SUBJECT REVIEW REPORT

DEPARTMENT OF SURGERY

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF SRI JAYEWARDENEPURA

21st to 23rd July 2008

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1. SUBJECT REVIEW PROCESS

The framework and processes of Quality Assurance and Accreditation (QAA) currently implemented in the university system in Sri Lanka, envisage reviewing all subjects and institutions in the national universities of Sri Lanka to improve the quality of university education.

In keeping with this objective, the Quality Assurance and Accreditation Council (QAAC) of the University Grants Commission of Sri Lanka appointed the team of senior academics from the Universities of Colombo and Kelaniya (refer page 1), to undertake the subject review of the Department of Surgery, Faculty of Medical Sciences, University of Sri Jayewardenepura using a process of peer review.

Purpose and aims of the review

The subject review was undertaken to evaluate the quality of the academic programme conducted by the Department of Surgery, Faculty of Medical Sciences, University of Sri Jayewardenepura. The review visit was carried out from 21 to 23 July 2008 (see Annexure1 for programme - page 34).

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

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

The Process of Peer Review

Careful perusal of the Self Evaluation Report (SER) submitted by the department of surgery was the initial step in the process of review. Additional information was obtained and verification of facts stated in the SER was undertaken through meetings and discussion of issues during the site visit, inspection of facilities and documents. The review team had several meetings to discuss various issues and to analyze evidence and to compile a report. The academic staff members of the department of surgery were debriefed on the final day by the review team at a wrap up meeting Some important areas for improvement of the study programme in surgery were discussed and a few recommendations were made.

The details of the review processes adopted by the team are as follows.

Meetings were held and clarification of facts was done with the following individuals /groups:

- The Vice Chancellor of the University
- The Dean of the faculty of Medical Sciences
- Head of Department and other academic staff members

- Non-academic staff in the Department
- undergraduate students of the final, 4th and 3rd years
- Postgraduate students

(See Annexure 2 - Page 34 for list of persons met during the visit).

Observation of teaching/learning sessions
2 bed-side teaching activities, I clinic teaching session and 1 teaching activity for final year students in the endoscopy unit (Batch 2002/2003a), were observed.
1 demonstration of setting up of a clinical skills teaching session for final year students was also observed.

Inspection of academic facilities: lecture halls, tutorial rooms, IT resource centre, English language laboratory, skills laboratories, the faculty library, the teaching hospital auditorium, wards 24 and 25 of the Professorial Surgery Unit and ward 27 of the Colombo South Teaching Hospital where third and fourth year students undertake their clinical training were observed. Departmental facilities in the faculty premises as well as the hospital including endoscopy unit were also inspected.

Perusal of documents: The following documents were perused.
Perusal of lists of lecture topics, tutorial topics, practicals, timetables, handouts, student log book introduced in 2002 and the 2008 revision, undergraduate teaching videos, a document on the new curriculum, examination papers, samples of answer scripts, student reports, records, student feedback forms, external examiner feedback forms, appraisal forms of postgraduate trainees etc was carried out.

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

The **Vidyodaya University** emerged in 1958 from the Vidyodaya Pirivena, a distinguished Buddhist centre of learning. The Vidyodaya Pirivena had been founded due to the efforts of Sangharaja Sri Saranankara. In 1873, Venerable Migettuwatte Gunananda, immediately after his resounding victory at the Panadura debate added impetus to its development. His aim was to train educated orator monks to save Buddhism and for that purpose he made logic a compulsory subject in Pirivena education.
The Pirivena was originally situated at Maligakanda in Colombo. It taught Buddhist studies as well as pseudo-sciences like Astrology, widely accepted and held in high esteem in traditional society. However, the transition from Pirivena to University gradually converted it to a secular center of learning. The University was moved to Gangodawila, some 10 miles south east of Colombo in 1961. In 1978 it was made a University by the Universities Act No 16 of 1978 and the name of the University was changed to **University of Sri Jayewardenepura.**

The Faculty of medical sciences of the University of Sri Jayewardenepura was established in January 1993. The students receive clinical training at Colombo South Teaching Hospital and Sri Jayewardenepura General Hospital.

