

Conference on Medical Education and Research Writings during Arbaeen at College of Medicine, University Warith Al-Anbiyaa, and University of Karbala 22–23 and 26 July 2026

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Abstract

An academic programme spanning three days took place in Karbala, Iraq on 22–23 and 26 July 2026, linking medical education and training in scientific writing to the service orientation of the Arbaeen pilgrimage. Workshops held at the College of Medicine, University of Warith Al-Anbiyaa and at the College of Medicine, University of Kerbala brought together Iraqi and Pakistani educators and clinicians to discuss responsible artificial intelligence, qualitative research, scientific writing, curriculum integration, regenerative medicine, precision geriatric care, radiology, surgery, and disaster management. Practical workshops enabled participants to move away from information transfer to application. A critical synthesis revealed four interlinked themes: service and scholarship as an integrated continuum; learning by doing; responsible innovation; and academic solidarity across borders. The programme provided a forum for future mentorship and collaboration in research but future events will need to include prospective evaluation and follow-up of the results of the academic activities. These areas can shape the planning and evaluation of future conferences.

Keywords: Arbaeen; artificial intelligence; faculty development; mass gatherings; medical education; medical writing; qualitative research.

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Introduction

Mass gatherings generate various challenges in terms of clinical practice, public health, logistics, and education. The Arbaeen gathering, organized in Iraq on the twentieth of Safar in order to commemorate the

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martyrdom of Imam Hussain ibn Ali (AS), brings masses of people to Karbala, 3rd Imam of Shia Islam and grandson of Prophet Hazrat Muhammad (PBUH) at the holy shrine of Imam Hussain (AS). These gatherings can burden health systems, uncover gaps in their readiness, in risk communication, infection prevention, and workforce coordination. However, for the academic institutions based in and around Karbala, Arbaeen is also a unique environment where service, learning, research and international cooperation become possible.¹⁻²

Since 2016, Pakistan has been providing academic capacity building in terms of seminars, scientific writing conferences, and hands-on clinical workshops. included attempts to improve interdepartmental coordination in the context of pilgrims' health, to improve medical education and scientific writing skills and to advance the field of mass gatherings towards the evidence-based operational recommendations.³⁻⁵

In July 2026, the programme continued that work by combining the advances in clinical science with research methodology, responsible artificial intelligence (AI), and faculty development.

The current paper is a report of that programme with a qualitative, interpretive assessment of its educational value. It is a narrative conference proceedings based on the documented workshops and sessions without any interviews, focus groups, questionnaires, and participant-level data. The themes proposed here should be understood as analytical reflection on the programme contents rather than a result of qualitative research.

Conference Proceedings

The programme took place during two days at the College of Medicine, University of Warith Al-Anbiyaa on 22nd-23rd July 2026. Additionally, the third academic day included collaboration with the College of Medicine, University of Kerbala, and Al-Hussein Medical City on 26th July 2026. Academicians, clinicians, surgeons, and medical educators from Iraq and Pakistan discussed issues such as artificial intelligence (AI), medical education, regenerative and precision medicine,

qualitative inquiry, disaster preparedness, and contemporary surgical practice. Recitation of the Holy Qur'an, singing of the national anthem, and the welcoming words of the university leadership marked the beginning of the opening ceremonies.

Prof. Shabih H. Zaidi (UK) inaugurated the scientific part of the conference with the online lecture on AI ethics in research and medical education. It was very topical due to the fact that AI literacy is a great tool for learning and research but medical educators should address the matters of accuracy, bias, privacy, academic integrity, transparency, and human accountability. During the conference, these issues were discussed in connection with an AI workshop on the topic of research and medical writing. The participants examined the ways in which AI could help to develop ideas, orientate the literature, create structure, and use proper language without neglecting verification, authorship responsibility, and discipline-specific judgment.^{6,7}

Prof. Syed Mulazim Hussain Bukhari (Pakistan) delivered two keynote lectures. The first one "Beyond the insulin pump: regenerative medicine and the quest to cure diabetes" traced the scientific path from glucose control to cell-based treatments. The second "From one-size-fits-all to hyper-individualised care: geriatric medicine in the era of precision medicine" examined how the biological variability, multimorbidity, functional status, personal preferences, and treatment burden should influence the care of the elderly people. Keynote lectures connected the frontiers of science to the pedagogical duty to teach uncertainty and avoid making clinical claims prematurely.

