FROM THE PRESIDENT’S DESK

This story is from our visit to Thailand. I would like to share it with you. There I saw this gigantic creature, an elephant. Standing next to it, I was struck with awe. It was so big, so powerful and its size was intimidating. It was really big. It was used as a crane, moving heavy logs and pulling heavy weights. A little boy took care of this huge creature. It was incredible to see this little boy completely controlling the big beast.

The boy in charge of the elephant took a flimsy rope, tied the forefoot of the elephant with it, and tied the other end of the rope to a small piece of wood. I have seen the same elephant move a huge fallen tree, that will take scores of men to move. It is laughable that this giant is stopped by a flimsy rope tied to a flimsy piece of wood. Even I could move that piece of wood. I was confused. This did not make sense. This elephant needs thick chains or at least thick ropes attached to a mountain to stop the goliath from running away.

The boy in charge of the elephant explained this unbelievable situation to me. He said that they start training the elephant when it is very young by tying its forefoot with the same flimsy rope to a piece of wood, which is enough to stop the baby elephant from running away. Not much constraint is needed when the elephant is very young. As the elephant grows he acquires a Pavlovian conditioning that he cannot break away. The memory of the elephant is proverbial. It is powerful. The grown-up elephant goes on believing, no matter how strong it is that it must remain tethered to the flimsy rope forever.

The great animal could easily break away from its bonds at any time. But it will not do so, because it believes that it could not. The elephant does not even try.

We all have the elephant inside us. Many of us are tied down by flimsy beliefs to flimsy reasoning because of some failure or defeat in the past. We never try to separate from our ties, and move to freedom, because we are conditioned to accept our attachment to our limiting ropes.

I cannot resist the temptation of coming back to the little boy sitting on top of the big beast and controlling it. The boy reminds me of our conscious. The elephant is our subconscious. The boy (our conscious thoughts) put the rope. We spend our giant life subconsciously being tethered to this limiting rope. "As a man thinketh, so is he".
BAD TEMPER

There once was a little boy who had a bad temper. His father gave him a bag of nails and told him that every time he lost his temper, he must hammer a nail into the back of the fence.

The first day, the boy had driven 37 nails into the fence. Over the next few weeks, as he learned to control his anger, the number of nails hammered daily gradually dwindled down. He discovered it was easier to hold his temper than to drive those nails into the fence.

Finally the day came when the boy didn’t lose his temper at all. He told his father about it and the father suggested that the boy now pull out one nail for each day that he was able to hold his temper. The days passed and the boy was finally able to tell his father that all the nails were gone.

The father took his son by the hand and led him to the fence. He said, “You have done well, my son, but look at the holes in the fence. The fence will never be the same. When you say things in anger, they leave a scar just like this one.

Moral Lesson:
You can put a knife in a man and draw it out. It won’t matter how many times you say I’m sorry the wound is still there. A verbal wound is as bad as a physical one.

source: http://www.moral-stories.org/bad-temper
New Loyalty Scheme

The IHB launched its new Loyalty Scheme in August. Members can avail of the services at preferential rates and accumulate valuable IHB Health Points. Membership is simple, on an annual basis, and offers the ‘fast track’ service.

Membership benefits include the following:

- Annual Membership
- Fast Track Service
- Dedicated Account Manager
- Preferential Pricing (excluding Medications & Consumables)
- BD50 Deposit (Refundable) to secure easy payment
- IHB Health Points (2%)
- Universal Electronic Insurance Claim Form completion
- Monthly on-line Statement

For further information please call Ms. Sawsan Faraj, Loyalty Scheme Manager, on Tel. 17598218/39203347.
COMMUNITY DAY
in Recognition of Stroke Week

With Free Consultations
Half Price On All Services
For Self-Pay Non-Insured Patients

Monday, 17th September 2012

APPOINTMENTS MUST BE PREBOOKED

For Further Information & Appointments Tel.: 17 598200 / 17 598222
Website: www.ihb.net

OPHTHALMOLOGY
COMMUNITY DAY
in Recognition of W.H.O. WORLD RETINA DAY

With Free Consultations
Half Price On All Services
For Self-Pay Non-Insured Patients

Our Team of Ophthalmologists

Friday, 21st September 2012
9:00 am - 5:00 pm

APPOINTMENTS MUST BE PREBOOKED

For Further Information & Appointments Tel.: 17 598200 / 17 598222
Website: www.ihb.net
With Free Consultations
Half Price On All Services
For Self-Pay Non-Insured Patients

