Conference Book
2023 TUFH Virtual Regional Conference for EMRO
Table of content

1. Summary .......................................................................................................................................4
2. Date and Time .................................................................................................................................4
3. Themes ...........................................................................................................................................4
4. Program ..........................................................................................................................................5
5. Keynote Speakers ........................................................................................................................6
   5.1. Prof. Hossam Hamdy ..................................................................................................................6
   5.2. Pr. Dr Zakaria BELRHITI ........................................................................................................7
   5.3. CEO Björg Pálsdóttir ................................................................................................................9
6. Workshops ...................................................................................................................................10
   6.1. Workshop • Addressing Social Determinants of Health in Health Professions Curricula .............................................................................................................................10
   6.2. Workshop • Medical Schools Journey towards Social Accountability: moving from Social Reactiveness to Proactivity .................................................................................................11
   6.3. Workshop • Practical Guide for curriculum Development addressing Medical Education Competencies and 21st Century Skills .................................................................................................14
   6.4. Workshop • Gender Equality in Health Work Place and Crisis Settings ................................15
7. Oral Presentations ..........................................................................................................................16
   7.1. Oral Presentations March 4th, 2023 ........................................................................................17
      7.1.1. Medical students training for medical services delivery in community: The Experience of The University of Gezira, Sudan .................................................................................................17
      7.1.2. Learning through mentorship: A structured Mentorship Experience provided by TUFH .................................................................................................17
      7.1.3. Evaluation of the Effectiveness of the Ethics and Professionalism Interprofessional Educational (IPE) Course among Medical, Dental and Pharm D Students at Saudi Private College .................................................................................................18
      7.1.4. ePosters as an active learning strategy in a Masters of Health Professions Education course .................................................................................................................................19
      7.1.5. Mental Distress Among Medical Students: An Experience from a Country in Conflict .........................................................................................................................................19
      7.1.6. “I had the privilege of being trained by faculty who lived that motto: Faculty as role models for a socially accountable workforce” ....................................................................................20
   7.2. Oral Presentations March 11th, 2023 .....................................................................................21
      7.2.1. Competency framework for Allied/ technological health professions: portraying the future of healthcare in 21st Century ........................................................................................................21
      7.2.2. Employing Novel Tools for the Implementation of Online Team-Based Learning in the COVID-19 Era ..........................................................................................................................22
      7.2.3. Deployment of a Multi-Factor Authentication Mechanism in E-Assessments at Universities Teaching Health Professions .................................................................................................23
7.2.4. Prevalence of Undiagnosed Hypertension and Related Risk Factors in Wad-Medani Alkobra locality in Gezira State, Sudan, 2022. .................................................................24
7.2.5. The Role of Faculty of Medicine University of Gezira Students in Detection and Solving of Health Problems among Families at Wad Medani City, Gezira State, Sudan, 2022. ........................................................................................................24
7.2.6. Challenges at the rural hospitals, North Sudan............................................25
7.2.7. Linking social development and social accountability in health professions education 26
7.2.8. Together towards social accountability, role of health professions students in fighting against Covid-19 in Sudan; 2020........................................................................27
7.2.9. The Understanding and Attitudes of Medical Students toward Social Accountability in the UAE.................................................................................................................27
7.2.10. Improving health awareness for children in a rural area of Sudan ..............28
7.2.11. Learning Approaches of Undergraduate Medical Students and Gender Differences........................................................................................................................29
8. Key Dates ..............................................................................................................29
9. Registration ..........................................................................................................31
10. Organization Committee Members ......................................................................32
11. Attendance ..........................................................................................................33
12. Post Event Survey ................................................................................................34
13. Certificates .........................................................................................................39
14. Promotional Material .........................................................................................39
1. Summary
The 2023 TUFH Virtual Regional Conference for EMRO was co-hosted by The Network: TUFH & the University of Gezira (Sudan), partnered with the Student Network Organization, Liaquat National Hospital & Medical College (Pakistan), Suez Canal University (Egypt), University of Sharjah (UAE), Arabian Gulf University (Bahrain), Gulf Medical University (UAE), University of Science and Technology (Yemen); and the Libyan International Medical University (Libya).

The conference was hosted on the Zoom platform of The Network: Towards Unity for Health.

Check out the end of conference video that gives a taste to what the conference was like [here](#).

2. Date and Time
Day 1: 8am – 12:15pm UTC - March 4, 2022
Day 2: 8am – 12:15pm UTC - March 11, 2022
Day 3: 8am – 12:15pm UTC - March 18, 2022

*8 AM – 12.15 PM UTC =
Sudan/Egypt/Libya 10 AM - 2.15 PM
United Arab Emirates 12 PM - 4.15 PM
Pakistan 01 PM - 5.15 PM
Yemen 11 AM - 3.15 PM*

3. Themes
**Theme:**
- Preparing the Next Generation of Health Workforce for the EMRO Region

**Subthemes:**
- Curriculum Competencies and 21st-Century Skills
- Study and Work in a Challenged Operational Environment
- Consider Social Determinants of Health and Social Accountability
- Innovations in Health Professions Education
4. Program

The Scientific sessions were recorded and are available through YouTube (click on session below)

<table>
<thead>
<tr>
<th>Dates in 2023</th>
<th>March 4, 2023</th>
<th>March 11, 2023</th>
<th>March 18, 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>Saturday</td>
<td>Saturday</td>
<td>Saturday</td>
</tr>
<tr>
<td>Time in UTC</td>
<td>8 AM - 12.15 PM UTC</td>
<td>8 AM - 12.15 PM UTC</td>
<td>8 AM - 12.15 PM UTC</td>
</tr>
<tr>
<td>Opening Ceremony (8 AM - 8:15 AM)</td>
<td>Keynote Pr. Dr Zakaria BELRHTI (8 AM - 8:45 AM)</td>
<td>Workshop • Practical Guide for curriculum Development addressing Medical Education Competencies and 21st Century Skills (8 AM - 9 AM)</td>
<td></td>
</tr>
<tr>
<td>Keynote: Prof. Hossam Hamdy (8:15 AM - 9 AM)</td>
<td>Workshop • Medical Schools Journey towards Social Accountability: moving from Social Reactiveness to Proactivity (8:45 AM - 10:15 AM)</td>
<td>15 minute break</td>
<td></td>
</tr>
<tr>
<td>Workshop • Addressing Social Determinants of Health in Health Professions Curricula (9 AM - 10 AM)</td>
<td>15 minute break</td>
<td>Workshop • Gender Equality in Health Work Place and Crisis Settings (9:15 AM - 10:15 AM)</td>
<td></td>
</tr>
<tr>
<td>15 minute break</td>
<td>Oral Presentations (10:30 AM - 12:15 PM)</td>
<td>15 minute break</td>
<td></td>
</tr>
<tr>
<td>TUFH 2023 conference session (11:15 AM - 12:15 PM)</td>
<td>Keynote CEO Bjorg Palsdottir (11:15 AM - 12 PM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closing Ceremony (12 PM - 12:15 PM)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Keynote Speakers

5.1. Prof. Hossam Hamdy

Prof. Hossam Hamdy is Professor of Surgery and Medical Education. An internationally known medical educator and active Pediatric Surgeon. A scholar, professional, and leader in higher education in the Middle East and renowned internationally. He has established, contributed, and led several Medical Colleges, Suez Canal University, Egypt, Arabian Gulf University, Bahrain, and Gulf Medical University, UAE. He has served in different senior academic and administrative positions as Chancellor, Gulf Medical University, Vice Chancellor Medical & Health Science Colleges, Sharjah University, Director of the Institute of Leadership in Higher Education, Sharjah University, Advisor to the President of Medical Education, Qatar University and Dean College of Medicine, Arabian Gulf University, Bahrain. He has served as WHO Temporary Advisor ‘Consultant’ in Medical Education.

