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For members only

HOWZIT

Manipal Alumni Association Newsletter

For Membership Enquiries

MAAM Secretariat Office
7A Jalan Telawi Lima
Bangsar Baru
59100 Kuala Lumpur
Tel: 012-366 1760
Email: manipalmaam@gmail.com

www.manipal.org.my

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PRESIDENT'S MESSAGE

Dr. Arun Kumar
President,
Manipal Alumni Association
Malaysia

The Manipal Alumni turns 31, this year.

We have grown steadily over the past years in the capable hands of every president and his committee working hard to take the Alumni to the next level. We saw good support from our younger alumni at the 30th Anniversary. This will surely ensure continuity and will grow our Alumni family to be even bigger and stronger.

The 31th MAAM Convention will be held on the 15th and 16th of September, 2017. We will have the games on the 15th of September followed by the Gala dinner on the 16th of September. The dinner will be held at Holiday Inn, Glenmarie. The MAAM is also pleased to incorporate the 20th Anniversary of Melaka Manipal Medical College. Please visit our website for the complete details.

The MAAM is also in the process of starting a pilot project called the Manipal Alumni Mentorship programme. This will allow fresh graduates from Manipal to do attachments at select Private Hospitals while waiting for their Housemanship postings. We will be updating this project on our website.

Our CPD activities are on track under Dr. Koh Kar Chai's guidance. We appeal to all our members to support this activity so we can maintain continuity. Regular email blasts are being sent out to keep members informed. If you are not receiving your emails please contact our secretariat and Josephine can help with updating your contact details.

I am very happy to say that in the games department, our new and young secretary is really making some good headway. The MAAM Sportivo is really picking up.

Our next venture is the **Manipal Run on the 12th of November 2017**. We have decided to do a 5km and 10km run. Venue will be confirmed soon.

Thank you all for the support in making our activities a great success!

The "FIRE" continues to burn.

Not slowing down, our alumni continues to recruit new members from the relatively **"younger"** group. Sportivo has proven to be an activity which is able attract both seniors and juniors alike and is being held regularly.

This year continues with Dr. Arun Kumar at the helm along with the same committee as they were elected last year on a two year term basis, the only exception being the replacement of Dr. Hassan Basri by Dr. Nagappan Ganason.

The co-opted members this year are

- Professor Dr. Jaspal Singh
- Professor Dr. Somsubhra De
- Professor Dr. PLNG Rao
- Dr. Thomas John
- Dr. Mohandass Nair
- Professor Dr. Philip George
- Dr. Simon Martin
- Dr. Gayathri K. Kumarasuriar
- Dr. Nesamani K. Vengadasalam

Something to look forward to before the end of 2017 will be our MAAM CPD Seminar as well as our Annual Convention. Details will be forthcoming on our website.

Our activities become a success only because of the participation of our members and I am confident that this year we will continue to see an increase in participation both from our regular active alumni members as well as new ones.

In a bid to manage our financial reserves prudently, this issue of HOWZIT will continue to be published electronically.

Dr. Koh Kar Chai
Editor

Manipal Alumni Association Malaysia (MAAM)

30th Anniversary Celebra

The 30th anniversary celebrations of Manipal Alumni Association Malaysia (MAAM) was held in a grand manner on 1st & 2nd October of 2016. It was a great occasion to celebrate the association which was formed in 1986. The anniversary celebrations consisted of 2 major events which was the Sports Carnival & the Reunion Dinner.

The Sports Carnival which was a huge success was held for 2 days on 1st & 2nd October 2017 consisted of North South football, mens futsal, womens futsal, mens hockey, mens basketball, tennis, badminton, table tennis, sepak takraw & golf. All the games were held in University Malaya Sports Centre, Kuala Lumpur except for golf which took place in Kelab Golf Perkhidmatan Awam, Petaling Jaya. Total of 4 contingents from the Manipal group took part in the sports carnival who were MAAM, Melaka Manipal Medical College (MMMC), Manipal International University (MIU) & Manipal Hospital Klang.

The turnout for the carnival was amazing. Around 200 people participated in this 2 day carnival especially the MAAM members who came from as far as from Sabah & Sarawak. The MAAM contigent bagged the overall champions title after winning all the games except mens basketball which was won by MIU. One of the highlight was the mens futsal tournament which was won by Batch 9 from MAAM by beating the younger college teams of MIU & MMMC. For the record Batch 9 was unbeaten during its time in Manipal & kept up the streak even after 10 years. It was great to see the alumni team in all the games winning against younger opponents. Hats off to them for their spirit & passion!

The Reunion Dinner took place on 2nd October 2017 at Eastin Hotel, Petaling Jaya. It was an informal night carrying the Cuban styled theme “Havana Night”. The night started with a power packed video presentation about the alumni followed by speeches from the President & Organizing Chairman. This was followed by a fantabulous buffet dinner. As the dinner started the crowd were entertained by live music band “Roofieology”. This was followed by DJ music & an open dance floor. Around 400 people attended the dinner and it was the largest turnout by the younger alumni for a dinner so far. Representatives from Manipal Alumni Relations, India & staff of MMMC, MIU

utions

& Manipal Hospital were also present to grace the occasion. The dinner came to an end around 12 midnight.

