SUBJECT REVIEW REPORT

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF SRI JAYEWARDENEPURA

19th to 21st September 2007

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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 and Kelaniya to undertake the subject review of the Department of Obstetrics and Gynaecology (DOG), Faculty of Medical Sciences, University of Sri Jayewardenepura.

Members of the Review Team were:

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Prof. C. Randeniya / University of Colombo
Prof. Manouri Senanayake / University of Colombo

Purpose and Aims of the Review

The subject review was undertaken to evaluate the quality of the teaching programme conducted by the DOG, Faculty of Medical Sciences, University of Sri Jayewardenepura. The review visit was carried out from 19 to 21 September 2007 (see Annex 1 for programme). The process used was acquisition of additional information through discussion of issues during a site visit, inspection of facilities, and analysis of evidence. These findings were then compared with the Self Evaluation Report (SER) presented by the DOG.

The aim was to use all available evidence in making judgments on the quality of eight aspects of the teaching programme, as required by the Quality Assurance Programme. These aspects, as given in the Quality Assurance Handbook, for Sri Lankan Universities, published by the CVCD and UGC in July 2002, are:

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 Faculty of Medical Sciences is in the process of changing its MBBS curriculum. The new curriculum is to be introduced to the 2007 intake of students. However, since the Obstetrics and Gynaecology programme is meant mainly for 3rd, 4th and final year students, this department will continue assessments according to the old curriculum until 2009. Currently 3 batches of students are following the Obstetrics and Gyanecology programme (old curriculum).

Some changes envisaged in the new curriculum have been already implemented into the teaching programme (e.g. the Community Based Medicine Learning Programme) but are not yet formally assessed or allocated marks.

Peer Review Process

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 Counsellors in the Faculty; and undergraduate and postgraduate students (see Annex 2 for list of persons met during the visit).

Observation of teaching/learning sessions – 1 student presentation (Batch 2002/2003), 1 lecture (for Batch 2002/2003), 1 bed-side teaching activity (Batch 2002/2003), 1 tutorial (Batch 2002/2003) and 1 clinical skills teaching session (Batch 2002/2003).

Inspection of academic facilities: lecture halls, tutorial rooms, IT resource centre, skills laboratory, the faculty library, examination hall, wards 21, 22 and 23 of the Professorial Obstetrics and Gynaecology Unit in the Colombo South Teaching Hospital, and the teaching hospital auditorium. Departmental facilities and laboratory were also inspected.

Perusal of documents: curriculum, timetables, handouts, student log books, examination papers, samples of answer scripts, student reports, records, student feedback forms, external examiner feedback forms, etc.

2. BRIEF HISTORY OF THE UNIVERSITY, FACULTY AND DEPARTMENT

The Vidyodaya University, which commenced academic functions in 1959, was renamed the University of Sri Jayewardenepura in 1978. It is now one of the larger universities in the country, with over 9000 students registered for academic programmes in its five faculties. The Faculty of Medical Sciences was established in January 1993.

With regard to undergraduate courses, the DOG contributes mainly to the MBBS degree programme. Other undergraduate programmes undertaken are teaching and skills training in obstetrics and gynaecology for BSc Nursing, clinical attachments for foreign elective medical students and conducting the Examination to Register and Practice Medicine (ERPM) for the Sri Lanka Medical Council. Presently, the 12th batch (2002/2003 intake) of medical students is following their Professorial appointments. The 11th Batch is scheduled to complete their undergraduate study course in October 2007.

The DOG has cadre provision for one Chair and 5 other academics. These are occupied by one Professor and 4 Senior Lecturers. One senior lecturer resigned in May 2007. The Professor of Obstetrics and Gynaecology (cadre chair) Prof. Jayantha Jayawardene was elected Dean in 2005 and since then Dr. Ramya P. Pathiraja, Senior Lecturer is Head of DOG. Temporary staff comprises of three Temporary Demonstrators who are pre intern doctors and one clinical registrar. Support staff of the DOG includes non academics (one technical officer, one laboratory attendant, one labourer and one clerk) and academics (one senior registrar, and two post graduate trainees at registrar level). All Senior Lecturers have responsibilities as Consultant Obstetricians & Gynaecologists to the Colombo South Teaching Hospital. This is a medium sized teaching hospital with approximately 600 beds. The Professorial Obstetrics and Gynaecology Unit has 40 beds each in the maternity and gynaecology wards situated in a newly constructed purpose built section. Labour room and operating theatres are in close proximity to the wards.

The department has office space in both the hospital and faculty premises. The department laboratory and clerical staff are housed in the faculty premises.

3. AIMS AND LEARNING OUTCOMES

The stated mission, aims and learning outcomes for the undergraduate programme for MBBS students, as given in the SER, are as follows.

Mission of the Department of Obstetrics and Gynaecology
The graduates will have the necessary knowledge, skills and attitudes to promote health and well-being and to treat and prevent diseases for the benefit of the individual patient, the family and the community as a whole.

