



The HORIZON

VOLUME 4, ISSUE 9, SEPTEMBER 2026

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OUR YIN AND YANG WITH AI IN
HEALTHCARE

DEAN'S DESK



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



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

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

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

WELCOME TO THE HORIZON



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

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

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

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

For inquiries and submissions.

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EDITOR'S DESK



“ I’m Ronesh Priyashan, a final year medical student at the Grodno State Medical University. As your editor, I see our platform as a canvas where every student can leave their mark. The Horizon Magazine is a reflection of who we are: a collective of curious minds, resilient hearts, and limitless potential. Together with our incredible team of editors, writers, and contributors, I invite you to fill these pages with your voices, your experiences, and your light. Let’s make this summer one to remember.

”



RONESH PRIYASHAN,
EDITOR, JULY-SEPTEMBER 2026



VEKARIYA CHINTAN
EDITOR, JULY- SEPTEMBER, 2026

“ Every student has a story worth telling — my job is just to help them tell it well.” Myself Vekariya Chintan a –4th year student at Grodno State Medical University. Stepping into this role, Chintan is driven by a simple belief: that the everyday experiences of students — the struggles, the small wins, the curiosity that comes with life at GRSMU — deserve a platform as polished and thoughtful as the stories themselves. As Editor, I am focused on shaping Horizon into a space where students feel genuinely encouraged to share their voice, I am looking forward to collaborating closely with writers across all years to make this edition of Horizon more engaging, more polished, and more reflective of the diverse community that makes up GRSMU.

”

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

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

Cover Credits

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For enquiries and submissions.

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DEALING WITH “DR.GOOGLE

Dr. Google,”: This is the modern tendency to search symptoms online instead of going to a doctor. It examines the benefits of accessible information, the risks of misinformation and anxiety, the impact on doctor-patient relationships, and the role of tech companies in shaping health searches. Through case studies, ethical analysis, and practical tips, it argues that while online health information can empower patients, it must be used responsibly and never replace professional medical advice.

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INTRODUCTION

Many of us should have heard the term “Dr. Google. Do you know what the term means? This term is used to describe people’s behaviour in looking for their symptoms online prior to seeing a health care provider. It’s a thing that anyone can relate to. If it is sudden headache, strange rash, or strange ache, we go straight to the search bar as there are thousands of possibilities to choose from. At that moment, the Internet is like a doctor’s office, except there are no filters, boundaries or bedside manners with Dr. Google.

With the advent of Dr. Google, the answer is, in part, due to the fact that almost everyone has Internet access and smartphones. This makes information about health more instantly available and statistics have revealed that the majority of adults check the internet for medical symptoms at least once. This access has altered human behavior and presented opportunities and challenges to health approaches.

“Dr” Google has two (2) sides. The positive side is that health-related searches on the Internet can enable patients to improve their empowerment. They can deliver free information to people who might not have easy access to medical care, and they can help promote awareness of any red flag symptoms that would lead to people eventually seeking health care sooner.

Additionally, some communities and forums are available to provide support, particularly for rare diseases and chronic conditions. This is the way that Dr. Google empowers patients and promotes an equal distribution of knowledge.



However, the risks are just as great. There is a lot of misinformation out there on the web and some sources are more reliable than others. There are many people who end up with what is known as cyberchondria or compuchondria.

It is a spiraling anxiety which is caused by reading worst-case scenarios online based on the search for health symptoms. Fear of a brain tumour can easily escalate from a simple headache after a few clicks. This can cause an unnecessary panic, but also dangerous if a person thinks they are not in trouble and does not seek professional help. There is also the paradox of choice: This is because of the amount of information that is available; patients feel overwhelmed and not informed.



Even doctors aren't sure about Dr. Google. There are those who enjoy patients coming with questions; there is involvement in the patients' care. Others get irritated by patient noncompliance with their doctor's recommendations due to something they read on the internet. This imbalance reflects the difference between information and expertise: Google can give you information, but only a doctor can give you a diagnosis. There are examples on both sides of the coin with case studies. There is also evidence of patients who were quick to seek treatment for anything serious when they saw symptoms online – and alarming examples of wrong diagnosis and false anxiety.

These problems are known by tech firms, and Google has teamed up with institutions like the Mayo Clinic to make health search results more accurate. The symptom checking tools also are being developed with the help of AI, with privacy and responsibility concerns.



