



Jan 16, 2019
Volume 3; Issue 14



MedEdu Tabuk

Weekly Newsletter

Faculty of Medicine, University of Tabuk



Message from the Editor - Dr. Tanveer Raza

IMPORTANCE OF SIGN LANGUAGE

Members of the Deaf community often experience health disparities due to communication barriers. Most healthcare workers are unable to communicate effectively with deaf people due to their lack knowledge of



deaf culture. Future healthcare workers need to be trained appropriately so that they can serve members of the underserved groups like deaf people.

Phone: 0537251324
Email:
mededutabuk@ut.edu.sa

The Faculty of Pharmacy signs a memorandum of cooperation with Tabuk Pharmaceutical Company

Dr. Ghareb Soliman

Associate Professor of Pharmaceutics,
Faculty of Pharmacy, University of Tabuk.
E-mail: gh.soliman@ut.edu.sa

In the context of the College of Pharmacy's eagerness to provide its students with the necessary expertise to compete in the labor market and under the guidance of His Excellency Prof. Abdullah bin Mofarh Al-Thiabi, the University's President, the College of Pharmacy signed an agreement with Tabuk Pharmaceutical Industries Company. Prof. Abdullah bin Mofarh Al-Thiabi signed the agreement on behalf of the College of Pharmacy and Dr. Abdullah bin Mohammed Al Muhaizeh, General Manager of the Company signed for the company on Tuesday, 25/12/2018.



The agreement aims to establish a strategic partnership with the company in the fields of training, consulting and scientific research. On this occasion, the University president thanked Dr. Abdullah Bin Mohammed Al Muhaizeh and his escorts Dr. Fahd Bin Majid Al-Ghayan, Director of the plant in Tabuk region and Mr. Khalid Bin Ahmed Al-Musaykal, the Company's Human Resources Supervisor. He praised the Company's continued cooperation in training the students of Tabuk University. The faculty dean, Dr. Alaa bin Abdullah Bagalagel said that this agreement will benefit the students of the college and provide them with excellent training opportunities in the company, which will give them the necessary experience for bridging the gap between university education outputs and beneficiaries.

The Arabic Sign Language

AlBaraa Mohammed Attee

3rd Year Student

Faculty of Medicine

University of Tabuk

Email: 361001490@stu.ut.edu.sa

[Editor's Note: All images are copyright protected and taken by the author himself. For permission to use these photos please contact AlBaraa]

May peace and blessings be upon you all ..

Beloved dears,

Long time ago, I've graduated from a school that located in hafr-albatin .it's called " school of memorizing the Nobel Qur'an and attached Amal groups " may Allah grant us honesty ..

The bottom line , the Amal group is our deaf speechless brothers ..

Actually I taught myself since I was a little kid the sign language because I had beloved ones of that group that I need to communicate with..

They were reciting the Qur'an in that sign language on morning broadcast and their honoring in front of us .. so that's why I choose **this topic**



بسم الله الرحمن الرحيم

السلام عليكم ورحمة الله وبركاته.

أحبائي أتمنى لكم دوام الصحة والعافية و موضوعي هنا فريد ومميز ومهم و أسأل الله أن يفيدكم.

أخوكم خريج من مدرسة في حفر الباطن إسمها " تحفيظ القرآن الكريم و فصول الأمل الملحقة "

نسأل الله الإخلاص الشاهد!

وفصول الأمل هم إخواننا من الصم البكم ..والحقيقة تعلمت ذاتيا لغة الاشارة منذ الصغر لأن لي أعبة وجيرانا منهم وللتواصل معهم كنت ألاحظ الأساتذة وكيفية التواصل معهم ..حيث كانوا يُسَمِعُونَ القرآن غيبا عن طريق الاشارة في الاذاعة المدرسية أحيانا و يتم تكريمهم ..لهذا كان اختيار موضوعي



linked with that valuable group of our society.

Secondly, we're as health care providers may face one of him in need and we must understand him and guide him perfectly.

Our society will get communicated well

..

You may help some one in a tough position one day !!

I'll try to get you through my modest humble experience if I got a chance with Allah' s willing



أولا: نحتاج أن نبادر لتعلمها و تعليمها لتتواصل مع فئة غالية في مجتمعنا..

ثانيا: نحن كممارسين قد نواجه غالبا منهم ونحتاج لفهم شكواه تماما وتوجيهه بطريقة صحيحة.

ثالثا: يسود في مجتمعنا التواصل والاءاء اكثر واكثر و تزداد الثقة.

رابعا قد تفرج عن أحدهم كربة وتكون سبب في تسهيل خطب ما !



