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# MedEdu Tabuk

## Weekly Newsletter

Department of Medical Education, Faculty of Medicine, University of Tabuk

### Message from Dr. Marai M. Alamri, Dean of Medicine

إن الحمد لله نحمده ونستعينه ونتوكل عليه، ونصلی ونسلم على خاتم انبیائہ وسید خلقہ محمد بن عبد الله وعلی آله واصحابہ الطیبین.  
اما بعد

فعلی کثرة ما تمواج به الساحة الطبية من إصدارات دورية، وما يشهدہ العالم من أحداث طبية وما ينشر من أبحاث واكتشافات يقاس الفرق بينها بالثوابی وما إن كمه لينوء بالعصبة أولی القوہ وقد أصبح على بعد نقرة أصبع، يجمع کله في جیب القاریء، الا ان لكل بلد خصوصیته ولكل منطقة فيه تمیز وتفرد بسمات بیئیة وسكنیة تفرض اهتمامات واحتیاجات طبیة لسمات صحیة وامراضًا مستوطنة.

ولیكون لتبوك دورية اخباریة طبیة تولیها عنايتها الخاصة في بعديها الطبی والاکادیمی تربط قراءها من أطباء وأخصائیین وفنیین وطلاب والعمالین في كافة القطاعات الصحیة في المنطقة. فقد ارتات کلیة الطب بجامعة تبوك تحويل الرؤیا الى واقع ونقل الفكرة الى التطبيق فكان مولد الدورية الاخباریة الطبیة MEDedu-Tabuk وذلك في 10th November 2016 ولتبدأ على نطاق الكلیة واضعة في أولویاتها نشر أخبار الكلیة ورفع الوعی في المجالات التالیة:

1. المواضیع الأکادیمیة والإرشادیة التربیویة.
2. المواضیع الطبیة ذات الاهتمام المھلی والعالمی.
3. القاء الضوء على ما تقدمه الكلیة في التوعیة والخدمة المجتمعیة.
4. التطویر المھنی والتعليم الطبی المستمر.

وكان انطلاق هذه الدورية ايداناً ببدء مرحلة اعلامية ووضعاً للبنية الأولى لأول مجلة طبية لتبوك ولتخرج للنور في صورة نشرة إخبارية الكترونية مما يتيح لها بإذن الله تعالى انتشاراً واسعاً وتفاعلها أسرع. وقد كانت في البدء محسورة بكلية الطب وكوادرها الأكاديمية، ثم لتنقل في مرحلتها الثانية إلى أشراك طلاب الكلية الذين يزيد عددهم عن الستمائة ليكونوا قراءً ومحررين ثم لتنقل وفي هذا العام بحمد الله وبعد ما كان يعد البث التجاري إلى حيز أكبر ونطاق أعرض في مرحلة ثالثة تشمل كافة الكوادر الصحية في الكليات الصحية في الجامعة ومديرية الشؤون الصحية بتبوك وكافة المستشفيات والمراكيز التابعة لها.

وقد اختارت هيئة التحرير اسم MEDedu-Tabuk ليرمز للتعليم الطبي في تبوك وليكون علامة ورماً للحياة الفاعلة ومنصة تعنى بالأطباء والصيادلة وكافة الأخصائيين في القطاع الصحي وطلاب كافة التخصصات الصحية من جميع النواحي التي تهمهم سواء كانت هذه النواحي أخبار كلياتهم أو كانت لآخر المستجدات في مجالاتهم بالإضافة إلى أخبار الندوات والمؤتمرات ذات العلاقة.

عزيزي القارئ : هذا هو العدد الأول من النشرة الاخبارية في مرحلتها الثالثة والتي يتبعها في المرحلة الرابعة اصدار المجلة الطبية الخاصة بتبوك مع شركاء النجاح من القطاعات الصحية في المنطقة.

ويشتمل هذا الاصدار على الفعاليات الأكاديمية والمقالات العلمية ومستجدات التعليم الطبي والمقالات الطلابية وخصص قسم من هذا الاصدار لي يعني بالأمور التثقيفية سواء كانت مواضيع علمية متخصصة او عامة تهم المجتمع.

