

SUBJECT REVIEW REPORT

**DEPARTMENT OF
FORENSIC MEDICINE**



***FACULTY OF MEDICINE
UNIVERSITY OF PERADENIYA***

26th to 28th July 2006

Review Team :

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

Dr. Nilukshi Abeyasinghe, University of Colombo

Dr. Priyanjith Perera, University of Kelaniya

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1. SUBJECT REVIEW PROCESS

The Quality Assurance and Accreditation (QAA) framework currently implemented in the University system in Sri Lanka, envisages reviewing all subjects and institutions in the national Universities of Sri Lanka. In keeping with this objective, the Quality Assurance and Accreditation Council of the University Grants Commission, Sri Lanka appointed a panel of senior academics from the Universities of Colombo and Kelaniya to undertake a subject review in Forensic Medicine at the Faculty of Medicine, University of Peradeniya.

The Review Panel comprised of:

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

Dr. Nilukshi Abeysinghe, (University of Colombo)

Dr. Priyanjith Perera (University of Kelaniya)

The subject review was undertaken to evaluate the quality of the Forensic Medicine, a subject at the Faculty of Medicine University of Peradeniya. This was carried out during the site visit by the above review panel on 26th and 27th July 2006 and 28th September 2006. The process used was acquisition of additional information through discussion of issues, and gathering of and analysis of evidence. These findings were then compared with the Self Evaluation Report (SER) presented by the Department of Forensic Medicine. The aim was to use all evidence to express a judgment of the 8 aspects given below, as required in the Quality Assurance Handbook, for Sri Lankan Universities, published by the CVCD and UGC in July 2002.

1. Curriculum Design, Content and Review
2. Teaching, Learning and Assessment Methods
3. Quality of students, including student progress and achievement
4. Extent and Use of Student Feedback (Qualitative and Quantitative)
5. Postgraduate Studies
6. Peer Observation
7. Skills Development
8. Academic Guidance and Counseling

The Faculty is in the process of changing its MBBS curriculum at present. The students in the first and second years of study are following the new curriculum, while the more senior batches are following the old curriculum. Teaching programmes are conducted by staff in the Department for students in both the old and the new curricula. Thus the review process covered both programmes.

The review processes adopted by the panel were:

meetings with the Dean, Head of Department, Academic and non academic staff, Senior Student Counselors of the University and the Faculty of Medicine, undergraduate students and a postgraduate student (Annexure 1).

observation of teaching/learning sessions (a lecture, clinical teaching at the Peradeniya Teaching Hospital), a presentation by students on a selective/elective carried out by them

inspection of academic facilities (lecture halls, laboratories, learning support facilities - library, computer centre)

perusal of documents (curriculum documents, handouts, examination papers, samples of answer scripts, student work in terms of reports, records etc.).

2. THE UNIVERSITY, FACULTY AND DEPARTMENT

The University

University of Peradeniya commenced with the inception of the University of Ceylon, on 1st July 1942 and shifted to Peradeniya on 6th October 1952. It is now one of the largest universities in the country, with over 10,000 internal students registered for its academic programmes in seven faculties and two postgraduate institutes.

The Faculty of Medicine

The Peradeniya Medical School was established in 1961 and the first batch of 103 students was admitted in January 1962. The Peradeniya Medical School and Dental School were converted to an independent Medical and Dental Faculty in 1967. The School of Veterinary Science became a part of the Faculty in 1970. In 1980, Veterinary Medicine and Animal Science were separated to form a new Faculty of Veterinary Medicine and Animal Science. The Dental School became a separate Faculty in 1986. The Teaching Hospital, Peradeniya, the most significant addition to the Faculty of Medicine in recent years, was opened in June 1980. Currently, the Faculty has 15 Departments of study, including the Department of Forensic Medicine.

The Department of Forensic Medicine



The Vision of the department of achieving “Justice through medicine” is an apt one, highlighting the potential role and contribution of the subject of Forensic Medicine to Justice. The logo developed by the department portrays the vision symbolically.

