SUBJECT REVIEW REPORT

DEPARTMENT OF COMMUNITY MEDICINE

FACULTY OF MEDICINE
UNIVERSITY OF PERADENIYA

25th to 27th September 2006

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1. SUBJECT REVIEW PROCESS

The Quality Assurance and Accreditation (QAA) framework currently implemented in the University system in Sri Lanka, envisages reviewing all subjects and institutions in the national Universities of Sri Lanka. In keeping with this objective, the Quality Assurance and Accreditation Council of the University Grants Commission, Sri Lanka appointed a team of senior academics from the Universities of Colombo, Kelaniya and Sri Jayawardenepura to undertake a subject review in Community Medicine at the Faculty of Medicine, University of Peradeniya.

The Review Team comprised of:

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The subject review was undertaken to evaluate the quality of the Community Medicine teaching programme at the Faculty of Medicine University of Peradeniya. The review visit was carried out by the above team from 25 to 27 September 2006. The programme for the review visit is given in Annexure 1. The process used was acquisition of additional information through discussion of issues, and gathering and analysis of evidence. These findings were then compared with the Self Evaluation Report (SER) presented by the Department of Community Medicine. The aim was to use all evidence to make a judgment on the quality of the eight review aspects listed below, as given in the Quality Assurance Handbook, for Sri Lankan Universities, published by the CVCD and UGC in July 2002.

1. Curriculum Design, Content and Review
2. Teaching, Learning and Assessment Methods
3. Quality of Students, including Student Progress and Achievements
4. Extent and Use of Student Feedback (Qualitative and Quantitative)
5. Postgraduate Studies
6. Peer Observation
7. Skills Development
8. Academic Guidance and Counseling

The Faculty is in the process of changing its MBBS curriculum at present. Students in the first and second years of study are following the new curriculum, while the more senior batches are following the old curriculum. Teaching programmes are conducted by staff in the Community Medicine Department for students in both the old and the new curricula. Thus the review process covered both programmes.

The review processes adopted by the team were:
meetings with: the Dean; Head of Department; academic and non academic staff in the Department; Senior Student Counselors in the Faculty; Chairpersons of the Curriculum Co-ordinating Committee and the Z Committee; and undergraduate and postgraduate students The list of persons met during the visit is given in Annexure 2.
observation of: teaching/learning sessions - one small group lecture (for 60 students); one small group learning session (7 groups of 8 – 10 students each); and a small group discussion with students following the clerkship.
inspection of: academic facilities: lecture halls, tutorial rooms, laboratory; and learning support facilities, the library and e-library.

perusal of documents: curriculum documents, timetables, handouts, examination papers, samples of answer scripts, student work in terms of reports, records, minutes of departmental meetings etc.

2. THE UNIVERSITY, FACULTY AND DEPARTMENT

The University

University of Peradeniya commenced with the inception of the University of Ceylon, on 1st July 1942 and shifted to Peradeniya on 6th October 1952. It is now one of the largest universities in the country, with over 10,000 internal students registered for its academic programmes in seven faculties and two postgraduate institutes.

The Faculty of Medicine

The Peradeniya Medical School was established in 1961 and the first batch of 103 students was admitted in January 1962. The Peradeniya Medical School and Dental School were converted to an independent Medical and Dental Faculty in 1967. The School of Veterinary Science became a part of the Faculty in 1970. In 1980, Veterinary Medicine and Animal Science were separated to form a new Faculty of Veterinary Medicine and Animal Science. The Dental School became a separate Faculty in 1986. The Teaching Hospital, Peradeniya, the most significant addition to the Faculty of Medicine in recent years, was opened in June 1980. Currently, the Faculty has 15 Departments of study, including the Department of Community Medicine, and 2 Units.

The Department of Community Medicine

The Department, then known as the Department of Public Health, was one of the initial departments that comprised the Faculty at its inception in 1967. It was re-named the Department of Preventive and Social Medicine in 1973 and finally, as the Department of Community Medicine in 1976.

The Community Medicine teaching programme for students on the old curriculum is in the 3rd and 4th year of the MBBS programme (182 and 206 students, respectively, at time of review). For students following the new curriculum, departmental teaching activities will extend throughout the first four years of study. Currently, there are 178 students in the 1st semester of the 2nd year (2004/05 intake under the new curriculum). First year students (2005/06 intake, 2005 A/levels) have not yet commenced the academic programme in Community Medicine.