With regard to undergraduate courses, the surgery department contributes mainly to the MBBS degree programme. Other undergraduate programmes undertaken are teaching and skills training in Surgery for BSc Nursing, clinical attachments for foreign elective medical students and conducting the Examination to Register and Practice Medicine (ERPM) for the

Sri Lanka Medical Council. Presently, the 12th batch (2002/2003 intake) of medical students is following their Professorial appointments. The 11th Batch is scheduled to appear for the final MBBS examination in October 2008 at the completion of the MBBS study course.
The Department of surgery has cadre provision for one Chair and 5 other academics. These are occupied by one Professor and 3 Senior Lecturers. Two others are currently completing their training overseas. Prof Mohan De Silva is the current head of department. All Senior Lecturers have responsibilities as Consultant Surgeons to the Colombo South Teaching Hospital. This is a medium sized teaching hospital with approximately 600 beds.
Temporary staff comprises of three temporary Demonstrators who are pre intern doctors. There are three postgraduate trainees from the Postgraduate Institute of Medicine 2 at registrar level and a Senior Registrar undergoing training in the department at present.
Support staff of the Department includes four non academics; one technical officer, one clerk, one laboratory attendant and one labourer.
The department has office space in both the hospital and faculty premises. The and clerical staff are housed in the faculty premises.

The department has office space in both the hospital and faculty premises. A clinical skills centre and an endoscopic research and training centre both well equipped and developed and funded by the initiative of the academic staff are located at the hospital premises.
The facilities at the ward for teaching programmes such as classrooms for tutorials are poor. However, they are allocated lockers in the professorial surgical unit of the hospital.

Students were of the view that their studies were adversely affected by lack of room/s to engage in study. It was observed that students were using the bedside tables in the ward and even beds to put their belongings during bedside teaching.

3. AIMS, LEARNING OUTCOMES AND PROGRAMME DETAILS

3.1 Aims

The curriculum of the department of surgery is designed to emphasize the fundamental concepts of surgical care to prepare the medical students for internship and the practice of medicine. The training programme of the department of surgery aims to provide a broad exposure to surgery and relevant surgical sub specialities by creating an intellectually stimulating environment and adequate facilities for clinical training in surgery.

3.2 Learning Outcomes

On successful completion of clinical training in *General Surgery*, students should be able to

- obtain a comprehensive history of a surgical patient.
- elicit and interpret physical signs of a surgical patient.
- arrange the appropriate investigations.
- arrive at a probable diagnosis.
- institute appropriate pre and post operative care.
- appreciate the importance and need for careful, accurate and speedy decision making in the setting of a surgical ward.
- be familiar with the spectrum of surgical care available and to develop a critical attitude to assess its risks and benefits.

- understand the principles of management of critically injured and other surgical emergencies.
- acquire communication skills and be able to explain in simple lay terms the intended surgical procedures.
- emphasize the important ethical, moral and social issues involved in surgical practice and to induce discussion on cost benefit analysis.
- appreciate the sterile techniques employed in the operation theatres and the appearance of normal and abnormal tissues.
- acquire skills in performing simple surgical procedures.
- refine professional behaviour and develop strong interpersonal relationships with patients, their families and members of the surgical team.
- develop a kind and caring attitude towards patient care.

On successful completion of clinical training in *Orthopaedic Surgery*, students should be able to,

- describe the principles of diagnosis and management of common orthopaedic diseases including emergencies.
- describe the general principles of diagnosis, first aid and treatment methods of closed and open fractures.
- be confident in the technique of examination of knee, hip and shoulder joints and examination of spine.
- diagnose and manage septic arthritis and osteomyelitis.

On successful completion of clinical training in *Otolaryngology*, students should be able to,

- obtain a clinical history and examination of ear, nose and throat using the auroscope, tongue spatula and tuning fork.
- assess and manage common ENT problems.
- identify conditions that need urgent referral/ admissions.

On successful completion of clinical training in *Ophthalmology*, students should be able to,

- understand the basic ophthalmic anatomy and physiology.
- understand the concept of vision, visual acuity and common visual defects.
- identify common lid abnormalities.
- diagnose the causes of “Red eye”
- understand the assessment and the principles of management of common ophthalmic diseases.

On successful completion of clinical training in *Anaesthesiology*, students should be able to,

- perform a pre-anaesthetic assessment & optimise the patient prior to the procedure.
- understand the basic techniques of anaesthetic induction, maintenance & recovery.
- understand the prevention & management of post-anaesthetic complications.
- learn the management of an unconscious patient, especially with regard to the establishment of a clear airway and provision of adequate respiratory and associate life support.

