

# **PROGRAMME REVIEW REPORT**

## ***FACULTY OF MEDICINE***



## ***UNIVERSITY OF JAFFNA***

10<sup>th</sup> to 13<sup>th</sup> November 2008

**Review Team :**

Prof. Laal Jayakody, University of Colombo

Prof. (Ms.) Rohini de A. Seneviratne, University of Colombo

Prof. Prasantha Wijesinghe, University of Kelaniya

Dr. J. M. C. Udugama, University of Peradeniya

Dr. W. G. S. Kelum, University of Sri Jayewardenepura



## CONTENTS

	Page
1. Programme Review Process	2
2. Brief History of the University and the Faculty	3
3. Aims and Learning Outcomes	5
3.1. Aims	5
3.2. Learning Outcomes	6
4. Findings of the Review Team	7
4.1. Curriculum Design, Content and Review	7
4.2. Teaching, Learning and Assessment Methods	8
4.3. Quality of Students including Student Progress and Achievements	10
4.4. Extent and Use of Student Feedback, Qualitative and Quantitative	10
4.5. Postgraduate Studies	11
4.6. Peer Observation	11
4.7. Skills Development	12
4.8. Academic Guidance and Counseling	13
5. Recommendations	15
6. Annexes	18



## 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 QAA Council of the University Grants Commission (UGC) of Sri Lanka appointed a team of senior academics from Universities of Colombo, Peradeniya, Kelaniya and Sri Jayawardenepura to undertake a review of the MBBS study programme of the Faculty of Medicine, University of Jaffna. Members of the review team were Professor Rohini De A. Seneviratne, Department of Community Medicine, University of Colombo, Professor Laal Jayakody, Department of Pharmacology, University of Colombo, Prof Prasantha Wijesinghe, Department of Obstetrics & Gynaecology, University of Kelaniya, Dr. J.M.C. Udugama, Department of Nuclear Medicine, University of Peradeniya and Dr W.G.S. Kelum, Department of Accounting, University of Sri Jayawardenepura.

The review was undertaken to evaluate the quality of the MBBS study programme conducted by the Faculty of Medicine, University of Jaffna. The review visit was carried out from 10<sup>th</sup> to 13<sup>th</sup> November 2008 (see Annex 1 for programme).

The aim was to use all available evidence in making judgments on the quality of eight aspects of the study programme, as required by the Quality Assurance Programme. These aspects, as given in the Quality Assurance Handbook for Sri Lankan Universities, published by the Committee of Vice Chancellors and Directors and the 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 Counseling

The Faculty of Medicine is in the process of changing its MBBS curriculum. The new curriculum has been introduced with the AL 2007 intake of students and this batch has been following the new curriculum for one term only. Currently six batches of students are following the MBBS programme in the old curriculum.

The review process was undertaken during the period of commencement of the new curriculum and hence the review has focused on the old curriculum and the changes envisaged in Phase 1 of the new curriculum.

The process used was perusal of the Self Evaluation Report (SER) submitted by the Faculty of Medicine, Jaffna; acquisition of additional information through discussion of issues during the site visit, inspection of facilities and documents, and analysis of evidence.

The methods adopted by the team were:

**Meetings** with the Dean, academic and non-academic staff, student counselors in the faculty; and undergraduate and postgraduate students (see Annex 2 for list of persons met during the visit).



**Observation** of teaching/learning sessions: a lecture for the AL 2006 batch by the Dean, a tutorial (for 2002/2003 batch), a bedside teaching activity, a clinic teaching session and a teaching activity for final year students (Batch 2002/2003a)

**Inspection** of academic facilities: lecture halls, tutorial rooms, IT resource centre, the faculty library, the Jaffna Medical Association (JMA) library, the teaching hospital auditorium, hospital wards, all academic departments of the faculty located at the faculty and at the teaching hospital, student centre and the canteen.

**Perusal** of documents: curriculum, timetables, handouts, student log books, examination papers, student reports, research projects, student feedback forms and other records

## 2. BRIEF HISTORY OF THE UNIVERSITY AND THE FACULTY

The University of Jaffna was initiated as Jaffna campus, the sixth campus of the University of Sri Lanka on 06.11.1974. Faculties of Humanities and Science were established at that time. Students to these faculties were admitted from the academic year 1974/1975. Faculty of Medicine was established on 7<sup>th</sup> August 1978. The Jaffna campus became an independent autonomous university on 01.01.1979. In the course of time, more faculties and units were established: the Faculty of Agriculture (03.12.1990), Faculty of Graduate Studies (25.05.1999), Faculty of Management Studies and Commerce (29.05.1999), and Vavuniya Campus (started as Northern Province Affiliated University College in January 1997 and changed to a campus on 26.03.1997), the Unit of Siddha Medicine (01.01.1985), External Examination Unit (1990), and the Unit for Extramural Studies (1992).

