**COMMUNITY ATTACHMENT PROGRAMME**

***Introduction***

A doctor is expected to treat and cure illnesses taking into consideration the patients’ roles and responsibilities in the wider community. He/She is also expected to promote health of the entire community. In response to this need, the Faculty of Medicine, University of Kelaniya has designed the Community Attachment Programme.

***How could the Community Attachment Programme help you as a future doctor?***

Doctors are expected not only to be skilled clinicians, but also to understand and work within the family, community and cultural contexts in which their patients live. Medical students cannot acquire these insights and skills only through lectures and clinical clerkships. Through the community attachment programme the students will learn how to apply prevention knowledge in real-life settings and obtain hands-on experience on the use of systematic approaches for promoting, maintaining and improving the health of individuals and populations.

The objectives of the programme, learning outcomes and teaching-learning activities, timing and logistics, attendance requirements and assessment methods are outlined below.

***Learning Outcomes***

**At the end of the programme, the student is expected to;**

1. Describe the health status of the community
2. Identify the health care needs of the community and available resources
3. Demonstrate an understanding of the ways in which different groups and sectors contribute to maintaining the health of the community
4. Demonstrate an understanding of different perspectives on health problems and community responses to these problems
5. Prioritise the health problems of the community
6. Develop multifaceted sustainable interventions to address the problems identified, implement the interventions, monitor their progress and evaluate their effectiveness
7. Demonstrate favourable attitudes towards public health
8. Demonstrate skills to work as a team member
9. Communicate effectively with individuals, families and communities
10. Develop leadership skills that are necessary to function as a medical officer in community settings
11. Develop favorable attitudes towards learning from the community

***Course contents***

* + Health care services in the community
  + Social services in the community
  + Population surveys/Needs assessment
  + Prioritisation of health problems
  + Effective communication methods
  + Monitoring and evaluation

***Teaching-learning methods***

* Classroom lectures
* Field visits
* Group activities
* Seminars

***Implementation***

Before the start of the attachment students should have covered most of the topics in epidemiology, statistics, survey methodology, health promotion and education, communication methods, health care systems and health management.

Prior to starting the attachment the students will be given an overview of the community attachment programme.

Approximately 40 students (2 clinical groups) will be assigned to a community of about 100 households. The students will be responsible for ensuring that all households within the community are linked to a pair of students (approximately 5-6 families for each pair). For group activities, students are expected to work in small groups of about 8 students per group.

***Portfolio***

Every student is expected to assemble and keep a portfolio for the community attachment. This is a collection of work done by each student and would be evidence of the student’s progress towards obtaining the objectives of the community attachment program. The department will provide students with the required format (given in annex 1) and the cover for the portfolio. Students should present their portfolios to the staff supervisors at regular intervals and obtain feedback.

A detailed description of teaching learning methods expected to be carried out are given below;

1. **Describe the health status of the community**

***Activities***

**Field:** Undertake a field survey to collect data on population demographics, housing details and illness patterns in the community. A detailed map of the area should be prepared by the students. The map should indicate the houses that are allocated for the community attachment, roads and other important landmarks in the area.

**Classroom:** Data should be summarised and presented at the allocated time during monthly seminars. Issues related to measuring health, health indicators and uses and limitations of data collected should be discussed in detail at a seminar.

**Time frame:** 1st to 3rd month

1. **Identify the health care needs of the community and available resources**

***Activities***

**Field:** Based on the information collected and using information gathered from in-depth interviews with key informants, students are expected to identify the health care needs of the community/arrive at a community diagnosis. Students are expected to conduct a detailed assessment of available health care services in the area. Students are also expected to visit these health facilities and get a better understanding of the facilities provided at each of these institutions. For example, students in small groups may visit the institutions such as the main government health care facility providing curative health care services in the area, MOH office and the offices of relevant field staff, a traditional medicine practitioner in the area etc. In addition, students are expected to discuss services provided by these institutions or individuals.

**Classroom:** Students are expected to compare of health care needs and service availability in the area with national/regional figures. Students are expected to discuss critically the factors affecting the distribution and access to health care in the community and of the demand, needs and unmet needs of health care at a seminar.

