

# **SUBJECT REVIEW REPORT**

**DEPARTMENT OF PSYCHIATRY**



***FACULTY OF MEDICAL SCIENCES  
UNIVERSITY OF SRI JAYEWARDENEPURA***

29<sup>th</sup> to 31<sup>st</sup> July 2008

**Review Team :**

Prof. K. A. L. A. Kurupparachchi, University of Kelaniya

Prof. Nalaka Mendis, University of Colombo

Dr. Ranil Abeysinghe, University of Peradeniya

Prof. (Ms.) Vasanthi Thevanesam, University of Peradeniya

## CONTENTS

	<b>Page</b>
1. Subject Review Process	2
2. Brief History of the University, Faculty and the Department	4
3. Aims and Learning Outcomes	5
3.1. Aims	5
3.2. Learning Outcomes	5
4. Findings of the Review Team	7
4.1. Curriculum Design, Content and Review	7
4.2. Teaching, Learning and Assessment Methods	8
4.3. Quality of Students including Student Progress and Achievements	10
4.4. Extent and Use of Student Feedback, Qualitative and Quantitative	10
4.5. Postgraduate Studies	11
4.6. Peer Observation	11
4.7. Skills Development	12
4.8. Academic Guidance and Counseling	12
5. Conclusions	13
6. Recommendations	15
7. Annexes	16

## 1. SUBJECT REVIEW PROCESS

Higher education is a 'public good' and is of crucial importance to health, wealth and well being of society and the economy. Universities must conscientiously exercise their responsibility for quality and standards. University accountability for quality and standards is a key factor in promoting and safeguarding public confidence in Sri Lankan higher education.

Subject review evaluates the quality of education within a specific subject or discipline. It is focused on the quality of student learning experience and on student achievement and is designed to evaluate the quality of both undergraduate and postgraduate programmes.

The subject review process was introduced by the committee of Vice-Chancellors and Directors (CVCD) and the University Grants Commission (UGC). The Quality Assurance and Accreditation Council (QAAC) of the UGC is now conducting subject reviews and institutional reviews in Sri Lankan universities. The following Review Team has been appointed by the QAAC to perform the subject review of the Department of Psychiatry,, Faculty of Medicine, University of Jayawardenapura from 29<sup>th</sup> to 31<sup>st</sup> July 2008.

- Prof K.A.L A Kurupparachchi. University of Kelaniya
- Prof Nalaka Mendis. University of Colombo
- Dr Ranil Abeysinghe. University of Peradeniya
- Prof. (Ms.) Vasanthi Thevanesam, University of Peradeniya

Key features of the subject review process are preparation of a Self Evaluation Report (SER) by the department on the discipline they teach, and the evaluation of the student learning experience and on student achievement in the subject according to the aims and learning outcomes as stated in SER by the subject review team (Review Team).

The SER of the Dept. of Psychiatry, University of Jayawardenapura submitted to the QA unit was received by the members of the Review Team in mid July 2008. It contained a brief description of the department and the undergraduate programmes conducted by the department (14 pages), and a summary of postgraduate activities of the department (1 page). There were 19 annexures resulting in a total of 71 pages.

The Review Team evaluated the quality of education in the Dept. of Psychiatry according to the aims and learning outcomes as claimed in their SER and supplemented by the presentation of the Head of Department at the beginning of the review process.. The purpose of the visit was to consider and test the evidence provided by the department.

At 8:30 am on the 29<sup>th</sup> of July 2008, the Review Team arrived at the university and met the QA specialist of IRQUE (Improving Relevance and Quality of Undergraduate Education) project for half-an-hour to be familiarized with the subject review process. At 9:00 am the Review Team including the QA specialist was invited for a welcome meeting by the Dean of the Faculty of Medicine for which Head, Dept. of Psychiatry was also invited. This was followed by a meeting of the Review Team with the Vice-Chancellor of the University of Jayawardenapura. Thereafter the Review Team met the Head, Dept. of Psychiatry and senior staff members of the department. The agenda for the review process was finalized. During the morning session Prof S T Kathirarachchi, Head of the Department gave a presentation which comprehensively covered the progress made by the department on all aspects included in the SER. She emphasized the changes made in the programme from the time the SER was

submitted to the QA unit. The Review Team agreed that the review process will accommodate those changes presented by the Head in addition to what was included in the SER. The review process thereafter progressed by the Review Team according to the agenda (Annexure 1).

### ***Peer Review Process***

The review processes adopted by the team were:

**meetings** held with the following groups and individuals

(Annexure 2 – List of those met by Review Team)

- Head of department and academic Staff members
- Non-academic staff members
- Multidisciplinary team at the Colombo South Hospital centre for Mental Health
- Undergraduate students – Medical Undergraduates & Counseling course students
- Postgraduate students
- Student counselors

**observation** of teaching/learning sessions – 2 ward classes . It was not possible to observe lectures as the Faculty was not in session.

**inspection** of the following facilities used for teaching/learning activities

- Student Library
- IT centre
- Languages Laboratory
- Skills Laboratory
- Family Health Centre
- “Manasuwa Piyasa” (Colombo South Hospital Centre for Mental Health)

**perusal** of the following documents: (Annexure 3)

- 3.1 Student Handbook
- 3.2 Student Log Book
- 3.3 Student’s Handbook for counseling course
- 3.4 Record of postgraduate programmes including accreditation report from PGIM for postgraduate training
- 3.5 PPD Hand book
- 3.6 Student presentation topics and evaluation records
- 3.7 Teaching, Learning and Assessment methods
- 3.8 Records of Peer Observation
- 3.9 Records of Student Feed back
- 3.10 Postgraduate thesis
- 3.11 Reports on Academic Guidance and Counseling
- 3.12 Leaflets for education (English And Sinhalese)

The Review Team at the end of the 3-day-visit made judgments on each of the eight aspects namely (i) curriculum design, content and review (ii) teaching learning and assessment methods (iii) quality of students including student progress and achievement (iv) extent and

use of student feedback, qualitative and quantitative (v) postgraduate studies (vi) peer observation (vii) skills development and (viii) academic guidance and counseling. An assessment whether each of these eight aspects is good or satisfactory or unsatisfactory was given at the end of the review.

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

### ***The University***

The University of Sri Jayewardenepura was established as an institution of higher education for Buddhist monks in 1856 as the “Vidyodaya Pirivena”. It acquired the status of a university campus in Sri Lanka in 1959 and assumed an independent university status as the University of Sri Jayewardenepura in 1978. The University now has 5 faculties and recruits approximately 9000 students annually.

