SUBJECT REVIEW REPORT

DEPARTMENT OF FAMILY MEDICINE

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF SRI JAYEWARDENEPURA

28th to 30th January 2009

Review Team :

Prof. (Ms.) Nandani de Silva, University of Kelaniya
Dr. (Ms.) Manel Goonasekera, Rajarata University of SL
Dr. Indika Karunathilake, University of Colombo
Dr. Dennis Aloysius

CONTENTS

1. SUBJECT REVIEW PROCESS

In keeping with the Quality Assurance and Accreditation (QAA) framework currently implemented in the University system in Sri Lanka, the Quality Assurance and Accreditation Council of the University Grants Commission (UGC), Sri Lanka appointed a panel of reviewers to undertake a subject review of the Department of Family Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura.

The Review Panel comprised the following members.

Prof. Nandani de Silva, Professor of Family Medicine, University of Kelaniya and Vice Chancellor, Open University of Sri Lanka

Dr. Dennis J. Aloysius, Family Physician and member of the Board of Study in Family Medicine, Post graduate Institute of Medicine (PGIM)

Dr. Manel Goonasekera, Dean, Faculty of Applied Sciences, Rajarata University of Sri Lanka

Dr. Indika Karunathilake, Director, Medical Education Development and Research Centre, Faculty of Medicine, University of Colombo

The purpose of the subject review was the evaluation of the quality and effectiveness of the study programme of the Department of Family Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura. This was carried out during the site visit by the review team from 28th to 30th January 2009. The findings were compared with the Self Evaluation Report (SER) presented by the Department. The aim was to express judgments as required by the QA Programme on the quality of the eight aspects listed below.

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 Counselling

The review processes adopted were:

Meetings with;

- The Dean and the Head of the Department
- Departmental academic staff
- Non academic staff which included technical staff and nursing sister
- Undergraduate and postgraduate students

Observation of;

- Teaching/learning sessions (class room teaching and clinical teaching)

Inspection of;

Academic facilities and Learner support facilities

Perusal of documents (handbooks, curriculum documents, reports, records, examination papers, feedback forms, analysis of results)

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

The University of Sri Jayewardenepura had its origins in the Vidyodaya Pirivena, which was founded as a centre of learning for Buddhist monks. This Pirivena became the Vidyodaya University in 1958, the Vidyodaya Campus of the University of Ceylon in 1972, and later the University of Sri Jayewardenepura in 1978.

The post-1978 period witnessed considerable expansion of the University of Sri Jayewardenepura and as a result the number of Faculties now stands at five, with a Faculty of Medical Sciences, and a Faculty of Graduate Studies being added to the long standing Faculty of Arts, Faculty of Applied Science, and Faculty of Management Studies and Commerce. The Faculty of Medical Sciences of the University of Sri Jayewardenepura was established in 1992 under the Universities Act No.16 of 1978 order (under section 21) as the sixth medical school out of the eight in Sri Lanka. There are sixteen departments in the faculty and it is situated within the main University campus.

In 1993, Family Medicine was included in the curriculum of The Faculty of Medical Sciences. Starting off as a department of Community Health in 1993, the department was re-named as the department of Community Medicine and Family Medicine later. In 1996 the objectives of teaching and learning in Family Medicine were redrafted in the form of sixteen general objectives. For each of these objectives, the knowledge, skills and attitudes to be acquired by the learner were stated. The methods of teaching to be used for acquiring each objective were also determined.

By this time the Faculty of Medical Sciences had realized the need and approved of a University based Family Practice Centre which would serve the purpose of teaching students while providing a primary medical care service to the villagers around the University.

In 1997 more definite plans for teaching Family Medicine were made and the University Family Practice Centre was established. The centre was managed by the two Family Medicine teachers of the Department. A system of referral was set up with the University Professorial units. The clinical training programme began on 1st of October 1997 for the first batch of medical students (1991 / 92).

In 1997 family practice clinical tutors from general practices in the community, were invited to join as extended faculty members. Over the years several general practitioners joined the programme. In May 2002 an Academic Consultative Committee for teaching Family Medicine was established. The main objective of this committee was to improve and carry on the existing Family Medicine Programme and also give due recognition to the extended faculty members.

At present, the permanent academic staff in the Department comprises one Professor, one Senior Lecturer who is the Head of the Department and 2 probationary lecturers. The rest of the staff consists of one Nursing Sister, three Technical Officers, one Laboratory Attendant and one Labourer.