Overall the 30th anniversary celebrations were a huge success including the sports carnival & the reunion dinner. This year MAAM will be hosting the 31st anniversary celebrations on 15th & 16th September 2017. We are hoping more Manipalites will come and grace the occasion.

#inspiredbylife#30thmaamanniversarycelebrations

By Dr. Sivasuthan Letchumanan

Journey of **A Manipalite**

On the 2nd of February 2017, Student Council of MMMC has organized an inaugural and a unique event called “Journey of a Manipalite” for the Foundation in Science (FiS) students. The aim of this event was to strengthen the bond between MMMC and MAAM besides providing a platform for ALUMNI to share both medical and non-medical experiences with the foundation students. Our aim was also to provide an outlook of the medical journey that they are about to embark as a Manipalite.

The panel speakers were Dr. Ramon Thomas (Alumni Batch 8), Dr. Sivasuthan Letchumanan (Alumni Batch 9), Dr. Jeffri Teh (Alumni Batch 11) and Dr. Navinder Singh (Alumni Batch 16). Following a scrumptious lunch in Zen Lounge, the session started at 2.30 pm with the introduction of the speakers by the Student Council President, Mr. Kisor Thaiala Rao. Following introduction, the reins of event was taken over by Dr. Somsubhra De, who was the Moderator of the session.

The session continued in a Q&A format whereby the guest speakers were required to answer questions based on their personal experiences. Some of the questions were accrued by the moderator beforehand. All the panelists demonstrated great sense of humor as they narrated their journey and at the same time shed light on the realities that awaits the students. This program was attended by approximately 160 FiS students. They seemed excited and were looking forward towards this session. Individual goodie bags were bonus for these students. The audience was enthusiastically interactive. The overall spirit was overwhelming, proving the session to be immensely informative and productive to all the students.

At the end of the session, the student council conducted a pre-departure briefing for the FIS students. They were enlightened with the dos and don’ts in Manipal and the various facilities available in Manipal. The session ended at around 4.30 pm with light refreshments. We thank the management for the logistical support and guidance given. We will hope that such events are continued for future batches.

By Syaminee Devi (B32)

BREAST CANCER

Early Detection saves Lives!

Breast Cancer is the leading cause of cancer in Malaysia and the second commonest cancer in the world after lung cancer.

1.3 million women will be diagnosed with breast cancer annually worldwide about 465,000 will die from the disease.

It is estimated that in the UK and USA 1:8 women will develop breast cancer in their lifetime, and In Malaysia the incidence is about 1:19.

The actual cause of breast cancer is not known. Although we have identified the genes that can code for breast cancer (BRCA I and II), only 10% of breast cancers are hereditary. The majority of breast cancers are probably due to point mutations and occur de novo. The risk factors for breast cancer are:

- Increasing age
- Family history of breast cancer
- Cancer already in one breast
- Early start of Menses (under 12 years) or late Menopause (over 55 years)
- Late First pregnancy (over 35 years)
- High Animal Fat diet, high alcohol intake

Breast feeding offers some protection against breast cancer.

The warning signs of breast cancer are:

- No symptoms (detected on mammogram or ultrasound)
- Lumps in the breast or underarm
- Puckering or Dimpling of the skin of the breast
- Inverted Nipples
- Abnormal discharge from the nipples
- Unusual rash or colour on the breast skin or nipples

Breast cancers are easily detected on mammograms and ultrasound examinations of the breasts and women are advised to do these once a year. Simple breast self examination on a monthly basis can also help to detect lumps which maybe an early cancer. If there is a strong family history of breast cancer the woman is advised to enter a screening programme from the age of 35 years.

The fear is always that they may lose a breast with treatments but what is ironic is that doctors can actually save the breast if they present with early breast cancer.

The treatment for breast cancer involves surgery as the first line of treatment. The important message is if the cancer is found early, breast conserving surgery can be done saving the breast. Although even if mastectomy (removal of the whole breast) is required, it can now be combined with either immediate or delayed reconstruction. Reconstruction involves creating a 'new' breast from the patient's own tissue with or without an implant.

Reconstruction of the breast done immediately with surgery for the cancer is always psychologically so much better for the patient. It is also possible to re-construct the nipple and areolar complex, to achieve a good cosmetic result.

Another innovation is "sentinel node biopsy", wherein only a few lymph glands from the underarm are removed to determine if the cancer has spread to them. If the lymph glands are clear, then total removal of the underarm lymph glands can be avoided along with the complication of a swollen arm (lymphoedema)

"Oncoplastic surgery" is also a new concept, where surgery is done to maintain the shape and size of the breast, and at the same time, removing the cancer with an adequate margin, thereby retaining cosmetically "normal" breasts for the patient as far as possible.

