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Words from Editor in Chief

السلام عليكم ورحمة الله وبركاته

New Year is coming. It seems that only yesterday we made New Year's resolutions, and that one was for the year 2015! What a turbulent year 2015 was. The move to a sparkling new campus in Kuala Ketil was unnecessarily without a glitch. The renovation of medical laboratories, the housing problems, flies in 'No Fly' zone and the haze problem came one after another and sometimes altogether within a short time. Talk about challenges!

These multiple adversaries appeared one by one as if purposely planned for us, how to be positive? Facing this type of challenges, I usually remember our counsellor's favourite advice; "**Be positive**!"

Do we have a choice other than being positive? Actually we don't have one. Thus, why not try our best to take the challenges head on. Ever noticed the trees after a heavy storm? Only trees in the farm, with enough fertilizer and water provided, fell to the ground. The wild trees which grow without any help from human hands remain erect and sturdy. Their roots are deeply entrenched tens of feet underground. They grow stronger; no storm would uproot them but a few broken branches.

Let us be the wild jungle trees. Problems, hardship, disasters will only strengthen us. We grow stronger after every fall. Every kick here and there will inflict small cuts and bleed. But we never run away or admit defeat. The fight will continue consistently and confidently and we will walk on the decided path with the final objective firmly engraved in our mind. That is the character of a successful man, and success will be ours. Insya Allah.

Dr. Shahidan Hashim
Editor in Chief

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ENGLISH PROFICIENCY OF MEDICAL STUDENTS

Monday, 9 November 2015

1,000 students drop out due to poor command of the language

BY R.S.N. MURALI

MALACCA: Poor command of English has put paid to the ambition for some 1,000 medical graduates to become doctors despite having completed a two-year housemanship in public hospitals.

Malaysian Medical Association (MMA) Malacca chapter president Prof Dr M. Nachiappan said these trainee doctors could not cope with the pressure of continuing to be a full-fledged doctor.

"Despite having completed their housemanship last year, they are no longer keen to be doctors.

"The main reason was poor grasp of English. This is not good for the medical fraternity and does not augur well for the nation if stakeholders do not execute some plans to improve the standard of English," he said.

Dr Nachiappan said other contributing factors were lack of interest in basic medical training, poor relationship skills with patients and frustration due to working condition. He said without proficiency in English, medical students would find it difficult to keep pace with their peers from other nations.

"There must be an urgency to improve the grasp of the language at the primary level. Otherwise, the quality of doctors will go downhill," he said.

Dr Nachiappan, who is also the deputy dean of Melaka Manipal Medical College, said medical schools were also facing difficulties in churning quality medical graduates due to lack of exposure in English.

He said this was evident with the poor results obtained by medical students when pursuing their studies in universities and medical colleges.

"The quality of our students are compromised due to their inabilities to communicate in English," he said, adding that most reference books on medicine and lectures were delivered in English.

LANGUAGE IN MEDICAL PROFESSIONS

Written by: Ms. Nurshafarina Shaari & Dr. Shahidan Hashim

In a very recent article reported by The Star[1] newspaper, the Malaysia Medical Association Malacca chapter President; Prof Dr. M Nachiapan, expressed his worries regarding English language competency for being the main reason behind the reported failure of some 1000 medical graduates to become full-pledged doctors, despite having completed their two-year housemanship programme. The question is ... What is the degree of truth in this statement?

To say English is the only language for medical profession reflect ones' ignorance. In the history of medicine, from Islamic medicine, Arabic medicine, Greco-Arabic till Greco-Islamic refer to medicine developed during the Islamic Golden Age and written fully in Arabic, the *lingua franca* of Islamic civilization[2]. Everyone who wants to be a doctor must learn Arabic as all textbooks were written in Arabic. The shift to English slowly followed after the decline in Arab and Islamic civilization. The fall of Ottoman Empire completed the process. From there English took over and become a dominant language of medicine. Academic purpose obviously is not the sole reason for people to learn a language.

However English words are not sufficient to explain the entire medical vocabulary. Most of the words were borrowed from Greek, Latin and Arab. So much so students in medicine need to learn words not commonly found in English dictionary. Medical students used to joke that we speak "medical English" when comments were made about their grammatical mistakes.

Furthermore, English is not the only language used to teach medicine. Chinese, Japanese, German and French; to name a few examples, use their own languages. This fact explains, one of the reason, why Malaysia does not send students to study medicine in these countries. Even universities in Arab countries uses Arabic to teach medicine.

In Malaysia, medicine is taught in English to local and foreign students. Most medical textbooks used for teaching are also written in English. However, English proficiency is not the only criteria for doctors who practices here. Doctors need to talk to their patients. This is where medicine differs from other profession. Doctors must be able to explain to their patients in a language their patients can understand. A doctor who fails to communicate with their patients is not an effective and efficient doctor no matter how good they are in medical skill.

So the issue of language in medical profession must be approached from two angles; from learning and teaching perspective, and from communicating skill with patients.

The advancement in communication technology where English is the main language indirectly offer no alternative but to learn the language. It is easier, faster and logical to accept and use English as the lingua franca in medicine. As for communication with patients, then the National Language should be utilized.

As for the 1000 graduates who failed to become practicing doctors, let us not jump to the diagnosis without understanding the reasons behind it. To follow the medical practice, problem must be approached by doing history taking, physical examination and proper investigation. Only then we can make a diagnosis and prescribe the treatments. Otherwise it remains as a hypothesis.

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VAPING

Written by: Dr. Shahidan Hashim

Vaping is the behavior of inhaling and exhaling vapor via vape device. It is one of the new lifestyle for leisure, relax and amusement[1]. Although this habit is new among Malaysian, vaping 'came into being' as far back as over five decades ago (1960s to be exact). Vaporizers at the time were more of a static, tabletop kind.

