

3GG/8**Cumulative disciplinary score in an integrated pre-clinical curriculum: a novel solution for an old problem**

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Background: In an integrated curriculum, in which discipline-based tests have been replaced with multi-disciplinary examinations, serious challenges may arise when students deliberately leave out the content of those disciplines that have smaller weight in each block exam. While reporting disciplinary scores goes against the grain of integration, by calculating an overall score, some of the students possibly will not study some disciplines. We describe the experience of Tehran University of Medical Sciences, where an organ-based integrated curriculum has been launched since September 2011.

Summary of work: In the first academic year, students passed 4 blocks: Introductory, Respiratory, Cardiovascular, and Musculoskeletal. Each block included anatomy, histology, physiology, and embryology. To perform integrated assessment, questions from different disciplines were presented in single booklet while 10% of questions were truly interdisciplinary. Instead of recording each discipline's score separately, the overall block score was reported. Furthermore, cumulative disciplinary score was calculated at the end of the year.

Summary of results: In the end of the year, 54 medical students out of 159 did not achieve the required cumulative disciplinary score. In physiology, anatomy, histology, and embryology the number of failed students were 4, 8, 11, and 24, respectively. They were referred to take a disciplinary examination.

Conclusions: Comparing number of students who failed disciplines with low credits (e.g. histology) versus number of failed students in disciplines with high credits (e.g. physiology) suggests that the later ones had systematically been ignored by some students. The calculation of a cumulative disciplinary score reduces concern due to this problem in the integrated assessment.

3GG/9**Educational Quality can be Improved when Competence-Based Learning is Applied In the Medical Career**

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Background: Teaching encyclopedic results in fragile knowledge and is being abandoned by the Medical Careers. It was decided to evaluate the curriculum based on professional competencies. Argentine ME Resolution 1314/07

Summary of work: A prospective investigation (2009-2013) of assessment of competence in Medicine: Each learning competency was constructed from 1st year. 70 professional skills in Medicine were studied in prospective investigation, as the way they were learned in the course of the career, especially the last three years pondering of 1 to 5 (level 1 minimum and level 5 maximum). Students (n=281), graduates (n=53), professors (n=25) and authorities (n=8). Statistical analysis 2012: For the quantitative analysis of the variables, the normality test was applied. SPSS software version 17 was utilized for all the tests.

Summary of results: 1) Students: In 4th year, the learned skills were between level 3 and 4. In 5th year, they were between 4 and 5. In 6th year, almost all students reached the 5th level. 2) Graduates: 45 were applied correctly: level 4 and 5 (84%). 3) Head and assistant professors: n=25. Since 2006, professors have progressively incorporated and applied this pedagogical paradigm in a coordinated and harmonic manner in almost all curriculum subjects: 95% in 2013. Authorities: n= 5. The authority's feedback- in qualitative terms- was consistent with that of the professors.

Conclusions: Any student who adopts a learning approach built on professional skills and competencies, a learning task facing towards meaning and understanding, will be developing not only technical skills (know) but also and perhaps more importantly, will develop methodological skills (knowing do), participatory (knowing how to) and personal (how to be).

Take-home messages: Educational quality can be improved when competence-based learning is applied in undergraduates in the medical career.

3GG/10**Developing a curriculum in disability to help pre-clinical medical students explore world views**

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