Other modalities of treatment include Radiation therapy, chemotherapy, Hormonal therapy and using newer targeted therapies.

Breast Cancer is no more a "death sentence". It is imperative to get the necessary checks done so that these cancers can be detected early, so management becomes easier for the woman with better outcomes and ultimately life-saving.

Simple monthly self breast examination, if done routinely, can help the woman detect early changes to her breast and present early for treatments. This simple act of self examination may save your life. Screening for breast cancer should begin at the age of 40, with yearly mammograms and ultrasound examinations.

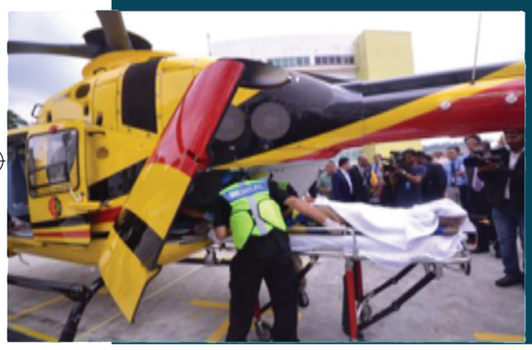
Mammograms and Ultrasounds are available at most hospitals and Pantai Hospital Kuala Lumpur now has a dedicated 'Breast Care Centre' that is a 'One-Stop Clinic' dealing with breast diseases and screening.

Remember *EARLY DETECTION SAVES LIVES!*

By Dr. Patricia Gomez

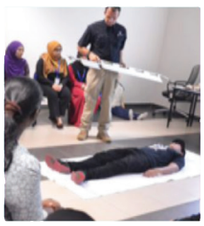
Disaster is defined as an incidence that occur suddenly and complex. It causes loss of life, properties, natural environment and have a deep effect on its local activities. There is more "need" than resources. Disaster can be further categorised into natural disaster, human system failure and conflict. Our beloved country, Malaysia is also not spared from disasters occurring. One example of a natural disaster that recently occured is the flood in Kelantan in 2014 which was confirmed by the National Security Council as the worst flood in the history of the state. Besides that, human conflict itself causes disaster. One of the more common example is the act of terrorism and the usage of chemical, biological, radiological, nuclear and explosive (CBRNE) as warfare agents. Once disaster strikes, it will follow 4 phases of the disaster cycle i.e. Mitigation, Preparation, Response and Recovery phase. One of the most important phase in disaster is the preparation phase where disaster planning, practice, education of the healthcare workers and population play an important role in mitigating the effect of the disaster and prepare a better resilience for our healthcare workers and populations. I always believe that "Preparedness saves lives". One of the methods to prepare for disaster is by participating in disaster related courses, communication courses, disaster drills, table top exercise and functioning drill.

DISASTER PREPAREDNESS



The number of incidence of CBRNE and terrorism around the world is on the rise. One of the most recent CBRNE related terrorism attacks was in Paris in November 2015. It is important for our healthcare workers and first responder to have knowledge on CBRNE to help us to responds during a CBRNE disasters. As you all know disaster is a sudden and a complex event that can occur anywhere and CBRNE terrorism can strike in any places and any time. Hence, we believe that

"Preparedness Saves LIFES."



Dr. Jonathan Yeap Han Hsiung
Emergency Physician,
Hospital Selayang
(Batch 9,MMMC)

SPORTS CARNIVAL

MAAM SPORTIVO

The MAAM Sportivo was launched in January 2016 as a bi-monthly sports event to get the Alumni members together. Futsal & Pool were the two sports that were successfully organised under Sportivo in the month of January, March, May, July, September & November 2016. All the Sportivo event was held in KL except for one edition which was held in Seremban in July 2016.

Due to its success in the very 1st year, the Exco decided to make Sportivo as a monthly event for the year 2017. It is also planned that other sports apart from Futsal & Pool will be held during Sportivo.

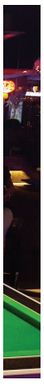
The first Sportivo for 2017 was held on 21st January 2017 at Interlude Tapas Bar & Restaurant, Taman Tun Dr. Ismail, Kuala Lumpur. It was a Pool match between Manipal Alumni & Interlude. Total of 7 matches were contested consisting of men's singles, men's doubles, ladies singles & mixed doubles. Our Manipal Alumni team was victorious winning the overall match with the score of 12-6.

This was followed by the next Sportivo which was held on 18th February 2017 which was a football match between Manipal Alumni & Hangover FC. This match took place at Kelab Aman, Kuala Lumpur. The match was played over 3 halves of 30 minutes each. It was a very close fought match and ended in a 3-3 draw. A very good result for our team.

The next upcoming Sportivos are on 25th March 2017 which will be a pool match vs Walk Inn Angels & on 15th April 2017 which will be a football match vs Pasung FC. We urge more of our Manipalites to come and join and support our alumni team.

