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SUPPLEMENT ABSTRACT

WFME World Conference 2025 Proceedings

INTRODUCTION

WFME World Conference 2025

Dear Colleagues

We are pleased to present this report on the proceedings of the *WFME World Conference 2025*.

This milestone event, co-hosted by the World Federation for Medical Education (WFME) and the Institute for Medical Education Accreditation (IMEAc), centred on a vital theme: *Towards Health for All – Through Quality Medical Education*. Bringing together 900 delegates from 85 countries, it provided a dynamic platform for medical education leaders, advocates and educators from all backgrounds and across the full continuum of medical education to connect, exchange knowledge, and inspire positive change.

WFME was founded in 1972 by the World Health Organization (WHO) and the World Medical Association (WMA) to enhance the quality of medical education worldwide. Its strategic priorities include promoting accreditation quality through the WFME Recognition Programmes (RPs), elevating medical education standards through publishing expert global consensus on standards, and maintaining the World Directory of Medical Schools (WDoMS).

This report provides summaries of the conference's four plenary sessions, each exploring the evolving landscape of medical education and examining how education and training can ensure that medical professionals are prepared to respond to population health needs. It also includes all accepted abstracts, comprising seven symposia, 23 research papers, 38 workshops, 159 oral presentations and 121 poster presentations.

We extend our sincere thanks to IMEAc for the warm Thai welcome and generous hospitality, to the Youth Task Force for their invaluable support throughout the conference, and to all presenters, facilitators and delegates for their contributions to a successful and inspiring event.

The insights shared and connections forged during the conference have already begun to catalyse new collaborations, inform national and regional policy discussions, and strengthen accreditation and quality assurance efforts across diverse contexts. By convening a truly global community committed to excellence in medical education, the WFME World Conference 2025 has laid a powerful foundation for sustained progress—ensuring that future generations of medical professionals are better equipped to meet the evolving health needs of their populations and uphold the highest standards of care.

To stay informed about WFME activities and events, we invite you to sign up for our newsletter at: https://wfme.org/about-wfme/newsletter/

Warm regards

Ricardo León-Bórquez
President, WFME

Geneviève Moineau
Vice-President, WFME
Chair, WFME World Conference 2025 Scientific Committee

PLENARY SESSIONS SUMMARY

Opening Plenary: Imagining Medical Education in the Future: Training Physicians for the 21st Century

Bertalan Mesko, Medical Futurist, Europe (via video)
Keerati Kaewrak, AI and Machine Learning Researcher, King Mongut's Institute of Technology Ladkrabang (KMITL)
Nicole Krishnaswami, JD, Chair-Elect, International Association of Medical Regulatory Authorities (IAMRA) & Executive Director, Oregon Medical Board (USA)
Julio Frenk, Chancellor, University of California, Los Angeles (UCLA)

Moderator: Geneviève Moineau, Vice-President, WFME

The opening plenary challenged the audience to reflect on the role of physicians in 2050. The speakers shared patient, educator and regulatory perspectives on the competencies and skills required of future physicians.

In his video presentation, Bertalan Mesko spoke of exciting if challenging possibilities in the emerging 'era of the art of medicine'. He shared five capabilities which would enable the medical workforce to respond to the needs of their future patients among the changing dynamics of the era: proactively involving patients at the highest level of all decision-making (patient design); communication skills for working with e-empowered patients; scientific understanding and a level of trust towards AI; the skill of prompt engineering; and the use of digital therapeutics. With patients as members of their medical team alongside AI, the physician's role would involve guiding and advising patients through health services, technologies, and globally accessible medical information.

Keerati Kaewrak was the first to take the podium to share her personal perspective as a patient with a chronic illness in the Thai public healthcare system. Her presentation offered invaluable insight into the challenges of navigating the digital overload that fills the information vacuum when access to specialist support is limited. Grounding the conference in a patient journey and experiences, Keerati emphasised that the wealth of easily accessible information is no substitute for a doctor's empathetic and compassionate guidance in interpreting it.

Nicole Krishnaswami presented the regulatory outlook on the competencies expected of future physicians in service of patient safety, with video contributions from Jeancarlo Cavalcante,1st Vice President, Brazilian Federal Council of Medicine and IAMRA Director, South American Region; Joan Simeon, CEO, Medical Council of New Zealand and IAMRA Chair; and Divine Banyubala, Registrar, Medical and Dental Council of Ghana and IAMRA Director, African Region. In addition to clinical excellence, the speakers identified a range of competencies expected of future doctors. These included: professionalism, engaging patients in shared decision-making and promotion of health literacy; cultural safety, cultural competence and health equity awareness; collaborative care coordination across different teams and settings; digital/AI literacy and technological fluency; ethics—including responsible use of AI and critical thinking —and adaptability with a commitment to continuous learning. Nicole's final comment underlined the ongoing need for human-to-human interaction.

Julio Frenk's video presentation set out his vision of health professional education in the 21st century—a time for an education revolution driven by advances in technology, learning sciences and labour markets. This new educational model must be open and responsive to learners' needs throughout their career, with integrative competencies underpinning the foundational and specialised knowledge and skills, and opportunities for interprofessional education. While quality technology and online learning can be very useful for skills and knowledge acquisition, the higher levels of formative and transformative learning—those that enable doctors to become professionals who shape the health systems of the future—require increasing face-to-face contact between a learner and a mentor. Finally, the guiding principle at institutional and instructional level should be continuous

education which promotes the life and wellbeing of both the doctor and the patient, or 'education for life'.

Additionally, Jolanta Bilinska, a Founding Director of the World Patient Alliance (WPA), a seasoned patient advocate and a member of the WFME World Conference Scientific Committee, was invited to the podium. Jolanta highlighted that patient voice as a partner in medical education bridges the gap between clinical knowledge and human experience, helping learners to see beyond the textbook to what it means to be cared for with empathy and dignity. Engaging patients in medical education will help build a healthcare system that truly listens, understands and heals.

Plenary 2: What's Next for WFME? The Future of WFME and Declaration Launch

Ricardo León-Bórquez, President, WFME
Geneviève Moineau, Vice-President, WFME

This session offered a forward-looking overview of WFME's strategic direction and current priorities, including the launch of two new projects.

Strategic Vision and Leadership

Ricardo León-Bórquez and Geneviève Moineau briefly outlined the history, structure and focus of WFME, introduced the WFME Executive Council—which includes representation of the regional associations for medical education around the world, as well as student and junior doctor voices—and introduced the WFME Team.

The revised 2024 Strategy was presented, underpinned by WFME's vision: *"To improve health for all through quality medical education."* and the mission *"To enhance the quality of medical education through global leadership in promotion of standards, recognition of accreditation and engaged collaborations to support the continuum of medical education worldwide."*

Global Standards and Key Programmes

Since 2003, WFME has published the Global Consensus on Standards in Medical Education (Standards) across the medical education continuum. In 2025, this trilogy transitioned to principles-based standards that transcend cultural or geographic specificity, allowing adaptability across diverse global contexts.

The session also spotlighted the World Directory of Medical Schools (WDoMS), a free searchable database of eligible medical schools worldwide. Developed in partnership with the Foundation for Advancement of International Medical Education and Research (FAIMER), a member of Intealth, the directory currently lists over 4,100 institutions and continues to grow.

WFME's Recognition Programme (RP) for Basic Medical Education (BME) has recognised 51 accrediting agencies across all WHO regions in both high- and low-income settings, with eight additional agencies under review. RP Assessors were thanked for contributing their time and expertise to comprehensively evaluate the agencies against the Recognition Criteria.

Expanding the Continuum of Recognition

Early 2025 saw the launch of the WFME Continuing Professional Development (CPD) RP, which adopted the standards of the International Academy of Continuing Professional Development Agency (IACPDA) as the Recognition Criteria. In addition, the launch of the Postgraduate Medical Education (PGME) RP was announced. The PGME Recognition Criteria were developed with guidance from an expert advisory group and informed by extensive stakeholder consultation. With this, the scope of the WFME RP now spans the continuum of medical education.

To further support its mission, WFME hosted a series of global webinars on the PGME Standards and the BME RP, featuring expert speakers and practical discussions. WFME also continued to engage in academic dialogue by contributing to and responding to medical education literature.

Declaration Launch and Call for Commitment

The session concluded with a focus on WFME's role in driving positive change in medical education through impactful declarations.

Building on the legacy of the *WFME Edinburgh Declaration 1988*, which promoted medical education reform to reduce health inequalities and better serve societal needs, the understanding of the importance of supportive learning environments developed.

Kana Halić Kordić, Liaison Officer for Medical Education Issues, International Federation of Medical Students' Associations (IFMSA), and Dr Venkatesh Karthikeyan, Publications Director of the Junior Doctors Network (JDN), World Medical Association (WMA), came to the stage to launch the *WFME Declaration on institutions' responsibility to support medical students, physicians in postgraduate education and physicians in practice*. They read the Declaration's call to action urging educational institutions and faculty to support the wellbeing of students, physicians in training and physicians in practice, and encouraging learners and doctors to recognise when to seek support—inviting a collaborative commitment to improve the health of patients and populations by safeguarding and supporting the health and wellbeing of those who care for them. Session participants were invited to engage with this commitment by signing the Declaration via the WFME website.

Plenary 3: Training the Workforce That Responds to Population Needs

Jim Campbell, Director of Health Workforce, WHO (via video)
Charas Suwanwela, Council Chairperson, Prince of Singkla University (PSU)
Lujain Alqodmani, Past President, World Medical Association (WMA)
Moderator: Theanne Walters, Deputy Chief Executive Officer and General Manager, Strategic Policy and Research, Australian Medical Council (AMC)

This session called for urgent action to address the global challenge of preparing a health workforce that aligns with the needs of diverse populations.

Jim Campbell presented the WHO perspective via video with a timely update from the 78th World Health Assembly (WHA) in Geneva. Contemporary demands on healthcare systems and the workforce alongside regression in health expenditure featured in the discussions. Although global health workforce shortages are reducing, health inequality prevails and by 2030 nearly 70% of the shortage will affect the African and Eastern Mediterranean regions. Emerging data highlights not only worldwide variances in models of service delivery but also startling differences in the production of graduates in relation to active workforce. As lower and lower-middle income countries accelerate production to increase system capacity, high income countries are far below the WHO-recommended rate needed for workforce replenishment, fuelling the growing reliance on an internationally trained health workforce. The issues of ethical migration and sustainable workforce production dominated the WHA agenda, culminating in the Member States' consensus on the resolution *Accelerating Action on the Global Health and Care Workforce by 2030* to address shortages. This resolution urges investment in education, training, employment and retention strategies, alongside ethical cooperation on workforce migration. Delegates were encouraged to support their governments in implementing these priorities.

Charas Suwanwela presented examples of healthcare reform in Thailand and its impact on the local population, and collaboration between local organisations and the government aimed at tackling workforce shortages. With nearly half of the nation's 67.8 million population living in rural areas, Thailand launched the Collaborative Program to Increase Rural Doctors in 1994 to bolster healthcare at community level. The Primary Healthcare Service Act 2019 facilitated the primary care reform with a focus on health promotion, disease prevention and early detection. Shifts in local healthcare delivery models and increased access to competent health professionals were observed in rural areas as a result. To support the reform, the Faculty of Medicine at PSU, in collaboration with the Ministry of Public Health, launched the Medical Doctors for Primary Health Care Program in 2020. Emphasis across the curriculum and learning experiences of the six-year programme includes early exposure to community health services and social determinants, holistic health, and competencies to lead and work in teams. The programme is regulator-certified, with ongoing evaluation.

Lujain Alqodmani reflected on the global shortage of 10 million healthcare professionals, alongside the rising unemployment rate among young physicians and other health professionals, driven by underinvestment and fragile health systems. She described

geographical disparities in physician shortages, exacerbated by burnout, low morale and physician migration, which in turn contribute to disparities in population health outcomes and increased mortality. The WMA's 2025 *Physician Migration Project* survey identified that, while migration out of the respondent nations was mainly for economic and professional reasons, working conditions and political instability were also significant. The WMA urged nations to meet their workforce needs without over-reliance on immigration, to ensure ethical and fair migration practices, and to foster working environments that support learners and the workforce. It also called for inclusive research grounded in ethical engagement and shared power, including research around the impact of working conditions and effectiveness of interventions aimed at ensuring workplace safety.

Closing Plenary: Does Medical Education Accreditation Make a Difference?

Milton de Arruda Martins, Professor of Medicine, University of São Paulo and Executive Officer, SAEME

Nesibe Akdemir, Researcher and Postgraduate Trainee, Amsterdam University Medical Center

Rodney Magwenya, University of KwaZulu-Natal and Medical Officer, Church of Scotland Hospital, KwaZulu-Natal

Moderator: Marta van Zanten, Senior Director, Foundation for Advancement of International Medical Education and Research (FAIMER)

During the closing plenary, Marta van Zanten invited the speakers to share their insights on how accreditation impacts the quality of medical education, each addressing a different stage in the education continuum.

Milton Martins presented findings from recent Brazil-based research on the impact of medical school accreditation. A global scoping review identified commonly observed benefits including continuous quality improvement (CQI), improved exam performance among medical students, positive governance shifts within medical schools, curricular innovation, and increased satisfaction among faculty, students and stakeholders—with few reports of negative impact. However, relatively few agencies have conducted and published accreditation impact research. Evidence emerging from Brazil's medical school accreditation research highlights trends in evaluation findings and the aspects valued by stakeholders, such as the accreditation report's detailed observations and evidence-based suggestions. Milton encouraged accrediting agencies worldwide to harness the wealth of existing medical school data to explore accreditation impact on CQI culture, student well-being, and graduate skills and qualities.

Next, Nesibe Akdemir-Andas reviewed existing literature on PGME accreditation including her PhD thesis, *Accreditation: 'Evil Eye or Helping Hand?'*. While accreditation standards are generally considered to have validity by accreditors, programme directors and trainees, they can lack flexibility. Trainees offer essential insights, but their vulnerability can limit self-advocacy. Although evidence is limited, accreditation has been associated with higher-quality care including a more patient-centred approach, better educational climate, and increased certification success. It has potential to stimulate societal responsiveness of PGME. Nesibe highlighted priority areas for future research, including evaluating the difference standards make, effectiveness and cost-effectiveness of the process, and effectiveness of inherent flexibility. She emphasised that self-reflection is a valuable process on the road to QI, but engaging an external evaluator is paramount.

Finally, Rodney Magwenya shared his observations of the continuing professional development (CPD) accreditation landscape. While seeking to establish a CPD accreditation system in Eswatini aligned with international best practice, he encountered wide variability in existing CPD accreditation systems, each with advantages and disadvantages. Literature highlights accreditation systems' need for flexibility, clear governance structures, and harmonisation through dialogue and consensus. Rodney referenced global efforts to improve CPD and CPD accreditation quality, including the WFME Global CPD Standards, which aim to guide development of accreditation standards tailored to the unique systems and regulations of individual jurisdictions, and IACPDA standards—now adopted as the WFME CPD RP criteria for CPD accreditors—which ensure that accredited education meets the same level of independence, rigor, content validity, quality of design, and outcome measures, ultimately supporting improved patient care and safety. Although robust data on the effectiveness of CPD accreditation on clinical competence or patient outcomes remains limited, Rodney underscored its importance as a vital component of medical education that impacts practitioners, institutions and healthcare systems, and called for development of standardised evaluation methods and large-scale interdisciplinary studies of CPD and CPD accreditation impact.

Marta van Zanten concluded the session by confirming that poll results showed most of the audience believed accreditation has a significant impact. She highlighted the existence of opportunities for collaboration and called for further research to better document its effects and guide accreditors towards CQI.

ABSTRACTS – SYMPOSIA

The impact of Artificial Intelligence on Medical Education: Educational Innovation and Ethical Challenges

Rosalba Gutierrez[1], Haydee Parra Acosta[2], Peter G. M. de Jong[3], Ramon Esperon[1], Otto Sanchez[4]
[1]*Mexican Association of Faculties and Schools of Medicine (AMFEM),* [2]*Autonomous University of Chihuahua,* [3]*International Association of Medical Science Educators (IAMSE),* [4]*Ontario Tech Health Sciences*

Artificial Intelligence (AI) is gaining ground in medical education, revolutionizing teaching and learning methods. This symposium analyzes how AI tools, such as chatbots, personalized learning platforms, and clinical simulations, are being utilized to enhance student competencies. Specific examples of how these tools aid in customized learning, continuous assessment, and academic management. Additionally, the impact of AI on the creation of virtual scenarios for medical practice and the automation of administrative tasks, allowing educators to focus on more complex pedagogical aspects, is addressed. This symposium also examines the relationship between AI and machine learning concepts, highlighting how artificial neural networks simulate human learning processes. Integrating AI in medical education has positively impacted clinical competency development and personalized learning. Students can enhance their skills in a more dynamic environment, while educators benefit from reduced routine tasks. However, ethical and technical challenges also arise, particularly concerning academic integrity and the role of AI in clinical decision-making. Therefore, this symposium contributes from several perspectives on educational investigation.

Building Effective CPD Systems: Lessons from Saudi Arabia, Abu Dhabi, and Ireland's Transformative Approaches

Graham McMahon[1], Lama AlDakhil[2], Hatem Alameri[3]
[1]*Accreditation Council for Continuing Medical Education,* [2]*Saudi Commission for Health Specialities,* [3]*Abu Dhabi Department of Health*

This symposium will explore how Saudi Arabia, Abu Dhabi, and Ireland have transformed their continuing professional development (CPD) systems to meet healthcare goals. Saudi Arabia's SCFHS adopted international standards and expanded CPD educator training and saw accredited activities developed locally increase dramatically. Abu Dhabi's DOH implemented a provider-based accreditation model to streamline CME and protect learners from commercial influence. Ireland's Irish Medical Council introduced governance criteria and CE activity standards to align with global best practices, ensuring educational integrity and fostering continuous improvement.

These systems illustrate the importance of aligning CPD with international standards while adapting to national contexts. Saudi Arabia and Abu Dhabi saw major growth in CPD activities and engagement, while Ireland strengthened educational quality and independence.

Participants will learn how to build, scale, and sustain effective CPD systems by leveraging international standards, governance criteria, and innovative digital platforms, and gain insights into strategies for stakeholder engagement, quality control, and regulatory alignment.

Meaningful Involvement of Learners in Accreditation and Quality Assurance

Kana Halić Kordić[1], Kosha Gala[2], Michelle Lam[1], Tomáš Petras[3]
[1]*International Federation of Medical Students' Associations (IFMSA),* [2]*Liverpool University Hospitals NHS Foundation Trust, UK,* [3]*Medical Education Centre, Pavol Jozef Šafárik University in Košice*

Numerous studies have demonstrated the importance of student and trainee involvement in Accreditation and Quality Assurance (AQA). One study, published in the Journal of Graduate Medical Education found that student involvement in the AQA process improved program quality and led to increased student satisfaction. The symposium will cover the International Federation of Medical Students' Associations (IFMSA)'s efforts in AQA capacity-building and student activities from local to global levels. Recent projects include the WFME Internship program, learners' declaration, and other collaborations. We will also discuss the impact of postgraduate residents' and trainees' participation in the WFME PGME Recognition program.

As primary stakeholders in their medical education (ME), learners should be equal partners in supporting the AQA of their ME. The impact of leadership and IFMSA in empowering medical students to engage in AQA, as well as the role and implications of having medical trainees participate in PGME Accreditation, will be discussed.

Participants will understand the significance of student and new health professionals' involvement in AQA.

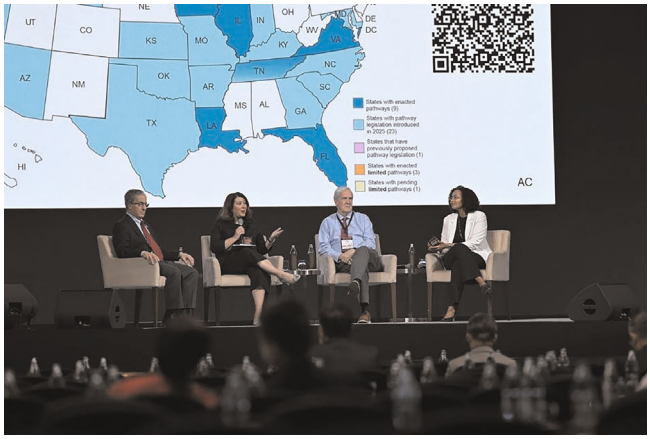
Social Accountability and Accreditation in Medical Education: Integrating Principles into Medical Schools to Enhance Societal Impact

Mohamed Hassan Taha[1], Ciraj Ali Mohammed[2], Mohamed Elhassan Abdalla[3]
[1]*University of Sharjah*, [2]*National University of Science and Technology, Oman*, [3]*College of Medicine, University of Limerick, Ireland*

Medical schools globally are increasingly expected to demonstrate social accountability by addressing the health needs of the communities they serve. The integration of social accountability principles into medical education and accreditation processes is crucial to ensure that graduates are not only competent healthcare professionals but also advocates for improving societal health outcomes.

The World Federation of Medical Education (WFME) emphasizes the alignment of medical education with community health priorities. Social accountability must become a core focus in both curricula and accreditation standards to ensure that medical schools contribute to societal impact. This symposium will explore how medical schools can effectively integrate social accountability into their mission, curriculum, and accreditation processes, enabling them to better meet the health challenges of their communities.

This symposium will equip medical educators and institutional leaders with the tools and knowledge necessary to integrate social accountability into their curricula and accreditation processes.



Innovation in Medical Regulation: Expanding Pathways to Licensure

Viren Naik[1], Eric Holmboe[2], Hank Chaudhry[3]
[1]*Medical Council of Canada*, [2]*Intealth*, [3]*Federation of State Medical Boards*

In response to the growing health human resources crisis, medical regulators worldwide are exploring innovative pathways to licensure, particularly for International Medical Graduates (IMGs). This work examines the collaborative efforts of countries like Canada and USA in developing new routes to streamline the licensing process. These include expedited pathways for skilled professionals and leveraging artificial intelligence in credential verification.

The exploration of these initiatives has revealed common challenges, such as ensuring quality and patient safety while expediting licensure. Countries are learning from one another's successes and setbacks, recognizing the need for transparent, equitable, and inclusive processes. The knowledge gained highlights the importance of balancing regulatory rigor with the flexibility needed to address workforce shortages effectively.

Participants will gain insights into global innovations in medical regulation, with a focus on developing adaptable and efficient licensure pathways. They will learn about successful models from various countries and understand the challenges regulators face.

A Global Consensus Regarding Bioethics in the Medical Curriculum

Russell Franco D'Souza[1], Ronald M. Harden[2], Ricardo León-Bórquez[3], Vedprakash Mishra[4], Mary Mathew[5], Madalena Patricio[6]
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There is widespread interest in teaching and assessing Bioethics in the Curriculum. The Global Network for Medical, Health Professions, and Bioethics Education has undertaken a systematic review of reports from around the world. The need was identified for a Consensus Statement on Bioethics in Medical Education that explored the role of teaching and assessment of ethics in the curriculum throughout the continuum of medical and health professions education.

A key to the introduction of Ethics in the curriculum is the clarification of its importance to all the stakeholders, including the Deans, administrators, accreditors, teachers, patients and students; also, how ethics might be incorporated both as a subject in its own right and importantly integrated with other subjects, considering the current trends in medical education including advances in medicine, changes in society needs, technologies, and innovations.

Participants will gain valuable insights and understanding of the planned Consensus Statement on Bioethics in Medical Education and will have an opportunity to contribute their [...]

Building and Nurturing a Global Community of Healthcare Educators

Patricia Tempski[1], Patricia O'Sullivan[2], Heeyoung Han[3], Kulsoom Ghias[4], Elizabeth Johnson[5], Madalena Patricio[6]
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The health professionals that society needs and wants depends on the quality of their training. There is substantial evidence regarding the impact of faculty development (FD) programs on the effectiveness of medical training. Faculty Developers worldwide have learned better ways to enhance their practices, and it is essential share these lessons.

In this symposium, we will share narratives from educators across Europe, Asia, North, Central and South America. While these narratives differ in many aspects, they all share a common goal: transforming health professionals into educators.

Each speaker will briefly describe their FD program and key components, and the moderator will facilitate a cross-speaker discussion identifying components from another speaker that they would think about incorporating into their program. Attendees will also offer the intersections they observe.

The participants will explore with us how to develop and nurture a global community of faculty developers, overcoming geographic boundaries and cultural differences, thereby significantly contributing to the excellence of medical education around the world.

ABSTRACTS – WORKSHOPS

Assessment

Addressing and Reducing Bias in Assessment for Health Professions Education

Eric Holmboe
Intealth

One of the most significant challenges in assessment is the ongoing and pernicious effects of bias. Learners from diverse backgrounds, including those from racial/ethnic groups typically underrepresented in medicine (URiM) as well as those from other groups (e.g., women, people living with disabilities, international medical graduates, and more) are often marginalized by bias in assessment. When learners experience bias, it results in suboptimal learning environments, which compromise learners' well-being and ability to function at the top of their skills.
Intended outcomes:

- Help participants recognize and reduce bias.
- Create personal action plan using practical tools and methods to reduce assessment bias.

This workshop will first provide participants with a synopsis of key research findings on bias in assessment and approaches to reduce bias. Participants will next reflect on their own program's potential sources of bias and how to identify sources of bias in their assessments in small groups. Participants will create a personal action plan using evidence-based techniques to help faculty identify their own biases and help educational leaders reduce bias in programs of assessment.

Mastering Systems Thinking: Preparing Physicians for Complex Care Systems

Laura Edgar[1], Young-Mee Lee[2], Sean Hogan[1]
[1]*Accreditation Council for Graduate Medical Education (ACGME),* [2]*Korea University College of Medicine*

This workshop delves into the challenges of implementing and assessing systems thinking in PGME, focusing on preparing future physicians to navigate complex healthcare systems, ensure patient safety, and promote continuous improvement. Explore developmental subcompetencies and review international data on physician progress, with insights from South Korea and the U.S. Systems-thinking poses challenges for both well-established and emerging PGME systems. In institutions that rely on traditional or apprenticeship models, systems thinking is crucial for transforming PGME and training adaptable healthcare professionals. However, unique cultural and institutional

traditions can hinder implementation. Despite these obstacles, integrating systems thinking offers opportunities to enhance traditional training methods and foster change in PGME.
Participants will:

- Understand systems-based subcompetencies like patient safety and care coordination;
- Gain insights into assessing these subcompetencies;
- Analyze trends from longitudinal learning trajectories; and
- Explore strategies for implementing systems thinking in less structured systems.

This session offers data-driven insights and strategies to improve learning and assessment globally.

Development of an Integrated Programmatic Assessment Strategy in a Transnational Individualised Undergraduate Medical Curriculum

Gozie Offiah[1,2], Louise Curtis[2], Naji Alamuddin[3], Richard Arnett[2], Arnold Hill[2]
[1]*Accreditation Commission on Colleges of Medicine (ACCM)*, [2]*Royal College of Surgeons in Ireland*, [3]*Royal College of Surgeons in Ireland, Bahrain*

Programmatic-based evaluation focuses on competencies and development of skills over time, aimed to address complex and realistic issues that doctors are likely to confront in the workplace. The philosophy underpinning our approach to programmatic assessment is growth mindset, where students engage in regular low-stakes assessments and receive feedback.
This workshop is aimed at sharing experiences on how we created multiple assessments to accurately reflect student progress, provide a holistic view of their performance, and ensure learners are prepared for progression without surprises across two transnational campuses.
Participants will be able to describe the rationale for aligning assessments with learning outcomes, integrate pillars of knowledge, clinical skills, and personal and professional identity in assessments, identify the range of assessments from theoretical assessments (e.g. written) to assessments that reflect real-world application (e.g. Entrustable Professional Activities) and promote a culture of lifelong learning where assessment is used as a catalyst for continuous improvement via personalised feedback mechanisms that empower students and faculty to tailor support based on their needs.

How to Develop Objective Structured Clinical Exam (OSCE) Stations to Address Intra- and Interprofessional Conflict Resolution Skills

Elizabeth Kachur[1], Indranil Chakrabarti[2], Nijasri Charnnarong[3], Jay Thanakorn[4], Chaoyan Dong[5]
[1]*Global Co*, [2]*Drexel University*, [3]*Chulagongkorn University*, [4]*Weill Cornell Medicine*, [5]*Singhealth*

In high stress work-settings such as the healthcare environment, intra- and interprofessional conflicts are to be expected. Such situations negatively affect the parties who are in dispute as well as the bystanders. Consequently, it is important to equip learners at all training levels with de-escalation, conflict resolution and allyship skills. The purpose of this workshop is to help participants create OSCE stations that can assist with teaching and assessing such types of competencies.
By enhancing de-escalation and allyship skills learners will feel more confident and be more willing to intervene in conflict situations. They will also be more effective which will reinforce further skills practice. Reduced tensions and enhanced teamwork are likely to improve learning and work environments for everyone.
This interactive workshop will illuminate the intricacies involved in crafting OSCE stations that are relevant for the learners but do not reinforce stereotypes. With the help of several station examples participants will discuss station development, pre- and debriefing challenges. Participants will then draft new stations to take back to their own institution.

Equity, Diversity and Inclusion

Breaking the Ice: Using Icebreakers and Energizers to Foster Inclusion and Engagement in Health Professions Education

Aidan Kennedy[1], Kaan Mert Güven[2], Alexandra-Aurora Dumitra[3], Konstantina Papageorgiou[4], Kosha Gala[5], Stella Goeschl[6]
[1]*University of Glasgow, Glasgow, UK*, [2]*Acibadem University Istanbul, Türkiye*, [3]*University of Medicine and Pharmacy of Craiova, Craiova, Romania*, [4]*Faculty of Medicine, University of Thessaly, Larissa, Greece*, [5]*Liverpool University Hospital NHS Foundation Trust, UK*, [6]*Medical University of Vienna, Vienna, Austria*

This workshop aims to raise awareness about the effective use of icebreakers and energizers in HPE as tools to foster engagement, inclusion, and support neurodivergent learners. Grounded in social learning and cognitive theories, these activities can improve focus, alertness, and psychological safety in learning environments. The session will provide educators with practical methods and tips on how to implement these activities to create inclusive spaces that promote collaboration and learning. Participants will explore best practices, as well as common pitfalls, for using icebreakers and energizers in interprofessional HPE contexts.

Participants will:

- Understand the theoretical foundations for using icebreakers and energizers in HPE, including social constructivism and cognitive theory;
- Apply frameworks and strategies for creating safe, inclusive learning environments using these tools;
- Create a personalized approach to integrating icebreakers and energizers in interprofessional HPE settings.

Participants will gain awareness of the value of icebreakers and energizers in education, and practical tools to enhance student engagement and inclusion in their teaching environments.

Developing Inclusive Healthcare Practitioners Through Gender Sensitization

Suman Singh, Praveen Singh

Pramukswami Medical College, Karamsad

In a society governed by patriarchy, a large number of issues pertaining to gender identity, gender bias and stereotypes have been responsible for issue related to health, particularly mental health, health disparity & health care seeking behaviors. A gender sensitive health care professional (HCP) can understand and respect their patients and make them feel safe and supported, leading to enhanced patient satisfaction and patient centered care. A gender-sensitive HCP will understand the non-binary sex orientation of their patients and will be able to provide unbiased equitable care to all patients. The increase in mutual respect with better doctor patient communication in an unbiased environment can go a long way in improving patient outcome as patient will engage better in their treatment & care. The ethical principles of respect, dignity, and non-discrimination are likely to be easily incorporated in clinical practice if we can train our HCP to be more gender sensitive.

Thus, developing gender sensitivity in our HCP as well as educators can improve the quality of inclusive care, as well as incorporate these concepts when they teach the students in healthcare institutions (HCI), which is need of the hour.

Educating Students on Social Determinants of Health Ensures Holistic Medical Care

Xueying Sun[1], Stella Goeschl[2]

[1]*The University of Adelaide, Adelaide, Australia*, [2]*Medical University of Vienna, Vienna, Austria*

Oftentimes it is social levers—rather than the efficacy of a drug or the skill of a clinician—that determine a patient's outcomes. Currently, medical school curricula lack sufficient public health education on the social determinants of health, leaving students unprepared to address non-medical factors—finances, education, and discrimination—that affect patient treatment. This workshop will raise awareness among students, educators, and clinicians about social determinants of health, teach them to address the needs of disadvantaged patient groups, and provide strategies for integrating public health education into medical training.

Intended outcomes:

- Recognise the social determinants of health and systemic drivers behind healthcare inequities;
- View patient care through a public health lens;
- Understand the essential competencies future doctors should learn in order to address social determinants of health.

What participants will gain:

- Comprehend the social hardships faced by disadvantaged patient groups;
- Analyse current educational gaps in this area through discussions with students, clinicians, and educators;
- Strategies for designing a curriculum to meets the diverse needs arising from social determinants of health.

Social Accountability: Students and Trainees Driving Curricular Change in Community-Centered Learning

Stella Goeschl[1], Kosha Gala[2], Alexandra-Aurora Dumitra[3], Konstantina Papageorgiou[4], Marcelo Candido[5], Xueying Sun[6], Aidan Kennedy[7], Mehrdad Heravi[7]

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In recent years, community-based learning has become a critical pillar of medical education, with many accrediting agencies adopting these values. Ensuring that medical schools and healthcare systems are equipped to continuously adapt to evolving health needs requires rethinking education, research, and service priorities, as well as fostering partnerships, and measuring impact. Participants will learn how to empower learners to take leadership roles in curricular reform, ensuring that medical education is responsive to the health challenges of communities.

Participants will:

- Understand social accountability in education and how it enables community-driven learning;
- Gain insights into engaging learners in leading curricular changes to promote social accountability;
- Be able to evaluate the nuances of how rural clinical placements impact healthcare systems.

What participants will gain from attending this session:

- Understand the concept of social accountability in medical education;
- Identify the key elements of a community-based medical curriculum and how schools can align their activities with community needs;
- Successfully advocate for stronger partnerships.

Spaces That Empower: Creating Inclusive Learning Environments

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The purpose of this workshop is to equip educators and healthcare professionals with practical strategies to foster inclusive student-centered learning environments that meet the needs of all students. By focusing on accessibility, inclusive communication, and respect for diversity, the workshop aims to help create educational spaces where all learners, regardless of their background or abilities, feel valued and supported in their learning journey.

Participants will:

- Identify the elements of inclusive student-centered education and develop strategies to ensure their learning environments are accessible, respectful, and welcoming;
- Apply inclusive language and communication techniques that foster environments that acknowledge and value the diversity of all learners.

Participants will gain practical tools to create inclusive, student-centered learning environments that prioritize accessibility and respect for diversity. They will develop strategies to ensure all students feel valued and supported, as well as learn to apply inclusive language and communication techniques to foster a welcoming and equitable educational space.

Empowering Global South Authors in Medical Education Publishing

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This workshop focuses on overcoming barriers faced in academic publishing by Global South authors. Through practical sessions, peer networking, and expert guidance from journal editors and reviewers, participants will gain tools and knowledge to better navigate and succeed in the global academic publishing landscape.

Participants will: Demonstrate an increased understanding of epistemic injustice and structural inequity in medical education publishing; Understand the systemic barriers that restrict global access and visibility within the field; Learn strategies to navigate the publication process in international journals more effectively; Explore opportunities for leveraging existing structures to advance their careers; Have established networks that can provide ongoing support and collaboration opportunities; Feel empowered to challenge existing structures.

Participants will learn practical strategies from journal editors and reviewers to navigate the international journal publication process,

leave empowered to challenge and influence the existing norms in academic publishing, paving the way for a more inclusive and equitable environment. It will help them establish networks with peers and experts, providing collaboration opportunities.

Addressing Bias and Reducing Discrimination in Health Professions Education

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Bias is an inherent part of being human. Factors such as gender, age, education level, and profession contribute to the biases we all carry. Discrimination is the outward expression of these biases. In health professions education (HPE), bias and discrimination are pervasive and impact learning environments, faculty-learner dynamics, and patient care. While bias shapes who we are, addressing it and mitigating discrimination in HPE is critical for fostering a more inclusive and effective learning environment.

By confronting bias and reducing discrimination, HPE institutions can achieve improved learning outcomes, greater diversity and inclusivity, enhanced psychological safety for faculty and trainees, and better patient care outcomes.

This workshop addresses:

- Ubiquity of bias and discrimination in HPE;
- Importance of addressing bias and reducing discrimination in HPE;
- Bias and discrimination in clinical teaching;
- Bias and discrimination in assessment;
- Interventions to reduce bias and discrimination in HPE.

Intended outcomes:

- Recognize signs or symptoms related to bias and discrimination in HPE;
- Identify the common causes of bias and discrimination in HPE;
- Describe strategies and interventions to address both.

Advancing Health for All: Empowering Medical Educators to Integrate Health Equity and Inclusion in Medical Education

Sreenidhi Prakash, Blesso Kuzhanthaivel Chittarasu, Srinithi Ragunathan, Krishna Mohan Surapaneni
Panimalar Medical College Hospital & Research Institute, Chennai, India

This workshop intends to empower medical educators to integrate health equity and inclusivity into medical education. Participants will be equipped with strategies to create inclusive learning environments that promotes equitable access to care for marginalized and underserved populations. Through interactive presentations, group discussions and case studies, educators will gain tools to advocate for inclusivity and ensure all patients receive fair and equitable treatment.

By the end of the workshop participants will be able to:

- Understand the importance of health equity and inclusion in education to cultivate socially accountable healthcare providers;
- Develop practical approaches to incorporate health equity in medical education curricula;
- Formulate strategies to create inclusive learning environment.

Participants will get an in-depth understanding on how to align their pedagogical strategies with Health for All vision. Participants will develop actionable strategies to integrate these principles into their teaching. They will be provided with resources and best practices to promote equity and inclusion in classroom and clinical setting.

Faculty Development

Expanding Quality in Global Health Professions Education: FAIMER Institutes, Competency-Based Education, and Accreditation Training Programs

Rashmi Vyas, Lyuba Konopasek, Shara Steiner, Marta van Zanten
Intealth

FAIMER, a division of Intealth, collaborates globally to enhance health professions education (HPE) and workforce development through its professional development programs (PDPs). This symposium will highlight three FAIMER programs and their impact on improving global HPE quality.

For over two decades, FAIMER's International and Regional Institutes have provided PDPs in HPE and leadership, creating a network of over 2,000 Fellows from 59 countries, driving educational advancements globally. In response to growing demand for Competency-Based Education (CBE) training, FAIMER launched the FAIMER CBE (FACE) pilot in 2021. This program expanded with International and Regional FACE in 2023, addressing global and regional CBE needs. To strengthen accreditation systems, FAIMER partnered with organizations in Africa, to conduct a needs assessment to establish training needs. The findings informed the design and implementation of an accreditation training program in Africa.

Participants will gain strategies to create programs enhancing leadership and education, improve CBE, and strengthen accreditation systems.

Cultivating Educational Excellence for All: Thriving as a Modern Medical Educator by Aligning the Personal, Social, and Structural Aspects of Your Professional Identity

Neil Osheroff[1], Kimberly Dahlman[2], Ardi Findyartini[3]
[1]*Vanderbilt University*, [2]*Vanderbilt University Medical Center*, [3]*Faculty of Medicine Universitas Indonesia*

Changes in medical curricula and institutional expectations have required the traditional medical teacher, whose duties were often limited to lecturing, to become a professional educator with a multidimensional skill set. To provide quality medical education for all, it is important for faculty to develop modern educator skills such as leadership, curriculum design, mentorship, assessment, evidence-based teaching, and scholarship. We will explore how the expansion of educator roles has affected the professional identity of medical educators and how personal, social, and structural factors related to identity formation impact the ability of faculty to thrive as resilient medical educators.

After completing this workshop, attendees will be able to:

- Describe their professional identity and how it has changed due to altered roles and institutional expectations
- Define the roles of modern medical educators
- Describe factors that allow them to develop strong professional identities and thrive as medical educators

Attendees will gain an understanding of how personal, social, and structural factors affect their professional identity.

Expanding Faculty Development for Broader Impact: A Regional Hub Model

Laura Edgar[1], Pedro Tanaka[2]
[1]*Accreditation Council for Graduate Medical Education (ACGME)*, [2]*Stanford University School of Medicine*

This workshop focuses on expanding access to competency-based medical education (CBME) faculty development through a hub model that addresses challenges like busy schedules, travel costs, and limited budgets. It offers faculty professional growth opportunities without the need for centralized courses. By collaborating across institutions, participants can create tailored, localized training programs using a train-the-trainer approach. The ACGME hub model, now spanning 30 domestic and international hubs, supports faculty development in CBME. Participants will learn how to create and adapt faculty development courses to meet their institution's needs while exploring successes of existing hubs in improving competencies like assessment, feedback, and direct observation. They will also discover strategies for implementing or expanding the hub model within their own institutions. Attendees will gain practical knowledge on establishing or joining a faculty development hub and will acquire strategies for overcoming challenges, along with insights into fostering a community of practice focused on enhancing medical education through localized, accessible training programs.

Holistic Approach to Health Professionals' Education

Omar Alhussaini
Freelance

Alignment between the health professionals, health professions education and health systems (including the university, institute, hospital, government/private, etc) is important and will be based on the blueprint for the community. To achieve this, it is necessary to look at the principles, guidelines and practices of each pillar mentioned above and then have a common ground to implement the blueprint. Then look at the definitions of education (general) with more emphasis on health professional education, holistic, institutes/universities, and health systems. This will pave the way for an overlap and move to the competencies of the health professional's education and universities/institutes competencies (rules and regulations, needs assessment, workforce, quality assurance, accreditation, evidence base). Emphasis on awareness of the society is pivotal. The workshop will also look at different types of assessment, curricula, accreditation, simulation, interprofessional education, communication, feedback, job descriptions and roles, as well as the continuum of UG/PG/CPD, staff development, teaching and learning. Proper communication between all parties is pivotal in this approach, plus proper feedback (as much work is needed to increase awareness and acceptance).

How to Leap From University Pedagogy to Universal Pedagogy?

Patricia Tempski, Mílton Martins
Center for Development of Medical Education, School of Medicine of the University of Sao Paulo

Faculty developers worldwide have helped health professionals develop a second professional identity as educators. One of their main focuses is the interaction among faculty, students, and patients in medical training. We firmly believe that addressing societal needs requires designing faculty development programs (FD) based on a planetary pedagogy. This approach should involve the health system, the community, and professionals from various fields to foster mutual teaching and learning, which can then be shared with students, residents, patients, and teams.

We will use the World Café strategy to collaboratively build a common understanding of how university pedagogy can be enhanced toward a planetary pedagogy orientation. Additionally, we would like to discuss why it is necessary to include new voices in FD and how to effectively do so.

Participants will explore ways to improve their FD to contribute to health system.

Empowering Medical Educators: Enhancing Emotional Intelligence and Soft Skills for Effective Teaching and Patient Care

Imran Khalid
Services Institute of Medical Sciences Lahore

Students' emotions often fluctuate due to challenges in self-awareness and self-management, the severity of medical conditions, and their interactions with educators and patients. Medical educators play a crucial role in fostering emotional balance within this context.
This workshop aims to bridge the gap between emotional intelligence and its practical applications in both educational and clinical settings, ultimately cultivating more compassionate, adaptable, and effective medical professionals.
Intended Learning Outcomes:

- Analyze Ekman's basic emotions and their dimensions.
- Illustrate Daniel Goleman's model of emotional intelligence
- Examine the factors contributing to varying levels of emotional intelligence.
- Interpret the Big Five personality traits and their influence on behavior.
- Apply essential soft skills in clinical and academic teaching contexts.

Participants will learn to recognize and manage their own emotions and those of others, fostering effective therapeutic relationships with students, patients, and peers. By integrating emotional intelligence and soft skills, they will enhance their interpersonal communication, empathy and contribute to a more supportive and collaborative environment.

Breaking Barriers to Faculty Development: Establishment of a Medical Education Department From Scratch

Tomas Petras[1], Zuzana Orságová Králová[2], Miroslava Rabajdová[3], Mária Mareková[3]
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Institutionalizing medical education within medical schools is essential to meet societal needs, improve physician training, and ensure accountability (Davis et al., 2005). This can be achieved through dedicated medical education units. However, barriers to faculty development persist, including lack of institutional support, teacher misconceptions, and limited long-term evidence (McLean et al., 2010).
Intended outcomes:

- Understanding the process of establishing a Medical Education Department
- Recognizing challenges in setting up dedicated medical education units
- Learning strategies to overcome barriers to faculty development
- Appreciating the role of Medical Education Departments in improving physician competence
- Insights into developing a long-term strategy for medical education initiatives
- Understanding the importance of accountability and evaluation in medical education
- Inspiration for institutions considering similar medical education units

What participants will gain from this session:

- Strategies for establishing Medical Education Units
- Insights on overcoming faculty development barriers
- Understanding medical education's role in improving physician competence.

Navigating Digital Dilemmas: Revisiting the Concept of Professionalism in the Digital Era for Today's Medical Practitioners

Sarmishtha Ghosh
Department of Health Professions Education, Bhaikaka University

With the advent and rapid progress of technology in the current century, the concept of professionalism is rapidly evolving to meet the demands. Traditional notions of professional behavior, ethics, and communication are being redefined by the influence of technology and social media. This workshop aims to explore the dimensions of digital professionalism, addressing how individuals can navigate their professional lives effectively in the digital landscape. In an age of paramount digital interactions, medical professionals need to understand and embody digital professionalism for career success.
Upon attending this workshop, participants will be able to:

- Define Digital Professionalism;
- Explore the ethical implications of digital interactions and discuss how they shape professional reputation;
- Develop practical skills to enhance their digital presence and professional interactions;
- Share strategies and tools to maintain professionalism in virtual environments.