Tuesday, 25th September 2012
APPOINTMENTS MUST BE PREBOOKED
For Further Information & Appointments Tel.: 17 598200 / 17 598222
Website: www.ihb.net

WEIGHT LOSS OPEN DAY
Sunday, 30th September 2012
With Free Consultations
Half Price On All Services
For Self-Pay Non-Insured Patients

Professional health team dedicated to help you manage your weight loss programme
APPOINTMENTS MUST BE PREBOOKED
For Further Information & Appointments Tel.: 17 598200 / 17 598222
Website: www.ihb.net
Spotlight on Orthopaedics

A one day conference organized by the International Hospital of Bahrain is scheduled for 6th October, 2012 to be held at the Intercontinental Regency Hotel, Bahrain.

Experts in the field of orthopaedics from Europe, the GCC and Bahrain will give presentations during the conference. The objective of the scientific gathering is to discuss 'Recent Trends in the Management of Musculo-skeletal Diseases and Injuries', said conference chairman and consultant orthopaedic surgeon, Dr. Dilip Malhotra.

Registration to the Conference is now open to all members of the medical community. For further information contact Ms. Prescilla, Conference Secretariat, on tel. 00973 17598222 extension 325, or 36658296.
**Areas of Interests:**
All-round urological surgery with special expertise in endoscopical and open operative techniques in paediatric and adult patients; laparoscopic; minimal invasive and endoscopic surgery of the kidney; prostate; bladder and urinary stones, laser-treatment of benign prostatic, hyperplasia and laparoscopic surgery of prostatic and bladder cancer with the robotic Da Vinci device. All types of general and special diagnostic procedures such as conventional and interventional radiology, sonography and measurements concerning investigations of female and male incontinence (urodynamics).

**Credentials**
Consultant Urologist and Paediatric Urologist in St. Elizabeth Klinikum, Germany.

**Visit Date:** 22 - 25 September

**Visit Coordinator:** Dr. Yousry Hanna
Urologist

---

**Prof. Samir Badawy - Rheumatology**

**Areas of Interests**
Rheumatoid arthritis, osteoporosis, gout, arthritis and soft tissue rheumatism, back and neck pain.

**Credentials**
Professor of Rheumatology, Department of Rheumatology and Rehabilitation in Cairo University, Egypt

**Professional Organizations**
President, Pan Arab Association of Osteoporosis
Secretary, International League of Associations of Rheumatology (ILAR)

**Visit Date:** 22 - 24 September

**Visit Coordinator:** Dr. Emil Hanna
Rheumatologist
**Visiting Professors**

**SEPTEMBER 2012**

**Prof. Holger Schmitt - Orthopaedic Surgery**

**Areas of Interests**
Sports traumatology, ACL & PCL reconstruction, arthroscopic knee surgery, arthroscopic hip surgery, arthroscopic ankle surgery, total hip replacement and total knee replacement.

**Credentials**
Chief of Sports Orthopaedics Department at the Orthopaedic University of Heidelberg and Chief of Orthopaedic Department in the Olympic Training Center Rhein-Neckar in Germany.

**Visit Date:** 29 - 30 September

**Visit Coordinator:** Dr. Mansoor A. Shaikh
Orthopaedic Surgeon

---

**Dr. Emine Yazici - Obstetrics & Gynaecology**

**Areas of Interests**
Laparoscopic surgery such as myomectomy, ovarian cancer, cystectomy, adhesiolysis, fallopian tube surgery, hysterectomy, hysteroscopic surgeries, submucous myometomy, polypectomy, septum resection, endometrial ablation, endometriosis and menopausal disorders.

**Credentials**
Consultant in Obstetrics and Gynaecology in Euskirchen, Germany.

**Visit Date:** 29 - 30 September - 01 October

**Visit Coordinator:** Dr. Shatha Binjamal
Senior Specialist OB-Gynae
Kaiser Permanente has designed what they call the LEVEL system as a guideline to help physicians using an EHR (Electronic Health Record) in the exam room. LEVEL is a mnemonic (A device such as a pattern of letters, ideas, or associations that assists in remembering something) tool for physicians to use when dealing with patients.

L – Let the patient look on
E – Eye contact with the patient
V – Value the computer as a tool
E – Explain what you are doing
L – Log off and say you are doing so

Now let’s compare a typical visit to my two physicians and how they may be using the LEVEL system.