He is active in medical education research and has published many studies in medical education and surgery and has introduced several innovations and best practices in Medical Education. He is a member of several editorial Board Journals in Medical Education (Medical Teacher, Medical Educator, Korean Journal of Medical Education, etc.) He is a member of the World Federation for Medical Education (WFME) Assessors team.

His work and contribution to Medicine and Medical Education over more than 40 years has been acknowledged and has won him many awards: The Sheikh Khalifa Award for Higher Education for “Distinguished Professor in Teaching”, led the College of Medicine, Arabian Gulf University to win the “Sheikh Hamdan Bin Rashid Al Maktoum Award” for Best Medical College in the Arab world, “Fellow of the Royal College of Surgeons of England “By Election”, and “Fellow of the Royal College of Physician of England”. He was awarded the honorary Fellow of Association for Medical Education in Europe (AMEE) in 2021.
Prof. Hossam Hamdy was decorated by the Republic of France with the prestigious decoration as “Chevalier Dans L’ordre Des Palmes Academiques” / “Knight of the Order of Academic Palms” in 2011 and was awarded the Health Workers Recognition Award: Health Professionals Education by the WHO Regional Office for Eastern Mediterranean in 2021 for his achievements in Medical Education.

Abstract: Innovations in Health Professions Education: From Informative to Transformative

The complexity of medical education and healthcare systems is a ‘wicked problem’. Medicine is a social science. It is about people, societies and human interaction. The future should be developed as an integral part of the Academic Healthcare Systems. This will be the norms not the exceptional. The training of students will be in all healthcare related facilities in the community. Public-private partnership in education and research will spread and become more regulated and encouraged. Entrustable professional activities will be measured more frequently at different points of the students learning trajectory. Research and innovation will be integral to the students’ learning experience. They should be exposed to how researchers think and behave and be embedded in a research environment. The Health Professions Education Institutions of the future will be using advanced technology which will be disruptive and transform existing educational models. Artificial intelligence and machine learning will influence how students learn. Physical learning spaces should reflect and express the underlying assumptions about “What is authentic learning and teaching?” Predicting the future is difficult in a rapidly changing world. Next generation health professions should be competent in treating the next generation in a value-based Healthcare System.

To review the PowerPoint, click here.
To review the recorded session, click here.

5.2. Pr. Dr Zakaria BELRHITI
Abstract: Study and Work in a Challenged Operational Environment

Nowadays, we live, study and work in an increasingly Volatile, Uncertain, Complex and Ambiguous (VUCA) environments (i.e., COVID 19 pandemic, climate change, Ebola, …etc). This led to an increasing need for shifting mindsets about action learning capabilities in academia and in the workplace for future generation of leaders in the MENA region.

What are these required capabilities needed to make sense of one’s work and study environment? How to build resilience and better cope with the unknown unknowns? How to shift mindsets from traditional competency-based trainings to more adaptive learning at individual, team, and social levels?

Some of these questions will be answered during this interactive lecture using real world case studies. In short, we will introduce the notion of complex adaptive systems using heuristic tools such as simple, complicated, and complex frameworks. Drawing on prior work of the human nature and system 1 and system thinking, we will introduce participants to self-reflection on their own cognitive bias, on the role of understanding power dynamics in academia and in their work environment. Then, participants will have the opportunity to discuss interactively on what are the required system leadership practices to lead, their own actual and future make sense and act in their VUCA environments. In this session, there is no magic wound!! One size does not fit all!
To review the PowerPoint, click here. To review the recorded session, click here.

5.3. CEO Björg Pálsdóttir

Björg Pálsdóttir – Björg Pálsdóttir is co-founder and CEO of the Training for Health Equity Network: THEnet, a global partnership of health workforce education institutions committed to reducing health inequities and increasing social accountability. She is the project lead in the USAID-funded Local Health System Sustainability Project’s work on social determinants of health and human resources for health. Björg is the technical lead of a Working Group on Equity at the Data and Evidence Hub of the World Health Organization and member of the Africa – EuropeFoundation’s Strategy Group on Health. She was commissioned to write a policy brief on education for the UN High-Level Commission on Health Employment and Economic Growth. Björg serves as a consultant to international organizations and governments and has published numerous articles and book chapters.

Abstract: Consider Social Determinants of Health and Social Accountability

Schools striving towards social accountability partner with communities, practitioners, learners, and other stakeholders to identify priority needs and design, implement and evaluate education, research and service activities that address those needs. Those needs are often linked to social determinants of health. In socially accountable health professions education, a significant part of learning takes place in communities with the greatest needs. Learners need to acquire important competencies including those related to social determinants of health, by living, learning, and providing services in communities who suffer the most negative effects of those determinants. Such competencies center around, holistic and people-centered approaches to health, being able to communicate and collaborate effectively with others, screening for non-health determinants, and advocate for their patients. Deep-rooted bias based on race,
gender, caste, ethnicity, sexual orientation, class, or other causes of marginalization and providers' professional status can affect the quality and equity of care. Therefore, health future health professionals need to be possess competencies and attitudes that foster self-reflection and personal growth.

To review the PowerPoint, click here.
To review the recorded session, click here.

6. Workshops

6.1. Workshop • Addressing Social Determinants of Health in Health Professions Curricula

Description:
The Social Determinants of Health (SDH) is well-defined and articulated concept. As per the WHO SDH should considered when addressing individual and community health issue both in diagnosis and management. For that it is important for the future health professionals to be trained on SDH; they should be part of the core curriculum and training.

Presenter:

Dr Mohamed Elhassan Abdalla Elsayed, MB.BS, MHPE, PhD, FAcadMed:
Graduated with an MB.BS from Faculty of Medicine, University of Gezira, Sudan and then got a master’s and PhD degrees in Health Professions Education. He is a fellow of the Academy of Medical Educators, UK. He has work experience in Medical Education in Sudan, Saudi Arabia, United Arab Emirates and Ireland with contribution to the Medical Education in other different countries. Dr Mohamed Elhassan has memberships and affiliations to regional and international organizations work in Health Professions Education such as the Network-TUFH, International Reference Group on Social Accountability of Medical Schools, Association of Medical Education in the Eastern Mediterranean Region and the Society of Cost and Value in Health Professions Education. Dr Moahmed Elhassan’s publications and research interests in Medical Education are in the areas of social accountability, Teaching and learning, Accreditation and Cost and Value.
6.2. Workshop • Medical Schools Journey towards Social Accountability: moving from Social Reactiveness to Proactivity

Description:
The role of medical schools as stakeholder in health upgrading is well known. Medical schools are responsible for producing competent doctors who are capable to meet the society's health needs and expectations, besides their participation in service and conduction of research. The concept of social accountability is introduced to strengthen the role of medical schools in health as WHO have defined the concept. The compliance of medical schools with the expected functions as socially accountable school varies from country to country or within the same country. This workshop will principally discuss this concept and explore the areas of its adoption. The objective of this workshop is to promote the principles of social accountability within medical schools by reviewing standards and procedures that can be used to promote social accountability: moving from socially reactive (social awareness and responsiveness) to proactivity (social accountability and obligation): Reviewing concepts of social accountability.

- Building & achieving Social Accountability
- Preparing leaders for social accountability
- Measuring social accountability and taking Institutional Self-Assessment Social Accountability Tool (ISAT) as an example for assessment and development.
- The place of social accountability in curriculum and students assessment
- How should a medical school improve its capacity to respond to future health challenges in society?

