

## **I. Plenary Lectures**

- 1) **Distinguished Speaker:** Dr. Kaye Wilkins - professor of pediatric orthopedics,  
*University of Texas -Health Science Center at San Antonio - Texas -USA*

***‘Update of the management of fractures In the skeletally Immature  
An Interactive Approach’***

**Didactic lectures Day one**

1. Basics of the fracture patterns & remodeling in the immature skeleton
2. Fractures of the Radius
3. Monteggia Fractures

Interactive presentations of the lectures discussed in the first hour

**Didactic lectures Day Two**

1. Fractures of the proximal radius and Ulna
2. Supracondylar Fractures
3. Physeal and apophyseal fractures of the distal humerus

Interactive presentations of the lectures discussed in the first hour

**Didactic lectures Day Three**

1. Fractures of the femoral shaft
2. Fractures about the knee
3. Fractures of the ankle region

Interactive presentations of the lectures discussed in the first hour

- 2) **Speaker:** Dr. Anwar Dudin, Prof. of Pediatrics, Dean, Faculty of Medicine /An-Najah  
*National University*

***‘Medical Education in Palestine, past, present and future’***

Modern medicine has been introduced to Palestine at the beginning of the twentieth century at the end of Ottoman period. During the British mandate no significant hospital structure were added and health remained an activity related to religious missions and other communitarian organizations. In spite of the political turmoil the country and the population went through, Palestinians struggled to send their students abroad to study medicine. By the end of forties of the last century a Palestinian medical association was founded a medical journal was published.

During the war and after the disaster of 48 there was a necessity to develop health structures and professionals. Augusta Victoria Hospital played a major role in the years fifty in developing the training of physicians and nurses. The late Dr Amin Majaj can be considered as the founder of the Palestinian school of pediatrics and the initiator of Medical research and training in Palestine, the 67 war had affected heavily his ascending career but his example remained.

Non governmental organizations played a major role in maintaining and developing health structures since 1967. Makassed hospital in Jerusalem played an important role in offering to numbers of Palestinian physicians the possibility to practice their art in a modern facility. By the beginning of 86 the



conditions were enough mature to start the first residency program in major medical and surgical specialties. The graduates of this program played and continue to play an important role in the Palestinian health system.

The first faculty of Medicine was established in 94 at Al-Quds university and 5 years later 2 other campus were established in Gaza and at Annajah national university. It is expected that the yearly number of local graduates will reach 200 in 3 years which is still insufficient to cover the needs of a rapidly growing population.

The rapid changes in the medical demography worldwide endanger the health situation in the developing country. Doctors have a lot of temptations to immigrate to developed countries and these same countries are more and more reluctant to produce doctors for the poor world. Palestinians suffer already from this situation and less and less qualified specialists return back working in Palestine

A major Step was to be taken to alleviate the expected consequences of such conditions. The development of modern teaching hospital structures related academically to the existing faculties of medicine and the establishment of a National training program for the formation of qualified specialist. Annajah National University and the ministry of health have taken decisive steps to realize the first. The Palestinian medical council with the participation of all partners have launched the National training program and the first qualifying national examination entrance exam was held in October 2008.

These two events are major steps in shaping the future of medical education in Palestine

**3) Speaker: Dr. Amin Thalji M.D,F.A.A.P, Chief of neonatal service, Red Crescent hospital, Jerusalem**

***‘Management of MDRO(multidrug resistant organisms) in health care facilities’***

Multidrug resistant organisms are microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent e.g.,methicillin resistant staph( MRSA),vancomycin resistant (VRE), these pathogens are frequently resistant to most available antimicrobial agents. In addition to MRSA and VRE, certain gram negative bacteria (GNB), including those producing extended spectrum beta-lactamases (ESBLs) and others that are resistant to multiple classes of antimicrobial agents, are of particular concern

**Risk factors that promote antimicrobial resistance in healthcare settings include** Extensive use of antimicrobials ,transmission of infection and susceptible hosts

**Drug-resistant pathogens are a growing threat to all people, especially in healthcare settings.** Each year nearly 2 million patients in the United States get an infection in a hospital. Of those patients, about 90,000 die as a result of their infection. More than 70% of the bacteria that cause hospital-acquired infections are resistant to at least one of the drugs most commonly used to treat them. Persons infected with drug-resistant organisms are more likely to have longer hospital stays and require treatment with second- or third-choice drugs that may be less effective, more toxic, and/or more expensive. GNB resistant to ESBLs, fluoroquinolones, carbapenems, and aminoglycosides also have increased in prevalence.

- *For example*, in 1997, the SENTRY Antimicrobial Surveillance Program found that among *K. pneumoniae* strains isolated in the United States, resistance rates to ceftazidime and other third-generation cephalosporins were 6.6%, 9.7%, 5.4%, and 3.6% for bloodstream, pneumonia, wound, and urinary tract infections, respectively.

- In 2003, 20.6% of all *K. pneumoniae* isolates from NNIS ICUs were resistant to these drugs

**Clinical importance of MDROs:** In most instances, MDRO infections have clinical manifestations that are similar to infections caused by susceptible pathogens. However, options for treating patients