Dr. Google has an ethical and social aspect to it that is complex. There is a digital divide, not everyone has equal access to reliable internet. Worries about data use in search are also shared, particularly regarding sensitive health data. In the end, it's up to the tech companies and users to make sure health information online is used effectively.

So how to use Dr Google healthily? Balance is the key to this situation. Seeking out the internet should be considered a supplement, not a replacement, to professional care. Patients need to be able to critically assess the credibility of websites, choose to go to credible sites, and know when to quit searching and make a doctor's appointment.

CONCLUSION

In the future, online health information will continue to be more AI-driven, personalized health assistants, and wearable devices will increasingly connect with search engines to provide data. There could also be a role for regulation in ensuring accuracy and protection of privacy. Despite the wonders of technology, however, the rule still holds true: Google can provide you information but only a doctor can provide you a diagnosis.

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The Soul of the Stethoscope: Preserving the Physical Exam in a High-Tech World

The "Second Victim" Phenomenon: When the Healer Needs Healing: This addresses the psychological trauma medical students and residents experience when a medical error occurs or a patient has a bad outcome. It's a crucial but often taboo topic, exploring the guilt, shame, and anxiety that can follow. The article discusses institutional support, personal coping mechanisms, and how to prevent burnout from this specific source of stress.

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INTRODUCTION

The physical exam, once the cornerstone of medicine risks becoming a lost art in an era of advanced imaging and AI. Inspired by Dr. Abraham Verghese's work, this blog explores the student's dilemma when learning a skill that seems "obsolete" the profound loss when the "laying on of hands" is devalued, and the enduring power of touch in healing the doctor-patient relationship. It argues that in our quest for technological certainty, we must not sacrifice the very soul of medicine.



This picture shows: The medical student stands at the bedside, stethoscope in hand, listening to the subtle cadence of breath and heartbeat. In the next room, a CT scanner hums, ready to render the body's interior with crystalline precision. The student knows this. And in that knowledge lies a quiet crisis not of technology, but of meaning.

THE STUDENT'S DILEMMA

Medical students today inherit a paradox. They are taught the rituals of the physical exam with reverence, only to watch those rituals dissolve in the daily rush of clinical practice. Research reveals this disorienting transformation with striking clarity. A recent study found that when first-year medical students used a small ultrasound device, they identified 75% of heart pathologies, compared to just 49% identified by qualified cardiologists using only a stethoscope. It's no wonder students feel conflicted.

Their disillusionment is not born of laziness but of observation. They witness their supervisors bypass physical findings for imaging studies. They see meticulously documented exam findings quietly removed from charts. They internalize a powerful lesson: in the hierarchy of diagnostic tools, the hands and stethoscope occupy the lowest rung.



Yet, the student's unease persists. A study on the decline of physical examination skills notes that physicians will candidly admit “ they don't feel confident in it ”. The confidence they crave requires something their training increasingly denies them: the experience of being observed, corrected, and affirmed in their physical diagnostic skills.

THE LOSS OF THE “ LYING ON OF HANDS”

What is lost when the physical exam is devalued? The answer cannot be captured in sensitivity and specificity calculations alone. The “ laying on of hands ” is, in Dr. Abraham Verghese's words, a “ very sacred ritual ” . It represents a profound social exception — the permission to enter another's intimate space, to touch where touch would otherwise be forbidden. The patient, disrobed and vulnerable, trusts the physician with their body.



Patients notice when this trust is not honored. They articulate it in phrases that should give every physician pause: “ He never laid a hand on me ” or “ She never touched me ” . This is not sentimentality. It is a signal that the encounter has been stripped of its humanity. The ritual of the physical exam serves as a powerful bond, a bridge that connects physician and patient in a way that a CT scan never can.

THE SCIENCE OF TOUCH

The devaluation of touch in modern medicine is particularly puzzling given what we now know about its neurobiological effects. The placebo effect, long dismissed as mere suggestion, is now understood as a profound neurobiological phenomenon. A Parkinson's patient given a placebo can experience a measurable rise in dopamine levels. Pain can be blocked by a placebo presented as a morphine antagonist.

