SUBJECT REVIEW REPORT

DEPARTMENT OF PAEDIATRICS

FACULTY OF MEDICINE
UNIVERSITY OF PERADENIYA

5th to 7th June 2012

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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, Sri Jayewardenepura and Kelaniya to undertake a subject review in Paediatrics at the Faculty of Medicine, University of Peradeniya.

The Review Team comprised of:

Prof Manouri Senanayake
Prof Deepthi Samarage
Prof Nilanthi de Silva (Anchor)

Purpose and aims of the review

The subject review was undertaken to evaluate the quality of the Paediatrics teaching programme at the Faculty of Medicine University of Peradeniya. The review visit was carried out by the above team from 5 – 7 June 2012 (see Annexure 1 for programme). The process used was acquisition of additional information through discussion of issues, and gathering of and analysis of evidence. These findings were then compared with the Self Evaluation Report (SER) presented by the Department of Paediatrics. The aim was to use all evidence to make a judgment as required by the Quality Assurance Programme 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 achievement
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 changed its MBBS curriculum recently and students who entered the Faculty from 2005 onwards have been taught according to the new curriculum. All students in the Faculty are now following this new curriculum.

Peer review process

The review processes adopted by the team were:

- **meetings** with the Dean of the Faculty; Director, Medical Education Unit, Head of Department; academic and non academic staff in the Department; undergraduate and postgraduate students (see Annexure 2 for the complete list of persons met during the visit).
- **observation** of teaching/evaluation sessions – one lecture for 4th year students, bedside teaching in the ward; ward classes; teaching in the ambulatory care setting for final year students

- **inspection** of academic facilities: lecture halls, seminar rooms, clinical skills laboratory, learning support facilities (library and e-library), and wards in the Peradeniya Teaching Hospital
- **perusal** of documents (curriculum documents, timetables, handouts & lecture notes, examination papers, Departmental meeting minutes, research publications, samples of answer scripts etc.).

The Review Team wishes to note that it was not possible to observe teaching activities as recommended in the QA Handbook because of a strike by the non-academic staff during the 2nd and 3rd days of the review visit.

2. HISTORY OF THE UNIVERSITY, THE FACULTY AND THE DEPARTMENT

The University of Peradeniya is the largest residential campus in Sri Lanka. The university celebrated 50 years of its existence in 2002. It was originally a part of the University of Ceylon in Colombo established under the Ceylon University ordinance No. 20 in 1942, and shifted to Peradeniya in 1952. At present the University has eight Faculties.

The Faculty of Medicine at Peradeniya was opened in 1962 as the second medical school in the country to meet the increasing demand for medical education. It registered the first group of students the same year and functioned as an appendage of the Faculty of Medicine, Colombo. In 1967 it became autonomous electing its own Dean. The Teaching Hospital, Peradeniya which offers the facility for final year clinical training was commissioned in 1981. The Faculty is committed to excellence in medical education, research and community service and has annual student intake of two hundred which includes a significant number of overseas students.

The Department of Paediatrics was founded in 1964 and has evolved from its humble beginnings to encompass broader dimensions of the 21st century. The past and present staff of the Department both academic and non academic have contributed to the success of this journey and brought the Department to its present status.

The present academic staff consists of 3 professors, 3 senior lecturers and 2 lecturers. The two lecturers are both currently on overseas training in the UK. The Department has a special interest in Paediatric Nephrology and is the only unit providing Paediatric renal transplant services to the country. The academics provide honorary clinical services to the Teaching Hospital, Peradeniya and provide expertise to the Paediatric wards (which have bed strength of more than hundred), the neonatal intensive care units, postnatal wards and number of General Paediatric and Special Paediatric clinics. The staff has interests in specialized areas of Paediatrics, is engaged in research and makes contributions at regional and national level to improve child health services.

The non-academic staff members consist of a Senior Staff Technical Officer and a Staff Technical Officer (both of whom have been seconded to the Pathology Laboratory of the Teaching Hospital Peradeniya on full-time basis); one Senior Staff Assistant; one Laboratory Assistant; and one Labourer.

