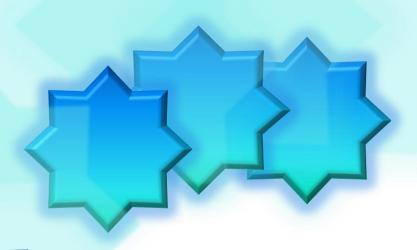
# IJMA



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#### **Original Article**

### **Internship Conference (IC): On the Way for Professionalism**

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#### **ABSTRACT**

Article information

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Citation: Khereba W, Moeen O, Hassan EMA, Omran AM, Taha A. Internship Conference (IC): on the way for professionalism. IJMA 2024; August; 6 [8]:4808-4813, doi: 10. 21608/ijma.2024.308549.2011. **Background:** It is our responsibility towards the interns\*of Compulsory Egyptian Medical Training program (CEMT) to improve their knowledge and skills to be *on the right way for professionalism*, and this internship conference (IC) will help us for great achievement in short time *before choosing their interested medical fields*.

**Context:** IC will serve at least 200 learners at Al-Azhar University Hospital, New Damietta (AUH-ND) as well as all interns in all university hospitals well be informed and can be active participate in the conference activities. Which means that all graduates of Egyptian medical school can get great benefits from IC.

**Design and implementation:** Scientific program of IC will be designed and published containing all the details of scientific sessions, per congress and parallel workshops and competition sessions.

**Assessment:** Pre congress online registration sheet or survey will include 3 multiple choice questions (MCQ) for *each scientific session* and *workshops* as well as open question to have the intern's expectations of each session, workshops and IC in general. At the end of each scientific session or workshop 3 quizzes in the form of MCQs and feedback satisfaction survey including recommendations will be sent to each intern to improve the quality of IC. And attendance of 75% of the scientific session credit hours and actively participate at workshops is a must to have the certificate of IC.

**Challenges:** we think that we will face challenges as time (very big program), financial support, arrangement for workshops at skill lab and struggling or disengaged intern. But we will study and arrange everything of the program to have the best conference ever.

MT: medical student, immediately after graduation must successively pass training course of one year duration (which will be 2 years starting from March 2024) and success in Egyptian national exam to be register at the Egyptian Medical Syndicate as a general practitioner, and then select his or her career.

**Keywords:** Medical Education; Internship Conference; Learning.



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#### INTRODUCTION

Continuous medical education (CME) is the corner stone of continuous personal, national and international perfect medical practice for our patient who will be very lucky when they find us usually updated and keen to reach the most cost-effective method of diagnosis and treatment. As CME can Improve patient care, make career advancement and maintaining certification and license, IC is a good tool of teaching and CME for interns at the *first step of their medical practice* to *engage in scientific and medical activities* to *support their professional development* [1-4]

Conference has a great benefit in medical education for all scientific grades, very huge volume of knowledge, different experience and attractive field for competition and research which can be achieved in short well-organized time with presence of multispecialty [2-4]

At this stage of medical education, intern is very active, keen to get knowledge and improve his or her handcrafts and he or she in need to one project conclude most of knowledge and ideas and give him or her the chance for competition and express his or her abilities in innovation and competition.

And so, we are sure that the IC with all great and variable advantages and benefits will meet the needs of educations of all interns at this 1<sup>st</sup> critical and serious step of actual medical practice.

#### The goals

- 1. How to apply the integrated concept of medical practice (prevention, early diagnosis, treatment, rehabilitation, environmental consideration and community participation).
- 2. Preparing the intern to be able to work independently and be able to make decisions in professional manner.
- 3. Acquisition communication skills through practical application forms with the medical team as well as with patients and their families.
- 4. Developing the skills and awareness of the intern through feedback, interactive training, and continuous guidance.
- 5. Help all interns to obtain the license of medical practice in Egypt.

#### The objectives

After attendance and active participate in the conference activities each intern will be able to:

1. Have the basic skills of quality in hospitals and health care Institutions.

- 2. Write a medical report and referral sheet.
- 3. Stick to the principles of infection control.
- 4. Commit his or herself to the ethics of doctor patient relationships.
- 5. Do medical research and medical statistics.
- 6. Manage medical emergencies (1st aid) properly.
- 7. Choose his / her career and improve his or her handcraft.
- 8. Stick to occupational safety and health.
- 9. Pass the Egyptian national exam.

#### **DESIGN AND DEVELOPMENT**

At the 1st week of September: The general manger of CEMT at the faculty will communicate with all students 3 months before graduations, and we can record their names, WhatsApp numbers and E-mails through online Google form and PDF of 1st announcement of IC including the area of medical interest of each one to be considered during all IC activities. Then creation of WhatsApp group "Stars of IC".