وإذ نضع هذا العمل بين يديك فإننا نرحب بمشاركاتك وأقتراحاتك ونسائل الله أن يوفقنا وإياكم للسداد ولما يكون فيه الفائدة للبلاد والعباد .. أمين

والحمد لله في بدء وختتم

## FACULTY OF APPLIED MEDICAL SCIENCE

### Message From the Editor- Dr. Tanveer Raza

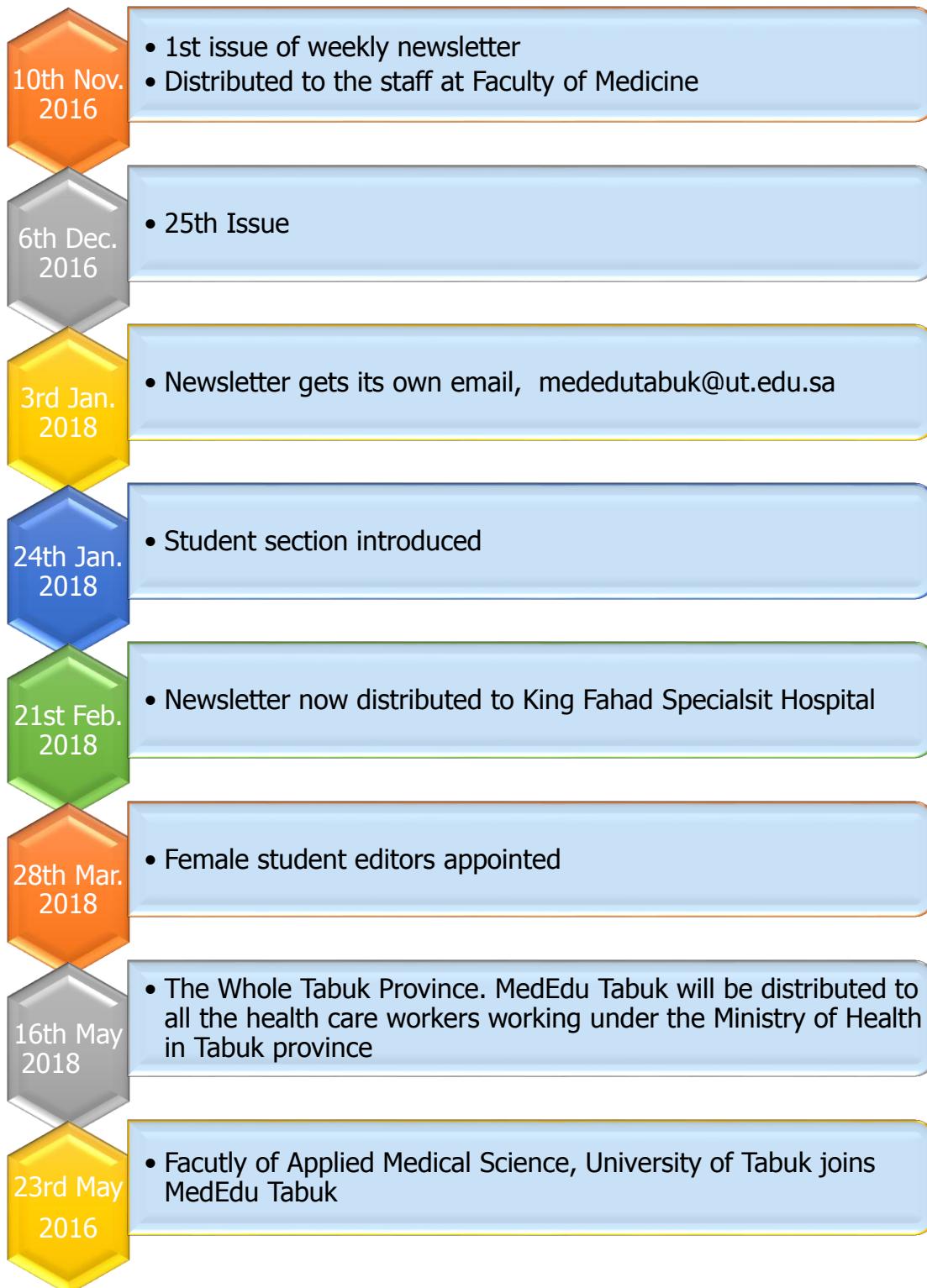


With the Dean of Faculty of Applied Medical Science Dr. Hamad Salem Al Amer (Center)

