

THE ALL AMERICAN INSTITUTE OF MEDICAL SCIENCES

Medical Education Par Excellence



Inside This Issue

This issue of the newsletter features updates across the institution ranging from the Pre-Clinical Sciences to the Clinical Sciences.

It also highlights the extracurricular activities hosted by the Student Guild Association and the AAIMS Administration. Enjoy!

Mission Statement

To coordinate resources necessary to deliver excellent medical education leading to generating physicians that will serve the community, and to form lifelong learners committed to excellence, faith, leadership and service.

Vision Statement

To attain an international reputation as an outstanding medical institute distinguished by excellence, leadership, research and innovation in the quality of our teaching, in student learning and achievement, and in engagement with our communities.

Making a Difference... One Student at a Time...

Welcome Message

Congratulations to all students who have been successful in their courses for this term. You have worked hard, and your diligence and commitment have paid off. I encourage you to continue to study hard and to strive to maintain high academic standards.



For those who have fallen short this quarter, do not be discouraged. I urge you to strive to improve your study habits and to give the best effort in the upcoming terms. Keep in mind the following quotes: “There are no shortcuts to any place worth going” - Beverly Sills, and “Success is the sum of small efforts, repeated day in and day out.” – Robert Collier.

To our new students, a very warm *Welcome to the AAIMS Family*. We are honored that you have chosen this institution to pursue your medical education. We believe you can excel and achieve many great things and we are very excited to assist you in fulfilling your dreams.

We wish you all the best in your journey. Have a productive new quarter!

MRS. THERESA SCOTT,
Program Manager, Associate Degree Program
Executive Assistant to the Dean, Basic Sciences

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Transition to Clerkship

The Transition to Clerkship (TTC) course ran for two weeks in August 2021 with the students who successfully passed the July 2021 sitting of Internal Basic Science Comprehensive Examination (IBSCE). The objective of the TTC is to prepare students for workplace learning in the clinical setting. The TTC took place on the AAIMS Black River Campus which provided limited exposure to real clinical settings. However, it did expose the students to the routines, norms, and professionals that they will encounter in the clinical setting as these were incorporated in the onsite delivery of the course by the instructors. The TTC course assists students in developing the knowledge, skills and attitudes necessary to transition from being a student in the Pre-Clinical Sciences, to not only the Clinical Sciences but to be a member of the health-care team in whichever hospital they are placed (O'Brien & Poncelet, 2010). An online orientation session was held for the students prior to entering into the TTC course.

The course builds on the very substantial learning from the first two years of the MD program and provides students with the opportunity to immerse themselves in the skills required to begin clerkship rotations through a variety of

immersion and onboarding learning activities (including online educational learning platforms such as Lecturio, Access Medicine and Clinical Key). The TTC core curriculum activities consist of history taking with emphasis on Internal Medicine, Surgery and Family Medicine specialities, patient interviews and examination of patients. Since the onset of the COVID-19 pandemic in 2020, AAIMS has been utilizing the integration of onsite with online instruction along with the incorporation of both formative and summative assessments highlighting the hybrid blended curriculum delivery approach.

The content covered in the TTC was both practical and relevant to basic performance in the clinical settings. The educational strategies employed were both active (i.e., students were engaged in tasks rather than to just observe or discuss them) and authentic (i.e., students participated in tasks and activities that actually occur in the workplace). The educational resources used to support the TTC course came from each of the specialties of medicine previously outlined. Overall, the TTC course ended on a positive note with all students successfully passing and placed into their first core clerkship rotation (O'Brien & Poncelet, 2010).

AAIMS Student Academic Advisory System

AAIMS Student Academic Advisory System (SAAS) is intended to provide guidance to students not only on academic matters but also on other areas of all-round development. Academic Advising plays an important role in the academic success and progression of students, and is a process in which students are provided with support for identifying their academic, and career goals, devising plans to achieve these goals, and evaluating their own progress. Under the SAAS, whenever students have a desire for counselling, they can seek out their Academic Advisors who will provide assistance in developing study plans, identifying career goals as well as referring them to appropriate supporting units.

Objectives

The major objectives of the Student Academic Advisory System (SSAS) are as follows:

1. To assist students in clarifying and attaining their educational goals, and developing specific study plans.
2. To assist students in drawing their study roadmaps that suit their own developmental and professional needs and choices.
3. To empower students to make informed decisions as they develop study plans compatible with their potential and career goals, and take responsibility for their own learning

The System of Academic Advising

Appointment of Academic Advisors

Every student on enrolling in the MD programme is assigned to an Academic Advisor. Contact information is sent to the students upon their enrolment in the programme.

Role of Academic Advisors

The main roles of an Academic Advisor are to:

1. provide advice on academic issues such as the development of study plans, course selection, adaptation to AAIMS' learning modes;

2. discuss with students on an ongoing basis about their study progress;
3. become a resource person and provide information or refer students to suitable personnel on other whole-person development opportunities, advice on students' holistic development and, if appropriate, future career development; and
4. foster a supportive relationship with students.

Support for Academic Advisors

1. Assistance given to Academic Advisors includes, but not limited to:
2. Faculty/Department being a referral point for programme administration and logistics, etc.;
3. Registry as a contact point for enquiry about academic regulations and Registry services, etc.;
4. Student Services Office as a contact point for counselling services and career advice, campus life, leadership/service programmes and other student services for students;
5. Centre of Language in Education as a contact point for language enhancement and support;
6. Administration Department as a contact point for on-campus accommodation and transportation, etc.; and
7. Accounts Department as a contact point for fee-related matters.