3.1. Aims

Upon completion of the undergraduate training in Obstetrics and Gynaecology (O&G) the student should acquire knowledge, skills and attitudes required for practice of Obstetrics and Gynaecology as an intern house officer and be prepared for life long training as a doctor.

Recognizing this, the DOG is committed to provide the student with

a) motivated context for learning
b) clear learning objectives
c) a well structured core knowledge base
d) an environment suitable for learning
e) opportunities to develop skills and enthusiasm required for life long training

3.2. Learning Outcomes

There are ten institutional objectives of the Faculty and in addition, the DOG has its own objectives for its training of undergraduates. The departmental objectives are listed below:

3.2.1. The training objectives in O&G include,

1. Train the medical students to provide basic care at primary and secondary level to pregnant women, look after gynaecological problems
2. Train the students to be competent in managing pregnant women, uncomplicated labour, recognize complications of labour and gynaecological problems when they practice on their own after qualifying.
3. Orientate the students in basic clinical research in O&G and provide them with proper foundation to further specialize in O&G if they desire to do so.

3.2.2. The students are expected to achieve theoretical and practical skills from lectures, tutorials, small group discussions, problem based learning sessions, seminars/students presentations and various teaching and learning activities during the clinical appointments.

3.2.3. The Aim of the course in O&G is to provide the medical undergraduates:

1. The appropriate knowledge and skills in Obstetrics & Gynaecology that would enable them to function as basic doctor when attending to patients with Obstetric or Gynaecological problem in the hospital and in the community.
2. Opportunities to develop an attitude, which will improve communication and cooperation between members of the health care team to optimise the service to the patient and the community.

3. Opportunities to develop self learning skills through student centred learning
4. A supportive departmental environment with dedicated, enthusiastic and trained staff and an organized programme of study
5. Appropriate intellectual skills enquiry, clinical reasoning, critical thinking and decision making in Obstetrics & Gynaecology
6. Opportunities to develop Clinical, interpersonal and practical skills in management of patients with Obstetrics or Gynaecological problem
7. To understand and accept their professional ethical and legal responsibilities, and their limitations

3.2.4. The Aim of the course O&G in B.Sc. Nursing is to provide the undergraduates:

1. The appropriate knowledge in basic pelvic anatomy, embryology and physiology of pregnancy
2. The knowledge and skills in Obstetrics & Gynaecology.
3. Application of this knowledge will assist the graduates to provide nursing care for pregnant women and women with Gynaecological disorders.

3.2.5. (a) Learning outcomes: *MBBS*

At the end of the training, the student must:

1. Possess all the professional skills and attributes necessary to function as intern house officer in Obstetrics & Gynaecology.
2. Be aware of the doctor patient relationship in all aspect of care in Obstetrics & Gynaecology.
3. Adopt an empathetic and holistic approach to patients and the problems they present with
4. Respect patient autonomy and involve patient, or where appropriate relatives or careers as partners in therapeutic and management decisions in relation to Obstetrics & Gynaecology.
5. Be aware of the use of alternative medical practices in relation to Obstetrics & Gynaecology and sympathetic understanding if patients choose to use these practices
6. Understand and engage in reflective practice, audit and appraisal of their own work, as well as that of others
7. Demonstrate their ability to work effectively within a team in dealing with patients having Obstetrics or Gynaecological problem by practising in a manner that promotes effective inter-professional activity, working within the limits of their responsibility and capability, giving leadership
8. To prioritise a) the care of ill pregnant mothers and women with Gynaecological problems; b) their time with regard to duties and responsibilities
9. Be able to maintain complete and effective medical records and to keep up to date with current medical practice

10. Need to apply ethical and legal knowledge to their practice particularly in applying the principles of confidentiality, consent, honesty; respect to the issue of medical certificate, death and dying, sexual abuse of children and adults and abortions

3.2.5. (b) Learning outcomes: *B Sc Nursing*

At the end of the course the students will be able to

1. Develop knowledge and skills in maternity nursing
2. Identify the role of nurse in maternal care
3. Apply knowledge in sex education, premarital counseling and family planning
4. Understand the physiological and psychological changes, antepartum, intrapartum, and post partum periods
5. Provide Gynaecological nursing care for infants, child, adolescent, reproductive, perimenopausal and postmenopausal age group.

3.2.6. A core curriculum has also been developed for the undergraduate medical course in O & G and a list of procedures to observe, assist or perform are clearly listed. The aims and outcomes are stated in the SER. Learning objectives are made available to students only at the start of the professorial appointments.

