



# Community Stream Community Medicine Clinical Attachment

## Student Guide



Department of Community and Family Medicine  
Faculty of Medicine  
University of Jaffna

2024



## Contact Information

Address : Department of Community and Family Medicine,  
Faculty of Medicine, University of Jaffna, Kokuvil, Sri Lanka.

Telephone : +9421 221 8178 (direct); +9421 221 2073 - Ext 245

Fax : +9421 221 2073 (direct)

Email : [dcfm@univ.jfn.ac.lk](mailto:dcfm@univ.jfn.ac.lk)

## Staff

Name	Designation	Email
<b>Dr. P. A. D. Coonghe</b>	Head of Department	<a href="mailto:padcoonghe@univ.jfn.ac.lk">padcoonghe@univ.jfn.ac.lk</a> <a href="mailto:padcoonghe@gmail.com">padcoonghe@gmail.com</a>
<b>Prof. B. Kumarendran</b>	Cadre Chair Professor	<a href="mailto:drbkumaran@gmail.com">drbkumaran@gmail.com</a> <a href="mailto:kumarendran@univ.jfn.ac.lk">kumarendran@univ.jfn.ac.lk</a>
<b>Prof. R. Surenthirakumaran</b>	Professor	<a href="mailto:rsuren@univ.jfn.ac.lk">rsuren@univ.jfn.ac.lk</a> <a href="mailto:surenthirakumaran@gmail.com">surenthirakumaran@gmail.com</a>
<b>Dr. S. Kumaran</b>	Senior Lecturer	<a href="mailto:s.kumaran3@gmail.com">s.kumaran3@gmail.com</a>
<b>Dr. Ramya Kumar</b>	Senior Lecturer	<a href="mailto:ramyak@univ.jfn.ac.lk">ramyak@univ.jfn.ac.lk</a>
<b>Mr. S. Sivakanthan</b>	Senior Lecturer	<a href="mailto:sskanthan31@gmail.com">sskanthan31@gmail.com</a>
<b>Dr. S. Suganya</b>	Lecturer (Probationary)	<a href="mailto:suganja.info@gmail.com">suganja.info@gmail.com</a>
<b>Mrs. S. Sasrubi</b>	Research Assistant	<a href="mailto:sasrubi.sathees@gmail.com">sasrubi.sathees@gmail.com</a>
<b>Mrs. V. Sureskumar</b>	Staff Technical Officer	<a href="mailto:vithushasures@gmail.com">vithushasures@gmail.com</a>
<b>Mr. K. Mathusuthan</b>	Technical Officer	<a href="mailto:mathusuthanmathusuthan@gmail.com">mathusuthanmathusuthan@gmail.com</a>
<b>Mr. V. Premakumar</b>	Public Health Inspector	<a href="mailto:premakumarphi@gmail.com">premakumarphi@gmail.com</a>
<b>Mrs. T. Thananjeyan</b>	Management Assistant	<a href="mailto:dcfm@univ.jfn.ac.lk">dcfm@univ.jfn.ac.lk</a>
<b>Mrs. K. Tharasutha</b>	Management Assistant	<a href="mailto:dcfm@univ.jfn.ac.lk">dcfm@univ.jfn.ac.lk</a>
<b>Mrs. I. Devarajah</b>	Lab attendant	

## Table of Contents

1. Introduction .....	4
1.1 Programme timing and duration .....	4
1.2 Organization .....	4
1.3 Tutors .....	4
1.4 Learning methods .....	5
1.5 Role of the student .....	5
1.6 Attendance .....	6
1.7 Assessment .....	6
1.7.1 A note on plagiarism .....	6
1.8 Field placements .....	7
2. MOH Appointment .....	8
2.1 MOH office and staff supervision .....	8
2.2 PHM office .....	9
2.3 PHI office .....	10
2.4 Poly clinic .....	10
2.5 Family planning and pre-pregnancy care .....	12
2.6 Well woman clinic .....	13
2.7 Postnatal care .....	14
2.8 Weighing post .....	15
2.9 National Immunization Programme (EPI / AEFI Surveillance) .....	16
2.10 School Health Programme .....	17
2.11 Community-based NCD prevention programme .....	18
2.12 Communicable disease control activity and outbreak investigation .....	19
2.13 Food sanitation .....	20
2.14 Market sanitation .....	20
2.15 Occupational health .....	21
2.16 School dental therapist .....	22
3 Health institutions & Community Organizations Appointment .....	23
3.1 Hospital administration .....	23
3.2 Managing drugs and equipment .....	23

3.3 Infection control and waste management.....	24
3.4 Health information system .....	25
3.5 Surveillance system .....	26
3.6 Malaria control .....	26
3.7 Tuberculosis control .....	28
3.8 Water sanitation.....	29
3.9 Environment sanitation and solid waste management .....	29
3.10 Special education – Nuffield School .....	30
3.11 Elderly care – State Elders’ Home Kaithady .....	31
3.12 Disability Rehabilitation - JJCDR .....	32
3.13 Special education – Sivapoomi School .....	33
3.14 Adolescent health – Certified School Atchuvvely .....	33
3.15 Community mental health services - Shanthiham .....	34
3.16 Palliative care - CANE .....	35
3.17 GBV and child abuse .....	36
4 Clerkship Review .....	37
5 Student assessment and evaluation .....	37
5.1 Attitude and application .....	37
5.2 Presentation at clerkship review .....	37
5.3 Logbook.....	38
5.4 Guide to reflective writing .....	38
5.5 OSPE/OSCE .....	41

## **1. Introduction**

The Community Medicine Attachment is held on a rotational basis in the third and fourth year of the MBBS programme. The curriculum has been developed in accordance with Sri Lanka Medical Council guidelines.

By the end of the attachment, medical students will be able to:

- Describe the structure and delivery of health services in Sri Lanka with emphasis on Jaffna and the Northern Province;
- Critically analyze health problems, health programmes and health-related organizations and activities in the community;
- Explain and apply the concepts of health promotion, prevention, community empowerment, and community mobilization to public health practice;
- Demonstrate basic skills in health education and communication; and
- Demonstrate a positive attitude towards public health and health promotion.

### **1.1 Programme timing and duration**

- Timing: Third or fourth year
- Duration: Six weeks

### **1.2 Organization**

- A group of about 45-50 students will be attached to the Department of Community & Family Medicine (DCFM) for 6 weeks during the third /fourth year.
- This group will be divided into 2 groups; group leaders will be selected and rotated during the appointment.
- An orientation will be held at DCFM on the first day of the attachment.
- Students will be posted to various field sites during the course of the attachment where they will gain practical knowledge and skills.
- Students must find their own transport to each programme unless otherwise informed.
- The student guide is available under the 'Student resources' tab on the DCFM webpage.

### **1.3 Tutors**

- Teaching and assessment is shared among members of staff of DCFM and the Medical Officer of Health (MOH) Nallur, and other community tutors.
- Tutors are drawn from a wide variety of backgrounds, and would have experience and expertise in the health or social sector and/or voluntary organizations. They will reflect

existing partnerships and collaborations between state and non-state sectors.

- Much of the teaching takes place in the University Field Project Area, which is the Nallur MOH Area. In some instances, community tutors may meet students at their places of work, and in others, they may accompany students on field visits.

## 1.4 Learning methods

The objectives for each day are clearly set out in this guide with suggestions for preparatory reading. Students will enjoy a variety of teaching methods during the attachment, including:

- Shadowing medical professionals, allied health professionals and other members of the public health team;
- Contact with community members/patients;
- Observation of service user-provider encounters;
- Small group discussions;
- Student presentations;
- Critical reflection; and
- Self-directed learning and research.

