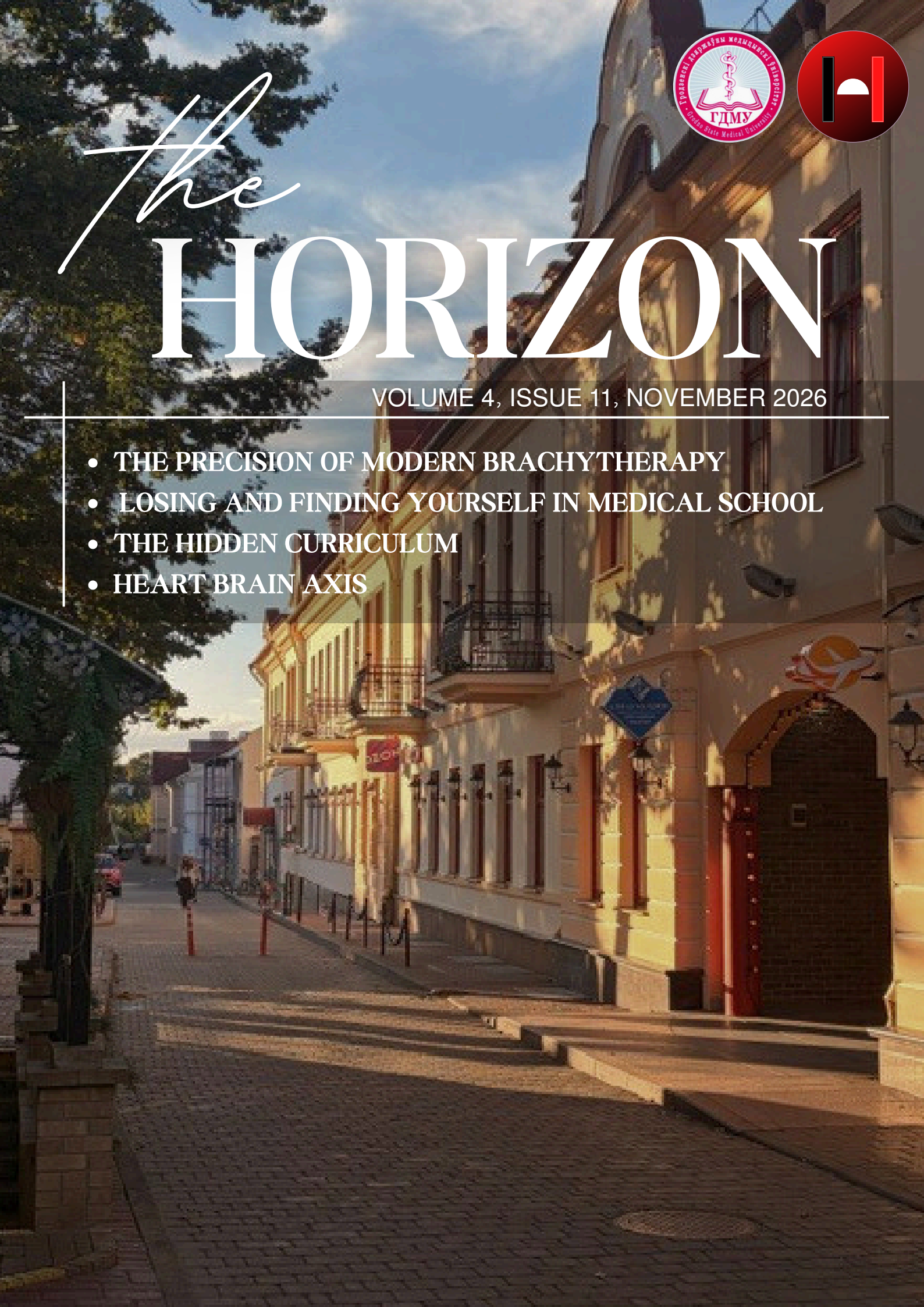


The HORIZON

VOLUME 4, ISSUE 11, NOVEMBER 2026

- THE PRECISION OF MODERN BRACHYTHERAPY
- LOSING AND FINDING YOURSELF IN MEDICAL SCHOOL
- THE HIDDEN CURRICULUM
- HEART BRAIN AXIS

DEAN'S DESK



DEAN OF FACULTY OF INTERNATIONAL STUDENTS
DR. ALEKSANDER ALEKSANDEROVICH STENKO

Dear students, we at Grodno State Medical University strive to provide students with top-quality education, but that's not it. Grodno State Medical University is also a hub for Scientific, Cultural, and Sports related activities. 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. 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.

We wholeheartedly acknowledge International students as an integral part of our university, and we take immense pride in that. 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.



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

FROM THE FOUNDER

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 of International faculty at Grodno State Medical University to share their stories. A platform that enables students to share their outlooks on various curricular and extracurricular aspects of medicine. A creative intersection where students can freely give commentaries about Lifestyle, Culture, Productivity tips, and more. Thus, the idea of '**The Horizon**', came to life.

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 Respected Dean of the International Faculty, and it operates under the supervision of the International Students' Scientific Committee. Students from 1st to 6th year, 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.

WELCOME TO THE HORIZON

EDITOR'S DESK

I'm Shreeji Patel, a 3rd year student in Grodno State Medical University. It is a great honor for me to become an Editor-in Chief of The Horizon for autumn issue. Being the publication of our own University, Horizon reflects the story of our path from students to Doctors . My deep desire for the next issue of Horizon is to make it shine as a symbol of the best student magazine. So that our readers, being students themselves, could find in its pages a bit of their own path, the one leading to the become a Doctor. In the next Autumn issue, I would like to see Horizon filled with the articles reflecting the most remarkable achievements. We are going to be a part of the future, and I want our own piece in it.