The big brain behind their invention was Hon Lik, a Chinese pharmacist. He called this device a Ruyan, translated loosely as 'like smoke. The Ruyan proved to be a hit, and it slowly vaporized its way into the U.S. in the mid-2000s, and here, vaping was born.

The inner workings

1. The device–from left to right

- E-cigarettes
- Advanced Personal Vaporizers
- Vape Mods

2. The liquids

- E-liquid: Also known as e-juice, this is where the action is. This is a water-based liquid infused with nicotine. It can come plain or in an array of flavors numbering in the hundreds.
- The e-juice comprises the following ingredients:
  - Vegetable glycerin - produces a lot of vapour
  - Nicotine –from zero to max-36 milligrams per milliliter
  - Flavoring- Flavorings are food-grade, can be natural or artificial,
  - Propylene glycol—or PG—is a main ingredient in albuterol, or asthma inhalers, and is perfectly safe to inhale when vaporized. PG is thinner than VG, and carries flavor very well[2]

3. The chemical -Nicotine ($C_{10}H_{14}N_2$)

Nicotine is a potent parasympathomimetic alkaloid. It is addictive. In lesser doses (an average cigarette yields about 2 mg of absorbed nicotine), the substance acts as a stimulant in mammals, while high amounts (50–100 mg) can be harmful. This stimulant effect is a contributing factor to the addictive properties of tobacco smoking.

The e-liquid is packed in different nicotine strengths

categorized in milligrams: ultra-light (6mg), medium (12mg), regular (18mg), and strong (24mg). There is even zero (0) milligrams which contains no nicotine for those who just want to vape minus the nicotine hit.[2]

Stronger nicotine will result in a stronger throat sensation commonly known as a "throat hit" or "kick". It depends on the individual user and how much nicotine they use.

The health effects

The polemics about vape become chaotic because it involved many groups with different interest. The business people are divided into two major groups; the tobacco company and the vape and e-liquid producer and sellers.

The health group come from common people and the health authorities. The religious groups view the issues from halal or haram aspect of the habit.

For the sake of clarity and simplicity, let us discuss this issue from the health aspect. The main subject in this issue is nicotine; a chemical compound isolated from tobacco leaves in 1828. Nicotine is addictive hence the reason why tobacco usage is worldwide. The many diseases associated with nicotine are well known and need no clarification.

Despite vigorous and costly effort by the Malaysian government to reduce smoking, less than 10% of smokers are able to quit smoking. Cigarette is designed to be so addictive physically, psychologically and socially. Approximately, 4000 chemicals are suspected in cigarette but only few are identified.

The original idea behind vape is to overcome this hazardous effect of cigarette smoking. E-liquid contains nicotine and a few compounds not yet known to cause any diseases. Logically, vaping should be less damaging as compared to cigarette.

A study in 2012- Comparison of the effects of e-cigarette vapor and cigarette smoke on indoor air quality electronic cigarettes produce very small exposures relative to tobacco cigarettes. The study indicates no apparent risk to human health from e-cigarette emissions based on the compounds analyzed.[3]

Another study in 2013 found the levels of selected carcinogens and toxicants in vapor from electronic cigarettes were 9–450 times lower than in cigarette smoke[4] This finding proved that vape carried no danger to other people similar to secondary smoking in cigarette.

The controversy

Vape was first introduced as e-cigarette, hence it carries the bad image of cigarette. Secondly, vapor coming from vape is more voluminous than cigarette smoke. Many people fail to distinguish between smoke and vapor. Smoke is a product of burning whilst vapor comes from vaporized e-liquid.

Two chemical compounds known to cause damage to health from cigarette is tar and nicotine. Tar is associated with lung and other cancers while nicotine is related to cardiovascular diseases. Death resulting from cardiovascular diseases is much higher than death from lung cancer.

The nicotine concentration in vape varies according to the choice of users. Obviously those who use vape to reduce or to quit smoking will adjust their nicotine intake accordingly. Those who use vape for social or leisure activity will use zero nicotine vape.

Conclusion

This article is written to help readers to understand the issue objectively. From health aspect, vape is less damaging than cigarette smoking. Cigarette is known to contain 4000 chemical compounds. Only a small percentage is identified. Chemicals in e-liquid are known. However, their effect to health is not yet proven. The best choice is to abstain from any of them, thus protecting our health.

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FLOOD PREPARATION

Written by: Dr. Shahidan Hashim

Introduction

In the east-coast of peninsular Malaysia flood is an annual affair. The north-east wind carries and drops large amount of water in Kelantan, Terengganu, Pahang and Johor during the monsoon season. So predictable is the phenomena, one of the chief minister of the states proposed to advertise flood for tourist attraction. How irony is that!

Health problems related to flood

Generally, diseases related to water is divided into:

- Water-borne diseases : typhoid, food poisoning, hepatitis A, dysentery, cholera
- Water-washed diseases : skin infection i.e.; fungal infection, boil, impetigo, otitis, conjunctivitis
- Water-related diseases : dengue fever, chikungunya, filariasis

Water-borne diseases

Water-borne diseases are diseases of bacterial and viral origin. The agent enters human body through mouth. Water-borne diseases increase during and after flood. During flood, water treatment plant and water reservoir are usually overflowed. Meanwhile, surface water of the river is heavily polluted with animal and human feces. The water treatment plant sometimes breakdown and water supplied to households does not conform to the standard drinking water. Contaminations also occur at the distribution line due to flood.

Affected people are given no choice except to use flood water when usual water supply is disrupted. Flood water is never safe for domestic use because it is heavily polluted with animal and human excreta.

Another possibility for infection of water-borne diseases is when people especially children play in flood water. There is the possibility some of them swallowed the water unintentionally and became infected.

To prevent infection from the above diseases, it is highly recommended to **boil drinking water** during flood time. Never drink water directly from the flood.