The Community Medicine Department has cadre provision for one Chair and 8 other academic posts. One Senior Lecturer/Lecturer post is vacant at present, and one lecturer is on overseas study leave. Support staff in the Department includes one Senior Staff Assistant, one Technical Officer; one computer data entry operator; two laboratory attendants; and two temporary lecturers. Two Technical Officer posts, as well as those of an English stenographer and a labourer are vacant at present. The Department is not involved in teaching on any other undergraduate degree programmes.

3. AIMS AND LEARNING OUTCOMES

3.1. Aims

The stated **aims** of the Department, as given in the SER, are to provide students with:

3.1.1. An understanding of the common health and medical problems of individuals (i.e. they are of multi-factorial origin).
3.1.2. An understanding of the impact of medical and health problems on the patient's socio-economic conditions and its prevention.
3.1.3. How the health of an individual is influenced by the family and social environment.
3.1.4. Opportunities to study the scientific concepts of health promotion and disease prevention.
3.1.5. Skills to carry out medical research, which includes learning different research methods used in medical research, data collection, analysis, presentation techniques and research paper writing.
3.1.6. A friendly, responsive and supportive departmental environment that is conducive to enthusiastic learning, high standards and good completion rates.
3.1.7. Skills to carry out nutritional surveys, using direct and indirect assessment methods, investigation of an epidemic, assessments of indoor and out door environments of houses and computer skills.

The Department also aims to provide

3.1.8. Support for teaching staff in their career development, including the provision of feedback and peer advice.
3.1.9. Departmental structures for the effective organization of teaching, learning, assessment, review and quality assurance.

3.2. Learning Outcomes

The learning outcomes of the specific study areas, as given in the SER, are as follows.

Community Medicine is vitally concerned with populations; health in a group depends upon the dynamic relationship between the number of people, the space which they occupy and the skills that they have acquired in providing for their needs.

On successful completion of the Community Medicine components of the Doctor in Society (DIS) & Communication, Learning and Research (CLR) programmes, the students should have gained the following knowledge and skills in the areas mentioned below.

3.2.1 Demography

The students will gain knowledge about the changes in population size, composition of the population and the distribution of the population according to geographical areas. In addition, they will acquire skills related to demography such as calculation of birth, death, fertility, mortality, and social mobility rates.

3.2.2 Research Methods & Basic Epidemiology

During this course unit the students are expected to learn the scientific background of medical research, and its contribution towards solving problems in medicine and health care. The skills and knowledge that they will acquire will be the ability to identify

problems, review literature, formulate research objectives, develop an appropriate research methodology, and develop a strategy for the dissemination and utilization of results.
They also need to learn basic skills to prepare a work plan for a research idea, preparation of a budget, implementation of the research proposal, data analysis, and the preparation of the project report.

3.2.3 Information Technology
Information technology has become an essential tool for survival in today's competitive academic world. Therefore it is crucial that medical students master the skills to use this tool. The CLR – IT program will open the doors of the IT world to students & encourage them to go further.

3.2.4 Environmental Health
To maintain a healthy environment, it requires the services of many personnel. They include the services of qualified public health medical officers, epidemiologists, public health engineers, town planners, sociologists, economists and public health inspectors; therefore it is a multi-disciplinary program of action. At the end of this course the students should be able to understand the ecological conditions that will promote health and also to study the positive and negative relationships between the health of the people and the different types of physical, biological and social environments they live in.

3.2.5 Occupational Health
Occupational health is essentially a component of preventive medicine. At the end of this course unit the students should be able to understand the basic principles of occupational health - prevention of disease and maintenance of the highest degree of physical, mental, and social well-being of workers in all occupations. They also need to understand the ways of achieving these objectives. Health promotion, specific protection, early diagnosis and treatment, disability limitation and rehabilitation will be covered.

3.2.6 Communication for Health Education
Communication is a two way process of exchanging ideas, feelings and information, a vital component in any type of education. Therefore at the end of this course unit the students should be able to study the fundamentals of basic human interactions, different types of communication methods with special emphasis on communication on health matters.

3.2.7 Concept of Health & Diseases
The students should study, what is health and its dimensions in terms of physical, mental, and social factors. They need to know how to evaluate the health of people in a community. The students need to learn the basic epidemiological concepts in communicable and non communicable diseases and how to conduct an investigation of an epidemic.