PATEL SHREEJI MINALKUMAR,
EDITOR-IN-CHIEF, OCT-DEC 2026



SATHWARA DEVANSHI RAKESH,
EDITOR-IN-CHIEF, OCT-DEC 2026

I'm Devanshi Sathwara, a third-year medical student at Grodno State Medical University, and I'm honoured to take on the role of Editor-in-Chief of The Horizon.

Through this edition, I hope we continue to give space to new ideas, and celebrate the many dimensions of student life. I look forward to working with our team and create something engaging, meaningful, and memorable.

And a message to our dearest readers, we would like to invite you all, 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.

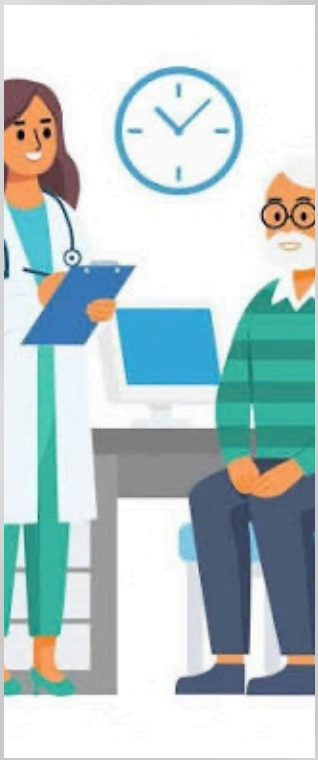
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Ridma Gavesini Mahavatta

THE HORIZON
NOVEMBER 2026

A BATTLE MEASURED IN MILLIMETERS: THE PRECISION OF MODERN BRACHYTHERAPY

How targeted radiation, advanced imaging, and personalized treatment are transforming cancer care. Cancer treatment involves a difficult balance: destroying cancer cells while protecting healthy tissues. Brachytherapy approaches this challenge through precision. Instead of delivering radiation from outside the body, it places a radioactive source inside or very close to the tumor. With modern imaging and treatment planning, it can be delivered with accuracy. Image-guided and adaptive techniques are making treatment increasingly personalized, showing why millimeters matter.

WRITTEN BY
SHAH RUTVI KEYUR
CLASS OF 2030



WHEN EVERY MILLIMETER MATTERS

Imagine trying to remove a harmful target surrounded by delicate structures. Every movement matters, and even a small difference can affect nearby tissues. This is one of the challenges faced by cancer specialists.

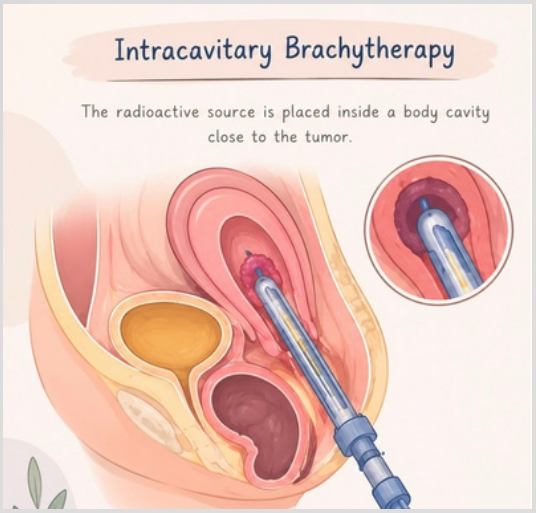
Radiation therapy is an important cancer treatment, but radiation does not automatically distinguish between cancerous and healthy cells. The goal is therefore not simply to give more radiation, but to deliver the right dose to the right place. This is where brachytherapy becomes especially interesting: the radiation source is brought close to the cancer.

UNDERSTANDING BRACHYTHERAPY

Brachytherapy is a form of internal radiation therapy in which a radioactive source is temporarily or permanently placed inside the body, close to the tumor.

There are two broad approaches. In intracavitary brachytherapy, the source is placed inside a body cavity near the tumor. In interstitial brachytherapy, small needles or catheters are positioned directly within the tumor or surrounding tissue.

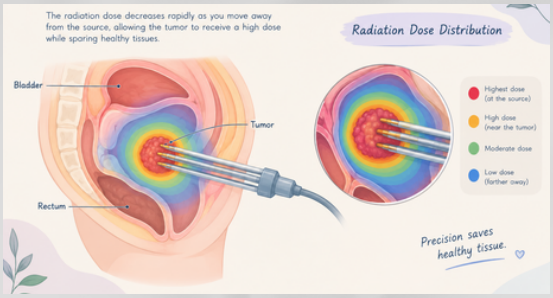
Because the source is close to the target, a high dose can be concentrated around the tumor while the dose decreases farther away. This is one reason precision is central to brachytherapy.



THE SCIENCE OF PRECISION

One important feature of brachytherapy is the effect of distance. Radiation dose can decrease rapidly as the distance from the source increases. This creates an opportunity: the tumor can receive a high dose while nearby healthy organs may receive less radiation.

However, safe treatment is more complicated than simply placing a source near a tumor. The position and shape of the tumor, surrounding organs, applicators, and radiation source must all be considered. Modern brachytherapy therefore depends heavily on imaging and computer-based treatment planning.