Water-washed diseases

Diseases under this category infect human through direct contact. Bacteria and fungus can infect the skin. Among areas susceptible for infection is mucus membrane in the eyes and ear canal. Children are more prone to get otitis media. One of the complications from otitis media is perforated ear drum and deafness.

During flood season, facilities for washing clothes are limited as the washing machines were submerged and out of function while rain pours without fail. Wearing damp clothes increase the chance of infection from bacteria or fungus. Diabetic patients especially must take extra precaution due to their weak body resistance.

Water-related diseases

This group of diseases usually increase after the flood. Receding flood water left behind collections of water in plastic containers, coconut pods and drains. This water collections is suitable for breeding of mosquito especially Aedes species. This mosquito transmits dengue fever virus and chikungunya virus. Outbreak of dengue fever after flood is not uncommon.

Drowning

Drowning must be mentioned as a special problem during flood. Almost every year, deaths due to drowning occurred. Children make up most of the victims. Looking at the statistics, it seems like we never learn anything from the past tragedies. Children are shown on TV, newspaper or other mass media enjoying themselves in flood water without regards to the danger they are exposed to.

Flood relief centers

Malaysian is known for their generosity and volunteerism. Relief centers are usually full of food donated by the non-government agencies (NGO) or individuals. Subsequently, some people even get to enjoy better food at the centers compared to food they have at home. However, problems such as overcrowding, inadequate toilet facilities, limited clean water supply, garbage disposal and exposure to mosquito and fly nuisance are inevitable at these centers.

All the diseases mentioned above are more common for the same reasons. Food poisoning outbreak is also common in these relief centers. The temporary kitchens are usually exposed as it is built in open area and lack proper facilities. Furthermore, usage of flood water in food preparation may increase the chances of the outbreak. When there is an outbreak, a large number of people as many as hundreds and thousands are affected.

Medical services

For those on regular treatment such as diabetic and hypertension, adequate supply of medicine will ensure continuous treatment. During disaster, one cannot help being stressful especially due to experience of living in crowded centers which in turn may results in uncontrolled blood sugar or high blood pressure.

Mobile clinic service is provided by the Ministry of Health. Minor illness can be treated at the centers. Government will mobilize all resources for the benefit of people. There are cases involving more than 100 patients being evacuated from a hospital using helicopter.

Conclusion

Malaysia is a blessed country. We never experienced major disaster such as earthquake, tsunami, and forest fire in a large scale as experienced by other countries. Government commitment, people generosity and spirit of volunteerism managed to reduce the suffering of disaster victims. Quality of services could be improved with proper training for all members involved.

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MQA/MMC VISIT

Written by: Ms. Hazirah Abd Radzak

Recently, Malaysian Qualification Agency (MQA) and Malaysian Medical Council (MMC) visited Kulliyyah of Medicine and Health Sciences (KMHS), INSANIAH University College for scheduled monitoring of our medical programme. Temporary Accreditation visit is an evaluation exercise to determine whether Bachelor of Medicine and Bachelor of Surgery (MBBS) degree in our kulliyyah has met the minimum requirements before being awarded Full Accreditation in 2017. The visit was held in our kulliyyah and Hospital Sultan Abdul Halim (HSAH), Sungai Petani for two days from 7th to 8th December 2015. There are two representatives from MQA; Prof Dato' Dr Abdul Hamid bin Abdul Kadir as a chairman and Prof Dr Mohamed Shajahan bin Mohamed Yassin and one representative from MMC, Dr Mohammad Najib bin Baharuddin whom were assigned for this monitoring evaluation.

On day-1, the panels reached KMHS approximately at 9.00 a.m. The program begun with an opening speech by Deputy Dean Academic and Research, Prof Madya Dr Sharipah Azizah bt Syed Jamallulail whom represented INSANIAH's Rector followed by speech from MQA Chairman, Prof Dato' Dr Abdul Hamid bin Abdul Kadir. Afterwards, Dean of KMHS, Prof Dr Hashami b Bohari delivered a talk regarding MBBS program in INSANIAH and areas of concern report to the panels. Throughout the presentation, questions were asked from the visitors and the Dean managed to respond with good and clear explanation. Meanwhile, presentation on Year 3 Curriculum implementation was given by its Cllinical Coordinator, Dr Muhammad Aslam Farooqui. Then, Chief Registrar of INSANIAH, Haji Syed Isa b Syed Ibrahim briefed on staff employment and current situations. After all the presentations were done, there was a meeting among Pre Clinical and Clinical Lecturers. The meeting took about 30 minutes. Next, a meeting between panels and Year 3 Medical Students was held during lunch to get an overview from the students perspectives. After lunch, the program break for Zuhr prayer and continued at 2.30 pm. KMHS Senior Science Officer, Dr Khairullizam escorted the panels to visit all the kulliyyah's facilities such as lecture hall, laboratories and dissection hall. Then, the panels proceeds to the Dean's Meeting Room for document checking. Day 1 visit ended at 5.00 pm.

On the 2nd Day of visits, the panels went to Hospital Sultan Abdul Halim, Sungai Petani for a meeting with the hospital's clinical staff. The meeting started at 9.00 am attended by Director of HSAH, Dr Zainal b Che Mee and fellow Medical Doctors. The meeting took about 2 hours. Then, there was a discussion among the panels before delivering the Exit Report. The report was annouced by MQA Chairman to Prof Hashami, Prof Madya Dato' Dr Haji Azmi, Dr Zaki B Ibrahim and Dr Aslam Farooqui. Alhamdulillah, the panels gave positive comments as well as several suggestions for improvement of our medical programme. The two-days visit ended with the panel receiving a token of appreciation from our Dean.

VISIT: DAY 1

VISIT: DAY 2

SPORTS DAY

Mr Nazri and Mr Afiq won 3rd place in Table Tennis Game. We are proud of you!

