



The HORIZON

VOLUME 4, ISSUE 2, FEBRUARY 2026

- WHAT WINTER BRINGS TO MEDICAL STUDENTS' LIVES
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DEAN'S DESK



Dear students, we at Grodno State Medical University strive to provide students with top-quality education, but that's not it. GRSMU is also a hub for Scientific, Cultural, and Sports related activities. We wholeheartedly acknowledge that International students are an integral part of our university, and we take immense pride in that. Grodno State Medical University is glad to work with students from different countries and provide them with a stage to represent their nation and culture.

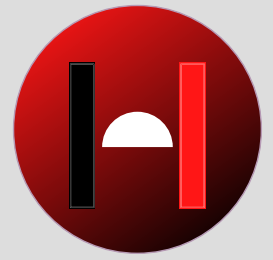


**DEAN OF FACULTY OF INTERNATIONAL STUDENTS
DR. ALEKSANDER ALEKSANDEROVICH STENKO**

GRSMU celebrates its uniqueness in diversity, for in its true essence our university is a junction where students from various backgrounds and cultures come together as one big family. GRSMU has always encouraged students to explore further and beyond in every field they try their hands at. I hope that you like the novel concept of 'The Horizon' - a magazine that serves as a platform for the students to voice their opinions, share their takes and present their points of view.

'**The Horizon**' is a medium of extended communication where we can learn a lot from one another. I highly appreciate this initiative and personally support it. I look forward to reading the interesting blogs written by you.

WELCOME TO THE HORIZON



**DR. MEHUL H. SADADIWALA, FOUNDER,
CLASS OF 2023**

“We all have fascinating stories to share!” For the longest time, I have had this idea of starting a magazine. But not just any conventional magazine, one that shall serve as a platform for the students and alumni of International faculty at Grodno State Medical University to share their stories. A platform that enables students to share their takes on various curricular and extracurricular aspects of medicine. Thus, the idea of ‘**The Horizon**’, came to life.

‘**The Horizon**’ will be a creative intersection where students can freely give commentaries about Lifestyle, Culture, Productivity tips, and more. Throughout the years, many individuals at GrSMU have inculcated valuable skills and gained experience with a fair share of success in various disciplines. Maybe you run a successful YouTube channel or an educational website, or maybe you are a successful student-researcher or an educator, and so much more. 'The Horizon' enables students to share their personal experiences. The insights that you share will encourage other students to take further strides and explore future possibilities.

‘**The Horizon**’ is supported directly by the Dean of the International Faculty, and it will operate under the supervision of the International Students' Scientific Committee. Students from 1st to 6th year, and even graduates, can submit their blogs to this magazine. The articles should directly or indirectly revolve around student life to share knowledge and the collective growth of students.

For inquiries and submissions.

📷 - grsmu_science

✉ - grsmuscience4life@gmail.com, socialmedia3490051@gmail.com

EDITOR'S DESK



“

I am Manjika Ramkrishna Jaiswal, a fourth-year student at Grodno State Medical University, As a Editor in chief, I am honored to helm The Horizon's Winter 2026 issue. In the intense cadence of our training, I envision this edition as a space for balance and inspiration, a place for connection, belonging, and a look toward the future of medicine. Welcome to a publication meant for insight and encouragement.

”



**JAISWAL MANJIKA RAMKRISHNA,
EDITOR, JAN-MAR 2026**



**AHAMIOJE OMOSENOBUA PRECIOUS
EDITOR, JAN-MAR 2026**

“

I'm Ahamioje Omosenobua Precious, currently a fifth year student at GrSMU and the Editor-in-chief of this year's Winter issue. I am a firm believer of the phrase "Knowledge is Key" & strongly aspire to create an environment where information can be obtained in an engaging, creative, exciting, innovative and effective way. I would like to make this magazine not only a place where this goal can be achieved but also one that inspires people to be involved and inspired.

”

And a message to our dearest readers, we would like to invite you all, students and alumni, to share with us the blogs that directly or indirectly revolve around student life, to share knowledge and experiences that has had an impact on your growth within and outside the bounds of our university.

Concluding, let us alter the limitations of our individual efforts and collectively explore limitless Horizons.

Cover Credits

Yenuka De Alwis

For enquiries and submissions.

