JOURNEY TO SOUTH AFRICA
Generations in IMU SRC Presidents of the Decade
What makes Reminiscence special is because it is not just any other quarterly or weekly newsletter you receive via email. It is not one of those newsletters that you take 30 seconds to glance through. It is documentation, a journal, a collection of experiences and a story, all in one. It is something that every student who has set foot in IMU will hold dear to their hearts as it keeps them in touch with the institution even years after graduating.

What makes this edition even more special is that IMU turns 20 this year! We have come very far, from when IMU was first conceptualized and we are now a household name in Malaysia. In conjunction with the celebrations, we will also be publishing a 20th Anniversary Special Edition that will feature exclusive interviews with the founder’s of IMU, staff as well as student perspectives among other things.

It has been a great honour to be appointed as the Editor-in-chief of Reminiscence for the July 2011 and the January 2012 edition. The journey as an editor for the past one year has been not only an enjoyable one but also a great learning experience. I express my sincere appreciation to the members of the staff; Miss Terasha Pooja, Miss Aznah, Miss Chiew Yeong, Miss Low Shu Shian and Miss May Kuan whose guidance played a major role in helping this newsletter grow. I also owe my gratitude to the dedicated editorial board members for tirelessly pooling their respective talents in this collective effort. This is a project by the IMU Student Ambassadors (SA). The SA is a group of selected students who play a role in developing positive relations and interactions among students, alumni, faculty and staff.

IMU is and always will be an integral part of our lives. In our outgoing pursuit of excellence, bear this in mind, always look to the future but never forget your past. As you peruse the pages of this newsletter, it might perhaps be appropriate to spend a minute reminiscing upon the year that was and think about the contributions you can make in terms of articles and experiences to help us improve our upcoming editions.

With love,

Dairshini Sithambaram
Editor in Chief of Reminiscence
2011/2012
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It brings me great joy to bring you the first IMU Alumni newsletter in 2012. Reminiscence will continue to serve as a tool to inform you of the updates of IMU and your fellow friends. Our newsletter will continue to be published biannually.

This January 2012 newsletter features a few write ups by alumni of their perceptions of the healthcare system and other alumni related stories. Also in the newsletter, are a few jokes shared by Dr. Jag. The credit goes out to many people especially the student ambassadors who have volunteered countless hours behind the scenes to make this happen.

I would also like to take this opportunity to share with you the activities planned for the year. We, the alumni committee hope to find out more of how graduates have been and how we can serve you better, hence we will take every opportunity to meet you. Tentatively, we will be organising quarterly reunions and also a homecoming in December 2012. In conjunction with IMU’s 20th Anniversary in 2012, IMU will also be organising a series of events. We look forward to have your support in these events.

Finally, thank you for being a part of the alumni. We hope to gain your continuous support in our events and newsletter. Hence, we are happy to accept any feedback you have. All feedback can be channeled to the alumni officers at alumni@imu.edu.my.

All the best!

Pei Se
President, IMU Alumni

DEAR ALUMNI,
HAPPY NEW YEAR FROM ALL OF US AT THE IMU ALUMNI OFFICE!

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Amar Vaswani
SRC President 2010/2011
How do you think your experience as SRC president has improved you as a person?
I think, as with any job, appointment or calling in life, the opportunity to serve always helps develop character. It made me practice a form of servant leadership that imparts humility and always encourages us to think about others - to use our God given talents to the utmost so that we become valuable to the people around us. And I think that goes for any vocation in life.

What advice do you have for future SRC presidents?
You’ve got to love the work. Little else pulls you through tough times, and enthusiasm is infectious. The job really helps you grow, magnifying your strengths and exposing your weaknesses - helping you improve and identify your talents. Most of all, it was important to remember for me at least, that we are servants first and leaders second.

If you could be any character in fiction, whom would you be?
Paris Hilton. Does she still count as fictional? On a serious note, probably Conan Doyle’s Holmes or Christie’s Poirot. Wise-cracking detectives are always more fun to play with. Now, THAT is hawt.