3.2.8 International Health
Nowadays a disease in any part of the world is a potential threat to other parts of the world as well. The students need to know what is international health and its importance to maintain the health of the entire world. They need to study the current global plans to ensure the minimum spread of communicable and non communicable diseases. They

should know the international organizations supporting these activities and their responsibilities.

3.2.9 Maternal, Child & Adolescent Health

In this course unit the students should understand why:
mothers and children have been identified as a priority group, common maternal and child health problems seen in Sri Lanka and other countries, the objectives of the antenatal, postnatal and neonatal care programs in Sri Lanka
They also should be able to grasp the objectives of infant, preschool and school child care programs in Sri Lanka.
They should also gain an understanding about adolescent health care and the rights of children.

3.2.10 Family Planning

The students should be able to define what family planning is, and the objectives of the family planning program in Sri Lanka. They need to know the different family planning methods together with their advantages and disadvantages, the scope of such services in relation to the health of the woman, the foetus, the infant and the child. They should also know the different types of service providers in Sri Lanka in this field.

3.2.11 Disaster Management

Disasters create specific types of short and long term health problems in any community. Therefore at the end of this course the students should be able to understand what a disaster is, the different types of disasters, and their consequences. For that they need to study the basic fundamentals of disaster management, in terms of disaster response, disaster preparedness and disaster mitigation.

3.2.12 Community Health Project

During the Public Health Practice program, which is of one month's duration, the students are expected to observe the functioning as well as the structure of the important public health provider systems in the Central Province. Additionally, groups of three students are introduced to a lower social class family from a rural area and are expected to follow up and study the family for a period around 18 months. During this time they have to study the health of the family members, their environment, common health problems in terms of their socioeconomic, behavioral and cultural environments. At the end of this program each group has to submit a detailed report. This report has to be defended by them at an oral examination. The marks scored at this examination will be added to their final assessment score.

4. FINDINGS OF THE REVIEW TEAM

4.1 Curriculum Design, Content and Review

Old Curriculum

Under the old curriculum, 3rd and 4th year students follow a traditional Community Medicine teaching programme. The teaching learning activities include lectures and tutorials in the relevant subject areas; a four-week clerkship in Community Medicine during the 3rd year,

when students visit the different public health providers; and a family attachment that starts in the 3rd year and continues over a 12 month period. Detailed learning objectives are available for all these activities; learning objectives for the clerkship and the family attachment are given to the students in the form of a handout.

New Curriculum

In 1992, the Faculty determined that there is a need for revision of the MBBS curriculum, and a revised pre-clinical curriculum was first implemented in 1998. However, this was abandoned due to logistical problems, and a second revision was undertaken in 2002 which led to a new curriculum titled *Beyond 2004*. The document titled 'Curriculum Revision 2006 of the Faculty of Medicine, University of Peradeniya' states that "… *Beyond 2004* denotes the revised curriculum of the faculty that incorporates changes suggested by the World Federation of Medical Education (WFME) 2003: conforming to the needs and demands of the modern world… As opposed to traditional methods of teaching, the new curriculum focuses mainly on early clinical relevance, self-directed learning, professional development and community oriented learning". However, the curriculum revision does not appear to have received inputs from consultations with employers and other stakeholders.

In the new curriculum, the teaching activities involving the Dept. of Community Medicine are in two streams: Doctor in Society (DIS), and Communication, Learning and Research (CLR). The detailed learning objectives for both streams are given in a document that is made available to all students through the Faculty website, and are displayed on the relevant student notice boards.

The new curriculum has many positive aspects, including the introduction of a module on Research Methodology and dedicated time in the teaching programme for student research project. Several other new and important areas, such as Disaster Management and Injury Prevention are new content areas that have been brought into the curriculum. Flexibility and student choice has been innovatively addressed in the new curriculum. At the end of each year in the first four years, the Year-end Extra Semester Programme (YES) enables 10-member student groups to undertake an optional course of 6 weeks. One such elective on offer at the end of the 2nd semester was one that involved shadowing a MOH, an experience described by the students as very interesting. The old Community Medicine programme did not provide this opportunity.

However, the manner in which department contributes to achievement of the Faculty's Institutional Objectives and development of the expected graduate, through the Departmental aims, and those of the DIS and CLR is not clear. There is some paucity of learning objectives relating to attitudinal components, and generic skills that are relevant to Community Medicine, such as team-work, interpersonal communication skills, self-directed independent learning and problem-solving. The Community Medicine clerkship and the family attachment will continue to be a part of the new curriculum. Revision of these components could provide an opportunity to achieve some Institutional Objectives that do not appear to be addressed, e.g.