Physical Facilities

The Department offices are located in a temporary building that houses other clinical Department offices as well. At the present site, the Department is able to provide each academic staff member with an office room equipped with a computer and internet connection.

The Faculty's medical library has lending and reference collections within the main reading area, and provides reading facilities for students. The Faculty library is mainly used by medical & dental undergraduate students and staff of the Medical and Dental faculties, while postgraduate trainees, doctors and post graduate research students also have limited access to the facilities. The library has a collection of about 900 volumes relating to the subject of Paediatrics.

The e-library in the Faculty has 40 computer terminals that serve as student access points. However, at present the e-library does not contain any learning materials that have been developed by the Paediatrics Dept staff or that deal with topics directly related to Paediatrics.

The Clinical Skills Laboratory has one neonatal manikin that can be used for teaching resuscitation skills. However, at present there is no organized programme for undergraduate students to acquire paediatric skills in the Clinical Skills Laboratory.

3. AIMS, LEARNING OUTCOMES AND PROGRAM DETAILS

3.1. Aims

The Aims of the Department are to:

- To provide a friendly, supportive Departmental environment that is conducive to effective teaching and learning.
- To provide a Departmental structure that is efficient in organizing teaching/ learning activities, assessment and review.
- To equip the students with the knowledge, skills and desirable attitudes in child health necessary for them to function as independent medical practitioners at the primary health care level and/or pursue post graduate education subsequently contributing to secondary and tertiary health care
- To guide intern medical officers, junior doctors and postgraduate trainees to critically evaluate patients and manage them with the available resources.
- Guide the junior doctors in their career development
- To support and guide academic staff in their career development, including research.

3.2. Learning Outcomes

As stated in the Self-Evaluation Report, the desired learning outcomes under the new MBBS curriculum are as follows:

On successful completion of training the student should be able to

1 Recall the following aspects of knowledge with regard to common neonatal and paediatric problems.

   - Anatomical, physiological and biochemical basis of disease

- Aetiology and pathogenesis
- Impact of physical and socio cultural environment
- Important pathological aspects
- Clinical features
- Complications
- Differential diagnosis
- Laboratory and special investigations
- Current management options
- Management within the resources available in Sri Lanka.
- Natural history and prognosis
- Methods of prevention
- Prevalence and incidence

2. Diagnose, manage and follow up common diseases in neonates and children in a primary health care setting
3. Manage common paediatric emergencies
4. Write clear and meaningful notes on BHTs, referral letters and transfer forms
5. Communicate (verbal and written) effectively with colleagues, nurses, community health workers, patients, parents and care takers.
6. Contribute effectively to the team he/she is attached
7. Develop good communication skills and advice on the following aspects of health in a primary health care setting.
   - Breast feeding
   - Childhood nutrition
   - Immunization
   - Growth and development
   - Child rearing practices
   - Prevention of illness
   - Health promotion
   - Family planning
8. Critically analyze and adopt a scientific approach in offering solutions to new problems he/she may encounter among individual patients or in the society
9. Independently /under guidance attend programmes of continuous medical education and professional development to enable him/her to further his/her knowledge on current practice.
10. Demonstrate professionalism, a patient centered approach and empathy in his/her day to day activities.

4. FINDINGS OF THE REVIEW TEAM

4.1. Curriculum Design, Content and Review

Curriculum design

Students are following an integrated module system curriculum which has been introduced in 2005 and are exposed to Paediatrics early (in the first and second year) along with the basic

science subjects. This takes place through the Growth and Development module and within two other modules. Most of the inputs are delivered as didactic paediatrics lectures during the fourth year and a few lectures spill over into the final year. In the final year conventional teaching in a room in close proximity to the ward continues but is complemented by more focused clinical teaching and the students are provided with more time to engage in clinical work in the wards.

The two clinical appointments in the 3rd and 4th years of four weeks duration each are designed to expose students to hospital paediatrics at non-tertiary and tertiary care settings.