What is the best advice you’ve been given?
The best advice I’ve gotten was from my father. He always encouraged me to take pride in the little victories. Too often, as people and individuals, we get so caught up with the big fish - that one
big contract, that bit of research, that first novel, so much so that we forget sometimes that we’re making strides every day. He used to say, “Remember the little victories; each one gets you to the next. Don’t forget to relax in between.”

Zia-U-Bahkt Sultan Shah
SRC President 2009/2010

How do you think your experience as an SRC president has improved you as a person?
I had definitely grown a lot during my tenue. I’ve learnt to be more patient, more encouraging, how to delegate tasks, when to be strict and when to be flexible. I’ve learnt that you come across many different types of people and it is important to know how to work with them. I did vocalise whatever the students informed me about and tried to fight for it, but also had to learn when to compromise. Even to this date I use what I learned during that period, and I have come to the realisation that it will especially come handy during my working life.

What are your plans for the future?
Eventually I would like to join an organisation like Médecins Sans Frontières and go to regions like Democratic Republic of Congo, where the atrocities against women and children are horrific. I feel that areas like these really need as many doctors as possible (but of course, these doctors need to be trained for conflict areas). Other places I would like to work in would be the Gaza Strip and my homeland Kashmir. I also strongly feel that some aspects of the medical field require some altering, especially in relation to Women’s Health, and would like to do some work in that area.

However, the field I would really like to specialise in is Paediatrics, it is the only field that brings me utter delight.

I also strongly feel that some aspects of the medical field require some altering, especially in relation to Women’s Health, and would like to do some work in that area.

If you could be any character in fiction, whom would you be?
Atticus Finch from To Kill A Mockingbird. He stood up for someone no one else was willing to fight for because it was the right thing to do; race, religion, gender and sexual orientation would not have mattered to him. He taught a lot of significant lessons to his children, and despite being so busy was a great parental figure. One quote of his that has always stuck by me is: “I wanted you to see what real courage is, instead of getting the idea that courage is a man with a gun in his hand. It’s when you know you’re licked before you begin but you begin anyway and you see it through no matter what. You rarely win, but sometimes you do.” It encourages me to keep on fighting for what I think is right!

The main goal of our council was making sure every student’s voice was heard and represented.

Kajendran Visvalingam
SRC President 2007/2008

If someone wrote a biography of you, what do you think the title should be?
If some were to write my biography it would be called “the drama king”. I was always known to attract a lot drama and it still happens until today. Nevertheless I have learnt how to handle the pressure when the time comes.

What was the highlight of your tenure as the SRC president?
The biggest highlight during my tenure as president was that, I was privileged to be the pioneer council with representation from all faculties in IMU. The previously medical driven council became a multi faculty council and with the team-work that we had, we managed to bring numerous benefits to all students of IMU.

What is your greatest achievement and why do you think so?
One of my greatest achievement in the SRC council was creating a good networking and communication system. We created newsletters and info-news to convey latest updates and information to the students. The main goal of our council was making sure every student’s voice was heard and represented.

How do you think your experience as SRC president has improved you as a person?
Being the SRC president has made me grow to become a better leader and a better person in general. Each one of us has a leadership skill in us, it is just the matter of stepping up to the table when the need arises. Being a leader has taught me how to listen to peoples issues, to delegate duties and most importantly it has taught me self confidence. Honestly speaking these are the same qualities that is now helping me in undergoing my housemanship.

If you could meet someone living or dead, who would it be and why?
If I could meet someone significant living or dead, it would definitely be my late father. My father was and is always my pillar of strength. Coming from an average family, he has worked hard and supported me and my brother in all our endeavors, ensuring we achieve our goals to become doctors. Losing my father to illness earlier this year has only made me work harder in this field to make him proud.
The healthcare system and work experience in UK

The UK healthcare system is one of most efficient in rich countries according to a recent BMJ article. The system can broadly be divided into three parts; the National Health Service (NHS), private and general practitioners (GP).