Congratulations!

Written by: Ms. Hazirah Abd Radzak

On 26th November 2015, Staff Welfare Unit of INSANIAH University College organized the Annual Sports Day at the Sport Complex in the main campus Kuala Ketil. Apart from being an annual event, it is also to strengthen the relationship, improve teamwork and instill sense of belonging among INSANIAH's staff as well as to maintain health and fitness level. Approximately five games were held on that day such as netball, badminton, football, fishing and table tennis. All kulliyyahs sent their representatives for each game. From our Kuliyyah, Mr Nazri b Shaidin partnered with Mr Afiq b Zainodin while Dr Khairullizam b Sapari was partnered with Mr Fauzi from Maintenance Department for the table tennis competition.

The Sport Day started at 8.00 am with the Opening Ceremony inaugurated by INSANIAH'S Rector, Prof Dato' Dr Sayyid Muhammad Aqiel Bin Ali Al Mahdaly Al Husainy. In the first set of table tennis match, men's double player, Mr Nazri and Mr Afiq won after beating Tuan Haji Bukhari and Tuan Haji Ramlan with 11-8 score which qualifies them for the second match. Meanwhile, another men's double, Dr Khairullizam and Mr Fauzi also won their first match. Interestingly, men's double player from our kulliyyah met each other in the second set. However, Dr Khairul's and Mr Fauzi lost to Mr Nazri and Mr Afiq with 21-19 score. Subsequently, Mr Nazri and Mr Afiq was able to reached the Semi Final level. Unfortunately, they lost to players from Kulliyyah of Muamalat and missed the opportunity to reach the Finals. All is not lost as they managed to place 3rd of the table tennis competition. The event ends with the players received their prizes from the Rector. In sports, the player may win or lose. Thus, the players should learn to accept both victories and defeats with grace. An American basketball player, Larry Bird said "Winning isn't everything, neither is losing, but the only thing is doing your best".

Twinkle Twinkle' Spring Cleaning

Written by: Ms. Hazirah Abd Radzak

Kulliyyah of Medicine and Health Sciences (KMHS) of INSANIAH University College organized spring cleaning activity on 5th December 2015. The main purpose of organizing the activity is to prepare for Malaysia Qualification Agency (MQA) and Malaysian Medical Council (MMC) visits and to enhance ties between staffs. Apart from that, it is also to complete the unpacking and rearranging of equipments as the Kulliyyah had moved from the previous campus in Alor Setar six months ago. The activity was lead by Senior Science Officer, Dr Khairullizam to ensure the smooth running of the event. There are about 20 staff attended on the day including KMHS, Department of Development and Maintenance and also cleaners.

SALAT PERFORMING COURSE

DATE: 17th DECEMBER 2015 (THURSDAY)

TIME: 8.30AM-12PM

VENUE: EXPERIMENTAL HALL, INSANIAH

PARTICIPANTS: INSANIAH STAFF

ANATOMICAL FLAW: CHOKING

Written by: Normaizatul Afizah Ismail

The inner workings of the human body have been a topic of fascination and wonder for thousands of years. From as far back as the ancient Egyptians, anatomists have tried to understand human form and function. In the nineteenth century Sir Charles Bell a Scottish Physiologist proposed 'systems' of anatomical parts connected by their function, leading to the foundations of our understanding of organ systems today (Berkowitz, 2006). The intricate interaction of these systems allows the body to perform its vital functions in everyday life. No one system works completely in isolation, each must perform its function to the best of its ability whilst not infringing upon the integrity of the others. Adding to this the body's requirement for self-preservation, it can be hypothesized that everything within the human body has evolved as the result of a compromise. If this is the case, then nothing in the body can be 100% efficient, and as a result imperfections will arise.

It has been well established that the human body, despite its marvel is far from perfect, as is evident in the numerous minor anatomical flaws present. However, many of these imperfections do not pose a significant threat to the functional operation of the organism and would appear to persist because there is simply not a good enough reason for them to be naturally selected against. There are so many examples of these minor anatomical flaws but I would like to discuss a minor anatomical flaw regarding the digestive tract.

THE COMMON AERODIGESTIVE TRACT

In human, the mouth is use as a common passageway for the intake of food and air. The danger of airways obstruction arise when foods or liquids passing into the trachea rather than the oesophagus. This risk is greatly reduced in apes, principally due to the position the larynx occupies in the neck.

In the ape, the larynx is situated more superiorly in the neck than in humans, and as a result the epiglottis too is also positioned higher. At rest, the epiglottis in apes is high enough to remain in contact with the soft palate, effectively closing off the oral cavity providing a separate and direct route to the larynx for the passage of air from the nose (Lieberman, 1982). As the oral cavity is sealed by the epiglottis and soft palate, food contained within the oral cavity cannot pass into the oropharynx until the epiglottis is moved inferiorly by the elevation of the larynx to block the laryngeal inlet during deglutition. In addition, the laryngeal inlet itself is more vertically orientated in apes with the opening to the trachea facing towards the posterior pharyngeal wall.

In humans, the laryngeal inlet lies in an oblique plane sloping posteriorly and inferiorly towards the posterior pharyngeal wall (Aiella and Dean, 1990). It is logical to assume that the risk of inhalation of food or foreign bodies is related to the angulation of the laryngeal inlet. A more obliquely orientated laryngeal inlet would increase the risk of passage of food into the trachea as shown in Figure1.

