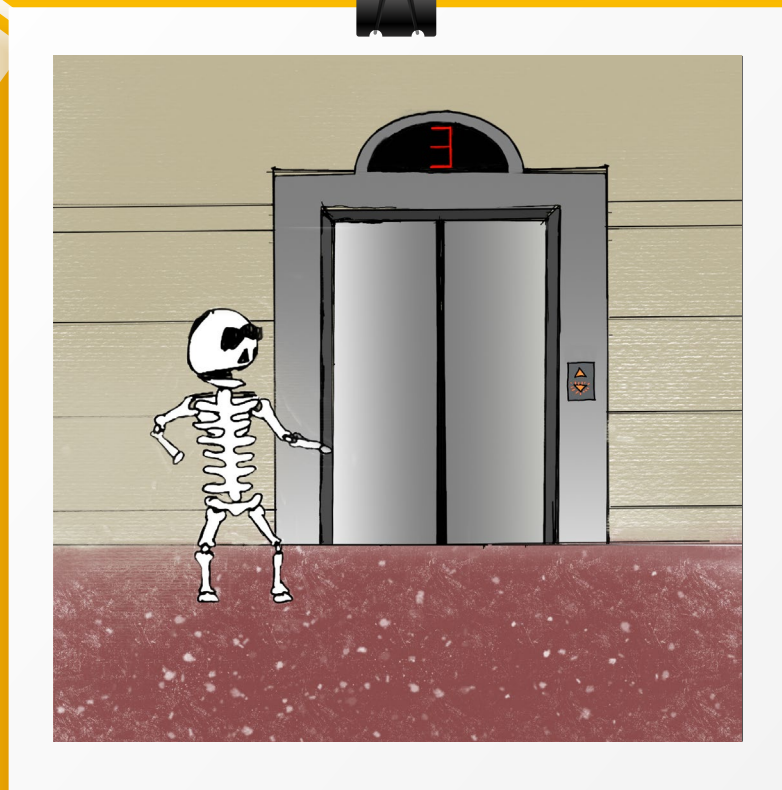
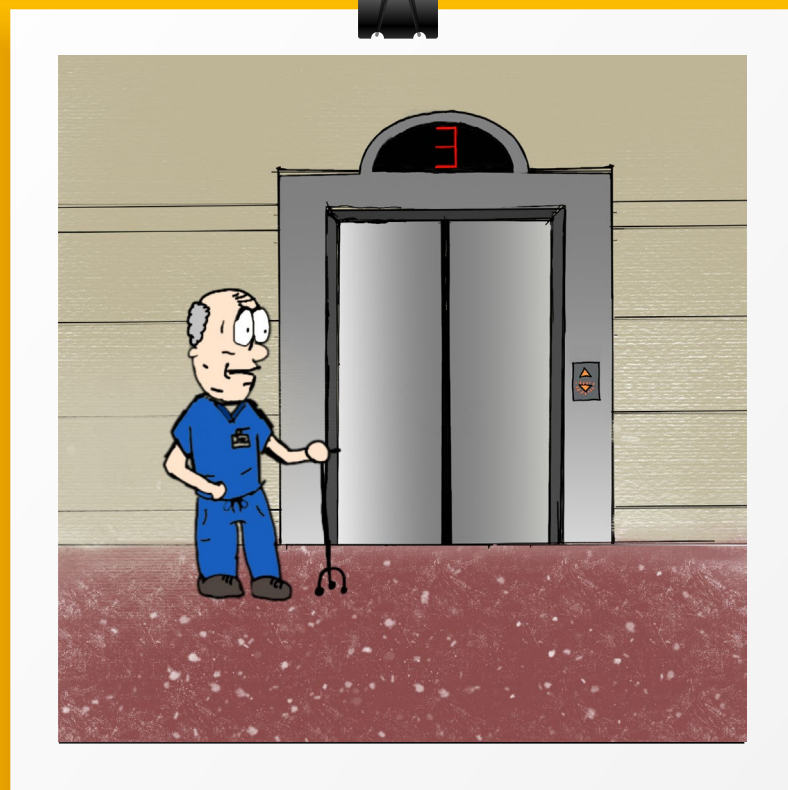
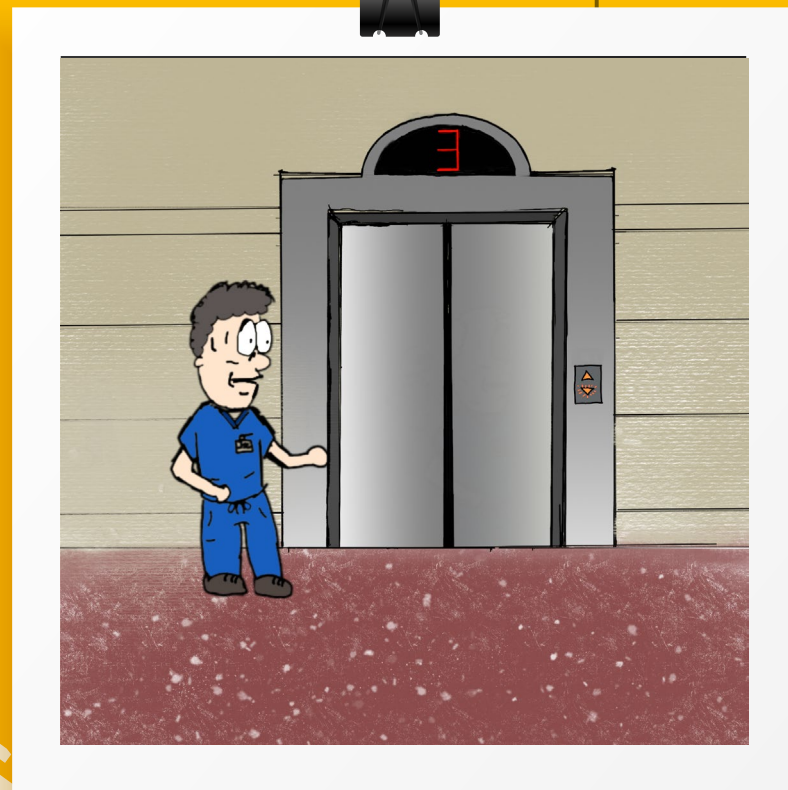
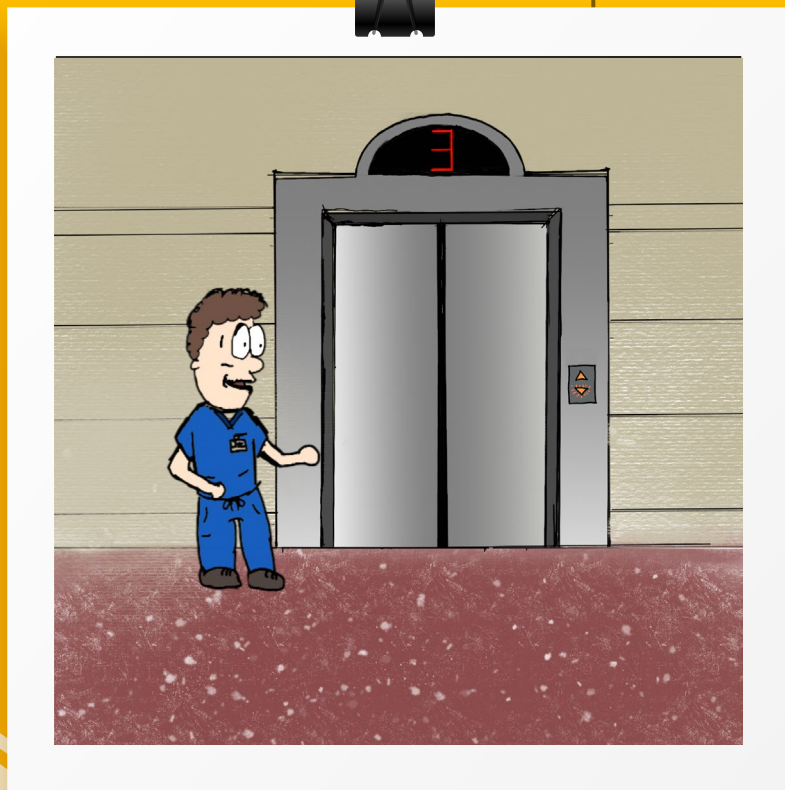
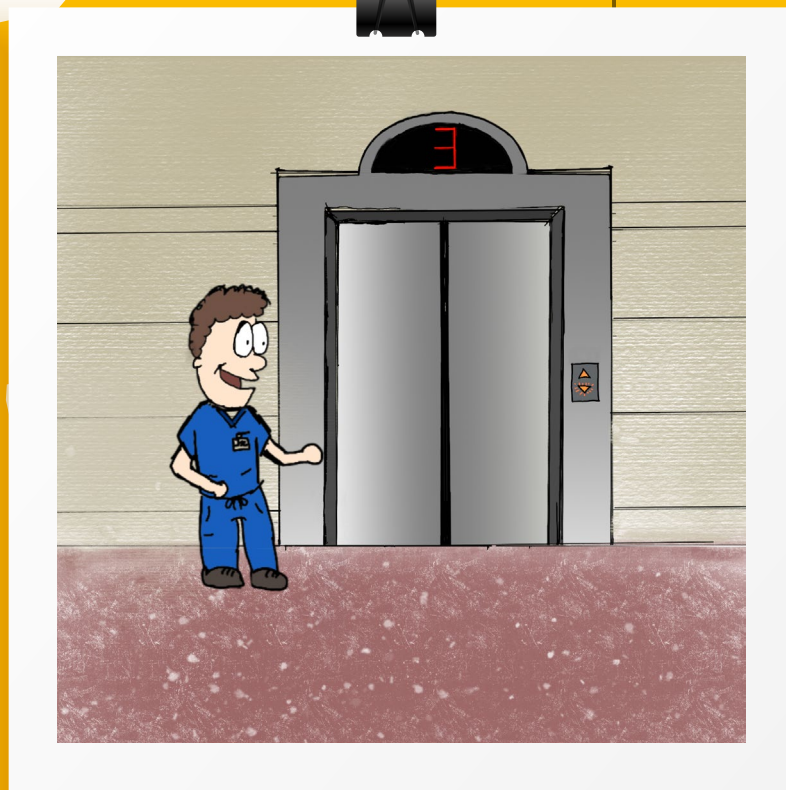