Presenters:

Wail N O Mukhtar, M.B. BS., MSc HPE, MD is an associate professor of otorhinolaryngology and currently the dean Faculty of Medicine University of
Gezira. He earned an MB.BS degree from the Faculty of Medicine at the University of Gezira (FMUG) in Sudan and then earned master degrees in Health Professions Education. He obtained MD in otorhinolaryngology from the Sudan Medical Specialization Board (SMB). He has work experience in medical education over 15 years and was the former director of the education development center, a WHO collaborating center. He contributed to curriculum development of the FMUG and other school in Sudan and is actively involved as an instructor of the EDC Gezira master programme in HPE. He is a member of the Sudan Medical Council and a member of the national competency framework development committee. He is a member of the otolaryngology head and neck council at the SMSB and is also a member of the training committee of the Arab Board for Medical Specialties. He has conducted and published researches in the areas of social accountability, teaching and learning, and learning environment and online learning.

**Abdullah Al-Mikhlafy** is an assistant professor of community and family medicine and is currently the dean of the University of Science & Technology Faculty of Medicine & Health Sciences, Sana’a, Yemen. He received his medical degree (Doctor of Medicine, MD) from the Tishreen University Faculty of Medicine (Syria) and a master’s degree in public health and social & preventive medicine from the University of Science & Technology Faculty of Medicine & Health Sciences (a Joint program with Suez Canal University Faculty of Medicine (Egypt). After that, he earned a Ph.D. in public health and social & preventive medicine from the Suez Canal University Faculty of Medicine (Egypt). He has served as the Head of the Department of Community and Family Medicine, as a Vice Dean for Clinical Affairs, then as Acting Dean for Medicine and Health Sciences Programs. In scientific research, he participated in many workshops at the Suez Canal University, the Yemeni Ministry of Health, the University of Science and Technology, and via the Internet. He taught many research and biostatistics courses for undergraduate and postgraduate students and supervised graduation research for many students of medicine and health sciences, as well as master theses, and published many articles. He has actively participated in the development of medical education at the University of Science and Technology and in Yemen; He actively participated in various committees of the Yemeni Council of Academic Accreditation and Quality Assurance in Higher Education, which developed
national academic reference standards (Medicine NARS) and standards of accreditation of medical schools in Yemen. He also contributed effectively to establish a master's program in community health in partnership with the National University of Malaysia in three tracks: family health, epidemiology and statistics, and hospital management and health economics.

In the community service field, he worked a lot to enhance the community services provided by the university; the most important of which was his active participation in establishing and managing the Queen of Sheba Safe Motherhood Program in partnership with the University of Science and Technology Hospital, the World Bank and the Saudi German Hospital in Sana'a City.

**Dr. Majed Wadi** is a physician by background and medical educator by qualification. He has more than ten years of experience in medical education particularly student assessment. He serves in different leadership and scholarly positions in Yemen, Malaysia, and Saudi Arabia. He was the Assistant Dean for Academic Affairs at the Faculty of Medicine and Health Sciences, University of Science and Technology, Yemen. He established the 1st Medical Education Center in Yemen. When joined College of Medicine, Qassim University, he heavily contributed to the Medical Education Department and Assessment Unit development. He is the Supervisor of the Medical Education Department. His interests include student assessment, psychometrics, progress testing, student well-being, social accountability and curriculum. He is an editorial member in Education in Medicine Journal, and a reviewer in Frontier in Medicine (Health Professions Education) Journal and Advance in Medical Education Journal.

**Fadwa Hashim**, Assistant Professor of Ophthalmology, Health Professions Educationist, Education Development Center, Gezira University.
6.3. **Workshop • Practical Guide for curriculum Development addressing Medical Education Competencies and 21st Century Skills**

**Description:**
Curriculum development has undergone significant changes since the 1800s, when medical education first began in the United States and globally. When considering curriculum design, reform, and development, it is crucial for medical educators and educational institutes to consider the demands of the future as well as the viability of the current resources and those who will deliver this curriculum. Additionally, in order to produce graduates who will meet the demands of the community and health system with emerging competencies including 21st century skills, analysis of the factors influencing that shape of the future graduates is essential. Competency defined as having the knowledge, skills, and experience to be able to fulfil the requirements of the role of the medical professional and 21st century skills comprise skills, abilities, and learning dispositions that have been identified as being required for success, 21st century society and workplaces by educators, business leaders, academics, and governmental agencies. This workshop will introduce the participants to examine significant essential/core and emerging competencies to be addressed in medical curricula including the 21st century skills to meet the expectations of the learners, community, and health system at EMRO level and globally.

**Presenter:**

**Dr. Mohamed Hassan Taha** completed his medical school (MBBS) at the University of Gezira. He attained a Master and Doctor of Philosophy in Health Professions Education. He had more than 15 years of experience in Medical Education in Sudan, Saudi Arabia, and United Arab Emirates. Dr. Mohamed is involved in health professions education across the continuum of undergraduate and graduate level at the University of Sharjah, and now serves as the Director of Medical Education Centre and Coordinator of the Master of Science in Leadership in Health Professions Education. He also works as consultant in
Medical Education for Several Medical Schools in the region, and globally. He worked as consultant in developing competency frameworks at undergraduate and postgraduate level nationally and regionally. He is a member of international panel of expert of ASPIRE Award at An International Association for Medical Education AMEE and The Network: Towards Unity For Health TUFH. His research interest is curriculum development and social accountability, Teaching and learning, online learning and engagement, and learning environment.

To review the PowerPoint, click here.
To review the recorded session, click here.

6.4. Workshop • Gender Equality in Health Work Place and Crisis Settings

Description:
According to the World Health Organization (WHO) about 1 in 3 women globally will face gender-based violence in their lifetime. The WHO Eastern Mediterranean Region has the third-highest prevalence of violence against women worldwide. This workshop will focus on gender discrimination in workplace, and crisis settings such as armed conflict and climate change in the EMRO region. In the workplace, it is common for most women health workforce to encounter some form of gender bias including low pay positions, earn less than their male counterparts, offensive statements and inappropriate work conditions. During conflicts, and natural disasters women sexual and reproductive health needs are often compromised leading to life-threatening complications with little or no access to delivery and emergency obstetric care services. Gender equity is an essential social justice issue within global health and global surgery fields, as an indispensable means to achieve the goals of the 2030 global surgery agenda—the equitable provision of safe, affordable and timely surgical care to all those who need it. This workshop will provide participants with an overview of basic facts about prevalence, challenges and solutions for gender-based violence and discrimination in the EMRO region. The format focus is on active learning through discussions on tasks and case studies followed by presentations, and summarization.

Presenters:
Dr Rabeeya Saeed is Consultant Family Physician, and head Department of Family Medicine and Outreach Services at Liaquat National Hospital and Medical College, Karachi, Pakistan. She is the Director of Family Medicine residency program and Associate Editor of Liaquat National Journal of Primary care. She overseas various research projects, and responsible for mentoring and training undergraduate medical students and postgraduate trainees. She is Fellow of College of Physician and Surgeon Pakistan (FCPS) and member of Royal College of General Practitioner UK (MRCGP International). She has acquired post graduate diploma in Healthcare management from the Institute of Business Administration Karachi. Her special interest include non-communicable diseases, women’s health, Geriatric health, quality improvement and patient safety in primary care, medical education, community health and empowerment. She has publications in leading medical journals. She is also a contributor to the chapter on Medical education in a book titled Psychosocial, Educational and Economic impact of COVID-19 published by IntechOpen.

Ala Khalid - Medical graduate from University of Gezira. SNO VP 2022-2023. Africa Liaison for Gender Equity Initiative in Global Surgery 2021.

To review the PowerPoint, click here.
To review the recorded session, click here.

7. Oral Presentations
7.1. Oral Presentations March 4th, 2023

To review the recorded session, click [here](#).
To review all posters for this session, click [here](#).

