



Editor: Hiba Jawdat Barqawi

Dean's message of the month

I would like to congratulate you for the new year and hope that we are opening a new chapter in the development of our College in terms of education, research and clinical training. I am expecting 2018 to be a distinguished year in the pathway of our achievements. We are working hard to continue recruiting renowned faculty, who will help to achieve our goals.

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We have just advertised for new faculty jobs, namely for Head of Department posts, which are supported by the Chancellor Professor Hamid Al Nuaimy and his administration and we are expecting to start interviews very soon.

I would like you all to join me in welcoming Dr. Waseem El-Hunedi to our College and we wish him a smooth transition and successful academic year.

Last month was a busy month of examinations. I wish the students the best in all their efforts and I hope to see them all graduate soon. I would like to thank the faculty and supporting staff for their efforts in preparing and conducting the examinations.

Professor Qutayba Hamid MD, PhD, FRCP, FRS
Dean of the College of Medicine
Vice Chancellor of the Colleges of Medicine and Health Sciences

College News

- **Prof. Hamid Al-Naimiy**, Chancellor of University of Sharjah and the Vice Chancellor of the Colleges of Medicine and Health Sciences, **Prof. Qutayba Hamid** attended the National Day Celebrations held in the Medical Campus on 29th November 2017.



- **Prof. Qutayba Hamid** has been awarded the prestigious 'Distinguished Achievements Award' by the American Thoracic Society in San Diego, USA.
- From the 14-17th March 2018, the 9th Gulf Thoracic Congress will be held in Dubai, which will be hosting the 20th Annual Meakins-Christie International Symposium on Asthma and COPD- McGill University, Canada. The symposium will be held by the Meakins-Christie Laboratories of McGill University in collaboration with the University of Sharjah.
- The Clinical and Surgical Training Center (CSTC) has been accredited by the Royal College of Surgeons for all the surgical courses offered by this facility.
- Mie University in Japan is offering our students a Master's Course Scholarship Program so those interested are encouraged to apply <http://www.mie-u.ac.jp/en/international/studyabroad/overseasstudy/scholarship.html>

Our College in the News



محمد
الحجاج

وجه

**محمد الحجاج .. علاج
أمراض التنفس**

مروة السنهوري . الشارقة

يُكرِّس معارفه التخصصية وخبراته المتراكمة في مساعدة المرضى على الشفاء، وتطوير الخدمات العلاجية .. إنه نائب عميد كلية الطب في جامعة الشارقة، واستشاري أول أمراض التنفس الدكتور محمد صالح الحجاج نال بكالوريوس الطب والجراحة، والبوردين

الأمريكي في الأمراض التنفسية، والطب الباطني، فضلاً عن زمالة الكلية الملكية للأطباء، عمل الحجاج سابقاً استشاري أمراض رئة وباطنية وأستاذاً في جامعة الملك سعود، ومستشفى الملك خالد الجامعي في الرياض. يهتم بعلاج علل الربو الشعبي، الانسداد

الرئوي، وتوقَّف التنفس أثناء النوم، إضافة إلى السِّل ومُداواة الحساسية بالخلايا الجذعية. شارك في الكثير من المؤتمرات العلمية داخل الدولة وخارجها، مع إنجازه أبحاثاً عدة، وكتابة مقالات نُشرت في مجلات طبية عالمية. يتميز بكفاءته العالية ومهاراته الفائقة، إلى جانب دماثة أخلاقه وروح تعاونه.

Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) Cadaveric Course

By: Lou Ann Tesado

Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) Cadaveric Course was held from the 16th to 19th December 2017 at the Clinical and Surgical Training Center (CSTC) through the partnership with Johnson and Johnson Institute.

Orthopedic surgeons from Maghreb area were the participants for these two workshops which were headed by Prof. Fouad Sadek, Professor of Orthopaedics, Cairo University Hospitals, Egypt and Prof. Gaby Haykal, Head of the Department of Orthopedic Surgery, Mont Lebanon Hospital in Beirut, Lebanon.



Both workshops were a combination of saw bones and hands-on surgery using fresh frozen specimens to have optimum experience and realistic set up.