Each year a batch of approximately 150 students enter the faculty to follow the MBBBS degree program. Since its inception in 1993 the faculty has been adopting a traditional highly compartmentalized subject based curriculum and at present the faculty is in transition to a more student centered, integrated system based new curriculum. The new curriculum commenced with the intake of students in 2007 and presently there are four batches of students following the old curriculum and two batches of students following the new curriculum. According to the old curriculum teaching Family Medicine began in the fourth year and continued to the final year. In keeping with the new curriculum the students follow the subject of Family Medicine from their third year onwards. A clinical attachment of one month duration in Family Medicine, is included in the professorial appointments of the final year.

3. AIMS AND LEARNING OUTCOMES

3.1. Aims

As stated in the Self Evaluation Report, the Department aims to provide the basic knowledge, skills and attitudes required to deliver primary medical care within the principles of family practice.

The Department aims to provide;

- a program designed to achieve the institutional objectives of the faculty with a variety of learning experiences to strengthen the delivery of primary medical care by the graduate with emphasis on continuing and personalized care
- learning opportunities within the programme to enable them to set up their own practice and be self employed after registration with the Sri Lanka Medical Council.
- opportunities to develop and strengthen clinical and communication skills.
- a friendly non-threatening pleasant atmosphere conducive for adult learning.
- support from teaching staff in career development including training, discussions, feedback and advice.
- a review of course structure with regular feedbacks from students and teachers of the extended faculty.
- sustainability of the programme through good relationships with community general practioners where hands on experience in general practice is provided.

3.2. Learning Outcomes

On successful completion of the program, the medical graduate would be able to

- respond to persons of any age and of either sex, seeking health care in the context of family, home and community.
- establish good doctor–patient relationships and communicate effectively (be able to listen , understand and be understood)
- make a clinical diagnosis / problem definition and make a plan of management

- provide very personalized health care, giving much consideration to social, cultural and behavioral issues.
- assess a person in physical and psychosocial dimensions in both diagnosis and management.
- negotiate the plan of management with the patient and often the family as well, and ensure compliance.
- prescribe rationally and effectively.
- integrate curative with preventive and health promotive aspects of care at every opportunity and also carry out organized disease preventive and health promotive procedures.
- maintain continuity of care through health and illness, during follow up and rehabilitation, and even during the process of referral to other health professionals.
- consult and refer when necessary in a proper manner.
- work together with other health professionals when care of a patient has to be shared in specific instances.
- coordinate a person's total health care and sometimes that of the family as well.
- provide care for the patient and / or family in any special need or family crisis.
- community care through individual and family care.
- use a system of medical recording effectively.
- carry out research in primary medical care

These learning outcomes are measurable, broad and describe what the graduate should be able to do at the end of the course.

4. FINDINGS OF THE REVIEW TEAM

4.1. Curriculum Design, Content and Review

The curriculum is based on broad measurable outcomes defining the expected level of performance of the undergraduate. Learning outcomes are aligned with institutional objectives. Specific objectives, content, teaching/learning methods are aligned with outcomes.

There were frequent reviews of the curriculum, both formal and informal. Expert advice and support of visiting professors from overseas were obtained in reviewing the curriculum. An academic consultative committee also meets once a year to review the programme. Communication of curriculum details is facilitated by the availability of guidelines for tutors and student handbook.

Documentation of curriculum development and review process is an area for improvement. A reluctance to change initial curriculum outcomes was noticeable. Some of the students were not familiar with the learning objectives

The content though fairly adequate lacked common presentations met with in general practice. For example, detection and management of psychological illnesses in patients who somatize their underlying psychological distress which account for around one third of consultations in general practice was not mentioned in the content or learning objectives in the SER and other documents available.

In relation to the curriculum design, content and review, the judgment of the team is GOOD.

4.2 Teaching, Learning and Assessment Methods

A wide range of teaching / learning methods are used in the teaching programme and include lectures, tutorials, practical classes, small group discussions (SGD), student presentations and seminars. These teaching methods are envisaged to achieve the stated learning objectives. The learning environment comprised of several well equipped and spacious laboratories and clinical settings.

Availability of a well established purpose-built family practice training centre and enthusiastic and motivated group of General Practitioner (GP) tutors facilitate clinical training and achievement of outcomes. The clinical training programme is systematic and well planned.