#inspiredbylife #maamsportivo

By Dr. Sivasuthan Letchumanan

My Running

Not very long ago I could not have imagined my self running a 21 km race. Not even in my wildest of dreams, considering the sedentary lifestyle I had lead for years. Exercising and fitness was not something I had invested in, despite being a health care provider. A health scare and not being able to fit in to my clothes comfortably lead me to join my neighbourhood gym. When I first started running, I would stop just after a couple of seconds as I was breathless. Let's just say my body had no idea what was going on and it felt tortured. I can now proudly say I have completed 3 half marathons (21km) and a couple of other shorter distance races and now on the road to my first full marathon. There are no shortcuts or magic pills that brought about these changes but sheer perseverance.

I must thank my friend Sue who introduced me to the world of running, one that I had absolutely no clue about till recent times. I did my first run 3 years back, a 12 km with Sue as a "ghost" runner as I had no guts to sign up and attempt the race prior to that. The finish line of my first run brought me to the endless joys of running and all the other races that followed. As a result of my running I have reclaimed my life and health and can proudly say that I am at the best state of mental and physical health than I ever have been in recent times with God's grace. I have medals and bibs that I proudly display in my room. My running shoes have become my most fashionable accessory, and given a choice I would use at all times. The best part is I have managed to inspire a few people along the way to get fit and active and it brings me immense joy to know that I had been a source of their inspiration. Running has taught me that there are no boundaries or limits to what the mind and body can achieve and it's interesting how these lessons apply in other aspects of life.

Oprah Winfrey described it perfectly when she said, "Running is the biggest metaphor for life because you get out of it what you put in." This has to be one of the most important things I have learned through my running. Running has taught me that there is no limit if you are willing to shed blood, sweat and tears along the way. All it requires is to be disciplined, focused and consistent. It does not even seem as a sacrifice at one point but more like the time of the day I look forward to.

Running has taught me the value of dedication, perseverance and the importance of prioritizing my life. From running, I have learned so much about my body and the importance of taking care of myself, something I had neglected for many years. I have noticed the importance of eating well and how it affects my body, mind, mood and energy. You can really feel on top of the world regardless of your age or health issues if only you took some time of the day to take care of yourself. It has taken me so long to realize the importance of investing in my health and the big difference it can make in my daily life.

Running long distance is something new to me and so is the pain and injuries that come with it. Along with the pain, especially during a race, I have learned that when you think you cannot continue any longer, you really can. You are stronger than you realize if you just don't stop trying.

Running is as much a mental challenge as a physical one. Every time my body thought this is as far as I can go , my mind took over to prove me wrong as long as I focused on the finish line and the the thrill of completing my race . Only a runner knows how exhilarating the runner's high is especially at the finish line. It's a feeling out of this world and that makes me sign up for my next run after every race. I can't explain in words how good it feels to be at the finish line and complete a race you have worked so hard for. It is so rewarding!

Running has given me with the opportunity to meet extraordinary people. In all my races I have met people of all ages and walks of life. To my surprise age is no barrier to this sport and I meet many veteran runners who truly inspire me to carry on running as I can see how they have aged so gracefully.

During a race you meet all kinds of runners, fast ones, slow ones, funny ones, serious ones, the ones that take a break every chance they get and those running hard and fast to break their previous record. Some with glam shoes and some hard core runners bare feet despite the morning sun. I love to observe them all at a run, it's pretty interesting to people watch during and after a run. They all have their own rituals .When I'm done I usual wait at the finish line and see my heroes run across the finish line. I feel so happy for them. I can almost feel their joy. I especially get excited to see the people who have just completed a full marathon (42km) because that would be my next running goal and I want to be one of them. They motivate me to stay focused on my goal to someday complete my first full marathon! They have taught me never to underestimate my abilities, to have self-confidence, and to push myself because it is possible if I want it bad enough.

Running has also shown me how blessed I am to have an able body. One that I no longer abuse or take for granted. I won't just paint a rosy picture about running and say its all fun and games. I can't deny that running and training for a long distance run comes with its own risk of many possibly injury and I myself had an unfortunate injury during the peak of my health last year.

It would have been heart breaking not to make it across the finish line after many months of preparation of the mind and body, for this race, what's worse is I did not even make it to the start line despite getting as close as collecting the race pack and reaching the venue many miles from home. It was devastating. I did not realize how passionate I was about running the race till I could not. During the flag off I hugged my brand new shiny shoes, stared at my race pack and wept on the side line as all my fellow runners started the scenic run at the Great Ocean Road.