Responsibilities of Students

There are no requirements on the meeting timelines between the advisor and the students and it is not compulsory for students to submit their study plan. As a more mature entity, students in the USMLE Revision and Clinical Rotation programmes are expected to take active role in seeking advice from their advisors whenever they feel the need.

The responsibilities of students are as follows:

1. Take initiative to contact the Academic Advisor when they face difficulties during their studies and turn up punctually for the scheduled appointment;
2. Be well-prepared for each advising meeting (think before the meeting about their educational goals, check the prerequisites for courses they intend to take, prepare a list of questions or concerns, etc.);
3. Be open to advice on how to overcome academic obstacles especially as it relates to failed exams/courses;
4. Familiarize themselves with the requirements of the programme;
5. Be open to share information about their academic progress, strengths, weaknesses, interests and goals with advisor; and
6. Accept responsibility for decisions and take ownership of their academic plans.

Dr. Dwayne Nelson

Internal Medicine Specialist 2021

Henry Ford Health System, Detroit, Michigan, USA

<https://www.henryford.com/physician-directory/n/nelson-dwayne>

Dr. Dwayne Nelson resided on the AAIMS Black River campus in the Clarendon block during his time as a student at AAIMS. He successfully cleared his USMLE Step 1 with a score of 246 in 2015 and cleared the USMLE Step 2 CK and CS in 2016. He graduated from AAIMS in 2017. He then went on to complete his Internal Medicine Residency at Howard University Hospital, Maryland, USA from 2018-2021. He is currently working as an Internal Medicine specialist since August 2021 at one of the top healthcare organizations, “Henry Ford Health System” in Detroit, USA. He serves patients at three locations: Henry Ford Hospital, Henry Ford West Bloomfield Hospital and Henry Ford Wyandotte Hospital. Kindly see highlights of his progress in the pictures below.

Then,



At AAIMS’ White Coat Ceremony in 2012, Dr. Nelson walked for the first time to receive his first white coat from Dr. Gregory Irons. Now, he is a proud Physician practicing in the USA wearing the white coat of Henry Ford Hospital.



Clinical Sciences

Updates



Case Presentation & Discussion (CP&D #16 & 17 – #18 & 19)

The following Clerkship Case Presentation & Discussion (CP&D 16 & 17) sessions were held in August 2021. On Wednesday, August 4, 2021 an interesting case was presented by the AAIMS Clerkship students Puspendra Patel. This CP&D was a guided discussion by Dr. Milton Harry, General Surgeon, Cornwall Regional Hospital.

*Mandatory attendance for all Clerkship Students

Clerkship Case Presentations & Discussion (CDP# 16 & 17)

Moderator:
Dr. Milton Harry
General Surgeon, Cornwall Regional Hospital

Puspendra Patel
Case: Acute Cholecystitis

Ramon Chia
Case: Carcinoma of the Lung,
focusing on Squamous Cell
Carcinoma

Date: Wednesday, August 4, 2021
Time: Aug 4, 2021 07:00 PM (Jamaica Time)
Location: Zoom Meeting ID: 831 1960 6968
Passcode: 519612

AAIMS
SCHOOL OF MEDICINE

Case: Acute Cholecystitis by Puspendra Patel

Topic: Clerkship Presentation and Discussion

Date & Time: Aug 4, 2021 07:00 PM Jamaica Time

Clinical Sciences Updates



Also, on Wednesday, August 25, 2021, Clerkship Case Presentation & Discussion (CP&D 18 & 19) session was held. Interesting cases were presented by the AAIMS Clerkship students Binta Abdullahi and Tulasi Bommanaboyena. These CP&D were guided discussions by Dr. Xenophon Kirby, General Surgeon, May Pen Hospital.

*Mandatory attendance for all Clerkship Students

Clerkship Case Presentation & Discussion (CP&D# 18 & 19)

Moderator: Dr. Xenophon Kirby, Consultant, General Surgery, May Pen Hospital

Binta Abdullahi
Case: Strangulated Femoral Hernia

Tulasi Bommanaboyena
Case: Intestinal Obstruction Secondary to a Rectal Mass

Date: Wednesday, August 25, 2021
Time: 7:00 PM - 8:30 PM (Jamaica Time)
Location: Zoom Meeting ID#: 839 4763 1532
Passcode: 555435

AAIMS
SCHOOL OF MEDICINE

Case: Strangulated Femoral Hernia by Binta Abdullahi

Case: Intestinal Obstruction Secondary to a Rectal Mass by Tulasi Bommanaboyena

Topic: Clerkship Presentation and Discussion

Date & Time: Aug. 25, 2021 07:00 PM Jamaica Time

Clerkship Presentation & Discussion is mandatory for all Clerkship Students and an attendance is taken.



CLERKSHIP STOCK PHOTOS



Jamaican Independence Day Celebration

Since 1962 – when Jamaica initially gained independence – the island’s soul, musicality and enthusiasm forever has contaminated everything from music to nourishment. The social impact of this Caribbean pearl is undeniable. The drive for independence was to a great extent conceived out of “homegrown” reactions to financial, social, and political weights on the island. Jamaica had been a British province since 1655, and in the end turned into a center point of sugar generation amid the slave trade. After the Act of Emancipation became effective in 1834, one of the pilgrim government’s fundamental types of command over recently liberated slaves was through a cautiously developed instruction framework which was intended to set them up for work as home workers.