The main functions of the department are undergraduate training of medical students, provision of medico-legal services to the teaching hospital Peradeniya and other referral stations and research. The academic staff of the department and its extended faculty carry out the undergraduate teaching programme. The judicial medical officers of the department examine clinical medico-legal cases, conduct postmortem examinations and submit reports to court. The histopathological examinations on tissues taken from postmortem examinations are done within the department and on cases that are referred. The department also undertakes analysis of skeletal remains and diatoms on referrals, and is also engaged in Ivory detection for legal purposes.

The department conducts and participates in public awareness programmes which address current issues related to medico-legal work that are current and common public issues, such as child abuse, violence against women and human rights. The main objectives of these programmes are not only to strengthen the links with the public but also to dispel many of the untruths and confusion in areas related to the discipline.

The department also strives to maintain relationships and to develop links with those in allied fields such as police officers, lawyers, probation officers etc., by conducting seminars, workshops and other educational programmes connected to judicial medical work and related issues. These activities are undertaken not only at a domestic level but also at a district level. This enables them to improve the provision of medico-legal services as well as to develop “team spirit” within the medico-legal system.

This department is involved in a number of research projects including those on molecular biology, identification, time since death, law and education.

Several courses have been developed including a course on Forensic Medicine for lawyers, which will be conducted in 2007. An optional course for undergraduate students, “Police, Prisons and the Legal System” of the “Beyond 2004” new curriculum has already commenced.

The department contributes to the MBBS degree programme. Forensic Medicine is compulsory in the undergraduate medical course. The teaching programme for students on the old curriculum is in the 3rd and 4th year of the MBBS programme (182 and 206 students, respectively, at time of review). For students following the new curriculum, departmental teaching activities will extend throughout the first four years of study. Currently, there are 178 students in the 1st semester of the 2nd year (2004/05 intake under the new curriculum). First year students (2005/06 intake, 2005 A/levels) have not yet commenced the academic programme in Forensic Medicine.

The department had 4 permanent academic staff members at the first visit of the review team, and at the second visit a new academic staff member had been selected. There are also 4 visiting academic staff. Non academic permanent staff in the department includes one clerical officer, 2 technical officers, and one post mortem labourer. One temporary stenographer is also among the non academic staff. The non academic staff are committed to provide their services to conduct the programmes despite problems related to staff shortage.

3. AIMS AND LEARNING OUTCOMES

3.1. Aims

To impart knowledge, develop skills and to instill favourable attitudes related to Forensic Medicine and medical ethics in order *to produce a competent truthful medical witness, to ensure the administration of justice.*

The Forensic Medicine programme offers a high quality learning experience in a friendly, responsive and supportive departmental environment that is conducive to enthusiastic learning. The department offers a range of challenging learning opportunities within the existing as well as the new curricular structure of the Faculty of Medicine, enabling students to develop their academic interests and potential. The department at all stages attempts to get the best suited and qualified person to deal with specialized topics to ensure high standards and to expose students to recent advances in knowledge and techniques. The department believes that it offers a stimulating and enjoyable learning opportunity for students, appropriate to their needs.

Despite the large numbers of students in the current batches the department strives to provide opportunities for students to develop the skills and enthusiasm required for lifelong learning. The department also conducts activities to stimulate active self directed learning with development of problem solving skills, critical thinking and team spirit.

3.2. Learning Outcomes

On successful completion of the undergraduate programme, the students should have:

- 3.2.1. gained a knowledge and conceptual understanding of areas of Forensic Medicine, based on a teaching programme that provide initial broad frameworks followed by progressively increasing depth of study.
- 3.2.2. learnt how this knowledge and understanding can be applied to the practice of medico legal work.
- 3.2.3. learnt skills of examination, investigation, documentation and reporting necessary for the conduct of judicial medical work.
- 3.2.4. developed skills such as critical thinking, independence of thought, documentation of evidence, oral and written communication and teamwork.
- 3.2.5. developed their ability for critical, self – directed learning.
- 3.2.6. learnt ethical principles governing their conduct.
- 3.2.7. learnt the legal framework within which they have to perform their duties.

The Forensic Medicine programme of the ‘Beyond 2004’ curriculum offers a learning experience that is intended to enable students to build upon their academic qualifications and potential at entry by progressively developing knowledge, skills and attitudes, based on a broad and multidisciplinary approach. It is designed in order to ensure a manageable workload within University guidelines.