### ***The Faculty***

The Faculty of Medical Sciences of University of Sri Jayewardenepura was established in 1992 under the Universities Act No.16 of 1978 order under section 21. This is the sixth out of the eight medical schools in Sri Lanka and is organized as 15 academic departments. The faculty currently offers undergraduate courses in Medicine [MBBS], Human Biology [ BSc], Pharmacy [BSc] and Medical Laboratory Technology [BSc]. The first extension course – A Certificate Course in Counseling, commenced in the year 2000 and has now been upgraded to a Diploma Course.

There are 1096 undergraduate students [Medicine (MBBS)-952, Human Biology(BSc)-12, Nursing(BSc)-68, Pharmacy(BSc)-37, Medical Laboratory Technology(BSc)-27] enrolled in the Faculty of Medical Sciences. Each year approximately a batch of 150 students enter the Medical Faculty. The entry criteria are based on the results of the Advanced Level examination. The University Grants Commission has control in selection and allocation of undergraduates to different faculties.

The MBBS course spans across five years of academic and professional studies. The students are assessed at four levels; 2<sup>nd</sup> MBBS, 3<sup>rd</sup> MBBS [Part 1 and Part 2 ] and the final MBBS examination. The faculty had a traditional curriculum for the first 16 batches and utilizes both conventional and modern teaching methods. The Faculty embarked upon curriculum change in 1996 based on a spiral curriculum and has made further changes in 2007. The new curriculum consists of 3 phases : Phase 1 – Behavioural Science Phase ; Phase 2 - Communication Skills, Clinical Skills and Phase 3 – Clinical phase which are assessed accordingly. Currently, the Faculty has students following both the traditional curriculum (Batches 13-16) and the New Curriculum (Batch 17)

Presently all medical graduates of local Universities are directly employed by the Ministry of Health [therefore employability is 100%]. This policy has continued for many decades but is likely to change in the near future as the entire health ministry cadre will be filled by the year 2010. The graduates also have substantial waiting time until employment following graduation due to reasons other than delays within the study programme.

## **The Department of Psychiatry**

The Department of Psychiatry was established in 1996 with the first academic member, Dr.S.T.Kathriarachchi who has served as Head of the Department since the inception. The first professor in psychiatry was appointed in 2006.

At present the department has a cadre provision for one chair and six senior lecturer/lecturer posts. The department has the first Senior Lecturer in Psychiatric Social Work in the University system Though there is a cadre provision for a psychologist, the post remains unfilled awaiting financial approval from the Ministry of Finance. Over the years, the department has lost 2 lecturers due to overseas migration and 1 Senior lecturer following overseas sabbatical leave. Temporary staff include 3 temporary demonstrators. Support staff in the department include 2 clerks and 1 labourer. One of the clerks will be leaving the department in the near future for overseas employment. At present there are 2 vacant posts for 1 technical officer and 1 computer applications assistant.

The Department of Psychiatry offers a spiraling curriculum for the medical undergraduates from the inception incorporating resources of the region. The purpose built psychiatric unit - “Mana Suwa Piyasa” is the first custom built centre for training available for different categories of trainees although such training has been available at other centres previously.

### **3. AIMS, LEARNING OUTCOMES AND PROGRAMME DETAILS**

#### **3.1 Aims**

Appreciating the functions of the normal and abnormal mind is a major learning experience and involves acquiring a range of knowledge, skills and attitudes, in a scientific and professional manner.

The learning programmes conducted by the Department aim to provide:

- 1) learning experiences of a high academic standard and in keeping with Faculty objectives
- 2) a core knowledge that enables students to function as professionals in their chosen spheres and satisfy the demands of potential employers and the service users
- 3) opportunities to develop relevant and necessary transferable skills and attitudes that will be essential in their personal and professional development
- 4) exposure to learning opportunities that enable students to cultivate their academic interests and research interests relevant to the field
- 5) support for teaching staff in all aspects including their professional development
- 6) a departmental environment that is receptive to students, employees and services users needs and maintains satisfactory standards
- 7) a departmental organisational structure that facilitates the effective delivery of teaching and assessment activities while ensuring high standards and periodical review

8) learning opportunities to function highest ethical standards

### 3.2 Learning Outcomes

On successful completion of programmes conducted by the Department a student should be able to:

1. describe the objectives of the programme, and core knowledge relevant to the programme
2. demonstrate the necessary transferable skills and apply them in practical situations
3. demonstrate the necessary attitudes that are essential for their future employment.
4. demonstrate abilities to pursue continued professional development and self-appraisal
5. demonstrate the ability to pursue their goals in academic development and research
6. demonstrate the ability to function as a member of a team
7. On successful completion of the programme, students should have gained knowledge, acquired skills and developed the required attitudes:

In the **Behavioural Sciences Phase of the MBBS course, (Phase I) students acquire knowledge** of the basics of psychology and social sciences, the human life cycle, concepts of health and mental health, the differences between health, disease & illness, the pathophysiology of stress and the psycho-social aspects of illness and **develop the skill** of empathising with patients and develop a caring attitude;

In the **Communication Skills, Clinical Skills Module & Introduction to Psychiatry Phase of the MBBS course, (Phase II) students acquire** knowledge of the altered functions of the mind, signs & symptoms of mental disorders, classification and aetiology of mental disorders, common psychiatric syndromes, basics of specialized areas in Psychiatry and treatment method in psychiatry and acquire good communication skills, enhanced caring attitudes and professional characteristics necessary for future employment.

In the **Clinical Phase of the MBBS course, (Phase III) students** consolidate knowledge gained in the Behavioural Sciences Phase and Communication Skills, Clinical Skills & Introduction to Psychiatry Phase and acquire skills in taking a relevant history, performing a mental state examination, planning management. strengthen their caring attitude and acquire professional characteristics to function with highest ethical standards and integrity.

In the **Certificate Course in Counseling** programme, knowledge of psychology, abnormal psychology, sociology, mental health and the basic concepts of counseling are taught. Students acquire skills in communication, identifying client needs, recognizing common mental illnesses and skills in counseling and develop a caring attitude.

To facilitate achieving these outcomes, the Department provides a teaching-learning experience that enables students to:

1. identify and rationally manage a defined range of mental health problems in Sri Lanka
2. develop and apply the attributes and personal characteristics necessary for a productive professional relationship
3. apply basic scientific knowledge of psychology, sociology and psychiatric phenomenology in a wide range of practice situations
4. apply communication skills and counseling skills in practical situations
5. demonstrate ability to function with highest ethical standards in relation to psychiatry
6. be providers of primary mental health care

7. be able to demonstrate ability to be a member of a professional team

### **Programme Details**

The following courses of study fall into the remit of the review: Content of each phase is developed taking in to consideration of the students' level of maturity and the course content of other disciplines of Medicine.