During the 1930s, Jamaica encountered a monetary gloom, which prompted the work revolts in 1938 over working conditions. In 1938, Norman Manley shaped the People’s National Party and would later turn into Jamaica’s first Prime Minister. In 1961, a submission was called to decide if the general population of Jamaica ought to remain some portion of the Federation. The Jamaican individuals voted in favor of Independence and on August 6, 1962, the British banner was brought down to clear a path for the new Jamaican banner.

Once more, it is the ideal opportunity for us to display to other countries that we are extraordinary individuals from an incredible country. Also, we should proceed with our battle towards flourishing and improvement of our dear country. The AAIMS staff members took the opportunity to celebrate this Independence Day. Kindly see the highlights of the celebratory activities below.

Happy Independence Day Jamaica!





Tokyo Olympics 2020 Highlights

August 2021



Indian Independence Day

Students and staff gathered near the flag pole to celebrate the Indian Independence Day. The day started with the hoisting of the Indian national flag by Dr. Raman. A tricolor dress contest was conducted and the winners, Vineela and Godpray, were honored with a prize. Chocolates were then distributed and the celebration ended with the song Sare Jahan Se Accha by Ayebee (PM-16) and Aparna (PM-16).

Let's salute our great nation on its Independence Day! We hope you all feel grateful for the freedom you have and are proud of the nation you were born to. Jai Hind!







Onam Celebration



Onam is the official state festival of Kerala. It is celebrated with joy and enthusiasm all over the state by Malayalees regardless of religion, caste or creed. According to a popular legend, the festival is celebrated to welcome King Mahabali, whose spirit is said to visit Kerala at the time of Onam.

Kindly see highlights of the festivities below.





“Op-Ed: As a doctor in a COVID unit, I’m running out of compassion for the unvaccinated. Get the shot”

My patient sat at the edge of his bed gasping for air while he tried to tell me his story, pausing to catch his breath after each word. The plastic tubes delivering oxygen through his nose hardly seemed adequate to stop his chest from heaving. He looked exhausted.

He had tested positive for the coronavirus 10 days ago. He was under 50, mildly hypertensive but otherwise in good health. Eight days earlier he started coughing and having severe fatigue. His doctor started him on antibiotics. It did not work.

Fearing his symptoms were worsening, he started taking some hydroxychloroquine he had found on the internet. It did not work.

He was now experiencing shortness of breath while doing routine daily activities such as walking from his bedroom to the bathroom or putting on his shoes. He was a shell of his former self. He eventually made his way to a facility where he could receive monoclonal antibodies, a lab-produced transfusion that substitutes for the body’s own antibodies. It did not work.

He finally ended up in the ER with dangerously low oxygen levels, exceedingly high inflammatory markers and patchy areas of infection all over his lungs. Nothing had helped. He was getting worse. He could not breathe. His wife and two young children were at home, all infected with the virus. He and his wife had decided not to get vaccinated.

Last year, a case like this would have flattened me. I would have wrestled with the sadness and how unfair life was. Battled with the angst of how unlucky he was. This year, I struggled to find



In a letter to the unvaccinated, Dr. Anita Sircar writes: If you believe you can ride out the pandemic without getting vaccinated, “you could not be more wrong. This virus will find you.” She is shown in the ER of Providence Little Company of Mary Medical Center in Torrance on Aug. 5. (Francine Orr / Los Angeles Times)

sympathy. It was August 2021, not 2020. The vaccine had been widely available for months in the U.S., free to anyone who wanted it, even offered in drugstores and supermarkets. Cutting-edge, revolutionary, mind-blowing, lifesaving vaccines were available where people shopped for groceries, and they still didn’t want them.

Outside his hospital door, I took a deep breath — bating down my anger and frustration — and went in. I had been working the COVID-19 units for 17 months straight, all day, every day. I had cared for hundreds of COVID patients. We all had, without being able to take breaks long enough to help us recover from this unending ordeal. Compassion fatigue was setting in. For those of us who hadn’t left after the hardest year of our professional lives, even hope was now in short supply.

Shouting through my N95 mask and the noise of the HEPA filter, I introduced myself. I calmly asked him why he decided not to get vaccinated.

“Well, I’m not an anti-vaxxer or anything. I was just waiting for the FDA to approve the vaccine first. I didn’t want to take anything ex-

perimental. I didn't want to be the government's guinea pig, and I don't trust that it's safe," he said.

"Well," I said, "I can pretty much guarantee we would have never met had you gotten vaccinated, because you would have never been hospitalized. All of our COVID units are full and every single patient in them is unvaccinated. Numbers don't lie. The vaccines work."

This was a common excuse people gave for not getting vaccinated, fearing the vaccine because the Food and Drug Administration had granted it only emergency use authorization so far, not permanent approval. Yet the treatments he had turned to — antibiotics, monoclonal antibodies and hydroxychloroquine — were considered experimental, with mixed evidence to support their use.

The only proven lifesaver we've had in this pandemic is a vaccine that many people don't want. A vaccine we give away to other countries because supply overwhelms demand in the U.S. A vaccine people in other countries stand in line for hours to receive, if they can get it at all.