4. FINDINGS OF THE REVIEW TEAM

4.1 Curriculum Design, Content and Review

The Faculty currently has *seven* batches of students. The senior batches are following the old Forensic Medicine programme and one batch has completed the first year of the Forensic Medicine component of the new curriculum under a stream Doctor in Society. This strand comprises Forensic Medicine and Community Medicine which is stated to be independent. The concept and approach appears to be good and there is much potential for horizontal integration which at the moment appears to be absent.

The Forensic Medicine course in the old curriculum is of 180 hours of lectures and 80 hours of clinical attachment over 4 weeks carried out in with the JMO Kandy (3 days), 1 at day Peradeniya teaching hospital and 1 day in the Department of Forensic Medicine.

The vision of the department is spelt out which conceptualizes the role of Forensic Medicine in society which is commendable. The stated aim, ‘in order to produce a competent truthful medical witness to ensure the administration of justice’ may narrow the scope as other aims based on the needs of society and the employer may not be covered. The survey being conducted presently by the department would serve to give inputs on these needs.

In general the programme is at a suitable academic level and sufficient learning opportunities are provided to students to get subject knowledge and skills as they make progress through the curriculum. In sequencing of the contents in the DIS, progressive gaining of knowledge is

not optimal. For example, in the second year of the DIS, the topic, 'Describe the role of the medical officer at the scene of crime' could be done more effectively after the topics on blood stains, time since death, trace evidence have been conducted. The extent and depth to which students have to learn are not stated.

Flexibility and student choice has been innovatively addressed in the new curriculum. At the end of each year in the first four years, the Year-end Extra Semester Programme (YES) is planned for 10-member student groups to undertake an optional course of 6 weeks. The old Forensic Medicine programme has not provided this opportunity.

The learning objectives of both the old and the new curriculum are available. They are displayed on the notice board and not given to students in a printed format and the students are expected to copy them. This applies to the objectives of the clinical attachment as well. The objectives of the old curriculum appear to lack focus on specific competencies of knowledge, skills, and attitudes. The transferable skills to be acquired such as oral and written communication skills, team working, problem solving etc. have not been stated. However, in the first year of the DIS strand this shortcoming has been addressed. Use of appropriate terminology would help both staff and students in achieving the stated outcomes, developing the content and designing the assessment. For example, learning outcome 1.2.2 'learnt how this knowledge and understanding can be applied to the practice of medico legal work' needs to be improved.

The core contents of both the old and new curriculum are not available. The absence of this has the risk of diluting essential contents and also of over loading the curriculum with details such as forensic entomology, forensic psychiatry and forensic radiology.

The old Forensic Medicine curriculum has not been evaluated. The Faculty has developed a new curriculum named, 'Beyond 2004' which commenced in 2005. A 'revised' version of this new curriculum, 'The Curriculum Revision 2006' has been printed.

The plan in the new curriculum to allocate specific times, for example, the Friday afternoon for students to undertake Self Directed Learning (SDL), and the optional module of 240 hours in each of the first four semesters are good practices allowing flexibility and for student choices.

The judgment for this aspect is SATISFACTORY.

4.2 Teaching, Learning and Assessment Methods

The main teaching/learning method being used in both the old and new curricula is the large group lecture. The practicals are conducted for groups of 20 students during the clinical rotation in Forensic Medicine, and this attempts to integrate and show the clinical relevance of the practical. Visits are arranged to Government Analyst Department in Colombo during the clinical appointment. The commitment of the department in providing student transport and showing the multidisciplinary nature of Forensic Medicine and its allied sciences is commendable.

The tutorial which is held for the whole batch appears not to serve the purpose of a small group learning session. The video and poster presentation, 1 staff seminar, 1 student debate per year are used as teaching learning methods in both the new and old curricula. These good practices need to be strengthened to promote student centered learning allowing all students opportunity to develop the skills expected from these activities. The student led learning such as student seminars, group assignments, small group discussions (SGD with 10-12 students

with teacher facilitation to support self directed independent learning), problem based tutorials (PBT), problem based learning (PBL) are not being used.

The plan in the new curriculum to allocate specific times, for example, the Friday afternoon for students to undertake Self Directed Learning (SDL), and the optional module of 240 hours in each of the first four are good practices.

