

**DEGREE AWARDING INSTITUTE RECOGNIZED BY THE UGC, GOVERNMENT OF SRI LANKA**

Hon.Dr. Rajitha Senarathna M.P.  
Minister of Health Nutrition and Indigenous Medicine,  
Ministry of Health Nutrition and Indigenous Medicine,  
385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10.

My Dear Minister

**Report of the SLMC on the application for recognition of faculty of Medicine, South Asian Institute of Technology and Medicine (SAITM) under Section 19 (c) (ii)**

We are in receipt of your letter dated 25.09.2015 on the above subject and submitting our comments as requested.

There is always room for improvement in any institute. We will be happy to consider proposals made by you and to implement them [if possible] with a view to improving the facilities given to students.


We have also received together with your letter a copy of a report. We are surprised at the conclusion because it runs contrary to the tenor of the report. The conclusion is also contrary to what was indicated to us by members of the committee at the "wrap up" meeting held at SAITM on 15.7.2015.

We have with us a copy of the identical report with a different conclusion [which is unsigned]. That conclusion dovetails with the rest of the report. The conclusion is set out in schedule 1; the pith and the substance of which is that the SLMC recognizes graduates of the faculty of medicine SAITM as suitable for provisional registration subject to certain conditions.

You will observe that the conclusions of the two reports are contrary to one another and cannot be reconciled.

We may point out that Dr. Terence de Silva [Signing as Registrar of the SLMC] in a letter dated 26.08.2015 has indicated that the report is being finalized; thus the report was not finalized on the 26.8.2015.

The report is dated 4.09.2015. However the SLMC states that the report has been tabled at a meeting of the SLMC held on 28.08.2015.

In any event our comments in brief are as follows. 

1

**Faculties : ICT & Media, Medicine, Engineering, Management & Finance**

Registered Address: No. 60, Suhada Mawatha, Millennium Drive, off Chandrika Bandaranaike Kumarathunga Mawatha, Malabe, Sri Lanka.  
Phone: +(94) 112 413331, +(94) 112 413351, +(94) 112 407183/4 Fax: +(94) 112 413332 Email: info@saitm.edu.lk Web: www.saitm.edu.lk

**Founded by Dr. Neville Fernando**

1. Our staff consists of eminent, highly qualified and experienced persons in their respective fields

- the committee has not faulted the composition or qualifications of the staff.

2. Our curriculum compares favourably with the best in the world

-  
the committee has not faulted the curriculum

3. Our methodology of teaching is exemplary

-  
The committee has not faulted the methodology of teaching.

4. The questions in our test papers more than adequately tests the ability of students

The committee has not faulted the questions.

5. The physical facilities provided are more than adequate.

There seems to be no dispute on this

Our staff is totally convinced that the training given to our students are more than adequate and that the students graduating from the institute will be more than adequately capable of functioning as Medical Officers and equipped to duly and properly discharge their duties as medical officers.

You will appreciate that the staff consisting of such eminent persons will take such a view only with due responsibility.

The principal, the only deficiency pointed by out by the team is the lack of access to "in-ward patients" in certain situations. While we do not agree that this is a deficiency, we trust that our students could have more access to "in-ward patients" with your help.

We may further point out that the committee itself has taken the following view.

*"It must be appreciated that one of the vital axioms in training in medicine is 'yes I have seen it' concept. The contention is that once seen one would really remember it forever more. Whether one sees it in real life or in a virtual scenario is not of any great significance. The important thing is to have seen it before at all certainly before one is confronted with it in real life."*



It is inconceivable to us that the committee with such a view could have reached the conclusion that the training given to our students is inadequate only for the reason that the students have inadequate access to "in-ward patients".

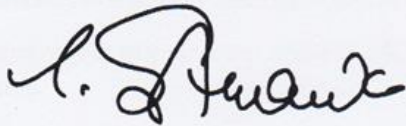
A detailed response to the report with annexures is attached hereto. However, even the detailed response will only deal with the salient points. The non- reply must not in any way be an admission of any of these points.

We have been advised that the SLMC has no right in law to withhold provisional registration or registration to graduates of this institute. This reply has been made without prejudice to such position.

In conclusion we seek your help and assistance to avoid hardship to our students. We will be grateful if you would kindly give us an appointment so that this matter could be fully discussed and resolved at an early date.