Attempts have been made in the new curriculum for more student-centered teaching methods such as Case based discussions, student seminars and group presentations.

Community and family based teaching activities which were present in the old curriculum are no longer present and the increasing numbers of students, financial and resource constraints have contributed to this difference.

Curriculum content

Currently with the integrated modular system, teaching of concepts of paediatrics and child health commences in the first year and it is attempted to show the clinical relevance of the basic sciences from 1st year onwards. The student is guided towards learning the basic skills of clinical paediatrics during the introductory clinical appointment at the beginning of the third year. Two clinical appointments of one month each during the third and fourth years expose the undergraduates to a wide range of common paediatric disorders. The final eight week block-release professorial appointment provides the opportunity for students to consolidate their learning objectives and be competent to work as primary care practitioners.

Paediatric teaching in the integrated modules is limited to three modules i.e. Growth, Development, Nutrition and Aging, Excretion and Reproduction, Endocrine Functions, Homeostasis & Metabolism. There is room for more integration.

Content delivered in the introductory clinical appointment is based on a few essential areas such as Introduction to Paediatrics, History taking, Examination of systems, Routine newborn examination, and Exposure to a Well Baby Clinic.

Lecture topics and coverage of content areas is appropriate for an undergraduate curriculum. Basic life support paediatric emergencies and management of birth asphyxia are currently delivered through lectures and the Department plans to include these content areas as skills development with hands-on training in the future.

Curriculum review

In 2005 the Faculty has introduced the integrated modular system. It was noted by the review team that the major curricular revisions had taken place under the leadership of Prof Ananda Wijekoon, Professor of Paediatrics, who was also the Dean at that time.

A committee appointed by the Faculty has had series of meetings, workshops and discussions before finalizing new curriculum and all members from the Department have participated in

the process actively. Currently one academic member is chairing the Growth and Development module of the curriculum.

A formal workshop was conducted in 2008 with the participation of the extended staff of the Department to reorganize the major clinical appointment to facilitate better learning. Learning objectives, assessment methods, evaluation of student feedback were some of the areas that were revisited.

In 2011 the Department has participated in a curricular review to evaluate its strengths in teaching Family Medicine and hope to introduce the teaching of Family Medicine concepts.

Academics from the Department participate at monthly Curriculum Development Committee (CDC) meetings held at Faculty level.

The organization of the final year professorial unit appointment has been reorganized one year ago. No other major reviews of the paediatric curriculum appear to have taken place since the overall curricular revision in 2005.

4.2. Teaching Learning and Assessment Methods

Teaching and Learning methods

Since the undergraduate curriculum revision in 2005, teaching of paediatrics starts in the integrated modules but this takes place only in three of the ten modules of the Scientific Basis of Medicine Stream. This can be further enhanced and broadened. At present the three modules in which paediatric topics have been included vary in the proportion of content covered and time allocations to paediatrics. As is to be expected, the Growth and Development module has a large paediatric component.

Final year students were able to recall and had understood the clinical relevance of many of these teaching sessions. Students mentioned isolated teaching/learning activities that were in modules, including one that was not in the modules mentioned in the SER- i.e. Clinical Cases of Relevance on Paediatric topics such as Surfactant deficient disease in the Respiratory Module and appeared to have benefitted with such teaching. However several modules in which Paediatrics could have been incorporated, for a more meaningful learning experience, had not been utilized. The academic staff agreed with the review team that this was a weakness and explained the reason for this as being one of staff shortage at the time the module contents were decided on. The main thrust of the theoretical inputs in paediatrics takes place in the 4th and 5th year lectures.

Exposure to common clinical conditions seen in paediatrics takes place in the 3rd and 4th years in the two clinical rotations of four weeks each and clinical skills are acquired within these two appointments following a brief introduction in the introductory appointment. The 3rd and 4th year appointments are supervised by the Ministry of Health Consultants but there is no student evaluation or assessment of progress at the end of these two appointments. Preparation for the Professorial appointment is further strengthened by Faculty based teaching in the 4th year, which takes the form of lectures.