The students are not given a documented curriculum containing aims and learning outcomes, the organization and contents.

The review team observed lectures, ward teaching sessions, and student presentation. The tutorials are held in the third term of the fourth year and as such they were not being conducted. SGD, PBL or PBTs are not used as teaching learning methods.

The learning environment comprised of an equipped lecture theatre managed centrally, the Faculty Library and the Computer Centre. All facilities in these settings were good and student access was good since the computer laboratory was open daily until 6 pm and until 2 pm on Saturday. The department had a well equipped laboratory, a museum with a good collection of specimens and a mortuary. The clinical and autopsy settings were at Kandy and Peradeniya hospitals with an adequate caseload and exposures to postmortem examination. On questioning the students following the clinical attachment in Forensic Medicine, they had observed/assisted in 12 post mortems, 3 weeks from commencement of the programme. The students requested that Guidelines for writing the casebook be given at the start of the course rather than at the end of the year so that they could commence writing the case book during the clinical attachment itself. The review panel is of the view that the case book could be submitted at the end of the appointment rather than at the end of the year. This would ensure that students would carry out examinations, complete forms, during the attachment itself and the case book would better reflect their own work. This would also make students get more involved in learning Forensic Medicine during the attachment.

The main methods of student assessment in the old Forensic Medicine curriculum have been MCQs (multiple true/false), a case book, spots, an essay type question paper and a viva voce examination. 15 % of the marks are taken from in-course assessment and the balance from the end of course assessment. Three in course assessments carry 15% with 10% marks based on 2 MCQ papers and 5% on a spot test. The end of course assessment carries 85% of the marks, with 10% of the marks being allocated for the case book, 30% for a MCQ paper, 30% for the essay paper and 15% for the unstructured viva voce examination.

Specific skills assessment is not being carried out nor is the assessment of the acquisition of transferable skills. Ethics teaching is assessed only using written examination. Some of the learning outcomes of skills do not appear to be assessed. For example, objectives 1, 7 and 10 in the old curriculum (Annexure 2 of the SER).

The examination questions are subject to scrutiny within departments by the permanent academic staff and at the Faculty level by academics from 3 departments who contribute to the 3 MBBS Part 2 examinations. Model answers and marking schemes and criteria are not prepared. However, there is independent marking by a second examiner who in most instances is an external person usually a JMO from the Ministry of Health, which can be considered as a good practice. Perusal of essay question papers of the FM in the old curriculum showed the questions to be of essay and structured essay types. The case scenarios used for the questions in some papers (May 2004, question 1) were shown to be too long and complex for undergraduates to answer within the given time frame.

Specific activities for team work were not a part of the old curriculum. In the new curriculum the YESS (Year end semester selective) on a topic of the police, the prison, and the

parliament coordinated by the department, it was evident from the student presentation observed by us, that students developed skills of communication, presentation, report writing, team working, self and independent learning, and multidisciplinary approach in the implementation of the project. This is commended.

The judgment for this aspect is GOOD.

4.3 Quality of Students, including Student Progress and Achievements

The students enter the third and fourth year programme in FM after passing the 2nd MBBS, a barrier examination. They complete the course and sit for the FM examination at the end of the fourth year. The progress for the past few years for the students in FM is shown in table 1.

There is marked improvement in the progress of students as indicated by a decline in the failure rate over the last 3 examinations.

The case book written by individual students based on the work done during the clinical appointment has been well presented. The contents include 2 medical reports, 2 Post Mortem reports, analysis of skeletal remains and a discussion on ethical issues such as euthanasia and consent etc. Since this is not carried out under individual supervision and the reports are not authenticated it is difficult to judge whether students developed the skills as given in the learning outcomes.

Table 1

Examination	Total Appearing for Examination	Failures in FM	% Failure	No. Awarded Distinctions
July 2002	190	31	16.3	Nil
July 2003	194	41	21.1	Nil
May 2004	176	51	28.9	Nil
June 2005	182	14	7.6	1
October 2005	173	11	6.3	2
June 2006	173	13	7.4	Nil

The judgment for this aspect is GOOD.

