

FACULTY OF MEDICINE UNIVERSITY OF JAFFNA SRI LANKA

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Dean, Faculty of Medicine, Adiyapatham Road, Kokuvil, Sri Lanka. 29.08.2023.

Dr. Palitha Abeykoon Head of the Accreditation Unit.

Dear Dr. Palitha Abeykoon,

Implementation of Main Recommendations in the SLMC Accreditation Review Report

This has reference to the Review Report (RR) on Accreditation submitted to the faculty by the Accreditation Unit of SLMC. Our faculty has been requested to forward the "Action Plan" with a timeline for implementing the key recommendations in the report listed under each section.

The Faculty of Medicine, University of Jaffna, has prepared the "Action Plan" with the timeline to ensure the continuation of granted accreditation to the faculty by the SLMC accreditation Unit.

The action plan is attached herewith for your kind consideration

Thank you.

Yours sincerely,

Prof R.Surenthirakumaran, Dean/Faculty of Medicine

Prof. R. Surenthirakumaran Dean Faculty of Medicine University of Jafína



Faculty of Medicine University of Jaffna Sri Lanka

Action plans for Recommendations given by Sri Lanka Medical Council

2023

List of Abbreviation

- 1. CDEC Curriculum Development and Evaluation Committee
- 2. DR Deputy Registrar
- 3. HoDs Head of Departments
- 4. HRD Human Resource Development
- 5. IQAC -Internal Quality Assurance Cell
- 6. MEU Medical Education Unit
- 7. PDC Planning and Development Committee
- 8. PPDS Personnel and Professional Development Stream

SR. No	Recommendation	Responsible	Strategies	Action Plan	Timeline
1	An advisory committee to the Dean on student admissions should be set up with the mandate of developing policies on student intake, encouraging the recruitment of overseas students, and maintaining the standards of admissions. This committee should estimate the maximum number of students considering the physical and human resources and contextual factors.	Faculty Board/ Pre,Para, Clinical coordinators/ DR	Develop student admission policy based on physical and human resources and contextual factors.	 Appoint an advisory committee. Assess the available resources. Prepare the policy based on the assessment. 	1 Year
2	A database of secondary school grades of all cohorts of students should be maintained by the faculty for easy reference	Dean's Office/ DR	Ensure the database is functional and up to date.	• Maintain the database.	1 Year
3	The vision and mission statements may be revised to encompass the current trends and expectations of higher education institutes which offer medical programmes.	CDEC/ MEU	Revision of Vision and mission statements periodically adapting the current trends and expectations of the HEI.	 Stakeholder consultation. Develop the vision and mission statements. Approval of Faculty Board, Senate and Council. Publishing in the handbook, Curriculum book and website. Carry out periodical awareness for students and staff. Evaluation of the vision and mission based on the current trends and stakeholder's feedback every 5 years. 	1-2 Years

4	The principle on which the curriculum is based, i.e. the educational strategies used to achieve the vision and mission, should be defined in the curriculum document.	CDEC/	Ensure the curriculum is based on the educational strategies to achieve the vision and mission by conducting workshops and stakeholder meetings.	 Revision of the vision and mission. Process of revision and the educational strategies to be recorded in the curriculum books. Evaluation of the curriculum periodically. 	1 Year
5	The graduate profile needs to be revised in line with the vision and mission and correct some of the issues highlighted in the relevant sections above. The programme outcomes should be derived from the graduate profile. The vision and mission, and the programme outcomes should be referred to more closely in all curriculum affairs, directing students on what is expected in the programme, and evaluating the product.	CDEC/ MEU	Ensure periodic revision of the graduate profile and ensure that it matches the curriculum and directs students on the programme and evaluation.	 Revise the graduate profile to programme learning outcome. Conduct workshops to revise the PLOs. Approval of the PLOs at FB, CQA and Senate. Create student awareness and repeated emphasis on graduate profile at various course delivery points. Periodic monitoring and evaluation. 	1-2 Years
6	The programme outcomes should be used at the subjects/modules/stream level in defining intended learning outcomes of those components and deciding on teaching/learning and assessment methods.	Module coordinators /	Develop or modify the intended learning outcomes of the subjects/modules/stream level based on the programme outcomes and embrace the newly developed intended learning outcomes into the teaching-learning and assessment methods.	 Develop the intended learning outcomes of subjects/modules/streams based on programme outcomes. Implement the enacted teaching learning and assessment methods based on intended learning outcomes. Evaluate the implementation of appropriate teaching learning and assessment methods. Modify intended learning outcomes and teaching learning and assessment methods based on the evaluation. 	1-2 Years