"Well," I said, "I am going to treat you with remdesivir, which only recently received FDA approval." I explained that it had been under an EUA for most of last year and had not been studied or administered as widely as COVID-19 vaccines. That more than 353 million doses of COVID-19 vaccine had been administered in the U.S. along with more than 4.7 billion doses worldwide without any overwhelming, catastrophic side effects. "Not nearly as many doses of remdesivir have been given or studied in people and its long-term side effects are still unknown," I said. "Do you still want me to give it to you?"

"Yes" he responded, "Whatever it takes to save my life."

It did not work.

My patient died nine days later of a stroke. We, the care team, reconciled this loss by telling ourselves: He made a personal choice not to get vaccinated, not to protect himself or his family. We did everything we could with what we had to save him. This year, this tragedy, this unnecessary, entirely preventable loss, was on him.

The burden of this pandemic now rests on the shoulders of the unvaccinated. On those who are eligible to get vaccinated but choose not to, a

decision they defend by declaring, "Vaccination is a deeply personal choice." But perhaps never in history has anyone's personal choice affected the world as a whole as it does right now. When hundreds and thousands of people continue to die — when the most vulnerable members of society, our children, cannot be vaccinated — the luxury of choice ceases to exist.

If you believe the pandemic is almost over and I can ride it out, without getting vaccinated, you could not be more wrong. This virus will find you.

If you believe I'll just wait until the FDA approves the vaccine first, you may not live to see the day.

If you believe if I get infected I'll just go to the hospital and get treated, there is no guarantee we can save your life, nor even a promise we'll have a bed for you.

If you believe I'm pregnant and I don't want the vaccine to affect me, my baby or my future fertility, it matters little if you're not alive to see your newborn.

If you believe I won't get my children vaccinated because I don't know what the long-term effects will be, it matters little if they don't live long enough for you to find out.

If you believe I'll just let everyone else get vaccinated around me so I don't have to, there are 93 million eligible, unvaccinated people in the "herd" who think the same way you do and are getting in the way of ending this pandemic.

If you believe vaccinated people are getting infected anyway, so what's the point?, the vaccine was built to prevent hospitalizations and deaths from severe illness. Instead of fatal pneumonia, those with breakthrough infections have a short, bad cold, so the vaccine has already proved itself. The vaccinated are not dying of COVID-19.

SARS-CoV-2, the virus that causes COVID-19, has mutated countless times during this pandemic, adapting to survive. Stacked up against a human race that has resisted change every step of the way — including wearing masks, social distancing, quarantining and now refusing lifesaving vaccines — it is easy to see who will win this war if human behavior fails to change quickly.

The most effective thing you can do to protect yourself, your loved ones and the world is to GET VACCINATED.

And it will work.

Medical JEOPARDY

Two games of Medical Jeopardy were held in August 2021. The first one was held on Thursday, August 12, 2021. Volunteers were chosen on a first come first served basis, the list is given below. The questions asked to the participants during the game were based on modules already covered such as Human Anatomy, Biochemistry, Epidemiology, Microanatomy, and Molecular Medicine etc.

Special thanks to Dr. Pothula
for generously offering JMD\$10,000 prize money
to fund the Jeopardy games each month!

Team A

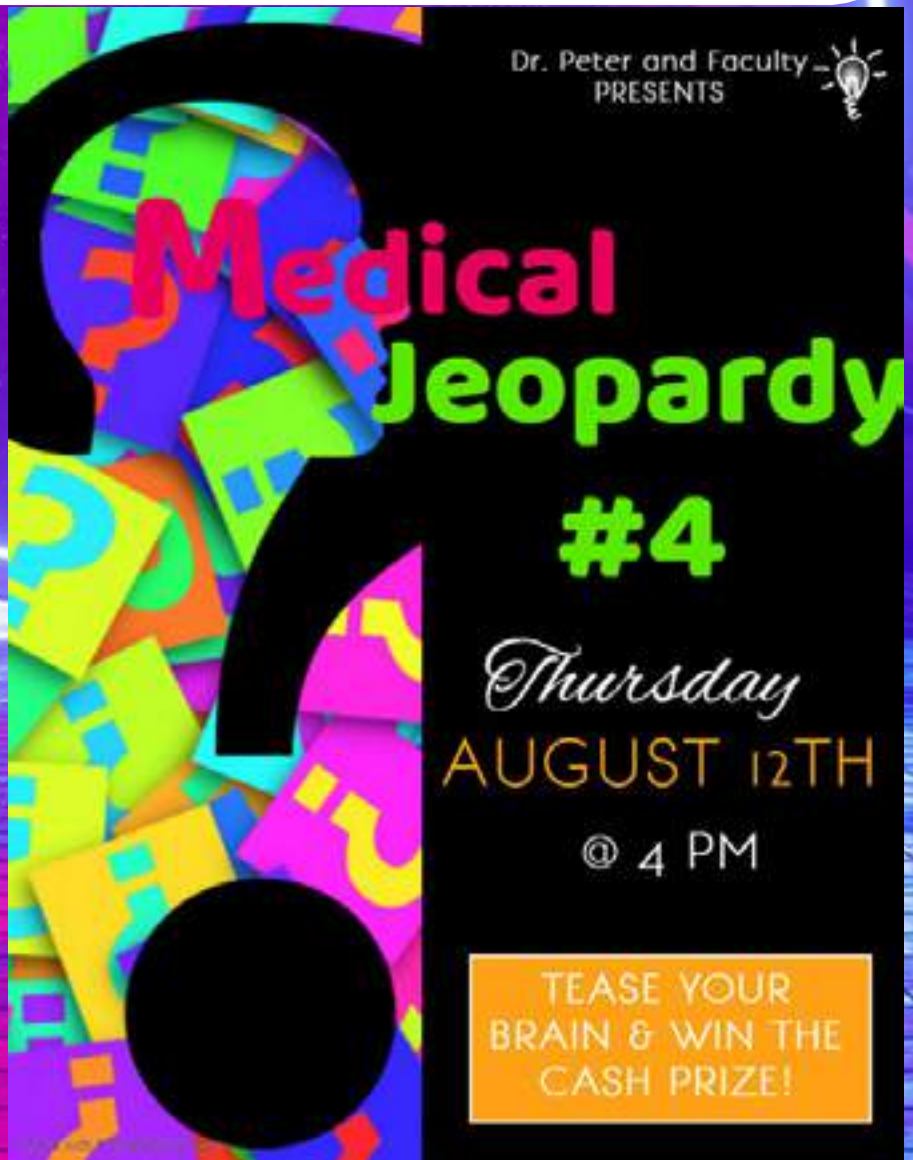
1. Sai Lakshmi Mulagondla
2. Leela Dara
3. Sahachara Pulipalupula
4. Vamshi Yadavalli
5. Devi Vytla
6. Nagarukmini Tirumalasetti