FROM TRADITIONAL TREATMENT TO MODERN IMAGING

Earlier approaches relied more on anatomical landmarks and standardized treatment plans. Modern brachytherapy has changed with the development of advanced imaging. MRI and CT imaging allow clinicians to visualize the tumor and surrounding organs in greater detail. Three-dimensional treatment planning can then help determine how radiation should be distributed. Rather than treating every patient according to exactly the same plan, clinicians can consider individual anatomy. This shift toward personalized planning is an important development in modern radiation oncology.

MRI-GUIDED ADAPTIVE BRACHYTHERAPY

A particularly important development is MRI-guided adaptive brachytherapy, especially in cervical cancer.

MRI provides detailed soft-tissue visualization, allowing the tumor and nearby organs to be assessed more precisely. The treatment plan can then be adapted according to the patient's anatomy at the time of treatment.



This matters because tumors and surrounding organs are not completely static. Their position and shape can change during treatment. Adaptive planning allows clinicians to respond to these changes instead of relying entirely on an unchanged plan.

THE HUMAN MEANING OF PRECISION

Behind every treatment plan is a person hoping to recover. It is easy to see brachytherapy as radiation doses, images, contours, and computer calculations. But the purpose of all this precision is deeply human: to treat cancer while protecting as much normal tissue as possible. A few millimeters may seem insignificant in everyday life. In radiation oncology, however, those millimeters can influence which tissues receive radiation and which are spared. Precision is therefore not the final goal; it is a means of improving patient care.

THE ROLE OF THE MULTIDISCIPLINARY TEAM

Brachytherapy is not the work of one person. It requires collaboration between radiation oncologists, medical physicists, radiologists, radiation therapists, nurses, and other healthcare professionals. The radiation oncologist determines the clinical treatment strategy. Medical physicists contribute to dose calculation, treatment planning, and radiation safety. Imaging specialists provide anatomical information, while the wider healthcare team supports the patient throughout treatment.

This teamwork highlights an important lesson in modern medicine: advanced technology becomes meaningful when skilled professionals use it thoughtfully.

LOOKING TOWARD THE FUTURE

The future of brachytherapy is closely connected with advances in imaging, artificial intelligence, treatment planning, and personalized medicine. As imaging and planning systems become more sophisticated, clinicians may be able to define tumors and healthy organs with even greater accuracy. Artificial intelligence may also assist with image analysis and treatment planning, although careful clinical validation and human oversight remain essential. The goal is to make radiation treatment more precise, individualized, and safe.

THE ROLE OF MEDICAL STUDENTS

As medical students, we often learn diseases and treatments through textbooks and lectures. Modern brachytherapy reminds us that medicine is constantly evolving.

Understanding such developments encourages students to look beyond memorizing facts and appreciate how anatomy, physics, imaging, technology, and clinical decision-making come together in patient care. For me, brachytherapy is a powerful example of how medicine can turn precision into hope.

CONCLUSION

Brachytherapy demonstrates an important principle of modern cancer treatment: precision can matter more than simply increasing intensity. The battle against cancer may involve powerful technology, but its purpose remains simple to give patients the best possible chance of treatment while protecting healthy tissue. In brachytherapy, those goals can come down to millimeters. And sometimes, a few millimeters can make a meaningful difference.

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THE “ PRE-MED ” IDENTITY: LOSING AND FINDING YOURSELF IN MEDICAL SCHOOL

Getting into medical school is the ultimate goal for countless pre-med students but what happens when you actually achieve it? This blog explores the identity crisis that follows acceptance as students transition from a world defined by grades and checklists to a new reality of clinical pressures and professional formation. It examines the imposter feelings, loss of self, and struggle to rediscover purpose that many face when the “pre-med” label finally falls away.

WRITTEN BY
MAITRI JAISWAL
CLASS OF 2031



THE DREAM ACHIEVED, THE SELF LOST

For years, your life has been defined by a singular purpose: getting into medical school. Every course, every volunteer hour, every sleepless night has been a step toward that one goal. Your identity has been wrapped up in the “ pre-med ” label the grades, the extracurriculars, the entrance exam score, the carefully crafted application. You have become what one student described as a “ Stormtrooper in the pre-medical world, ” following a checklist that slowly consumed the passion that started it all.

And then, you get in.The celebration is euphoric. Years of sacrifice have paid off. But in the quiet moments that follow, an unsettling question emerges: Who am I now? When the identity you have carefully cultivated for years is suddenly irrelevant, what is left?

THE WEIGHT OF EXPECTATIONS

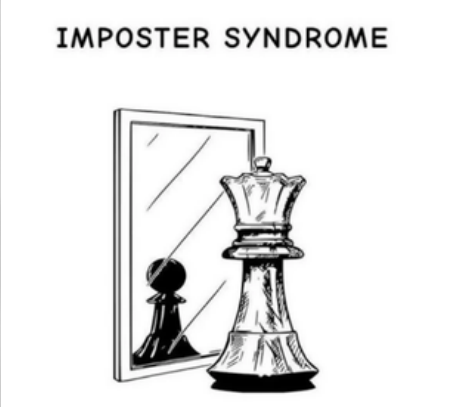
Research reveals that pre-medical students often experience profound shame as they navigate the application process, with self-concept playing a central role in their emotional experiences. This shame is fueled by past achievements, future aspirations, and external pressures from advisors, peers, and family. The pressure to be exceptional creates a fragile identity built entirely on external validation.



One student reflected on this experience: “Every pre-med I talked to seemed to be volunteering, and getting published with their research. As someone who usually had more than one job in college, achieving what they deemed 'necessary' felt unattainable”. Another confessed, “I just simply didn't think I would be able to cut it. I was a great student in undergrad, but I was for some reason under the impression that I was far too underqualified and not smart enough to get through the medical school application process, let alone medical school itself”.

