

**GASTROENTEROLOGY | GENERAL MEDICINE | HEPATOLOGY | DIAGNOSTIC AND THERAPEUTIC
UPPER AND LOWER GI ENDOSCOPY | CLINICAL TEACHING | EMERGENCY CARE**

"Accomplished and goal-oriented professional with expertise in Medical Education and Translational Research is seeking a position to utilize and accumulate my skills in General Internal Medicine, Gastroenterology and Hepatology, and to make a positive contribution to the further success of the employer."

SUMMARY OF QUALIFICATIONS

- Highly motivated and dedicated professional offering over 20-year expertise in Internal Medicine, Gastroenterology and Hepatology in varied medical environments.
- Experienced in exercising varied endoscopy and advanced endoscopy techniques, therapeutic endoscopy and ERCP.
- Outstanding ability to investigate selected scientific areas, illustrated by excellent lab skills and exceptional academic record.
- Invaluable experience in delivering comprehensive and proficient clinical teaching, especially in terms of post-graduate training and education.
- Enthusiastic in applying communicative and leadership abilities build productive collaboration with colleagues, to coordinate junior staff, and to assure proper functioning of any department employed with
- Regarded for high-quality performance as a team player and individually.
- Strong organizational skills and profound ability to manage multiple tasks and responsibilities.
- Exceptional ability to handle working and studying activities simultaneously.

ACADEMIC BACKGROUND

- **Fellowship of the Royal College of Physicians London** United Kingdom February 2022
- **Higher Diploma in Gastroenterology** | Queen's Mary University London, UK | June 2016
- **MD degree in Medicine** | National University of Ireland, Galway, Ireland | July 2013
- **Postgraduate Certificate in Teaching and Learning in Higher Education** | Centre of Excellence in Learning and Teaching, National University of Ireland, Galway, Ireland | May 2011
- **Master's in medical sciences** (two-year part-time) | National University of Ireland, Galway | June 2008
- **MRCPI** | Member of the Royal College of Physicians of Ireland | June 2006
- **Diploma in the Medicine of the Elderly (DME)** | Royal College of Surgeons/Royal College of Physicians of Ireland | Joint Board Oct 2004
- **MB Bch – Bachelor of Medicine, Bachelor of Surgery, and Bachelor of Obstetrics** (74% pass rate) | Assuit Faculty of Medicine, Assuit University, Egypt | Feb 1996

PROFESSIONAL REGISTRATION

- **Specialist Registration in General Internal Medicine & Gastroenterology** (with a license to practice, #6072834), GMC, UK
- **Specialist Registration in General Internal Medicine & Gastroenterology** (#050066), Medical Council, Republic of Ireland.
- **Specialist Registration General Internal Medicine & Gastroenterology** (#897), Sudan Medical Council
- **RCP UK (JAG) accredited trainer in Upper and Lower GI endoscopy**

PROFESSIONAL DEVELOPMENT

Higher Medical Training:

- **Fellowship in Advanced Endoscopy**, University Hospital Southampton, Southampton, UK July 2014
- **Registrar Gastroenterology, Hepatology, and GIM**, St. James's Hospital, Dublin, Ireland (July 2012-July 2013)
- **Registrar Endoscopy/GIM**, University Hospital, Galway, Ireland (June 2009-July 2012)
- **Lecturer in Medicine /Researcher** in Translational Medicine NUI, Galway, Ireland (2009-2012)
- **Registrar Gastroenterology/GIM**, University Hospital, Galway, Ireland (June 2007-July 2009)

Basic Medical Training (BST):

- *Western Medical Training Scheme UCHG*, University Hospital, Galway, Merlin Park Hospital, and Roscommon County Hospital (June 2005-July 2007)
- *SHO Medicine*, Mayo General Hospital, Castlebar, Ireland (2004-2005)
- *SHO Medicine*, Mullingar General Hospital, Mullingar, Ireland (2003-2005)
- *Basic Specialist Training Certificate (GPT) in Internal Medicine*, Royal College of Physicians of Ireland.

Educational and Training Courses:

- *Fibroscan* training certificate **Use Fibroscan 502 Touch** Fibroscan + Medium & XL probe by ECHOSENSE S.A.S 10/2017
- *Advanced Life Support Course*, Resuscitation Council UK, Braintree Community Hospital 14/09/2014 (valid for 4 years).
- *Effective Patient Communication Skills* (6 CPD Points), The Medical Defense Union, 230 Blackfriars Rd., London, SE1 8PJ (July 18 2014)
- *Practical Nutrition Support Course, Institute of Human Nutrition*, University of Southampton (July 6-9 2014).
- *Effective Colleague Communication Skills* (6 CPD Points), The Medical Defense Union, , London, (July 1st 2014)
- *Preparing for Your First Consultant Role* (6 CPD Points), The Medical Defense Union, London, SE1 8PJ (June 4 2014).
- *Medical Ethics and Law* (6 CPD Points), The Medical Defense Union, 230 Blackfriars Rd., London, SE1 8PJ (May 9 2014)
- *Gastroenterology SCE Course* (Gastroenterology Curriculum review Course), St. Mark's Hospital and Academic Institute, St. Mark's Hospital Watford Rd. Harrow, London (March 27-28 2014)
- *Ethics IV: Healthcare Ethics for GIM*, RCPI, Dublin (June 7 2013), *Workshop on Performing Audit*, RCPI, Dublin (June 6 2013)
- *HST Leadership in Clinical Practice III*, RCPI, Dublin (Feb 17-19 2013)

Advanced Endoscopy Courses:

- **ERCP skills training course**, JAG Approved 5-days with hands-on training Stokes on-Trent University Hospital UK 07/2015
- *European Capsule Endoscopy Training Program (Primary and Advanced course)* 13-14 Nov 2014, (BSG & ASGE, JAG approved), Sheffield Teaching Hospital & South Tyneside NHS foundation Trust.
- *Training the Colonoscopy Trainers (TCT) course*, Sunderland Royal Hospital, Sunderland (Feb 4-5 2014) – Day 1: classroom/ seminar and model based teaching aimed at developing a training framework to apply to endoscopic training; Day 2: learning to apply the knowledge from day 1 teaching in a clinical environment.
- *Lower GI Polypectomy Skills*, JAG accredited course, Endoscopy Unit, University Hospital Southampton (March 10 2014) – practical course using the WIMAT porcine model of endoscopic polypectomy to provide an overview and practical experience of how to perform safe and effective polypectomy, covering practical polypectomy, tattooing, endoclip placement, and endoscopic mucosal resection.
- *Basic Colonoscopy Course*, JAG accredited course, Endoscopy Unit, University Hospital Southampton (Nov 3-5 2014).
- *Towards Excellence in Colonoscopy Workshop*, Beaumont Hospital, Dublin (Apr 24 2009)
- *Advanced Colonoscopy Techniques Workshop*, Beaumont Hospital, Dublin (Apr 11 2008)

Workshops and Meetings:

- **The 25th United European Gastroenterology Week or UEG Week 2017, Barcelona, Spain October, 2017**
- **International Advanced Endoscopy Masterclass (AEM), The Royal Society of Medicine, London 31st August to the 2nd September 2017.**
- **Digestive Disease week and AGA PG course** Washington DC USA May 2015
- **BASL School of Hepatology**, 14-15 June 2014, British Association for the Study of the Liver, Chilworth Manor, Southampton
- **Combined EPC and IAP Meeting**:: The meeting of the European Pancreatic Club (EPC) and the International Association of Pancreatology (IAP) combined meeting, Southampton University, UK (June 24-28 2014)
- *Portsmouth Endoscopy Symposium Advances in Endoscopy*, 16-17 January 2013.
- *European Crohn's and Colitis Organization (ECCO) Workshop*, Galway (Oct 15 2010)
- *Attendance UEGW Congress*, London (Oct 2009)
- *Molecular Medicine Cell Biology Practical Course*, NUIG (March 2009)
- *The First Annual SpR IBD Study Day*, Galway (Oct 2008)
- *Attendance UEGW Congress*, Vienna (Oct 2008), *Peptic Ulcer Bleeding Workshop*, Gothenburg, Sweden (June 2008), *DDW*, San Diego (May 2008), *UEGW Paris* 10/07.