The final year Professorial appointment provides further opportunities of acquiring knowledge and skills in paediatrics through a well organized and structured program that runs

through eight weeks. Academic staff contribute actively to provide close supervision of the students – who are allocated to a given academic staff member in a small group. The small group size is strength. This permits student progress to be assessed at even on individual level and for corrective measures to be offered when any weakness is identified. The students receive training in several different clinical settings- in-ward, General Paediatrics and specialized clinics, neonatal units and postnatal wards.

The method of teaching/learning ambulatory paediatrics is particularly commendable since the small group size in clinic settings which are consultant-led provides good staff-student interaction. The daily schedule of clinics attracts a relatively lesser number of patients per clinic. This results in a conducive learning environment that is not overcrowded and noisy.

A ward based teaching session that was observed took the form of a short case where physical examination skills were observed by a senior lecturer. Provision for feedback by peers and teachers, opportunity for role play and a student centered approach were strengths. Active involvement and engagement in thinking through a clinical problem/scenario was achieved cleverly by the senior lecturer. Attempts were also made to teach good communication at the bed side which was strength in the teaching.

The two wards of the University unit provide a wide range of clinical material and the daily admission rate is adequate for a stimulating and comprehensive leaning experience. This strength is also present for the exposure to neonates - who are well or sick. Recently the staff has identified the need to further the exposure of students to neonatology and have arranged the Professorial appointment in such a way as to achieve this. All students have a session with the lactation management team when in the neonatal side. Current practices in child care are up to date in this unit. This is strength.

A shadow house officer program is meant to prepare them for their post graduate work as an internee but procedural clinical skills such as performing venepunctures, setting up blood transfusions or intravenous drips are not included in the clinical training in the final year.

Equipment and a manikin for training neonatal resuscitation/ life support are available in the skills laboratory but appeared to be limited and underutilized for undergraduate training. The Faculty has strength in Advanced Paediatric Life Support but this strength has not been transmitted to the undergraduate training. This is a weakness that can be rectified by including a one to one training on neonatal resuscitation using the available manikin, within the two weeks of Neonatology in the final year.

The teaching of Paediatrics is almost entirely hospital based. There is no visible program to provide exposure to social Paediatrics at field level. This did not appear to be present within the Community Medicine component of the curriculum either and is a weakness which the staff said was due to logistical difficulties of transport to a field setting. However the Paediatrics Department has considered including Family Medicine concepts into their teaching program but the SER does not contain any specific teaching methodology that is planned for the future.

Varying teaching methodologies are adopted within the final year appointment such as role play, student seminars etc and active participation of these were evident. Students seemed to enjoy these activities which were delivered in innovative ways.

There appeared to be little or no utilization of e-learning material in delivering the subject matter of Paediatrics at any level.

The entire clinical training program in the final year (i.e Professorial Paediatric appointment) is well organized and implemented. Although there is no documented overall schedule or timetable for reference by students, they are made aware of this program verbally at an introductory talk by the Head of Department on the first day of the appointment.

Assessment Methods

At the end of the month long Introductory Clinical appointment (during which one week is spent introducing the subject of Paediatrics) a 20 station OSCE is held where 5 questions are from Paediatrics. This assessment is purely formative and a feedback of performance is given to students.

There are no assessments included at the end of the 3rd and 4th year clinical appointments.

During the Professorial appointment, continuous assessments provide 20% of the total paediatrics mark. This consists of an assessment containing a clinical component (one long case and two short cases per student) which is designed to mimic the Final Year clinical exam and is termed the Mock examination. Extended Faculty staff participate in this continuous assessment which is also utilized as a useful forum for feedback of student progress as well as peer observation. The marks obtained at this clinical assessment contributes 5% and a 20 question MCQ paper held at end of Professorial contributes a further 5% of the total final mark in Paediatrics. Attendance is given 3% and Performance and Attitude is assigned another 7%. All staff members are involved in deciding on the continuous assessment mark given for Performance and Attitude and is based on day to day workplace conduct of the student. This assessment method appeared transparent and fair.