Course	Study phase	Time frame
MBBS Course	Behavioural Sciences Phase	1 <sup>st</sup> and 2 <sup>nd</sup> years of MBBS
MBBS Course	Communication Skills, Clinical Skills & Introduction to Psychiatry Phase	3 <sup>rd</sup> and 4 <sup>th</sup> years of MBBS
MBBS Course	Clinical Phase	Final year of MBBS
Certificate Course in Counseling		6 months duration

## **4. FINDINGS OF THE REVIEW TEAM**

These will be presented under eight aspects given in the introduction. Each aspect will provide the evidence gathered during the visit, highlight strengths, weaknesses and good practices along with recommendation and suggestion where needed.

### **4.1 Curriculum Design, Content and Review**

The design of the curriculum is based on the Institutional Objectives of the Faculty, details of which are available in the Student Hand Book in Psychiatry which is currently being reviewed to accommodate recent developments and changes in training structure.

The Faculty of Medical Science, University of Jayewardenepura undertook a spiral curriculum in 1996, in which the Department of Psychiatry participated in the teaching programme of the behavioral Science Stream (BSS) in the first 2 years and of psychiatry in the 3<sup>rd</sup> to 5<sup>th</sup> year of the course. The Faculty in 2007 changed its MBBS curriculum again, where the BSS stream was replaced by the Personal and Professional Development stream (PPD) which continues through first 4 years of the course. The Department of Psychiatry is the lead agent for this stream. However, the Department continues with the old curriculum for 4 batches until their courses are completed.. The Department therefore has a role in the undergraduate teaching programme in all 5 years of the course.

Since the Faculty of Medical Science was in the process of implementing a revised curriculum (from 2007), there were significant changes from the SER submitted by the Department of Psychiatry. The curriculum being followed by the 13<sup>th</sup>-16<sup>th</sup> batches had inputs from the department in 3 phases of the MBBS programme: Behavioural Sciences Phase (in the 1<sup>st</sup> and 2<sup>nd</sup> years), the Communication Skills, Clinical Skills & Introduction to Psychiatry Phase II (in the 3<sup>rd</sup> and 4<sup>th</sup> years) and Clinical Phase (final year) of the MBBS course. Phase one is being replaced by the Personal and Professional Development Stream and could not be evaluated by the review Team. As the clinical component of the programme was relatively unchanged and students were available for the review process, the emphasis of the Review team was on this component of the programme.

The clinical component of the training programme involves 2 changes in the curriculum revision. Firstly, the duration of clinical training has been increased from 4 weeks to 6 weeks. Secondly, the assessment of Psychiatry has been upgraded to a 65% component of an additional subject at the final examination from 15% of an existing subject. In addition, significant improvement in training was achieved with the opening of the University Psychiatry Unit, Colombo South Teaching Hospital, a purpose built centre. This facility enabled the shifting of a major component of the clinical training of medical undergraduates from Mental Hospital, Angoda to the Colombo South Teaching Hospital, ensuring relevant clinical exposure to undergraduates.

According to the information provided the course content and the assessment methods are reasonably organized. However we recommend to obtain opinion/observation from a specialist panel with regard to the counseling course.

**The overall judgment for this aspect is SATISFACTORY**

#### **4.2 Teaching, Learning and Assessment Methods**

We would like to make the following observations and suggestions with regard to the undergraduate teaching in Psychiatry at the Faculty of Medicine, University of Sri Jayewardenepura. It is a great achievement of the department to increase the psychiatric teaching and training input in the undergraduate curriculum to the current status.

According to the documents and subsequent information provided in the Behavioral Sciences Course and Personal and Professional Development stream, many topics related to psychiatry such as learning, personality development etc are addressed. However allocation of time for certain topics needs to be reconsidered as certain broad areas seems to be allocated inadequate time. In subsequent discussions, the head of the department of psychiatry mentioned that these inadequacies were attended to.

According to the information provided, tremendous work has been done to increase the clinical training up to the current position of six weeks. This clinical training is supplemented by organized, clinically relevant, problem based tutorials and lectures. Even though we were unable to observe lectures and tutorials, we were told that the assigned lecturer for the given topic in the teaching programme was responsible for that particular lecture. Tutorials were conducted in groups divided among the available lecturers.

Feed back forms were obtained from the students and it was mentioned that the peer review process is carried out. Lectures cover the main areas in psychiatry and tutorials seem to emphasize the important clinical problems encountered in psychiatry.

The main problems identified by the reviewers are in the clinical training component. The current thinking in psychiatry is to improve community psychiatry and to incorporate psychiatry into primary care and to avoid institutional treatment as much as possible. The students are exposed to one week (six days) of community training and three weeks of mental hospital training which is the reverse of modern trends.

Objectives for the clinical training should be clearly laid down, as some of the learning objectives were not very clear in the documents provided. E.g. Stated objective: students should be familiar with psychiatric emergencies. However, the nature of psychiatric

emergencies was not clearly stated. Also in the document provided, the limitations of the primary care doctor has not been made clear. For instance, when to refer patients to specialist care in important psychiatric conditions. In the Mental Hospital, Angoda, where students are expected to learn more about clinical psychiatry, it seems that students are taught details of admission policy, discharge policy and the legal procedures of the Mental Hospital, Angoda which may not be very useful when they are working as primary care doctors. Hence it is advisable to give clear guidelines to what extent undergraduates should learn about administrative and legal procedures during this appointment. Consultants at the Mental Hospital, Angoda should also be provided with clear guidelines with regard to the undergraduate training.

Students are expected to carry their logbooks which is good practice. The log book indicates the number of patients to be seen by the student in particular situations (pages 7-9). However, it is recommended that students be encouraged to see a variety of clinical problems during their training rather than limiting themselves to a particular number of cases.

Psychiatry training in the Colombo South Teaching Hospital addresses multidisciplinary approaches in psychiatry and students are exposed to this important aspect of care during this component of training. (The Review Team noted that this approach is not practiced at present in the primary care level in Sri Lanka due to constraint in resources)

In 'sit down classes' important topics such as schizophrenia and dementia were not covered according to the documents provided. Even though these conditions are covered in the clinical component it may be worthwhile incorporating them in the "sit down" classes as well.

### **Assessment Methods.**

All examination procedures have been granted Faculty and Senate approval. The examination is set by a panel of examiners approved by the Senate which includes external examiners who participate in the assessment of students in the clinical component. The Review Team was informed that external examiners provide informal comments with regard to the performance of the students. There was no documentary evidence of Formal feed back from external examiners. However, the Review Team was informed that informal feed back is obtained and utilized in the assessment review process.

Questions with model answer schemes are provided by examiners and moderation of questions is performed within the Department. Documentary evidence on marking schemes was available for inspection. Two examiners correct essay questions and the average mark is taken. When there is 15-mark discrepancy the examiners go through the answer script again to come to an agreement.

The marks obtained by student batches of 1992-2002 were available and demonstrate that students achieve an average of between 52-63% in the psychiatry component of the final MBBS examination.