It has been shown that there is a relationship between the orientation of the basicranium and the position of the larynx and pharynx in both modern apes and human infants (Laitman et al., 1978). Both exhibit a relatively horizontally orientated basicranium and display similar supralaryngeal anatomies. Skulls of Neanderthal man also display a flattened cranial base and so it has been suggested that Neanderthal man may well have displayed

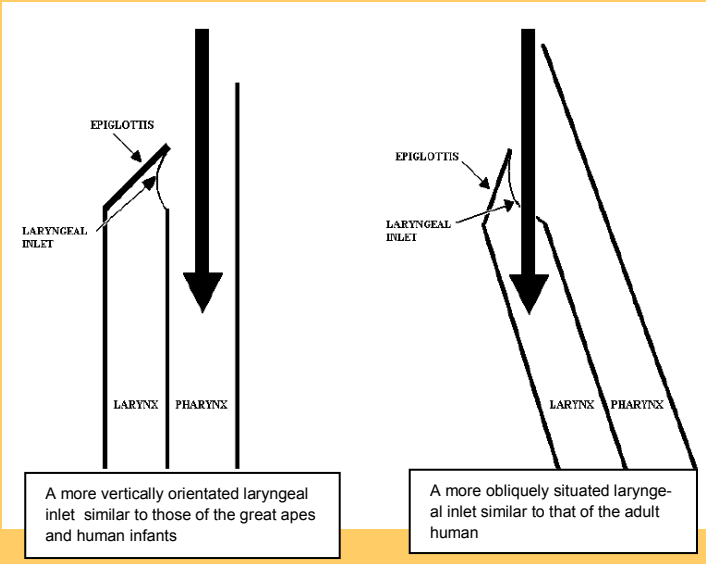

Figure 1: The relation of the angulation of the laryngeal inlet to the risk of food bolus inhalation. Arrows indicate passage of food.

a supralaryngeal anatomy similar to that of the human infant and modern great apes (Lieberman et al., 1972).

This highly positioned larynx results in a reduced supralaryngeal region of the pharynx, an area important in the manipulation of sounds in speech (Laitman and Reidenberg, 1993). The greater supralaryngeal vocal tract in humans allows for the production of vowels, a vital component of the speech capabilities of modern man and a feature which separates us from the great apes. In considering the importance of vowel production in human speech, the supralaryngeal vocal tract would appear to have evolved from the ape-like vocal tract of Neanderthal man due to selective advantages for morphologies capable of producing expressive speech, at the expense of a more efficient deglutition apparatus (Lieberman, 1982). The risk of choking posed by the combining of the upper respiratory and digestive tracts in the adult human would seem to be a more than acceptable price to pay for the ability of humans to communicate at the level of which modern man is capable.

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MASTERS IN COUNSELING (ISLAMIC PERSPECTIVE)

Written by: Tn. Hj. Abu Bakar Abdullah

Insaniah University College (KUIN) is a wholly-owned universities of Kedah Darul Aman and registered at the Ministry of Higher Education Malaysia KPT / JPS / DFT / US / K03. KUIN formerly known as the Institute of Kedah (KUIN) was upgraded as University College on 15th May 2006. The Kedah government was determined to establish an Islamic high school in the state corresponding to the status of a state premier in the history of Islamic scholars at that time. The objective of the early establishment of the Institute Agama Islam State of Kedah Darul Aman is to produce more professionals capable of leading the Islamic society and Islamic knowledge expands. In addition to support of school leavers continue their studies at a higher level.

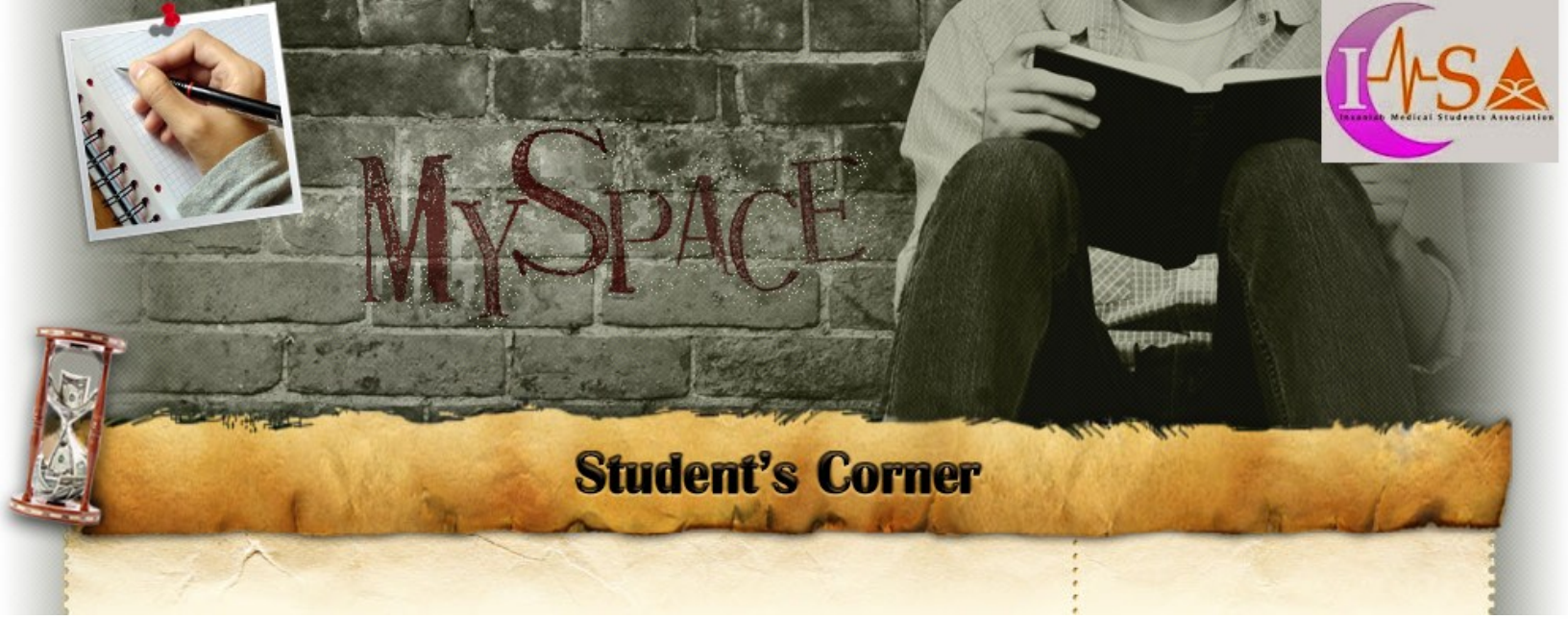
The establishment of the Islamic State of Kedah Darul Aman also for the sake of restoring the tradition of true Islamic education for the good of religion, race and nation. His Royal Highness the Sultan of Kedah had consented to the gathering of the Islamic State of Kedah Darul Aman approved by the Legislative Assembly on December 7, 1994 under the Act No. 4 of 1995. With the establishment of the Institute of Islamic Religious State must Darul Aman (KUIN), then it says a new history of the State of Kedah, which creates a higher education center that genuine Islam and class University. This is very appropriate for a State that has a lot of Islamic studies center since time immemorial again. Among the main objectives of the establishment of the Institute of Islamic Religious State Kedah Darul Aman (KUIN) is to improve the quality of Islamic studies and Arabic in order to produce a generation of scholars, intellectuals, Muslim intellectuals and scholars are competent, capable, believe and respond to the needs of Islamic affairs time to time.