Medical records for individual patients and age sex registers and disease registers are being maintained. However, they had not been updated recently due to shortage of human resources. According to available records the caseload was adequate. However, most patients present during the review days were adult patients and what proportion of children attend the clinic was not evident. It is possible that this was due to the fact that the patients had been told that the clinic would not be functioning as usual during the review days resulting in atypical patient attendance on those days.
Although the teaching and learning methods covered the learning objectives, alignment of assessment with learning outcomes was not evident. There is no continuous assessment for the clinical attachment. Some content areas such as principles of Family Medicine are not assessed. The assessments allocated for family medicine is fragmented across the other final year subjects and amounts to only 18 marks. Assessment is not sufficient to ensure that learning objectives have been achieved by the students. The reason for assessment not being sufficient is not the fault of the department because the entire faculty is involved in allocating proportion of marks for each discipline. However steps are being taken to increase the proportion of marks for family medicine in the new curriculum.

The technique of conducting small group discussions is an area for improvement.

The main challenge is regarding the sustainability of such a resource intensive programme in terms of teacher time.

In relation to the teaching, learning and assessment methods the judgment of the team is GOOD.

4.3. Quality of Students, including Student Progress and Achievement

The students who follow the subject of Family Medicine are first selected to the Faculty of Medical Sciences of the University of Sri Jayewardenepura, on obtaining the required Z score from the Biological Science stream at the G.C.E. Advanced Level examination, for the respective year.

As the subject of Family Medicine does not have a separate assessment as yet, it is difficult to determine the progression of students through the program. However, the detailed marks

obtained for the individual questions in Family Medicine given in the question papers of the three relevant clinical subjects, showed that the performance of the students is highly satisfactory. This was evident from the fact that there were no failures in the subject of Family Medicine during the past 5 years.

The overall success rate of the students at the final MBBS examination was also found to be satisfactory. The results of the last 3 years starting from the most recent showed a completion rate of 127/136 (93%), 108/134 (81%) and 132/144 (92%) respectively. During the last 3 years one student from each batch has obtained a First Class. Thirty out of the 414 (7%) students who have graduated during the last 3 years have obtained Second Class Upper division passes while 119 (29%) have obtained Second Class Lower division passes.

Even though the program completion rates are satisfactory, there was no evidence to indicate that the learning outcomes given in the department source book have been achieved. This was mainly due to the inadequate assessment methods that the department has been compelled to follow.

The routine reports obtained from the external examiners contained many positive comments regarding the students' motivation, quality and progress. The feed back obtained from the clinical and General Practitioner tutors indicated that the students' interest in learning, clinical knowledge and attendance are highly satisfactory.

In relation to the quality of students, student progress and achievements the judgment of the team is GOOD

4.4. Extent and Use of Student Feedback

Student feed back on the quality of the academic program and the teaching and learning process is obtained by the department formally and informally. Informal feedback is received during small group discussions and personal interactions with teachers. The department has been obtaining formal feedback using questionnaires since 1997. These feedback forms were available in the department for the perusal of the reviewers. It was noted that these feedback forms were analysed and in most instances necessary steps have been taken to improve the teaching program using the results. The following observations regarding student feedback were made by the review committee.

- A structured feedback form is given to each student at the end of the final year clinical
- appointment. There is evidence that the student feed back had a major impact on revising the duration of the clinical appointment.
- During student feedback evaluation of the newly introduced CMBL, where students get exposed to a rural posting, it was found that more than 80% of the students were satisfied with its relevance to their future careers.
- The teacher evaluation forms distributed among the students by each lecturer were available for inspection. Their results have been analyzed, discussed at the department meetings and corrective measures have been taken to counteract the shortcomings identified.

Even though teacher evaluation of the permanent teachers has been carried out, it was noted that the students were not given an opportunity to evaluate their individual GP tutors. As

there is a wide range of GP tutors to choose from and the methods employed by them could be very different to one another, overlooking this aspect is a significant drawback.

The review committee also noted that there are no staff-student liaison committees in which student feedback on a number of issues can be obtained in a more formal manner.

During discussions with students it was noted that Family Medicine is a highly popular subject, which students followed with great enthusiasm.

In relation to the extent and use of student feedback the judgment of the team is SATISFACTORY.