📷 - grsmu_science

✉ - grsmuscience4life@gmail.com, socialmedia3490051@gmail.com

WHAT WINTER BRINGS TO MEDICAL STUDENTS' LIVES

As much as the shiny white surrounding feels like a wonderland covered in fluffy snow, winter brings a transitional period to all our lives. Whether it is the end of a year or the end of a semester, it teaches us many lessons, including appreciation of what we have and hope of what is to come. This blog explores these lessons and all the aspects of winter intertwined in our lives as medical students.

WRITTEN BY
HALAMBA OSINI
SENARA
RATHNASIRI
CLASS OF 2026

SNEAK PEEK INTO WINTER

Winter arrives with frosty mornings and shorter days. As much as it is appreciable to look outside the window to see snow on rooftops, lanes, and literally everywhere sparkling, the thought of going outside to classes wearing about 3 sets of clothing and a heavy jacket and boots is not quite the best feeling in the world.

We are supposed to check the weather app to see what to expect for the day, but sometimes out of nowhere you are stuck outside with a -20°C temperature with snow falling continuously.

SEASON OF STUDY

One thing that is unavoidable about winter is the exam season. Students must juggle memorizing topographic anatomy or infectious diseases while fighting the extreme cold weather. Even though waking up in the morning with freezing temperatures and darkness outside is very hard, we must forget everything and study with only a cup of hot coffee as a rescue. The darker days amplify fatigue, making motivation harder to sustain.

Furthermore, even during a heavy snowstorm with snow up to our knees, we are to attend classes at 8 am sharp, irrespective of the weather.



JOYS OF WINTER

Despite all the coldness and darkness that shroud us, making us lazy, and despite the academic stress that is definitive, winter can be joyful and cozy. The ability to share hot coffee or hot chocolate with friends during the interval, the view of snow-covered surroundings, and festive decorations and rituals can be cozy and exciting. Shopping for the new year, organizing secret-Santa among groupmates, tubing, sledding and skiing through the snow, making plans for Christmas dinners, decorating Christmas trees and blocks, practicing carols, making a snowman with friends, snowball fighting, gifting and greeting each other during celebrations, going to the Lenin square for New Year festivities, watching and enjoying fireworks, and playing Christmas games together are some of the many things I love about winter. Celebrations like Christmas and New Year provide brief but meaningful breaks from our academic intensity, which we can look forward to in winter.



LESSONS FROM WINTER

On one hand, one can feel that winter is the wise but grumpy old man out of the 4 seasons who is not everyone's favorite.

However, I believe that in everyone's life there is a moment where they should meet a grumpy old man who gives exceptional advice, which leads to the spring of their life, where they get to see the beautiful flowers. Winter brings families and friends together for celebrations like Christmas and New Year and teaches the lesson of the importance of having your loved ones closer to your heart.

Moreover, most of the trees staying dormant and alive only under the soil to endure the harsh conditions of winter show us that we do not always have to fight things, but patience and time can be a solution to some of our problems.

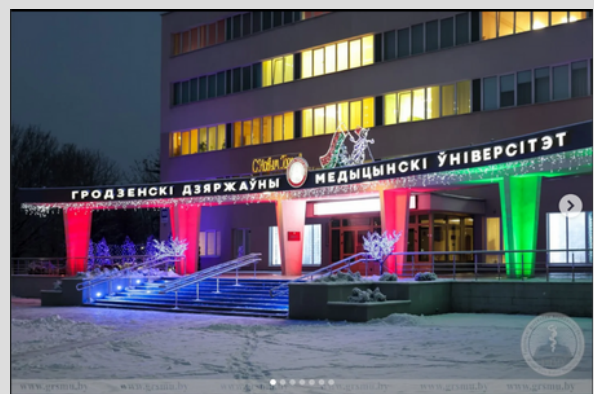
The transition from the season of letting go to the season of blooming happens only through this cold, lazy winter, teaching us that stagnation or a period of a tough time can lead us to a period of beginnings and gains and that hard times are inevitable in the journey of life and on the road to success. Winter, being the season of endings and new beginnings, also is a significant lesson, which reminds us to be grateful for whatever happened or was gained in the last year and gives us a chance to start again fresh with new hope in our dreams.



MENTAL HEALTH MATTERS

Shorter daylight hours can affect mood and energy, sometimes leading to seasonal affective disorders. Apart from that, exam stress can pile up at the last moment, leading to mental health deterioration. Therefore, medical students who are already under pressure must be mindful of their mental health and well-being. Building routines that include exercise, social connection, and rest is essential.

