Faculty Memo:  

**Report on the Workshop on Curriculum Development**

First day: 05.08.2011

36 members participated.

The workshop commenced with silent prayer at 09.30 A.M.

Prof. K. Sivapalan made a presentation on principles of curriculum development using power point slides from his Sivagnanasundram Memorial Lecture and the Presentation of Dr. Indika Karunathilaka at the previous workshop. The presentation focused on principles of learning, definition of curriculum, challenges and risks in developing curriculum. The content overload in our curriculum and the need to find ways and means of reducing it was emphasized.

This was followed by presentation by Mr. S. Raguraman, recently passed graduate. He presented the perceptions of students of his batch separately for pre-clinical, para-clinical and clinical teaching and suggested the following:

- In course assessments to be conducted at the beginning of the following term
- More applied aspects in anatomy, physiology and biochemistry
- Forensic medicine to avoid focused teaching within a short period and to spread out
- Community Medicine to advance the case study, field activity and research to enable preparation for part II examination
- Clinical lectures to be completed before commencing the professorial appointments
- Free access to skill laboratory by students
- To provide adequate study leave to prepare for the Part II of the Second examination
- To introduce shadowing of House Officer during Professorial appointment
- To provide Carrier guidance before professorial appointments and just after the final examination

Next was a very short presentation by Dr. S. Kannathasan on his survey about the new curriculum among 30th, 31st and 32nd batches. He said that he was not presenting all information and requested the members to refer the questionnaire for accurate information. The outstanding comments were,

- Dissection time could be reduced
- Physiology should give more clinical relevance
- Foreign lectures- difficult to understand their language
Dr. Ms. G. Sathiadas analyzed the outcome of the medical course in relation to Dundee outcomes. Summary of her presentation is given below.

“Outcome based education:

Introduction:
A three circle model can be used to present the learning outcomes in medical education. The inner circle represents what the doctor is able to do, e.g. the physical examination of a patient. This can be thought of as ‘doing the right thing|.’ The middle circle represents the way the doctor approaches the tasks e.g. with scientific understanding, ethically, and with the appropriate decision taking and analytical strategies. This can be thought as ‘doing the right thing.’ The outer circle represents the development of the personal attributes of the individual. This can be thought as ‘the right person doing it.’

Evaluation of the outcomes:

What the doctor is able to do:
The outcome of the University of Jaffna does have these outcomes defined in the first four outcomes. The first outcome summarises knowledge and skill. It has attitudes required for patient care which is basically under how the doctor approaches in the mid circle. The outcome does not involve separate entity for practical procedures patient investigation and patient management. As a junior doctor the patient management skills are essential and the Jaffna outcome does not expand on this topic.

How the doctor approaches their practice:
Outcomes five, six and nine are dealing with this. This involves intellectual intelligences, emotional intelligences and analytical and creative intelligences.
The Jaffna outcome does not mention the understanding of basic and clinical sciences and underlying principles in relation to disease process, disease outcome, and influence of social and psychological factors and stages of bereavement.
The Jaffna outcome mainly deals with management and ethical aspect when the inner circle is considered but not the clinical reasoning, decision making and judgment.

The doctor as a professional:
The personal development is dealt in the Jaffna outcome in detail. It should also include limitation of the doctor and seek help when needed, understand the purpose of audit, peer review and appraisal, recognise self education and professional development, life-long learning, personal health and well-being and manage time effectively.

Summary:
The outcomes of Jaffna deal mainly for a reflective practitioner whereas the Dundee deals mainly with a practising junior doctor. Both are accepted in the outcome based education. It is of significant interest that the outcomes have been accepted by all of the schools despite their very different curriculum and educational approaches.”

This presentation raised the question whether we should we revise our outcomes.
Clinical Teaching
Head Medicine, Dr. T. Kumanan, presented the curriculum in Medicine. The important changes proposed by him included, returning to two pre-professorial appointments of 8 weeks each. He also suggested allocation of 4 weeks before professorial appointments for student seminars in common topics that needs discussion like alcoholism and some integrated sessions at the end of professorial appointments. He further suggested introducing shadowing the house officer to learn management fully.

Dr. S. Sivayogan, Consultant Psychiatrist, presented the curriculum in Psychiatry. He pointed out that the subject should be renamed as Mental Health or something similar to avoid the stigma attached to the subject and to reflect the true nature of the subject. He also insisted that 10 weeks of clinical is necessary if it is to become a final year subject and it was decided to recommend 6 weeks of pre-professorial and 4 weeks of professorial appointment. He also explained the difficulties in teaching alone and it was decided to invite lecturers from other Faculties to deliver the lectures.

Dr. K. Muhunthan, Head Obstetrics and Gynaecology, discussed the curriculum of the subject and after discussion, it was decided that Appointment in Sexually Transmitted Diseases to be grouped and evaluated with Obstetrics and Gynaecology. The clinical examination is to be conducted at the end of appointment for each group to be in line with all other Medical Faculties.

