

NDU report based on Vienna's Workshop (October 16-20, 2022)

The workshop was very informative and important to share successful experiences and best practices across universities offering trainings for medical students and residents. The diversity of participants from Europe and the Arab region made this experience enriching and diversified. Even though Notre Dame University-Louaize (NDU) does not have a medical school, yet certain successful practices can be implemented as part of the training of students enrolled in the nutrition, nursing and medical laboratory programs.

The following practical outcomes can be implemented at the faculty of nursing and health sciences (FNHS) at NDU following the participation in the workshop:

1. Integrate the 360 evaluation or assessment of the clinical intern. This type of evaluation improves the trainee's self-awareness, identifies strengths and weaknesses of the trainee, and builds a culture of feedback to improve communication across different healthcare professionals. The integration of the 360 evaluation can be also executed through a digital portal or as part of a software.
2. Implement an internship logbook and portfolio. These two tools can be beneficial at multiple levels, as they provide a clear definition of learning outcomes for both the preceptor and the trainee, especially when trainees have different training sites. These tools can assist in standardizing the training experience and ensuring that all trainees irrespectively of their training site will still have a similar experience. The internship logbook and portfolio can be also digitalized.
3. Deploy an internship recorder and GPS tracking system of students while in training sites. The implementation of the internship recorder will assist preceptors and administrators to have a simple and quick access to key information relevant to each students' training in every training site. The GPS tracking system will further assist in validating students' presence in training sites. In the meantime, while waiting for the development of those two tools as part the e-health software that can be eventually used in the e-health center, FNHS can create at least an excel sheet shared on one online platform that could be filled by all preceptors in all FNHS programs.
4. Develop micro degrees in innovative areas of interest for healthcare professionals that could be taught in a hybrid modality involving multiple local and international speakers.
5. Organize a visit to the e-health center available at Beirut Arab University prior to finalizing the equipment list for the e-health center at NDU to build on the practical experience of BAU and evaluate the importance of items that may seem theoretically needed but deemed less necessary once the center is functional. The exchange of ideas and practices between partners at different level of execution of the project is enlightening and allows to further optimize the resources of the whole project.

All the steps or adaptations that FNHS is planning to implement are in line with the main outcomes of both ICU-RERE and ICARE. Adaptations (1-3) will improve the quality, efficiency and standardization of the training experiences for trainees and preceptors. Further, those adaptations can all be digitalized and implemented as part of the e-health center. In addition, adaptations (4 and 5) emphasize the exchange of best practices, knowledge, expertise and skills between partner universities in both projects.