A TECHNICAL REPORT

ON

STUDENT'S INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES)

UNDERTAKEN AT

TIMOTEK HOSPITAL LIMITED, LAGOS

BY

ABDULRAHEEM HALIMOH AYOKA

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DEPARTMENT OF NUTRITION AND DIETETICS,
INSTITUTE OF APPLIED SCIENCES (IAS)
KWARA STATE POLYTECHNIC, LAGOS

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DEDICATION

This Student Industrial Work Experience Scheme (SIWES) report is dedicated to Almighty God who made this programme to be a successful one.

ACKNOWLEDGMENT

All thanks, Glorification, adoration, and appreciation is given to nobody except God.

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CHAPTER 1
INTRODUCTION

1.1 BACKGROUND OF STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES)

The student's industrial work experience scheme (SIWES) is a skill training programme designed to expose and prepare students at universities, polytechnics, colleges of technology/colleges of agriculture and Colleges of education for industrial work situations they are likely to meet after graduation. The scheme also affords students the opportunity of familiarizing and exposing themselves to the needed experience in handling equipment and machinery that are usually not available in the institutions. It is a cooperative industrial internship program that involves institutions of higher learning, industries, the Federal Government of Nigeria, Industrial Training Fund (ITF), and Nigerian Universities Commission (NUC) (ITF, 2011).

The student's industrial work experience scheme (SIWES) was initiated in 1973 by the industrial training fund (ITF). This is in response to the mandate given to the ITF, through decree 47 of 1971, charging it with the responsibility of promoting and encouraging the acquisition of skills in industry and commerce with the view to generating a pool of trained indigenous manpower sufficient to meet the needs of the economy.

SIWES has come to be recognized as the major avenue of bridging the gap between the theory acquired by students of tertiary institutions and to the various professions and disciplines essential to the technological and economic development of Nigeria. The scheme has, over the years contributed immensely to the personal development and motivation of students to be able to understand the important connection between the taught and learnt content of their academic programmes and what knowledge and skills will be expected of them in professional practice after graduation (ITF, 2011).

More so, SIWES is a program designed by ITF to prepare students for the challenges they will face in their respective fields when they become part of the nation's workforce. Furthermore, ITF through SIWES, aims at ensuring that Universities and Polytechnics do not produce "half-baked

graduates" that will not be useful industrially because of their inability to relate the theoretical knowledge acquired to the necessary industrial practice (ITF, 2011).

Over the years, SIWES has contributed immensely to building the common pool of technical and allied skills available to the Nigerian Economy which is needed for the nation's industrial development. These contributions and achievements have been possible because of regular innovations and improvements in the modalities employed for the management of the scheme. In view of acquired industrial skill, the Federal University of Agriculture, Abeokuta (FUNAAB) has made it compulsory for all students to undergo the Students Industrial Work Experience Scheme (SIWES). Therefore, Universities and Polytechnics now produce graduates with a great wealth of experience (Sokoya, 2019).

1.2 OBJECTIVES OF THE SIWES

SIWES is structured around several key objectives that enhance both the educational experience and the professional readiness of students:

i. **Practical Exposure:** The primary aim is to offer students an immersive industrial experience where they can apply theoretical knowledge to real-life scenarios. This practical engagement helps consolidate learning and develop technical proficiency in their respective fields.

ii. **Professional Development:** By placing students in real work environments, the program instills essential work ethics, including punctuality, discipline, and effective teamwork. It cultivates interpersonal and communication skills that are critical for success in professional settings.

iii. **Bridging Academia and Industry:** SIWES promotes a symbiotic relationship between academic institutions and industry, enabling a continuous exchange of ideas and feedback. This interaction ensures that academic curricula are continually updated to reflect current industry practices and emerging technological trends.

iv. **Enhancing Employability:** The hands-on experience gained during SIWES significantly improves students' competitiveness in the job market. Employers value candidates who

have demonstrated the ability to translate theoretical knowledge into practical skills and who are already familiar with workplace dynamics.

v. **Fostering Innovation:** The challenges encountered during the attachment encourage students to engage in critical thinking and problem-solving. This environment nurtures creativity and innovation, enabling students to propose practical solutions to improve operational efficiency and patient care in the health sector.