Programme Details

Surgical program is designed to provide a broad exposure to surgical care allowing sufficient opportunities for the students to gain suitable knowledge and attitudes to practice medicine. It also provides essential core skills required to practice the art of surgery.
Students begin their first exposure to surgery during the 5th term with the
clinical skills and communication course prior to the commencement of 3rd and 4th year clinical training in surgery.
Clinical training during the 3rd and 4th years is provided by the surgeons from the Ministry of Health. Students attend the surgical units at Colombo South Teaching hospital and Sri Jayewardenepura General Hospital during the morning session. They are non-university surgeons. They are considered as the extended faculty of the university. Student in groups of approximately 15 students are allocated to one surgeon for clinical training for a period of one month. The three one-month rotations are organized in the third year and no general surgery training except the finer specialties take place in the fourth year.
In addition to the general surgical appointments two week appointments in finer specialties of ophthalmology, otolaryngology, orthopaedics and anaesthesiology are done during the 4th year.

The academic staff of the department of surgery, conducts lectures in the old curriculum during the afternoon session from 5th to 12th Terms.
Ten clinical tutorials are conducted during the 13th term in addition to the scheduled lectures. These topics are selected to enhance the essential core knowledge. Topics in the form of clinical scenarios are given as questions, which the students are expected to answer, before the tutorial. The objective is to improve the analytical ability and to train students in answering Structured Essay Questions.
On satisfactory completion of three clinical appointments during the 3rd and 4th years, students commence the final year Professorial surgical appointments at the University surgical unit in Colombo South Teaching hospital.
Professorial surgical training programme is conducted for a period of two months and two groups, (approximately 30 students) are allocated at a given time.
This programme is designed to enhance the essential core knowledge and skills required for the internship and to practice the art of clinical decision making. A structured "hands on" skills training programme is also conducted. The essence of professorial training is the "Bed side teaching" where students are taught to apply the knowledge to the individual patient problems. Students are informed that the main teaching material recommended for study by the department is the "patient".

4. FINDINGS OF THE REVIEW TEAM

The Faculty of Medical Sciences is in the process of revising its MBBS curriculum. The new curriculum has been introduced with the 2007 intake of students.
Since the academic programme of the department of surgery focuses on for 3rd, 4th and final year students, it will continue according to the old curriculum until 2009.
Currently 3 batches of students are following the surgery programme in the old curriculum.
The review process was undertaken during the period of transition from the old to the new curriculum and some changes envisaged in the new curriculum have been already implemented. The department has undertaken revision of teaching activities in the old curriculum where relevant, such as question-based tutorials in the final year.

The department has made some contribution to the phase 1 teaching programme in the new curriculum.

4.1 Curriculum Design, Content and Review

The traditional curriculum the department adopted at the inception of the faculty has over the years has incorporated some student centred teaching activities. The shadow house officer programme and Community Based Medical Learning in Kataragama are examples of such change.

The current curriculum is a traditional one comprising topic-based lectures delivered in the 3rd 4th and final years, tutorials during the final year appointment and clinical training. The clinical training involves three general surgical appointments each lasting one month at Colombo South Teaching Hospital (CSTH) and Sri Jayewardenepura General Hospital SJGH). Exposure to the finer specialities of Otolaryngology, Orthopaedics, Anaesthesiology and Ophthalmology is through two week appointments during the 4th year. In the final year students do a two month appointment in the professorial surgical unit.
The Introductory clinical and communication skills course introduced in 2006 is of four weeks duration and cover the major clinical disciplines. It is conducted at the beginning of the clinical rotations and is a commendable step appreciated by the students.
Objectives for the surgery training, for the individual appointments have not been made available to student until the revised new log book was introduced,
The revised clinical log book (2008) has several features which have addressed deficiencies found in the previous log book such as a lack of clear objectives and a graded assessment.
The faculty has undertaken a major curriculum change and the department has made contributions to the design and implementation in the initial phase. The department is presently finalising its teaching commitments to the modules in phase two. It is envisaged that the final year programme will remain largely unchanged.
Overall the programme is well designed to impart the required knowledge and skills to students to achieve the objectives of the department. There are some areas in the implementation of the documented programme which will need improvement to make the programme of teaching more comprehensive. Adequate exposure to trauma is one such example. Students were of the opinion that exposure to cardio thoracic, neuro, paediatric and onco-surgery will be useful in their training. The reviewers concur with the view of the students.
The objectives and the core curriculum are not made available to students, but the 'Guidelines for students' made available at the start of clinical training in the 3rd year, contains lecture topics and details of the format of the log book they need to maintain during the 3rd 4th and final year clinical appointments.
The only instances of vertical integration in the present curriculum are lectures on clinical anatomy relevant to surgery delivered during the first two years.