The reviewers noted that students are allocated 20 minutes for the long case in the clinical component of the examination.. However, assessment may be improved by increasing the duration to 30 minutes even though there are time constraints as psychiatric assessment of the patient may require a longer period of time. In subsequent discussions, the head of department mentioned that they have looked in to this matter.

Currently, with the old curriculum still operational for the 4<sup>th</sup> and 5<sup>th</sup> year students, the assessment of psychiatry occurs within the Medicine paper and is given 15% marks. However, a change of assessment has been approved by the Faculty Board and from 2009, a separate paper for which, 65% of marks is allocated to Psychiatry and 35% to Family Medicine will be set at the Final MBBS examination. Distinction will be given for Psychiatry when the student achieves the required amount of marks. The combined assessment of Psychiatry and Family Medicine as a separate subject in the final examination is a considerable achievement and will provide impetus for a independent psychiatry assessment in the future.

**The overall judgment for this aspect is SATISFACTORY**

### **4.3 Quality of Students including Student Progress and Achievements**

#### **Student Profile**

- Students for the MBBS Course are entrants to the Faculty of Medical Sciences, based on competitive selection at the General Certificate of Education (Advanced Level) examination, conducted by the Ministry of Education. The Department has no contribution to the selection process.
- Medical undergraduates have unrestricted opportunities to contribute to all other activities that are integral to the university including student union activities, cultural events, sports and recreation, which are encouraged by the Department..

#### **Progress and Achievement**

Until a significant component of the final year marks are allocated to Psychiatry, it is difficult to measure the student achievement by the final year results.

**The overall judgment for this aspect is SATISFACTORY**

### **4.4. Extent and Use of Student Feedback**

Student feed back is obtained in several ways.

Students are represented in the monthly Faculty Board meetings. In the monthly departmental meeting there is participation of the clinical demonstrators (who have recently graduated from the university) and decisions regarding examinations formats, lectures and clinical appointments are discussed and their feedback and opinion is sought regularly.

In discussion with students, it was clear that the Department obtained feedback informally through discussions with junior and senior staff during the clinical appointments and small group discussions. However, more formal feed back was also obtained through the use of questionnaires at various stages of the course. These included evaluation of the programme as well as of the teachers. Analysis of feedback was available for inspection. However, there was no documentary evidence of action taken on the result of such feedback..

**The overall judgment for this aspect is GOOD**

#### **4.5 Postgraduate Studies**

The main Postgraduate studies of the Department were in relation to clinical training on the MD Psychiatry programme as well as the psychiatry component of the MD in Medicine. The training was carried out in a purpose built unit 'Mana Suwa Piyasa' (ward 33) in the Colombo South teaching Hospital. The environment is both very pleasant and very conducive for optimum learning. The wards, where much of the training takes place were also well appointed and clean. There was a seclusion facility in the ward complex as well as a well equipped ECT unit. The trainee doctors have residential facilities for overnight stay as well good accommodation facilities. The learning area where classes and journal clubs are conducted is spacious and air conditioned.

The unit has 3 fully qualified consultants who are an important resource in post graduate training.

The main concern in this training programme was the lack of a variety of psychiatric disorders in the wards. On the day of our visit to the unit there were only six patients in the female ward and nine patients in the male ward. We did not observe any seriously ill patients in the wards. This is clearly an inadequate number of patients for 3 MD trainees and 3 Diploma trainees. It is difficult to envisage that the trainees would be called upon to manage an adequate variety of psychiatric patients during their training period in the unit. In addition, although a number of protocols to manage psychiatric emergencies were made available to the trainees, it did not appear that the post graduate trainees would be called upon to manage many emergencies in this unit.

The concept and development of the Multi disciplinary team is laudable. However, currently this team consists of two social workers with limited training in psychiatric social work. Neither the psychiatric social workers nor the nursing officers appeared to be sufficiently trained for the purpose. There are no library or internet facilities in the unit. The trainees have to commute to the PGIM library which is located in Borella. The Review Team was able to witness only a journal club presentation as a part of post graduate training activity. The journal club was conducted in a well appointed and comfortable seminar room. Verbal presentations were not followed by any questions or critical analysis of the papers. Post graduate students must not only learn but show skills in critical analysis of the facts presented to them.

Research for postgraduate degrees is mainly supervised by one staff member. Participation of all academic staff in research activities and in PG supervision of research degrees is recommended.

**The overall judgement for this aspect is SATISFACTORY**

#### **4.6 Peer Observations**

Although there was no evidence of systematic peer review, the department has developed a format for peer evaluation of lectures (annexure 3.8) which had been carried out in an ad hoc fashion. It is recommended that peer review is carried out in a systematic way for all teaching/learning activities, including the clinical component.

**The overall judgement for this aspect is SATISFACTORY**

## **4.7 Skills Development**

Skills development of a department is in the context of the entire course offered by the Faculty. The Department of psychiatry provides inputs for skills mainly related to personal development, behaviour and clinical skills related to mental health.

The Behavioural Science Stream replaced in the new curriculum by the Personal and Professional development stream provide students with an opportunity to learn a wide range of basic skills in the areas of communication, problem solving, time management and interpersonal relationships based on the evidence from the literature. Students also have the opportunity to develop both oral and written presentation skills through small group discussions facilitated by the teaching staff. A short video communicating health information to patients prepared by a student team was viewed by the Review Team.

As the Faculty of Medicine was not in session, we were unable to observe any Teaching/ learning activities of this programme and cannot therefore comment on the effectiveness of the programme in transferring these skills. Analysis of specific skill acquisition (By portfolio) would be helpful

Clinical skills are commented on in section 4.2

### **Certificate course in Counseling:**

In the Certificate Course in Counseling, students have opportunity to learn wide range of basic skills in counseling and communication skills.

Student interest in all modules in the Certificate Course in Counseling is high as all modules are formally assessed.

**The overall judgement for this aspect is SATISFACTORY**

## **4.8 Academic Guidance and Counseling**

At the Faculty level, several initiatives have been taken to provide counseling facilities to students. Students on entry to the Medical Faculty are provided with a personal tutor (appx 10 students per academic staff member) whom the students can meet to discuss any problem. However, on discussion with the Student Counselors, it was clear that students in the early years of the course are more likely to consult academic staff directly related to the teaching programmes during that period (eg: Anatomy). A 'Moral Tutor' scheme where 3 staff members (one each from pre, para and clinical teachers) allocated to a group of students has also been set in place. Monitoring of these schemes for utilization and outcome would be helpful. The faculty also has the statutory student counselors. There is no evidence of training of academic staff for their function of 'counseling' though some staff have followed short courses provided within the Faculty.