- Institutional Objective 2. "The ability to acquire knowledge, skills and attitudes that will enable holistic management of medical problems affecting individuals and the community"
- Institutional Objective 5. "The ability to work in a team and provide leadership in activities related to health."

There is a need to explicitly include objectives related to generic skills (identified in the Faculty objectives) and link these with the teaching learning programme such as the family attachment.

The multidisciplinary inputs in the educational programme are clear. Many learning settings and resource persons outside the health sector, such as the municipal council, water purification, food and housing sanitation, community care of the disabled are included in the clerkship and the family attachment.

The judgment for this aspect is GOOD.

4.2 Teaching, Learning and Assessment Methods

The aim and the objectives of the teaching programme of the department is spelt out, and the objectives of the different components in both the old and new curricula.

Old Curriculum

The main teaching/learning methods being used in the old curriculum are the large group lecture, tutorials and the clerkship in Community Medicine. The tutorials are held for large groups and cannot be considered as true small group tutorials. The clerkship has many components such as visits to public health providers and the introduction to the family attachment. The visits to different health providers expose students to the multidisciplinary nature of the health and health care.

The family attachment is carried out over a period of about one year with 3-4 student attached to a family with identified attributes. This programme allows committed time of a ½ day per month (in the morning free from clinical work) in the 3rd year for students to visit the families. In addition, group discussions are held by academic staff at intervals to monitor the progress. The small number of students per family provides an opportunity for students to gain hands-on experience and many relevant skills over a period of time. It is recommended that this be further strengthened by more regular seminars/discussions in the fourth year. This would enable students to learn from each others experiences. Field-based supervision in the 4th year too would further support student learning during this attachment.

It appears that adequate resources are not available for field based monitoring in terms of transport and staff. The vehicle that was available to the Department has been transferred to the University common pool and both staff and students expressed their dissatisfaction with the inability to get transport in time. This has greatly hampered the training programme in the field. As expressed by the students they arrived at the destination (example, in an immunization clinic or a family planning clinic) and could spend only 10-15 minutes due to the need to return, to be back on time for lectures. Thus, the field programmes may not give the expected outcomes. The team is of the view that many of these problems can be overcome if the Faculty can re-gain the vehicle that was transferred to the common University pool.

The student assessment in the old Community Medicine curriculum is made up of continuous assessment (30%) and end of course assessments (70%). The 30% for the former is allocated 15% for statistics and demography (7.5% each) and 15% to the Family Attachment (10% for the reports and 5% for the viva). The end of course assessment includes an essay type theory paper (60%) and a viva voce examination (10%).

The scrutiny of examination papers by a Board from two other disciplines, independent double marking of answer scripts and inclusion of external examiners from other universities and Department of Health Services are good practices. However, external examiners reports are not obtained nor feedback for improvement of students.

New Curriculum

In the new curriculum, the teaching in the Foundation module is limited to 6 hours of teaching. The teaching learning methods are 1-2 plenary lectures with small group discussions followed by group assignments. At the end of the assignments, students make presentations. However, the reviewers did not have an opportunity to observe any true small group learning sessions.

The Department coordinates the IT training programme in the CLR stream. The latter is a programme which does not require the expertise of Community Medicine and could perhaps be assigned to an IT person. This would also free the staff with Community Medicine training to undertake teaching discipline based teaching. This is even more important in view of the staff inadequacy foreseen by the department in coping with a 4-year programme in the future.

In the new curriculum the assessments are the responsibility of the Monitoring and Evaluation Committee (Z committee). The questions are sent to the Committee and the scrutiny board and the compilation of the paper is handled by the committee. The committee also has a representative from the Department of Community Medicine.

Specific skills assessments are not being carried out, nor are the acquisition of transferable skills assessed. Ethics teaching is assessed using only written examination. Some of the learning outcomes of skills do not appear to be assessed. For example, objectives 1, 7 and 10 in the old curriculum.

The learning environment comprised of 4 centrally managed lecture theatres, the Faculty Library and the e-library. In a feedback given of the new curriculum on 2 other streams students expressed their dissatisfaction with the facilities of the old Biochemistry lecture theatre. The library is open daily until 6 pm and until 2 pm on Saturday. The time available to use the e-library was felt to be inadequate by the students.

The judgment for this aspect is SATISFACTORY.

