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“Don't Shoot the Messenger —or the Editor”

The airport staff who announced the flight is delayed by 3 hours is much less liked than the staff that announces passengers are to board their aircraft.

It is a scientific reality, the messenger of bad news is less liked by people, even if the “messenger” is just transmitting the message and clearly has no control over the content of the message being transmitted. People tend to make sense of an undesired outcome and search to find someone or thing to blame. This situation is very common for healthcare workers who more than often they expect to do, is to tell a patient something upsetting: a positive test result, a less-than-rosy prognosis, a brutal treatment regimen. This is true for Journal Editors. Delivering bad news to authors is a very difficult for Editors. The tendency to blame an Editor for a rejected manuscript or a manuscript that requires correction, makes work challenging for the journal and an editor. SMJS and its editors are committed to facilitate student publication, we at the journal are an integral part of the solution, willing to help. Whenever there is an undesired outcome please reach out to us.



World Cup Illustration by Ishtiyahq Abdullah Abuzayied, 5th Year,
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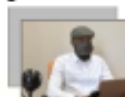
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Medical Faculties Public Speaking



The Institute of Languages' Public Speaking Event: organized through the collaboration between the medical faculties (Medicine, Applied Medicine & Pharmacy) and the Institute of Languages.



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Mr. Mike Simbule (IL English Instructor & EMD
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Notable Attendees:

Medical Faculties (Medicine, Applied Medicine & Pharmacy:

Dean of the Medical Faculty, Dr. Marai Alamri, Dean of Applied Medical Sciences Faculty, Dr. Hamad Aamir, Vice Dean for Academic Affairs Applied Medicine, Dr. Osama Al-Amir, Vice Dean (Pharmacy), Dr. Reem Alshoman, Supervisor of PYP (Pharmacy), Dr. Mona Kamal, Supervisor (Applied Medicine), Ms Khaledah Alatawi, Editor-in-Chief, Saudi Medical Journal Dr. Tanveer Raza, and faculty members

Institute of Languages:

Vice Dean & Head of ELSD, Dr. Turki Shaykhi, Head of the Curriculum Unit, Mr. Jalal Aljoundi, Head of the Assessment Unit, Mr. Salah M.Ali, Mrs. Assyah Alhasan, Coordinator of EMD Faculties

The Event: This is the first of three public speaking events organized through the collaboration between the medical faculties (Medicine, Applied Medicine & Pharmacy) and the Institute of Languages. Distinguished and hardworking first-year students step on stage to showcase their English language skills and medical knowledge through a public speech.

The Stars:





On stage, confidence and the ability to keep the audience engaged are a beautiful marriage; - and a few can boast about possessing the two. Our presenters are from these select few. Bassam Albalawi set the stage alight showing the audience just why practice makes perfect. His topic on genetic engineering and his language mastery enticed the audience to engage in the conversation. Idital Aljohani used her intelligence, enthusiasm and developed-speaking skills to educate the audience on a disease perhaps anew to some of the attendees. Dalal Alatawi's body language spoke volumes of her confidence as she employed her language skills to present her topic on imposter syndrome. When Ghala Alqubaydhi took the stage to present CRISPR technology, a few would have known her game plan. She found a unique way to present complex concepts and somehow made it simple and captivating.

Once she stepped on that stage, Shahd Alzahrani knew she was in a position of authority, she had a message to deliver and made sure the audience could truly relate to what she had to say, a pleasant presentation indeed. Ahmed Sekhali wore his gown of confidence, looking and sounding

so comfortable speaking in English, he joked with the crowd clearly aware that he has mastered the language and used that to his advantage. Osama Alasairi had clearly invested a lot of time preparing for each stage of his presentation, a commendable practice for any public speaker. His



language was authentic while his hand gestures and chosen visual assets communicated just as much as the words.