7.1.1. Medical students training for medical services delivery in community: The Experience of The University of Gezira, Sudan

**Author:** Rihab Imam Mukhtar Elsharief  
**Abstract:**

**Introduction:** A holistic approach had been developed by the Faculty of Medicine University of Gezira to identify the different factors and variables which affect the individual health in the family and community by introduction of PRIMARY HEALTH CARE, HEALTH CENTRE PRACTICE courses. Objectives: Such practice aims to enable the students to take an active role in health services delivery at the level of the family and community with provision of health promotion and curative services as needed. Methods: Students batch 40-41-42-43 were enrolled in this training programme by distribution in 17 primary health centers catchment areas through Wad Medani city from October to December 2022, 15-17 students for each area per batch. For each phase there are 4 health centers visits and 4 family visits. Students were trained in families by provision basic socio demographic data using structured questionnaire and provide health service as need. In health centers, students trained with all medical personnel’s providing health service. For each catchment area there is supervisor who coordinates the students training in center and family. Results: Students collected basic socio demographic data about their families, environment and chronic diseases. Also collected data about catchment areas, health centers which later on being analyzed and represented in a form of reports which reflect current situation analysis and student activities. Within the families, students provided health education, health promotion and therapeutic services in collaboration with health center and use refer as needed. Conclusion: By adopting of such practice the health service had been accessible to families and community with solving of a lot of health related problems.

7.1.2. Learning through mentorship: A structured Mentorship Experience provided by TUFH

**Author:** Gillian Peres  
**Abstract:** Recent reports show that a transformational mentorship is a relationship that empower and benefit both the mentee and the mentor. The network towards unity for Health “TUFH” provides an excellent opportunity to mentors and mentees across the world to join a five-month program of mentorship (August–December, 2022), organized through the network administration and covered in three meetings between individual mentors and mentees, with two general meetings of all participants. The mentees defined
their goals and the mentor actively listen and provide feedback. The underlying goals are to support and inspire, to help aligning to the goals, and to build capacity. My mentee helped me to recognize major health problems of her country, which follows a different health care system than mine, with a different context and availability of resources. Through our meetings, I supported her to develop her knowledge about different research skills and guided her to links that can help her choosing her project. Story telling is a good way to give examples and to inspire young persons. I could see my mentee growing, as she started to take the responsibility as a leader of some extracurricular activities. She approached faculty members in her university to be involved in a project, and managed to be join as a research assistant. In the final report, she hinted on her ability to plan and implement a research project, and to grow her network for collaboration. Such learning strategy can help the young generations acquire research skills to address health problems.

7.1.3. Evaluation of the Effectiveness of the Ethics and Professionalism Interprofessional Educational (IPE) Course among Medical, Dental and Pharm D Students at Saudi Private College

Author: Asmaa Abdel Nasser

Abstract: Background: Medical ethics is about the reflection of how we should behave as health care professionals as well as the morality of the medical interventions. Professionalism is the relationship that is built on trust between the healthcare professions and their community, focusing mainly on patients’ interest, and adherence to the standards for competency and skills. The research objective was to evaluate the effectiveness of Ethics and Professionalism Interprofessional Education (IPE) course among Medical, Dental and Pharm D students in terms of changes in knowledge, skills, perception and attitudes towards ethics and collaboration with other healthcare professions. Methods: A cross-sectional study conducted at Ibn Sina National College for Medical Studies, Jeddah, Saudi Arabia. A validated online questionnaire was distributed to all 4th year Medical, Pharm D students and 2nd year Dental students who studied Ethics and Professionalism IPE course (academic year 2021- 2022). The questionnaire composed of 29 statements on a five point Likert scale. A response rate of (89%) 207 out of 233 IPE students. The Ethical clearance was obtained from Research and Ethics committee (IRRB-05-28022022). p-value < 0.05 was used as a cutoff point for statistical significance. Results: Most of the Medicine students agreed that the course provided the necessary information on medical ethics with a statistically significant difference (p<0.001). They agreed that the patient would ultimately benefit if health care students learned and worked together (IPE) to solve patient problems with a statistically significant difference (p< 0.043). Conclusion: It is a crucial for all health professions Education students to study Ethics and Professionalism concepts and principles
in undergraduate’s curriculum to build on and achieve one of the main graduates’ attributes "Professionalism". Using Interprofessional Educational strategy will improve their ability to work, communicate and collaborate effectively for providing high-quality of healthcare services in the future.

7.1.4. ePosters as an active learning strategy in a Masters of Health Professions Education course
Author: Harini Aiyer
Abstract: Background ePosters, a modification of traditional paper-based posters have gained popularity in medical education conferences since 2011. ePosters differ from the traditional poster in that the ePoster creator can focus on the learning process rather than reporting scientific outcomes. However, there is limited literature comparing ePosters to traditional paper-based posters and their impact on the student learning experience. Summary of Work The “Technology and Simulation in Teaching and Learning” course was delivered remotely by the University of Saskatchewan in the Fall 2020 and 2021 terms. The course used ePoster presentations as an innovative active learning strategy and a component of student assessments. This study assessed the effectiveness of ePosters as an active learning strategy and identified effective strategies for engaging students in the class using a concurrent mixed methods study design. A short online questionnaire to understand the overall engagement with ePosters was followed by virtual in-depth semi-structured interviews to gain a deeper understanding of the attitudes of the students towards ePosters and their experience with creating, presenting, and engaging with e-posters. Summary of Results The students showed a clear preference for ePosters over traditional paper-based posters and an appreciation for the novel learning opportunity. Emerging themes show an appreciation for the interactive nature of e-posters, and the potential to incorporate non-traditional sources of information (such as videos, podcasts, audiobooks, etc.). Discussion and Conclusions ePosters were well-received as a classroom assessment tool by students. Students appreciated the potential of e-posters to go beyond that of traditional posters to include varied sources of information in an interactive manner. An important limitation of the e-poster was identified to be its reliance on an internet connection, as this may prevent the presenter from streaming content during a presentation. Take-home messages ePosters as an assessment tool are well suited for online learning. Students will benefit from an orientation session introducing ePosters, a tutorial on their creation, and a discussion board for learners to peer review and share resources.

7.1.5. Mental Distress Among Medical Students: An Experience from a Country in Conflict
Author: Abdullah Abdu Al-Mikhlafy
**Abstract:** Background: Studies have consistently found that the proportion of medical students who experience high levels of psychological distress is significantly more significant than that of their peers and the general population. This study aimed to determine the prevalence of psychological distress among medical students at the University of Science & Technology, Sana'a, Yemen.

Materials and Methods: This cross-sectional study was conducted in the 2017-2018 academic year; 389 medical students from preclinical and clinical stages were enrolled using stratified sampling. We used a self-administered questionnaire for the socio-demographic characteristics and the Arabic version of the standard international Depression, Anxiety, and Stress Scale (DASS-21).

Results: High frequencies of depression (69.8%), anxiety (73.3%), and stress (64.4%) were reported. Means of depression, anxiety, and stress were significantly higher among females (p=0.014, 0.017, and 0.009, respectively). However, regarding the study stage, stress was higher among clinical-stage students (p=0.002). Conclusion: High frequencies of psychological distress were found. Female medical students suffered higher psychological distress than males. Medical students at the clinical stage were more stressed. Based on the results of this study, students are in great need of psychological support and academic guidance.