At the 1<sup>st</sup> week of February: After graduations and before starting the CEMT program, all interns will be invited for meeting for orientation of CEMT program, the guide of training and the 2<sup>nd</sup> announcement of IC at auditorium number one at AUH-ND with very comfortable interactive discussion to know all the details about CEMT program. The IC program and all questions and recommendations will be welcomed and considered with pleasure.

IC will be annually outstanding scientific program where its activities will be usually start at the 1<sup>st</sup> week of March with pre congress and parallel workshops. Pre congress workshops will be planed and organized to be ended at March before the 3 days of conference scientific agenda and the parallel workshops.

To gain a great benefit of IC, we divide the program into 3 main arms

- 1- **Basic theoretical knowledge (BK)** which will be focused on guidelines of management of medical diseases which will be covered in scientific sessions [5]
- 2- **Basic skills and hands-on training (BS)** which will be covered in pre-congress and parallel workshops <sup>[6-8]</sup>
- 3- An area of creativity and competition (AC).

We think that we will not find effective challenges in speaker, trainer, moderator and workshops proctor, as the general manager of the program had 2 years of experience in management of CEMT with good and valuable support of university administrators, staff member and other colleagues from different institutes. As well as all interns well be invited for abstract submissions, competition sessions and sharing in organization of IC.

IC program contains **18 valuable workshops** (9 before the hot 3 days and 9 during the agenda of the 3 days) in

54 hours, and **25 sessions** in 3 days each one allocated time will be one hour, one moderator, 3 chairpersons and *group of 5 interns to conclude the session in 5 minutes at the closing ceremony* <sup>[9-12]</sup>

The detailed description of the program is plotted in the next tables.

Table [1]: Detailed description of the program

Work	shops	Topics		Way of delivering
	1	Basic life support and	1.	Power point presentation
		cardiopulmonary resuscitation	2.	Video orientation
			3.	Virtual think-pair share [10, 13-15]
			4.	Hands on (simulation at skill lab) <sup>[6-8,16-18]</sup>
_	2	Basic surgical skills:	1.	Power point presentation (FCR)
	_	wound management	2.	Video orientation
		would management	3.	Virtual think-pair share
			4.	Hands on [6-8,17,19]
	3	Basic surgical skills: basic	1.	Power point presentation
	3	suture technique	2.	Video orientation
Se Se		suture technique	3.	Hands on (simulation at skill lab) [6-8,20]
101	4	Basic of management of polytraumatized	1.	Power point presentation
ks	7	patient and mass casualty	2.	Video orientation
'0r'		patient and mass casualty	3.	Virtual think-pair share [10, 13]
S	5	Venous access and basic principles	1.	Power point presentation
ર્ફ	3	of blood transfusion fluid infusion	2.	Video orientation
Pre congress workshops		of blood transfusion fluid infusion	3.	Hands on (simulation at skill lab) [6-8,16]
	6	Basic laparoscopic surgery skills	1.	Power point presentation
	U	Basic laparoscopic surgery skins	2.	Video orientation
			3.	Hands on (simulation at skill lab) [6-8, 16-20]
	7	Basic endovascular surgery skills	1.	Power point presentation
	/	Basic endovascular surgery skins	2.	Hands on (simulation at skill lab)
	8	Basic endoscopic skills	1.	Power point presentation
	0	Basic endoscopic skins	2.	Video orientation
			3.	Hands on (simulation at skill lab) [6-8]
	9	Vascular injury and basic skills	1.	Power point presentation
	9	of vascular anastomosis	2.	Video orientation
		of vascular anastomosis	3.	Virtual think-pair share [10, 15]
			3. 4.	Hands on (simulation at skill lab) [6-8, 16-20]
Parallel workshops (Hall B)	10	Basics skills of Administration	1.	Power point presentation (FCR)
	10	and self-management	2.	Feedback and interactive discussion
	11	Principles of quality in hospitals	1.	Power point presentation (FCR)
	11	and health care Institutions	2.	Feedback and interactive discussion
	12	Medico legal aspects, medical	1.	Power point presentation
	12	report and referral sheet	2.	Virtual think-pair share [10, 15]
	13	Principles of infection control	1.	Power point presentation (FCR)
) <b>S</b> (	13	Finiciples of infection control	2.	Feedback and interactive discussion
ot	14	Ethics of doctor patient relationships and	1.	Power point presentation
<u> </u>	14	Doctors to doctors' relationships	2.	Virtual think-pair share [10, 14]
0 <b>.</b>	15	Basic skills of medical research and	1.	
M I	15			Power point presentation (FCR)
Ille	1.0	medical statistics.	2.	Feedback and interactive discussion
ars	16	Principles of occupational	1.	Power point presentation
a a	17	safety and health	2.	Feedback and interactive discussion
	17	Hemostasis in surgery and	1.	Power point presentation (FCR)
	10	management of bleeding	2.	Video orientation
	18	Principles of different	1.	Power point presentation
		tools of radiology	2.	Feedback and interactive discussion

FCR: Flipped class room.