In the early stages of establishment, the Institute of Islamic Religious State Kedah Darul Aman (KUIN) has carried out a twin-stage studies with the University of Al-Azhar University, Egypt's confer degrees, diplomas and certificates. State Islamic association had established the Darul Aman three departments, namely, the Department of Syariah, Usuluddin Department and the Department of Arabic. The academic year starts on January 2, 1996. Arabic is the official language, while English is compulsory Institute of Islamic Religious State Kedah Darul Aman use the system in accordance with the terms of the system is carried out at Al-Azhar University. To maintain academic quality association Islam State Kedah Darul Aman academics selected among reputable scholars graduated with a PhD or equivalent. In line with the amendment to the amendment, the Institute of Islamic Religious State Kedah Darul Aman was upgraded as Insaniah University College (KUIN) on 15th May 2006. KUIN aiming to become a world-class center of knowledge in order to produce graduates who had good knowledge in the field of professional and religious to excellence in both worlds.

Scenario situation in Malaysia is still in need of many more registered counselors. Education is oriented to existing social and cultural backgrounds and, while many counselors are needed in the community. Therefore, we pay attention to the majority who need help. The curriculum counseling is also not focused on the needs of the majority of background that emphasizes the value and Islam.

Therefore, in accordance with the current situation after 16 years of operation towards implementing Soft religious values and now gone one step towards a Masters program without Undergraduate and doctoral program will come in a counseling program will provide a space for citizens to Soft progress. Accordingly, Soft also available with two, Diploma in Nursing program in cooperation with Mahsa University College of Medicine and who also require teaching and learning and psychological counseling to students to expand in the field of psychology. Psychology also began to grow in the presence of nursing and medicine, as well as the existence of the Centre for Counselling and Psychological Study and Services,will also strengthen the resources and knowledge through the implementation of Centre for Counselling and Psychological Study and Services,

Masters of Counseling program at the Centre for Counselling and Psychological Study and Services, aims to produce a counselor who is knowledgeable, skilled and ethical in counseling and can register with the Lembaga Kaunselor Malaysia. Program Master of Counseling at Insaniah University College has also been approved by the Malaysian Qualifications Agency (MQA) and the Ministry of Education (MOE) (N / 762/7/0003). The program will be conducted by instructors who are experienced and knowledgeable. They are the pioneers and founders of Counseling in Malaysia. Apart from conventional counseling courses were introduced, a reform that will be taken by the counseling program is the existence of insertions based Islamic spirituality. Practical training will be conducted at the laboratories suggesting a complete and sophisticated. Education model implemented will emphasize leadership model, scientists and practitioners in order to graduate from this program will be able to perform all three of these roles successfully.



Introduction to Clinical Years (Part 1)

Written by: Norliana Shakri (MBBS Cohort 1)

Assalamualaikum and good day to everybody. I hope everyone is in their best of health wherever they are. Well, for those who will sit for examination, all the best and to my fellow colleagues at the hospital, may Allah guide us all along this 'clinical' journey. Being the pioneer batch of INSANIAH's medical students, I would like to share my experiences in the clinical teaching providing an eye opener to my juniors and other students. Humans are prone to making mistakes, including us. When moving into a new and unfamiliar surroundings, you tend to make mistakes. However as the old saying goes, experiences are the best teachers. I am writing this in the hope that my juniors will not be doing the same mistakes that I have made.

I heard that the next batch will enter the clinical phase early next year (2016). I really hope you are well prepared. As we know, INSANIAH medical program involves 2 years of theory-teaching and 3 years of bedside teaching. One have to complete these phases to be eligible for final exam before graduation. Teaching is divided into two parts, theory and clinical parts. Theory part is preclinical where the teachings are done mostly in the campus through lectures, fixed schedules within conducive environment. When you have finished the first 2 years, you will move on to the clinical part. This is the best and interesting part of your medical education.

In clinical years, many wonder the real meaning of it. Some might asks its objectives and purposes, while others query as to what extent one could possibly learn in a hospital setting. Furthermore, we have already learned most of medical diseases outlined in the textbook during the preclinical phase. So people might ask what more do we able to learn from patients. The best advice is to be well prepared in terms of knowledge and having a good mental and physical fitness. I think my fellow friends and I realized the advice the hard way.

