Research Article

Study the status of governing environment of the educational environment of educational hospitals of Yasuj University of Medical Sciences from student's view point based on the DREEM model and effective factors

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ABSTRACT

Introduction & Objective: Clinical education is one of the most important educational and learning effects that leads to the clinical competence of learners who are affected by many factors. The clinical education is a dynamic process and will have beneficial effects in maximizing the knowledge and skills required in community students. Clinical skills are slowly gained, and often these skills are analyzed for not being used, so that the half-life of the recovery skills is measured in the absence of sufficient training in just a few months. The purpose of this study is to determine the status of the governing environment of the educational environment of the main educational hospitals of the yasuj University of Medical Sciences and the factors affecting it, that is from the viewpoint of trainee students and interns based on the DREEM model.

Materials and Methods: This cross-sectional descriptive-analytic study was conducted using the DREEM standard instrument, which was conducted in the main clinical units of the educational hospitals of university (Imam Sajjad (AS) and Shahid Beheshti). A questionnaire was distributed among 181 interns and trainee (143 women and 38 men) who were included in the study during the study period. This questionnaire contained information about demographic questions and questions about the status of the governing environment of the educational environment. Data were analyzed using SPSS19 software and and Data was analyzed using descriptive and analytical statistics with $p<0.05$.

Findings: The majority of students (75.1%) stated that the condition of clinical education was desirable, and only 21% declared the condition of clinical educational environment undesirable. 3.9% of students expressed the status of the clinical educational environment as very desirable. The average perception of the learning environment was 39.22 out of a total of 60, the professors score was 35.23 out of a total of 55, the academic ability of the students was 28.29 out of a total of 40, the educational curriculum rating was 39.65 out of a total of 60, and the social relation score was 23.07 out of a total of 35 .

There was no significant difference between sexes (male and female) in terms of total score ($p = 0.185$). In the four areas of study, there was no significant difference between male and female sex score, and only in the area of educational space this relation was close to meaningful($p = 0.051$).

Discussion and Conclusion: The prevailing atmosphere of the clinical department at the university was assessed with a more positive and desirable orientation. It is necessary to pay more attention to the educational environment in observance of the design principles and to create an appropriate training environment for better student learning and can be used for monitoring and modifying the program in the DREEM model.

Keywords: clinical education, clinical environment, DREEM pattern

INTRODUCTION:

Clinical education forms the basis of the curriculum, and is not the only basic program of medical science groups, which is about half the time of education, and makes the student aware of the need for a theory to take care of the patient. In other words, clinical education provides an opportunity for the student to turn his or her knowledge into the mental and movement skills necessary to care for the patient. Clinical education is one of the most important aspects of education and learning in health sciences, which leads to the skill, attitude, evolution of knowledge and, in a nutshell, the clinical competence of learners (1). The skill to carry out clinical trials is one of the requirements of the medical profession. Acquiring the necessary qualifications to carry out clinical skills is indispensable, time-consuming and practicable in a suitable environment (2). Clinical education is a dynamic process and has beneficial effects in maximizing the knowledge and skills required in community students. The goal of clinical education is spontaneous learning, psycho-motor skills development, time management ability, critical thinking and creativity, increasing self-esteem, make proper communication and prevention of passive students (1). In the current century, rapid changes and the phenomenon of globalization and technological advancement have affected the cultural, economic, political and social context of the human society. Along with these growing changes, the society's expectations of the educational system have also been changed every day and have led the managers and Instructors will respond to the needs of learners in the first place (3).