7.1.6. “I had the privilege of being trained by faculty who lived that motto: Faculty as role models for a socially accountable workforce”

**Author:** Harini Aiyer

**Abstract:** Background: This is part of a larger exploratory study that investigates the facilitators of social accountability (SA) among alumni from Christian Medical College, Vellore, India—an institution that has produced several health professionals who have continued to practice in and serve their communities. Summary Of Work: This study employed an exploratory mixed methods design (QUAL-> Quant) of alumni perceptions and experiences. The qualitative phase included 21 in-depth, semi-structured interviews of alumni regarding the influence of their undergraduate learning environment on their SA. This was followed by a quantitative survey designed from the themes identified from the qualitative data. Summary Of Results: Emerging themes from the interviews highlighted community-centered education, and a focus on social and preventative medicine in curricular and non-curricular facilitators, and overall environmental factors that drive SA among physicians. A key theme among the environmental factors was “faculty as role models”. The quotes expressed how alumni saw the faculty prioritizing the needs of the community and prompting students to come up with creative, cost-effective solutions while working in rural and remote areas with limited staff and resources. These practices allowed students to understand how the core value of the institution to serve the community was operationalized in practice. The subsequent quantitative survey received 208 eligible responses from alumni who graduated.
between 1955-2022, with a mean age of 54.28 years, residing predominantly in India (64.40%), followed by North America (19.20%), and Europe (10.60%). Furthermore, 49.7% of participants perceived faculty as role models to be a key facilitator of SA medical education. Discussion And Conclusion This study contributes to the limited literature on SA from India and is the first of its kind investigating SA among medical school alumni. The exploratory nature of the study allowed the emergence of an important theme—“faculty as role models”, followed by a confirmation from 49.7% of responses in the survey. This finding may be leveraged by medical schools to intentionally channel SA initiatives towards both students and faculty.

7.2. Oral Presentations March 11th, 2023

To review the recorded session, click here.
To review all posters for this session, click here.

7.2.1. Competency framework for Allied/technological health professions: portraying the future of healthcare in 21st Century

Author: Hanaa S. Elhoshy

Abstract: Introduction Progressing towards Sustainable Development Strategy: Egypt Vision 2030, Ministry of Higher Education (MoHE) have been implementing reforms to improves Technical Higher Education and Vocational Training. In 2019, Six technological universities were established to function as the provider for competent graduates who match the needs of labor market in various sectors including healthcare technology sector. A substantial problem was identified within healthcare sector which is, a significant gap between healthcare market needs for qualified trained healthcare allied/technological professionals and the supply of graduates by the higher education system. This gap is evident in graduates’ qualifications, as such technological positions are preoccupied by graduates with non-healthcare programs undergraduate qualifications with its consequences on patients' safety. In addition, a mismatch between high technical competencies needed for healthcare labor market after Industrial Revolution 4.0 and the academic theory-based curricula at higher education institutes. Methods: At Faculty of Health Sciences Technology, Borg El-Arab Technological University, A systematic evidence-based approach was implemented to identify the needs of healthcare labor market in terms of qualifications and competencies of future healthcare technology manpower using survey and focus group discussions for benchmarking and critical analysis was used to design a general competency framework for all Allied/technological healthcare professions was developed to serve as the foundation of developing competency-based curricula in five sector of healthcare technology. The aim is to describe systematic approach to developing Competency Framework for Allied/Technological Health professions at Faculty of Health sciences.
Technology, Borg Alrab technological university Results Identification and prioritization resulted in 8 programs in the 4 healthcare sectors including: Dental sciences sector, Pharmacy and Pharmaceutical industry sector, Nursing Sector, and Healthcare administration sector. Benchmarking and critical analysis of various healthcare allied/technological professions higher education systems and competency frameworks revealed five domains of competencies to be generalized over the healthcare technology sector. Conclusion/ take home messages A general competency framework for allied/technological health professions higher education programs has a promising potential to prepare competent allied health professionals, improve patients' safety, increase employability of such graduates within healthcare organizations.

7.2.2. Employing Novel Tools for the Implementation of Online Team-Based Learning in the COVID-19 Era

Author: Mohamed Eladl
Abstract: Background: Several dimensions of medical education are challenged by online education. One of the key issues with the online lecture style is that students appear to be disengaged, resulting in poor learning. Instructors can improve student engagement by using active learning techniques that enhance class discussions and interactions. Team-based learning (TBL) has been shown to enhance student learning in different contexts. Before the COVID 19 era, TBL was used in face-to-face settings and on occasion in mixed learning settings, which combine online and face-to-face learning.

This study aims to introduce an innovative approach to improve student engagement using online TBL. We implemented a strategy to integrate TBL within the online classroom using the blackboard lockdown browser with breakout rooms and Microsoft forms. Advocating learning, immediate feedback, and sustaining the TBL framework of orientation, readiness assurance, and implementation exercises were defined as areas of emphasis.

Methodology: Students were introduced to course material and held responsible for pre-class training through the TBL Readiness Assurance tests. We used the lockdown browser with the blackboard Respondus camera for the deployment of the iRAT. The question type used was multiple-choice without reporting the correct answers to the students. After submitting the iRAT, students were allowed to enter the blackboard session in which they will be divided into groups for the tRAT using the preassigned breakout rooms. Microsoft form link was given to the students' groups in their rooms with the structured Microsoft Form to imitate the IF-AT cards of TBL. Point allocation and branching were used to build the tRAT so that each question was entered three times into Forms and given a score of 4, 2, or 1 point. An automatic comment was triggered by the right answer praising the group on the correct response and awarding the required number of points. If the correct answer was not given in the three trials,
the correct answer is given with moving to the following question. After ensuring that all the groups have submitted their tRAT answers, the breakout rooms were terminated, and all the students were moved to the blackboard session main room where the session came to a close with a discussion of the answers with the teacher who immediately provided feedback. Students’ perceptions (N=184) were also measured using quantitative and qualitative instruments through a self-administered questionnaire and a focus group discussion. Results: The readiness assurance process data and students' attendance indicated that the students were highly engaged in the online TBL process. Increased commitment and preparedness, adequately challenging questions, a deeper level of learning in the breakout rooms, and ease of use of technology were the key themes recognized by students. Students also acknowledged that the online TBL boosted their self-confidence to face the examinations, provides a venue for a weaker student to cover learning objectives, and further stimulated motivation in them to attend these sessions. Conclusion: Online TBL is a valuable learning strategy and can be employed as an effective tool for promoting students' engagements during online learning provided that the online tools are recruited efficiently.

7.2.3. Deployment of a Multi-Factor Authentication Mechanism in E-Assessments at Universities Teaching Health Professions

Author: Hilda Mpirirwe

Abstract: The reduction of academic dishonesty in e-assessment has been mentioned as a necessity for improved security, which can be achieved by implementing multifactor authentication. Learner authentication is becoming a serious challenge in particular in e-assessment, and this has been made worse by the lockdown brought on by the sudden epidemic of the coronavirus (Covid 19) in Uganda and around the world. Currently, the security of remote authentication procedures relies on one or a combination of the following: Knowledge base (something users are—face recognition), Biometrics (something users are—username/password), and Possession based (Something you have—smart card). A simple username and password is the most often used authentication method in Uganda's education sector, despite being regarded as the weakest. In order to improve remote authentication and maintain security in e-assessment, this study provides an effective multifactor authentication model that takes into account the learning stages of primary, intermediate, and tertiary/higher institutions. This concept combines a maximum of three authentication methods—One Time Password (OTP), Face Recognition, and Profile Questions—to increase the security of electronic assessments. By increasing the security factors of biometrics in e-assessment, the developed multifactor authentication model (MFA) continuously observes learners as they are being assessed while assuring there is no cheating, such as impersonation. In order to upgrade from single factor to two factor and three factor (Multifactor)
authentication systems without jeopardizing user privacy, the proposed model strengthens authentication security on the basis of the theory that the higher the level of education, the stronger the authentication.