4.4. Extent and Use of Student Feedback (Qualitative and Quantitative)

Student feedback has been obtained every year. It covers both the course, of lectures and practical training. The Department uses questionnaires to obtain feedback. Although there is no representation of students at staff committee meetings, students' views are sought and based on such feedback alterations to the existing practical training has been made. For example, based on the feedback regarding the casebooks, there have been changes made to the quantity and type of practical work that needs to be submitted. This is a good practice.

The different learning methods introduced such as poster presentations and debates have all been evaluated for their usefulness from the students. Individual lecturers too have had student feedback of their lectures. The learning experience that each student has gained following the course and practical training too has been evaluated. This is good practice as it provides an opportunity to determine the overall learning experience that students have gained by following the course.

The student feedback of teachers has been on a voluntary basis. There is no evidence that this information had been formally conveyed to students, curriculum committee and the Faculty Board. There has been no evaluation of corrective measures taken, if any. There is a need to formalize student evaluation of teachers. There was no evidence of an evaluation or student feedback being obtained regarding implementation of the Clinical Appointments.

During the discussion with the students, they stated that in the term 1 of year 4 (old curriculum) feedback on lectures had been obtained. Evaluation of the appointment was not carried out and one student said that it would be good if the department sought their views of this component.

Students felt that more guidance on the course should be given at the beginning of the course. There is no handbook, but details regarding the course are displayed on the notice board. Students felt that guidelines on preparation of casebooks too should be done at the beginning of the course rather than at the end just before they submitted the books. This would help them to concentrate on the material during their clinical appointment.

In the new curriculum the Z committee has been active in obtaining formal feedback from students and discussing the findings with relevant academic staff and some students. Based on this, staff members are informed of changes if any to be affected. However, this good practice does not seem to have been extended to the DIS. It is recommended that the DIS also be included in this evaluation.

The judgment for this aspect is SATISFACTORY.

4.5 Postgraduate Studies

The review panel met one PhD student who is in the stage of writing the thesis. He expressed his satisfaction with the supervision and support given by the department for his PhD studies. The department however, does not appear to have the facilities necessary for his research and he utilizes other resources outside the department.

The other academic staff member on a PhD programme is currently in the Forensic Medicine MD training programme and was not available.

There are no MD trainees in Forensic Medicine. The PGIM does not recognize the department as a training centre currently since a Board Certified specialist in Forensic Medicine is not available. However, this should be rectified when the 2 staff members on MD postgraduate training complete the training.

The department does not have a research agenda. Individual academic staff members have carried out research in relevant topics. The current interest in research appears to be in the following areas:

- Cellular changes and time since death
- Facial tissues thickness of Sri Lankans for medico legal identification purposes
- Age related changes in the symphysis pubis in a Sri Lankan population
- Survey on medico-legal services provided by medical officers in the Kandy district.

The judgment for this aspect is SATISFACTORY.

4.6 Peer Observation

Peer observation was not observed to be a formal, established practice. The quality of teaching is not systematically assessed by this method. The academic staff indicated that there is peer evaluation by the Z Committee which has not been extended to the department so far. However, feedback has yet to be received.

In the old curriculum the teaching material has been evaluated by the Medical Education Unit, and feed back is given on the material. Formats have not been used for the evaluation

The judgment for this aspect is UNSATISFACTORY.

4.7 Skills Development

Students undergo a one month practical appointment where they have exposure to clinical patients, autopsy work, specimens, photographs and laboratory material. The clinical and autopsy work is demonstrated to the students and discussed with them by the lecturers. A group of students together with their supervisor work through history taking, examination and report writing of the clinical work with a patient. The discussion is very interactive with active participation by most of the students. Ethical issues pertaining to examination of patients for medico-legal purposes were also discussed. Students are given an opportunity to develop skills such as injury description during this time. However, there is no opportunity for each student to individually perform the skills they acquire through the group work, and be observed for the necessary skill development. The groups being large and having 20 students, as well as the shortage of staff specialized in Forensic Medicine within the department have probably contributed to this situation.

There is some attempt at small group work in the specimen classes conducted at the department, where students are given an opportunity to discuss a specimen together and then present their findings to the rest of the group. However, it does not sufficiently address the teaching learning activities of small groups such as problem based learning.