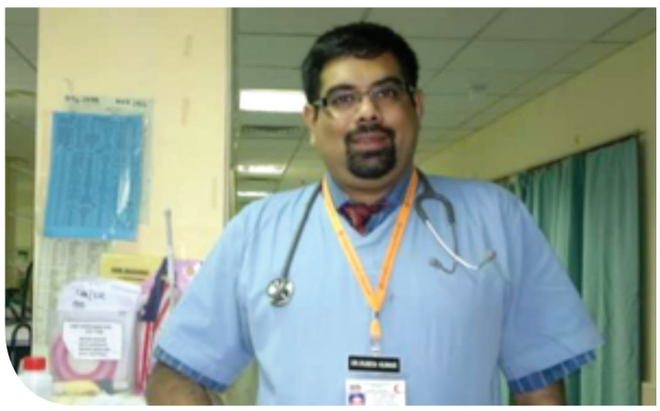
Watching your goals and aspirations slip through your fingers can cause even the most resilient of us to spiral into sadness. While feeling down may be inevitable at times, I know there is light at the end of the tunnel and probably a silver lining. An injury can help you realize you're not defined by your workouts, and it may even open the door to discover new passions or ways to exercise. For me that was swimming and now I have dived into the deep end. I am taking swimming lessons with an awesome coach to improve my technique and it's been so much fun in the pool, I had even cut back on my running while recovering.

My shiny collection of medals and t- shirts are nice, but nothing compares to the lessons, the memories and the moments I have been blessed with through running. Running is that time of the day when nothing else matters. The world somehow stops and all the worries of my life are gone. It's an adventure that I will always have since the roads are open to anyone. Running is not just a pastime, the lessons I have learned from running has helped me improve all aspects of my life and I now know for sure that the only limit in your life are the ones that you set for yourself.

So how about lacing up and hitting the roads today?

By Bhavani Kunabalasingam

The **Rhapsody** of A **Malaysian Medical Houseman**



By Dr. Ruben Kumar A/L Maniam
(M.B.B.S. Manipal University)
- currently attached for the past 7 years in Hospital Melaka
- Medical Officer and Head of the Occupational Safety and Health Unit, Hospital Melaka for the past 5 years

15th July, 2010 was the day I entered my government service in Hospital Melaka as a new houseman. It was an exciting and a heart stopping experience as well at the same time. The aspiration to serve for the people, cure people from their sufferings and even service above self is becoming a reality from that day. The dreams of becoming a doctor was from a young age (8 years old to be precise). There were butterflies in my stomach, starting off as a new houseman, the thought of which department I would be heading, the type of patients I'll be facing, the intimidation and lecturing from the consultants, specialists, medical officers and even the senior housemen and the complaints & concerns from the patient's relatives, these thoughts were running in my head. The moment I stepped into this huge state hospital, it was a fearsome encounter (mind you, this was not my first time as well). The three years leading up to my graduation, I was attending my clinical training here in the wards with our respected Professors, Doctors and my batch mates as well. At least many of the places and things I encountered as a houseman in Hospital Melaka was not foreign for me. I knew where was the location of the department offices and the wards as well. And I've encountered many of the ward and department staffs as well. I was glad from the moment I received the induction placement letter, it stated my placement was one of my choices I've picked, HOSPITAL MELAKA. And meeting a few of my new friends that would be joining me as well in the induction course meant I was not alone, there were a few individuals with the same determination as me to become a doctor. Therefore, I'm stepping in for the 2 year long houseman training. There was not much to be feared of starting work in this ever familiar work place.

The first posting I was assigned to for my houseman training is the Internal Medicine Department. Knowing that my first posting would be one of the main department where I would acquire and hone my basic clinical skills as a doctor was a daunting prospect. I knew no matter what, there's no room to slack off or laze around as my training to become a full fledged doctor begins now. The houseman 2-week tagging period was unbelievable, it starts off at 7 am in the morning (actually it's 6 am, considering that you need to do rounds and remember the details, treatment & further plan of the patients) till 10 pm in the night (with an hour break at about 6 pm for a meal and a quick shower). The new admissions overnight must be scrutinized, to trace all of the blood investigations if available, to examine the patients in detail considering a simple clinical sign must be detected before the medical officer or specialist/consultant do rounds later in the morning. Make sure the electrocardiogram is reviewed and signed, to check whether the patient needed any morning investigations or tests to be done if pending. To fill up the referral forms for physiotherapy or even for a dietician. These were many of the tasks that were on hand when we see the numerous patients in the ward.

As the day dawns, we never realize that with the amount of patients to be reviewed for the morning, it is time for rounds. I would always have a box of packet Milo in hand to make sure that we would not collapse in a hypoglycemic state later on. The moment the rounds start, it would be a frenzy as many of the round members (basically the other housemen, sister, staff nurses and sometimes the assistant medical officer) are listening and concentrating on how you are presenting. Knowing a little mistake of presenting the case would be detrimental to your credibility and how the medical officer interprets you of how attentive you are to the patient. Making sure that you provide the best service and management for the patients is our utmost importance, a skill that we would learn throughout our houseman period and to be carried forward during our medical officer period. Writing down a review with the medical officer in the case notes starts with a statement "Seen by" or a short "S/B" and nothing else should distract you during this period as all the information mentioned by the medical officer made sense and it had a certain degree of importance as well. A slight miss and you might miss an important detail. Knowing that the medical officer or the specialist/consultant that would be doing the rounds will check whether these details are mentioned or not, it was another palpitation moment. You would feel relieved if the medical officers or specialist/consultant do not query anything, knowing that you might have escaped the jaws of despair. Having an attentive medical officer or specialist/consultant on the other hand is just scary, get ready to be commented on or questioned as well.