**Author:** Sawsan Ahmed Omer Elameen

**Abstract:** Background: Hypertension is the leading risk factor for cardiovascular mortality and accounts for a large proportion of premature deaths in developing countries. Most people with hypertension are asymptomatic and are undiagnosed for years. Objectives: This study aimed to find out the prevalence of undiagnosed hypertension and related risk factors among adults in Wadmedani Alkobra locality in Gezira, Sudan. Methods: A community-based cross-sectional study involving 464 adults in different locations in Wad-Medani Alkobra locality, from June 2022 to August 2022 was performed. WHO Stepwise Approach to Surveillance (STEPS) questionnaire was used to collect data, and was analyzed by SPSS version 20. Demographics, blood pressure, socioeconomic status were measured. Diagnosis of hypertension was defined based on a systolic and diastolic blood pressure of $\geq 140$ mmHg and $\geq 90$ mmHg, respectively and three readings were obtained. Blood pressure was measured in all women and men aged 15 years and above. Results: Total number of study population was 464, males were 239(52%), females were 225(48%). Mean age was 45 years. 68 were known hypertensive (15%). Of those who are hypertensive, 27(39%) had high blood pressure. Undiagnosed hypertension in the study population was found to be 10%. There was positive relation between high blood pressure and old age, diabetes mellitus increased body weight and sex (more common in males}, P-value was (.0.00, 0.026, 0.014, 0.033) respectively. Conclusions: The prevalence of hypertension was high and associated with some modifiable risk factors which should be addressed. Frequent screening and proper treatment is required to prevent hypertension complications.

7.2.5. The Role of Faculty of Medicine University of Gezira Students in Detection and Solving of Health Problems among Families at Wad Medani City, Gezira State, Sudan, 2022.

**Authors:** Elsanosi Habour

**Abstract:** Introduction: University of Gezira through its community based and oriented socially accountable school plays an active role in detecting and solving health problems in families at Wad Medani city. Through their PHC Health Centre Practice and family Medicine course (PHCPFMC), the students link the families with primary health care centers where they were trained though 4 semesters (total 16 visits to the family and PHC centre). Objective: To highlight the role of students in the detection and solving of health problems in families at Wad Medani city. Methods: Cross sectional survey and interviews...
with the families (participants) were conducted in the catchment area through questionnaires filled by the students from the families during (PHCPFMHC) course, Research setting: The study was conducted in greater Wad Medani locality, Gezira State in Sudan. Data analysis: Then data managed through the Social package for social sciences SPSS version 20. Ethical considerations: Verbal consent obtained from the families before filling the questionnaire. Ethical clearance from the faculty of Medicine University of Gezira ethical committee was obtained. Results: 120 families were studied. Different problems were detected and solved. Communicable diseases: Malaria was found in all families, diarrhea was 73% and pneumonia was 54%. The students referred them to PHC, followed them at home and provided health education. Non-communicable diseases: Diabetes 27%, Hypertension 29% and malnutrition in under five 13%. The students discussed home management, followed up and referred them if needed. Under five children: The students detected incomplete vaccination in 25%, all of them were fully vaccinated under supervision of the students. Pregnant women: Were 30%. Students provided health education about ANC, vaccination and breastfeeding. Elderly: Were 25%. Students provided health education about walking and nutrition. Social problems: 41% of the families have no health insurance and the students helped them to get it, 55% of the head of the families practice smoking and the students educated them about the complications and directed them to stop smoking. Conclusion: The students provided services regarding the detected problems and solved them. Recommendations: continuation of this program and further large-scale studies should be done.

7.2.6. Challenges at the rural hospitals, North Sudan

Author: Aseel Imad Taha Magzoub

Abstract: Challenges at the rural hospitals, North Sudan

Introduction: Rural hospitals receive less attention from the government in Sudan and hence, they lack resources. Perceptions regarding both the weaknesses and the areas that need improvement from different stakeholders were considered. Methods: Data was obtained through observation and face-to-face interviews with patients and staff at Altekaina hospital (located in a village in north Sudan, an hour’s drive from the capital, Khartoum). Interviews were about the problems faced by patients and health care workers. Seventy patients were randomly interviewed; four people from the organizing committee of the village, twenty random residents from the village and 20(74%) hospital workers were interviewed from a total of 27 workers at the hospital. Interviews lasted between 20 to 40 minutes and Participants selected through purposive sampling to obtain diversity. The study was done from 14th to 24th October 2021 as part of the Gezira rural residency course. Results: Information was gathered about the village and the hospital staff, patients, services provided, different sectors, payment method, insurance types, etc. Problems faced by the hospital include; Administrative
problems, lack of medical devices, Not adhering to infection prevention measures, outpatient is crowded, intensive care unit is not adequate, instability of the electric current, absence of an anesthesiologist, no accurate statistical records, Lack some vaccinations and sterilization. Problems observed by patients include; High cost of treatment and medications, no dental care, staff not available, and poor services. Problems observed by staff are low job satisfaction and pay, no employment contracts from the ministry of health and incentives, gender inequality issues and low health education of patients.

Discussion: Providing the appropriate medical cadres to meet the needs of the region and the population until they reach the required health level. People from Altekaina travel to the nearest cities for health care because, in their opinion, the hospital does not provide good quality services. Conclusion: The study provided information about the challenges at the hospital. Attention should be given to rural hospitals to improve the health and well-being of rural people and reduce the high mortality rate in rural areas. Rural and remote health care should be emphasized. Further studies should be carried out in this hospital and other rural hospitals in Sudan.

7.2.7. Linking social development and social accountability in health professions education

Authors: Tomlin Paul

Abstract: Social development involves using a multisectoral approach to effectively respond to societal problems. Many societies in the developing North are plagued with social, economic and health issues. Educational institutions can take different postures to these issues, by being neutral or responsive or even take the responsibility of effecting change. To foster meaningful change, health professions schools must move beyond the traditional training of physicians to impacting lives. This can be done through the formation of linkages outside the health sector, with policy makers and economists. Applying the key social development strategies of research, building governance structures, community priority planning and monitoring and evaluation can lead to improvements in people’s standards of living and social wellbeing. •Health professions schools can provide a lens using their training in health assessment and epidemiology to gain a broad perspective of community health issues. •Building governance structures generally redounds to increased capacity for engagement as civil society actors and provides an opportunity for schools to borrow from this principle to strengthen their own governance. •Community priority planning can enable educators to prioritise health problems one of Boelen’s hallmark of social accountability. •If schools are to move from having surface appreciation of the community (socially responsible) to making an impact on its problems and fostering development, then there must be an avenue for meaningful evaluation and feedback. The social development approach presents a framework for improving social
outcomes while providing a potential framework for strengthening the notion and relevance of social accountability in health professions’ education.

7.2.8. Together towards social accountability, role of health professions students in fighting against Covid-19 in Sudan; 2020

Author: Tomlin Paul

Abstract: The Gezira Student Network Organization is an interprofessional nongovernment organization that aims to create a platform for health professions students at the University of Gezira to actively engage in shaping, planning, and conducting activities on global health issues. It took precedence in developing steps to combat Covid-19 and raise awareness among society when was first declared as pandemic. The objectives were to raise people's awareness in all gathering places in Wad Medani about the outbreak, reduce crowding and advocate for social distancing, and provide sterilization tools for high-risk people. That was done through a direct verbal awareness-raising campaign in the form of direct contact with people in crowded places, Written posters, and an online health promotion campaign in the form of COVID-19 online sessions and COVID-19 online posters. In the physical campaign, the working students group was divided into subgroups, each responsible for addressing the issue in A) Institutions (more than fifteen, the institutions included hospitals, ministries, police departments, and residences) and B) Marketplaces and public streets. Additionally, more than 1000 scrapbooks, banners, and 600 posters were designed, printed, and distributed to the people. Students provided sanitization tools to people as well (hand sanitizers, soaps, water drums, and soaps). Online, more than 20 online posters were designed and posted on the social media platforms of the organization, and an online session (COVID-19, survive with knowledge) was conducted with more than 450 participants of health-professions students attending. The initiative reflects the critical role of all health professionals of any level, particularly students, in promoting health and fighting emerging problems in their societies as a core competence of socially accountable leaders and future health professional.