Thank you

Yours sincerely



**Dr. Neville Fernando**

**Chairman**

October 20, 2015

## **Comments for the Review Team Report of the SLMC.**

We are indeed taken up with much surprise by the conclusions of the report of the inspection team of the SLMC. This is not what we were made to understand by the learned review team of the Sri Lanka Medical Council (SLMC) at the wrap up meeting held at SAITM on 15<sup>th</sup> July 2015 on the final day of the comprehensive review of SAITM medical degree programme. (Consisted of only nine members)

It is evident that the initial recommendations of the original report of the nine member review team has subsequently been deleted and the conclusion of the original report which stated as "SLMC recognizes graduates of the Faculty of Medicine SAITM as suitable for provisional registration subject to certain conditions" has also been changed . Original document submitted by the nine member review team to the Council of SLMC which we obtained from the internet is attached (**Annexure 1**)

We are pleased to note that the members of review team have been satisfied with many facets of the undergraduate degree programme of the SAITM such as staff: student ratio, infrastructure facilities and also the pre clinical and paraclinical phases of the undergraduate curriculum.

We have noted some of the comments and suggestions made by the review team on the skills laboratory and facilities for microbiology lab for wet practicals. We are in the process of taking necessary measures to fulfill the suggested improvements.

However inspection team of SLMC has cited three main areas as deficiencies in their report. We would like to place following facts for your impartial observations and follow up actions to provide a speedy solution for graduates of SAITM to be able to obtain provisional registrations by SLMC for internship training.

1) Inspection team of SLMC has cited following :

***"General inadequacy of clinical exposure in all areas in terms of numbers and case mix is of grave concern. In particular, exposure to trauma in Surgery, common surgical emergencies and obstetric care, is lacking. The Faculty is making an attempt to overcome these deficiencies, but it is still insufficient at present."***

As Dr Neville Fernando Teaching Hospital (NFTH) is a private hospital, in ward patient numbers are less compared to a state hospital. However these numbers are sufficient to provide adequate bed side clinical teaching component of our clinical training. We believe that it is merely not the head count of the "in-ward" patients that matters for the quality of clinical training and maintaining standards. It is how best one would utilize the available clinical material not only with in ward patients but also utilizing outpatients for clinical teaching. Further in our faculty adoption of timely tested and accepted modern clinical teaching methods to augment the bed side clinical teaching, availability of experienced teachers of good caliber and the commitment and time available for the teachers to guide and teach students have contributed to maintaining standards in clinical training.

In ward patient numbers are showing a steady growth over the past two years (**Annexure 2**) Several measures have been taken to improve the inward patient numbers at NFTH to provide clinical training

with real patient encounters which include providing free treatment for “Samurdi” recipients in the area, distribution of “Tikiri” privilege card for free treatment for paediatric patients from low income groups and making 10 beds available in each ward of five main clinical disciplines free of charge for needy patients .

The five main clinical disciplines within the clinical training programme are Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics and Psychiatry. Overview of the curriculum and clinical training is attached (Annexure 3)

The objectives of our clinical training are based on the Subject Benchmark Statement in Medicine of the University Grant Commission (UGC) and we conduct our training programme to achieve these set objectives. This standard document of the UGC (Annexure 4) referred by all medical schools in Sri Lanka state as follows “Faculties of Medicine are encouraged to *develop their own innovative approaches* in designing and delivering their courses”.

We wish to elaborate in detail how innovative approaches in clinical teaching are adopted by the clinical departments at SAIMM to augment the inward bedside teaching and provide the required clinical training.

### 1.1 Virtual Case Scenarios & Video Clips

Nowadays, more and more medical teachers globally use virtual patients or virtual learning modules. Case-based discussions on a virtual patient is a teaching method, which can stimulate the student’s learning of comprehensive patient management and is a very useful tool used in clinical teaching to enhance clinical competencies.

We would like to highlight a statement from the report of the inspection team (page 16 para 5)

*“It must be appreciated that one of the vital axioms in training in medicine is ‘yes I have seen it’ concept. The contention is that once seen one would really remember it forever more. **Whether one sees it in real life or in a virtual scenario is not of any great significance.** The important thing is to have seen it before at all certainly before one is confronted with it in real life”*

At SAIMM “Virtual cases” are used for clinical teaching with the supporting photographs and video-clips by the departments of Paediatrics, Surgery and Medicine during the clinical training of these disciplines. (Annexure -5 Chapter on virtual learning in the well accepted Text book on “Practical guide for medical teachers” Dent& Harden)

### 1.2 Ambulatory ( clinic based) teaching

Globally there is a paradigm shift of clinical teaching from in-ward patients to ambulatory patients. We use outpatient clinics for ambulatory clinical teaching. Adequate space in clinic areas is available and ten or more examination beds are provided to facilitate ambulatory teaching. We utilize this facility to students to master the basic clinical skills of history taking and examinations skills which is virtually impractical in state sector hospitals due to many limitations.

Members of the review team appreciated this component of ambulatory clinical teaching and its value in compensating the traditional in-ward clinical teaching at the wrap up meeting but we presume that probably inadvertently it has not been included in the report.

Large number of patients turn up at clinics as they are given the benefit of seeing the consultants at a nominal fee or even free of charge for low income groups.