The Units established for self financed under graduate courses are, the Centre for Development of Fisheries (15.05.1991), Sports Science Unit (12.10.1998), and Health Studies Unit (Faculty of Medicine, October 2000). The Sports Science Unit was under the direct control of the Vice Chancellor at the start and its administration was handed over to the Faculty of Medicine 4 years ago.

Degree Courses in Allied Health Sciences (Nursing, Pharmacy and Medical Laboratory Technology) were started with existing facilities at the Faculty of Medicine in 2005 with the promise of separate buildings for conducting these courses.

The Faculty of Medicine of the University of Jaffna was established on 7<sup>th</sup> August 1978. The Provincial Hospital Jaffna was declared as the Teaching Hospital of the Faculty of Medicine at the same time. At the beginning, the pre-clinical course was conducted in the buildings of the Ayurvedic Teaching Hospital presently at the Unit of Siddha Medicine of the University of Jaffna at Kaithady. The foundation for the building of the Faculty of Medicine at Thirunelvely was laid on the 29<sup>th</sup> of November 1979 by the late Professor S. Vithiananthan, the first Vice Chancellor of the University of Jaffna.

Professor A. A. Hoover, Professor of Biochemistry was the founder Dean of the Faculty of Medicine. Professor Hoover with over forty years of teaching experience was an asset to the Faculty in its formative years. Professor R. Kanagasuntheram, an internationally renowned Professor of Anatomy was the second Dean of the Faculty. He was responsible for getting endowment for Chairs in Orthopaedic Surgery and Oncology. Professor C. Sivagnanasundram, Professor of Community Medicine, WHO Consultant, novelist and social worker became the third Dean. He introduced several advanced teaching programmes in the curriculum of his subject. Professor K. Balasubramaniam, Professor of Biochemistry



succeeded as the fourth Dean. He brought biotechnology into the faculty and the link with a Swedish University. Professor S. V. Parameswaran, a founder member of the faculty and Professor of Physiology held the Office of the Dean from July 1994 to July 1997 when the faculty experienced the worst crisis due to displacement. Then Dr. R. Rajendraprasad, Head, Department of Anatomy, took over the Deanship and continued the academic activities under several constraints until August 2000. Professor V. Arasaratnam, Professor of Biochemistry, took up the Deanship and contributed to rebuilding the faculty by successfully initiating the UGC policy of clearing the backlog with the whole hearted cooperation of all the staff of the Faculty and consultants of Jaffna, Batticaloa and Vavuniya hospitals. The present Dean, elected in 2004 is in his second term of office.

The first batch of students was admitted on 8<sup>th</sup> August 1979 and they passed the Final MBBS examination in July 1983.

The Faculty has suffered serious setbacks twice in the past. All equipment were lost when the Faculty was deserted due to the prevailing conflict in 1987 and in 1995. In spite of the situation, the staff of the Faculty and the teaching hospital have worked hard to maintain standards of undergraduate education. Most departments were not able to undertake research. The Faculty celebrated the silver jubilee during 2003 to 2004 by having several activities beginning with religious observances. In this connection, the Faculty and students organized a medical exhibition and cultural functions.

At present the Faculty has 7 batches of students as follows:

Batch of the Faculty	Year of A/L Examination	Number of Students	Status in the Program
25	2001	[106]* 87	Completing Professorial appointments by mid December
26	2002	82	About to commence professorial course
27	2003	85	About to sit for Part II of Third MBBS
28	2004	[110]* 85	Going through Part I of Third MBBS
29	2005	64	About to enter paraclinical course
30	2006	67	About to sit for Second MBBS in December
31	2007	[100]* 75	In the First term

\* Number selected by the UGC



### 3. AIMS AND LEARNING OUTCOMES

#### 3.1 Aims

The following has been spelt out in the traditional curriculum being implemented in the Faculty.

#### **Vision of the Faculty**

To be a leading centre of excellence in teaching learning, research and scholarship in the field of medicine.

#### **Mission of the Faculty**

To be a leading centre of excellence which produces intellectual, competent, compassionate and dedicated health care professionals to meet the emerging needs of the local, national and international community.