OVERALL CLINICAL EXPERIENCE

Employer	Grade	Specialty	Clinical lead	Dates: (From –	Months in post
Pinderfields Teaching Hospital, Wakefield	Consultant Physician Gastroenterologist	ERCP/HPB	Dr Nick Burr	January 2025-date	4+
Royal Hampshire County Hospital, Winchester/Andover Hospitals	Consultant Physician Gastroenterologist	Gastroenterology/ Endoscopy	Dr Frank Murphy	October 2024-Dec 2024	3
Blackpool Teaching Hospital Blackpool UK	Consultant Physician Gastroenterologist	Gastroenterology/ Endoscopy	Dr R Butcher	October 23 -July 24	8+
Princess Elizabeth Hospital MSG Group Guernsey	Consultant Physician Gastroenterologist	Gastroenterology/ Endoscopy	Dr S Evans	October 2022 to April 2023	7
Southend University Hospitals NHS foundation Trust, UK	Consultant Physician Gastroenterologist	Gastroenterology/ Endoscopy	Dr C. Streckland	Nov 2020 July 2022	20+
Queen`s Hospital London BHR University Hospitals NHS foundation Trust, UK	Consultant Physician Gastroenterologist	Gastroenterology/ Endoscopy	Dr H Elmeliek	July - October 2020	4+
Mid Essex Hospital Trust Broomfield Hospital	Consultant Physician Gastroenterologist	Gastroenterology Endoscopy	Dr S Oza,	June 2018 to May 2020	23+
Peterborough City Hospital Peterborough, Cambridgeshire	Consultant Physician Gastroenterologist	Gastroenterology/ Hepatology Endoscopy	Dr M Minkovic	20/04/2017 to June 2018	12+
Milton Keynes University Hospitals NHS foundation Trust ,UK	Consultant Physician Gastroenterologist	Gastroenterology/ Endoscopy	Dr McFaull Dr I Mehdi	20/09/2016- to 06/04/2017	8 +
North Cambria University Hospitals NHS foundation Trust ,UK	Consultant Physician/Gastroenterologist	GIM/Gastro	Dr Denis Burke	10/08/2014- to 19/09/2016	24+
University Hospital Southampton NHS Trust UK	Post CCT Senior Clinical Fellow	Advanced Endoscopy	Dr. Praful Patel, Dr. Mark Wright,	15/09/2013- 31/07/2014	10
St James`s Hospital, Dublin Ireland	Senior Registrar	Gastroenterology/GIM	Prof. D. O`Toole	1/01/2013- 07/07/2013	6
St James's Hospital, Dublin Ireland	Senior Registrar	Endoscopy/ GIM	Pr. D. O`Toole,	7/07/2012- 31/12/2012	6
National University of Ireland Galway, Ireland	Lecturer/Medicine	Medicine	Professor Larry Egan	01/07/10- 06/07/2012	24
University Hospital, Galway Ireland	Senior Registrar	Endoscopy/ GIM	Dr. J.M. Lee , Dr. V. Byrnes, Dr. R. Mcloughlin, Pr.	01/07/10- 06/07/2012	24

National University of Ireland Galway, Ireland	Research fellow	Medicine, CPT	Pr. Larry Egan	01/07/09 30/06/10	12
University Hospital, Galway Ireland	Registrar	GI Endoscopy	Dr. J.M. Lee , Dr. V. Byrnes, Pr. L.J. Egan	01/07/09 30/06/10	12
University Hospital, Galway, Ireland	Registrar	Gastroenterology	Pr. L.J. Egan, Dr. J. Lee ,	01/07/07 to 30/06/09	24
Merlin Park University Hospital, Galway, Ireland	SHO	Rheumatology	Dr. Robert Coughlin	01/04/07 30/06/07	3
Merlin Perk University Hospital, Galway, Ireland	SHO	Nephrology	Dr. David Lappin Dr. Donald Reddan	01/01/07 30/03/07	3
University Hospital, Galway Ireland	SHO	Haematology	Pr. M. O'Dwyer Dr. M Murray	1/10/2006- 31/12/2006	3
University Hospital, Galway Ireland	SHO	Endocrinology& Diabetes	Pr. Tim O'Brien Pro. F. Dunne , Dr. S. Dinnen	1/07/2006- 30/09/2006	3
Roscommon County Hospital Ireland	SHO	GIM medicine	Dr. McHugh, Dr. G. O'Mara	01/01/2006- 30/06/2006	6
University Hospital, Galway Ireland	SHO	Cardiology	Dr. Daly, Dr. J. Crowley	01/07/2005- 30/06/2005	6
Mayo General Hospital Castelbar, Ireland	SHO	Gastroenterology/Geriatrics/Respiratory	Dr. L. O'Donnell. Dr. Lavin, Dr. J. Murphy, Dr.C. Rooney	1/07/2004- 30/06/2005	12
Mullingar General Hospital Mullingar, Ireland	SHO	Medicine	Dr. Sean Murphy Dr. A. O'Brien , Dr M. O'Donovan	01/07/2003- 30/06/2004	12
Mullingar General Hospital Ireland	Attachment	Medicine	Dr. Aidan O'Brien	01/03/2003- 30/06/2003	3
Royal Saudi Air Defence Forces Medical Department	Primary Care	Primary Medical Care	Dr. A. Aziz AlQabaa	05/11/200- 01/02/2003	15
Al- Faraby Dispensary Dammam, Saudi Arabia	SHO	Accident & Emergency	Dr. M. Adeeb Mukkahal	01/06/1999 30/10/2000	17
Dr. Adil Turki Polyclinic Jeddah ,Saudi Arabia	SHO	Primary Medical Care	Dr. Adil Turki	01/06/1989 01/04/1999	10
Dr.Gazawi Hospital Jeddah, Saudi Arabia	SHO	A&E	Dr. Hassan Gazzawi	01/03/1998 30/05/1998	3
Dalal Al Fahad Medical Centre	SHO	Primary Care	Dr. Hilal Abu Shadi	01/08/1997- 30/11/1997	4
AL Waleed Medical Centre Cairo	SHO	Primary Care	Dr. Ahmed ALI	1/05/1997- 30/07/1997	3
Assuit University Hospitals Assuit, Egypt.	Intern	Medicine/Surgery/Peds/O&G	Pr. Mamdouh Shaban	01/03/1996 28/02/1997	12

RELEVANT CONSULTANT EXPERIENCE**CONSULTANT PHYSICIAN, GASTROENTEROLOGIST***Pinderfields Teaching Hospital Wakefield**January 2025- Date*

My current role as consultant in hepatobiliary (HPB) **medicine represents** unique challenge and experience in the **field** of HPB medicine. It is focused on ERCP performing two-three lists of ERCP per week and attending three MDT meetings in hepatobiliary and pancreatic disease meetings with lots of discussion and learning in the subspeciality. It also **includes** covering HPB clinics with lots of experience on GI radiology and management of HPB cancers. Typical weekly schedule includes

<i>Gastroenterology /HPB Clinic</i>	<i>2-3 clinics /week</i>	<i>Hepatobiliary MDT</i>	<i>3 hours/week</i>
<i>General Endoscopy</i>	<i>1-2 sessions/week</i>	<i>Pancreatic MDT</i>	<i>3 hours/week</i>
<i>Therapeutic Endoscopy & ERCP</i>	<i>3 list/ weeks</i>	<i>Oesophago-Gastric (UGI) MDT</i>	<i>2 hours/week</i>
<i>Ward cover 1.8 per Rota including GI bleeds Rota.</i>			

*Royal Hampshire County Hospital, Winchester/Andover Hospitals**October 2024-Dec 2024*

I moved to join the gastroenterology/Hepatology team at Royal Hampshire Hospitals working in both Winchester and Andover Hospitals. My weekly responsibilities encompass 10 PA sessions, three clinics, and three Endoscopy lists (including therapeutics).

*Blackpool Victoria Hospital, Blackpool UK**October 2023 to July 2024*

In October 2023, I became a part of the gastroenterology/Hepatology team in Blackpool. My weekly responsibilities encompass 10 PA sessions, three clinics, and involvement in three Endoscopy lists (including therapeutics). Additionally, I collaborate with my consultant colleague in various duties such as inpatient service coverage, GI bleed cover on a 1-in-6 rota, specialized clinics, and diverse endoscopic procedures, including advanced endoscopy.

*Princess Elizabeth Hospital MSG Group Guernsey**October 2022 to April 2023*

I joined the gastroenterology/Hepatology team in Guernsey, my regular commitments involve conducting 10 PA sessions weekly, overseeing three clinics, and contributing to three Endoscopy lists (inclusive of therapeutics). Furthermore, I collaborate with my consultant colleague in various responsibilities, encompassing inpatient service coverage and GI bleed cover according to a designated rota.

CONSULTANT PHYSICIAN, GASTROENTEROLOGIST.*Southend University Hospital, Southend, UK**Nov. 2020 -July 2022*

I moved to join the gastroenterology/Hepatology team in Southend. Typical weekly schedule includes 10 PA sessions with three clinics a week. Three Endoscopy lists (including therapeutics) I'm participating in other all duties with my consultant colleague including inpatient service cover and GI bleed cover as per rota, various specialized clinics and endoscopy including advanced endoscopy and ERCP.