THE IMPOSTER PHENOMENON ARRIVES

Once medical school begins, the identity crisis often deepens. Studies show that imposter phenomenon the persistent fear of being exposed as a fraud affects a significant number of first-year medical students.



The sources of these feelings are revealing. Students compare themselves to an idealized image of what a medical student "should" be exceptionally intelligent, following a linear pre-med pathway, with extensive shadowing and research experience. They also compare themselves to an idealized image of a physician calm, confident, extroverted, and decisive.

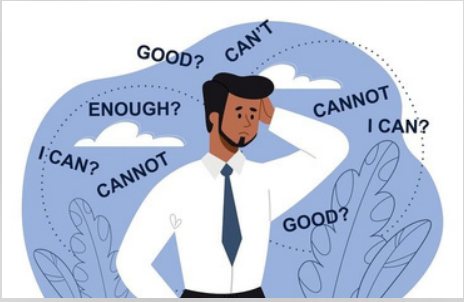
As one student described: "Having regarded myself as a shy and introverted person, I was worried that my personality would limit my ability to care and comfort my patients". Another student shared a common fear: "I have always been an introvert and a bit anxious with public talking. However, I knew I had to change this in order to be a physician".

THE HIDDEN CURRICULUM OF SELF-DOUBT

The transition from pre-med to medical student is not just an academic adjustment; it is a profound identity shift. Professional identity formation (PIF) is an ongoing process where students gradually transform from laypersons into skilled professionals. This process involves negotiating and integrating personal and professional selves, often in ways that feel uncertain and uncomfortable. Students describe their journey as "A journey filled with positive and negative emotions and uncertainty about their current and future careers".

They navigate this transition by learning to take charge, shaping their image through engagement with role models, and learning to flexibly adapt to the norms of clinical training.

The pressures are compounded by the perception that physicians lack work-life balance, causing students to question whether they can maintain their personal identities while pursuing medicine. One student wrote: "I struggled with the idea that pursuing medicine might demand the loss of many aspects of myself life outside of medicine. There do not seem to be clear answers about how much room being a physician leaves for other things".



FINDING YOURSELF AGAIN

The journey from pre-med to medical student is ultimately one of reconstruction. The identity that was so carefully built for the application process must be reimagined for the actual practice of medicine. This process, while painful, is also essential.

Students who successfully navigate this transition often do so by developing an internal compass a set of internalized values that guides their professional development. They draw on trusted mentors and peers, engaging in healthy coping mechanisms that promote adaptive growth. One student found their way back by rediscovering a passion for literature: "I remembered all the love I had for literature and how it was one of my biggest passions in life. English and Medicine make me the woman who I am, not an academic designation or career goal"



CONCLUSION

Losing the "pre-med" identity is not a sign of failure; it is a necessary step in becoming a physician. The imposter feelings, the self-doubt, the identity confusion these are not personal shortcomings but predictable responses to a system that conditions students to derive their self-worth from external achievement.

The challenge is not to avoid this identity crisis but to navigate it with intention. Seek out mentors who see you as more than a score. Find peers who will share their own struggles. Build a sense of self that extends beyond the white coat. Remember that the person you were as a pre-med driven, determined, resilient is still here, but now you have the opportunity to become something more.

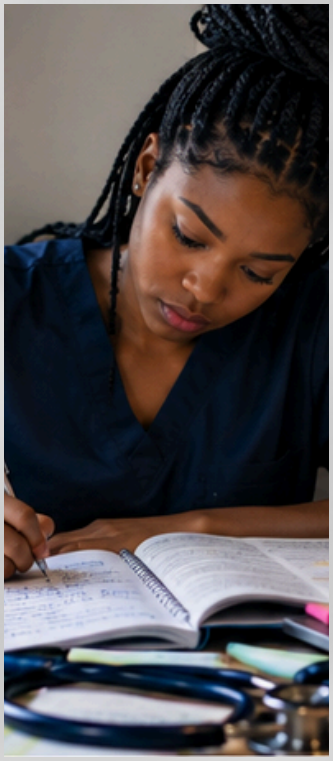
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THE HIDDEN CURRICULUM: WHAT MEDICAL SCHOOL TEACHES US WITHOUT SAYING A WORD

Medical school teaches us far more than what appears in our lecture notes. Beyond anatomy, diagnoses and examinations, there is an unwritten curriculum that quietly shapes who we become. This piece explores the lessons medical students encounter along the way failure, exhaustion, uncertainty, mortality, compassion, and identity. Ultimately, it asks a deeper question: while medical school teaches us how to become doctors, what is it teaching us about the kind of doctors we want to become?

WRITTEN BY
AYOMIDE AKANDE
CLASS OF 2027



INTRODUCTION

Medical school is often described as a journey of knowledge. We learn anatomy, physiology, pathology, pharmacology, and the endless list of diseases that seem determined to occupy every page of our textbooks. But somewhere between the lectures, examinations, hospital wards, sleepless nights, and hurried meals, another kind of education is taking place.

It has no timetable. There is no lecture hall assigned to it. No professor announces that today's lesson is about failure, uncertainty, compassion, or identity.

YOU WILL NEVER KNOW AS MUCH AS YOU THINK YOU SHOULD

One of the first uncomfortable lessons of medicine is discovering how much you do not know.

You study for days, walk into an examination feeling prepared, and leave wondering whether you studied the wrong subject entirely. On the wards, a patient asks a simple question and you realise that knowing the definition of a disease is very different from knowing how to explain it to another human being.