#### **Institutional Objectives of the Faculty of Medicine**

- To provide an undergraduate training program that will enable the medical graduates of the Faculty to achieve well defined objectives and motivate them to deliver appropriate medical care to the community (See the characteristics of Medical Graduates of Jaffna Medical Faculty).
- To participate actively in the delivery of health care to the community.
- To encourage basic and applied research, particularly the identification and investigation of regional and national health problems as well as indigenous medicine and therapeutics.
- To provide training programs for supporting staff in the health care system.
- To provide training programs and promote research in physical education.
- To provide continuing medical education to medical graduates, and participate actively in the training programs of the Post Graduate Institute of Medicine.
- To promote inter Faculty and inter University academic and cultural activities.

#### **Characteristics of the End Product of the Jaffna Medical Faculty**

The medical graduate of the Faculty should:

- Be disciplined and maintain high ethical standard in relationships with patients, colleagues and the community.
- Know and execute the professional, ethical, and legal responsibilities and the limitations.
- Possess sound knowledge of aetiology, diagnosis, management (preventive treatment, rehabilitation, supportive and palliative care) and prognosis of health problems that cause morbidity and mortality in the country.
- Be aware of health problems which illustrate important principles of medical sciences.
- Possess basic clinical skills to deliver health care including emergency care.
- Be motivated to deliver timely care with courage and dedication.
- Be able to maintain good doctor-patient relationship in all aspects of patient care including respect to patient autonomy and involvement of patients and relatives in therapeutic and management decision-making
- Should have empathic and holistic approach to patients and their problems.
- Be able to health educate patients, families, relatives and the community on prevention, health promotion, health habits and appropriate nutrition.



- Be able to plan and implement preventive measures with respect to specific health problems such as reproductive health, drug abuse etc.
- Promote healthy growth and development at all ages with special emphasis on maternal, child and adolescent health.
- Be competent in communication skills and be able to communicate in both national languages of Sri Lanka and in English.
- Be able to discharge specific medico-legal duties.
- Uphold human rights with special emphasis on sex abuse, child abuse and domestic violence.
- Possess sufficient knowledge of the basic and clinical sciences and an understanding of the underlying principles of scientific method.
- Critically analyze information and plan, carryout and report research.
- Be able to work as a team and accept or provide leadership.
- Possess generic skills in relation to management of information - patient and other.
- Be prepared to serve in any part of the country.
- Continue medical education and keep pace with developments in the field of medicine.

The following learning outcomes have been identified in the new curriculum

#### **Mission of the Faculty**

To be a leading centre of excellence which produces intellectual, competent, compassionate and dedicated health care professionals to meet the emerging needs of the local, national and international community.

#### **3.2 Outcomes of the Medical Course**

At the end of the MBBS course the graduate should:

1. Possess sound knowledge, skills and attitudes required for patient care.
2. Be competent in health promotion and disease prevention.
3. Possess good communication and inter personnel skills.
4. Possess IT skills required for medical practice, self learning and research.
5. Be able to demonstrate administrative and management skills.
6. Be able to carry out medico legal responsibilities.
7. Be able to function as a leader and a team member.
8. Be a self learner committed to continuous professional development.
9. Apply the principles of ethical practice in personal and professional life.
10. Be able to teach and train.
11. Plan, conduct and report research.
12. Develop as a reflective professional



## 4. FINDINGS OF THE REVIEW TEAM

### 4.1 Curriculum Design, Content and Review

The MBBS study programme conducted by the Faculty of Medicine, University of Jaffna for six of the seven batches following the course currently is a traditional one organized into pre-clinical, para-clinical and clinical areas. The most recent intake, AL 2007 batch (31<sup>st</sup> batch) have been introduced to a new curriculum and this batch is now following the first term of the new programme.

The traditional curriculum is currently followed by the other 6 batches (25<sup>th</sup> -30<sup>th</sup>) and comprises of pre-, para- and clinical components.

The pre-clinical course includes teaching of Anatomy, Physiology and Biochemistry followed by a barrier examination. In the third and fourth years the subjects taught are Parasitology, Microbiology, Forensic Medicine (3<sup>rd</sup> year), Pathology, Pharmacology, and Community Medicine (4th year) with 3rd MBBS Parts 1 and Parts 2 examinations at the end of 3<sup>rd</sup> and 4<sup>th</sup> years respectively. The clinical components comprise: four major disciplines of Medicine, Surgery (and their sub disciplines), Paediatrics, and Obstetrics and Gynaecology. The other clerkships are in Psychiatry, Forensic Medicine and Community Medicine.