Verghese argues that the ritual of examination activates this positive placebo effect — that the act of being examined has its own therapeutic power. As he explains in his widely acclaimed TED Talk, “What we're learning is that the ritual of examining the patient has its own positive effect ”. The physical exam is not merely diagnostic; it is an intervention in itself. Its loss represents not just a failure of data collection but a forfeiture of healing.

THE COST OF CONVENIENCE

The shift away from the physical exam carries tangible consequences. A survey examining causes of medical errors found that approximately 68% of physicians reported failure to complete a physical examination. In 76% of these cases, this oversight resulted in a missed or delayed diagnosis. The consequences included incorrect treatment, unnecessary diagnostic costs, and even radiation exposure.

Verghese's "Stanford 25" initiative grew partly from collecting such anecdotes. One case involved a patient with neurofibromatosis a condition often obvious from skin findings who was sent for extensive CT scanning because the examining physician failed to examine beyond the abdomen. The patient underwent unnecessary testing, experienced unnecessary anxiety, and incurred unnecessary cost, all because the physician never laid hands on the patient. "Our purpose was to collect vignettes of physical examination oversights and to capture the diversity of their characteristics and consequences," state the authors of the study.

This is not an argument against technology. As Verghese notes, "The physical often leads you to things you might find a breast lump in someone who has come to you for something else. And that might be the moment of discovery that could lead you down the right path". He is, as he puts it, "not a luddite". He advocates for using technology wisely, asking the right questions of a CT scan or MRI based on what the physical exam reveals.



The goal is not to choose between the stethoscope and the scanner. It is to remember that they serve different masters. The scanner reveals anatomy; the stethoscope reveals humanity. The scanner provides data; the physical exam provides connection. In a high-tech world, preserving the soul of the stethoscope means preserving the art of medicine itself.

CONCLUSION

In our rush for faster, more precise answers, we risk losing the human connection that is the heart of medicine. The stethoscope and the scanner are not enemies; they are partners in healing. The physical exam is not an old-fashioned ritual to be thrown away. It is the soul of medicine the art that turns knowledge into compassionate care.

We must teach future doctors not only to read images but to listen with their hands. The future of medicine depends not on choosing between technology and touch, but on remembering that both matters. The patient a whole person who is vulnerable and human deserves our full presence at their side.

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Cramming vs. Spaced Repetition: The Neuroscience Behind How Medical Students Actually Learn

Every medical student knows the 2 a.m. cram session that feels productive right up until the material vanishes weeks later. This blog explores why that happens, using the neuroscience of memory to explain the gap between feeling prepared and actually retaining knowledge. It closes by asking a harder question: is our exam system quietly training students to optimise for the wrong kind of memory, right when they are building the foundation for a career in medicine?

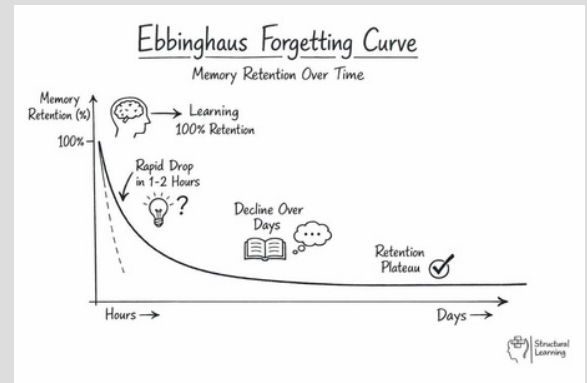
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THE FORGETTING CURVE: WHY CRAMMING FEELS LIKE IT WORKS

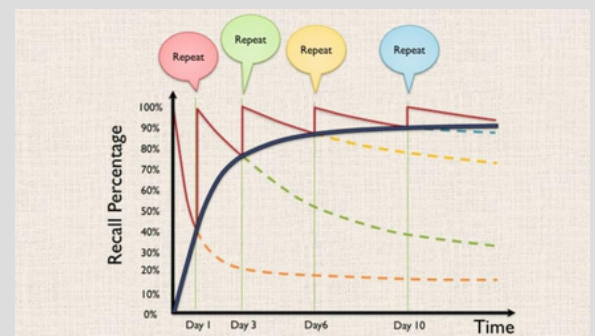
In 1885, psychologist Hermann Ebbinghaus mapped how memory decays over time and found something counterintuitive: forgetting is not gradual, it is steep and immediate. Without reinforcement, most newly learned information is lost within the first twenty-four hours, after which the rate of decay slows down. This single fact explains almost everything about why cramming feels so deceptively effective. When you test yourself an hour after a cram session, you are catching your memory at its peak, right before the curve drops. The exam does the same thing a day or two later. But three weeks after that, when a professor expects you to recall the material on rounds or a subsequent exam, almost nothing is left. Spaced repetition works by intercepting the forgetting curve just before each decline, nudging the memory back up and, crucially, flattening the slope of forgetting a little more with every review. That is why spaced-repetition intervals grow over time, from a day to a few days to weeks: each successful retrieval makes the memory more durable, so it needs to be revisited less often.