The bulk of the healthcare is taken care by NHS which is a free service to all residents of the UK (including foreign students), including members of the armed forces who are working abroad. The NHS is a publicly funded healthcare system which accounts for most of the Department’s of Health budget.

On the other hand, private healthcare in the UK is funded largely by private insurance contributions and it is used only by a limited percentage of people.

Lastly GP provides the basic general healthcare and are the first point of contact with the UK health system; basically GPs are the gatekeeper for the healthcare system. To consult a GP, you have to make an appointment at his practice (clinic) or if you need urgent attention, you can call him to your home (home visit), attend the surgery (GP appointment list) on a speculative basis or visit your nearest emergency department.

Only doctors and consultants can prescribe medicine in the UK. Only a qualified and registered chemist or hospital pharmacy can dispense prescribed medicine. All working adults must pay prescription charges of £6.85 for any medicine prescribed by a doctor. Children under 16 or 18 if they are in full time education, the over 60’s, pregnant women, patients with certain medical conditions, low income earners or those receiving state benefits are exempt from any prescription charges.

NHS direct (England, Wales and Northern Ireland) and NHS24 (Scotland) is a 24-hour private telephone service, online consultancy and an interactive digital TV health advice programme. The service was designed to relieve waiting times at GP surgeries and provide care out of surgery hours. It is staffed by trained nurses who provide guidance on how to cope with a bout of sickness at home or require admission to the hospital.

Advantages and disadvantages of the system.

Each resident in the UK are registered to a specific GP practice. This system allows the GP to provide continuous care and at the same time build rapport with the patient throughout the medical care.

The gatekeeper role of the GP minimizes the healthcare burden of hospitals where only necessary patient are required to be in the hospital will be referred. The GP who refers the patient would also have the full patient’s records which would give guidance to the hospital on the patient’s past medical history.

The system does not allow doctors to dispense medication; the down side would be, patient has to plan an extra travel to the pharmacy to obtain their medication. On the other hand, this system allows the pharmacist to double check or identifies error done by the doctor which indirectly would improve patient’s care.

Comparison to the system practised in Malaysia.

In comparison, Malaysia and UK healthcare system are similar in some ways and different in others. Malaysia’s healthcare burden is shared almost equally between the public and private sector; in contrast to the UK where bulk of the healthcare is supported by the public.

In UK, GP is a post-graduate training scheme as compared to Malaysia which is not. Therefore the gatekeeper role of the GP in the UK is much tighter and more community management is practice.

Due to literacy rate, practicing medicine in the UK emphasises a lot on good communication skills and proper patient-doctor relationship.

Health promotion and patient education is better practiced in the UK. Patients are provided with information to allow them to make better decision about their medical condition; this system encourages the patient to take charge of their health rather than leaving it to the hands of the clinician.

Darren Yap is an alumni from batch M207. He is currently studying in University of Dundee and is in his fifth year of the medical programme.
IMU is like a family to most of us. Not just figuratively but also literally. Many have had all their siblings pursuing their tertiary education in IMU while others have had their parents who also happen to be members of the staff. In this edition, Reminiscence celebrates Generations in IMU with an exclusive interview with two prominent lecturers' and their insight to this special relationship. A special feature to celebrate families of excellence.

PROF HLA YEE YEE

With over 30 years of medical education experience, Prof Hla has taught various undergraduate and postgraduate students. She is a renal physiologist with a special interest in medical education and has been described by many as motherly, friendly, and understanding.

Prof Hla first joined USM in 1996 and served till 1999 as a lecturer and was subsequently promoted to Associate Professor (AP) before joining IMU in the same year. She is now a Professor involved in teaching medical students and is also a member of the Research Committee in IMU.