CHAPTER TWO

DESCRIPTION OF THE ESTABLISHMENT OF ATTACHMENT

2.1 LOCATION AND BRIEF HISTORY OF ESTABLISHMENT

It was a humble beginning just 2 decades ago December 21, 2004. It all started with dream to make a great impact in the field of medical practice in Nigeria. In a firm belief and commitment to this vision that he cherished so much, it is obvious that it could not become a reality until it was shared by two or more people with the support from his wife and family. They evolved to see their problem as an opportunity and the obstacles they faced as a challenged. Within this period, they have come to realize that it is the challenges, the fear of failure complied with a strong spiritual faith in God that made TIMOTEK HOSPITAL LIMITED what it is today.

2.2 AIMS AND OBJECTIVES.

The objectives of Timotek Hospital Limited, Lagos include the following.

- To be one of the best flagships of Health care Services in Lagos.
- To provide qualitative Secondary Health care services to the host community at an affordable cost.
- To train and educate different cadres of healthcare professionals or providers for the nation and the world at large.
- To carry out medical or health system research for the advancement of health system knowledge for the overall purpose of raising health status of Nigeria and indeed the world citizens.
- To participate in the community health promotion and to secure improvement in the physical, mental, and social wellbeing of the people.

2.3 ORGANIZATION STRUCTURE (INCLUDING ORGANOGRAM)

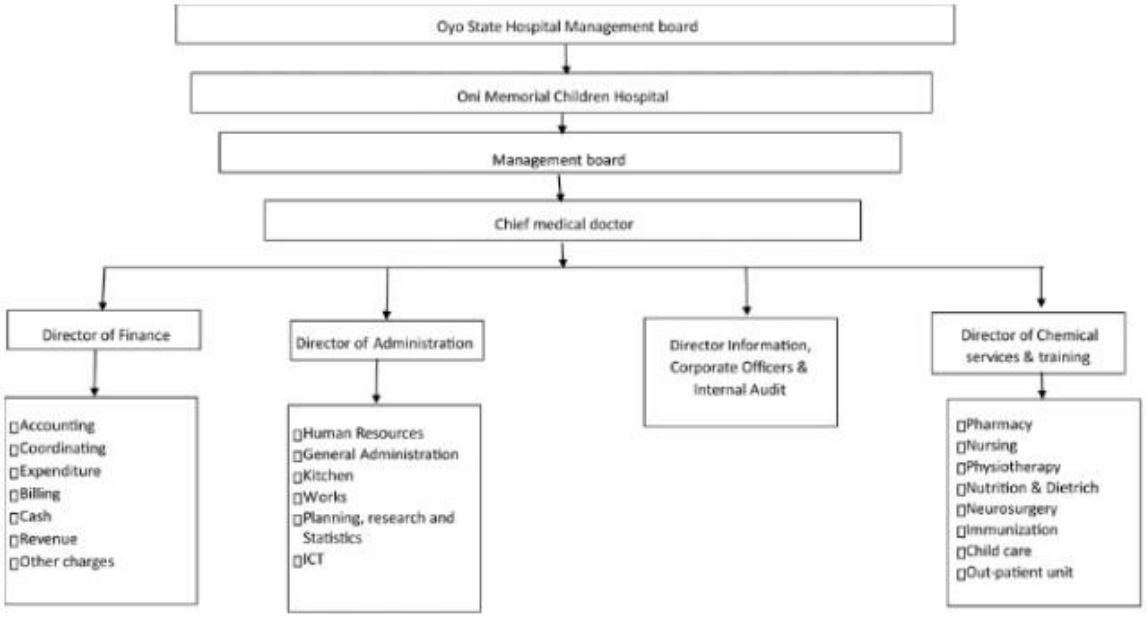

FIGURE 1 Organogram of Timotek Hospital Limited

2.4 THE VARIOUS DEPARTMENTS / UNITS IN THE ESTABLISHMENT AND THEIR FUNCTIONS

2.4.1 DEPARTMENTS AND THEIR FUNCTIONS IN TIMOTEK HOSPITAL LIMITED AND THEIR FUNCTIONS

1. Nutrition and Dietetics Department:

- ✓ Providing specialized diets for patients based on their medical conditions.
- ✓ Conducting nutritional assessments and counseling for patients.
- ✓ Collaborating with medical teams to develop nutrition plans for patients with specific needs.
- ✓ Educating patients and their families on healthy eating habits and lifestyle modifications.

2. Medical Records Department:

- ✓ Maintaining accurate and up-to-date medical records of patients.
- ✓ Ensuring the confidentiality and security of medical records.
- ✓ Retrieving and organizing patient information for healthcare providers.
- ✓ Facilitating the coding and billing process for medical services rendered.

3. Physiotherapy Department:

- ✓ Providing rehabilitation services to patients recovering from injuries, surgeries, or illnesses.
- ✓ Designing personalized exercise programs to improve mobility, strength, and flexibility.

- ✓ Administering modalities such as heat, cold, and electrical stimulation for pain management.
- ✓ Offering education and support to patients and their families on managing physical limitations.

4. Laboratory Department:

- ✓ Performing various diagnostic tests on patient samples to assist in disease diagnosis and treatment.
- ✓ Analyzing blood, urine, tissue, and other bodily fluids for abnormalities.
- ✓ Conducting research and development to improve laboratory techniques and procedures.
- ✓ Maintaining laboratory equipment and ensuring quality control measures are met.

5. Pharmacy Department:

- ✓ Dispensing medications prescribed by healthcare providers to patients.
- ✓ Conducting medication therapy management to optimize drug therapy outcomes.
- ✓ Providing drug information and counseling to patients regarding medication use and side effects.
- ✓ Managing medication inventory and ensuring compliance with regulatory standards.

6. Family Planning Department:

- ✓ Offering counseling and education on various contraceptive methods and family planning options.
- ✓ Providing contraceptive services such as insertion of intrauterine devices (IUDs) and contraceptive implants.

- ✓ Conducting screenings for sexually transmitted infections (STIs) and providing treatment as needed.
- ✓ Offering preconception counseling and fertility awareness education.

7. Maintenance Department:

- ✓ Ensuring the proper functioning of hospital facilities, equipment, and infrastructure.
- ✓ Conducting routine maintenance checks and repairs to prevent breakdowns.
- ✓ Managing utility systems such as electrical, plumbing, and HVAC.
- ✓ Implementing safety protocols and responding to emergency maintenance needs.

8. Store Department:

- ✓ Procuring, receiving, and distributing medical supplies, equipment, and consumables.
- ✓ Monitoring inventory levels and reordering stock as needed to ensure adequate supply.
- ✓ Maintaining accurate records of stock movements and inventory transactions.
- ✓ Implementing inventory control measures to prevent loss or theft.

9. Kitchen Department:

- ✓ Preparing and serving nutritious meals to patients, staff, and visitors.
- ✓ Adhering to dietary restrictions and special dietary requirements for patients.
- ✓ Ensuring food safety and sanitation standards are met in food preparation and storage.
- ✓ Collaborating with nutritionists and healthcare providers to develop menus that meet patients' dietary needs.

10. Health Assistant Department:

- ✓ Assisting healthcare providers with patient care activities such as bathing, dressing, and feeding.
- ✓ Taking vital signs and recording patient observations.
- ✓ Providing emotional support and companionship to patients.
- ✓ Assisting with transportation and mobility for patients as needed.

11. Security Guard Department:

- ✓ Maintaining a safe and secure environment within the hospital premises.
- ✓ Monitoring access points and enforcing security protocols.
- ✓ Responding to emergencies and incidents such as theft, violence, or medical emergencies.
- ✓ Collaborating with law enforcement agencies and hospital staff to ensure a coordinated response to security threats.