4.3 Quality of Students, including Student Progress and Achievements

In the old curriculum, students enter the third and fourth year programme in Community Medicine after passing the 2nd MBBS, a barrier examination. They complete the course and sit for the Third MBBS Part II examination, which includes the subject of Community Medicine (together with Pathology and Forensic Medicine) at the end of the fourth year. The progress for the past few years for the students in Community Medicine is shown in Table 1.

Table 1: **Distinctions and Failures in Community Medicine**

Examination	Total sitting for examination	No. awarded distinctions (%)	Number failing (%)
July 2003	194	1 (0.5%)	12 (6.0%)
May 2004	176	5 (2.8%)	8 (4.5%)
June 2005	182	10 (5.4%)	7 (3.8%)
October 2005	173	10 (5.7%)	5 (2.8%)
June 2006	173	39 (22.5%)	9 (5.2%)

The proportion of students referred in Community Medicine is relatively low (6% or less), and has remained so over the last five batches of students. An exceptionally and increasingly high proportion of students, from 0.5% to 22.5% over the past 5 years have been awarded Distinctions in Community Medicine.

In the new curriculum, the teaching activities conducted by academic staff in Community Medicine start in the 1st year of study, and continue until the end of the 4th year. The Department sets questions based on the learning objectives and the pass rates are indicative of success in achieving the identified learning outcomes. Discussion with the Chairman of the Curriculum Coordinating Committee revealed that steps will be taken to award Distinctions in Family Medicine, even under the new curriculum. At the moment, no special awards are given to the best performance in Community Medicine.

Among students currently in the 2nd year, the referral rates in the end-of-semester assessments for the 'Doctor in Society' stream were 11.2% and 7.3% for Semesters 1 and 2 respectively, in Year 1, while 10.1% and 13.5% of students had obtained A grades. For the 'Communication, Learning and Research' stream, these results were 5.1% (9/178) and 4.5% (8/178) respectively, while 11.8% and 18.5% of students had obtained A grades.
These figures are indicative of satisfactory student progress and achievement in the programme conducted by the Department of Community Medicine.

Several student reports on the Family Attachment were made available to the team. These were of generally satisfactory quality, compiled according to the recommended format and indicating that students had gained experience in the desired learning areas. However, some lack of attention to details was observed, such as inconsistency in the format, typographical errors and incomplete listing of the objectives to be achieved during the programme.

The judgment for this aspect is GOOD.

4.4. Extent and Use of Student Feedback (Qualitative and Quantitative)

The results of a survey conducted by the Medical Education Unit in 2002 among 30 pre-interns who were in the 1995/96 intake of students were made available to the review team. The survey participants expressed general satisfaction with topics taught by the Community Medicine Department such as Statistics, Epidemiology, Demography, Primary Health Care, Maternity and Child Health, and have made several suggestions for further improvements. The team feels that a survey of this nature is impartial as it comprised feedback from students who have graduated. The team recommends such good evaluation practices and encourages

its application to other areas. However, there was no evidence of the Department obtaining regular feedback on curriculum or teaching from students following the old curriculum.

With the change of curriculum, the Monitoring and Evaluation Committee (Z committee) has taken over responsibility for obtaining student feedback with regard to teaching practices, as well as curriculum content and teaching learning activities. Independently obtaining student feedback by an external Faculty Committee, with discussion of findings from feedback at a meeting where both students and those involved in teaching participate and informing relevant module committees to affect appropriate changes is commended.

The teaching sessions conducted by the Community Medicine Department in the 'Doctor in Society' and the 'Communication, Learning and Research' stream have not yet been subject to student feedback, nor have individual teachers been assessed so far. This was confirmed during discussions with students as well as the Chairman of the Z committee. The review team recommends that the Z Committee extend the good practice of obtaining student feedback to these two streams as well. We also recommend that the Department consider obtaining feedback on the programme and teaching practices directly from the students.

The judgment for this aspect is UNSATISFACTORY.

4.5. Postgraduate Studies

The review team met with one postgraduate student who had completed his training for the PGIM's MD in Community Medicine, under the supervision of the Head of the Department. He expressed his satisfaction with the supervision and support given by his supervisor and the other staff in the Department. He had access to the computer and the library. He was given ample opportunities to participate in the activities of the Department, including undergraduate teaching, supervision of students in the community during the clerkship and family attachment.