ACADEMIC AFFAIRS ARRANGEMENT FOR FACULTY OF MEDICINE

Prof Magdy M. ElShamy
Faculty of Medicine



This Week:

For Female Section:

- **Medicine &Subspecialties Module:** 6th Year, Mid Module MCQs Exam on Sunday, 13/1/2019
- **Medicine &Subspecialties Module:** 6th Year, Mid Module OSPE on Sunday, 13/1/2019

- **Pediatrics Module:** 5th Year, Mid Module Exam on Sunday, 13/1/2019
- **Pediatrics Module:** 5th Year, Mid Module OSPE on Sunday, 13/1/2019
- **Pediatrics Module:** 5th Year, Mid Module OSCE on Thursday, 17/1/2019
- **Abnormal Human Morphology I (AHM I) Module (Micro & Pharma):** 2nd Year, First Mid Module Exam on Sunday, 13/1/2019

For Male Section:

- **Surgery &Subspecialties Module:** 6th Year, Mid Module MCQs Exam on Sunday, 13/1/2019.
- **Surgery &Subspecialties Module:** 6th Year, Mid Module OSPE on Sunday, 13/1/2019.
- **Abnormal Human Morphology I (AHM I) Module (Micro & Pharma):** 2nd Year, First Mid Module Exam on Sunday, 13/1/2019.

Functional Integrated Dry Needling: An integrated approach to make dramatic improvements in the management of patients with painful conditions and sports injuries

Dr. Ali Bani Ahmad

Department of Physiotherapy
Faculty of Applied Medical Science



Functional Integrated Dry Needling (FIDN) Pain Management Training Program is to develop the knowledge and clinical skills required to effectively diagnose and treat painful neuromuscular conditions using the FIDN system. This training program has been designed to ensure that clinicians will have a clear understanding of how dry needling works to manage pain at the local and central nervous system levels. Participants will be able to immediately use the FIDN system as a clinically proven modality and be able to safely, comfortably and proficiently use dry needling to treat any body part (including face, TMJ, neck, shoulders, elbows, upper and lower back, groin, posterior hip, knee and ankle regions) for pain and neuromuscular conditions.

Dr. Ali Bani Ahmed from the department of Physical Therapy earned an international Diploma in (FIDN) from Functional Integrated Dry Needling Institute (FIDN LTD - United Kingdom) and became a Certified Dry Needling Practitioner (CDNP). The Training Program were held in Riyadh (19-26 December, 2018).

The 7-day training program included 4 modules of thoroughly practical demonstration including:

- Module 1: Peripheral pain Pathway Model (Neuromuscular/ Musculoskeletal Systems)
- Module 2: Peripheral Radicular pain Model (Peripheral Nervous System)
- Module 3: Neuro-connective Tissue Model (Fascial Chains)
- Module 4: Multi Disciplinary Principles For Pain Management

Functional Integrated Dry Needling for Pain management and Functional Rehabilitation is a neurophysiological evidence based treatment which is based on the anatomy, physiology and biomechanics of the human body unlike acupuncture which is based on meridians as per the old Chinese technique. The process involves the integration of all the models previous and modifying it to prevent its limitation for pain management and functional rehabilitation. It involves biomechanics of pain as well as understanding of the pain physiology of the nervous system. There are lot of chances in neuropathy where the formation of the pain fibers is affected and hence needling on the flow of peripheral pain fibers is very important to acquire the desire result as well as the functional rehabilitation. Moreover the treatment can also be aim at preventive injury by working on the flow of the peripheral nerves as well as the functional point system in the muscles. It involves treating a particular injury from proximal to distal which includes using of segmental as well as non-segmental approach together. The treatment also involves needling on the sclerotome (bones, joint, intervertebral disc) together as well as intraarticular for the stimulation of the cartilage. There are various conditions which can be treated by functional integrated dry needling as an add on treatment for pain management and functional rehabilitation. The conditions are: Tennis elbow, Golfers elbow, Sciatica, Slip disc, Neuropathy, Osteoarthritis Knee, Carpel tunnel Syndrome, Frozen Shoulder, Calcaneum Spur, Plantar Fasciitis, Cervical Spondylosis and Radiculopathies, chronic Migraine, Tempera Mandibular pain and stiffness and also excessive leg swelling.