At the Department level, both counseling and academic guidance are provided in a systematic way. An academic member from the department is available at the counseling centre of the university health centre, 2 sessions a week, to counsel students with personal difficulties. The centre was also established with the initiative of the department. The academic staff of the

department are timetabled to be available at the department every afternoon so that students have access for both academic guidance and/or counseling.

Academic guidance is provided by both senior and junior staff. One senior member of staff is timetabled every day in the morning at the clinical unit for students to present cases and to discuss clinical issues. In addition, mentoring by junior medical staff also occurs during the clinical appointments. One demonstrator is available daily to meet with students. Demonstrators identify students with difficulties and provide additional support and guidance. For further help needy students are referred for guidance and counseling by a senior member of the staff

**The overall judgement for this aspect is Good**

## 5. CONCLUSIONS

<b>5.1</b>	<b>Curriculum design, Content and Review</b>
	<u>Strengths/Good Practices</u> <ul style="list-style-type: none"> <li>Increased duration of clinical teaching from 4 to 6 weeks</li> <li>Behavioural sciences related to psychiatry and professional development have been addressed to a reasonable extent.</li> <li>Also tried to cover main areas in psychiatry including common psychiatric problems)</li> </ul>
	<u>Weaknesses</u> <ul style="list-style-type: none"> <li>Only a quarter of the clinical teaching is community based. More emphasis on community oriented psychiatry required</li> </ul>
<b>2</b>	<b>Teaching, Learning and Assessment Methods</b>
	<u>Strengths/Good Practices</u> <ul style="list-style-type: none"> <li>Separate assessment of psychiatry and family medicine with increased weightage for Psychiatry (from 15%) to 65% in the Final MBBS Examination</li> <li>try to cover a wide range of clinical problems during the clinical training supplemented with lectures, small group discussions and tutorials</li> <li>Assessment Methods – All the answer scripts are corrected by two examiners and an external examiner participates for the clinical component</li> </ul>
	<u>Weaknesses</u> <ul style="list-style-type: none"> <li>Some aspects covered in the Mental Hospital, Angoda teaching programme, such as details of admission policy may be irrelevant for undergraduate training</li> </ul>
<b>5.3</b>	<b>Quality of Students, including Student Progress and Achievements</b>
	<u>Strengths/Good Practices</u> <ul style="list-style-type: none"> <li>There is a high demand among students to follow the course at the University of Jayawardenapura</li> </ul>
	<u>Weaknesses</u> <ul style="list-style-type: none"> <li>None</li> </ul>
<b>5.4</b>	<b>Extent and Use of Student Feedback, Qualitative and Quantitative</b>
	<u>Strengths/Good Practices</u> <ul style="list-style-type: none"> <li>The department obtain students' feedback quantitatively by using an evaluation form (questionnaire)</li> </ul>

	<ul style="list-style-type: none"> <li>The findings of the student feedback were discussed with the Head or at departmental staff meetings.</li> </ul>
	<u>Weaknesses</u> <ul style="list-style-type: none"> <li>The good practices initiated in the quantitative students' feedback can be further strengthened if the responses of the students were statistically analyzed.</li> <li>All the academics including the visiting faculties too to follow this good practice</li> </ul>
<b>5.5</b>	<b>Postgraduate Studies</b>
	<u>Strengths/Good Practices</u> <ul style="list-style-type: none"> <li>Custom built facility for training</li> </ul>
	<u>Weaknesses</u> <ul style="list-style-type: none"> <li>Inadequate exposure to patients with a wide range of psychiatric disorders including psychiatric emergencies</li> <li>Non critical approach to learning</li> </ul>
<b>5.6</b>	<b>Peer Observation</b>
	<u>Strengths/Good Practices</u> <ul style="list-style-type: none"> <li>The department follows a procedure to observe the theory class teaching of an academic staff by another member of the department</li> <li>The Reviewer gives his/her comment on a prescribed form called Peer Review Report</li> </ul>
	<u>Weaknesses</u> <ul style="list-style-type: none"> <li>The peer observation process practiced by few academics not extended to all academics and part-time &amp; visiting staff</li> <li>Peer observation not extended to ward classes and tutorials</li> </ul>
<b>5.7</b>	<b>Skills Development</b>
	<u>Strengths/Good Practices</u> <ul style="list-style-type: none"> <li>Many activities to assist in skills development including the IT centre and the language laboratory</li> <li>Behavioural sciences and Professional development streams help the students to acquire necessary professional skills.</li> <li>Students gain relevant clinical skills during the clinical training.</li> </ul>
	<u>Weaknesses</u> <ul style="list-style-type: none"> <li>Unable to observe the process – so unable to comment</li> </ul>
<b>5.8</b>	<b>Academic Guidance and Counseling</b>
	<u>Strengths/Good Practices</u> <ul style="list-style-type: none"> <li>Availability of updated students' Handbook and University Academic Calendar</li> <li>There is an organized student guiding and counseling system</li> </ul>
	<u>Weaknesses</u> <ul style="list-style-type: none"> <li>None</li> </ul>

**The judgment given for the eight aspects of the subject review are summarized below.**

<b>Aspect</b>	<b>Judgment</b>
Curriculum Design, Content and review	Satisfactory
Teaching, learning and Assessment Methods	Satisfactory
Quality of Students Including Student Progress and Achievements	Good
Extent and Use of Student Feedback,	Good
Postgraduate Studies	Satisfactory
Peer Observations	Satisfactory
Skill Development	Satisfactory
Academic Guidance and Counseling	Good

***The overall judgment is suspended***

### ***Acknowledgements***

The Review Team appreciates the excellent working arrangement made by the department during the review visit. The staff members understand about the review process and displayed all necessary documents to assist our review. Whenever the Review Team needed more information or documents the Head of the Department and the academic staff provided the same. The non-academic staff too facilitated our process with the common objective towards the development of the department. The Review Team is grateful to all the categories of staff in the department for the support given during our visit.

## **6. RECOMMENDATIONS**

- Increase the number and variety of patients with psychiatric disorders in the in patient unit possibly by increasing the number of beds or at least admitting more patients to fill the existing beds.
- Expose the trainees to management of psychiatric emergencies that present to casualty wards.
- Increase the exposure to alcohol related disorders
- Use the journal club presentations to improve the skills in critical analysis
- Start a library in the unit for under graduates and post graduates.
- Take steps to enhance the professional skills of nurses and psychiatric social workers.

