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

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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 into 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 resources will be used for the most important educational topics.

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

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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. 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.