Some attempts are being made to enlist the assessment of patients/parents on the students too.

The Final year examination consists of common MCQ paper, a written paper and a clinical exam consisting of short cases and a long case. Conduct of clinical examination is carried out in a well organized manner with the participation of members of extended Faculty and members of the other Medical Faculties.

The written paper consists of both structured and essay questions**.** The latter questions were designed to assess the student's ability to construct their answers in a logical and sequential order but the open ended nature of this type of questions reduced the ability to be an objective and reliable assessment tool. Difficulties in devising a model answer to this type of question reduce the strength of this type of assessment. However this type of question is generally restricted to one or two per paper.

The staff does not appear to use an assessment blue print in setting questions. However they are aware of the need for same but perhaps require further guidance from the medical education unit in its development.

4.3. Quality of Students, including Student Progress and Achievements

The Faculty has no control over the selection of students since this is done by the University Grants Commission, which assigns students to the Faculty. Paediatrics is a compulsory subject, taken by all students who have successfully made it to the final year of study.

According to data presented in the Self-Evaluation Report, the pass rate in Paediatrics in the Final MBBS examination has been in the range of 80 – 90% in the past few years, which is very satisfactory in the opinion of the reviewers. At present all graduates are offered posts as probationary medical officers in the Ministry of Health after completion of the 12-month period of internship.

No information was presented to the Review Team regarding the uptake of Paediatrics as a specialty by graduates of the Faculty, in the time period under review.

Undergraduate students have excelled at the annual Inter University Paediatric Quiz organized by the Sri Lanka College of Paediatricians and the staff are actively involved in improving student quality of performance at this competition.

4.4. Student Feedback

The Department has the good practice of obtaining student feedback on a regular basis. Formal feedback is obtained through feedback evaluation forms after lectures.

Student feedback forms for lectures are appropriately designed to cover the important aspects such as content, clarity, relevance, speed of delivery and overall performance on a scale of 1-5.

Evidence for the frequency of obtaining feedback could not be assessed by perusing stored data but it appeared that students completed such forms frequently.

The Department also obtains formal student feed back at the end of appointment. This consists of overall teaching program of the Department and the teaching style etc of individual teachers. The questionnaire (feedback form) is pre prepared by the Department and given to students at the beginning of the appointment so that they have an idea as to what aspects of teaching need analysis and give anonymous feedback.

Analysis of the feedback is carried out by the clerical staff of the Department. Individual teachers read the student feedback on their performance and any weaknesses/ deficiencies identified discussed informally at Departmental level. Such feedback has been constructively used by some senior and recently recruited lecturers who have thereafter reduced their speed of presentation etc.

Student evaluation of Ward classes, ward rounds and clinics are mostly at the end of appointment through informal group discussions. Students are encouraged to suggest improvements or voice their opinion on shortcomings of the programme.

The review team was provided with completed student feedback forms on each and every staff member. Follow-up action had been taken by staff subsequent to such feedback. This included the introduction of the shadow house officer component.

The review team is of the opinion that the staff is student friendly and the Department provides an appropriate and stress free learning environment. The students were appreciative of the efforts of the staff.

4.5 Postgraduate Studies

This Professorial unit maintains a good reputation as a postgraduate training center for the MD examination in Paediatrics and currently has four postgraduates in training. It is also the only training center for paediatric nephrology in Sri Lanka, and has to date provided such training successfully for several trainees in nephrology.

The postgraduate training takes place to the satisfaction of the allocated trainees with dedicated teaching sessions at the rate of three per week. These sessions (Grand ward rounds, radiology meetings and weekly journal club/case discussions) have active participation by the trainees. Grand ward rounds are organized on a rotational basis and conducted together with the training units in Kandy and Sirimavo Bandaranaike Children's Hospitals (SBCH). All paediatric PG trainees in Kandy and Peradeniya participate and many of the academic staff attend these classes even when held in Kandy or SBCH.