CONSULTANT PHYSICIAN, GASTROENTEROLOGIST.*Barking,Havering and Redbridge University Hospitals, (Queens's Hospital London) ,UK**July 2020-October 2020*

I moved to join the gastroenterology/Hepatology team at Queens's Hospital London. Typical weekly schedule includes 10 PA sessions with three clinics a week. Three Endoscopy lists (including therapeutics) I'm participating in all other duties with my consultant colleague including inpatient service cover and GI bleed cover as per rota, various specialized clinics and endoscopy including advanced endoscopy and ERCP.

CONSULTANT PHYSICIAN, GASTROENTEROLOGIST.*Mid Essex Hospital, Broomfield,**April 2017-May 2020*

I moved to join the gastroenterology/Hepatology team in Broomfield Hospital June 2018. Typical weekly schedule includes 10 PA sessions with two 2WW suspected cancer clinics a week. I'm participating in other all duties with my consultant colleague including inpatient service cover, various specialized clinics and endoscopy including advanced endoscopy and ERCP.

Suspected Cancer clinics (UGI)	2 clinics /week	Suspected Cancer clinics (HPB)	twice/month
Suspected Cancer clinics (LGI)	1-2 sessions/week	Hepatobiliary MDT	weekly/month
General Endoscopy	1-2 list/ weeks	Oesophago-Gastric MDT	1 hour/week
Therapeutic Endoscopy & ERCP	1list/ weeks	Journal Club/M&M/Case Discussion	1 hour/week
		Hospital Grand Rounds	1 hour/week
			1 hour/week

CONSULTANT PHYSICIAN, GASTROENTEROLOGIST & HEPATOLOGIST*Peterborough City Hospital, Peterborough, Cambridgeshire, UK**April 2017-June 2018*

I moved to join the gastroenterology/Hepatology team in Peterborough City Hospital in April 2017. Typical weekly schedule includes 10 PA sessions with two Hepatology clinics a week. I'm participating in all duties with my consultant colleague including inpatient service cover, various specialized clinics and endoscopy including advanced endoscopy and ERCP.

Hepatology /Fibroscan	2 clinics /week	IBD Clinic cover	twice/month
General Endoscopy	1-2 sessions/week	Gastroenterology clinic	twice/month
Therapeutic Endoscopy & ERCP	1-2 list/ weeks	Hepatobiliary MDT	1 hour/week
Ward Rounds	1-2 Major/week	Oesophago-Gastric MDT	1 hour/week
		Journal Club/M&M/Case Discussion	1 hour/week
		Hospital Grand Rounds	1 hour/week

CONSULTANT PHYSICIAN/GASTROENTEROLOGIST*Milton Keynes University Hospitals NHS foundation Trust, UK**Sept. 2016- April 2017*

I moved to join the gastroenterology team in Milton Keynes University Hospital in Sept 2016. Typical weekly schedule includes 10 PA sessions in addition to emergency GI bleed. I'm participating in all duties with my consultant colleague including inpatient service cover, various specialized clinics and endoscopy including advanced endoscopy and ERCP.

Gastroenterology /GIM Clinic	3-4 clinics /week	IBD Clinic cover	twice/month
General Endoscopy	1-2 sessions/wee	Hepatology Clinic	twice/month
Therapeutic Endoscopy & ERCP	1-2 list/ weeks	Hepatobiliary MDT	1 hour/week
Ward Rounds	1-2 Major/week	Oesophago-Gastric MDT	1 hour/week
		Journal Club/M&M/Case Discussion	1 hour/week
		Hospital Grand Rounds	1 hour/week

CONSULTANT PHYSICIAN/GASTROENTEROLOGIST*North Cumbria University Hospitals NHS Foundation Trust, Carlisle, Cumbria UK**Aug 2014- Sept.2016*

I started this post in August 2014. Typical weekly schedule includes 10 PA sessions in addition to GIM on calls and on call Rota for emergency GI bleed. All consultant duties, including inpatient service cover, various specialized clinics and endoscopy including advanced endoscopy and ERCP.

Gastroenterology /GIM Clinic	3 clinics /week	IBD Clinic cover	twice/month
General Endoscopy	3 sessions/week	Hepatology Clinic	twice/month
GI Bleeder oncall nights	1 in 6 to 1 in 9	Hepatobiliary MDT	1 hour/week
Endoscopy (ERCP)	1 list/ weeks	Oesophago-Gastric MDT	1 hour/week
GIM oncalls	1 in 9	Journal Club/M&M/Case Discussion	1 hour/week
Ward Rounds	3 Major/week	Hospital Grand Rounds	1 hour/week

ENDOSCOPY SKILLS SUMMARY (APPROXIMATION)

Upper GI Endoscopy (3500+ Cases); Trainer	Lower GI Endoscopy (2500+ Cases colonoscopy); Trainer (1000+ Flex Sig); Trainer	ERCP (500 + Cases) Independent
Therapeutic procedures	Therapeutic procedures	ERCP skills
Variceal band ligation Injection of bleeding ulcers Clipping of bleeding ulcers Stricture dilatation/stenting Pyloric dilatation/ stenting PEG/PEJ tube insertion Argon plasma coagulation etc Oesophageal stenting	Snare polypectomy Large polyp > 2cm EMR Endoloop resection Injection of bleeders Clipping of bleeders Argon plasma coagulation etc	Sphincterotomy/Balloon trawl Balloon Sphincteroplasty/Stone Crusher Plastic/metal Stent insertion/Removal Duodenal and Oesophageal stenting Stone lithotripsy/crusher etc

SENIOR CLINICAL FELLOW IN ADVANCE ENDOSCOPY*University Hospital Southampton NHS Foundation Trust – Southampton, UK**Sep 2013-July 31, 2014****Supervisors: Dr. Praful Patel, Dr. Mark Wright, Dr. Phil Boger, Dr. Bernard Stacey, and Dr. Trevor Smith***

Following completion of my specialty training in GIM/Gastroenterology in Ireland and after obtaining MD degree in Medicine, I have decided to further advance my endoscopy skills by doing Post CCT Fellowship in Advanced Endoscopy at the University Hospital Southampton NHS Foundation Trust a tertiary referral centre with a large catchment area of approximately 1.8 m population. During this time I gained a vast experience in many areas in advance endoscopy including EMR/ESD, ERCP with exposure to endoscopic ultrasound and Radiofrequency Ablation for Barrett's oesophagus.

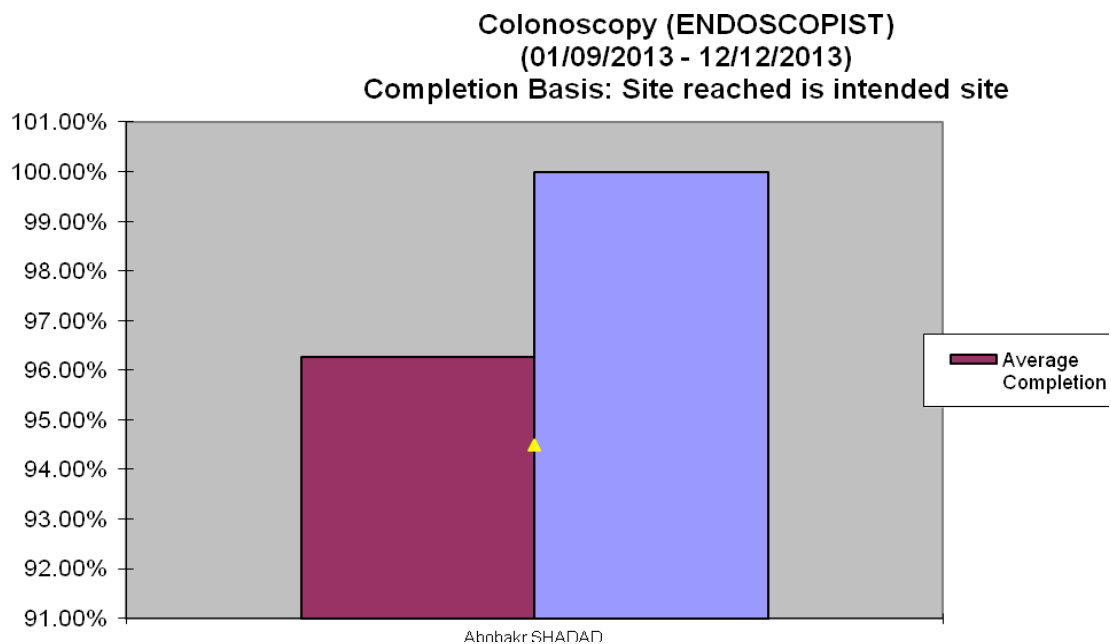
- Employed with the following **schedule**

Gastroenterology Clinic	5 hours/week	Oesophageal HALO/RFA/EMR Upper List	1 list/month
General Endoscopy (Colonoscopy)	3-5 sessions/week	Propofol Endoscopy List	1 list/month
Emergency GI Bleeder List	Once/week	Hepatobiliary MDT	1 hour/week
EMR/ESD List lower	1 list/2 weeks	Oesophago-Gastric MDT	1 hour/week
Endoscopy (ERCP)	2 lists/week	Colo-Rectal MDT	1 hour/week
Endoscopy (EUS)	1 list/week	Journal Club/M&M/Case Discussion	1 hour/week
		Hospital Grand Rounds	1 hour/week

- Performed four endoscopy sessions per week together with various advanced endoscopy sessions, including upper and lower EMR lists, ERCP, EUS, and RFA lists
- Managed diagnostic and therapeutic upper and lower GI endoscopies, and acquired range of new techniques in advanced endoscopy.
- Delivered a wide array of therapeutic endoscopic procedures.
- Improved my skills in ERCP by doing two to three ERCP sessions/week with an average of 6-8 ERCP patients/week
- Provided administrative functions, covering review of the unit waiting list for surveillance colonoscopy for polyp surveillance, IBD patients and following CRC resection, and audited the process with the findings illustrated below.