The institutional objectives of the faculty are spelt out in broad terms in the old curriculum and the objectives of the MBBS programme have not been included in the student handbook 2005. This was confirmed by the students during the discussions. However, the characteristics of the end product of the Jaffna medical course have been given indicating the features expected at graduation. The content of the traditional curriculum can be inferred from the schedule of lectures and topics given in the curriculum document for medical courses, 2005 and appears to be comprehensive. This document has also summarised the changes instituted over the past several years.

Based on the decisions of a two-week residential workshop conducted in Colombo in August 2007, with the participation of the Faculty and extended faculty, under the guidance of two consultants, a new curriculum has been developed. This workshop was funded by the IRQUE project. It was clear that the stakeholder participation (students, recent graduates, alumni, non academic staff, academic staff of other faculties, Sri Lanka Medical Council (SLMC), civil society) at this workshop was limited. The principles underpinning this new curriculum have been identified as synchronization, a move towards the more innovative teaching methods of the SPICES model, early introduction to hospital (clinical) and community exposure, introduction of a personal and professional development stream (PPDS), with the long term aim of moving towards a curriculum having a spiral model with vertical integration. It is planned to continue the PPDS and community medicine up to the end of fourth year and the clinical components to the end of the MBBS course.

The vision, the mission and the learning outcomes have been spelt out and have been incorporated in the document titled 'Curriculum for Medical Course, (Phase 1) 2008', and this document has been given to all students of AL 2007 batch admitted this year. This is a good strategy to guide students in their learning. This has been approved by the Faculty Board and the Senate, but has yet to get Sri Lanka Medical Council approval.

The contents of the new curriculum are organized into four phases Phase 1 (pre-clinical), Phases 2 and 3 (para- clinical and clinical rotations) and Phase 4, (professorial clinicals).



It appears that the contact hours have been reduced and new content areas have been added, for example the PPDS, an 8-week elective, teaching of community medicine over 4 years and clinicals over 5 years. These are confirmed from the above mentioned curriculum document ; section 4.1.7.2 (page 12).

A credit system has been introduced in the new curriculum. The cumulative credits for phase 1 from the preclinical, community medicine, clinicals and PPDS is 76 credits whereas for the 4- term Phase, 40 credits is the expected norm. No credits have been assigned to the introductory course, and the other compulsory contents *i.e.* English and IT all of which would amount to an additional 121 hours which warrant credits. This indicates content overload and needs urgent attention and correction. We were also informed that during the synchronization overlapping content areas would be removed. In the new curriculum the number of terms allocated is four terms as opposed to the five in the traditional curriculum. Concerns were expressed by some members of the academic staff about time constraints and the content overload made worse by the shortage of staff.

These comments are limited to Phase 1 of the curriculum and no observations can be made about the feasibility of achieving the envisaged learning outcomes from the 5 year course.

Overall, the programme implemented is hampered by lack of academic staff with only 28% cadre filled. Consultants from the Ministry of Health filling the deficits in areas of Pathology and Forensic Medicine. Clinical teaching is affected adversely by the absence of consultant staff at the Jaffna Teaching Hospital several specialties and sub-specialties, including rheumatology, forensic medicine, dermatology, neuro-surgery, cardio- thoracic surgery and pathology. Absence of consultants leads to inadequate exposure in these areas. Students were also very concerned about the lack of faculty academic staff and hospital consultant staff which has adversely affected their learning.

Content overload

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

#### 4.2 Teaching, Learning and Assessment Methods

Traditional lectures, tutorials and practicals form the main method of instruction in pre- and para- clinical subjects. The number of students in the tutorial groups is high and students may not get the expected benefits of the method of small group learning. Provision has been made in biochemistry and community medicine for student projects and presentations. However, during discussions with students it appeared that the AL 2006 batch of students had not been given the topic, nor the time to do the presentation in biochemistry and time may not be available to do the presentations as the examinations are scheduled in December 2008. Community medicine has incorporated field based learning, a research project and the opportunity to develop information, education and communication material for health education and to solve community problems identified by them. Individual reports are submitted by students for research in biochemistry, and community medicine.

Handouts, videos and CDs by some departments (eg. psychiatry) have been made available for learning. There is adequate space for laboratories, tutorial rooms, library and lecture halls. Even though two lecture halls are being renovated the space in the laboratories is adequate to accommodate a batch of students for lectures. The laboratories are well equipped with new microscopes and other equipment required for learning. Multi media projectors and computers are available for lectures and student presentations.