Worse still, the grand ward rounds (for example in Orthopedics and Surgical departments) which would be held once a week is like another whole level of despair. All the consultants, specialists, medical officers from other wards and even the housemen from the other wards would follow rounds at the same time (imagine having 40-50 people following rounds, it was daunting for us and even for the patient that's lying on the bed). A mistake here during rounds would be flared up into enormous proportions and our pride would just shrink a little bit further as well. On the spot viva sessions by the consultant or specialist is another thing to be worried of during these grand ward rounds (the thought of being extended would be our constant fear throughout our 4 month stay in the department).

The rounds would be with the ward resident medical officer or simultaneously with the specialist/consultant, the rounds would prolong till about lunch time. And then, everything will break loose. All the pending blood investigations, tests, referrals, radiological tests and even treatment regimes or procedures that require preparation would be our next task in hand, considering the short time we have before PM rounds. Imagine 40 patients in the ward that require tests, referrals, discharge and also at the same time clerk new cases if there are during that period. We would not have time for lunch and we need to soldier on as a houseman of the ward. There's no break time as we would go on the business of doing all of the required tasks for the patients. From that box of packet Milo I had before the morning rounds, I would hang on at least until evening whereby there would be at least some time to get something to eat. Then it's on for PM rounds and any further investigations and required treatment modalities would be emphasized if it was not mentioned in the morning. After that, it's time to clerk and see new patients as they come in to the ward for admission and to inform the medical officer on-call once we are done. Our presentation skills through the phone must be impeccable and this is the field where we would learn it. Definitely this is one of the fundamental steps of properly referring cases through the phone. It is important to make sure we present only the salient, vital and important points of the case to get our point across and to give assurance to the medical officer that we know what we are doing when we refer the case. This does not only apply for the resident or on-call medical officers, but also for the specialists or medical officers from other centers if we need to refer the patient to another hospital or medical facility depending on the reason for referral.

My period during housemanship was divided into 2 periods, the on-call period (where by we would work normal hours on normal days and be on-call for at least till the evening of the next day) and the 8-hour shift period. During the on-call era (this was during my Medical, Surgical and Orthopedics postings), it was the most exciting learning period as we took care of patients in the wards depending on which wards we were posted to for the night. Common procedures like peritoneal tapping was a vital task done by houseman in the ward on a daily basis with minimal medical officer observation and assistance. This was also good for us as we learn the important clinical skills required during our future medical officer period where we have to actively manage the patient in any setting, be it in the hospital or the rural clinic. It was vital that we learn the majority of the procedures that should be done and function independently when we are posted elsewhere. The shift period was good as well as I felt that the houseman rested well in that sense. But if we do not put the effort during the 8-hour working period, then we would not have a chance to do these life-saving procedures that are available to be done during the on-call period.

The usual end-of-posting assessments, exams and vivas would appear in the 3rd month or up to the last week of the posting. In order to proceed to the next posting, we would need to have completed the log book as stipulated by the department (we would need to document every procedure, detail, class and CME we would have attended during the posting) and also to get through the end-of-posting exam whether it would be a theory or viva voce exam. It is important to make sure that you show effort to learn not only to the medical officers, but also to the specialists and consultants as they would possibly be your superiors in the future when you're a medical officer in their department.

At the end of the houseman period, I felt proud that I've gone through one of the most difficult training period that is essential for all of us as doctors in order to function well when we become a medical officer that is required to manage and treat patients well. For me, the 2 years of housemanship went by quite quickly and the many patients we encountered, patients we have saved or lost, the many experiences working as a team managing patients, conducting procedures never thought possible to be done, forming an important bond between your staff, making sure our learning process goes on and be productive at the work place are a few of the many things that I've encountered during my housemanship.

It is a known psychosocial hazard in the workplace whereby the work place is the 2nd home for all of us and the ever-changing shifts, pressure given by the medical officers, specialist, consultant and sometimes even the sisters, assistant medical officers and staff nurses would compound to an unhealthy working environment which the houseman should learn to adapt to. It was indeed a roller-coaster ride of learning experiences, but the 2 years alloted by the Ministry of Health, Malaysia is essential for our learning process of becoming a great medical officer. Whether it would be in the government service (other state, district hospitals/clinics or even rural clinics or hospitals), in the private hospital or even the private general practitioner clinics out there, our period of training during our housemanship is essential in order to achieve the standards necessary providing an efficient, productive and great service to our people in the general community.

Let's Talk,

"*Mamoos…howzit like?*"

"*Baaad scene, Macha!* That patient jumped from the window of the 7th floor from the hospital, *lah!* We all going to collectlah later."