12. Antenatal Department:

- ✓ Regular check-ups, screenings, and scans to monitor the health of both the mother and the unborn baby.
- ✓ Provides health education to expectant mothers.
- ✓ Carries out screenings for potential health problems such as gestational diabetes, preeclampsia, and genetics conditions etc.
- ✓ Provides psychological and emotional support to expectant mothers and families dealing with the stresses and anxieties that often accompany pregnancy.

CHAPTER 3

WORK ACTUALLY CARRIED OUT

During my four-month attachment at Timotek Hospital Limited in Lagos State, I engaged in a wide range of clinical and nutrition-related activities that bridged theory and practice. My responsibilities spanned from conducting clinical assessments to preparing specialized meals, providing tailored nutritional advice, and participating in public health initiatives. This chapter details my practical work, including the procedures for measuring blood pressure and temperature, the preparation of diabetic-friendly meals, nutritional strategies for reducing abdominal fat, and involvement in immunization programs.

3.1 Clinical Assessments: Measurement of Blood Pressure and Temperature

A fundamental part of my attachment was learning to accurately measure patients' vital signs. Under the supervision of experienced clinicians, I mastered the use of both manual and digital sphygmomanometers for blood pressure (BP) assessments. I was instructed to select the appropriate cuff size, position the patient with the arm at heart level, and ensure the patient was seated comfortably and relaxed. Following the standard protocol, I wrapped the cuff snugly around the upper arm, inflated it to occlude arterial blood flow, and then slowly released the pressure while listening for Korotkoff sounds. This process allowed me to record both systolic and diastolic pressures accurately, which are critical for assessing cardiovascular risk. In addition to BP measurement, I became proficient in taking body temperature using digital thermometers. I learned to properly disinfect the thermometer probe before each use and to guide patients in choosing the optimal site—be it oral, axillary, or tympanic—for an accurate reading. These routine clinical procedures were essential not only for monitoring patient health but also for ensuring that nutritional interventions were appropriate to each individual's clinical status.

3.2 Dietary Preparations: Preparing Diabetic Food

In the nutrition department, I was directly involved in the preparation of meals specifically designed for diabetic patients. This task required strict adherence to dietary guidelines that emphasize low glycemic index foods, balanced macronutrients, and high fiber content. My role began with the careful selection of ingredients, prioritizing whole grains, lean proteins, and an assortment of vegetables while minimizing simple sugars and unhealthy fats. I was responsible for calculating portion sizes and ensuring that each meal was both nutritionally balanced and

visually appealing to encourage patient compliance. During practical cooking sessions, I learned to prepare dishes such as vegetable stir-fries with minimal oil, whole grain porridges enriched with seeds, and lean meat stews with a variety of non-starchy vegetables. Emphasis was placed on preserving the natural flavors of the ingredients while reducing the need for excessive salt or sugar. These hands-on sessions reinforced my understanding of how proper food preparation techniques and ingredient choices could help regulate blood glucose levels and improve overall metabolic control in diabetic patients.

3.3 Nutritional Guidance for Reducing Abdominal Fat

Another important aspect of my attachment involved providing nutritional counselling to patients seeking to reduce abdominal fat. I participated in individual and group sessions where I explained how diet can influence fat distribution and metabolic health. I emphasized the importance of incorporating foods that boost metabolism and aid in fat oxidation. For example, I recommended a diet rich in dietary fiber—found in whole grains, legumes, and fresh fruits—as well as lean proteins from sources such as poultry, fish, and legumes, which help sustain muscle mass and promote satiety. I also advised the inclusion of metabolism-enhancing foods like green tea and chili peppers, the latter containing capsaicin known for its potential to stimulate thermogenesis. During counselling sessions, I demonstrated practical meal-planning techniques that involved regular meal timing, portion control, and the strategic use of healthy fats such as those found in avocados and nuts. I explained that reducing processed foods and refined carbohydrates could lower insulin spikes and promote gradual fat loss, particularly in the abdominal region. TaLagosg nutritional advice to individual lifestyles and metabolic needs deepened my understanding of personalized dietary interventions and the challenges associated with modifying eating behaviors.