**(Annexure 6 - numbers attending clinics over past six months)**

**Annexure 6a- Chapter on Ambulatory Teaching in Text book for Practical guide for medical teachers: Dent& Harden)**

These patients, with their consent are utilized for clinical teaching. Numbers of these patient encounters in ambulatory teaching are not been taken into account in the in-ward patient statistics

### **1.3 Simulated patients**

Simulated patients (SPs) were first used in the 1960s in undergraduate medical training in the United States of America. Since that time, most medical schools throughout the world have established Simulated Patient Programs to enhance teaching and assessment. Issues rarely dealt with by students with real patients because of their sensitive or challenging nature. Eg Communication skills are easily practiced by using SPs. Simulated patient programme also provides a safe environment to practice with less hassle to patients.

Currently the department of Paediatrics has developed approximately forty important clinical scenarios in Paediatrics and have trained the role players to portray as mothers. The case discussions around simulated case scenarios provide an opportunity for the students to be exposed to a wide variety of clinical scenarios which almost mimic a real life situation.

The department of medicine also is in the process of developing simulated patients.

**(Annexure -7 Chapter on simulated patients in Text book for Practical guide for medical teachers: Dent& Harden)**

### **1.4 Clinical lecture demonstrations ( CLD) & Clinical Society Meetings ( all disciplines)**

Whenever a patient is in the ward with less commonly seen condition a lecture demonstration based on that patient is conducted for 2-3 batches in a lecture hall so many students are exposed to such clinical condition other than the clinical group attached to the ward at that time. List of such Clinical meetings/CLDs are attached

**(Annexure 8)**

### **1.5 Special Cases register and ward classes ( In Medicine & Paediatrics) –**

Patients with long term illnesses are identified from outreach free health camps conducted over the weekends or through admissions to the hospital and a register is maintained of these patients and they are offered free treatment at the hospital. These patients are called from time to time for ward classes on a voluntary basis. A reasonable allowance is paid to the patient for these extra hospital visits.

This exercise has made it possible for the case mix/spectrum of disease that the students are exposed to be in par with a state medical school

**(Annexure 9 Conditions of patients in Special case registry in Paediatrics & Medicine)**

**(Annexure 10 Comparison of spectrum of cases in paediatrics to be exposed by students of Sri Jayawardenepura Medical faculty obtained from the log book and SAIMT)**

#### **1.6 Utilization of units of other busy Private Hospitals ( Surgery & Paediatrics)**

It is the practice of many medical schools to utilize several hospitals to provide clinical training.

Similarly to improve the case mix and exposure medical students of SAIMT undergo four weeks pre professorial clinical appointment at busy surgical units at Nawaloka Hospital and Asiri Hospital under two experienced Consultant Surgeons. Students are given the opportunity to take detail histories and examine the patients and present the case to relevant surgeon. In addition they also learn preoperative and post operative management and are also given the opportunity to assist many surgeries during these appointments.

Unfortunately some of the log books reviewed by the team lacks the specific entries by students. However these case histories and details were available in their portfolios which were not simultaneously reviewed by the team. Hence the reasons for the following comment by review team: 'based on the entries of student log books the exposure that they have received is not satisfactory "

We have taken steps to ensure that the students make comprehensive entries to reflect their clinical exposure.

Students also undergo one of the pre professorial appointment in paediatrics for 4 weeks at Nawaloka Hospital under supervision of a Consultant Paediatrician who serve as an extended faculty member and a passionate teacher. At a given time there are approximately 5-10 inward patients under him at Nawaloka Hospital. Further approximately 30- 40 children attend his outpatient clinics in a morning. Students are exposed to a variety of paediatric conditions during this appointment and make presentations to other paediatric students at NPTH.

As a result of utilizing Nawaloka Hospital for one clinical appointment at a given time the paediatric ward at NPTH only caters for two groups of students and not three groups as mentioned in the report.

Students obtain their oncology training at Oasis hospital under Dr R.S Jayathilaka

**(Annexure 11 MOU signed and letters to respective Consultants )**

#### **1.7 Day Surgeries**

Most of the minor and intermediate surgeries which include the bulk of the content of surgery curriculum are carried out as day care surgeries which is the trend globally in surgical practice. These day case patients contribute immensely to surgical training programme and are not reflected in numbers as in-ward patients. List of day surgeries carried out during past six months is attached

**(Annexure 12)**

### **1.8 Skills lab training**

It is acceptable globally in medical education that emergency situation and certain procedures are best taught in a skills lab. Here the students practice skills at their own pace. All the students are exposed individually to develop these skills which makes it superior to mere observations. Following skills are taught at the skills lab at SAITM