A prime example of such being nurse Laverne Roberts that hardly breaks the sassy African-American lady mould the writers drafted for her. The female characters evolve and grow as their relationships evolve and grow, and while that is true in their male counterparts as well, the writers allowed the latter to explore other avenues, while the ladies continued ruminating about their Prince Charming in his blue scrubs, wielding his fabled scalpel.

Dear reader, we definitely do not recommend that you skip over binging this one, but journalistic integrity means that both pros and cons are given the limelight, even when they may be attributed to well-established recipes and different cultural attitudes.

Regardless, one thing remains timeless:

“Four years of pre-med, four years of medical school, and tons of unpaid loans have made me realize one thing: I don't know jack.” J.D., Pilot Episode



THE ELEVATOR

By Raffi Ahmed AlMutawa

Broaden Your Perspective:

a new view on electives



INTERVIEW WITH PROFESSOR *Valerie Ann Behiery* FRENCH 101

Please give us an idea of who Valerie is. (Where are you from, what made you come to Saudi, and how has it been so far?).

I grew up in Canada, and have European heritage. I came to Saudi with my husband for both work and personal reasons. What I love the most about KSA are the kindness and creativity of the people I've met here.

In your opinion, what can the students gain from this course? What are the different aims of the course?

The aim of **French 101** is to give a good communicative introduction to the French language, meaning the emphasis is placed on real life conversations rather than complex grammar.

Let's imagine that we are in your classroom. Right now, how does a typical French class with you look like?

I prepare PowerPoints that both verbally and visually expand on and consolidate the book modules, each focusing on a different theme, such as introductions, the family, conversations at the train station, etc. I also try to make the classes as engaging and as interactive as possible. The students who participate the most usually do the best, which makes sense, I believe, even from a neuroscientific perspective.

How has your experience been in teaching students from the College of Medicine?

Many COM students are dedicated to learning French as they hope to do their residencies in France, something I strongly encourage. I think the number of COM students interested could inspire a specialized French course for medical students that would meet the needs of both medical terminology and the language tests required by French institutions.

Have you noticed any recurrent difficulties that the students face?

One normal difficulty beginner French learners face is pronunciation because there is quite a number of different, unique vowel combination sounds: au, ou, euil, eu, an, oi, etc. However, with time and practice, students learn them. For long-term learners as for many native French speakers, the challenge is the complexity of French grammar. Akin to Arabic, French is a rich, sophisticated, and precise language.

What advice would you give to students that are thinking about taking your French course?

I would say come with full enthusiasm. As the many Saudis who travel to France regularly know, France and other francophone. the language appears difficult at first, ask the FRE 112 class about the great strides they have made in their language skills in just one additional term.