Upper GI Endoscopy (270+ Cases)	Lower GI Endoscopy (250+ Cases colonoscopy) (110+ Flex Sig)	ERCP (88 + Cases/Supervised)
Therapeutic procedures	Therapeutic procedures	ERCP skills
Variceal band ligation Injection of bleeding ulcers Clipping of bleeding ulcers Stricture dilatation/stenting Pyloric dilatation/ stenting PEG/PEJ tube insertion Argon plasma coagulation etc	Snare polypectomy Large polyp > 2cm EMR Endolope resection Injection of bleeders Clipping of bleeders Argon plasma coagulation Haemorrhoidal band ligation etc	Biliary stent insertion Biliary stent removal Sphincterotomy/Balloon trawl Balloon Sphincteroplasty Stent insertion/Removal Duodenal stenting Stone lithotripsy/crusher etc

Below are 3 month graphs summery during my work in Southampton University Hospital 2013



HICSS - Endoscopy Polyp Detection Rates Report(for the period: 1-Jul-2013 to 17-Dec-2013) (for Southampton General)(for procedure: Colonoscopy) (for clinician: SHADAD, Abobakr)

Primary Endoscopist	Total Procedures	Procedures with polyps detected	Procedures without polyps detected	Total polyps detected	Percentage procedures with polyps detected
SHADAD, Abobakr (Dr)	113	49	64	93	43.363 %
Total	113	49	64	93 (Av. 0.823/proc.)	43.363 %
Procedure	Colonoscopy				

			Drug_Name			
Endoscopist	Data	UOM	Fentanyl	Midazolam	Pethidine	Grand Total
SHADAD Abobakr	Mean	µg mg	66.791045	3.3	50	66.791045 53.3
	Mode	µg mg	50	3	50	50 53
	Median	µg mg	50	3	50	50 53
	Standard Deviation	µg mg	24.381772	0.696237	0	24.381772 0.696237
SHADAD Abobakr Mean			66.791045	3.3	50	120.091045
SHADAD Abobakr Mode			50	3	50	103
SHADAD Abobakr Median			50	3	50	103
SHADAD Abobakr Standard Deviation			24.381772	0.696237	0	25.078009
Total Mean			66.791045	3.3	50	120.091045
Total Mode			50	3	50	103
Total Median			50	3	50	103
Total Standard Deviation			24.381772	0.696237	0	25.078009

Comfort score		Procedure	
Endoscopist	Data	Colonoscopy	Grand Total
SHADAD Abobakr	Mean	1.83	1.83
	Mode	1	1
Total Mean		1.83	1.83
Total Mode		1	1

HICSS - Polyp Recovery Rates Report (for procedure: Colonoscopy)
(for Southampton General)
(for endoscopist: SHADAD, Abobakr)

Clinician	Total procedures	Total recovered	Total not recovered	Percentage (known) recovered
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- Dealt **SHADAD, Abobakr** with **suffering** **patients** **from GI luminal, hepatobiliary, and panreatobiliary problems**, such as
 - Inflammatory bowel disease (IBD)
 - Functional gastrointestinal disorders – IBS, functional dyspepsia, and pelvic floor dysfunction
 - Malabsorption and pancreatic disease – celiac disease, acute and chronic pancreatitis
 - Oesophageal and gastroduodenal disease – GORD, Barrett's oesophagus, and PUD
 - Oncology – oesophageal, gastric, small bowel, hepatic, pancreatic, and colon cancers
 - Nutritional support
 - Gastroenterological manifestations of systematic diseases
 - Saw 3-4 new patients referred by GPs in addition to 6-8 return patients, including follow-up after endoscopy

REGISTRAR IN GASTROENTEROLOGY/GENERAL MEDICINE

St. James's Hospital – Dublin, Ireland

Jan 2013-July 2013

Supervisors: Pr. S. Norris, Dr. S. McKiernan, Pr. D. O'Toole, and Pr. Nasir Mahmud

- Assigned with the following schedule

Gastroenterology/General Medicine Clinic	5 hours/week	Emergency (Bleeding) Admissions	1:5 rota
General Gastroenterology/Hepatology	5 hours/week	Clinical Teaching	1 hour/week
General Medical Admissions	1:9 rota	Journal club	1 hour/week
Endoscopy	2 sessions/week	Multidisciplinary Meeting	1 hour/week
Endoscopy (ERCP)	2 sessions/week	Hospital Grand Rounds	1 hour/week
Gastroenterology Consultation	2 weeks rota		

- Performed duties for Gastroenterology/Hepatology/General Medicine clinic on the schedule – 2 clinics a week with the average of 4 new patients and 8 return patients per clinic, and a total average of 25 patients seen a week
- **Clinical duties** included:
 - On-call Rota – 1:9 for acute unselected general medical take with an average of 20-25 admissions
 - Direct involvement in admission and supervision of junior staff, and attendance of post take ward rounds conducted by consultant
 - Ongoing responsibility of an average of 20 medical, GI/hepatology patients, with continuing care of majority of acute admissions and joint responsibility for care of medical patients in ICU.
 - Additional average of 3 to 5 GI and pancreato-biliary admissions per week; elective, emergency transfer or takeover care of GI, pancreato-biliary and hepatology patients
 - Provision of gastroenterology consultations for other hospital teams (on average 5 to 10 patients /week) with eventual care take-over care of most consultation or sometimes e continuous joint care for those not taken over
 - In-patients care by regular ward rounds, covering consultant-led post-take ward rounds, regular consultant, and registrar-led ward rounds
 - Registrar ward round 3 times /week, involving follow-up, management plans, and junior doctor teaching
 - Supervision of junior medical on-call staff (SHO and interns) during daily in-patients and out-patients care
 - Emergency GI bleeding list 1:5 on call rota
 - One general medical and GI outpatient clinic per week, which included new and follow-up patients with the average of 4 new and 10 return patients per clinic.

- One general GI outpatient clinic per week, including new and follow-up patients with the average of 3 new and 8 return patients per clinic
 - Investigated hepatology and hepatobiliary diseases through a wide array of acute and chronic liver diseases in this largest tertiary hepatology referral centre in Ireland
 - Two Hepatology outpatient clinic per week, including dedicated viral hepatitis B and C clinic, haemochromatosis and general hepatology clinics, both follow-up and new patients with the average of 3 new and 8 return patients per clinic
 - Treatment for hepatitis B and hepatitis C in specialist nurse-led clinics via reviewing progression of those patients on treatment on a regular basis, and making appropriate investigations/follow-up for cases with treatment complications to discuss those cases with consultants
 - Utilization of expertise in a variety of procedures, like abdominal paracentesis, lumbar punctures, pleural taps, central lines placement, ECG interpretation, etc.
 - Regular attendance of multi-disciplinary meetings with radiology, oncology, and histopathology
 - Participation at journal clubs, grand rounds, and weekly presentations
- **Delivered services to patients suffering from GI luminal, hepatobiliary, and pancreatobiliary problems**, such as
 - Inflammatory bowel disease (IBD)
 - Hepatobiliary disease (acute and chronic liver disease, jaundice, alcohol related disorders, haemochromatosis, fatty liver, PSC, PBC, and DILI)
 - Newly diagnosed viral hepatitis B and hepatitis C patients referred from community or from other hospitals
 - On-treatment hepatitis B and C patients
 - Functional gastrointestinal disorders – IBS, functional dyspepsia, and pelvic floor dysfunction
 - Malabsorption and pancreatic disease – celiac disease, acute and chronic pancreatitis
 - Gastrointestinal infections and AIDS
 - Oesophageal and gastroduodenal disease – GORD, Barrett’s oesophagus, and PUD
 - Oncology (oesophageal, gastric, small bowel, hepatic, pancreatic and colon cancers)
 - Nutritional support
 - Gastroenterological manifestations of systematic diseases
 - Conducted endoscopic investigations (4 sessions per week), managing diagnostic and therapeutic upper and lower GI endoscopies, the entire scope of therapeutic endoscopic procedures, enhanced my skills in ERCP through 2 ERCP sessions per week with the average of 5 EUS/ERCP patients
 - Delivered varied medical and social services to an average of 20-25 patients per take during **on-call rota and consultations:**
 - *Neurology:* meningitis/encephalitis, headache, subarachnoid haemorrhage, CVA, TIA (seen initially and transferred to stroke team next day), assessment of comatose patients, epilepsy, dizziness, and syncope
 - *Cardiovascular:* acute chest pain, MI, unstable angina, unstable arrhythmias (seen jointly with cardiology team), Stable arrhythmias as A. Fib/Flutter, DVT, and PE
 - *Respiratory:* acute asthma, COPD, Respiratory failure, pneumothorax, acute respiratory tract infection, pleural effusion, and haemoptysis
 - *Rheumatology:* acute mono/poly arthritis, acute connective tissue disease, and septic arthritis
 - *Endocrinology and DM:* DKA, HONK, hypoglycaemia, electrolyte disturbance such as hypo/hypercalcaemia, hypo/hypernatraemia, and hypo/hyperkalaemia
 - *Gastroenterology:* GI bleeding, liver failure, jaundice, acute diarrhoeal illness, IBD, alcohol related illness, liver cirrhosis, and acute cholangitis and pancreatitis (gall stone induced) when ERCP is carried out next day
 - *Dermatology:* acute severe skin eruptions including cellulites & herpes zoster, drug eruption, acute urticaria /angio-oedema, and venous ulceration
 - *Infectious disease:* acute severe infection, septicemia, septic shock, and PUO
 - *Nephrology:* acute renal failure, UTI, and acute pyelonephritis
 - *Palliative care:* pain control, vomiting and distress, terminally ill patients, DNR orders, immediate management of bereavement, and organ donation
 - *Toxicology:* management common drug overdoses and poisoning, management of common adverse drug reactions, anaphylaxis, and Steven-Johnson syndrome.