4. FINDINGS OF THE REVIEW TEAM

4.1. Curriculum Design, Content and Review

The curriculum the DOG adopted at the inception of the Faculty of Medicine was a traditional one but since new methodologies have been introduced to make it more student centred (Student presentations, the Shadow house officer programme) and community oriented (the in Kataragama). The curriculum is topic-based, and is described with stated aims, learning objectives and learning outcomes. Although there is a core curriculum identified it does not state the different levels of importance (e.g “have to”, “good to”, “nice to” etc). However these objectives, outcomes and core curriculum are not made available to students, but Guidelines for students given in the 3rd year (at the start of clinical training) contains lecture topics and details of the format of the log book they need to maintain in the 3rd and 4th years .

The department’s main activities commence after the student passes the Second MBBS exam. Some lectures on clinical anatomy relevant to obstetrics and gynaecology are delivered and participation in anatomy and physiology viva voce examinations are the only instances of vertical integration in the present curriculum.

The earliest contact is largely in the third year when all the students undergo a clinical and communication skills course in which the academic staff of the department and extended faculty participate. Obstetric history taking and examination, Gynaecological history taking and examination and Antenatal care are among the topics covered over a period of approximately four days.

Clinical training in O&G begins in the 3rd year with clinical appointments in the Colombo South Teaching Hospital or Sri Jayewardenepura General Hospital, Nugegoda. Two four week appointments are compulsory and take place in the 3rd and 4th years under the

supervision of Ministry of Health Specialist staff. Formal teacher guidance is not given prior to or during these appointments. As a result no evaluation of these appointments are carried out other than satisfactory attendance. The students are not exposed to the course of lectures the department delivers until after these two appointments because the lecture programme is entirely during the final (5^{th}) year.

Students complete a final appointment of two months in the Professorial O&G Unit which is the most intensive part of their training in obstetrics and gynaecology. During this appointment they obtain clinical training in the ward, labour room, operating theatre, lecture room, skills laboratory, and outpatient and specialised clinic settings. Hands on clinical training is and patient care are encouraged through a recently initiated "Shadow house officer programme" which is closely supervised by department staff on a daily basis. Student centred activities such as student presentations of a given topic also take place. Written skills are acquired through tutorials in which questions from past examination papers are answered and discussed. Lectures are delivered over three hours on one afternoon each week during the final year for the entire batch. Attendance is not compulsory. Students who satisfactorily complete the clinical appointment are allowed to sit for the clinical examination held immediately at the end of the appointment. The written papers (a multiple choice question paper and Structured essay question paper of six questions) and a viva are held as part of the Final MBBS examination which is held twice a year.

Some topics in the O&G curriculum (such as contraception)) are covered in the Final year clinical appointment of Family Medicine and Psychiatry. Another example of horizontal integration occurs during the Community Medicine programme when areas of nutrition and statistics etc are covered. One question in the Final year O&G structured essay question paper is set by the department of Family Medicine.

The review team notes that in implementing the current curriculum, the program is generally comprehensive and relevant. The lack of any theoretical knowledge of O&G when they start the clinical training is a matter for concern and no attempt has been made to correct this. However this issue has been largely rectified in the planned new curriculum.

Though one of the stated general objectives includes orientating the students to basic clinical research in O&G, we find that there are no activities in the training program that allow the students the time or facilities to acquire these skills. This learning activity may take place in the Community Medicine programme but this is not necessarily based on clinical research in the field of O&G as mentioned in the departmental objectives.

However, periodic review of the curriculum initially in the department and later as a Faculty based activity taking into consideration the views of the stakeholders has resulted in a major revision to the existing curriculum. The review process has identified that major problems exists in the current one; significant overlap of subjects, compartmentalizing the subjects by students, perceived irrelevance to clinical practice by students and lack of opportunities to improve communication and also component clinical skills and procedures.

The thrust of the new changes has been towards a horizontally and vertically integrated curriculum with three Phases (I, II, III)

While the Phase III involving clinical training remains largely untouched, significant new features have been introduced into the new curriculum in Phases I and II which may favourably impact on the teaching learning process in Medicine.

The introduction of basic clinical skills early in the course, Community Based Medical Learning for two weeks in a rural setting and Computer Assisted Learning are some examples of the innovations proposed in the newer curriculum.

With only four senior members of the department currently available, the tasks of running the busy teaching program and also attending to demanding service functions could be daunting. Even with the anticipated entry of the Professor of Medicine, the staff levels may not be sustained as many of the current members are eligible for sabbatical leave and likely to take it at least on a staggered basis. The newer curriculum will put further pressure on the staff to contribute to the activities in Phase I and II.

The DOG should seriously consider requesting for additional staff and exploring other options such as using suitably qualified clinically trained staff in the Faculty's other departments and converting some of the Demonstrator positions to fund temporary staff appointments such as recently retired physicians.

4.2 Teaching, Learning and Assessment Methods

Teaching and Learning Methods

A wide variety of teaching and learning methods are incorporated in the department's program in medicine.