Skills in In Surgery: CPR, transfusion in trauma, initial resuscitation protocol practice, role model practice of managing common surgical emergencies in an accident and emergency unit. Training in any operating theater regarding theater ethics, scrubbing and assisting in emergency surgery are also provided at the skills lab

#### **Exposure to Trauma Cases and its management**

Another concern by the review team is lack of exposure to trauma cases. Globally in many medical schools trauma management is taught in a very structured manner in a skills lab using mannequins. **(Annexure 13)**

We have used mannequins to teach minor trauma. NPTH employs two full-time orthopaedic surgeons and provide 24 hour cover for trauma cases. This is one of the very few hospitals in Sri Lanka which employs more than one orthopaedic surgeon even when considering the state sector. One of the permanent orthopaedic surgeons is a person of national stature and has been a past president of the Sri Lankan College of Surgeons and pioneered national policies on training in trauma care. Orthopaedic unit has a separate trauma and orthopaedic training centre which was inspected by the SLMC review team but we feel that adequate recognition has not been given to this component of training in their review report. Not only medical students nurses are also trained in this unit providing the undergraduates the opportunity to improve team building and interpersonal skills with other health care workers. These training sessions are also open for first few of batches of students. **(Annexure 14 Trauma Training Course details)**

Skills In Paediatrics : Ear examination, venepuncture , lumbar puncture are some of the clinical skills students practice at their own pace in the skills lab.

We have also provided opportunity for the final year students to undergo neonatal resuscitation and they also participate in the structured neonatal life support skills course conducted by Sri Lanka College of Paediatricians. This formal course is conducted for state medical students only before taking up the internships by the Ministry of Health.

We are in the process of procuring other paediatric mannequins such as exchange transfusion sets and intraosseous needles.

Skills in heel pricks and pulse oxymetry are carried out in real life encounters as all babies borne at NPTH (approximately 70/month) now undergo heel prick testing for hypothyroidism screening and pulse oxymetry for congenital heart disease screening.

### Skills In Obstetrics & Gynaecology particularly Emergency obstetrics care

Skills lab is equipped with all the modern mannequins used in obstetrics & gynaecology. We have designated drills in the management of obstetrics emergency skills such as postpartum haemorrhage, shoulder dystocia, acute inversion of the uterus, suturing of perineal tears, breech deliveries and twin deliveries. Even in the best of medical colleges in the developed world students learn and practice these procedures in the skills labs and not on live patients. Skill level to perform these procedures by SAIMT medical students who follow the programme in obstetrics and gynaecology is extremely satisfactory for MBBS level.

It is a known fact that clinical training in obstetrics in some of the medical schools which are recognized by SLMC in countries such as Pakistan, Bangladesh, male students function as passive observers in the labour rooms or even not allowed at all to the labour rooms to acquire skills even in normal labour leaving aside the obstetrics emergencies.

### Skills in Medicine

Bag and mask ventilation, endotracheal intubation and venipuncture are some of the clinical skills students practice at their own pace in the skills lab.

They also get the opportunity to practice these skills in real patients in the ward as well as gain exposure to medical emergencies by access to the ETU, ICU, and dialysis unit.

### **1.9 Clinical training in Psychiatry**

Medical students of SAIMT engage in psychiatry training for four weeks in their first appointment and eight weeks in their professorial appointment.

They are attached to the Psychiatric Unit of the Dr. Neville Fernando Teaching Hospital. It is a 26 bed unit called the 'Arunalu' ward and has 13 beds each for males and females. Psychiatry clinics are held six days a week in the mornings and the students are exposed to variety of clinical patients. Psychiatric liaison work i.e. attending to patients with psychiatric disorders who are admitted to other units of the hospital is done by the 'on call' Psychiatrist and few students accompany the Psychiatrist when he sees the referred patients from those units e.g. Medical or Obstetrics and Gynecology Unit.

The students see the whole spectrum of psychiatric disorders which effect children, adults and the elderly of Sri Lanka. The students get to see the treatments given from medications to electro convulsive therapy and Psychological therapies.

During the professorial appointment they visit a community centre, a centre for the elderly and women with dementia and a centre for differently able people.

They see all the common psychiatric disorders found in Sri Lanka just like the medical students of the other medical faculties in Sri Lanka

### 1.10 Adequate Staff: student ratio

#### One to One Teaching /individualized training & supervision

All the departments at SAIMT are adequately staffed. Unlike in state hospitals clinical academic staff are not overburdened with the service component. As such students have the benefit of more individual attention in learning clinical skills. For example examination techniques are taught, demonstrated, and students made to perform under the close supervision of the teacher. Any flaws are thereby detected, and corrected till perfection is achieved.

We also engage the students doing the professorial appointment in making presentations in all the common medical emergencies an intern house officer could face. Subsequent questioning on the subject and appropriate guidance opens a pathway in training the students on how to respond to an emergency in an organized and practical way.