3.4 Participation in Immunization Programs

Beyond clinical measurements and dietary preparations, my attachment afforded me the opportunity to participate in the hospital’s Immunization programs. Recognizing Immunization as a cornerstone of public health, I assisted in organizing and executing vaccination sessions aimed at preventing common infectious diseases. My responsibilities included preparing vaccine doses under strict aseptic conditions, verifying storage temperatures to ensure vaccine potency, and recording Immunization data accurately. I also helped to set up designated Immunization

areas, ensuring that all necessary equipment and educational materials were available. A key part of my role was to educate patients and caregivers about the benefits of vaccines. I explained how Immunization triggers the body's immune response, creating memory cells that protect against future infections. I also discussed the concept of herd immunity and its role in protecting vulnerable populations such as infants, the elderly, and immunocompromised individuals. By addressing common myths and concerns about vaccine safety and efficacy, I contributed to increased vaccine acceptance and helped foster trust between the healthcare team and the community.

3.5 Record Keeping and Feedback Integration

Accurate documentation was integral to every task I performed. I maintained detailed records of vital sign measurements, meal plans, and Immunization data. This practice not only enhanced my data management skills but also allowed me to monitor the progress of nutritional interventions over time. For instance, by tracking blood pressure and temperature readings alongside dietary adjustments in diabetic patients, I was able to observe correlations between nutritional modifications and improvements in clinical outcomes. I participated in regular review meetings with the nutrition team, where patient feedback was discussed and meal plans were adjusted as needed. This iterative process of evaluation and modification reinforced the importance of evidence-based practice and continuous quality improvement in clinical nutrition.

3.6 Interdisciplinary Teamwork and Collaborative Learning

Throughout the attachment, I had numerous opportunities to work alongside dietitians, nurses, physicians, and other healthcare professionals. Participation in interdisciplinary case conferences allowed me to present nutritional assessments and contribute to comprehensive patient care plans. I learned to communicate effectively and to articulate the rationale behind dietary recommendations, ensuring that my contributions were integrated with broader clinical strategies. These collaborative experiences were invaluable in demonstrating how nutritional interventions complement medical treatments, thereby enhancing patient outcomes. Working in a multidisciplinary team underscored the importance of coordinated care and provided insights into managing complex cases where nutritional status played a pivotal role in overall health. The exchange of ideas and experiences during these meetings broadened my perspective on the

practical challenges and successes associated with implementing dietary guidelines in a hospital setting.

My attachment provided a rich environment for applying academic knowledge to real-world challenges. By performing routine clinical measurements, preparing specialized meals for diabetic patients, counselling individuals on dietary strategies to reduce abdominal fat, and participating in Immunization campaigns, I was able to build a comprehensive skill set in nutrition and dietetics. Each task contributed to a deeper understanding of how precise nutritional interventions can support disease prevention, management, and overall well-being. The integration of practical activities with theoretical insights not only honed my technical skills but also reinforced my commitment to patient-centered care.

CHAPTER 4

EXPERIENCE GAINED DURING THE SIWES ATTACHMENT

During my four-month attachment at Timotek Hospital Limited, numerous opportunities arose that significantly enhanced my professional development and refined my practical skills as a Nutrition and Dietetics student. This period was a transformative journey that integrated theoretical knowledge with real-world experience in a dynamic clinical environment. The initial orientation provided a comprehensive understanding of the hospital's operations, patient management, and the critical role of nutrition in healthcare, laying the foundation for all subsequent learning experiences.

One of the most valuable lessons was the importance of clinical precision and adherence to established protocols. Learning to accurately measure blood pressure and body temperature went beyond technical execution; it involved careful patient interaction and communication. Each patient required individualized attention to ensure comfort and understanding of the procedures. Mastering these routine measurements was crucial for accurately assessing health status, which, in turn, informed targeted nutritional interventions.