Team B

1. Tejaswini Ghantsala
2. Santhosh Selvakumaran
3. Suryaprakash Soundararajan
4. Ruba Balu
5. Saipriya Sathiyamurthy
6. Jeevika Wilson

Team C

1. Adithya Ananthajothi
2. Senthil Selvaraj
3. Jayaselan Jayaraj
4. Ashwin Arulraj
5. Aafiz Anzar
6. Aparna Anu



Dr. Peter and Faculty
PRESENTS

Medical
Jeopardy
#4

Thursday
AUGUST 12TH
@ 4 PM

TEASE YOUR
BRAIN & WIN THE
CASH PRIZE!

The poster features a large, stylized question mark in the center, filled with colorful, overlapping geometric shapes. The text is arranged in a clean, modern layout with a mix of colors and fonts.

The second game of Medical Jeopardy was to be originally held on Thursday, August 26, 2021. However, it was rescheduled to September 2, 2021. The volunteers who participated in this round of the game are listed below.

Team A

1. Jeevika Wilson
2. Ruba Balu
3. Suryaprakash Soundarajan
4. Saipriya Sathiamurthy
5. Santhosh Selvakumaran
6. Sumesh Somasundaram

Team B

1. Senthil Selvaraj
2. Jayaseelan jayaraj
3. Aafiz Anzar
4. Ashwin Arulraj
5. Aparna Anu
6. Srujana Jaladhi
7. Abishek Muthaiyan
6. Aparna Anu



AAIMS Presents

Medical Jeopardy

**Thursday
August 26th
@ 4pm**

Come tease your brain and win cash prizes!!

The poster features a dark background with a glowing blue and purple arc at the top. It includes the text 'AAIMS Presents' in a gold, cursive font, followed by five red stars of varying sizes. Below the stars is a large, gold-bordered sign with a red and white dotted pattern, containing the words 'Medical Jeopardy' in bold red and gold fonts. At the bottom, the event details 'Thursday August 26th @ 4pm' are written in white, and a green cursive slogan 'Come tease your brain and win cash prizes!!' is at the very bottom.

Staff Outing to **Bleu KOKO**

The staff went to Bleu Koko, in Culloden, Westmoreland, Jamaica for an outing to relax for an evening. The evening was well spent dancing, eating and enjoying the cool sea evening breeze. Kindly see highlights of the evening's activities below.





Staff Birthdays

ANDREA REID
AUGUST 12



Preclinical QUESTIONS

1) A 35-year-old man comes to the physician because of pain and swelling of his right arm where he scraped it on a tree branch two days ago. His temperature is 38.3°C (101°F). Examination of the right forearm shows edema around a fluctuant erythematous lesion at the site of trauma. The area is extremely tender to palpation. Which of the following is most likely the primary mechanism of the development of edema in this patient?

- a) Degranulation of eosinophils.
- b) Disruption of vascular basement membranes.
- c) Increased hydrostatic pressure.
- d) Release of thromboxane.
- e) Separation of endothelial junctions.

Answer: e

Explanation: Endothelial tight junctions' permeability is increased in response to injury and inflammation, allowing migration of white blood cells and fluids to the site of injury.

2) A 12-year-old boy is brought to the physician because of a 2-month history of headaches and a 6-day history of nausea and vomiting. Funduscopic examination shows bilateral papilledema. He walks with a broad-based gait. An MRI of the brain shows a tumor in the pineal region compressing the brain stem and leading to hydrocephalus. This patient most likely has impairment of which of the following oculomotor functions?

- a) Abduction
- b) Horizontal pursuit
- c) Optokinetic nystagmus
- d) Upward gaze
- e) Vestibulo-ocular reflex

Answer: d

Explanation: Pineal region tumors cause obstructive hydrocephalus due to their proximity to the third ventricle. But in this case, we're being tested on pineal region tumors' propensity to cause Parinaud's syndrome due to compression of the midbrain tectum.