Lectures are the main form of instruction with about 50 lectures delivered mostly by the department staff and a few visiting lecturers. Many of the important topics are titled in the lecture program. Students attend lectures regularly although attendance is not compulsory. Lectures together with the handouts serve as an important resource for learning for many students. Most of the lectures are made out on PowerPoint multimedia presentations. Students appear to be happy to provide regular feedback after lectures though they are aware some of the changes proposed may be implemented only for futures batches.

Class based student case presentations are used to provide the experience for few final year students at a time to improve presentation using overhead projectors and reasoning skills. They also provide instant feedback by the staff on these aspects but full participation of the students is not always possible due the large numbers of them. Tutorials give each student an opportunity to prepare a written answer on medical emergency management which is useful preparation for the Structured Essay Questions (SEQ) paper in the exam. Large groups hamper inspection of the written material as only verbal responses are sought.

Hospital based clinical attachments forms the mainstay of clinical training in Medicine. Altogether 20 weeks of training in general medicine and approximately 18 weeks in the finer medical based specialities are provided (4 weeks in Oncology and Clinical Pathology, 2 weeks in Cardiology, Neurology, Rheumatology, Dermatology, and Sexually Transmitted Disease). Notably, exposure to chest medicine is absent. The one month appointments in the 3rd and 4th years are perceived by students to be not sufficiently long enough to get a good grasp of the clinical skills required in the later years. This is particularly significant in the light of variable short appointments which may go completely unsupervised for its entire length if the consultant is on long leave. The usefulness from these attachments appears to be based directly on the interest taken by the specialist in teaching. One way around is to convert the three one-monthly appointments to at least two six week attachments. This would also enable the student to face the final year appointment with greater confidence than at present.

The final year appointment appears to provide a wide variety of interactive and intensive learning opportunities. The time table ensures a full working week with supervised clinical teaching and leaves little time in the pursuit of self and active learning. Therapeutic ward classes is good example of providing a variety to the student while also integrating two disciplines and refreshing a previously learnt subject. This also has an added advantage of

making good use of qualified and interested staff in other disciplines to help out the rather understaffed department.

The other innovative aspect of the training is the shadow house officer attachment. The feedback from students suggests that they enjoy it and find it useful.

The review team was impressed with the comprehensiveness of tasks, clarity and contents of the log book. This books includes instructions of a number of important topics such as student objectives, guidelines for clinical attachments, organization of the attachment, formative assessment of medical students, emergency medicine topics, clinical skills procedures, ward procedures and forms to be filled, shadow house officer assignment, format of case presentation and progress of student signed by the tutor.

We strongly feel that the entries in the log book are eminently assessable and worth considering awarding reasonable credit and while enhancing the proportion of marks for in-course assessments.

One of the concerns of the review team was the inadequate copies of new editions of reference textbooks in the library. This is compounded by lack of sufficient reference in the hospital library or in the ward. Additionally the access to computing and internet is also insufficient. The saving grace is that most of the students have a personal copy of one of the main reference books with them.

The team also noted that clinical training uses several hospitals (Sri Jayewardenepura General Hospital, Kotte, National Hospital of Sri Lanka, Cancer Hospital, and Maharagama) in addition to the main teaching hospital at Kalubowila. This entails extra travelling for students in order to be back to the Faculty for lectures.

Considering the large numbers of admissions of patients, the students are undoubtedly exposed to a sufficient quantity of patients during this appointment. However, as the turnaround time for patients is necessarily short, it is possible that students may not be able to adequately follow up some patients. Additionally some interesting patients may be lost as they are transferred out to complete imaging facilities.

The additional provision of a communication and clinical skills training course, the availability of study guides and objectives are an important inputs at the commencement of the programme. However, hospital staff and students themselves feel that they are still under prepared on arrival for the initial clinical appointments.

Overall the program appears to provide a comprehensive final year clinical programme impacting on a number of domains of the teaching learning programme. The clinical exposure in the 3rd and 4th years appears to be much more variable. The review team is of the opinion that the department may have to explore other avenues (other hospital and units) to ensure a broader exposure in the early clinical years.

Assessment Methods

Though both in-course and end-of course assessments are found in the present scheme of assessment, credit is favoured heavily on the latter; 5% for in-course and 95% for end-of course. Even the in-course assessment is confined to the two month attachment to the university medical unit in the form of an OSCE examination.

A wide variety of examination formats are in place for the end-of course assessment. The 40 True/False type multiple choice question is part of the Common MCQ for all medical undergraduates which is in its third year since commencement. The MCQs that are sent for the Common MCQs are contributed by the staff and those considered suitable after

discussion at a regular fortnightly meeting. However, we note that the used MCQs are not subject to item analysis.

The four structured essay questions includes questions in emergency medicine, data interpretation, clinical pharmacology etc and sufficient time of 30 minutes per question is allocated. The questions are scrutinized by the all clinical staff. Answers and marks are predetermined and shared with the two examiners at the time of marking. As only a small number of questions are asked, some topics may be overlooked unless conscious effort is made to include problems with multi-system involvement. The addition of two questions in the new curriculum paper hopefully will rectify this problem.