- *Psychiatry*: initial evaluation of “deliberate self-harm”, assessment of acute confusional state, acute alcohol withdrawal/DT, and recognition of depression
- *Rehabilitation*: requirement of discharge into the community, and early rehabilitation of immobile patients
- Handled in House Gastroenterology/Hepatology Consulting and referrals
 - Served as a Primary review of Gastroenterology and Hepatology consults
 - Saw an average of 12-15 patients per week in addition to the peripheral hospital referral
 - Investigated all GI luminal, hepatobiliary, and pancreatobiliary problems, including IBD and acute and chronic hepatobiliary disease, such as
 - acute and chronic liver disease
 - jaundice
 - alcohol related disorders
 - functional gastrointestinal disorders
 - malabsorption and pancreatic disease
 - oesophageal and gastroduodenal disease
 - GI oncology if palliation by stent is needed
 - nutritional support and assessment if PEG/Jejunal feeding tube insertion is needed
 - gastroenterological manifestations of systematic disease
 - iron deficiency anaemia if GI work-up is needed
 - upper and lower GI bleeding cases
 - abdominal pain and diarrhoea/constipation cases
 - obstructive jaundice/abnormal liver blood tests from hepatobiliary and pancreatic problems and possible indication for ERCP
- submitted MD thesis in Jan 2013 and conferred in July 2013.

REGISTRAR IN GASTROENTEROLOGY/ENDOSCOPY/GENERAL MEDICINE

St. James's Hospital – Dublin, Ireland

July 2012-Dec 2012

Supervisors: Pr. D. O'Toole, Pr. Nasir Mahmud, and Pr. PWN Keeling

The Endoscopy Unit at St James's Hospital is a tertiary referral unit, providing endoscopy service to over 12,000 patients per annum. It is the largest JAG accredited unit in Ireland with six fully equipped endoscopy rooms, 2 X-Ray screening rooms, and one Endoscopic Ultrasound (EUS) room.

- Performed functions in compliance with the schedule:

Endoscopy	8 sessions/week	Multidisciplinary Conferences	1 hour
Clinical teaching	2 hours	Radiology Conference	1 hour
Clinical Case Conference	1 hour	Histopathology Conference	1 hour
Grand Rounds	1 hour		

- Served as an Endoscopy Registrar with 10 endoscopy sessions per week, each session is 4 hours duration, covering a variety of endoscopic procedures between 5 to 10 colonoscopies and 5 to 10 gastroscopies every day (12-14 points daily on average)
- Managed a wide range of diagnostic and therapeutic procedures, such as mapping of Barrett's oesophagus for RFA, oesophageal balloon dilatation, and PEG/NJ tubes insertion.
- Conducted several techniques for polypectomy, like cold snare, EMR, and Endo-loop polyp resection in addition to various haemostatic procedures for acute upper and lower GI bleeding, such as VBL, injection, and clipping of bleeding ulcers, thermal therapy heater probe, and APC coagulation
- Delivered assistance to junior registrar colleagues with difficult colonoscopy cases, such as loop resolving in difficult cases
- Dealt with daily emergency cases, presenting through the A&E department, such as acute upper GI bleeding due to either variceal bleeding or bleeding ulcers, and handled acute upper and lower GI bleeding, endoscopic diagnosis and therapy when necessary, and negotiations with surgical and/or interventional radiologist colleagues as necessary.

- Performed management of patients post procedures for safe discharge, endoscopy complications management, and assessment of patients, who may need admission to hospital for observation or further management, e.g. post ERCP suspected complications
- Conducted review of all incoming referrals, and categorized them into urgent (to be done within 4 weeks), semi urgent (4-8 weeks) or routine (within 3 month) in accordance with the JAG guidelines for endoscopy waiting list; oversaw Referral for Urease Breath Test instead of gastroscopy for younger patients with dyspepsia and no alarm symptoms to be included in this process
- Managed Barrett's oesophagus surveillance list, colonic polyps' surveillance list, and patients who fail to attend their appointments, and administered follow-up of histopathology reports of biopsies taken and arrangement for appropriate follow-up/referral according to histology results
- Edited/updated the unit operational policy for management of patients with acute upper gastrointestinal bleeding presenting via A&E department in November 2012
- Performed independently **531 OGDs and 476 colonoscopies** during this 6-month period(July-December 2012), which is illustrated by statistics obtained from the endoscopy electronic reporting system

Records from 1st July- 31st December					
Number of Colonoscopies Performed			Number of OGD's Performed		
Dr Shahad		476	Dr Shadad		531
Level Reached - Colonoscopy					Total Bowel Preps Recorded
Endoscopist	Caecum	Terminal ileum	Neo T-ileum	Anastamosis	392
Dr Shahad	261	126	4	1	

The CIR is un-adjusted for procedures which is cancelled due to poor bowel prep (10-15%)

- Summary of cases and therapeutic procedures performed (SJH July 12 to July 2013)

Upper GI Endoscopy (600+ Cases)	Lower GI Endoscopy (560+ Cases colonoscopy) 250+ Flex. Sigmoidoscopy)	ERCP (45 + Cases supervised)
Therapeutic procedures	Therapeutic procedures	Basic ERCP skills
Variceal band ligation Injection of bleeding ulcers Clipping of bleeding ulcers Oesophageal dilatation Pyloric dilatation PEG/PEJ tube insertion Argon plasma coagulation	Snare polypectomy Endo-mucosal resection EMR Endolope resection Injection of bleeders Clipping of bleeders Argon plasma coagulation Haemorrhoidal band ligation	Biliary stent insertion Biliary stent removal

- Acquired expertise in **diagnostic and therapeutic upper and lower GI endoscopy** during the overall endoscopy experience (2007-2014), comprising over 2000 cases of upper GI endoscopy, over 2300 cases of lower GI endoscopy (+1500 colonoscopy cases and +800 flexible sigmoidoscopy cases), and over 150 cases of ERCP.
- Performed the **Endoscopy Trainer Role:**
 - Endoscopy Training Workshop*, Sudan Society of Gastroenterology, Sudan National Centre for Gastroenterology and Liver Disease Ibn Sina Hospital, Khartoum Sudan (May 18-23 2014)
 - ESGE/SSG Endoscopy Workshop*, Sudan National Centre for Gastroenterology and Liver Disease Ibn Sina Hospital, Khartoum Sudan (Jan 11-12 2014)
 - Sudan Society of Gastroenterology Postgraduate Course* (Jan 10 2014)
 - Endoscopy Training Workshop*, Sudan Society of Gastroenterology 4th International Conference, Sudan National Centre for Gastroenterology and Liver Disease Ibn Sina Hospital, Khartoum Sudan (Jan 8-9 2014)

