multiple-choice questionair. It measured knowledge about diagnosis, treatment, prevention of four prevalent infectious disease, on 44 medical students (Interns).

**Findings.** In this study, the percentage of right answers of medical students to questions of four infectious diseases were 41% and for brucellosis, dysentry, tuberculosis and meningitis it was 63%, 44%, 63% and 27% respectively. There wasn’t any correlation between knowledge and numbers of visited patients.

**Conclusion.** Medical students’ (Interns) knowledge about four prevalent diseases isn’t in an acceptable level, and it is necessary to reevaluate education of infectious diseases.

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**Clinical Skills Centers Standards**

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**Introduction.** Setting up “Clinical Skills Labs” has been started in some Iranian medical universities since five years ago. In an educational workshop for Clinical Skills Labs managers in January 2001, many managers stated that if there were standards for these centers it would help them define the necessities of the center. These standards would also make the basis for internal and external evaluation of these centers.

**Methods.** In designing these standards the frame of the “international basic standards of medical schools” which was developed by World Federation for Medical Education has been used. The main areas of these standards were divided into six topics: Planning, Management, Students, Educational program, Evaluation of the program and Educational resources. The subtopics of each of these were determined too. Then the first edition of the standards was prepared by using the available educational and administrative resources and also the experiences of the experts of the “Deputy Ministry of education and university affairs”. The first edition was revised in three steps. The revised edition was sent to 12 medical universities to gather their opinion. These were chosen according to the evaluations of the Deputy Ministry of education and university affairs of Ministry of health and medical education. The edition was finalized by these universities’ opinions. The standards were divided into two levels: the essential and quality standards. The essential standards are the ones that should be necessarily observed in each step of establishment and development. The quality standards may be met during later developments of the center.

**Results.** The results of this project were 30 essential standards and 21 quality standards for clinical skills centers, which were divided in 6 topics and 27 subtopics.

**Conclusion.** Approved standards may be used in: developing precise plans for establishment and development of CSCs, internal evaluation of the CSCs, external evaluation and accreditation.

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**Comparison between medical physiopathology and stager students’ education competency in practical social medicine course.**

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**Introduction.** The changes trend from traditional to community oriented medical education necessitates that the social medicine courses be more effective and presented at an appropriate time. The object of this study is the comparison between medical physiopathology and stager students’ competency in practical social medicine course.

**Methods.** All the medical students who entered the health apprenticeship course were given pretest at the beginning and post-test at the end of course. The curriculum and evaluation methods were similar for all groups of students. T-test, paired t-test, analysis of variance and correlation tests were used to determine the relationship between sex, passing the pediatrics and gynecology courses, educational stage with pre-test, post-test and final evaluation marks.

**Results.** From 239 students, 37.2% were from physiopathology stage and 62.8% were stager. Females consisted half of the sample (n=117). The mean of the pre-, post-test and final evaluation grades were higher for the stagers than for the physiopathology students, with the significant difference between the first two tests (P<0.0001 for each). The mean of post-test marks were different between the stagers who hadn’t passed the pediatrics and gynecology courses and the physiopathology students (P=0.004 ; P=0.0001), but no difference was found in health apprenticeship exam. The mean of grades for girls were higher than those of boys, except for the health apprenticeship final exam and pre-test grade. There was no correlation between passing the pediatrics and gynecology courses and pre-test and final exam marks in stager group.

**Conclusion.** The results showed that in spite of the stagers’ more participation and efforts, the competence for two groups were similar.

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