The review team was informed that 4 other MD trainees from the PGIM had also completed their training in the Department within the last year. Of the academic staff currently on the Department's permanent cadre, two had carried out their research projects for the PGIM's MD (Community Medicine) in the Department. Another staff member is registered for a postgraduate research degree in the University of Peradeniya, under the supervision of senior staff in the Departments of Medicine and Biochemistry.

The judgment for this aspect is SATISFACTORY.

4.6. Peer Observation

It appears to the review team that peer observation was not practiced at all within the Department to assess the quality of teaching. The academic staff indicated that there is some feedback given by the Medical Education Unit to teachers conducting learning activities under the new curriculum, but this has not included members of the Department of Community Medicine

The judgment for this aspect is UNSATISFACTORY.

4.7. Skills Development

There is evidence that both old and new academic programmes conducted by the Department of Community Medicine are structured in such a way as to provide opportunities for students to develop a variety of skills in addition to subject-specific knowledge. The family attachment in the old curriculum and the CLR of the new curriculum give students a chance to gain hands-on experience to address a given problem.

The family attachment programme gives time and opportunity for students to acquire many skills required by a graduating doctor. The lectures conducted in the old curriculum provide the scientific basis for students to carry out activities in the family attachment. A group of 3-4 students follow up an assigned family over a period of about 1 year. During this time they have the opportunity to learn to identify problems and take steps to solve problems. They also could develop skills of communicating health messages, change behaviour of the individuals/family towards better health, carry out health status assessments, carry out nutritional assessments through anthropometric measurement and dietary adequacy assessment and identify and diagnose diseases, and make referrals where appropriate.

However, supervision of the acquisition of these skills in the family attachment could be improved, especially in the fourth year of study. At the moment the assessment of these skills is only based on the reports submitted at the end of the programme and an oral examination of short duration. Since these are not the most appropriate methods for skills assessments, it may be worth considering assessing students in the family setting. The team also feels that there is a need for a mechanism for having continuous evaluation and assessment of the family attachment programme and the write-up, where students can seek clarifications and reflect on the work assigned.

During the visits to the Medical Officer of Health, and the antenatal and child welfare clinics for discussions with field staff, students do not appear to have adequate time to benefit much since transport problems give student little time to spend during these visits and the nature of the teaching which are lectures.

The review team appreciates the plans in the new curriculum for students to carry out a research project, which will enable them to develop skills of problem identification, prioritizing, identifying suitable approaches to solve them, collection of data and analysis, drawing conclusions and making recommendations. In addition they will also acquire skills of report writing and critical thinking.

In the first year there is opportunity for students to conduct a student seminar in the Foundation module and also make presentation helping them to develop communication skills. However it is necessary to ensure that all students will have the opportunity to develop skills from these learning activities.

Assessment of generic skills is not observed in the curriculum and it is recommended that steps are taken by the Department to identify and provide learning opportunities for development of generic skills and also assess those using appropriate methods.

The judgment for this aspect is SATISFACTORY.

4.8. Academic Guidance and Counseling

The students are provided with necessary information regarding the academic programmes offered by the department of Community Medicine in relevant documents such as Curriculum Revision 2006, on the website and notice board. Each student is given a handout giving the objectives of the visits to the public health providers and the family attachment. It was not clear whether the staff members explained the objectives, what was expected and how the objectives could be achieved, giving examples. However, the team noted that students are generally satisfied with the assistance and support extended to them by the Department of Community Medicine.

The team met with three Senior Student Counselors (SSCs) of the Faculty of Medicine and noted that there are five SSCs appointed by the Faculty of Medicine for a student population of about 1200. All students admitted to the Faculty of Medicine could meet the SSCs or any academic staff members of the department of Community Medicine at any time they wanted to. However, at present there is no mechanism for new students to meet the SSCs in the first two months immediately after admission as the orientation programme has no such provision to make students aware of the existence of such services.

The SSCs were of the opinion that the student counseling needs to be better organized. There is a need to have a unit where students can visit for necessary counseling services in a more effective and confidential manner, as at present there is no office space assigned especially for student counseling. Such an office would enable the SSCs to address a wider range of problems related to academic counseling. However, the SSCs indicated that severe problems like incident of suicide are not seen, probably due to the fact that the University has a pleasant atmosphere and an environment conducive for students to work, learn and live. They also appreciated the informal support extended by the student s to their friends when necessary. The students have easy access to medical facilities including in-ward facilities at the University Medical Centre and sports facilities like swimming pool and gymnasium, which enable the students to relax.