Medicine teaches humility. There will always be another condition to learn, another presentation you have never seen, and another question you cannot immediately answer.

Perhaps becoming a good doctor is not about knowing everything, but about being honest about what you do not know and being willing to learn.

A PATIENT IS NEVER JUST A DIAGNOSIS

At some point, the words in our textbooks become people.

A case of pneumonia becomes someone struggling to breathe.

A stroke becomes a family waiting anxiously outside a hospital room. A diagnosis becomes a person whose plans, fears, relationships, and future may suddenly look different.

This is where medicine becomes deeply human.

We are taught to recognise symptoms, interpret investigations, and formulate diagnoses. But patients also teach us to listen. Sometimes what a person needs most is not another impressive medical term, but someone who is willing to sit down and hear them.



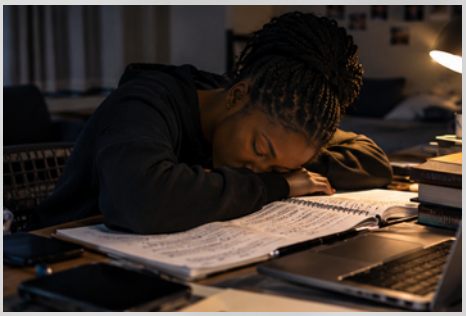
YOU WILL LEARN TO FUNCTION WHILE TIRED

There are days when exhaustion becomes part of the routine.

You attend classes, study, complete clinical work, prepare for another examination, and somehow continue. You learn to function even when your brain feels like it has reached its limit.

But medicine also teaches an important distinction: resilience should not mean becoming indifferent to your own humanity.

Being tired does not make you weak. Asking for help does not make you incapable. Learning how to care for yourself is not separate from becoming a good doctor. It is part of it.



YOU WILL MEET FAILURE MORE INTIMATELY THAN YOU EXPECTED

Medical school has a way of making failure feel personal.

A poor grade can make you question your intelligence. A difficult clinical encounter can make you question your ability. Sometimes, despite studying hard, the result is still not what you hoped for.

Eventually, you realise that failure is not a verdict on who you are.
It is information.

It tells you where you need to grow, what you need to change, and sometimes simply that you are human. The goal is not to become someone who never fails, but someone who can fail without allowing failure to define them.

YOU WILL BECOME FAMILIAR WITH MORTALITY

Medical students eventually encounter something textbooks cannot fully prepare them for: the reality that medicine cannot always save everyone.

We learn about death scientifically, but encountering it clinically is different.

It can be uncomfortable, sad, and sometimes unexpectedly quiet. Yet it teaches us that medicine is not only about extending life. It is also about dignity, comfort, communication, and being present when cure is no longer possible.

Mortality changes the way we understand life.

YOU ARE BECOMING A DOCTOR, BUT YOU ARE STILL BECOMING YOURSELF

Perhaps the most overlooked lesson of medical school is that while we are training for a profession, we are also growing into ourselves.

The person who entered medical school may have had a very different understanding of success, failure, ambition, compassion, and purpose.

Years later, we may still be figuring these things out.

We are becoming doctors, but we are also becoming adults, colleagues, advocates, friends, and people who will one day be trusted with someone else's most vulnerable moments.



THE EXAMINATION WE DON'T KNOW WE'RE TAKING

Medical school has two curricula.

The first is visible. It is written in lecture notes, textbooks, examination papers, and clinical guidelines. It asks: What do you know?

The second is hidden.
It asks: Who are you becoming?

Are you learning to remain compassionate when you are tired? Can you admit when you do not know something? Can you treat a patient with dignity when nobody is watching? Can you remain curious after years of studying? Can you remember that behind every diagnosis is a person?

These questions may never appear on an examination paper. But patients may ask them of us every day.

Perhaps the greatest education medical school offers is not simply learning how to save lives, but learning how to value them. Not simply learning how to treat the human body, but learning how to see the human being.

And ultimately, not simply becoming a doctor but becoming the kind of person a patient would feel safe placing their life in the hands of.

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HEART BRAIN AXIS

The Heart and Brain share a complete and bidirectional connections. Due to physiological or pathological conditions it can become crucial survive and fight against the disorders as the disturbances slowly worsen the prognosis.the key mechanisms leading to brains and heart diseases are neuroinflammation and systemic immune activation. The symptoms of these disorders are masked and not signs are majorly seen. Conversely the heart or cardiac disorders injure the brain as well.

WRITTEN BY
MITEEXA SINGAL
CLASS OF 2030



INTRODUCTION

The Heart brain axis is a bidirectional interactivity between cardiac and brain function, which reflects increasing recognition about how they are interdependent pathophysiologically. In the history of this interaction date back decades, doctors noticed that people with sudden brain blood vessel problems like strokes, sometimes has special ECG changes in T waves these are called "cerebral T waves" or "neurogenic T waves". Since then researches have shown how brain dysfunction can affect the heart, example; stress cardiomyopathy, irregular heart rhythm after stroke , traumatic brain injury, after haemorrhage around the brain, etc. on the other way it's true that heart problems can cause brain problems, example; fainting, thinking or memory problems from blood vessels damage, stroke caused due to a clot from the heart, etc.

Let's dive into the fascinating science of the heart brain axis and discover how tuning into this internal network can change the way you live.