Staff strength of SAIMT in comparison to the state medical schools are indicated below

University of Faculty	Professors	Associate Professors	Snr. Lecturers	Lecturers
Colombo University	35	5	52	44
Peradeniya University	15	3	57	31
Sri Jayawardanapura University	19	5	72	34
Kelaniya University	23	2	64	38
Ruhuna University	19		53	40
SAITM	11	1	34	41
Jaffna University		1	11	29
Eastern University			4	20
Rajarata University	1		6	32
Apart from above following numbers are serving as temporary and visiting academics at SAIMT				
	8	1	27	18

Source: University statistics publication 2014 by UGC

### 1.11) Additional one year clinical training

On recommendations by a review team of the UGC in year 2013 ( Annexure 14) the students have already spent an additional year of clinical training making their course of study 6 years than stipulated 5 years .

2) Inspection team of SLMC has also cited following:

***“Deficiency in exposure to preventive care services in the state sector i.e. The MOH office activities and field services”***

2.1 At SAIMT, preventive care services are taught to medical students by the department of Community Medicine

2.2 Comparison of the main field teaching activities carried out at MOH clinics for medical students in State medical schools (Peradeniya and Ruhuna) and teaching carried out for SAIMT medical students are indicated below (Annexure 15)

- a) **State medical faculties:** Visit to the MOH office and teaching by the MOH on one morning.  
*At SAIMT a mock MOH office has been established where this teaching is conducted. Medical students are taught by the two senior staff members (the professor and the senior lecturer) on the duties of the MOH.*
- b) **State medical faculties:** The duties and functions of the Public Health Inspector are taught by a Public Health Inspector on one morning.  
*At SAIMT: A senior Public Health Inspector visits SAIMT and teaches the same to medical students of SAIMT on one morning.*
- c) **State medical faculties :** Medical students are taught the duties and functions of the Public Health Midwife (PHMW) on one morning.  
*At SAIMT: A senior Public Health Midwife visits SAIMT one morning and teaches the same to SAIMT medical students.*
- d) **State medical faculties:** On one morning the medical students visit the Regional Epidemiologist who teaches the duties and functions of the Regional Epidemiologist.  
*At SAIMT: A senior Regional Epidemiologist who has recently retired, teaches the same to SAIMT medical students on one morning at SAIMT.*
- e) **State medical faculties :** Medical students are given an exposure to a School Medical Inspection on one morning.  
*At SAIMT: This teaching is carried out by the senior lecturer with the help of a video filmed at a School Medical Inspection carried out in a government school.*
- f) **State medical faculties :** On one morning medical students visit a clinic conducted by a MOH where they are exposed to ante natal care, child welfare services, immunization activities and family planning services.

**At SAIMM:** *The medical students are given the same training at the Neville Fernando Teaching Hospital (NFTH), by the staff of the Department of Community Medicine, SAIMM and the Departments of Paediatrics and Obstetrics.*

- 2.3 Discussions held with few foreign graduates working as pre-intern demonstrators at SAIMM who have studied in Russia, Belarus, China and Bangladesh revealed that they did not receive any field training in preventive care services during their training. Even the ones who has received some training it is what is applicable that particular country and not applicable to Sri Lanka.
- 2.4 We wish to bring to you notice that currently the SLMC accepts foreign qualified medical graduates for registration if they pass a one hour question paper in community medicine which has 20 multiple choice questions. As this paper covers all topics taught in lectures in the field of Community Medicine, the number of questions to assess the candidates knowledge on the MOH and field activities may be just 2 or 3 questions, out of the 20 questions.
- 2.5 SAIMM undergraduates have been deprived of exposure to MOH area in state sector. Hence we have made reasonably effective strategies to overcome this problem and to provide adequate training in MOH clinic activities. This training will be further strengthened if the students are given the opportunity to visit a state sector MOH clinic even at this juncture.

3) Medical council also has cited following as a deficiency

***“Lack of facilities for training in practical clinical Forensic Medicine eg to examine and report on clinical medicolegal cases to the Police and courts of law and no provision to carry out medicolegal postmortem examinations”***

- 3.1 The main field clinical /practical training activities carried out by the department of Forensic Medicine for State medical students and the teaching carried out for SAIMM medical students are as follows

**Curriculum Outline –**

- At the end of the medical course, the students are expected to achieve the following:
  - **Be able to fulfill basic medico-legal responsibilities.**

**The Clinical appointment/Practical session is aimed at;**

- 1.) To provide skills necessary for record and interpretation of injuries, crime scene visits (including collection of samples and evidence), examination victims/accused in alleged crime, post mortem examination (including ability to arrive at conclusions and formulate an opinion regarding cause and manner of death), establish the identity of a diseased person.

