were assessed, during 1999-2000. After the collection of data, the students were divided into 2 groups of low and high levels. Difficulty index, discrimination index, mean, standard deviation, high and low scores, validity and reliability of tests were computed. It is necessary to mention that the students left behind from the schedule were excluded from the study due to their small number.

**Results.** The results of the difficulty index in different physiopathology blocks in the year 1999 showed that in metabolism and endocrinology, the percentage of extremely difficult test questions was higher than other blocks (12.2%) and the mean score in this block was 6.30. This can be due to the complexity of the questions, questions chosen out of the textbook and inadequate knowledge (control) of the students about the subject. In a survey of obstetrics and Gynecology, Gastroenterology, Cardiology and Infectious diseases blocks in 1999, cardiology revealed to have the highest percentage of extremely difficult questions (16%) and the mean score in this block was 11.6. As to the validity of the questions, neurology in 1991 and infectious diseases in 2000 were the best blocks with 76% and 72.2% valid questions, respectively. The reliability of all tests was proved to be reasonable, using tariff and chord Richardson methods.

**Methods.** An experimental method was used to show that the chance of communicative success of those who performed better on ILAB was significantly different from those with a poorer performance. The subjects were given ILAB at the beginning of the academic year to be grouped into the upper and lower groups. Both groups received their regular education in language and basic science courses. Their final grades at the end of the semester, an indication of their achievement, was compared with the corresponding predicted values they had received on ILAB at the beginning of the academic year, with their natural science average grade on the universities entrance examination (konkur) and their language grade on the same test.

**Findings.** ILAB proved to be of a higher predictive value than any other such factors as language knowledge, or general intelligence as measured by the universities entrance exam.

**Results.** Success of medical students in their studies would be predicted with much higher precision if we consider language intelligence as an additional factor in the screening of new admissions.

**Address.**

**A New Criterion for Screening Medical Applicants**

**Sabouri Kashani A, Zeinaloo AA**

**Introduction.** In the current screening system, new admissions are based on general intelligence as measured by universities entrance examination. Considering the fact that an important function of medical graduates is to educate the patients how to restore and take care of their health, communicative competence and skills would be, at least, as important as general intelligence. To show that language intelligence as measured by Iranian Language Aptitude Battery (ILAB) is of a higher predictive value in the screening of successful candidates than the general intelligence as measured by universities entrance examinations (konkur).

**Methods.** An experimental method was used to show that the chance of communicative success of those who performed better on ILAB was significantly different from those with a poorer performance. The subjects were given ILAB at the beginning of the academic year to be grouped into the upper and lower groups. Both groups received their regular education in language and basic science courses. Their final grades at the end of the semester, an indication of their achievement, was compared with the corresponding predicted values they had received on ILAB at the beginning of the academic year, with their natural science average grade on the universities entrance examination (konkur) and their language grade on the same test.

**Findings.** ILAB proved to be of a higher predictive value than any other such factors as language knowledge, or general intelligence as measured by the universities entrance exam.

**Results.** Success of medical students in their studies would be predicted with much higher precision if we consider language intelligence as an additional factor in the screening of new admissions.

**Address.**

**A study of IUMS clinical faculties’ opinions on their motivation for working in university, 2001.**

**Salmanzadeh H, Maleki MBS**

**Introduction.** It is important for the managers to know about the most important needs of their employees. Many authors believe that one of the most important aspects of working and progressing in an organization is motivation. Considering the important role of clinical teachers in educating the medical students, investigating their teaching quality is important. One of the most effective factors in the quality of teaching is the motivation of teachers. So this study considers the clinical faculties’ opinions on their motivation for working in IUMS, 2001.”

**Methods.** The study was done on all of the clinical teachers who had participated in Continuous Medical Education (CME) programs having been held by IUMS. To collect the data, a questionnaire was designed and distributed among them. Out of about all, 150 questionnaires were filled and returned. Data were analyzed through SPSS and EPI/6.