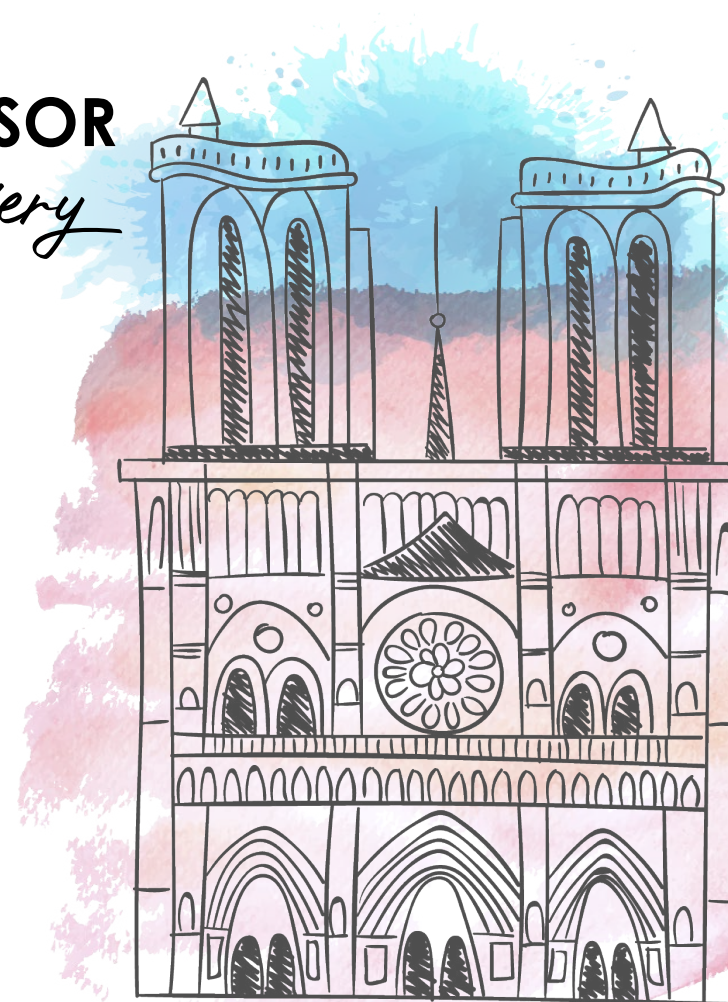
In regard to those that are thinking of continuing their education in France, how will this course benefit them?

It is a first step on the journey to begin preparing for the DELF, DALF or TCF tests that France requires. However, by FRE112, students possess a strong enough base to begin broaching more grammar and complex sentence structures. They also show such eagerness to learn, it is a teacher's dream. I currently have several medical students in my classes who are very devoted to learning French. As Ali Buhaliqah from Fre112 says: "Learning French is not easy but it has its benefits in our career, it might help us understand some terminology. It will also help us in attending conferences in a French-speaking country. I am interested in continuing my studies in French-speaking country, because many of them have very sophisticated medicine, like in France and Canada."

Do you have any pro tips you can give to those that are trying to learn French at the moment?

One good secret to learning French with increased ease as an elective is dedicating a little time daily or a few days weekly to revising the new vocabulary. Language learning does not allow for cramming before exams. I should also note that there are so many free online resources now that students can access to help them practice and to keep them engaged. Language is like sports; one needs to keep practicing or one loses one's skills. I wish to all COM students who wish to do their residencies or practice medicine in a francophone context, the very best.

by Raghad Hijazi



INTERVIEW WITH PROFESSOR

Tim Friedrich
GERMAN 101

Mr. Tim Friedrich joined Alfaisal University last Spring semester of the 2019/2020 academic year. Though not primarily hired by Alfaisal University, he was hired by the German Academic Exchange Service DAAD which appoints lecturers for German and German cultural studies in general abroad. Via liaison between the German embassy and Alfaisal University, Mr. Tim was employed here in Alfaisal. Prior to his appointment, Mr. Tim studied German and Arabic translation as a Master's degree, working as a German teacher concurrently with his studies. Acquiring further coursework and qualifications, he became a German teacher.

Mr. Tim recommends and has used two apps in his classes to supplement learning German. A1 Goethe Trainer and DW Learn German. Both are official endeavors by the German foreign ministry, but Mr. Tim prefers the latter because the former is rather glitchy. DW also presents in the information as a narrative series that follows a young student who recently arrived at the airport and is trying to acquaint himself with Germany.

We investigate the German courses offered at Alfaisal, the German language, and extracurricular opportunities to further German language proficiency in this interview.

What are the German classes offered in the university?

We have German 1 which is [GER 101], then we have German 2 which is [GER 112]. Basically, my goal is to set international standards. That means I focus on the CEFR (common European framework of languages) that is also applied for English, French, and so on. They have 6 levels: A1, A2, B1, B2, C1, and C2. I am trying to cover all of A1 in these two German classes. Sometimes that works and sometimes that doesn't work, but most importantly, the students take as much from the course as possible. So, if we take a little



brezel

bit longer for a certain topic that's absolutely fine too.

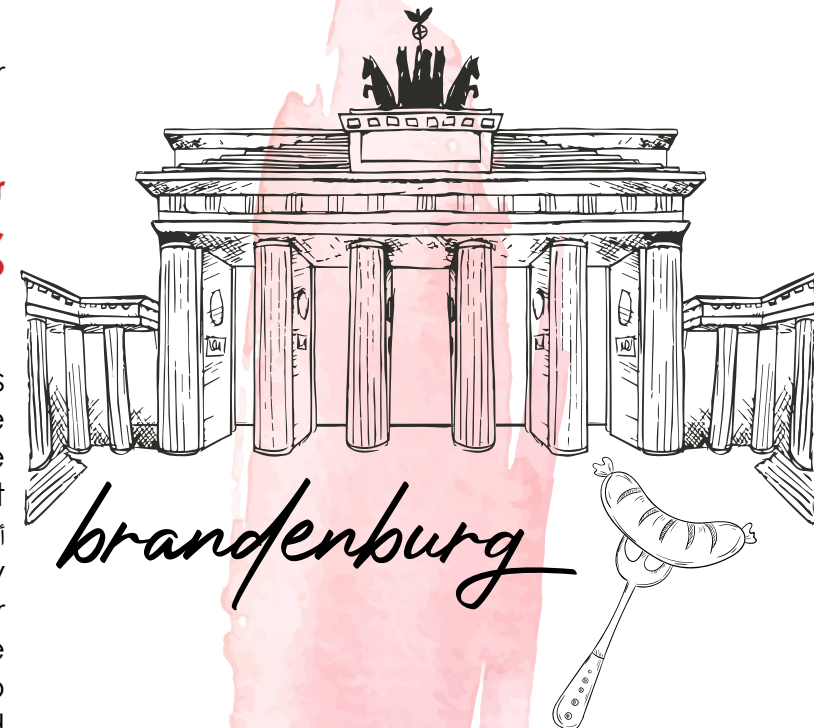
Oftentimes with foreign language courses students develop relative proficiency in reading and writing the language but face some difficulties in oral comprehension and sometimes speaking. How can we overcome this from the student's end and what role does the professor or teacher play in that regard?