The philosophy behind the curricular change could not be identified in the new undergraduate medical curriculum document (September 2006). It is desirable that the department of surgery obtains a clarification from the medical education unit regarding the philosophy of the curricular change for effective implementation of the aspects of change relevant to surgery.

The overall judgment for this aspect is *SATISFACTORY*.

4.2 Teaching, Learning and Assessment Methods

Teaching and learning

A variety of teaching and learning methods are incorporated in the department's program.
Lectures are the main form of instruction with 44 hrs of lectures delivered to a given batch from the 5^{th} -12^{th} terms mostly by the Department staff and a few visiting lecturers from other specialties such as ophthalmology and otolaryngology.
Most of the important topics are included in the well structured lecture program that is delivered using PowerPoint multimedia presentations. Students attend lectures regularly although attendance is not compulsory. Some lectures are scheduled currently in the final year in all clinical disciplines. This tends to disrupt the clinical teaching programme.

Distribution of handouts depends on the choice of the individual lecturer. At the end of each lecture, a questionnaire feedback from about twenty randomly selected students is taken anonymously.

Tutorials where structured essay questions given by the Senior Lecturers 30 minutes before the tutorial answered individually and discussed as a group later is undertaken in the final year during the surgery professorial appointment. Tutorials give students opportunity to improve skills in answering SEQ s and some analytical skills. However, it is doubtful whether students acquire other benefits of the small group activity such as development of communication skills, identification of individual learning needs and higher order learning skills such as evaluation and synthesis etc.

Hospital based clinical attachments form the mainstay of clinical training in general surgery. Altogether the clinical training in surgery is 22 weeks, 3 one-month appointments, four short appointments in finer specialities, and a two month professorial appointment.
The one month appointments in the 3^{rd} and 4^{th} years appear to be unstructured without objectives being made available to students until the new log book was introduced in 2002.
A particular weakness is the lack of exposure to trauma and other common emergencies at Sri Jayewardenepura hospital and exposure smaller number of patients at the same hospital. Students who did appointments (one groups we met did all 3 appointments) were of the view that they were at a **distinct disadvantage** in terms of their clinical training. This problems need to be addressed by the department and the faculty at the earliest opportunity.
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 provides some time for the pursuit of self and active learning. The lack of a room for students to have discussions and for self study in the hospital can be viewed as a shortcoming especially because the faculty is situated quite a distance from the hospital.
An innovative aspect of the training is the shadow house officer attachment. The feedback from students suggests that they find it stressful but useful.
The attendance at accident service, an identified learning experience in the final year appears to be at the will of students. They do not appear to use the opportunity to observe and learn from multi trauma patients, observe and undertake appropriate skills development.

Clinical Log Book

The introduction of the clinical log book in surgery from the beginning of year three since 2002 is commendable.
The log book is currently not taken seriously by the students. Less than half the document was completed by most students we met with and some did not even have a log book.

Additional information incorporated such as the objectives, identification the expected level of competence (observe or perform) and assessment grades to the later 2008 version of the log book is a definite improvement.
Nevertheless, the current list of clinical problems listed in page 23 of the log book may be expanded to include lateral neck swellings, chronic leg ulcers, gangrenous digit, haematuria, and haematemesis/melaena.

Even in the revised format no corrective measures are recommended for a weak student who may score Cs (poor grade). The department has so far not considered using the opportunity offered by having an individual student grade, either as a formative assessment to give feedback for improving learning, or as summative assessment to give a continuous assessment mark and feedback which would lead to improved acquisition of skills. Satisfactory grades and a completed log book could be made a prerequisite for registration to take the final examination.

The log book could be improved even further by transforming it in to a Task Based Guide for learning with incorporation of pages for entering histories and examination findings and management plans, procedure/operation notes, discharge summaries in a structured fashion.

Clinical Exposure in General
The clinical exposure provided in the department of surgery is broad and generally covers most but not all the important areas. The over emphasis in one or two specific areas such as colo-rectal or hepato-biliary disease is to be expected with the tendency to further specialize as surgical sciences advance. However this results in under emphasis in other areas and may result in deficiencies in, for example, wound care and ischaemic extremities.
This requires the introduction of a printed consent form with an attached patient information sheet in all three languages for index procedures. While improving overall quality of the services provided it will introduce students to a more thorough consenting process.
Access to computers and internet and library in the hospital setting are deficient during the clinical training. The senior assistant librarian has requested computers with internet facilities for student use. The Library has very poor ventilation and the atmosphere is not conducive to learning. Air conditioning the library must be considered a priority.