This interactive workshop will provide valuable insights and tools for participants to thrive in the digital landscape while maintaining their professional integrity.

Innovations

Unlocking AI's Potential: Harnessing AI Responsibly to Promote Health for All

Lyn Sonnenberg[1], Jerry Maniate[2], Simon Fleming[3], Janet Corral[4], David Wiljer[5], Brandon Tang[6]
[1]*University of Ottawa*, [2]*The Ottawa Hospital/University of Ottawa*, [3]*University of Queensland, Australia/Equity in Health Systems Lab*, [4]*Bruyere Research Institute/University of Calgary, Canada*, [5]*University Health Network/University of Toronto, Canada*, [6]*St Michael's Hospital/University of Toronto, Canada*

Our work has focused on creating and validating the CARE-AI (Creating Accountable and Responsive Ethics for Artificial Intelligence) guidelines to address the professionalism challenges posed by AI in healthcare. This symposium addresses the pressing question: How shall we use AI responsibly in medical education and clinical practice? This framework provides medical educators with clear principles to navigate complexities of AI, focusing on personal responsibility, privacy management, and the critical review of AI outputs.

We have gained valuable insights into how AI's potential risks, such as algorithmic bias, can inadvertently amplify inequities in healthcare. By emphasising continuous quality improvement, ethical information stewardship, and responsible AI utilisation, the CARE-AI guidelines empower professionals to engage AI technologies thoughtfully and ethically.

Participants attending this session will engage with practical strategies for applying CARE-AI principles in their institutions. They will be equipped to ensure AI use in healthcare and education is guided by fairness, integrity, and a commitment to patient-centred care, while staying vigilant to the ethical and legal considerations inherent in AI technology.

Game On! Transforming Student Engagement and Learning Outcomes Through Innovative Gamification Strategies in Medical Education

Krishna Mohan Surapaneni
Panimalar Medical College Hospital and Research Institute

This workshop aims to empower educators by demonstrating the transformative potential of Gamification in Health Professions Education (HPE). Participants will explore a variety of educational games designed to enhance student engagement, critical thinking, and knowledge retention, and will learn how to effectively integrate these tools into their medical curricula.

By the end of the session, participants will be able to:

- Evaluate the effectiveness of different gamification strategies for medical education.
- Design and implement innovative educational games that align with curriculum objectives.
- Understand how to analyze the impact of gamification on student performance and engagement.
- Develop action plans for integrating gamification into their institutions and advocating for its use.

Participants will gain hands-on experience with educational games, practical strategies for integrating gamification into medical curricula, and insights from real-world case studies demonstrating its impact on learning outcomes. Attendees will leave with a personalized action plan to promote and implement gamification in their institution.

Innovative Strategies for Effective Pre-Medical Education: Bridging the Gap to Medical School

Z. Zayapragassarazan
Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), India

This workshop aims to explore and discuss innovative strategies in pre-medical education and admissions processes. It will focus on modernizing advising practices, developing effective bridge programs, and promoting diversity in medicine. Participants will engage in interactive sessions to share experiences, learn about successful initiatives, and collaborate on creating actionable plans for their own institutions.

Participants will leave the workshop with a deeper understanding of holistic admissions processes, effective advising models, and programs that bridge the gap between pre-medical and medical education. They will also gain insights into strategies for increasing diversity in the medical field.

Attendees will acquire practical tools and strategies to enhance their pre-medical advising programs, design innovative bridge programs, and implement initiatives that support students from diverse backgrounds. The workshop will also provide opportunities for networking and collaboration with peers facing similar challenges in pre-medical education.

World Directory of Medical Schools: The Story Behind the Data

Barbora Hrabalová[1], Amy Opalek[2], Harry Weckel[2]
[1]*World Federation for Medical Education (WFME)*, [2]*Foundation for Advancement of International Medical Education and Research (FAIMER)*

The World Directory of Medical Schools (WDoMS) is the most comprehensive worldwide resource on medical education institutions. This interactive workshop will explore the complex processes behind school listings and directory management, offering insight on how data is collected, verified, and maintained amid a rapidly evolving

global medical education landscape. Participants will gain insight into what the data reveals about medical schools worldwide, the challenges of obtaining reliable information from diverse authorities, and the implications for stakeholders in education, accreditation, regulation, and workforce planning.

A breakout session will invite participants to engage in group discussions, share regional experiences, and exchange knowledge with peers and experts. This session is particularly relevant for those involved in medical education, accreditation, regulatory oversight, or data management who are interested in understanding and contributing to the integrity and utility of the WDoMS.

Leadership

Navigating the Leadership Odyssey: Transformative Competencies for Medical Educators

Viren Naik[1], Eric Holmboe[2], John Ogunkeye[3]
[1]*Medical Council of Canada*, [2]*Intealth*, [3]*Accreditation Council for Graduate Medical Education (ACGME)*

This dynamic workshop is designed to cultivate essential leadership competencies for medical educators. Participants will embark on an immersive journey through the four pivotal stages of leadership: self, team, business, and transformational leadership.

By the end of this workshop, attendees will have honed their ability to lead with self-awareness, foster cohesive and high-performing teams, navigate and manage business aspects of medical education, and drive transformational change within their organizations.

Participants will engage in highly interactive activities, ensuring a hands-on learning experience. They will begin with introspective exercises to enhance self-leadership, followed by collaborative team-building tasks that highlight effective communication and conflict resolution. The workshop will then shift to strategic business simulations, offering practical insights into resource management and organizational development. Finally, transformational leadership will be explored through case studies and scenario planning, empowering participants to inspire and implement meaningful change. Embrace the opportunity to elevate your leadership skills.

Leading as Medical Educators – Choose Your Style!

Lyuba Konopasek[1], Alison Whelan[2], Marcos Nunez[3]
[1]*Intealth*, [2]*Association of American Medical Colleges (AAMC)*, [3]*The Panamerican Federation of Associations of Medical Schools (PAFAMS)*

Medical education leaders face numerous challenges leading complex educational enterprises within a changing healthcare landscape, demanding deliberate selection of leadership skills. This workshop introduces two of these, influence management and conflict resolution.

Intended Outcomes: Discuss educational leadership challenges and solutions; describe skills for influence management; apply conflict resolution strategies. This interactive workshop will begin with an introduction to emotional intelligence. Participants will identify educational leadership challenges and analyze them using the emotional intelligence framework through write-pair-shares. Next, skills to lead by influence will be presented. In small groups, participants will discuss how to apply influence management skills. Then, Thomas and Kilmann's conflict styles will be introduced. Participants will discuss cases of conflict in small groups, describing their default approaches to managing conflict and considering application of other strategies. The workshop will conclude with a large group discussion of the applicability of these leadership skills in participants' institutions and next steps for developing their leadership skills.

Meaningful Student Engagement (MSE): Strategies for Engaging Learners in Undergraduate Medical Education (UGME) Accreditation

Kana Halić Kordić[1], Michelle Lam[1], Tomáš Petras[2], Mareike Krause[1]
[1]*International Federation of Medical Students' Associations (IFMSA)*, [2]*World Federation for Medical Education (WFME) Assessor*

This workshop aims to promote MSE in UGME Accreditation recognizing students and teachers as leaders. Many education systems still fail to see students as key stakeholders, resulting in tokenistic engagement. MSE views students as equitable partners. The International Federation of Medical Students' Associations (IFMSA) advanced MSE by engaging 1.5 million medical students in workshops, policy groups and activities. This interactive workshop will utilize situation-based scenarios to showcase practical ways of engaging students in UGME and accreditation.

At the end of the workshop, participants will be able to:

- Explain the concept of MSE and the role of student advocacy in accreditation.
- Identify the level of student engagement in their institutions using MSE assessment systems.
- Explore how student engagement addresses barriers in medical education development.
- Illustrate barriers and enablers of MSE.
- Develop strategies to integrate sustainable MSE practices into medical curricula.

Students and educators will gain insights into implementing MSE, evaluate current engagement, and develop strategies to strengthen MSE.

Learner Support

Operationalizing a Curriculum in Human Flourishing: A Skill Building Workshop

Aviad Haramati
Georgetown University School of Medicine

This workshop will provide participants with practical skills to implement a course on Human Flourishing for medical students. This new course provides students and faculty with strategies to thrive in medical school and in life. During the Interactive workshop, the rationale and goals of the course will be described and each of the 8 domains of Human Flourishing will be introduced along with the carefully designed activities. Workshop participants will experience one of the domains and its related activities.
Participants will gain a clear understanding of the power of Human Flourishing and how it can support medical students and faculty.
What will Participants gain from attending the session:

- Understand how the course emerged from the concept of Human Flourishing (using the KNN framework and others) and identify the various domains that contribute to Human Flourishing;
- Understand the experiential course format, the importance of self-awareness and self-compassion, and how to reflect on the domains of Human Flourishing for personal and professional satisfaction;
- Strategies to create buy-in for the course at their own institution.

Tips and Tricks in Establishing an e-Portfolio for Competency Attainment

Samar Ahmed, Mariam Shadan, Arina Ziganshina, Rania Hamed
Dubai Medical College for Girls (DMCG)

This workshop aims to equip educators and program developers with the skills to map assessment items to a competency framework and incorporate them into student portfolios. By the end of the program, each participant will have a clear understanding of how to implement portfolio system for competency attainment.
Participants will learn to:

- Select data points for competency evaluation;
- Select evidence for portfolios;
- Guide learners on taking agency for personal and professional development.

What participants will gain from attending this session:

- Techniques for mapping assessments to competency frameworks;
- Best practices for creating competency-driven portfolios;
- Tools to help learners reflect on and showcase their development.

Smooth Seas Do Not Make Skillful Sailors: Guiding Learners to Navigate Desirable Difficulties

Deborah Dalmeida, Bharati Balachandran
American University of Antigua College of Medicine

Literature elaborates on several learning strategies that learners will experience as effortful but ensures transfer of knowledge to novel contexts, termed desirable difficulties. But knowledge of these strategies alone is insufficient in enhancing learning outcomes. The biggest challenge is getting learners to embrace these difficulties. Undergirded by the "Start and Stick to Desirable Difficulties" framework by de Bruin et al (de Bruin et al., 2023), this workshop is intended for medical educators to support learners to successfully adopt and persist with evidence-based learning strategies for long term retention.
Intended outcomes:

- Recognize four learning strategies that involve desirable difficulties- retrieval practice, elaboration, interleaving, spaced practice.
- Recognize factors that make learners susceptible to using ineffective learning strategies.
- Design lesson plans that provide guided practice and context-embedded support in the use of effective learning strategies.

What participants will gain from attending this session:

- How to deal with high perceived effort and low perceived learning during desirable difficulties.
- Strategies for improving effort regulation towards desirable difficulties.

Postgraduate Medical Education Accreditation

Beyond Borders: Elevating Residency Education Through International Collaboration

Anurag Saxena[1], Lorena Cifuentes[2], Nisreen Maghraby[3], Tuğba Gürsoy[4], Tai Telesco[5], Dalal A. Bubshait[6]
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This workshop aims to enhance the quality of international postgraduate medical education (PGME) by exploring leadership strategies, global partnerships, and context-specific challenges. Using the Royal College of Physicians and Surgeons of Canada's frameworks (e.g., CanMEDS, Competence by Design) and the Cynefin model, participants will assess their unique educational environments and develop strategies to drive continuous improvement.

Intended outcomes:

- Identify and appraise challenges unique to their local PGME contexts;
- Exchange best practices with international peers to enhance organizational and individual performance;
- Create an action plan to tailor leadership efforts and address the complexity of improving residency programs using the Cynefin framework.

Participants will leave with a deeper understanding of how to adapt quality education initiatives to their specific political, social, and economic environments. They will gain practical strategies for leading medical education improvements, guided by international standards and frameworks. Furthermore, the collaborative format will foster the development of global networks to streamline efforts and accelerate progress toward Health for All.

Undergraduate Medical Education Accreditation

Integrating Social Accountability into Daily Curriculum Practices: Tips for Medical Educators

Ciraj Ali Mohammed[1], Mohamed Hassan Taha[2], Mohamed Elhassan Abdalla[3], Saleena Ummer Velladath[4]
[1]National University of Science and Technology, Oman, [2]University of Sharjah, [3]College of Medicine, University of Limerick, Ireland, [4]COMHS, National University of Science and Technology, Oman

Built on experiences across health professions institutes from 7 countries, this symposium will share how social accountability values can be woven into existing curriculum frameworks. The deliberations will provide insights into how socially accountable curricula can support national health policies and workforce planning.

The symposium will provide tangible examples of how social accountability initiatives have transformed both educational and health outcomes. In addition, knowledge of the common barriers to implementing social accountability in medical education and practical solutions to overcome these obstacles shall be discussed.

What participants will gain:

- Appraise the concept of social accountability and outline the developmental milestones;
- Evaluate what makes a medical school socially accountable;
- Explore the challenges that face the transformation of medical schools into socially accountable schools;
- Plan to integrate the values and concept of social accountability into undergraduate curriculum and day-to-day practice.

Building an Effective Accreditation Standards-based CQI Process for Monitoring Educational Program Quality

Barbara Barzansky
American Medical Association/LCME

Purpose: To assist participants in developing a CQI process for ensuring ongoing compliance with accreditation standards and requirements.

Accreditation includes the expectation that institutions have processes in place to demonstrate educational program quality. Ideally, activities to monitor quality should not await an episodic accreditation review but should occur on an ongoing basis. This workshop will assist participants in adapting the "lessons learned" from the Liaison Committee on Medical Education (LCME) requirement that medical schools have a CQI process for monitoring compliance with accreditation standards to their own national and institutional circumstances.

During the session, participants will:

- Discuss the components that are required for an effective CQI process related to educational program quality;
- Using the LCME requirement for CQI as background, identify principles for creation of a CQI system that is grounded in accreditation standards;
- Develop and discuss plans to adapt the principles to their own national and institutional circumstances.

There will be ongoing Q&A.

How to be an Effective External Reviewer

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This interactive workshop is designed to educate participants on the fundamentals of becoming external reviewers for educational programs or institutions. It will explore the purpose and value of external reviews in ensuring quality standards and highlight the differences between internal and external review processes. Participants will learn to distinguish between voluntary and mandatory reviews, identify resources needed, and develop a structured framework for conducting comprehensive reviews.

The session will guide participants through planning, implementing, and synthesizing review findings into a professional report that objectively communicates strengths and areas for improvement. Participants will engage with real-life scenarios and case studies to understand how to manage the outcomes of reviews and provide constructive feedback.

By the end of the workshop, participants will be equipped to conduct thorough and balanced external reviews, contributing to enhancing educational quality and improving institutions.

Best Practices and Pitfalls for Undergraduate Medical Education Accreditation in the Caribbean

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This workshop is for medical educators with an interest in undergraduate medical education accreditation. The Accreditation Commission on Colleges of Medicine (ACCM) is an independent, not for profit organization based in the Republic of Ireland. The ACCM is invited by Governments of countries that may not have a national medical accreditation body, to act on their behalf in relation to the accreditation of medical education programs leading to the MD degree and has developed standards of accreditation that are closely aligned with those of the North American-based Liaison Committee on Medical Education (LCME). The ACCM has conducted over a hundred accreditation visitations in countries throughout the Caribbean.

Continuing Professional Development Accreditation

Precision Education and Continuing Professional Development (CPD)

Richard Pan, Kimberly Lomis, Mary Kelly, Sanjay Desai

American Medical Association (AMA)

The AMA, owner of the PRA Credit System, has led development of a conceptual model of precision education to drive learning to improve patient care and improve physician satisfaction. With technological advances and rapid growth in biomedical science, physician CPD is changing rapidly, but CPD standards often struggle to keep pace. For example, in the U.S. in 2022, internet searching and learning had over 2 million physician interactions, but less than 2000 credits offered compared to over 400,000 credits offered for live courses with less than 1.7 million interactions. The AMA, as a national medical association that owns a major CME credit system, will share our experiences with evolving standards on what is credited as CME and assessing what is most relevant to physicians and patients through the precision education model.

Intended Outcome: To develop ideas on how CPD will be relevant to the future of medical practice.

This workshop will engage participants in a dialogue about how CPD can meet the demands of both physicians and patients. We ask them to share ideas from different countries on aligning data between CPD and practice to drive learning that improves patient care outcomes.

Advancing Global Standards in Continuing Professional Development Accreditation: The WFME Global Recognition Program

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[1]Accreditation Council for Continuing Medical Education, [2]European Board for Accreditation of Continuing Education, [3]EBAC Advisory and Reviewing Committee

This workshop will introduce the World Federation for Medical Education's (WFME) new global recognition program for Continuing Professional Development (CPD) accrediting agencies. The session will highlight how this initiative builds on WFME's commitment to harmonizing standards in medical education and aims to elevate CPD accreditation globally, ensuring consistency and quality across borders, and leveraging the experience of the International Academy for CPD accreditation.

Participants will gain a deep understanding of the global recognition criteria for CPD accreditation, the peer-review process, and the implications of this program for enhancing the quality and accessibility of CPD for healthcare professionals worldwide.

Attendees will leave equipped with practical insights into how WFME's recognition program can be applied within their own licensing, professional development and CPD accreditation systems. They will also understand the benefits of international collaboration, reciprocal recognition of CPD credits, and how this program promotes continuous quality improvement in medical education.

Building Collaborative Regulatory Systems for Interprofessional Continuing Education: Lessons Learned

Graham McMahon, Kate Regnier
Accreditation Council for Continuing Medical Education

This workshop will focus on how regulatory bodies that align and collaborate can create interprofessional continuing education (IPCE) systems that serve the entire healthcare community. By harmonizing standards across professions, regulators can reduce barriers to collaborative learning and enhance the quality and accessibility of continuing education for healthcare teams.

Participants will understand how aligned regulatory frameworks can drive the advancement of IPCE by promoting consistency, reducing duplication of effort, and improving educational outcomes. The session will explore the benefits of regulatory collaboration and how it strengthens the quality of team-based care and professional development.

Attendees will gain insight into best practices for developing collaborative regulatory systems that support IPCE leveraging the experience with Joint Accreditation. They will learn how aligning standards can create a more efficient, unified pathway for accrediting continuing education for multiple healthcare professions, benefiting healthcare providers, educators, and patients alike, and how that alignment generates educational evolution and impact.

ABSTRACTS – RESEARCH PAPERS

Assessment

Assessing Professionalism in Medical Education: A Scoping Review of Valid Assessment Tools and Their Development Potential

Gracia Fernanda[1], Annida Naufal Irvania[1], Faiza Shifa Medina[1], Muhammad Hasan Bashari[1], Insi Farisa Desy Arya[1], Kuswandewi Mutyara[2], Yuni Susanti-Pratiwi[3], Eko Fuji-Ariyanto[3], Yunisa-Pamela[3], Tri Hanggono-Achmad[3]
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Introduction: Professional behavior is vital in medical competence, encompassing various essential qualities. The complexity of assessing professionalism in the dynamic healthcare landscape presents challenges. This scoping review aimed to identify effective assessment tools for professionalism in medical education.

Methodology: A systematic search of databases identified 450 studies on assessing professionalism in medical curricula. After applying strict criteria, 37 studies were selected, following PRISMA guidelines.

Results: Among the studies included, we identified 25 unique assessment tools for various student groups: 14 for clerkship students, 10 for undergraduates, and 1 applicable to both. While these tools assess different aspects of professionalism, none cover all eight critical components. Many emphasize the importance of reflection and feedback in fostering professional growth and self-regulation.

Conclusion: This scoping review presents important assessment tools for professionalism in medical education, advocating for comprehensive instruments that prioritize reflection and feedback, along with standardization to enhance evaluations and better prepare future healthcare professionals.

Faculty Development

Integrating Community Health Centers into Medical Education in Iran

Ali Mortezaei, Reza Esmaeili, Ali Alami, Farzaneh Zangouie, Abdoljavad Khajavi
Gonabad University of Medical Sciences

Background: In Iran, although one of most extensive primary healthcare networks exists, training curriculum for GPs in medical schools remains predominantly hospital based. This approach limits medical students' exposure to real-world primary care settings, as roughly 80% of patients are managed within primary care system and are not referred to hospitals.

Methods: We reorganized the existing CHC structure to support medical education by incorporating educational modules for medical students at Gonabad University of Medical Sciences. The restructured model included collaboration between specialists and GPs, with medical interns participating in simulated referral systems that mimic

vertical, horizontal, and social care pathways. Our pilot program involved referring patients from Health Houses and Health Posts to CHCs, with initial screenings conducted by family physicians and medical interns. More complex cases were referred to specialists or hospital services as needed.

Objective: The objective of this study was to explore the benefits of integrating Community Health Centers (CHCs) into medical education in Iran, providing medical students with early exposure to real-world primary care practices and creating a comprehensive training model that bridges the gap between hospital and community-based healthcare

Results: The program provided medical interns practical exposure to a broader range of patients commonly seen in family medicine but not typically encountered in hospitals. Interns practiced critical thinking, evidence-based medicine, and social/behavioral sciences in a community setting. Additionally, integrating primary care into medical education addressed the unmet need for family physician services, suggesting that CHCs offer a valuable training platform for GPs.

Conclusion: Integrating CHCs into the GP training curriculum in Iran enhances medical students' exposure to primary care practices, bridging the gap between hospital-based education and real-world clinical needs. This model can reduce hospital workloads, lower healthcare costs, and address the growing demand for family physicians in Iran's healthcare system.

The Association of Emotional Intelligence, Perceived Stress, and Academic Performance of the Medical Student in Bali, Indonesia: A Multi-year Comparison Study

Ida Bagus Amertha Putra Manuaba[1], I. Gede Putu Supadmanaba[2], Made Violin Weda Yani[3], I. Gusti Ayu Sri Darmayani[1], I. Gede Eka Wiratnaya[4]

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Background: Medical students with lower emotional intelligence were mainly oblivious to their anxiety, while those with greater emotional intelligence reported lower stress levels. Previous studies in Indonesia indicate that severe stress is most frequently experienced by first-year medical students (66.1%). This study aims to explore the association between emotional intelligence (EI) and perceived stress with academic performance.

Method: This study was conducted in the Faculty of Medicine, Udayana University, in 2023. The data was collected using the Perceived Stress Scale (PSS) and Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF). Data analysis was carried out using SPSS ver. 25.

Result: The 3rd-year medical students had the highest PSS score (22.91±4.99), classified as experiencing moderate stress. The PSS and TEIQue–SF scores significantly correlated with academic performance. The negative correlation coefficient ($r = -0.121$) implies that lower stress levels can improve academic performance among medical students ($p<0.003$).

Conclusion: The findings of this study have some implications for educational policy for making better counselling process to improve mental health and academic performance.

Tutor Skills and Achievement of Student Learning in Problem-Based Learning: Foundation Year Students' and Tutors' Perceptions, Experiences and Facilitation Skills

Yin Yin Zaw

Defence Services Medical Academy, Myanmar

Introduction: Problem-based learning was introduced as a new teaching-learning strategy thirty years ago. Foundation year students, the first class to be taught with the new PBL-incorporated curriculum in January 2017 in Defence Services Medical Academy, Myanmar, participated in this study. It was conducted to explore the tutors' and their perceptions on the facilitation skills of the tutors, beliefs, experiences, and support to their achievement of learning.

Methodology: A phenomenological qualitative research design was used. Students and their tutors, who facilitated PBL sessions in the foundation year (2017) of undergraduate programme in DSMA, were recruited. In-depth Interviews were conducted in July 2018 with tutors (n=7) and students (n=37).

Results: A total of 5 main themes, 15 sub-themes and 3 clusters were explored from in-depth Interviews. Students' perceptions, benefits and challenges to the students, tutor role, and value of PBL were discussed as main themes. Tutors' role included their beliefs and perceptions of their facilitation skills while both students and tutors valued PBL.

Conclusion: The findings from this study suggested that PBL worked well in the foundation year and the overall experience was positive.

Levelling up PowerPoint Presentations: A Guide to Effective Presentations

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Faculty of Medicine, Suez Canal University, Egypt

Introduction: The rapid evolution of online learning and AI are tremendous shifts requiring adaptation from medical educators. In such turbulent times it is crucial to establish clear guidelines. In this study, authors created a guide for developing effective presentations using PowerPoint. This guide aimed at highlighting the importance of creating presentations to facilitate students' engagement.

Methodology: A Quasi-experimental study design for the creation of a PowerPoint guide. Then, it was delivered through a faculty development workshop followed by evaluating its effect on knowledge acquisition.

Results: 10 medical education experts evaluated the PowerPoint guide, agreed that provided a practical framework to. The evaluation of faculty members' satisfaction with the guide workshop was high, with a total mean score of 4.89. There was a statistically significant improvement of faculty members' knowledge in the pre-test/post-test ($P < .001$).

Conclusion: The PowerPoint guide was found to be well-structured and practical as evaluated by medical education experts. It improved faculty members' knowledge regarding the effective use of PowerPoint.

Innovations

Model for Comprehensive Human Development in Medical Students: An Approach to Well-being

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Autonomous University of Chihuahua

Introduction: Medical students are vulnerable to mental disorders such as anxiety, depression, and insomnia due to the academic load and teaching pressure. Given this, medical schools must implement well-being models that promote comprehensive and human training.

Methodology: Research with a mixed methods approach in three stages. Stage 1: A quantitative survey was applied to 520 students using a 73-item instrument validated with three techniques: Expert judgment, Cronbach's Alpha, and Factor Analysis. The data was analyzed through descriptive and inferential statistics with $p \leq .05$. Stage 2: Individual interviews (20) and three focus groups with students. The data was analyzed with ATLAS.ti. Stage 3: Participatory action research with teachers and researchers to design the Model for Comprehensive Human Development (MDHI).

Results: Stage 1: The educational environment predicts depression (32%), anxiety (13%), and insomnia (8%). Stage 2: The environment is perceived as stressful due to a lack of communication, competitiveness, and humiliation. Stage 3: The MDHI was designed with eight dimensions of well-being and 25 projects.

Conclusion: The MDHI improves mental health, quality of life, and academic performance in students.

Comparative Effectiveness of Medium Fidelity Simulation and Virtual Simulation in Enhancing Local Anesthesia Skills in Dentistry

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Local anesthesia (LA) is a vital skill in dental practice, ensuring patient comfort during procedures. This study compared the effectiveness of Medium Fidelity Simulation (MFS) and Virtual Simulation (VS) in improving LA administration skills among final-year dental students. The goal was to identify which method better prepares students for clinical practice.

A Randomized Controlled Trial (RCT) involving 50 students randomly assigned to either the MFS group, using 3D models, or the VS group, using a mobile app-based simulator, was conducted. Both groups underwent two weeks of standardized lectures and practical sessions. Skills were assessed on models and real patients using validated questionnaires. Data analysis using SPSS, with significance at $p < 0.05$.

The groups were similar in age, gender, and device usage. The VS group significantly outperformed the MFS group in clinical performance (mean ranks: 32.70 vs. 18.30, $p < 0.001$), though no significant difference was seen in model-based performance ($p = 0.072$), showing a trend favoring VS.

Virtual Simulation was more effective in improving LA skills. Integrating VS into dental curricula could enhance student preparedness for clinical practice and improve patient care.

Evolving Medical Education Techniques in Southeast Asia: A Focus on Nepal and India

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Institute of Medicine

Introduction: Medical education in Southeast Asia, particularly in Nepal and India, has evolved significantly over the years. Traditional teaching methods, which emphasized lecture-based learning, are being gradually replaced by more interactive, student-centered techniques.

Methodology: The literature was reviewed mainly from peer reviewed articles and institutional reports of several medical institutions within Nepal and India.

Results: It was evident that these countries were making progressive changes in teaching approaches. Problem Based Learning (PBL) has been popular in a number of medical schools such as the Patan Academy of Health Sciences - Nepal and AIIMS - India that has made students think actively. Likewise, curriculum in Medical Colleges is designed in the way of Competency-Based Medical Education (CBME). In addition, simulation-based learning and such tools as Technology-Enhanced Learning (TEL) have become more popular from COVID-19 pandemic. Still, there are some barriers like insufficient facilities and lack of qualified faculty.

Conclusion: There is change within the medical teaching learning processes from the conventional methods to the interactive learner-based methods.

Barriers, Enablers, and Future Directions of Mobile ECG Apps as a Medical Learning Approach in Comparison with Gamel (Gadjah Mada Medical eLearning): A Mixed Study of Gadjah Mada Medical Students

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Gadjah Mada University

Introduction: ECG is essential for performing heart disease diagnostic procedures. ECG competence refers to analyzing and interpreting the ECG accurately. Considering medical students' lack of skills and competency in ECG analysis, education might be improved by good learning resources. This study compares the development and evaluation of Gamel (eLearning) and Mobile ECG App.
Method: 12 students were randomly assigned to Gamel and Mobile App groups. The qualitative method used FGD; the quantitative used the SUS questionnaire and pre-test and post-test. Qualitative analysis employed thematic content analysis, while quantitative analysis utilized paired sample t-tests and independent sample t-tests.
Result: The Mobile ECG Apps as learning resource has no significant difference can enhance students' knowledge for ECG competency than Gamel (p: 0,264). Mobile ECG Apps (SUS: 83) was more "user-friendly" than Gamel (SUS: 66). The use of Gamel was reported not optimal. The Mobile ECG Apps gave student's better learning experience by direct feedback. Both learning approaches had the same barriers to accessibility.
Conclusion: Our findings suggest that the Mobile ECG Apps version was superior to Gamel in students' learning experience.

Learner Support

Depression Among Medical Students: The Significant Role of Coping Strategies

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Universitas Airlangga

Introduction: Depression is prevalent among medical students and can be impacted by coping strategies. This study explores the correlation between depression levels and coping strategies among medical students.
Methodology: A cross-sectional survey done in 2021 used the DASS-21 and Brief-COPE scales and involved 669 medical students from Universitas Airlangga (female = 429, male = 240).
Results: More than half (52.77%) were classified as depressed. Data analysis using the Spearman Test ($p < 0.05$) showed a significant relationship between depression and coping strategies ($p < 0.001$). From 353 depressed students, 275 students (77.9%) used problem-focused coping, 38 students (10.77%) used emotion-focused coping, and 40 students (11.33%) used dysfunctional coping strategies. Data suggests that as depression severity increases, students shift towards dysfunctional coping strategies. In comparison, none of the normal students used dysfunctional coping strategies.
Conclusion: The results emphasize the need for targeted interventions to support their well-being. Early identification of students using dysfunctional coping strategies is key, allowing for support that encourages a shift towards more positive, problem-focused approaches.

Exploring the Variation of Emotional Intelligence in Health Sciences Students: A Mixed Method Study Across Pre-Clinical and Clinical Years

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Introduction: This study aims to assess the variation in levels of emotional intelligence of students in pre-clinical and clinical years of health sciences and to explore what factors were associated with differing levels of EI.
Methodology: This mixed-method study was done at the University of Lahore from March to August 2023. Quantitative data was collected from 248 students using a pre validated questionnaire, TEIQue-SF. Semi-structured interviews were performed. Thematic analysis of the qualitative data was done based on Daniel's Goleman model of EI's theoretical framework.
Results: One-third (32.30%) of health sciences students had low EI levels. In MBBS clinical years, EI decreased ($p > 0.02$), while for BDS, physiotherapy, and optometry, it remained non-significant ($p > 0.05$). Five key factors influencing EI levels were identified: self-awareness, social awareness, teacher role modelling, self-management, and communication skills.
Conclusion: Students' EI varied across and within disciplines, depending on self-awareness, the working environment, and the responses of their teachers and patients. Soft skills should be explicitly incorporated into the curriculum and reinforced through positive role modelling by teachers.

Health and Quality of Life of Brazilian Medical Students and Their Relation to Professional Training

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Introduction: The study aims to identify predictors of quality of life and professional satisfaction among Brazilian medical professionals. These doctors, former undergraduate medical students, had their data first collected in 2011 and 2012 for another project. The main hypothesis is that students with higher scores for quality of life by then will experience greater professional satisfaction in the future.

Methodology: Part of the 2,500 participants had their data recollected through a form with a sequence of surveys (sociodemographic questionnaire, the Oxford Happiness Questionnaire, DASS-21, WHOQOL-BREF, Wagnild, and Young Resilience Scale). Additionally, a questionnaire using a Likert scale response format was developed, along with an open-ended question. A comparison was made between the previous data and the present professional outcomes.

Results: There were significant associations between the data collected during medical school and aspects of future professional life, such as quality of life and satisfaction.

Conclusion: The findings will contribute to interventions that improve medical students' quality of life, positively impacting medical training and, consequently, the quality of the health system.

Postgraduate Medical Education Accreditation

Evaluating the PGME Program in Afghanistan: A Comprehensive Analysis Using WFME Standards 2023

Khalilullah Shefa

French Medical Institute for Mothers and Children (FMIC)

Introduction: Afghanistan's Postgraduate Medical Education (PGME) program, established in 1964, has trained over 7,000 specialists. With 38 programs across 11 provinces and 2,792 trainees, it is the country's largest medical education initiative. Supported by the Ministry of Public Health and partners, PGME plays a key role in improving healthcare quality and advancing medical careers.

Problem Statement: Despite its scale, the PGME program has not been evaluated against international standards, leaving its effectiveness and quality uncertain. A recognized framework is essential to ensure competent graduates and safe healthcare delivery.

Methods: The evaluation applied the 2023 World Federation for Medical Education (WFME) PGME standards, comprising 31 main standards and 203 sub-standards. Data was collected through interviews, document reviews, and prior observations, and analyzed using MS Excel. Sub-standards were rated as fulfilled, partially fulfilled, not fulfilled, or not applicable.

Evaluation Scope: Domains assessed included mission and values, curriculum, assessment, postgraduate doctors, faculty, resources, governance, and quality improvement.

Results:

- Strengths: 29 sub-standards fully met
- Opportunities: 92 partially met
- Weaknesses: 77 not met
- Threats: 5 not applicable

Conclusion: The evaluation highlights critical gaps and confirms the relevance of WFME standards for guiding PGME reforms in Afghanistan.

Developing the Meta Accreditation System in Iran: An Experience

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Introduction: Program and institutional accreditation in Iran is done by different governmental bodies and having a kind of meta accreditation is necessary to ensure the adequacy and accuracy of their processes. So, developing the meta-accreditation system was the aim of this study.

Method: The study was performed through two main stages. First, the standards were developed using the standards of international recognition organizations and the opinions of the experts. Then the consensus on the standards was made by a national survey asking about necessity, feasibility and transparency of standards. Second, the structure and processes of the meta accreditation system was designed using the experience of international institutions and finalizing it by experts.

Findings: The first draft included 58 standards which after expert groups and survey, 51 standards were finalized. The developed structure and processes were confirmed by experts in international accreditation commission and were prepared for final approval.

Results: The developed meta accreditation system can be used for quality assurance of accreditation bodies in Iran. This experience can be useful for other countries which have similar governmental bodies for accreditation.

The Strengths and Challenges of Institutional and Program Accreditation in Iran: A 10-year Experience Through a Qualitative Study

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Background: Educational accreditation in Iran began ten years ago and has been carried out until now. This study aimed to investigate the strengths and implementation challenges of educational accreditation from the perspective of experts of accreditation.

Methods: We conducted a qualitative content analysis study, with participation of accreditation experts selected through purposive sampling. Semi-structured interviews were conducted. Data was analyzed through convenient content analysis.

Results: Two main themes of the analysis were Elements of the accreditation system with the main categories of accreditation standards, accreditation assessors and accreditation consequences, and improvement in carrying accreditation with the main categories of improving the structure and improving the implementation process.

Conclusion: Structural issues within Iran's accreditation framework, such as governmental control over the accreditation process and the consideration of multiple factors in accreditation decisions, have led to some concerns in this regard. Increasing the number of students without increasing the facilities will have negative effects on the quality of education, which should be aligned with the accreditation results.

Undergraduate Medical Education Accreditation

Exploring Power Differentials Among Stakeholders During the Medical and Dental School Accreditation Process

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Introduction: Power differentials are important in determining the process and outcomes of healthcare institution accreditation, however the dynamics of this crucial factor have not been explored. This study aimed to explore power dynamics experienced by stakeholders during the accreditation process.

Methodology: A phenomenological study based on theoretical framework of Michel Foucault's views on power was conducted in Khyber Pakhtunkhwa, Pakistan. A total of 26 participants were selected using the purposive maximum variation sampling technique. 19 semi-structured interviews and 2 Focus Group Discussions were conducted with deans, session leads, inspectors, faculty members, and students in 8 medical and dental schools. Carla Willig's framework of Foucauldian Discourse Analysis was used f analysis.

Results: Four discourses were identified. The disciplinary discourse revealed a power hierarchy where the regulatory body exercised authority over institutions. The political discourse noted the driven improvements in educational quality through accreditation. In institutes discourses of positive and negative power dynamics were seen.

Conclusion: This study revealed diverse discourses surrounding power dynamics in the accreditation.

Exploring NCAMC Accreditation in Iraq: Faculty Views on Its Impact and Challenges

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Introduction: Medical education in Iraq faces challenges, making accreditation complex. This study examines faculty perceptions of NCAMC accreditation in Iraqi medical colleges, focusing on its effectiveness, involvement, and impact on quality.
Methodology: A cross-sectional study used an online questionnaire distributed to faculty in 34 medical schools, covering demographics, awareness, motivation, and involvement with a 6-point Likert scale.
Results: Of 953 responses, 88.8% recognized NCAMC accreditation as an effective quality assurance tool, and 88.4% viewed it as essential for program enhancement. Younger faculty favored graduation from accredited colleges for licensing more than older staff. Faculty in system-based programs felt academic commitment might decline without international standards. Notably, 82.5% reported involvement in goal setting. Male faculty believed self-assessment was mainly for accreditation purposes and that true commitment depends on international requirements.
Conclusion: Findings show broad support for NCAMC's role in raising standards, though uncertainties remain about its direct impact on quality and licensing. These insights can guide future accreditation processes and faculty engagement in Iraq.

Study on Portuguese Medical Schools' Learning Conditions: A National Analysis on Student Satisfaction, Student-Tutor Ratios and Number of Admissions

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Introduction: A study of Portuguese medical schools (2011-2013) found a strong correlation between student satisfaction and factors like admissions and student-tutor ratios. We collected new data to assess changes in these areas across all public medical schools.
Methodology: Medical students rated their satisfaction with 36 aspects of their learning conditions using an online Likert scale. We compared ratings across schools and calculated correlations with overall satisfaction. Ongoing analysis includes admissions and student-tutor ratios.
Results: Satisfaction was highest in assessment environments and lowest in clinical settings. The national student-tutor ratio in clinical rotations was 7.53, with significant disparities among medical schools. Higher admissions correlated with lower satisfaction ($r = -0.756$; $p < 0.05$), while high student-tutor ratios linked to low satisfaction ($r = -0.826$; $p < 0.05$). No strong correlation existed between admissions and overall satisfaction.
Conclusion: These findings emphasize the need for comparable data across public medical schools to assess strengths and weaknesses. These insights are crucial for decisions on admissions, tutor allocation, and enhancing learning conditions.

Examining Dimensions of Career Intentions: Insights from Medical and Nursing Students at a Private Not-For-Profit University in Vietnam

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Making career decisions is a complex process that significantly impacts healthcare students' transition to graduation. Understanding students' career intentions through evidence-based approaches is essential for developing effective career guidance and intervention strategies in health sciences education. This study explores the career intentions of medical and nursing students and identifies key factors shaping their choices at VinUniversity, a private institution in Vietnam. A mixed-methods approach was employed, combining a survey of all undergraduate medical and nursing students with 11 in-depth individual interviews. Of the 198 participants (77%), 75.8% preferred clinical practice, with high interest in surgical specialties (30.9%), internal medicine (10.1%), and pediatrics (10.1%). Additionally, 22.7% aimed to work overseas, while 70.7% cited a lack of career guidance. Qualitative data highlighted personal interest, family influence, financial stability, and societal appreciation as key factors influencing career decisions. The low interest in family medicine and primary care remains a concern. The study emphasizes the importance of tailored career guidance, diverse elective tracks and structured mentorship programs.

Accreditation Performance in Area 2: Curriculum Design and Delivery Among Undergraduate Medical Education Programmes in Malaysia

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The study examines the accreditation of undergraduate medical education in Malaysia by the Malaysian Qualification Agency (MQA) and Malaysian Medical Council (MMC), focusing on Area 2 - Standards of Undergraduate Medical Education, specifically curriculum design and delivery. Analysis of 42 accreditation reports from public and private institutions identified strengths and areas for improvement based on six criteria: curriculum design and teaching methods, scientific method, curriculum content, ethics and humanities, program management, and linkages with external stakeholders. These findings were mapped to Harden's "SPICES" model, showing alignment with international benchmarks. Quantitative analysis revealed that 59.5% of programs received accreditation for less than 5 years, while 40.5% received the maximum 5-year period. Public institutions had a longer accreditation duration and higher Area 2 scores compared to private institutions, with statistical significance ($p<.01$ and $p<.05$ respectively). This study is the first to analyze MQA/MMC accreditation data for academic purposes, suggesting future research on other evaluation areas for comprehensive insights.

Preparedness for Practice of Doctors Within Six Months After Graduation: A Clinician's Perspective

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Background: Global studies show varying levels of medical graduates' unpreparedness, with limited data from Iraq. Assessing clinical competence is crucial, yet a standardized evaluation of Iraqi graduates' readiness is lacking. This research explores their competencies, limitations, and needs.

Method: A mixed-method approach targeted core competencies from the Iraqi Graduate Outcome Document. A convenience sample of clinical supervisors from five major hospitals completed a survey, followed by semi-structured interviews for deeper insights. Ethical approval was obtained.

Results: Of 125 participants, 85 returned completed questionnaires (68% response rate). Diagnostic skills had a median rating of 4.0 for vital signs and 1.0 for blood sample collection. Therapeutic skills were slightly higher, with oxygen administration at 4.0 and insulin dosing at 3.0. Interviews identified performance limitations, service gaps, and six themes for improvement, including policy, infrastructure, training, and evaluation.

Conclusion: Iraqi graduates face challenges due to inadequate training, poor infrastructure, and lack of coordination. Addressing these issues through policy reform, improved training, and resource allocation for better outcome.

Impact of Accreditation on Continuous Quality Improvement Process of Undergraduate Medical Education Programs

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Introduction: Accrediting medical education programs have existed for over a century. Nevertheless, a conclusive assessment of its impact on continuous quality improvement (CQI) remains pending.

Methodology: Three studies involved in this dissertation are:

Finding evidence from the literature for the impact of accreditation on the CQI-A scoping review, and the methodology followed was the PRISMA-ScR checklist.

Comparing the retrospective students' satisfaction rates at one medical school before and after the accreditation site visits.

Exploring the perceptions of faculty members and academic leaders regarding the impact of accreditation on the CQI process at Caribbean medical schools using the qualitative phenomenological study.

Results and Conclusions: We encountered limited literature on accreditation and CQI in the first study, with only ten articles meeting our inclusion criteria. The second study observed a consistent upward trend in students' satisfaction ratings across several survey questions. In the third study, we identified six overarching themes. It is evident that further research is imperative to enhance accreditation practices that benefit medical students, educators, academic leaders, and the public.

Continuing Professional Development Accreditation

Accreditor and Employer Experiences of Emergency Care CPD Provision

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Introduction: Continuous professional development (CPD) accreditors and emergency care (EC) employers are indispensable in designing learning opportunities. However, there is a paucity of research about how they can contribute to and enhance CPD. This study explored accreditors and employers' experiences of CPD provision and how it could be improved.

Methods: Semi structured interviews were conducted with accreditor and employer stakeholders. Data were subject to thematic analysis.

Results: Employers wanted to be more engaged in CPD decision-making and collaborate with the regulator. CPD lacked quality control mechanisms, accountability and responsibility. CPD formats, topics and types should be relevant and link theory to practice. Accreditors indicated that CPD guidelines should be revised and be specific to the Professional Board of Emergency Care, and the regulator should provide online CPD activities.

Conclusion: CPD requires a multi-layered, multi-modal approach. To be effective and relevant, CPD requires collaboration between EC stakeholders, including accreditors, the employers, the regulator and practitioners over its the format and content.

ABSTRACTS: ORAL PRESENTATIONS

Assessment

Rapid credentialing of international trained physicians: Enabling high-stakes workplace-based assessment

Viren Naik[1], Eric Holmboe[2], Hank Chaudhry[3]
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This presentation explores the development of enablers for a medium-high stakes assessment programme aimed at accelerating the credentialing and licensure of internationally trained physicians through workplace-based assessment (WBA). We will delve into the design and implementation of robust assessment tools tailored to evaluate clinical competence in real-world settings, contrasting these with traditional postgraduate education assessments to ensure reliability and validity.

Participants will gain insights into the nuanced differences between WBA and conventional postgraduate assessments, understanding how WBA can provide a more accurate reflection of a physician's readiness for independent practice. The presentation will highlight key enablers, including advanced assessment methodologies, collaboration and technological integration, for a defensible and fair assessment system.