Working in the nutrition department provided extensive hands-on experience in meal planning and preparation, particularly for diabetic patients. I actively participated in ingredient selection, emphasizing whole grains, lean proteins, and a variety of vegetables while minimizing simple sugars and unhealthy fats. This process demonstrated how dietary choices directly influence blood sugar control. Preparing meals that adhered to low glycemic index guidelines reinforced the role of nutrition in managing chronic conditions and highlighted the importance of balancing macronutrients to support metabolic health.

The attachment also offered valuable exposure to nutritional counselling. Engaging with patients one-on-one allowed me to develop and implement personalized dietary strategies. I learned to design meal plans that addressed individual lifestyles and metabolic needs, particularly for those battling obesity and related metabolic disorders. Through these interactions, I conveyed how regular, balanced meals and the strategic inclusion of metabolism-boosting foods could assist in reducing abdominal fat. These sessions underscored the complex relationship between diet, physical activity, and overall well-being, deepening my understanding of how personalized nutritional guidance can lead to sustainable health improvements.

Participation in the hospital's Immunization program further broadened my perspective on preventive healthcare. I assisted in vaccine preparation, administration, and the maintenance of strict aseptic conditions, ensuring the safety and efficacy of the immunization process. Educating patients on the benefits of vaccines, such as the prevention of infectious diseases and the promotion of herd immunity, highlighted the interconnection between nutrition, Immunization, and overall public health. This involvement provided insight into how preventive measures, combined with proper nutrition, contribute to reducing disease prevalence and improving community health.

Interdisciplinary teamwork was a recurring and enriching aspect of my experience. Regular interactions with nurses, physicians, and other healthcare professionals during case conferences and review meetings allowed me to present nutritional assessments and discuss dietary interventions. This collaborative environment enhanced my communication skills and taught me the importance of integrating nutritional insights into broader patient care strategies. The feedback and diverse perspectives from team members fostered a culture of continuous learning and professional growth, reinforcing the idea that effective healthcare is delivered through collective expertise.

Lastly, the experience underscored the significance of meticulous record-keeping and iterative feedback. Maintaining detailed records of patient interactions, vital sign measurements, and dietary interventions enabled me to track progress and adjust strategies accordingly. This practice instilled a commitment to evidence-based practice and continuous quality improvement, essential components of both clinical nutrition and patient care.

Overall, the SIWES attachment at Timotek Hospital Limited provided a robust practical foundation in clinical procedures, dietary management, patient counselling, and interdisciplinary collaboration. The skills and insights gained during this period have been instrumental in shaping my approach to nutrition and dietetics, equipping me to make a meaningful impact in my future professional endeavors.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 SUMMARY OF ATTACHMENT ACTIVITIES

Throughout my four-month SIWES attachment at Timotek Hospital Limited, I engaged in diverse activities integrating theoretical knowledge with clinical practice. I learned accurate clinical measurement of vital signs, including blood pressure and temperature, using both manual and digital devices. Under close supervision, I honed my skills in patient communication and data recording. In the nutrition department, I participated in preparing specialized diabetic meals, emphasizing low glycemic index foods and balanced macronutrients to optimize metabolic control. I gained practical experience in dietary planning by selecting appropriate ingredients and following standardized recipes to ensure nutritional adequacy and appeal.

Furthermore, I provided nutritional counseling, advising patients on dietary strategies to reduce abdominal fat and manage metabolic conditions. I emphasized the importance of dietary fiber, lean proteins, and metabolism-boosting foods while educating patients on portion control and balanced meal timing. Additionally, I participated in Immunization programs where I assisted in vaccine preparation, administration, and patient education about the benefits of Immunization for preventing infectious diseases.