As for Fatma Toonisi, she commanded the stage and left the audience in awe, was it her delivery? Confidence? Fluency? Intelligence? – whatever fueled her magic on stage was enough to leave the head of the IL singing her praises in front of her supportive family. Maram Alsamti knew her topic and she drove home her message. Her body language and language mastery were her base and she looked at home on stage, brilliant and admirable. Hanen Alhdad chose to speak about Rhumoid Arthritis and it was evident that she was passionate about her chosen topic. She had clearly practiced well, and this helped a great deal in delivering her amazing performance. Ghala Alkhamisi wrapped it all up and left an imprint on the audience. Without a doubt, she painted how ER nurses are unsung heroes, and rightly so. Her intonations when speaking, coupled with her fluency, made it a memorable performance, one she will not forget that is for sure.

Feedback: Lest we forget that these students in their first year of studies and most, if not all, were performing for the first time on stage in front of their deans and a public audience – so naturally there was also a chance for some constructive feedback. All the deans and vice deans shared their takes on the performances and gave exemplary constructive feedback on how the performers can go a step further. Some of their comments were to the individual, and some were aimed at other students who were in attendance. We also had comments and suggestions from the speakers' peers, teachers and other faculty members. The performing students seemed to take the feedback, comments and suggestions all on board and as we approach the Project Day, we can only look forward to more surprises from these students and their likes.

A special thanks to our special guests, our public speakers, the faculty members, the members of the public, family members and all who attended our event. Each of you had a role to play to make this the spectacle that it was! Thank you!





1st Forum of International Universities at University of Tabuk

Dr. Omaymah Alaysuy

General Supervisor of Scholarship Department. Email: oalaysuy@ut.edu.sa

This event was the first for University of Tabuk. It aimed to offer an easy access for all faculty to reach out international universities all around the world. It was held at University of Tabuk with collaboration of Qobolak Study Abroad Company which is a specialised company for studying abroad services

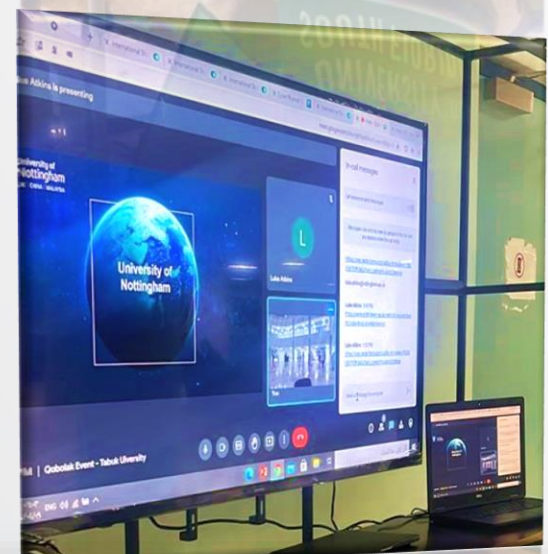


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أهداف الملتقى: مقابلة ممثلي الجامعات الأجنبية للحصول على قبولات للبرامج الأكاديمية والاستفسار المباشر عن المعيشة والسكن والدراسة في بلد الابتعاث





الجامعات المشاركة



DIABETES: 10 WARNING SIGNS THAT APPEAR ON YOUR SKIN...



Acanthosis Nigricans (AN)

- Darker area of velvety skin on the back of neck, armpit due to high levels of insulin in blood.
- AN may be the first sign that someone has diabetes.



Necrobiosis Lipoidica

- Often begins as small raised solid bumps then progresses to patches of swollen, yellow to red and hard skin.



Bullosis diabeticorum

- It's nonpainful blisters tend to form on the hands, feet, legs, or forearms and look like burn blisters.



Bacterial skin infections

- Staphylococcal folliculitis (skin abscesses) are the most common bacterial infections in uncontrolled diabetes.



Diabetic foot ulcers

- Poor circulation and nerve damage can make it hard for your body to heal wounds.
- This is especially true on the feet.