Now enough with the chitchat, let us move on to the real introduction to the clinical years. Clinical years is deemed as the most important part of the medical training and is even more important than theory part. This is all because the disease itself is embodied in people or society themselves which makes the doctors involves with them all day around. Clinical years include learning session in the hospital with specialists. Everyday we will have presentation or seminars with lecturers. In the evening, we will have case presentations with the specialists. We learn new things everyday. You could say that the knowledge obtained in the classroom is only a fraction of all medical knowledge. Before going back home, we will make sure each one of us has 'clerked' one patient. You could learn of a new disease in which you can study its clinical features, differential diagnosis and management. Diseases discussed in the textbook

are very organized and structured, whereas the diseases presented in the wards may not be the same or totally different from what we learnt. So in the end, you have to be knowledgeable in ways to obtain history from the patients. After all , history taking and physical examination classes maybe the best foundations you need to have in order to clerk patients.

During this time, we will have guidelines in which we called 'logbook' and 'study guide'. This guidelines are not the same as what we had during our first and second year. We do not follow the guidelines strictly or in other words formally. As per learning session, we might just briefly discussed on one case and skip the others. Sometimes, we do it in the order of most important or most common in Malaysia. Well, these guidelines actually refer to diseases or cases most common and most important for medical students to know. It is good to build rapport with the lecturers and consultants. This is because they will train us to be good in managing the common cases instead of learning the rare cases well and not able to handle simple ones.

Enough of the study guide, let's move on to the logbooks. Have you seen the logbook? It is very colourful and very practical. Even though it is a little bit thin than most logbooks you have ever seen, this logbook carries your continuous assessment marks. The logbook is divided in parts; tutorial sessions, case presentations, bedside teaching, active and passive procedures and also operation theaters. Each part comprises of simple requirements that we need to fulfill. Most of them are very easy to handle, while the procedure parts are the most troublesome for most students. There are procedures that need to be done through hands-on or observations.

Since it involves patients, the chance to observe how these procedures are done to them is high. There are simple and highly specific procedures. For example, the chance to see lumbar puncture is low whereas pleural drainage is high. However, please ask the permission from patients before proceeding with the intended treatment. Most of the times, patients are very friendly and cooperative.

In the hospital, you will not be the only ones doing your clinical studies, it includes medical and nursing students from other educational institutions. Thus, you have to be proactive and competitive. We will either observe the other students for example nursing students carrying out their procedures or we performed it ourselves after working hours. In conclusion, try to avoid starting a fight or creating tension with other practical students only for the sake of completing the logbooks. Be amicable and compromise with each other. It is the best way when you are in a different surrounding trying to learn new things. Even the hospital staff are also very eager to provide assistance when needed.

Continue to 2nd part.....

We encourage students to contribute for Student's Corner.

attibkuin@gmail.com

Write to us..

Written by: Dr. Shahidan Hashim

HEALTHY EATING

Food , Diet And Energy Requirement?

Individual food consumption is measured in calorie per day. The amount varies according to age, gender, activity, body size and other factors. Men require more calories than women in general. Those who lead an active lifestyle also requires more energy.

The need for energy is basically for body physiological function called Basal Metabolic Rate (BMR) and for physical activities.

Human body is design for mobility and doing physical work. Our muscles, bones and joints are ideally for making gestures and movements as well as manual work. Bone strength will improve with weight loading while muscle becomes enlarged with weight lifting. During the time when works mostly involved manual force, obesity was unheard of. Heart disease, diabetes were much less than what we observed today.

This is mainly due to two factors that have changed tremendously in human life; diet and work. Diet from highly refined and process food are more common and highly accessible on the market with low prices. Food supply becomes abundant. At the same time, manual work is replaced by machine. Human contribution is in the form of mental work. Energy usage is reduced while energy intake increases due to the food consumption. Consequently, calorie balance shifted to excess intake resulting in obesity.

Food pyramid[1]

Food pyramid was introduced in USA in the 1980's. It is a guide for food intake. Basically, food at the higher level of the pyramid should be consumed less. For example, fat and meat is at the top of the pyramid which means they should be taken sparsely.

Meanwhile, food at the lower level of the pyramid is recommended to be consumed in higher amount compared to those at the higher level. Leafy vegetables and fruits are located at the base of the pyramid. These food can be consumed more freely and often. Carbohydrate group is at a higher level and should be consumed less. The suggested amount is in term of number of servings per day intake.

The food pyramid is proposed as a rough guideline for food intake. It addresses the important issue of proper

proportion of different food for daily consumption. All food groups should be included in daily diet.

Among the factors considered in selection of food is glycemic index (GI). Food from high glycemic index should be limited. Among them are cake, sugary drink, desserts and certain fruits.

Food with high glycemic load also should be limited. These food contain high level of fat such as butter, margarine and fried food.

Another important factor in food pyramid is exercise and weight control. Exercise and body weight are interrelated. Exercise directly reduce the risk of cardiovascular disease and at the same time reduce body weight.

Typical Malaysian diet

Nasi lemak represents a typical Malaysian diet. It used to be consumed at breakfast only. For the past 20 years nasi lemak is consumed at breakfast, lunch, dinner and even supper. Rice occupies 40% of the plate, 40% from protein (fish or meat), 10% fat and 10% from vegetables or fruits. Of course the banana leaf is not consumed. Malaysian eats by inverting the food pyramid! It is opposite of the recommended food intake.

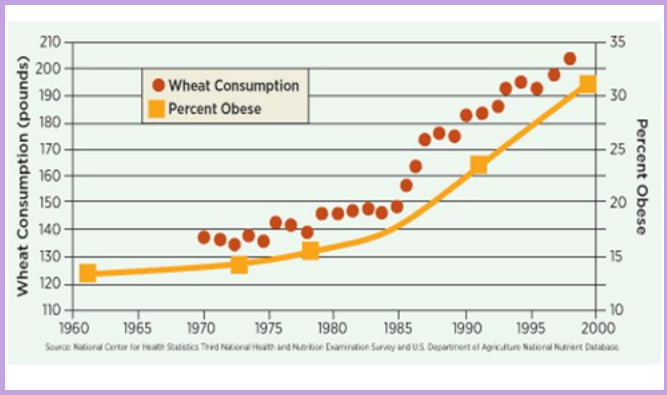
What factors determine dietary habit?