PROBLEM-BASED LEARNING (PBL): A PRACTICAL GUIDE

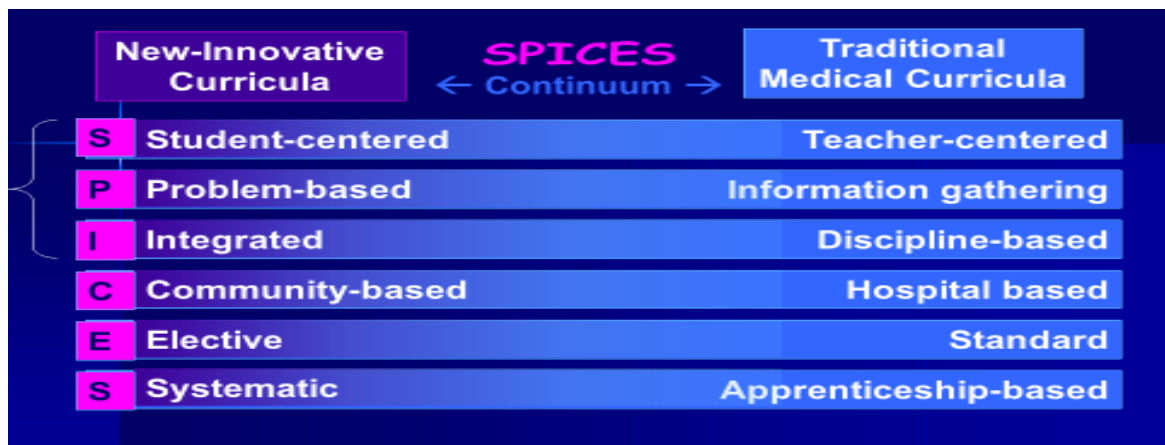
Dr. Abdelwahab Hassan Abdelwahab

Assistant Professor, Internal medicine
Faculty of Medicine



A Problem Scenario

- A 56-year-old woman comes to the emergency department after a sudden episode of hematemesis. Yesterday, she had two bowel movements that were dark, sticky, and foul smelling. She woke up nauseated and has since twice vomited a small amount of bright red blood. She also feels dizzy. Because of knee pain related to skydiving 1 week ago, she started taking five tablets of naproxen twice a day. She takes no other medicines and denies any significant past medical history
- On physical exam, you find a pale, uncomfortable, but alert patient. She has tachycardia (108 beats/min) and a drop in blood pressure from 116/72 mm Hg supine to 93/65 mm Hg standing. Her abdomen is flat with hyperactive bowel sounds. You note epigastric tenderness but no rebound or guarding. There is melena on rectal examination.
- Discussion ??



What is PBL?

Albanese & Mitchell (1993) suggest that "PBL at its most fundamental level is an instructional method characterized by the use of patient problems as a context for students to learn problem-solving skills and acquire knowledge about the basic and clinical sciences". Barrows' explanation (1985, p. 15) provides further insights into the

How to Facilitate PBL?

- Small groups of students (<8)
- Groups usually meet twice a week for around 2-3 hours
- At the first meeting – new situation or problem (trigger)
- Identification of the main issues and questions
- Period of individual study (2-3 days) - group reconvenes
- Group discussion and sharing knowledge
- Supporting activities (labs, lectures)

Advantages of PBL

- Student centered
- Relevance
- Generic competencies
- Integration
- Motivation
- “Deep” learning
- Constructivist approach

Disadvantages of PBL

- PBL makes it very difficult for students to identify with a good teacher. In PBL the teacher serves as a facilitator rather than acting as a role model. This may deprive students of the benefits of learning from an inspirational teacher.
- PBL does not motivate staff to share knowledge with the students. Staff are denied the fun of sharing their processes of understanding with their students and of ‘getting a buzz’ out of teaching. On the other hand, many staff find it rewarding and stimulating, working within a PBL context.
- The knowledge acquired through PBL tends to remain unorganized.

process. “The basic outline of the PBL process is: encountering the problem first, problem solving with clinical skills and identifying learning needs in an interactive process, self-study, applying newly gained knowledge to the problem, and summarizing what has been learned.”

- **Problem Solving:** Arriving at decisions based on prior knowledge and reasoning
- **Problem Based Learning:** The process of acquiring new knowledge based on recognition of a need to learn.

The Seven Step Model (Wood, 2003)

[Maastricht Medical School–the seven steps in PBL]

- **Step 1** Identify and clarify unfamiliar terms presented in the scenario, (allocate a scribe and a chairperson, define rules)
- **Step 2** Define the problem or problems to be discussed
- **Step 3** Ideas storming session to discuss the problem(s),
- **Step 4** Review steps 2 and 3 and arrange explanations into tentative solutions;
- **Step 5** Formulate learning objectives;
- **Step 6** Private study (all students gather information related to each learning objective)
- **Step 7** Reconvene - Group shares results of private study

For submissions

Editorial Office, Faculty of Medicine, University of Tabuk. Email:

mededutabuk@ut.edu.sa

Also, for Faculty of Applied Medical Science, University of Tabuk (eosman@ut.edu.sa)

And Faculty of Pharmacy, University of Tabuk (pchettiar@ut.edu.sa)

A Faculty of University of Tabuk takes active part in the health camps for the flood affected inhabitants of Kerala, India 2018

Dr. Thomas Antony Thaniyath

Dept. of Clinical Pharmacology

Faculty of Medicine

Email: ththaniyath@ut.edu.sa

In the month of August, 2018, Kerala, the southern state of India was badly affected by a devastating flood, which affected 95% of its land and caused a death toll of 483 and 18 person's missing. The approximate revenue loss was of 5.5 billion USD. During the post flood time, the entire Kerala state was affected with a number of infectious diseases and most of the patients were stranded in their houses without an option to go for health treatment. In this context, the health authority of the state provided rural service with efficient home care.



It is my duty as a doctor foremost and a native of Kerala to stand beside the destitute at the time of their need. The Dean of the faculty, Dr. Marai M. Alamri appreciated the importance of my presence in Kerala to provide service to the people in the flood affected area and kindly gave me permission to render my services. Dr. Marai said that the Faculty of Medicine stresses the importance of its staff to take part in community activities without borders and be prepared to provide our services when needed.