The long case and 3 short cases appear to be of adequate time for examination and discussion. The examiners mark the long cases on three aspects of the presentation with greater weightage for history and examination and investigation and management. Short cases are marked on two aspects; correctness of technique and interpretation of signs greater weightage for the latter. We observed that since the last exam, feedback from the clinical examiners have been obtained, most providing favourable comments on many aspects of the exams. However, it may be important to take note of the few who have made constructive comments on ways to further improve the examination.

We note that the OSCE tests a wide variety of clinical domains and the predetermined answers and mark allocation is a good practice to follow in the future.

We note that the new curriculum contains substantial changes to the assessment methods, facilitated by Psychiatry having a paper on its own. The replacement of the unstructured viva voce by OSCEs, assessing Community Based Medical Learning component, and the 3rd and 4th year clinical program is commendable. However, we feel that the performance of the final year documented on the log book should be considered for some credit within the scheme of the new curriculum to motivate greater application to this appointment. This could be achieved without any additional effort of the teachers as the log book is already subject to scrutiny and grading by the tutors.

4.3 Quality of Students, including Student Progress and Achievements

Students' Entry Qualifications

About 150-160 students are recruited to the Faculty of Medical Sciences according to UGC criteria. The faculty has no choice in the recruitment as the number and the type of students admitted are decided by the UGC. Currently the students following medicine in the third, fourth and final years are part of the old curriculum.

Student Progress and Achievements

Discussions were held separately with fourth and final year students. Final year students have many opportunities for self-learning and receiving formative feedback. Examples include the 'shadow house officer' programme, long case presentations, tutorials and maintenance of a clinical log book. Monitoring by the staff of student progress and appointment of clinical tutors to supervise students enables constructive feedback on student achievement to be given early. Students have opportunity to rate themselves in the middle of the appointment with their clinical tutors to ensure the required progress is being made. The OSCE assessment takes place at the end of the appointment. This carries 5% of marks for the final MBBS examination.

The third and fourth year medicine appointments however do not have such monitoring of student progress and student perceptions of achievement are varied. The introduction of log

books, a formative assessment and guidelines for the clinical trainers with the new curriculum would probably help in the improvement of this process.

The pass rate at the final MBBS examination has been steadily increasing until Jan/Feb 2006. The last examination had a pass rate of 84.6%

Batch	Period	Pass %	Distinctions
2000/2001	**Dec 2006**	**84.6%**	**3**
1999/2000	**Jan/Feb 2006**	**94.8%**	**5**
1998/1999	**Nov/Dec 2004**	**89.2%**	**5**
1997/1998	**Feb/Mar 2004**	**77.8%**	**-**
1996/1997	**April 2003**	**75.8%**	**4**
1995/1996	**June/July 2002**	**74%**	**-**

4.4. Extent and Use of Student Feedback

Student feedback was obtained formally and informally on a regular basis on several components of the clinical appointment including planned activities, ward rounds and bedside teaching, teaching by consultants and the 'shadow house officer' attachment course. Feedback shows that these activities are satisfactory to the majority of students. Such feedback has been used to modify and improve the course where possible. However this feedback does not reflect whether students achieved the learning objectives, but rather, the satisfaction of students with the training programme. The feedback on individual lecturers too reflected student satisfaction rather than achievement of objectives. There is no evidence of student feedback on the overall course in medicine.

Both formal and informal student feedback is obtained on a fairly regular basis on the final year Professorial Medical appointment. The questions in the feedback form seem to lay more emphasis on student satisfaction rather than student competence or the student's perception of achievement of objectives. This is especially the case for 'teaching outside the unit'. In the more recent years, there were no opportunities for students to express their views by asking them open-ended questions. Formal student feedback is also obtained regarding the teaching (e.g. lectures) conducted by individual staff members, usually at the end of a lecture series. Such feedback is used to modify and improve the teaching learning process. Both students and departmental staff stated this.

4.5. Postgraduate Studies

The Department of Medicine serves as a training centre for PGIM trainees in General Medicine for a number of years. At any given time a 2-5 MD trainees undergo their Registrar training and 1-2 do their Senior Registrar training. The review team met with 5 of the 6 registrar trainees and 2 senior registrars in the hospital premises. One of the registrars is completing his registrar training in a few weeks and is eligible to sit for the MD examination in July/August 2007. Two of them have just commenced and the other two are nearing completion of their first year. The two senior registrars have completed nearly 6 months of their training and are making preparations to obtain placements for their overseas training.

All the trainees are part of a busy medical unit which has admissions every third day averaging around 80-90 patients to both male and female wards. They are exposed to a wide

variety of medical patients but some patients have to be transferred out to the National Hospital, Colombo to complete imaging investigations such as CT scanning which has been out of function for the last 4 months and MRI which is not available in the hospital. The unit's attractiveness for postgraduate training runs the risk of been in jeopardy, if some attention is not paid to rectify the situation. Restoration of a shorter period of admission on casualty days should be discussed with other physicians and postgraduates.