Dermatophytosis

- Superficial fungal infections of the skin, hair, and nails.
- The most common infection was tinea pedis, followed by distal subungual onychomycosis.



Diabetic dermopathy

- Looks like light brown spots that create a depression in the skin. Most often occurs on the shin of both legs and causing no symptoms.
- Often mistaken for age spots.



Eruptive-xanthomatosis

- Outbreak of small, reddish-yellow bumps on the backs of hands, forearms and buttocks.
- Appear suddenly and clear promptly when diabetes is well-controlled.



Granuloma annulare

- Sharply defined red to pink ring- or arc-shaped raised areas most often on parts of the body far from the trunk.
- Controversial association.



Digital Sclerosis

- Tight, thick, waxy skin on the backs of hands, Sometimes skin on the toes.
- The finger joints become stiff.

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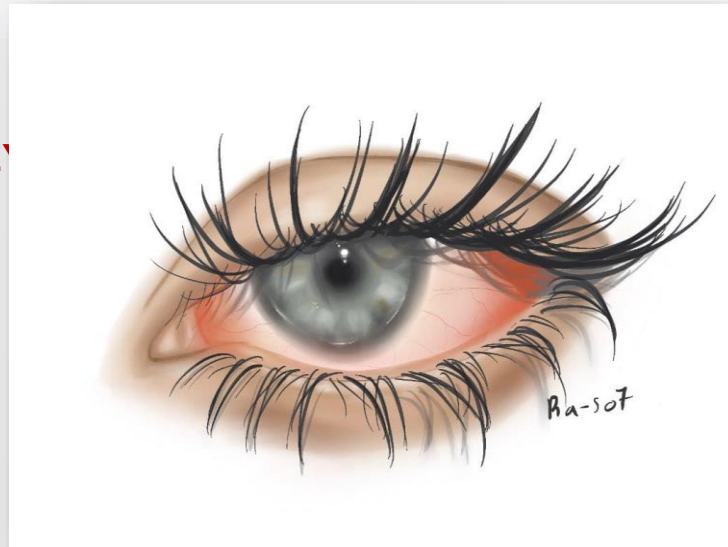
Under Supervision of:

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Source: American Academy of Dermatology.

HOW TO APPROACH A RED EYE

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Red eye considers a common complaint. It may indicate systemic or local diseases. (1). Most causes of a red eye are benign, and primary care physicians can treat the majority. However, Physicians should identify sight-threatening causes. This article aims to identify patients who need further assessment by an ophthalmologist. Visual changes reported by patients indicate more serious diagnoses, as angle-closure glaucoma, anterior uveitis, scleritis. (2)

Patient-reported foreign body sensation may be presented with difficulty opening the eye. It is considered an objective foreign body sensation. It indicates referral to an ophthalmologist, unlike subjective foreign body sensations where patients report scratch-like sensations only. It can be due to dry eye disease, viral and allergic conjunctivitis. (3) The type of discharge can help distinguish causality; for instance, watery discharge is seen in viral conjunctivitis. Purulent discharge is seen in bacterial conjunctivitis and bacterial keratitis(2). Bacterial keratitis is typically associated with other manifestations and requires an emergency referral, unlike bacterial conjunctivitis. (3)

Any visual acuity changes should raise the suspicion for severe causes. Pupils size and light response should be examined. A fixed dilated pupil is seen in acute angle-closure glaucoma. (4) Redness patterns help distinguish causality. Localized distribution is seen in scleritis and episcleritis. A ciliary injection is seen in iritis and acute angle-closure glaucoma. (5) When redness appears hemorrhagic, subconjunctival hemorrhage should be considered. (3) Finally, the majority of red-eye cases are benign and treatable. However, a sight-threatening diagnosis should not be missed!