L – Let the patient look on.
The Physician’s room should be configured so that the computer screen is easily viewable by the patient – less than 3 feet away from the exam area. The computer seems like a tool that’s being used in the exam.

E – Eye contact with the patient
The physician should constantly look back and forth between the computer and patient so eye contact is a normal part of the routine.

V – Value the computer as a tool
The physician should be much more comfortable using computers and clearly views his computer as a valued tool in the exam process.

E – Explain what you are doing
The physician should encourage the patient to watch the computer with him, is glad to answer questions and explains what he is seeing during the exam.

L – Log off
The Physician should make it a good practice to simply mention to the patient that he is closing his record at the end of the consultation.

Medical Informatics is the sub-discipline of health informatics that directly impacts the patient–physician relationship. It focuses on the information technology that enables effective collection of data using technology tools to develop medical knowledge and to facilitate the delivery of patient medical care. The goal of medical informatics is to ensure access to critical patient medical information at the precise time and place it is needed to make medical decisions. One of the purposes of Medical Informatics is to optimize the information process in medicine through the use of computer technology, which enhances the quality of patient’s health. Medical Informatics also focuses on the management of medical data for research and education.

The main themes of medical informatics include standards, terminology, usability and demonstrated value. Developing standards and clinical guidelines for data collection is a critical component. Standardization of processes and guidelines helps ensure that health data is able to be integrated across unrelated information systems. Related to standards is having a common medical vocabulary. Common terminology ensures that results can be measured and reported consistently across practices, institutions and regions, like comparing apples to apples rather than apples to oranges.
Staff Achievement

Congratulations Ricky!

After 6 months of hard work Mr. Ricky Soliven (Asst. CSSD Technician) completed his studies and is now qualified as a Certified Registered Central Service Technician (CRCST), through the American based International Association of Healthcare Central Service Material Management. Quite a mouth full!

Ricky achieved this internationally recognized professional credential after 6 months of on-line study sessions held weekly to the United States and passing a number of modular exams. This was followed by a final study period and completion of the official 3 hour examination that he succeeded in passing in August.

Well done Ricky. Wear the badge with pride. And we hope you enjoyed your celebration cake as much as we did. Delicious!

Keep in Mind

IHB ALERT CODES

Several ‘alert codes’ are included in the various Hospital’s safety plans. In summary these alert codes are:

<table>
<thead>
<tr>
<th>ALERT CODE</th>
<th>ISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Red</td>
<td>Fire/Smoke/Suspicion of fire</td>
</tr>
<tr>
<td>Code Black</td>
<td>Evacuation</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Chemical Spill</td>
</tr>
<tr>
<td>Code Green</td>
<td>Security Issue</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant Abduction</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Medical Emergency</td>
</tr>
</tbody>
</table>

To initiate an alert code dial '0' for the 24 Hour Receptionist and give the basic information i.e. alert code, and location. For example, Code Red. Room 208. Ward 2. The 24 Hour Receptionist will announce the alert over the Public Address (PA) system.
People start smoking so as to manage the feelings like depression, loneliness, fear, and anxiety and they get addicted to smoking. Smoking creates temporary happiness by getting rid of unlikable feelings. Ways to put a full stop to these unpleasant feelings include exercise, meditation, making use of sensory relaxation strategies, and practicing breathing exercises. It is also necessary to find ways to deal with stressful situations instead of getting habituated to smoking.

Whether you're a teen smoker or a lifetime one pack-a-day smoker, quitting can be tough. But with the right game plan tailored to your needs, you can replace your smoking habits, manage your cravings, and join the millions of people who have kicked the habit for good.

**Suggestive steps to quit smoking**
Quitting smoking is a strategic plan as it includes many steps and procedures to implement.

**Design your personal plan**
Design your personal plan to quit smoking. Your reasons for quitting smoking should include:

- To be healthier and more energetic in the long run
- To be free from cancer, heart attacks, strokes, early death, cataracts, skin wrinkling and stained teeth.
- To be ideal among friends, family members, partner and others.
- Don’t want to expose my children and others to the dangers of second-hand smoke.

**Quit smoking with a strategy of “S T A R T”**

**Set a date to start quitting smoking**

**Tell your family, friends, and colleagues that you plan to quit smoking.**

**Anticipate and be prepared for the challenges which you may face when you quit smoking.**

**Replace your cigarette and tobacco products with some healthy fruits.**

**Take the help of a doctor when planning to quit smoking.**
Health Safety

Do you wanna Quit Smoking?