Pre congress workshops at March and April and depend mainly on medical simulation or hands on strategy at skill lab, and we have handmade simulator for basic endovascular skills and another one for basic vascular anastomosis which be made by myself.

All interns must attend and pass at least 12 workshops including workshops No. 1, 4,5,10,11,12,13 and 14.

### Table (2): Program at a glance

A- s mellitus nsion illure pers  Conclusions and rema  B- odomen e in surgery pers ss: 20:00-20:30 and photo  Day 2: Pec	Guidelines and dec One hour One hour One hour One hour Arks: 14:00-14:30 an Lunch: Guidelines and de One hour	14:30-15:00 cision making in generations 5 presentations 5 presentations 5 presentations 5 presentations	Allowed time for each presentation: 10 minutes. Discussion: 10 minutes at the end of each session.  as of the best 4 questions  ral surgery  Allowed time for each presentation: 10 minutes. Discussion: 10 minutes at the end of each session.  he best 4 questions  gical diseases	
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i	e recommendation to choo  Concluses Session and Gal Dinner: 21:00 arch in IC. The prize for the b	e experts, tips and trick to keep educating yourse recommendation to choose and tailor your Car Conclusions and recommensession and Gal Dinner: 21:00-22:00; The prize \( \mathbb{R} \) fo arch in IC. The prize for the best recommendation. Re	nagements One hour 5 presentations  00	

#### **Implementation**

**Context educationally:** In CEMT program there are many skills and knowledge all interns are indeed and interested to learn more and more about it in very short time from different departments which is practically so difficult without this great idea, IC.

**Context physically:** Our hospital train about 200 interns annually who are will be independent in the near future and will treat many peoples.

The existing learning environment: There will be no definite curriculum up till now for CEMT. And so, IC can help the intern as well as all trainer and institute to have definite tool of education.

**Acceptability:** IC will be accepted at all levels institutes, trainers and interns.

**Feasibility:** All activities of IC will be done according outlines plain at previous 2 tables of workshops and program with additional resources of online education, operative theaters and outpatient clinics.

**Sustainability:** The dean of our faculty and the executive manager of Al-Azhar University hospitals will be updated with

IC and its certificate should be one of the requirements of the national exam to have the license.

#### **Assessment**

Stakeholder in IC are general manger of Al-Azhar university hospital at New Damietta, Dean of our faculty and the executive manager of Al-Azhar university hospitals. Assessment of IC can be done when compare pre-assessment and post assessment of workshops, attendance 75% of session, sharing in competition sessions, having one of many prizes as well as sharing in oral presentation and conclusion and recommendations of IC. Also, passing all training rounds of the program and finally success in the national exam. In addition to comparing all these points of evaluation with and without IC certificate between our interns as well as other universities. Finally, survey will be sent to each intern to evaluate impact of IC on his or her medical practice and attitude.

#### **Challenges**

No achievement or proper work without challenges. We think that we study everything with strategic planning. The next table summarizes the anticipated challenges and ways to overcome.

Table (3): Anticipated challenges and possible ways to overcome

Challenges	Possible ways to overcome		
Work overload	Carrying out pre congress workshops especially which needed skill lab.		
No available model for basic vascular	We designed by ourselves with very cheap and available materials for dry lab, and actually		
anastomosis	we used it with satisfactory result of the course.		
No available model for basic	We designed it by ourselves with very cheap and available materials for dry lab, and		
endovascular skills.	actually we used it with satisfactory result of the course.		
Un cooperative trainer or proctor of	The program manager has many considered and respectable relationships with colleagues'		
workshops	at all Egyptian universities.		
A Struggling disengaged intern	Motivation of all of them to share in organizations, sharing in conclusion oh IC, variables		
	and many prizes, the time of IC is the most attractive one in this time of the year River		
	Nile and the Mediterranean Sea, coffee break, lunch and dinner.		
Financial barriers	The training budget of the hospital will sponsor IC.		
	Association of AUH-ND.		
	IC can be done parallel with our faculty conference.		
	Some medical companies ready to help in medical education with clear and definite		
	agenda if we in need.		
COVID-19 impact	Respect all rules and recommendations including vaccination and I can do the most of IC		
	activities virtually if there is any crisis.		

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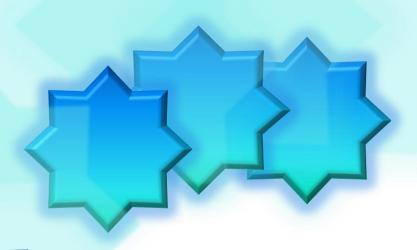
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