It needs a certain training of the teacher because it depends on the method. I focus on all of the four competencies in language learning: speaking, reading, writing, and listening. The most important foundation for speaking is listening. This is how you copy and redo structure after the language you want to speak in. I try to have as much listening exercises as possible from different speakers, because if they just listen to me, they're not going to do much. For example, I speak very slowly and very clearly to make them understand. German speakers tend to be very fast speakers and they swallow the endings. It's a challenge. Coming to speaking, you start with structured speaking exercises. That means you give them phrases and so on, and they have to continue the phrase for example, and you give them the feedback. What is also important is that students work with each other to create a dialogue with given phrases and given structures, so that they can exchange each other's different learning levels. Because students learn very, very differently. Especially here, sometimes there are huge differences, but they can profit from each other. I try to

get one stronger student with a bit weaker student in a group.

What extracurricular resources, whether online or formal language institutes, do you recommend for students wishing to attain a higher level of German proficiency.

Unfortunately, the German language has not established itself here very much. The Goethe institute is the only German language institute here in Riyadh, named after the most famous German poet. I think they are in (أم الحمام الغربي). They offer courses on almost every level and official examinations. Their certificate from the examinations are internationally recognized. So, if you want to apply to a German university, and you need to prove a certain language level, you can go take an exam at Goethe institute. What is new in the Kingdom is that they just opened a center in Jeddah. So, it is starting to be more established here, however we are missing a private language institute that offers German courses.



brandenburg

How can medical students better prepare themselves for the doctor-patient aspect of German communication, specifically?

It's funny that you say that because just this semester I have two medical students who are interested in doing residency in Germany. They are almost done with their internship here. They are planning where to go, how to apply, what kind of documents to get, and I try to counsel them. In general, if medical students are looking to do residency in Germany, I am very happy to support them because it is quite a bureaucratic act. Secondly, it's funny that you say that, because this semester in German 2 I only had medical students. So, we decided to focus the second half of this semester on medical German language. At this stage, it is quite early to start with any professional language terms and phrases and so on. But, as you just said correctly, when you have doctor-patient communication it is beneficial to communicate on their level. How to prepare for that? Well, to be honest, it's not difficult but you have to invest a lot of time in it, if you want to do residency in Germany. You have to get a language level which is B2. Here we start at A1. You have got to do A2, B1, and B2 by yourself somehow. I cannot unfortunately offer these courses here. If you want to take courses outside there's Goethe institute and so on. With the paperwork, I can always help.

INTERVIEW WITH DOCTOR

Homoud Alabri
PSYCHOLOGY 101

Dr Homoud Alabri started out in the field of psychology when he was a supervisor of the training department at the Saudi National Guard before being promoted to a managerial position. Throughout his career coaching and training soldiers, he has been interested in how different individuals approach success and what motivates them. He was on an academic journey to discover empowering tools that bring about results and having graduated with a Ph.D. in criminal and forensic psychology at the Naif Arab University for Security Sciences, was fascinated about the nature vs nurture factor that shape up our behavior. Passionate about teaching and helping others thrive, Dr Homoud joined Alfaisal as a Student Counsellor and Instructor of Psychology. He is also the author of five books in the self-development and the psychology field. In this feature, Dr Homoud provides us with an overview of the Psychology elective and some of its benefits.



paralysis) and the topic of altered states of consciousness (mindfulness & hypnosis) and how they can support the healing process.

Finally, Dr Homoud accentuates the need for a positive mindset when it comes to all contexts of life. He believes that a person's success depends on his state of mind. If you consider your current situation as one that is burdensome and unfair, you are less likely to do your best. On the other hand, if you acknowledge your journey as one full of endless possibilities and believe that you are fortunate to be where you are today, you will see many new opportunities along the way. While thanking Dr Homoud Alabri for his invaluable advice and providing us with an insight to the Psychology 101 course, we would like to draw attention to one of the most famous trouble-free philosophies. Hakuna Matata: enjoy your life with every step you take!

by Tahreemah Raziq

Anorexia Nervosa

Thought Process

Psychology is indeed an insightful and interesting course. Dr Homoud describes the introductory Psychology 101 course as a 'buffet' of all sorts. Students are presented with brief aspects of different branches of psychology and are urged to explore their field of interest. It is an engaging subject in that it provides a clear insight into a person's mind and behavior. You may have wondered why you feel a certain way, or why particular emotions such as anger gain more leverage in some situations. Psychology can help you understand your own thought process that is responsible for an individual's actions, as well as that of others, ultimately leading to improved communication.

While stressing on the course benefits for students of all majors, Dr Homoud agrees that it is exceptionally important for medical students, many of whom may suffer from anxiety or depression at some point in their academic/professional journey.

Consequently, it is necessary to know the psychological symptoms of a burnout in order to prevent severe after-effects. Understanding and application of this course will also enable you to better interact with your patients and use a humanistic approach with them. One example Dr Homoud highlighted was delivering bad news to a patient or family member about a cancer diagnosis for instance. In this case, it is crucial to be both accurate and empathetic. Not complying with these two principles may cause your patient emotional and psychological damage. As physicians we are also required to know about Post-Traumatic Stress Disorder or PTSD and how it can affect a patient recovering from an accident. A few other fascinating topics that the course covers are the various types of somatoform disorders (a class of mental disorders whose symptoms are severe enough to be often mistaken for other physical afflictions such as severe pain or



A NEW DIRECTION



ACADEMIC
AID

MEDICAL STUDENT ASSOCIATION

by Mohamed Yaman Barghout, Maryam AlTayeb, Rawan ElShaer, Al-Homam Dabaliz

Undoubtedly, the student body can unanimously agree to the extent online learning has taken a toll on our education system. We experienced an entire shift in a framework that left us more lost and confused than ever. It became more clear to us how irreplaceable the support of our peers can be. With that in mind, the Presidential Office and Abdulaziz Alkoblan, implemented the Academic Aid Committee to build upon that very sense of support and community; the Medical Students' Association was created for students to give strength to one another, and what better way than to make sure all students feel prepared, seen, heard in their pursuit of becoming the brightest doctors of the future.



President of the MSA, M. Yaman Barghout
Vice President of the MSA, Maryam AlTayeb

"The Medical Students' Association was created for students to give strength to one another, and what better way than to make sure all students feel prepared, seen, heard in their pursuit of becoming the brightest doctors of the future"

Take a look back to your first year of medical school, or any year, as a matter of fact. Didn't you wish you had a way to guide you, especially if you didn't know your seniors? Didn't you wish you had a way to help relieve your test anxiety? Didn't you wish all your complaints (and praise, hopefully) about your courses would be heard by the College of Medicine to adjust the curriculum and improve others' academic experience? As mentioned by the Presidential Office, "Out of those struggles, we realized we had the capability to make a change that benefits all students, regardless of their academic year. So many ideas blossomed from that and encouraged us to build the Academic Aid committee from the ground up."