Collaboration with interdisciplinary teams further enriched my experience. I attended regular case review meetings and contributed to holistic patient care through nutritional assessments. The process of meticulous record-keeping enhanced my ability to track patient progress and evaluate intervention efficacy. Overall, the SIWES attachment provided a comprehensive, hands-on learning environment that integrated clinical measurements, dietary management, public health initiatives, and team collaboration, equipping me with essential skills for future professional practice. This immersive experience has been pivotal in shaping my professional competence and commitment to excellence in clinical nutrition indeed.

5.2 PROBLEM ENCOUNTERED DURING THE PROGRAM

During my SIWES attachment, several challenges surfaced that impacted my learning experience. One major problem was limited access to advanced nutritional analysis tools and technologies, which restricted my ability to perform in-depth assessments. The reliance on basic equipment often hindered accurate evaluation of patients' nutritional statuses. Additionally, inconsistent

supplies of essential ingredients for specialized meal preparations, particularly for diabetic diets, posed difficulties in maintaining dietary standards consistently. Coordination issues within the interdisciplinary team also emerged, leading to communication gaps between the nutrition department and other clinical units. These lapses sometimes resulted in delays in patient data recording and follow-up, compromising timely dietary adjustments. Scheduling conflicts between clinical duties and practical training sessions reduced opportunities for concentrated learning. Furthermore, limited exposure to advanced metabolic testing constrained my hands-on experience in certain areas. Lastly, the high patient volume occasionally restricted opportunities for personalized nutritional counseling, affecting the quality of one-on-one patient interactions. Collectively, these challenges highlighted areas needing improvement in resource allocation, communication, and scheduling coordination, all of which are critical for optimizing both the educational experience and patient care during the attachment. These issues underscore the urgent need for systematic improvements to enhance learning and service delivery to ensure optimal outcomes.

5.3 SUGGESTIONS FOR THE IMPROVEMENT OF THE SCHEME

Based on my experiences during the SIWES attachment at Timotek Hospital Limited, several recommendations can enhance the overall effectiveness of the program. First, increasing access to advanced nutritional analysis tools and technologies is essential. Investment in modern equipment will enable more accurate assessments of patient nutritional status, thereby improving both clinical outcomes and the learning experience for students. It is recommended that the hospital partners with academic institutions and private companies to secure these resources.

Second, consistent and timely provision of essential ingredients for specialized meal preparations must be ensured. Establishing a dedicated supply chain for the nutrition department will mitigate disruptions in preparing diabetic and other specialized diets. This may involve negotiating bulk purchases and collaborating with local suppliers to maintain a steady inventory of high-quality ingredients.

Third, improved scheduling and coordination between clinical duties and training sessions is vital. Developing a structured timetable that minimizes overlaps will allow students to fully engage in both patient care and hands-on learning activities. Regular feedback sessions among

students, clinical supervisors, and administrative staff should be institutionalized to promptly address scheduling conflicts.

Fourth, strengthening interdisciplinary communication can significantly enhance both patient care and the educational experience. Formalized weekly case review meetings and interdisciplinary workshops should be introduced to facilitate the exchange of ideas among nutritionists, physicians, nurses, and other healthcare professionals. Such collaboration will help integrate nutritional assessments into broader clinical decision-making processes.

Fifth, additional training opportunities in advanced procedures, including metabolic testing and personalized nutritional counseling, are strongly recommended. Organizing workshops and short courses in collaboration with experts will provide students with exposure to cutting-edge practices, reinforcing theoretical knowledge with practical skills.

Lastly, establishing a robust mentorship program where experienced professionals guide students throughout the attachment is crucial. Regular mentoring sessions would assist students in overcoming challenges, refining clinical techniques, and building confidence in patient care delivery. These strategic improvements, collectively, have the potential to significantly enhance the quality of the SIWES program, ultimately benefiting both the students and the patient community served by Timotek Hospital Limited. Implementing these recommendations will ensure a more comprehensive, efficient, and enriching training environment that aligns academic learning with real-world clinical practice. Moreover, continuous monitoring and evaluation of the program’s implementation should be established, ensuring that feedback from students and staff is regularly reviewed to drive improvements, adapt to emerging challenges, and sustain high standards of training and patient care. This systematic approach yields results.