**Results.** The results are as follows: The most motivating factor that was indicated by the teachers was transferring their knowledge to the others (84.4%). Existence of a scientific atmosphere for enhancing their knowledge was the second mentioned motivation (72.9%). The third one, was acquiring higher degrees (43.8%).

**Conclusion:** Over all, setting a correct instructional management, emphasizing on more attendance of authorities in educational fields, providing facilities for better life and research are some of the factors which can motivate teachers. At last, all above mentioned
Abstracts of 5th National Congress on Medical Education

Medical Internship evaluation and reorganization in Isfahan University of Medical Sciences in 2001 (preliminary phase: Gynecology educational needs determination).

Sabouri M, Shayan Sh, Salehi A

Institute. Medical Education Development Center, Isfahan university of Medical Sciences. 5000 medical students graduate each year. They are assumed to have enough capabilities to manage common diseases but evidences don't show such capacity. This study was designed to plan a curriculum for Gynecology internship, implement the curriculum and evaluate its effectiveness.

Methods. As a survey, all interns who were enrolled at major internship courses (internal medicine, surgery, pediatrics and gynecology) in Isfahan University of Medical Sciences in fiscal year 2001-2002 were studied. Questionnaire, interview and observation were used as data gathering tools. Study process was divided to 3 phases. 1- Effective educational process design: 1.1- Educational needs assessment. 1.2- Educational goals determination based on previous step results. The goals were categorized to three levels: I. Educational contents which students must know II. Educational contents which are better to be known by students III. Educational contents which aren't necessary to be known by students. 1.3.- Curriculum preparation and broadcasting to be used by professors. 2- Curriculum implementation at regular internship courses. 3- Curriculum evaluation based on professors', residents' and interns' opinions.

Results. 55 educational topics were determined according to texts and other documents. 24 topics were assigned as "must know" topics by professors, residents and general practitioners. These were (sorted by rank of citations): complete physical examination, Gynecologic examinations, complete medical interview, drugs' dosage calculation and their proper use, infantile CPR practice, Obstetric examinations, …. 3 topics were assigned as "not necessary": freezing, ultrasound use in embryo health assessment and CST use in embryo health assessment. Other 28 topics were assigned as "better to know".

Conclusion. In order to conduct effective education in medical schools it is necessary to assess educational needs. In this way more human and non-human factors contribute to the improvement of the education quality.

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Review Psychometric Parameters of the 29th Residency Test (1380) According to the Classic Test Theory (CTT)

Saburi M, Shayan Sh, Salehi A, Honarpisheh H

Introduction. To select the best group, and to make a good decision, are of the most important worries of the health and medical education ministry and also all entrants in the residency test. Having and performing a reliable and good exam will reduce doubts to a great deal. Considering different scientific methods consist of (precisely review of curriculum by the designer committee, sampling of the contents of lessons, assessment of the skill, item designing by specialists and considering the rules in qualitative item analysis) leads them to perform a reliable, valid and practical test. 1- To study the psychometric parameters of the test item [reliability Parameters of the items (difficulty index, discrimination index and distract index)] 2- To study statistical characters of the test.

Methods. This is a descriptive-applied study in which all entrants replied to the test. Information collection tool: A multiple choice (4 choices) test. Performance: The items of the tests were analyzed by analyzer software and the statistical and psychometric parameters were concluded.

Results. KR20Reliability = 0.95, Mean P = 0.398” Standard error = 6.10, Mean RPBIS = 0.30” Total Test Variance = 762.55, Total Item Variance = 40.88” SD = 27.6

Conclusion. 1- Considering the amount of reliability and measurement standard error, this test (residency 1380), was precisely assessed. From another aspect the level and score of entrants were reliably calculated. 2- Due to lack of negative discrimination it is concluded that the item designing was proper. 3-The difficulty index of the items is some how proper with the number of resident selection. 4-To attain optimum results it is necessary to decrease the difficulty index more, it means that, difficulty index should be equal to the cut point test. For example: if you want to choose 1200 residents out of a 12000 group, it is recommended that a difficulty index of about 90% would be considered.