How to manage smoking cravings

Cravings associated with meals
The majority of smokers have a habit of lighting up a cigarette immediately after meals or dinner. This is not good for their health. Instead, they can replace that habit by eating a piece of fruit, a (healthy) dessert, a square of chocolate, or a stick of gum.

Alcohol and cigarettes
The other common habit of having a cigarette is when they have an alcoholic drink. Even drinking too much alcohol is not good for health. It is suggested to limit alcohol. Try to drink at the places where smoking inside is prohibited or try nuts and chips, or chewing on a straw or cocktail stick.

Cravings with social smoking
Ensure that people surrounding you are not smoking, as it is difficult to quit smoking when people around you smoke. Have your tea/coffee breaks with non-smokers to avoid smoke cravings.

Tips to deal with cravings
- Try to be active and stay happy.
- Engage your mind by reading books or magazines.
- Carry some mints, hard candy or gum to pop in your mouth when you’re craving a cigarette.
- It is better to drink lots of water which flushes toxins from your body and minimizes the withdrawal symptoms and helps cravings pass faster.

Alternative ways to quit smoking
Quitting smoking is possible with a number of different methods or a combination of treatments to find the best method for you.

Motivational Therapy
Self-help books and websites can provide a number of ways to motivate yourself to quit smoking. One well known example is calculating the monetary savings. Some people have been able to find the motivation to quit smoking just by calculating how much money they will save.

Nicotine Replacement Therapy
Nicotine replacement therapy includes “replacing” cigarettes with other nicotine substitutes like nicotine gum or nicotine patch. It acts as an agent to deliver small and steady doses of nicotine into the body to relieve some of the withdrawal symptoms.

Medication Therapy
Smoking can be eliminated by using medication therapy. Talk to your doctor about your options and anti-smoking medication.
Imagine a world where you have no marketing expense because your patients do all the marketing for you! It sounds far-fetched but new trends can actually put us a little closer to such a reality. Word-of-mouth communication is essential in gaining the patient’s trust, especially in healthcare.

Word-of-mouth promotion is the most potent force for communicating to others the essential meaning of the IHB Brand: Quality, Safety, Service i.e. our reputation (what people say about us, not what we say about us). It is a low-cost, high-impact marketing communication method. Remember that it is the patient that builds the patient base, not paid advertising. We take pride in serving our patients to the best of our ability, for it is the patient who will talk to their friends and family about our level of service, and recommend them to us (word-of-mouth promotion).

In surveys seven out of ten people say they would ask a friend or family member if they wanted to compare the quality of healthcare among different doctors or hospitals. The patient’s assessment of overall satisfaction and service quality are significantly related to WOM (Word-of-Mouth) for recommending a doctor or hospital to friends and family. Patients who recommend us are the true ambassadors for the Hospital. The professional and ethical role of doctors, nurses and allied health professionals especially is critical in promoting a positive word-of-mouth recommendation, and all Front Line staff. Nurses are a key word-of-mouth carrier in hospitals because they usually have the most frequent direct face-to-face contact with patients. What doctors, nurses, allied health professionals and front line staff say and do for patients and visitors will have more influence on competitive standing than any media campaign. By going the extra mile, giving that little extra level of service, walk the patient to where they want to go rather than point the way, and more, reinforces our reputation for excellence and encourages word-of-mouth promotion from our patients. IHB statistics show that almost half (48%) of new patients who register with us are recommended to us by an existing patient. Well done to everyone and keep up the good work.

**Key Learning Point:**
It is the existing patient who will help build the patient base through word-of-mouth promotion and reinforce our reputation. “The customer is king”.
NURSES: Surviving the Night Shift

Nursing Note
Vivien Macavinta
Nursing Director

Working a night shift can be quite hard, especially to those not used to it. Whether you’re new to nursing and worried about how you’ll handle your first time on the night shift or you’ve been working the night shift for a while and suffering the consequences, you may need help dealing with the challenges of working when most other people are asleep. It’s a changeable, interesting time to work – some nights it seems as if nothing’s going on, the next night could have a number of patients who need 'round-the-clock care.

Usually, there are less support staff available to back up night-shift nurses, so they have to keep their skills sharp – and that means staying confident, healthy and alert so that they can help others, something that’s not always easy when your entire waking, sleeping, living and working schedule is out of sync with just about everyone else.