Two of the current postgraduates have had research projects accepted for presentation as free papers at the Kandy Society of Medicine. The staff has made attempts at increasing the research output although the trainees remain somewhat slow and hesitant in this aspect.

There is no academic staff members registered for any research degree, but it is expected that one of the probationary lecturers who are currently overseas may do so in the near future. However the research output in the field of paediatric nephrology is strength and has received international recognition. This area of research and service has spearheaded and provided a much needed clinical service at national level.

Two academic staff members are supervisors of one MSc and one MPhil by students of the Postgraduate Institute of Science and of the Allied Health Sciences Faculty.

4.6 Peer Observation

The Department has a sound understanding of peer observation processes and all have been exposed to training on peer observations, particularly during the training for probationary academic staff, conducted by the Medical Education Unit. When a new lecturer is appointed the Head of the Department observes a few lectures and a feed back is given for improvement. Advice on various aspects of teaching is obtained at informal discussions among the teachers in the Department.

Junior staff members are mentored by the seniors in the practice of setting examination questions, and in marking answer scripts. In putting together examination panels for clinical exams, a junior academic staff member is always paired with a senior, more experienced examiner.

Combined ward rounds and weekly 'Difficult case' discussion meetings that are held as part of the postgraduate training program also provide opportunities for peer observation.

Extended staff of the Department is examiners in the regular end of appointment evaluation as well as the Mock examination. They provide useful observations on the teaching and assessment of students and informal feedback is obtained.

There is no mechanism in place for a formalized peer review of lectures, clinical teaching or assessment process.

However, several informal practices enable academic staff to learn the strengths and weaknesses of each other. Informal discussions are held within the Department very frequently at lunch time as all the academic members have a healthy practice of having lunch together.

4.7. Skills Development

The Department has identified a list of procedural skills that the students should develop competencies. Presentation skills and communication skills are developed throughout the study course.

However the opportunities to develop some of the competencies of clinical relevance such as venepunctures are minimal or absent during the clinical appointments.

The communication skills development is given adequate emphasis through the activities in Communication Learning and Research stream where members of academic staff of Paediatrics also have active involvement as well as in the clinical settings.

Communication skills development also given emphasis during the student seminars/role plays during the final year professorial paediatric appointment.

There is no assessment of communication skills in a formalized way.

Life support skills and skills in handling emergencies are currently taught only in didactic lectures. Skills lab in the university is not utilized properly and the manikins are inadequate to conduct proper skills training for undergraduates.

The paediatric program itself does not demand or encourage IT skills for information gathering or dissemination. Enhancing the use of the e-library by placing learning material electronically is an area that needs attention.

4.8. Academic Guidance and Counselling

Students who perform poorly during the final year clinical appointment in terms of developing clinical skills in history-taking and examination are identified and referred to one of the Departmental staff for remedial action.

Students who fail the Final MBBS examination in Paediatrics are expected to meet the Head of Department on a given date. They are then informed regarding the exam components where they have failed to meet the required pass mark. Where necessary students are given the opportunity to work with staff to acquire skills in answering written papers, and strengthen their clinical skills through an additional period of training in paediatric wards. Attempts are made to provide such training in a paediatric unit of the student’s preference, in

instances when retraining with junior batch students is not favoured by the underperforming candidates.

5. CONCLUSIONS

1. Curriculum Design, Content and Review

Strengths/good practices:

1. Clinical relevance is made obvious from the very beginning of the MBBS course through the Clinical Cases of Relevance, which include Paediatric cases.
2. There is an Introductory Clinical Appointment of 4-weeks at the beginning of the 3rd year clinical rotations, to facilitate students in learning clinical skills.
3. Training in both peripheral hospitals and tertiary care hospitals is built into the 3rd and 4th year clinical rotations in Paediatrics.
4. The Communication Learning and Research (CLR) stream emphasizes communication skills and provides students with continued opportunities for acquiring these skills.
5. The learning objectives and content areas are comprehensive and pitched at an appropriate level for undergraduate medical students.