According to the comments made by the SSCs, there are problems with regard to the new curricula which need the urgent attention of the Faculty for quick resolution. For example, they highlighted the fact that repeat examinations for the first batch of students in the new curriculum have not been held and revision/remedial teaching may need to be carried out. The faculty may need to consider deciding on these issues early.

The review team was happy to note that there is a mechanism by which student needs are met by academic staff informally and sometimes financial support provided through various donors.

The judgment for this aspect is GOOD.

5. CONCLUSIONS

<u>Curriculum Design, Content and Review</u>

Strengths/Good Practices

1. The overall MBBS curriculum has been changed to focus on early clinical relevance, self-directed learning, professional development and community-oriented learning.

2. The programmes conducted by the Community Medicine Dept under the new curriculum have been strengthened to cover many new areas, and extend over a longer period of time.
3. The 'shadow MOH' elective at the end of the first year is an innovative means of giving students work experience.
4. The educational programmes, under both old and new curricula, have the multi-disciplinary inputs that are essential for a good Community Medicine programme.

Weaknesses

1. The manner in which the department contributes to achievement of the Faculty's Institutional Objectives and development of the expected graduate, through the Departmental aims is not clear.
2. There is some paucity of learning objectives relating to attitudinal components, and generic skills that are relevant to Community Medicine, such as team-work, interpersonal communication skills, self-directed independent learning and problem-solving.

Teaching, Learning and Assessment Methods

Strengths/Good practices

1. The clerkship has many components and visits to different health providers expose students to the multidisciplinary nature of the health and health care.
2. The family attachment provides an opportunity for students to gain hands-on experience and many relevant skills over a period of time.
3. The scrutiny of examination papers by a Board from two other disciplines, independent double marking of answer scripts and inclusion of external examiners from other universities and Department of Health Services are good practices.

Weaknesses

1. The tutorials are held for large groups and cannot be considered as true small group tutorials.
2. Adequate resources are not available for field based monitoring of the clerkship and family attachment in terms of transport and staff. Thus the field programmes, which are very important for skills development, may not give the expected outcomes.
3. Specific skills assessments are not being carried out, nor are the acquisition of generic /transferable skills assessed.
4. Some of the learning outcomes of skills do not appear to be assessed. For example, objectives 1, 7 and 10 in the old curriculum.

Quality of Students, including Student Progress and Achievements

Strengths/Good Practices

1. The proportion of students referred in Community Medicine under the old curriculum is relatively low and has remained so over the last five batches of students.
2. The proportion of students referred in the DIS and CRL stream assessments are also relatively low.

Weaknesses

1. However, some lack of attention to details was observed in the Family Attachment reports submitted by students, such as inconsistency in the format, and incomplete listing of the objectives to be achieved during the programme.

Extent and Use of Student Feedback

Weaknesses

1. There was no evidence of the Department obtaining regular feedback on curriculum or teaching from students on the old curriculum.
2. The teaching sessions conducted by the Community Medicine Department in the 'Doctor in Society' and the 'Communication, Learning and Research' stream in the new curriculum have not yet been subject to student feedback, nor have individual teachers been assessed so far.

Postgraduate Studies

Strengths/Good practices

1. Postgraduate students/trainees are given ample opportunities to participate in the activities of the Department, including undergraduate teaching, supervision of students in the community during the clerkship and family attachment.

Weaknesses

1. Very small number of postgraduate students/trainees

Peer Observation

Peer observation was not practiced within the Department to assess the quality of teaching.

Skills Development

Strengths/Good practices

1. Both old and new academic programmes are structured in such a way as to provide opportunities for students to develop a variety of skills in addition to subject-specific knowledge.
2. The family attachment in the old curriculum and the CLR of the new curriculum give students a chance to gain hands-on experience to address a given problem and also to develop generic skills.

Weaknesses

1. Supervision of the acquisition of these skills in the family attachment could be improved, especially in the fourth year of study.
2. Students do not appear to have adequate time to benefit much from visits to the Medical Officer of Health, and the antenatal and child welfare clinics because transport problems give student little time to spend during these visits.

Academic Guidance and Counseling

Strengths/Good practices

1. Students are generally satisfied with the assistance and support extended to them by the Department of Community Medicine.