- 2.) To prepare comprehensive documentary report and to give oral evidence in court of Law.
- 3.) To practice medico-legal work in an unbiased attitude towards society, especially with regard to victims and those accused of crimes.
- 4.) Cultivate attitudes necessary to function as a member of a team in the investigation of crime.

**Remark:** Those who graduate from some of the medical schools outside Sri Lanka (Mainly Europe, Australia) do not learn forensic medicine as a subject since it is not in undergraduate curriculum. However medical degrees from these medical schools are recognized by SLMC. The graduates from them do not have any theoretical knowledge or training in forensic medicine. They have to sit for 10 MCQ's in Forensic medicine at ERPM and do not even pass the MCQ as a separate subject

**3.2 Clinical /practical training on Forensic Medicine - Comparison of SAIM and Faculty of Medicine Colombo**

**STATE MEDICAL FACULTY**

Department of Forensic Medicine ,Toxicology ,  
Faculty of Medicine , University of Colombo  
Medico legal module 2013

- ❖ Clinical Forensic Medicine attachment for two weeks in the morning in a state hospital supervised by academic staff member of the medical faculty or consultant JMO at the hospital and the museum of the Department of Forensic Medicine of the respective medical faculty. The learning methods during this 2 week appointment are,

**a.) SMALL GROUP DISCUSSIONS**

These will be held daily and will cover theoretical as well as practical aspects in forensic medicine

**b.) VIDEO DEMONSTRATION**

Video documentary showing routine procedures in performing autopsies.

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- ❖ A period of two weeks in practical work in Forensic Medicine consisting of comprehensive 10 practical sessions and further period of training and to observe autopsies and examination of living patients with medico-legal issues. This is done with the objective of acquire skills & knowledge in application of theoretical knowledge for practical situations. The learning methods during clinical/ practical training period are

**a.) SMALL GROUP DISCUSSIONS**

These are conducted by the tutor covering the main theoretical and practical aspects in forensic medicine

**b.) VIDEO DEMONSTRATION**

Video demonstrations are used as a training aid to show routine procedure in performing autopsy examination and clinical cases at the

**c.) SPECIMEN AND PHOTOGRAPHS**

Description and interpretation of museum specimens, injuries and pathological lesions.

forensic medicine section of the museum.

**c.) SPECIMEN AND PHOTOGRAPHS**

Description and interpretation of museum specimens, injuries and pathological lesions are done during 2 weeks of comprehensive 10 practical sessions. 8 out of 10 sessions are done by visiting lecturers in State medical faculties, based on their field of expertise. These sessions are done at the museum.

*Identification.*

*Photo aided description of Injuries.*

*National Protocol for Examination of*

*Drunkness. (CFPSL/MOH Publication)*

*Correlation of Clinico-pathological findings*

*(Macroscopic & Microscopic) relevant to*

*Forensic Medicine.*

*Specimen discussion with skull and other bone injuries.*

*Sexual abuse examination national*

*protocol. (CFPSL/MOH Publication)*

*Documentation and interpretation of injuries*

*and Report writing.*

*Forensic investigation of Scene of Crime.*

*Identification, Description & Interpretation of Soft tissue specimens. (with more emphasis on injuries)*

*Forensic Anthropology & Archeology*

**d.) Ward Classes**

Clinical case presentation by each student to be discussed and evaluated by a tutor.

**d.) Examination of Living Persons**

Observing of living patients with medico-legal issues are done at Dr. Neville Fernando Teaching Hospital (NFTH) and also during their visit to state hospital. Minimum of 5 cases should be observed by a student and at the end of the appointment students should submit a completed Medico-legal Examination Form.

**e.) AUTOPSY DEMONSTRATIONS**

Practical demonstration of dissection techniques and discussion and analysis of daily cases conducted by the department staff. Students are encouraged to actively participate in the dissections. To successfully complete the clinical attachment each student should,

**e.) AUTOPSY DEMONSTRATIONS**

Autopsies are observed at the Department of Anatomy using donated fresh and un embalmed bodies and also at selected state hospitals under the supervision of a consultant JMO during the 3<sup>rd</sup> Semester.

Minimum of 3 autopsies should be observed by each student.

- a.) Conduct a thorough medico-legal examination of a patient following trauma during the ward class with satisfactory analysis of the case and submit a complete medico-legal report.
- b.) Submit a complete post-mortem report on an accidental or homicidal death.
- c.) Show competence in formulating opinions relevant to mechanisms and pathological sequelae of trauma, cause and circumstances of death.
- d.) More than 80% attendance within the two weeks.
- e.) Satisfactorily complete the evaluation at the end of the appointment.