International Cadaver Anatomy Hands-on Course for Aesthetic Medicine & Surgery

By: **Lou Ann Tesado**

The First Cadaver Anatomy Course for Aesthetic Medicine in UAE was held last 6th and 7th December 2017 in collaboration with the Clinical and Surgical Training Center (CSTC) and Institute of Medical Aesthetics (IMA), Dubai.

The workshop was headed by Dr. Matt Stefanelli, MD, MBA (France). He is French & European Board Certified Plastic Surgeon who shared his knowledge and expertise to the participants from UAE and Gulf Region.

This course is part of the new `iDissect` cadaver course series presented by IMA, in partnership with iClass Anatomy in the Emirates, present a cutting-edge learning opportunity for all practitioners engaged in aesthetic medicine and facial aesthetics to visualize the anatomy in a 3D Format by performing `hands-on` dissections on high quality fresh frozen human head cadaver specimens.

The CSTC was glad to be part of this interesting course and was a choice of venue for the IMA with a fully equipped for all kinds of trainings that require cadavers. This facility compliments the training itself and adds a great benefit to trainees, offering hands-on experience that is hard to find elsewhere.



Advanced Mechanical Ventilation in Anesthesia

How to improve Patient Outcome during perioperative pathway?

By: Lou Ann Tesado

Last 14th December 2017, one of our new client Dräger who collaborated with the Clinical and Surgical Training Center (CSTC) for the course Advanced Mechanical Ventilation in Anesthesia.

The workshop was headed by Prof. Paolo Pelosi, Department of Surgical Sciences and Integrated Diagnostic (DISC) Section Anesthesiology, University of Genoa, Italy.

The course focused on how to improve the patient outcome during perioperative pathway using Advanced Mechanical Ventilation. There were 14 participants from UAE and GCC Region who attended this specialized course utilizing the CSTCs Wet Lab to have the hands on training.

In the photo: Prof. Paolo Pelosi is showing the participants the how the Advanced Mechanical Ventilation in Anaesthesia using a small lung.



Viral News

Artificial Intelligence is the Stethoscope of the 21st Century

Submitted by: **Dr. Mohamed Al-Hajjaj**

It took time for the medical community to accept the stethoscope. It will also take a while to recognize A.I. as a full-fledged health tool, despite its vast potential to revolutionize healthcare. Yet, it is so powerful that when it will finally take its rightful place in healthcare, it will displace the stethoscope as its symbol.

Watson is better in Jeopardy than humans

In 2011, people witnessed an interesting competition on the television quiz show Jeopardy. It featured the two best players in the history of the show, Ken Jennings, who had the longest unbeaten run of 74 winning appearances, and Brad Rutter, earner of the biggest prize of \$3.25 million. Their opponent was a huge computer with over 750 servers and a cooling system stored at a location so as not to disturb the players. The room-sized machine was made by IBM and named after the company's founder, Thomas J. Watson. It did not smile or show emotion, but it kept on giving good answers. At the end, Watson won the game with \$77,147 leaving Rutter and Jennings with \$21,600 and \$24,000 respectively. It left the audience in shock and awe at the same time. Cognitive computers have been developing rapidly over the last few years following three technological breakthroughs. One is cheap parallel computation due to a new kind of chip called a graphics processing unit (GPU). The second one is accessible big data due to massive databases, web cookies, wearable devices and decades of search results. The third one is building better algorithms due to the services of Netflix, Google, Amazon and the others.

Do we have to fear cognitive computers taking our jobs?

Some started to contemplate about how A.I. would replace many jobs, overtake the human race in thinking. Stephen Hawking even said that the development of full artificial intelligence could spell the end of the human race. Elon Musk agreed. However, it is not inevitable that the use of A.I. leads to the loss of the human touch. In 1997, IBM's supercomputer Deep Blue could beat Garry Kasparov, the reigning chess grand master that time. He said he could have performed better if he had access to the same databases as Deep Blue. So later, freestyle matches were organized in which supercomputers could play against human chess players assisted by AI (they were called human/AI centaurs). Guess what! In 2014 in a Freestyle Battle, the AI chess players won 42 games, but centaurs won 53 games. The best potential pair is a human with technology. This is the only balance that can lead to a positive future with more and more disruptive innovations including ever-improving cognitive computing but an also ever-improving human intelligence and wisdom. This is the winning combination.