Attendees will leave with an understanding of how to implement a WBA programme that enhances the speed and accuracy of credentialing internationally trained physicians. They will learn about the importance of collaboration among educators, regulatory bodies and supervisors.

Development of a competency assessment tool in medical internship: A CanMEDS-based approach

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This study reports the development and application of an assessment tool for evaluating the competencies of fifth-year medical students at the University of São Paulo, based on Bloom's taxonomy and the CanMEDS competencies. The tool was applied to 184 students with 770 assessments, which evaluated their conceptual skills using standardised scales. The median number of assessments per student was 4, with a range from 1 to 7. The average performance was 8.64(SD: 0.96), with a median of 8.61(IQR: 7.90–9.50) and a range from 5.20 to 10.00. The reliability index of the tool, evaluated using Cronbach's alpha, was 0.92, indicating high internal consistency.

The study demonstrated the feasibility of integrating Bloom's taxonomy and CanMEDS competencies into a single assessment tool, providing a robust and reliable method for measuring the conceptual development of medical students during their internship.

Participants will understand the process of constructing and validating competency-based assessment tools, as well as explore the use of statistical data to enhance medical education.

Gamifying summative assessments in healthcare education: Lessons from a pilot study

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A pilot study in Central Asian University, Uzbekistan investigates the effectiveness of gamifying summative assessments in the form of role-play in healthcare education, specifically within the undergraduate microbiology course. Students participate in a role-playing assessment where teams assume various clinical roles testing subject-specific student competencies to collaboratively solve a clinical case. The case requires students to apply key microbiological techniques, such as sample collection and transport, staining, microscopy, culture methods and immunological approaches to establish a differential diagnosis and reach a final diagnosis. The study is being implemented in the fall semester of 2024 and results will be available in February 2025.

Participants can gain insights into whether gamification can effectively assess students, if gamified testing is inclusive and equitable to different learners and provide in-depth insight into student and faculty experience to further learn about the challenges and strategies for successful integration into other subjects and healthcare curricula.

Correlation between self-regulated learning skills and academic performance in transformative medical curriculum implementation in Indonesia

Eko Fuji Ariyanto[1], Siti Malikul Mulki[2], Karina Fitria Alhaq[2], Yunisa Pamela[1], Putri Halleyana Rahman[1], Muhammad Hasan Bashari[1], Yuni Susanti-Pratiwi[3], Tri Hanggono Achmad[3]
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Since 2020, Universitas Padjadjaran's undergraduate programme of medicine has implemented a transformative curriculum fostering self-regulated learning (SRL) and 6C (communication, collaboration, critical thinking, citizenship, creativity and character). This study investigated the correlation between SRL skills and academic performance. A total

of 565 students from first-, second- and third-year cohorts completed the Self-Regulation of Learning Self-Report Scale (SRL-SRS). Progress test results and thesis completion were used as measures of academic performance.

Significant differences were found between first- and third-year students in self-monitoring ($p = 0.0003$), evaluation ($p = 0.0097$) and effort ($p = 0.0141$). Most SRL components—planning, self-monitoring, evaluation, effort and self-efficacy—showed significant correlations ($p < 0.05$) with academic performance. These results highlight the importance of SRL in enhancing student success during transformative curriculum implementation.

Participants will learn how SRL skills impact academic outcomes and strategies to integrate SRL-focused curricula.

Reassessing student assessment in the age of AI: A focus on intrinsic motivation in medical education

Julia Wimmers-Klick
University of Northern British Columbia

Portfolio is the longitudinal programme through Y1 to Y4 in medical school, BC, Canada, to facilitate professional identity development with a focus on soft-skill topics like professionalism, communication skills, diversity and equity. Students submit after each in-person session a written reflective piece which will be assessed by the individual coach who gives written feedback and grades it as complete or incomplete. Since the appearance of large language models such as ChatGPT, written submissions of students cannot be checked for authenticity.

How does this force us to reassess our approach? How to assess Portfolio students in the age of AI?

Methods: Focus group interviews including site leads, coaches, students. Data analysis with SWOT framework.

Results: It opens a dialogue about the goal and objectives of the programme. The main outcome of the interviews marked the focus on reaching the intrinsic motivation of students to reflect on the actual topics, their experiences insight and outside their PF group. Away from rigid rules around the required submissions, offer alternative methods, for example, art piece and audio recording.

Task-Oriented Assessment of Clinical Skills: Merging OSCE with structured examiner–examinee interaction

Muhammad Aamer Zaman Khan[1], Shabnam-Iqbal-Memon[2], Sahar-Zubair-Abbasi[2]
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To align with 'Health for All' through quality medical education, the College of Physicians and Surgeons Pakistan (CPSP) has integrated the Task-Oriented Assessment of Clinical Skills (TOACS) into its fellowship and membership exams. This innovation addresses the subjectivity and inconsistency often found in traditional viva exams. While OSCE provides objectivity and is widely accepted, it may not fully assess decision-making and critical thinking due to its limited interaction. TOACS builds on the strengths of OSCE by introducing structured examiner–candidate interactions. These interactions take place through stations where candidates perform clinical tasks while engaging with examiners, ensuring a more comprehensive assessment of critical thinking, decision-making and performance. This session will explore how structured interaction can enhance clinical competency assessments. Participants will gain insights into how TOACS combines task-based assessments with real-time examiner engagement, providing a balanced approach to evaluating clinical skills without compromising objectivity, consistency or international standards.

Contextualised programmatic assessment system for the EmiratesMEDs csompetency framework: The case study

Arina Ziganshina, Samar Ahmed
Dubai Medical College for Girls (DMCG)

Medical schools in the UAE are facing the challenge of incorporating the EmiratesMEDs competency framework into teaching and assessment strategies. Dubai Medical College for Girls (DMCG) selected a programmatic approach to oversee the progression of students in different competencies. We retrospectively analysed the case of operationalisation competency-based assessment system in DMCG.

Establishing contextualised competency assessment is a staged process that starts with building the team, followed by faculty development, estimating institutional capacity, mapping and operationalising the maps using human recourses and software. Enabling factors for successful implementation of competency-based assessment include commitment of leadership, clear vision, adequate funding, dedication of the faculty and adaptation to context. Potential barriers are unrealistic expectations, time constraints, faculty and staff overload, lack of a frame of reference and massive scope of change.

Participants facing the task of establishing a contextualised competency assessment will benefit from knowing the steps of the process and practical tips based on our experience.

Developing a formative assessment tool for research project for emergency medicine residents: Focusing on content validity

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A scholarly project is typically required in emergency medicine residency education programmes. This requirement—research is a common form—helps residents learn how to apply scientific methods to answer questions and disseminate results. To be able to conduct

research, residents need to develop skills refined through feedback from their mentors. We drew on existing literature in medical education to develop a formative assessment tool for research projects, focusing on content validity. The aim is to use the tool for both the assessment of learning and the assessment for learning for emergency medicine residents.

Literature exists to support the development of the formative assessment tool. The tool can guide conversations between residents and their mentors during progress meetings and also serve as a progress check for programme directors.

Participants will be able to describe related educational theories and literature on scholarly projects in residency education programmes, specifically in emergency medicine residency. They will also gain insight into developing content validity for such a tool.

Self-assessment of the Mohammed VI University of Sciences and Health

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In April 2024, ANEAQ launched an institutional self-assessment process with 40 health establishments in Morocco, according to a quality benchmark comprising 146 criteria spread over five areas (governance and management of support functions, training, scientific research, support of students and student life, service of the institution to society), which is structured around an iterative cycle comprising several key stages.

First, the establishment concerned carries out an in-depth self-assessment of its practices. This analysis is then submitted to the examination of a committee of independent experts. An on-site […]

The UM6SS was organised around ad hoc committees and developed a quantitative working methodology to estimate its compliance with the framework.

For each criterion evaluated, supporting documents are produced and a rating grid is implemented:

- Evidence of satisfaction for compliant criteria (scoring 1)
- Action plans for those requiring improvement (rating 0.5)
- A rating of 0 for non-compliant criteria

1. Domain A: Governance and management of support functions
2. Domain B: Training
3. Domain C: Scientific research
4. Domain D: Support for students and student life
5. Domain E: Service of the institution

Feedback and quality of assessment: Underlying factors

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There is extensive research that explores feedback quality in medical education, but there is a limited amount that examines the factors behind this quality, especially in problem-based learning environments where learning is mostly expected to be self-directed. This study aims to explore that gap in knowledge. It employed a qualitative approach, interviewing faculty members and conducting focus groups with medical students from six Saudi PBL medical schools. It has shown that there are many factors that may influence feedback quality, including credibility and competency of both the giver and receiver of feedback; relationships and cultural issues, such as communicating feedback in a second language; and learning environments, such as familiarity with the culture of student-centred and self-directed learning and feedback mode and source. By looking at these results, the conference participants will be able to practice high-quality feedback, since it has a central role in assessment quality, and they can also further examine these factors in other contexts or cultures.

Programmatic assessment: Is it feasible?

Titi Savitri

Faculty of Medicine Universitas Gadjah Mada

Many medical schools around the world have implemented competency-based medical education for undergraduate level. Programmatic assessment has been endorsed as the assessment method most suitable for competency-based medical education. However, implementation of programmatic assessment is considered problematic as it requires lots of resources and logistics. While the existing regulatory frameworks from national to institutional level are based on subject-based and time-based model of curriculum, a narrative review is conducted to examine the feasibility of the concepts of programmatic assessment.

The current debates about programmatic assessment and examination of the concepts, as well as analysis of the implementation.

Medical teachers, medical educationalists and accreditation assessors will gain insights and in-depth understanding about programmatic assessment, which are useful for their own educational practices.

Who crafts better, AI or non-native faculty members: Evaluating the quality of single best answer questions in medical education assessment

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This study compares the quality of single best answer questions generated by AI and those written by non-native English-speaking faculty members. Two expert assessors blinded to the source of items evaluated the questions on five parameters: relevance, suitability, clarity, stem construction and distractor quality using a 10-point Likert scale. The Mann–Whitney U test was applied to compare the mean scores for each parameter between the AI-generated and faculty-generated questions. The analysis revealed significant differences in favour of AI-generated items across all parameters.

The findings indicate that AI-generated SBAs outperform those produced by non-native English-speaking faculty in terms of clarity, relevance and overall quality. This highlights the potential of AI in generating high-quality assessment items, particularly in resource limited settings where language barriers may further hinder item quality.

Practical application of AI tools like ChatGPT in improving the quality of assessment items will be learned. The session will provide insights on overcoming language-related challenges in item generation and integrating AI to enhance clarity and effectiveness in assessments. This will lead to fair assessment.

Assessing character, communication skills, critical thinking skills, collaborative competency, citizenship and creativity of the medical students in the cross-year-group tutorial

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The undergraduate programme of Universitas Padjadjaran's Medical School has redesigned its curriculum to nurture future doctors with excellent character, communication skills, critical thinking skills, collaborative competency, citizenship and creativity (6C's). Learning process is delivered through discussion in tutorial groups comprising students from different academic years, where each student is facilitated to produce an innovative idea for solving health problems. Presented in written essay and oral presentation, the idea is assessed through a rubric evaluating the 6C's.

Using an identical rubric for assessing first-, second- and third-year medical students, the average scores of each 6C's component is significantly increased as the students are at a higher academic year. It is evident that the rubric can capture the differences of character, communication, critical thinking, collaboration, citizenship and creativity achievements among students from different academic year. This might also indicate that the cross-year-tutorial group fosters the students' 6C development.

The participants will learn about the 6C's assessment of the medical students in the cross-year-tutorial groups.

Innovative experience in the application of the Objective Structured Clinical Examination (OSCE) in medical students at Universidad San Gregorio de Portoviejo, Ecuador

Judith Galarza, Radamés Borroto
Universidad San Gregorio de Portoviejo

The Objective Structured Clinical Examination (OSCE) is a tool that has proven effective in assessing clinical competencies. This paper presents the main results obtained from the application of an innovative OSCE experience using high-fidelity simulators and standardised patients, integrating both quantitative and qualitative evaluation indicators. This examination is developed as a prerequisite for gaining access to pre-professional practice in health system institutions. The experience focused on medical students at Universidad San Gregorio de Portoviejo in Ecuador at the end of their clinical training in the sixth semester. The study emphasises the applied methodology, students' and teachers' perceptions of the importance and objectivity of the procedure used and the grades obtained, as well as the main challenges faced by the programme for the continuous improvement of

the evaluation process. The study demonstrated that the OSCE is a valid and reliable assessment tool for distinguishing the level of clinical competencies achieved by students, as well as highlighting the value of feedback provided by students and teachers on the importance and objectivity of the results.

Low cost, high efficiency, using Google Tools and ChatGPT to build a pharmacist training system

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In Taiwan's 2-year postgraduate pharmacy training, trainees receive clinical training and regular evaluations. Since 2017, we digitised assessments, initially using Google Docs and Sheets, but usability challenges persisted. We switched to Google Forms, improving efficiency and reducing submission delays. The on-time submission rate rose from 13% to 67.3%. We surveyed users about platform improvements. The need for computers was reduced (8.75/10), and interface friendliness scored 8.81/10. Google Forms' 'revision link' feature allowed flexible post-submission edits, enhancing the evaluation process.

We learned how to use free tools like Google Forms and Drive to streamline evaluations. ChatGPT helped automate tasks, including managing revision links, making the platform more efficient without IT staff. These tools lowered technical barriers and costs, making them ideal for resource-limited hospitals.

Participants will learn how to use Google Drive and ChatGPT to create cost-effective platforms, manage evaluations and enable feedback across medical fields while reducing paperwork and improving assessments.

Low confidence–high competence discordance in resident-led paediatric Objective Structured Clinical Exams (OSCE)

Gene Ong[1], Jen Heng Pek[2], Kim Poh Chan[2], Mohammad Adam B. Mohammad Azman[2], Chengjie Lee[2], Supranee Mathiprechakul[2], Peck Har Ang[2], Choon Peng Jeremy Wee[2], Su Ann Khoo[2]
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We evaluated our emergency medicine (EM) senior residents' (SR) confidence in teaching adult versus paediatric Objective Structured Clinical Examinations (OSCE) training for junior residents (JR) and if their confidence in leading paediatric OSCE training matched the perceived quality by themselves, learners, observers and supervising faculty.

Method: This cross-sectional study using an anonymous 5-point Likert scale survey in 2 5-h EM OSCE training sessions in April 2024.

The response rate was 87% (81/93 eligible residents and faculty). EM SRs had significantly lower confidence in paediatrics (mean 2.83, SD 0.85) compared with adult OSCE stations (mean 4.14, SD 0.58); $p < 0.001$, 95% CI 0.93–1.69. However, there was no difference in perceived quality between paediatric and adult OSCE training (out of 5-points) by the SR teachers (mean 4.00, SD 0.50 versus 3.85, SD 0.59), faculty (mean 3.67, SD 0.58 versus 4.58, SD 0.50) and JR learners and observers (mean 4.58, SD 0.50 versus 4.50, SD 0.51); $p > 0.05$.

The high competence–low lower confidence of SRs teaching in paediatric OSCE needs further evaluation to assess if there are untoward effects (on well-being) and ways to mitigate this phenomenon.

Integrating artificial intelligence for assessment item tagging and blueprint creation: A comparative analysis with medical education experts

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Faculty development programmes in medical schools prepare educators for complex tasks like assessment blueprinting. It, however, takes practice and supervision for inexperienced teachers to attain proficiency. In light of the increasing integration of AI in education, we deployed ChatGPT to help faculty tag assessment items in a medical school in the United Arab Emirates. Using ChatGPT, the items were tagged to the course learning outcomes and Bloom's cognitive levels. A team of experienced medical educators tagged the items independently. The two approaches were compared to identify discrepancies, and the extent of AI-generated errors was measured.

By analysing these errors, we identified potential causes, including the content complexities and contextual nuances that AI might overlook. This analysis serves as a roadmap for developing strategies to reduce errors, including refining AI prompts and ensuring continued human oversight.

The study provides valuable insights into achieving a balanced integration of AI and human expertise. This innovative approach could help medical schools optimise resources for faculty training without compromising assessment standard.

Equity, Diversity and Inclusion

Advancing global diversity, equity and inclusion in medical education publishing: Practical strategies to combat bias and structural inequalities

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At our medical education journal, we have implemented pragmatic measures to combat bias and address structural inequalities in publishing. Through partnerships and a focus on epistemic injustice, we have seen tangible results: increased publications from Global South authors, reproducible initiatives shared internationally and the inclusion of marginalised health professionals in academic publishing.

Our efforts have humbled and motivated us to further promote equity. We have developed practical initiatives for health professions education stakeholders to challenge the status quo locally. Key lessons include building transparent global partnerships, questioning established structures and engaging those most affected by academic inequity. Aligned with the conference's theme of imagining the future of medical education, we aim to share our experience as editors and reviewers in fostering a more diverse range of stakeholders.

Recognise the duty of knowledge creators to address and mitigate epistemic injustice in medical education publishing.

Enhance cultural competency by reflecting on their role in perpetuating structural inequity.

Develop an understanding of how our initiatives can drive change and be adopted by others.

Enhancing skin tone representation in medical education: Challenges, opportunities, solutions

Vinod Nambudiri
Harvard Dermatology Program; Brigham and Women's/Harvard Medical School

There is woefully inadequate representation of diverse skin tones in the canon of medical teaching images. As a board-certified dermatologist, internist and clinical informatician with a focus on medical education, I have worked on this challenge from multiple angles. This session will highlight the problem and explore solutions. One example will highlight a faculty-led, medical student-supported effort to diversify teaching images at Harvard Medical School (PMID:35605786). Another example will large datasets' biases for skin lesion diagnosis (PMID:34252465). Finally, the AAD's Clinical Image Collection will be highlighted as a national shared solution.

Summary of knowledge:

- Diverse image exposure positively impacts medical learner engagement;
- Technology may be both a friend and foe to enhancing skin image diversity;
- Collaborative crowdsourcing can greatly impact this challenge.

What participants gain:

- An understanding of historical and current under-representation of skin image diversity and why this is a prime issue of social accountability;
- Effective strategies that have been implemented to enhance skin tone diversity in teaching sets;
- Dialogue from the audience around impact of innovative tools.

Quality assurance and revisiting accreditation standards during war and armed conflicts

Mohamed Hassan Taha[1], Mohamed Elhassan Abdalla[2], Wail Mukhtar Nuri[3], Majed Wadi[4], Abdelrahim Ali[5], Khabab Ali[6]
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Objectives:

- Assess the impact of conflicts on medical education and develop flexible, WFME-aligned accreditation standards.
- Provide strategies for maintaining accreditation and educational continuity during conflicts.
- Create frameworks for collaboration between medical schools, WFME and international health bodies.
- Foster dialogue on adaptable accreditation to preserve educational integrity and health outcomes in conflict zones.

Presentation structure:

- Opening: Impact of conflict on medical education and WFME's adaptive role.
- Adapting standards: Modifying WFME standards for conflict zones while maintaining quality.
- Educational continuity: Strategies from Sudan, Yemen and Libya to sustain education amid conflict.
- Panel discussion: Collaboration between WFME, medical schools and health organisations to adapt standards.
- Closing: Recommendations for conflict-resilient accreditation standards and future directions.

Key topics:

- Challenges in conflict zones;
- Alternative educational strategies;
- Resilient case studies;
- Collaboration for adaptable accreditation.

Global connections: Fostering inclusive learning and international exchange in healthcare education

Konstantina Papageorgiou[1], Aidan Kennedy[2], Kosha Gala[3], Stella Goeschl[4], Alexandra-Aurora Dumitra[5], Michelle Lam[6]
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The AMEE Student Taskforce (STF) is a global initiative that brings together students with a shared interest in healthcare professions' education (HPE). Across the years, members of the STF have represented all five regions of the world. To foster inclusive learning and promote international exchange, the STF organises a series of pre-conference webinars and small group sessions. These sessions, led by experienced STF members and expert speakers, engage students from diverse backgrounds and regions. Over the course of three months leading up to the AMEE annual conference, biweekly online sessions cover a wide array of HPE topics, offering a platform for students to learn, collaborate and exchange ideas. The programme's focus on diversity and inclusivity empowers students' cultural competence and capacity-building through mutual learning in both formal and informal settings.

Through the STF pre-conference programme, participants gain deep insights into healthcare professions' education, including foundational and innovative topics such as technology-enhanced learning and student engagement. The structure of the webinars and small group sessions allows for […].

People caring for the people: The training of undergraduate students alongside the Landless Workers' Movement (MST) of Brazil

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During the Covid-19 pandemic, residents of settlements and rural camps of the Landless Workers' Movement (MST) faced vulnerabilities caused by the spread of the virus, exacerbated by state neglect and violence, as the government failed to adequately address the health needs of these communities. In this context, students and professors from the Federal University of Paraíba, in a region of high vulnerability, initiated the training of popular health agents—people living in these territories who cared for each other—to carry out health promotion and disease prevention activities. These agents identified suspected Covid-19 cases and supported referrals to the healthcare system. The project still exists, involving students from various health disciplines. This outreach project has become both a support for the movement and a training strategy focused on collective health actions, health promotion, policy and popular education, strengthening community care in a time of crisis. Through this session, we aim to share experiences in community outreach and popular education for undergraduate students in collaboration with social movements.

Student–educator–community partnerships in developing medical education for advancing health equity

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Inequity in healthcare may be perpetuated by medical education systems with limited opportunities for future health professionals to understand the lived experiences of vulnerable populations. The University of Hong Kong students and educators partnered with non-governmental organisations to develop an interactive board game based on research and community interviews. The prototype with patient sharing was incorporated into the curriculum to encourage empathy and awareness of health inequities.

It is crucial to include students, educators and community members in all stages from planning to execution and evaluation. Students' involvement as co-creators generates a sense of ownership and leadership. Community members' engagement through in-person sharing and incorporation of real-life scenarios into the board game bridges the gap between patients and health professionals.

The co-development of curriculum allows for the board game to serve as a platform in fostering conversations and understanding. The focus

should be to highlight voices of the community for people-centred and equitable healthcare.

Incorporating ethics and human rights education into medical curricula: Equipping future healthcare practitioners

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International Federation of Medical Students' Associations (IFMSA)

The International Federation of Medical Students Associations (IFMSA) recognised the medical curriculum's lack of human rights education (HRE). Three years ago, IFMSA analysed responses from 556 medical students worldwide:

- Prevalence of HRE syllabi;
- Characteristics of these syllabi; and
- Awareness and perception of medical students regarding HRE.

Since 2017, IFMSA has worked to promote HRE and ethics in health, graduating approximately 300 medical students with comprehensive knowledge in ethics and human rights and supporting 337 activities led by our national member organisations (NMOs) on HRE, ethics and human rights globally.

HRE for medical students is crucial to ensuring dignified, people-centred and rights-based healthcare. Yet, it remains underemphasised. Medical students should be equipped with a holistic practical understanding of human rights to apply an intersectional lens in their future daily practice.

Participants will learn about IFMSA's work in integrating HRE and ethics into medical curricula, providing healthcare professionals with the skills to navigate ethical issues.

Learning disabilities among medical and nursing students in Vietnam: A knowledge, attitude and practice (KAP) study

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This mixed-method study explored the knowledge, attitudes and university practices (KAP) of learning disabilities (LD) among 845 medical and nursing students from 14 universities in Vietnam. Through self-report survey (n = 845) and focus-group interviews (n = 24), levels of KAP were identified, as well as their associated factors and themes. Results highlighted the need for advocacy and inclusivity for future health professionals.

The survey showed average knowledge and attitudes scores of 16.09/27 and 34.01/60, respectively, with up to 46.6% of students unaware of university LD support. Factors like attending private universities and higher family income were significantly associated with higher knowledge scores but did not impact attitude scores. Focus-group interviews revealed a willingness but limited confidence in engaging with LD peers, suggesting a need for better training and resources.

There are findings from the first-ever study on LD among Vietnamese health science students, gaining insights into the challenges and necessary policy response for a more inclusive and accommodating educational environment.

Empowering students and communities: The role of a mobile clinic in health education and outreach

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The Mobile Clinic is a non-profit, student-led initiative established in 2013. It aims to bridge accessibility gaps for health-disparate populations in Cyprus. Routine assessments include blood pressure, blood glucose and BMI measurements. Specialised expeditions provide electrocardiograms and ophthalmologic and infectious disease screening.
Beyond preventive healthcare, the Mobile Clinic strengthens the relationship between underserved communities and the medical field. Moreover, it allows students to refine their clinical skills, effectively equipping future physicians. Last year, 211 students and 22 supervising physicians, conducted over 1700 tests on 702 individuals, identifying several cases requiring further investigation and guiding individuals to appropriate healthcare services.
The Mobile Clinic underscores the essential role of community outreach in healthcare, benefiting both public health and medical education. It promotes a health-conscious community, supports the professional growth of future physicians and showcases the meaningful contribution of student-led initiatives.

The continuing professional development of physicians in the Mais Médicos programme working in indigenous territories in Brazil

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Healthcare professionals working in indigenous territories need to develop specific competencies to navigate intercultural contexts, where they interact with indigenous medicine specialists and populations that hold diverse perspectives on health, illness and healing compared to biomedical knowledge. In the Mais Médicos programme, the training of these professionals includes a specific Welcoming and Assessment Module that addresses such issues and adapts clinical topics to indigenous contexts. Following this module, physicians engage in a 1-year specialisation in indigenous health, preparing them to provide sensitive and effective care to these communities. This specialisation delves into topics such as the indigenous health subsystem, anthropology and the epidemiological specificities of various territories and ethnic groups, as well as the management of prevalent clinical situations in these settings, taking into consideration the knowledge of indigenous medicine specialists. Participants in this session will gain insight into the training pathway for physicians working with indigenous populations in Brazil through the Mais Médicos programme.

Breaking barriers: Addressing language barriers in medical education for non-native speakers

Sarina Zare, Zahra Aminian Daryasari, Ahmadreza Poozesh
IMSA-Iran

This qualitative study explores challenges faced by non-Persian medical students during clinical years at Tehran University of Medical Sciences. Focus group interviews with 23 non-native speakers examined difficulties in patient interactions, the impact of language barriers on clinical skills development and strategies to overcome these challenges. Thematic analysis revealed communication challenges, reduced clinical participation and the need for language and cultural training to support non-native speakers.
The study revealed that language barriers impede patient communication and hinder students' learning, affecting their confidence and participation in clinical settings. Students used strategies like non-verbal communication, translation tools and peer support to overcome these challenges. The study emphasises the need for structured institutional language and cultural support.
Participants will gain insights into the specific challenges faced by non-native speaking medical students and receive practical recommendations for creating inclusive, language-supportive medical education environment.

Oré Rapó: Promoting cultural skills through an extension project in an indigenous context in Brazil

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Oré Rapó has a meaning close to ‘our roots’, although the concept of ‘our’ is different for indigenous people, where ‘I’ does not exist without ‘Us’. This is the name of a community extension project in which medicine, psychology and physiotherapy students worked with the

Potiguara indigenous people, mapping their territory and identifying health needs through territorialisation, getting closer to their culture. The project enabled the development of studies and cultural skills for health work in intercultural contexts, in addition to raising students' awareness about the reality and challenges faced by indigenous peoples in Brazil, strengthening the understanding of their health practices and needs. To the participants of this session, the opportunity provided is to learn about a practical experience in medical school aimed at promoting the development of cultural skills related to working with indigenous peoples.

Faculty Development

Understanding the perspectives of health professions teachers on a blended faculty development programme to improve their teaching skills: A qualitative analysis

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Faculty development (FacDev) is essential for improving the quality of teaching in health professions education. We conducted semi-structured interviews with faculty members who participated in a longitudinal blended FacDev programme at McGill University between December 2023 and April 2024. The programme integrated online videos, self-reflective exercises and F2F small group sessions.

Three main themes emerged from the interviews. First, participants found the blended learning approach effective, with online modules providing foundational knowledge and F2F sessions offering practical application. The second theme highlights the value of sharing best practices and lessons learned in small group F2F sessions. The third theme revolves around the effectiveness of engaging in online, short self-reflective exercises to enrich the learning experience. One participant appreciated the time-saving benefits of transitioning the foundational knowledge component to the online asynchronous format.

Those elements identified in this study can be instrumental in shaping the future design of a FacDev programme.

AMEE centre in Georgia: The best example for enhancing medical education quality in the region

Salome Voronovi, Gaiane Simonia, Irakli Natroshvili, Zurab Orjonikidze, Khatuna Todadze, Zurab Vadachkoria
Tbilisi State Medical University

In 2019, AMEE centre was established in Georgia and since then functions as leading faculty development hub in South Caucasus region. The centre aims to enhance the quality of medical education by training health profession educators and all stakeholders who contribute to better education of future specialists. Highly esteemed international medical education experts conducted 25 various 'Essential Skills in Medical Education' trainings.

More than 350 faculty members of more than 20 higher education institutions from four neighbouring countries were trained, and 75 participants among them gained AMEE medical education specialist certificates. As a result of those courses, 20 research projects were elaborated, and one of them, GIOSTE, won in the World Bank grant competition. Results of the project served as an excellent tool for faculty development among other medical schools in the country.

Participants will gain the in-depth understanding of how establishing the regional faculty development hub serves as a best example to enhance medical education quality via successful collaborative approach.

At the crossroad of students' centredness and faculty development

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Tbilisi State University

Despite structural reforms within the European Higher Education Area aimed at improving the quality of higher education through the adoption of student-centred teaching (SCT), there is considerable variation in how SCT is implemented across universities. The objective of this research is to evaluate SCT at the largest university in Georgia. A questionnaire was developed and distributed via email to staff of the Faculty of Medicine.

The largest group of respondents reported that, in the past 2 academic years, they frequently employed instructional methods involving learning through acquisition, inquiry, collaboration, discussion and practice. The most commonly used form of assessment is the end-of-course exam, followed by quizzes and tests, presentations and less popular is portfolio. The majority of respondents expressed interest in participating in faculty development programmes focused on SCT. Nearly all agreed that sharing best practices in SCT among staff is essential.

Our findings highlight the importance of SCT and reflecting on a gap between current practices and the potential for further innovation.

Introducing Objective Structured Teaching Encounter (OSTE) for faculty development in Georgia

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OSTE is an innovative method for evaluation and enhancing teaching competence of academic staff. The project 'Implementation of OSTE

stations in Georgian Higher Educational Institutions', funded by the World Bank, has been implemented jointly at Tbilisi State Medical University and Georgian American University. OSTE was piloted for 20 academics who underwent training by international experts. Ten cases were developed with concomitant video recording. Faculty members participated in simulated teaching scenarios. Results of the project were disseminated in other Georgian medical schools.

Through objective assessments and immediate, structured feedback from both observers and standardised learners, participants became more aware of their teaching skills. Results of study revealed necessity for enhanced communication skills and more empathy towards students.

Participants will gain practical knowledge on implementing OSTE as a faculty development tool in their own institutions. They will learn how to design realistic teaching scenarios, train standardised learners and establish objective assessment criteria.

Designing entrustable professional activities of clinical educators for physicians

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Highly qualified teaching competencies of clinical educators may be vital for improving clinical medical education. To evaluate the teaching performances of clinical physicians, we designed three entrustable professional activities (EPAs)—programme administration ability, abilities of assessment and feedback and teaching ability—for clinical educators. These EPAs include 13 competency milestones, based on The Clinical Educators Milestone Project from ACGME. These EPA competency milestones were used in this study to assess the teaching performances of 28 internal medicine physicians. The data of self-assessments and peer assessments were collected for statistical analyses. The results showed that the self-assessment scores aligned well with the peer-assessment scores without statistically significant differences for all EPA competency milestones. EPA competency milestone scores did not correlate with the clinical practice experiences.

Our designed three EPAs with competency milestones may be useful in evaluating teaching performances of clinical physicians. [...]

The translational medicine landscape of Singapore: Enablers, barriers and opportunities

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This study evaluated the translational medicine (TM) landscape in Singapore, identifying barriers, enablers and enhancers of TM success. Using the CIPP (context, input, process, product) evaluation model, we reviewed Singapore's strategic TM initiatives, assessed 20 global postgraduate TM programmes and surveyed researchers at Duke-NUS Medical School. Gaps in key TM competencies, such as academic collaboration and translating outcomes into patient care, were identified.

Analysis revealed deficiencies in training for managing intellectual property, negotiating with industry and translating research into clinical practice. Key barriers included time constraints and recruitment challenges. Contributions to start-ups and increased research time significantly improved perceived TM abilities, emphasising the value of hands-on experience and dedicated research time.

Participants will understand the systemic challenges in TM, gain insights into gaps within current educational programmes and learn strategies to enhance TM competencies, ultimately improving the translation of research into patient outcomes.

Addressing MCQ flaws: The impact of a targeted workshop on faculty item-writing skills

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An interventional study was conducted at Pham Ngoc Thach University of Medicine (PNTU) in March 2024 to evaluate the impact of a faculty development workshop on addressing flaws of multiple-choice questions (MCQs). The interactive workshop covered flawed MCQs and revising them based on the 2020 guideline of National Board of Medical Examiners (NBME). Twenty-nine faculty members participated, submitting MCQs for pre-workshop evaluation and revised them afterward. A team (a content expert and a medical education specialist) analysed the MCQs before and after the workshop, showing a significant increase in flawless MCQs from 21.4% (60/280) to 52.1% (146/280) ($p < 0.001$). The workshop addressed 12 of 16 flaws, though word repeats and convergence remained persisted.

Our study shows that faculty without formal training often create lower-quality items, but the workshop significantly improved them. Two persistent flaws—giving clues to test-wise examinees—need targeted training.

Participants will gain skills to organise effective NBME-based workshops to reduce MCQ flaws, improve reliability and identify areas for further focus.

Quality management and University 4.0: A perspective for the development of the medicine programme at Universidad San Gregorio de Portoviejo, Ecuador

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Universidad San Gregorio de Portoviejo

The medicine programme at Universidad San Gregorio de Portoviejo aims to develop by considering the demands of medical training and those arising from University 4.0, which provides a stronger focus on the continuous improvement of its inherent processes. The objective of this paper is to systematise the theoretical foundations of quality, quality management and the challenges of University 4.0 in higher education institutions. It also aims to propose the design and implementation of models, methodologies, strategies or other alternatives that contribute to enhancing quality and responsibly fulfilling its social mission. The paper highlighted key elements related to quality management of academic processes in universities and the challenges of University 4.0 that impact medical education. It focused on the importance of research and innovation as contributions to the training of health professionals and sustainable development. The conception of the link between quality management as a management approach in universities within the framework of University 4.0 challenges serves as a starting point for designing proposals for the continuous improvement of the quality of health professionals' education.

Medical Education Journal Club: A low-hanging fruit for faculty development

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Faculty new to medical education yearn for faculty development opportunities to improve skills and self-efficacy. However, time and other commitments can pose challenges. We piloted Medical Education Journal Club (MEJC) as a faculty development strategy.

Seven MEJC sessions were held, each led by one faculty. Presenters picked medical education questions or challenges the programme faced, worked with a mentor to select and analyse relevant literature and then presented their work to peers. In addition to the traditional journal club format, presenters focused on how the literature answered their questions/addressed challenges identified and explored potential research opportunities. Afterwards, they completed a brief survey about their experience. Qualitative data were analysed to identify emerging themes.

Key lessons reported include the application of literature to real-life scenarios, presentation skills, importance of lifelong learning and increased interest in medical education research. Remaining questions/challenges include more practice with medical education literature and assessment issues including validity.

For participants, MEJC is a low-hanging fruit strategy for faculty development.

Improving the design of SMART learning objectives: Insights from Pham Ngoc Thach University of Medicine faculty development workshop

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Creating SMART learning objective (LO) is vital for effective teaching, learning and assessment. However, the faculty at Pham Ngoc Thach University of Medicine (PNTU) may lack the skills to design proper LO. Our study aims to assess whether educational workshop can improve LO development skills. A total of 322 LOs from faculty across five departments at PNTU were evaluated before and after the workshop using SMART criteria and Bloom's taxonomy. Before workshops, only 4.7% of LOs met the criteria, and 20.8% reflected higher-order thinking (HOT). After the workshop, the correctly designed LOs significantly increased to 77.9% ($p = 0.035$), and HOT LOs rose significantly to 81.1% ($p < 0.001$). No significant change was observed in the flaw of using two verbs in a single LO (13.1% versus 7.1%, $p = 0.199$).

Workshops on designing LOs significantly improved the ability to create appropriate LOs, but the issue of using two verbs in one LO persisted, requiring further training.

Participants will gain skills to organise effective workshops for designing SMART and higher-order thinking LOs while identifying common flaws for further training.

Should teachers entertain? Views and attitudes of students and faculty in two medical programmes in Cyprus and Sweden

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A cross-sectional study was collaboratively conducted to survey the perspectives of both medical students and teachers at Örebro University (ORU), Sweden, and University of Nicosia (UNIC), Cyprus, with regard to the characteristics of what they consider effective and 'entertaining' teachers. This study is one of the very few that

developed and disseminated questionnaires to both medical students and faculty concurrently. Data were collected anonymously, and statistical analysis was performed.

Cohort demographic factors were found to be important in the respondent views. Remarkably, the concept of the 'teacher as an entertainer' was supported the most by UNIC teachers. Despite differences among the cohorts, interestingly all agreed on the same attributes being the most important ('good time management') and the least important ('telling jokes' and 'dress code').

Outcomes of the study provide valuable insights into cross-cultural perspectives on 'entertaining' teaching that can benefit faculty development programmes of medical schools to strengthen skills deemed important by both students and peer faculty.

Transforming bioethics education: A comprehensive curriculum redesign in basic medical education

Natia Landia
University of Georgia

This project aims to enhance bioethics and professionalism education in the basic medical education Programme in response to the increasing need for ethical healthcare professionals. Surveys and interviews with students, bioethics lecturers and clinicians revealed gaps in the existing curriculum. To address this, the curriculum was reorganised into three key areas: fundamentals of bioethics, bioethics and professionalism and clinical ethics. Teaching hours were expanded, new methods were introduced, and faculty selection criteria improved to ensure higher-quality instruction.

The revised curriculum led to better student engagement and understanding of ethical principles, with increased teaching time and innovative methods contributing to more effective learning. Challenges such as resistance from students and limited faculty expertise were addressed through strong stakeholder communication and the presentation of evidence-based solutions.

Participants in this session will gain insights into implementing integrated bioethics curricula, overcoming resource limitations and fostering collaboration to improve student engagement and ethics education.

Innovations

Shaping the future of artificial intelligence in medical education: Students' insights for a new curriculum inclusion

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This presentation explores medical students' perspectives on the integration of artificial intelligence (AI) into their education. Using surveys and focus group discussions, students shared their views on current AI exposure, how it fits into their training and what they expect from AI in their future practice. The aim is to use student insights to guide development of new curriculum integrated with AI competencies.

Students recognised AI's potential to revolutionise diagnostics, decision-making and personalised medicine but felt that current curricula offered insufficient AI exposure. They expressed a desire for hands-on experience with AI tools, deeper education on ethical challenges and the practical application of AI in clinical settings. Students advocated for a stronger focus on AI integration into clinical skills training.

Participants will gain insights into student expectations for AI education, including need for practical, hands-on AI experiences and ethical discussions. This will provide educators with strategies to effectively integrate AI into medical curricula, aligning with students' needs.

Strengthening primary healthcare through Longitudinal Integrated Clerkship: A sustainable academic health system approach at Universitas Padjadjaran

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The Longitudinal Integrated Clerkship (LIC) at Universitas Padjadjaran was developed in alignment with the academic health system (AHS) framework to address the growing need for strengthening primary healthcare. This innovative curriculum embeds medical students in primary healthcare settings, promoting continuous learning and hands-on experience in real-world clinical environments. The programme aims to integrate medical education with the local health system, fostering collaboration between academic institutions and primary care providers.

The LIC model has enhanced the clinical competency of medical students in primary care, improved continuity of care and fostered a deeper understanding of community health challenges. It has also strengthened partnerships between the university and local healthcare providers, contributing to a more resilient and integrated health system.

Participants will gain insights into effective curriculum development and the role of medical education in building sustainable health systems will be shared, offering valuable strategies for global health system reform.

Evolving learner preferences and the global landscape of continuing education

Graham McMahon
Accreditation Council for Continuing Medical Education

This presentation examines evolving trends in continuing medical education (CME) and continuing professional development (CPD), focusing on data from over 247 000 activities and 68 million learner interactions in 2023. While the return to live, in-person meetings has been substantial, there has also been dramatic growth in online learning. These trends highlight the ongoing need for flexibility and accessibility in delivering educational activities to healthcare professionals worldwide.

The data show that while live meetings remain critical for engagement, online learning has risen dramatically since the pandemic, significantly surpassing pre-2020 levels. In addition, average physician engagement in CPD has reached record levels, driven by the increasing complexity of healthcare and the need to stay current with advances in research and practice. These insights reflect a future where both live and online formats will continue to shape the global CPD landscape.

Participants will gain a deeper understanding of global learner preferences, the balance between live and online learning and strategies to design and design and deliver effective CPD.

Gamification: Using role-playing games to help students learn pre-anaesthesia assessment techniques effectively

Wei-Hsiu Huang
Cathay General Hospital

In our hospital, medical students only have 2 weeks each year for clinical training in anaesthesiology, making the learning schedule extremely tight. Among all tasks they should fulfil in the course, conducting pre-anaesthesia evaluations and consultations with patients is the most challenging course to teach and is also the greatest source of stress for students, because it requires knowledge of both internal and surgical medicine, as well as an understanding of anaesthesia methods. In the past, instructors spent lots of time lecturing and demonstrating techniques, but the results were often unsatisfactory.

This time, with the conceptual assistance provided by ChatGPT, we adopted a role-playing approach, where instructors acted as patients and students took turns role-playing patients during consultations. We found that not only did this model take less time than traditional lectures, but student engagement and final DOPS scores also significantly improved. The students' qualitative feedback was highly positive. This experience showed us how gamification can help medical students bridge the knowledge gap between school and clinical practice and how AI can assist teachers in creating teaching more creative teaching methods.

Peer instruction in medical education: A 2-year experience at Ajman University College of Medicine (AUCoM)

Maryam Amirrad
Ajman University College of Medicine

Medical education has seen a shift to ensure patient safety and meet the learning outcomes derived from competency-based medical education frameworks (Mookherjee et al., 2013).

Peer instruction (PI) is a pedagogical learner-centred method that actively involves students in teaching processes and reduces lecture hours. It has been used successfully in undergraduate physics courses with robust learning outcomes (Mazur, 1997; Freeman et al., 2014). However, it has not been widely adopted in undergraduate medical education.

The primary objectives of this study are to evaluate the effectiveness of the PI learning method in medical education at AUCoM and to recognise students' perceptions of PI and its impact on their learning process. The secondary objective of this study is to adopt the PI methodology as a pedagogical method in medical education at AUCoM.

A mixed-method approach was used. Quantitative data were collected through Internet-based questionnaires, whereas semi-structured interviews with a sample of medical students provided qualitative data.

The participants were clinical-year medical students who had PI as an instructional strategy during their paediatric clerkship between January 2023 and December 2024 and consented to participate in the study. Ethics approval for this study was obtained from AU REC before starting the research.

Storification: Can radiology be converted into 'short stories' to educate the UG learner?

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This presentation is based on conversion of short sections of the medical curriculum in the subject of radiology for the undergraduate learner in the faculty of medicine. A small section based on the construction and mechanism of the X-ray tube was taken up and was converted into a short story. This short story attempts to attribute characters to the various parts as well as atomic particles present in the X-ray tube, including the electrons, represented as electro warriors. The whole concept behind this presentation is to convert a complex and seemingly difficult topic to understand into an analogically understandable and lucid concept which the students can remember and recall easily bye, keeping in mind the analogies represented in this presentation. To brief, the various parts contained in the X-ray tube

such as the cathode and anode are attributed to be nations on a planet made of glass called as 'Glassia' with their names as 'Cathodia' and 'Anodia', respectively. Detector has been called as as 'Detectoria', land of the politicians and rich. It is the journey of electrons as electro warriors from their homeland 'Cathodia' to their academy in 'Anodia' and their graduation to become 'Photowarriors' (photons) and so on.

Anatomy education in a lower-middle-income country: A cross-sectional study on medical students' perceptions of modern technologies

Duy Hoang[1], Quang Nguyen[1], Thuy Ha[1], Kien Tran[1], Dung Pham[1], Ngoc Nguyen[1], Linh Le[2]
[1]*VinUniversity*, [2]*Affiliations not provided*

Anatomy education is crucial in medical training, but traditional methods often fall short in addressing the needs of modern students, especially in LMICs. This study explores medical students' perceptions of modern educational technologies used in anatomy instruction at VinUniversity. A cross-sectional study was conducted with 131 students (91% response rate) using a 5-point Likert scale and open-ended questions across three cohorts. Results showed high satisfaction with innovative tools (ITs), particularly the 3D Simulation App (4.39 ± 0.84) and plastinated cadavers (3.91 ± 1.03). Urban students and those from prestigious schools rated these tools higher ($p = 0.045$). The virtual dissection table received mixed reviews (2.92 ± 1.15), with later cohorts responding more favourably ($p = 0.058$). Students with higher family income rated the 3D Simulation App ($p = 0.006$) and virtual dissection table ($p = 0.039$) more positively. Qualitative feedback emphasised the need for ITs, clinical integration, better labelling and language support. The study concludes that ITs enhance anatomy education in LMICs, suggesting a broader access shared among multiple medical institutions can optimise resource and improve the quality of anatomy education.