This week we are very happy to include our colleagues from the Faculty of Applied Medical Science, University of Tabuk to our MedEdu Tabuk. We are grateful top **Dr. Marai M. Alamri** Dean of Medicine and **Dr. Hamad Salem Al Amer**, Dean of Faculty of Applied Medical Science (FAMS), University of Tabuk. The Dean has also appointed **Dr. Eltayib Hassan Ahmed**, Associate Professor of FAMS responsible for coordinating MedEdu Tabuk activities. This goes a further step ahead in achieving our goal.



## MAJOR MILESTONES OF MEDEDU TABUK- Dr. Tanveer



## This Week Last Week



Dr. Marai M. Almri, Dean of Medicine exchanging views at Weekly academic activity

## STUDENT SECTION

**Common Indications for Upper Gastrointestinal Endoscopy at a Tertiary Level Hospital in Tabuk**

Authors: Dr. Abdullah Alatawi <sup>1,2</sup>, Dr. Md. Tanveer Raza <sup>1</sup>, Ibrahim Abdullah Albalawi <sup>1</sup>, Khalid Saleh Albalawi <sup>1</sup>, Bushra Khalaf Al-Balawi <sup>1</sup>

Affiliations: (1) University of Tabuk, Tabuk, Kingdom of Saudi Arabia, (2) King Fahad Specialist Hospital, Tabuk, Kingdom of Saudi Arabia

**Background and Objectives:** There has been an increased demand for endoscopic procedures. The objective of this study is to determine the common indications for performance of upper GI endoscopic procedures in a tertiary level hospital in Tabuk.

**Materials and Methods:** We retrospectively reviewed the medical records for endoscopy indications of patients who had upper GI endoscopy between January 2016 to June 2017 in King Fahad Specialist Hospital (KFSH), Tabuk, Kingdom of Saudi Arabia.

**Results:** A total of 362 patients were referred for upper GI endoscopy.

**Table 1: Percent distribution of socio-demographic characteristics of participants**

	Values (%) n=362
Age, yrs, mean $\pm$ SD	41.5 $\pm$ 19.8
Sex	
Male	199 (54.97)
Female	163 (45.03)
Nationality	
Saudi	316 (87.29)
Male	165 (52.21)
Female	151 (47.78)
Non-Saudi	46 (14.56)
Male	34 (73.91)
Female	12 (26.09)

**Common Indications for Upper Gastrointestinal Endoscopy**

Indication	Count
Epigastric pain	~180
Hematemesis	~150
Melena	~100
Heart Burn	~50
Vomiting	~30
Abdominal pain	~20
Others	~10

**Indications According to Gender**

Gender	Indication	Count
Male	Epigastric pain	~80
Male	Hematemesis	~60
Male	Melena	~40
Male	Heart Burn	~20
Male	Vomiting	~10
Male	Abdominal pain	~10
Female	Epigastric pain	~90
Female	Hematemesis	~70
Female	Melena	~50
Female	Heart Burn	~30
Female	Vomiting	~20
Female	Abdominal pain	~10

**Indications for Upper GI Endoscopy in Males**

Indication	Value
Epigastric pain	~45%
Hematemesis	~25%
Melena	~15%
Heart Burn	~10%
Vomiting	~5%
Abdominal pain	~5%
Others (2%)	~2%

**Indications for Upper GI Endoscopy in Females**

Indication	Value
Epigastric pain	~50%
Hematemesis	~25%
Melena	~15%
Heart Burn	~10%
Vomiting	~5%
Abdominal pain	~5%
Others (2%)	~2%

**Conclusion:** Nearly half of the patients complain of Epigastric pain (40.5%). This is followed by Hematemesis and Melena. Hence, upper GI endoscopy must be considered in the management of Epigastric pain.

## In and Around Tabuk: THE ELEPHANT ROCK, AIUla

### Dr. Badr Al-Sayed

Dr. Badr Al-Sayed was the Ex-Dean of Faculty of Medicine, University of Tabuk. He is Assistant Professor and Consultant Chest Physician.