4.5. Postgraduate Studies

The Postgraduate Institute of Medicine (PGIM) has recognised the family practice centre as a training centre for Postgraduate (PG) trainees. Academic staff members are currently involved as trainers of Diploma in Family Medicine (DFM) and MD programmes and two of them are members of Board of Study in Family Medicine They are also involved in curriculum development of PG training programmes and are lecturers of the Distance Education (DE) programme and DFM online programme. A total of six postgraduate research projects were supervised by members of the academic staff during the past 5 years.

In relation to the postgraduate studies the judgment of the team is GOOD.

4.6. Peer Observation

Informal, regular peer observation has been a long standing practice in the department. Informal observation of junior academic staff by seniors takes place regularly while the junior lecturers are also given opportunities to sit with seniors during lectures and small group discussions. No formal peer review was carried out in the department until 2008, after which, following the inputs of UGC - QA Council, peer observation became a formal, established practice. The evaluation sheets used by the observers in the peer review process were available for inspection. During meetings with the staff it was revealed that the members of the staff discuss the findings of the peer observation and take remedial measures.

A significant shortcoming noted was that peer evaluations of GP tutors were not being carried out.

Good practices such as moderation of question papers through a scrutiny board and independent second marking of answer scripts are carried out routinely. It was noted that external examiners participated at the practical examinations such as Objective Structured Practical Examination (OSPE) too.

The review team noted that the process of peer observation has not been made a requirement in the department or the faculty. The reviewers are of the opinion that the peer observation process has to be institutionalized to be more effective.

In relation to peer observations the judgment of the review team is SATISFACTORY.

4.7. Skills Development

The training programme is planned and executed to provide a range of opportunities for development of skills such as communication skills, clinical skills and team work, which can be considered as essential skills in Family Medicine. The students are encouraged to do presentations which help build up confidence and personal and professional development.

The academic staff members take an extra effort for English language and IT skills development of the students. There is a purpose built resource centre with a modern IT laboratory and a language lab, which is utilized by the entire faculty. However, these laboratories are understaffed and underutilized. It was noted that there is no designated curriculum time for skills development.

The staff members contribute towards development of research skills of undergraduates and have trained over 100 students during the last 5 years.
Extra-curricular activities such as maintenance of a Herbal Garden which lead to the improvement of team work skills, is promoted by the Department.

In relation to the skills development the judgment of the team is GOOD.

4.8. Academic Guidance and Counseling

The Department has succeeded in creating a non-threatening and friendly learning environment. Both academic and non-academic staff members are approachable and friendly.

Overview of the clinical attachment and detailed timetable are given to the students at the beginning of the appointment. However the current group of students was not provided with the student handbook. Students were not familiar with the learning objectives. Students complained about overlapping of family medicine lectures and clinical attachments which prevented students from attending lectures.

Availability of trained student counsellors and personal tutors can be considered as support available at the University and faculty level.

In relation to academic guidance and counseling the judgment of the team is SATISFACTORY.

5. CONCLUSIONS

1. Curriculum Design, Content and Review

Strengths/areas of good practice

1. Based on broad measurable outcomes defining the expected level of performance of the undergraduate
2. Learning outcomes are aligned with institutional objectives
3. Specific objectives, Content, teaching/learning methods are aligned with outcomes
4. Regular review of the curriculum
5. Obtaining expert advice and support in reviewing the curriculum
6. Availability of student handbook and guidelines for tutors

Weaknesses

1. Lack of a system for documentation of curriculum development and review process
2. Not maintaining formal records of stakeholder analysis in curriculum development
3. Content though adequate not covering common presentations in general practice
4. Students not being familiar with the learning objectives

The judgment of this aspect is ***Good*.**

2. Teaching, Learning and Assessment Methods

Strengths/areas of good practice

1. A range of teaching/learning methods used
2. Systematic and well planned clinical training
3. Enthusiastic and motivated group of GP tutors
4. Availability of well established purpose-built family practice training centre
5. Practice based teaching with student teacher ratio of 3:1 in the Family Practice Centre and GP practices in the community
6. Maintaining medical records and registers in the family practice clinic

Challenges

Resource intensive programme in terms of teacher time

Weaknesses

1. Non-alignment of assessments with learning outcomes
2. Some content areas were not assessed
3. There is no continuous assessment for the clinical attachment
4. The technique of conducting small group discussions