From Stethoscope to Cognitive Computers

People don't like change. It is not any different in healthcare. It took plenty of time until the stethoscope, the symbol of healthcare was accepted by the medical community back in the 19th century. The instrument was invented by French physician René-Théophile-Hyacinthe Laënnec, who published its description in 1819, but it took several decades until doctors actually started using it. I don't expect any difference with A.I. After many of my talks, physician colleagues ask me whether artificial intelligence might replace them in their jobs and whether algorithms can eventually become better at making diagnoses. Both will happen but not the way they imagine it. Huge waves are coming to healthcare to transform the job of physicians into something distinctly different than before. Although some of their tasks will be taken over by A.I., they will have more time for others, for example, deal with patients with real care and patience. Doctors will not have to struggle with being up-to-date in medical research, with administrative tasks, with consultation or making notes. They do not have to have a headache about how to choose the best therapy. Cognitive computers will help physicians diagnose much better, the same way stethoscope could change the medical profession from the early 19th century on; when a wooden tube working like an ear trumpet could make doctors listen to cardiac and lung sounds at the point of care.

A.I. will open a new dimension for healthcare

What even the most acclaimed professors know cannot match cognitive computers. As the amount of information they accumulate grows exponentially, the assistance of computing solutions in medical decisions is imminent. A.I. will open new dimensions for doctors on the personal level as well as for hospitals and other medical institutions on the structural level. On the institutional level, the most obvious use of A.I. will be

data management. Collecting it, storing it, normalizing it, tracing its lineage; it is the first step in revolutionizing the existing healthcare systems. Recently, the AI research branch of the search giant, Google, launched its Google Deepmind Health project, which is used to mine the data of medical records in order to provide better and faster health services. It could also analyse entire healthcare systems. For example, 97% of healthcare invoices in the Netherlands are digital containing data regarding the treatment, the doctor, and the hospital. These invoices could be easily retrieved. A local company, Zorgprisma Publiek analyses the invoices and uses IBM Watson in the cloud to mine the data. They can tell if a doctor, clinic or hospital makes mistakes repetitively in treating a certain type of condition in order to help them improve and avoid unnecessary hospitalizations of patients.

A.I. will help doctors in previously unimaginable ways

Precision medicine, targeted treatments, and personalized solutions: these are the buzzwords in current healthcare and not by chance. A.I. will help physicians work out the best therapies for their patients. IBM has already taken the first steps. Watson launched its special program for oncologists, and I interviewed one of the professors working with it, which is able to provide clinicians evidence-based treatment options. Moreover, A.I. has the potential to eliminate hideous tasks, such as administrative or repetitive work. For example, IBM's Medical Sieve will become the next generation "cognitive assistant" with analytical, reasoning capabilities and a wide range of clinical knowledge. The algorithm will be qualified to assist in clinical decision making in radiology and cardiology. A.I. assistants could also look up relevant medical information and keep doctors up-to-date in clinical research. IBM has the capacity to scan through millions of pages in seconds. Imagine the possibilities that lie ahead of us! Moreover, A.I. could eradicate waiting time by optimizing both physicians' and patients' schedules. It could prioritize doctors' emails so as the most urgent messages would reach them in time. It could also help patients sort out their simpler medical issues thus reducing the burden on doctors. If you look at all the advantages of A.I., your question will only be when it will finally reach our hospitals and why it is not there already.

A.I. will augment clinical practice

There are already certain places where A.I. is tested. Google DeepMind already launched a partnership with the UK's National Health Service to improve the process of delivering care with digital solutions. In June 2017, DeepMind expanded its services – first of all, its data management app, Streams, to another UK hospital. This expansion comes despite ongoing controversy over the company's first NHS data-sharing agreement. Google DeepMind's number one competitor, IBM Watson is used at the Alder Hey Children's Hospital as part of a science and technology facilities council project being run by the Hartree Centre. Dr. Iain Hennessey, Clinical Director of Innovation told me the UK is spending £300 million pounds to develop its capabilities in this area and they are one of the first use cases. I also talked to Martijn G.H. Van Oijen, an Associate Professor at the University of Amsterdam. As a clinical epidemiologist, he worked with IBM Watson for Oncology in preparation for a research proposal studying the role of Digital Decision Support tools. With several clinical colleagues of the department of Medical Oncology, they studied Watson for Oncology's approach in approximately 400 surrogate patients with breast, lung or colorectal cancer. He believes that Watson for Oncology could result in a reduction of costs and efforts. They both agreed that AI cannot be a substitute for communication. Right now, the technology is in its infancy, but improving all the time. My prediction is that it will gradually appear in more and more hospitals and get through the initial phase very quickly.