## 1.5 Role of the student

- Students should prepare for the field visit by reviewing the objectives and materials relevant to each field site in the student guide before the visit takes place.
- Students must be present at the specified learning site from 8.00 am to 12.00 noon.
- Students are expected to be proactive and obtain the support of their tutors to achieve their learning objectives. If students feel they have not met their learning objectives for the day, they should seek further guidance.
- Students should approach clients/community members/patients in pairs (male and female) and respectfully inform them of the purpose of their visit/activity.
- Students should maintain the logbook, to be updated after each field visit.
- Each student is required to carry out at least one assessed presentation during the course of the attachment.
- Students are expected to complete and submit the community medicine attachment student evaluation forms by the end of the attachment.
- Students must submit the completed logbook to DCFM at the end of the appointment.

## 1.6 Attendance

Attendance is mandatory for all clerkship activities. Absence from a scheduled learning activity will be excused only on the grounds of sickness, which should be supported by a medical certificate from a government medical institution. The student should inform the Head of the Department in writing (email/letter) about their absence before the commencement of the scheduled activity, and submit supporting documents thereafter. The student will be required to make arrangements to complete the clerkship activity on another date.

## 1.7 Assessment

Assessment will take place throughout and at the end of the appointment.

Students will be graded on the following components:

Attitude and application	08%
Presentation at clerkship review	12%
Log book/portfolio assessment	40%
OSPE/OSCE	40%

The total allocated from the Community Medicine Clinical Attachment towards the Second Examination for Medical Degrees is 25 per cent of the final grade for Community Medicine.

### 1.7.1 A note on plagiarism

Plagiarism is the unacknowledged use of another person's ideas, words or work. All work submitted must be your own or, if not, authorship must be acknowledged appropriately using citations and a list of references. Plagiarism is a serious offence and will not be tolerated. Any submitted work that contains copied or cut and pasted material will not be evaluated.



## 1.8 Field placements

The sites visited during the field placements are listed below. The field placements will be scheduled based on the availability of tutors and feasibility considerations.

<b>MOH Appointment – Nallur MOH Area</b>	
1.	MOH office (MOH and staff supervision)
2.	PHI office
3.	PHM office
4.	Polyclinics (ANC, WBC, CWC, EPI/AEFI)
5.	Family planning clinic
6.	Well woman clinic
7.	Weighing post
8.	Postnatal care
9.	National Immunization Programme (EPI / AEFI Surveillance)
10.	School Health Programme
11.	Food sanitation - Food handling establishments, meat stall inspection
12.	NCD prevention and control - Primary medical care unit
13.	Occupational health - Factory visit
14.	Occupational health - Small and medium industries
15.	Slaughter house
16.	Communicable disease control activities
17.	School dental therapist
<b>Health institutions and community health organizations</b>	
1.	Managing drugs & equipment, infection control & waste management, health information system – Teaching Hospital Jaffna
2.	Malaria control – AMC, Health Village Pannai
3.	Tuberculosis control – Health Village Pannai

4.	Surveillance system – Regional Epidemiologist, RDHS Office Jaffna
5.	Community mental health services - Shanthiham
6.	Special education - Nuffield School for the Deaf and Blind
7.	Special education - Sivapoomi School for Children with Special Needs
8.	Adolescent health - Certified School Atchuvveli
9.	Elderly care - State Home for the Elders Kaithady
10.	Disability rehabilitation - Jaffna Jaipur Centre for Disability and Rehabilitation (JJCDR)
11.	Palliative care - Cancer Aid North and East (CANE)
12.	Water sanitation – National Water Supply and Drainage Board
13.	Environment sanitation and waste management – Recycle Center Kakaitivu
14.	Hospital administration and productivity - BH Chavakachcheri
15.	GBV and child abuse: DS Office Nallur /Women-in-Need

## 2. MOH Appointment

### 2.1 MOH office and staff supervision

Students will be posted with the Medical Officer of Health (MOH) Nallur. The tutor will first discuss the responsibilities of the MOH. Then students will be divided into groups, and will visit various sections of the MOH Office and observe the activities.

Learning outcomes:

At the completion of the visit, the student should be able to

- List the duties of MOH
- Describe the role of MOH in the following activities
  - Maternal and child health
  - Control of communicable & non – communicable diseases
  - Food sanitation
  - Environmental and occupational health



- Health promotion and health education
- Community empowerment and mobilization
- List the returns originating from and received by the MOH and discuss their purpose
- List the maps and charts maintained in the MOH Office and discuss their purpose
- Identify and describe
  - Infectious Diseases Register
  - Notification Card
  - Field investigation form
  - Weekly Return of Communicable Disease
  - Weekly Epidemiological Report
  - Quarterly MCH Return
- Describe the role of the MOH in supervision
- Describe monitoring and evaluation procedures at MOH level
- Discuss the concept of team work



#### Learning resources:

- Family Health Bureau 2020. [Annual Report of the Family Health Bureau 2020](#).
- Epidemiology Unit (2023). [Weekly epidemiological report 2023](#)
- World Health Organization and Ministry of Health (n.d.). [Public Health Success in Sri Lanka](#).
- Family Health Bureau (2011). [Maternal Care Package: A Guide to Field Healthcare Workers](#) (pp. 191-212 - supervision forms)
- Ministry of Health (2015). [Guidelines for Conducting Monthly and Local Conference at the Medical Officer of Health Areas](#).
- Tzenalis, A. & Sotiriadou, C. (2010). [Health Promotion as Multi-Professional and Multidisciplinary Work](#). *International Journal of Caring Sciences* 3(2):49-55.

## 2.2 PHM office

Students will be posted with PHM. The tutor will conduct a tour of the PHM Office. Students should become familiar with the office set up.



#### Learning outcomes:

At the visit's completion, students should be able to

- Describe the lay out and organization of a PHM Office
- List the duties of a PHM
- Identify and list the registers, returns, maps & charts maintained at a PHM Office

#### Learning resources:

- Ministry of Health (2006). [Revised duty list of the Field Public Health Midwife.](#)
- Ministry of Health (2013). [Guideline on Maintenance of Office of PHM.](#)

### 2.3 PHI office

Students will be posted with the PHI. The tutor will first take the students on a tour of his office. Students should become familiar with the office set up.



#### Learning outcomes:

At the end of the field visit, students should be able to

- Describe the layout of a PHI Office
- List the maps, charts, registers and returns maintained at a PHI Office

#### Learning resources:

- Ministry of Health (n.d.). [Duties and Responsibilities of Public Health Inspectors.](#)

### 2.4 Poly clinic



Antenatal Clinics (ANC), Child Welfare Clinics (CWC) and Well Baby Clinics (WBC) are conducted at Policy Clinics held at Nallur MOH. Students should observe the activities carried out in the clinics from the time of registration to exit. Students should participate in all clinic procedures relevant to mothers and infants/children during the clinic visit.