Weaknesses:

1. There is no provision for community-based teaching learning activities relating to child health issues.
2. Major modules like the Cardio-Respiratory System, and the Gastro-intestinal system lack a paediatric input.
3. There is no provision for students to acquire skills in neonatal resuscitation and life-support systems, although the equipment and human resources are available.

2. Teaching, Learning and Assessment Methods

Strengths/good practices

1. The Introductory Clinical Appointment in the 3rd year is conducted by Professorial Unit staff.
2. The Department has created a relatively stress free learning environment for final year students.
3. The final year 8-week appointment is organized so that students are taught in small groups.
4. Students are given opportunities to learn in a variety of different clinical settings, including an excellent ambulatory care setting.
5. Current paediatric practice in the Teaching Hospital is very up-to-date, and so students have the opportunity to learn modern practice.
6. Bedside teaching is conducted in such a way that all students engage actively in the learning process.

7. Students are allocated marks (as part of the continuous assessment) based on workplace practice as judged by all teachers in the Professorial Unit.

Weaknesses

1. There is insufficient emphasis on the learning of day-to-day procedural skills such as setting up a intravenous infusion, venepuncture, etc.
2. Non-utilization of electronic learning resources
3. Absence of any form of summative assessment in paediatrics in the 3rd and 4th years
4. Lack of an assessment blue-print for the Paediatrics examination in the Final MBBS exam.
5. Non-utilization of an objective clinical assessment tool such as OSCE in summative assessment of students
6. Reliance on open ended essay type questions that are limited in making a reliable or objective assessment

3. Quality of Students Including Student Progress and Achievements

Strengths/good practices

1. The overall performance of students is satisfactory.
2. The pass rate is good.

Weaknesses

1. None of note.

4. Extent and Use of Student Feedback, Qualitative and Quantitative

Strengths/good practices

1. The mechanisms are established for obtaining formal student feedback on lectures and clinical teaching on a regular basis.
2. Teachers review student feedback and act on it.

Weaknesses

1. None of note

5. Postgraduate Studies

Strengths/good practices

1. The Department has the only postgraduate training unit in Paediatric Nephrology that is recognized by the PGIM.
2. Postgraduate students are provided with a range of opportunities for learning, through different activities such as a combined grand ward round, journal clubs, discussion of difficult cases, and supervised research projects.

3. Academic staff regularly engages in supervision of undergraduate student research projects.
4. Academic staff members are engaged in supervision of some graduate research students.
5. The Department has a reasonably good research output.

Weaknesses

1. None of the academic staff have a postgraduate research degree.

6. Peer Observation

Strengths / Good practices

1. Informal practices within the Department enable junior academic staff to learn from their senior colleagues, regarding teaching and assessment of students

Weaknesses

1. No organized scheme for peer observation within the dept. despite awareness of the process.

7. Skills Development

Strengths/good practices

1. Students are provided with adequate opportunities to acquire clinical skills as well as communication skills.

Weaknesses

1. Inadequate emphasis on acquisition of clinically important procedural skills.
2. There is no hands-on life support skills training
3. There is no assessment of communication skills.
4. Little encouragement for students to acquire skills in using IT for information gathering

8. Academic Guidance and Counseling

Strengths/good practices

1. Students who underperform during the final year appointment are identified and mentored by Departmental staff.
2. Students who fail the final MBBS examination are given additional support in several different ways.

Weaknesses

1. None of note.

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	Satisfactory
Teaching, learning and assessment	Good
Quality of students, including student progress and achievement	Good
Extent and use of student feedback	Good
Postgraduate studies	Good
Peer observation	Satisfactory
Skills development	Satisfactory
Academic guidance and counseling	Good

6. RECOMMENDATIONS

At Departmental level

1. The Department may wish to consider modifying their teaching schedule in the final year in order to ensure that all students are given the opportunity to acquire skills in neonatal resuscitation and life support systems in the Clinical Skills Laboratory.
2. The Department should consider giving greater emphasis on students' acquisition of procedural skills that are important in day-to-day paediatric practice.
3. The Department might consider the introduction of some form of summative assessment to evaluate students' clinical skills in the 3rd and 4th years of study; the utilization of an OSCE in assessment of students' clinical skills; and assessment of students' communication skills
4. The Department should develop a master blue print for assessment of final year students, and use this blue-print in setting examinations.
5. The Department should consider setting in place some formal arrangement for regular peer observation of teaching by its academic staff.
6. The Department should encourage at least one of its academic staff to acquire a postgraduate research degree in addition to professional qualifications.