The unit provides the training with skills in upper gastrointestinal endoscopy, dialysis procedures, echocardiography, dermatology and other routine ward procedures. They attend two busy clinics of general medical patients and also follow-up patients with renal diseases and ulcerative colitis in the special clinics.

Though there is no special postgraduate programme at hand, the trainees participate in a weekly Journal Club presentations and Morbidity and Mortality Conference. The trainees also attend a weekly class conducted by Dr. Bandula Wijesiriwardena, Consultant Physician of the Teaching Hospital, Colombo South Hospital, and Kalubowila which is found to be useful in preparing for long case presentations.

Time for reference during the working day is limited by a heavy workload and a small library collection of books and journal found in the hospital premises. The only computer available in the ward is not connected to the internet. The University library is too distant for the trainees though access for referencing its collection is available to them. As such most of the internet referencing is done on the home computer and articles for journal club presentation limited to one or two free access journals.

All postgraduate trainees are expected to teach medical students during the final year appointment. Though the trainees are not rostered, teaching occurs mostly on casualty days and deals with emergency medicine.

A modest amount of research activity is undertaken by the postgraduate trainees. Two of the registrars have started on two research projects; one involving metabolic syndrome and the other on quality of life on patients with psoriasis. One senior registrar has commenced on the usefulness of RIFLE index in patients with acute renal failure admitted to the intensive care unit. One of registrars, in addition to the MD training is registered for a MPhil degree looking at pH changes in the oesophagus in patients with non-cardiac chest pain.

The review team noted that there is no systematic supervision on the progress of these trainees and on clinical decision making. This may be a reflection of the substantial workload thrusted on the small number of senior staff.

The review team met two of the postgraduates doing their PhD thesis with the supervision of academic staff of the Department. One of them is looking at homocyteine and heart disease and the other on the effect of milk protein on ACE activity in rats. These postgraduates are in an advance stage in their program and are quite satisfied with the support they receive from their supervisors.

4.6. Peer Observation

The Department of Medicine has no formal peer observation. It also does not have regular informal peer observation of teaching by staff members. Comments by academic staff of other universities and extended faculty on student performance at case presentations, student seminars, and the clinical examination in Medicine at the Final MBBS are used to improve lesson planning. There is scrutiny of MCQ and other components of question papers at a departmental level and independent marking of questions by two examiners, but no

conference marking. These activities, though presented in the SER under 'Peer Observation', cannot be considered true peer observation. The SER states that individual lecturers are requested to 'self evaluate' their performance after student feedback, and seek assistance if they feel it is required – this implies very little peer observation. Peer observation of undergraduate teaching needs to be established.

4.7. Skills Development

In the assessment of skills development we have included clinical skills in addition to the generic skills such as communication, presentation, language and IT etc. The clinical skills development process starts at an Introductory Clinical Skills Course conducted by clinical departments just before the students start their clinical attachments in the 3rd year. However, it is desirable that this introductory programme be conducted by senior academic staff of the Department. This introduces them to history taking, clinical examination and resuscitation. Practice sessions are conducted in the professorial unit with real patients and in the classroom using simulators. The curriculum clearly spells out the clinical skills a student is expected to achieve. These are given under different organ systems and for clinical appointments. The student is expected to document these in a logbook, which is then submitted to the department for assessment. At present use of the logbook is limited to final year students. In the new curriculum, similar logbooks will be made available for the 3rd and 4th year clinical appointments. The logbook is excellent, and is worthy of being adopted by other medical schools. At our meeting with the students, it was clear that the logbook was helpful for them to focus on the required skills etc. that were to be achieved. There is adequate formal assessment of the logbook by senior academic staff. The teaching learning strategies by which students are expected to achieve these skills are stated. Procedures that students should perform (eg: venepuncture, urinary catheterization) and observe (eg: lumbar puncture, CVP line insertion) are also clearly stated in the logbook. Several activities that help improve the student's communication skills such as breaking bad news, obtaining informed consent, and informing patients or their relatives regarding a diagnosis, are also carried out and assessed during the Professorial appointment. The new Clinical Skills Laboratory is expected to greatly augment clinical skills development from the early stages of the new curriculum. English language writing skills are indirectly assessed when assessing the case histories, but whether steps are taken to improve language skills of those students who need assistance is not clear. The new language lab would be useful for this purpose. We note that the English competency of the students we met seem good. Institutional Objective 12 states that, 'at the end of the training in general medicine the undergraduates should, be capable of continuing self education, keeping abreast of advancing knowledge and developing an aptitude for medical research'. However, apart from participating in student research projects organized by the Department of Community Medicine, the Department of Medicine does not provide opportunities for student research. The facilities for self-learning also seem inadequate: the library has inadequate books and, at present, student lack access to IT training and internet facilities. This was confirmed at the meeting of the review team with students. IT facilities are expected to improve in the near future, with the setting up of the Resource Centre.