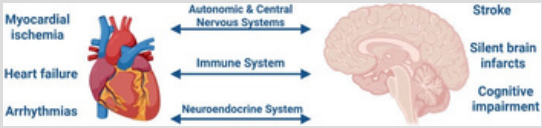
COMMUNICATION MECHANISM BETWEEN THE BRAIN AND HEART

The brain and heart communicate via four main mechanisms:

1.NEURAL PATHWAYS:
It is the direct, quickest or the "phone line", run by the autonomic nervous system(ANS), and it has two branches:

- The Sympathetic Nervous System & the Parasympathetic Nervous System :the sympathetic nervous system is also called or acts like the accelerator as during any stress or workout, the heart rate increases and the increase in contraction strength is seen as well.

- The parasympathetic nervous system which is mainly run by the vagus nerve acts like a brake as during rest, the heart rate slows down and also helps in reduction of inflammation.



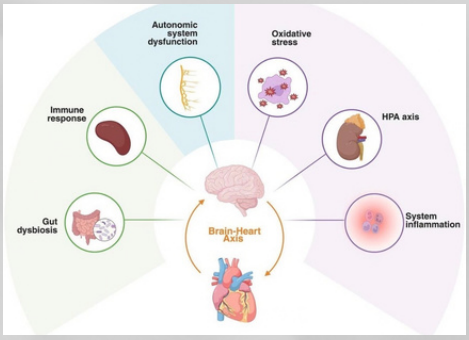
The brain also sends commands to the heart and in return heart continuously send information back to the brain through afferent nerves (mainly the vagus nerve) this might be given a name " bidirectional signalling".

2. HUMORAL/HORMONAL PATHWAYS:
As we talk about these pathways they are slower but long lasting. Hormones travel through blood and they can affect both the organs, eg,

- Catecholamines (adrenaline)- "fight or flight " response

- The RAAS system (renin-angiotensin-aldosterone system)- it affects both the CVS (cardiovascular system)and the brain as it regulates blood pressure and fluid balance.

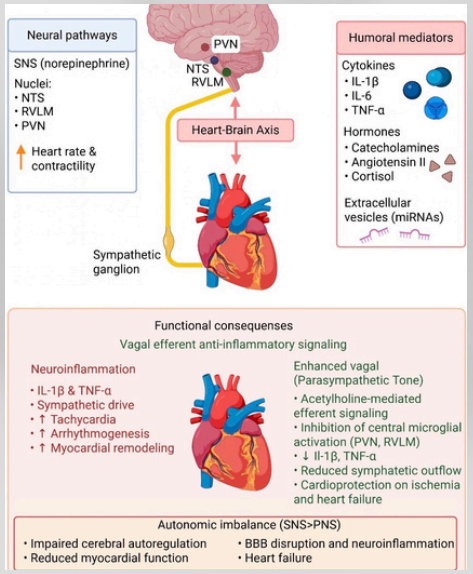
- At last; the heart doesn't just pump blood but also secretes substances such as oxytocin and natriuretic peptides which influence brain function.



3.IMMUNE AND INFLAMMATORY PATHWAYS: It is an important bypass route which links the nervous system and bodies defense systems:

- Cholinergic anti-inflammatory pathway- when the vagus nerve releases acetylcholine this release stops the immune cells from releasing inflammatory cytokines which helps in controlling the systemic inflammation.

- Bidirectional inflammatory signaling- during myocardial infarction the systemic inflammation may be triggered which can also activate the brain's immune cells which are also called microglia that causes neuroinflammation. Vice versa, inflammation in brain can also affect cardiac recovery.



4. CENTRAL INTEGRATION HUBS: The brain and the heart having a complex mechanism and also have relax stations which incorporate these signals:

- The brain stem and cortex, nucleus tractus solitarius and insula are the main areas for receiving and processing the cardiac info and on the other way the heart has an intrinsic nervous system,

which processes signals on itself and not being solely dependent on the brain.

CLINICAL SIGNIFICANCE

Impact of Stroke on heart- cardiac disorders and complication occur in mostly 20% of acute stroke patients which leads to nearly 20% of deaths in less than 3 months. Stroke heart syndrome brings about worsened cardiovascular complications in nearly 30 days of the acute ischemic stroke, hemorrhagic or subarachnoid stroke, Brain trauma etc.. it includes myocardial injury , infarction LV systolic disfunction, heart failure, abnormalities in the reading of ECG, arrhythmias and sudden death due to heart failure.

Impact of psychological stress on heart- acute and chronic type of stress leads to myocardial ischemia, ischemia with non-obstructive coronary arteries same with heart attack. Stress induced arrthmias which includes AF and sudden death and these are linked to anger and sympathetic activation.

Impact of cardiac disorders on brain- cardiac disease are inversely related to the brain injuries through thromboembolism, hypoperfusion and inflammation. It also leads to accelerated Brain aging. Post myocardial infarction releases DAMPs and cytokines which interrupts the blood-brain barrier, activates the glial cells and leads to neuroinflammation. Further also may lead to Alzheimer's disease. Coronary microvascular dysfunction prompts to small vessel diseases and white matter hyperintensities and cognitive impairment.

SYMPTOMS

Cardiac problems can lead to neurological and psychiatric symptoms it usually depends on on the organ primarily affected;

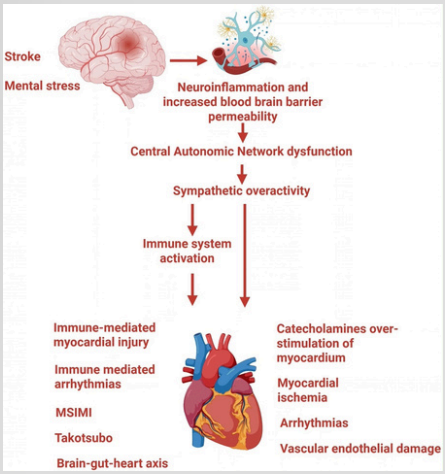
Stroke affects patients may have no signs of chest pains,

ECG changes such as QT prolongation or cerebral T waves and arrhythmias which lead to palpitations, dizziness, fainting or a cardiac death. MI may cause dyspnea, fatigue, edema.