## Hierarchy of research designs

### Dr. Mohammad Mominul Islam

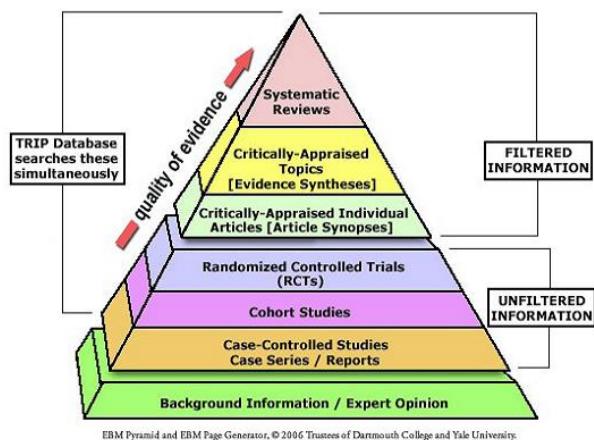
MPH, MSc. IC (Essex- In progress)  
Ex-Head, and Consultant (privileged) for-  
Department of Public Health (PH) and  
Department of Infection Prevention & Control (IPC)  
Co-Chairperson, Infection Prevention and Control Committee (IPCC),  
King Fahad Specialist Hospital, Tabuk, KSA  
Email: drmmislam@icloud.com



Islam, Mohammad (19 May 2017) Initial post in Mid-module Discussion Forum.  
Paper submitted to University of Essex Online for [MSc IC, Research  
Methodology-2 module]

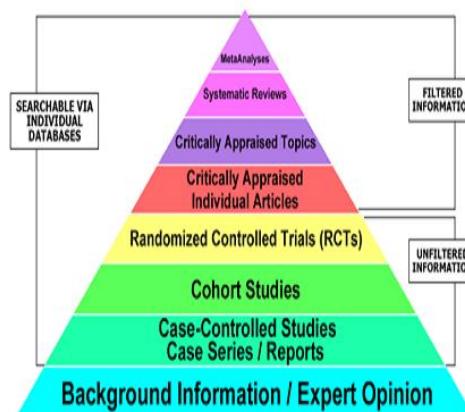
It is very important to understand the hierarchy of evidence in research. This understanding helps healthcare workers (HCWs) to choose the best evidence-based intervention to be provided to their patients. The hierarchy also helps HCWs in comparing the evidence of the research. The hierarchy is depicted as a pyramid, where least reliable research is at the base and the most reliable one is at the apex of the pyramid (Ingham-Broomfield R, 2016: 39). However, the evidence pyramid varies from authority to authority. Moreover, "There is currently no universally agreed upon hierarchy of evidence..." (Del Mar & Hoffmann et al., 2013: 29, as cited in Ingham-Broomfield R, 2016: 39). The pyramids depicted below in Figure- 1 and Figure-2, would give a quick look at the understanding of that (Ingham-Broomfield R, 2016: 42)-

Figure 1



(Glover et al 2006)

Figure 2



(Bone and Spine, 2015; <http://boneandspine.com/what-is-hierarchy-of-evidence/>, 2015)

There are seven (or eight) levels of evidence depending on the sources referred. These are as follows (from base to the apex) (Ingham-Broomfield R, 2016: 42) (Singh A, n.d.) -

- i) Level 7 (the base)- consist of "Ideas, Opinions, Editorials and Anecdotes";
- ii) Level 6, "case series and case reports";
- iii) Level 5, "cohort studies";
- iv) Level 4, "randomized controlled trials" (RCTs);
- v) Level 3, "critically-appraised individual articles";
- vi) Level 2, "critically-appraised topics";
- vii) Level 1a/1b (the apex), "systematic reviews and meta-analysis".