Gamification in medical education: Engaging the next generation of physicians

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This literature review explores the inclusion of gamification in medical education by the inclusion of a leaderboard, incentive and game-based quizzes within curriculum. We tried to improve student interest, engagement and retention by following these strategies. Effectiveness of gamification was evaluated based on user feedback and knowledge retention in medical concepts, where both immediate memory and long-term memory for key medical outcomes were considered. Results indicated that students were more engaged and motivated when studying with gamification as they learned better. Long-term follow-up assessments show a greater user acceptability of the material and higher levels of understanding of key themes as judged by increased retention rates, compared with didactic lectures alone. This emphasises the necessity of support from social web platforms for successful educational learning. Attendees acquire practical strategies for integrating gamification in their own medical education programmes and gain experience in how to help draw out constructive learning activities that incorporate both a sense of collaboration and competition and eventual methods in gauging the impact on student achievement.

Bridging theory and practice: The impact of 3D printing on medical students' learning

Paula Fujii, Guilherme Marçal Ferreira Lima, Leonardo Lopes Caetano dos Santos, Louise Knauber, Camila Marques, Izabel Cristina Meister Coelho
Faculdades Pequeno Príncipe

3D printing is gaining prominence in medical education. This study aimed to assess how 3D simulators enhance students' learning. An integrative review of articles from 2020 to 2024 was conducted using ScienceDirect, PubMed and SciELO. The search included the terms '3D Printing', 'Medical Education' and 'Engagement Learning' (ScienceDirect) and 'Learning' (PubMed, SciELO), selecting 28 relevant studies in English, Portuguese and Spanish.

3D printing has been shown to significantly improve understanding of anatomy, increase short-term knowledge retention and foster engagement. It is particularly beneficial in practical training areas like surgery and clinical procedures. The technology also broadens access to education, especially in resource-limited areas or for students with cultural or religious constraints against cadaver studies.

Participants will learn how 3D printing can play an important role in shaping future healthcare professionals, stressing the need for investment in research, infrastructure and educator training for effective curriculum integration.

Towards evaluating quality in online education: Development and validation of Digital Environment Education in Medical Education (Digi-MEE) Inventory

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The 'Digi-MEE Inventory' was developed to evaluate the quality of online medical education. The process included:

- Literature review: A thorough review of existing frameworks and tools with a focus on medical education needs;

- Consultation with experts: Engaging with educational experts, medical professionals and digital learning specialists to identify key quality components;
- Validation and reliability testing: Implementing statistical methods to ensure the tool's accuracy and reliability;
- Utility testing: Conducting utility test to demonstrate how Digi-MEE Inventory can be used for evaluation.

Key insights from the development process included:

- Critical quality factors: Identifying crucial elements like interactivity, accessibility, content relevance and instructor support;
- Best practices in online education: Understanding effective course design, technology integration and student engagement strategies.

Participants will gain:

1. In-depth understanding of quality metrics;
2. Access to the Digi-MEE Inventory;
3. Strategies for effective online teaching;
4. Opportunities for networking and collaboration.

A prescribing education programme: An innovative method of training newly qualified doctors in a district general hospital in the United Kingdom

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Stockport NHS Foundation Trust

Prescribing errors are common causes of in-hospital mortality and morbidity. UK-based studies noted an error rate of 8.9%–10.3% in newly qualified foundation doctors (FD). Deficiency in knowledge/skill in context of clinical practice was reported by FD as a factor. This innovative programme was developed to support FD in practical prescribing. The programme has a combination of different clinical scenarios, simulations, prescribing practice and clinical knowledge testing. Topics were chosen from hospital patient safety incidents and foundation curriculum. It is delivered as part of induction programme to all FDs by consultants and pharmacists. We present the programme evaluation data from 2020 to 2024. Eighty-eight FD voluntarily participated by completing a questionnaire after the session and rated them on Likert scale 1–5 (*not useful* to *very very useful*).

Overall, the prescribing education programme is highly valued by FD. The average score is 3.95 from all sessions.

Prescribing education for newly qualified doctors should be part of their training. Future research is required to determine if this training helps to reduce prescribing errors.

Open pedagogy in student-led research education: Providing the tools for worldwide access to student research education

Anna Liakopoulou, Amr Kamal, Fereshteh Bagheri
International Federation of Medical Students' Associations (IFMSA)

Over the past years, IFMSA has been working to expand its peer education by developing educational activity toolkits, designed to empower medical students to become educators. They are comprehensive manuals, containing everything needed to learn concepts related to research and teach them to exchange students.

Research Educational Activities Toolkits have been a major constituent of research education in exchanges in over 40 countries, as showcased in four reports in recent years, proving the necessity and feedback on open-pedagogy tools to help students disseminate information themselves, thereby overcoming the numerous issues faced in developing adequate medical researchers, including but not limited to financial costs, available experts and other aspects that limit Research education.

Participants will:

Understand and get familiar with IFMSA's approach to creating OERs and peer education;

Learn about the toolkits' development and practical application and promote open pedagogy;

Exchange ideas for OERs and peer education;

Outline methodologies used and plan similar strategies to utilise in their organisations.

A Canadian undergraduate educational response to a national family physician shortage

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Canada is not alone in facing a shortage of GPs. In 2023, Queen's University in Canada launched a new campus dedicated to family medicine education where entry to the MD programme is combined with a guaranteed postgraduate spot in family medicine. This programme is designed to address the national shortage of family physicians and provide a possible blueprint for other universities interested in doing the same.

Innovative aspects of this programme include a modified admissions process; alignment of curricular goals around the life cycle; a case-based curriculum crafted to represent a realistic panel of family medicine patients; and early and longitudinal community-based clinical experiences. The curriculum is designed and taught by family physicians and specialist allies.

Now entering the third year, presenters will outline the designed-to-purpose curriculum and share lessons learnt in the establishment of a new campus at a community site, including the creation of a direct-to-family medicine admissions stream, successful engagement with community physicians to build faculty, the early impact of more than 3 months of clinical experience before clerkship and a focused transition to family medicine residency curriculum.

Balung Game Card (BGC): A collaborative learning tool for enhancing peer interaction and knowledge building in first- and second-year medical students

Phenny Pariury
President University

This study involved 12 medical students—six from each of the first two years in a new medical faculty. It explored whether collaborative, low-pressure games like the Balung Game Card (BGC) could ease the academic transition for first-year students while alleviating stress for second-year students. After an introduction to BGC through tutorials and a manual, students played several rounds, moving from guided to independent gameplay. Feedback was collected and analysed thematically.

BGC successfully promoted peer interaction and collaboration between cohorts. First-year students felt more comfortable with academic demands through enjoyable gameplay, while second-year students reported reduced stress. Both groups improved communication, critical thinking and mutual support, fostering a positive mental health environment.

Game-based learning like BGC supports both educational outcomes and mental health by encouraging collaboration, reducing academic stress and enhancing peer connections for medical students, contributing to a more balanced and supportive learning environment.

Bridging theory and practice: An innovative CBL approach with trigger films in medical education

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We integrated trigger films into case-based learning (CBL) to enhance preclinical students' understanding of complex physician–patient communication. The films depicted four challenging scenarios: alcoholic patients, families questioning treatment, controversial issues and healthcare professionals' mental health. In 2022, 172 third-year medical students were divided into 10 groups with expert facilitators. Students completed pre- and post-tests on observed professional and humanistic issues.

Content analysis showed students initially focused on differential diagnoses; trigger films broadened awareness to humanistic issues like patient autonomy, communication and mental health—previously under-recognised (only 23.84% mentioned). Post-CBL discussions enhanced recognition of these topics and reflective abilities. Positive feedback indicated expert facilitation, and peer discussions helped uncover blind spots.

The session offers insights to foster critical thinking and deepen understanding of professionalism and humanistic concerns, preparing students for complex challenges.

Do surgical navigation with augmented reality affect dental interns' learning in local anaesthesia skills?

Chinshan Kuo
Tri-Service General Hospital

This study addresses dental interns' challenges in transferring local anaesthesia skills to real patients. This skill transfer is crucial for ensuring pain control and for keystone demonstrating dental competence. Despite using oral anaesthesia models for preclinical training, recent assessments have revealed that students still struggle in OSCE exams. This struggle, particularly in translating skills from models to actual patients, significantly affects their clinical confidence in nerve-block techniques.

We introduce innovative teaching methods using augmented reality and surgical navigation systems to enhance students' proficiency. These tools create scenario-based learning environments, allowing students to learn injection techniques through observation, cognitive learning and hands-on practice—real-time surgical navigation records expert needle pathways and injection depths, establishing a standard model to guide students.

The research we are undertaking is comprehensive. It thoroughly compares surgical navigation's effectiveness and augmented reality teaching methods with traditional techniques. Dental interns from affiliated medical school hospitals participate in a pre-/post-test experimental design to evaluate the impact.

Peer-led web-based research education for paediatric surgery residents and fellows in Sudan during COVID-19 pandemic (2020–2021)

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[1]*Children's Surgical Hospital-Entebbe,* [2]*Khartoum Teaching Hospital,* [3]*King Faisal Medical Complex Taif,* [4]*Soba Teaching Hospital*

The coronavirus disease-2019 (COVID-19) pandemic imposed disruptions upon health science education across many health science disciplines. Peer-led learning is an educational approach where students take on a teaching role to help their peers understand and learn new concepts. This method encourages active participation, collaboration and shared responsibility for learning among students. It can take various forms, such as peer tutoring, study groups, collaborative projects and discussion forums. It promotes deeper understanding, enhances communication skills and fosters a supportive learning community. In this review article, we present our innovative experience with the peer-led learning. The sessions aimed to promote research and

evidence-based thinking and practice, provide social support to quarantined personnel during the pandemic and enhance the research culture in Sudan.

The main focus of the experience was capacity-building. The pioneering experience in Sudan showcased that the sessions, led by paediatric surgery fellows, highlighted the emergence of distance learning in the training of paediatric surgery fellows. Attendees will benefit from the transmission of this innovative experience into their local settings.

Artificial intelligence in clinical skills assessment: A student-led survey on trust and acceptance

Yadhavi Santhimanalan, Krishna Mohan Surapaneni
Panimalar Medical College Hospital and Research Institute, Chennai, Tamil Nadu, India

This study examines the findings from a student-led survey that explored medical students' perceptions of artificial intelligence (AI) in clinical skills assessments. Responses were gathered from students across various academic years to assess their views on AI's effectiveness and trustworthiness in assessing clinical competence, procedural skills and diagnostic abilities.

The survey revealed that while many students recognised AI's potential to bring objectivity and consistency to clinical assessments (65%), concerns arose about its ability to evaluate non-technical skills such as empathy, communication and decision-making in complex clinical environments (71%). Students (76%) expressed a preference for a blended approach, where AI is used to complement, rather than replace, traditional educator assessments.

Participants will gain insights into students' perspectives on AI in clinical assessments, exploring the advantages and limitations of AI tools. The session will offer strategies for integrating AI into clinical evaluations while maintaining a human-centred approach to medical education.

How a new era of artificial intelligence equipped bioelectric medicine can revolutionise global healthcare practices for our patients

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We mainly dealt investigating through years of published research work done, demonstrating the therapeutic role of bioelectric currents in humans. By doing this, we understood its various mechanisms, its vast potential in global healthcare space and the current drawbacks faced in the field, halting its growth. We also followed collateral expansion of the intelligent computing space (the AI) over the years, understood its core functioning and the workings of various deep learning algorithms.

We came to the conclusion that the fusion of advanced learning bioactive algorithms with bioelectric devices can beneficially impact this medicine in addressing its key disadvantages and upscaling its true capabilities in different healthcare domains like personalised and preventive medicine more efficiently.

Participants will gain insights into exploring how AI can leverage bioelectric medicine, improving the accuracy of healthcare interventions, ultimately transforming and interconnecting different healthcare ecosystems for our patients. This interactive session will encourage opening new avenues for research and development in this field.

The Medical Student Alliance for Global Education 'MeSAGE' approach: Enhancing knowledge in accreditation and quality assurance (AQA) for medical students through online learning tools

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International Federation of Medical Students' Associations (IFMSA)

MeSAGE is a collaborative initiative of 11 medical student organisations, including the International Federation of Medical Students' Associations (IFMSA), aiming to bridge curricular gaps by developing open access educational resources and enhancing meaningful student engagement (MSE) in medical education (ME). As part of this, interactive and customisable learning modules called Bricks were introduced to help students grasp ME concepts.

One of the bricks focuses on AQA. It equips students with essential knowledge of topics like internal and external quality assurance processes, including accreditation and role of WFME. This brick was co-created and used by IFMSA members, capaciting hundreds of students through workshops for a comprehensive understanding of the AQA landscape.

Educators and students will explore how online tools like MeSAGE Bricks can advance MSE in ME and how to apply them within institutions to assure and advance the quality of ME. Practical strategies on how to integrate modular, interactive learning into curricula, enhancing both MSE and educational outcomes will be shared.

Using design thinking to learn physiology through project-based learning

Yuni Susanti Pratiwi
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Project-based learning is one of the methods that has been used to promote students to gain knowledge and skills when facing a real problem in the community. To find the most appropriate solution, our students use the design thinking process as an approach. We found that using design thinking can also be an innovative way of students learning basic science such as physiology in the process.

Students gain knowledge and understanding of physiology especially in the steps of 'define' and 'ideation'. After the step 'empathise', the students brainstormed a concept map to establish a clear idea into the problem statement. This step is a gem to explore the problems, and at some point, it will reach the need to learn basic science behind the problem statements. Step of 'ideation' is also another step that is pivotal to trigger students' knowledge about basic science such as physiology to build their ideas.

Participants will learn from our experience to implement design thinking approach in project-based learning to learn basic science concepts such as physiology.

A new model (D4sP4s) proposed for developing high-risk, high-precision procedural skills in post-graduate residency medical education

Hermanto Tri Joewono
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Developing high-risk, high-precision procedural skills, such as open-heart surgery, caesarean delivery, brain surgery, etc., in postgraduate residency medical education requires more than see one do one teach one, the standard frameworks of outcome/competency-based education (CBE), entrustable professional activities (EPA) and the traditional five-level supervision models. While these approaches offer structured pathways for skill acquisition and assessment, they fall short in addressing the unique demands of complex, high-stakes procedures that involve precision, technical mastery and real-time decision-making. Proposed model are D4sP4s: Decontructions, Checklist, Memorise and Visualise, Whole Part Whole, Practice in computer assisted, dry and wetlab, provide supportive feedback incl delegating and taking over, use of protege effect and prerotation assignment and assessment.

The global landscape of medical education: A scientometric mapping study

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International Federation of Medical Students' Associations (IFMSA)

Despite its growth, medical education research (MER) lacks consensus on topics and diversity. Using Web of Science, our study analysed MER from MEJ-24 and other journals (2019–2023) using bibliophily, VosViewer and content analysis to identify emerging themes.

Of the 13 189 research papers, only 1% of authors wrote five or more papers, and 0.1% wrote 10 or more. The journals with the highest number of publications were *BMC Medical Education*, *Academic Medicine* and *Journal of Surgical Education*. North America, Europe and Central Asia were the regions with the most publications. Some of the themes identified were DEI, assessment and feedback in CBME, theories in MER, well-being and burnout, active teaching methods, TEL and healthcare simulation, COVID-19, professionalism: empathy and communication, minorities and sexual-gender education and mentoring.

Participants will gain an overview of MER, its global distribution and its central themes.

A reflective and critical approach will be encouraged to diversify MER, enabling participants to identify gaps, under-represented regions and emerging trends.

Integrating physical wellness into curriculum: Enhancing cardiovascular learning through experiential learning

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Experiential learning is particularly valuable for medical students in understanding health behaviour, as it facilitates the connection between theoretical knowledge and practical application in clinical and community settings. In cardiovascular courses, students are encouraged to integrate their own health behaviours to improve physical wellness during their learning process. This study investigates how integrating physical wellness programmes, such as cardiovascular exercise routines, into the medical curriculum can reinforce theoretical learning about the cardiovascular system.

Through participation in challenging exercise activities tracked via the Strava application, students in cardiovascular courses can observe the real-time effects of exercise on heart rate variability and cardiorespiratory fitness.

Participants will learn that incorporating physical wellness as an experiential learning component in medical education not only facilitates students' mastery of cardiovascular science but also encourages the adoption of healthy lifestyle behaviours, which are essential for future physicians.

Medical students' perceptions of interprofessional education: A survey on collaboration and team-based learning

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This study outlines the results of a survey exploring medical students' perceptions of interprofessional education (IPE) and its effectiveness in fostering collaboration from other health professions. The study gathered responses from students about their experiences with team-based learning and interprofessional collaboration in academic and clinical settings.

The survey revealed that while 64% of students recognise the importance of IPE for improving communication and teamwork in clinical practice, 58% found opportunities for meaningful interprofessional collaboration limited. 54% expressed a need for frequent IPE activities that simulate real-world clinical environments, helping them understand the roles of other healthcare professionals and develop teamwork skills.

Participants will gain insights into medical students' views on the current state of IPE, the barriers to effective collaboration and suggestions for enhancing team-based learning. They will learn strategies for integrating practical experiences into medical curricula to prepare students for collaborative healthcare environments.

Re-envisioning the future of primary care: Integrating clinical and academic medicine

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An environmental scan was completed of existing community teaching clinics within 100 km of the community hospital. Descriptions of existing teaching setting were reviewed, and site visits were conducted as necessary. Discussions with learners, faculty and staff helped to augment the results of the environmental scan in terms of available resources.

The results demonstrated that the following gaps existed: lack of focus on continuity of care in medical and surgical care teaching settings, lack of integration with interprofessional healthcare educators in clinical settings and siloed nature teaching and learning for medical learners across the continuum. Best practices from clinic visits were modelled throughout the local system.

At the end of this session, participants will be able to define the factors influencing local medical education contexts, understand the issues involved with integrating practical innovative medical education models into local learning environments and recognise enablers and barriers to deconstructing existing siloes in medical education.

Fostering collaborative learning and peer teaching through cross-year-group

Yuni Susanti Pratiwi[1], Muhammad Hasan Bashari[2], Yunisa Pamela[2], Eko Fuji Ariyanto[2], Putri Halleyana Rahman[2], Mohammad Ghozali[1], Tri Hanggono Achmad[3]
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Collaborative learning and peer teaching are important strategies to develop students' ability of critical thinking, creativity and leadership. We implemented a cross-year-group between three batches of students in one small learning group.

This approach leverages the diverse experiences and knowledge of students, fostering an environment where both senior's and junior's benefit. We found that senior students can take on mentorship roles, teaching and guiding their junior peers in areas where they have more experience. Teaching others reinforces their own knowledge, as they have to process and simplify complex ideas. Teaching and collaborating with junior students also fosters leadership, communication and coaching skills. While junior students benefit from the guidance and explanations of more experienced peers, we still found some pitfalls such as time constraint, overwhelmed junior students and overdominant senior students.

Participants will learn from our experience implement cross-year-group benefits and pitfalls in term of fostering collaborative learning and peer teaching.

The Beyond Campus Curriculum: A transformative integration of humanistic and socialistic competencies in health professions education

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The Beyond Campus Curriculum encompasses the International Graduate Course on Humanistic and Socialistic Competencies for Healthcare Providers developed by the University of Porto, Portugal, which

integrates essential bioethics, professionalism and personal well-being competencies into the medical and nursing curricula. Weekly synchronous sessions are conducted by global experts. The programme spans the entirety of undergraduate medical and nursing education and was assessed through a mixed-method case–control study focusing on cognitive, psychomotor and affective domains.

Students participating in this curriculum exhibited significant improvements in ethical decision-making, communication, empathy and compassion ($p < 0.0001$). The course positively impacted cognitive, affective and psychomotor development, enhancing students' ability to apply ethical principles in clinical settings.

Participants will learn about the Beyond Campus Curriculum Innovation of integrating humanistic and ethical principles into health education. The session will offer insights into curriculum design, tools and strategies to enhance […].

Constructing a teaching model for difficult doctor–patient communication, empathy and addressing medical disputes through simulated mediation and mock court

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This study developed a simulated mediation and mock court model to teach difficult doctor–patient communication, a core competency (AAMC 4.6). Using real legal case judgements, the course, based on experiential learning theory, included three sessions (150 min): introduction, simulated mediation, mock court and discussion. It aimed to enhance communication, empathy and dispute resolution skills. Evaluations included pre-/post-course self-assessments and post-course satisfaction surveys.

Significant improvements were noted in communication, conflict resolution, perspective-taking, legal systems and responsibility ($p < 0.05$). Learning model satisfaction averaged 4.64–4.72. Students found the course engaging, helping them better handle emotionally challenging and difficult communication scenarios, building confidence in managing future medical disputes.

Attendees will learn how to apply simulated mediation and mock courts to teach complex communication, empathy and legal skills. This model equips students with practical tools to handle emotional and legal challenges in real-world medical practice.

Leadership

Bridging national and international standards through leadership

Nantana Sirisup, Porntip Kanjananiyot

Institute of Medical Education Accreditation, Bangkok, Thailand

Thailand's quality assurance pathway has been strongly driven by leading institutions, namely, the Consortium of Thai Medical Schools (COTMES), the Thai Medical Council (TMC), the Ministry of Higher Education, Science, Research and Innovation (MHESI) and the Institute for Medical Education Accreditation (IMEAc) as well as the National Medical Education Conference (NMEC) as 'Brain Trust'.

Since 1956, NMEC has been instrumental to gather relevant authorities, discussing crucial issues and strategies, making crucial recommendations like a policy framework for the national quality assurance system. Once COTMES, TMC and MHESI approve it, all medical schools will comply with the standards as they do, following the adoption of the World Federation for Medical Education (WFME) standards at both undergraduate and postgraduate levels.

The decades of making changes possible are due to the synergistic leadership of all concerned. NMEC serves as the 'brain trust' while all related authorities jointly consider adopting key initiatives to draw mutual goals, actionable strategies, leader and team engagement and communication. This has become one big picture as the compass for excellence. In addition, its collection of learning and best practices about leadership development are meaningful to share within and beyond the medical education communities.

Meaningful student engagement (MSE) in undergraduate medical education accreditation and quality assurance (AQA)

Kana Halić Kordić, Ahmed Werdeny, Aland Mariwan, Rashkih Tasnim, Muriel Slim, Fereshteh Bagheri
International Federation of Medical Students' Associations (IFMSA)

Students are key stakeholders in ME, yet their involvement in areas of UGME AQA often is hindered externally. The International Federation of Medical Students' Associations (IFMSA) promotes MSE in AQA while equipping students with essential skills through toolkits, workshops, policy documents and various opportunities. Further, a working group was established to support student activities focused on AQA and assess a worldwide survey on MSE in the AQA in 2023.

The survey's results show that 71.1% of students rated MSE in AQA as extremely important, while 82.7% stated to be 'not involved' in AQA activities. Over 50% expressed dissatisfaction with current level of MSE. Building on this, since 2019, IFMSA has empowered 2000+ medical students globally through capacity-building initiatives. More students were reached through campaigns and published resources. IFMSA supported the development of 536 student-led MSE activities since 2017.

The outcomes and recommendations based on the AQA survey will be presented. Examples of best practices and successful initiatives from IFMSA's work will be showcased.

Performance report on policy recommendations from the 9th National Medical Education Conference of Thailand

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The 9th National Medical Education Conference of Thailand (2015) proposed four key recommendations to align medical education with the country's healthcare needs: reform education to develop a diverse range of physicians; tailor medical schools' graduate objectives to their capacity; integrate the internship programme into the education system; and strengthen faculty support. A follow-up, 9 years later, across 29 medical programmes, shows mixed progress. Primary and secondary care training is provided, varying between institutions. Elective courses in subspecialties are available. Research opportunities are offered. Core competencies have been integrated across programmes, and elective courses (12–40) are designed based on student interests. The internship programme is not yet fully integrated into medical education. Faculty development has seen progress.

National medical education conferences remain critical for policy formation, and continuous national oversight is necessary to ensure medical graduates align with the healthcare system's needs and societal expectations.

Participants gain: Direction of medical education should be elevated to a national policy.

Collaborative leadership in shaping evaluation systems: A multi-institutional approach in Indonesian medical schools

Muhammad Hasan Bashari[1], Mohammad Ghozali[2], Yuni Susanti Pratiwi[2], Eko Fuji Ariyanto[1], Yunisa Pamela[1], Tri Hanggono Achmad[2], Rova Virgana[3], Yulia Sofiatin[3]
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The KONsorsium Sistem Evaluasi Pembelajaran (KONSEP) initiative addresses challenges in medical education evaluation across six Indonesian medical schools, five newly established. The consortium standardises evaluation tools by sharing institutional assets, combining over 28 000 items into a unified item bank to ensure consistency, validity and reliability in assessments. Activities rotate among institutions, fostering continuous engagement and collaborative learning through faculty development programmes on assessment systems, including guideline formulation, professionalism assessment, item development and review, item analysis and item bank management.

This multi-institutional effort has built a standardised evaluation system, increasing faculty capacity in student assessment. By pooling over 28 000 items, KONSEP has created a scalable framework that strengthens evaluation processes and enhances collaboration.

Participants will learn to foster collaborative leadership across diverse medical institutions, integrate new schools, build shared resources, create standardised tools and develop a resilient leadership framework to improve medical education evaluation.

WFME Youth Taskforce: Peer education and mentorship through the lens of youth engaged in medical education

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The WFME Youth Taskforce, organised in partnership with the International Federation for Medical Students' Associations, includes a team of international medical students, recent graduates and trainees who participate and assist in the WFME Conference. A peer mentorship programme is organised for the development and mentorship of actors in medical education (ME). The role of mentors is essential in

providing knowledge and instilling a sense of responsibility and collaborative principles. This abstract explores the interplay between mentorship, student leadership and engagement.

Groups of four members are formed, led by an experienced member who has held previous leadership positions in ME as a student. Webinars and group discussions leading to the event will cover guided conversations on ME systems, accreditation and meaningful student involvement.

What participants will gain from attending this session: Promote intercultural learning within mentorship groups with an international cohort of youths engaged in ME. Assist mentees in enhancing their professional development. Create opportunities for mentees to expand their professional networks within healthcare field.

Developing the Framework of Leadership in Academic Medicine (FLAM) to foster role modelling, talent hunt and emotional intelligence among healthcare professionals

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Leadership within medical academic institutions often adheres to hierarchical structures, relying on factors like seniority and context, with limited focus on leadership development. We developed a leadership framework by examining the traits and aspirations of academic leaders among medical school faculties by collecting insights from regular medical faculty and leaders in healthcare through interviews and surveys. The data were analysed quantitatively and qualitatively.

The curated data from 229 participants showed that 92% of the regular faculty had a lack of experience and training in leadership. The participants emphasised the need for intensive leadership training, as most leaders and regular faculty lacked formal academic leadership training. Affiliative leadership was favoured by 45% of leaders. Through qualitative analysis and thematic triangulation, we developed the 6 Es Framework for Leadership in Academic Medicine (FLAM). This model encompasses ethics (accountability, role modelling), education (structured curricula, skill-building), envision (strategic direction, talent recognition), engagement (institutional scaffolding, goal alignment), empowerment (inspiring purpose and agency) and encouragement (recognition, financial and career incentives). To conclude, FLAM provides a structured, evidence-informed approach to cultivating academic leadership in medicine, bridging existing developmental gaps while aligning with the values of professionalism and institutional growth.

Learner Support

Shared well-being: Exploring the dynamics of mentor–mentee relationship in medical education

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[1]*Panimalar Medical College Hospital and Research Institute*, [2]*International Chair In Bioethics UNESCO Chair In Bioethics, Melbourne, Australia*

This presentation focuses on the evolving role of mentorship in medical education, examining its impact on shared well-being from the mentor's perspective. Experts in medical education reflect on the intricacies of mentor–mentee dynamics, highlighting both the rewards and challenges mentors face in fostering productive and supportive relationships.

Through the exploration of mentor experiences, the symposium presentation uncovers strategies for effective mentorship that nurture shared well-being. The discussion addresses ethical considerations, including maintaining professional boundaries and managing power dynamics. The insights gathered provide a comprehensive understanding of how mentors contribute to fostering a positive and productive educational environment in medical training.

Participants will gain practical strategies for effective mentorship in medical education, with a focus on promoting shared well-being and ethical considerations. The session will also provide tools for managing challenges, exploring best practices and creating impactful mentor–mentee relationships.

Student perception of a pathway to a new scholastic system: A Middle East study

Samar Ahmed, Arina Ziganshina
Dubai Medical College for Girls

Technological advancements, the need for personalisation and equity, the difference in the essential skills required for the ever-changing job market indicate the importance of the transformation of existing educational systems. To inform future changes, we asked medical

students in Dubai to evaluate statements related to the efficiency of the education system using the 5-point Likert scale. Polarity maps were generated to visualise the tensions that exist. The data have been subjected to qualitative content analysis.

The methodology offers an insight into the use of polarity mapping to contextualise tensions where concerns were raised related to excessive stress in studies, prioritising grades over competence, high tuition costs, dominance of peer competition over collaboration and degrees rather than proficiency determining career success.

Participants will raise personal awareness of the problems within the existing medical education system and explore the reasons behind the current issues, identify warning signs and possible action steps. The symposium presentation is an opportunity to join the dialogue and share ideas that have global outreach.

Strengths through struggles: Student perspectives on promoting mental well-being and resilience during medical training

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This presentation will explore medical students' views on mental well-being and resilience during medical training. Through surveys and focus groups, students shared the challenges they face, including academic pressure, burnout and managing personal and professional demands. The study aimed to identify gaps in existing support systems and understand how institutions can better promote student well-being.

The findings revealed that many students experience burnout and feel current support systems are inadequate to support their mental well-being. They called for better access to mental health services, integrated wellness programmes and peer support initiatives. Students emphasised the need for fostering an open culture where mental health is prioritised and help-seeking is normalised.

Participants will gain insights into the mental health challenges medical students face and learn strategies for integrating mental health support into curricula aligning with students' expectations. The session will offer practical solutions to create a supportive learning environment that promotes well-being and resilience.

Interprofessional education in medical curricula worldwide: The student perspective

Mareike Krause, Michelle Lam, Kana Halić Kordić, Muriel Slim, Samira Y. Zeid

International Federation of Medical Students' Associations (IFMSA)

Interprofessional education (IPE) is acknowledged to improve healthcare systems and foster patient-centred care. The International Federation of Medical Students' Associations (IFMSA) addressed IPE and collaborative practice (IPECP) in healthcare curricula by conducting a global survey on topics like students' knowledge, perception and satisfaction of IPECP as well as its integration in curricula.

146 students from 51 countries filled out the survey assessing international students' perspectives on the current implementation of IPECP in health professions curricula. Only about 50% experienced interprofessional courses as part of their curricula, and no more than 15% indicated they were satisfied with the approach and amount of IPECP in their institutions. In comparison, about 80% of students find learning from, with and about other healthcare professions 'very' or 'completely relevant'.

To improve healthcare accessibility, patient safety, quality of care and health outcomes, IFMSA recognises IPECP as a crucial tool for healthcare systems. However, there is a need for improvement in implementing and conducting IPECP classes.

A grade by educator or AI? Medical students' perceptions of AI-assisted assessment in medical education

Shathriyaa Chandrasekar, Krishna Mohan Surapaneni

Panimalar Medical College Hospital and Research Institute, Chennai, Tamil Nadu, India

This study details the findings of a survey study conducted to explore medical students' attitudes towards the use of artificial intelligence (AI) in assessment and grading. The survey collected responses from medical students at various academic levels, evaluating their perceptions of AI-assisted assessments compared to traditional educator-led evaluations.

While some students appreciated the potential for AI to provide objective (60%) and consistent evaluations (65%), others expressed concerns about the limitations of AI in assessing clinical judgement (72%), empathy (59%) and other humanistic aspects of care (67%). The survey highlighted a general scepticism about AI's ability to fully replace human assessment, particularly in complex clinical scenarios that require nuanced understanding (71%).

Participants will gain insight into medical students' perspectives on role of AI in assessments discussing how AI can be integrated into assessments without compromising the human elements essential to medical education. They will also gain strategies for balancing AI and educator involvement in student evaluations.

Meaningful students' engagement: Students' versus faculty's perception

Adeniyi Adesola, David Akoki, Miracle Abraham
University of Ibadan

This study investigates the perception of students' engagement between students and faculty members using the AMEE ASPIRE criteria. The study involved 555 students and 65 faculty members.

The study revealed significant differences between students' and faculty's perceptions, particularly regarding student involvement in school policies, curriculum development and leadership roles. While 89.7% of students supported student participation in the development of the school's vision and mission, only 66.2% of faculty agreed ($p < 0.001$). Similarly, 95.7% of students favoured representation on committees, compared to 87.7% of faculty ($p = 0.006$). Students were also more supportive of playing leadership roles in the curriculum (86.1% versus 56.9%, $p < 0.001$) and in faculty development (71.2% versus 53.8%, $p = 0.004$). Findings highlight a stark disconnect between students' desires for deeper engagement and faculty perceptions, emphasising the need for a collaborative approach to foster more inclusive student participation.

From this presentation, participants will understand that creating an inclusive environment is crucial towards enhancing the overall educational experience of students.

The psychological safety of medical students during Sudan war: Challenges and recommendations

Fatima Mohammed[1], Assmaa Hashim Ali Ahmed[2], Marafi Ahmed[2], Ashraf Sharief[2], Nusiba Ahmed[2], Mai Ali[3], Rawan Abdalla[4], Rania Mohammedien[4], Ayah Ahmed[4], Shadi Abdelghaffar[4], Anhar Elbashier[4], Yousif Helo[4], Alboukhari Eltahir[4], Manasik Mohamed[4], Ahmed Saeed[4], Abuelgasim Mohammed[4], Mai Omer[4], Abdullrahman Elsayed[4]
[1]Khartoum University, [2]Faculty of Medicine, Bahri University, [3]Faculty of medicine, Al Neelain University, [4]Affiliations not provided

This presentation will delve into the psychological safety of medical students living in conflict zones during their educational experience, focusing on how war impacts their education sustainability and overall health. Attendees will gain valuable insights into the unique challenges these students face, including feelings of insecurity during their learning process, anxiety and the effects of traumatic experiences.

We will discuss key themes identified through interviews with students, highlighting the essential need for supportive environments, effective coping strategies and the barriers many encounter in accessing psychological support during their medical education journey and how medical support should build an effective and psychologically safe learning environment for students during conflicts and wars.

Participants will walk away with a deeper understanding of the complexities involved in educating students in conflict-affected areas. This knowledge will be useful in shaping approaches to better support psychological safety and well-being, ultimately helping to build more resilient academic communities even in the toughest circumstances.

Academic supervision in the Mais Médicos programme: The Brazilian experience in supporting general practitioners in primary healthcare

Sarah Segalla[1], Islany Alencar[2]
[1]Agência Brasileira de Apoio à Gestão do SUS, [2]Ministério da Saúde

The Mais Médicos programme, in effect for 11 years, aims to bring physicians to highly vulnerable areas with difficulties in retaining healthcare professionals. Currently, it has approximately 23 000 doctors. The continued education of these professionals includes specialisation courses in family medicine, indigenous health, professional master's and doctoral programmes, as well as short-term courses and academic supervision. The supervision is carried out by family physicians, who provide monthly visits to monitor and discuss cases, support clinical management and foster interaction with multidisciplinary teams and local health managers. Experience has shown that the role of supervisors has been crucial in ensuring the retention of doctors in remote regions, promoting their long-term commitment to hard-to-reach areas by offering educational and emotional support, often serving as the primary support for these professionals. Participants in this session will have the opportunity to learn about the Brazilian experience in supervising general practitioners working in highly vulnerable and hard-to-reach areas.

Assessing the impact of IFMSA research camps on medical students' research competencies before and after the COVID-19 pandemic

Kirollus Abdallah, Ahmed Rjoub, Anna Liakopoulou, Mohamed Ibrahim Ahmed Ibrahim Mousa
International Federation of Medical Students' Associations (IFMSA)

Research camps organised by IFMSA aim to strengthen participants' research skills based on the IFMSA Basic Research Competencies Framework. We compared evaluation data from RCs in 2018 ($n = 22$) and 2023 ($n = 26$) to assess pre- and post-pandemic competencies. Responses were matched and encoded for 18 rating questions across four competency dimensions: basic/advanced knowledge and confidence. Python 3 on Colab was used to calculate the aggregated means for the four dimensions and Cliff's delta's effect sizes. Data were analysed using appropriate tests.

RC23 participants outscored RC18 at baseline across dimensions ($p < 0.007$). Post-RC23 confidence exceeded post-RC18 (p value for basic confidence $= 0.014$ and p value for advanced confidence $= 0.006$). The scores from pre-RC to post-RC were

significantly improved both times ($p < 0.001$). Effect sizes indicated greater RC23 gains than those of RC18.

Participants will learn more about IFMSA's approach to peer-led research education and IFMSA BRCF. Moreover, they will discover practical insights into implementing and effectively evaluating research training.

The clinical mentorship experience for scholarship physicians in the Médicos pelo Brasil programme

Sarah Segalla, Amanda Moura, Antônio Ribas
Agência Brasileira de Apoio à Gestão do SUS (AgSUS)

The Médicos pelo Brasil programme, launched in 2022, aims to retain physicians in highly vulnerable or underserved areas. Unlike the Mais Médicos programme, it includes clinical mentors who are specialists in family medicine or internal medicine, guiding scholarship physicians during their training. The clinical mentorship takes place over 2 years, in 12-week periods, with the scholarship doctors travelling to primary care units where the mentors work. During this time, the physicians participate in clinical activities; develop skills in clinical practice, management and communication; engage in joint consultations, home visits, team meetings and clinical studies; and are evaluated by the mentors. This methodology aims to enhance practical skills and strengthen the training of professionals in real-world care settings. Participants in this session will have the opportunity to share experiences on clinical mentorship for physicians in training in family medicine and other placement programmes.

Addressing the lack of global health education in medical curricula, the major outcome of IFMSA-Exchanges

Ignacia García Valdés, Kana Halić Kordić, Anna Liakopoulou, Mohamed Ibrahim Ahmed Ibrahim Mousa
International Federation of Medical Students' Associations (IFMSA)

Since 1951, the International Federation of Medical Students' Associations (IFMSA) has addressed the deficit of global health education (GHE) in medical curriculum. Allowing over 15 000 students per year to participate in 4-week clinical internships in different socio-cultural settings. Enhancing GHE through the student mobility programme and capacity-building sessions held for medical students, aligned with our global health framework (GHF) objectives. Furthermore, IFMSA biannually surveys its national member organisations (NMOs). The January 2023 and June 2024 surveys collected data about access to the GHE in the medical curriculum and through IFMSA.

In January 2023, out of 106 surveyed NMOs on GH capacity-building initiatives, 28 incorporated it in sessions, 24 held workshops and webinars, and 10 developed policy documents.

Results of the survey on access to GHE in the curriculum launched in September will be presented at the event.

Participants will gain insights into IFMSA's GH efforts, including the global mobility programme and capacity-building initiatives, and learn how to apply these approaches within their institutions.

Anatomy Cluedo: Where learning meets fun in medical training

Sarah Khalid
Shalamar Medical and Dental College Lahore, Pakistan

Medical students often feel less confident in applying anatomy knowledge during clinical years, with global concerns about graduates' anatomy proficiency. This study, beginning with a literature review and FGDs with students and faculty, explored game-based learning in anatomy. Insights led to the creation of the board game 'Anatomy Cluedo', which underwent expert validation via the modified Delphi technique and various validation methods, including cognitive interviews and correlational analysis. The pilot phase assessed cognitive learning gains. FGDs revealed dissatisfaction with traditional anatomy lectures and a preference for gamified learning and interactive strategies. Validation showed high expert agreement on 'Anatomy Cluedo's' relevance. Participants highlighted benefits such as increased engagement, critical thinking, confidence and retention. Construct validity comparisons indicated general endorsement of game mechanics but divergent opinions on skill level and interaction. Overall, the study underscores the potential of gamified learning, particularly through 'Anatomy Cluedo', for enhancing anatomy education. It highlights the value of educational games and fills a research gap on cost-effective board games for teaching […].

Beyond the clinics: Integrating social prescribing into medical education through a comprehensive training module

Dinesh Noble Balagangatharathilagar, Krishna Mohan Surapaneni, Kaviya Arumugam
Panimalar Medical College Hospital and Research Institute

This study introduced a social prescribing training module for medical students, focusing on the integration of social determinants of health into patient care. The training consisted of module with reflective discussions, case studies and skills assessments. Students learned to identify patients' non-clinical needs such as social engagement, creative activities, exercise, nutrition and mental health and refer them to relevant community services.

The training resulted in a significant shift in students' perspectives, expanding their understanding of holistic healthcare. Through case studies and reflective discussions, students improved their ability to assess patients' social needs and collaborate with community

resources. Pre–post skills assessments showed significant improvement in students' ability to apply social prescribing in clinical practice.
Participants will gain practical insights into implementing social prescribing in medical education through case-based learning, reflective discussions and skill assessments. They will learn how to prepare future doctors to address health disparities by incorporating social factors into patient care.

ITDM: Approaches to disasters and health emergencies trainings through peer education

Asmaa Mohammed, Enas Omer, Fereshteh Bagheri
International Federation of Medical Students' Associations (IFMSA)

The International Federation of Medical Students' Associations (IFMSA) identified a gap in medical education on disaster preparedness and management. IFMSA developed the International Training in Disaster Medicine (ITDM) to address this. The programme uses a peer education model, with graduates from the Training of Disaster Medicine Trainers (TDMT) leading workshops. These include interactive sessions, case studies, simulations and theatre-based learning, focusing on disaster management, public health and international coordination. Since 2016, over 500 students have been trained in 30 workshops.
Medical students attending ITDM workshops gained competencies in disaster medicine, including hospital and prehospital management. They learned about the cluster approach and OCHA's role in emergencies, enhancing their understanding of global disaster management and their responsibilities in advocating for and implementing DRR strategies in their communities.
Participants will learn about peer education methods that empower medical students in disaster roles, the importance of youth-led initiatives and insight […].

Leading, learning and producing science: The impact of academic monitoring in early medical education

Paula Fujii, Mariana Schenato Araujo Pereira,
Leide Da Conceição Sanches
Faculdades Pequeno Príncipe

To address the challenge of aligning medical education with healthcare needs, we integrated the Canadian Medical Education Directions for Specialists (CanMEDS) roles into academic monitoring to foster skills and scientific production among first-semester medical students. A presentation on scientific production was followed by group work, where students, guided by the monitor and teachers, produced papers based on real-world experiences, developing CanMEDS competencies.
Out of 48 students, 43.75% participated, resulting in five papers on topics such as violence against women, transphobia, medical ethics and the importance of history and art in medicine. The process fostered key CanMEDS roles: leader (guiding peers), communicator (presenting ideas), scholar (research), collaborator (teamwork), health advocate (addressing social issues) and professional (ethical standards). All papers were accepted at a national congress.
Participants will gain: Early exposure to research fosters critical CanMEDS roles. The monitoring process helps students develop essential skills, contributing to their growth as patient-centred professionals.

Medical students' emotional and cognitive journey into clinical training: Analysis from reflective writing

Minh Thuy Ha[1], Zarrin Siddiqui[2]
[1]*VinUniversity, Vietnam,* [2]*Taylor's University, Subang Jaya, Selangor Darul Ehsan, Malaysia*

The transition from preclinical to clinical training is a critical phase in medical education, presenting both emotional and practical challenges. This study explores medical students' perceptions during their first week of clinical training through reflective writing. All fourth-year students from VinUniversity, Vietnam, participated after completing a 3-year preclinical and 4-week intensive bootcamp. 47 students submitted their reflections as 98% response rate, resulting in 131 learning moments. Five key themes emerged through thematic analysis: emotional adaptation, gaps in preparedness, transition to practice, mentorship and feedback and personal and professional growth. Students expressed a range of emotions, including feeling overwhelmed, excited and nervous. Challenges in translating theoretical knowledge into clinical practice, particularly language barriers, patient communication within paediatrics and psychiatry. This study highlights the complexity of students' transition to clinical training, emphasising the need for emotional support systems, targeted preparatory training and structured mentorship programmes. Reflective writing proved to be an effective tool for capturing the diversity of student experience.

Shifts in specialty preferences among medical students: The impact of career guidance initiatives at VinUniversity

Minh Thuy Ha, Quang Nguyen
VinUniversity

Understanding medical students' career preferences is essential for creating programmes that support informed decisions. At VinUniversity, Vietnam, a 6-year medical programme with integrated career guidance supports students' development. This study evaluates the impact of career guidance initiatives at VinUniversity on medical students' specialty preferences, examining changes in choices over the 2023–2024 academic year and identifying influencing factors. A longitudinal quantitative study surveyed students at the year's start and end, gathering data on primary, secondary and tertiary specialty

choices. The survey included Likert-scale responses assessing the impact of various factors. Data from 105 students were analysed using R. Results showed a shift towards highly specialised fields in both surgery and internal medicine doubled, with a significant increase in subspecialty interest. Financial considerations declined in importance, while personal interest remained a top factor. More students pursued advanced qualifications before employment. These findings highlight the impact of career guidance on specialty preferences, emphasising the need for tailored career counselling and mentorship to support informed career decisions.

