SUBJECT REVIEW REPORT

DEPARTMENT OF MEDICINE

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF SRI JAYEWARDENEPURA

20th to 22nd June 2007

Review Team :
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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 Ruhuna, Kelaniya and Colombo to undertake the subject review of the Department of Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura. Members of the Review Team were:

Prof. Rifdy Mohideen (Review Chair)

Prof. Janaka de Silva

Dr Nilukshi Abeysinghe

Purpose and Aims of the Review

The subject review was undertaken to evaluate the quality of the teaching programme conducted by the Department of Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura. The review visit was carried out between 20 and 22 June 2007 (see Annex 1 for Programme). The process used was acquisition of additional information through discussion of issues, and gathering of and analysis of evidence. These findings were then compared with the Self Evaluation Report (SER) presented by the Department of Medicine. 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 listed below:

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

The Faculty of Medical Sciences is in the process of changing its MBBS curriculum. The new curriculum will be introduced with the 2007 intake of students. However, since the Medicine programme is meant mainly for 3rd, 4th and final year students, the Department of Medicine will continue with the old curriculum until 2009. At present 4 batches of students are following the Medicine programme: students in Batch 11 (term 13), Batch 12 (term 11), Batch 13 (term 9), Batch 14 (term 5). The department participated in conducting the Introductory Clinical Skills Course for Batch 15.

Peer Review Process

The review processes adopted by the Review 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 Annexure 2 for list of persons met during the visit).

Observation of teaching/learning sessions – 1 lecture (for Batch 13), 1 student clinical presentation (Batch 11), 2 tutorials (Batch 11), 1 ward class (Batch 14), and 1 clinical skills teaching session (Batch 13).

Inspection of academic facilities: lecture halls, tutorial rooms, IT resource centre, skills laboratory, the faculty library, examination hall, wards 1 and 7 of the Professorial Medical Unit and the Dialysis Unit at Colombo South Teaching Hospital, and the teaching hospital auditorium. Departmental facilities 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. THE UNIVERSITY, FACULTY AND DEPARTMENT

Brief History of the University

The Vidyodaya University, which commenced academic functions in 1959, was renamed as the University of Sri Jayewardenepura in 1978. It is now one of the largest universities in the country, with over 9000 students registered for its academic programmes in 5 faculties.

The Faculty of Medical Sciences

The Faculty was established in January 1993.

The Department of Medicine

With regard to undergraduate courses, the Department of Medicine contributes mainly to the MBBS degree programme. The 11th Batch of students scheduled to complete their course in Medicine in October 2007. Presently, the 12th batch of students has completed their first term in the final year and will commence their Professorial appointments in August 2007.

The Department of Medicine has cadre provision for one Chair and 6 other academic posts: these are occupied by 4 Senior Lecturers and 1 Lecturer who is on study leave. The Professor of Medicine (cadre chair) has been selected recently, and is expected to assume duties within the next 2 to 3 months. Temporary staff comprise of three Temporary Demonstrators. Support staff in the department includes two technical officers, one laboratory attendant and two labourers. The Technical Officers also perform secretarial work.

All Senior Lecturers have the responsibilities as Consultant Physicians to the Colombo South Teaching Hospital. This hospital is a medium sized teaching hospital with approximately 600 beds. The Professorial Medical Unit has about 40 beds each in the male and female wards.

3. AIMS AND LEARNING OUTCOMES

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

Mission of the Department of Medicine

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

3.1. Aims

Knowledge, positive attitude and skills are interdependent components in the training of a doctor. Recognizing this, the Department of Medicine is committed to,

- The continuing achievement of excellence in teaching and learning.
- Students acquiring knowledge and understanding of health and disease and of the prevention and management of the latter.
- Students acquiring attitudes favourable to practice of medicine
- Evaluation of student attainment through appropriate assessment instruments.
- The personal development of students in those attributes of learning which enhance the acquisition of new knowledge, skills and attitudes

To achieve these aims, the Department of Medicine undertakes to provide the students with

- A motivated context for learning clinical medicine
- Clear learning objectives
- A well-structured core knowledge base
- A responsive and supportive departmental structure which encourages student learning
- Opportunities for students to develop the skills and enthusiasm required for life long learning.

3.2. Learning Outcomes (*objectives 1-15 of curriculum*)

At the end of the training in general medicine the undergraduates should,

1. Be able to diagnose, treat and prevent diseases common in Sri Lanka
2. Be able to recognize serious disease conditions in the early stages.
3. Possess knowledge of other diseases which illustrate important principles in medical sciences or are of major public importance in a global context.
4. Be competent to deal with medical emergencies with the available resources and be aware of what can be done in ideal circumstances
5. Be able to carry out basic medico-legal procedures e.g. informed consent, confidentiality
6. Have knowledge of different behavioural patterns in the causation and prevention of important communicable and non-communicable diseases.
7. Have knowledge of the limitations of the professional skills and available facilities and be able to recognize conditions where referral is necessary.

8. Possess knowledge of health statistics and demographics data with emphasis on trends with special reference to Sri Lanka
9. Have knowledge of the social, economic and cultural factors relevant in the practice of Medical in Sri Lanka.
10. Possess management and communication skills to function effectively in a health team and with other sections of the community and be able to take a leadership role when necessary
11. Be able to assess evidence both as to its reliability and relevance and to appreciate that conclusions are reached by logical deductions
12. Be capable of continuing self education, keeping abreast of advancing knowledge and developing an aptitude medical research
13. Be able to respond to patients and their families with empathy and to counsel them when necessary
14. Have knowledge of the interaction between people and their environment and the responsibility of the medical profession in promoting a healthy environment.
15. Realize the importance of ethical and legal issues and professional rights relating to individual doctor-patient relationships, interactions with other health professionals and with society as a whole.