Here are some tips that could help you survive the night shift:

**Rotate forward, not back.**
Our bodies’ circadian rhythm – the 24-hour, biological cycle that we all go through each day – can better adapt to forward changes in sleep patterns than backward changes. So to adapt better to your changing shifts, it’s best if you go from a morning shift to an afternoon shift, then from afternoons to nights, with 48 hours between rotations. If you’re not going to be working nights for a long period – say, several weeks or months – then it’s actually best to work no more than three night shifts in a row, otherwise you’ll suffer hormonal disruptions that could make you feel fatigued and irritable.

**Get a decent sleep.**
Working nights can keep you from getting enough rest, and that can lead to poor coordination, shortened attention and fatigue. Sleep as soon as you get home from your shift before your brain and body decide that you’re going to keep going (because, after all, it’s a new day). Stimulate night-time sleeping conditions as much
Nurses: Surviving the Night Shift

Even if you can’t sleep, lay down and rest. Sleep is best, of course, but just getting some quiet time at rest will help restore your energy reserves.

Eating meals at the right time. Eating at irregular hours and changing the schedule of your meals can have some unpleasant effects on your body, like diarrhea, gastritis, nausea or weight gain. Try to eat your meals at the same time each day, and don’t eat at the end of your shift or right before you go to bed – it’s hard for the body to digest food when your sleeping, and can lead to problems like gastric reflux.

Stay fit. Exercise will keep your mind alert and your body able to handle the stress of your changing schedule. Twenty minutes of exercise at least three times a week will help combat stress, mental fatigue and keep you feeling positive about yourself.

Maintain an active social life. When you’re working different hours from everyone else it can be easy to become isolated and depressed. Spend quality time with loved ones, make plans with friends, make sure your spouse doesn’t feel neglected. Don’t let hobbies, sports and other activities you enjoy fall by the wayside due to your new schedule – staying emotionally happy is as important to battling fatigue and stress as diet and physical exercise.

Avoid dehydration at all costs. Carry a bottle of water with you while you’re on the night shift, and make it a habit to drink it regularly. Ensuring that your body stays well hydrated will keep you feeling better.

Eat right. Nothing will exhaust your body faster than a poor diet. Be sure to include a variety of fruits and vegetables to stay healthy.

Night shift work may not be easy, but it is certainly a requirement of this profession. Keep these tips in mind to battle the problems associated with night shift work, and you’ll be on your way to success.
Dear Colleagues,

We in health care hold a sacred trust. Patients trust us with their lives; family members trust us with their loved ones. Nothing we do is more important than working together to ensure the safest environment possible for our patients, to show that their trust is well placed. Similarly, it is important that we trust each other — trust that everyone wants to do his or her best, all the time.

In a culture of patient safety it is imperative that we share a sense of openness to improving our systems and processes. I do not believe that people come to work to make an error, but given the right set of circumstances any of us can make a mistake. Making mistakes is part of being human. How many days have you gone through without making at least one mistake in your life? Have you ever driven to the grocery store but can’t remember what you needed to buy? Although a good number of our mistakes are simply corrected and bring about no harm, mistakes in the health care field are not always that way.

In actual fact most mistakes in health care occur as a result of flawed or ineffective systems and processes. When staff report events and “near misses” or close calls we are able to track them to find patterns and trends which help us learn how we can improve our systems to prevent future mistakes. For that reason I encourage everyone to report safety incidents and near misses in a cooperative, open way, without fear of punishment. We ought to see patient safety incidents as opportunities to improve and to learn what happened so we can keep it from not happening again - not to assign blame. We will need to look past the easy solution that it was “someone’s fault” and to find out why the mistake happened. To do that we must work together in a spirit of trust as the success of this effort depends on everyone’s willingness to participate, to contribute, and to be open to sharing and receiving information about incident reports.

I humbly oblige that all staff fully play their role in building a culture of patient safety. Thank you in advance for doing your part to make our culture of patient safety part of our daily work life.

P.S.
Please note that our non-punitive reporting practice will not tolerate staff who:

- Willfully choose to ignore or bypass established hospital or medical policies and procedures
- Intentionally contribute to or cause an event, accident or near miss
- Attempt to hide, modify or withhold the reporting of an event, accident or near miss
- Repeatedly fail or refuse to adequately participate in the detection of, reporting of, and implementation of safety activities to prevent events, accidents or near misses
- Knowingly present false information in relation to the investigation or reporting of an event, accident or near miss.