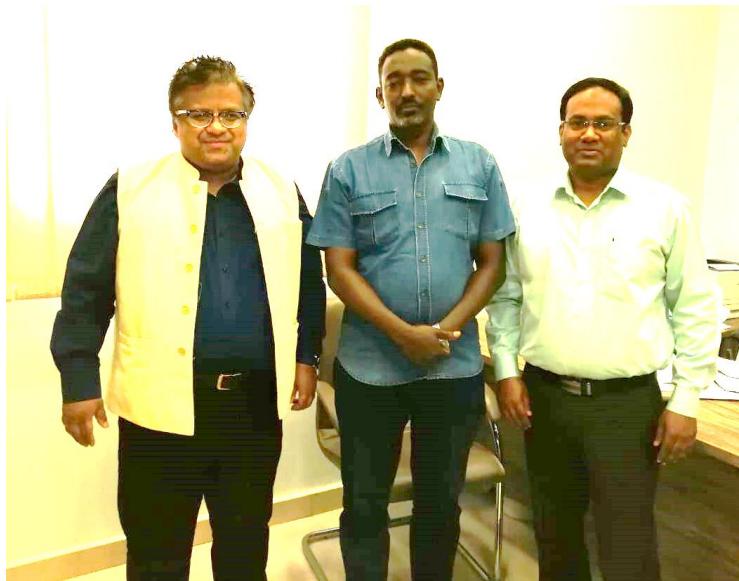
The reliability of Level 7 is lowest and more or less anecdotal. Level 6, though reliable, it is biased prone. Level 5, fails to answer the effects of an intervention. Level 4, is considered as gold standards (Ingham-Broomfield R, 2016: 40), but critically-appraised individual articles are at one level high (level 3) because the strength of an individual RCT is assessed in this level. At level 2, which is the "...synthesis of a topic using several papers" also known as "...Synopses of Syntheses..." (Ingham-Broomfield R, 2016: 40). Finally, the apex is the "systematic reviews and meta-analysis" as it collection of all available studies having specific research topic fulfilling fixed criteria (Ingham-Broomfield R, 2016: 40, 42). It is mentionable here that meta-analysis combines and applies a single statistical method for all studies and their results (Harvey Cushing, 2015; Walden University, 2015; Glover J & Izzo D et al., 2006, as cited in Ingham-Broomfield R, 2016: 41).

## References

Ingham-Broomfield R (2016) A nurses' guide to the hierarchy of research designs and evidence. *Australian Journal Of Advanced Nursing* 33 (3): 38-43. Online EBSCOhost via University of Essex Library at <http://0-eds.b.ebscohost.com.serlib0.essex.ac.uk/eds/detail/detail?vid=0&sid=34c04b07-cc5a-4c89-a39a-4a0dd1ec0417%40sessionmgr120&bdata=JnNpdGU9ZWRzLWxpdmU%3d#db=ccm&AN=114833287> [Accessed 19 May 2018]

Singh A (n.d.) What is Hierarchy of Evidence? Online at <http://boneandspine.com/what-is-hierarchy-of-evidence/> [Accessed 19 May 2018]

### New Member of our MedEdu Tabuk



We are very honored to introduce Associate Professor **Dr. Eltayib Hassan Ahmed** (center) of Microbiology and Molecular Microbiology from the Faculty of Applied Medical Science (FAMS). Dr. Ahmed will be joining our MedEdu Tabuk and have been appointed by the Dean of FAMS, **Dr. Hamad Salem Al Amer** to **coordinate activities with FAMS** . Dr. Ahmed can be contacted by email: [eosman@ut.edu.sa](mailto:eosman@ut.edu.sa)

### Car Tire Injuries: A Review of 35 Patients.

M Taifour Suliman. MD,FRCS.

Consultant Plastic Surgery.

King Fahad Specialist Hospital. Tabuk.



Road Traffic Accidents are very common in Saudi Arabia .

Children make a large portion of the victims of such accidents.

One of the commonest pattern of these accidents is what is known as : Car tier injuries where the running speedy car stop just short of running over the child's foot , resulting in a typical type of injury.