Clinical education is one of the most important effects of education and learning in the professions associated with health science, which leads to the evolution of knowledge, skills and attitudes, in a word, the competence of clinical educators. The program has three main objectives, including the use of theoretical concepts, the experience of the real situations of work with the patient, and their professional background. In this type of training, in the interaction with the instructor and the environment, the learned concepts are used in the field. Medical science faculties as health care providers should be very sensitive to the training of medical students and medical assistants as these students play a very important role in providing health services to the community. Clinical education of the medical sciences faculty, considering that learning In real life and with patients, there are significant differences with training in other disciplines (4).There are many factors involved in the learning process, each of which alone can have an impact on learning. Among these, the professor should be referred to as a human factor. The curriculum and the resources required to run the programs that are among other influential factors in the teaching and learning process. But most importantly, the environment and the dominant sphere of learning are more about how the curriculum is implemented, the teachers' attitude toward learning, culture behavioral and organizational aspects of the educational institution, the student's viewpoints are related to their learning environment and their perception of social conditions. The educational environment is a determinative factor in the motivation for learning, because reinforcing positive behaviors leads to academic achievement (2). According to Champan (2000), the clinical education environment offers a new experience for nursing students that is different from the classroom environment. Bart (2007) argues that effective education depends on the goals and educational headquarters, and preparation of students for entering the department requires appropriate theoretical and practical education, professional development, research and thinking. Christie (1999) sees clinical education as an opportunity for students to independently and adequately take care of the patient (1).

Based on the findings of the health system in the country, in traditional medical education of universities, most of the clinical activities of students are in specialized hospitals and less are specialized clinics. It is clear that this approach does not introduce the medical science student to the common health problems of patients in

the community, since more patients go to outpatient centers within the community and few patients refer to specialized hospitals (5). Clinical skills are gradually slowed down and often these skills are analyzed for not being used, so that the half-life of rehabilitation skills is measured in the absence of sufficient training in just a few months (2). Effective factors on the quantity and Quality in clinical education is the goals and curriculum ,comprehensive individual characteristics, the individual characteristics of the teacher, the clinical education environment, the availability of facilities and the way of evaluation, and at the same time other factors such as internal motivation, positive field in the department and personnel cooperation factors are effective in clinical education (1). Research shows that young students in dealing with emergencies that threatens life of the patient is not prepared enough. Perhaps because traditional education can not train students enough to deal with emergencies. Although medical students are always told that emergency departments are a good place to learn a lot of skills, but most students immerse themselves in emergencies without learning anything, and because of little control and guidance the level of learning is very small. Undoubtedly, such disabilities cause stress among young students and, as a rule, impede the provision of desirable services to patients, and given the fact that the probability of correcting these disabilities after graduation is often limited, so special attention should be paid to training this skill during the course of medical science education. Learning theoretical and practical principles most of these actions should be taken during an apprenticeship and the training and repetition of these skills must be sufficiently mastered and supervised by the professors (6). In the model of the school and university environment assessment scale that was introduced in 1963, CUES Friendly environment, facilitating scholarship, literacy and respect, and creating social responsibility, including measuring dimensions. One of the few quantitative measurement patterns of the environment and the prevailing learning environment is presented by Dr. Susan Rauf (1997) at the Dundee University in Scotland, DREEM model(Dundee ready education environment measure), which is used to diagnose syllabus problems and the effectiveness of change in education as well as Identifying the difference between the actual environment and the desired environment (7). There were numerous articles in the literature review, most of which showed that they did not have sufficient mastery and proficiency in general clinical practice (basic) in most of the world's medical science faculties. These problems are more likely to emerge at a university that trains medical science with a traditional pattern (such as our medical universities in our country) (2). In the studies, it was determined that the status of training these skills in Iran is rarely examined and also the status of clinical education has not been studied in Yasuj medical university. Therefore, the purpose of this study was to determine the status of space The governing educational environments of the main educational hospitals of Yasuj University of Medical Sciences and the factors affecting it, thus, identify the factors affecting the quality of education and provide the information needed to improve the level of education for planning for managers and the creation of courses educational provision.

METHOD:
This study was a descriptive-analytical study of the type of case study. Given the fact that the whole cost was high and there was not enough time to do this, we decided to do sampling. In order for each student to have the same chance of being selected, we chose random sampling, and since the explanation of the population varies in different groups and classes, stratified sampling is used. First we get the total number of university students and then the number of students in each college. In this method, the population is divided into different classes depending on the characteristics that distinguish them from each other. We assign the number of college students to the total number of students divided and the number of students to select. In the second stage of each population class and using the systematic method, we select the sample population.
Referring to the training section of various faculties of the University of Medical Sciences

RESULTS:

Of the 680 interns and trainee, 181 students were selected in a class and the standard DREEM questionnaire was completed upon satisfaction. The mean age in the participants was 1.45 ± 21.55 years. Students attending at least at half-year of second year of study and studying and the maximum at one-half of their fourteenth year. 12.7% of the participants were in the second half of the year, 22.7% in the first half of the year, 30.9% in the sixth half, 30.9% in the first half of the eighth, 1.7% in the first half of the tenth and 1.1% in the 14th half of the year (Table 1). 21% of the participants were male and 79% were women. 92.8% of undergraduates and 7.2% of the students were graduate students. Of indigenous and non-native, 68.5% were native and 31.5% non-native (Table 1). Of the 27.6% of the participating students in Yasuj, 22.7% were resident in Dehdasht, 16.6% lived in Shiraz, 9.9% lived in Gachsaran, 2.8% lived in Nurabad Mamassani, 1.7% lived in Bahmei, 3.9% lived in Lendeh , 2.2% lived in Marvdasht, 1.7% Resident in Sisakht, 2.7% lived in Eghlid, 2.8% lived in the Basht, 1.7% lived in Kazeroon, 0.6% lived in Lar, 0.6% lived in Bushehr, 0.6% lived in Neiriz, 0.6% lived in Jahrom, 0.6% lived in Sough, 0.6% lived in Sarvestan, 0.6% lived in Ilam, 0.6% lived in sepidan and 0.6% lived in Tehran. 17.1% of the participants had radiology, 16% operating room, 15.5% anesthetics, 6.1% laboratory sciences, 19.9% nursing, 18.2% midwifery and 7.2% medicine (Table 1).

in Yasuj and obtaining the list of interns and trainee, they were referenced during the administrative hours and shift work and after identification of the research units during the stratified sampling process, and with full explanation of the design and obtaining consent from They were asked to complete a questionnaire on the study of the educational environment in Yasuj educational hospitals. This questionnaire examines the viewpoints of trainees and interns at the University of Medical Sciences in the field of learning and learning environments, based on the DREEM standard tool. The reliability of the internal consistency of the questionnaire was obtained in a pilot study by calculating the correlation coefficient of Cronbach's alpha of 0.88. The questionnaire consists of two sections: demographic characteristics and the main questions of the research. The main questions in the five areas of understanding the learning environment (12 questions), the professors (11 questions), the academic ability of the students (8 questions), the educational environment (12 questions), and the social relationship (7 questions), which is in the form of 50 questions with a graded list of points 1 to 5 is respectively an increase in desirability (5 for completely agree, 4 for agree, 3 for no opinion, 2 for the opponent and 1 for completely "disagree)." The maximum achievable score is 250 points. Overall rates are divided into four part very desirable (200 and higher), desirable (150 to 199), undesirable (from 100 to 149) and very undesirable (50 to 99). Data was analyzed using descriptive and analytical statistics with p<0.05.

Table 1. Frequency distribution and percentage of participants' demographic variables

Variables		abundance	percentage
sex	Man	38	21
	Female	143	79
section	Masters	168	92.8
	Doctoral	13	7.2
Field of study	Radiology	31	17.1
	Surgical technology	29	16
	Anesthetics	28	15.5
	Laboratory sciences	11	6.1
	Nursing	36	19.9
	Midwifery	33	18.2
	medical	13	7.2
Adress	Indigenous	125	68.5
	Non-native	57	31.5

semester			
	Semester 2	23	12.7
	4 Semester	41	22.7
	Semester 6	56	30.9
	Semester 8	56	30.9
	Semester 10	3	1.7
	Semester 14	2	1.1

The average raw material obtained was on average 19 ± 165, which was the lowest of 111 and the highest was 227 (Table 2). In this regard, 21% were undesirable, 75.1% were desirable and 3.9% were highly desirable (Table 3). The average perception of the learning environment was 39.22 out of a total of 60, the professors score was 35.23 out of a total of 55, the academic ability of the students was 28.29 out of a total of 40, the educational curriculum rating was 39.65 out of a total of 60, and the social relations score was 23.07 out of a total of 35 (Table 2).