Prof Hla was born in Burma and had an interest in English Literature instead of Medicine. However, due to limited developing opportunity in the field at that time, she took up Medicine and was confident that she would excel although others found it a difficult course to complete. Prof Hla graduated with an MBBS from the Institute of Medicine (I) in Rangoon (1968) and her Masters in Physiology from the Institute of Medicine in Mandalay (1972). She then obtained her PhD (Lond) from Charing Cross & Westminster Medical School (1989), working on renal physiology and essential hypertension while under the sponsorship of the British Council.

Prof Hla then returned to Burma and started teaching as part of the policy set by Burma’s healthcare system for top graduates. This began her path to becoming a professor. Prof Hla obtained her Professor title in 1992 before coming to Malaysia.

Being a devout Buddhist, Prof Hla believes that giving knowledge is a form of donation in which she describes as ‘Dharma’. ‘Being a teacher indirectly saves lives’, she said. These are some of the reasons why she prefers to remain as a professor and teach (instead of being a clinician) even though she may make more profit as the latter.

Prof Hla has a son who studied Medicine in IMU and later transferred to and graduated from the National University of Ireland, Galway in 2005. Prof Hla’s son, Dr Maung Win Htein completed his housemanship in Galway and then further obtained his MRCS in 2009 from the same university (NUIG). When asked why Dr Maung chose IMU instead of other universities; she said that, IMU was chosen mainly due to its collaboration with many prestigious partner medical universities. The NUIG, on the other hand, was chosen because they practice the traditional system which is also practiced in Asia. The Irish are also friendly and welcoming, on top of the university’s exceptional clinical teaching methods with real instead of simulated patients.

Being a devout Buddhist, Prof Hla believes that giving knowledge is a form of donation in which she describes as ‘Dharma’.

Prof Hla and her son Dr Maung
PROF ONG KOK HAI

Why did you send your children to IMU and not to a foreign university?

As one of the co-founder of IMU, I owned some shares and education was almost free. There was no need to send them to an overseas university as IMU provided equal opportunities by the end of IMU-Phase I.

At that time, IMU already had partnerships with 20 universities and practiced a fantastic system of education for students, known as the Problem-based Learning (PBL) and the early clinical skills trainings. These were very novel methods of teaching that only a handful of medical universities in the world were employing. On top of that, the opportunity to attend the best universities in the world was there with the Partner Medical School (PMS) programme.

How many children do you have and how many of them were in IMU?

I have two children; a daughter and a son. Both joined IMU under the medical program. My daughter joined IMU for the PMS degree pathway, then later transferred to Jefferson and graduated in the Dean's list.

My daughter (Cheri Ong) was in IMU from April 1994 – 1997. Later, she transferred to Jefferson in March 1997 and graduated in 1999. She did her residency in surgery at the University of Hawaii (1999). Before completing her residency, she applied to switch and completed her residency in general surgery in the University of Arizona, Tucson. She then took up plastic surgery for another 2 years fulfilling her ambition of becoming either a trauma or plastic surgeon. She is now a plastic surgeon with her own practice in Tucson, Arizona.

My son (Ramon Ong) enrolled in 1998 into the Medicine program at IMU. However, he took up Biomedical Science later after considering that medicine was not his cup of tea. He graduated with a Biomedical Science degree from IMU in 2003. He is currently assisting me in my company.*

Were there any specific reasons for your daughter to transfer to a North American university?

The North American (NA) system was chosen as it is shorter, intense, and more direct in its training. The North American (NA) system specialisation is also very finely structured and very unlike the Commonwealth system where students only apply for specialisation after they have completed their degree, housemanship and have obtained the medical officer title. With the North American system, once a student graduates with the medical degree, he or she can proceed to a specialisation.

What are your expectations for your children?

I expect them to be respectful to their elders and not be materialistic. Money should not be of primary importance in life. Do things in life that you are passionate about and are meaningful and purposeful for yourself. Also, I hope they do help people in need and take the trouble to engage in community work whenever possible.

You are a renowned lecturer and a researcher. What has driven and inspired you to become the person you are right now?