Sincerely,

Orville Gundran, MD, MBA, CPHQ, CPSQ, CHCQM, ASQ CMQ/OE
Quality and Patient Safety Director
The International Hospital of Bahrain makes every effort to ensure it maintains a safe environment for staff, patients, visitors and its premises.

The very nature of healthcare results in placing patients in vulnerable situations where they must rely on healthcare providers to keep them safe. Many of our patients are non-ambulatory to varying degrees and some are on life support systems. Therefore we must be prepared to manage an emergency while the building is occupied. If a fire should occur in the Hospital we cannot quickly evacuate like most other types of organizations. As mentioned many of our patients are non-ambulatory to varying degrees and some are on life support systems. Therefore we must be prepared to fight, control, and contain a fire while the building is occupied. The responsibility of initial containment and control of a fire rests with hospital staff. It is imperative that all staff are familiar with the hospital's Fire Safety Plan and can implement the RACE and PASS procedure to follow if a fire should occur. Your prompt actions in a fire emergency could be the difference between a minor incident or a tragic event.

As healthcare staff it is important that you are aware of the fire safety risks related to your role – and take all precautions to work safely. Safety is everybody’s everyday responsibility. So look around you. Identify your nearest Emergency Exit. Your nearest Break Glass Unit. Your designated Fire Assembly Point. Your nearest Fire Extinguisher. Be sure you know which type of extinguisher to use on which type of fire. Discuss amongst yourselves the RACE and PASS procedure to follow in the event of a fire. Participate in the Fire Safety Rounds, conducted by Mr. Herbert (Safety Officer) when he visits your department. Participate in the hands-on training on the use of fire extinguishers held every 6 months. Be aware of how to activate a ‘Code Red’ alert. Listen out to any Code Red alert over the Public Address (PA) system, and follow further instructions. Enforce the ‘No Smoking’ policy. Do not use multi-socket electrical plugs, they are dangerous. Avoid the use of extension leads.

IN CASE OF FIRE

1. R A C E
   • RESCUE - Remove Any Person in Immediate Danger
   • ALERT - Alert the 24 Hour Reception by dialing “0” Specify:
     Your Location
     Extent and Severity of the Fire
     Anybody Else in the Vicinity
   • CONFINE - Confine the Fire by Closing Doors and Windows
   • EXTINGUISH - Extinguish the Fire if Possible

IMPORTANT: In no circumstances should staff expose themselves to danger. Get out the area immediately if a fire threatens to cut off your escape route or if it continues to spread in spite of your efforts. Report any subsequent development to the 24 Hour Reception, closing all doors and windows on departure.

2. P A S S (How to use a Fire Extinguisher)
   • PULL the Pin
   • AIM at the Base of the Fire
   • SQUEEZE the Trigger
   • SWEEP from Side to Side

ALWAYS know where your nearest Fire Extinguisher, Break Glass Unit and Fire Exit is.

CODE RED: DIAL “0” to report any Fire or Smoke.
Thoughts to Ponder

Gerald Bennis
Dental Technician

Take it with a GRAIN of SALT

The knowledge we gained in life, things to learn and experiences to come will make us a person we are now. Take it with a grain of salt.

1. Treat others how you would like to be treated. Not because it's the right thing to do, but because that's how they're going to treat you in return. People are mirrors; we reflect what is shown to us. Hence, lies beget lies. Hatred begets hatred. Respect begets respect. Forgiveness begets forgiveness.

2. Remember that you are nothing special. Therefore, you have no right to pride. Humility is the key to peace. Don't be afraid to lose face if it saves you a friend, and never be afraid to admit that you are wrong. No one expects you to be right all the time.

3. You are always yourself. It doesn't matter what you wear. That is of your creation. It is a part of you. There is no such thing as a fake you. You have no excuse for how you act.

4. To quote Batman “It is not who you are on the inside, but what you do that defines you.” Or Gandhi “Be the change you want to see in the world.” People can't know who you are on the inside. People won't get you unless you let them.

5. Filters are valuable. There are inside thoughts and outside thoughts. Keep them straight.

6. There is no such thing as a “no judgment” zone. People subconsciously judge each other and form opinions. It can't be turned off. So keep your filters on.

7. Jealousy is a part of human nature. Animals live on survival of the fittest. Only the best can make it to the top. However, it you are trying to be the best, watch how you go about it. We want to flaunt our abilities. Don't.