7	Student should be more aware and familiar with the overall programme outcomes with wider understanding of what is expected in the curriculum.		Emphasis on the programme outcomes and its broader understanding during the delivery of the course wherever relevant and appropriate.	 List the relevant and appropriate delivery points to emphasise the programme outcomes. Develop suitable methods for the purpose. Monitoring and evaluation of the implementation. Based on the reports, revamp the process. 	1-3 years
8	The components of the curriculum should be organised more meaningfully to provide a better structure to the overall curriculum. Defining different components such as subjects, modules, streams, and identifying overarching domains and hierarchical relationship of these components within these domains may be helpful in improving the structure.	CDEC	Organise the components of overall curriculum structure to provide meaningful illustration by defining different components and identifying overarching domains and the hierarchical relationship of these components within these domains.	 Workshops to identify the overarching domains, define the components within the domains and hierarchical relationships within the domains. Expert and stakeholder input on the hierarchical relationship. Design the revised curriculum structure. Approve the revised curriculum structure. Implement the revised curriculum structure. 	1-2 Years
9	The faculty should ensure that the learning outcomes of all components of the curriculum achieve the SLQF level 6 and this should be more explicitly illustrated.	HODS	Affirm the learning outcomes of all curriculum components to achieve the SLQF level 6 with more explicit illustrations.	 Work out at the departmental, modular and stream and ensure all learning outcomes of all curriculum components to achieve the SLQF level 6. Curriculum Workshop to develop explicit illustration. 	1-2 Years

10	Integration has been recognised as a guiding principle in the subject benchmark for medicine in Sri Lanka. It is a universally accepted principle in medical education. This principle must be more robustly upheld in curriculum design, teaching/learning and assessments.	IQAC/	Ensure the adaptation of novel measures to robustly upheld the integration in curriculum design, teaching-learning and assessments.	methods to implement with limited resources.	2-3 Years
11	The faculty should support the students to take more responsibility for their learning by adopting appropriate teaching/learning methods.	CDEC/	Ensure student-centred learning by adopting appropriate teaching-learning methods.	 Identify the areas that can be converted to student-centeredness in each subject. Feasibility study on the availability of the resources. Identify the standard resource in each subject. Implement student-centred learning sessions. Obtain regular feedback on these sessions. 	1-2 years
12	The skills of reflection and life-long learning are not a choice but a mandatory requirement to be a medical practitioner in the 21st century. The faculty has identified these in the graduate profile. The educational programme should strive harder to foster these skills among students by adopting appropriate learning modules and opportunities, teaching/learning methods, and assessments across components, especially in clinical settings.	HoDs/ CDEC	Ensure all skills, including clinical skills, are incorporated and assessed in all phases of the course.	 Revision of Programme learning outcomes to suit the current trend. Incorporate formal skill learning sessions into the curriculum in all phases. Establish both formative and summative assessment of these skills during the medical course. Evaluate the programme periodically. 	2-3 years

13	In teaching generic skills, e.g. Communication skills, the faculty should adopt a common model or framework across all components/disciplines. The approach to the development of such skills should be more coordinated and spirally evolving along the curriculum.	PPDS	Develop and adopt a spirally evolving communication framework for the faculty.		1-2 years
14	The extended faculty should be more involved in the curriculum development processes. This will help them understand the educational principles.	CDEC	Encourage the active participation of the extended faculty and appreciate the responsive role to be played in the curriculum development process.	• Identify the key responsibilities of the extended	1-2 years
15	The guidance provided to students during the third and fourth year clinical training should be improved across all clinical disciplines. The clinical programme during these years should be more closely monitored. Introduction of an OSCE for the third year may be useful.	Clinical Coordinators/ Cli-HoDs	Develop clinical teacher guides and student guides for all clinical disciplines and, mechanisms to ensure that the student acquired the clinical competencies.	• Introducing the clinical teacher guide and student guide with appropriate assessment	1-2 Years

16	Defining assessment methods in line with intended learning outcomes for incourse and end of course examination should be a standard practice. These methods should be used across all batches unless revised officially	HoDs/	Assessment revisions are held periodically to align with the learning and the methods of assessments are consistent throughout the batches.	 Revision of formative and summative assessment to align with ILOs of subjects. Formulate the assessment blueprint to match ILOs. Evaluate the assessment methods and process periodically. 	1-2 Years
17	Assessment blueprints are crucial to ensure the validity of assessments. The faculty should develop a template amalgamating programme outcomes, topics and assessment methods for all subjects, modules and stream to use.	CDEC/	Devise inimitable faculty own blueprints with periodical revalidation and updation.	1205.	1-2 Years
18	Formative assessments play a vital role in providing feedback to students on their learning. These opportunities should be increased, made explicit, formalised and included in the assessment blueprints.	CDEC/	Evolve assessment blueprints include the opportunities to provide formalised feedback on student learning and ensure the provisions.	 Continuously encourage the assessment. blueprint to include formalised feedback. Conduct periodical student feedback surveys. Provide input to improve the blueprints. Encourage the implementation at all levels. 	1-2 Years
19	Introduction of workplace-based assessments may help assess the programme learning outcomes in practice.	Clinical Coordinators/ Cli-HoDs	Identify and adopt suitable workplace-based assessments.	 Identifying the areas for workplace-based assessments by the clinical departments. Incorporating workplace-based assessments into different levels of the curriculum. 	1-2 Years