The students. The students need someone to assist them in their time of need. Other than their parents, a figure in IMU is necessary. Students are the major reason why I enjoy what I am doing so much. Some need to be molded for excellence and this can be accomplished through the use of reputable role models.

For an example, if you are to dig a hole in the ground, it is a chore if you are digging without a purpose but if you are to dig a hole in the ground to plant something to see it grow, then you will love what you are doing. There is a purpose and you will enjoy it because at the end of the day, you will reap the fruits of your labour.

Hardship, failure, and difficulties in life are inevitable. The secret is how the situation is handled. In the face of adversity, we should try new things along the way as diversions can sometimes be a blessing in disguise.

‘Water will always find its own level. Things may always look bleak and dark, but the sun will always shine again.’

How do you think IMU has changed you?

I have grown older, wiser and have achieved a lot. I am very thankful and appreciative of life. When we first started IMU, there were only four of us, but now there are so many of us. I can now sit back and let the others run the show. I also have the luxury of spending more time communicating with students and using the opportunity to reflect on many things.

*Prof Ong is a professor in microbiology and is also one of IMU’s founders. He is the chairman of Bio-Ti International Sdn. Bhd. Their main expertise is skin care products and other related areas. Prof Ong has invented several products, helping people deal with acne, pigmentation and eczema amongst other things. He has 5 patents under his name including the Typhidot test.

The North American (NA) system was chosen as it is shorter, intense, and more direct in its training.
The dim light from the passageway outside the casualty unit cast long shadows over the few wounded souls in the room still awaiting medical attention. It was 2am in the morning. Streaks of blood on the floor only thickened the atmosphere of despair that seemed to suck the life out of the room. A half-conscious man with a traumatic head injury was pressing a rag against his wound while his wife tended to him anxiously; a woman who was bitten - not by dogs but by her deranged, abusive boyfriend - was writhing in pain; three very drunk young men with vicious stab wounds lay passed out next to each other, no one remembering who had struck first. Next to the room where I was, a child was bawling at the top of his lungs because his mother had spilled burning paraffin all over his upper body while trying to kindle a fire in the cold winter night.
South Africa – the rainbow nation filled with people of all colours and ethnicities – is a great place to learn medicine. I arrived in Pietermaritzburg, the capital of KwaZulu-Natal, with great anticipation, knowing that I would be able to see for myself many medical pathologies otherwise found only in textbooks. This phenomenon can be attributed to some very fundamental problems that are unique to the region: poverty, unemployment, HIV, TB, promiscuity, lack of education, violence and disparity in social status across gender and colour lines.

I spent the first two months in the department of medicine and next two months in the department of surgery in Edendale Hospital – a hospital that caters mainly for the local South Africans. On the very first day of work, the Head of Department of Medicine, Dr Wilson, told me, “This is South Africa. Don’t expect everything to be neat and organised.” At that time I was running around looking for the consultant to start the daily ward rounds. “Some of the American residents who came here for attachment had difficulty adjusting to the environment because they were so used to structured schedules back home. It doesn’t work here.” I understood his point right away. If I wanted to make my experience worthwhile, I had to make things happen instead of waiting passively for them. From then on, I was always busy running around the entire hospital seeking action.

HIV and TB are endemic in the province of KwaZulu-Natal with a prevalence of 39.5% (i.e. 4 in 10 people are HIV positive) – the highest recorded rate in South Africa. Patients usually see their traditional healers first for treatment, and when they finally ended up in the hospital, they are often in a terrible shape with very low CD4 counts and numerous other HIV- or TB-related problems such Pneumocystic pneumonia, Toxoplasmosis, Cryptococcal meningitis, HIV-associated nephropathy, TB-meningitis, TB-abdomen etc.