Table 2 .points earned in five areas

Variable	Number(N)	lowest	highest	average	deviation
Total score	181	111	227	165.48	19.75
Understanding the learning environment	181	16	60	39.22	6.82
Professors	181	22	48	35.23	4.2
Academic Ability of Students	181	16	40	28.29	4.5
Educational environment	181	27	56	39.65	5.73
Community Relations	181	15	30	23.07	3.14

Table 3. General utility rates

Variable		Very desirable	desirable	undesirable
General situation	Abundance	7	136	38
	Percent	3.9	75.1	21

Compare scores and desirability between different variables

There was no significant difference between sexes (male and female) in terms of total score (p = 0.185). Mean score of men was 22 ± 169 and women were 18 ± 164. There were no significant differences between male and female sex scores in four domains, and only in the area of education of educational space this relation was close to meaningful (p = 0.051) (Table 4).

Table 4. Compares the raw score obtained in the five areas of gender between men and women

Variable	sex	number	average	deviation	P value
Overall rating	male	38	169.26	22.27	0.185
	female	143	164.47	18.98	
Understanding the learning environment	male	38	40.55	7.08	0.178
	female	143	38.87	6.73	
The status of professors	male	38	35.42	4.09	0.756
	female	143	35.18	4.24	
Academic Students' Status	male	38	29.18	4.91	0.173
	female	143	28.06	4.37	
Educational space status	male	38	41.26	6.19	0.51
	female	143	39.22	5.55	
The status of social relations	male	38	22.84	4.09	0.614
	female	143	23.13	2.85	

In terms of rating, the degree of utility of scores was also not significant between male and female sex (Table 5)

Table 5 . The relationship between the desirability of the score and the demographic variables

Variable		Very desirable	desirable	undesirable	P value
Sex	Man	2	28	8	0.88
	Female	5	108	30	
section	Masters	7	123	38	0.99
	Doctoral	0	13	0	
Field of study	Radiology	0	24	7	.5470
	surgery room	0	22	7	
	Anesthetics	2	20	6	
	Laboratory sciences	1	7	3	
	Nursing	2	28	6	
	Midwifery	2	22	9	
	medical	0	13	0	
ADRESS	Indigenous	3	93	28	0.271
	Non-native	4	43	10	
semester	Semester 2	0	20	3	0.370
	Semester 4	1	34	6	
	Semester 6	2	36	18	
	Semester 8	4	41	11	
	Semester 10	0	3	0	
	Semester 14	0	2	0	

There was no significant difference in the total score between undergraduate and Ph.D. In the five areas, only in the area of academic professors, PhD students were significantly different from the undergraduate level (Table 6). There was no significant difference in terms of desirability between the undergraduate and Ph.D. (Table 5)

Table 6. Comparison of points obtained in five areas in undergraduate and postgraduate students

Variable	Grade	Number (N)	Average	Standard deviation	p value
Overall rating	Masters	168	165.04	20.25	0.284
	Doctoral	13	171.15	10.23	
Understanding the learning environment	Masters	168	39.16	7.02	0.673
	Doctoral	13	40	3.34	
The status of professors	Masters	168	35.05	4.27	0.047
	Doctoral	13	37.46	2.43	
Academic Students' Status	Masters	168	28.20	4.61	0.335
	Doctoral	13	29.46	2.36	
Educational space status	Masters	168	39.52	5.8	0.281
	Doctoral	13	41.30	4.57	
The status of social relations	Masters	168	23.08	3.19	0.86
	Doctoral	13	22.92	2.56	

There was no significant difference in the ranking of the total score among students with the city of residence, and there was no significant difference in terms of the total score and the five domains in terms of native and non-native ones (Table 7).

This difference was not significant in terms of desirability between native and non-native students (Table 5).

Table 7 . Comparison of points obtained in five areas in native and non-indigenous students

Variable	Location status	Number (N)	Average	Standard deviation	p value
Overall rating	Indigenous	124	165.5	18.66	0.985
	Non-native	57	165.43	22.11	
Understanding the learning environment	Indigenous	124	39.60	6.32	0.272
	Non-native	57	38.40	7.8	
The status of professors	Indigenous	124	35.09	3.98	0.525
	Non-native	57	35.52	4.68	
Academic Students' Status	Indigenous	124	28.45	4.42	0.501
	Non-native	57	27.96	4.67	
Educational space status	Indigenous	124	39.29	5.76	0.212
	Non-native	57	40.43	5.63	

There was no significant difference between the total points earned in the half year of study, and only among the five domains in terms of the half-year of study was only a significant difference in the academic ability of the students. (Table 8) The desirability of clinical educational space also did not have a significant difference in the students of different semester (Table 5).

