Abstracts of 5th National Congress on Medical Education

The quality of physical examination by students of Yazd University of Medical Sciences

Yassini SM, Mosavinasab SM, Fazel RF

Introduction. Evaluation of medical students has been usually restricted to evaluation of their medical information rather than their clinical skills. Meanwhile, perfect diagnosis and treatment of a medical illness is highly related to the quality of making therapeutic alliance and physical examination. This article is a trial study to investigate the quality of medical student's skill in performing physical examination.

Methods. For this purpose, 114 students were evaluated by a checklist, while they were doing physical examinations on patients.

Results and Conclusion. Results indicated that the clinical skills of students in physical examinations was directly related to their grades in the comprehensive basic and clinical sciences examinations and less attention is paid to parts such as extremities, vertebral column, skin, hair and neurological system.

Address. EDC, Shahid Sadoughi university of Medical Sciences, Yazd, Iran.

The effect of Medical Sciences Universities on the health care delivery, the point of view of authorities of universities.

Yadavar Nikravesh M, Biabangardi Z

Introduction. Universities of Medical Sciences & Health Services were established with the aim of training and development of efficient health manpower for improving the community health. The people of the community have common health problems and needs, so universities of medical sciences and health services can affect diagnosing the problems, providing the health needs and developing health care delivery in the area. Because trying to adapt and direct their activities towards the health promotion goals in the community and mobilize their resources for developing the community participation in health care delivery, study on the effects of the universities of medical sciences and health services on health care delivery may help to understand the strength and weakness of medical education programs. To determine the effects of medical sciences universities on health care delivery according to university authorities' opinion.

Methods. This was a descriptive study. 12 universities of medical sciences and health services were selected by stratified random sampling from the regions that were determined by ministry of health. Data collection tool was questionnaire.

Results. The effect of university on health care delivery was 28.07% very much, 40.35% much, 28.07% somewhat and 1.75% not at all. Findings showed that the accessibility to health team included: 50% nurse, 25% physician, and 25% other primary health workers was very much. According to primary health care, reducing the malnutrition in the surrounding population 25%, improving maternal and child health 33.33% and increasing attention to health education for public 50% were very much and increased availability of safe drinking water 50% was much. According to accessibility to medical care, findings showed the increased availability of basic medical services (60%) was very much and 40% was somewhat. Improved quality of care provided in local hospital (20%) was very much and 50% was much. Also increased availability of specialized care was 40% very much and 60% was much.

Conclusion. Increased availability of PHC in the region such as increased attention to health education for the public (50% much) indicates that most of the universities do not focus on specialized care or providing extent health care delivery on secondary and tertiary levels only. Thus more intersectorial collaboration is suggested for social, economical and health development.

Address.


Yazdanpanahi Z, Pouryazdanparast L, Hagpanah S, Saem J

Introduction. The present study was designed to assess the effect of continuous evaluation and education in usage of standard rules in midwifery office in Shiraz.

Methods. This was an interventional (quasi experimental) study. All midwifery offices (50 units) in Shiraz were evaluated by technicians from Control and Evaluation Health Office of Vice Chancellor for Clinical and Drug Affairs. In this regard standard checklists were completed in 3 step visits. In each step of evaluation, on the basis of observation faults or disobey from standard checklists, related intervention as face to face education was done and evaluated again in following step. Finally