- Managed a range of **GIM/Medical on-call duties** as a Second on-call Registrar for in-patients:
 - Worked with adherence to 1:9 in-house on-call rota as the only resident medical registrar in hospital (3/4 calls per month)
 - Oversaw all medical in-patients in the 5 hospital blocks around 600–700 inpatients in hospital, and supervised and assisted junior doctors and interns in their ward work
 - Led the hospital cardiac arrest team during on-call night 5pm to 9am, and performed decision making during the arrest event or deterioration in critically ill patients
 - Handled medical aspect of care of medical patients in ICU
 - Provided care for in-patients new admission to the ward under different medical teams, managed all the acute medical problems that might arise/assessment for HDU/ICU transfer, and took coordination and management of all critically ill patients in different medical specialties, e.g. respiratory, neurology, etc.
 - Delivered medical and GI/Hepatology consultation service to other hospital departments, including all Surgical departments, Gynaecological, orthopaedics, and Psychiatry departments
 - Supervised the intern and junior colleagues in managing all in-house patients during the on-call, and participated actively in teaching them IV line insertion, taking ABG, and doing/interpretation of the ECG and other procedures when needed

- Provided services to patients with different problems during on-call**, covering urgent assessments of acutely ill patient, optimization of medical treatment or patient transfer to HDU, ICU or CCU if needed; saw patients suffering from:

Acute or Chronic Respiratory failure | Pneumonia | COPD | Bronchial Asthma | PE | TB | Cardiac Failure | Arrhythmias | Diabetes Mellitus and its complications | CVA | Pancreatitis | Chronic Liver Disease | Liver Failure | Hepatic Encephalopathy | Septicemia | HIV | Renal Failure | Complicated UTI | IBD | Malignancy and Hematological Disorders | Metabolic Disorders | Alcohol and Drugs Overdose and various complication of chronic medical diseases

LECTURER IN MEDICINE/CLINICAL PHARMACOLOGY

National University of Ireland – Galway, Ireland

July 2009–June 2012

Supervisor: Pr. LJ Egan NUIG

Supervisors UHG: Dr. John Lee, Dr. Tom O’Gorman, Dr. Valerie Byrnes, and Pr. Larry Egan

- Served as a Lecturer in Medicine, Clinical Pharmacology, NUI, a Research Registrar, Pharmacology and Therapeutics, NUI Galway, and a GI/Endoscopy Registrar, University Hospital Galway
- Provided teaching to undergraduate students in various topics in General Medicine, and final-year medic students in Clinical Pharmacology, and carried out laboratory research experiments for the MD project entitled *Innate Immune Regulation of Radiation Proctitis*, funded by the Health Research Board HRB, Ireland
- Acquired expertise in diverse areas of medical academic field, research skills, clinical teaching, and laboratory techniques, such as immunohistochemistry, western blotting, RNA extraction, real time PCR, DNA extraction, and SNP Genotypin
- Participated in the NUIG academic staff professional development program at the university, comprising continuous training sessions covering a wide variety of skills, such as medical writing, literature review, and computer programs training including Endnote and various statistical packages as well as training on modern learning technologies, e.g. Blackboard and educational podcasting
- Gained a postgraduate certificate in *Learning and Teaching in Higher Education* at the Centre of Excellence in Teaching and Learning CELT, NUIG
- Performed **hospital medical registrar rota duties**, including general medical registrar in house on-call rota for University Hospital Galway and Merlin Park University Hospital:
 - Served 1:9 on-call rota, always resident in hospital (3/4 calls per month)
 - Oversaw all medical inpatients in hospital, and assisted interns in ward work
 - Acted as a Leader of cardiac arrest team
 - Managed care of HDU/ ICU patients
 - Provided medical, GI/Hepatology consultation service to other hospital departments, including all Surgical departments, Gynaecological, orthopaedics and Psychiatry departments
 - Delivered supervision and training of other medical on-call staff – senior house officers and interns.
- Provided varied medical and social services to an average of 20-25 patients per take during **on-call rota and in-house**

- **Gastroenterology consultations:**

- *Neurology:* Meningitis/encephalitis, headache, subarachnoid haemorrhage, CVA/TIA (seen initially and transferred to stroke team next day), assessment of comatose patients, epilepsy, dizziness, and syncope
- *Cardiovascular:* Acute chest pain, MI, unstable angina, unstable tachyarrhythmias and bradyarrhythmias (seen jointly with cardiology team), stable arrhythmias as A. Fib/Flutter, DVT, and PE
- *Respiratory:* Acute asthma, COPD, Respiratory failure, pneumothorax, acute respiratory tract infection, pleural effusion, and haemoptysis
- *Rheumatology:* Acute mono/polyarthritis, acute connective tissue disease, and septic arthritis
- *Endocrinology and DM:* DKA, HONK, hypoglycemia, and electrolyte disturbance (hypo/hypercalcaemia, hypo/hypernatraemia, and hypo/hyperkalaemia)
- *Gastroenterology:* GI bleeding, liver failure, jaundice, acute diarrhoeal illness, IBD, alcohol related illness, liver cirrhosis, acute cholangitis, and pancreatitis (gall stone induced) when ERCP is carried out next day
- *Dermatology:* Acute severe skin eruptions including cellulites and herpes zoster, drug eruption, acute urticaria/angio-oedema, and venous ulceration
- *Infectious Disease:* Acute severe infection, septicaemia, septic shock, and PUO
- *Nephrology:* Acute renal failure, UTI, and acute pyelonephritis
- *Palliative Care:* Pain control, vomiting and distress, terminally ill patients, DNR orders, immediate management of bereavement, and organ donation
- *Toxicology:* Management of acute common overdose, management of common drug reactions, anaphylaxis, and Steven-Johnson syndrome
- *Psychiatry:* Initial evaluation of “deliberate self-harm”, assessment of acute confusional state, acute alcohol withdrawal/DT, and recognition of depression
- *Rehabilitation:* Requirement of discharge into the community, and early rehabilitation of immobile patients

REGISTRAR IN GASTROENTEROLOGY/GENERAL MEDICINE

University Hospital Galway and NUI Galway – Galway, Ireland

July 2007-Jun 2009

Supervisors: Dr. John Lee, Dr. Tom O’Gorman, Dr. Valerie Byrnes, and Pr. Larry Egan

- Performed functions in compliance with the schedule:

Gastroenterology/General Medicine Clinic	10 hours/week	Clinical teaching	1 hour/week
General Medical Admissions	1:10 rota	Journal Club	1 hour/week
Gastroenterology Consultation	2 weeks rota	Multidisciplinary Meeting	1 hour/week
Endoscopy	3 sessions/week	Grand Rounds	1 hour/week

- Conducted 1:10 on-call rota for acute unselected general medical take with an average of 20-25 admissions per 24 hours.
- Involved in medical admission and supervision of junior staff.
- Managed in-patients care by regular ward rounds, covering consultant-led post-take ward rounds, regular consultant and registrar-led ward rounds.
- Performed registrar ward round 3 times a week, involving follow-up, management plans, and junior doctor teaching.
- Supervised junior medical on-call staff (SHO and interns) during daily in-patients and out-patients care.
- Took responsibility of an average of 15-20 medical, GI/hepatology patients, with continuing care of majority of acute admissions and joint responsibility for care of medical patients in ICU
- Delivered gastroenterology consultation service to other hospital teams, on average 10-12 patients/week.
- **Ran Gastroenterology/General Medicine clinic** with adherence to the schedule – 2 clinics per week, 1 General Medical clinic per week, and 1 Gastroenterology clinic per week with an average of 4 new patients, 8-10 return patients, and a total average of 24-28 patients per week.
- Dealt with **patients suffering from GI luminal, hepatobiliary, and pancreatobiliary problems**, such as
 - Inflammatory bowel disease (IBD)
 - Hepatobiliary disease – acute and chronic liver disease, jaundice, alcohol related disorders, haemochromatosis, fatty liver, PSC, PBC, and DILI
 - Functional gastrointestinal disorders – IBS, functional dyspepsia, and pelvic floor dysfunction
 - Malabsorption and pancreatic disease – celiac disease, acute and chronic pancreatitis

- Gastrointestinal infections and AIDS
- Oesophageal and gastroduodenal disease – GORD, Barrett’s oesophagus, and PUD
- Oncology – oesophageal, gastric, small bowel, hepatic, pancreatic and colon cancers
- Nutritional support

- Gastroenterological manifestations of systematic disease
- General medical patients – mostly follow-up of patients with medical problems after discharge from hospital