Besides HIV and TB, Africa is an ideal place to learn how to manage trauma – anything from motor-vehicle injuries, to gunshots, knife wounds and burns. On the last weekend of every month when people receive their salary, many would spend exorbitantly on binge drinking. Under the influence of alcohol, they would start fighting and stabbing each other in the street. For me, besides it being an ideal training ground for practicing suturing and managing trauma, it allowed me to witness first-hand the complex social lives of Africans in poverty.

Sometimes, being overwhelmed by the sheer patient load and the ensuing emotional roller coaster, I found myself numbed to the cries around me. I realised that in order to survive, I could not just rely on my brains and physical strength to do the job. Needless to say, diligence is extremely important. That’s why I do not and never will fancy lazy doctors – especially in our generation where it has become more of a fashion to enter medicine as opposed to by passion or calling. Besides being diligent, it is also about knowing how to choose your battles. If you wanted to be a hero and solve all the problems in the hospital, exhaustion and disappointment are all that you will find. Therefore, knowing how to differentiate between the truly important and the seemingly urgent would help a great deal in a place where work never ends. Most importantly, you need to find joy in what you are doing. Medicine places you in a very unique position where you have the ability to influence lives for the better – be it through educating your patients, showing a simple act of kindness, or treating them as humans with real emotions rather than objects with diseases. Sometimes it even means risking your comfort and safety to have a true interaction with patients, especially when it entails allowing yourself to be vulnerable in front of them. It is this exchange of love and care that truly epitomises the real meaning of doctoring and which enhances the quality of lives of people around us – including our own.

Over here, I have had the opportunity to meet some extraordinary souls – Dr Douglas Wilson, for example. He is a leading specialist on HIV in the world and a key researcher in TB in South Africa. One day I asked him, “Given your credentials, you can work anywhere you want in the world or in the private sector. Why did you choose to work in Edendale?” His
reply was simple, “It just makes me happy knowing that the patients I am treating here are those who really need it.” That answer could not have had more volume. In a profession that is so tainted by greed, self-aggrandisement, cynicism and lack of compassion and ethics, his example made me realise that it is possible to be different and to set a standard that is distinct from the pattern of the world.

“Some say the world is a vale of tears, I say it is a place of soul-making.” So said John Keats, the first medical student to formulate these ideas about pain and suffering, shortly before he died. Being here for four months has changed my perspective of doctoring and of mankind in general. I found my inadequacies exposed, idealism challenged and compassion moulded. The entire process also strengthened and shaped me to become both a better doctor and a better person. I know beyond the shadow of a doubt that I came to the right place. The memory of the many souls I have encountered here will stay in my heart for a long time to come.

Jimmy Tee (from the batch of M206) just started working as an intern in Queensland, Australia. He undertook a four-month medical elective in Edendale Hospital, South Africa last year. His passions are medicine, people and running. He intends to return to Malaysia to serve sometime in the future. He blogs at http://runwiththehorses.blogspot.com.

1. Traditional African wedding ceremony
2. The medical team. Dr Douglas Wilson (second from right), the leading specialist in HIV in the world.
3. Traditional Zulu dance
4. A chest X-ray with a bullet in it.
5. Medical outpatient department
6. Edendale Hospital
7. An African lady who was attacked by her boyfriend’s other girlfriend
8. Boys’ circumcision camp (Circumcision has been found to decrease the risk of HIV transmission).
9. A boy who suffered a mixture of partial and full thickness burn
10. A 16 year old boy. Minutes before pneumococcal meningitis took his life.
11. Boys playing the game of knucklebones outside the hospital
Professor Francis Achike, certainly a ‘household’ name in IMU. His pharmacology lectures are always looked forward for and students shudder as they enter his clinical skills session. But when a student walks out after a session with him, you can be assured that they will feel not just accomplished, but inspired. He was not only the winner of the 2009 IMU Students’ award for the “Strictest Lecturer” but also the 2010 award for the “Most-inspiring Teacher”.

Prof Francis Achike earned his MD degree from the University of Ife, Nigeria in 1979, and his residency training in Anesthesiology (1983) and PhD in Pharmacology (1991), respectively, from the University of Benin (Nigeria) and University of Hong Kong. He served as Associate Professor and later Professor (and Head of Clinical Skills Section) in the IMU (2000 - 2011).