What can we do to facilitate change?

Although A.I. is coming fast, it will need the medical community's understanding, initiative and drive for a better healthcare in order to work its best. Every stakeholder in healthcare should play its part to improve those elements. Medical professionals should acquire basic knowledge about how AI works in a medical setting in order to understand how such solutions might help them in their everyday job. They also need to constantly think about where automation could let their jobs do better. Decision makers at healthcare institutions should do everything to be able to measure the success and the effectiveness of the system. This is the only way to assess the quality of AI's help in medical decision making. Companies such as IBM should communicate even more towards the general public about the potential advantages and risks of using AI in medicine and sort out data privacy issues such as the recent concerns with the NHS! Non-English speaking countries should invest in natural language processing (NLP). If the patient information is not in English, A.I. needs to understand the content and context of structured and unstructured information in that language. Artificial intelligence will become the stethoscope of the 21st century, but it can only do its best when there is a wide cooperation between technology and the medical community.

Sugar 'awakens' cancer cells

Submitted by: **Dr. Balsam Qubais Saeed**

Scientists have clarified how the Warburg effect, a phenomenon in which cancer cells rapidly break down sugars, stimulates tumor growth. The discovery, which has been outlined in the journal *Nature Communications*, provides evidence for a positive correlation between sugar and cancer, which the researchers say could have implications for tailor-made diets for cancer patients.

The nine-year joint research project by the University of Leuven was started in 2008. Its main focus was the Warburg effect, or the observation that tumors convert significantly higher amounts of sugar into lactate compared to healthy tissues. As one of the most prominent features of cancer cells, this phenomenon has been extensively studied and even used to detect brain tumors, among other applications. Until now it has been unclear whether the effect is merely a symptom of cancer, or a cause.

Earlier research into cancer cell metabolism focused on mapping out metabolic peculiarities, but this study clarifies the link between metabolic deviation and oncogenic potency in cancerous cells. Johan Thevelein, the study's lead author, said: 'Our research reveals how the hyperactive sugar consumption of cancerous cells leads to a vicious cycle of continued stimulation of cancer development and growth.' 'Thus, it is able to explain the correlation between the strength of the Warburg effect and tumor aggressiveness. This link between sugar and cancer has sweeping consequences. Our results provide a foundation for future research in this domain, which can now be performed with a much more precise and relevant focus.'

Using yeast as a model organism (yeast cells contain the same 'Ras' proteins commonly found in tumour cells, which can cause cancer in mutated form) the research team examined the connection between Ras activity and the active sugar metabolism in yeast.

Thevelein said: 'We observed in yeast that sugar degradation is linked via the intermediate fructose 1,6-biophosphate to the activation of Ras proteins, which stimulate the multiplication of both yeast and cancer cells. It is striking that this mechanism has been conserved throughout the long evolution of yeast cell to human.'

'The main advantage of using yeast was that our research was not affected by the additional regulatory mechanisms of mammalian cells, which conceal crucial underlying processes. We were thus able to target this process in yeast cells and confirm its presence in mammalian cells.' 'However, the findings are not sufficient to identify the primary cause of the Warburg effect. Further research is needed to find out whether this primary cause is also conserved in yeast cells.'



Source: *Spectator Health*, VIB

There's Still No Proven Way to Prevent Alzheimer's

Submitted by: **Prof. Mohamed Al-Hajjaj**

Medical science has failed to prove that any treatment, therapy or brain exercise can help prevent dementias such as Alzheimer's disease, an extensive new review has concluded. No medications, over-the-counter remedies or brain training programs have been proven in solid clinical trials to ward off dementia, researchers with the Minnesota Evidence-Based Practice Center in Minneapolis stated after reviewing dozens of previously published studies. The best evidence the investigators found indicates that healthy living is a person's best defense against dementia, Butler said. That means eat right, exercise, treat health problems such as high blood pressure, and remain socially active. "Of those interventions we were able to find that were tested, the few that showed potential for benefit or even hinting at benefit are really very similar to the kinds of public health messages we put out there in general about healthy aging," Butler said.