Also, seeking support from peers, mentors, or professionals should be considered a sign of strength, not weakness, during this harsh period. After exams it should be everyone's priority to unwind and enjoy the winter vacation even though it is somewhat shorter, rather than trying to catch up with the study materials they missed.



CONCLUSION

Ultimately, winter teaches medical students lessons beyond textbooks. Adaptability-coping with unpredictable weather and patient surges; resilience-managing academic stress in darker months; and gratitude-finding warmth in friendships, mentors, and small seasonal joys, are some of them. Winter can be a good reminder of why we choose medicine and why we should keep on being good healthcare workers.

Winter may be harsh, but it shapes us medical students into stronger, more compassionate future doctors. The season reminds us that medicine is not about surviving the cold but about bringing warmth to others when they need it the most!

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NAVIGATING MEDICAL LICENSING EXAM PREP: ALONE OR WITH CLASSES?

This blog highlights the contrast between prep courses and self-study, helping medical students identify the approach that best suits their learning style.

WRITTEN BY

ABARRANE
LOURAIN
FERNANDO

CLASS OF 2026

INTRODUCTION

Have you ever found yourself torn between enrolling in a structured exam prep course or tackling the journey alone? Have you felt that pang of guilt after seeing a classmate dive into their exam preparation while you haven't even started? Or perhaps wondered when the right time to begin preparations truly is?

Rest assured, this dilemma is one of the most common challenges medical students encounter at the start of their licensing exam journey.

THE BIG DEBATE: ALONE OR WITH CLASSES?

It's 2 a.m., your desk is buried under flashcards, and you're wondering—should I have signed up for that prep course instead of going solo?

Medical school and licensing exams are like uncharted territory—no checklist, no map—just a journey that leaves countless students wondering which path to take.

At this point, you face two options: preparatory courses or self-study. To begin with, Prep classes comes with both advantages and drawbacks. They can be enlightening for some, exhausting for others. At times they provide valuable insights, but at other times they resemble passive slide-reading rather than genuine teaching. Much depends on the learner; those who absorb information by listening may thrive, while others who rely on reading and writing may struggle.

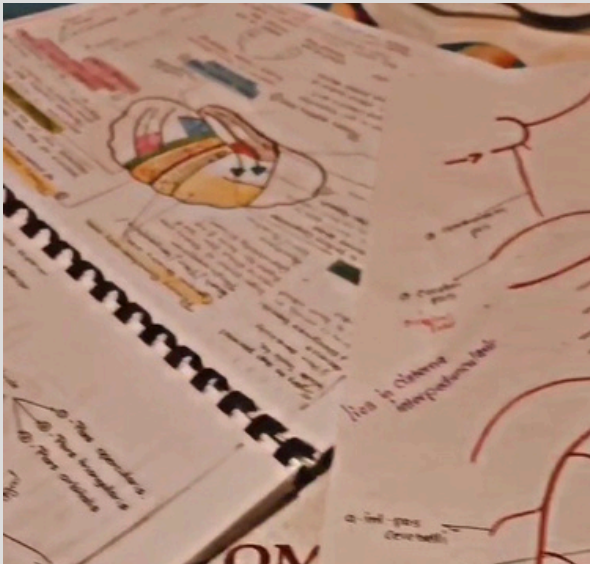


For instance, you've picked prep classes for now. Great, But now comes the tricky part—when do you dive in, and which institution deserves your trust?

One friend says Mr. X, classmates say Mrs. Y, seniors say Ms. Z. With so many voices, you're back to square one: do you pick an institute, or do it alone? And with the “who” unresolved, “when” remains a mystery

Now that classes seems a bit overwhelming, your scale tips slightly toward self-study, you set out armed with flashcards, past papers, and the knowledge you've carried from medical school. Yet again the voices in your head persist: Can you really do it alone? Shouldn't you study like her? Maybe those expensive courses are the secret to success. The voice whispers: Buy them all. That's what real medical students do.

After wrestling with all those internal debates, you eventually decided to begin self-study, and then two months later you are left overwhelmed, stressed, and worn out.



For medical students, licensing exams are more than just tests- they're gateways to careers, residencies, and lifelong practice. But the path to preparation isn't one-size-fits-all. Self-study might be enough for your friend, but you might need a helping hand along the way.

Think of it as yin and yang: prep courses offer valuable insights but demand time, while self-study helps you reflect on your knowledge, though it can leave you drained. Hence step one in med school: discover your rhythm. Some thrive with prep classes, others with solo study, and many find balance in both. Whatever you choose, the key is to know your rhythm and let it guide you.