The judgment of this aspect is ***Good.***

3. Quality of Students, including Student Progress and Achievement

Strengths/areas of good practice

1. Programme completion rates are satisfactory.
2. A motivated group of students
3. Many positive comments from external examiners
4. Evaluation of students by GP tutors

Weaknesses

1. Lack of evidence on achievement of learning outcomes

The judgment of this aspect is ***Good.***

4. Extent and Use of Student Feedback

Strengths/areas of good practice

1. Existence of a system to obtain regular feedback regarding the programme
2. Obtaining feedback about a range of teaching/learning activities in the programme
3. Results are made use of, to improve the teaching programme.

Weaknesses

1. No evaluation of individual GP tutors
2. Lack of student representation in curriculum review/planning committees

The judgment of this aspect is ***Satisfactory.***

5. Postgraduate Studies

Strengths/areas of good practice

1. The PGIM has recognised the family practice centre as a training centre for Postgraduate (PG)Trainees
2. Members of the academic staff actively participate as trainers in DFM and MD programmes and two of them are members of Board of Study in Family Medicine
3. They are also actively involved in the curriculum development of PG training programmes and participate as lecturers on the DFM online programme and DE programme
4. They have supervised six postgraduate research projects in the past five years

Weaknesses

1. Sustainability with the limited cadre available

The judgment of this aspect is ***Good.***

5. Peer Observation

Strengths/areas of good practice

1. Senior teachers observing teaching activities conducted by junior teachers
2. Initiated a formalised peer evaluation programme
3. Engaging moderators and second examiners in all examinations

Weaknesses

1. Peer evaluation is not a requirement of the program.
2. Peer evaluation of GP tutors' teaching in their practices not done

The judgment of this aspect is S***atisfactory***.

7. Skills Development

Strengths/areas of good practice

1. Modern facilities for English and IT skills development
2. Adequate opportunities for developing communication skills
3. Clinical skills taught in small group activities
4. Student research projects to develop research skills
5. Activities to develop team work capabilities

Weaknesses

1. Underutilization of the resource centre
2. No designated time for skills development.

The judgment of this aspect is ***Good.***

8. Academic Guidance and Counseling

Strengths/areas of good practice

1. A non-threatening and friendly learning environment
2. Availability of trained student counsellors
3. Existence of a Personal tutor programme
4. Overview of the clinical attachment and detailed timetable given

Weaknesses

1. Student handbook distributed at variable times
2. Students are not familiar with the learning objectives
3. Overlapping of family medicine lectures and clinical attachments prevent students from attending lectures.

The judgment of this aspect is ***Satisfactory.***

Based on the observations made during the visit by the Review Team and as per the facts discussed above the judgments given to those eight aspects under review are as follows:

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

6. RECOMMENDATIONS

The Review Team would like to make the following recommendations to improve the quality of education in the Dept. of Family Medicine.

1. The Review team noted that documents pertaining to curriculum development and revisions have not been maintained in a methodical manner. Hence, there is a need to improve the documentation of the curriculum development and review process

2. It is desirable to ensure that students are provided the students' handbook at least prior to the clinical attachment

3. As the problem of inadequate academic staff is evident, it is recommended that the department and the faculty make every effort to increase the cadre to cater to the resource intensive academic programme in terms of teacher time

4. The Review team recommends the alignment of assessment with learning outcomes using an assessment blueprint

5. The department may consider incorporating both formative and summative assessments for the clinical attachment.

6. It is suggested that teachers in the faculty and the extended faculty are trained on innovative teaching/learning methods such as small group discussions.

7. The Review team is of the opinion that a mechanism to evaluate individual G.P tutors has to be established, for the clinical training under G.P.s to be more effective.

8. It is suggested that peer observation of G.P. tutors are carried out at least in a two year cycle.

9. The Review team proposes to ensure student representation in curriculum review/planning committees and staff-student liaison committees.

10. The reviewers are of the opinion that the peer observation process has to be institutionalized for it to be more effective

11. It is desirable to keep the resource centres such as the language and IT laboratories open after working hours, as the students are unable to use the available facilities due to their full time involvement in the academic program during working hours.

12. The Review team recommends giving more prominence in the syllabus content and learning outcomes to principles of Family Practice and common illnesses / conditions seen in general practice such as chronic diseases and psychological illness / psychosocial problems.