20	The mentorship programme could be expanded and formalised to provide all students with guidance on personal and professional development. This can be incorporated into a longitudinal personal development programme, e.g. portfolios.	Committee on	Improve the already existing integrated mentoring programme and PPDS to ensure the longitudinal personal and professional development of the students.	 Conducting periodic workshops for mentors. Regular revisit and revision of portfolios and mentoring programme guides. 	1-2 Years
21	The examination halls should be improved as to provide appropriate space for 200 students	PDC	Develop a building plan and find out suitable funding to develop examination hall.	 Identity the land space. Develop the building plan. Get the relevant approvals. Find out the suitable funding. 	3-5 years
22	A tracer study may be useful in evaluating the paths taken by graduates and make curriculum decisions accordingly.		Carry out Tracer study to evaluate the paths taken by the graduate and incorporate the study findings in the curriculum development.	 Develop a graduate database. Adopt appropriate ongoing data collection method. Analise and use the findings to develop the curriculum. 	1-2 Years
23	The Medical Education Unit (MEU) should be resourced with academics qualified in medical education to coordinate the curriculum affair more effectively and efficiently. The FIQAC should work closely with MEU in QA and accreditation matters.	HRD	Develop appropriate human resource development plans for the current and future needs of Medical Education Unit (MEU) and adopt an efficient mechanism to recruit staff and cordial work relationship between MEU and FIQAC.	 Develop action plans. Advocate for the recruitment of suitable staff. A work plan for the coordination will be developed and implemented. Efficient work coordination supported by the newly developed Management Information System (MIS). 	1-3 Years
24	The staff development should be goal- oriented, and agenda driven. This will help the faculty to achieve the long-term goals of the curriculum.	HRD	Assess the long-term goal-oriented skills needed for the staff and implement the skill development programmes to achieve the long-term goals of the curriculum of the faculty.	 Conduct a need assessment. Prepare the list of skills needed for the staff. Identify the resources needed for the skill development. Encourage the staff to incorporate in their self-appraisal plan. 	1-2 Years

				• Periodical evaluation of skills development in line with the goals of the faculty.	
25	Although the staff development activities on education have been offered, the participation of academic staff in these activities appeared to be low. A formal mechanism to encourage the participation of academic staff will help achieve the goals of the curriculum	HRD	Implement a formalised self- appraisal and reward system for all categories of the staff with a proper feedback system.	 Introduction of formal self-appraisal and reward system. Implementation of the formal self-appraisal and reward system. Collecting regular feedback. Based on the feedback, staff development activities will be reoriented. 	1-2 Years
26	Developing a system of recognising teaching excellence for both faculty and extended staff is recommended.		Develop and implement teaching excellence reward system for the faculty, extended faculty and visiting local & international faculty.	 Developing the teaching excellence rewarding system. Implementing teaching excellence rewarding system. Collecting regular feedback. Based on the feedback reward system will be modified. 	1-2 Years
27	In line with UGC work norms, a mechanism to improve academic accountability and a system of professional appraisal should be developed.	HRD	Develop and implement the appraisal system based on UGC work norms to improve academic accountability.	 Develop the appraisal system. Implement the appraisal system. Collecting regular feedback. Based on the feedback appraisal system will be amended. 	1-2 Years

28	The curriculum reviews and revisions should be based on needs analysis and conducted according to the curriculum revision policy adopted by the faculty	IOAC	Conduct curriculum revision according to the policy adopted by the faculty based on the need analysis carried out with the information collected from stakeholder surveys.	Conduct need analysis.Identify the areas for the revision.	1-2 years
29	A mechanism to involve students in the decision-making process in relation to curriculum matters should be developed in line with the UGC circular.	IOAC	Adopt mechanisms for maximum student participation in decision- making in curriculum development and implementation levels as per the UGC circular.	 Devise mechanisms for student participation. Encourage student participation in the process. Support the students for their active involvement in the decision-making process. Introducing a reward system for the contributions made by the students. 	1-2 years
30	A plan for financial sustainability should be formulated with due respect to the ethos and values of medical education and medical practice.	PDC	Short-term and long-term strategic plans will be formulated and monitored for financial sustainability with due consideration of the ethos and values of medical education and medical practice.	plans for financial sustainabilityExecute systematic and efficient institutional	1-2 Years