Psychological stress affects- includes chest pain, dyspnea, palpitations increase in heart rate, dizziness, fainting and tiredness.

When cardiac diseases affecting the brain memory problems will be seen, depression, anxiety, decrease or difficulty in concentrating. During a sudden blockage in a blood vessel (embolism) can cause weakness on either of the sides or difficulty in speaking.

At last we can say that cardiac symptoms after stroke or stress are very silent so proactive screening with troponin, ECG and cardiac monitoring is very important or it may lead to cardiac death or other major problems.



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1. https://www.frontiersin.org/journals/cardiovascular-medicine/articles/10.3389/fcvm.2026.1681715/full
2. https://www.ahajournals.org/doi/10.1161/JAHA.125.047458
3. https://www.google.com/url?q=https://pmc.ncbi.nlm.nih.gov/articles/PMC13143752/&sa=U

OUR EDITORS

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Dr. Zoya Petrovna Lemeshevskaya, Vice-Dean of Faculty of International Students

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Ms. Helena Ivanovna Trus, Senior Lecturer, Department of Public Health and Health Services

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the HORIZON

Become our
NEXT EDITOR-IN-CHIEF

Do you have a passion for writing, creativity, leadership, and teamwork? The Horizon is now inviting applications for the position of Editors-in-Chief for enthusiastic and committed individuals who wish to take a leading role in shaping the magazine's vision and impact.

EXPECTED SKILLS

- **Excellent Communication Skills** - Must possess strong spoken and written English proficiency, with the ability to communicate ideas and provide input to the authors clearly and professionally.

- **Strong Teamwork & Professionalism** - Applicants should be excellent team players who:

1. Are easily reachable and responsive.
2. Can effectively manage responsibilities and consistently meet deadlines.
3. Maintain healthy and respectful communication with peers and contributors.

- **Technical & Creative Adaptability** - Candidates should be comfortable using digital tools, gadgets, and creative platforms such as Canva or similar software (Selected candidates will receive specific training for executional and operational skills).

- **Leadership & Collaborative Spirit** - We are looking for individuals who naturally inspire those around them and can foster a culture of creativity, enthusiasm, and meaningful contribution within The Horizon community. Ideal candidates should possess strong leadership qualities and the ability to positively encourage peers, classmates, and friends to share their perspectives through insightful, informative, and engaging blogs. As Editors-in-Chief, applicants should be able to cultivate participation and maintain momentum.

APPLICATION REQUIREMENTS:

- **Academic Year Requirement** - Must be a student currently studying in Year 2 to Year 6.

- **Prior Contribution to The Horizon** - Must have previously written at least 3 blogs for The Horizon.

If you believe you meet these requirements and are interested in taking up the role of Editor-in-Chief, we encourage you to apply. Submit your resume (with proof of 3 blogs & a clear photo) and a ~ 300 word cover letter (pdf) highlighting your motives, vision & suitability for the role on our email: **thehorizongrsmu@gmail.com**

AUTHOR GUIDELINES FOR BLOG SUBMISSIONS

These guidelines are intended to make the submission process clear and straightforward for all prospective authors. Please read the following instructions carefully before preparing your submission.

1. CHOOSE YOUR TOPIC

Authors are free to propose topics that are relevant, engaging, informative, and appropriate for the readership of The Horizon Magazine. Before deciding on a topic, authors must review the Google Sheet containing the topics of blogs that have already been published over the years. Click on the link icon at the bottom of the page. The purpose of the Google Sheet is to help authors identify topics that have already been covered to prevent unnecessary repetition of previously published blogs and help identify areas and subjects that have not yet been explored, encouraging fresh and original ideas.

Important: Please check the Google Sheet carefully before finalising your topic. If your proposed topic is substantially similar to a previously published topic, consider modifying your approach or selecting a different topic.

2. SUBMIT YOUR PROPOSED TOPIC FOR APPROVAL

Do not begin writing the complete blog immediately after selecting a topic. Before writing the article, send a brief description of your proposed topic to: ***thehorizongrsmu@gmail.com***

Your email should briefly explain: **1.** The proposed title or topic. **2.** What the blog will discuss. **3.** The main perspective, idea, or message of the article. **4.** Any particularly relevant angle you intend to explore.

A short paragraph is generally sufficient. The purpose of this preliminary step is to allow the editorial team to assess whether the topic is suitable for publication and sufficiently distinct from previously published content.

3. TOPIC REVIEW AND APPROVAL

Once your proposed topic has been submitted, the editorial team will review it. The topic will primarily be assessed for: **1.** Suitability for The Horizon Magazine. **2.** Appropriateness for a diverse student readership, originality, distinctiveness, relevance, and interest to readers. **3.** Overlap with previously published topics

The editorial team may approve the topic, request modifications, or suggest that the author consider an alternative topic. Please wait for confirmation before proceeding with the complete article.

4. WRITE YOUR BLOG

Once your topic has been approved, you may begin writing your blog. The completed blog should be 700–1000 words. Authors should aim to present their ideas clearly and effectively within this range. Avoid unnecessary repetition, excessive background information, or content that does not directly contribute to the central theme of the article.

Blogs should be: **1.** Engaging, clear, easy to understand, well-structured, and logically organised. **2.** Original and written in the author's own words. **3.** Informative, thoughtful, or reflective, depending on the topic.