#### Evaluation of clinical appointment

At the end of the appointment students will be assessed on

- a.) Viva-voce based on specimens/photographs and any other relevant topic approximately 5-6 minutes/ student – 60 marks
- b.) Presentation of a clinical case – 10 marks (The student must choose a suitable case of medico-legal importance)
- c.) Submitting a complete medico-legal report on the case presented – 10 marks
- d.) Submitting a complete post-mortem report – 20 marks

End of the appointment they should submit completed Post-mortem report. (Health 42 Form) To successfully complete the clinical attachment each student should,

- a.) Observe minimum of 3 autopsies and 5 living patients with medico-legal issues and should submit completed Medico-Legal Examination Form and Post-Mortem Report at the end of the appointment.
- b.) 100% attendance is need for the 10 practical session and observing autopsies and living patient with medico-legal issues is compulsory.

#### Assessment of the clinical appointment

- a.) 05 Visual aided structured essay Questions to be answered at the end of 1<sup>st</sup> and 2<sup>nd</sup> semester credit exams. – 5 marks
- b.) End Appointment OSPE  
Ten Objective Structured Practical Examinations (OSPE) using photographs, soft and hard tissue specimens, forensic instruments or any other forensically important objects and students are expected to answer in one hour – 20 marks
- c.) Final Examination
  - 1.) Final Examination OSPE will be the same as End Appointment OSPE – 20 marks
  - 2.) Structured viva voce - This will be conducted by a viva board which may include external examiners as well. Each student will be examined for 10 mins on autopsies and completed Post-mortem report submitted by each student and examination on living patients and completed MLEF/MLR reports submitted by each student.

**Annexure 17 – Letters from academics in Forensic Medicine in other hospitals regarding standards of SAITM students**

**3) How do we ensure competencies at the Final examination?**

Stringent standards of assessment are in place to ensure that the passing candidate has met the expected standards. Structure and the standard set for the theory component of the Final examination will be in par with state medical schools. With regard to this we have also made a request from the UGC to provide us with the common MCQ paper which is given to all state medical students.

All candidates will be examined at the Final clinical examination by a panel of examiners comprising a local as well as an external examiner who is a senior academics/senior consultants who have served as an examiner in other state medical schools. With absolute transparency and inclusion of external examiners we eliminate any bias or compromise of standards of the final assessments

**5) Calibre of the Professors and Heads of Clinical Departments**

**Professor and Head of the department of Medicine**

Professor and Head of the department of Medicine is a well experienced academic who has served the state sector for 38 years before joining SAIMT as a permanent staff member. He has served the Ministry Of Health as a Consultant Physician in many peripheral hospitals and at National Hospital for 28 years. He had been a teacher for the medical students of University of Sri Jayawadenepura (USJP), University of Kelaniya, Melaka Mannipal Medical College Malaysia and Colombo medical faculty.

His vast experiences as a medical teacher and his clinical acumen in the field of medicine has immensely contributed to the department of medicine at SAIMT to fulfill the clinical training to reach the required standards. This vast experience both as a teacher and a clinician has been utilized to apply innovative teaching techniques to fulfill the primary goals of clinical training despite the fewer number of inward patients when compared with a state hospital.

**Professor and Head of the department of Surgery**

Professor and Head of the department of Surgery is a well experienced academic and an eminent Surgeon who has served the National Hospital Colombo for 33 years. He was conferred as an Honorary Professor by the Postgraduate Institute of Medicine Colombo in year 2009 before he joined the SAIMT. He is currently functioning as the Chairman of the Specialty board of Urology. He is also a Past president of Sri Lanka College of Surgeons. He had been a teacher for the undergraduate medical students of Colombo medical faculty and served as an examiner in MBBS in many medical schools in Sri Lanka. His vast experiences as a medical teacher and his clinical skills in operative surgery has immensely contributed to organize the department of surgery at SAIMT, standardizations of the surgical curriculum and uplifting the the clinical training to reach the required standards with the help of large number of senior lecturer other surgeons in the department.

### Professor and Head of the department of Obstetrics & Gynaecology

Professor and Head of the department of Obstetrics had been a Senior lecturer and a Professor in a state medical school for seven years. He has 25 years of experience as a Consultant Obstetrician and has had his overseas training in obstetrics for two years in the Professorial unit in Bristol and in Birmingham. He is a keen researcher and delivered three orations based on his research. He has served as the Chairman academic activities and research of the Sri-Lankan College of Obstetrics & Gynaecologists (SLCOG) and also served as the Editor in chief of the SLCOG. His able leadership and experiences has contributed to the development of teaching programme in obstetrics successfully.