The researchers conducted four side-by-side evidence reviews to test different categories of proposed therapies and treatments for Alzheimer's:

- Physical activity. Low-strength evidence from 16 trials showed that combining different types of activity- exercise, diet and cognitive training- might improve performance on brain tests.
- Prescription drugs. No medications appeared to protect the brain in data from 51 trials. The drugs studied included those specifically for dementia as well as drugs to treat other health problems of aging, such as diabetes, high blood pressure, elevated cholesterol and ebbing hormone levels.
- Vitamins and supplements. There's no evidence from 38 trials that any over-the-counter tablets or pills can prevent dementia or Alzheimer's disease. This included omega-3 fatty acids, ginkgo biloba and vitamins B, C, D and E.
- Cognitive training. Brain exercises did not ward off dementia in 11 clinical trials.

"There is some moderate evidence that cognitive engagement brings some benefits, but those benefits are local. If we train on memory, our memory might improve. If we train on processing, our processing speed might improve. But there isn't any good evidence to directly link that to changes in how many people develop dementia", Butler said. Dean Hartley, director of science initiatives at the Alzheimer's Association, said people shouldn't be discouraged by this review. It doesn't rule out any possible treatments for dementia- it just notes that science hasn't proven that any of them work. "What we need is more research, and that's what this brings to light," Hartley said. Further, it's a good sign that some evidence indicates that lifestyle changes like exercise and a healthy diet can help with dementia, Hartley continued. "We can all be doing these now because they aren't things that are going to hurt us, and will generalize to our health," he said. "A healthy heart is a healthy brain. We will see that benefit to the brain."

Alzheimer's researcher Dr. Luca Giliberto also sees the evidence review as positive, but from a different angle: He hopes the review will shake up the field of research. "Finally, somebody had the guts to state the fact that we don't understand what's going on with dementia and Alzheimer's. There's nothing we currently are able to do to stop Alzheimer's pathology. Researchers need to return to the basics and focus on figuring out why people develop Alzheimer's before they start testing cures. We have to go back to the bench and reinvent the pathology, reinvent everything about Alzheimer's and these types of dementias," said Giliberto, an assistant professor with the Feinstein Institute for Medical Research in Manhasset, N.Y. "We do not know enough, and we need to stop spending money and time on minor things like supplements and so forth because they are not the answer." If nothing else, these studies should lead seniors to stop spending money on online brain training programs, Butler said. "There just isn't anything to support that kind of financial expenditure for people with limited financial resources. There are probably better things you can do with your time and resources than that. It might just be plain more enjoyable to spend time with people rather than chasing a computer screen" she said. People also should be wary of purported "cures" or "preventions" for Alzheimer's, said Dr. Gisele Wolf-Klein, director of geriatric education with Northwell Health in New Hyde Park, N.Y. "None of the medications that have been looked at so far have been proven to reverse or even slow down significantly the degradation of cognition. That doesn't mean that in the future we won't be able to find something, but as of today, all the prescription medications have failed to slow down or provide cognitive protection" she said. The researchers' findings, presented in four reviews, are published in the Dec. 19 issue of *Annals of Internal Medicine*.

Source: MedicineNet.com

Faculty & Staff Achievements, Awards and Special Recognition

Publications:

- **Prof. Salman Guraya** recently had the following paper published: Guraya SY. The Paradigm of Technological Innovations from Open to Scarless Surgery for Colorectal Cancer. Middle East J Cancer 2018; 9 (1): 1-4.
- **Prof. Azzam Magazachi** recently had the following paper published: Elemam, N.M.; Han-nawi, S.; Maghazachi, A.A. Innate Lymphoid Cells (ILCs) as Mediators of Inflammation, Release of Cytokines and Lytic Molecules. Toxins 2017, 9, 398.
- **Dr. Basema Saddik** recently had her work published: Jradi H, Saddik B. (2018) Graphic warnings and text warning labels on cigarette packages in Riyadh Kingdom of Saudi Arabia: Awareness and perceptions. Annals of Thoracic Medicine, Vol.13(1). pp. 22-29.
- **Dr. Jibran Sualeh Muhammad** recently had the following three publications:
 - ⇒ J. S. Muhammad, M. I. Ghauri, M. S. Ali, F. Khalid. Increased risk of hospital based anxiety and depression in fibromyalgia patients of low-socioeconomic status from Pakistani population. Int J Rheum Dis. 2017 Oct;20 Suppl 1: 96 ABS480. DOI: 10.1111/1756-185X.13178.
 - ⇒ J. S. Muhammad, M. I. Ghauri, M. S. Ali, F. Khalid, H. Alvi, A. Riaz, L. Nazir, N. Begum Patterns of sero-negative spondyloarthritis: as seen in low socioeconomic patients. Int J Rheum Dis. 2017 Oct;20 Suppl 1: 96 ABS481. DOI: 10.1111/1756-185X.13178.
 - ⇒ Ishaq M, Razzaque S, Shohail F, Kumar A, Muhammad JS. Onset of Hypertension in Leflunamide Treated Low Socioeconomic Rheumatoid Arthritis Patients: An unseen iceberg. Curr Rheumatol Rev. 2017 Dec 27. doi: 10.2174/1573397114666171227211048.

Conferences, Seminars, Talks and Special Mentions:

- **Dr. Jibran Sualeh Muhammad** participated at the 19th Asia Pacific League of Associations for Rheumatology Congress (APLAR) held in Dubai from the 16-20th October 2017 in the form of two poster presentations:
 - ⇒ Increased risk of hospital based anxiety and depression in fibromyalgia patients of low-socioeconomic status from Pakistani population.
 - ⇒ Patterns of sero-negative spondyloarthritis: as seen in low socioeconomic patients
 - **Dr. Balsam Qubais** participated in the 3rd International Conference on Arabs' and Muslims' History of Sciences (ICHS17) , held in University of Sharjah Dec. 5-7th, 2017 where she presented a lecture: The role of Arab- Muslim Physicians in the detection of infectious diseases and differentiate between the diseases.
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• **Dr. Balsam Qubais, Dr. Ibrahim Eltayeb Ibrahim and Dr. Mohammad Bataineh** were honored by Dr. Tariq Sultan bin Khadem, Member of Sharjah Executive Council (SEC) and Chairman of the Human Resources Department (HRD) & Prof. Hamid M. Al Naimiy, Chancellor of the University of Sharjah, on 20th December

2017, for their participation in the inspection program, which was offered to employees of Sharjah municipalities.

Sports Participation:

- **Mr. Nasser Zahra** participated in the Johnson Arabia Dubai Creek Striders Half Marathon on the 8th of December 2017 and completed it in 1 hour 36 minutes.



Crossword answers:

- **ACROSS:**

⇒ 2 Integrome; 3 Trialome; 5 Kinome; 7 Connectome; 9 Metabolome; 13 Drugome; 16 Pharmacogenome; 18 Exome; 19 Regulome; 21 Membranome; 22 Phenome; 23 Metagenome; 24 Histome; 25 Speechome

- **DOWN:**

⇒ 1 Biome; 2 Interactome; 3 Transcriptome; 4 Incidentalome; 6 Nascentome; 8 Nutriome; 10 Moleculome; 11 Proteome 12 Toxome; 14 Metallome; 15 Mechanome; 17 Exosome; 20 Genome

Student Corner

Student Conference Participation

Students from the College of Medicine attended and participated in the 1st Emirates Family Medicine Society Conference held in Dubai from the 11-13th January 2018 in the form of a poster presentation.

The Year 3 students who presented their poster '*Helicobacter Pylori* Gastric Ulcer: Attitudes, Practices and Knowledge About Its Health Impacts Among Adults In Sharjah' at the conference were: **Abdullah Malek, Muzan Alkhaldi** and **Layan Odeh**. The other students involved in this project are: **Atheer Tariq** and **Mohammad Al Fardan**. The group were supervised by: **Hiba Barqawi**. This group was shortlisted for top three abstracts at the conference.