The students are exposed to a variety of clinical cases giving them an opportunity to learn about the health issues and diseases prevalent in the country and develop skills of history taking and presentation, clinical examination, carry out basic procedures and investigations. Clinical rotations take place both at the Teaching Hospital in Jaffna as well as in hospitals outside Jaffna, *ie.* in Batticaloa, Vavuniya and Trincomalee. Sending students to hospitals outside the Jaffna peninsula has been disrupted at times, but this practice has contributed much to clear the backlog. The efforts of the administration, specially the Dean, in trying to send students to other hospitals is commended.

The Psychiatry appointment at the Tellipalai Hospital provides opportunities for students to observe and participate in the management of patients with psychiatric illnesses as well as alcohol abuse and their institutional rehabilitation. Further there is exposure to basics of clinical psychology and family therapy through clinical psychologists serving the unit.

Log books have been provided by the clinical departments for each student to record either observation or performance of clinical procedures and skills during professorial appointments. This is a very useful document that helps in developing skills in a systematic manner. In addition log books are being used in the clinical rotation by some departments.

Throughout the different components of the curriculum several assessment methods are used. Structured essay questions (SEQ) multiple choice questions (MCQ) and vivas are commonly used assessment methods. Clinical skills are assessed mainly by short and long cases and Objective Structured Clinical Assessments (OSCE) are being used only in clinical medicine in the final examination. The use of OSCE could be extended to other clinical disciplines. Continuous assessments are being used in Medicine (15%) and Surgery (10%) but not in Paediatrics and Obstetrics and Gynaecology.

During clinical rotations every student is given an opportunity to present clinical cases and feedback given on their performance to improve their skills further.

The examination questions are formulated and discussed by peers in the department and are subsequently sent to the Dean for further scrutiny at the scrutiny board. The academic staff of the department as well as academic staff members from other university departments and clinicians set and correct the papers (*eg.*, in Pathology).

The students have access to two libraries, *ie.* the medical faculty library and the JMA library situated in the Teaching Hospital, providing reading, borrowing and reference facilities. The students were satisfied with the services. There were requests for more copies of the latest editions of the recommended texts to be made available on loan and to keep the Faculty library open on Saturdays and Sundays, at least during the 4 to 6 weeks preceding the main examinations. The final year students do not come to the faculty often and they requested that copies of relevant books from the faculty library be transferred to the JMA library.

The many vacant academic chairs, the shortage of senior and qualified teachers in some departments with no teachers in others (pathology, forensic medicine, paediatrics, psychiatry), lack of adequate functional resources and facilities for training of teaching staff in educational methods and techniques have hampered the effective and efficient delivery of the teaching programme. For example, students expressed their concern on the teaching of forensic medicine and pathology. However the review team commends the contribution made by the existing academic staff and the extended faculty.

The overall judgment for this aspect is **UNSATISFACTORY**.



### 4.3 Quality of Students, including Student Progress and Achievement

Students' z score at GCE (AL) examination for entry to the Faculty have been consistently over 1.9 in the past 4 years.

Students appear to be motivated and keen to learn. They were articulate and willing to express their opinions. Progress rates of students from data provided for 24<sup>th</sup> batch and indicated by the percentage passing the 2<sup>nd</sup> MBBS (76%), 3<sup>rd</sup> MBBS (83%) and the final MBBS (86%) has been good. One student out of 67 has obtained a first class. Award of distinctions, prizes and medals is an established practice in the Faculty. The 2007 annual report shows that 41 distinctions have been awarded with most being in Parasitology (9), Microbiology (6), Obstetrics and Gynaecology (6) and Pathology (5).

The students have also been motivated to contribute to fulfill social responsibilities and obligations to society especially in their psychiatry and community medicine appointments.

A small number of students do not join the faculty at the beginning of the programme due to the prevailing situation in the North and the East. According to the students a few from the Northern Province have left after registration in the recent past. This trend should not continue. The Faculty could try to find out the underlying reasons for their leaving and find ways to remedy the situation.

It was noticed that only students from a single ethnic group are concentrated in the Faculty. In the context of finding answers to the prevailing ethnic problems in the country this is not a healthy situation. The multicultural and multiethnic environment should be promoted in the Faculty.

Only a small number of current students have won university colours in sports. The number of co-curricular activities are few and the organization and participation of students and teachers in them could improve.