8. Most fights are not worth it. Just let it go, and live to fight another day. Don't bother disputing opinions. The very word means that they can't be proven. On the other hand, don't let people walk all over you. If they are outright insulting you, make them take it back. Show them you have a spine.

9. Never refrain from forgiveness, be wary, but forgive. Let people take back their words. At the very least, keep your grudges to yourself and carry them out in passive ways. Revenge can take the form of showing that you are better than they are and rising above hatred. It doesn't always have to be an eye for an eye.

10. Friends are wonderful and you need them. Don't burn your bridges. Everyone needs a person they can go to when they just can't take it anymore. If you lose that person, find another. People aren't built to stand alone. We need each other.

11. There is a silver lining to everything. But that doesn't make what happened okay.

12. Sometimes "I'm sorry" doesn't cut it. Your being sorry doesn't make what happened go away. It doesn't change what has happened.
## September 2012
### BIRTHDAY CELEBRANTS FOR THE MONTH

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaker Abdulla Madan</td>
<td>01 - Service Worker</td>
</tr>
<tr>
<td>Vipin Kunjumon Kandathil</td>
<td>02 - Asst. Manager - Quality</td>
</tr>
<tr>
<td>Mahmood Majeed Ali Saeed Ali</td>
<td>04 - Business Officer</td>
</tr>
<tr>
<td>Dr. Khaled Mohamed Khaled Mohamed Zaki</td>
<td>05 - Paediatrician</td>
</tr>
<tr>
<td>Mohamed Redha Ahmed Baba Malalla</td>
<td>07 - Manager - DNA</td>
</tr>
<tr>
<td>Lea Vizon Celis</td>
<td>07 - Assistant Nurse</td>
</tr>
<tr>
<td>Amalia Villaranda Anonas</td>
<td>09 - Staff Nurse</td>
</tr>
<tr>
<td>Virginia Domingo Catague</td>
<td>09 - Staff Nurse</td>
</tr>
<tr>
<td>Dr. Naila Ali</td>
<td>09 - Radiologist</td>
</tr>
<tr>
<td>Dr. Amr Makram ElMitwaly ElSherbini</td>
<td>10 - Psychiatrist</td>
</tr>
<tr>
<td>Jassim Mohammed Yousif Ali</td>
<td>10 - Security Officer</td>
</tr>
<tr>
<td>James Ty Dilao</td>
<td>11 - Budget &amp; Cost Analyst</td>
</tr>
<tr>
<td>Miriam Misa De Leon</td>
<td>13 - Nurse Manager</td>
</tr>
<tr>
<td>Yvette Umapas Varon</td>
<td>13 - Assistant Nurse</td>
</tr>
<tr>
<td>Ali Saeed Ali Abdulla Mahmood</td>
<td>13 - Case Officer</td>
</tr>
<tr>
<td>Helydegrace Cristo Colarina</td>
<td>17 - Assistant Nurse</td>
</tr>
<tr>
<td>Nathaly Joy Manga Santiago</td>
<td>17 - Dental Assistant</td>
</tr>
<tr>
<td>Dr. Farooq Ahmed Batkoo</td>
<td>17 - Hospitalist</td>
</tr>
<tr>
<td>Roxanne Joy Domingo Catague</td>
<td>18 - Staff Nurse</td>
</tr>
<tr>
<td>Shirley Lintag Yabut</td>
<td>20 - Medical Auditor</td>
</tr>
<tr>
<td>Mariamma Oommen</td>
<td>22 - Staff Nurse</td>
</tr>
<tr>
<td>Anwar Saleh Ebrahim Saleh</td>
<td>22 - Driver</td>
</tr>
<tr>
<td>Christelle Guiang De Luna</td>
<td>24 - Echocardiographer</td>
</tr>
<tr>
<td>Naome Panganiban Francia</td>
<td>25 - Assistant Nurse</td>
</tr>
<tr>
<td>Fatema Naji Yusuf Isa Yusuf</td>
<td>27 - Social Worker</td>
</tr>
<tr>
<td>Dr. Seemantini Ayachit</td>
<td>29 - Ophthalmologist</td>
</tr>
<tr>
<td>Marisa Manriquez Zafaralla</td>
<td>30 - Senior Staff Nurse</td>
</tr>
<tr>
<td>Shahzalan Mohammed Khalil Sroor</td>
<td>30 - Service Worker</td>
</tr>
</tbody>
</table>

## August 2012
### WELCOME TO THE IHB FAMILY

The management and staff extend a very warm welcome to their new colleagues who joined the IHB Family this month and wishes them every success and happiness.
Q: The correct medical terminology for this disease is parotitis (an infection of the parotid glands). What is its common name?