The skills stated in the objectives of the old curriculum are not addressed during the appointment, for example, 'being able to do a post mortem examination'. Students are only provided an opportunity to dissect if they wish to do so.

The case book comprises all the practical work done during the clinical appointment. Students are required to submit this at the end of their course. As a result, there is no mechanism to ensure that the work was actually carried out by the students as most of the written work is unsupervised. Thus, there is no evidence to show that students have acquired the skills they need to. The practical spot at the end of the year is the only method of assessment of acquisition of skills. This is insufficient to measure the required skills as it would only address specimens, photographs and laboratory work and not clinical and post mortem related skills such as history taking, examination and report writing. It is recommended that the case books be submitted by each group of students at the end of their appointment, so that they could incorporate the clinical work they have seen, rather than at the end of the year, when they might only make the casebook a written exercise.

The department is currently conducting research into the training requirements in Forensic Medicine, of medical officers within the area. This is commendable and a good practice as it will help the new curriculum practical training to be aligned to the needs of the medical officers engaged in medico-legal work.

Opportunities for the acquisition of transferable skills such as presentation and communication skills are not available to the entire student population in the old curriculum.

Only students participating in the debates have such an opportunity. This is rectified in the DIS strand of the new curriculum which provides all students with a 6 week time frame in which to pursue an elective from a selected group of topics. All students follow the relevant subject areas and then write up their report on any aspect of the elective. This enables students to develop generic skills such as presentation and communication skills as well as computer skills, literacy skills etc.

The judgment for this aspect is SATISFACTORY.

4.8 Academic Guidance and Counseling

Students are not allocated to student advisers at the commencement of their course now although this has been the practice earlier. It has been discontinued as it is considered unsuccessful.

The Committee met the two Senior student Counselors (from the University - one of them is also the Director of the Career Guidance Unit) and the Senior Student Counselor from the Faculty

On inquiry it was apparent that the counselors had undergone special training in counseling. Academic Guidance was provided on an ad hoc basis only.

The students were satisfied with the guidance provided by the staff of the department in solving the problems faced by them.

The judgment for this aspect is GOOD.

5. CONCLUSIONS

Curriculum Design, Content and Review

Strengths/Good Practices

1. In general the programme is at a suitable academic level and sufficient learning opportunities are provided to students to get subject knowledge and skills as they make progress through the curriculum
2. The curriculum has been documented and the students are made aware of the aims and objectives of the study programme especially in the new curriculum.
3. Flexibility and student choice has been innovatively addressed in the new curriculum.

Weaknesses

1. In sequencing of the contents in the DIS, progressive gaining of knowledge is not optimal.
2. The objectives of old curriculum appear to lack focus on specific competencies of knowledge, skills, and attitudes. The transferable skills to be acquired such as oral and written communication skills, team working, problem solving etc. have not been stated
3. The core contents of both the old and new curriculum are not available. The absence of this has the risk of diluting essential contents and also of over loading the curriculum with details
4. Although a new curriculum, *Beyond 2004* is being implemented there is no indication of an evaluation of the existing curriculum which could be the basis for the review

Teaching, Learning and Assessment Methods

Strengths/Good Practices

1. The clinical rotation which links the theoretical inputs with practice is well organized and conducted providing satisfactory exposure of students to relevant clinical aspects
2. The Student Electives/Selective provide opportunity for flexibility and to develop transferable skills
3. The scrutiny of examination papers by a Board, independent double marking of answer scripts and inclusion of external examiners from other universities and Department of Health Services are good practices
4. The programme highlights the multidisciplinary nature of Forensic Medicine to students

Weaknesses

1. Student centered learning methods need to be diversified more to give opportunity for all students to benefit from these methods.
2. There is no evidence of having carried out some of the procedures required such as examination of patients and compiling medico-legal reports (PM, MLR) as this is not carried out under supervision nor recorded.
3. Specific skills assessments are not being carried out, nor are the acquisition of generic transferable skills assessed.
4. The report is submitted much later after the clinical rotation is over and the supervision, acquisition of skills, and their assessment cannot be carried out using the report

Quality of Students, including Student Progress and Achievements

Strengths/Good Practices

1. The proportion of students referred in Forensic Medicine under the old curriculum is relatively low and has remained so over the last five batches of students.
2. The case book written by individual students based on the work done during the clinical appointment shows a satisfactory standard

Weaknesses

1. The Department should consider rewarding good students with prizes, medals or even being listed in a special list etc. to recognize their achievements
2. The quality of the handbook and supervision of the acquisition of skills needs to be improved to enhance the quality of student learning

Extent and Use of Student Feedback

Strengths/Good Practices

1. Student feedback has been obtained every year of the course, lectures and practical training.
2. Based on such feedback alterations to the existing practical training has been made.