Year 3 student **Amna Al-Wandi** also participated in the Emirates Family Medicine Society. The poster title was '*Non Communicable Diseases: Knowledge, Attitudes, Practices Among Secondary School Students in Sharjah City, UAE*'. The research team involved are **Amna Al-Wandi, Alyaa Al-Ali, Raed Dali, Yusur Al-Karaghoul**i under the supervision of **Dr. Sara Shorbagi**.

Year 4 student Abdulla Alalool from the College of Medicine also attended and participated in the 1st Emirates Family Medicine Society Conference held in Dubai in the form of a poster presentation. The poster title was '*Traffic Congestion & Long Driving Hours: Impact on Stress, Emotional and Physical Health Among Drivers in Sharjah*'. The research team involved are: **Abdulla Ahmed Alalool, Basil Yahia, Haya Khamis, Rawan Majdalawi, Reham Ainawi**. The group was supervised by **Dr. Anu Ranade**.

Year 3 students also participated and their the poster title was '*Salon-Associated Infections: Customer's Knowledge and Practice Measures*'. The research team involved : **Esraa Elaraby, Ghida Maswadah, Dania Abu Zahra, Osama Amira and Mohamed Alshoura** and were supervised by: **Dr. Nihar Dash**.

Model United Nations Society

Submitted by: **Abdullah Malek**

The Model United Nations Society at the University of Sharjah held their carnival event at the Medical Campus earlier this academic year. The event came in association with the United Nations Day which aims to educate the public about the milestones achieved and the new upcoming goals for the United Nations. The carnival involved games and stations all in line with the 17 Sustainability Development Goals (SDGs) aimed to be achieved by the United Nations by 2030 such as reducing poverty, eliminating hunger, ensuring quality education, gender equality among others. The games in each station was specifically tailored towards the SDG and aimed to raise awareness about methods of contribution and the effect the problem has on our societies world-wide. The event was fully organized by the MUN society members from all different colleges and was held near the fountain at the Medical Colleges Complex. Students from all different colleges showed up and enjoyed the fun games and food that was provided. Moreover, the event also hosted a booth for the oldest international youth led organization, AIESEC under SDG 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development. The event overall was quite successful and gained a lot of positive feedback from attendees. The UOSMUN society will continue working on increasing awareness about the current issues faced in our societies worldwide and how to tackle them as well as shed light on the important work and achievements of the United Nations and how to positively contribute to them.



AIESEC

AIESEC is a global platform for young people to explore and develop their leadership potential, we do that through our cross-cultural exchange program across 124 countries where we are present. For this winter, we are providing airport pick up, accommodation and return flights for students who will go volunteer for a minimum duration of 4 weeks with AIESEC UAE. Interested students can apply directly at www.aiesec.org or Whatsapp at 0585243732.

AIESEC is a non-governmental not-for-profit organization in consultative status with the United Nations Economic and Social Council (ECOSOC), affiliated with the UN DPI, member of ICMYO, and is recognized by UNESCO.



Winter Abroad

VOLUNTEER WITH AIESEC
FLIGHT & ACCOMMODATION PROVIDED!

This Winter, exclusively, AIESEC UAE is offering you the opportunity to volunteer abroad for 4-8 weeks no need to worry about any travel arrangement.

Available Countries: 

AIESEC 

Register at: aiesec.org | Follow us @aiesecuae

IN CONJUNCTION WITH:



GulfThoracic
مؤتمر الخليج لطب وجراحة الصدر
DUBAI 2018
14-17 MARCH | INTERCONTINENTAL - FESTIVAL CITY

Medical Students Forum MSF2018

16 MARCH 2018
INTERCONTINENTAL - DUBAI FESTIVAL CITY

ABOUT

Due to the great success of the Medical Student Forum 2016 and 2017 that was held in conjunction with *GulfThoracic* Congress, we are happy to announce the Medical Student Forum (MSF2018) which will once again be held in conjunction with the upcoming *GulfThoracic* Congress 2018, taking place at InterContinental - Dubai Festival City, UAE on 14-17 March 2018.