Authors are encouraged to use suitable headings and paragraphs to make longer articles easier to read.

5. SUBMIT THE COMPLETED BLOG

Once your article is complete, submit it to: ***thehorizongrsmu@gmail.com***. The blog should be submitted as an unflattened PDF or Word document. Please ensure that the submitted file is the final version that you wish the editorial team to review.

6. IMAGES AND VISUAL MATERIAL

Images are not compulsory. However, authors may include images if they enhance the blog or help illustrate its content.

If you wish to include images: **1.** Submit upto 5 images along with your blog. **2.** Where applicable, ensure that you have the appropriate permission or rights to use the images. **3.** Use images that are relevant to the article. **4.** Avoid including unnecessary images merely for decorative purposes.

If an image requires attribution or credit, please provide the relevant information along with your submission.

7. REFERENCES AND SOURCES

References are not mandatory but preferred, authors may provide citations for relevant articles, studies, books, websites, or other sources that helped inform the blog. A maximum of 5 references may be submitted.

References are particularly encouraged when the blog: **1.** Makes factual or statistical claims. Uses information obtained from specific academic sources. **2.** Discusses scientific or medical information. Refers to published research.

Authors should ensure that references are accurate and correspond to the claims made in the article.

8. AUTHOR INFORMATION

Every author must provide the name they wish to have displayed in the published blog, along with their year of graduation. Please include these details with your submission.

AUTHOR: [FULL NAME]
YEAR OF GRADUATION: [YEAR]

If the author wins for their content, the name mentioned in the published blog will be mentioned on their certificate and will not be subjected to any changes or alterations later

9. EDITORIAL REVIEW AND PUBLICATION DECISION

After the completed blog has been submitted, it will undergo editorial review. The editorial team will assess the submitted article for factors including: **1.** Compliance with the submission guidelines. **2.** Quality and clarity of writing.

Authors will receive an email informing them whether their submitted blog has been approved for publication or not. The editorial team may also contact an author if revisions or clarification are required before a final publication decision is made.

10. CONTENT AND SENSITIVITY GUIDELINES

The Horizon Magazine aims to provide a welcoming platform for students and graduates with diverse backgrounds and perspectives. Authors should therefore exercise appropriate judgment when discussing sensitive subjects. It is strongly advised to refrain from content that could unnecessarily offend, demean, or hurt the religious, political, cultural, national, or personal sentiments of others.

AUTHORS SHOULD AVOID:

- Hate speech or discriminatory content.
- Personal attacks or harassment.
- Content targeting individuals or groups in a derogatory manner.
- Unsubstantiated allegations presented as facts.
- Material that is unnecessarily inflammatory or offensive.
- Content that could reasonably cause harm to the reputation or dignity of others.

This does not prevent authors from discussing serious, controversial, or complex subjects. Such topics may be explored when approached thoughtfully, respectfully, objectively, and appropriately for the magazine.

THE HORIZON BLOG SUBMISSION PROCESS AT A GLANCE

01 **EXPLORE PREVIOUS TOPICS**
REVIEW THE DESIGNATED GOOGLE SHEET TO MAKE SURE YOUR PROPOSED TOPIC HAS NOT ALREADY BEEN COVERED.

02 **CHOOSE YOUR TOPIC**
DEVELOP AN ORIGINAL AND ENGAGING IDEA SUITABLE FOR THE HORIZON MAGAZINE.

03 **SUBMIT YOUR PROPOSAL**
EMAIL A BRIEF DESCRIPTION OF YOUR PROPOSED TOPIC TO THEHORIZONGRSMU@GMAIL.COM

04 **WAIT FOR APPROVAL**
THE EDITORIAL TEAM WILL REVIEW THE PROPOSED TOPIC AND NOTIFY YOU WHETHER YOU MAY PROCEED.

05 **WRITE YOUR BLOG**
PREPARE A 700–1000 WORD ARTICLE BASED ON THE APPROVED TOPIC

06 **PREPARE YOUR SUBMISSION**
ATTACH YOUR COMPLETED BLOG AS AN UNFLATTENED PDF OR WORD DOCUMENT, ALONG WITH ANY OPTIONAL IMAGES AND REFERENCES.

07 **PROVIDE AUTHOR DETAILS**
INCLUDE THE NAME YOU WISH TO FEATURE AND YOUR YEAR OF GRADUATION.

08 **SUBMIT THE COMPLETED BLOG**
SEND EVERYTHING TO THEHORIZONGRSMU@GMAIL.COM.

09 **EDITORIAL REVIEW**
THE EDITORIAL TEAM WILL REVIEW THE COMPLETED SUBMISSION.

10 **PUBLICATION DECISION**
YOU WILL RECEIVE AN EMAIL INFORMING YOU WHETHER YOUR BLOG HAS BEEN APPROVED FOR PUBLICATION.

The Horizon Reference Database, click on link icon or scan QR

FINAL CHECKLIST FOR AUTHORS

Before submitting your blog, please make sure that:

- I have checked the Google Sheet for previously published topics.
- My proposed topic is sufficiently original and distinct.
- I have submitted my topic for approval before writing the complete blog.
- My blog is between 700 and 1000 words.
- My article is appropriate, clear, original, and well-structured.
- I have prepared the submission as an unflattened PDF or Word document.
- I have included no more than 3–5 images, if I am using images.
- I have included no more than 5 references, if I am using references.
- I have provided the name I wish to feature in the blog.
- I have provided my year of graduation.
- My content is respectful and does not defame,offend or target others.
- I am sending the completed submission to ***thehorizongrsmu@gmail.com***.