Facts to Remember

- Isthmus of thyroid gland acts as shield for trachea.
- Internal carotid artery comprises of four parts cervical, petrous, cavernous, cerebral.
- Superior cervical ganglion gives grey rami communicates to C1 - C4 nerves.
- Middle cervical ganglion gives rise to C5, C6 nerves.
- Inferior cervical ganglion gives rise to C7, C8 nerves.
- Phrenic nerve (C4) supplies motor fibers to musculature of diaphragm.

MNEMONICS BELL'S palsy

Blink reflex abnormal

Ear ache

Lacrimation(deficient)

Loss of taste in anterior two-third of tongue

Sudden onset

Palsy of muscles of facial expression
all symptoms are unilateral.

FIVE BRANCHES OF THE FACIAL NERVE (VII)

(Ten Zebras Bit My Cat)

Temporal

Zygomatic

Buccal

Cervical

Thus Spoke the Cadaver

Handle me with little love and care
As I had missed it in my life affair
Was too poor for cremation or burial
That is why am lying in dissection hall

You dissect me, cut me, section me
But your learning anatomy should be precise
Worry not, you would not be taken to court
As I am happy to be with the bright lot

Couldn't dream of a fridge for cold water
Now my body parts are kept in refrigerator
Young students sit around me with friends
A few dissect, rest talk about food, family and movies
How I enjoy the dissection periods
Don't you? Unless you are interrogated by a teacher

When my parts are buried post-dissection
Bones are taken out for the skeleton
Skeleton is the crown glory of the museum
Now I am being looked up by great enthusiasm

If not as skeletons as louse bones
I am in their bags and in their hostel rooms
At times I am on their beds as well
Oh, what a promotion to heaven from hell

I won't leave you, even if you pass anatomy
Would follow you in forensic medicine and pathology
Would be with you even in clinical teaching
Medicine line is one where dead teach the living

One humble request I'd make
Be sympathetic to persons with disease
Don't panic, you'll have enough money
And I bet, you'd be singularly happy.



Submitted by Luke Prahubboss (SGA Public Relations Officer, MD 18 Student)

COVID-19 UPDATES

FOR THE MONTH OF AUGUST 2021

COVID-19 Clinical Management Summary

NEW CASES	24 HRS	OVERALL
Confirmed Cases	513	58,458

SEX CLASSIFICATION

Females	306	32,880
Males	207	25,575
Under Investigation	0	3

AGE RANGE	33 days to 96 years	1 day to 108 years
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PARISH CLASSIFICATION OF NEW CASES

Clarendon	10	3,003
Hanover	17	1,756
Kingston & St. Andrew	94	15,788
Manchester	17	3,740
Portland	1	1,675
St. Ann	47	4,119
St. Catherine	134	11,084
St. Elizabeth	21	2,460
St. James	54	5,693
St. Mary	7	1,800
St. Thomas	1	2,222
Trelawny	17	1,922
Westmoreland	93	3,196

COVID-19 TESTING

Type of Tests	PCR	Antigen Tests from Public Facilities	Antigen Tests from Private Facilities
POSITIVES Today	390	119	4
Cumulative POSITIVES	52,231	3,285	2,942
NEGATIVE Today	596	All negatives are included in PCR tests	118
Cumulative NEGATIVES	298,553		163,780
TOTAL TESTS TODAY	986	119	122
TOTAL TESTS CUMULATIVE	350,784	3,285	166,722
Positivity Rate	46.1%		

DEATHS IN COVID-19 POSITIVE INDIVIDUALS

Deaths	11	1,311
Coincidental Deaths	0	169
Deaths under investigation	0	110

RECOVERIES & ACTIVE CASES

Recovered	42	47,480
Active Cases	9,297	

QUARANTINE MANAGEMENT

Number in Facility Quarantine	15
Number in Home Quarantine	41,082

HOSPITAL MANAGEMENT

Number Hospitalized	443
Patients Moderately Ill	107
Patients Critically Ill	46

NON-HOSPITAL ISOLATION

Step Down Facilities	0
State Facilities	11
Home	8,774

WEATHER UPDATE

Timeline: Aug 13, 2021 - Aug 21, 2021

Hurricane Grace was the strongest tropical cyclone to make landfall in the Mexican state of Veracruz, as well as the most powerful hurricane ever recorded in the Bay of Campeche by maximum sustained winds, tying the record with Hurricane Karl of 2010. On its nine-day track across the North Atlantic Ocean, Grace impacted much of the Leeward Islands and Greater Antilles as a tropical storm, before causing more substantial impacts in the Yucatán Peninsula and Veracruz as a hurricane. It was the seventh named storm, second hurricane, and first major hurricane of the 2021 Atlantic hurricane season. Originating from a tropical wave in the Main Development Region, the primitive system tracked west-northwest across the Atlantic Ocean towards the Antilles, becoming a tropical depression on August 14. It strengthened into Tropical Storm Grace later the same day, but weakened back to a depression due to an unfavourable environment. After moving near Haiti as a tropical depression, it strengthened back to a tropical storm and became a hurricane on August 18, reaching an initial peak intensity with maximum sustained winds of 80 mph (130 km/h) and a pressure of 986 mbar (29.12 inHg). It weakened back to a tropical storm after its landfall in the Yucatán Peninsula and emerged into the Bay of Campeche, entering a very favourable environment for intensification hours later. Grace then rapidly intensified into a high-end Category 3 hurricane with winds of 125 mph (205 km/h) in about 24 hours. The storm made its final landfall in the state of Veracruz at peak intensity and quickly dissipated over mainland Mexico, while its remnants later regenerated into Tropical Storm Marty in the Eastern Pacific.