Enhancing clinical reasoning with the intermediate response system: Remote scenario-based training

Wan Ting Chen, Yi Chih Shiao, Po Kai Chan, Feng Cheng Liu
Tri-Service General Hospital, National Defense Medical Center, Taiwan

To enhance clinical reasoning among medical students, we used the intermediate response system (IRS), a digital tool for critical thinking training. Students engaged with a clinical case study and answered multiple-choice questions on differential diagnosis, investigations and treatment. After completion, participants received feedback and took a post-test the following day. A total of 21 pre-tests and 16 post-tests were collected, with a response rate of 76%.

The average pre-test score was 80.3 (±11.7), and the post-test average was 92.2 (±8.2). Although no significant correlation between pre- and post-test scores was found (correlation 0.208, $p = 0.352$), the improvement was statistically significant ($t = -4.330$, $p < 0.001$). Students reported that the IRS simulated real clinical practice, promoted self-directed learning and facilitated deeper understanding through reflection and error review.

Attendees will learn how digital tools like IRS can enhance clinical reasoning, provide flexible learning opportunities and improve student outcomes in differential diagnosis and patient management.

Enhancing cultural competency in healthcare onboarding: Leveraging existing resources for internationally trained physicians

Viren Naik
Medical Council of Canada

This presentation delves into the transformative role of cultural competency in onboarding and orientation for healthcare professionals from other countries. By focusing on the unique healthcare needs of a country, we will explore how curating existing materials can create a more efficient and impactful training programme. The discussion will highlight specific strategies and real-world examples that showcase the benefits and challenges of using pre-existing content.

Our findings reveal that integrating curated, culturally relevant materials into onboarding processes significantly enhances the cultural competency of healthcare providers. Through this approach, we ensure training programmes are both comprehensive and tailored to the specific needs of Indigenous and Black communities in Canada. Case studies will be presented to illustrate the positive outcomes achieved through these strategies.

Participants will discover the advantages of curating over creating cultural competency content, including efficiency, relevance and cost-effectiveness. They will gain access to frameworks designed to elevate cultural sensitivity within their organisations.

Perception of the educational environment in residents of medical specialties in Chilean universities: 5-year comparison

Francisca Amenabar
Universidad de los Andes

This study aims to reassess the educational environment (EE) perceptions among medical specialty students in Chile, based on 2019 findings. Using a mixed-method approach with validated instruments like PHEEM and ACLEEM, it will explore EE changes. Surveys will also collect demographic and qualitative data from October to December 2024, with findings ready for this event.

The study will identify key EE strengths and weaknesses across residency programmes, comparing new data with previous results to discern trends and interventions. This analysis is expected to yield actionable insights for improving educational quality.

Participants will learn about the methodology and implications of assessing EE over time in medical education, applicable internationally. The session will emphasise the importance of continuous EE evaluation and adaptation, discussing strategies that can be adapted to various educational settings to enhance global medical education practices.

Psychosocial risk factors developed during the first year of training in surgical and medical residencies in a Colombian population

Lina Vera-Cala, Javier Duque-Rodriguez, Lady Rodriguez-Burbano, Jorge Niño-García
Universidad Industrial de Santander

This study assessed the prevalence, incidence and behaviour of psychosocial risk factors in the first year of medical and surgical residencies in Colombia. Residents face high demands, mental stress and long hours. The analysis aimed to understand the evolution of these factors to inform strategies for enhancing residents' health and well-being. We present results from the first 6-month follow-up.

Findings: 23.9% of residents started consuming energy drinks, and 9.5% began taking psychotropic medications. Among those who reported being happy at baseline, 16.2% became unhappy. Significant

daytime sleepiness increased in 40.6%. Symptoms of depression were observed in 41.7% (17.4% severe). Anxiety symptoms were reported in 35.4% (14.3% severe). Perceived stress increased in 63.6% (27.3% high). Emotional exhaustion increased in 69.2% (30.8% high). Academic efficacy decreased in 30%, and 45.5% of participants developed some level of burnout. Physical activity decreased in 53.8%. These findings highlight the urgent need for interventions to reduce stress and support residents, ensuring their long-term health and professional success.

Participants will learn about the significant impact of medical residencies on mental health.

The integration of education, research and community services through the transformative curriculum at Faculty of Medicine Universitas Padjadjaran

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Higher education institutions in Indonesia, including faculty of medicine, must provide education, research and community service. This presents a challenge due to the fact that the lecturers execute the three components independently. Since 2020, the Faculty of Medicine Universitas Padjadjaran has implemented a transformative curriculum in medical education. Medical students can participate in the three components using this curriculum.

Transformational curriculum allow tutors and students to cooperate on flexible learning methodologies. In addition to classroom learning, faculty activities including research, healthcare observation and community service can be educational.

Students may see and use their knowledge. Activities with lecturers can also help students improve soft skills like communication and problem-solving by interacting with society. Students' deeper understanding creates opportunities for continued development, such as final project research and innovative competitions.

Participants will have option to bridge the gap between faculty academic activities and lecturers' activities.

Building the next generation of medical education assessors: The winning formula of on-the-spot scaffolding, experiential learning and team teaching enhanced by reflective portfolios

Soleiman Ahmady[1], Babak Sabet Divshali[1], Mahdi Aghabagheri[2], Sara Bagheri[1], Masoumeh Amirifard[1], Zeinab Hoseini Motlagh[1], Mahdie Zangiabadi[3]

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In Iran's PhD programme for medical education, we redesigned the 'Accreditation and Educational Governance' course using a hybrid model, preparing students as future assessors of medical education systems, emphasising WFME accreditation standards undergraduate medical education. To address the theory challenges of traditional education, we redesigned the course to incorporate hands-on learning aligned with the latest accreditation standards. Key instructional strategies included on-the-spot scaffolding, critical analysis of WFME standards, reflective portfolios and simultaneous team teaching for diverse expert perspectives.

Our focus in this course was on the reflective portfolio, aimed at enhancing students' critical evaluation skills through feedback and collaborative accreditation document reviews. This approach fostered a deep understanding of educational governance, accreditation processes and their roles as early years assessors.

Participants will gain insights into innovative teaching approaches that bridge theory and practice in medical education, particularly in teaching accreditation.

Breaking the silence: Evaluating the impact of peer-led debriefing sessions on medical students' communication skills

Harijedha Gopal[1], Sufala Sunil Vishwasrao[1], Russell Franco D'Souza[2], Krishna Mohan Surapaneni[3]

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This presentation examines the effectiveness of peer-led debriefing sessions in improving medical students' communication skills. The goal was to assess whether discussing communication challenges and strategies with peers would enhance students' ability to communicate effectively with patients, particularly in emotionally charged scenarios such as delivering bad news or discussing treatment plans.

The study revealed that peer-led debriefing significantly improved students' communication skills, particularly in empathy, clarity and handling difficult conversations. Students reported feeling more comfortable discussing their challenges in a peer-supported environment, leading to better engagement and self-awareness in subsequent patient interactions.

Participants will gain insights into the benefits of peer-led debriefing as a tool for improving communication skills in medical education. They will also learn strategies for incorporating peer-led sessions into existing curricula to foster open discussions, improve interpersonal skills and enhance patient care.

Environment, Action and Resilience Training for Healthcare (EARTH): Bridging the gap in undergraduate medical education in the climate crisis

Dominika Flisek, Jainil Devani, Marina Ungurenci, Júlio de Oliveira, Rachel Cheung

International Federation of Medical Students' Associations (IFMSA)

The medical curriculum does not adequately address the link between climate and health. In 2023, the International Federation of Medical Students' Associations (IFMSA) established a 3-day workshop addressing environmental health and relevant soft skills. Sixteen participants gathered for 24 h of sessions spanning triple planetary crisis, sustainable health systems, advocacy and leadership, delivered with a mix of engaging methodologies and peer-to-peer education.

Through pre- and post-evaluation forms, participants reported an increase of:

- 45% in knowledge of environmental health, notably with green hospitals and sustainable health systems;
- 60% in motivation and understanding to conduct activities in environmental health.
- The workshops demonstrated the importance of peer-to-peer education in bridging gaps in public health in medical education.

The participants develop competencies, including sustainable health systems and triple planetary crisis, supplemented by soft skills in advocacy, activity management and leadership. The workshop aims to develop medical students into environmental health advocates.

Use of online resources to study physiology by preclinical medical students of the Faculty of Medicine, University of Ruhuna, Sri Lanka: An experience from a developing country

Udari Egodage, Sampath Gunawardena, Champa Wijewickrema, Amanda Basnayake, Bhagya Dissanayake

University of Ruhuna, Sri Lanka

An observational cross-sectional study was conducted using an online self-administered questionnaire to evaluate the prevalence, types and practices of online resource usage among second-year medical students studying physiology. The study took place in 2024. A convenient sampling method was employed, involving all second-year medical students who have just completed second MBBS examination.

The majority of students prefer online resources like ChatGPT and YouTube for learning physiology, showing a shift towards digital tools due to the ease of understanding videos and quick online searches. Despite many students fact-checking content, clear guidance on selecting reliable online materials is necessary given their widespread usage.

There are concerns from physiology specialists on possible wide usage of easily accessible but potentially unreliable online materials to study physiology by medical students over recommended textbooks or designated online resources. Full picture on this regard is unknown as this area was not studied thoroughly. This study would be helpful to fill this gap and for the development of guidelines on use of online resources in studying physiology.

Power of open: A focused review on the role of open-learning design in advancing medical student learning and motivation

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[1]Faculty of Medicine, University of Thessaly, Larissa, Greece, [2]University of Baghdad, Iraq, [3]Acibadem University Istanbul, Türkiye

This review aimed to explore the impact of open-learning design (OLD) principles on medical student learning, motivation and engagement. A comprehensive search, across six designated databases yielded 5282 articles, with finally six meeting our inclusion criteria after double assessment.

Our findings highlight the positive influence of OLD on learner engagement, satisfaction and learning outcomes. Studies demonstrated the benefits of student involvement in knowledge co-creation, delivery and assessment. However, challenges in implementing OLD within educational settings were also evident. Limited evidence for OLD interventions points out the need for further research.

By attending this session, participants will gain insights into the role of OLD in creating effective learning environments and learn practical examples of how to incorporate these principles into their own teaching.

Supporting student learning via a personal tutor programme in a transnational undergraduate medical programme

Gozie Offiah[1,2], Louise Curtis[2], Naji Alamuddin[3], Ebrahim Rajab[3], Arnold Hill[2]

[1]*Accreditation Commission on Colleges of Medicine (ACCM),* [2]*Royal College of Surgeons in Ireland,* [3]*Royal College of Surgeons in Ireland, Bahrain*

Traditional medical programmes are challenged in promoting meaningful student engagement with feedback, leading to suboptimal learning strategies and limited interaction with constructive feedback. With increasing mental health, it becomes important to establish safe learning environments that facilitate student development. We introduced the personal tutor programme (PTP), which provided an opportunity for personalised feedback mechanisms that empowered students and faculty to tailor support based on students' needs.

We assigned mentors who monitored student progress and worked with students to create individualised improvement plans, motivating them to strategically plan and structure their study efforts accordingly. Mentors could access all assessment data (i.e. e-portfolio) and met each student twice a year. This feedback-driven approach empowered students to actively shape their learning journey and signposted supports to assist students who were falling behind. Preliminary results indicate that connections with senior academics led to student engagement, increased satisfaction and improved academic performance.

Participants will gain practical insights into implementing a PTP.

Preparing medical students for the global physician workforce

Kara Oleyn[1], Deepa Turner[2]
[1]*Educational Commission for Foreign Medical Graduates (ECFMG), a Division of Intealth*, [2]*Medical Council of Canada*

In an increasingly interconnected world, ensuring that medical students are prepared to enter the global physician workforce is essential for addressing healthcare needs around the world. This presentation outlines challenges facing future physicians as they explore entry into practice across borders. Through awareness of the challenges of entering practice around the world, medical students will be best served with up-to-date resources to support their clear understanding of the eligibility requirements of the country where they intend to practise, considerations for navigating entry to practise logistics and recognition of other aspects unique to global movement such as cultural competency and well-being.

ECFMG and the Medical Council of Canada will share their roles in assessing a global physician workforce seeking to cross borders, highlighting considerations for aspiringly global mobile physicians and resources available to support the global workforce. Together, we can ensure that the next generation of physicians is well prepared and appropriately vetted to make a positive contribution to the healthcare workforce—whether they remain at home or migrate to another country.

Realist review exploring supports for success of international medical graduates

Anurag Saxena, Betty Rohr, Loni Desanghere, Tanya Robertson-Frey
University of Saskatchewan

Despite a heavy reliance on international medical graduates (IMGs), inadequate physician workforce is a key contributor to the health human resource crisis in Canada. Using Pawson's six stages of realist review (literature search 2011–2022), we explored how, why and in what contexts IMG support programmes and interventions could be designed to promote successful transition and integration of IMGs. Quality appraisal of selected literature was performed, and data synthesis of CMO (context, mechanisms, outcome) configurations were developed.

Initially, 2146 articles were retrieved. After screening, 613 articles were identified for appraisal; from these, 165 articles were selected for data extraction. A total of 29 CMO configurations were developed and categorised into three domains: knowing why (seven CMOs related to psychological capital), knowing how (10 CMOs related to human capital) and knowing who (13 CMOs related to social capital).

Although the CMOs are presented individually, many are interdependent and connected. These configurations translated into actionable recommendations are relevant for policy and practice for future interventions.

Patient Engagement

Evaluating the impact of digital patient narratives on medical students' empathy, communication skills and patient-centred thinking

Sarina Zare, Amir Hosein Eghbal, Mehregan Motamedi
IMSA-Iran

This study explores digital patient narratives in podcasts as a teaching tool in medical education. A mixed-methods approach assessed the impact of these narratives on medical students' empathy, communication skills, and understanding of patient-centred care. Preclinical and clinical students were divided into two groups: One engaged with case-based podcasts, while the other listened to patient narratives. Pre- and post-intervention assessments, including the Jefferson Scale of Empathy and Communication Skills Attitude Scale, along with in-depth interviews, were used to analyse empathy, communication insights and patient-centred thinking.

Results showed significant improvement in empathy and communication skills in students exposed to patient narratives. Qualitative findings indicated deeper emotional connections and a better understanding of patient perspectives. The digital format also enhanced engagement and reflective learning.

Participants will gain valuable insights into how digital patient narratives can improve empathy, communication skills and patient-centred care through practical strategies and reflective learning.

Collaborative models of clinical patient education

Walter Moyoh
University of Nicosia Medical School

I have reviewed literature and done original research on the role of allied health professionals (AHPs) in patient education (PE). Previous PE models have primarily positioned physicians as the sole providers of information to patients. However, changes in the healthcare landscape call for the evolution of these models. New allied healthcare professions have continued to emerge, and the scopes of existing health professions keep evolving.

Members of various allied health professions have voiced the need for more inclusivity in PE provision. Furthermore, research has shown that non-physician healthcare professionals have vital roles in PE dissemination. Although physicians remain leaders of healthcare teams, new models of PE which acknowledge the essential roles played by multidisciplinary team members are needed. PE should be postulated as a multidisciplinary effort, not just the job of physicians.

Medical students need to be taught using updated models of collaborative PE to enable them to better work with other professionals in providing effective PE the future.

By attending this session, attendees will learn how collaborative PE models can be incorporated into medical education.

Integrating patient expertise into medical education: Rare diseases in Romania

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We highlight how CRGM Dolj included patient engagement in collaboration with student and patient advocacy groups. Initiatives involved rare disease patients teaching healthcare professionals and students, embodying the principle of patients as partners. A survey and webinars for students explored communication with rare disease patients and their role in the curriculum. Student-led advocacy campaigns facilitated community and peer education.

Summary of knowledge gained from the work:

- The initiatives deepened the understanding of rare diseases by highlighting real-life patient experiences and needs.
- Encouraging student dialogue enhanced the understanding of communication in healthcare training, engaging over 500 participants.
- Awareness campaigns amplified knowledge dissemination in academic and public settings through community events and social media, over 4 years.

Attendees will learn how patient-led teaching and student-led campaigns enhance education through experiential learning focused on empathy, communication and patient-centred care while gaining insights into how to foster the engagement within and beyond the curriculum.

Enhancing continuity of care and professionalism through the patient cohort method in Longitudinal Integrated Clerkships

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At Universitas Padjadjaran, the patient cohort method is integrated into the Longitudinal Integrated Clerkship to foster continuity of care (CoC) and professionalism. Each semester, students manage two patient cohorts, typically chronic cases requiring comprehensive care. Students oversee care from diagnosis to treatment, follow-ups (including home visits) and referrals if needed. This longitudinal approach allows students to provide continuous care and build therapeutic relationships with patients.

The patient cohort method enhances students' understanding of CoC by allowing them to manage patients through all treatment phases. Students often identify conditions missed by patients or families, improving diagnosis and holistic care. This strengthens clinical reasoning and fosters empathy, responsibility and patient-centred care.

Participants will learn how the patient cohort method promotes CoC, professionalism and comprehensive patient care. Practical strategies for integrating this into medical education will be shared.

Strategies for selecting health facilities in medical education: Aligning with work environments for future doctors

Insi Farisa Desy Arya[1], Dwi Agustian[2], Nita Arisanti[1], Ria Bandiara[3], Lulu Eva Rakhmilla[2], Indah Amelia[2], Tri-Hanggono Achmad[4]
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This work explores strategies for selecting medical education health facilities, emphasising environments resembling real-world healthcare settings. With the continuous advancement in science and technology and evolving dynamics in health services, medical education must adapt accordingly. Through the academic health system (AHS), this approach creates a synergy between health and education systems, ensuring medical students are trained in environments that support a transformative curriculum. The integration of interprofessional collaboration and continuous patient management, facilitated by cohort cases, ensures that students acquire practical skills in both clinics and hospitals.

The work identifies key factors that support effective medical education, including sustained university–preceptor relationships, trust in doctor–patient interactions and involvement of healthcare facility staff. These elements are critical for preparing students to navigate complex healthcare systems

Participants will gain insights into selecting medical education sites that mirror future work environment.

Contextual surprise in communication to and for patients

Dixon Thomas
Gulf Medical University

Clinicians and interns were interviewed and observed to assess how effectively an intern communicates with and for patients at a tertiary-level care university hospital in Ajman, United Arab Emirates. Atlas.ti software version 24 for Mac was used for thematic analysis following a constructivist qualitative research paradigm.

The central theme co-constructed was the interconnection of a trainee within the system. Exposure to a new system in a new role at a new site adds an element of surprise that shall be resolved by sensing how the system works. Preparation theme: understanding the system and knowing it works. Negotiation theme: like in communities of practice, theory to practice. The gaps experienced by the interns were hesitation, being superficial and having to assume facts in patient communication.

Attendees will have a better understanding of the contextual surprise concept, which might help interns try to adapt contextually in their communications sooner while training. Such authentic training will also help trainees develop their patterns of work and become experts at the site. Until then, the assessment expectations need to be tailored to be fair to the trainee.

Postgraduate Medical Education Accreditation

Global accreditation of PGME: The ACGME International experience

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[1]ACGME International, [2]Cleveland Clinic Abu Dhabi

ACGME International (ACGME-I) accredits postgraduate medical education (PGME) programmes in 12 countries using a framework of education and standards that is similar to that used in the United States and complies with the principles published by WFME. ACGME-I thus has experience in application of global standards across a wide range of cultures. Dr Arrighi will review the experience of ACGME-I as a global accreditor, lessons learned and potential best practices. Dr Abdel-Razig will review the benefits of an international framework for structured PGME and the potential benefits of international accreditation from the perspective of a leader in an academic medical centre. Participants will gain an understanding of how the ACGME/ACGME-I framework for structured PGME contributes to excellence in education, quality improvement, patient safety and innovation. The scalability of such a model will be reviewed. The importance of bidirectional learning between accreditor and the PGME programmes, and sensitivity to local culture and medical constructs, will be emphasised.

The Brazilian experience in establishing medical and multidisciplinary residency programmes in indigenous health

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Having 274 indigenous peoples, Brazil is the world's most diverse country. The indigenous health structure, embedded within the unified public health system, requires well-trained professionals to meet the specific needs of the indigenous communities. To address the culturally appropriate training of the healthcare workforce, the national Ministry of Health has gathered institutions and experts in this realm to develop pedagogic projects for the novel medical residencies in indigenous health. At the end of the medical residency, we expect to train specialist clinicians in indigenous healthcare. The training will focus on intermedicine, culturally appropriate care and coordinated work with local communities, healthcare teams and other organisations working within indigenous territories. We hope that sharing this experience will assist us in the process of creating and developing indigenous health residency programmes in Brazil.

The accreditation journey of the National Institute for Health Specialties in the UAE: Achievements, challenges and Future directions

Mohammed Al Houqani, Ibrahim Balla, Fouzia V. Shersad
National Institute for Health Specialties (NIHS)

The National Institute for Health Specialties (NIHS) developed an accreditation system tailored to UAE's healthcare needs, based on international standards. This system includes institutional and programme-level processes with governance structures, evaluation rubrics and committees. The process involved site visits, self-assessments and expert reviews to meet both national and international benchmarks. A flexible, evidence-based approach was adopted, with stakeholder input to adapt to evolving educational needs. Data from site visits and surveyor feedback were used to evaluate effectiveness.

Summary of knowledge gained:

- A clear, agile and consultative framework is vital for high standards.
- Effective communication and capacity-building are essential.
- Accreditation drives continuous improvement, and expanding through collaborations will enhance sustainability.

What participants will gain:

- Understand NIHS accreditation components and how it ensures quality
- Insights into challenges of managing demand and surveyor capacity
- Knowledge of flexible, evidence-based accreditation approaches
- Discussion on future directions, collaborations and innovations

Enhancing the Thai health system through Lifestyle Medicine physician development: A strategy for tackling NCDs and emerging health challenges to achieve health for all

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[1]*Preventive Medicine Association of Thailand,* [2]*Knowledge Management and Academic Development for Lifestyle Medicine Center*

Thailand is addressing the growing burden of non-communicable diseases (NCDs), an ageing population and rising healthcare costs by focusing on the development of Lifestyle Medicine (LM) physicians through postgraduate medical education. In collaboration with the Department of Health and the Preventive Medicine Association of Thailand (PMAT), the country has established formal LM residency training and informal education programmes. These initiatives equip healthcare professionals with the skills to integrate preventive and therapeutic lifestyle interventions into patient care, improving health outcomes and reducing the financial strain of chronic diseases. The postgraduate training aligns with the IHI Quintuple Aim and WHO Workforce 2030 Strategy, enhancing patient care, workforce well-being and health equity, while expanding workforce capacity. Participants in this session will gain insights into Thailand's approach to LM postgraduate medical education, its impact on healthcare system sustainability and practical strategies for integrating LM training into medical curricula. Thailand's model serves as a blueprint for other countries looking to strengthen their health systems through prevention and workforce development.

Implementation of WFME postgraduate medical education standards for accreditation in Thailand

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Between 2016 and 2021, the Thai Medical Council implemented the 2015 version of WFME standards for postgraduate medical education (PME). The process involved five phases: stakeholder engagement, a national accreditation committee formation, programme piloting, full implementation and evaluation. A national standard in Thai version was developed, encompassing nine key areas. One hundred and fifty-nine basic standards were required to achieve accreditation approval. By 2021, 307 assessors were trained, and all 120 training institutions passed the accreditation.

The accreditation process showed successes in aligning international standards with local needs. Areas with highest and lowest scores were education resources (83%) and programme evaluation (42%), respectively. More involvement of stakeholders and systematic programme evaluation are important for continuous improvement. Pre-accreditation workshops for both training centres and assessors are essential.

Attendees will gain insights into the practical challenges and successes of implementing global standards in PME. They will understand key aspects of the accreditation process and how these experiences can be applied to similar contexts in other countries.

Lesson learned from integrating entrustable professional activities into workplace-based assessment for internal medicine residency training in Thailand

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The Royal College of Physicians of Thailand (RCPT) incorporated entrustable professional activities (EPAs) into an internal medicine residency curriculum for workplace-based assessments (WPBA). Curriculum includes nine EPAs, classified to four entrustment levels. We explored EPA submissions and entrustment levels over 36 months, classified by postgraduate year (PGY). EPAs covered managing care across medical settings, consultation, breaking bad news, advanced-care planning and working with teams. From 2019, 2847 residents from 41 centres submitted 339 331 EPAs. While statistical differences in submission numbers or achieved levels were insignificant, there was a notable progression from level 3 to 4, towards PGY 3. Regarding EPA in advance care plan, cancer end-stage and cancer pain management were frequently submitted and achieved higher entrustment levels, similar to EPA involving breaking bad news. In response to overlapping EPAs, RCPT refined EPAs by removing breaking bad new and advanced-care plan and introduced handling difficult situations.

Summary of knowledge gained: Implementing EPAs in WPBA ensures proficiency.

What participants will gain: Overlapping EPAs in one programme may lead to redundancy.

New pathways to medical licensure in the United States

Andrea Ciccone, Hank Chaudhry, David Johnson, Katie Templeton
Federation of State Medical Boards

The traditional pathway to US licensure for international medical graduates requires certification by the ECFMG, completion of 1–3 years of ACGME-accredited postgraduate training and passing all three USMLE Steps. Since 2023, several states have passed legislation creating additional licensing pathways for fully trained international physicians without requiring ACGME-accredited GME training in the United States.

To provide guidance to regulators and legislators on impact and implications of such legislation, the Intealth, FSMB and ACGME established the Advisory Commission on Additional Pathways to Licensure. Stakeholder input and feedback was obtained through meetings in 2024. An initial guidance document with draft recommendations addresses eligibility criteria for fully trained international physicians to enter the pathways.

This presentation spotlights the Commission's recommendations and the broader challenge arising from the lack of international recognition models for postgraduate training. Participants gain insights into challenges specific to the US context as well as those factors crossing international borders.

Outcome differences between community-based and university-based hospitals in the accreditation of Internal Medicine Residency Training using WFME standards in Thailand

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Following 2015 WFME standards, the Royal College of Physicians of Thailand (RCPT), developed a protocol, structured into nine areas and 36 sub-areas. Between 2019 and 2020, 26 RCPT assessors visited 39 Internal Medicine Residency Training centres. Centres were required to meet 159 basic standards and strive for 90 quality development items. Non-compliance resulted in suggestions and re-evaluation. We analysed initial site visit scores, comparing outcomes between community-based (71.8%) and university-based (28.2%) centres. Median score for basic standards was 98/159 items (IQR 66, 110). Most centres achieved met criteria over 50%. Challenges included programme evaluation and mechanisms for programme monitoring across both hospital types. Community hospitals significantly faced difficulties in programme content and educational expertise involvement. In response, RCPT launched the CARE Project (Case-based Approaches for Resident's Education), online sessions enhancing educational content. Also, Medical Teacher Enhancing Programme aims to improve training quality.

Summary of knowledge gained: Although unified accreditation exists, outcomes can vary.

What participants will gain: Exploring accreditation is key.

Reaccreditation of the Anaesthesia Residency Programme: A model for continuous improvement in postgraduate medical education

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The Anaesthesia Residency Programme at Siriraj Hospital was accredited by a WFME-recognised agency in 2019 and successfully achieved reaccreditation in 2023 under the updated standards. The preparation for reaccreditation process was conducted in five phases: internal review of previous feedback, curriculum updates, enhancement of simulation training, introduction of programmatic assessments and faculty development. These efforts aimed to ensure alignment with international standards and improve the overall quality of the training programme.

The reaccreditation process demonstrated the need for continuous curriculum reform. The programme introduced new rotations and enhanced simulation training to improve resident competency. The introduction of programmatic assessments provided more personalised feedback, while faculty development led to a safer and more effective learning environment. Wellness initiatives also reduced resident burnout and improved satisfaction.

Participants will gain insights into the practical steps taken to meet and maintain the accreditation standards of a WFME-recognised accrediting agency. They will learn how these steps can be effectively implemented to enhance residency programmes, offering a model for continuous improvement.

The prevalence of burnout and related factors in each subspecialty of surgical residents at Thammasat University Hospital

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Faculty of Medicine, Thammasat University

Surgical residents from three subspecialties—eight from urology, 21 from general surgery and 14 from neurosurgery—completed a questionnaire to gather demographic information. Maslach Burnout

Inventory evaluated burnout levels, WHO-QOL evaluated quality of life (QoL), and work–life balance (WLB) questionnaire identified factors potentially associated with burnout. Statistical analyses were conducted. The burnout rates were 25% for urology, 50% for general surgery and 40% for neurosurgery residents ($p < 0.05$). General surgery residents reported working night shifts more frequently and received more notifications than others. In contrast, urology residents enjoyed more sleep during night shifts and had more time for exercise/relaxation. Urology and neurosurgery residents reported a better QoL compared to general surgery residents. However, all groups struggled with WLB, with general surgery and neurosurgery residents experiencing a significantly inappropriate workload ($p < 0.05$). Notably, 23.8% of general surgery residents indicated a desire to change their training institution, while over 35% of neurosurgery and general surgery residents considered changing careers. These issues is crucial for improving both resident well-being and training outcomes.

Development and implementation of postgraduate medical education accreditation standards: Iran's approach and regional collaboration

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The quality improvement standards for postgraduate medical education (PGME) were critically reviewed as a critical component of the World Federation for Medical Education (WFME) framework to ensure alignment with undergraduate medical education (UME) and continuing professional development (CPD) standards. As Iran has been successfully conducting UME accreditation since 2019, it has taken a pioneering role in the region by implementing external evaluations of PGME. The PGME standards were piloted at the General Surgery Department of Shahid Beheshti University of Medical Sciences (SBMU). Experts held brainstorming sessions and focus group discussions to design and implement the accreditation process. Critical team members participated in international PGME accreditation webinars to further enhance this initiative. Following successful negotiations with scholars from the Eastern Mediterranean Regional Office (EMRO), an internal assessment team was formed to lead the PGME accreditation process. The team is developing a national set of PGME standards. The country aims to create a regional network to collaborate in PGME accreditation. This initiative will contribute to the region's broader medical education reform and capacity-building.

Transition from trainee to consultant: Perception of newly appointed consultants of facilitators and barriers

Mousumi Sadhukhan
Stockport NHS Foundation Trust

This study investigates trainee to consultant transition in medical education, an area which lacks research. Using a post-positivist paradigm, a descriptive survey was done with a questionnaire targeting newly appointed consultants. The aim was to identify facilitators and barriers to transition. Rigour maintained throughout and participation was voluntary with confidentiality and anonymity. Of those approached, 15 consultants (57.69%) completed the questionnaire. Findings revealed that participants felt more prepared in clinical than in non-clinical skills, with 93.33% identifying gaps in service development and 46.67% citing deficiencies in leadership and management training. Key factors affecting the transition included colleague support, stress levels and mentorship. All respondents highlighted the significance of colleague support, with 53.33% identifying it as the most crucial factor. Additionally, 86.67% indicated that stress hindered their transition.

The study underscores the necessity for integrating non-clinical skills into specialist training programmes and developing support mechanisms to facilitate a smoother transition to consultant.

Undergraduate Medical Education Accreditation

Advancing excellence: Quality concepts in health professional education and medical school accreditation

Mitra Amini[1], Babak Sabet Divshali[2], Abtin Heidarzadeh[3], Mahdi Aghabagheri[4], Ebrahim Kalantar[5]
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Measuring and conceptualising quality in health professions education is a complex issue. This presentation will explore a comprehensive framework for understanding and improving quality assurance in medical school accreditation. Building on foundational theories, we will address quality as a hidden variable and identify the observed indicators essential for effective accreditation.

Recognising educational institutions' unique challenges in developing regions, the presentation will delve into critical quality dimensions, including differentiating among quality control, quality assurance and total quality management. We will also emphasise the distinction

between external regulation and self-regulation and the balance between autonomy and accountability within educational contexts.

We also discuss quality concerning standards of quality assurance, external assessors, internal assessors, rules and regulations of accreditation and continuing monitoring and supervisors.

In summary, this presentation aims to provide a holistic approach to reconceptualising quality in health professions education, bridging theory and practice to guide educational institutions in improving their quality assurance processes and ultimately ensuring excellence.

Integrating One Health into undergraduate medical curricula: A pathway to holistic healthcare education

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[1]*University College of Medicine and Dentistry, The University of Lahore, Lahore, Pakistan,* [2]*self employed*

This session will explore the design and implementation of a One Health approach within undergraduate medical curricula in resource-limited settings. Drawing on over 20 years of experience in undergraduate and postgraduate medical education, the speaker will present a detailed framework that integrates human, animal and environmental health principles into medical training. Case studies from Pakistan and other low- and middle-income countries (LMICs) will highlight practical, low-cost strategies, including interdisciplinary collaborations with veterinary and environmental sectors, to address zoonotic diseases, antimicrobial resistance (AMR) and environmental health challenges.

The integration of One Health principles into medical curricula fosters interdisciplinary collaboration, enhances students' understanding of the interconnectedness of health systems and equips future physicians with the skills to tackle complex public health challenges. This work demonstrates that even in resource-constrained environments, One Health can be successful […].

Accreditation transformation of quantitative to qualitative approach in Indonesia

Usman Chatib Warsa, Elly Nurachmah

Indonesian Accreditation Agency for Higher Education in Health (IAAHEH/LAM-PTKes)

The quality of education process plays an important role in producing quality graduates who will perform optimally in their work field. The quality graduates can be expected to be the future qualified workforce. Therefore, quality of education process needs to be assured by an external quality assurance entity.

In Indonesia, IAAHEH as an External Quality Assurance (EQA) agency is trusted by the government to guard the quality of education in medical and health studies always initiate self-improvement to attain its function as the only EQA in education for medical and health sciences. The improvement is conducted not only to comply with the government policy changes but also to enhance the position of IAAHEH as an accreditation agency, which is able to contribute not only to the country but also to neighbour countries. The paper aims at describing the implementation of IAAHEH improvement programme plan and identifying the perception of the reviewers of IAAHEH on their position towards the quality improvement done by IAAHEH. A case report was designed as an approach, and a qualitative structured questionnaire is delivered to enrich the report.

Moving accreditation forward with accreditation scholarship

Lisa Graves, Claudine LeQuellec

CACMS/CACME

The Committee on the Accreditation of Canadian Medical Schools (CACMS) has developed a relationship with accreditation scholars. This relationship was developed initially to evaluate changes related to the pandemic. This has now expanded to further projects exploring other aspects of the accreditation process.

This presentation will explore the past success of this type of engagement for CACMS. How engagement occurs and how conflicts of interest are managed will be described. The inherent value of scholarship as a means for accrediting bodies to evaluate new and developing processes will be reviewed.

Participants will gain a deeper understanding of accreditation scholarship and the opportunities provided when working collaboratively with accrediting bodies.

Accreditation of undergraduate medical education around the world: Intealth's Recognized Accreditation Policy

Marta vanZanten[1], Christine Shiffer[2], Tracy Wallowicz[1]

[1]*Intealth,* [2]*ECFMG, a division of Intealth*

Due to the globalisation of medicine and increase in the number of physicians who migrate, data on medical education accreditation systems are crucial for stakeholders to make informed decisions. Intealth's Recognized Accreditation Policy aims to promote 'recognized' accreditation and global dissemination of medical school accreditation data.

Medical schools accredited by a WFME or National Committee on Foreign Medical Education and Accreditation (NCFMEA) recognised agency currently meet the Policy. Schools which meet the Policy will be indicated in the World Directory of Medical Schools and ECFMG Status Reports. At the current time, IMGs may apply for ECFMG Certification even if their medical school does not meet the Policy. Currently over 1500 schools meet the Policy, and this number is anticipated to increase.

Intealth's Recognized Accreditation Policy will encourage the development of accreditation systems and provide valuable information on the accreditation status of medical schools around the world. Stakeholders can utilise the freely available information to make informed decisions.

Impact and further assignment of the accreditation for undergraduate medical education

Nobuo Nara
Japan Accreditation Council for Medical Education, Japan

The Japan Accreditation Council for Medical Education, JACME, was established in 2015 and recognised by WFME in 2017 as an accrediting agency. Since then, all 82 medical schools in Japan underwent the evaluation for the education programme and were accredited based on the global standards by WFME. The accreditation period is 7 years, and 23 schools have already renewed by the second evaluation. We have analysed the strength and weakness in medical education programme using the self-study reports by medical schools and the evaluation reports by JACME. JACME proposes each medical school to promote the strength in each medical school, while it also recommends or suggests to reform the weakness. Each medical school is requested to submit an annual report describing the process and outcome of the reform of medical education programme every year after recognition. Through self-evaluation and external evaluation, the undergraduate medical education is considered to be improved. In fact, 88% of medical schools acknowledge the efficiency and effectiveness of the accreditation for the quality assurance and advancement of medical education. We review past evaluations and discuss the impact and challenges of the accreditation of medical education.

Revised standards for undergraduate medical education in Georgia

Gaiane Simonia[1], Irakli Natroshvili[1], Zurab Orjonikidze[1], Aleksandre Tsuladze[2], Lasha Margishvili[2], Irma Manjavidze[1], Salome Voronovi[1]
[1]*Tbilisi State Medical University*, [2]*National Centre for Educational Quality Enhancement (NCEQE)*

In 2022, the third renewed national standards were elaborated following the principles of WFME standards for BME (2020) according to which more attention should be paid to the national context. Revised standards are a basis for accreditation of all acting MD programmes in the country. National standards were developed by Georgian Medical Council.

According to the new standards, the optimal model for designing medical curricula is CBME. The standards identified 14 competencies that MD graduates will achieve, and recommendations how each competence can be reached throughout 6 years of study, describing the most appropriate methods of teaching and assessment. Special emphasis has made on teaching and assessment during clinical studies underlying importance of introducing WPBA. Strict requirements for human resources and infrastructure are set.

Renewed standards for undergraduate medical education in Georgia follow the WFME standards (2020) emphasising national context and provide more applicable recommendations for enhancement quality of teaching and assessment and serve as an example for other countries.

WFME 2020 standard-based accreditation standards of the Hungarian Accreditation Committee (MAB) and the related quality assurance and assessment requirements

Péter Levente Lakatos[1], Péter Vámosi[2], Valéria Csépe[1]
[1]*Hungarian Accreditation Committee (MAB)*, [2]*Hungarian Medical Residents' Association*

In early 2021, the Hungarian Accreditation Committee (MAB) applied for recognition to the WFME, and in March 2022, MAB was awarded recognised status by WFME. This globally recognised accreditation allows MAB to conduct its WFME standard-based accreditation process for medical schools and enables Hungarian medical schools to demonstrate their competence in medical education at an international level. At the WFME Conference, MAB would like to present its accreditation standards prepared for the WFME accreditation process and the evaluation table developed for the assessment of medical schools, focusing on the quality assurance aspects of the evaluation procedure, in accordance with the WFME standard-based accreditation standards. The quality assurance aspects will also be approached by a comparative analysis of the ESG 2015 and WFME 2020 standards. Participants will gain adequate knowledge about new ideas and developments in quality and quality assurance of medical education, such as innovative methods, instruments and dialogue with stakeholders. By attending, the participants will gain unique insights into a quality assurance agency's approach to the WFME (BME) standards and the implementation of them.

An update on the accreditation of undergraduate medical programmes in Taiwan

Jen-Hung Yang
Taiwan Medical Accreditation Council (TMAC)

TMAC is the only government-authorised accrediting body for medical programmes leading to MD degrees in Taiwan since 2000. We revised the standards to the third version in 2020, but the accreditation timeline was delayed due to COVID-19. A comprehensive survey for 11 medical programmes was conducted in 2022–2023. We analysed the full survey reports, and two programmes were accredited

for 6 years, nine were accredited for 3 years, and none was placed on probation or non-accredited. The significant deficits were primarily focused on specific standards, and most medical programmes (>70%) did not fully meet the requirements of the evaluation elements of standards. The main challenges for most medical schools are summarised as follows: misalignment of objectives or competencies with curriculum, insufficient formative assessments, inadequate number of faculty, failure to clearly define medical professionalism, poor performance of the curriculum committee in design and management, inability to provide comparable clinical experiences and equivalent assessment at all instructional sites and inadequate preparation for residents to enhance their teaching skills. The results can assist medical schools in improving the quality of their medical education.

Development of national curriculum framework for undergraduate medical education in Nepal

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[1]Medical Education Commission, [2]Patan Academy of Health Sciences, [3]Maharajgunj Medical Campus, [4]KU School of Medical Sciences

The Medical Education Commission (MEC) established in 2017 under the National Medical Education Act oversees medical, dental and allied health professions education in Nepal. The Commission plays a key role in regulating and standardising medical education aiming to improve the quality, accessibility and equity of medical education.

MEC has developed a competency-based curriculum framework for undergraduate medical education. This framework outlines the knowledge, skills and behaviours that graduates should acquire. It includes core competencies such as patient care, clinical reasoning, communication skills, professionalism, ethics and the ability to work within healthcare systems. Simulation-based skill training is mandatory to manage complex medical situations.

The development of a curriculum framework aims to harmonise the curricula of universities and academia in Nepal, thus setting a national standard. Any revisions to existing curricula or the development of new curricula should be based on this framework. This approach ensures consistency in curricula, teaching methods and assessment strategies across medical institutions, contributing to implementing an accreditation standard to corroborate the quality of medical education.

Enhancing medical education through dual collaboration: Iran and Georgia

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This paper examines the collaborative accreditation efforts between Iranian medical schools and New Vision University (NVU) in Georgia, focusing on the need for Iranian students studying in Georgia to meet competency standards for practising medicine both in Georgia and in Iran. Driven by nexus of personalised education, respecting university autonomy and academic freedom of teaching personnel on the one hand and bearing in mind the need of mutual recognition of granted qualifications on the other, there is a pressing need for alignment between the educational standards of both countries. A mutual agreement between Iran's Secretariat of the Council for Undergraduate Medical Education (SECUME) and Georgia's National Center for Educational Quality Enhancement (NCEQE) has been established to ensure dual accreditation based on the World Federation for Medical Education (WFME) standards. This collaboration aims to ensure that Iranian graduates from NVU are competent to practise in Iran and meet international medical education standards.

This accreditation was done in September 2024. The partnership between Iran and Georgia serves as a model for other countries in cross-border medical education and elevate medical education globally.

Exploring the journey of implementation of integrated anatomy curriculum adoption in MBBS first year: A qualitative dive into UHS-affiliated colleges

Maryam Fatima, Javeria Noor, Aizaz Ahmad, Sarah Khalid
Shalamar Medical and Dental College Lahore, Pakistan

This qualitative exploratory study investigates the experiences and challenges faced by anatomy faculty during the transition to an integrated anatomy curriculum in MBBS first-year programmes at UHS-affiliated colleges. Focus group discussions were conducted with ten faculty members from public and private medical colleges. Thematic analysis identified key challenges, including curriculum implementation barriers, faculty workload, communication issues and difficulties in student learning.

The findings revealed a lack of faculty preparedness, insufficient training and an increased workload due to the integrated curriculum. Faculty also reported that students struggled with understanding basic anatomy concepts. These insights underscore the need for improved

faculty development, better workload management and curriculum reforms tailored to support both educators and students during the transition.

Attendees will gain practical insights into the barriers encountered during curriculum integration, strategies to enhance faculty readiness and recommendations for improving the effectiveness of integrated anatomy programmes in medical education.

Investigating the effect of accreditation of undergraduate medical education in promoting the relevant standards and accreditation decisions in Iran

Roghayeh Gandomkar[1], Zahra Zarei Hajiabadi[1], Marzieh Nojomi[2], Touba Mohassesi[1]

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The evidence on the effects of accreditation on the quality of education is limited. This study aimed to examine the changes in the fulfilment of the standards by medical schools and accreditation decisions within two rounds of accreditation.

The study was conducted in a WFME-recognised accreditation agency for UME in Iran. The accreditation documents of 63 UME programmes including the ratings of surveyors on standards and the accreditation committee decisions were analysed. A paired t-test and Wilcoxon signed-rank test were used to compare surveyors' ratings and the committee decisions within two rounds.

The surveyors' ratings of all standards (mean difference = 27.197, t = 4.403, p = 0.001) and the basic standards (mean difference = 11.328, t = 2.588, p = 0.012) improved statistically significantly in the second round. More than half of the medical schools (n = 34) obtained better accreditation decisions than their previous round (z = 4.099, p = 0.001).

This study provides evidence for the effectiveness of accreditation by highlighting the improvement in standard fulfilment and accreditation decisions, which have implications for reassuring policymakers, particularly in LIMC settings.

Pedagogical approaches in medical education: A focus on lectures and group activities

Sheeza Ali

The Maldives National University

This study assessed the effectiveness of lectures versus group activities in medical education, with 26 first-year students. Tests were administered following each teaching method, and qualitative feedback was gathered through focus groups. Quantitative data focused on test scores, while qualitative insights explored student preferences and engagement.

The study found no significant difference in test scores between the two methods, indicating equal immediate academic performance. However, students preferred group activities for their enhanced engagement and deeper learning, suggesting that while group activities may not boost test scores directly, they improve engagement and retention. This highlights the need for a balanced approach incorporating both methods.

Attendees will gain insights into the effectiveness of lectures versus group activities in medical education. They will understand the strengths and limitations of each method and learn how combining both can enhance student engagement and learning outcomes, offering a more effective educational framework.