- Provided varied medical and social services to an average of 20-25 patients per take during **on-call rota and in-house Gastroenterology consultations:**
 - *Neurology:* Meningitis/encephalitis, headache, subarachnoid hemorrhage, CVA, TIA (seen initially and transferred to stroke team next day), assessment of comatose patients, epilepsy, dizziness, and syncope
 - *Cardiovascular:* Acute chest pain, MI, unstable angina, unstable tachyarrhythmias and bradyarrhythmia’s (seen jointly with cardiology team), stable arrhythmias as A. Fib/Flutter, DVT, and PE
 - *Respiratory:* Acute asthma, COPD, Respiratory failure, pneumothorax, acute respiratory tract infection, pleural effusion, and haemoptysis
 - *Rheumatology:* Acute mono/polyarthritis, acute connective tissue disease, and septic arthritis
 - *Endocrinology and DM:* DKA, HONK, hypoglycaemia, and electrolyte disturbance (hypo/hypercalcaemia, hypo/hypernatraemia, and hypo/hyperkalaemia)
 - *Gastroenterology:* GI bleeding, liver failure, jaundice, acute diarrhoeal illness, IBD, alcohol related illness, liver cirrhosis, acute cholangitis, and pancreatitis (gall stone induced) when ERCP is carried out next day
 - *Dermatology:* Acute severe skin eruptions including cellulites and herpes zoster, drug eruption, acute urticaria/angio-oedema, and venous ulceration
 - *Infectious Disease:* Acute severe infection, septicemia, septic shock, and PUO
 - *Nephrology:* Acute renal failure, UTI, and acute pyelonephritis
 - *Palliative Care:* Pain control, vomiting and distress, terminally ill patients, DNR orders, immediate management of bereavement, and organ donation.
 - *Toxicology:* Management of acute common overdose, management of common drug reactions, anaphylaxis, and Steven-Johnson syndrome
 - *Psychiatry:* Initial evaluation of “deliberate self-harm”, assessment of acute confusional state, acute alcohol withdrawal/DT, and recognition of depression
 - *Rehabilitation:* Requirement of discharge into the community, and early rehabilitation of immobile patients

- Provided Gastroenterology consultation services to an average of 15-20 patients per week, suffering from varied **GI luminal, hepatobiliary, and panreatobiliary problems:**

IBD | acute and chronic hepatobiliary disease | acute and chronic liver disease | jaundice | alcohol related disorders | functional gastrointestinal disorders | malabsorption and pancreatic disease | oesophageal and gastroduodenal disease | GI oncology if palliation by stent is needed | nutritional support and assessment if PEG/PEJ feeding tube insertion is needed | gastroenterological manifestations of systematic disease | iron deficiency anaemia if GI work-up is needed | upper and lower GI bleeding cases | abdominal pain and diarrhoea/constipation cases | obstructive jaundice/abnormal liver blood tests from hepatobiliary and pancreatic problems and possible indication for ERCP

- Gained Master of Medical Sciences Degree, NUIG in 2008

WESTERN PRE-MEMBERSHIP MEDICAL SHO TRAINING SCHEME**University Hospital Galway/Merlin Park Hospital Galway/Roscommon County Hospital****July 2005-June 2007**

- Acquired MRCP in 2006 as a recognition for 2-year medical SHO training scheme employment in Western Ireland Hospitals
- Performed varied medical SHO jobs, and rotated throughout the following departments:

Medical Sub-speciality	Duration	Hospital
Rheumatology	3 Month	Merlin Park Hospital Galway
Haematology	3 Month	Merlin Park Hospital Galway
Nephrology	3 Month	University Hospital Galway
Endocrinology and Diabetes	3 Month	University Hospital Galway
General Medicine/Geriatrics	6 Month	Roscommon County Hospital
Cardiology	6 Month	University Hospital Galway
- Managed on-call rota, varying in different departments with average 1-in-4 to 1-in-6 unselected medical take
- Worked for cardiology clinic twice a week in each particular sub-speciality, covering take only for cardiac patients with CCU cover, cardiac arrest and cardiac ambulance cover during the on-call
- Involved in a two-year part-time course (taught modules with dissertation), gained recognition with the degree of Master of Medical Science from the National University of Ireland Galway in June 2008

SHO MEDICINE**Mayo General Hospital – Castlebar.****July 2004-June 2005****Mullingar General Hospital.****July 2003-June 2004**

- Performed medical SHO job in collaboration with consultants in geriatrics, cardiology, gastroenterology, and respiratory medicine, including on-call rota 1-in-4 of unselected medical take.
- Managed four-month rotation with consultants in geriatric medicine, respiratory medicine, endocrinology, and general medicine with on-call rota 1-in-4 unselected medical take as the first working experience in Ireland.
- Utilized knowledge and skills acquired during prior working experience mainly in general practice and emergency medicine.

TEACHING EXPERIENCE**NUI****Lecturer in Medicine/Clinical Pharmacology****July 2010-June 2012****Tutor in Clinical Pharmacology****2007-2009****Honorary Clinical Tutor in Medicine****2006-2010**

- Served as a Lecturer in Medicine and delivered education in Clinical Pharmacology to final year medical students.
- Contributed to the development of a new curriculum in Clinical Pharmacology and Therapeutics for the final medical students that started in 2010. (More details on academic experience is included in the attached *Teaching Portfolio*).
- Developed the draft of the entire curriculum and presented it for departmental discussion and feedback.
- Delivered tutoring in Clinical Pharmacology to undergraduate medical students, and weekly tutorial/small group teaching to final-year medical students.
- Served as an Honorary Clinical Tutor to provide bed-side teaching to medical students from different years during their hospital attachment, and to involve in group teaching, revision, and OSCE exams.

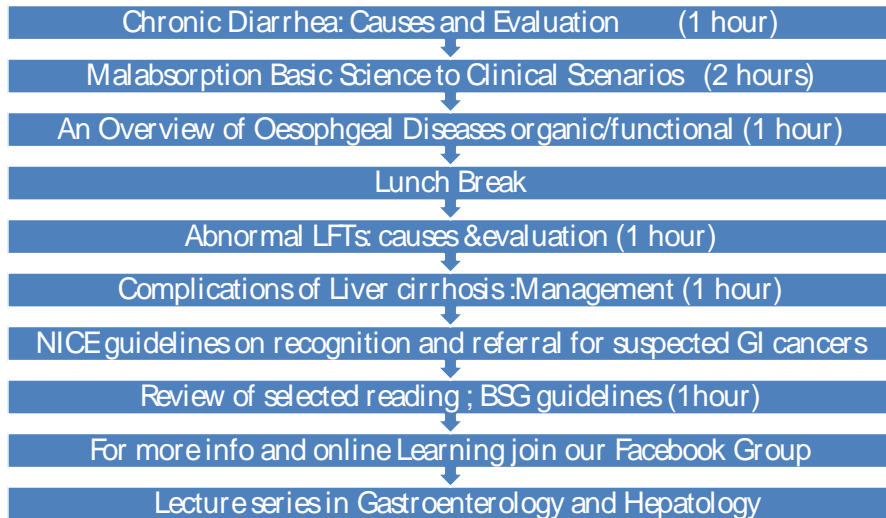
COURSES IN TEACHING AND EDUCATION – POST GRADUATE CERTIFICATE IN TEACHING AND LEARNING IN HIGHER EDUCATION*Centre of Excellence in Learning and Teaching (CELT) – NUI, Galway**July 2010-June 2012**Tutor in Clinical Pharmacology**2007-2009**Honorary Clinical Tutor in Medicine**2006-2010*

- Experienced clinical teaching Module,
- Investigated and practiced the theory related to clinical teaching.
- Utilized different skills for different type of teaching settings, e.g., bed side, small and large groups.
- Acquired knowledge of theories in adult learning and methodological approach to improve different skills.
- Completed the course as a part of the Master of Medical Sciences taught modules.

Developed a comprehensive postgraduate teaching modules in Gastroenterology & Hepatology directed to trainee in gastroenterology it covers the entire RCP curriculum. This aimed to be thought to postgraduate doctors in Sudan and other African Countries.

Lecture series in Gastroenterology and Hepatology

Module 1: day agenda 06/01/2018 Alnailain University, Khartoum



Lecture series in Gastroenterology & Hepatology (I)
Dr Abobakr Shadad MBBS, MSc, MRCP, MD
Consultant Gastroenterologist, PCH Cambridgeshire, UK
Former Lecturer in Medicine, National University of Ireland

Venue: Registration:

Date: Saturday 06/01/2018 (9am-4pm)

NHS
Cambridgeshire and Peterborough
NHS Foundation Trust

HEALTH EDUCATION ACTIVITIES

Participated in many health education TV programs some available in my YouTube channel:

(<https://youtu.be/77E56OIFKms?si=PZ9zMYv79C9EDd6Z>)

RESEARCH EXPERIENCE

- ***MD Research Project: The Role of Patient Demographic and Characteristics on Colonic Loop Formation during Colonoscopy***

A prospective observational study to evaluate the relationship between patient demographics and degree of constipation to colonic loop formation and frequency during colonoscopy, and to assess under which circumstances colonoscopy tip advancement is lost during colonoscopy. This research is undertaken as assistance with the colleague's MD acquisition. My role is to recruit patients during colonoscopy and document loop formation utilizing a magnetic imager on split screen mode to ascertain the 2-d anatomy of the loops and method of loop resolution in addition to other information according to the study protocol.