"Depressed or what?"

"Don't know, *lah!* Morning he was quiet and looked cool only. He has been in the ward more than 1 month. His liver, *gone case, Macha.* How we know *lah*, he going to take off like that?"

"Don't be a *'thengah'*. He must have been depressed *lah.*"

"What's happening, *lah*, *dei?* So many people are depressed now?"

"Yup, that's right! That is why the World Health Day's theme by the World Health Organisation (WHO) on 7 April 2017 is **"Depression, Let's Talk"**. The incidence of depression is increasing globally and along with that, so is the rate of suicide. How well do we doctors understand the complexities that involve this disorder? It goes beyond a mere reaction to having a problem. It is that and more. You want to know, some more?"

"*Can oso can , cannot oso can, lah*"

"Hmmmm... listen, macha. As doctors many of us fail to recognise the subtle signs of depression. Many among us also find it a challenge to differentiate when our patients feel upset from feeling depressed."

"Sometimes in the ward, some patients start crying. That means they are depressed, *ah, Macha?* Easy, we refer to the Psychiatrist to come , assess and treat *lah.* The fellow looks sad, we just refer."

"Don't be a *tube light, lah, dei!* Assess first lah. Not every patient who cries is depressed and not everyone who is depressed cries in front of you"

"Mamoos... !!!!! Can't take it like!!!!!! How *lah*, to know?"

"We can use the Malaysian Clinical Practice Guideline on Depression (2007) which is available online. A low mood over a period of two weeks, with anhedonia, low energy, loss of appetite and weight, poor sleep, not motivated are general signs. They feel hopeless and worthless. There are many other signs of depression. *Go and read lah, Macha!* It won't take you long. Some of them have suicidal thoughts as well."

"Can ask them, ah? What if they decide to commit suicide because we ask them? *Better to make don't no,* right?"

"No, *lah,* nothing like that. *You, ah! The heights, lah.* They actually feel relieved when asked because it makes them realise that it is a common thought among people who are depressed. This makes them feel less guilty having these thoughts."

"We tell them to pray lah then, be strong. These people don't believe in prayers, I think."

"*Dei, thengah,! You doctor or priest, dei?* Please don't tell them that. Also it is not right for us to judge them. We are not in their shoes. It has nothing to do with a person's inner strength. Nor is it a measure of their religious or spiritual faith. There are so many factors associated with depression. The family and social background, their coping skills, their experiences in life, hereditary factors are just examples of a few factors that can contribute to a person getting depressed. We must never be judgmental.

"*Ok, ok Macha, cool... cool*"

"*No probs, Macha.* Suicide risk assessment is also important . Doctors think only Psychiatrists must know how to assess the risk. Every doctor should know. Many chronic medical illnesses have Depression as their co-morbidity. Many medications can cause depression. When there is depression, the risk of suicide is always there. There is a Guideline on Suicide Risk Management in Hospitals (2014), available online. It is not just for the Psychiatrists. It is for all the doctors to read. If you are dealing with chronic illnesses, you must know this *lah Macha.*

"Ok, I will look it up. Many children are also depressed now, *Macha. Sad, lah. How lah to detect?.*"

"You are right. Childhood depression is on the rise. Children's lives are now confined to the four walls, their books, school, tuition and of course their hand phones and laptops. Even when they go for games, they have to excel or they may be told off by the teachers or parents. Everything is a competition now days. Such high expectations are placed upon these tiny shoulders. *Macha*, you hardly see children running and playing outside freely, climbing trees or fishing in the big drains, now. Apart from the same general signs as adults,

, Macha

depression in children may also present with headache and stomachache which on investigation would be normal and not respond to medications. Their normal activities will be affected, school performance will deteriorate. There will be a loss of interest in their activities. They may be prone for anger out bursts and temper tantrums as well. Adolescents are also vulnerable to becoming depressed. The period of adolescence is a challenging and unsettling time for an individual. Expectations from parents, social pressures and unrealistic academic demands can create a strong sense of rejection and eventually lead to depression. It is quite normal to have an adolescent being grumpy. It is after all a period of change from childhood to adulthood involving physical, emotional, psychological and social changes. One must be careful to differentiate depression from the normal teenage 'down in the dumps ' .

"A few months ago, we had an elderly gentleman with Chronic Renal Failure who tried to hang himself. His son saved him."

"Yes, we tend to over look this age group. Being alone and having chronic physical illness further increase the incidence of depression and the risk of suicide. Many assume that a declining cognitive function is a normal process of aging. It is important to remember that elderly concerned could be suffering from either Depression or Dementia. "

"When do we use antidepressants and when do we use Psychotherapy?"

"Mild Depression can be managed with Psychotherapy like Cognitive Behaviour Therapy (CBT). Antidepressants should be started for Moderate and Severe Depression. When the patient starts feeling better Psychotherapy can be introduced."

"What about ECT?"