New schools: New ways forward in accreditation

Lisa Graves, Claudine LeQuellec

CACMS/CACME

The Committee on the Accreditation of Canadian Medical Schools (CACMS) has been challenged with accrediting three new medical schools in Canada. As a committee and secretariat, these new schools have provided an opportunity to develop new approaches to support schools in the accreditation process.

This presentation will review the current CACMS process for accrediting new schools. The new secretariat consultation processes for new schools will be described and early outcomes of the process reviewed. Use of the process to support new regional campuses of existing schools will also be described.

Participants will leave with a model for consideration for the accrediting of new medical schools and regional campuses.

Social accountability of a medical school in armed conflict: A case study

Mohamed Hassan Taha[1], Mohamed Elhassan Abdalla[2], Nazik Elmalaika Obaid Seid Ahmed[3], Wail Nuri Osman Mukhtar[4]

[1]*University of Sharjah*, [2]*College of Medicine, University of Limerick, Ireland*, [3]*Faculty of Medicine and Health Sciences, Omdurman Islamic University, Khartoum, Sudan*, [4]*Faculty of Medicine, University of Gezira, Sudan*

In conflict settings, the social accountability of healthcare institutions becomes vital in addressing the urgent health needs of affected communities. The Faculty of Medicine at the University of Gezira (FMUG) demonstrates a strong commitment to social accountability by aligning its educational, research and community service activities with the principles of relevance, quality, cost-effectiveness and equity. This case study explores FMUG's response to the challenges posed by armed conflict in Sudan.

The World Health Organisation's social accountability framework was used to evaluate FMUG's contributions across education, community

service and research. A qualitative analysis of documents was conducted, employing thematic analysis to assess FMUG's initiatives in these domains during conflict.

The study highlights FMUG's focus on collaboration, inclusivity, innovative resource use and targeted interventions. Community service initiatives prioritised marginalised populations by ensuring equitable healthcare access. Research efforts were centred on understanding healthcare access, disease prevalence and treatment outcomes, directly contributing to care improvements in conflict zones.

Synthetic summary of strategies to foster clinical reasoning skills in nursing undergraduate education

Yibei Wang
West China Nursing College, Sichuan University

This presentation synthesises findings from previous studies on strategies to enhance clinical reasoning skills in undergraduate nursing education. The work undertaken involved a comprehensive review of curriculum design, teaching methodologies and assessment strategies that contribute to the development of these critical skills. Key insights gained from the work highlight the importance of integrating clinical scenarios into the curriculum and utilising problem-based learning approaches. Participants will learn about effective teaching techniques, such as case-based discussions and reflective practice, that foster clinical reasoning. Additionally, the session will address the role of student well-being in the learning process. Attendees will gain practical insights into implementing evidence-based strategies to enhance clinical reasoning skills in nursing students, preparing them for future practice challenges.

Exploring attitude and acceptability of medical schools towards medical education accreditation agency in Thailand

Ornsiri Cheunsuang
Faculty of Veterinary Science, Chulalongkorn University

Accreditation is an essential process in medical education administration to ensure the quality of the medical graduates. Accreditation agency should therefore be trusted by the institutions being accredited as well as other stakeholders. In this study, we aimed to define factors affecting trust in the accreditation agency and its operational elements, namely, accreditation standard, assessors, the agency's vision, mission and core values. From focus group interview, we created a survey that, after experts' review, were distributed to core stakeholders. The results indicated that the stakeholders generally understand the medical education agency's roles and responsibilities and have trust in their accreditation standard, assessors, vision, mission, core values and its administration. The suggestions gained from this study may be used to improve the agency's operation and the survey form may also be adapted for future surveys.

The comparative efficacy of five teaching methods in disaster triage education: A retrospective analysis

Hai Hu
West China Hospital, Sichuan University, Sichuan Province, China

This retrospective analysis extracted data from a medical student performance database and investigated the effectiveness of five teaching methods for disaster triage education: traditional lecture, tabletop exercise, online lecture, online educational game and offline educational game. To compare the efficacy of the methods, generalised estimating equations (GEE) were employed to analyse student performance scores across three time points: pre-test, post-test and final test. Additionally, student feedback was collected to assess their perceptions of each teaching method's effectiveness and engagement level.

The study found that interactive teaching methods were significantly more effective than traditional lectures and online lectures ($p < 0.05$). These methods enhanced student engagement and understanding of disaster triage concepts.

Attendees will learn how interactive teaching methods, like games and exercises, can effectively teach disaster triage, improving student engagement and learning outcomes. The session will provide valuable insights for educators and curriculum developers.

Improving the quality of medical education through IAAR accreditation

Alina Zhumagulova
Independent Agency for Accreditation and Rating (IAAR)

In recent years, medical education has undergone significant changes due to societal demands and technological advancements. Key areas include knowledge transmission, practice orientation, simulations and interdisciplinary programmes, all aimed at improving public health and medical care. The Independent Agency for Accreditation and Rating (IAAR) plays a key role in ensuring medical education quality in Central Asia through WFME standards. The presentation explores how IAAR accreditation improves medical education, addressing trends and training future specialists.

IAAR is the first CIS agency recognised by WFME. It supports academic mobility and quality improvement in 15 countries. IAAR standards align with WFME standards and national needs. Accreditation promotes international best practices and enhances medical education quality, ensuring diploma recognition and graduate employability.

Accreditation analysis shows that experts' recommendations focus on new technologies and practical training. IAAR accreditation unites

Central Asian medical schools, fostering a market for qualified professionals.

Challenges of quality assurance of undergraduate medical education programme accreditation in Iran

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Monitoring was done after the first and second rounds of accreditation and clarifying the understanding and viewpoint of the stakeholders in order to extract the challenges, and then the obtained challenges were analysed and reasoned and prioritised in order to obtain the agreement of the stakeholders in the study areas.

Addressing these issues is very important to increase the effectiveness of accreditation processes and improve the overall quality of healthcare in the country. Therefore, these challenges were sent to all medical schools in Iran in order to receive feedback, and the third round of accreditation will not be carried out until all feedback is implemented.

All the stakeholders will benefit from the experience of monitoring after accreditation of undergraduate medical education programme in Iran.

Enhancing quality in medical education: An innovative competency-based assessment framework for undergraduate medical students

Soolmaz Zare
Shiraz University of Medical Sciences

The framework integrates formative assessments, peer evaluations and reflective practices, with students documenting their competencies through logbooks and portfolios. Regular feedback sessions were conducted to review performance and identify areas for improvement. Over two academic years, a cohort of undergraduate medical students participated in assessments designed to foster self-directed learning and continuous improvement.

Quantitative analysis demonstrated significant increases in competency scores, while qualitative feedback highlighted enhanced self-directed learning and satisfaction among students. Faculty reported improved clinical skills, further validating the framework's effectiveness in meeting educational standards. However, challenges such as resource allocation and the need for faculty training were identified.

The findings suggest that this competency-based framework not only improves student performance and engagement but also aligns with accreditation requirements. Future research should explore the framework's scalability and its long-term impact on professional development. This approach offers a promising method for fostering a culture of continuous improvement in medical education.

Human resource monitoring of medical schools in Sri Lanka

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The Accreditation Unit (AU) of the Sri Lanka Medical Council has accredited eight established medical schools and reviewed formatively four recently established medical schools. The AU is also involved in approving four non-state new medical schools.

While reviewing medical schools, the AU realised that the availability of teachers varies depending on the discipline and the geographical location. Schools away from the main cities face difficulty recruiting experienced teachers from all disciplines, particularly clinical disciplines. To overcome this shortage, some medical schools share teacher expertise. While this could be viewed as a healthy practice, effectively utilising scarce human resources, it could also lead to schools demanding unrealistic teacher expectations. To manage this tension and monitor the distribution of qualified teachers, the AU started monitoring the deployment of medical teachers in medical schools by introducing a custom-built form to be filled by each teacher.

Participants will gain knowledge of the options available to monitor human resources in medical schools.

Opportunities and challenges of hospital institutional accreditation from the stakeholders' viewpoints

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The major part of HPE training occurs in hospital settings. This study aims to identify the opportunities and challenges of hospital accreditation (the first experience of institutional accreditation in Iran) from the stakeholders' viewpoints.

A qualitative content analysis was conducted. Participants were administrators, faculty and staff of hospitals affiliated with the Kurdistan University of Medical Sciences who were involved in the self-study process and coordination for site visiting. Four focus group discussions and 10 semi-structured interviews were performed. An inductive analysis was considered to extract opportunities and challenges.

Opportunities were categorised as 'highlighting the educational duties of hospitals', 'providing feedback', 'stakeholders familiarity with accreditation', 'promoting stakeholders' involvement' and 'structured evaluation'. Accreditation challenges were 'standards subjectivity', 'external evaluators' expertise' and 'accreditation workload'.

This study showed that accreditation had several advantages such as highlighting the training responsibilities of hospitals which are often neglected due to the dominance of service delivery.

WFME-recognised accrediting agency accreditation of an MD programme: The story of a successful tripartite collaboration

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[1]*WVU Schools of Medicine and Public Health*, [2]*COMHS, National University of Science and Technology*, [3]*National University of Science and Technology*, *Oman*

In 2021, the National University of Science and Technology (NU) in Oman committed to achieving accreditation from a WFME-recognised accrediting agency following the aspiration of NU and based on the recommendation of its partner, West Virginia University, USA. The importance of meeting globally recognised accreditation standards and postgraduate medical education opportunities for graduates were the most important considerations. A self-study report was submitted to the Association of Medical Education Programs Evaluation (TEPDAD), a WFME-recognised accreditation agency located in Türkiye. A TEPDAD team, joined by a representative of the Oman Authority for Academic Accreditation and Quality Assurance of Education, conducted a site visit on 5–9 November 2023. Notification of successful accreditation by TEPDAD was received by NU from 1 January 2024.

Achieving accreditation from a WFME-recognised accrediting agency requires a substantial commitment and close coordination from all stakeholders.

At the conclusion of this session, participants will:

- Identify the essential steps during the application;
- Evaluate the methods for consolidating a self-study report;
- Describe strategies for a successful site visit.

Resource use by WFME-recognised medical school accreditation agencies

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Accreditation in medical education is expanding internationally with limited evidence of a return on investment to schools, students, patients or communities. There is limited information describing resources required by agencies to conduct accreditation activities.

We reviewed the 43 most recent accrediting agency applications for WFME recognition available through April 2024 to extract and summarise information on funding sources and human resources.

Of 43 agencies, 19 (44%) accredited only medical education, and of these, 11 (26%) focused only on the medical school level. Funding for 15 (35%) agencies came from fees for services to schools, 13 (30%) from government, 13 (30%) from a mix of school fees and government and 2 (5%) from medical registration fees. Number of agency voting members ranged from 5 to 31. Site visitors ranged from 3 to 10, with site visit duration ranging from 1 to 6 days.

Accrediting agencies vary significantly in resources used across contexts. These differences present an opportunity to study causes of variation and understand how efficiencies in accreditation can be realised.

Social accountability (SA) in medical education: A bibliometric analysis

Mohamed Hassan Taha[1], Mohamed Elhassan Abdalla[2]
[1]*University of Sharjah*, [2]*College of Medicine, University of Limerick, Ireland*

Social accountability (SA) in medical education is the obligation to direct health profession schools' education to address priority health needs of the community. Despite the large amount of SA-related published literature, trends in the prevalence and scope of SA research remain unexplained. The study aims to analyse trends of SA in medical education publications, cluster of published information and any paucity in integrating SA into medical education.

PubMed and Scopus databases were searched for publications about SA in medical education from 1995 to 2023, without language restrictions. VOSviewer software was used to conduct bibliometric analysis.

The study retrieved 1292 articles on SA in medical education, with an increasing trend in SA research indicated by year-wise publications. The United States had the highest number of publications (512), with the University of British Columbia having the most publications ($n = 39$). Bibliographic coupling analysis identified five clusters of information related to SA in medical education, including SA indicators and medical school accreditation.

Integration of interprofessional education (IPE) competencies in the curriculum: Experiences from Oman

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This presentation outlines our experience of embedding IPE and collaborative practice into a 6-year medical curriculum. The framework is built around core IPE competencies, including role clarification, communication, teamwork, ethics and values. During the preclinical years, foundational IPE principles were introduced through interactive learning modalities such as team-based learning (TBL), case-based learning (CBL), problem-based learning (PBL) and community engagement projects. The pre-clerkship and clinical years emphasised interprofessional learning activities, focusing on patient safety, shared decision-making and collaborative care.

The curricular integration of IPE has increased awareness among students and faculty regarding the fundamental concepts of interprofessional collaboration. The activities are likely to facilitate the formation of an interprofessional identity among students from diverse health professions, promoting a culture of collaborative practice throughout their education.

Participants will gain insights into the practical strategies for seamlessly integrating IPE into existing medical curricula across various stages of instruction, without major restructuring or additional resource allocation.

Refining ECG education: A web-based learning platform integrating multimedia learning theory and retrieval practice

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Medical students struggle to learn ECG interpretation skills due to content complexity and limited practice. This study explored the effects of multimedia learning theory (MLT) and retrieval practice (RP) through a new ECG web-based learning platform. Two experiments were conducted. The first examined MLT's impact on cognitive load, comparing MLT-designed videos with conventional ones. The second investigated RP's effect on learning retention and transfer, comparing a group using practice tests to a group rewatching the videos. Cognitive load scale and pre- and post-tests were used, with t-tests analysing the results.

The ECG learning platform significantly improved learning outcomes in both intervention groups ($p < 0.001$). MLT reduced intrinsic cognitive load while increasing germane load, aiding in the comprehension of complex material. RP enhanced learning retention and transfer more effectively than simple restudy.

Participants will gain insights into the innovative use of MLT and RP in a web-based ECG learning platform. The session will showcase how these strategies optimise cognitive load and improve learning retention and transfer, providing a valuable example of how we improved quality in education of ECG interpretation skills.

Continuing Professional Development Accreditation

Influence of Faculty Development Program on medical teachers in Christian Medical College Vellore, Tamil Nadu, India

Margaret Shanthi FX

Christian Medical College, Vellore

The Christian Medical College Vellore, India, offers a 3-day Faculty Development Program to train medical teachers on the fundamentals of teaching and assessment methods as instructed by the National Medical Commission of India. We used the New World Kirkpatrick's Model to determine if the participants implemented what they had learned on the job. We received approval from the Institutional Review Board (IRB Min. No. 0624126 dated 12.06.2024) and the Undergraduate Medical Education Board. We framed the workshops according to the vision of this institution. Data were collected through feedback and pre- and post-assessments during the workshops. In addition, surveys and focus group discussions were conducted 2–6 months after the training. The preliminary report on this ongoing study shows that the participants felt the training was effective. We found a significant increase ($p < 0.001$) in knowledge in the post-assessment as compared to pre-assessment scores. Most participants were not refused approval to implement new skills learned during the training in their departments and the heads of the participants' department recommended this workshop to be conducted regularly in this institution. The Faculty Development Program helped the participant [...].

Innovative game-based disaster medical education: An empirical study on enhancing nurses' emergency response skills

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Traditional lectures lack practical training opportunities, and field simulations are costly. The research team developed a serious game for disaster medical education for 200 nurses and established a database covering relevant information. The nurses were divided into lecture-based and game-based groups. In earthquake simulations, nurses gained experience points by classifying and assisting patients.

The results showed that the scores of the game group were better than those of the lecture group 6 weeks later, demonstrating the effectiveness of game-based learning in continuing medical

professional development. This unique teaching form can cultivate the emergency handling ability of nurses.

What participants will gain from attending this session:

- The team is developing an English version to meet international needs and proposed a meta-model for researchers in need to solve the problem of time-consuming development.
- During the brief game simulation teaching trial, participants can learn to make correct decisions quickly, organise rescue and self-rescue effectively and then take appropriate actions in the real disaster rescue.

Developing and validating accreditation standards for skill and professional training in Iran

Roghayeh Gandomkar, Elaheh Mohammadi, Azim Mirzazadeh, Mahdi Soroush, Jamshid Hadjati

Tehran University of Medical Sciences

There is a gap in the literature on accreditation standards and procedures for skill and professional training. This study aims to develop and validate a set of accreditation standards for the skill and professional training (SPT) courses in healthcare education in Iran.

The first draft of standards was prepared by a panel of key stakeholders of SPT courses through several cycles of drafting and redrafting considering the relevant literature. Standards were provided to a larger group of stakeholders in a consultative workshop to receive their comments, followed by virtual discussions in a WhatsApp group. After modifications, standards were sent to wider stakeholders around the country to complete a web-based survey using criteria including clarity, relevance, optimisation and evaluability for each standard.

The final set of standards was structured in 10 areas, 81 basic and 10 quality development standards. More than 70% of standards showed 'high' and 'very high' levels in terms of validity criteria.

The standards and participatory approach to developing standards may guide relevant accreditation institutions.

Implementation of ISO 21001:2015 in an accredited medical college: Integrating quality management systems

Khabab Elhag, Abdelrida Elmosawi, Hessa Elmajed, Dalya Al-Amoudi

Arabian Gulf University

We implemented ISO 21001:2015 at the College of Medicine through five phases: awareness building, documentation enhancement, internal audit, external audit and sustainability planning. Key steps included gap analysis, quality management training, documentation updates, risk management implementation and audit team development. The process was guided by expert consultants and involved stakeholders across the institution.

Our implementation revealed that existing accreditation facilitated ISO implementation, while leadership support enhanced stakeholder engagement. Challenges included misconceptions about quality systems and resistance to change. Dedicated quality teams and expert consultation proved crucial for success. The diffusion of innovations theory effectively guided change management.

Attendees will acquire:

- Strategies for integrating ISO 21001:2015 with medical education accreditation;
- Solutions to implementation challenges;
- Methods for building effective quality teams;
- Techniques for managing change resistance;
- Approaches to documentation and risk management;
- Understanding of how ISO standards complement accreditation.

Programme evaluation of the Diploma in Healthcare Ethics and Professionalism using CIPP model

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Shalamar Medical and Dental College, Lahore

The complexity of modern healthcare requires not only clinical competence but also strong ethical and professional conduct. The Diploma in Healthcare Ethics and Professionalism (DHEP) at Shalamar Medical and Dental College, Lahore, addresses this need by equipping healthcare professionals with essential ethical knowledge and skills. Systematic evaluation of such programmes is crucial for ensuring their effectiveness and relevance.

This study evaluated the DHEP programme using the CIPP (context, input, process and product) model, employing a mixed-method, cross-sectional design. Data were collected through surveys, focus groups and document reviews from students, faculty and administrators to assess the curriculum, teaching methods, implementation challenges and overall impact.

By addressing gaps in the literature on ethics education in developing countries like Pakistan, the findings offer insights into the challenges and successes of implementing healthcare ethics education. The study also demonstrates how the CIPP model can guide the quality assurance of postgraduate programmes and contribute to global improvements in healthcare ethics education.

Transforming resident education: Gamification in the Cathay General Hospital Emergency Room morning meeting for enhanced engagement and learning

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[1]Cathay General Hospital Education Department, [2]Cathay General Hospital

This project revamped CGHER morning meetings to boost engagement and learning outcomes for emergency medicine residents through gamification. The initiative addressed low attendance and waning interest by incorporating Quizizz for real-time quizzes, leaderboards and performance tracking. Topics like ECG and POCUS were covered, creating a competitive yet supportive learning environment.

The integration of gamification boosted engagement, with attendance rates increasing significantly from 5 to 10 residents ($p < 0.05$), and satisfaction scores rising from 92.5% to 97.8%. The dynamic and interactive learning environment encouraged active participation, reinforced knowledge retention and created a culture of continuous learning among the residents.

What participants will gain:

- How to use tools like Quizizz to enhance clinical education;
- Applying the Donabedian model for educational session structure;
- Benefits of gamification in increasing resident satisfaction and learning outcomes;
- Strategies for creating a competitive, engaging learning atmosphere.

ABSTRACTS—POSTERS

Assessment

AI integration in MCQ development: Assessing quality in medical education: A systematic review

Fizzah Ali
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This systematic review focuses on examining how artificial intelligence is included in multiple-choice questions and how this affects the efficacy and quality of assessments used in education. Several papers investigating the application of artificial intelligence in multiple-choice question creation have been found through a thorough literature analysis. The present study employed a systematic literature review to comprehensively analyse the existing literature and underscore the effects of incorporating artificial intelligence into creating multiple-choice questions on the standard and efficacy of assessments used in education. Between January 2019 and January 2024, we examined papers from credible publications, concentrating on sixteen chosen articles for in-depth examination. The results show how artificial intelligence can revolutionise traditional evaluation methods in education by improving the accuracy, efficiency and diversity of multiple-choice questions. While artificial intelligence models like ChatGPT, Bard and Bing have shown encouraging results in creating multiple-choice questions, issues with validity, complexity and reasoning ability still need to be addressed.

Evaluating audience response systems and computer-based testing in team-based learning: Implications for assessment validity and educational practice in medical education

Nisha Shantakumari, Lisha Jenny John
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The study examined the use of two team-based learning (TBL) assessment modalities—audience response systems (ARS) and computer-based testing (CBT)—in a newly established medical school in the United Arab Emirates. It focused on student and faculty perceptions of these tools through a mixed-methods approach, including data from 200 medical students and focus group discussions with faculty. The goal was to evaluate these systems in the context of maintaining academic integrity and assessment validity during TBL sessions. The findings revealed that while both ARS and CBT have merits, CBT was viewed by students and faculty as the more valid tool for maintaining academic integrity, particularly in minimising cheating. Faculty also found CBT to be more cost-effective, technically reliable and less burdensome in terms of workload, despite ARS being preferred for engagement and ease of use. Participants will gain insights into the strengths and weaknesses of ARS and CBT as assessment tools in medical education, particularly in terms of ensuring fairness, maintaining academic integrity and aligning with institutional goals of rigorous assessment practices.

Assessment of central venous catheter insertion by postgraduate year residents after an educational intervention using 3D anatomy technology and a flipped classroom

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This study evaluates the performance of postgraduate year (PGY) residents after teaching central venous catheter (CVC) insertion using 3D anatomy technology and a flipped classroom. An Objective Structured Clinical Examination evaluates site selection, local anaesthesia, guidewire manipulation and catheter insertion. Performances are categorised as correct, partially correct or not performed, comparing pass and fail outcomes. Seventy PGYs participated, with a 60.0% overall pass rate (42/70). Those attending the workshop had a higher pass rate (70.4%) than those who did not (53.5%). Significant differences were found in guidewire management ($p = 0.041$) and suture fixation ($p = 0.002$). Despite distinguishing venous from arterial punctures, residents commonly faced challenges in guidewire length and catheter securement, indicating areas for training improvement. Participants will explore how technology-enhanced learning improves understanding of CVC insertion. The session will provide strategies to address guidewire and catheter management challenges, enhancing clinical proficiency and patient safety.

The advancement of a digital e-Portfolio to augment medical education, clinical competencies, professional conduct and student evaluation via reflective practice and remote surveillance

Muhammad Hasan Bashari[1], Yuni Susanti Pratiwi[2], Nita Arisanti[1], Putri Halleyana Rahman[1], Eko Fuji Ariyanto[1], Tri Hanggono Achmad[2], Insi Farisa Desy-Arya[3], Lulu Eva-Rakhmilla[3], Indah-Amelia[3]
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This initiative establishes an e-Portfolio framework to support medical students from undergraduate education through clerkship, aligned with Universitas Padjadjaran's longitudinal integrated clerkship (LIC) programme across over 50 clinical sites. The e-Portfolio allows students to record activities and receive feedback from supervisors. It supports remote supervision of workplace-based learning, enabling real-time tracking and evaluation by both students and faculty. By integrating a reflective cycle in evaluations, it fosters critical self-reflection, enhancing clinical skills and professionalism. The e-Portfolio has improved student evaluation and self-reflection, encouraging performance analysis and adjustments, promoting professional growth. Faculty use it to teach professionalism, monitor student development remotely and provide timely feedback, guiding curriculum refinement and tailored support. Continuous formative evaluations ensure comprehensive assessment of clinical competencies and conduct. Participants will learn how e-Portfolios enhance evaluation, foster deeper learning and enable remote oversight within LIC programmes, improving performance tracking and educational outcomes.

Exploring core competencies of patient care ownership in medical students: A Q-methodology study

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This study investigated medical students' patient care ownership among attending physicians, residents and medical students using Q-methodology. Through interviews, 37 statements were generated and ranked by 28 participants to assess their perceived importance. Q-factor analysis identified three core competencies of medical students' patient care ownership: 'Holistic Patient Care', 'Completion of Assigned Tasks' and 'Active Participation in Patient Care'. Participants agreed on the importance of medical students understanding patients' conditions and treatment plans and actively engaging in care activities. These findings suggest the need to emphasise these competencies in medical education. Attendees will gain insights into the key competencies that constitute patient care ownership in medical students and understand how these competencies align across various levels of clinical training. The session will provide strategies for integrating these competencies into medical education through clinical training, enhancing the development of medical students' patient care ownership.

Welcoming, training and assessment of physicians graduated from foreign countries to practise in Brazilian primary care

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The Mais Médicos Program (PMM) aims to hire physicians to work in Brazil's primary care in areas facing challenges in retaining these professionals. The hiring process includes physicians graduated in foreign countries, who do not yet have registration with the regional medical councils. These professionals participate in a Welcoming and Assessment Module (MAAv) lasting 4 weeks. The MAAv includes lectures on the Unified Health System, National Health Policies, clinically relevant topics for the territories and ethical–legal approaches. During the module, the physicians engage in evaluative activities and, if approved, can work within the PMM. The MAAv provides an opportunity to train professionals aligned with public health and the delivery of quality services, particularly for populations living in more vulnerable areas. Participants in this session will have the chance to learn about the Brazilian experience of welcoming, assessing and training physicians graduated from foreign countries to practise in Brazilian primary care.

Mini OSCE as formative assessment for procedural skills and clinical reasoning in undergraduate medical education: Feasibility and effectiveness

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The Bachelor of Medicine Study Program in Universitas Padjadjaran has approximately 300 students for each batch. Implementing formative assessment especially in the area of procedural skills is quite challenging due to the number of students. We try to balance the aspect of feasibility and effectiveness of formative assessment in the form of Mini Objective Structured Clinical Examination (OSCE). We managed to implement a Mini OSCE that assessed mostly basic procedural skills including history taking, physical examination and basic life support skills. Mini OSCE took a total of 3 days divided into two sessions each day and involved a total of 30 examiners. We find that from resources availability, time considerations, cost effectiveness, faculty workload and logistic considerations from Mini OSCE are quite feasible to implement as a formative assessment. From 800 feedbacks from examiners to each student, we also find that examiners were able to give constructive feedback specifically for each domain of procedural skills that was highly appreciated by the students. Participants will learn from our experience using Mini OSCE as a formative assessment to assess procedural skills and clinical reasoning.

Evaluating the impact of open-book examinations on stress levels among undergraduate medical students: A randomised controlled crossover study

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All India Institute of Medical Sciences, Bhubaneswar

Global data indicate that 27.2% of medical students experience depression or related symptoms due to stress. This study investigated the impact of open book examinations (OBE) on stress levels and performance among undergraduate medical students. Sixty-three sixth-semester students participated in this randomised controlled crossover study. Two tests conducted 4 weeks apart. Hamilton Anxiety Scale used for stress/anxiety assessment. Test performance: No significant difference in scores between OBE and closed book exams (CBE). Slightly higher average scores and lower failure rates in OBE, not statistically significant. Stress levels: Significantly lower anxiety scores in OBE group ($p < 0.00001$). Student feedback: 80.95% favoured introducing OBE into the curriculum. OBE was preferred by 68.63% for formative assessments. While OBE and CBE yielded similar test scores, OBE significantly reduced student stress. This suggests that OBE could be a valuable complement to traditional examination methods, potentially enhancing the learning experience without compromising assessment quality. The educators/participants will appreciate considering the integration of OBE in medical curricula.

Equity, Diversity and Inclusion

Break boundaries with colours of belonging: Queer museum arts illuminating the path to inclusivity in medical education

Krishna Mohan Surapaneni
Panimalar Medical College Hospital and Research Institute

This presentation explores the integration of queer museum arts into medical education to foster inclusivity and cultural sensitivity. Twenty-four final-year medical students participated in guided exhibits portraying diverse queer identities, followed by reflective journaling and facilitated discussions. The aim was to immerse students in the lived experiences of marginalised communities, helping them reflect on the intersection of identity and health care. The analysis of pre- and post-session reflections revealed a transformative shift in students' understanding of inclusivity. They moved from basic textbook knowledge to a deeper awareness of the emotional, social and cultural dimensions of patient care. The arts served as a catalyst for critical thinking and empathy, allowing students to confront biases and reshape their approach to patient interactions. Participants will gain insights on how to integrate queer museum arts in medical education and how art can be a powerful tool to bridge clinical practice and human experience, fostering empathy, inclusivity and critical thinking in future health professionals.

Key initiatives and ethical considerations in regulating AI in health care and medical education: Governance and human rights protection

Ibrahim Balla, Fouzia Shersad, Asma Syeda, Hadeel Aboueisha, Mohammed Al Houqani
National Institute for Health Specialties (NIHS)

This work reviewed international frameworks guiding AI ethics in health care and medical education, such as the WHO and European AI Act. It focused on principles of transparency, fairness and accountability to protect patient and learner rights. Governance was emphasised to ensure AI supports, not replaces, human decision-making. Actionable strategies for responsible AI integration were developed, addressing privacy and bias concerns in both clinical and educational settings. Key knowledge gained includes the critical role of transparency, fairness and accountability in AI systems. Governance is essential to ensure AI aids human decision-making. Additionally, privacy protection and bias mitigation strategies were highlighted as crucial for ethical AI use in health care and education.
Participants will gain:

- insights into key AI ethical frameworks;
- understanding of governance in safe, transparent AI systems;
- strategies to address bias and protect privacy;
- discussion on international collaborations for responsible AI use.

Global health competencies in undergraduate medical education: A qualitative exploration

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Panimalar Medical College Hospital and Research Institute, Chennai, India

This is a qualitative study with semi-structured interviews and focus group discussion among medical educators and students to examine the integration of global health competencies in undergraduate medical education. The research intended to identify the current perceptions of global health in medical education among the participants, key competencies considered to be vital, teaching modalities, perceived opportunities and barriers to the implementation of a global health module. The study unveiled critical insights into the perception of global health competencies among students and faculty. Participants underscored the need to understand health problems in a global context, along with health disparities, and the social determinants of health. Findings suggest a lack of comprehensive approach to global health education, highlighting the need to integrate essential global health competencies in undergraduate medical curricula.

Attendees will gain insights into global health competencies, challenges in implementing global health curricula and strategies to foster a global mindset in students.

Jango Comunitário: Fostering health equity and social responsibility through medical education

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Universidade Katyavala Bwila

Jango Comunitário, a project of the Universidade Katyavala Bwila (UKB), is an innovative community health initiative that brings health services to people who are mostly left behind in aid distribution initiatives taxed by the crumbling health care system in Benguela province. Embedded into the medical programme, this initiative offers students a priming environment to develop patient skills, social consciousness and cultural competency. It provides a holistic and sustainable solution for delivering health care services to underserved communities. This initiative is an excellent example of the effect that community-based medical education can engender concerning creating technically strong and socially sensitive health care professionals. The partnership has enhanced the curriculum and brought true-to-life health care experiences to students while addressing health disparities. Participants will gain an insight into how the programme aligns social responsibility with medical education, works collaboratively with local and international bodies and develops feasible health care solutions in line with community needs and academic mandates, serving as a potential roadmap.

Cultural variables of doctor professionalism from patient perspectives

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This literature review examines cultural dimensions of medical professionalism, focusing on patients' perceptions from diverse backgrounds. It compares East Asia, the Middle East and Japan research with Western professionalism, especially in the United States and Europe. The review explores the impact of communication styles, authority vs. autonomy, empathy and cultural/religious norms on patient expectations and health care professionals' behaviour in multicultural and global health care settings. The review reveals that medical professionalism varies by culture. Western models emphasise patient autonomy, while East Asian and Middle Eastern patients often defer to doctors, involving family in decision-making. Communication styles and religious values influence professionalism, affecting trust, empathy and care. Cultural competence is vital to meet diverse patient expectations. Participants will learn to develop cultural competence by understanding professionalism across cultures. They will gain strategies to adapt communication, respect cultural norms around authority and express empathy appropriately.

Exploring the role of cultural competency in enhancing patient care: A qualitative study of medical students' experiences

Shivani Babu, Harika Lakshmi Priya Vadala, Krishna Mohan Surapaneni
Panimalar Medical College Hospital and Research Institute, Chennai, India

As the patient population becomes increasingly diverse, training future physicians to provide culturally competent care is pivotal. This study explored how well students feel prepared to handle diverse patient populations and identify gaps in the curriculum related to cultural awareness and communication. Semi-structured interviews were conducted with second, third and final year medical students to understand their perspectives on cultural competency training and its impact on patient care. The study revealed that while cultural competency is addressed in some instances, many students felt unprepared to manage cultural differences in real-world clinical settings. They expressed the need for more practical training and simulations focused on diverse patient interactions to build confidence and improve communication. Addressing these gaps could enhance patient outcomes and trust in care. Participants will gain insights into the importance of cultural competency in medical education, current gaps in training and strategies for improving cultural awareness and communication skills in future physicians.

World Earth Day and curriculum preparedness: How medical students address a topic left behind?

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International Federation of Medical Students' Associations (IFMSA)

As future health care providers, we ought to spread awareness and advocate for inclusive changes in our curriculum. For World Earth Day 2024, the International Federation of Medical Students' Associations established a 3-day online campaign that gathered 82 participants. Its goal was to highlight the interdisciplinarity of the health impacts of the climate crisis. From the 138 registrations, the primary motivation was the lack of background provided by the medical curriculum and the need for insight essential for the future health care workforce during sessions that included climate-related diseases, community resilience to climate disasters through the human rights lens, disease transmission dynamics and sexual and reproductive health and rights in the changing climate. This approach allows the participants to learn about the necessity of adjusting the medical curriculum and developing the best pathway for preparedness in health care. When targeting the climate crisis, it is important to address the topic's interdisciplinarity and highlight all the impacts on patients, health systems and the community.

Comparing stress levels among medical emergency unit workers in teaching hospitals across Lahore: A quantitative analysis of precision

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University of Lahore

Stress is characterised as a condition of anxiety or tension spurred on by challenging circumstances. Stress is a normal human reaction that motivates us to deal with obstacles and dangers in our lives. The study aimed to investigate the levels of stress that employees in the medical emergency unit (MEU) industry face and any possible relationship between work satisfaction and perceived stress. The objective of the study was to assess and compare the stress levels of MEU workers in different teaching hospitals in Lahore using the PSS-10 stress scale. Our research aims to examine and compare the perceived stress based on gender, profession and marital status. The results highlight the significance of targeted interventions and support initiatives to improve worker resilience and well-being in high-stress health care settings. It provides valuable information for improving stress management and preventive tactics.

Enhancing medical education to foster rural health care commitment: Key educational factors to medical graduates' interest in rural practice

Farah Noya[1], Laura Huwae[1], Vebiyanti Vebiyanti[1], Alessandra Saija[1], Grace Latuheru[1], Nerissa Sutantie[1], Johan Bension[2], Parningotan Silalahi[2], Amanda Manuputty[2], Genevieva Tanihatu[2], Joice Mailoa[2], Sean Istia[2], Marthen Matakupan[2], Efatha Rutumalessy[2]
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This cross-sectional survey of 1266 medical students examines the link between medical school curricula and students' intentions to work in rural and remote (RR) areas. A significant majority (92.1%) of students expressed interest in RR work. Among them, 33% had no time constraints, 51% were interested with limited time and 16% were interested only during the bond period. Most interested students were female (76% vs. 73%), younger (51% vs. 43%; mean age 20), had no doctor parents (96% vs. 88%), were involved in organisations (62% vs. 56%), had prior RR exposure (16% vs. 12%), appreciated rural exposure (42% vs. 23%), were exposed to RR villages during medical school (44% vs. 32%) with multiple focuses of learning (43% vs. 32%) and agreed with the curriculum content (34% vs. 14%). The curriculum's rural focus received mean values of 3.03–3.22 on a 4-point Likert scale. Interest in RR work was significantly associated with having no doctor parents ($p = 0.000$), rural village exposure ($p = 0.024$), appreciation for rural exposure ($p = 0.000$) and curriculum content ($p = 0.000$).
What participants will gain: How a regional medical school tailors its curriculum to meet community health needs.

Bridging the gap: A systematic review of educational interventions in complementary and alternative medicine for medical students

Salsabil Rafida, Belinda Liliana
Gadjah Mada University

A systematic review followed PRISMA guidelines, searching PubMed, Scopus and Science Direct for studies published until September 2024. We focused on studies involving medical students evaluating complementary and alternative medicine (CAM) in the curriculum. Planetary health (PH) emphasises the interconnectedness of human health and Earth's ecosystems, promoting sustainable solutions CAM, rooted in nature and spirituality, aligns with PH principles. This study provides an overview of CAM's integration into medical education from student and teacher perspectives. Eight articles were included, revealing that CAM modules enhance student satisfaction, motivation and future use. Competence assessments show improvements in knowledge, skills and attitudes, though challenges remain regarding evidence-based practices and legal regulations. Future directions should optimise intervention timing, ensure qualified instructors and

provide adequate resources. This study underscores the impact of CAM on students and highlights the need for further research to evaluate CAM's effectiveness in continuing medical education.

Consolidating medical education in Sudan during war

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Providing quality medical education in Sudan faces challenges due to armed conflicts. This short communication explores practical solutions for ensuring the continuity of medical education during the conflict in the Sudanese context. A comprehensive literature review covered relevant articles published from 1915 to 2023. Four major databases (PubMed, Scopus, Web of Science and Google Scholar) were searched.

Collaborative alliances among medical schools facilitate resource sharing and support. Engaging the Sudanese diaspora through virtual collaborations, mentorship programmes and faculty exchanges enhance educational experiences. Stable regions as educational hubs ensure uninterrupted academic progress for students from conflict-affected areas. Online and remote education, including asynchronous learning and social media platforms, overcome access barriers and fosters knowledge sharing. Ambulatory teaching provides practical experience and adaptability. Prioritising faculty well-being and professional development through training and support is crucial. Emphasising resilience and adaptability in student education prepare them for health care delivery in resource-limited settings.

Fostering inclusive health care: A qualitative study on medical students' engagement with LGBTQIA+ health education

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This study explored how medical students from years I–IV engage with LGBTQIA+ health education using focus group discussions. The goal was to assess current gaps and highlight student-led efforts to improve understanding and inclusivity in health care for LGBTQIA+ patients.

The study revealed that while LGBTQIA+ health is underrepresented in the curriculum, students are filling these gaps through peer collaboration, online resources and informal discussions. Students highlighted the value of interdisciplinary learning and the need for more structured guidance in clinical practice to address the unique health care challenges faced by LGBTQIA+ patients. The findings emphasise the importance of student-driven initiatives and the demand for a more inclusive curriculum.

Participants will gain insights into how medical students actively engage with LGBTQIA+ health topics despite curriculum limitations. They will learn strategies to support student-driven initiatives, identify ways to improve LGBTQIA+ health education and understand the importance of peer-led learning environments in fostering inclusivity in health care.

Disclosing the diagnosis of terminal stage cancer to patients: Attitudes amongst United Arab Emirates health care providers and universities' students and personnel

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Disclosing cancer-related information is crucial for patient-centred care, enabling informed decision-making and emotional support. In family-centric cultures like UAE, transparency is often limited to protect patients from distress. This contrasts Western practices where full disclosure is standard. This study explores factors influencing attitudes towards cancer disclosure in UAE's diverse population. **Methods:** descriptive, cross-sectional study using convenience sampling. Online self-administered questionnaire targeted health care providers, students and university staff. The survey assessed attitudes towards diagnosis, prognosis and truth disclosure to family members. Four hundred ninety-five participants completed survey, predominantly female (73.7%) aged 18–24. Average attitude scores were 87.8% for diagnosis, 85.8% for prognosis and 69.7% for truth disclosure. Female showed more favourable attitudes, MENA nationalities displayed less positivity regarding diagnosis and prognosis. South Asia and Southeast Asia participants showed more support for family disclosure.

Findings highlight cultural, religious, demographic influences on cancer disclosure attitudes. Training programmes tailored to UAE are essential for improving truth disclosure practice.

Exploring the historical legacy of Ijazah and its similarity to entrustable professional activities (EPAs)

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This study investigates the historical context of the Ijazah credential and its relevance to modern medical education, focusing on entrustable professional activities (EPAs).

By analysing Ijazah's principles and methodologies, which have been practised for over a thousand years, we identify its connection to EPAs, emphasising context sensitivity, mentorship and the trustworthiness of skills. Our comparative analysis reveals the evolution of educational concepts and potential cross-cultural exchanges.

By tracing the historical roots of concepts such as Ijazah, we recognise the potential for knowledge transfer and the importance of cross-cultural exchange. This broader perspective enhances our understanding of the development of educational frameworks, promotes a more inclusive approach to medical education and encourages the exploration of historical practices for insights into modern concepts like EPAs.

Faculty Development

Developing clinical educator entrustable professional activities (CE-EPAs) and quality improvement

Hsin-Yu Chen, Chih-Hui Chin
Cathay General Hospital, Taipei, Taiwan

Since 2023, we have been exploring the potential of clinical educator entrustable professional activities (CE-EPAs) for faculty development. On the other hand, the Clinician Educator Milestones (CEMs), developed in 2022 by the ACGME, consist of 20 subcompetencies tailored for same purpose.

The implementation of CE-EPAs requires high-quality observational data to make accurate judgements about the levels of entrustment. Our study aimed to collect quantitative data on the trend of faculty abilities in a specific medical centre. We used three self-developed EPAs to assess faculty abilities in programme management skills, assessment and feedback and clinical teaching. Besides, Stanford Faculty Development Program (SFDP) questionnaire was gathered from medical learners during routine clinical teaching activities. We try to establish a comprehensive understanding of the relationship between these two evaluation methods.

Our analysis suggests a nuanced relationship between different CE-EPAs and the various elements of the SFDP categories. The SFDP questionnaire responses from learners can be instrumental in facilitating high-quality judgements regarding entrustment levels.

Educators' expectations for integrating one health into medical education: A vision for future curricula

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This study explores medical educators' perspectives on integrating One Health principles into curricula, examining importance, challenges and desired outcomes. We investigate how educators envision a comprehensive curriculum addressing global health challenges through human, animal and environmental health interconnectedness.

Educators expect a One Health curriculum to promote interdisciplinary collaboration and prepare students to handle complex global health issues like zoonotic diseases, environmental degradation and antimicrobial resistance. They emphasised the importance of case-based learning, cross-disciplinary activities and practical experiences to ensure students apply One Health principles in clinical and public health settings.

Participants will gain valuable insights into how educators expect One Health to be integrated into medical curricula, practical strategies for interdisciplinary teaching and approaches for preparing students to address interconnected health challenges.

The Alexandria Faculty of Medicine's model for developing holistic health care practitioners

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Alexandria University Faculty of Medicine

The Alexandria Faculty of Medicine's Quality Assurance Unit (QAU) has adopted an innovative approach to developing holistic health care practitioners for a sustainable future. Aligned with global trends, the QAU has implemented various projects over the past four years, addressing the National Academic Reference Standards for Medicine (NARS) and fostering student participation and community engagement. The QAU designed student-run projects targeting five NARS competency areas:

- ABC Medicine Programme: Health education for patients.
- Quality of Personal Development Programme: Professional development.
- Quality of Well-Being Programme: Teamwork and health care system understanding.
- Clinical Audits and Talented Programmes: Scholarly and scientific skills.
- Mentor–Mentee Programme: Lifelong learning and research.

Additionally, the QAU introduced elective courses on clinical audit and sustainability, organised events and conferences and held the 'Towards a Sustainable Future' conference.

These efforts have yielded significant results:

- Over 80 active student members in the QAU's student participation committee.
- More than 1000 student participants in scientific programmes.
- Two hundred ninety-five students opting for the sustainability elective course.

Will mindset influence faculty development? The correlation between mindset and faculty performance assessed by clinician educator EPAs (CEEPAs)

Chih-Cheng Chien, Chih-Hui Chin
Cathay General Hospital, Taiwan

To help clinician educators (CEs) assess their quality of teaching and to provide a roadmap more applicable in daily work setting, our CFD developed clinician educator EPAs (CEEPAs) based on ACGME milestones. To further understand whether mindset affects faculty development, we conducted this study.

Using Dweck's three-item Growth Mindset Scale, we assessed over 1000 CEs in our hospital. A correlation between this scale and CEs' progress in CEEPAs assessed in 2023 and 2024 were analysed.

Since CEs will complete their annual CEEPAs assessment by the end of fourth quarter, we can only collect 183 samples now. Although limited by sample size, positive correlations are well observed in EPA1 (participating in the programme evaluation committee to improve the programme) and 2 (assessing and mentoring learners through effective observation and feedback), but not EPA3 (delivering lectures and clinical teaching and providing role models). Since CEEPAs adapt ACGME CE milestones, positive correlations can further be observed in some sub-competencies. Complete data will be prepared and shared in the conference. Faculty with growth mindset improve some of their performance assessed by CEEPAs faster.