#### Learning outcomes:

At the completion of the visit, students should be able to

- Describe the activities carried out at the polyclinic to improve the health of pregnant

and lactating mothers and their children

- Describe the pregnancy record (H512 A and B) and the Child Health Development Record (CHDR) and discuss their importance
- Use the H512 and CHDR as health education tools
- Interpret the data contained in the H512 and CHDR
- Describe health and social risk assessment and referral procedures
- Describe immunization procedures
- Critically evaluate the strengths and weaknesses of polyclinics

Learning resources:

- H512 and CHDR (at MOH Nallur).
- Family Health Bureau (2021). [Annual Report of Family Health Bureau 2020.](#)
- Family Health Bureau (2011). [Maternal Care Package: A Guide to Field Healthcare Workers.](#)
- Ministry of Health (2014). [Antenatal Care Circular \(General Circular no.02-85/2014\).](#)
- Ministry of Health (2021). [Diagnosis of anemia and iron folate supplementation during antenatal and postnatal periods.](#)
- Ministry of Health (2015). [National guidelines for prevention and control of maternal anaemia.](#)
- Ministry of Health (2021). [Introduction of a second HIV screening test for pregnant women.](#)
- Ministry of Health, Nutrition and Indigenous Medicine (2019). [Blood sugar screening for hyperglycemia in pregnancy.](#)
- Family Health Bureau (2021). [Analysis of maternal deaths.](#)
- Family Health Bureau (2015). [Maternal death and response system.](#)
- Ministry of Health (2019). [Guidelines on De-worming Children and Pregnant Women.](#)
- Family Health Bureau (2022). [Indicator dictionary for maternal and child health in Sri Lanka.](#)
- Ministry of Health (2020). [National guidelines for new born care Volume I \(pp. 39-56\).](#)
- Ministry of Health (2020). [National guidelines for new born care Volume III \(pp. 119-130\).](#)
- Ministry of Health (2007). [Guidelines on Infant and Young Feeding.](#)
- Family Health Bureau (2020). [Right food at the right time.](#)

- Ministry of Health (2019). [Micronutrient supplementation for school children from the year 2019 onwards.](#)
- Ministry of Health (2018). [Compliance with the Sri Lanka code for promotion, protection and support of breast feeding and marketing of designated products \(2003\) and world health assembly resolutions by health care service providers.](#)
- Epidemiology Unit (2017). [National Immunization Schedule for EPI Vaccines](#)
- Ministry of Health (2020). [Guideline on child development promotion and development screening for primary health care \(PHC\) workers.](#)
- Family Health Bureau (n.d.). [National foeto-infant mortality surveillance system](#)

## 2.5 Family planning and pre-pregnancy care

At the family planning clinic, the tutor will describe the activities taking place at the clinic. Students will be briefed on how to counsel a couple on selecting a contraceptive method available through the national programme and will have opportunities to observe a family planning session. Students should take this opportunity to learn about the pre- pregnancy care package offered by the MOH.



Learning outcomes:

At the completion of the visit, students should be able to

- Identify and describe the contraceptives methods available through the National Family Planning Programme.
- Describe the route of administration, dosages, methods of delivery, indications, contraindications, and side effects of the available contraceptive methods
- Explain the advantages and disadvantages of each contraceptive method in specific situations
- Identify the equipment used for DMPA injection and insertion of IUCD/implants and describe the steps of each procedure.
- Describe services included in the pre-pregnancy care package delivered by MOH
- Critically evaluate the strengths and weaknesses of the family planning and pre-pregnancy care services delivered by MOH

### Learning resources:

- Family Health Bureau (2021). [Annual Report of Family Health Bureau 2020](#).
- World Health Organization (2018). [Family Planning: A Global Handbook for Providers](#).
- Family Health Bureau guidelines for contraceptive service providers are available [here](#). (see under the year 2018)
- Family Health Bureau (2011). [Maternal Care Package: A Guide to Field Healthcare Workers](#). (Chapter 24)
- Department of Census and Statistics (2017). Sri Lanka Demographic and Health Survey 2016 ([Chapter 5](#)).
- Ministry of Health (2018). [Guidelines for delivery of the service package for newly married couples](#).
- Family Health Bureau (2016). [Our Best Wishes for Your Sweet Home](#) (Read Chapter 4 on Family Planning).
- Ministry of health and indigenous medical services (2017). [Strengthening postpartum family planning services provided by curative institutions](#).
- Manual for primary health care provider (2009). [Subfertility](#)

## 2.6 Well woman clinic

At the well women clinic (WWC), the tutor will describe the activities carried out at the clinic and students will have opportunities to participate in clinic procedures relevant to the clinics. Students should observe the activities of the PHM, PHNS and MOH in the two clinics.



### Learning outcomes:

At the completion of the visit, students should be able to

- Describe the activities that are carried out in WWC
- List the records maintained by PHM in relation to WWC
- List the targeted non-communicable diseases (NCDs) and explain the rationale for their selection
- Describe the health education activities undertaken at WWC
- Describe referral procedures followed in WWC
- Critically evaluate the strengths and weaknesses of WWC
- Demonstrate the ability to carry out basic clinical procedures performed at WWC

Learning resources:

- Family Health Bureau (2021). [Revised Guideline on Implementation of Well Woman Services](#).
- National Cancer Control Programme (2014). [Prevention and Early Detection of Common Gynecological Cancers](#).
- National Cancer Control Programme (2014). [Early Detection and Management of Breast Symptoms](#).
- National Cancer Control Programme. Access website [here](#).
- Family Health Bureau (2019). [National Strategic Plan 2019-2023: Well Woman Programme](#).

## 2.7 Postnatal care

Students will be posted with PHM. The tutor will discuss the objectives of a postnatal domiciliary visit. Then students will be divided into groups and accompany PHMs on home visits.

Learning outcomes:

At the completion of the visit, students should be able to

- Describe the activities taking place at a postpartum home visit
- Describe the records maintained during postpartum home visits
- Describe return to fertility of postpartum women (lactating and non-lactating)
- Explain the benefits of healthy pregnancy spacing
- Describe contraceptive methods appropriate for lactating women
- Demonstrate the ability to carry out health education for postpartum mothers

Learning resources:

- Pregnancy Record (H 512). (Available at MOH Nallur).
- Child Health Development Record (CHDR). (Available at MOH Nallur).
- Family Health Bureau (2020). [Annual Report of the Family Health Bureau 2020](#).
- Family Health Bureau (2011). [Maternal Care Package: A Guide to Field Healthcare Workers](#).
- Ministry of Health (2014). [Postpartum care circular](#).



## 2.8 Weighing post

Students will be posted with the PHM. The tutor will discuss the objectives and importance of growth monitoring and nutrition. Then students will observe and participate at the activities at a field weighing post.



Learning outcomes:

At the completion of the visit, students should be able to

- List the objectives of growth monitoring
- Identify and describe the equipment used for growth monitoring
- Identify and describe the different types of growth charts used to monitor the growth of children at weighing posts
- Identify growth faltering and interpret growth charts
- Describe the actions that should be taken based on growth trends of the child
- List the records maintained by the PHM on growth monitoring at her office and at the weighing post
- Identify causes of growth faltering among children and ways to overcome them
- Critically evaluate the strengths and weaknesses of the weighing post

Learning resources:

- Family Health Bureau (2011). [Maternal Care Package: A Guide to Field Healthcare Workers](#).
- Ministry of Health (2007). [Guidelines on Infant and Young Feeding](#).
- Ministry of Health (2008). [Protocol on Managing Nutritional Problems among Under Five Children in the Community](#).
- Ministry of Health (2008). [Protocol on Managing Nutritional Problems among Under Five Children in the Community](#).
- Ministry of Health (2020). [Management of severe and moderate acute under nutrition of children under 5 years of age - manual for health workers in Sri Lanka](#).
- Ministry of Health (2014). [National Guidelines for Newborn Care](#) (Chapter on Breast Feeding pp.37-46).
- Family Health Bureau (2020). [Right food at the right time](#).
- Family Health Bureau (2014). [Complementary Feeding Leaflet \(Tamil\)](#).
- Family Health Bureau (2014). [Complementary Feeding Leaflet \(Sinhala\)](#).

## 2.9 National Immunization Programme (EPI / AEFI Surveillance)

Students will be posted to the MOH Office. The tutor will introduce the students to the Expanded Programme on Immunization (EPI) and the principles of Adverse Events Following Immunization (AEFI) surveillance. They will be familiarized with the infrastructure and facilities available at the MOH Office to maintain the cold chain and deliver immunization services. Students should observe the delivery of immunization services at MOH level.