- ***MD Research Project (Awarded in July 2013)***

- Part 1: Innate Immune Regulation of Radiation Proctitis

The set research challenge is to describe the role of innate immune system response in the rectal mucosa during pelvic radiotherapy for prostate. Suggested in preclinical studies, this role's insights are translated for the first time to human level.

- Part 2: Polymorphism of TLR4 and NOD2 in Radiation Response

This stage is dedicated to the investigation of the effect of TLR genes polymorphism on the development of symptomatic proctitis, for instance, whether patients with variant alleles of TLR4 or NOD2/CARD15 are at an increased risk of developing worse proctitis compared to normal individuals. Following a highly competitive process, HRB Ireland funds the research that is jointly supervised by Gastroenterology and Radiation Oncology consultants.

- ***Master of Medical Sciences Research Project: The Prevalence of Abnormal Metabolism in Patients with Coronary Artery Disease with no History of Diabetes Mellitus.***

A 9-month prospective study investigating the prevalence of abnormal glucose regulation in patients admitted to CCU department with ACS and no history of diabetes. The study went under joint supervision of both cardiology and endocrine consultants.

Summary of study results confirm about high prevalence of newly diagnosed DM (30%) and abnormal glucose tolerance (42%) in patient presenting with ACS with no prior history of diabetes. The study recommended that OGTT should be performed routinely on patients presenting with ACS for early identification and intervention. The abstract of the research was presented at Irish Endocrine Society meeting in Dublin, Nov 2008.

PUBLICATIONS

- *Innate Immune Regulation of Radiation Proctitis* (in progress of investigation)
The research aimed to describe the evolution of innate immune response following radiation injury after pelvic radiotherapy for prostate cancer. Pre-clinical studies have suggested an important role for this system in the regulation of radiation intestinal injury in murine. Our translational research is expected to generate new knowledge which can further provide some insights on new therapeutics options for this problem.
- *Genetic Polymorphism as a Predictor of Symptoms in Radiation Proctitis* (in progress of investigation)
The research is focused on the effect of various genetic polymorphism, such as NOD2/TLR4/IL23/IRGM genes on the development of symptomatic proctitis, and whether patients with variant alleles of these genes are at an increased risk of developing more severe proctitis symptoms compared to normal individuals after irradiation.
- PMID: 23345941
Shadad, A. K., Sullivan, F. J., Martin, J.D., & Egan, L. J. (2013, Jan 16). Gastrointestinal Radiation Injury: Symptoms, Risk Factors and Mechanisms. *World J Gastroenterol*, 19 (2): 185-98. doi: 10.3748/wjg.v19.i2.185
- PMID: 23345942
Shadad, A. K., Sullivan, F. J., Martin, J. D., & Egan, L. J. (2013 Jan 14). Gastrointestinal Radiation Injury: Prevention and Treatment. *World J Gastroenterol*, 19 (2): 199-208. doi: 10.3748/wjg.v19.i2.199

PRESENTATIONS

Shadad A., Elmusharaf K., Peter Cantillon	An Innovative Project for health sciences education and Knowledge transfer utilizing an Electronic Health Library (E-HL)	Irish Network of Medical Educators (INMED) RCPI Dublin (Feb 24 2012)
Shadad A., Burke H., Hurley L., Dinneen S.	An initiative for training collaboration between An Irish and Sudanese multidisciplinary diabetes centre.	Irish Forum for Global Health International Conference, RCSI Dublin (Feb 2-3 2012)
Shadad A., Mukhtar A., Dinzulu T., Martin J., Lee J., Egan L.	The Incidence of chronic radiation proctitis following prostate cancer radiotherapy	ISG meeting (Nov 13 2008)
R. A. Ali, Smyht, Zulqurnien, Shadad A., Mukhtar, O'Gorman T., Lee J.M.	An assessment of ERCP outcome in Elderly Patients	ISG meeting (Nov 13 2008)

Mukhtar A., Shadad A., Raiz, Ramesh, Dinizulu, Khosa, Lee J.M., Martin J.	Prophylactic PEG tube in patients with head and neck cancer	ISG meeting (Nov 13 2008)
Shadad A., Crowley E., Chong, Egan L.J.	Infliximab use in IBD patients at University Hospital Galway: Indications, outcomes and side effects	ISG meeting (Nov 29 2007)
Shadad A., Ali R.A., Dinneen S., Nash P.	The prevalence of abnormal glucose metabolism in patients presenting with ACS with no previous history of diabetes	Irish Endocrine Society meeting (Nov 7 2008)

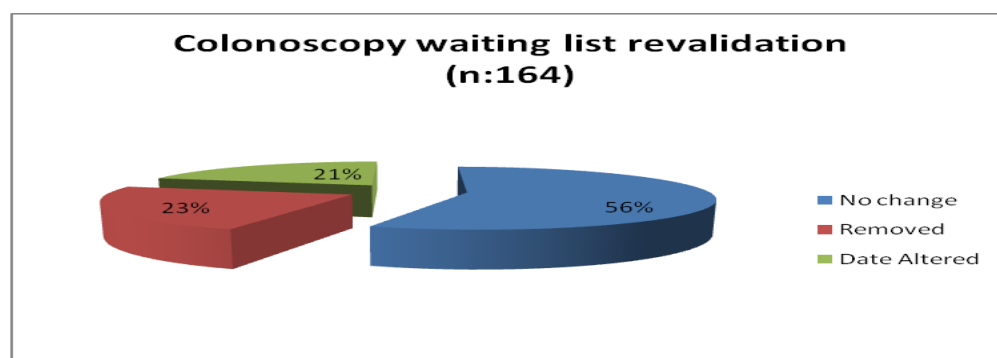
AUDITS

- **Shadad, A., & O'Mara, G.** (2005). *Clinical Audit of Drug Kardex Information*. Roscommon County Hospital.
- **Shadad, A., & Murphy, J.** (2004). *Audit of PEG Tube Feeding: Outcome and Complications*. Mayo General Hospital, Castelar.
- **Shadad, A., & Murphy, S.** (Audit Oct 2003/Reaudit Dec 2003). *Clinical Audit of Drug Kardex Information*. Midland Regional Hospital Mullingar.

Regarded as The Audit of the Year by the Hospital Audit Department, further discussed at different meetings, and issued as a brochure by the Midland Health Board referring to the audit results and emphasising the standards of best practice – *A Guide to Good Clinical Record Keeping* published by Midland health Board 2003.

- **Shadad, A., & Murphy, S.** (Audit Oct 2003/Reaudit Dec 2003). *Clinical Audit of Current Procedures Utilized by Members of Multidisciplinary Team When Signing an Entry in Patient Notes*. Midland Regional Hospital Mullingar.
- **Shadad, A., Thomas, J., Bogar, P., & Patel, P.** *Validation of Colonoscopy Waiting List at University Hospital Southampton*. University Hospital Southampton.

Aim: To validate colonoscopy referrals list for repeat surveillance according to the BSG guidelines. Results of audit findings are summarized in the pie chart with 23% of the cases were removed from surveillance and in a further 21% the date was altered by an average of 25 month per procedure which was useful to reduce the number of non-required procedures and to eliminate the risk involved on patients as well as the unjustified high cost.



PROFESSIONAL MEMBERSHIP

Member of Drug and Therapeutic Committee, and Member of Drug Safety Committee, UCH and Merlin Park Hospitals (2007-2010)

- Involved in establishing and maintaining a rationale and safe medication use in both hospitals
- Participated in reviewing reports on Drug Adverse Events and Medication Errors to make appropriate recommendations
- Contributed to 2007 introduction of a new Drug Kardex in both hospitals, designed to emphasize patient's safety, and to minimize the incidence of drug errors and adverse drug events
- Took effort to improve the proportion of the Generic Prescribing of all medications, proved to be cost effective, and able to minimize the incidence of Drug Errors
- Adopted a multi-disciplinary approach to implement committee's recommendations, and collaborated with Pharmacy department and Medicine Safety Coordinator
- Developed Clinical Pharmacology presentations to highlight safety aspects related to the use of medication

Member of Galway Alliance of Medical Educators (GAME) (2010-2012)

This group included members of teaching staff from NUIG and the general practice to organize regular sessions and workshops to raise the standard of teaching, and to improve the skills of new medical educators. The sessions also discussed selected high-quality research papers in medical education.

PERSONAL INFORMATION

- DOB 14 November 1969.
- Married with 3 children.
- Nationality dual ; British/Irish; country of birth; Sudan.
- Language Arabic & English; Fluent in both.

ATTACHED DOCUMENTS

- Teaching Portfolio with academic work and experience.
- 360 patients and colleagues feedback included. yearly appraisal certificate available on request
- Endoscopy Performance Report available on request
- Revalidation letter/GMC registration certificate.
- References available on request.