My journey to finding rhythm was far from straightforward. There were nights of prolonged study until dawn, and days of complete rest. Some exams demanded thorough review of textbooks, while others were managed with online videos.

Over time, I understood that preparation is not absolute - it's a balance, a yin and yang. I thrive with both: prep classes and self-study. Yes, it can feel excruciating at times, but the moment I found my rhythm-my beat-I discovered peace with my inner self.

Medical students study in all kinds of ways. A Yale survey of 560 students showed that 83% leaned on online study guides, 82.5% turned to lectures, and 60.7% joined school-organized workshops and labs (SAGE Journals).

Your rhythm won't appear overnight; it comes through trial and error. It may be exhausting, but it's never out of reach. Whether you opt for structured classes or independent study, dedicate yourself completely and trust your abilities. So breathe, stop stressing, and discover your Yin and Yang.

CONCLUSION

Choosing to study medicine is no small undertaking - it's a commitment tied to life itself. That's why it's important to take your own time and resist the urge to compare your journey with others. Think of it like learning a piece of music: some musicians master the notes quickly, while others take longer to perfect each phrase. In the end, both can perform beautifully - because each found their own tempo. Every student learns at their own rhythm and in their own style. What truly matters is discovering that rhythm, because once you do, the rest will naturally become part of your success story.

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UNDERSTANDING MUSCLE RECOVERY FOR FITNESS ENTHUSIASTS

Recovery is an essential component of any exercise, because muscles can recover, grow and strengthen. Depending on the muscle group, recovery time may vary. Usually, training the lower back and biceps can take 48-72 hours, but the chest and triceps are involved in complex movements, so they often recover in 48 hours. The legs usually take 48 to 72 hours, because they are larger muscle groups that are under significant stress. Because the shoulders are small in size, they often recover faster in 24-48 hours. Understanding these recovery times can help you optimize your workouts and improve your performance.

WRITTEN BY
H.M. HESHAN
C.SENANAYAKE
CLASS OF 2026

INTRODUCTION

Muscle recovery is an integral part of any workout regimen, often overlooked in the quest for strength and endurance. It's the process that allows muscles to heal, adapt, and grow stronger following physical exertion. Recovery is not just a passive phase; it is an active, essential process in achieving fitness goals and avoiding injuries. This article delves into the physiology behind muscle recovery, discusses the recovery times for different muscle groups, common injuries, warm-up exercises, debunks myths about muscle damage and recovery, and provides practical tips for optimal recovery.

PHYSIOLOGY BEHIND MUSCLE RECOVERY

When we engage in resistance training or high-intensity workouts, muscle fibers experience micro-tears. This damage triggers a complex physiological response that leads to muscle repair and growth. The recovery process encompasses several key phases:

1. **Inflammation** After exercise, an inflammatory response occurs, bringing immune cells to the site of injury. This process helps clear out damaged tissue and signals the start of muscle repair.
2. **Cellular Repair** Satellite cells, which are precursors to muscle cells, become activated and begin to proliferate and fuse to the damaged fibers, facilitating repair and generating new muscle cells.

3. **Protein Synthesis:** During recovery, the body synthesizes new proteins to rebuild and strengthen muscle fibers. This process requires adequate nutrient intake, particularly protein.
4. **Glycogen Restoration:** Intense workouts deplete muscle glycogen reserves. Recovering glycogen levels is vital for energy replenishment, particularly for subsequent workouts. The overall recovery time varies based on several factors, including the intensity of the workout and the specific muscle group involved.



RECOVERY TIMES AND POSSIBLE INJURIES

Understanding the expected recovery times for different muscle groups can help in planning a workout routine that balances exertion with adequate rest.

- **Back and Biceps:** Typically, these muscle groups may require 48 to 72 hours for full recovery following intense workouts. Common injuries include strains and pulls, often resulting from improper lifting techniques.
- **Chest and Triceps:** Recovery for the chest and triceps usually takes about 48 hours. Overtraining these muscles can lead to conditions like tendonitis or muscle tears, especially if exercises are performed with improper form.
- **Legs and Shoulders:** The legs often take a longer time to recover, generally around 72 hours, given their larger muscle mass. Injuries such as sprains, strains, or knee issues are common, particularly in high-impact activities. Shoulders may take about 48 hours; rotator cuff injuries can result from repetitive overhead motions.