Learning outcomes:

At the completion of the activity, students should be able to

- List the objectives of EPI and AEFI
- Describe the national immunization schedule
- Discuss technical aspects of cold chain maintenance in relation to each vaccine as relevant to a field setting
- Describe the system in place for AEFI surveillance and explain its importance

Learning resources:

- Ministry of Health (2014). [National Immunization Policy](#). (pp. 41 onwards)
- Epidemiology Unit (2017). [National Immunization Schedule – Sri Lanka](#).
- Epidemiology Unit (2016). [Cold Chain](#).
- Sri Lanka Medical Association (2020). [SLMA Guidelines and Information on Vaccines](#).
- Ministry of Health (2017). [Guidelines on the Introduction of the HPV Vaccine into the National Immunization Programme](#).
- Epidemiology Unit (2016). [Change of the Polio Vaccination Schedule](#).
- Ministry of Health, Nutrition and Indigenous Medicine (2023). [Measles, Rubella, Congenital Rubella Syndrome Elimination Initiative](#).
- Epidemiology Unit (2012). [National Guidelines on Immunization Safety Surveillance](#).
- Epidemiology Unit (2015). [AEFI Forms](#).
- Epidemiology Unit (2012). [National Survey on Surveillance of Adverse Events Following Immunization in Sri Lanka](#).

## 2.10 School Health Programme

The tutor will discuss the components and the activities carried out as part of the School Health Programme and School Medical Inspection (SMI). Students will be divided into groups and 1) evaluate the sanitary level of the school; and 2) carry out the SMI activity under the supervision of MOH. Students should observe the activities carried out by the MOH, PHI, and teachers, during SMI.



Learning outcomes:

At the completion of the activity, students should be able to

- List the objectives of the School Health Programme
- List the components of the school sanitary survey
- Describe the components of SMI and their importance
- Describe the role of teachers and health personnel at SMI
- List the records and other instruments used during SMI
- Examine school children, identify common illnesses, and fill the SMI form
- Describe referral pathways for children identified to have problems
- Describe health promotion activities relevant to the School Health Programme
- Discuss the importance of the School Canteen Policy
- Discuss the role and functions of a School Health Club

Learning resources:

- Family Health Bureau (2021). [Annual Report of the Family Health Bureau 2020](#).
- Ministry of Health (2016). [School Health Programme](#).
- Ministry of Health (n.d.). [PHI Manual Chapter 9: School Health Programme](#).
- Ministry of Health (2016). [Medical Inspection of School Children and Referral to Hospitals](#).
- Ministry of Health (2017). [Provision of adolescent and youth friendly health services in the field](#).
- Ministry of Health (2019). [Micronutrient Supplementation for School Children](#).
- Lokubalasureiya, A. (2015). [School Canteen Policy](#).
- Ministry of Health (2010). [Adolescent healthcare in the field](#).
- Legar et al. (n.d.). [Promoting Health in Schools: From Evidence to Action](#)

## 2.11 Community-based NCD prevention programme

Students will be posted with the MOH. The tutor will discuss the objectives, importance and components of the NCD Screening Programme (NSP). Students will be divided into groups to carry out and observe the activities of the PHI and medical officers.



Learning outcomes:

At the completion of the activity, students should be able to

- Describe health services available for prevention of NCDs at the community level
- List and describe components of the NSP and their importance
- List the records and other instruments used in the NSP
- Describe the materials and methods used to deliver health education in the NSP
- Discuss the roles of community leaders and health personnel in the NSP
- List common NCDs found in the community by age group
- Describe the prevention and control measures targeting each NCD
- Describe referral mechanisms available to manage NCDs
- Critically evaluate the strengths and weaknesses of NSP

Learning resources:

- Ministry of Health, Nutrition, and Indigenous Medicine (n.d.). [National Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases 2023-2027](#).
- Ministry of Health (2021). [NCD Risk Factor Survey Sri Lanka 2021](#) (STEPS Survey).
- Mikkelsen et al. (2019). [Life course approach to prevention and control of non-communicable diseases](#).
- NCD Alliance (2017). [Risk factors and prevention](#).
- Ministry of health (2021). [Food based dietary guidelines for Sri Lankans](#). Summary available [here](#).
- World Health Organization/International Society of Hypertension (WHO/ISH) [Risk Prediction Charts](#).
- World Health Organization (2007). [Prevention of Cardiovascular Disease Pocket Guidelines for Assessment and Management of Cardiovascular Risk](#) (pages 1-8 only as the charts in this book are for the African region)

## 2.12 Communicable disease control activity and outbreak investigation

Students will be posted with a range PHI in the Nallur MOH Area. The tutor will discuss the objectives and components disease notification and outbreak investigation. The students will be divided into groups. Each group will visit a notified address or a home with risk factors for the spread of communicable diseases. Students will observe the activities carried out by the PHI and participate in delivering health education to residents.



Learning outcomes:

At the completion of the activity, the student should be able to

- Describe the disease burden of common communicable diseases in Sri Lanka and Northern Province (e.g. dengue, typhoid, dysentery, etc.).
- Describe the PHI's role in communicable disease control activities
- Describe the steps of outbreak investigation
- Describe the respective roles of members of the public health team in outbreak investigation and prevention
- Discuss the role of community engagement in communicable disease control

Learning resources:

- Epidemiology Unit (2011). [Surveillance Case Definitions for Notifiable Diseases in Sri Lanka](#) (pp.7-10).
- Epidemiology Unit (2019). [Dengue Surveillance](#).
- National Dengue Control Unit (2019). Access website [here](#).
- National Dengue Control Unit (2017). [Intensive Inter-sectoral Programme for the Prevention and Control of Dengue](#).
- Epidemiology Unit (2012). Fogging in Dengue Control. [Part 1](#) and [Part 2](#).
- Epidemiology Unit (2014). [DenSys Sentinel Site Surveillance System](#).
- Ministry of Health(2021). [Clinical practice guidelines for primary care doctors: Identification and Management of Acute Dengue Infection](#) (pp. 33-38).
- Center for Disease Control and Prevention (2016). [Steps of an Outbreak Investigation](#).

## 2.13 Food sanitation

Students will be posted with the PHI. The tutor will discuss the objectives and components of food sanitation and the Food Act. Students will be divided into groups and accompany the PHI to food handling establishments, including a bakery, dairy and a food factory to observe the PHI's activities.



Learning outcomes:

At the end of the field visit, students should be able to

- Demonstrate familiarity with the Food Act No 26 of 1980
- Describe the role of the PHI in the implementation of the Food Act
- Describe health hazards associated with a food handling establishment
- List diseases spread by contaminated food and describe the measures to be taken by food handling establishments to prevent transmission
- List the various forms/tools used during a visit to a food handling establishment
- Describe examination, sampling and investigation procedures carried out at food handling establishments
- Critically evaluate the implementation of the Food Act in the Nallur MOH Area

Learning resources:

- Directorate of Environmental Health, Occupational Health and Food Safety (n.d.). [Food Act no. 26 of 1980](#).
- Directorate of Environmental Health, Occupational Health and Food Safety (n.d.). [Current regulations](#).
- Ministry of Health (n.d.). [Food Safety and Hygiene](#).

## 2.14 Market sanitation

Students will be posted with the PHI. They will observe the activities of the PHI in a public market.

Learning outcomes:

At the end of the field visit, students should be able to

- Describe the MOH's & PHI's role in market sanitation.
- List the common diseases spread due to unhygienic practices at markets



- Describe the occupational hazards associated with a market

Learning resources:

- Ministry of Health (n.d.). [Duties and Responsibilities of Public Health Inspectors](#).
- World Health Organization (2006). [A Guide to Healthy Food Markets](#).