Full description of the injury and its management will be found in the article published by us in the link. [Link to Article](#)

## ANTIBIOTIC RESISTANCE: A GLOBAL THREAT

Mohammad Zubair  
Assistant Professor  
Department of Medical Microbiology  
Faculty of Medicine, University of Tabuk



### W.H.O. Key factors

- *Antibiotic resistance is one of the biggest threats to global health, food security, and development today.*
- *Antibiotic resistance can affect anyone, of any age, in any country.*
- *Antibiotic resistance occurs naturally, but misuse of antibiotics in humans and animals is accelerating the process.*
- *A growing number of infections – such as pneumonia, tuberculosis, gonorrhoea, and salmonellosis – are becoming harder to treat as the antibiotics used to treat them become less effective.*
- *Antibiotic resistance leads to longer hospital stays, higher medical costs and increased mortality.*

Antibiotics are medicines which is used to prevent/treat bacterial infections. Not the human or animals, it is bacteria that become antibiotic-resistant. When these bacteria infect humans and animals, these infections becoming harder to treat than those caused by non-resistant bacteria leads to higher medical costs, prolonged hospital stays, and increased mortality. Similarly, in countries without standard treatment guidelines, antibiotics are often over-prescribed by health workers and veterinarians and over-used by the public.

Even if new medicines are developed, without behaviour change, antibiotic resistance will remain a major threat. Behaviour changes must also include actions to reduce the spread of infections through vaccination, hand washing, practicing safer sex, and good food hygiene. A growing list of infections – such as pneumonia, tuberculosis, blood poisoning, gonorrhoea, and foodborne diseases – are becoming harder, and sometimes impossible, to treat as antibiotics become less effective or no role.

Without urgent action, we are heading for a post-antibiotic era, in which common infections and minor injuries can once again kill.

**Antibiotics are a precious resource**

**We need to preserve this resource by working together**

**Combating antimicrobial resistance: No action today, no cure tomorrow**

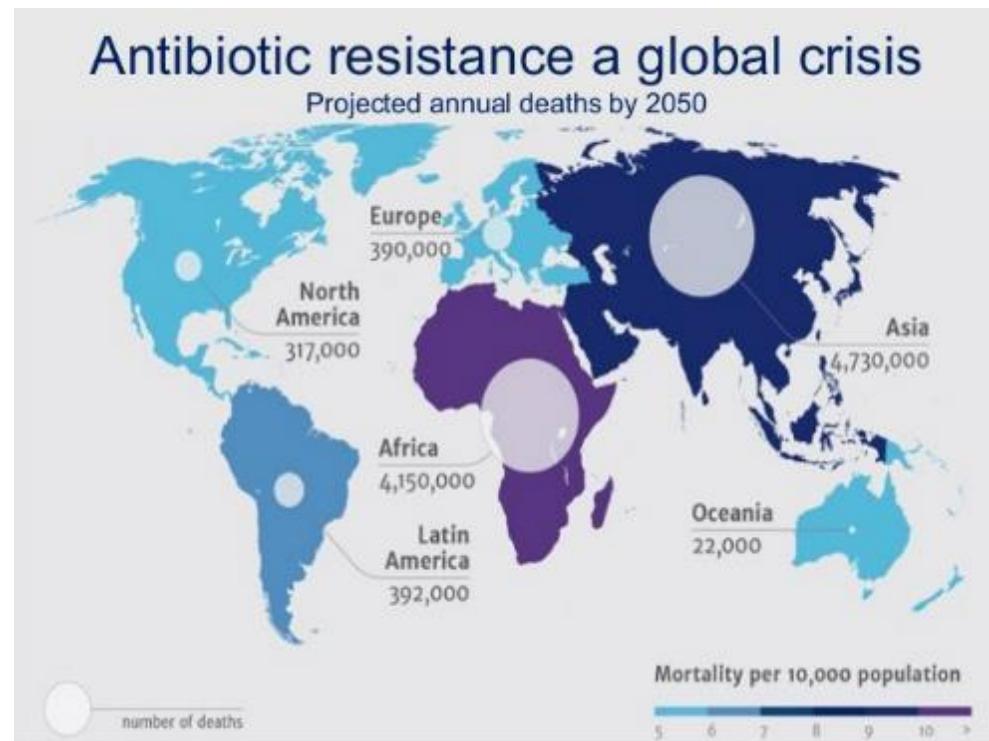
**GLOBAL**

**A failure to address the problem of antibiotic resistance could result in:**



**10m  
deaths  
by 2050**

**Costing  
£66  
trillion**



Attached figure: Year of Antibiotic introduced and the year of antibiotic resistance identified (adopted from P T. 2015 Apr;40(4):277-83).