Table 8. Comparing the score of the five domains in different academic grades

Variable	field	Number (N)	Average	Standard deviation	p value
Overall rating	Radiology	31	158.83	16.28	0.096
	surgery room	29	167.27	17.95	
	Anesthetics	28	169.82	21.87	
	Laboratory sciences	11	157.18	26.87	
	Nursing	36	169.77	20.85	
	Midwifery	33	162.3	19.76	
	medical	13	171.15	10.23	
Understanding the learning environment	Radiology	31	36.38	5.94	0.031
	surgery room	29	38.89	6.83	
	Anesthetics	28	41.53	7.01	
	Laboratory sciences	11	36.63	12.61	
	Nursing	36	41.19	6.59	
	Midwifery	33	38.63	5.49	
	medical	13	40	3.34	
The status of professors	Radiology	31	33.58	3.61	0.02
	surgery room	29	34.86	4.48	
	Anesthetics	28	36.14	3.6	
	Laboratory sciences	11	32.81	4.68	
	Nursing	36	35.97	4.12	
	Midwifery	33	35.45	4.77	
	medical	13	37.46	2.43	
Academic Students' Status	Radiology	31	26.58	4.33	0.099
	surgery room	29	28.82	4.26	
	Anesthetics	28	29.07	4.95	
	Laboratory sciences	11	27.18	5.19	
	Nursing	36	29.41	4.41	
	Midwifery	33	27.48	4.61	
	medical	13	29.46	2.36	
Educational space status	Radiology	31	39.45	4.45	0.312
	surgery room	29	41.03	5.1	
	Anesthetics	28	39.35	6.27	
	Laboratory sciences	11	38.27	5.53	
	Nursing	36	40.36	6.01	
	Midwifery	33	37.9	6.79	
	medical	13	41.3	4.57	
The state of social relations	Radiology	31	22.83	2.89	0.751
	surgery room	29	23.65	3.02	
	Anesthetics	28	23.71	2.9	
	Laboratory sciences	11	22.27	2.41	
	Nursing	36	22.83	3.76	
	Midwifery	33	22.81	3.45	
	medical	13	22.92	2.56	

DISCUSSION AND CONCLUSION:

In this study, the DREEM questionnaire was used to identify the prevailing atmosphere of the educational environment of Yasuj Medical Science University. The total raw material obtained was, on average, 19 ± 165, which was the lowest of 111, and the highest was 227. In this regard, 21% were undesirable, 75.1% were favorable and 3.9% were highly desirable. The average perception was 39.22 out of a total of 60, the professors score was 35.23 out of a total of 55, the student's academic ability rating was 28.29 out of a total of 40, the educational grade was 39.65 out of a total of 60, and the social relation rating was 23.07 out of a total of 35.

Of the 181 students who had questionnaires among them, 21% were men and 79% were women. 92.8% of the undergraduate students were undergraduate students and 7.2% of them were graduate students. Indigenous and non-native, 68.5% were natives and 31.5% were non-natives. Few studies have been conducted in the country to study the educational atmosphere of the universities. The present study is also worth paying attention to researchers in the field of educational institutes are researching Canadians in order to find out if students' perceptions of the ideal learning environment can be used to plan an educational institution and how to use resources. The Dundee Learning Environment Assessment Questionnaire During the day, they gave 342 first, second and third year students, and they were asked if they would like to have their university or what they want. Dundee's questionnaire could show the distance between what they had and what students liked to be (8). Considering the general points obtained, the attitude of interns and trainee students of Yasuj University of Medical Sciences toward the educational environment and the conditions of teaching and learning is desirable to very desirable, and the scores are similar in comparison with the scores obtained in other studies. In the study of Arabshahi et al. Iran University of Medical Sciences, the average score obtained in five domains was 140.6 out of 200 points. In our scores, our score is 175.75 out of a total of 250, and in comparison with the mean scores of our study (19 ± 165) is similar