## 2.15 Occupational health

Students will be posted with the Factory Inspecting Engineer and/or PHI. The tutor will discuss the importance and components of occupational health services. The students will visit large- and small-scale work places and observe the Factory Inspecting Engineer's/PHI's activities.



Learning outcomes:

At the completion of the activity, students should be able to

- Describe the legal standards governing occupational health in Sri Lanka
- Explain the MOH's and PHI's role in occupational health
- Explain the role of the labour department and the Factory Inspecting Engineer in occupational health and safety
- Identify occupational hazards and recommend preventive measures
- Demonstrate the ability to assess occupational health hazards at a small industry

Learning resources:

- Munasinghe (n.d.). Country report: [Situational analysis on occupational health and safety in Sri Lanka](#).
- [Factories Ordinance](#) No. 5 of 1942.
- National Institute of Occupational Health and Safety. Access website [here](#).
- Occupational Health Unit Ministry of Health (2022). [Acts and regulations](#).
- Ministry of Labour and Labour Relations (2014). [National Occupational Safety and Health Policy Sri Lanka](#).
- Department of Labour (2010). [Department of Labour](#).
- Ministry of Health (n.d.). [Duties and Responsibilities of Public Health Inspectors](#).
- Democratic Socialist Republic of Sri Lanka (2018). [Maternity benefits](#).

## 2.16 School dental therapist

Students will be posted with a School Dental Therapist in the Nallur MOH area. The tutor will discuss the objectives and components of the school oral health programme. Students will observe the delivery of oral health services at school.



Learning outcomes:

At the completion of the activity, students should be able to:

- Describe the school dental therapist's role in school health.
- List common oral health problems affecting school children.
- Describe the activities and referral procedures relevant to oral health.

Learning resources:

- Ministry of Health (2019). [Oral health report 2019](#).
- Basnayake, O. (2021). [School dental therapist's services in Sri Lanka: An overview](#).
- Family Health Bureau (2012). [Oral health promotion for pregnancy, infancy & early childhood](#).



### 3 Health institutions & Community Organizations Appointment

#### 3.1 Hospital administration

Students will be posted with the Medical Superintendent of a base hospital in Jaffna district. The tutor will discuss the administrative setup of a healthcare institution. Students will be introduced to the Establishments Code and financial regulations. Students will then visit the administrative and financial units of the hospital.



Learning outcomes:

At the completion of the visit, the student should be able to

- Describe the administrative setup of a base hospital
- List the duties and responsibilities of the Medical Superintendent, Administrative Officer and Accounting Officer
- Describe the financial regulations in place at healthcare institutions
- Describe the procedures involved in ordering and issuing equipment, consumables, etc.
- Discuss the challenges associated with hospital administration/management

Learning resources:

- Ministry of Health (2022). [Annual Health Bulletin 2020](#).
- Dalpadadu, S. et al. (2015). [Public Hospital Governance in Asia and the Pacific](#) (Refer the case study on Sri Lanka; p.256).

#### 3.2 Managing drugs and equipment



Students will be posted with the Chief Pharmacist and an In-Charge Nursing Officer at Teaching Hospital Jaffna. The Chief Pharmacist will discuss needs assessment, ordering and receiving drugs and equipment from the Medical Supplies Division, storage and distribution of drugs within the institution, and drug regulation. Students will then visit the drug stores and observe the facility, and visit an in-patient unit where the In-Charge Nursing Officer will explain how the drugs are ordered and maintained at the ward.

#### Learning outcomes:

At the completion of the visit, students should be able to

- List the duties and responsibilities of the Chief Pharmacist and In-Charge Nursing Officer in relation to managing drugs and equipment
- Describe the procedures of ordering, issuing, and balancing drugs and other items carried out by the Chief Pharmacist and In-Charge Nursing Officer
- Describe the maintenance of surgical consumables, cold stores, etc.
- Discuss the supportive role of Medical Officers in ensuring availability of drugs and equipment at ward and institutional level

#### Learning resources:

- Jayakody, R.L. (2015). [The National Medicines Regulatory Authority Act: Its Birth, Provisions and Challenges](#). *Journal of Ceylon College of Physicians*, 46, 53- 56.
- Ministry of Health (2008). [Manual on management of drugs](#). (Chapters 1-5)

### 3.3 Infection control and waste management

Students will be posted with the Infection Control Nursing Officer. The tutor will first provide an overview of the infection control activities carried out in a healthcare institution and the hospital waste management system. Then students will be divided into groups and visit the wards, theatre, sterilizing unit and hospital waste management unit.



#### Learning outcomes:

At the completion of the visit, students should be able to

- Describe the facilities available for infection control at Teaching Hospital Jaffna
- Describe the waste segregation/disposal methods followed for different categories of hospital waste
- List the activities carried out by the infection control nurse
- Discuss the role of medical officers in infection control
- Critically evaluate the strengths and weaknesses of infection control activities and waste management at Teaching Hospital Jaffna

Learning resources:

- Ministry of Health (2006). [National colour code for the segregation of hospital waste](#).
- Sri Lanka College of Microbiologists (2021). [Hospital Infection Prevention and Control Manual 2021](#).
- Epidemiology Unit (2016). [Healthcare Waste: How Safe is it?](#)
- World Health Organization (2018). [Healthcare Waste: Key Facts](#).

### 3.4 Health information system

Students will be posted to the Teaching Hospital Jaffna Statistical Unit. The tutor will discuss the health information system (HIS) of Sri Lanka. Then the students will be divided into groups to observe the activities taking place at the Statistical Unit.



Learning outcomes:

At the completion of the visit, students should be able to

- Describe the HIS of Sri Lanka with reference to Teaching Hospital Jaffna
- Compare and contrast IMMR and E-IMMR
- Discuss the need for an electronic HIS and the required resources
- Explain the role of ICD-10 for the maintenance of HIS
- Describe the role of medical officers in maintaining the HIS
- Critically evaluate the strengths and weaknesses of the existing HIS

Learning resources:

- Dilrukshi et al. (2022). [A study to explore the health information system in Sri Lanka](#).
- Health Informatics Society of Sri Lanka (2017). [Digital Health in Sri Lanka](#).
- PAHO (2024). [Health information systems](#).
- World Health Organization (n.d.). [ICD-10 Version: 2016](#).
- World Health Organization (2018). [ICD-11 is here!](#)
- Ministry of Health (2017). [Implementation of electronic Reproductive Health Information System](#).

### 3.5 Surveillance system

Students will be posted with the Regional Epidemiologist, RDHS Jaffna. The tutor will discuss the objectives and importance of surveillance, and the types of surveillance methods used to control communicable diseases in the country. Students will learn about the notification system in Sri Lanka.



Learning outcomes:

At the completion of the visit, students should be able to

- Describe the surveillance system and its purpose
- Describe the surveillance methods used to control communicable diseases
- Describe surveillance procedures carried out in the field and in healthcare institutions
- List the notifiable diseases in Sri Lanka
- Identify and fill a notification form
- Describe the role of medical officers in surveillance and notification

Learning resources:

- Let's Learn Public Health (2017). [Public Health Surveillance – A Brief Overview](#) (YouTube)
- Ginige, S, (n.d.). [Disease surveillance programme in Sri Lanka](#).
- Epidemiology Unit (2011). [Surveillance case definitions for notifiable diseases in Sri Lanka](#).
- Epidemiology Unit (2024). [Weekly epidemiological reports](#).
- Epidemiology Unit (2014). [DenSys Sentinel Site Surveillance](#) (YouTube)

### 3.6 Malaria control

Students will be posted with the Regional Malaria Officer of the Anti-Malaria Campaign (AMC) Jaffna. The tutor will discuss the objectives and importance of AMC and its various stakeholders. Then the students will observe the activities carried out at the AMC.