### Professor and Head of the department of Paediatrics

Professor and Head of the department of Paediatrics is a well experienced academic who has served the state sector for twenty long years before joining SAIMT as a permanent staff member. She has served at University of Sri Jayawadenepura (USJP) as a Senior Lecturer and subsequently as a Professor in Paediatrics. She also has served as the Head of the department fo paediatrics for several years as well as Head of Department Medical education for three years. During her tenure as the Head of medical education the faculty of medical sciences of USJP has undergone quality assurance review process successfully. She also has served as a member of the Review team of the quality assurance carried out by UGC of department of paediatrics University of Peradeniya. She also had been the person in charge of major curricular revisions of USJP under the World Bank project during which time she had visited medical schools in Netherland on a fellowship to gain exposure about medical curricula in developed countries. She was the President of Sri Lanka College of Paediatricians in year 2011/12

Her experiences in medical education and expertise in the field of paediatrics has immensely contributed to the development of department of paediatrics at SAIMT to fulfill the clinical training to reach the required standards.

### Professor of Community Medicine

Professor of Community Medicine is the senior most Professor in Community Medicine in the country, who is still in active service. He has 40 years of teaching experience in the field of preventive care services, 34 years of which was at the University of. After retiring from Peradeniya, he moved to the newly established university of Rajarata. He was the person who established the department of community medicine at the Rajarata University and worked there for 4 years.

While working in the state universities he has served as the Medical Officer of Health (MOH) for many years, and has taught state medical students on the duties of the MOH, and functioning of a MOH office. Other academic staff member a senior lecturer was attached to the University of Ruhuna, as a lecturer in Community Medicine for 16 years before she joined SAIMT. While working at Ruhuna University and she has functioned as a MOH for many years.

### Head of the Department of Psychiatry

Head of the department is a well experienced Psychiatrist with 39 years' experience as a Consultant Psychiatrist in Sri Lanka, UK, Australia and New Zealand and 28 years medical teaching experience. He was the Head of Department and Senior Lecturer in Psychiatry of the Faculty of Medicine, University of Ruhuna for 25 years.

### Professor of and Head of Department of Forensic Medicine

Professor and Head of the department of Forensic Medicine is a well experienced and an eminent academic in the field of Forensic medicine. He has served the state sector for thirty three years in medico legal services as a Medico-Legal consultant, Chief forensic medical examiner (international), Head and Chief JMO before joining SAIMM.

### 6) Way forward

While adopting all these clinical teaching methods to maintain standards SAIMM academic staff along with the management were engaged in continuous liaisons and discussions with the Ministry of Health since 2013 to obtain approval for the SAIMM undergraduates to be exposed to a state sector health settings.

Unfortunately due to reasons beyond our control this request was never materialized even in spite of recommendations by five member committee appointed by the Hon Minister of Health in year 2012 (chaired by then Secretary of Health and a representative of SLMC participated as a member) and more so in spite of Ministry of Health agreeing at the supreme court in November 2014 to provide such facilities.

When hundreds of students who obtain medical degrees from fee levying medical schools abroad ( majority of entries are through profit making agents in Sri Lanka ) are given the luxury of getting attached to state hospitals, when undergraduates who study on a fee levying basis at Kotalawala Defence University (KDU) is also provided with the super luxury of obtaining their entire clinical training in state hospitals and when professional colleges are requested to conduct clinical training programmes in state hospitals to boost up the knowledge and clinical skills of hundreds of foreign medical graduates who are repeatedly struggling to be successful at the qualifying ERPM examination conducted by SLMC , we are so much puzzled for the reasons for the SAIMM students to be treated differently and be deprived of exposure to state sector health settings to strengthen their clinical training.

If the students of SAIM are given the opportunity to be exposed to a state hospital settings for a stipulated time in main clinical disciplines, in a MOH clinic and state judiciary medical services it will further sharpen their clinical skills and make them better equipped to function as intern medical officers at state hospitals.

We trust that the Honorable Minister of Health would be convinced of the current standards and also the potential of this medical school with the required monitoring and support from the state.

We earnestly await the able intervention of the Honorable Minister to bring a speedy solution and justice to the medical students of SAIM who are citizens of this country and who have followed a medical degree programme in a recognized institution by state for them to be able to obtain provisional registration for internship training

Compiled by

Prof Neville Perera – Professor & Head Department of Surgery



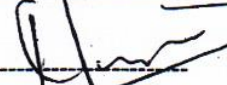
Prof Deepal Weerasekera - Professor & Head Department of  
Obstetrics & Gynaecology



Prof Kolitha Sellahewa Professor & Head Department of Medicine



Prof Deepthi Samarage Professor & Head Department of Paediatrics

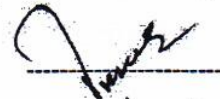


Dr Ranjith Jayawardene – Head of Department of Psychiatry

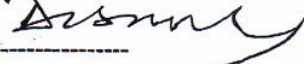


Prof Ananda Samarasekera - Professor & Head

Department of Forensic Medicine



Prof D Nugegoda Professor & Head Department of Community Medicine



20<sup>th</sup> October 2015