MEDeDU TABUK (MET) ARTICLE SUBMISSION GUIDELINES

Word count: 100-300. For longer articles, please contact us

Language: English, Arabic or Both

Font and Spacing: Times New Roman, Size 12pt, Double spacing

Title: Please include a title

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Author: There can be a maximum of 3 student authors and one faculty author for each submission. If there are more than 3 student authors, each author's role must be justified. MET is most likely to reject articles with more than 3 authors. Include first name, last name, year, faculty, and institution, and a contact email address (must be university email) for all authors. Authors may add telephone number (optional) and photo (optional). We will work with the corresponding author via email to edit and proof the submission before publication

Pictures and Graphs: Pictures and graphs are highly encouraged to be submitted along with your article. It will increase the chance of acceptance. They must fall into one of these categories: [1] Your own work—i.e., you took the photograph; [2] freely licensed; [3] Public domain; [4] Fair use (Contact us with any questions)

Attach them separately in the same email as your article submission. Include a short (1 sentence) caption of each image. Article and Images should be socio-culturally acceptable

An expert must review informative articles (for example, an article on a disease)

This guideline applies to already submitted articles, and changes may be required

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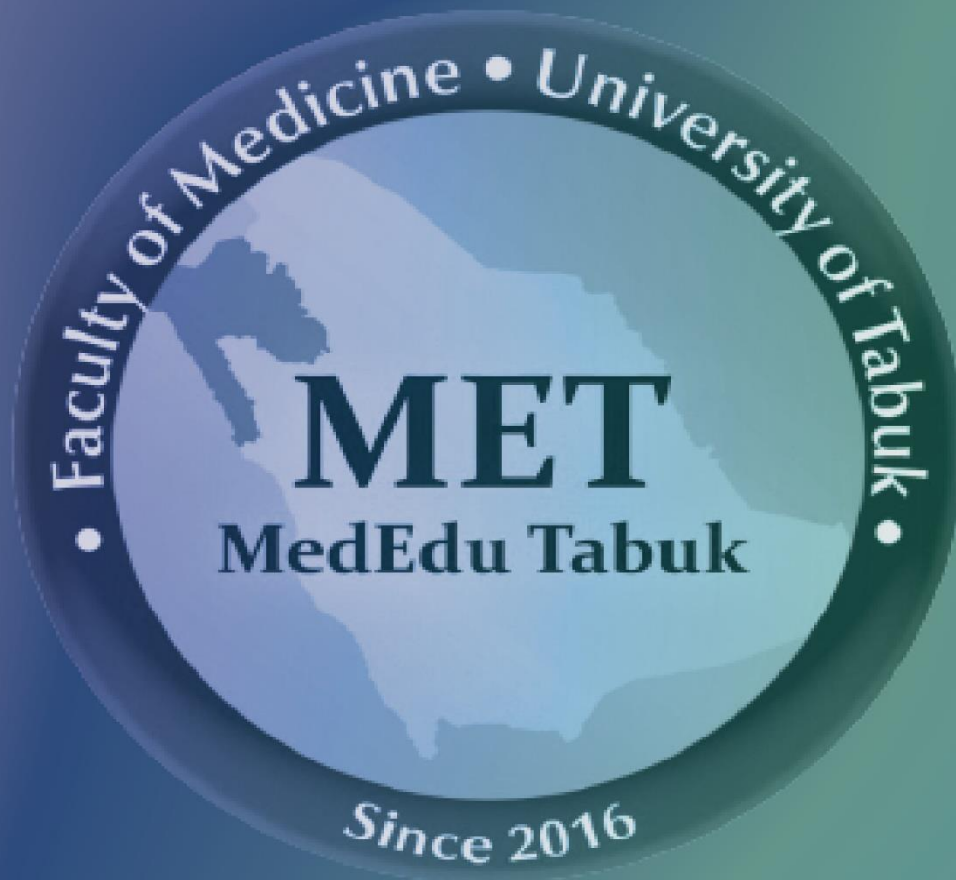
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