WARM-UP EXERCISES



Incorporating a proper warm-up before workouts can minimize the risk of injuries and aid in the recovery process. Here are effective warm-up exercises:

1. **Dynamic Stretching:** Movements like leg swings, arm circles, and torso twists can increase blood flow, enhance flexibility, and prepare your muscles for exertion.

2. **Light Aerobic Activity:** Activities such as brisk walking or cycling for 5-10 minutes elevate heart rate and warm up the body, preparing it for more intense workouts.
3. **Specific Warm-Up:** Perform light sets of exercises similar to your planned workout (e.g., lighter weights in bench presses for chest work) to activate specific muscle groups.

MYTHS ABOUT MUSCLE DAMAGE, RECOVERY, AND WORKING OUT

Several misconceptions about muscle recovery can lead to ineffective practices. Here are a few common myths:

- **Muscle Soreness Equals Muscle Growth:** While some muscle soreness can indicate adaptation, excessive soreness often indicates overtraining or injury, which can hinder progress.
- **You Shouldn't Exercise Sore Muscles:** While rest is essential, light activity can promote circulation and alleviate soreness, as long as it is not causing pain.
- **Static Stretching Before Workouts Is Beneficial:** Engaging in static stretching before intense activities can reduce muscle performance. Dynamic stretching is recommended instead.
- **More Protein Equals Faster Recovery:** While adequate protein is crucial, excessive intake does not speed up recovery. The timing and overall balance of nutrients are more vital.



TIPS FOR RECOVERY: DOS AND DON'TS

DOs:

1. Do Prioritize Recovery Days: Schedule regular rest days to allow muscles to heal and grow.
2. Do Stay Hydrated: Proper hydration supports recovery by aiding nutrient transport and waste removal.
3. Do Focus on Nutrition: Consume a balanced diet rich in proteins, healthy fats, and carbohydrates to support your body's recovery processes.
4. Do Listen to Your Body: Pay attention to signs of fatigue, soreness, or pain, and adjust your workout intensity as needed.

DON'Ts

1. Don't Skip Sleep: Quality sleep is crucial for recovery, so aim for 7-9 hours per night.
2. Don't Neglect Rest: Avoid working the same muscle groups on consecutive days without sufficient recovery.
3. Don't Rely Solely on Supplements: While supplements can aid recovery, prioritize whole foods as sources of nutrition.
4. Don't Ignore Pain: If you experience persistent pain, consult a healthcare professional rather than pushing through discomfort.

CONCLUSION

Muscle recovery is a vital aspect of any workout regimen that should not be overlooked.

By understanding the physiological processes involved, recognizing recovery times for different muscle groups, addressing common injuries, and incorporating effective warm-up exercises, individuals can optimize their training outcomes.

Debunking prevailing myths surrounding muscle recovery and following practical recovery tips will enhance athletic performance and well-being. By prioritizing recovery, fitness enthusiasts can achieve their goals while minimizing the risk of injuries.



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WHAT WE SAY VS. WHAT THEY HEAR

The piece will reflect on how common phrases used in medical consultations can be interpreted differently by patients, and how mindful communication can positively shape the patient experience. The focus will be on empathy, understanding, and small language choices that help patients feel heard.

WRITTEN BY
NIPUNI
DASSANAYAKE
CLASS OF 2025

INTRODUCTION

Clinical words are precise, but understanding is not. The difference matters.

“Your troponins are mildly elevated; ECG shows some borderline ST-T changes. We’ll rule out ACS, get cardiology on board, probably put you on telemetry for now.”

The doctor was already typing, half-standing, eyes flicking toward the door.

The patient blinked. “So... what does that mean?”

“It’s likely nothing acute, but we can’t exclude an MI yet,” the doctor said quickly. “We’ll monitor, see how things evolve.”

A pause.

“Is it a heart attack?” The patient asked, voice tight.

“Well,” the doctor replied, glancing at the clock. “It’s a low probability event, but not a zero one.”

The patient nodded. The doctor took that as understanding.

On the way home, the words replayed very differently: elevated troponins, can’t exclude, monitor.

Unlikely disappeared.

Safe sounded temporary.

Nothing acute felt like something was being missed.

By the time the patient reached the car, the conclusion was clear: They think I’m dying. They just didn’t want to say it.

This exchange plays out daily in clinics and hospitals. It isn’t due to incompetence or indifference, but to two people listening through different lenses. Doctors speak with precision; patients listen through emotion. Between the two, meaning fractures.

That gap quietly shapes healthcare outcomes, influencing trust, safety, adherence, anxiety, and ultimately, healing.