7.2.9. The Understanding and Attitudes of Medical Students toward Social Accountability in the UAE

Author: Shahad Al Mashjari

Abstract: Social accountability (SA) is defined by the WHO as the obligation of medical schools to direct their education, research, and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve (WHO 1995). The aim of the study is to assess the knowledge, attitudes, and practices of medical students toward social accountability in the UAE and identify factors and gaps that play a role in students’ social accountability. cross-sectional study with an online questionnaire was administered for undergraduate medical students all over the
UAE. It included the IFMSA tool to assess SA of medical schools. Results: A total of 572 undergraduate students participated from different medical schools across the UAE. Females were 76.5% (n=439). 34.1% of total participants were Emirati (n=195) while 65.9% were non-Emirati (n=377). Majority were preclinical making up 58.6% (n=336). 51.9% of students said that they heard about the concept of SA. 49.7% (n=284) have managed to choose the correct definition of SA. 36.9% (n=211) students have participated in extracurricular activities that are related to SA. Out of four scoring categories in IFMSA table, only 12.1% (n=69) students got the highest score (27-36). Furthermore, positive attitudes toward SA is associated with high scores in the IFMSA table (p-value:0.02). in addition, there is a variation in scoring across different medical colleges in the UAE (p-value:0.031). Conclusion: The level of knowledge among medical students is average according to the IFMSA tool, further interventions to increase knowledge should be implemented.

7.2.10. Improving health awareness for children in a rural area of Sudan

Authors: Aseel Imad Taha Magzoub

Abstract: Improving health awareness for children in a rural area of Sudan

Introduction For effective treatment, prevention, early identification, and tailored therapy, awareness is crucial. The latest value from 2021 is 64.41 percent of Sudan's population is rural. The mortality rate of children is high in rural Sudan. As the mortality ratio is an important indicator of community health and social accountability.

Objectives

Improve awareness of children( from kindergarten and primary school till grade 4) and their everyday habits for a healthy life. The mission was to educate children to reduce the morbidity rate.

Methods

A cross sectional study through sessions at local primary school and Kindergartens at Altekaina village, Gezira province of North Sudan. Each kindergarten had an average of 35 students and the school had 90 students. By the end of the session, effectiveness was measured by random selection from each class and asking them an average of 10 questions to assess their knowledge after the sessions . Data were analyzed manually. Around 170 children received health education and health examinations. It was conducted over 2 weeks as part of Gezira University faculty of medicine field training and rural development curriculum.

Results

We went to all the kindergartens in the villages, which were five in number. Four of them were private and called rowad almostaqbal as well as school. The awareness of children was first assessed by asking them individual health-related questions to identify areas of weakness. We made charts in order to explain everything well to the children and to grab their attention.
We discussed topics like covid, healthy eating habits and practicing the right way to wash your hands. Knowledge of the children improved after the session. The children had good knowledge about covid 19 but did not practice methods to prevent it. They had poor knowledge about diet. Their knowledge improved by about 60% before and after the session. The kindergarten children had knowledge about covid through local songs about covid.

Conclusion
The awareness sessions were informative and helped improve the children's understanding of ways to stay healthy and avoid communicable diseases. The school curriculum should help improve their awareness.

7.2.11. Learning Approaches of Undergraduate Medical Students and Gender Differences
Author: Muneera A. Yahya
Abstract: Introduction: Medical schools are better able to modify and enhance medical students' learning experiences by identifying their learning styles and the variables that affect them. The learning approach is strongly related to students' level of understanding and learning outcomes. Objectives: To assess the Yemeni University of Science & Technology (UST) medical students' learning approaches and to determine the differences according to gender.
Methods: This cross-sectional study was conducted on UST Undergraduate medical students from the 2nd, third, and fourth levels using stratified sampling. The Arabic version of Biggs's Revised Two-factor Study Process Questionnaire (R-SPQ-2F) was used. It consists of 20 items representing two main scales, Deep Approach (DA) and Surface Approach (SA), with four subscales, Deep Motive (DM), Deep Strategy (DS), Surface Motive (SM), and Surface Strategy (SS). The total score is 50 for each main scale and 25 for each sub-scale. T-test was used to study the significance of differences between males and females.
Results: This study included 210 medical students (111 male and 71 female) with a response rate of 86.7% (182/210). The average scores for DA and SA were 32.90±6.1 and 30.38±6.7, respectively. Both DA & DS scores were statistically higher among males. The score of DA was 33.58 for males & 31.76 for females (p = 0.048). However, the DS score was 16.84 for males & 15.27 for females (p =0.002). Conclusions: UST medical students adopted both deep and surface approaches, slightly preferring the deep approach. Male students adopted a deep approach (mainly deep strategy) more than females. We must motivate our students, especially females, to take a deeper educational approach to achieve long-term goals in their careers as medical professionals.

8. Key Dates
Call for abstracts: November 21, 2022
Registrations Open: November 21, 2022

Abstract Submission Deadline: February 22, 2023

Registrations Close: February 28, 2023

Deadline to Upload Posters: February 25, 2023

Conference Times
Day 1: Saturday, 8am – 12:15pm UTC - March 4, 2023
Day 2: Saturday, 8am – 12:15pm UTC - March 11, 2023
Day 3: Saturday, 8am – 12:15pm UTC - March 18, 2023

*8 AM – 12.15 PM UTC =
Sudan/Egypt/Libya 10 AM - 2.15 PM
United Arab Emirates 12 PM - 4.15 PM
Pakistan 01 PM - 5.15 PM
Yemen 11 AM - 3.15 PM

![Abstracts Submitted Chart]
9. Registration

Number of registrations: 72 from 9 different countries

Students VS Professionals

- Students: 57%
- Professionals: 43%

Countries

- Yemen: 28%
- Sudan: 52%
- United Arab Emirates: 8%
- Kenya: 3%
- Egypt: 2%
- Pakistan: 2%
- México: 2%
- Canada: 2%
- Uganda: 1%
Institutions represented among the attendees

University of Gezira
Student Network Organization
Liaquat National Hospital & Medical College
Suez Canal University
University of Sharjah
Arabian Gulf University
Gulf Medical University
University of Science and Technology (Yemen)
Libyan International Medical University
FOMSCU
Moi University
UNAM
University of Saskatchewan
Clarke international University
El-Gazira College of Medical Sciences and technology

10. Organization Committee Members

Wail Nuri Osman - University of Gezira
Mohamed Elhassan - University of Limerick
Nighat Huda - Liaquat National Hospital & Medical College
Rabeeya Saeed - Liaquat National Hospital & Medical College
Hassan Taha Mohamed - University of Sharjah
Sara M. Osman - Gulf Medical University
Mohamed Al-Eraky - Gulf Medical University
Almikhlafy Abdullah - University of Science and Technology
Majed Wadi - University of Science and Technology
Khabab Ali - Libyan International Medical University
Adel Altawaty - Libyan International Medical University
Ala Khalid - Student Network Organization
Oumnia Bouaddi - Student Network Organization
Sheeba Retnabai - TUFH Member
Wagid Gohar - WHO EMRO Office
Nourhan Fawzy Wasfy - Suez Canal University
Deifalla Abdelhalim - College of Medicine and Medical Sciences
Aricia De Kempeneer - The Network: Towards Unity for Health
Nikolaj Hansen-Turton - The Network: Towards Unity for Health
### 11. Attendance