WHO SHOULD ATTEND

All colleges of medicine are invited to encourage participation of their medical students of all levels to submit abstracts and attend this great educational opportunity.

SCIENTIFIC PROGRAM

At MSF2018 will deliver state of the art lectures and interactive sessions conducted by renowned International and Regional Faculty Members, catering for medical students at all levels.

MEDICAL STUDENT ABSTRACTS

The Scientific Committee invites all Medical Students to submit their abstracts for poster display and/or oral presentation at the upcoming Medical Student Forum (MSF2018). Abstracts in any Medical Specialty or Medical Education may be submitted.

REGISTRATION

| Full Access to GT2018 Congress and Medical Student Forum (MSF2018) | Until 22 February 2018 | From 23 February 2018, and On Site |
|--|------------------------|------------------------------------|
| | US\$ 100 | US\$ 150 |

Students registration fee entitles them to attend general & concurrent sessions (CMEs), and conference materials.

EMCS Medical Colleges National Day Celebrations

Submitted by: **Mariam Al Zaabi**

The 46th National Day of The United Arab Emirates approached us with open arms, reminding us of the fruitful journey that Sheikh Zayed bin Sultan Al Nahyan took in order to bring about the union of the seven Emirates that now make up this great nation. Under the wings of this festive approach, the Medical Colleges joined together on the 29th of November to arrange the National Day celebration on campus. The celebration included various booths that portrayed the country's traditions and its values; these booths included a traditional Emirati hospital, a market, traditional attire, and a number of traditional games. The festivities were also inclusive of other countries, as there were mini booths for Bahrain, Sudan, Egypt, as well as others. This celebration was supervised and conducted by the EMCS (Emirates Medical Colleges Society) of the University of Sharjah—along with the sponsorship of the University itself. Through this event we were able to rejoice the birth of the nation and the leaders who stood through to bring about its manifestation.





For any comments
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suggestions for
improvement please
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Doctor's Orders

This Issue's "Doctor's orders" is submitted by **Dr. Sarra Shorbagi**

ADDED SUGAR ADDED RISK

Added sugar in diet increases the risk of developing tooth decay, obesity, high blood pressure, high cholesterol, and cardiovascular disease. Added sugars are sugars and syrups that are added to foods or beverages when they're processed or prepared.



| Daily Added Sugar Limit | |
|---|---|
| MEN | WOMEN |
|  |  |
| No more than: | |
| 9 teaspoons 36 grams 150 calories | 6 teaspoons 25 grams 100 calories |

WHO AND AMERICAN HEART ASSOCIATION RECOMMENDATIONS

WHO and American Heart Association recommends a daily added sugar limited to 100 calories per day, or about 6 teaspoons of sugar for women 150 calories per day, or about 9 teaspoons for men.

BE SUGAR SMART

There can be a lot of sugar in everyday food and drinks. Here are food smart swaps and tips to help you cut back.

- ⇒ **START SMART:** For a healthy start to the day, swap sugary cereals for plain porridge, plain whole-wheat biscuit cereals, or plain shredded whole-wheat.
- ⇒ **SNACK SMART:** Cut back on sugary snacks by swapping cakes, biscuits, chocolate and sweets for fruit, plain rice cakes, toast with lower-fat spread, fruited teacakes or a bagel.
- ⇒ **DRINK SMART:** A quarter of the sugar kids have every day comes from sugary drinks. Swap soft drinks, juice drinks and flavoured milks for water, lower-fat milks and diet, sugar-free, or no-added sugar drinks.
- ⇒ **SHOP SMART:** At the supermarket, look out for sugar-free and lower-sugar versions of your family favourites.
- ⇒ **LEAVE IT ON THE SHELF:** It's the simplest trick in the book — but if you don't have biscuits and sweets in the house, you won't be able to eat them.
- ⇒ **SUGAR SMART SHOPPER:** Use the Food Scanner app to see how much sugar is in your favourite food or drink — look for products that are low in sugar.

References

1. http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/Added-Sugars_UCM_305858_Article.jsp#.WlY_FKiWZPY
2. <http://www.who.int/mediacentre/news/releases/2015/sugar-guideline/en/>
3. <https://www.nhs.uk/change4life/food-facts/sugar#aVkkRSys26pFdiem.97>