"Electroconvulsive Therapy (ECT)is advocated when a patient is severely depressed to the point of endangering his or her life and is suicidal. ECT can be administered safely in pregnant mothers and the elderly."

"Preventive measures are important, here, *Macha*. The economic burden of Depression is also going to escalate."

"You are right on both accounts. Prevention is better than cure. The Ministry of Health (MOH) has implemented primary prevention programs which educate the public to live healthily, advice on coping skills, to exercise and indulge in healthy hobbies. In the Health clinics, measures are taken to reduce the incidence of post partum depression. Screening for depression is an integral part of the management for pregnant mothers who go for their antenatal check up. It is important to incorporate the teaching of coping skills in the education system as it's an essential life skill. The disease burden takes a toll on the individual, the family and eventually the country. The healthcare cost for depression and loss of productivity as a result of depression is going to further increase. This is avoidable because Depression is treatable."

"Why are so many depressed now?

"*Simple dah Macha.* In general, as human beings we have forgotten how to live. We have forgotten how to enjoy life. We have no time to stop and just take a breath. We are always in a rush. We go about chasing temporary happiness and we pass that culture onto our children, unconsciously. We have forgotten how to really laugh. I'll give you a couple of examples, *Macha*. Many people feel that they need that big house or big car to make them happy. How long does that happiness last before they start wanting something else to make them happy? Some parents make their children feel that they need to get straight 'As' to be happy. These children feel that unless they get straight 'As' they won't be loved. They get 'As', they are bought what they want. They don't get 'As' they get scolding. Our values in life have changed and we are paying the price for it."

"*Wow, Macha!* You are right *lah*. Something to think about"

"We going to have an exhibition in the Mall for the community to educate them in conjunction with the World Health Day."

"*You who dah! Give it like, Macha"*

"*So come lah and check the scene!*"

"*Aiyoh, dei,* enoughlah about depression. I am going to take off on a holiday with my family and *lepak*. Hearing all this I feel stressed. "

"*Goodlah Macha.* Spend time with your family and trusted friends. They are our support system. Let's go *kena one teh tarik.* Need advice *lah*. I saw this *laka cherry...*"

"*Mamoos!!!!! Now we are talking! Set it up,like.* Let's go!"

By Dr. Gayathri K. Kumarasuriar

My Love for Photography

Very basically, an event photographer specializes in capturing pictures of events. Given the golden opportunity to me, Dheepan Periasamy and Daleesha Sanya as we represented Snapire Productions for Manipal Alumni Association Malaysia (MAAM) to photograph Sports Carnival and Havana Reunion Night. After all, this was first time for us to cover an event outside of our university. All this while we were just focusing in the university, got to thank Doctor Siva and his team for having the trust on us to cover the whole event with our photographs.

I have always loved photography, but I have never seriously occupied myself with it. Although I was always keen to learn more about it, every attempt was a failure. There were so many new terms and concepts, and I became more and more confused. The biggest problem, really, was that I didn't know where to start. I vividly remember a fellow student at university who was a professional photographer whom I'd always admired, because she had skills I would have very much liked to learn. As my starting point was Manipal International University Nilai (MIU), from it I have started to venture out of my university as I believe this will give me a great exposure.

Usually, sports photographers capture photos during sporting events to tell a story or capture the moment. Sports carnival were kicked-off! Honestly, my skills on sports photography is not even amateur. I remember one night before the sports carnival, you should see the number of tabs I have opened in Google Chrome just to have at least a minimal knowledge on what I want to do next day. Everyone says being nervous is common and yes, I was nervous all the while I was shooting it although I get some negative feedbacks, but just accepted it with an open heart. All in all, I believe to climb the stairs to success one should go through failures. Besides that, me and my partner were not having a proper lens plus not even a professional DSLR. For your information, my partner used basic kit lens and I rented a tele-photo lens. Ladies and gentlemen who played during the sports carnival, I did notice them and, it was unbelievable that they are still energetic even though after they married. Just kidding!

Havana Reunion Night, lovely name as it came by with 90's theme. Got to agree, the dance floor session has brought me to oldies feeling. My apologies, I danced while I work too. Myself not good in dancing – besides dancing in the rave party where you only jump when the beat drops – doctors who just cracked the dance floor, had thought me a simple dance step. And Harith Iskander! Glad to see him in the event along with his beautiful wife. Yes, how lucky we were to meet him. Honestly, I have less words for Havana Reunion Night as the night was extravagant and I was mesmerized on my photos too. It something unique for me, but for some of them would be common to see this kind of pictures. I am always on my daily routine of practicing my skills in photography because I always want to create uniqueness in my photographs that will make my customer to smile. Havana Reunion Night has just brought me to another level of event photography.

I did sweat for both the days, I laughed, and I was smiling while heading back home. Last but not least, MAAM has thought me a good lesson especially in term of socialising. From that moment, itself, I have no nervous feelings on shooting any event outside of the university. Thank you to MAAM and to Doctor Siva for supporting Snapire Productions.

By Dheepan Periasamy