### Learning outcomes:

At the completion of the visit, students should be able to

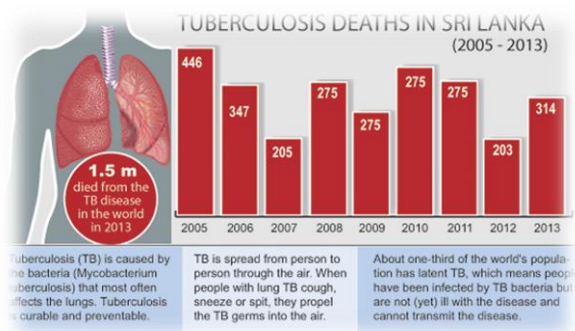
- List the objectives of the AMC
- Describe the structure and administration of the AMC
- Describe malaria parasites, vectors, and control measures with special reference to the Northern Province
- Describe malaria surveillance activities carried out in the Jaffna District
- Describe malaria prophylaxis for adults and children
- Describe the role of the Regional Medical Malaria Officer (RMO), entomologist and entomological assistant in malaria control
- Discuss the key strategies used in the elimination of malaria from Sri Lanka and the prevention of re-introduction of malaria

### Learning resources:

- Anti-Malaria Campaign (2018). Access the AMC website [here](#).
- Anti-Malaria Campaign (n.d.). [Annual report of AMC 2020](#).
- Anti-Malaria Campaign and Ministry of Health Sri Lanka (2020). [Prevention of reintroduction of malaria](#).
- Anti-Malaria Campaign and Ministry of Health Sri Lanka (2023). [Guidelines for the management and treatment of patients with malaria](#).
- Karunasena et al. (2019). [The first introduced malaria case reported from Sri Lanka after elimination](#).
- Mendis, K. (2019). [Eliminating Malaria should not be the End of Vigilance](#)
- Anti-Malaria Campaign | Ministry of Health –Sri Lanka (2018). [Guideline for Travelers to malaria endemic countries](#).
- Ministry of Health (2019). [Malaria Prophylaxis for Travelers](#).
- Anti-Malaria Campaign and Ministry of Health Sri Lanka (2021). [Malaria: a single missed case may lead to thousand cases](#).

### 3.7 Tuberculosis control

Students will be posted with District Tuberculosis Control Officer (DTCO) at Pannai. The tutor will discuss the TB control programme and its various stakeholders. Then students will interact with other staff at the Chest Clinic to understand their roles in TB control.



Learning outcomes:

At the completion of the visit, students should be able to

- List the objectives of the National Programme for Tuberculosis Control and Chest diseases (NPTCCD)
- Describe the structure and administration of the NPTCCD
- Describe the epidemiology of TB in Sri Lanka with special reference to the Northern Province
- Describe TB surveillance in Sri Lanka
- Describe the control measures carried out by the DTCO, PHI-Chest Clinic and the TB control team
- Describe the registers and returns maintained at the Chest Clinic
- Describe the DOTS programme and the WHO – End TB strategy.

Learning resources:

- National Programme for Tuberculosis Control and Chest Diseases (NPTCCD). Access the website [here](#).
- Ministry of Health (2021). [Annual report of the NPTCCD 2021](#).
- NPTCCD (2021). [National Manual for Tuberculosis Control](#) – 2021 Update.
- De Alwis, A.K.S.B. (n.d.). [NPTCCD, Ministry of Health Sri Lanka](#).
- NPTCCD (2020). [Tuberculosis epidemiological review in Sri Lanka](#).
- NPTCCD (2019). Access IEC material/TB formats [here](#).
- NPTCCD (2019). [Tuberculosis statistics 2018](#).
- World Health Organization (2015). [The End TB Strategy](#).

### 3.8 Water sanitation

Students will be posted to the National Water Supply and Drainage Board. The tutor will discuss the objectives and importance of water sanitation, its stakeholders, water contamination, and treatment processes. Students will also visit the onsite laboratory.



Learning outcomes:

At the completion of the visit, students should be able to

- Describe methods of water treatment used in Jaffna
- Describe the MOH's and PHI's role in ensuring a safe water supply to the community
- Demonstrate familiarity with laboratory analysis of water samples
- List the health hazards of contaminated water with special reference to Jaffna
- Discuss constraints in water sanitation and suggest improvements

Learning resources:

- CDC (2022). [Water Treatment](#).
- Mahagamage et al. (2019). [Water Quality and Microbial Contamination Status of Ground Water in Jaffna Peninsula, Sri Lanka](#).

### 3.9 Environment sanitation and solid waste management

Students will be posted to the Kaakeithivu solid waste management facility. The tutor will discuss the methods of refuse disposal that exist in Jaffna and the activities at the waste management facility.



Learning outcomes:

At the completion of the visit, students should be able to

- Describe the methods of refuse disposal used in Jaffna Municipal Council Area
- Describe collection, transport and final disposal of refuse in Jaffna
- Discuss the role of multisector collaboration in relation to garbage disposal
- List the general health hazards and occupational health hazards of insanitary refuse collection and disposal
- Describe constraints in proper refuse disposal and suggest improvements

Learning resources:

- Bulathsinhala, F (2017). [Garbage: A Look at Sri Lanka, South Asia and Beyond](#).
- Hemachandra, D. (2019). [Solid Waste: Policies and Public Influence in Sri Lanka](#).

### 3.10 Special education – Nuffield School

Students will be posted with the Principal of the Nuffield School. The tutor will discuss the organizational structure, facilities and activities of the school. Then the students will participate in two sessions on sign language and audiology. The students will divide into groups and observe and participate in educational facilities and activities.



Learning outcomes:

At the completion of the visit, students should be able to

- Describe the educational facilities and activities at the Nuffield School
- Describe the referral pathway and list the criteria for admission to the school
- Demonstrate awareness about the communication skills used by people with hearing/visual impairment
- List the instruments and aids available for detection and correction of hearing impairment in Jaffna and Sri Lanka
- Discuss the role of the medical officer in early identification and referral of children with hearing impairment
- Critically analyse the service gap filled by the institution for children with hearing and visual impairment in Jaffna and Sri Lanka

Learning resources:

- The Ceylon School for the Deaf and Blind. Access the website [here](#).
- Sunday Observer (2012). [The Ceylon School for the Blind Turns 100](#).
- Fonseka, P (2018). [Unlocking the Potential of Deaf Children](#).
- US Department of Health and Human Services (2017). [Assistive Devices for People with Hearing, Voice, Speech or Language Disorders](#).



### 3.11 Elderly care – State Elders’ Home Kaithady

Students will be posted with the Superintendent of the Elders’ Home Kaithady. The tutor will introduce the administrative structure, facilities and activities at the Elders’ Home. Students will then observe the facilities available at the home, activities of elders, and interact with residents and their caregivers to gain familiarity with health and social issues related to elder care.



Learning outcomes:

At the completion of the visit, students should be able to

- Describe the administrative set-up of the Elders’ Home Kaithady
- List the criteria for admission to the Elders’ Home Kaithady
- Discuss the challenges encountered by health administrators, managers and care givers in providing quality services for elders
- Describe different systems of care for elders
- Identify and describe health and other social problems associated with aging
- Describe the tools available to assess health, social and emotional needs of institutionalized elders
- Describe the services for the elderly available in Sri Lanka

Learning resources:

- Ministry of Social Empowerment (2018). [National Secretariat for Elders](#).
- Ministry of Health (n.d.). [National elderly health policy – Sri Lanka](#).
- United Nations Population Fund (2017). [Ageing population of Sri Lanka](#).
- Dissanayake, L. (n.d.). [Long term care for older persons in Sri Lanka](#).
- Samaraweera, D and Maduwage, S (2016). [Meeting the current and future health care needs of Sri Lanka’s ageing population](#).
- Asian Development Bank (2019). [Growing old before becoming rich: Challenges of an aging population in Sri Lanka](#).
- World Health Organization (2015). [World Report on Ageing and Health](#).