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

### 4.4. Extent and Use of Student Feedback

Feedback has been obtained in the areas of lectures regularly by the Departments of Biochemistry, Parasitology and Microbiology. In addition, Departments of Physiology, Pathology and Community Medicine too have done so. The quantitative analyses of the feedback were available. Informal discussions between students and the Dean take place after the release of results of examinations. These are good practices. In clinical rotations only verbal informal feedback appears to have been obtained

The students commented that certain content areas in Biochemistry, Microbiology and Parasitology as either inappropriate and lacking in clinical relevance, or as excessive. Perusal of documents also confirmed this. Although students too had made free remarks in the feedback questionnaires it is not possible either to quantify or identify the areas due to lack of specific details. Nor has these been analyzed. It may be worth for the departments to study the free comments to improve on the existing programme. The corrective measures such as changes to the teaching methods and content does not appear to have been considered based on the feedback. This was also confirmed by students during the discussions held with them.



In the pre-clinical programme students expressed the view that the lectures were not clinically oriented. This is important to take into consideration especially because of the fairly large number of non medical staff in pre- and para-clinical departments who are undertaking undergraduate teaching. We commend the decision taken by the Faculty to bring about clinical orientation in Phase 1 of the new curriculum and would like to stress on the importance and the need for involvement of clinical teachers or medically qualified persons in this activity.

No evidence was found of remedial measures taken as a response to student feedback. This was also confirmed by the students during discussions.

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

#### 4.5 Postgraduate Studies

The clinical departments of the faculty have functioned as training units for PGIM trainees in the past. In recent years attachments to clinical training units have not taken place due to the situation prevailing in Jaffna. There is one postgraduate trainee in MD Community Medicine who is currently overseas undergoing training through IRQUE funding and as such the review team was not able to meet him. The only staff member of the Department of Pathology is undergoing training in the MD Pathology programme of the Postgraduate Institute of Medicine (PGIM).

The Department of Biochemistry has been the recipient of a Sida-SAREC grant and has successfully implemented research which has led to several MPhil. and PhD degrees. There are three MPhil. students who are registered with the faculty of graduate studies. Two of them whom the team met had not received a document on the rules, regulations and guidelines pertaining to the degree. These students have been selected through interviews and are paid a stipend from the research grant.

One academic staff member from the Department of Anatomy has returned after successfully completing the MPhil degree. at the Department of Anatomy of the Faculty of Medicine, University of Colombo and another academic staff member from the same department is awaiting defense of the PhD thesis to the MGR University, Chennai, India.

Two other staff members have completed their postgraduate studies in Parasitology and Microbiology. It is evident that the Faculty has over the recent past developed the capacity of staff to improve the education and training programme.

The staff constraints have been the reason for the relatively poor research output of the Faculty. A culture of research has to be promoted with involvement of faculty members through inter-departmental, inter-faculty and other collaborations.

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

#### 4.6 Peer Observation

\* Peer observation appears to be used by the departments of biochemistry and parasitology informally and no records were available. The faculty members were not aware that a UGC recommended format is available for this purpose.



The review team felt that peer evaluation of teaching/learning activities should be formalized. This activity should be taken over by an independent body spearheaded by the Dean or the medical education cell and also cover the extended faculty teaching. The extended faculty expressed their willingness to take part in this process.

The standard practices and procedures pertaining to setting moderating and double marking examination questions were being adopted.

The overall judgment for this aspect is ***UNSATISFACTORY***.

#### **4.7 Skills Development**

In the evaluation of skills development we have included clinical skills in addition to the generic skills such as managerial, communication, presentation, language and IT skills. Introduction to equipment for clinical skills, clinical procedures and basic investigations is being carried out in pre-clinical departments especially the Department of Physiology. The clinical skills development process starts after the 2<sup>nd</sup> MBBS programme, during their clinical rotations. They are introduced to history taking, and clinical examination and during the course of the rotation every student gets an opportunity to present a case and get detailed feedback on their clinical and presentation skills from the consultant.

Log books are being used in a few clinical clerkships such as psychiatry, forensic medicine and community medicine. Logbooks are also used in the final year professorial clinical appointments to guide acquisition of clinical skills. This is commendable as it promotes the observation and/or acquisition of requisite skills.

At our meeting with the students, it was clear that they were confident of having acquired the expected clinical skills. The same sentiment was echoed by the extended faculty teaching staff.

The research project carried out in the 4<sup>th</sup> year under supervision has enabled them to acquire analytical, critical thinking, information retrieval and data handling skills as well as report writing skills. Students have been provided with opportunities to meet social responsibilities and obligations to the community during the field activity achieved through production of posters, pamphlets, flash cards etc with the support of the health education material production unit of the Department of Community Medicine. Similar experiences are offered during the psychiatry appointment at Tellipalai Hospital.