Assessments
The assessments undertaken by the department of surgery comprise

- 40 true/false types multiple choice question is part of the Common MCQ for all medical undergraduates.
- Structured Essay Questions
- 10 station OSCE held at the end of the appointment and a viva voce
- a long case and several short cases in the standard format

20 marks are allocated for each except the viva voce and the OSCE each of which carry 10 marks.
The structured essay question paper includes a question Answer time of 30 minutes per question is allocated. The questions are scrutinized by the all academic staff members and a model answer is agreed upon and hence double marking of SEQ s is not done.

At the clinical examination in the long case, 20 minutes are allocated for history and examination, and 20 minutes for presentation of patient to two examiners followed by questions and discussion. Feedback from the clinical examiners has been obtained, with specific questions on poor performance.

In the short cases the student is expected to take brief history and examine the patient in the presence of two examiners. An individual student will see three to four patients during a 20-minute period and is marked on the overall performance in all the patients seen.
Viva voce held in the final year assesses the principles of surgery and questions are based on common clinical practices.
The 10 station OSCE is assesses various skills and other aspects of clinical training.
Assessments test most aspects of teaching in surgery and the logbook based viva voce will enhance the quality of assessment

Main strength is the commitment, willingness and the creative thinking of the academic staff members who have undertaken many changes to make the teaching learning environment in the department a conducive and stress free one. The students were of the opinion that the professorial surgery appointment was conducted in a stress free environment and they were very appreciative of the contribution made by the staff to make it so.

The overall judgment for this aspect is *SATISFACTORY*.

4.3 Quality of Students including Student Progress and Achievements

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.

Students appear to be motivated and keen to learn. They were articulate and willing to express their opinions. They were aware of what they should learn and were able to identify areas of shortcomings in their current training. For example, timing of the 3rd year surgery appointments and inadequate exposure to trauma were identified by them as weaknesses.

Progress rates of students as indicated by the percentage passing surgery at the final MBBS for the period 1998-2006 has been good with >75% pass rates. A few students have excelled in academic achievement as evidenced by obtaining distinctions in surgery.

Final MBBS examination results show the percentage of students obtaining classes to be 20% to 25% in the last five years.

A few students have also undertaken research in surgery related topics and one in particular has excelled and won the young researcher's award at the annual academic sessions of the College of Surgeons of Sri Lanka in 2006.
A few students stated that they have ventured into publishing books on their own. These books were not available for inspection.
The students have been involved in extra curricular activities such as sports and music. Some have represented the faculty at University and national level

The overall judgment for this aspect is *GOOD*.

4.4. Extent and Use of Student Feedback

Feedback has been obtained regularly in the areas of lectures, clinical and communication skills course and the professorial appointment in surgery. No feedback has been obtained in the third and fourth year appointments and the tutorials.
Although the evaluation is being conducted by the department the responsibility of administration and analysis has been assigned to non academic staff and the demonstrators. Every lecture is evaluated by randomly administering the form to 20 students.
Corrective measures such as changes to the teaching methods and omitting some appointments such as neurosurgery, cardiothoracic surgery and paediatric surgery, have been undertaken specifically based on the feedback obtained during in the professorial appointment.

The department may wish to consider getting a feedback on the 3rd and 4th year appointments which would be useful to streamline them. For example, discrepancies highlighted by students in allocation of students groups to Sri Jayewardenepura General Hospital and Colombo South Teaching hospital, and having all three general surgery appointments in the 3rd year may have been identified earlier.
The culture of obtaining student feed back is a good practice. The department of surgery obtains feed backs regularly in certain areas as noted above and this enables them to make effective changes to improve the quality.

The overall judgment for this aspect is *GOOD*.

4.5 Postgraduate Studies

At any given time at least 3-4 MS trainees from the Postgraduate Institute of Medicine, University of Colombo, undergo Registrar / Senior Registrar training at the professorial surgical unit at Colombo South Teaching Hospital Kalubowila. The unit is attractive for postgraduate training. This is reflected by the fact that first in the merit list of MS Parts I and 11 choosing this unit for their training on several occasions. The review team met with 2 current registrars and 1 senior registrar in the hospital premises. They are part of a busy unit which has routine admissions every day with 1 in 3 casualty admissions. They are exposed to a wide variety of patients. The postgraduates were well motivated and eager to learn. Furthermore, postgraduate trainees are expected to teach medical students during the final year appointment and this takes place on casualty days and deals with emergencies.