Dr. S. Gobishankar presented the Surgery curriculum. Major change proposed was in pre-professorial appointments as three postings of 4 weeks, 4 weeks and 8 weeks. Another change expected is to introduce shadowing the House officer.

Dr. Ms. G. Sathiyadas, Head Paediatrics presented the paediatric curriculum where shadowing of the house officer is proposed and requested whether the 1 week appointment in PBU could follow the second paediatric posting. It was decided to discuss this matter further with other paediatritions.

It was followed by a presentation by the Clinical coordinator about the present status and duration of clinical appointments and the need to plan the duration of the different phases to accommodate the appointments that may have to be introduced when consultants for other specialties are posted to Jaffna Teaching Hospital and the delay in student intake by two months due to Pre-University Training introduced by the Ministry of Higher Education. The following changes were pointed out during discussion.

• To increase appointment in Forensic Medicine to 4 weeks as was in early days and practised in some other Faculties.
• To avoid posting to Cardiology early and to avoid examination period
• Stop posting to physiotherapy
• Continue Dental appointment
- Introduce PU appointment at Kopay and other possible hospitals instead of UMO. This may be during the Professorial period for 4 weeks until Family Medicine Centre starts operation.
- Reduce electives to 4 weeks
- Reduce OPD to 1 week or stop
- Objective of clinical Pathology appointment is to be revised
- The eye surgeon [who came on the third day] suggested to increase eye lectures because it is becoming important in primary health care
- When the introductory appointment was discussed, it was pointed out that the present 1 week of instructions are grossly inadequate and there is a need for 4 weeks of introductory appointment, 1 week in each professorial ward.

**Second day: 06.08.2011**

30 members participated.

The session began with brief review of the previous day’s proceedings by the Dean.

**Pathology**

Dr. T. Sooriyakumar, Haematologist at the Teaching Hospital and the main Teacher of Pathology at the moment presented the curriculum in Pathology. She identified certain improvements in the objectives of the curriculum such as including investigations. The practical classes are to be combination of histopathology and demonstration of specimens from the museum. During discussion following were suggested:

- Paediatric and genetic diseases to be included
- Introduction to 4 specialties within the pathology before clinical posting
- Nutritional problems to be included
- In evaluation, 10 minutes to be given at each of the two panels of viva examination.

**Pharmacology**

Dr. T. S. Navaratnarajah, The Head Pharmacology, presented the curriculum and the proposed changes are,

- Bed side pharmacology teaching to be introduced
- Logbook to be introduced
- Therapeutics in reproductive system to be done by staff from Obstetrics & Gynaecology
- Evaluation- OSCE and logbook to introduced
- Student formulary to be developed

**Forensic Medicine**

Dr. S. Kannathasan, Head of the Department, presented the curriculum. The curriculum is good but the problem is teaching staff. As pointed out by the feed back from students, teaching has to be spread out. As temporary measure, staff in clinical departments offered to involve in teaching forensic aspects related to their specialties and lawyers could be approached to introduce legal proceedings.
Parasitology
Dr. S. Kannathasan presented the curriculum in parasitology. No changes were proposed.

Microbiology:
Dr. Ms. K. Murugananthan presented the curriculum. No changes proposed.

Community Medicine:
Dr. N. Sivarajah made the presentation. Dr. R. Surendrakumaran participated from UK through Skype. The curriculum was discussed in detail and the following were the significant changes proposed:
- Cut down lectures and increase tutorials and increased problem oriented discussions
- Shift field activities family attachment forward
- Student guide to be prepared
- Family medicine and research evaluation to be done at final year.
- Assessment after clerkship to be changed to portfolio followed by viva

Co-module in Sociology:
Mr. S. Sivakanthan, lecturer in Medical Sociology made the presentation by suggesting the name of the subject to be changes as “Medical Sociology”. During the presentation many areas of overlap with community medicine, forensic medicine and PPDS were observed and decided to discuss further to get the interaction of the sociologist in appropriate subject areas.
Regarding research, qualitative research methodology has to be introduced to students and it was decided to synchronize with research methodology in Community Medicine and interested students may undertake research in the Field of Medical sociology also.
The student rep suggested to make him available for advise during family studies to solve problems.
It was decided to provide a place in the Department of Community Medicine and to ensure that he stays there during predetermined times.
The end of course evaluation of medical sociology is to be done after part II examination.

Third day- 07.08.2011
32 members participated.
The day began with a brief review of the second day’s proceedings.

Personal Professional Development Stream
Mr. R. M. G. Karunaratne, the Coordinator of the PPDS made the presentation. He said that many topics were cut off after discussion with Dean and many others mainly due to lack of resource persons to deliver them in English. Another reason for deleting some topics was repetition in Psychology and Sociology. The importance of the PPDS and the need to do it properly was
emphasized by many members and it was decided to have a discussion with interested staff members and to decide on the resource personnel.
It was pointed out that the students will not apply what is learnt in PPDS unless they see the staff practicing them and training of staff in PPDS was also recommended. During the discussion, it was pointed out that PPDS should be dissociated from Psychiatry for which psychology may be transferred to physiology.