A comprehensive training programme for staff and student development at College of Medicine King Faisal University, Alahsa

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The Department of Medical Education and the Quality Assurance Committee at the College of Medicine, King Faisal University, Al-Ahsa, developed a comprehensive training programme addressing the professional development needs of all institutional stakeholders—faculty, students, technical staff and administrative personnel. Unlike conventional faculty-focused initiatives, this programme recognises that sustainable improvement in medical education quality requires coordinated training for all roles within the college. Designed under the guidance of the Deanship of Quality Assurance, the programme's content was tailored to the specific job descriptions and competencies required for each group, covering topics from teaching methodologies and competency-based education to technical proficiency, operational efficiency and leadership skills. Initial implementation included faculty training sessions, with feedback collected via structured Google Form evaluations. The resulting data informed modifications and an action plan for continuous improvement. Programme evaluation demonstrated high satisfaction and perceived value across participants, emphasising the role of regular, structured training in fostering institutional excellence. This model offers a scalable, adaptable framework for other medical colleges in Saudi Arabia seeking to integrate holistic development strategies. By engaging all stakeholders, the initiative promotes collaboration, enhances educational outcomes and ultimately contributes to improved patient care through a better-prepared health care workforce.

Enhancing medical education through longitudinal integrated clerkships: A capacity-building strategy

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The literature lacks agreed-upon criteria for describing and evaluating longitudinal integrated clerkships (LICs) in Asian medical schools. We mapped LIC tenets in our curriculum. We used community-based participatory research (CBPR) to partner with local stakeholders to inform curricular and partnership activities. We aimed to operationalise LICs through workshops and pilot programmes, implementing core curricular components that may improve learner outcomes and patient care.

We learned that a continuum in medical education, particularly at the preceptor level, significantly enhances education and strengthens student-preceptor relationships. Training nurtures preceptor professional development and fosters vital research collaborations. Our findings indicate that preceptors require customised support to ensure successful implementation.

Participants will gain strategies to increase preceptor teaching capacity and satisfaction. They will examine evidence supporting LICs related to academic and patient outcomes and collaborate to generate quality improvement plans to enhance LIC delivery in their health professions education programmes.

A case study of remote international medical education partnership using Zoom meeting and its expansion to faculty development opportunity

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International partnerships are often shaped at a high level and complex by nature. Mae Fah Luang University, Thailand, and Queen's University, Canada, have begun this process. Alongside the formal

process is the development of professional connections between individuals. After a site visit in 2019, when a 2020 reciprocal visit was cancelled due to COVID, educators developed a monthly online journal club using Zoom. Papers from the medical education literature and canon were chosen by the group, reviewed, presented and discussed. This format allowed for the development of collegial relationships, sharing of ideas for medical education at the undergraduate level, cross-cultural understanding, the development oral and written language proficiency and professional development for medical educators. One member was able to use the experience to develop a PhD proposal and successfully gain entry to a PhD programme in Education. Presenters will review the challenges and strategies for a successful medical education journal club between two schools separated by geography and language. This journal club represents a successful informal international partnership and presents an accessible model for international collaboration and mentorship.

Innovations

An immersive approach: Developing a 360-degree VR trauma resuscitation training model for undergraduate medical students

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We collaborated with the HTC VIVE team to create this virtual reality simulation system based on ATLS guidelines. Undergraduate medical students participated in both gamified VR trauma resuscitation and lecture sessions. Students were asked to complete a pre-test, post-test and satisfaction survey. We compared the difference in test scores between the VR simulation and lecture-based learning.

Results show a significant difference between two groups, demonstrating the effectiveness of the VR teaching method. Students also feel that learning trauma care through VR was easier and more straightforward. Results also indicate that students gained a better understanding of trauma emergency concepts and procedures, acquiring fundamental resuscitation skills. Therefore, the VR system offers a modern technology-based model for medical education.

Medical students will see how VR can be utilised, further promoting them to try immersive tools to learn medical knowledge. Faculty will see how innovative VR technology can be integrated into their curriculum to improve students' learning outcomes.

The role of epistemic beliefs in shaping clinical physicians' learning strategies

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Growing up in the era of information explosion, we can learn knowledge from books, the Internet and social media. But the doctors' mission is to treat diseases and protect patients' lives. This study explored the role of epistemic beliefs and learning strategies in different generations. Using purposively sampling, we recruited 13 clinical physicians. Some have just entered clinical practice, while others have been practising for 33 years. Semi-structured interviews were thematically analysed to identify significant themes that encapsulated physicians' experiences.

In the past, there were fewer job options. Those who could become physicians had very good grades in senior high school and a strong sense of mission that being a physician. I felt that I had to study hard to be worthy of myself, my family and my patients in the future. The physicians of younger generation were more able to use existing resources and pass exams. They were more task-oriented, learned by doing and accumulated experience case by case.

Books or papers from evidence-based medicine are more reliable, while information on the Internet or social media is faster. How to use it in disease treatment will be the application of epistemic beliefs.

Impact of assigning teaching roles to undergraduate medical students in basic surgical skills sessions on their peers performance in these sessions

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Development of medical students' teaching skills is essential part of medical curriculum. Medical students regularly participate in study groups during courses and prior to examinations, thus assuming informal teaching roles. Student's ability to acquire enough surgical skills to perform routine technical procedures at a level suitable to a fresh medical graduate is another important skill to acquire.

At Ajman University, we conducted basic surgical skills sessions to assess impact of peer tutoring versus instructor-led training. One hundred students participated, with 50 trained by certified instructors and 50 by peer tutors.

Performance was evaluated across four tasks. Threading 10 loops, 2.9% of instructor-trained students succeeded versus 7.1% of peer-taught students ($p = 0.649$). In stacking five cubes, success was 50% for instructors versus 48.9% for peers ($p = 0.031$). Both groups excelled at picking 10 peas (97.2% vs. 97.6%, $p = 0.713$). For

laparoscopic knots, success rates were 28.2% (peers) versus 25% (instructors, $p = 0.181$). Cutting a circle of tissue showed 72.2% success for instructors versus 24.4% for peers ($p = 0.002$). This study supports value of both teaching methods in medical education.

Artificial intelligence (AI) in medical education

Tamar Goderidze, Anano Kiria, Natia Landia
University of Georgia

This study examines the use of artificial intelligence (AI) in medical education, focusing on its challenges and opportunities. The objective is to optimise AI for enhancing health care professionals' skills, particularly in personalised training, clinical assessment and practice simulation. Ethical concerns such as data privacy, algorithmic bias and the need for ethical AI policies are considered.

The study highlights AI's benefits, including individualised learning and improved diagnostic accuracy. However, limited training means that AI's full potential in classrooms and clinics remains untapped. AI is changing pedagogical practices, especially in clinical judgement, with simulations and real-time data playing a key role.

Participants will understand how AI personalises education, learn about challenges in AI's role in medical training and explore tools for effectively integrating AI. Additionally, they will learn how interdisciplinary collaboration can foster better AI application in medical education, thereby enhancing both the educational process and overall health care.

Revive to survive-CPR-medics to civics

Girija Sivakumar
Anna Medical College, Mauritius

In countries like India, where there is vast population and more of villages, the health system remains far reachable in case of emergency at the time of medical emergency cases like cardiac arrest. This project was carried out with the intention of educating rural adults for CPR. First- and second-year MBBS students were selected for the study. Rural adults from villages in and around the parent institute were recruited for the study. Awareness about CPR was created through role-plays by students. At the end, participants were asked to give consent through a questionnaire to get trained for CPR. Through this work the following were achieved:

- inculcated empathy and social responsibility of budding medical graduates;
- created awareness about CPR and its importance among rural population;
- elevated institution's participation in community heath;
- attempted to save lives in rural areas through CPR training for rural adults.

What participants will gain from attending this session:

- get enlightened about how to conduct sessions on inculcating empathy among MBBS students;
- how to improve community health.

Medical training in physician placement programmes for highly vulnerable areas in Brazil

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[1]Agência Brasileira de Apoio à Gestão do SUS (AgSUS), [2]Ministério da Saúde

The Mais Médicos Program (PMM) and the Médicos pelo Brasil Program (PMpB) are public initiatives aimed at improving medical coverage in vulnerable areas of Brazil. Both programmes integrate education and health care services, combining physician placement with a specialisation in Family and Community Medicine. The 2-year training includes online modules and tutorials, delivered synchronously in PMM and in-person in PMpB, where physicians engage in clinical activities and develop clinical and communication skills to effectively address the needs of their work environments. With approximately 3800 physicians in PMpB and 23 000 in PMM, these programmes aim not only to meet the demand for health care professionals but also to strengthen primary care by training and retaining physicians, expanding the number of specialists in Brazil and enhancing medical training and integration into the Brazilian Unified Health System (SUS). These experiences are to be shared internationally through the conference.

Preparing future physicians for a sustainable planet: Medical students' expectations for planetary health integration in medical education

Arthana Jaikumar, Krishna Mohan Surapaneni,
Shirley Nivedhana Antony Raj
Panimalar Medical College Hospital and Research Institute

This study investigated medical students' expectations for the integration of planetary health into medical education. Using semi-structured interviews with final year medical students, the research explored how they perceive the importance of planetary health and their role in addressing environmental and health challenges as future physicians.

Students expressed strong support for planetary health education, noting the need for content that links environmental issues with clinical practice. They emphasised the importance of understanding how climate change and environmental degradation impact public health and expect practical training on sustainable health care practices. They also highlighted a lack of focus on these areas in the current curriculum.

Participants will learn about the expectations of medical students regarding planetary health education, identified gaps and proposed strategies for integrating it into the curriculum. The session will provide insights into how future medical curriculum can be better designed to integrate planetary health elements aligning with students' expectations.

'Zumbanatomy': A creative teaching strategy for medical students

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Central to the study of Medicine is an understanding of the complex and intricate structure of the human body or human anatomy. While we as human beings have rudimentary knowledge of our body parts as well as how they function, medical students must be able to identify several bones, muscles, organs, nerves and blood vessels, then relate these structures to their physiologic functions. A solid foundation in Human Anatomy ensures proficiency on how alterations in body structure would present as symptoms and signs that the physician must be able to recognise, to be able to arrive at a rational approach to the diagnosis and management of diseases. Mastering the basics of directions, movements, body planes and overall anatomical terminology is of utmost importance in Medicine. Traditionally, the subject is taught through cadaveric dissection, anatomical models and recently, through the more technologically advanced Anatomage. 'Zumbanatomy', a fusion of Zumba, a fitness programme involving cardio and Latin inspired dance with proven health benefits and the study of human anatomy, assessed through appropriate rubrics, will enable students to creatively express themselves and facilitate the study of human structure and function.

Effectiveness of the educational brochure on human papilloma virus (HPV) and prevention of sexually transmitted diseases among eighth and ninth grade students in Hanoi

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Currently, the promotion for HPV and STD awareness are not widely mentioned and integrated into official curriculum among educational institutions in Hanoi, Vietnam. Therefore, this study aimed to evaluate the effectiveness of the educational package in improving students' knowledge, attitudes and behavioural intentions towards HPV and STD prevention.

Quasi-experimental design with 507 students at Da Ton Secondary School, utilising a self-administered questionnaire. The intervention featured a brochure and a health promotion session, with 45 students participating in the 7-day programme.

The prevalence of good knowledge and attitudes about HPV virus and STDs are 41.03% and 9.27%, respectively. After using the educational package, participants' knowledge score increases 30% ($p < 0.001$) and attitudes improved slightly from 1.49 to 2.44/8 points. Additionally, 97.78% of participants know HPV vaccine, compared to 44.44% pre-intervention, and 100% students are willing to get vaccinated.

The intervention was effective in improving students' knowledge and perceptions of HPV and STD. There is a need for health education programmes on HPV and STD knowledge for secondary school students.

An interprofessional experience-sharing model for end-of-life care education: Enhancing medical students' competency in medicine, ethics, law and communication

Daphe Ng Yih[1], Chih Chia Wang[1], Chung-Pei Fu[2], Chin Sheng Lin[1], Jiunn Tay Lee[1], Yuan Hao Chen[1]
[1]*Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan*, [2]*Department of Occupational Therapy, College of Medicine, Fu Jen Catholic University, New Taipei, Taiwan*

Study engaged 173 fourth-year medical students in interactive, multidisciplinary workshops on end-of-life care. Led by an interprofessional panel of a physician, end-of-life clinician, judge and psychological counsellor, the sessions combined simulations, case discussions and lectures. Students submitted questions in advance to shape the content. Pre- and post-tests were used to measure changes in confidence, learning attitudes and satisfaction, supported by qualitative feedback. The results showed significant improvements in students' confidence, legal knowledge and communication skills. Students gained a clearer understanding of the Patient Autonomy Act, Advance Directives and the ethical complexities of end-of-life decision-making. They also improved in handling difficult conversations and guiding patients and families through care decisions.

Participants gain insights into the effectiveness of interprofessional learning in preparing medical students for end-of-life care. Practical strategies for integrating legal, ethical and communication training into medical education will be provided.

Leadership

Fostering collaboration for excellence in teaching and scholarship: The role of Departments of Medical Education

Nicole Borges
Geisel School of Medicine at Dartmouth

Departments of medical education contribute to the quality of medical education and are an academic home for educators and scholars. Departments of Medical Education worldwide have a variety of structures and functions. This presentation describes a successful model and showcases the Department of Medical Education at Dartmouth's Geisel School of Medicine.

Information on Creation/Rationale for Department of Medical Education, Funding, Structure, Organization/Reporting, Challenges, Distinction from Foundational/Basic Science Departments, Interface with Office of Medical Education and Educator Academy will be addressed with participants. Highlighted will be the programmes and opportunities in place to build skills and expertise of interdisciplinary faculty who educate and train future physicians; develop professional identity, foster interdisciplinary collaboration and create a community of practice in medical education that leads to excellence in teaching and scholarship. Participants will consider the critical elements and benefits of a department of medical education as they compare their own schools' medical education structure/function.

Student-led capacity building initiatives for the next generation of medical education advocates

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International Federation of Medical Students' Associations (IFMSA)

The International Federation of Medical Students' Associations (IFMSA) advocates for students to take active roles as key stakeholders in medical education (ME). For this, students must be equipped with the necessary knowledge and skills. IFMSA developed the Training Medical Education Trainers, providing foundational knowledge on ME, and Advocacy in Medical Education Training, focusing on advocacy skills. Since 2014, over 50 workshops have been held, reaching 500+ students from 100+ countries.

An analysis of pre- and post-evaluations from in-person and online workshops (pre-, peri- and post-pandemic) assesses improvements in knowledge, skills and confidence. The findings offer insights into the impact of initiatives and highlight how non-formal peer education can strengthen student engagement in ME globally.

Participants gain insights into the structure and outcomes of IFMSA's non-formal peer education workshops and learn how these workshops empower medical students to become active stakeholders in their ME and how similar initiatives can be implemented in their contexts.

Enhancing sustainable health care delivery: An interprofessional case-based learning approach for resource management training

Jyotsna Needamangalam Balaji, Dinesh Noble Balagangatharathilagar, Krishna Mohan Surapaneni
Panimalar Medical College Hospital and Research Institute

This study developed and evaluated a resource management training programme for fourth-year medical and nursing students using an interprofessional case-based learning approach. Twenty-four students were grouped to work through real-world case scenarios involving resource allocation, utilisation and sustainability in health care. The programme included lectures, interactive discussions and collaborative case-solving, emphasising interprofessional communication and collaboration.

The study showed significant improvements in students' understanding of resource management principles, based on pre- and post-training assessments. Students improved problem-solving skills and gained confidence in managing health care resources. Feedback underscored the value of interprofessional collaboration, with students valuing the opportunity to learn from peers across disciplines.

Participants will learn the benefits of interprofessional case-based learning for teaching resource management in health care. They will explore strategies to incorporate similar programmes into curricula, promoting teamwork and sustainable health care delivery.

Through leadership to successful institutional educational collaboration: The case study

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[1]*Dubai Medical College for Girls (DMCG)*, [2]*Gulf Medical University*

This qualitative case study aimed to explore the key leadership attributes that contribute to the establishment and maintenance of effective collaboration between international institutions in Health Professionals' Education (HPE), by analysing the relationship between Moscow Health Department, Russia, and Gulf Medical University, UAE. Semi-structured qualitative interviews and surveys were used in data collection. Inductive qualitative content analysis was applied to the findings. The sample size is 167 participants.

The attributes of the leader that lead to a successful institutional educational collaboration include goal setting, teamwork, agility, cultural competence and subject expertise. Establishment, maintaining and sustaining effective collaboration between international institutions requires the leaders to have a strong international background and experience in a subject matter, readiness to design and deliver a one-of-a-kind contextualised programme, adherence to the goals of

interaction by both parties and synergy between the partners. Recommendations on the practices that contribute to effective collaborations in HPE will be provided.

Beyond the stethoscope: Medical students' reflections on developing leadership skills in clinical training

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The study explores medical students' reflections on leadership skill development during clinical rotations. The research involved qualitative interviews with final-year medical students, exploring their perceptions of how leadership skills are developed through team-based activities, patient care and interdisciplinary collaborations. The study aimed to understand how leadership training can be better integrated into medical education to prepare future doctors for leadership roles in health care.

Students recognised the importance of leadership but felt that formal leadership training was lacking. They emphasised the need for structured opportunities to practise leadership in clinical settings, such as leading team meetings or managing patient care. The research suggests that embedding leadership training in medical education would improve students' readiness for collaborative roles in health care teams.

Participants will gain a deeper understanding of how leadership training can be integrated into clinical education, with actionable strategies to develop leadership skills in future medical professionals.

Igniting change: Breaking boundaries with digital innovation and creativity in health care education

Mohamed Hassan Taha[1], Amy Wong[2]
[1]*University of Sharjah,* [2]*Univerisity of East Anglia*

This presentation highlights the power of global collaboration in health care education, focusing on our journey with the University of Sharjah (UAE). Initially a teaching partnership, this collaboration has evolved into a dynamic research relationship emphasising technology-enhanced learning, social accountability and interprofessional education.

We will share how these partnerships contribute to curriculum innovation and research development, fostering cultural inclusivity and enhancing the ability of health care educators and students to address the needs of diverse patient populations. The launch of an online education research collaboration between Norwich Medical School, the School of Health Sciences (UEA) and the Medical Education Centre at the University of Sharjah has opened new avenues for research, particularly in technology-enhanced learning, AI and social accountability. This session will offer strategies for building and sustaining global collaborations, emphasising the importance of strong professional relationships, aligning strategic goals and fostering cultural literacy to drive sustainable impact in student learning, curriculum development and research innovation.

Inclusion of environmental sustainability in health care in the curriculum of health professions education in Kazakhstan: A summative content analysis

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The study aimed to investigate the inclusion of environmental sustainability in health care in Kazakhstan's health professions education curriculum. The study is informed by a summative content analysis with the phases: data extraction, data review, data display, confirmation and conclusion. Keywords were organised into a framework adopted from a study (Sullivan et al., 2019). The study included analysing the programmes (nursing, medicine and public health) from three medical universities.

The review indicated that environmental sustainability in health care is not a priority because specific topics are not explicitly included in the curriculum. The reasons could be that educators are not yet equipped to incorporate environmental sustainability in the curriculum, and the content reflects what professional and accrediting agencies require. The efforts to improve health care workers' knowledge of environmental sustainability in health care can range from tailoring educational programmes to society's needs, to include the topic in professional and accreditation agencies' requirements.

Medical education essentials for medical students by medical students

Kana Halić Kordić, Abdelrahman Ahmed Mohamed Ali Elgendy, Muriel Slim, Adèle Bichaoui, Omar Odeh
International Federation of Medical Students' Associations (IFMSA)

IFMSA empowers medical students globally to engage actively in shaping medical education (ME). Among its numerous initiatives, IFMSA has developed the 'World of Medical Education', an open-access hub offering toolkits, manuals and capacity-building resources, many developed in collaboration with external partners. In 2024, IFMSA created 'Medical Education Essentials', a publication focused on 12 key areas of ME that students need to understand for effective participation in reform efforts.

An assessment will be conducted by the time of the event, analysing the usage, reach and perceived effectiveness of resources, particularly focusing on the 'Medical Education Essentials' publication. Assessment will gather feedback from students on how these materials have enhanced their ability to contribute to ME reforms and capacity-building activities.

Participants will gain insights into resource development, the role of students in educational reform and the outcomes of utilising these materials, along with the results of the impact assessment, to foster meaningful student engagement in ME.

Partnership opportunities and pitfalls: An ethnography of the first established state funded Doctor of Medicine programme in Central Visayas

Jarungchai Anton Vatanagul[1], Ma. Socorro Manaloto[1], Luisa Maria de Marillac Ko[1], Leopold Lucero[1], Jarungchai Anton Vatanagul[2]

[1]*Cebu Normal University—Vicente Sotto Memorial Medical Center College of Medicine,* [2]*Affiliations not provided*

The Philippines has a mere 7.8 Physicians per 10 000 population ratio compared to the WHO standard of 14.3/10 000. Increasing the number of medical school graduates and access to affordable medical education and scholarships is necessary. There is a disproportionate distribution of medical schools within bigger provinces and cities and the rare direct partnerships between State Universities and Government Hospitals.

Republic Act 11509—Doktor Para sa Bayan Act aims to address the shortage of doctors and provide medical doctors to geographically isolated and depressed areas (GIDA). The COVID-19 pandemic exposed the vulnerability of the health care system and motivated the vision of establishing the first state-funded Doctor of Medicine programme in the Central Visayas.

The unique partnership between a state university and a tertiary government hospital has strengths and weaknesses, including shared leadership and governance, stability and sustainability of resources and funding, internal challenges of the faculty and students and quality of instructional delivery amidst changing demands during a challenging global pandemic.

My experience as the head of the educational part of the Department of Neurology

Ainur Bekitayeva

Al-Farabi Kazakh National University

After a long maternity leave, I was faced with the question—where to go to work? Being a mother of three children, I was not ready to return to the hospital to the neurological department, where I had to work from morning to evening, and take night shifts. Without hesitation, I decided to start by taking an advanced training course at the Department of Neurology. During this course, the head of the department noticed me and offered to work as an assistant, to which I agreed because I was happy with the work schedule. As a result, in the first year I realised that this was my calling—to deal with the organisational, educational and methodological part. I was happy to distribute the teaching hour load, draw up a schedule, develop syllabuses, test questions, go to academic councils and various meetings in the dean's office and also actively participated in organising a conference on child neurology.

Summary of knowledge gained from the work: Leadership in Medical Education. What participants will gain from attending this session: If at some point you realised that you do not want or cannot remain in clinical medicine, do not rush to leave, perhaps you are valuable personnel in medical education.

Learner Support

Leveraging Quality Circles for enhanced student engagement in health professions education

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[1]*Arabian Gulf University,* [2]*RAK Medical & Health Sciences University*

This presentation explores Quality Circles as a tool for fostering student participation in health professions education.

Quality Circles in health education offer multiple benefits:

- enhanced student engagement;
- improved communication skills;
- development of critical thinking;
- increased awareness of quality improvement;
- enhanced faculty-student relationships;
- curriculum refinement;
- preparation for future health care roles.

Our case study will showcase successful implementations, best practices and outcomes.

What participants will gain:

- understanding of Quality Circle principles and practices;
- insights on implementation strategies;
- networking opportunities with educators and professionals;
- exploration of research opportunities;
- integration of Quality Circles with other educational methods;
- strategies for addressing contemporary challenges in health education.

This symposium benefits educators, trainers, medical professionals, students, administrative staff and quality officers, offering knowledge about Quality Circles' potential to improve student engagement and health professions education quality.

Exploring the value of a value-added course on conceptual learning strategies

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[2]*Pramukhswami Medical College, Bhaikaka University*

The National Assessment and Accreditation Council (NAAC) of India proposed that universities need to design value-added courses to complement traditional education by providing practical skills and knowledge that can support personal development goals and facilitate career progression. We designed a VAC on effective strategies for conceptual learning for students at the university to be equipped with better learning techniques, thus assuring success in terms of academic gain and producing professionals for a better outcome in terms of patient care safety, and community gain, in the future. The 6-week hybrid course with 2 h of contact sessions over the weekends allowed students to have hands-on practice with different strategies and also to understand which works best for them under different conditions. Both formative and summative assessment scores indicated learning and improvement in their conceptualisation of study strategies. Students were highly satisfied and appreciated the strategies in their day-to-day learning. The study indicated that such value-added courses are beneficial to students as they learn how to learn conceptually and handle their cognitive load efficiently.

Mind the gap: Exploring medical students' perceptions of the mental health curriculum

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Sufala Sunil Vishwasrao[2], Russell Franco D'Souza[3]
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This presentation examines medical students' perspectives on mental health education within the curriculum. A survey was conducted with medical students across all academic years, focusing on their perceptions of mental health literacy, preparedness for mental health practice and how mental health topics are integrated into clinical training. The study aimed to identify gaps in the curriculum that may hinder students' competence in addressing mental health issues in future practice.

Students reported feeling underprepared for addressing mental health in clinical settings due to insufficient curriculum coverage. They expressed a need for more practical exposure, hands-on mental health simulations and interdisciplinary approaches. The research highlights the importance of integrating more comprehensive mental health training into medical curricula to equip future physicians with the skills necessary for patient care. Participants will gain insights into students' views on mental health education, identifying curriculum gaps and exploring strategies for enhancing mental health literacy and practical competence in future doctors.

Exploring the lives of first- and fifth-year medical students in Korea by cohort

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This study is part of an annual survey on medical students' school life, aimed at providing data to improve counselling, academics and satisfaction.

In April 2023, a survey was conducted on first (48 students) and fifth (46 students) year medical students. It covered housing, wake-up time, study hours, drinking, gaming, smartphone use, exercise, stress and relief methods. A 5-point scale assessed how drinking relieves stress and gaming disrupts academics.

First-year students mostly live in dorms (56%), wake at 8 or 9 a.m., walk to school (75%) and study less than an hour daily (43%). They drink alcohol once or twice a week (50%) and believe it helps relieve stress (avg. 2.9). Many play games (54%) for under an hour (62%) and do not feel it hinders studies (avg. 2.1). Smartphone use is 1–3 h daily (50%). Fifth-year students mostly live off-campus (83%), wake at 6 a.m. and study 2–3 h daily (37%). They rarely drink alcohol (72%) and think it has little effect on stress (avg. 2.74). Most do not play games (59%) and use smartphones 1–3 h daily (57%).

By monitoring differences between first- and fifth-year medical students, tailored programmes can improve their academic success, mental health and physical well-being.

The potential of Comprehensive Instructional Reading Strategy (CIRS) as a transformative pedagogy in medical education: Exploring the impact of active learning

Zeba Naher, Aishath Ali
The Maldives National University

We delve into the unique Comprehensive Instructional Reading Strategy (CIRS), an active learning approach, to investigate its effectiveness in enhancing student engagement, knowledge retention and problem-solving skills during 'Meet the Expert' sessions in medical education.

The CIRS intervention included structured reading assignments, active learning activities and quizzes. Quantitative analysis revealed the mean score was higher median scores for specific questions indicating better understanding. Only Question 4 showed a significant difference between groups (p value $= 0.046$). Qualitative analysis identified themes such as effective preparation and resource use, the importance of active preparation, collaboration and group discussion benefits, session productivity and areas for improvement. Students

reported that resources like books, videos and Moodle guides were helpful, and CIRS fostered independent learning and critical thinking skills.

Our study's findings on the potential of CIRS for fostering independent learning and critical thinking, and enriching students' understanding of complex medical topics, have significant implications for the future of medical education.

Action learning sets in the master's programme for facilitating change management projects

Mohamed Hassan Taha, Sara Shorbagi
University of Sharjah, United Arab Emirates

The Master of Leadership in Health Professions Education programme employs Action Learning Sets (ALS) as a fundamental approach to support students in managing change projects. ALS enables participants to apply leadership theories to real-world challenges while fostering collaborative learning and personal development.

ALS brings together small groups of participants who meet regularly to discuss and address complex issues related to their change management projects. Through structured dialogue and reflective inquiry, participants identify actionable steps, implement changes and revisit their outcomes for further improvement. This cyclical process enhances their ability to navigate change effectively, making ALS an essential component of their leadership training. The ALS framework promotes deep learning by encouraging participants to explore diverse perspectives, engage in critical reflection and take ownership of their actions. It also serves as a support mechanism, helping students remain accountable and motivated throughout their change management journey. Facilitators play a crucial role in guiding the process, ensuring that the learning remains focused, constructive and impactful.

Developing longitudinal integrated clerkships to enhance effective learning strategies and address learning disabilities

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This study focused on designing and implementing a longitudinal integrated clerkship (LIC), specifically tailored to enhance effective learning strategies among all students, including those with learning disabilities. Mixed method study consisted of focus group discussion, training workshops conducted for faculty on adaptive teaching methods. FGD also was conducted to students exploring personalised learning strategies. The initiative involved collaboration among faculty, students and preceptors to create an inclusive curriculum that emphasises continuous patient interaction, mentorship and reflective practice.

Through the implementation of the LIC, we gained valuable insights into the diverse needs of medical students and the efficacy of tailored learning approaches. Feedback from preceptors, students highlighted that integrating clinical experiences with longitudinal mentorship significantly improved students' confidence and clinical reasoning skills. Participants will learn practical strategies for implementing inclusive educational practices and fostering an adaptive learning environment.

Teaching R programming for a big class of biomedical students: Experience from a successful case

Long Hoang, Huy Le, Tung Pham
College of Health Sciences, VinUniversity

R, a free and highly customisable language, is increasingly commonly used in biomedical research. However, teaching R for biomedical students is challenging due to students' lack of programming background. It becomes more challenging for big classes.

A teaching team of one instructor and one teaching assistant had successfully delivered a five-session R programming class for 63 medical students and residents at VinUniversity by adopting a multifaceted approach. Major aspects considered included (1) pre-emptive methods to prevent technical errors; (2) careful selection of learning objectives, lecture structures and teaching methods; and (3) using artificial intelligence and learning management systems to automate the teaching process.

This approach has reduced the burden of technical support, reduced in-class latency and increased students' interest. The preparation time was 60 h (55% of total teaching time). Fifty-three students (85%) had grade A. The mean ratings for the course and instructor were 4.42/5 and 4.57/5, respectively.

This case report highlights the importance of a holistic approach to teaching programming for biomedical students and demonstrates the feasibility of teaching such a challenging subject in big classes.

Enhancing oral anatomy education with 3D printing and AR: Overcoming traditional limitations

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Tri-Service General Hospital

Traditional methods in oral anatomy education, such as cadaver demonstrations, face challenges due to limited space and access to cadaveric specimens. However, the advent of 3D printing and augmented reality (AR) presents unique solutions to these limitations. This study delves into integrating 3D printing and AR into oral anatomy education, highlighting their potential to significantly enhance student

learning outcomes. Using a questionnaire-based crossover design, the study compares the effectiveness of 3D printing and AR-based instruction against traditional video demonstrations.

Based on 26 dental students, the results indicate that 3D printing and AR significantly improve students' attitudes, motivation and learning outcomes when transitioning from video-based education. Particularly noteworthy is that transitioning back to video instruction from 3D and AR shows negligible differences in these metrics. However, the most significant finding is that students taught using 3D printing and AR achieved higher assessment scores than those in the video education group, with performance comparable to cadaver-based education. This validates the effectiveness of these technologies.

Integrating 3D printing and AR increased class participation and engagement, particularly among typically reserved students. These technologies can boost engagement and break down obstacles to it, promoting active participation and intellectual curiosity. In conclusion, the integration of 3D printing and AR into oral anatomy education represents a significant breakthrough.

Evolving mediators and student perceptions of clinical pharmacology learning in an integrated PBL curriculum: Insights from a mixed methods, longitudinal study

Persoulla Nicolaou[1], Demetris Avraam[2], Stella Nicolaou[2], Ioulia Televantou[3], Alexia Papageorgiou[2], Andrew Hitchings[4], Anthony Albert[5], Peter McCrorie[5]

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Understanding the factors that mediate attainment can support learning. Previously, we found that a biomedical sciences background and baseline pharmacology knowledge were associated with higher Year 1 pharmacology test scores in a PBL medical programme. This study followed students into their final year, examining prescribing skills mediators and PBL perceptions in 2023 and 2024 graduates. We also analysed data from 2019–2021 graduates. No correlation between prescribing safety assessment (PSA) scores and educational background was found in 2023–2024 ($n = 123$) and 2019–2021 graduates ($n = 591$), unlike Year 1. Year 1 pharmacology scores were associated with PSA performance, indicating prior knowledge remained a key mediator. Data from focus groups, interviews and a survey indicated that students valued PBL, favouring independent learning and clinical placements over lectures as they advanced. They reported variable prescribing confidence and requested early support.

Educators should address learning needs early to foster inclusivity and contribute to reduced medication errors through effective training.

Experience of planning and implementation of electives in private medical colleges in Gujarat, India

Suman Singh, Praveen Singh, Dinesh Kumar Lamba

Pramukswami Medical College, Karamsad

Electives are one of the good teaching elements in the SPICES model. They are expected to provide a flexible and immersive learning experience that promote self-directed learning and motivates students. Electives have been in use since decades in several professional courses and are being offered in many countries in undergraduate medical education. For Indian medical colleges it is a new element incorporated during implementation of Competency Based Medical Education (CBME) in 2019 by the erstwhile Medical Council of India, which was replaced by the National Medical Commission (NMC).

To ensure maximum benefit of Electives, they need to be designed well and implemented with due planning. Whereas evaluation of any element of curriculum is vital, it becomes more so for the newly introduced elements like Electives. Here, we share the experience of planning, implementation and evaluation of the electives offered to two batches in year 2022 and 2023.

Twenty-seven Electives were offered to 143 students in first batch at the end of in third MBBS part I (February 2023). Thirty-nine electives were offered to second batch of 153 students (February 2024). We would share the experience of designing and implementing electives and their contribution to students learning in Indian Context.

From interprofessional stereotypes to uniprofessional identity

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Interprofessional (IP) collaboration is essential in health care, influenced by professionals' identity. This pilot study explores how preceptors can develop a shared IP identity among health care students at the University of Northern British Columbia. Using a mixed-method approach, the study collected qualitative data from feedback interviews and quantitative data from the Interprofessional Collaborative Competency Attainment Scale (ICCAS) survey. Participants included Year 1 medical students and Year 3 nursing students, who paired up for clinical skills sessions. They spent time with both medical and nursing preceptors, focusing on patient history-taking and shadowing.

Findings reveal that preceptors significantly influence IP behaviours and identity. Key points include the importance of role modelling and integrating IP interactions into the learning environment. Students noted that early relationship-building fosters trust and reduces

stereotypes, leading to better clinical interactions. Despite challenges in coordinating IP sessions across curricula, the study advocates for curriculum-level integration of IPE to overcome HC stereotypes.

Mending the flaws—Medical students fixing education system flaws through non-formal medical education activities

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Students, as receivers of undergraduate ME, are the central duty-bearers, and active responsibility for their commitment to receiving competency-based ME is necessary. Flaws, blindspots and gaps in MES exist in varying contexts.

The International Federation of Medical Students' Associations actively promotes non-formal education activities within the ME context worldwide and ensures that students are equipped to manage activities to enhance their MES. Furthermore, the MES Programme was established to promote student activities. One of the focus areas is student engagement in non-formal/informal education, and 132 activities conducted worldwide from IFMSA National Member Organizations have been enrolled and affiliated with the Programme since 2017. Based on all the activities conducted worldwide, data will highlight the flaws in MES identified by medical students, emphasising areas where formal curricula have failed to meet the needs. Participants will get insight into the blind spots of MES worldwide as perceived by medical students who have led activities to address the flaws.

Team-teaching versus stationary teaching in medical education: Effects of different types of co-teaching on student learning

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Universidad Franz Tamayo (UNIFRANZ)

Studies show that co-teaching strategies in higher education foster collaboration, engagement and varied instruction to meet students' needs. However, not all co-teaching methods are equally effective from students' perspectives. This study compares team-teaching and stationary teaching models in second-year medical training, based on student feedback. It focuses on three areas: class time planning, classroom management (content, activities and teacher communication) and quality of learning environment (emotional aspect, concentration, perception of academic success and intrinsic motivation). Data were collected via student surveys and teacher focus groups. Results suggest that the team-teaching model shows consistently positive feedback, with strong agreement on effective role distribution and teacher communication. This correlates with higher perceptions of academic success and intrinsic motivation. In contrast, the stationary teaching model produced mixed feedback, with less role clarity, less effective planning and weaker communication, which correlates with lower student success and motivation. Overall, the study concludes that team teaching enhances the effectiveness of co-teaching on student learning outcomes.

Enhancing learners' self-assessment accuracy in health professions education: The role of predictive cues

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Effective learning in health professions education (HPE) relies on students' ability to monitor comprehension and adjust strategies, guided by inferential metacognitive cues. This study explored the types and patterns of such cues used by learners. Participants studied expository texts from the health sciences discipline, completed pre-structured cause-effect diagrams and engaged in self-monitoring tasks. A think-aloud protocol captured their thought processes and reflexive thematic analysis of verbal reports identified patterns in cue use during monitoring decisions.

Findings suggest that relying on comprehension-specific cues enhances monitoring accuracy. Poor monitors failed to use them effectively, resulting in overconfidence. Good monitors used comprehension cues accurately but tended to underestimate themselves. This study identifies potential sources of self-monitoring errors and emphasises the need for guiding learners to interpret cues correctly. They gain insights into the cognitive processes of learners' monitoring decisions and strategies to improve self-regulated learning in HPE.

Balint groups: A new hope for mentoring to reduce burnout in medical students

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Near-peer mentoring in medical education matches mentors and mentees close in age and socio-professional contexts but often faces burnout and hierarchical bullying in clinical settings. Balint groups provide a safe, narrative-engaged environment for reflective clinical dialogue, enhancing communication, professionalism, empathy and burnout prevention. This study evaluated medical students' experiences in Balint groups within a mentoring community, focusing on burnout reduction alongside improving professionalism and communication. Two groups, termed 'Exhibition of Wounds', were conducted over 2 months in 2024, involving 19 students and a faculty psychiatrist facilitator. An online evaluation achieved a 95.4% response rate. Overall satisfaction was 85.7%. Notably, 81% of participants reported an increased willingness to reflect on clinical emotions and improved narrative competence. Also, 90.5% believed the Balint method would support better future clinical performance. While near-peer mentoring has benefits, it alone is insufficient to address medical student burnout. Elective Balint discussions offer a multifaceted, reflective solution fostering comprehensive support and systemic changes through a responsive environment.

Analysis of the challenges faced by freshmen at a medical school in Korea by cohort

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Freshmen, though physically adults, are often immature in social and psychological aspects. The sudden freedom in university life, compared to high school, can bring both a sense of liberation and anxiety, leading to challenge. This study aims to analyse challenges faced by medical school freshmen and provide data for support strategies.

Surveys were conducted on 94 freshmen from the 2023 and 2024 cohorts, covering age, gender, residence and 10 school life challenges, including academic, adaptation and interpersonal issues.

The average age was 20.1 years; 59% were male. Seventy-eight per cent lived off-campus. Main challenges included academic (31%), adaptation (13%), interpersonal (15%) and behavioural (9%) issues. The 2024 cohort showed more academic and interpersonal challenges than 2023. Freshmen mostly struggled with academic, adaptation and interpersonal issues. The 2024 cohort reported more behavioural problems, likely due to the absence of senior students due to medical conflicts in Korea. Off-campus students reported more adaptation issues, while those at home noted more personality challenges.

Participants will learn about the challenges medical freshmen face, helping develop strategies for improving adaptation and support.

An intersectional approach to HLNCDs education for medical students

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Medical schools teach students a lot about the clinical knowledge needed to diagnose and treat NCDs, but not enough about broader issues that impact NCDs from a global health lens. That is what makes the Healthy Lifestyles and Non-Communicable Diseases (HLNCDs) programme special, and that is why the IFMSA would like to highlight efforts to educate med students about NCDs and health promotion through local, national and international activities.

Over 20 international initiatives were conducted from 11/23 to 07/24. Sixty-three of them are enrolled under the HLNCDs programme, from all five regions with over 148 479 individuals reached, 23 are continuous activities and 70% feature external collaborations. Over 11 HLNCDs sessions conducted in International and Regional Assemblies and three regions (Africa, Americas and Asia Pacific) have HLNCDs as their priority.

Medical schools will be driven to lead the change in the health system by including the intersectional approach to fighting NCDs in medical curricula and training future HCWs to be well-equipped to tackle NCDs. Med students will gain insight into their role in HLNCDs advocacy, policy making and education.

Effectiveness of a pedagogical approach to teaching chemistry in medical education

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Low performance in Chemistry is a dropout factor in medical schools. To address this problem, an innovative pedagogical strategy was implemented, using the context-based learning approach, IT didactic resources and a comprehensive assessment. Its effectiveness was evaluated comparing it to the traditional teaching method through two multivariate models: a logistic regression model and a linear regression model, to estimate the change in the proportion of failures and in the average final grade, respectively. After adjusting for the analysis variables: academic programme, type of access to the university, gender, attendance to tutorials and score in the admission exam, the probability of losing the subject decreased 85% (95% CI: 78% to 90%) and the average grade increased 0.31 (95% CI: 0.25–0.37) points compared to the usual teaching.

It is concluded that the pedagogical strategy, collaboratively developed and implemented by a team of teachers, improves teaching and decreases the probability of academic failure. Participants will gain to know the effectiveness of a strategy to improve medical students' performance in basic sciences, that could be implemented in their medical programmes.

Faculty application and perceived effectiveness of cognitive psychology principles in medical education: A mixed method study

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This mixed method study was designed and conducted on faculty members of both private and public sector medical colleges with the aim to explore the extent to which the faculty members apply the principles of cognitive psychology in their teaching practices and to evaluate the effectiveness of the same. Data were collected by purposive sampling for the qualitative part while convenience sampling techniques was used for quantitative part of the study. Focused group discussions were undertaken while a 5-point Likert scale was used to measure the extent to which cognitive psychology principles were implementation using the cross-sectional study design. The tool was piloted and tested for reliability and validity by Cronbach's alpha and exploratory factor analysis, respectively. Mann–Whitney *U* test was applied on the attributes scores to compare 13 attributes by institutions, designations and domains. The reliability of the instrument was 0.95. A single theme with seven sub-themes and 19 categories were extracted from the focused group discussion. Kaiser–Meyer–Olkin index was 0.88 and Bartlett's test of sphericity was significant. Mid-level scoring was noted for faculty's self-perception where they think they apply less principles of cognitive psychology in their teaching practice. On the other hand, highly significant results were observed for using Meyer's multimedia principles.

Immersive simulation training enhances clinical counselling skills and self-confidence in pharmacy interns

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Traditional teaching methods often fail to prepare pharmacy interns for complex clinical situations requiring effective counselling skills. Immersive simulation has emerged as a powerful tool to enhance these skills. This study aimed to evaluate the effectiveness of immersive simulation teaching strategies in the training of pharmacy interns. We set standards for counselling skills and assessed confidence using a questionnaire. The control group received traditional lectures. The intervention group did a ward simulation with feedback and key counselling skills. They then did a second simulation on different cases. Performance scores were compared with *t*-tests. The intervention group showed significant improvements over the control group in counselling skills and self-confidence, including gathering information, solution searching and professionalism. Immersive simulation effectively enhanced pharmacy interns' competence and self-confidence in clinical counselling skills. Trainees reported a better understanding of drug administration practices and increased confidence in recommending appropriate medications after this experiential learning.

A directory to soft skills training of medical practitioners

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Sustainable Development Goals emphasise the need to increase technical and professional skills by 2030. In health care emotional intelligence is vital for effective doctor–patient relationships. Despite its importance, studies show a lack of empathy among physicians and no clear guidelines for improving these soft skills. Systematic reviews reveal that empathy levels often decrease due to stress associated with medical education. In 2024, IFMSA launched a working group to create a Manual for Compassionate Care providing practical steps for active listening, empathetic responses and clear communication, helping medical students and professionals build better patient–doctor relationships. The manual offers ways to handle communication challenges and aims to improve soft skills among students. It will be promoted through social media campaigns, and its use and impact will be evaluated and presented. The manual's development and its role in addressing the decline in empathy in health care will be discussed. An exploration of peer-supported learning and advocacy in improving communication skills in medical practice will be given.

Becoming a medical student: Building freshmen first understanding about medical course

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Medical programme entrance causes changes in social status, relationships and lifestyle, to adapt the freshmen receive multisource advice. We analysed messages conveyed by parents, siblings, friends, teachers and colleagues. We divided 180 freshmen into 10 groups with a mentor. They wrote about advice they received after their selection. We conducted a qualitative study using content analysis, independently reviewed by two researchers and discussed with specialists. Parents' messages centred on feelings of joy and pride, reinforcing their belief in their child's competence and emphasising values and attitudes to be a good doctor. Siblings highlighted the future changes in family and the potential for having a brother or sister who could be financially well-off in the future. Friends expressed excitement regarding university opportunities. Teachers focused on the dedication and hard work going forward. Colleagues mentioned the sports to socialise, meet people and health. Parties were

mentioned as an opportunity and less often as a risk. Overall, colleagues had positive perception about medical programme. These messages can be a scaffold, helping freshmen to construct their initial understanding about future profession.