However, they felt that time management was a particular problem. There was too much time being wasted organizing theatre procedures after hours while the Ministry of Health appointed senior house officers attached to the unit are unavailable after 5 pm. This resulted in taking away whatever little time available for reading, reflective thinking, planning/implementing research and recreation. Lack of library and internet access in the hospital premises compounds the problems further. These may be the reasons why none of the three postgraduate trainees have submitted even a single abstract to be considered for the academic sessions of the College of Surgeons of Sri Lanka this year (2008).

Apart from regular meetings with the Department of Radiology to obtain reports and initiate brief discussions there are no other opportunities for the postgraduates to formally present and discuss clinical problems. The monthly journal clubs and morbidity mortality review meetings though in place have not been held for several months. This appears to be the result

of the Head of Department being away on long leave. The review team suggests that these essential activities be made mandatory institutional requirements in the future.

While agreeing that there is a large output and turnover of patients and that the quality of care is good it must be stressed that there is no evidence to prove this. This can be achieved and quality can be assured by introducing a computerised database and a regular audit review. This will also be of educational and research value to undergraduates and postgraduates alike.

There were no postgraduate research students attached to the unit. None of the academic staff were neither supervising nor reading for a research degree. This will have an adverse impact on the promotional prospects of the academic staff in the unit in the future.

The overall judgement for this aspect is *SATISFACTORY*.

4.6 Peer Observation

Peer observation has been used by the department for sometime and the Vice Chancellor commended the Head of department for pioneering peer evaluation in the faculty.

Peer observation of the lectures is carried out by members of the department.

The department was aware that the UGC recommended formats are available and the faculty has decided to formalize the peer evaluation of teaching / learning activities.

The examination questions are formulated and discussed by the department and are subsequently sent to the Dean for further scrutiny. The academic staff of the department as well as academic staff members from other departments and clinicians outside the discipline are invited to evaluate the OSCE examination stations. The feedback is utilized to improve the stations.

The overall judgment for this aspect is *SATISFACTORY*.

4.7 Skills Development

The clinical skills development process starts at an Introductory Clinical and Communication Skills Course conducted by clinical departments just before the students start their clinical attachments in the 3rd year. It is commendable that this introductory programme is conducted by senior academic staff of the Department. This introduces them to history taking, clinical examination and resuscitation.

The new Clinical Skills Laboratory has facilitated clinical skills development. English language writing skills are indirectly assessed when assessing case histories and at tutorials, and the steps taken to improve language skills of those students who need assistance is mostly by the language unit. The English competency of the students we met was very satisfactory.

The introduction of an undergraduate skills lab in the professorial surgical unit is commendable. The skills taught are well organised and are evaluated in the OSCE.

The laparoscopy training centre is one of the best available in the country and the department is to be commended for taking this initiative. We understand that the facility is to be expanded further in the very near future and should become a national training centre.

Nevertheless, an add-on facility which includes more general/open surgical training aspects needs to be considered.

The overall judgement for this aspect is *GOOD*.

4.8 Academic Guidance and Counseling

Students in groups of approximately six to seven are allocated to a student adviser at the commencement of their course.

The students are aware of the counselling services that are available to them. They were informed of two student counsellors, who are clinicians, allocated for the final year students through notices put up in the notice boards. The times of their availability had also been informed. This is a good practice especially in view of the fact that the final year students who spend much of the time at the CSTH are cut off from the main faculty and access to the student advisers is not easy.

The department is to be commended for providing a stress free and relaxed environment during the professorial surgery appointment. The students were appreciative of this. The staff members were accessible and friendly.

Academic guidance was provided only on a needs basis. A formal program for academic guidance has not been instituted and may be considered by the department to cover the whole surgical training programme.

The overall judgement for this aspect is *GOOD*.

5. CONCLUSIONS

1. Curriculum Design, Content and Review

Strengths / Good Practices

1. The department has made several changes in the old curriculum to make it more relevant and student friendly.

The curriculum change undertaken by the faculty of medicine after the review has the potetntial to add dynamisms and momentum to the teaching programme with opportunity for improvement in quality.

Weaknesses

1. The role of the department of surgery in the new curriculum is yet to be finalized by the department and the specific tasks including the skills to be included in the modules have not been formulated.
2. Non provision of objectives and learning outcome to students early in the programme and in the final year.
3. Philosophy behind the curricular change on which the teaching of surgery would be

based could not be identified in the new undergraduate medical curriculum document (September 2006).

2. Teaching, Learning and Assessment Methods

Strengths

1. Revisions have been made in the methods of teaching and new methods such as exposure to procedures in skills labs have been introduced.
2. Curricular change and the modular system has been implemented from 2007.