(9). In the study of Azizi et al., Which was conducted in the year 2012 with the title of training space of the school of pharmacy at the Faculty of Pharmacy, based on the modified DREEM model, among 88 students of the Faculty of Pharmacy, The overall score was 152.13, which was relatively lower than the overall score obtained in our study (19 ± 165).(7) Also, in the study by Teimouri et al., Which was evaluated in 2007 by the degree of satisfaction of trainees and interns with the quality of education in the internal, surgical and anesthetic groups of the University of Isfahan, the researchers concluded that the learners in general groups were satisfied with the level of satisfaction are not high (10). In addition, in a study conducted by Amini et al in 2002 about the satisfaction rate of 200 interns in Tabriz Medical School on teaching clinical skills in different departments, it was concluded that the students' satisfaction with the educational status of these skills is weak. The reason for this was the lack of supervision by professors and tutors, the lack of educational mannequins and the lack of student intervention in practice (11). Another study by Jalili et al. (2005) in a survey of clinical and emergency clinical skills in 120 interns at the Kerman Medical School found that the rate of satisfaction of participants in the survey was low (12). In another study, using the DREEM questionnaire, 297 students were asked about the needs of the learner, the teachers, and the social environment of the university for the changes that were made to the curriculum, staffing and infrastructure. Students' opinion about teaching was positive, but the social environment of the university and the support of students needed more attention (13). In the present study, the average perceptual perception was 39 out of a total of 60, the professors' score was 35 out of a total of 55, the student's academic ability rating was 28 out of a total of 40, the educational curriculum rating was 39 out of a total of 60, and the social relations score was 23 out of a total of 35. However, in the study of Faghani et al., Which was conducted in 2011 on studying the viewpoints of students on the educational climate (DREEM model) at Golestan University of Medical Sciences, the

score of the domain of social relations was 22.02 out of 35, and the field of professors and students' perceptions of scientific ability that was evaluated itself unfavorably (14).

In a student congress, 204 students from eleven different colleges from across the country assessed the educational environment of their colleges. 149 students from the Ondokuz Mayıs School were evaluating their environments more positively than 55 students from other Turkish schools. In both groups, both groups had a good view than environment (15). There was no significant difference between the viewpoints of male and female students regarding the clinical education environment. There was no significant difference between the two sexes in similar studies in Arabshahi et al. In Iran University of Medical Sciences and Azizi et al. In general, it can be concluded that gender in the attitude of students toward other variables is less important in determining needs and access to educational facilities, and authorities should focus more on elements of educational environments, such as the ability of scholars, teachers, and faculty members Educational focus (7 and 9). Another comparable variable is scores based on native or non-native students. The current point was the study of students' scores based on their location, which has not been studied in similar studies and its importance is not covered (9, 16). Brazprandjani says that the most important disadvantage of clinical education is the lack of adequate facilities and educational environment. Meanwhile, nursing students' learning in the clinical education environment is considered as an essential component of the curriculum and helps students to integrate the theory of education with clinical practice, which should always be considered. But in spite of that a lot of study shows that status of existing facilities have been reported inappropriately, but their impact on clinical education is not a priority (17). During the recent years, attention has been paid to the study of the environment or psychological environment of the social environment of education and learning. This indicates that today the quality of the educational environment and its conditions and characteristics are the main reflection of the quality of the curriculum committee. It has also been pointed out that educational environments are one of the most important determinants of student and student behavior, their learning and students' satisfaction with the curriculum. The use of tools such as DREEM model can play a valuable role in the process of changing education. In fact, the assessment of the educational environment has been able to identify the strengths and weaknesses that have the potential to improve and achieve educational goals, which in turn results in higher quality care services. For this reason, what should be considered is providing that is a healthy environment that these elements exist in a clinical education environment, and evaluating these factors from the perspective of students provides valuable information about the quality and the environment of clinical education. Therefore, considering the above, and recognizing the extent of their impact, educational planners must strive to provide students with the knowledge and skills necessary for their future career by promoting the field for optimal use of existing resources. In this regard, deep awareness and understanding of the common mental and emotional views of medical students about practical training can change the conditions of the clinical environment in order to improve quantitative and qualitative clinical skills of learners. It is also necessary that the respondents find the best ways to achieve the desired clinical education, and with the co-ordination of coaches, students, and people involved in the training to create more coordination between the faculty and the hospital, with Adoption of interactive and participatory solutions such as the formation of clinical learning teams, service learning and other models, such as facilitating the transition of hospitals to appropriate educational spaces to meet the goals of clinical education.