AAIMS Fun Avenue



JUST FOR LAUGHS!!!!!!!



DID YOU KNOW?

- Did you know 11% of people are left handed?
- Did you know August has the highest percentage of births?
- Did you know unless food is mixed with saliva you can't taste it?
- Did you know the average person falls asleep in 7 minutes?
- Did you know lemons contain more sugar than strawberries?
- Did you know 8% of people have an extra rib?
- Did you know 85% of plant life is found in the ocean?

BAD EATING HABITS

A mother complained to her consultant about her daughter's strange eating habits.

- "All day long she lies in bed and eats yeast and car wax. What will happen to her?"
- "Eventually," said the consultant, "she will rise and shine."

COSMETIC SURGERY

A sign on a cosmetic surgery clinic says:
"If life gives you lemons, a simple operation can give you melons."

HEALTHY LIVING TIPS

Question: Does an apple a day keep the doctor away?

Answer: Only if you aim it well enough.



Lecturio is a leading international e-learning platform for medical video education, serving students as well as universities and medical institutions.

Dr. Peter Horneffer, the Executive Dean of the All American Institute of Black River, St. Elizabeth, has been instrumental in introducing this **flipped-classroom approach to the curriculum.**

It provides an advantage for medical students preparing for the USMLE and includes features such as: video lectures, extra reading material, and question banks with a wide range of MCQs. Video lectures are conducted by the professors in a simple and understandable format. The extra reading material provided by Lecturio can be used for revision, as well as the questions, which are given after each video lecture. The question bank also provides video links for each question, so that students can learn from previous mistakes. This platform is a valuable asset for any aspiring medical student.

What is Flipped learning?

The Four Pillars of F-L-I-P™

F-Flexible Environment

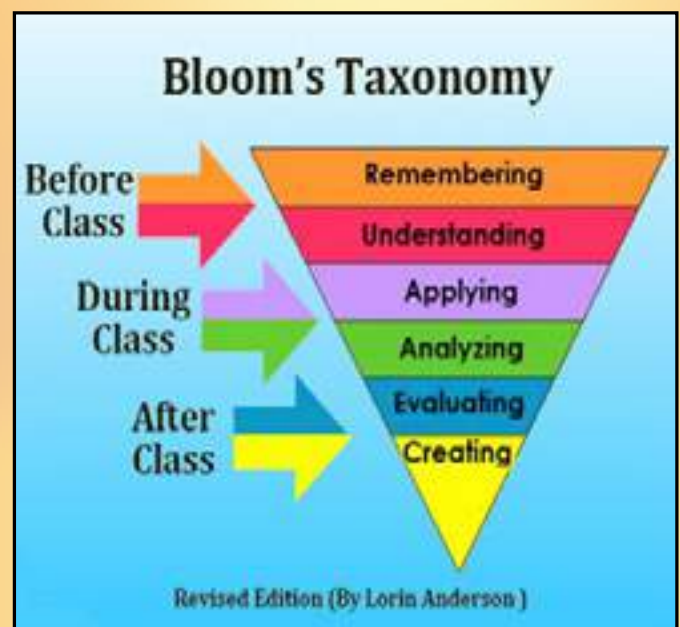
L-Learning Culture

I-Intentional Content

P-Professional Educator

Fitting with the revised Bloom's Taxonomy

In traditional learning, lower level of learning such as remembering and understanding is happening in class, while students are usually left to work on activities that involve higher level of learning outside of classroom. However, in the flipped classroom model, learning is flipped. As you can see from the pyramid, students can finish the lower level of cognitive work before class. And when they come to class, they can engage in higher cognitive levels of learning with peers and teacher present.



Sources:

- <https://omerad.msu.edu/teaching/teaching-strategies/27-teaching/162-what-why-and-how-to-implement-a-flipped-classroom-model>
- <https://cdn.vanderbilt.edu/vu-wpo/wp-content/uploads/sites/59/2010/06/12092513/BloomsTaxonomy-mary-forehand.pdf>

REASONS TO USE CLINICALKEY STUDENT AS A LEARNING RESOURCE

ClinicalKey Student is an interactive education platform with a tremendous assessment capability that supports students and faculty by enhancing the learning experience with tools tailored to develop and assess the medical knowledge of aspiring professionals. The reasons to use ClinicalKey Student as a learning resource are outlined below:

1. It provides access to the most complete and trusted medical content through:

- 200+ acclaimed textbooks covering 50 medical specialties, including Gray's Anatomy for Students and Medical Physiology
- 1,500+ quick access summaries of common diseases and topics.
- Access to 85,000 high resolution images, unlocked and discoverable for visual learning.
- Copyright cleared images
- Access to 850+ videos ranging from practical demonstrations of anatomical dissections to instructional clinical examination examples.
- Access to 4200+ questions (1,800 in basic science and in 2,400 clinical medicine).

2. It turns information in to knowledge by:

- Providing a personalized bookshelf.
- Flashcard tools.
- Note-taking (with OneNote integration)

and highlighting.