The overall objective is for the students to achieve competence in acquiring the knowledge, skills and attitudes required for practice of medicine as an intern house officer and to be prepared for lifelong training.

A number of clinical training objectives have also been developed for the Professorial Medical Appointment. These are given below.

1. Upon completion of professorial medical appointment students should be able to;
2. Obtain a relevant clinical history.
3. Carry out general and specific clinical examination.
4. Apply the knowledge and understanding of the normal and altered structure and function to interpret the elicited symptoms and signs.
5. To arrive at a reasoned conclusion as to the cause of the disorder on the basis of signs and symptoms elicited
6. Identify and interpret appropriate investigate procedures and be aware of cost effective strategies when investigating.
7. Identify and interpret appropriate investigative procedures and be aware of cost effective strategies when investigating.
8. To carry out (as defined) or have the knowledge and understanding of procedural skills usually undertaken in the management.
9. Communicate effectively with the patient and his/her family clearly, politely at the same time with due regard to personal cultural and religious sensitivity.
10. To evaluate health information critically and be able to use such information during the professorial posting.

Details of the programme, curriculum content and teaching, learning and assessment methods have been given in the SER. Learning objectives are made available to students.

4. FINDINGS OF THE REVIEW TEAM

4.1. Curriculum Design, Content and Review

The Department of Medicine's curriculum has adopted a traditional one since the inception of the Faculty of Medicine.

The present curriculum is organ-based, and is described with stated aims, learning outcomes, learning objectives, core curriculum, and objectives to the clinical curriculum and made available to students. The department's main activities commence after the student passes the Second MBBS exam. The earliest contact is in the third year when all the students undergo a clinical and communication skills course conducted by the academic staff of the department. Students in the 3rd and 4th years remain in contact with the department when weekly lectures are given to them although clinical training during this period is done by the Ministry of Health Specialist staff. Lecture programme is complete at the end of the 4th year. Students complete a final appointment in the University Medical Unit of two months which is the most intensive part of their training in medicine. They also participate in tutorials and case presentations. Students who satisfactorily complete the clinical training are allowed to sit for the final year examination (Final MBBS) which is held twice a year.

In implementing, the current curriculum, the Review Team notes that the program is generally comprehensive and relevant. Though one of the stated objectives includes promotion of self education and research, we find that there are no activities in the program that allow the students the time or the facilities to acquire these skills.

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 Department of Medicine 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.

It is the view of the Review Team that the Curriculum Design, Content and Reviewing Process is GOOD.

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 departmental 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 Review 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.

The Review Team notes 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.

It is the view of the Review Team that Teaching, Learning and Assessment Methods adopted by the Department of Medicine are GOOD.

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%	-

It is the view of the Review Team that the Quality of Students including Student Progress and Achievements is GOOD.

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.

The Review Team judges the Extent and Use of Student Feedback as SATISFACTORY.

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.

It is the view of the Review Team that the Post Graduate Studies are SATISFACTORY.

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. 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.

It is the view of the Review Team that Peer Observation at the Department of Medicine is at a UNSATISFACTORY level.

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.

The Review Team is of the view that Skills Development is SATISFACORY.

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 Department of Psychiatry 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.

The Review Team is of the view that Academic Guidance and Counselling is GOOD.

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

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

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

1. 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	Good
Quality of students, including student progress and achievements	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 department 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 department may explore the availability of more units/hospitals for clinical training in reasonable proximity to the University.
3. Ensuring that students possess adequate basic clinical skills through the clinical and communications skills course before commencement of the clinical appointments in the third year is needed.
4. The department may consider including chest medicine in the list of clinical appointment.
5. It is recommended to lengthen one or more of the 3rd and 4th year general medical appointment.
6. It is recommended to provide updated and enhance numbers of commonly recommended textbooks in the library.
7. The department may consider making reference books available in the hospital/ward for both undergraduates and PGIM trainees.
8. The department may consider awarding credit for the final year log book towards the final year mark.
9. Introducing the practice of analysis of used MCQs and make it available for reuse is recommended.
10. It is recommended to discuss with the Consultant staff of the other medical units to modify current admission policy to the wards.

11. It is recommended to introduce a program for PGIM trainees to formalise supervision, teaching and research.
12. Instituting a formalised process for regular peer observation of teaching is recommended.
13. Providing more support to develop generic skills, such as, encourage self-learning behaviour, by improving library facilities and IT facilities (access to internet) is recommended.
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 SUBJECT 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

2. Members of the academic staff in Department of Medicine:
    - Dr SD Jayaratne, Senior Lecturer and Head of Department
    - Dr K Wanigasuriya, Senior Lecturer
    - Dr S Kamaladasa, Senior Lecturer
    - Dr J Indrakumar, Senior Lecturer
    - Dr K C Kanagasingham (Temporary Demonstrator)
    - Dr G N D Perera (Temporary Demonstrator)
    - Dr D Priyankara (Temporary Demonstrator)

3. Non-academic staff members in the Dept of Medicine
    - Mrs H K Priyadarshini, Technical Officer
    - Mrs K K Ganga, Technical Officer
    - Mr D L Weeratunga, Laboratory Attendant
    - Mrs V A Iranganie, Labourer
    - Mr L A M Niroshan, Labourer

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

5. Groups of undergraduate students from Batches 11, and 12, and postgraduate students (both PGIM trainees and research degree students supervised by the Department).

6. Dr Bandula Wijesiriwardena and Dr Sujatha Ruwanpathirana, Consultant Physicians, Colombo South Teaching Hospital.

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

8. Postgraduate research students
    - Dr. Rasika Perera
    - Dr. V. Athithan