### 3.12 Disability Rehabilitation - JJCDR

Students will be posted with the Director of the Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR). The tutor will discuss the organizational structure, facilities and activities of the center. Then students will be taken on a tour to observe the activities carried out by the organization, including the manufacturing of prosthetic and orthotic devices, their fitting, physiotherapy and mobility services.



Learning outcomes:

At the completion of the visit, students should be able to

- Demonstrate knowledge on disability legislation and policy in Sri Lanka
- Describe the services provided by JJCDR
- List eligibility criteria and referral processes relevant to JJCDR
- Critically reflect on the service gap filled by JJCDR in Jaffna
- Discuss physical, psychosocial and economic challenges associated with disability

Learning resources:

- JJCDR (n.d.). Access the website [here](#).
- Wimalapala, N. (2012). [Invaluable Services of JJCDR: From Tears to Smiles](#).
- Guy's and St. Thomas' Hospital NHS Foundation Trust (n.d.). [Rehabilitation after your Lower-Limb Amputation](#).
- Government of Sri Lanka (1996). [Protection of the Rights of Persons with Disabilities Act no. 28 of 1996](#).
- Government of Sri Lanka (2006). [The Disabled Persons \(Accessibility Regulations\) Regulations No. 1 of 2006](#).
- Ministry of Social Welfare (2003). [National Policy on Disability for Sri Lanka](#).
- Disability Organizations Joint Front (2017). [UN Universal Periodic Review – Sri Lanka 2017](#).

### 3.13 Special education – Sivapoomi School

Students will be posted with the Director, Sivapoomi School for Children with Special Needs. The tutor will discuss the organizational structure, facilities and activities at the school. Then students will be divided into groups and observe the school facilities and activities.



Learning outcomes:

At the completion of the visit, students should be able to

- List the services offered by the institution
- List the criteria for admission and referral pathways to the institution
- Describe the activities carried out at the institution
- Critically analyze the service gap filled by the institution

Learning resources:

- Muttiah, N (2012). [The Salient Heroes of a Forgotten Jaffna](#).
- Do2learn (1999-2017). [Disabilities](#).

### 3.14 Adolescent health – Certified School Atchuvvely

Students will be posted with Principal of the Certified School Atchuvvely. The tutor will discuss the organizational structure, facilities and activities at the school. The students will be divided into groups and observe the activities and gain familiarity with the health and social issues experienced by children under rehabilitation.

Learning outcomes:

At the completion of the visit, students should be able to

- List the common reasons for children to enter the school.
- Describe the activities carried out in relation to rehabilitation at the school.
- Discuss the strengths and weaknesses of the facilities available.

Learning resources:

- Provincial Department of Probation and Child Care Services – Northern Province. Access the website [here](#).
- UK-Rehab (2022). [How addiction affects children](#).

### 3.15 Community mental health services - Shanthiham



Students will be posted with the Director of Shanthiham. The tutor will first discuss the organizational structure, facilities and activities of the organization. Then students will be divided into groups and observe the facilities available at the organization, the activities of service providers, and gain familiarity with related psychosocial issues.

Learning outcomes:

At the completion of the visit the student, should be able to

- Describe the structure and administration of Shanthiham
- Describe the services provided by Shanthiham at the institution and in the field
- Describe referral procedures to the organization
- Discuss challenges faced by the management in maintaining the organization
- Critically analyze the service gap filled by Shanthiham in the health system

Learning resources:

- Shanthiham. Access the website [here](#).
- Directorate of Mental Health. Access the website [here](#).
- Mental Health Directorate (n.d.). [The Mental Health Policy of Sri Lanka](#).
- Fernando et al. (2017). [Decentralizing provision of mental healthcare in Sri Lanka](#).
- Kaththriarachchi et al. (2019). [Development of mental health care in Sri Lanka: Lessons learned](#).

### 3.16 Palliative care - CANE

Students will be posted with the Director of CANE. The tutor will discuss the organizational structure, facilities and activities at CANE. The students will be divided into groups and observe the facilities available at CANE and gain familiarity with related health and social issues related to palliative care by talking to patients and service providers.



Learning outcomes:

At the completion of the visit, the student should be able to

- Describe the structure and organization of CANE
- Describe the services provided by CANE with special reference to palliative care
- List the criteria and process of admission to the facility
- Describe the activities carried out by CANE at the facility and in the field
- Discuss the challenges faced those in need of palliative care in relation to accessing the required health services
- Critically analyze the service gap filled by CANE in the health system

Learning resources:

- National Cancer Control Programme (2018). [National Strategic Framework for Palliative Care Development in Sri Lanka \(Draft\)](#).
- World Health Organization (2020). [Palliative care](#).
- Asia Pacific Hospice Palliative Care Network (2020). Access website [here](#).
- National Institute on Aging (2017). [What is long-term care?](#)
- National Institute on Aging (2021). [What are palliative care and hospice care?](#)
- National Institute on Aging (n.d). [End of Life](#).
- Palliative care manual (2021). [Palliative care manual for health care professionals in Sri Lanka](#).
- A guide for health care professionals (2022). [Palliative care for cancer patients in primary health care](#).
- Epidemiology unit (2022). [Weekly epidemiological report](#).

### 3.17 GBV and child abuse

Students will be posted to the DS Office Nallur or Women-in-Need. The tutor will provide a brief introduction to gender-based violence (GBV) and child abuse and discuss challenges associated with addressing these issues in the field.



Learning outcomes:

At the completion of the activity, students should be able to

- Describe the infrastructure, services, and referral pathways available to address GBV/ child abuse at the divisional level.
- Describe the health sector response to GBV
- Discuss the role of health professionals and other field workers in the prevention of GBV and child abuse
- Discuss the role of community organizations in GBV/child abuse prevention.

Learning resources:

- Women-in-Need Sri Lanka. Access the website [here](#).
- Family Health Bureau (2015). [Protocol for Gender-based Violence Care Centres \(Mithuru Piyasa – Natpu Nilayam\)](#).
- Family Health Bureau (2017). [National Action Plan for Health Sector Response on Prevention and Management of GBV in Sri Lanka](#) (pp.8-14)
- Family Health Bureau(2019). [Standard Operating Procedures for First Contact Point Healthcare Providers](#)
- Family Health Bureau (2018). [Directory of Service Providers for Survivors of GBV](#).
- [Prevention of Domestic Violence Act, No. 34 of 2005](#).
- WHO (2019). [Child maltreatment](#).
- [National Child Protection Authority \(2020\)](#).
- Ministry of Health (2019). [National guideline for first contact point health care providers](#).

## 4 Clerkship Review

Clerkship Reviews are held at the DCFM Seminar Room once a week (or more) during the attachment. The tutor and students will review the field activities covered during the previous week. The purpose of the review is to encourage students to discuss, understand, and critically reflect on their field experiences. Students are expected to demonstrate familiarity with assigned readings and contribute actively to classroom discussion. Their contributions to each review will be assessed by the tutor on the basis of preparatory work, group activities, and discussion. Each student is expected to make at least one assessed 10 minute presentation on an assigned topic during the clerkship review.

## 5 Student assessment and evaluation

The Community Medicine Clinical Attachment will account for 25% of the overall marks in Community and Family Medicine at the Second Examination for Medical Degrees. This mark will be calculated out of 100 as follows:

Attitude and application	08 marks
Presentation at clerkship review	12 marks
Log book/portfolio assessment	40 marks
OSPE/OSCE	40 marks

### 5.1 Attitude and application

Students will be marked out of 08 for attitude and application based on their performance at the clerkship reviews.