In terms of clinical teaching/learning emphasis on student based learning in surgery recommended by the dept of surgery.

The new log book (a much improved version of the old Log book) outlines important aspects of clinical work including specific skills.

Assessment test most aspects of teaching in surgery and the logbook based viva voce planned for the future will enhance the quality of assessment.

Main strength is the commitment, willingness and the creative thinking of the academic staff members who have undertaken many changes to make the teaching learning environment in the department conducive.

Weaknesses

1. The lectures scheduled for the afternoons in the final year seem to interfere with the clinical work of the final year students. This seems contrary to the dept policy which says that "the patient is the best text book".
2. Following deficiencies hamper the teaching learning activity. (Stated by Students and Non academic staff)

   Exposure to trauma is suboptimal. Even some final year students have not assisted in resuscitation of a patient with major trauma

   - Long distance between the Teaching Hospital in Kalubowila and the Faculty of Medicine premises in Gangodawila.

   Lack of a proper students room in the ward even in the university units (May be addressed with the construction of the new building)

   Lack of access to a library and the internet in the hospital

   The clinical appointment in Sri Jayewardenepura Hospital was considered as poor quality by the students and some students had done ALL 3 surgical appointment at SJPH. This problem has to be addressed soon
3. The log book is currently not taken seriously by the students. Less than half the document was completed by most students and some did not even have a log book. Even in the revised format no corrective measures are recommended for a weak student.
4. All three major clinical rotations in general surgery are held in the third year and without exposure in the fourth year and before they undertake the professorial surgery appointment.

3. Quality of Students, including Student progress and Achievements

Strengths / Good Practices

1. Students are motivated and keen to learn. They are articulate and are willing to give an opinion. They have clear concepts about what they should learn.
2. Good pass rates with some students excelling in their studies.

Weaknesses

1. No control over quality of students admitted.

4. Extent and Use of Student Feedback

Strengths / Good practices

1. During the final year regular feedback is obtained from students for lectures and other components of the study programme which has led to positive changes.
2. Individual staff members have used these feed backs to improve their teaching/learning methods.
3. The administration and analysis of the feedback forms are done by the demonstrators and on-academic staff members and the results are made available to all members of the academic staff.

Weaknesses

1. An independent system of obtaining feedback at faculty level is not in place.
2. Changes undertaken based on student feedback has not been evaluated to assess effectiveness.
3. There is no formal feedback on the clinical appointments of the 3rd and 4th years.

5. Postgraduate Studies

Strengths / Good practices

1. Very good training in terms of operating experience and exposure to clinical work.
2. Well equipped postgraduate skills laboratory in laparoscopy.
3. Trainers are well motivated and provide adequate guidance.

Weaknesses

1. No time for reading and studying evidence based medicine due to a very heavy service commitment.
2. Minimal emphasis on research and the culture of research is not emphasized.
3. Lack of access to library, journals and internet in the Colombo South Teaching Hospital is a major drawback.

6. Peer observation

Strengths / Good practices

1. An informal system is in place with internal and external peer review.
2. Surgery department was one of the first departments to undertake a programme of review

Weaknesses

1. Some sections of the programme are not peer reviewed and formal system for peer review independent of the department need to be given consideration.

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 is a good guide to skills development.
3. Facilities such as skills, English and computer laboratories have been established with the potential for students to develop skills.

Weaknesses

1. Students are not given enough guidance to encourage learning in 3rd and 4th years and language skills and IT skills are not consistently enhanced.
2. Inadequate and unequal opportunities for skills development in the 3rd year due to the differences in teaching settings of the third year main surgery appointments

8. Academic guidance and counseling

Strengths / Good practices

1. Students are satisfied with the assistance and support available and utilise these services when required.
2. Department of surgery and the surgical wards are considered by students to be stress free.
3. The appointment of two clinicians as counsellors for the final year students

Weaknesses

1. Lack of formative assessments to guide and improve student learning.

5. CONCLUSIONS

Based on the observations made during the visit by the review team and discussed above, the eight aspects were judged as follows:

Aspect reviewed	**Judgment given**
Curriculum design, content and review	Satisfactory
Teaching, learning and assessment	Satisfactory
Quality of students, including student progress and achievement	Good
Extent and use of student feedback	Good
Postgraduate studies	Satisfactory
Peer observation	Satisfactory
Skills development	Good
Academic guidance and counselling	Good

The overall judgment is suspended

6. RECOMMENDATIONS

1. Make learning objective, learning outcomes and core curriculum available to all surgical students

2. Develop Teacher Guides (with a stratified programme) and Study Guides for 3rd and 4th year students.

3. Provide an opportunity for students who obtain more than one C (grade) in their 3rd or 4th year appointments as recorded in the revised logbook to meet members of the department of surgery and obtain guidance and advice.