**Average Attendance Per Sessions: 50.7%**

<table>
<thead>
<tr>
<th>4-March</th>
<th>% of attendance</th>
<th>11-March</th>
<th>% of attendance</th>
<th>18-March</th>
<th>% of attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Ceremony</td>
<td>45.1</td>
<td>Keynote: Prof. Dr Zakaria BELRHITI</td>
<td>59.7</td>
<td>Workshop • Practical Guide for curriculum Development addressing Medical Education Competencies and 21st Century Skills</td>
<td>47.9</td>
</tr>
<tr>
<td>Keynote: Prof. Hosam Hamdy</td>
<td>60.6</td>
<td>Workshop • Medical Schools Journey towards Social Accountability: moving from Social Reactiveness to Proactivity</td>
<td>59.7</td>
<td>Workshop • Gender Equality in Health Work Place and Crisis Settings</td>
<td>46.5</td>
</tr>
<tr>
<td>Workshop • Addressing Social Determinants of Health in Health Professions Curricula</td>
<td>59.2</td>
<td>Oral Presentations</td>
<td>54.2</td>
<td>Networking Session</td>
<td>42.3</td>
</tr>
<tr>
<td>Oral Presentations</td>
<td>63.4</td>
<td></td>
<td></td>
<td>Keynote CEO Bjorg Palsdottir</td>
<td>35.2</td>
</tr>
<tr>
<td>TUFH 2023 conference session</td>
<td>50.7</td>
<td></td>
<td></td>
<td>Closing Ceremony</td>
<td>28.2</td>
</tr>
<tr>
<td>Average % of attendance March 4</td>
<td>54%</td>
<td>Average % of attendance March 11</td>
<td>58%</td>
<td>Average % of attendance March 18</td>
<td>40%</td>
</tr>
</tbody>
</table>

### 2022 Attendance

<table>
<thead>
<tr>
<th>28-May</th>
<th>% of attendance</th>
<th>4-June</th>
<th>% of attendance</th>
<th>11-June</th>
<th>% of attendance</th>
<th>18-June</th>
<th>% of attendance</th>
<th>25-June</th>
<th>% of attendance</th>
<th>27.27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening 09:00 - 09:10 AM UTC</td>
<td>52.27</td>
<td>Keynote Mohi 09:00 - 09:45 AM UTC</td>
<td>63.63</td>
<td>Keynote Charles 09:00 - 09:45 AM UTC</td>
<td>40.9</td>
<td>Keynote Iffat 09:00 - 09:45 AM UTC</td>
<td>40.9</td>
<td>Keynote CEO Bjorg Palsdottir 09:00 - 09:45 AM UTC</td>
<td>27.27</td>
<td></td>
</tr>
<tr>
<td>Workshop Night 09:10 - 10:40 AM UTC</td>
<td>61.36</td>
<td>Oral Presentations 09:45 AM -</td>
<td>56.81</td>
<td>Workshop M &amp; M 09:45 AM -</td>
<td>31.81</td>
<td>Oral Presentations 09:45 AM -</td>
<td>50</td>
<td>Workshop Alfa 09:45 AM -</td>
<td>27.27</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Event Description</td>
<td>Average % of Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------</td>
<td>--------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 AM UTC</td>
<td>Oral Presentations 10:40 AM - 12:00 PM UTC</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 AM UTC</td>
<td>Regional to Global Journey 10:30 AM - 12:00 PM UTC</td>
<td>54.54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 PM UTC</td>
<td>Brainstorming TUFH EMRO region 11:30 - 12:00 PM UTC</td>
<td>27.27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:45 AM UTC</td>
<td>Closing 11:45 AM - 12:00 PM UTC</td>
<td>27.27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average % of Attendance MAY 28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average % of Attendance JUNE 4</td>
<td>54.54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average % of Attendance JUNE 11</td>
<td>58.33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average % of Attendance JUNE 18</td>
<td>33.33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average % of Attendance JUNE 25</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 12. Post Event Survey

**How satisfied were you with the event?**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>4.6%</td>
</tr>
<tr>
<td>4</td>
<td>24</td>
<td>36.9%</td>
</tr>
<tr>
<td>5</td>
<td>38</td>
<td>58.5%</td>
</tr>
</tbody>
</table>

65 responses
Which sessions did you find most relevant?

Did you expand your network?

65 responses
How likely are you to tell a friend/colleague about this event and The Network: Towards Unity For Health?
65 responses

Should TUFH host Annual Virtual Regional Conference with a focus on the topics in that region?
65 responses

The conference was hosted for 3 weeks every Saturday. What do you prefer?
65 responses
Are you planning on attending TUFH 2023
65 responses

Your age
65 responses

Profession
65 responses

Future suggestions
-Competitions or surprises
-New Subjects
-More Student Involvement
13. Certificates
Below you can see the designs for the certificates that were issued.

14. Promotional Material
TUFH EMRO CONFERENCE 2023
CONSIDER SOCIAL DETERMINANTS OF HEALTH AND SOCIAL ACCOUNTABILITY

Keynote speaker

BJÖRG PÁLSDÓTTIR
CEO, TRAINING FOR HEALTH EQUITY NETWORK, THENET

18 MARCH 2023
11:15AM–12:00AM UTC

Save The Date
https://tufh.org/events/100132

TUFH EMRO CONFERENCE 2023
INNOVATIONS IN HEALTH PROFESSIONS EDUCATION:
FROM INFORMATIVE TO TRANSFORMATIVE

Keynote speaker

HOSSAM HAMDY
CHANCELLOR, SOUP MEDICAL UNIVERSITY

04 MARCH 2023
8:15AM–9:00AM UTC

Save The Date
https://tufh.org/events/100132

TUFH EMRO CONFERENCE 2023
WORKSHOP
GENDER EQUALITY IN HEALTH WORK PLACE AND CRISIS SETTINGS

Guest speakers

ALA KHALID
Director of Health, UNESCO Chair for Global Health and Social Development

NIGHAT HUDA
Executive Director, Luqman National, Pakistan, & Medical College, Karachi

RAFAEY SAEED
Head Department of Family Medicine and Outreach Services, Central National Hospital, & Medical College, Rawalpindi

18 MARCH 2023
9:15AM–10:15AM UTC

Save The Date
https://tufh.org/events/100132

TUFH EMRO CONFERENCE 2023
WORKSHOP
MEDICAL SCHOOLS JOURNEY TOWARDS SOCIAL ACCOUNTABILITY:
MOVING FROM SOCIAL REACTIVENESS TO PROACTIVITY

Guest speakers

AREF ALI-MAOJJ
Regional Director for Africa, UNESCO Chair for Global Health and Social Development

ABDULLAH AL-MAOJJ
Dean, College of Medicine, King Saud University, Riyadh, Saudi Arabia

11 MARCH 2023
8:15AM–9:00AM UTC

Save The Date
https://tufh.org/events/100132
TUFH EMRO Conference 2023

Workshop

Addressing Social Determinants of Health in Health Professions Curricula

Guest Speaker

MOHAMED EL HASSAN ABDALAH EL SAYED

Senior Advisor in Medical Education, Faculty of Medicine, University of Alexandria. Chairperson Group on Global Accountability. Association of Medical Education in EMRO

04 March 2023
8:00AM-10:00AM UTC

Save The Date
https://tufh.org/events/100132

Submit Your Abstract Before February 22nd

Themes

Curriculum Competencies and 21st Century Skills
Consider Social Determinants of Health and Social Accountability
Study and Work in a Challenged Operational Environment
Innovations in Health Professions Education

TUFH EMRO Conference 2023

Workshop

Practical Guide for Curriculum Development Addressing Medical Education Competencies and 21st Century Skills

Guest Speaker

MOHAMED HASSAN TAHHA

Chairperson for the Office of Global Education, College of Medicine and Health Education Center, University of Birzeit, Palestinian Authority

18 March 2023
8:00AM-10:00AM UTC

Save The Date
https://tufh.org/events/100132

2023 TUFH Virtual Regional Conference for EMRO