

Editorial



Undergraduate Community Medicine teaching in Sri Lanka: past, present and the future

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Introduction

Sri Lanka has achieved health indicators comparable to those of developed countries despite limited resources. A major contributory factor towards achieving this goal has been the development of human resources in public health. Public health professionals in Sri Lanka comprise a diverse range of categories including doctors, nurses, midwives and other allied health workers. They receive their education in a wide range of disciplines and diverse academic settings. In most of these institutions, public health or community medicine is taught as a discipline. Training future doctors in community medicine is an important component in this context.

Historical background

The history of public health training for medical doctors in Sri Lanka dates back to 1870 when the Colombo Medical School was established. The curriculum of the then Colombo Medical School was a traditional, discipline-based curriculum which was comparable to a direct transposition of the existing structure of medical schools in Britain at the time. At this time, public health training was carried out by the Department of Medicine. The discipline gained importance with the establishment of a separate Department of Public Health at the Faculty of Medicine, University of Ceylon in 1949. The Department of Public Health was later renamed as Department of Community Medicine. This system was followed by the Faculty of Medicine, University of Peradeniya established in

1962 and the subsequent faculties of medicine, which were established up to 2010. At present, all eight state medical faculties in Sri Lanka have dedicated departments for community medicine or public health training (1-3).

The changing context and innovations

In 1995, the traditional discipline-based curriculum in the University of Colombo was changed to a more integrated, student-centred and community-oriented curriculum. Early exposure of students to community learning environments was one of the main features of the new curriculum. This change from the traditional to the new curricular format was based on the needs of the community, and the decision for early introduction to community learning environments was directly due to the changing health needs and the disease pattern of the Sri Lankan community (2-3).

The community oriented teaching programme is organized as a whole stream, which spans throughout the five years of the medical course. It involves a wide range of teaching learning activities such as individual reflections, group discussions, fieldwork, student presentations, community and family attachments, and a research project (4). Theoretical inputs on the concepts of health and disease, health promotion and the principles of health education are introduced during the first few terms. As they move forward in the curriculum, students begin fieldwork with groups of 15-20 students attached to selected communities and then 2-3 students attached to selected families. The