At Faculty level

1. The Faculty may wish to consider how the curriculum may be revised to include provision for community based teaching regarding child health issues.
2. The Faculty may wish to consider how paediatric topics can be further integrated into the modular teaching in the Scientific Basis of Medicine stream.
3. The Faculty may wish to consider how students can be encouraged in self-directed learning especially through utilization of electronic learning materials.

7. ANNEXES

Annex 1. PROGRAMME FOR THE REVIEW VISIT

Day 1: Tuesday 5th June 2012

09.00 - 09.15 am	Arrival of the Review Panel and meeting with the QA Consultant
09.15 - 10.30 am	Discussion of agenda for review visit and presentation of self-evaluation report
10.30 – 11.30 am	Meeting with non-academic staff
11.30 – 12.30 pm	Observation of facilities: medical library, e-learning centre
12.30 - 01.00 pm	Lunch
01.00 – 01.30 pm	Observe teaching: Lecture on Fluid and Electrolytes for 4th year students, Prof Asiri Abeygunawardana
01.30 – 02.30 pm	Observation of facilities: clinical skills lab
02.30 - 03.30 pm	Meeting with final year students
03.30 – 06.30 pm	Meeting of reviewers

Day 2: Wednesday 6th June 2012

09.00 – 09.30 am	Observation of teaching – ward round bedside teaching – Dr R Mudiyanse, final year students
09.30 – 10.30 am	Observation of facilities – Paediatric wards and other units in Peradeniya Teaching Hospital
10.30 – 11.00 am	Observation of teaching – General Paediatric Clinic conducted by Dr Heshan Jayaweera, final year students
11.00 – 12.00 pm	Observation of documents
12. 00 – 1.00 pm	Meeting with academic staff
1.00 – 2.00 pm	Lunch
2.00 – 3.00 pm	Meeting with postgraduate students
3.00 – 4.00 pm	Meeting of reviewers

Day 3: Thursday 7th June 2012

09.00 – 11.30 am	Observation of documents and report writing
11.30 – 12.30 pm	Wrap-up meeting
12.30 pm	End of review visit

Annex 2. LIST OF PERSONS MET BY THE REVIEW TEAM

1. Dr. A G. Buthpitiya, Dean, Faculty of Medicine
2. Prof. Asiri Abeygunawardena, Head, Paediatrics
3. Prof Ananda Wijekoon, Professor of Paediatrics
4. Dr Rasnayake Mudiyanse, Senior Lecturer in Paediatrics
5. Dr. Thushara Kudagammana, Senior Lecturer in Paediatrics
6. Dr. Heshan Jayaweera, Senior Lecturer in Paediatrics
7. Dr. Kosala Marambe, Director, Medical Education Centre
8. Ms S. V. Padmalatha Menike, Senior Staff Assistant
9. Mr B. M. Seelaratne, Laboratory Attendant
10. Mr. N. H. Upali Wijeratne, Labourer
11. Ms. C.S. Herath, Technical Officer
12. Ms C.K. Rajanayake, Technical Officer

Postgraduate students

13. Dr P.K.G. Gunathilaka – Registrar
14. Dr P.R.D. Ranawaka – Senior Registrar, Paediatric Nephrology
15. Dr K.M.S.K. Bandaranayake – Registrar
16. Dr D.M. W.W. Bandara – Senior Registrar, General Paediatrics
17. Dr Deshan Adihetty – Registrar

Final Year Undergraduate students