- Sharing notes and learning with students around the globe.
- Saving Faculty and student time through the use of the presentation maker tool.
- Enhancing lectures using copyright cleared images.
- Study anywhere, anytime using the App (online & offline)
- Text to Speech to learn on the go.

3. It improves the learning outcomes of students as:

- Students can self-assess at their own pace.
- Get personalized feedback and benchmark themselves with their peers.
- Students can customize their tests to focus on their weaknesses.
- Students can access weak topics matched to additional learning resources (links to Foundation capabilities).

4. It gives faculty time back for teaching/research/practice as:

- Faculty can identify struggling students earlier by setting assignments.
- Every question comes with in-line remediation, written and vetted by an Editorial Board.
- There is instant access to data-driven insights to proactively pinpoint specific areas where students are weak.

ClinicalKey[®] Student

“MAKE IT STICK”

Author: Peter Brown

Elaborate by:

- ✓ Synthesizing ideas in your own words.
- ✓ Teaching them to someone else.

Generate by-:

- ✓ Attempting to solve a problem before being shown the solution.
Giving your best guess – then correct.

Reflect on your learning experiences, by determining :-

- ✓ What went well
- ✓ What could have gone better

Calibrate by-:

- ✓ Using tests to objectively and periodically gauge your level and progress.
- ✓ Treating calibrations like actual tests, do them – don't skate over them.

Use Mnemonics

- ✓ Find or create mnemonic devices to learn information.
- ✓ Learn mnemonic systems to greatly increase your

Be optimistic, as :-

- ✓ Learning needs striving, striving leads to setbacks and set-backs lead to learning.

Spaced Repetition by:-

- ✓ Establishing a regular, low-stakes, self-quizzing schedule, by adjusting gaps from a few minutes, to a few days, to once a month.

Interleaving by:-

- ✓ Studying more than one type of problem within a topic at a time and scattering new problem types throughout your practice schedule.

REMINDERS & ANNOUNCEMENTS

1. All students are required to wear a mask in order to enter and utilize the AAIMS Library. This is in keeping with the ongoing COVID-19 protocols which all students had already been advised. If any student refuses to comply with this policy, it will result in their library privileges being removed.
2. The Access Medicine platform will no longer be available as of Tuesday, August 31, 2021. All subscriptions to this platform will end on the stated date. The Clinical Key Student platform is the better resource and all faculty members have been advised to use the texts on that platform as the key references for their course materials.
3. Students must be wearing their Identification Card (ID card) at all times when present in the classrooms or in the laboratories.
4. Due to the newly imposed government COVID-19 movement restrictions, please note the following:
 - No off campus students will be allowed to attend the Onam Celebration being planned by the Student Guild Association on Saturday, August 21, 2021.
 - No Air Condition will be provided for use for the Onam Celebration
 - Only Pre-Med female students are allowed to participate in the activities
 - For Monday and Tuesday (August 23 & 24) of next week, all classes will be online.
 - The gym, library, and laundry will be closed on the no movement days indicated below:

Seven NO movement days
Starting Sunday Aug 22, 23, 24
August 29, 30, 31
Sept 5th



The final examinations for this quarter will be held on the dates of September 15, 2021 to September 17, 2021. Please kindly note that the instructions remain essentially the same as for previous terms. However, please take the time to review the instructions applicable to you (i.e., onsite or remote) and ensure to read them carefully and make sure that you are in full compliance. **Any deviations or violations will be treated very strictly.**

Wishing you all the best in your upcoming examinations!

 AAIMS ACADEMIC CALENDAR 2021 QUARTER 3: July 5, 2021 - September 17, 2021	
Activity	Date(s)
Pre-Registration Begins	Tuesday, June 29, 2021
Registration Deadline	Friday, July 2, 2021
First Day of Classes	Monday, July 5, 2021
Public Holiday, Emancipation Day	Monday, August 2, 2021
Public Holiday, Independence Day	Friday, August 6, 2021
Mid Term Advisory Days	Thursday & Friday, August 12-13, 2021
Last day of Classes	Friday, September 10, 2021
Coursework Grades Due	Friday, September 10, 2021
End Term Exams	Tuesday-Wednesday, September 14-15, 2021
IBSCE EXAM	TBD
End Term Break	September 18 - 26, 2021
Next Quarter Begins	Monday, September 27, 2021

 AAIMS ACADEMIC CALENDAR 2021 QUARTER 4: September 27, 2021 - December 10, 2021	
Activity	Date(s)
NEW STUDENT ORIENTATION	Begins Week of September 20, 2021
Pre-Registration Begins	Monday, September 20, 2021
Registration Deadline	Friday, September 24, 2021
First Day of Classes	Monday, September 27, 2021
National Heroes' Day, Public Holiday	Monday, October 18, 2021
Mid Term Advisory Days	Thursday & Friday, November 4-5, 2021
Graduation Day	Sunday, December 4, 2021
Last day of Classes	Friday, December 3, 2021
Coursework Grades Due	Friday, December 3, 2021
End Term Exams	Tuesday-Wednesday, Dec 7-8, 2021
IBSCE EXAM	TBD
End Term Vacation Break	December 11, 2021 - January 16, 2022
Next Quarter Begins	Monday, January 17, 2022

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 @AAIMS_MEDSCHOOL



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