## 7. ANNEXURES

### **Annex 1. AGENDA FOR THE SUBJECT REVIEW VISIT - DEPARTMENT OF PSYCHIATRY UNIVERSITY OF SRI JAYEWARDENEPURA**

#### **DAY 1: 29/07/2008 University of Sri Jayewardenepura**

- 8.30 a.m.- 9.00 a.m. Meeting of Review Panel with Quality Assurance Council Representatives - Department of Psychiatry (Library Building)
- 9.00 a.m. – 9.30 a.m. Meeting with Vice Chancellor, Dean & Head of the Department
- 9.30 a.m. – 10.30 a.m. Introduction of Academic Staff to the Review Team Presentation & discussion on subject review (Working tea)
- 10.30 a.m. – 11.30 a.m. Observing university facilities
- 11.30 a.m. – 12.30 p.m. Observing documents
- 12.30 p.m. – 1.30 p.m. Lunch
- 1.30 p.m. – 2.15 p.m. Meeting with non academic staff and medical students (students who have completed, final year students, 3<sup>rd</sup> & 4<sup>th</sup> year students, new curriculum students)
- 2.15 p.m. – 2.30 p.m. Meeting with counselling students
- 2.30 p.m. – 3.00 p.m. Meeting with counsellor, student counsellors & member of student welfare committee
- 3.00 p.m. – 4.30 p.m. Meeting of reviewers

#### **DAY 2 : 30/07/2008 ‘Mana Suwa Piyasa’, Ward 33, Colombo South Teaching Hospital**

- 9.00 a.m. – 10.00 a.m. Head meets Review Panel, observing unit facilities
- 10.00 a.m. – 10.45 a.m. Meeting with Multi Disciplinary Team
- 10.45 a.m. – 11.00 a.m. Tea
- 11.00 a.m. – 12.00 noon Observing clinical teaching
- 12.00 noon – 1.30 p.m. Observing Journal Club (Postgraduate)
- 1.30 p.m. - 2.30 p.m. Lunch
- 2.30 p.m. – 3.30 p.m. Meeting with MD medicine trainees & MSc. psychology trainee
- 3.30 p.m. – 4.30 p.m. Meeting of reviewers

#### **Day 3 : 31/07/2008 (‘Mana Suwa Piyasa’, Ward 33, Colombo South Teaching Hospital)**

- 9.00 a.m. – 10.00 a.m. Meeting with postgraduate students senior registrar, registrars & diploma trainees
- 10.00 a.m. – 11.00 a.m. Observing ward class teaching
- 11.00 a.m. – 11.15 a.m. Tea
- 11.15 a.m. – 12.15 p.m. Meeting with Head & staff for reporting
- 12.15 p.m. – 1.30 p.m. Report writing
- 1.30 p.m. – 2.30 p.m. Lunch

**Annex 2. LIST OF PERSONS MET BY THE REVIEW TEAM**

1.	Academic Staff of Department of Psychiatry	Dr I Karandawala Dr K.P.M Kulatunga Dr E.A.R Perera
2.	Support staff of Department of Psychiatry	Ms.I Rupasinghe Mr.S Fonseka Mr.M Rupasinghe
3.	Medical students	2 each from the 13th, 14th, 15th, 16th, 17th and 18th batches nominated by the Batch Representative
4.	Counselling course students	Dr.I Mudalige Mrs.T Amaresekara
5.	Student Counsellors	Dr.S.Yasawardene Dr.I Premathilaka Dr.C.Kariyawasam
6.	Counsellor at the University Medical Centre	Dr.E.A.R.Perera
7.	Multidisciplinary team at the hospital	Doctors, Nurses, Occupational Therapist, Social workers and Labourers
8.	Postgraduate trainees in Psychiatry	Senior Registrar - Dr.R.Malvenna Registrars - Dr.Indika Mudalige and Dr.Mangala Wickramasinghe Diploma Trainees - Dr.Ravi Kathriarachchi Dr.Buddhika Jayawardene Dr. Jayantha Gurusinghe

### **Annex 3. POST GRADUATE TRAINING AND RESEARCH SUMMARY**

Accepted by the PGIM as a Training Centre for post graduate training for training Psychiatry. Increasingly other disciplines of the PGIM have recognized training at the institute.

#### **1. No of Post Graduate Trainees in Psychiatry**

<b>Year</b>	<b>Consultant</b>	<b>Registrar</b>	<b>Senior Registrar</b>	<b>Diploma Trainee</b>
2006	3	4	1	NA
2007	3	4	2 (1 six months)	NA
2008	3	4	2 (1 six months)	3

#### **2. Trainees in other disciplines**

<b>Discipline</b>	<b>No</b>	<b>Year</b>
MD Medicine	5	2008
MD Venereology	1	2008
MD Family Medicine	1	2007
Diploma In Family Medicine	7	2007

#### **3. Research Supervision**

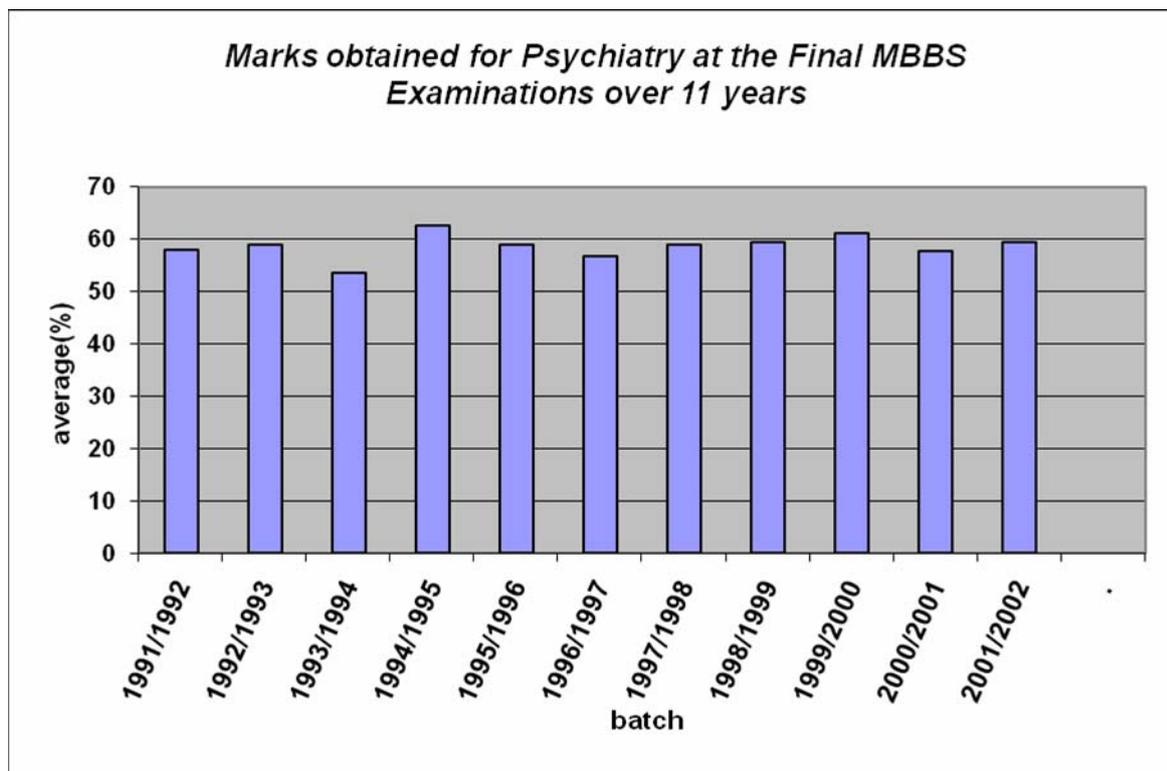
<b>Supervisor</b>	<b>Training Programme</b>	<b>Year Commenced</b>	<b>No</b>	<b>Current Status</b>
S.Kathriarachchi	MD Community Medicine (By Research)	2001	1	Completed
S.Kathriarachchi	PhD	2000	1	Completed (1 article 2 papers)
S.Kathriarachchi	PhD	2004	1	In Progress (8 Papers)
S.Kathriarachchi	Dissertation – MD Psychiatry	1999	1	Accepted (Won an Award for the best paper)
S.Kathriarachchi	Dissertation – MD Psychiatry	2000	1	Completed
S.Kathriarachchi	Dissertation – MD Psychiatry	2004	1	Completed
S.Kathriarachchi	Dissertation – MD Psychiatry	2004	1	Completed
R.Weerasundera	Dissertation – MD Psychiatry	2006	1	In Progress
I.Karandawala	Dissertation – MD Psychiatry	2006	1	In Progress
R.Weerasundera	Dissertation – MD Psychiatry	2007	1	Completed
S.Kathriarachchi	Dissertation – MD Psychiatry	2007	1	In Progress