Prof Achike has deep interest in innovative medical education and curriculum development. He has a Master degree in Education Management from the University Malaya and is a member of the Education Committee of the American College of Clinical Pharmacology. His research work is published in international journals and he currently sits on the editorial boards of the US-based Journal of Cardiovascular Pharmacology (JCPV), the Australia-based Clinical and Experimental Pharmacology and Physiology (CEPP), and a few other renowned journals.

We were fortunate enough to be able to have an interview with him before he left IMU.

**How do you think IMU has changed in these 11 years?**
IMU has changed tremendously, especially in terms of the obvious factors like physical facilities, number of classes and the courses offered.

**How would you describe your life in IMU and the students?**
Life here is like anywhere else. It has its ups and downs. To put it in a few words, I can say although it has been very challenging, it has been fruitful in many ways. I believe that without pain, there is no gain so it always acts as a stimulus for me to do better. IMU has provided a platform for my personal growth in terms of social, academic and even spiritual development.

My greatest joy is of course seeing students liking my work and not to mention, I do enjoy my job of teaching. It is always a thing of joy to see our students express their abundant talents in co-curricular activities, an example being this interview you are conducting with me like a seasoned journalist would do.

**What is your most memorable moment in IMU?**
There are far too many for me to single out one. I guess some of it would include staff trips, like the one to Chiang Mai, Thailand. I have also been thoroughly impressed with some of the talents that we have here in IMU. Sometimes it makes me wonder if it is right for these students to be doing medicine with all that great talent in different fields. But I guess this is what enriches the field of medicine. A secondary talent can broaden one’s perspective and a combination of all this can give rise to great doctors.

**What would you miss most about IMU?**
My students will definitely come in first. They are the ones who have kept me going all these years and have been the source of my inspiration. I have always had a sincere desire to witness these young minds grow. The thought of leaving has crossed my mind several times, but the pain of not seeing these students till they reach the finish line has prevented me from moving on.

I will also miss my friends and colleagues here as well. Cengkik corner is an important aspect of IMU that I will not forget. It is the place the staff gets to wind down after a long, hectic day. It is also a place where many memories were made. A simple place that means a lot to many but often overlooked. I really hope that nobody in the future kills that. It will be very unfortunate.

**How do you think your life will change after leaving IMU and Malaysia in general?**
That has a default answer! *laughs* The food! There won’t be anymore mamak shops nor would there be nasi lemak. The
luxury of just going to a mamak shop when I am hungry at 12 or 1 am in the morning will all be gone and I will certainly miss that!

I expect my social life to also change, not only in terms of eating habits but this depends on the new environment. Teaching and my research work will not have much significant changes though. However, the positive transformation I look forward to is a better family life. Life here has been very stressful and I only have little or any time at all in the weekends. So I am definitely looking forward to spending more time with my loved ones.

**What are your future plans?**
I will be a Professor of Pharmacology and Clinical Skills, and Course Director for Pharmacology & Therapeutics at the William Carey University College of Osteopathic Medicine, Hattiesburg, Mississippi, USA.

**What is your message to the students in IMU?**
Always be yourself and relax, teachers are there to help you. You have to understand that if you don’t do well, not only have you failed, but the teacher has failed too. I believe the primary problem with students is that they are not as vocal as they should. They are not proactive enough and only voice out their opinions when the teacher points at them. Please do not be inhibited by large crowds. There is rarely an absolute right or wrong answer in medicine, so express your thoughts.

30 years ago, the idea of a bacteria causing peptic ulcer was ridiculed, but now, it is one of the most important discoveries in medicine. So please diagnose your own ignorance, manage and treat it. One way of doing this is by sharing your thoughts. Speak up, and you may have just spoken the future!