Weaknesses

None at departmental level

Based on the observations made during the visit by the review team and discussed above, the eight aspects were judged as follows:

Aspect Reviewed	Judgment Given
Curriculum Design, Content and Review	Good
Teaching, Learning and Assessment Methods	Satisfactory
Quality of Students, including Student Progress and Achievements	Good
Extent and Use of Student Feedback	Unsatisfactory
Postgraduate Studies	Satisfactory
Peer Observation	Unsatisfactory
Skills Development	Satisfactory
Academic Guidance and Counseling	Good

6. RECOMMENDATIONS

1. The learning outcomes of the Department of Community Medicine should reflect, and be drawn from the learning outcomes of the Faculty's MBBS course.

2. Review team recommends that the manner in which the Department's learning objectives contribute to achievement of the Faculty's institutional objectives and development of the expected graduate be made explicit, especially in revising the curriculum for 3rd and 4th year students.

3. It is recommended that the learning objectives related to generic/transferable skills that are relevant to Community Medicine be identified and consideration given to acquisition and assessment of these skills in the new curriculum.

4. The Department may consider inclusion of true small group learning sessions as part of their teaching/learning methods.

5. It is recommended that the Family Attachment programme be further strengthened by closer supervision and guidance of students in the fourth year, through field-based monitoring and regular student seminars.

6. The assessment system should include appropriate methods to assess both technical and transferable skills.

7. It is strongly recommended that the Department staff consider obtaining student feedback on their teaching programmes, and teaching practices. This could be carried out by the Department and through the activities conducted by the Monitoring and Evaluation Committee.

8. The Department may consider introducing the practice of peer observation within the department, or through the activities of the Monitoring and Evaluation Committee.

9. The problem of transport for students and staff to visit different health service providers and the community for the family attachment needs to be resolved at Faculty/University level.

10. The Faculty may wish to consider setting up a separate unit for counseling of students.

7. ANNEXURES

ANNEXURE 1. PROGRAMME FOR THE REVIEW VISIT

Day 1: Monday, 25.9.2006

9.00 – 9.30 am	Welcome meeting with the Dean and Head of Dept
9.30 – 10.00 am	Discuss agenda for the review
10.00 – 10.30 am	Tea
10.30 – 11.30 am	Presentation on Self-Evaluation Report by Head of Dept
11.30 – 12.30 pm	Discussion of SER
12.30 – 1.30 pm	Lunch
1.30 – 2.30 pm	Meeting with academic staff
2.30 – 3.30 pm	Observation of facilities: department, faculty library, e-library
3.30 – 4.30 pm	Meeting with students in 2nd and 3rd years
4.30 – 5.00 pm	Brief meeting of reviewers

Day 2: Tuesday, 26.9.2006

8.00 – 9.00 am	Observation of teaching: lecture / small group teaching
9.00 – 10.00 am	Observation of documents
10.00 – 10.30 am	Tea
10.30 – 11.30 am	Meeting with Director, MEU and Chairman, Monitoring and Evaluation Committee
11.30 – 12.30 pm	Observe teaching: Discussion with students doing clerkship
12.30 – 1.30 pm	Lunch
1.30 – 2.30 pm	Meeting with non-academic staff of Dept
2.30 – 3.30 pm	Meeting with Senior Student Counsellors regarding academic guidance and counseling
3.30 – 4.30 pm	Meeting with students in 4th year
4.30 – 5.00 pm	Brief meeting of reviewers

Day 3: Wednesday, 27.9.2006

8.30 – 10.30 am	Observation of documents
10.00 – 10.30 am	Tea
10.30 – 11.00 am	Meeting of reviewers
11.00 – 12.30 am	Wrap-up meeting with Departmental staff
12.30 – 1.30 pm	Lunch
1.30 – 4.00 pm	Report writing

ANNEXURE 2. LIST OF PERSONS MET BY THE REVIEW TEAM DURING THE VISIT

1. Dean, Faculty of Medicine, University of Peradeniya

2. Members of the Department of Community Medicine

   Professor of Community Medicine
   Head of Department
   Senior Lecturers – 3
   Lecturers – 2
   Temporary Lecturers – 2

3. Senior Assistant Librarian, Faculty of Medicine

4. Groups of students from 2nd, 3rd and 4th years of study and one postgraduate student

5. Non academic staff members
   Senior Staff Assistant
   Data entry operator
   Technical officer
   Laboratory attendants – 2

6. Chairperson of the Curriculum Coordinating Committee

7. Chairperson of the Z Committee (Monitoring and Evaluation Committee)

8. Senior Student Counselors: 3 of the 5 members