S.Kathriarachchi	Dissertation – MD Psychiatry	2008	1	In Progress
N.Dolage	Diploma in Counseling	2006/07	1	Completed
M.Kulatunga	Diploma in Counseling	2006/07	1	Completed
R.Perera	Diploma in Counseling	2006/07	1	Completed
S.Kathriarachchi	Undergraduate Research	2000 – 2004 2008	4	Completed (1 <sup>st</sup> research supervised won best paper award)
R.Weerasundera	Undergraduate Research	2007	1	Completed
M.Kulatunga	Undergraduate Research	2008	1	Completed
R.Perera	Undergraduate Research	2008	3	Completed

### Research Grants

Principle Investigator	Grantee	Year of Commencement	Status	Outcome
S.Kathriarachchi	USJP	2000	Completed	1. Publication in an international Journal 2. Oration

### Annex 4. BAR DIAGRAM OF MARKS



## **Annex 5. GUIDELINES FOR CLINICAL EXAMINATION – PSYCHIATRY**

1. Clinical examination is held at the end of final year clinical appointment (Students had one month appointment in the Mental Hospital Angoda & Community and one month in the final year).
2. Panel of 02 examiners examine each candidate.
- 3. Long Case**  
Student interviews a patient for 50 minutes & prepare for examination for 10 minutes
4. Long case evaluates students' ability to take a relevant history, perform a MSE, to do a relevant physical examination & formulate a management plan.
5. Emphasis focused on the students' ability to discuss differential diagnosis, formulate a rational management plan for his differential diagnosis & management problems. This includes physical, psychological & social aspects of management. One or two questions could be asked to examine students' ability to manage similar patients in peripheral places.
6. One examiner would focus on long case & allow the other examiner asks one or two questions to sum up.
7. Marks are decided by individual examiners. If there is a discrepancy over 10 a discussion is held among consultants.
- 8. Case Histories**  
Second part of the examination, consists of 10 minutes Viva on the cases the students has seen during the final year appointment where the student had been involved in management. Focus is on students' learning during the clinical attachment of the final year appointment. For this purpose student is expected to bring a minimum of 06 case histories, where they were involved in managing. Case mix is comprises of patients with Schizophrenia, Bipolar Disorders, Depression, Deliberate Self-Harm, Alcohol Use, Child/Organic Psychiatric Disorder and a Neurotic Disorders.
9. The other examiner asks questions on one or two case histories the student has taken & allow the other examiner to sum up with one or tow questions.
10. Examiners alternate in examining students' long case & case histories.

## **Annex 6. GUIDELINES FOR CLINICAL TUTORS AT THE INSTITUTE OF PSYCHIATRY, ANGODA**

Clinical training in psychiatry of medical undergraduates at USJP commences at the Institute of Psychiatry, Angoda.

Prior to commencement of clinical training student go through Behavioural Sciences Curriculum which enables them to understand normal psychological phenomena (psychology), concepts of medical sociology, concepts of health and disease and to acquire basic communication skills.

Specific learning outcomes to be achieved during training at the Institute of Psychiatry are listed below. (Pages 22-25 of Student Hand Book in Psychiatry)

### **Duration - Three weeks**

First week of the clinical attachment will be at Mental Hospital Angoda. Students need to learn psychiatry and psychosocial issues in a mental hospital setting during this period. Transport will be provided under university regulations.

#### **General Objectives**

- Observe the range of patients in the Mental Hospital setting
- Learn to elicit signs and symptoms of the patients of Mental Hospital
- Learn the admission and discharge procedure of the Hospital
- Learn the medico-legal issues in relation to Psychiatry
- Learn how to deal with psychiatric emergencies
- Learn about rehabilitation of patients

#### **Schedule**

At Mental Hospital Angoda you will be assigned to a consultant & his team. You are expected to be with the same team throughout the week.

#### **Specific Objectives**

A

- 1) To observe the range of patients admitted to the Mental Hospital Angoda mandatory cases to be seen - Schizophrenia, Bipolar Affective Disorder, Dementia and Problems associated with alcohol abuse.
- 2) Know the presentations of emergencies to Mental Hospital Angoda. Students are expected to see patients admitted to the Psychiatric Intensive Care Unit at the Out Patient Department.
- 3) Discuss with the medical team and learn the management of psychiatric emergencies. (a patient with mania, a patient with severe depression, a suicidal patient, an acutely disturbed patient, and a restless patient)
- 4) Learn to elicit signs and symptoms from patients with mental disorders
- 5) Learn history taking and mental state examination of the patients who are admitted
- 6) Learn the management of patients with alcohol dependence syndrome and schizophrenia in a medium stay hospital
- 7) Learn the management of patients with chronic mental illnesses.

8) Discuss with the consultant in charge and the team to consolidate the learning

**B**

- 1) Learn to elicit signs and symptoms of inward patients and prepare case presentations and discuss with the consultant in charge.
- 2) Learn and discuss the rehabilitation process and the Electro Convulsive Therapy (ECT) practised in the hospital
- 3) Discuss the psychosocial problems of the patients admitted to the hospital
- 4) Observe the wards where patients with mental disorders and associated forensic and legal issues are admitted to and learn the admission and discharge procedure of such patients
- 5) Learn and discuss the admission and discharge procedure of the hospital
- 6) Discuss with the consultant in charge the intended changes in the legislation to maximise the benefit to the patient
- 7) Observe the electro convulsive therapy procedure and the long stay wards in the hospital.