4.8. Academic Guidance and Counselling

Academic guidance and counselling facilities are well established in the Faculty. The students have a personal tutor scheme where members of the academic staff are available to advise them regarding academic, personal or financial difficulties. Providing the 'helpline service' which is a mobile phone voluntarily manned by academic staff, 24 hours a day permits students who do not wish face to face contact in counselling to obtain assistance. The

Psychiatry department of the Faculty also runs a clinic for students who are referred by personal tutors. The Student Counsellors, the Faculty's Student Welfare Committee which met monthly to provide a forum for each batch of students to express any concerns, and the Medical Students Financial Assistance Scheme which helped provide funds for needy students worked well in collaboration with each other.

In the final year in addition, students have the clinical tutor scheme where they are allocated to a senior lecturer. Students are encouraged to discuss their academic difficulties with the tutor.

The Head of Department provided opportunity for students who were not successful at the final examination to discuss their problems with academic staff on how they could improve their exam performance. There is no formal programme for such students.

5. CONCLUSIONS

1. Curriculum Design, Content and Review

Strengths/Good Practices

1. Relevant learning outcomes and comprehensive content included in the programme
2. Identification of the deficiencies in the present curriculum by a stakeholder review process and corrective measures incorporated in the new curriculum.
3. Provision of objectives and learning outcome to students early in the programme

Weaknesses

1. The inadequate staff numbers to fully engage with the programme
2. The lack of time and facilities to fulfil the objective of self learning and research for students

2. Teaching, Learning and Assessment Methods

Strengths/Good Practices

1. Wide variety of teaching /learning methods
2. Clinical tutor scheme
3. Excellently composed final year log book
4. Shadow house officer scheme
5. Wide variety of assessment methods
6. Predetermined answers to SEQs and OSCE shared among examiners

Weaknesses

1. Widely varying quality of training in the 3rd and 4th year clinical appointments
2. Not sufficiently long 3rd and 4th year appointments
3. Lack of chest medicine appointment
4. Lack of additional clinical units in some specialities
5. Bulk of the marks reserved to the end-of course assessments
6. Small number of SEQ questions
7. No item analysis of used MCQs

3. Quality of Students, including Student Progress and Achievements

Strengths/Good Practices

1. Students have the opportunity to monitor their progress through the final year through the log book, long cases, tutorials and 'shadow house officer' programme. They are aware of their progress and achievement.
2. The pass rate and distinctions over the last few years have shown a steady improvement in achievements at the final exam.

Weaknesses

The opportunity for progress in the early years of clinical training is variable.

4. Extent and Use of Student Feedback

Strengths/Good Practices

Regular feedback is obtained from students on a routine basis for several components of the study programme in the final year and during lectures. This is constantly reviewed and used to improve on the clinical training programme.

Weaknesses

The feedback regarding student achievement of learning objectives is not available. There is no feedback on any of the clinical appointments or special appointments during the 3rd and 4th years of the programme.

4. Extent and use of student feedback

Strengths/Good Practices

1. Regular formal feedback is obtained from students on a routine basis for important components of the study programme: the professorial appointment and didactic teaching practices of individual staff members.

Weaknesses

1. The questions in the feedback form seem to lay more emphasis on student satisfaction rather than student competence or the student's perception of achievement of objectives.
2. No feedback on the 3rd and 4th year clinical appointments.

5 Postgraduate Studies

Strengths/Good Practices

1. Adequate patient turnover for clinical training
2. Training in endoscopy and dialysis procedures

Weaknesses

1. Lack of systematic supervision for postgraduate MD trainees
2. Inadequate on site facilities for referencing for postgraduates
3. No dedicated postgraduate teaching program

6. Peer Observation

Strengths / Good Practices

None of note.

Weaknesses

1. There is no established procedure of peer observation, where departmental members can give each other feedback individual teaching practices.

7. Skills Development

Strengths / Good practices

1. Students are provided good opportunities to develop clinical skills and attitudes.
2. The logbook currently used by the final year students has been thoughtfully prepared and is an excellent guide for students to develop clinical skills.

Weaknesses

1. Students are not given enough support to encourage self-learning behaviour, as library facilities and IT facilities (access to internet) are, at present, inadequate, and no evidence of attempts by the Department to develop language skills.

8. Academic Guidance and Counselling

Strengths/Good Practices

Students are satisfied with the assistance and support available and utilise these services when required.