Anatomy
Dr. Ms. S. Ambikaipakan, The Head of the Department, presented the curriculum. The changes recommended are,
- Neuroanatomy is started in term 3 and taught up to brain stem and the balance during the term 4 to facilitate synchronization with neurophysiology
- The dissection is to continue as it is in spite of the student opinion to reduce it.
- The demonstrators are to be instructed about guiding the students.
- Congenital malformations- discussed with organs and summed at 4th term
- Medical genetics to be done in 4th term
- Department of Obstetrics and Gynaecology to involve in teaching applied aspects in pelvis
- Spots examination is to be named as OSPE

Biochemistry
Dr. S. Balakumar, Head Biochemistry, presented the biochemistry curriculum.
- The student seminar is to be stopped and research is to be restarted
- Sports nutrition is included and dietetics is done fully.
- As Professor of Biochemistry could not attend the workshop, the changes in the curriculum could not be discussed which will be done in another occasion

Physiology
Prof. K. Sivapalan, Head physiology, presented the curriculum. The major changes discussed were,
- Department of Obstetrics and Gynaecology to teach applied aspects before and after reproductive
- Applied physiology in other systems to be done at the end of the course
- To introduce practical in nerve and muscle and sperm count
- To include recording in practical examination

IT Co module
Mr. K. Ananthakrishan, Computer Unit, presented the curriculum.
He said that the program was designed by the UGC and the Practical component was increased only for Medical students. Electronic Medical Records are included in the curriculum.
There was a request to introduce Statistical packages when research is undertaken in biochemistry and community medicine.

As some students come with computer driving license, whether they could be exempted and decided to exempt them from practical component and to change the certification to licencing in place of giving grades.

There was a suggestion to train the staff in on-line teaching

**English**

Mr. T. Arunakirinathan, ELTC, made the presentation.

He explained the difficulties of the ELTS due to staff shortage.

As the students enter with different levels of English it is difficult to cater to all. It was suggested to have an entry examination and to exempt the qualified students.

Regarding reading skill, several students are unable to read more than 150 words /min and they are poor readers. A good reader should able to read more than 450 words /min. The vocabulary should be over- 5000 words but many students have less than 1000 words. Listening also is poor.

As there is an uphill task, he requested the teachers to insist on the importance of ENGLISH to develop student motivation to learn English.

The book in ‘English for medicine’ will be used for teaching in future

**Student activities**

Mr. S. Janakan, Student Representative, Presented his feedback on behalf of the MSU President.

According to him,

Teaching in English is not enough

PPDS- good but the teaching method has to change

Synchronization is good and needs improvement

Pre-clinical courses are crammed into 4 terms

Lectures in general contain powerpoint presentations where slides are over-crowded with material

Students prefer chalk and board teaching

Lectures of 2 hours or more difficult to comprehend

Electives are welcome

Skill laboratory should open freely to students

Make attendance in lectures not compulsory

He then went on to describe the student activities:

Religious activities

Social activities- blood donations, Sathyendra fund donation at orphanage etc.

Parties among students
Medico’s week- requested more cooperation from staff in cancelling lectures and easing the planning and conducting the events. The Dean requested them to plan and give a definitive week well in advance to explore the possibility to give free period for Medico’s week. Mixing up to be re-started- it was not accepted by any of the staff members and students were advised to find other ways if improving socialization among students. The student activities do contribute to outcomes 3,5,7,9, and 12.

This was followed by staff reflecting on the workshop. They expressed satisfaction on meals, environment and arrangements. Frequent workshops were advocated.

Resolutions of the workshop:
Dr. Indika Karunathilake and Dr. Gominda to be invited to conduct training in SGD, PBL, Portfolio, Logbook, Study guides and FILM

Certain matters were brought up for operation and inclusion in by laws:
• The number of professorial groups remain as 4 even after introducing the fifth appointment in psychiatry/family medicine
• No mobiles in wards
• In course exams to be fixed and put in schedule where possible
• All amendments to be given to the Dean before the end of August for compiling and printing the new version to be formally approved at the next Faculty Board

Acknowledgements:
Dr. S. Kannathasan volunteered to collect student feed back within a short time
Dr. A. Murugananthan and Mr. Thileeban made all audio and IT arrangements.
Mr. N. Thileepan, Mr. M. Majeendran and Mr. S. Kugan worked tirelessly to keep the hall clean, arrange delivery of meals and tea and in many other ways beyond their official capacity for the convenience of the participants.
The AR and other staff worked before the workshop to shift the necessary furniture to the hall from Department of Community Medicine and back and did the cleaning work.
The electrician cooperated in supplying un-interrupted electricity supply.

Prof. K. Sivapalan,
Dean,
Faculty of Medicine.