**Annex 7. MARKING CRITERIA**

SEQ's in psychiatry at the final MBBS examination (currently 2 SEQ's in the Medicine paper carrying 15% marks) are prepared by individual lecturers, along with the marking scheme for the individual question. The question and the mark allocation are discussed with the Head of the Department for moderation and 2 questions are selected. Following the discussion suggested changes are made to both the questions and the model answer. Individual answer scripts are marked by 2 academic staff members. Where there is a discrepancy >15% between the 2 sets of marks allocated the lecturers have a discussion and decide on the final mark for the particular SEQ.

## **Annex 8. END OF MODULE FEEDBACK**

### **.....module feed back form**

Module chairperson:

This questionnaire is part of our continuing effort at Faculty to improve our curriculum and teaching, and to promote learning. We value your *anonymous* completion of this form. We will take into account your feedback in further development of this module.

Please answer all the questions **that apply to you** by ticking the category which best reflects your view. At the end there is space for you to provide feedback in you own words.

	Strongly agree	Agree	Disagree	Strongly disagree	If you disagree or strongly disagree please state why?
<b>Overall</b>					
1. The module was well organized					
2. The objectives of the module were made clear					
3. The pacing of the module was good					
4. Information provided on this module (reading materials, hand outs, etc...) was useful					
5. The library has the books / resources needed for this module					
6. The module helped me to think critically					
7. I have learnt skills that I could apply elsewhere					
8. The module was intellectually challenging					
9. The module has given me a good understanding of the subject					
10. The module has developed my interest in the subject					
11. The method (s) of assessment were appropriate to the objectives of this module					
12. Overall I'm very satisfied with this learning experience					
13. The work load was appropriate					
14. The introduction to "cardiovascular moduley" by a clinician stimulated my interest in the subject.					
15. The introduction to the module was useful to me.					
16. The "real life situations" in the module effectively kept my interest in the content areas listed.					
<b>Main content areas</b>					
17. Regarding the content areas "electrical activity of the heart and ECG"					
a. The objectives of the section were made clear					
b. The teaching/learning activities enabled me to meet its stated objectives.					
c. The pacing of the teaching/learning activities was good					
18. Regarding the content areas "cardiac cycle"					
a. The objectives of the section were made clear					
b. The teaching/learning activities enabled me to meet					

its stated objectives.					
c. The pacing of the teaching/learning activities was good					
19. Regarding the content area “JVP & arterial pulses”					
a. The objectives of the section were made clear					
b. The teaching/learning activities enabled me to meet its stated objectives.					
c. The pacing of the teaching/learning activities was good					
20. Regarding content areas “ Cardiac output”					
a. The objectives of the section were made clear					
b. The teaching/learning activities enabled me to meet its stated objectives.					
c. The pacing of the teaching/learning activities was good					
21. Regarding content area “Haemodynamics”					
a. The objectives of the section were made clear					
b. The teaching/learning activities enabled me to meet its stated objectives.					
c. The pacing of the teaching/learning activities was good					
22. Regarding content area “Cardio-vascular regulation”					
a. The objectives of the section were made clear					
b. The teaching/learning activities enabled me to meet its stated objectives.					
c. The pacing of the teaching/learning activities was good					
23. Regarding content area “Peripheral circulatory failure (shock)”					
a. The objectives of the section were made clear					
b. The teaching/learning activities enabled me to meet its stated objectives.					
c. The pacing of the teaching/learning activities was good					
24. Regarding content area “Heart failure & hypertension”					
a. The objectives of the section were made clear					
b. The teaching/learning activities enabled me to meet its stated objectives.					
c. The pacing of the teaching/learning activities was good					
25. a. Computing activities for this module were satisfactory					
<b>Language lab activities</b>					
26. a. The language lab activities were helpful to me.					
<b>Skills lab activities</b>					
27. a. The clinical skills session on examination of CVS was helpful.					

## Open-ended Comments

What did you like about this module?

What were the problems you faced during this module?

How could this module be improved?

Please use this space for any further comments you'd like to make about this module.

Comment of formative assessment.

**Thank you for taking the time to complete this questionnaire.**

**Annex 9. STUDENT FEEDBACK ON CLINICAL TEACHING (Teacher Evaluation)**

1. Teacher was punctual (started on time and finished on time)  
Agree/ Disagree

2. The environment was suitable for teaching.

1	2	3	4	5
---	---	---	---	---

3. The teacher was confident in teaching the subject.

1	2	3	4	5
---	---	---	---	---

4. The methods of clinical teaching adopted were effective.

1	2	3	4	5
---	---	---	---	---

5. The teacher provided adequate demonstrations of clinical skills.

1	2	3	4	5
---	---	---	---	---

6. The clinical teaching has helped me to improve my knowledge.

1	2	3	4	5
---	---	---	---	---

7. The teacher stimulated independent thinking of students by discussion.

1	2	3	4	5
---	---	---	---	---

8. The teacher encouraged students to ask questions.

1	2	3	4	5
---	---	---	---	---

9. The teacher gave clear answers to the questions.

1	2	3	4	5
---	---	---	---	---

10. The teacher was a good role model.

1	2	3	4	5
---	---	---	---	---

1	Strongly agree
2	Agree
3	Nor sure
4	Disagree
5	Strongly disagree

## **Annex 10. STUDENT FEEDBACK ON TEACHER EVALUATION**

1. Teacher was punctual.

Agree/ Disagree

2. The objective of the lecture was clearly given at the beginning of the lecture.

1	2	3	4	5
---	---	---	---	---

3. Important concepts were clearly explained.

1	2	3	4	5
---	---	---	---	---

4. The “must know”/”good to know”/ “nice to know” areas were not emphasized.

1	2	3	4	5
---	---	---	---	---

5. Power point presentations were clear.

1	2	3	4	5
---	---	---	---	---

6. Language was simple and clear.

1	2	3	4	5
---	---	---	---	---

7. The speed/ pace was acceptable.

1	2	3	4	5
---	---	---	---	---

8. The lecturer encourages students participation during the lecture.

1	2	3	4	5
---	---	---	---	---

9. Important points were summarized at the end of the lecture.

1	2	3	4	5
---	---	---	---	---

10. Handouts were

Given/Not given

11. If given the hand outs were clear.

1	2	3	4	5
---	---	---	---	---

1	Strongly agree
2	Agree
3	Nor sure
4	Disagree
5	Strongly disagree