Several activities have helped improve the student's communication, IT and English skills. The students of the more senior batches expressed their opinion clearly. The students have been given responsibility to manage the canteen, gymnasium and the IT centre which has provided opportunity to develop interpersonal, and managerial skills.

The envisaged clinical skills laboratory should provide opportunity to further enhance skills development.

Development of self directed learning skills through small group discussions, problem based learning and student led seminars appear deficient. The library has inadequate number of copies of the latest editions of the common books, and at present students have limited access to IT training and Internet facilities. This was confirmed at the meeting of the review team with students.

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



#### 4.8 Academic Guidance and Counseling

The students are aware of the counseling services that are available to them. They have been informed of two student counselors, through notices and the handbook. Three staff members have undergone training in counseling and in turn have disseminated that knowledge to other members of the academic staff. However specific times are not allocated although the staff indicated their availability. The staff members were accessible and friendly.

The appointment of three coordinators, from the pre-, para and clinical sections appears to be a strategic move. Academic guidance appears to be provided on a needs basis. Each Department of the Faculty could consider providing a formal academic guidance programme.

The electronic notice board through which students are informed of clinical rotations, time tables, and other important notices and news items is innovative and a useful feature.

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

### 5. CONCLUSIONS

#### 1. Curriculum Design, Content and Review

##### Strengths Good Practices

1. Implementation of a new curriculum and ongoing curriculum review process
2. Distribution of the new curriculum document among first year students at the beginning of the study programme
3. Plans in the new curriculum to expose students to community perspectives and clinical learning early in the study programme

##### Weaknesses

1. Content overload in Phase I in the new curriculum
2. Inadequate involvement of all stakeholders in the curriculum review process
3. Length of stay of students in the Faculty is too long

#### 2. Teaching, Learning and Assessment Methods

##### Strengths/ Good Practices

1. Effective use of log books to inform and guide students to acquire skills
2. Dedicated and enthusiastic participation in teaching by both faculty and extended faculty
3. Availability of space, teaching and learning equipment both in lecture halls and in laboratories

##### Weaknesses

1. Widespread use of lectures with traditional tutorials as the main method of instruction.
2. Large student groups even for tutorials
3. Shortage of academic staff with medical background and postgraduate qualifications
4. Inadequate training for academic staff in educational methods and techniques
5. Shortage of academic staff in the major clinical disciplines.



### 3. Quality of Students, including Student Progress and Achievements

#### Strengths/Good Practices

1. Consistently good pass rate and award of classes, medals and distinctions
2. Successful management of the IT centre, gymnasium and the canteen by the students

#### Weaknesses

1. Inadequate participation in co- and extra-curricular activities by the students
2. Lack of teacher guides for the 3<sup>rd</sup> and 4<sup>th</sup> year appointments

9/12-  
Exhibition  
Sports  
video

### 4. Extent and Use of Student Feedback

#### Strengths / Good practices

1. Availability of a printed form for obtaining feedback and the practice of obtaining feedback by some departments
2. The Dean obtaining feedback from students after the results are released.
3. Practice of getting informal feedback at clinical teaching

#### Weaknesses

1. Feedback obtained not used to effect changes.
2. Lack of a formal and independent mechanism to obtain feedback and make use of the information obtained.

### 5. Postgraduate Studies

#### Strengths/Good practices

1. Availability of training units and trainers for PGIM students.
2. Successful implementation of the research degree programme in the Department of Biochemistry with foreign funding.

#### Weaknesses

1. Lack of a research culture in a majority of the Departments and in the Faculty
2. Lack of qualified academics to guide postgraduates.
3. Lack of time for research with overburdening of available staff with teaching and service commitments.

### 6. Peer Observation

#### Strengths/Good practices

Nothing identified

#### Weaknesses

1. Lack of an organized scheme for peer evaluation of academic staff and staff of extended faculty



## 7. Skills Development

### Strengths/Good practices

1. Students are confident of having acquired clinical skills
2. Opportunities to develop research skills, IT, managerial, communication and English provided
3. Publication of a student journal
4. Use of log books to facilitate acquisition of clinical skill

### Weaknesses

1. Lack of group learning activities to encourage team work
2. Objectives are not given to student especially in the old curriculum

## 8. Academic guidance and counseling

### Strengths/Good practices

1. Availability of several teachers trained in counseling in the Faculty.
2. Students are satisfied with the assistance and support available and utilize these services when required

### Weaknesses

1. No organized academic counseling programme within the Faculty.
2. Teachers not intimating their availability at fixed times and designated space.