Culture definitely plays an important role in determining our diet. We are a rice-based community. Rice occupies the main portion of diet since it is stomach-filling. Vegetables are abundantly available in the market, yet it does not occupy a large portion of our diet. This is puzzling. On the other hand, despite being available throughout the year, fruit are expensive.

Ethnically, Indian eats the least amount of vegetable followed by Malay and Chinese. Indian and Malay eat more oily food compared to Chinese. Could this be the reason why diabetes is the highest among Indian and Malay?

Malaysia: The Most Obese Nation in Asia[2]

It is interesting to discover the relationship between obesity and carbohydrate consumption. In the epidemiologic study below, it clearly shows the positive association between obesity rate and wheat consumption[3]. Wheat and rice are almost similar in their content. Thus, it is safe to assume the findings are applicable for rice-based diet population. Eating more rice could explain the obesity problem in Malaysia.



Conclusion

No dietary guides are fit for each and every individual. Different person have different metabolic rate, physiological function and energy requirement which varies with gender, job, financial ability, and daily activities. It is best to listen to body signal. The best advise was quoted from our Prophet Muhammad SAW; "*..eat when you are hungry but stop before feeling full*".

References

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2. https://www.google.com/search?q=malaysian+obesity+rate&rlz=1C2AVNG_enMY619MY621&biw=800&bih=495&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjzk5SekMnJAhXDSI4KHd51DhEQ_AUIBygC
3. http://www.thedailymeal.com/news/world-s-most-obese-nat

WELCOME NEW Academic Staff

Dr. Saleh Mutahar Y. Al-Othrubi

Position: Senior Lecturer (Microbiologist)
D.O.B: 2nd April 1965
Nationality: Egyptian
Qualification:

1. PhD (Medical Microbiology, Infectious Diseases and Molecular Biology), Universiti Putra Malaysia-2015.
2. MSc (Medical Microbiology and Immunology), Universiti of Science & Technology And Suez Canal University/Egypt-1996-1998.
3. BSc (Medical Sciences-Microbiology), King Saud University, Riyadh, Saudi Arabia-1982-1984

Working experiences:
Senior Lecturer (Assistant Professor) of Medical Microbiology and Medical Molecular Biology at Management and Science University Malaysia (MSU), Shah Alam Campus.

Dr. Ahmed Ibrahim Ahmed Zaid

Position: Senior Lecturer (Orthopaedic)
D.O.B: 25th November 1978
Nationality: Egyptian
Qualification:

1. Master Degree(Orthopaedic Surgery)-2006
2. MBBS (1995-2001)
3. Egyptian Board Fellowship in Orthopaedic Surgery (2010)
4. Certificate as an Orthopaedic Specialist (2010)
5. Certificate as an Orthopaedics Consultant (2013)

Working experiences:

1. Orthopaedic Consultant in King Abdullah Hospital-Bisha-KSA (2015-2015)
2. Orthopaedic Specialist in Al-Khurmah General Hospital Taif-KSA (2010-2013)
3. Orthopaedic Specialist in Shibin El Kom Teaching Hospital (2006-2010)
4. Orthopaedic Resident in Shibin El Kom Teaching Hospital (2004-2006)
5. General Practioner (2003-2004)
6. Medical Officer (2002-2003)

UPCOMING EVENTS

mark your calendars

January 2016

- Sharing session.....(Speaker: HO from government hospital)
- Internal Quality Audit
- Mid Semester Break (31 Jan)

February 2016

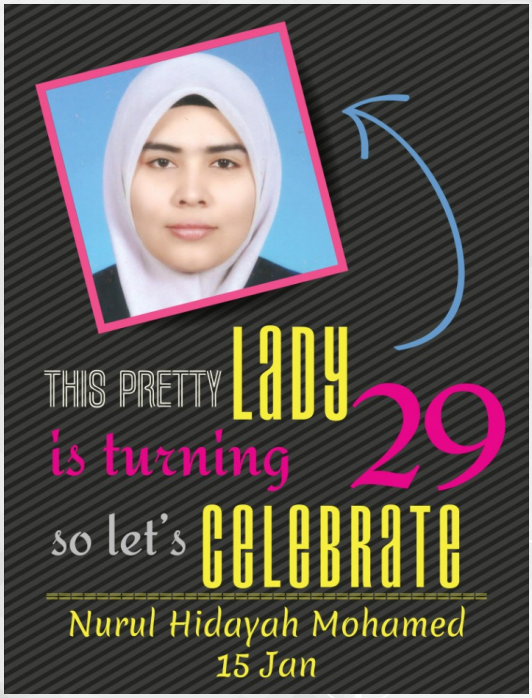
- Kulliyyah Annual Dinner
- Mid Semester Examination

GUIDES FROM AL-QUR'AN

Happy Birthday

2016

January



Wishing you a very glorious and a very bright life ahead, may your life be full of massive success and may joys brighten the ways of your life with love and care, a day full of love a very happy birthday.

Congratulations

Dear friend, may you share all your wildest goals and dreams with your loving partner,
And travel together through an amazing journey of life,
Making all those dreams and wishes come true.
You look fantastic together, have the most wonderful married life!

UNDANGAN MAJLIS PERKAHWINAN

24 Disember 2015
Bersamaan 12 Rabiul Awal 1437H

Uniqueness of MBBS Insaniah

Please write to us !
Kuliyyah of Medicine & Health Sciences, Kolej Universiti Insaniah, Kampus Kuala Ketil,
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