Weaknesses

None

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	Good
Quality of Students, including Student Progress and Achievement	Good
Extent and Use of Student Feedback	Satisfactory
Postgraduate Studies	Satisfactory
Peer Observation	Unsatisfactory
Skills Development	Satisfactory
Academic Guidance and Counselling	Good

The overall judgment is suspended

6. RECOMMENDATIONS

1. The DOG may discuss with the Faculty and University to recruit additional temporary senior staff to help improve the running of the program until permanent cadre can be revised.

2. The DOG may explore the availability of more units/hospitals for clinical training in reasonable proximity to the University.

3. It is recommended to ensure that students possess adequate basic clinical skills through the clinical and communications skills course before commencement of the clinical appointments in the third year.

4. Including chest medicine in the list of clinical appointment is recommended.

5. Lengthening one or more of the 3rd and 4th year general medical appointment is recommended.

6. It is recommended to provide updated and enhance numbers of commonly recommended textbooks in the library.

7. It is recommended to make reference books available in the hospital/ward for both undergraduates and PGIM trainees.

8. The DOG may consider awarding credit for the final year log book towards the final year mark.

9. It is recommended to introduce the practice of analysis of used MCQs and make it available for reuse.

10. The DOG may discuss with the Consultant staff of the other medical units to modify current admission policy to the wards.

11. Introducing a program for PGIM trainees to formalise supervision, teaching and research is recommended.

12. Instituting a formalised process for regular peer observation of teaching is recommended.

13. It is recommended to provide more support to develop generic skills, such as, encourage self-learning behaviour, by improving library facilities and IT facilities (access to internet)

14. It is recommended to include questions with regard to student achievement of learning objectives in the feedback questionnaires given to students.

15. It is recommended to obtain regular feedback from the clinical training in the 3rd and 4th years to ensure student progress throughout their training.

7. ANNEXES

Annex 1. AGENDA FOR THE REVIEW VISIT

Day 1 – 20.06.2007

08.30 – 09.00	Private meeting of Review Panel with QAA Council Representative
09.00 – 09.30	Discuss the agenda for the visit
09.30 – 10.00	Meeting with the Dean, Head of the Department, academic and non-academic staff of the Department (working tea)
10.00 – 11.00	Department Presentation on the Self Evaluation Report
11.00 – 12.00	Discussion
12.00 – 13.00	*Lunch*
13.00 – 13.30	Observing a lecture
13.30 – 15.00	Observing department facilities, and other facilities (library, resource centre etc)
15.00 – 16.00	Meeting of Reviewers

Day 2 – 21.06.2007

09.00 – 09.30	Meeting with undergraduate students (11 batch)
09.30 – 10.00	Observing student presentation
10.00 – 11.00	Observing Documents (Working Tea)
11.00 – 11.30	Meeting with undergraduate students (12 batch)
11.30 – 12.15	Meeting with Technical Staff and Other Non-Academic Staff
12.15 – 13.15	Lunch
13.15 – 14.00	Observing tutorials
14.00 – 14.30	Observing facilities in the hospital/wards
14.30 – 15.00	Meeting with Postgraduate Students

Day 3 – 22.06.2007

09.00 – 09.30	Observing teaching: ward class, skills laboratory
09.30 – 10.00	Meeting with Consultant Physicians at CSTH, and inspecting wards
10.00 – 10.30	Meeting Student Counsellors/Academic Advisors/Personal Tutors
10.30 – 11.00	Reviewers Private Discussion
11.00 – 12.00	Meeting with Head and Staff for Reporting
12.00 – 13.00	*Lunch*
13.00 – 15.00	Report Writing

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

1. Prof Jayantha Jayawardana, Dean, Faculty of Medical Sciences, University of Sri Jayewardenepura and Prof. Narada Warnasuriya Vice Chancellor University of Sri Jayewardenepura.

2. Members of the academic staff in Department of Obstetrics and Gynaecology:

   Dr R.P. Pathiraja, Senior Lecturer and Head of Department
   Dr Rukshan Fernandopulle Senior Lecturer
   Dr. Ajith Fernando Senior Lecturer
   Dr Himani Molligoda Senior Lecturer
   Dr S. Amarasekera (Temporary Clinical Registrar)
   Dr Dilrukha Chandrasiri (Temporary Demonstrator)

3. Non-academic staff members in the Dept of Medicine
   Mrs Amita Senarath (Technical Officer)
   Mrs Hasitha (Laboratory Assistant)
   Mrs. K. Lionel Perera (Labourer)

4. Senior Assistant Librarian, Faculty of Medical Sciences, University of Sri Jayewardenepura

5. Undergraduate students following the Professorial appointment. (Batch 12).

6. Postgraduate trainees (two Registrars and the Senior Registrar Dr. Dhammika Silva, who are PGIM trainees, and the clinical registrar who is training for MRCOG Part 11)

7. Consultant Obstetricians & Gynaecology, Colombo South Teaching Hospital.

8. Student Counsellors in the Faculty of Medical Sciences
   Dr Sharaine Fernando
   Mrs Ramani Perera
   Dr Rasika Perera