Another thing I would like to remind my students is, do not be too mechanical in approach to patients. Remember we are all in a human field and to do well we need the human touch. Remember, ‘it is only with the heart that one can see clearly.’
RIDDLE 1

During CSU sessions, we can easily spot the students who have had some golfing expertise or golfing exposure. Some use CSU as an avenue to impress on others that they are members of elite clubs. Some “golfers” are observed with this new hidden talent (previously unnoticed) or perhaps are surprised with their sudden new found talent in the OSCE exams (those who obviously who have not revised or perhaps never been to CSU).

Q1. In which system or part of the system is this talent observed?
Q2. What is this maneuver called?
Q3. What injury is likely to be sustained?

RIDDLE 2

Again during CSU sessions (especially the one that ends at 12.30 pm; some students are naturally hypoglycemic), students in one particular system start doing the ah-go-go dance, start making tosai and even some as talented to make roti canai...

Q1. In which system or part of the system is this talent observed?
Q2. What is this maneuver called?

RIDDLE 3

Comments often heard and for future improvement for future students: “Please resist me”

Q1. Where is this said most often or what is the source of the inspiration?
A Pronounced wrongly perhaps by some, of the famous song “Release Me” by Engelbert Humperdinck (born Arnold George Dorsey; 2 May 1936) ?
B “I respect only those who resist me; but I cannot tolerate them”. A quote by Gaulle, Charles De a politician
C Resist Me If You Can by Janis Reams Hudson (after reading this book perhaps they picked up this phrase)
D Most often heard in CSU especially during Nervous system when students give instructions to patients when eliciting power (Motor)
I once had a friend, quiet and simple, generous yet full of ambition. His signature smile says it all. He had this little signature gesture - using his index finger to rub the tip of his nose, so typical of Prashant and I dearly miss him. The night before the horrible event that took him away from all of us, I remember talking to him, no sign or signal that he was going to leave us. It was just like any ordinary day but he smiled and laughed more than he usually did, but who knew that would be the last we would see him.

A friend and a great colleague he was to us, Dr Prasanth was a familiar name in Manjung as well as in Slim River. Never did he shy away from his work and responsibilities. As much as he said “arghh I don’t care” but his gestures proved otherwise. His patients were his top priority. It’s a shame that we never expected such a short time is all we had with him. Rock steady exterior with a heart of gold made him stand out among all the doctors.

Children loved him and thought he was Barney; with his superior and gifted hands, the healing process was a walk in the park. Full of determination, this lad never gave up on anything, thus making him the line-setting king in the wards. He is one guy we could always count on in times of trouble and pain.

Prashant loved his sticker collection. It is as though he is still a little boy who didn’t want to grow out of his childhood. Art being his passion, he won many poster competitions especially during his memorable days at IMU. The walls of his home are adorned by his own beautiful paintings which are now left behind as his memories. Prashant loved to spruce up his car. He was nick named “Dr Transformer” at our hospital because his majestic looking black Honda City that has full skirting and spoilers - a macho look just like the owner.

The paediatric department observed a minute of silence for Prashant. My specialist teared and said “How many men are really passionate and determined to do paediatrics, and we just lost one.” It made me recall something that Prashant’s mother told during his funeral. “He had ordered a custom-made paediatric stethoscope which has all the colours of the rainbow. He badly wanted to become a paediatrician from the time he chose this medical profession.” My heart could not have felt any heavier than on that day. It is a great loss to all.

He will always be a dear friend to many, a great doctor to most and a loving son.

My dear friend, you will always be remembered...

YOU WILL BE REMEMBERED

By Dr Kanda. Special thanks to Dr Asoka, Dr Kew, friends and family of the late Dr Prashant.
## FUTURE EVENTS

**TBA**
Launch of History of IMU Book
Coming Soon on University Day!

**Reminiscence: 20th Anniversary Special Edition**

**Next Edition:**
Should Medicine be a Postgraduate Degree?

Please share your opinion with us.
E-mail: alumni@imu.edu.my

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