In conclusion, the review team noted that the members of the department work under stressful conditions as there are only 4 permanent members at present. The workload has been eased somewhat due to the services of a relief doctor who has been recruited on contract basis. The review team commends the Head, Professor and the members of the department for their motivation and constant efforts to develop the department.

7. ANNEXES

Annex 1: AGENDA FOR THE SUBJECT REVIEW VISIT

DAY 1: 28th January 2009 (Wednesday)

09.00-09.30	Meeting(s) with Vice chancellor, Internal QA team, Dean, Head of the Dept, Head/Faculty QA Cell etc. (Working Tea)
09.30-10.00	Discuss the agenda for the visit
10.00-11.30	Department Presentation on the Self Evaluation Report.
11.30-12.30	Discussion
12.30-13.30	Lunch
13.30-14.30	Meeting with Department Academic Staff
14.30-16.30	Observing documents (Working Tea)

DAY 2: 29th January 2009 (Thursday)

09.00-09.30	Meeting with students (present group)
09.30-10.30	Observing Teaching - Lecture
10.30-10.45	Tea
10.45-11.15	Observing Department Facilities & Meeting with non-academic staff
11.15-11.50	Meeting with Student counsellors
11.50-12.15	Observing Teaching – Practical Class - Clinical Skill
12.15-13.00	GP visit – Dr. Sanath Hettige (Maharagama)
13.00-13.30	Lunch
13.30-14.30	Meeting with Postgraduate Students/ Past students
14.30-16.00	Observing documents (*Working Tea*)
16.00-16.30	Meeting of Reviewers

DAY 3: 30th January 2009 (Friday)

09.00-9.30	Observing Students' Presentations – Symptom presentation
09.30-10.00	Clinical Teaching (Sitting in)
10.00-10.30	Observing other Facilities (Resource centre)
10.30-12.00	Reviewers' Private Discussion (*Working Tea*)
12.00-12.30	Meeting with Final year students
12.30-13.00	Lunch
13.00-14.00	Meeting with Head and Staff for Reporting
14.00-16.00	Report writing

Annex 2: LIST OF PERSONS MET

1. Professor Jayantha Jayawardane, Dean, Faculty of Medical Sciences
2. Prof. M.S.A. Perera, Professor of Family Medicine, University of Sri Jayawardenepura
3. Dr. A.L.P de S. Senevirathne, Head, Department of Family Medicine
4. Dr. Deepthi Samarage, Head, Department of Medical Education
5. Dr. T. S.P Samaranayaka, Lecturer, Department of Family Medicine
6. Dr. Hiranthini, Probationary lecturer, Department of Family Medicine
7. Postgraduate Students (MD Family Medicine)- Dr. T. S.P Samaranayaka and Dr. M.R. De Silva
8. Dr. Sanath Hettige, GP tutor
9. Non-academic staff
10. Technical support staff of the laboratory, Family Practice Centre
11. Student counsellors
12. Group of students who are currently following the Family Medicine attachment
13. Group of students who have completed the Family Medicine attachment

Annex 3: LIST OF TEACHING SESSIONS OBSERVED

1. Small Group Discussion on referral writing
2. Clinical skills session on measuring BP
3. Session with GP tutor
4. Sitting-in session during practice based teaching in the Family Practice Centre
5. Student presentation on Headache

Annex 4: LIST OF FACILITIES OBSERVED

1. Family practice centre
2. Lecture halls
3. Discussion rooms
4. Laboratory
5. GP clinic (Dr. Hettige, Maharagama)
6. IT lab
7. Clinical skills laboratory
8. Language lab

Annex 5: LIST OF DOCUMENTS OBSERVED

1. Source Book – Teaching and Learning in Family Medicine
2. Student Handbook, Department of Family Medicine 2005/2006
3. University Handbook 2004
4. Lecture topics and Time Tables
5. Lecture and Practical handouts
6. Teaching aides (DVDs etc.)
7. Tutorials and assignments
8. Minutes of the departmental meetings, Faculty board meetings and Senate meetings
9. Evaluation forms of each student by Clinical Tutors
10. Teacher evaluation forms and analysis
11. Question paper marking schemes
12. External examiners' reports
13. Mark sheets
14. Student feedback responses & analysis
15. Research projects & Postgraduate theses
16. Peer review forms and Research publications