Out of those 3 struggles, 3 teams were created to tackle them: Guide Team, Mock Exam Team, and Feedback & Report Team. This structure essentially guides students from the beginning of their course until after the exam. The Guide Team starts by gathering the most helpful advice from seniors on how to approach the course and specific professors' lectures, study methods, and which resources to use. For particularly difficult courses, the Mock Exam Team then continues to formulate an exam that mimics the course objectives and the system of examination at the College of Medicine. As such, this aims to reduce test anxiety, improve time management, and active recall prior to exams. After the exam itself, Feedback & Report Team takes the lead in order to gather objective evidence about the final exam, the course, and gauge students' perspectives. This also includes mid-block meetings to check student progress in longer blocks, such as POD and CVP. All this information is gathered in a concise report and sent by BLCs to each course director in order to improve the course for future batches and aid the current students in case of a, particularly difficult exam. Finally, the Presidential Office's role comes to present pertinent student concerns in curriculum committee meetings to ensure everyone's voice is heard by the College of Medicine.

"We did not know what to expect; we had no standard to measure up to, so we needed to set our own standards"

Head of AA, Rawan ElShaer
Vice Head of AA, AlHomam Dabaliz



From the perspective of the heads of Academic Aid, Rawan Elshaer and Al-Homam Dabaliz, leading and turning these ideas into a reality meant being faced with different struggles. "We did not know what to expect; we had no standard to measure up to, so we needed to set our own standards" mentions Al-Homam. Major priorities with the establishment of such a large project were the organization, stability, and sustainability of the committee. To build that, the key players were research, feedback, and communication. A clear framework of each team was created in order to maintain order for current and future projects. With that, the team expresses how the workload would be far too much to manage under a single committee, such as Growth & Development, hence the creation of Academic Aid. This would make the work as smooth and efficient as possible, particularly considering the committee works most during exam season. However, the two express their gratitude towards their coordinator, Tarek Arabi, their subheads, and all hard-working members in the committee for their dedication and contribution.

Although a positive change within the student body, the success of Academic Aid comes with limitations and areas of improvement. The mock exam team and the feedback & report team can become an integral part of the MSA that provide for the students' basic academic needs, while the guides team plan to innovate and incorporate more topics to discuss. "We aim to broaden our impact and provide means to help our fellow students in clerkship years, as well as improve what we can already provide to pre-clinical years," the heads mention. This committee has a bright future ahead of it, and a great deal more to offer, so stay tuned!

TIMELINE AND MILESTONES

OF AN ALFAISAL MEDICAL STUDENT

Pre-Med:
MSA Pre-Med Program (Professional Development Program)

Year 1/ Pre-clinical Phase I:

MSA Member, Community Service (extracurricular activities)
AMRC, JC, MERG (Professional Development Programs)

Year 2/Pre-clinical Phase I:

MSA Member/Sub-Head, Community Service (extracurricular activities)
JC, MERG, LRTIP (Professional Development Programs)

Year 3/Pre-clinical Phase II:

MSA Head/Director, Community Service (extracurricular activities)
ACRC, LRTIP, SPIRIT (Professional Development Programs)

Year 4/Clinical Phase II:

Community Service (extracurricular activities)
ACRC, LRTIP, SPIRIT/ICEP (Professional Development Programs)
USMLE Step 1 (Professional Exams)

Year 5/Clinical Phase II:

Community Service (extracurricular activities)
ICEP, CGS (RPC-KSA, US, UK, Canada) (Professional Development Programs)
SMLE, USMLE Step 1, TOEFL (Professional Exams)

Year 6 / Internship/Field Experience:

Community Service (extracurricular activities)
LRTIP, ICEP, CGS (RPC-KSA, US, UK, Canada) (Professional Development Programs)
SMLE, USMLE Step 2 CK and CS, MCCQE I/NAC Exam (Professional Exams)

Alumnus/Graduation/ Applying to Residency Programs

Connect and contribute through the CoM Alumni Digital Platform (extracurricular activities)
USMLE Step 3, PLAB 1, IELTS, PLAB 2 (Professional Exams)

Abbreviations

MSA = Medical Students' Association
AMRC = Alfaisal Medical Research Course
JC = Journal Club
MERG = Medical Education Research Group
LRTIP = Local Research Training and Internship Program
ACRC = Alfaisal Clinical Research Course
SPIRIT = Summer Program for International Research Internship and Training
ICEP = International Clinical Experience Program
CGS = Career Guidance Series
RPC = Residency Preparatory Course
SMLE = Saudi Medical Licensing Exam

USMLE = United States Medical Licensing Exam
MCCQE = Medical Council of Canada Qualifying Examination
NAC Exam = National Assessment Collaboration Exam (Canada)
PLAB Exam = Professional and Linguistic Assessments Board Exam (UK)
TOEFL/IELTS = English Proficiency Exams

AMRC

Alfaisal's Medical Research Course (AMRC) is a course that is designed to teach medical students the basic principles of conducting medical research through a series of presentations and small group work. Groups of participants actively work and apply the concepts they learn on an actual research project as they traverse through several workshops. By the end of the course, attendees will have acquired a framework for understanding and applying essential concepts and principles in medical research.

CGS-RPC

Career Guidance Series (CGS) under which falls the Residency Preparatory Course (RPC) is concerned with the professional development of Alfaisal medical students. RPC addresses post-graduate options and information on residency. An improvement in awareness and knowledge of Alfaisal students about the steps and requirements of residency in several places including KSA, US, UK, Canada, and Germany will reflect positively in our graduates' Match results. It covers multiple aspects starting from preparing for relative exams to applying for residency programs and matching.

LRTIP

The **Local Research Training and Internship Program (LRTIP)** provides Alfaisal medical students with clinical and basic research internship opportunities in Saudi Arabia.

MERG

Medical Education Research Group (MERG) is one of the well-established programs under the College of Medicine that offers students and faculty the opportunity to build and pursue their interests in medical education research. MER projects have emerged as favorite startup research projects for medical students since they are easily achievable in a short amount of time.

SPIRIT

Summer Program for International Research Internship and Training (SPIRIT) is an intensive 12-week summer research program for undergraduate medical students. It is designed to provide international research experience and mentorship for students interested in basic or clinical research. Under the guidance of a research mentor, interns will work on a research project and present their findings at a competitive poster session. T

ICEP

International Clinical Experience Program (ICEP) offers senior medical students the opportunity to gain valuable clinical experience through hands-on clinical rotations, observerships in some of the prominent hospitals in the United States, the United Kingdom, and Germany. The hands-on rotations and observerships last for about 4 weeks during which students learn more about the healthcare system while actively participating in patient care.