THE FLUENCY ILLUSION: WHY YOUR BRAIN LIES TO YOU

If the forgetting curve explains why cramming fails, the fluency illusion explains why students trust it anyway. Every time you reread a page or skim through your own notes, the material becomes easier to process.



Your brain interprets that ease as a sign of mastery but processing fluency and actual retrievability are not the same thing. This is why rereading and highlighting consistently rank among the least effective study strategies in cognitive science research, despite being among the most commonly used, because they generate a comforting feeling of familiarity rather than durable knowledge. A six-hour cram session can leave a student feeling like an expert simply because every page looks recognisable, not because the information could be recalled unaided three days later, without the notes in front of them.



DESIRABLE DIFFICULTY: WHY STRUGGLING IS A GOOD SIGN

Cognitive psychologist Robert Bjork coined the term desirable difficulty to describe a strange but well-supported finding: conditions that make learning feel harder in the moment, such as spacing out study sessions, mixing topics, or testing yourself instead of reviewing notes, actually produce better long-term retention.

The discomfort is not a sign that something is wrong; it is a sign that the brain's retrieval system is being forced to work, which is precisely what strengthens the memory. This is psychologically difficult to accept as a student, because it means the study session that feels smooth, easy, and confidence-boosting is often the one quietly failing you, while the session that feels effortful and uncertain is often the one actually working



THE TESTING EFFECT: RETRIEVAL IS NOT JUST MEASUREMENT, IT IS LEARNING

Perhaps the most underappreciated finding in this entire field is the testing effect: the act of retrieving a memory does not merely check whether learning has occurred, it actively strengthens the memory trace more than an equivalent amount of time spent rereading. This is the real mechanism behind why active-recall tools work. Most students use flashcard apps as a review tool, flipping through cards to check whether something looks familiar. The neuroscience suggests their real power lies elsewhere: as a retrieval-forcing tool. If the answer surfaces instantly and effortlessly, the desirable difficulty is missing and the learning benefit shrinks. A blank-page brain dump attempted before opening your notes, uncomfortable as it feels, will typically outperform simply rereading those same notes

THE REAL TRAP FOR MEDICAL STUDENTS

Medical school creates an unusual mismatch. Shelf exams and university assessments reward short-term cramming because they are proximate to when the material was taught and heavily weighted toward recognition. But clinical competence demands something entirely different: knowledge that survives intact for years, not weeks. An intern needs to recognise the presentation of Cushing's syndrome at the bedside, not just answer a multiple-choice question about it during a pharmacology block. The system, often unintentionally, trains students to optimise for the wrong curve. A student who crams successfully by exam metrics may be building the least durable version of their knowledge at precisely the moment they are meant to be constructing the clinical foundation they will rely on for an entire career.

TAKING EVERYTHING INTO ACCOUNT

Understanding the neuroscience of memory will not make studying in medical school easier, but it can make it more honest. The next time a study session feels effortless and satisfying, that ease may be worth questioning rather than trusting. Spacing, active recall, and self-testing are uncomfortable precisely because they work, and in a field where the cost of forgetting is eventually measured in patient outcomes rather than exam scores, that discomfort is worth choosing on purpose.

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The Heart in the Machine: Finding Our Yin and Yang with AI in Healthcare

Dr. Google,”: This is the modern tendency to search symptoms online instead of going to a doctor. It examines the benefits of accessible information, the risks of misinformation and anxiety, the impact on doctor-patient relationships, and the role of tech companies in shaping health searches. Through case studies, ethical analysis, and practical tips, it argues that while online health information can empower patients, it must be used responsibly and never replace professional medical advice.