TWO LANGUAGES, ONE CONVERSATION

Doctors are fluent in medical shorthand. Jargon exists for a reason: it allows speed, accuracy, and shared understanding among professionals. Words like benign, borderline, unremarkable, or stable carry specific meanings in clinical culture.

To patients, those same words can sound ominous, vague, or dismissive.

“Your X-ray is unremarkable” may be heard as your pain can’t be explained.

“We’ll monitor this” often translates to nothing is being done.

“Let’s rule this out” becomes they think I have it.

Studies repeatedly show that patients misunderstand common clinical phrases, sometimes assigning meanings opposite to what clinicians intend. But the issue isn’t just vocabulary. Even when jargon is avoided, meaning can still collapse.

INTENTION VS. INTERPRETATION

Medicine isn’t practiced in a vacuum. Patients interpret information through fear, past experiences, culture, health literacy, and the vulnerability of being unwell.

When a doctor says, “Your condition is stable,” they mean there is no immediate deterioration. The patient hears, This is permanent.

When we say, “This is common,” we mean well-recognized. Patients may hear, I shouldn’t be struggling this much.

“It’s probably stress-related” can land as, This is my fault.

Fear is a powerful translator. Anxious patients rarely remember everything said; what lingers is often the most frightening possibility, even if it was framed as unlikely. “We should rule this out” often leaves only the feared diagnosis echoing after the visit ends.



WHY THE GAP PERSISTS

Medical training rewards precision and efficiency. We grow comfortable with language that feels neutral to us but emotionally charged to others. What may be routine for us is, for the person sitting across the desk, their entire life. Time pressure compresses explanations, while patients expand them internally, filling gaps with assumptions and internet searches.

Power dynamics compound the problem. Many patients won’t interrupt or admit confusion. A nod is mistaken for understanding, silence for clarity.

We also forget what it’s like not to know. What feels obvious to us can be frightening to someone else, and giving instructions without explaining why invites doubt, fear, and non-adherence.

WHEN MISCOMMUNICATION CAUSES HARM

Poor communication isn’t a “soft” problem. It’s a safety issue.

Misunderstandings lead to medication errors, missed follow-ups, unnecessary anxiety, and loss of trust. Patients may stop treatment they were afraid to question or delay care because something sounded “not serious.” Harm often arises not from the medicine itself, but from how it was explained.

In contrast, clear doctor–patient communication improves adherence, reduces anxiety, eases pain, and even affects physiological outcomes. Clarity isn’t optional. It’s part of treatment.

BRIDGING THE GAP

Closing this gap doesn’t require longer appointments or perfect scripts. It requires intention.

Explain the why, not just the what.

Check understanding using teach-back.

Invite dialogue with “What worries you most?” rather than “Any questions?”

Name uncertainty without abandoning reassurance.

Validate before reassuring.



Sometimes, one extra sentence changes everything: “Your symptoms are real, even if the tests are normal.”

“We don’t have the full answer yet, but we’re still working on this.”

“We’ll keep reviewing this together.”

These don’t promise cures. They offer partnership.

THE SAME CONVERSATION, DONE RIGHT

“Let’s slow this down for a moment,” the doctor said, turning back to the chair instead of the door. “I want to make sure we’re on the same page.”

“Your blood test shows a small change that can be related to the heart, but right now it is not showing a heart attack. Your ECG has some minor changes that are common and often harmless. Because you came in with chest pain, the safest thing to do is get a cardiologist to review everything just to be sure.”

The patient frowned. “So... am I in danger?”

“No,” the doctor said clearly. “There’s no immediate threat. This is about being careful, not because we think the worst is happening.”

The patient exhaled.

“When I say we’ll monitor,” the doctor continued, “I mean repeat tests, regular check-ins, and keeping you informed. You won’t be forgotten.”

“Can you tell me what you understood?” she asked.

The patient nodded. “You don’t think I’m having a heart attack. But you want to double-check so nothing serious is missed.”

“Exactly. Your symptoms matter, and we’re staying with you.”

This time, on the way home, the words stayed intact.

Careful didn’t sound like panic.

Monitoring didn’t sound like abandonment.

And reassurance finally sounded like reassurance.

CONCLUSION

Medicine is technical. But it is also human. If what we say, no matter how accurate, doesn’t land in the patient’s understanding, then clarity has failed.

The true test of communication isn’t whether we said it right.

It’s whether the patient heard it as we intended.

And in that space, trust is built.

That is often where healing truly begins.



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