A: Mumps

There are four serious complications of mumps: meningitis (infection of the spinal fluid which surrounds the brain and spinal cord), encephalitis (infection of the brain substance), deafness, and orchitis (infection of the testicle/testicles). All four complications may occur without the patient experiencing the classic involvement of the parotid gland.

**Meningitis:** More than 50% of patients with mumps will have meningitis, which may occur during any period of the disease. Generally patients make a full recovery without permanent side effects.

**Encephalitis:** Until the 1960s, mumps was the primary cause of confirmed viral encephalitis in the United States. Since the successful introduction of a vaccination program, the incidence of mumps encephalitis has fallen to 0.5%. Fortunately, most patients recover completely without permanent side effects.

**Deafness:** Preceding the mumps vaccination program, permanent nerve damage resulting in deafness was not unusual. While occasionally bilateral, more commonly only one ear was affected.

**Orchitis:** This complication was the most common side effect (40%) to postpubertal males who contracted mumps. Severe pain (often requiring hospitalization for pain management) was one-sided in 90% of cases. Between 30%-50% of affected testes atrophied (decreased in size), and 13% demonstrated impaired fertility. The "common knowledge" of sterility was actually rare. Previous concerns regarding mumps orchitis and later testicular cancer have not been proven. (Ovarian involvement occurred in approximately 7% of postpubertal girls.)

Less frequent complications of mumps infection include arthritis, infection of the pancreas, infection of the myocardium (heart muscle), and neurological conditions (for example, facial palsy, Guillain-Barré syndrome, etc.).

**MUMPS FACTS**

Mumps is a highly contagious viral infection with an incubation period of 14-18 days from exposure to onset of symptoms. The duration of the disease is approximately 10 days.

The initial symptoms of mumps infection are nonspecific (low-grade fever, malaise, headache, muscle aches, and loss of appetite). The classic finding of parotid gland tenderness and swelling generally develops the third day of illness. The diagnosis is generally made without the need for laboratory tests.

Serious complications of mumps include meningitis, encephalitis, deafness, and orchitis.

The MMR vaccine provides 80% effective immunity against mumps following a two-dosage schedule (12-15 months with booster at 4-6 years of age).

No specific therapy exists for mumps. Warm or cold packs for the parotid gland tenderness and swelling is helpful. Pain relievers (acetaminophen [Tylenol] and ibuprofen [Advil]) are also helpful.
Walnut Crusted Salmon with Lemon Roasted Broccoli

Serves 4

**For the salmon:**
1/2 cup whole-wheat panko breadcrumbs
1/2 cup crushed walnuts
1 pound salmon fillets
1/4 teaspoon sea salt
1/4 teaspoon freshly ground pepper
3 tablespoons fresh lemon juice

**For the broccoli:**
4 cups broccoli florets
1/4 teaspoon sea salt
1/4 teaspoon freshly ground pepper
1 tablespoon extra virgin olive oil

**Directions:**
1. For the salmon, preheat oven to 425 degrees F. In a small bowl, combine panko and walnuts; set aside.
2. Place salmon fillets in a large baking dish. Sprinkle with salt and pepper; drizzle with lemon juice. Sprinkle panko mixture on the top of the fillets, pressing to coat. Place in oven and bake 15 minutes or until fish flakes easily with a fork.
3. Meanwhile, for the broccoli, line a baking sheet with foil. Place broccoli on baking sheet, and season with salt and pepper. Drizzle with oil; toss to coat. Place in oven and bake eight minutes or until tender. Serve with salmon.

**Calorie = 609.5 cal**
**Carbohydrates = 15.92g**
**Protein = 56.60g**
**Fat    = 38.52g**
**Na     = 117 mg**

**LETTERWORDS**

<table>
<thead>
<tr>
<th>A</th>
<th>S</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>E</td>
<td>N</td>
</tr>
<tr>
<td>L</td>
<td>A</td>
<td>R</td>
</tr>
</tbody>
</table>

**SUDOKU**

```
<table>
<thead>
<tr>
<th>7</th>
<th>6</th>
<th>9</th>
<th>2</th>
<th>4</th>
<th>3</th>
<th>8</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```