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

## 5. RECOMMENDATIONS

1. A document titled "Curriculum for Medical Course (Phase 1) 2008" has been prepared following a consultative workshop. There are issues related to content overload in Phase I, credit system and GPAs in this document which need to be addressed. This could be done at the workshop planned for early part 2009.



2. Observations of the senior academics in sister faculties of medicine on the content areas and time allocations for Phase 1 subjects should be obtained.
3. Greater involvement of various stakeholder groups is recommended in curricular revisions planned for the future. Such groups include present students, recent graduates, Sri Lanka Medical Association, SLMC, the employers etc.
4. Both the Staff Development Centre (SDC) and the Medical Education Unit (MEU) need to be made operational with support, where necessary, from other faculties of the University of Jaffna as well as other universities, to provide training programmes for academic staff, non-academic staff and the extended faculty ✓
5. Make learning objectives/learning outcomes of the different components of the curriculum, including those of the clinical training programme available to students. ✓
6. Extend the use of log books to other areas of the clinical training programme (long and short appointments) to enhance acquisition of clinical skills. ✓
7. Steps must be taken to widen the exposure of students to more than one or two teachers on the academic disciplines taught. The present method of teaching forensic medicine is unsatisfactory as most of the teaching is done by a single visiting lecturer concentrated over a few days. The teaching should be distributed over the designated time period to allow students to learn. \*
8. The acute shortage of qualified medical teachers is adversely affecting the implementation of the teaching programme. The Faculty and the University should pursue all possible avenues to find a solution to this problem. The UGC should consider giving financial, travel, leave and other appropriate incentives and concessions to get academic staff, especially those having medical qualifications. The Faculty should liaise with the Ministry of Health to get doctors on secondment.
9. The vacant academic chairs should be filled on an urgent basis. The Faculty should strive to maintain a sufficient number of medically qualified teachers. Care should be exercised when filling permanent jobs with non-medical graduates.
10. Presently the Jaffna Teaching Hospital does not have medical consultants in several specialties. These include rheumatology, neurosurgery, cardio-thoracic surgery, dermatology, pathology and forensic medicine. This deficiency adversely affects the training of students and has to be addressed urgently. We recommend that the university administration, the UGC and the Ministry of Health have discussion on this issue. The option of sending students to places outside the Jaffna peninsula where these consultants are working has to be regularised. \*
11. Develop an assessment system based on sound educational principles to assess learning outcomes using valid and reliable assessment methods. Use formative assessment as an approach to improve student learning. This could be addressed in the curriculum review workshop planned for 2009.
12. The teaching methods and the assessment methods used for most subjects are limited. The Faculty should consider introducing a variety of relevant teaching and assessment methods for all subjects.
13. The multiple choice questions are marked manually. The Faculty should consider using optical mark reading or a computerized system to reduce the workload of the academic staff and for ease of evaluation of questions. \*
14. Provide sufficient copies of latest editions of recommended textbooks to the library. As the professorial students use the JMA library there is a request to transfer textbooks to the JMA library from the Faculty library. The Faculty could consider this request. ✓
15. Make Internet facilities available in the hospital/wards for both undergraduates and PGIM trainees. ✓



16. The electronic notice board which appears to be a cost effective and practical method of communicating between faculty and students is of limited use since Internet connections are few and slow. The faculty should consider using an intranet to expand the access of this notice board to students and staff.
- X 17. Introduce a research culture amongst the staff and students. Linkages need to be formed with other faculties, sister universities and overseas institutions.
18. Establish a system to get regular feedback of teaching/learning activities for all teaching programmes, including clinical teaching formally by an independent body.
19. Peer evaluation of teaching/learning activities be formalized and taken over by an independent body or the medical education cell. Such evaluation should also include teaching by the extended faculty.
- (X) 20. Awareness about the new curriculum among the non-academic staff is low. Take appropriate measures to improve their awareness and involvement in the implementation of the new curriculum.
- (P) 21. Opportunities for career development and training for non-academic staff appear to be inadequate. Avenues should be explored to address this issue.
22. Because of the prevailing situation, registered students in the Jaffna Medical Faculty who come from Trincomalee, Batticaloa, Kilinochchi, Vavuniya, Mannar and other areas face difficulties regarding travel, security and obtaining financial and other support from their families. The Faculty should discuss these problems with the relevant authorities with a view to finding solutions.
23. The student counsellors could inform students of dedicated time for counselling work. Similarly the Faculty could try to establish a system of academic counselling operating at the level of each department.
- X 24. The duration of the MBBS course has got lengthened due to various reasons. This needs to be addressed.