JOURNAL CLUB

The **Journal Club (JC)** aims to help students enhance some extremely crucial skills needed in the field of research, including analysis, critiquing, evaluating scientific literature and presenting it in addition to developing their skills in interpreting conclusive results and questioning different methodologies. A set of interactive sessions will help students understand the processes and practices in the research world and will make them more confident in conducting research work of their own.



ALFAISAL MEDHUB

Alfaisal MedHub is an initiative under the umbrella of the International Office, CoM that aims to create an online global community of medical students. Alfaisal MedHub is the brainchild of Dr. Ismail Shakir who together with Dr. Omar Javed, realized the potential of taking Alfaisal students' and alumni's activities and their voices to a global platform.

Alfaisal MedHub covers a broad range of topics that are common to medical students all around the world. The different initiatives and programs under Alfaisal MedHub include:

- **Career Guidance Series**
- **Research Training Programs**
- **Personal Development Programs**
- **Academic Success Programs**
- **MedHub Podcasts**

Leading the Alfaisal MedHub platform are Belal Sabbah and Eman Javed with many exciting ideas in stock and much energy to share!

Make sure to follow our social media handles on Twitter and Instagram [@alfaisal_medhub](#)



CoM DIGITAL ALUMNI PLATFORM

The CoM Digital Alumni Platform is a futuristic platform announced by the Alumni Relations Office for Alfaisal medical alumni. The digital platform is one of its kind that aims to empower our medical alumni and current students to connect and meaningfully engage with each other. This community software, synced with social and professional networks, combines news on upcoming events, learning and career opportunities and much more!

The online E-directory provides a comprehensive database of alumni, with multiple search filters, that is updated as they progress through their careers. The heart of such an alumni engagement is rooted in offering access to a willing network, available on every device, everywhere!

The platform also provides a forum for alumni to form new friendships and business relationships with people of similar background and interests, helping one another with career services. Alumni can post job openings or CME opportunities related to their fields and support fellow alumni. Graduates with similar interests can establish local chapters and develop mini-communities through which they can organize their own events and activities. Alumni can also volunteer to participate in the counseling program. The CoM Digital Alumni Platform has the enthusiasm of all - the College leadership, current students and our beloved alumni.

Check it out on the CoM Digital Alumni Platform now! <https://alfaisalmedalumni.com/>



PARTNERSHIP WITH AMBOSS

The General Affairs and Administration Department of the International Office, CoM is excited to formally announce a partnership with AMBOSS. As an Alfaisal medical student! you now have unlimited access to all AMBOSS content and question banks for FREE! Some of the exciting features AMBOSS provides are:

- **Comprehensive QBank with over 5,500 USMLE-style exam questions**
- **Knowledge Library with 20,000+ preclinical and clinical medical topics**
- **Highlighting high-yield information**
- **Quick explanations by hovering over any term**
- **Radiological, histological, and other images with overlays**
- **Summary charts**
- **Interlinked content in the library during QBank sessions**
- **Customizable QBank sessions**
- **Anki add-on**
- **Performance analysis tool and study planner**
- **User-friendly mobile app with offline access to the library**

For further inquiries, contact Aisha Siddique (asiddique@alfaisal.edu)

1 AMBOSS is offered to all year 3 and above Alfaisal medical students. Year 1 and 2 students are not covered under this partnership

HOW TO WRITE A CV

Written by Museera Irshad Khan
Presented by Aroub Almaghrabi

Aroub Almaghrabi, 4th year medical student, loves writing and editing CVs and is very passionate about helping people improve their CVs. This side hobby of hers has led her to present a workshop about CVs to help people make and polish their CVs to perfection. She starts off by highlighting the differences between a CV and a resume.

CV	Resume
- Commonly used in an academic environment - Credential-based - Detailed document of everything a person has achieved in their career course	- For professional use later on - Competency-based - Should only include specific points for the job being applied to

There are some useful tips for having a unique and tailored CV. Students should do their own research before applying for a position so that their CV can appeal to the recruiter and make it stand out among others. Since the CV is the very first impression of a candidate and introduces them to the recruiter, it should be a reflection of who they are and what they have achieved professionally.



Honesty is the best policy' so a CV should be concise and should not have exaggerations. Always try to be as clear as possible and show things as they are without dramatizing them. The structure and how a CV look is as important as the contents itself. A messy CV can give off the impression that the candidate is lazy and unprofessional. Reverse chronological order is important, and the top middle half of a CV is the hotspot of the CV therefore should include the most important information. Common mistakes in a poorly written CV are inconsistent font throughout the document and the unprofessional email as well as rainbow colors. Moreover, the worst thing that can happen to a well-written CV is a typo.

"When you're applying it is always good to show that you were impactful, and you made a positive change in whatever you worked on." Aroub emphasized during her talk. So the impact of your work is another very important point to focus on. Stating only a role is not enough. For example, someone is a manager in a shop, but did that shop burn down? or was it successful while he was a manager? In addition, it is much better to have a formula in mind, such as the one Aroub shared in her workshop.

RESPONSIBILITY + RESULT = IMPACT

Tailoring is also important. Anyone who has a CV skeleton should use it only as a reference and make alterations based on the position they are applying for to make it more attractive. For instance, if you are applying to a research position you should highlight your research experience.



The MSA's Growth and Development committee held an online seminar titled "Going Abroad: USMLE Step 1 Talk" wherein doctors Rakan Al Kabbani, Abdulaziz Bakhshwin, and Khaled Abdullah presented the approach they undertook in tackling the USMLE. Dr. Rakan Al Kabbani provided an excellent overview of the ECFMG certification process, with emphasis on the USMLE Step 1 exam. Dr. Abdulaziz Bakhwin made College of Medicine history when he earned a 283 on the USMLE Step 2 CK exam. He recounted his study habits prior to this feat and touched upon the resources he used. Dr. Khaled, known for his biostatistics and epidemiology crash courses, gave us a deep dive into the many preparatory resources available for this series of exams.

- **The USMLE Step 1, Step 2 CK (clinical knowledge), and Step 2 CS (clinical skills) tests are required for residency applications.**

- **The steps one must complete in order to obtain a license to practice medicine in the United States, and specialize there:**

- **Prior to taking any exam, define it, know what it is about, and know what it is.**

1. Request an ECFMG identification number
2. Apply for ECFMG certification
3. Take Steps 1, 2 CK, and 2 Cs
4. The ECFMG certification is granted
5. Fill out Graduate Medical Education Program Application "Residency" – check with each center for state-specific requirements
6. Complete residency program
7. Take Step 3 – this exam is taken prior to completing residency in some states, and
8. Your license to practice medicine as a physician is conferred

Step 1 assesses whether you understand and can apply important concepts of the basic sciences to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy.