Weaknesses

1. The student feedback of teachers has been on a voluntary basis. There is no evidence that this information had been formally conveyed to students, curriculum committee and the Faculty Board.
2. There was no evidence of an evaluation or student feedback being obtained regarding implementation of the Clinical Appointments

- The teaching sessions conducted in the ‘Doctor in Society’ in the new curriculum have not yet been subject to student feedback, nor have individual teachers been assessed so far.

Postgraduate Studies

Strengths/Good Practices

- Postgraduate students/trainees are given ample opportunities to participate in the activities of the Department

Weaknesses

- Very few postgraduate students/trainees

Peer Observation

Peer observation has not been practiced within the Department.

Skills Development

Strengths/Good Practices

- Both old and new academic programmes are structured in such a way as to provide opportunities for students to develop a variety of skills in addition to subject-specific knowledge.
- The students are exposed to, observe and have chance to examine, discuss and document adequately the relevant clinical cases.
- The teaching learning material provided such as specimens appear to be adequate.

Weaknesses

- Supervision and assessment of the acquisition of these skills is not evident.

Academic Guidance and Counseling

Strengths/Good Practices

- Students are generally satisfied with the assistance and support extended to them by the Department and by the Faculty

Weaknesses

None at departmental level

Based on the observations made during the visit by the review team and discussed above, the eight aspects were judged as follows:

Aspect Reviewed	Judgment Given
1. Curriculum Design, Content and Review	Satisfactory
2. Teaching, Learning and Assessment Methods	Good
3. Quality of Students, including Student Progress and Achievements	Good
4. Extent and Use of Student Feedback	Satisfactory
5. Postgraduate Studies	Satisfactory
6. Peer Observation	Unsatisfactory
7. Skills Development	Satisfactory
8. Academic Guidance and Counseling	Good

6. RECOMMENDATIONS

1. Use of appropriate terminology in writing learning outcomes would help both staff and students in achieving the stated outcomes, developing the content and designing the assessment.
2. It is recommended that the learning objectives related to generic/transferable skills that are relevant to Forensic Medicine be identified, given to students and consideration given to acquisition and assessment of these skills in the new curriculum.
3. The Department may consider inclusion of true small group learning sessions as part of their teaching/learning methods.
4. It is recommended that the clinical rotation should be further strengthened by monitoring and supervision of acquisition of skills.
5. Use of log books and records of skills acquired and certified supervisors may be considered by the department.
6. It is desirable that the guidelines for writing the report be given during the appointment.
7. The documents to be included in the report for skills acquired may be certified during the appointment itself.
8. The assessment system should include appropriate methods to assess skills both technical and transferable
9. The Department staff may consider obtaining student feedback on their teaching programmes, and teaching practices. This could be carried out by the Department and through the activities conducted by the Monitoring and Evaluation Committee.
10. The Department may consider introducing the practice of peer observation within the department, or through the activities of the Monitoring and Evaluation Committee.

7. ANNEXURES

ANNEXURE 1. LIST OF PERSONS MET BY THE REVIEW TEAM DURING THE VISIT

1. Dean, Faculty of Medicine, University of Peradeniya
2. Members of the Department of Forensic Medicine
 - Head of Department
 - Academic staff
 - Non academic staff
3. Student Counselors
4. Senior Assistant Librarian, Faculty of Medicine
5. Groups of students from 2nd, and 3rd years of study and one postgraduate student
6. Non academic staff members
 - Senior Staff Assistant
 - Technical officers
 - Laboratory attendants – 2
 - Post mortem labourer
7. Person in charge of the e-library
8. Students