REFERENCES:

1. Abbasi Z, Amini A, Gholami H. Factors Affecting Clinical Education from Students 'and Coaches' Perspectives: Systematic Review. Journal of North Khorasan University of Medical Sciences. 4 (4). Winter 2012;4(4):709-720. [Persian]

2. Amini A, Barzegar M. Educationa status of interns in Tabriz University Of Medical Sciences.Iranian Journal of Medical Education , 2002;1(4):9-16. [Persian]

3. Azarik N, Madah M, Amuie F. Quarterly Journal of Management and Educational Management of Islamic Azad University, Garmsar Branch. Second year, No. 2, Summer 2008;2(2);147-164. [Persian].

4. Hagh DUST A A, Jalili Z, Asadi Karam A. Study the status of morning reports in educational hospitals of Kerman University of Medical Sciences. Developmental steps in medical education Journal of the Center for Developmental Studies in Medical Education, 2005;2(2):88-94. [Persian]

5. Mortazavi A, Razm Ara A, The satisfaction of trainees and clinical interns from the training of emergency departments and outpatient centers. 2001;1(3):51-54. [Persian]

6. Aala R, Rajaei R, Assessing the satisfaction of the experts in the educational situation of emergency department of Imam Reza Hospital in Tabriz during the academic year of 86-87. Iranian Journal of Medical Education , 2010;10(3):238-245. [Persian]

7. Azizi F, Fazel Moghadam S, Khademolo M. Pharmacy students' perspective on the educational atmosphere of the School of Pharmacy based on the modified DREEM model. Magazine of Mazandaran University of Medical Sciences, 2012;22(1):240-242. [Persian]

8. Till H.Climate studies: can students' perceptions of the ideal educational environment be of use for institutional planning and resource utilization? Med Teach. 2005;27(4):332-7.

9. Soltani Arabshahi K, Kouhpaei Zadeh J. Study the viewpoints of faculty members about the educational atmosphere of the main clinical hospitals of Iran University of Medical Sciences based on the modified DREEM model. Developmental steps in medical education, Journal of Medical Education Development Center, Volume Six: First issue. 2009;6(1):29-33[Persian].

10. Teimuri M, Dadman M, Dehghani Pudeh M. degree the satisfaction of trainees and interns with quality of education in internal, surgical and anesthetic groups of Isfahan University. Green Magazine. Quarterly Journal of Medical Education. Special Issue Summary of Articles of the 10th National Congress of Medical Education in Shiraz.

11. Amini A , Barzegar M, Hatamy F. [Medical Student Satisfaction in Different Educational Locations]. Iranian Journal Medical Education 2001; 1(4):9-16. [Persian]

12. Jalili Z, Noohi E, Nakhaei N. [Barrasiye nazarate karvarzane pezeshki dar zamineye kasbe maharathaye baliniye paye]. Strides in Development of Medical Education. 1384; 2(2):80-87. [Persian]

13. Riquelme A, Oporto M, Oporto J, et al. Measuring students' perceptions of the educational climate of the new curriculum at the Pontificia Universidad Católica de Chile: performance of the Spanish translation of the Dundee Ready Education Environment Measure (DREEM). Educ Health (Abingdon). 2009 ;22(1):112-29.

14. Faghani M., Joybari L. Studying the Viewpoints of Students about the Educational Environment (DREEM Model) in Golestan University of Medical Sciences in 2011. Journal of Developmental Education in Medical Sciences, 2013;6(12): 43-5. [Persian]

15. Tontuş HÖ. DREEM; dreams of the educational environment as its effect on education result of 11 medical faculties of Turkey. Journal of Experimental and Clinical Medicine. 2010; 27:104-108

16. Jabarifar S E, Khademi A, Khalifehsoltani F, Yousefi A. Assessment of Isfahan Dentistry students about Learning – Teaching Environment. Iranian Journal of Medical Education 2010:10(5):860-867.

17. McManus IC, Keeling A, Paice E, Stress, burnout and doctors' attitudes to work are determined by personality and learning style: BMC Medicine.2004;2(29):1-12.