- **Getting a high score helps with obtaining an interview for a residency program, however it is not the decisive factor. There are several other factors that are cited by program directors with varying frequency.**

- **A low GPA does not mean a low score on the USMLE score. It all depends on how well you prepare for this particular exam.**

- **By the time Dr. Rakan completed his 4th pass of First Aid for the USMLE Step 1, he hit the 240 benchmark he set out for himself. Afterwards, he took an NBME every 5 to 6 weeks until he hit the 257 mark with NBME 18.**

UWSA 2 and NBME 18 are often cited as the best practice tests because they most accurately gauge your real score, though this is true when you compare

with other practice tests. Your real score will hover significantly below and above the scores you attain on these practice tests. In Dr. Rakan's case, however, his NBME 18 score was very predictive of his final score (257 versus 256).

- **Using Pathoma and First Aid during 3rd year blocks can be a good way of starting USMLE practice. Dr. Abdulaziz officially started in the summer following 3rd year.**

Dr. Abdulziz took his first NBME at the end of 3rd year, and scored in the range between 215 and 220 – a solid foundation, although most of his colleagues were rather intimidated and unready for an NBME at the end of 3rd year.

- **During 4th year he went over the systems, using Pathoma and Boards and Beyond. In the summer following 4th year he went over the basic science chapters, completing his first pass. He did the UWorld questions bank and NBMEs for the rest of the summer. The last month before the exam he completed his 2nd pass of First Aid.**

His total preparation time amounted to 13 months of studying with 3 months of dedicated study.

- **The 3 Ps of USMLE are personalize, prioritize, and partner – for example, Anki is often a treasured resource for preparing for university blocks and board exams but it did not bear any fruits justifying its continued use, so Dr. Abdulaziz did not utilize it. Prioritize when you need to study for the board exam and when you need to divert your attention to more university-oriented studying.**

- **Burnout, comparisons, and fluctuations constituted the biggest challenges**

- **Some misconceptions courtesy of Dr. Khaled:**

1. I don't need to focus on studying well for Step 1 since it's becoming pass/fail. Studying for Step 1 helps immensely when Step 2 CK comes around. You'll be more adept at understanding cases in the hospital by having more knowledge.
2. I have to score 260+ to match. A 240 provides a 70% chance of matching, a 250 80%, and a 260 a 90% chance per the latest statistics.
3. I don't want to go to the US, so I don't need to do Step 1. Keeping doors open is better than waiting for one to open. Studying for the USMLE makes taking other boards exams easier. It is an accepted form of part of the procedures for medical licensing in some

4. I keep getting questions wrong in UWorld and it's making me unmotivated. UWorld is a learning tool, not an assessment tool.

- **Video resources:**

1. Pathoma (with emphasis)
2. Boards and Beyond
3. Sketchy (micro was the best, per Dr. Khaled's experience)
4. Kaplan (too long)
5. Dr. Najeeb (too long as well)
6. YouTube

- **Question bank resources:**

1. UWorld
2. Amboss
3. FA Rx Qbank

- **Anatomy resources:**

1. Anatomy 100 concepts

- **Psychiatry resources:**

1. FA Rx videos

- **Ethics resources:**

1. 100 cases by Conrad Fischer

- **Biostatistics resources:**

1. Boards and Beyond
2. First Aid for the USMLE Step 1 Exam



"Fail early, fail often, but always fail forward." – John C. Maxwell

Written by **Feras Ataya**
Presented by: **Abdulaziz Bakhshwin, Khaled Abdullah, & Rakan Qabbani**

SMLE AND SAUDI RESIDENCY

Written by: **Mohammad Abdulatef Halawani**
Presented by: **Mohannad Maghrabi & Rakan Qabbani**

To some students, it might seem too early to start preparing for the SMLE now. However, it is never too early to start planning. Aiming for a career in medicine can feel overwhelming, but with the right preparation, nothing is out of reach.

The SMLE is a very important exam for your future in medicine. The passing score for the SMLE is 60%, which is relatively low, but having a great score might not always be enough. In addition to good scores, some hospitals may require you to have at least one month's worth of rotations. Hence, always be sure to do some rotations in your preferred center and specialty.

The burning question in all students' minds is when they should start studying for the exam. This question remains with no clear-cut answer since it is preference-based. For example, Mohannad Maghrabi, a graduating student, said that, ideally, one would start studying in the fourth year of medical school. However, one might only be able to start properly preparing in the fifth year or the beginning of internship because of how hectic medical school is.

The SMLE focuses on clinical years knowledge (30% Medicine, 25% Obstetrics and Gynecology, 25% Pediatrics, and 20% Surgery), which are the fourth and fifth years of medical school. It, however, does not focus on the first three years, but that does not mean that questions will not be asked from the first three years. Make sure to not memorize questions but understand them. In order to improve your grades, try to join a study group, as these tend to help students understand the material properly.

After you finish your exam, sign up for the next available exam. Rakan Alqabbani, an internal medicine resident, advises that students should take all the exam attempts even if they are satisfied with the score they have.



The Saudi Match system follows certain steps to assign students to a specific program. The Saudi Match System decides which specialty and which center you end up in. The scoring system is split into three parts: SMLE (50%), GPA (30%), and CV (20%). Despite not carrying the same weight, these three parts are all important. The SMLE and GPA components are self-explanatory, but the CV component might be a bit trickier.

After applying and getting accepted and picking a specialty and city, you will start receiving emails from the centers asking you to have an interview, which is the last part of applying. A generally "good" total score (SMLE, GPA, CV) is around 80. For non-Saudis, the circumstances are different and they usually end up with jobs in the private sector. Generally, Saudis should aim for public hospitals since they offer a well-rounded pathway for Saudis.

Some of the general advice given by the speakers during the talk:

- 1- You should do the USMLE and STEP 1 & 2 even if you do not wish to study in the US since it can help you understand the SMLE questions better.
- 2- Your recommendation letters (3) and research should be on your preferred major.
- 3- Reference letters can go alongside recommendation letters and can really boost your application.