A separate session on qualitative research covered such aspects as research design, data collection, coding, thematic analysis, interpretation, and reporting. Qualitative approaches could provide the information about how and why the changes occur in the learners, teachers, patients, and institutions. Coding and reflexive interpretation were crucial for the credible analysis. The session was of particular relevance to Arbaeen where the issues of culture, faith, volunteerism, professional identity, and service experience cannot be quantified by numbers.

Other presentations included AI in radiology by Dr. Sehrish Fatima (Pakistan), curriculum implementation by Dr. Afshan Bilal (Pakistan), the development of paediatric laparoscopic surgery by Dr. Mehreen Zahra Khan (Pakistan), and endoscopic treatment of gallstone disease by Dr. Waad M. Saleh (Iraq). The parallel live workshops in laparoscopic surgery and disaster management completed the programme with the help of writing and AI workshops.

There is much evidence that suggests the interactive learning by education in medical-writing, although the evaluations of programmes are heterogeneous and sometimes lack the standardised outcomes measures.⁹

The programme was concluded by handing out the academic awards and the reciprocal presentation of the commemorative shields. These shields symbolised the institutional friendship and intention to continue cooperation in the future. The third day of the conference was hosted with the assistance of Dr. Sabah Al-Husseini in Al-Hussein Medical City, shifting the discourse from the university classroom to the clinical settings.

Interpretive Thematic Reflection

Service and scholarship as a continuum. The programme did not present the activities of humanitarian service and academic work as competitors to each other. On the contrary, it presented the clinical service in Arbaeen as the source of relevant questions and the scholarship as the way to return more skilled professionals, guidelines, and improved systems to the community. This interpretation is consistent with the general evidence that shows that the health education in mass gatherings should be sensitive to the context, accessible, and sustained throughout the event pathway.¹⁰

Learning by doing. Live surgical, disaster management, AI, and writing workshops allowed the participants to go beyond the theoretical listening and engage in supervised practice. The general message of the education was that competence arises when the concepts are practiced, challenged, and changed in the socially supported context.

Responsible innovation: Such promising areas as regenerative medicine, precision care, radiological AI, and generative AI were presented as innovative disciplines requiring responsible appraisals.

Cross-border academic solidarity: The collaboration between the Iraqi and Pakistani faculty created the conditions for mentorship and collegial exchange as the concrete outcomes of the conference. In the Arbaeen setting, this approach had an additional human dimension because knowledge was shared as a service, and the institutional relationship was considered as the infrastructure for the future education and research.

The above-mentioned themes are not participant-generated; however, their value consists in the ability to identify the cohesive logic of the programme that could be evaluated qualitatively and quantitatively at the future conferences.

Conclusion

The 2026 July conferences in Karbala combined medical education, research writing, responsible AI, clinical innovation, and skill building in one programme, driven by the spirit of service embodied by the Arbæen. What is the chief contribution of the proceedings presented? It is not claims about effectiveness; it is creation of a credible programme of applied learning and facilitation of Iraqi-Pakistani academic cooperation. The next step should be continuation of this human-oriented collaborative approach and addition of prospective evaluation, long-term mentoring, and ethical research. In this way, an annual conference may develop into a learning system with educational value and contribution to pilgrim health.

Recommendations

1. Set learning goals and gather data on attendance, professional role, and needs assessment prior to each event.
2. Introduce pre- and post-event evaluations and conduct six- and twelve-month evaluations of protocols, manuscripts, changes to instruction, and collaboration.
3. In analyzing participant experience, introduce interviews/focus group with consent, multi-language coding, reflexive process, and transparent process of thematic analysis.
4. Develop a responsible-AI protocol, outlining the policy for disclosures, privacy, verification, citation check, avoidance of bias, authorship and human responsibility.
5. Develop cross-institutional writing circles and mentoring pairs for translating local health problems into ethical studies and publishable manuscripts.
6. Align future workshops with priority Arbæen health concerns such as surveillance, risk communication, preparedness for disasters and culturally responsive medicine.

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