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INTRODUCTION

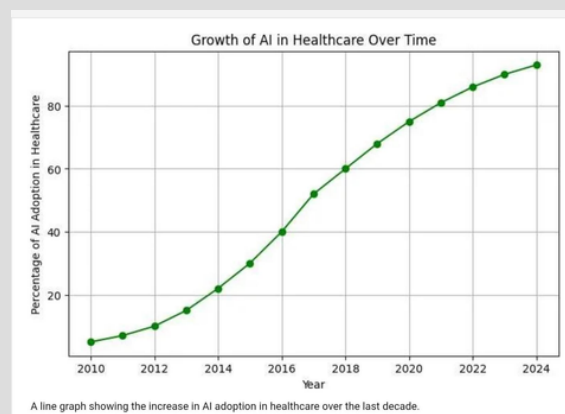
It's 3:00 AM. You're nursing a lukewarm coffee, staring at a mountain of patient records, and desperately trying to piece together a complex medical history. The fear of missing a tiny anomaly on a CT scan or a subtle pattern in a lab report is sitting heavy on your chest. We've all been there—feeling that crushing weight of administrative exhaustion when all we really want is to just practice medicine and connect with our patients.

That's where Artificial Intelligence (AI) comes into the picture. But let's be honest, talking about AI in healthcare brings up a lot of mixed feelings . On one hand, we're promised this glowing, high-tech future where algorithms process data at lightning speed to solve our hardest cases . On the other, there's a quiet, lingering anxiety in the med student community: Is AI going to replace us? Will machines strip away the soul and empathy of medicine? Are we creating dependencies we can't control?

THE SCIENCE OF OUR NEW ASSISTANT

Let's take a breath and look at the reality. AI isn't here to steal your stethoscope; it's here to take your clipboard. One of the biggest struggles we face in our journey is burnout. Luckily, AI is stepping up to handle the heavy lifting of administration—predicting hospital workloads, balancing shift schedules, and organizing those endless electronic health records (EHR) to drastically cut down our paperwork .

Beyond the busywork, AI is actually becoming an incredibly sensitive clinical assistant. It can scan X-rays, MRIs, and ultrasounds in seconds, catching early signs of diseases like cancer or diabetic retinopathy that our tired eyes might just scroll past . In the OR, robotic systems like the da Vinci robot are helping surgeons reduce hand tremors for super-precise, minimally invasive procedures . Even in pharma, AI is crunching millions of chemical compounds to speed up drug discovery and tailor personalized medicine to a patient's genetics .



THE HUMAN ETHIC: WHAT AI CAN'T DO

But here is the absolute core of our profession that hasn't changed: AI processes data, but it doesn't feel .It might be faster at spotting patterns, but it is not "smarter" than human empathy.

Think about the doctor-patient relationship. A machine can continuously monitor vital signs through a wearable device or predict disease progression, but it cannot sit at the bedside, validate a terrified patient's fears, and hold their hand .

What our patients hear and feel when we speak to them is just as vital as the clinical treatment we prescribe. By taking over the tedious stuff—like billing, insurance claims, and emergency triage—AI actually gives us the greatest gift possible: time. Time to be human. Time to make sure our clinical efficiency never comes at the cost of patient trust.

ACTIONABLE TAKEAWAYS FOR THE MODERN MED STUDENTS

So, instead of fighting the rise of AI or stressing over being replaced, how do we find our balance? Here is how we can work with it:

>Protect your peace through delegation: Let AI scheduling and EHR tools carry your administrative load. Use that reclaimed time for active rest—you cannot pour from an empty cup.

>Keep your human oversight: Use AI diagnostic tools and virtual assistants as your high-tech "second opinion." But remember, your human judgment and clinical observation are the ultimate safeguards.

>Focus on the human connection: Let the algorithms handle the data crunching so you can focus entirely on what no machine can replicate: empathetic, deeply human care.

The future of healthcare isn't a sci-fi battle of humans versus machines. It's about humans and AI teaming up to provide safer, smarter, and profoundly better patient care.

ACADEMIC BACKING

As always, we believe in grounding our discussions in solid scientific literature. For further reading on the intersection of AI and medical ethics, explore these essential references



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