all of the possible factors affecting the educational attendance of faculty members were extracted. This list of factors was completed by the ideas generated in brainstorming sessions. Viewpoints of the students, residents and hospital staff were also gathered. Letters and testaments, newspaper articles and abstracts from the 4th national medical education seminar were also scrutinized for relevant data. To define the most important factors, several structured and deep interviews were held with stakeholders and the resultant factors were incorporated in the previous list. The factors thus elucidated were categorized in 8 major categories and the stakeholders were asked to give their relevant points of importance regarding different criteria (matrix prioritization). Expert idea was used to develop related strategies to increase the educational attendance of faculty members. The experts prioritized the strategies using predefined criteria. Results: 13 major strategies were prioritized as below: Solving management problems in university managers and managerial systems, Increasing motivation in the university (students, staff, faculty members), Renewal of appointment and appraisal methods of faculty members, Increasing faculty members’ dignity, Redesigning payment methods of faculty members, Correction of cultural attitudes regarding faculty members, Amending the selection methods of faculty members, Supplying suitable infrastructure for research and education, Increasing the involvement of faculty members in university administration, Implementing proper evaluation system for faculty members and giving feedback, Increasing the quality and quantity of recreational facilities for faculty members, Defining the exact responsibilities and authorities of faculty members, Increasing the scholarships and correction of the methods for their appointment.

Conclusion. The current decrease in the effective attendance of the faculty members is one of the crucial defects of our higher medical education system and needs a comprehensive survey to elaborate the proper strategies. This qualitative study used experts’ idea method to elucidate the 13 most appropriate strategies to solve this problem. The operational plans will be developed by the related departments of the deputy of ministry for education and university affairs.

Evaluation of faculty members from viewpoint of medical students of Lorestan University of Medical Sciences.

Tarhani F

Introduction. Evaluation as one of the university management functions plays an important role in correct planning, successful execution of educational programs and improvement of educational quality in universities. Since continuing evaluation of the faculty members by students is one of the duties of the evaluation unit and on the other hand, knowledge of students about the importance of evaluation makes them to fill out the related forms carefully, we decided to study students viewpoints about evaluation of the faculty members.

Surveying active time of clinical education of nursing student in university of medical sciences, Rafsanjan

Taleghani F, Rafiei GhR

Introduction. The clinical education is one of the most perspectives of nursing education. Fifty percent of the time spent in nursing school is for education in clinical field. Clinical education is “heart” instruction in nursing profession.

Methods. From each clinical group of students, twenty percent were randomly selected, then the students were asked randomly (one day per week) to record the time spent for clinical activities in a check list. The period for data gathering was four months.

Results. The mean time of theory activity from the first week to the fourth week was: 34, 35, 50, and 63 minutes, respectively. The mean time of practical activity was: 88, 79, 63 and 60 minutes, respectively, and the mean time for nursing assessment was: 31, 28, 27 and 27 minutes, respectively. In intensive wards the mean time of activity of students was more than other wards.

Conclusion. The total time of clinical education was two hour and thirty minutes every day, this is about fifty percent of the time in clinical field. In this research, time losing was greater than two hours. For a better use of time, the time table of program in clinical field must be revised.

Address. EDC, Rafsanjan University of Medical Science, Rafsanjan, Iran.