### 5.2 Presentation at clerkship review

Each student is expected to make at least one assessed 10 minute presentation on an assigned topic during the clerkship review. The presentation will be marked out of 40 based on performance in the areas listed in the table below. The presentation should include a brief introduction to the topic, definition of key concepts, and application of concepts to observations and activities carried out at the field visit. Students should demonstrate that they achieved the learning outcomes listed under each field activity in the Student Guide.

**Please do not repeat the content of the presentation made by the tutor at the field placement.** The monitor should liaise with the tutor to allocate time for the presentations in order to ensure that each student has the opportunity to present during the reviews.

Areas of Evaluation	1	2	3	4	5
Demonstration of knowledge					
Critical analysis					
Preparation and organization					
Holding audience attention					
Encouraging audience participation					
Self-confidence					
Time management					
Overall					

### 5.3 Logbook

The logbook is a tool that the students are expected to use to record and reflect on their learning and professional development throughout the attachment. Guidance on critical reflection is provided below.

### 5.4 Guide to reflective writing

Students should complete a piece of reflective writing ( $\approx$ 350 words) after each field visit.

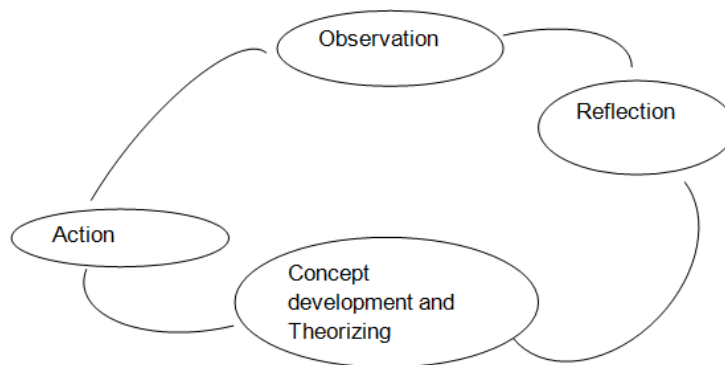
*"Reflection – the conscious weighing and integrating of views from different perspectives – is a necessary prerequisite for the development of a balanced professional identity ... acquiring knowledge and practical skills alone are not enough to become a medical professional. Reflecting on education and clinical experiences in medical practice, including one's own behaviour [is] crucial"* (Boenink et al, 2004).

**Reflective practice** was introduced as a concept in the 1980s. It simply means to learn by thinking about things that have happened to us, and seeing them in different ways that help us develop as professionals. There are 3 components to reflective practice:

- Experiences – that happen to a person
- Reflective process – that enables a person to learn from their experience
- Action – resulting from the new perspective taken as a result of the reflection



Reflection as a learning activity comes from educational theory; Kolb (1984) describes a cycle of stages that are gone through in learning from experience.



### Writing your reflections

Consider what you did at your placement visit today...did anything that happened during the day surprise you? Did anything that happened during the day contradict or challenge your ideas or expectations? Have your views changed?

For example,

#### ***If you met a patient/community member:***

How did their life experiences differ from your own?

Were you able to empathise with them? If not, why?

#### ***If you were shadowing a health care professional:***

Did anything about the person's role surprise you? Do you think the roles of all members of the multidisciplinary public health team are valued? How did you feel about team work among health professionals?

#### ***Your knowledge:***

Have you identified gaps in your knowledge or skills?

How might you go about addressing these?

(Adapted from Queen Mary University of London (2019) - [Guidance on Reflective Writing.](#))

### Critical Reflection: Template and writing style

The following template has been provided only as a guide. You may structure your reflection in any way that you please. But please do try to address at least some of the questions below in your reflections. The aim of critical reflection is not to demonstrate your knowledge on public health, but to guide your personal and professional development.

### **Part 1: Introduction**

Describe your experience – Where did you go? What did you do? With whom did you do the activity? Who was there? Who was not there? Did anything significant happen?

This paragraph should be descriptive and provide factual information to the reader who may not be familiar with what you are reflecting on. It should be very short (not more than 3-4 sentences).

### **Part 2: Body**

Reflect on your field visit and how and what you learnt from this experience – What did you think about the place you visited? What did you like about it? What did you dislike about it? Did anything surprise you? What did you think about the learning activity? Would you have done something differently? If so, what and why? Did this experience make you change the way you think about a particular phenomenon/event/institution related to the field visit? If so, what was the change? And how will this shape your practice/interactions in future?

This section should consist of 2-3 paragraphs and should be reflective in character. Write about your thoughts, opinions and emotions in relation to 1-2 of the questions listed above. Select a specific incident/event to reflect on and write about how this particular incident/event influenced your thinking/behavior, and what you learnt from it. Do not simply describe what you did or share theoretical/factual information about public health that was communicated to you during the field visit.

### **Part 3: Conclusion**

Conclude with some important take home messages – How did the activity contribute toward your achievement of the learning outcomes? Or your career goals? This paragraph could be short and consist of a brief summary of your reflection.

### **SAMPLE CRITICAL REFLECTION**

Please note: the writing sample below is not relevant to your Community Medicine Clinical Attachment. It has been written to demonstrate the character of reflective writing (not the content). In your writing, try to focus on your interactions with field workers and the public and how these interactions may change your attitudes/future interactions.

*A visit to a pizza restaurant in Jaffna (~350 words)*

*We were posted to Pizzeria this morning as part of the attachment. We spent about two hours there. The restaurant was quite crowded when we got there. We decided to order a pizza and sodas as many of us had not visited Pizzeria before.*

*I noticed that the items in the menu were quite expensive. Some of the large pizzas were over 2000 rupees. I looked around and noticed that many of the customers did not seem to come from wealthy backgrounds. I wondered how they could afford to eat at Pizzeria. In fact, I'm quite sure that most Jaffna residents cannot afford to eat at Pizzeria. I thought about whether it is fair to introduce restaurants that are unaffordable to most people?*

*The purpose of our visit was to observe changes in dietary patterns that had occurred recently in Jaffna. My parents told me that it was not like this during the war. Now a days eating at restaurants like Pizzeria is a fashion. Young people prefer to eat pizza over rice and curry, iddi appam or thosai. I like pizza, but had been to Pizzeria only a couple of times before because the pizzas are very expensive.*

*What are the consequences of increasing the number of restaurants offering fatty, salty foods and sugary soda? If the prices at Pizzeria were less, more people would eat pizza and this would be bad for health. Pricing of food items could be used as a public health measure. Wouldn't this be more effective than advising people on what to eat and what not to eat? If pizza was more expensive, I probably wouldn't be able to afford even the rare visits to Pizzeria with my friends.*

*I left Pizzeria thinking about the availability and affordability of food and its impact on health. As a learning activity, our visit to Pizzeria made me think about and compare the effectiveness of food pricing versus health education as public health strategies. We as doctors have a role to play in public policy. As doctors, we should advocate for healthy public policies to ensure that business is not given priority over public health.*

### **Assessment of the learning logs**

Writing a reflection may be a new experience and could be challenging. If you are unsure or need help, please ask your tutors during the clerkship review. If your reflection is not satisfactory, your tutor will provide guidance on how to improve.

The logbook will be evaluated by an examiner at the end of the Community and Family Medicine course. Marks will be allocated for activities carried out during field visits, key learning points, critical reflections, and annexed short notes (see logbook for details). A viva will be held to assess learning outcomes at the end of the attachment.

## **5.5 OSPE/OSCE**

An OSPE/OSCE will be held at the end of the Community and Family Medicine course to assess students on the learning outcomes of the Community and Family Medicine Attachments.