Courses and rotations that can help students aiming to be in surgery:

- 1- Take the basic surgical skills course
- 2- Advanced trauma life support (ATLS) and Basic life support course (BLS)
- 3- Have research, clinical electives, and rotations relating to surgery

Student Achievements

United States Medical Licensing Exam

Alfaisal College of Medicine	International Medical Graduates (IMG)
USMLE Step 1	USMLE Step 1
Median Score: 235	Median Score: 216.6
Passing Rate: 92.3%	Passing Rate: 82.4%

Alfaisal College of Medicine	International Medical Graduates (IMG)
USMLE Step 2 CK	USMLE Step 2 CK
Median Score: 236.8	Median Score: 231.2
Passing Rate: 94.1%	Passing Rate: 88.8%

CoM Students Achieve Highest Scores in the USMLE Step 2 CK Exam

An extremely proud moment for Alfaisal University is when its graduates shine not only regionally but also internationally. Two of Alfaisal University's CoM students achieved high scores in the USMLE Step 2 CK exam - **Dr. Abdulaziz Bakhshwin (Score of 283) and Dr. Mohamad Abduljabbar (Score of 279).**



- Dr. Abdulaziz Bakhshwin

Never have CoM students failed to impress – be it academics, community service, or research. On behalf of the President of Alfaisal University, Dean of College of Medicine, CoM faculty and staff, we congratulate Dr. Abdulaziz and Dr. Mohamed for their well-deserved achievement and wish them all the best in their future endeavors. Alfaisal family is truly proud of them!

- Dr. Mohamad Abduljabbar



Saudi Medical Licensing Exam

Total Number of Applicants: 455

Average Passing Score: 644

Passing Rate: 98%

Max Score: 722

From 1st of June 2017 – 30th of November 2020

Saudi Commission for Health Specialties SCFHS

Alfaisal College of Medicine graduates always shine when it comes to the Saudi Residency Match. This year the graduates have matched in diverse specialties including Neurosurgery and Cardiac Surgery.

The table on the right specifies the number of students who matched during 2018, 2019 and 2020 in different specialties.



Neurosurgery



Pediatrics



Ophthalmology



Dermatology



Obstetrics



Radiology



Psychiatry



General Surgery



Plastic Surgery

Specialty	Number of Students Accepted in		
	2018	2019	2020
Obstetrics and Gynecology	4	7	3
Diagnostic Radiology	6	5	5
General Surgery	6	6	7
Internal Medicine	12	16	12
Physical Medicine and Rehabilitation	1		
Preventive Medicine	1		1
Urology	1	2	1
Family Medicine	9	10	12
Pediatrics	13	10	10
Neurology	3	4	3
Pediatric Neurology	2	2	
Dermatology	1	3	1
Adult Critical Care Medicine			1
Anesthesiology	3	1	2
Emergency Medicine	3	8	9
Psychiatry		1	
ENT		3	1
Cardiac Surgery			1
Plastic Surgery		2	1
Orthopedics		4	4
Neurosurgery			1
Ophthalmology		2	3
Total	65	86	78

College of Medicine Students' Research Accomplishments

*Alfaisal CoM Students Win Awards at King
Saud University Medical City (KSUMC)
3rd Annual Research Forum of 2020*

1st Prize for Case Report/ Series Presentation: Raid Alhayaza, Year 5



I'm Raid Alhayaza a senior medical student. I recently represented Alfaisal University by participating in King Saud University Medical Student Council (KSUMSC) 3rd Annual Research Forum 2020. Happily and proudly, I won the best "case report/case series" category. The case report that I presented was titled "Uni-portal perimammary video-assisted thoracoscopic surgery (VATS) fissureless Right Lung Anterior Segmentectomy ; Case report and literature review". During my Surgical Rotation in the thoracic department I attended a very interesting surgery with Dr. Norberto Santana Rodriguez, Director of VATS and Robotic-assisted Thoracic Surgery program and Consultant of Lung Transplant in KFSHRC. Afterwards, the case was presented during Grand Rounds where I learnt that the surgical approach was the first of it's kind. Then I reached to Dr. Santana and inquired if he would be interested to report the case. He was kind enough to guide me through writing it and giving me this opportunity to be first author in such an important case report.



In our case we reported, a patient that presented with a growing pulmonary nodule from 8mm to 12mm in 1 year interval that turned out to be a lung metastasis . For which we proceeded with a right uniportal VATS anterior segmentectomy (S3) for metastasectomy. We modified the uniportal VATS Anterior Segmentectomy (S3) by doing a perimammary incision, instead of the classical incision. A designative feature of the perimammary incision is that it takes the cosmetic outcome and patient satisfaction into consideration. My research experience has been sharpened throughout the years at Alfaisal. I had the honor to be part of the SPIRIT program where I went to Brown University, Providence, RI and Roswell Park Cancer Institute, Buffalo, NY. Both programs were the building stones to understanding the field of research and its importance. I also presented different research posters at Alfaisal 10th Annual Research Day and at King Fahad Medical City 14th Annual Research Symposium. Although I did not win, I gained the experience, confidence and knowledge that got me to where I am today and allowed me to win 1st place in case presentation among more than 20 other participants at the KSUMSC 3rd Annual Research Forum 2020. I would like to take this chance to thank Alfaisal University and the College of Medicine under the great leadership of Dr. Khaled AlKattan for their continuous help, support and guidance. And to also thank my research team Dr. Norberto Santana Rodriguez, Dr. Ahmed Ahmed, Dr. Abdullah Alshammari, and Rami Alhayaza. Lastly, I urge my fellow colleagues to be involved in research and to present it in various forums at a national and international level.

"Uni-portal Perimammary VATS fissureless Right Lung Anterior Segmentectomy (S3); Case report and literature review"

1st Prize for Oral Presentation: Haroon Ahmed Javaid (4th Year), Saleha Abdul Rab (3rd Year) and Hiba Raheel (3rd Year)



“Establishing a School Health Surveillance Program; A Healthy School Initiative”

Awarded 1st position in the Oral Presentation category at the KSUMSC 3rd Annual Research Forum, 2020, this study was conducted by Hiba Raheel (Year 3), Saleha Abdul Rab (Year 3), and Haroon Ahmed Javaid (Year 4).

Other portions of the project have also been presented at various events, including Alfaisal 10th and 11th Annual Research Days, where they were awarded 2nd and 3rd place.

This is a cohort study conducted in a community-based school in Riyadh, Saudi Arabia. The school chosen, in particular, has a lack of medical care, resources and facilities on the school campus. Most of the students at the school live in the south of Riyadh where hospitals, public playgrounds and living conditions are of considerably low standard. Parents of these schoolchildren are mostly taxi and bus drivers, shopkeepers, and electricians, often carrying the entire burden of financial responsibility. Due to these circumstances, the students lack the opportunity to lead a healthy lifestyle that promotes mental and physical well being. As a consequence, high rates of depression, overweight, obesity, and hypertension are prevalent among the children.

‘Our aim was to transform the current atmosphere into one that is conducive to the students’ learning and growth, and simultaneously has a positive impact on their mental and physical health. As future physicians, our goal was to identify and address diseases at community level, thereby preventing them from progressing into chronic illness. By focusing on children of such a young age, we hoped to shape their lives and mould them into brighter, stronger adults in the future’, said one of the researchers.



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Special Thanks to:

Dr. Akef Obeidat
Dr. Ismail Shakir

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