Success strategies to overcome challenges faced by international medical graduates

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Although various systemic supports are in place in Saskatchewan to facilitate international medical graduates' (IMGs') licensure to practise medicine, success rates into residency and unsupervised practice are low. This qualitative study utilising thematic analysis of interview transcripts explored how IMGs ($n = 30$; 12 in an IMG support programme, 11 in residency programmes and seven who pursued alternative options) overcame the challenges they faced. IMGs faced three challenges, financial, access to and experience in support programmes. Success strategies included financial aid from institutional, family and personal resources. Access to various support programmes in Saskatchewan and other provinces required personal contacts, facilitated connections and formalised supports. Experience in support programmes varied and individual efforts including assertiveness and facilitated connections were key to high-quality clinical experiences. Multiple effective supports available and utilised simultaneously were key to successful outcomes. The findings were used to develop recommendations, which would be useful in various contexts to promote successful outcomes for IMGs.

Supporting learners in medical colloquial Cantonese—Pilot of a stepped approach

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Medical students serve a predominantly Cantonese speaking population and require medical Cantonese proficiency for graduation and internship in Hong Kong. Supporting individual learner needs are important due to diversity in ethnicity and language skills. The Faculty of Medicine in collaboration with Yale-China Chinese Language Academy at CUHK piloted an electronic self-assessment tool and stepped support of medical Cantonese courses. The pilot included eight students from Years 2–4 of which three were of non-Chinese ethnicity. English was their primary language and most commonly spoken with peers. Second language spoken include Hindi, Sindhi, Telugu, Chinese and Cantonese. Pre-pilot self-assessment and post-pilot assessment showed improvement from intermediate-mid ($n = 5$) to intermediate-high ($n = 2$) and advance-low ($n = 3$) and from advance-mid to advance-high (n = 3) [ACFTL 2024]. Satisfaction was 5.75 (of 6) and students valued the relevance, vocabulary range and resources, immersive approach and romanisation but expressed challenges with the fast pace and schedule clashes. Additional step-up courses and community of practice are in the works. Participants will gain insights in language needs and learning considerations.

Mental health and emotional support in clinical cycle students

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Mexican Association of Faculties and Schools of Medicine (AMFEM)

The Faculty of Medicine in order to strengthen the overall well-being of people; improve coexistence among members; encourage healthy lifestyle habits; promote mental health; detect cases requiring care in a timely manner; identify risk factors; treat and follow up on cases; as well as refer to other centres for care, developed the Mental Health Program for the Community of the School of Medicine. It proposed seven specific objectives, which are based on instrumental strategies proposed by the World Health Organization: mental health problems, associated factors, providing strategies, positively strengthening attitudes and skills, lifestyle habits, detecting needs and barriers to adequate care. There are increasing detections of mental health problems in students who are training in the clinical area, so it is important to participate in the support and emotional training of our future doctors as part of an integral development. It is important to prevent emotional situations that lead to desertion, abandonment, frustration or suicide. In this way, attention to mental health becomes essential for medical students.

Patient Engagement

Learning from patients: Lessons in holistic care

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Active patient engagement in medical education has become common practice over recent decades. Dijk et al. outlined the evolving roles of patients as teachers in undergraduate education, from evaluating soft skills to assessing students. The University of Glasgow uses patients as a valuable resource for preclinical students to learn the impacts and dimensions of holistic care. As part of their General Practice learning, students engage with three formative assessments in their first 3 years of medical school. The Community Diagnosis explores the impact of geosocial factors on a community's health, the Family Project allows students to learn how psychosocial factors can impact a child's family dynamics and development and the Multimorbidity Reflection delves into the synergistic difficulties of caring for a patient

with multimorbid illnesses. Patients are involved at Towle's Level 3C. Participants will learn how a student's understanding of holistic care is shaped by patients. This session provides an outline of how faculties can begin meaningfully engaging patients in medical education.

Engaging medical students in bioethics through participatory theatre: An innovative educational approach

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This study explored the use of participatory theatre, specifically street plays, as an innovative tool for teaching bioethics to medical students. The performances focused on principles from the Universal Declaration of Bioethics and Human Rights (UDBHR), including beneficence, non-maleficence, equity, non-discrimination and accountability. Post-performance, students were divided into observers and participants for further evaluation. The study revealed that 95% of participants found street plays effective in conveying bioethical principles, with 82% rating the usefulness of participatory theatre as excellent or very good. The immersive nature of the method encouraged deep reflection on ethical issues, with key aspects like portrayal accuracy and relevance being highly rated. Participants will learn about the effectiveness of participatory theatre as an engaging method for teaching bioethics, its potential to foster active learning and how it promotes critical thinking about ethical issues, offering a dynamic alternative to traditional approaches in medical education.

Exploring the current state of inclusion of narrative medicine on empathy and patient-centred care in medical and nursing education

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This study assessed the knowledge, attitudes and practices of medical and nursing students regarding Narrative Medicine through a 40-item validated online questionnaire. The objective was to evaluate how Narrative Medicine, which focuses on integrating patient stories into clinical practice, is currently included in their education and how it contributes to empathy and patient-centred care. Findings revealed that only 30% of students were familiar with Narrative Medicine, although 70% believed doctors should encourage patient storytelling, and 82% supported its inclusion in health care education. However, 60% were concerned about the increased workload, and 72% indicated that Narrative Medicine was rarely part of their curriculum. Participants will understand the potential of Narrative Medicine to improve patient care by fostering empathy and patient-centred practices. They will also explore ways to address challenges such as workload concerns and integrate Narrative Medicine effectively into health care education.

Postgraduate Medical Education Accreditation

Enhancing alignment of multiple-choice question with learning outcomes: A case study from endocrinology postgraduate course

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A cross-sectional study was conducted at Pham Ngoc Thach University of Medicine to evaluate the alignment between the intended learning outcomes (ILOs) of the postgraduate endocrinology course and the 50 multiple-choice questions (MCQs) in its final exam. A systematic process was built to assess this alignment and revise any mismatched MCQs using evidence-centred design (ECD). Of the 50 MCQs, 96% (48/50) targeted higher order thinking (HOT). However, nearly half (48%, 24/50) were misaligned with their corresponding LLOs. Most mismatches (17/24) involved MCQs assessing Cognitive Level 5, while the LLOs aimed for Level 6, according to Bloom's taxonomy. The study found that most of MCQs targeted HOT. However, over half of the MCQs were misaligned with their corresponding LLOs, indicating a gap between the expected and actual cognitive demands on students. Regular assessments of both MCQs and ILOs are essential, along with faculty training on structured assessment design based on ECD. Participants will gain: How to utilise the systematic process to evaluate the alignment of MCQs and ILOs; and apply ECD to revise misaligned MCQs.

Enhancing triage accuracy in emergency nurses: The impact of a game-based triage educational app

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In this study, 30 emergency nurses in each group were trained in traditional teaching and EMT-Training (a computer-based role-playing game) to assess the effectiveness of these methods by collecting pre- and post-test scores of emergency nurses in each group. Traditional teaching methods increased the average student score by 25%, while the game-based method increased by 35%, with more significant results. Furthermore, game-based teaching methods achieved higher classroom feedback scores with a 19% improvement than traditional teaching methods. There were significant differences in test score improvement and feedback ratings between the two groups. Compared with traditional teaching, the use of EMT-Training potentially improves the retention and practical application of knowledge and enhances critical thinking skills and practical ability.
Participants will:

- understand the effect of game teaching;
- the difference between game teaching and traditional teaching;
- specific application methods of game teaching in continuing education;
- the significance of educational technology innovation.

Physician burnout and depression among physicians in a tertiary training hospital in Cebu, Philippines

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Burnout syndrome is a psychological state induced by prolonged exposure to job-related stressors. It is an occupational phenomenon characterised by mental exhaustion, job cynicism, depersonalisation and diminished professional efficacy. Objective: To assess physician burnout and depression among physicians in training in a tertiary hospital. All physicians-in-training, including postgraduate interns, residents and fellows, were included. The Hamilton Depression Scale (HDS) and Maslach Burnout Inventory (MBI) Scale for Medical Professionals were utilised. A total of 152 physicians were included. Only 59.55% of physicians had normal scores based on HDS. MBI showed that 40.79% had low-level burnout under Emotional Exhaustion, 41.45% had high-level burnout under Depersonalisation and 52.63% exhibited high-level burnout under Personal Accomplishment. Emotional exhaustion was significantly associated with gender and patient workload. Physicians in training are vulnerable to burnout and depression. Educational activities to increase awareness and preventive measures should be employed in training hospitals. In-hospital policies that safeguard and monitor mental health and being [...]

Development and content validity of a low-fidelity simulator for transanal pullthrough in paediatric surgery

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Simulation-based training is gaining popularity in surgical training. High-fidelity simulators are expensive and not easily replicable in low- to middle-income countries. This study aimed to develop and ascertain validity of a low-fidelity simulator for transanal pullthrough in paediatric surgery. The model was assembled by harvesting the anus, colon and rectum from a pig cadaver, ensuring the tissues remained intact including the perianal skin. These tissues were then mounted onto a specially designed basket that simulates the human pelvic cavity. The prototype model underwent initial testing to ensure anatomical accuracy and durability. Five paediatric surgeons were tapped for content validation. The overall validity index of the simulator was high. All validators agreed on the anatomical realism, educational value and alignment with training objectives. Feedback included its ability to accurately simulate anatomy and tactile feedback of the surgical procedure and it has potential to reduce the learning curve for trainees. Low-fidelity simulator has the potential to be adapted for educational purposes and hands-on training before doing actual case surgeries.

Integration of Healthcare Matrix and SIPTea method into case-based discussion to reflect on holistic care and ACGME six core competencies for postgraduate residents

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Our purpose is Integration of Healthcare Matrix and SIPTea method into case-based discussion to comprehensively reflect on holistic care and ACGME six core competencies. All case-based discussions are divided into two groups, including conventional structured case-based discussion (Group 1) and Integration of Healthcare Matrix and SIPTea method into structured case-based discussion (Group 2). There are 40 case-based discussion was evenly divided into two groups. Reflection cover physical care is 100% in both groups, emotional support is 70% in Group 1 and 85% in Group 2, social connection and environmental factor is 50% in Group 1 and 80% in Group 2 and spiritual care is 5% in Group 1 and 60% in Group 2. Reflection on patient care and medical knowledge are 100% in both groups, practice-based learning and improvement is 55% in Group 1 and 90% in Group 2, interpersonal

and communication skill is 20% in Group 1 and 65% in Group 2, professionalism is 5% in Group 1 and 15% in Group 2 and systems-based practice is 10% in Group 1 and 60% in Group 2. Conclusion: New method can improve social connection, environmental factor and spiritual care, interpersonal and communication skill and systems-based practice reflection.

The delivery of learning outcomes in Hungarian medical schools according to residents

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The study examined the importance and delivery of learning outcomes from the residents' perspective in Hungarian medical schools. Data were collected via an online self-reported questionnaire from 383 residents (150 males) across four institutions between May and August 2024. Analysis included crosstabulations, ANOVA tests and GAP analysis matrices to evaluate the alignment between the perceived importance of learning outcomes and their delivery. The study revealed significant gaps between the perceived importance of learning outcomes and their delivery. Of 39 outcomes, only one—the knowledge of the historical overview of medical disciplines—was rated less important than its delivery. For all other outcomes, residents expressed high importance but dissatisfaction with their delivery, indicating a disconnect that could affect both their professional development and future teaching. Participants will gain insight into educational gaps affecting residents and the need for a paradigm shift in medical education to better meet residents' expectations.

The collaborative construction of a pedagogical project of additional year on mental health care for family medicine residency programme in Brazil

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Aiming to have health professionals trained on mental health care according to the Brazilian National Mental Health Policy, the Brazilian Ministry of Health gathered mental health and primary health care specialists to develop a pedagogical project for additional year on mental health care for family medicine residency in Brazil. At the end of the 1-year programme, the family doctors must be able to work in primary health care settings and in the psychosocial care network. The programme graduates are expected to understand mental functions, to assess the most common mental disorders, manage psychological distress, mental health conditions and the abusive use of psychoactive substances in an ethical, safe, humane and effective practice. The participants will be able to learn about the Brazilian experience in the collaborative construction of pedagogical project residency programmes as a strategy to address the national scarcity for mental health specialists.

Quality assurance in postgraduate medical education: Challenges and perspectives

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The Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care (ECAQA)

Since 2020, ECAQA has carried out the external evaluation of 190 residency programmes across 49 clinical specialties in the country. After analysing the findings of ECAQA Reviewers and the resident surveys, the Expert Board has identified key areas for further quality improvement in residency programmes. According to the Ministry of Health Order № RK-MOH-70 from 29.07.2021, the accreditation status of residency programmes, requirements for the pass score of the Independent National Examination and the Employment of Graduates are subjects of Quality Assurance in PGME and decision for the State budgeting in PGME in country. The development of Core Competencies and Programme for Training Reviewers in Residency Programmes has been defined as a priority for improving the agency's internal and external quality assurance. The key lessons from the implementation the WFME Global Standards in PGME for establishing the national quality assurance in postgraduate medical education programme will be useful for other countries to develop their own postgraduate regulatory processes and quality assurance systems.

The validity and reliability properties of a Persian version of the Evidence-Based Practice Profile (EBP2) questionnaire: A tool for evaluating evidence-based performance among students of health-related fields

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Health students at Shiraz University of Medical Sciences were assessed for the EBP2 questionnaire's psychometric properties. Forward–backward translation was used to convert the 74 five-Likert-scale EBP2 questionnaire into Persian. Five experts deemed the questionnaire valid in form, substance and structure. The questionnaire's internal consistency was assessed using Cronbach's alpha and McDonald's omega factors. Confirmatory and exploratory factor studies assessed the questionnaire's construct validity. This study involved 339 students. A five-person medical team approved the Persian EBP2 questionnaire's cultural adaption, linguistic equivalence and content validity. The Persian EBP2 questionnaire was internally consistent

(Cronbach's alpha = 0.962, McDonald's omega [ML] = 0.963). All domains were reliable (>0.7), except Practice, which had a slightly acceptable Cronbach's alpha rating of 0.686. Exploratory factor analysis identified six questionnaire domains. The EBP2 questionnaire was supported by all indices except the CFI and AGFI in confirmatory factor analysis. The Persian EBP2 questionnaire was valid and reliable for assessing students' evidence-based health performance.

The paradox of occupational and environmental medicine (OEM): Popular among practitioners, unpopular among candidates for postgraduate medical education (PGME)

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Studies consistently report that OEM has among the highest job satisfaction and lowest burn-out rates of any medical specialty. In spite of this, it is among the least attractive and competitive fields for PGME among potential candidates. The majority of those who practise OEM do so after first practising in another medical discipline. An analysis of historical data from several countries show that low application pressure has been a persistent problem in OEM. In the United States, this, together with funding challenges, an inefficient, labour-intensive training model and progressive disengagement from training by the relevant government agency, has resulted in programme closures, from a high of 40 in 1995 to 19 by 2025. The number of specialists continues to decline. Should the predominant training model be a traditional in-person residency? Are there alternative approaches to offer OEM training more efficiently in a way that is both appealing and feasible for practising physicians?

Participants will:

- describe trends in PGME for the specialty of OEM;
- discuss the threats to the sustainability of this field.

Collaborative construction of a pedagogical project of additional year on rural, forest and water population's health for family medicine residency programme in Brazil

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Brazil has a sort of population living in rural, forests and water areas which necessitates the training of qualified professionals to work in these regions. Aiming to strengthen the implementation of the Brazilian National Policy for Comprehensive Health of Populations in the Rural, Forest, and Water areas, the Ministry of Health, in a partnership with specialists and institutions that are active in these territories, elaborated a pedagogical project for an additional year on that theme for family medicine residency in Brazil. At the end of the 1-year programme, the graduates must be able to respond to the health needs of those populations, following the principles of the Brazilian Unified Health System. Participants will be able to learn about the Brazilian experience in the centralised development of residency programmes to meet the needs of rural, forest and riverine populations.

Digital-based data preparation with a fighting spirit in developing study programmes accreditation levels: Experiences from the School of Medicine, Hasanuddin University, Makassar (2019–2023)

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Hasanuddin University

The faculty of medicine has 34 study programmes (SPs) consisting of 26 SPs with complete accreditation process and eight new SPs. We report an experience in preparing digital-based data with a fighting spirit in increasing accreditation levels. We developed a digital-based data system in preparing accreditation process. The accreditation status of the 21 complete programmes (2019–2023) analysed by monitoring the final level and total points of accreditation of each SP. The SP divided into four groups according to points: (A) constant or decreased, (B) increased by 1–10, (C) increased by 11–20 and (D) sharply increased by 21 point or more. New and not complete data programmes were excluded. Of 21 SPs, accreditation level was increased in 15 SP (71%), with nine (60%), four (27%) and two (13%) in B, C and D group, respectively. From A group, we found six of 21 SPs (29%), with constant in five programmes (83%) and one (17%) with sharply decreased. There are two SPs found with sharply increased of point were previously and one SPs decreased sharply point was higher previously. We predicted that spirit and enthusiasms also have a strong effect in preparing accreditations. Digital-based data system and a fighting spirit are high effect in preparing accreditation level.

Undergraduate Medical Education Accreditation

Igniting a passion for research: An evidence-based exploration of student-led research in undergraduate medical education

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The evolving standards of medical education emphasise the need for students to go beyond clinical competency, making research a critical component of their academic journey. This presentation highlights the importance of research in undergraduate medical education, with a focus on final-year medical students who have demonstrated outstanding engagement in scholarly activities. The students' experiences emphasise the growing importance of research in enhancing clinical reasoning, critical thinking and evidence-based decision-making. Their active engagement with research from the first year has fostered a deeper understanding of medical education, improved problem-solving skills and allowed them to contribute to advancing medical science. Attendees will hear directly from learners about their experiences in engaging with research and insights into how a passion for scholarly activities is cultivated. Participants will learn about the strategies that helped students navigate challenges and stay motivated in their research journeys with examples of student-driven research contributing to advancing medical education [...]

Designing a competency-based matrix for external assessors in medical school accreditation: A framework for enhanced evaluation in Iran

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The Matrix of UME for External Assessors in Accreditation is a framework designed to assess the competencies of external assessors and improve the accreditation process for medical schools in Iran, particularly in light of the country's recognition by the WFME in 2019. The standards as the core of accreditation are used as a roadmap by internal and external assessors. Competencies were determined for external assessors based on valid evidence and experts' opinions and categorised into knowledge, skill and attitude. The matrix was designed based on these competencies. Competencies were mapped against eight areas of the WFME standards (e.g., mission and values, curriculum, assessment, students, academic staff, educational resources, quality assurance and governance and administration). Also, the ability of these assessors in the matrix was ranked from department, school, country and cross-border level assessors. Based on self-expression and supervisor evaluations, each assessor's final scores are ranked on a scale from 1 to 6. This model presents a systematic and comprehensive approach to show the accreditation agencies how to choose the most competent assessor to enhance the accreditation process in Iran. This framework finally strengthens the accreditation process and promotes consistency and accuracy in evaluating medical schools across the country.

Three innovative teaching models to enhance medical students' disaster response skills

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Improving the disaster response level of undergraduate medical students can provide assistance for future disaster rescue efforts. The team developed two educational games focused on earthquake and pneumonia training, showing the effectiveness of game-based learning. Based on student feedback and document retrieval, the teaching form were refined. Building on previous research, the team reviewed and integrated relevant literature, analysed the current state of undergraduate medical disaster education in China and explored the application of three innovative teaching models, including scenario simulation training, problem-based learning (PBL) and game-based

learning, which aim to advance disaster medicine. Participants can know the implementation methods of cutting-edge medical educational concepts and the significance of educational technology innovation. They can also draw inspiration from these innovative training methods and apply them to their own education or learning to improve their comprehensive quality and ability to deal with emergencies.

Evaluating the impact of accreditation: Experts' opinion in Shiraz School of Medicine

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This study was conducted at Shiraz Medical School, which was established in 1952 in south Iran. The medical school has a 7-year undergraduate medical education curriculum, including horizontal integration of basic science courses and 36 months of clinical rotations. In the national accreditation of medical schools, Shiraz and Tehran medical schools obtained the full accreditation results, the best among medical schools in Iran. The present study was designed to explore the opinions of faculty members on the impact of this accreditation process. Semi-structured interviews were conducted to gather insights from crucial informants regarding changes in teaching practices, resource allocation and student outcomes after accreditation. Ten faculty members participated in this study. The findings indicate that accreditation has positively enhanced the educational environment and promoted continuous quality improvement. Despite these benefits, sustaining the continuity of these improvements and handling the administrative workload associated with accreditation were recognised as ongoing challenges. Establishing strategies that address the administrative demands, continued stakeholder engagement and periodic evaluation is essential.

Advancing medical education accreditation in Iran: Towards a regional consortium for cross-border collaboration

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Iran achieved success in two accreditation rounds of medical education programmes from 2019 to 2024. The Secretariat of the Council for Undergraduate Medical Education in Iran (SCUME), a WFME-recognised agent since 2019, has played a crucial role in designing, developing, implementing and evaluating medical school accreditation. Currently, 70 Iranian medical schools are listed in the World Directory of Medical Schools. In 2023, Iran hosted its first regional accreditation meeting with the participation of the WFME president, project manager and experts from neighbouring countries. Following this meeting, cooperation and site visits occurred between Iran, Turkey, North Cyprus and Georgia, fostering deeper connections among medical schools. These interactions highlighted shared goals and a common language in medical education, leading to discussions on establishing a consortium for accreditation in the Eastern Mediterranean Region (EMRO). Such a consortium would improve the quality of medical education by promoting collaboration, aligning standards, enable members to align their accreditation processes and facilitating cross-border recognition of degrees, ultimately advancing the region's medical education.

Clinical medical students' perspectives on the relevance of basic science courses at Shiraz University

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One essential aspect of medical school accreditation is programme evaluation, where medical students serve as key stakeholders. As future community leaders, their insights into educational programmes and their impact on learning are invaluable to academic institutions. This study, part of the accreditation self-review, aimed to assess clinical medical students' perspectives on the application of basic science courses at Shiraz School of Medicine, which features an integrated curriculum with early patient contact. In this descriptive cross-sectional study, 98 medical students were randomly selected, and data were collected using a reliable questionnaire on basic science courses. Physiology, anatomy and pathology were the most applicable courses in the integrated programme. Most students emphasised the importance of fully integrating clinical and basic sciences for fostering lifelong learning. These findings can inform national educational planning and guide the Ministry of Health and Medical Education in revising courses to create a more cohesive, integrated curriculum.

Who learns longer? Determinants of the length of independent learning time at a Japanese medical school

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This study examined the determinants that regulate the amount of time medical students spend learning independently. With survey data

from a medical school at a national university in Japan, this research examined correlations and causality between students' independent learning time as the explained variable and student behaviours and emotions, satisfaction with learning and anxiety in students' lives as an explanatory variable. Being less anxious, having a scholarship or a proper loan and being satisfied with learning and student life positively affected the length of their independent learning time. Mainly, anxiety includes interpersonal relationships and personality. These are difficult to control through education and may require care. The length of sleep time did not have any effects. That indicates it is more important for students to enrich their students' lives than their regularity. Besides, supporting frameworks to learn calmly, such as financial aid, was also practical. While there are various ways of learning support for students, survey data and analyses heighten the validity of what type of support is effective for them.

Providing computational skills to medical students is the future of medicine: A review of early studies and recommendations for the future

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Recent advancements in health care management, high through-put techniques and AI technologies have caused medicine to grow increasingly reliant on data ('Computational Medicine'). However, little is known about the preparation and motivation of medical students towards learning Computational Skills. Five databases were searched with MeSH terms. Original studies reporting medical student knowledge, attitudes or perception of computational techniques, in English, were included. Eleven studies across pre-post intervention, cross-sectional, interview designs were included for reflexive thematic and descriptive statistics analysis. Eighty-two per cent were based in NA and EU. Interventional studies ranged in duration from 2 days to 14 months. Generally, medical students reported satisfaction with enhanced algorithmic, logical thinking skills to approach problems and appreciation of computational techniques to improve health care delivery and research. However, students were equally challenged with unfamiliar computational or mathematical concepts and the relevance of coding to clinical practice and motivation. Future studies should focus on cultivating data literacy and familiarity with analytical tools.

Quality improvement for the undergraduate medical curriculum: Outcome-based approach

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With increasing recognition of the importance of quality assurance in medical education, the Mongolian National University of Medical Education took the policy to accredit its undergraduate medical curriculums to ensure that they are applicable to the emerging needs of the health sector. The university has defined the learning outcomes or core competence that students should have achieved by graduation for all undergraduate programmes. Furthermore, university has accredited 16 medical undergraduate programmes by local agency and five out of 16 have been accredited by international agencies. The knowledge gained from the works is the following: The awareness of the importance of learning outcome or outcome-based approach for faculties, administrations and students is vital; the local and international programme accreditations are important for quality improvement; however, the quality assurance system and quality control in the university itself should be more in our consideration. Participants will

gain: Best practices of the outcome-based curriculum development process, advantages and disadvantages and the importance of the quality assurance system in universities for continuum development of programmes.

Accreditation of medical education in Brazil: Evaluation of 76 medical schools

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We present the first results of the Accreditation System of Medical Schools (SAEME) in Brazil. We evaluated the results of the accreditation of medical schools from 2015 to 2023. The self-evaluation form of the SAEME is specific for medical education programmes and has 80 domains, which results in final decisions that are sufficient or insufficient for each domain. Fifty-five medical schools (72.4%) were accredited, and 21 (27.6%) were not. Seventy-two (94.7%) medical schools were considered sufficient in social accountability, 93.4% in integration with the family health programme, 75.0% in faculty development programmes and 78.9% in environmental sustainability. There was an emphasis on SAEME in student well-being, with 17 domains in this area, and 71.7% of these domains were sufficient. SAEME is moving from episodic evaluations of medical schools to continuous quality improvement policies.

Enhancing patient education skills in medical students through videotape review: A pre-PGY training initiative

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Taiwan's medical education system has transitioned from a 7-year to a 6-year curriculum, with the former internship year being replaced by an extended 2-year postgraduate year (PGY) residency programme. This shift means that students now obtain their medical licenses earlier, entering the PGY phase with potentially less clinical health education experience. To address this, we designed a programme aimed at enhancing medical students' ability to provide patient education. We implemented a videotape review technique, a training method already utilised in family medicine residency programme. After acquiring a certain level of professional knowledge, students record their patient education sessions, which are then reviewed with supervisors. Through this process, students receive feedback, allowing them to gain supervised experience in patient education before facing real clinical situations. By leveraging the current resident training framework, we offer medical students similar practice opportunities, ensuring that patient education skills are developed using evidence-based and validated training method.

Challenges faced and framed during accreditation process in selected south-east Asian countries

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Most of the south-east Asian countries started their journeys a little bit late with lots of confusion and shortcomings. Moreover, they showed their hesitation to initiate and rephrased their actions several times. These countries also exist with insufficient numbers of medical education experts and change making agents. Medical colleges of these countries follow a discipline-based curriculum, and their medium of learning is British English. Most of the colleges inherit the British pathways of educational programmes. The authorities or decision makers frequently changed the key organisation designated for the accreditation process. They reframed their plans quite a few times. In the meantime, lots of time elapsed to get the accreditation clearance from WFME.

Developing professional assessor standard framework for medical education accreditation: Thailand experience

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Institute of Medical Education Accreditation, a recognised accrediting agency for medical education in Thailand, has mission to develop standardised assessors for accountability. There is no standardised framework for assessor competencies. Framework of assessor's competencies was developed into three domains: knowledge, practice and values. Each domain, there was one dimension for knowledge, four dimensions for practice and two dimensions for values. Individuals who met criteria will be categorised into four levels: potential, competent, professional and expert assessors. Delphi method was used to establish a consensus opinion. Median of >4 of 5-scale agreement was considered as final decision. After two rounds of questionnaire surveys, for knowledge dimension, median of agreement of K1: standards—principles and criteria was 4. For practice dimensions, medians of agreement of P1: Information seeking; P2: Analytical thinking, reasoning and decision making; P3: Working in team; and P4: Presentation and feedback skills were 4, 4, 4, 4 and 5, respectively. For values dimensions, medians of agreement of V1: Commitment to quality improvement and continuing development was 4; and of V2: Attribute to good assessor was 5.

Global health care workforce's knowledge, attitudes and perception of rare disease: A systematic review of cross-sectional studies

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Rare diseases (RD) are 'individually rare, collectively common'. Health care professionals play a pivotal role in identifying and managing these patients but are increasingly reported to be deficit in knowledge, attitudes and perception (KAP). Five databases were searched for cross-sectional studies reporting KAP of any HCP on any RD (1 in 2000 prevalence). PRISMA checklist, Newcastle Ottawa Scale for RoB, descriptive statistics (SPSS) and reflexive thematic analyses were used. PROSPERO ID: (CRD42024528956). Twenty-one studies met the inclusion criteria, yielding 16 712 respondents from 19 countries and 14 health care professions; four studies assessed an individual RD, the rest, generally. By geographical region, HCPs in the Middle East emerged top in all domains; East Asia bottom in K&P; Europe bottom in A. By profession, paediatricians and nurses topped the K domain. Subanalysis of A&P revealed the majority of medical students and GPs saw greater RD curricular inclusion as unnecessary/ lesser importance, while 83% of other HC students expressed some positive desire. Serious educational gaps of RD in the global HC Workforce exist and require future studies to explore tailored pedagogical methods.

Shifting from quantitative to qualitative accreditation standards and instruments: The experience of Indonesia

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As part of the follow up action from the WFME Recommendations during of the Recognition process, the Indonesian Accreditation Agency for Higher Education in Health (IAAHEH) developed new accreditation standards and criteria for undergraduate medical education using qualitative approaches in line with the recommendation. A working team was established in 2021. The new 2020 version of WFME Global Standards for Undergraduate Medical Education is used as the main reference. The team developed Criteria for Compliance for each criterion and sub criteria, as well as Guidance for Assessors. Along with this, new accreditation procedures are also developed with additional days and additional assessors (also part of the recommendation). The new accreditation standards, instruments and procedures using qualitative method was completed in July 2024 and was launched to the public. Summary of knowledge gained: The new accreditation standards, instruments and procedures; the process and the lessons learnt in developing these.

Impact of in accreditation process in evaluators' personal and professional development

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The impact of accreditation process on the personal and professional development of evaluation group members has not been thoroughly examined. We interviewed 15 medical students from medical schools across the country (63% males, 21 to 29 years old) who participated in an evaluation team for the Brazilian System of Accreditation of Medical Schools between 2022 and 2024. Our aim was to analyse their perceptions of their learning. We conducted a qualitative study using content analysis. Interviews were independently reviewed by two researchers and discussed with specialists. The students recognised the opportunity to engage closely with specialists and to gain a deeper understanding of their own curriculum and overall medical training. Learning domains included standardised evaluation, culture of continuous quality improvement, governance, teamwork, professionalism and feedback. Among them, one became a teacher, one a preceptor, six of them decided to join a research group and several are considering a faculty position in the future. The students felt their voices were heard, and their contributions were valued in the accreditation process, and they developed competencies related to their future professional lives.

Do we need accreditation or rigorous criteria to train medical doctors? The case study from Poland

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To increase the influx of young doctors into the market, legal amendments were made by the Polish Parliament. The study analyses these changes regarding the eligibility for conducting the medical degree programme (MD). Previously, HEIs offering the MD had to be academic institutions with a minimum B+ rating (A+/A/B+/B/C) in the evaluation process of the medical and health sciences discipline. Since 2022, academic and occupational HEIs can conduct the MD. Occupational institutions must pass the evaluation and employ min. 12 academic teachers specialising in medical or health sciences, with the HEI being their primary employer, or offer programmes in min. 1 of the enumerated medical professions. Academic institutions achieve an A+/A/B+ rating in medical and health sciences or an A +/A rating in min. 3 different disciplines (including non-medical). As a result, at the beginning of 2024, there were 39 HEIs authorised to conduct the MD (compared to 12 in 2014), including 12 that had been negatively assessed by the Polish Accreditation Committee. The latest changes in Polish law have liberalised the requirements for conducting

the MD. Further legislative work is needed to introduce quality-focused criteria for establishing the MD.

Ensuring medical education excellence: Iran's post-accreditation monitoring experience

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SCUME is responsible for the accreditation of medical schools in Iran. Post-accreditation monitoring ensures medical schools continuing improvement and quality assurance; accordingly, ongoing monitoring ensures these standards are maintained over time. As part of the PAM process, several key activities were undertaken. First, the standards were updated to align with the WFME 2020 guidelines. Additionally, comprehensive comparative studies were conducted, examining the relationships between the revised standards, the medical curriculum, resource requirements and the expected competencies of medical graduates. These efforts were aimed at ensuring consistency and alignment across all aspects of medical education. In the next step, an e-portfolio system was developed and implemented for all external assessors, enabling them to mention their experiences in the accreditation process. A questionnaire was then designed to gather feedback from the internal assessment teams of the volunteer schools, followed by constructive feedback for the participants. The frameworks for field visits and interviews were revised based on the feedback. Electronic dashboards for medical schools and a prediction protocol using artificial intelligence and machine learning are also in development. This comprehensive approach not only upholds the integrity of medical education but also fosters a culture of continuing improvement and accountability in health care training.

Towards social accountability: Emphasis on occupational health and safety in the curriculum

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In the design of the 4-year medical curriculum of the St. Dominic College of Asia School of Medicine, additional focus was given to Occupational Health and Safety Medicine, embedded in the subject Family, Community and Occupational Medicine. The course will begin with introduction to the role of the medical graduate as a health advocate and policy maker, particularly in the workplace setting. The OSH Law (RA 11058) and its implementing regulations pertaining to the regulation of occupational health and safety in the Philippines as well as the general principles, basic elements of a good health and safety programme and methods of occupational health will be emphasised. During the 4th year/clinical clerkship, the students will be assigned to industrial clinics of workplaces in Cavite, and shall, under the supervision of a medical doctor and/or health and safety officer, participate in the evaluation and management of employees/industrial workers needing medical care. In the pursuit of social accountability, students will be required to formulate/design and disseminate information education campaign materials designed during the third year of medical school and/or conduct health advocacy programmes in the workplace.

Biosafety measures: The perspective and knowledge of final year medical students

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Biosafety understanding in young health care professionals especially final year medical students of is of great concern in developing countries. This pilot study was designed after observing the lack of knowledge regarding biosafety in final year medical students. The major objective of the study was to prepare future professionals for future pandemics by enhancing their knowledge through lectures. The effectiveness of the programme was evaluated using a pre and post study design involving 40 final year medical students, assessing their knowledge before and after the lecture. Paired *t*-test was used to evaluate knowledge gain. Lectures were delivered including proper handling and disposal of bio-hazardous materials, as well as knowledge of personal protective equipment. The results showed a significant improvement in the knowledge of the students. The study highlights the importance of integrating biosafety training into the young health care professionals' curriculum especially for final year medical students. Participant will gain the ability: To advocate for the inclusion of Biorisk Management in the curriculum.

State of undergraduate/basic medical education accreditation in Africa

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Accreditation systems aim to promote quality medical education. Although some global information is available, there is a lack of unified, detailed data on Basic Medical Education (BME) accreditation systems in Africa. In partnership with organisations across the continent, FAIMER, a division of Intealth, conducted surveys of accreditors and medical school staff to identify accreditation systems, verify standards and establish training needs. Extant standards are compared to the WFME BME Global Standards to identify alignment, gaps and unique elements. We identified accrediting agencies, verified standards with local experts in 17 countries and received 45 survey responses. Results indicate strong interest in training in standards, processes and quality improvement. Preliminary mapping findings indicate variability in alignment with the WFME standards. Gaining insights into accreditation in Africa can help establish best practices continent-wide. Our data can guide policies and training programmes, enhancing medical education and accreditation systems, ultimately leading to a more skilled workforce.

The card game approach to enhancing medical students' knowledge and awareness of rare diseases

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This study investigates the effectiveness of a researcher-created card game as an innovative pedagogical tool for enhancing medical students' knowledge and awareness of rare diseases. Participants engaged in a card game featuring sets representing unique rare diseases, each with cards containing diagnostic clues. The game fostered critical thinking and reasoning skills as students deciphered the rare diseases based on the provided information. The card game significantly improved students' test scores and motivation ($p < 0.05$). Students reported high engagement and requested the inclusion of non-rare diseases for differential diagnosis, enhancing the game's educational value. Attendees will learn about the potential of card games as an engaging tool for teaching rare diseases, aligning with current trends in undergraduate medical education. The session will explore the benefits of incorporating games and technology and provide insights into game development for educational purposes.

Knowledge, prevention practices, prevalence and factors associated with chronic kidney disease (CKD) in adult diabetic patients at Muhimbili National Hospital-Mloganzila Diabetes Clinic

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Diabetes significantly contributes to chronic kidney disease (CKD), accounting for 50.62% of cases globally. In Tanzania, many diabetic patients are diagnosed with CKD at advanced stages, leading to high treatment costs and poor prognosis. However, information on CKD prevalence, knowledge and prevention practices among diabetic patients is limited. This cross-sectional study aimed to assess CKD prevalence, knowledge, practices and associated factors among adult diabetic patients at MNH-Mloganzila. Among 284 participants, 23.2% had CKD (eGFR < 60 mL/min/1.73 m²), while 2% had end-stage renal disease. CKD awareness was 34.8%, and high knowledge was at 21.1%. Preventive practices included regular exercise (19%), avoiding alcohol (46.5%) and not smoking (78.5%). Diabetes duration over 10 years and a history of alcohol consumption were linked to increased CKD risk, while health insurance reduced it. Efforts to improve CKD knowledge, blood sugar control and healthy lifestyle promotion are vital.

Continuing Professional Development Accreditation

The educational pathway of the specialist training strategy in the Mais Médicos Program

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The specialist training strategy of the Mais Médicos Program aims to qualify physicians to engage in public health policies and the Brazilian Unified Health System (SUS). The educational pathway begins with a module on Brazilian public health, clinical protocols and ethics for physicians who were graduated in foreign countries. Subsequently, specialisation courses in Family Medicine and Indigenous Health are offered, focusing on clinical and anthropological competencies, along with professional master's and doctoral programmes designed to encourage researchers in the field. The programme also includes short-term courses and academic supervision as pedagogical support. This continuing education plan allows for the adaptation of training to meet specific needs, strengthening service delivery in Primary Health Care and developing a family and community approach within SUS, which impacts the long-term quality of medical practice and increases the number of specialists in the country. This session aims to provide

participants with insights into the organisation and educational planning of medical training in public health in Brazil, based on a successful professional placement experience that integrates education and service.

Developing physicians' professional competencies in medical dispute resolution through scenario-based and simulation training for mediator certification

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This study developed physicians' competencies in medical dispute resolution using scenario-based and simulation training. A 200-min workshop was divided into two parts: foundational mediation training (mediation mechanism, procedures, dual-mediator roles, mediation principles, techniques and issue clarification) and simulated exercises. Pre- and post-tests evaluated participants' knowledge of laws, mediation skills and practical competencies. Key findings include (1) the importance of communication in mediation; (2) interprofessional understanding, especially in legal contexts; (3) differences between mediation and litigation; and (4) addressing patient concerns in accessible language. Participants significantly improved their understanding of the Medical Accident Prevention and Dispute Resolution Act, mediation principles and issue clarification. Participants will learn how scenario-based training enhances mediation and communication skills. Practical strategies for bridging medical and legal perspectives will be provided, focusing on empathy, collaboration and effective dispute resolution.

Immersive learning in medical education: Evaluating cognitive load and motivation in 360 VR versus 2D video for direct observation and feedback

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This study investigated using 360 virtual reality (VR) to enhance learner engagement and standardise clinical scenarios during a Direct Observation and Feedback (DOFB) workshop. Cognitive load and learning motivation were assessed using the ARCS model. The study aimed to evaluate if 360 VR could offer a more engaging learning experience without significantly increasing cognitive load. The 360 VR headset group reported higher mental effort (3.22 ± 0.93) compared to the 2D video group (3.50 ± 1.03). Learning attention was higher in the 360 VR cell phone group (3.68 ± 1.07) compared to the 2D video group (3.11 ± 1.13). Participants using 360 VR were twice as likely to improve learning attention but had a threefold higher risk of increased cognitive load. These findings highlight 360 VR's potential to enhance engagement while raising concerns about cognitive load. Learn how 360 VR enhances clinical teaching.

- Understand balancing engagement and cognitive load in immersive learning.
- Discover how 360 VR enhances realism and standardises clinical teaching.
- Understand the balance between cognitive engagement and cognitive load in immersive learning.

Evaluating the effectiveness of dual-specialty mediation in medical dispute resolution: Insights from training feedback

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In 2022, medical dispute resolution legislation was passed, introducing a dual-specialty mediator system for medical and legal professionals to protect patients' rights. Authorities concerned organised training courses on the law's practical application, providing professionals of different background with training and collecting feedback from participants. Out of 104 distributed questionnaires, 81 valid responses were collected (response rate: 78%). Participants' backgrounds were primarily medical personnel (56%), followed by administrative staff (20%) and legal professionals (16%). Physicians were seen as the best candidates for medical mediators (78%), while lawyers were preferred for legal mediators (57%). Legal mediators were also favoured to lead the whole mediation process (48%), with legal opinions more frequent than medical ones (100% vs. 80%). Participants trusted physicians and lawyers in their respective roles, but preferred legal professionals to lead progression of mediation, reflecting a desire for adherence to legal protocols. These insights will inform future training programme adjustment.

Establishment of a social shared regulation model for medical technologist Clinical Competence Commission (CCC) application and assessment

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This category will commence in March 2023 and will involve a total of 6 medical technologist with Clinical Competence Committee (CCC) member accreditation. Based on the theory of social shared regulation, the process of the CCC competency assessment meeting was divided into three stages: the pre-phase evaluation, the implementation phase evaluation and the reflection phase evaluation. Finally, we

propose an individualised learning plans (ILPs) for our PGY and feedback from the participants. The average score of the satisfaction questionnaire for the conference mode was 4.91. Most participants pointed out that the purpose, norms and criteria of assessment using this mode were clear and effective teaching could be carried out. It is less likely to result in different assessment standards depending on who is doing the assessment. Members of a group negotiate the rules of regulation and agree on goals, progress and tasks in order to achieve a common goal. Each member is self-regulating in their own learning process, but the way they regulate and the progress they make will be influenced by their goals.

Constructing an evaluation framework for medical dispute resolution in medical institutions through the Delphi method in Taiwan: Starting with education to enable health care professionals to uphold legal compliance and protect patient rights

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The Taiwanese government commissioned a panel of medical and legal experts to conduct a three-round Delphi study on quality indicators for medical dispute resolution. These indicators will guide health care professionals on how to establish relevant departments and undergo third-party supervision in compliance with the Medical Accident Prevention and Dispute Resolution Act (MAPDRA), implemented in Taiwan since 2024. Health care professionals can understand the implementation of MAPDRA within medical institutions. This includes the legal framework and processes for addressing medical disputes, such as the 'In-House Care Team (IHCT) Requirements for Medical Dispute', 'Education of IHCT', 'In-House Early Warning Mechanism for Potential Disputes', 'Process for Addressing Medical Dispute Cases' and 'Analysis, Review, and Proposal of Improvement Plans for Medical Accident Cases'. Legal compliance is an essential component intrinsically linked to medical practice and patient rights. Actively upholding it contributes to the overall improvement of health care quality and the positive resolution of medical dispute.

A survey study on the current status of knowledge, attitudes and practices of psychological nursing and training needs among local registered nurses

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With the evolution of modern medical models and the continuous development of the nursing discipline, the importance of psycho-nursing within the health care system has become increasingly evident. Based on the knowledge, attitude and practice (KAP) theory, this study conducted a comprehensive survey on nurses' 'knowledge', 'beliefs', 'behaviours' and 'training needs' regarding psycho-nursing. The survey aimed to inform the design of subsequent training programmes. This study encompasses a survey of 75 local hospitals, with 3102 valid responses collected from nurses. The findings highlighted the current implementation of psycho-nursing and the demand for training content and formats. The survey results indicated that the majority of nurses implement psycho-nursing knowledge in clinical practice and express a desire for specialised training. Researchers will highlight the process of needs assessment during the conference, covering questionnaire design, distribution, quality review and data analysis. They will also share effective training methods and content.

Delayed primary closure of acute compartment syndrome associated fasciotomy wound using a novel Pasha Device: A rare case with vascular injury

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This case report demonstrates our experience with a relatively new device, the Pasha Device, in dermotraction to facilitate delayed primary closure of a fasciotomy wound due to a closed tibial diaphyseal fracture and vascular injury. A 27-year-old male involved in a road traffic accident presented with a closed tibial fracture and compromised distal neurovascular bundle, prompting an urgent fasciotomy. Following repair of the transected posterior tibial artery and application of an external fixator, the Pasha device was employed for wound closure. This device, based on the Ilizarov method, facilitated dermotraction through the progressive closure of wound edges over a 20-day period. Complete wound closure was attained by Day 35, proving that dermotraction is effective in promoting delayed primary closure, especially in situations where there is vascular compromise. The favourable result emphasises how this strategy may help accelerate wound healing and lower the risk of infection. The utilisation of the Pasha Device for dermotraction presents a promising strategy for managing fasciotomy wounds associated with tibial fractures, especially in cases complicated by vascular injury.

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