4. Reconsider the timing of 2nd and 3rd surgical appointments and reassess the appointment at Sri Jayewardenepura Hospital

5. Consider introducing assessment of the 3rd and 4th year appointments and awarding credit for the 3rd and 4th year log book towards the final year assessment mark.

6. Make internet facilities available in the hospital/ward for both undergraduates and PGIM trainees.

7. Introduce a research culture for academics and PGIM trainees and ensure PG trainees have protected time to pursue their academic activity. Consider adding on a General Surgical Skills facility to the existing skills lab for PG trainees

8. Strengthen the existing process for regular peer observation of teaching. Obtain regular feedback from the clinical training in the 3rd and 4th years to ensure student progress throughout their training.

9. The computer centre closing at 4 pm due to restrictions in staff availability and its location in the main campus curtail its full benefit to the clinical students and staff. Attempts should be made to provide llibrary, facilities in the hospital premises.

10. Department to clarify the philosophy behind the new curriculum.

11. Awareness about the new curriculum among the non academic staff is low. Take action to improve awareness of their involvement in the implementation of the new curriculum. **Opportunities for career development and training for non academic staff appear inadequate. Avenues should be explored to address this issue.**

7. ANNEXES

Annex 1. AGENDA FOR THE SUBJECT REVIEW VISIT - DEPARTMENT OF SURGERY UNIVERSITY OF SRI JAYEWARDENEPURA

Day 1 –21/07/2008

08.00 – 09.00 Private meeting of review panel with QAA council representatives
09.00 – 09.30 Meeting with the VC, Dean and Head of the Department
09.30 – 10.00 Discussion on the agenda for the visit
10.00 – 10.30 *Tea*
10.30 – 11.30 Presentation on the self evaluation report
11.30 – 12.30 Discussion
12.30 – 13.30 *Lunch*
13.30 – 14.30 Observing departmental facilities and other facilities (Library, Computer Centre, Skills laboratory)
14.30 – 15.30 Meeting with academic staff
15.30 – 16.30 Meeting with technical staff and other non-academic staff
16:30 – 17:30 Meeting of reviewers

Day 2 –22/07/2008 (Ward 24/25 CSTH)

08:00 – 09.00 Meeting of reviewers
09.00 – 10.00 Observing teaching – Clinicals
Observing teaching – Ward classes
10.00 – 11.00 Meeting with undergraduate students
11.00 – 12.00 Perusing documents (Working tea)
12.00 – 12.30 Meeting with Postgraduates
12:30 – 13:30 *Lunch*
13.30 – 14.30 Observing teaching – Practical class (A set-up demonstration of a practical class)
14.30 – 16.00 Meeting of reviewers

Day 3 –23/07/2008 (Ward 24/25 CSTH)

08.00 – 09.00 Meeting of reviewers
09.00 – 10.00 Observing teaching –Endoscopy unit
Observing teaching – Ward round
10.00 – 10.30 Tea
10.30 – 11.00 Reviewers discussion
10.30 – 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. Narada Warnasuriya Vice Chancellor** University of Sri Jayewardenepura.

2. **Prof Jayantha Jayawardana, Dean**, Faculty of Medical Sciences, University of Sri Jayewardenepura.

3. Members of the academic staff in the Department of Surgery:
   Prof. Mohan de Silva, Professor and Head of Department
   Dr Aloka Pathirana, Senior Lecturer
   Dr Deepaka Weerasekara, Senior Lecturer
   Dr Srinath Chandrasekara, Senior Lecturer

4. Non-academic staff members in the Dept of Surgery
   Mr Sandun Ruwanpura (Technical Officer)
   Mr Ranil Hanwella (Clerk)
   Mrs P Samantha Gayani (Laboratory Attendant)
   Mr Malaka Eranda (Labourer)

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

6. Undergraduate students
   Following the professorial surgery appointment (Batch 13)
   Following fourth year orthopaedic appointment (Batch 12 and 15)
   Following third year general surgery appointment (Batch 16)

7. Postgraduate trainees
   Dr. Percy Dias, Senior Registrar
   Dr Asiri Gunatilake, Registrar
   Dr B M P Mohan, Registrar