**Time frame:** 1st to 3rd month

1. **Demonstrate an understanding of the ways in which different groups and sectors contribute to maintaining the health in the community**

**Activities**

**Field:** With the assistance of the community and community leaders, students are expected to identify all relevant stakeholders responsible in provision and maintaining of health care services in the community. The students are expected to understand the role of ‘non-health sector’ personnel/organizations that are involved in maintaining the health of the population. Students in small groups may visit the local government office/ *pradeshiya sabha, g*rama niladhari office, schools/youth clubs etc. in the area.

**Classroom:** At a seminar, students are expected to critically evaluate the role of each person/organisation that is involved in maintaining the health of the population.

**Time frame:** 1st to 3rd month

1. **Demonstrate an understanding of different perspectives on health problems and community responses to these problems**

***Activities***

**Field:** Conduct in-depth interviews with the community and community leaders to understand how health is perceived at different stages of life and community/individual responses to illness. Students are expected to identify enabling factors towards, and barriers to, accessing health care services in the community.

**Classroom:** Students are expected to summarise the information gathered from in-depth interviews at a seminar. Students are expected to discuss individual/community responses for identified illness categories (eg. non-communicable diseases) and challenges faced by the community and the health professionals in dealing with such illnesses.

**Time frame:** 1st to 3rd month

1. **Prioritise the health problems of the community**

***Activities***

**Field:** Students are expected to organise meetings to facilitate the process of priority setting of identified health problems with the community and other stakeholders responsible for promoting health in the area. At this meeting, students may make a presentation based on their findings.

**Classroom:** Students are expected to make a presentation based on prioritisation of health problems and critically discuss issues in priority setting.

**Time frame:** 4th to 5th month

1. **Develop multifaceted sustainable interventions to address the problems identified, implement the interventions, monitor and evaluate their effectiveness.**

***Activities***

**Field:** Students are expected to design, implement, monitor and evaluate activities that promote population health as relevant to the community based on the information gathered and the analysis performed. The sustainability of interventions to be implemented should be considered in designing and choosing the best intervention. Students should understand the need for community empowerment to attain sustainable health gains. Students are expected to develop a plan for monitoring and evaluating the effectiveness of the intervention taking the field situation into consideration.

**Classroom:** Students are expected to demonstrate, where possible, a designed intervention (eg. a health promotion or education session/counseling session by a role play) at a seminar. All health education and promotion material to be used should first be discussed at seminars and approved by the academic supervisor. Students are expected to present the plan for monitoring and evaluation of the intervention at a seminar.

**Time frame:** 6th to 12th month

***Seminars***

There will be monthly seminars of 2-3 hours duration for each group. Students are expected to organise and summarise what they have done, and to develop/agree on a plan for the coming month(s). During these seminars, students will be exposed to new information and issues by students and staff members depending on the relevant problems identified in the communities and methods to address them. The seminars will include student presentations based on case histories, survey findings, intervention plans and results of monitoring and evaluation activities. The seminars will be facilitated by academic staff members of the department of Public Health, other departments in the faculty, health care workers and personnel from other sectors when necessary.

***Timing and logistics***

During the second year of Phase II, approximately 40 students (2 clinical groups) will be assigned to a community of about 100 households. During a period of about 12 months, students are expected to make visits to this community. A particular day of the week will be designated as the community visit day and each clinical group will visit the assigned community at least once a month during their clinical or clerkship appointments. Academic staff members of the faculty will also visit the community on these designated days and provide necessary advice and guidance to students. Transport facilities for the students will be arranged by the faculty whenever possible.

In addition, students are encouraged and expected to visit the families and the community on other days as well in order to achieve the objectives of the programme. For example, students may need to visit families on a weekend to interview the male head of household who may not be available on a week day when regular visits are made to the field. Students are expected to be the family doctor of the families and the community and may be called upon by the family/community at any time in case of an emergency. Students are expected to answer all these calls.

***Attendance requirements***

Eighty percent (80%) attendance is required at both the field visits and seminars.

***Assessment***

The community attachment programme will be assessed throughout the attachment by the supervisor. Students will be assessed as follows:

* Attendance & class participation 10%
* Group report 25%
* Portfolio maintained by individual students 50%
* *Viva-voce* examination 15%

The marks allocated for the Community Attachment Programme will comprise 10% of marks of the Unit 6 examination of the 2nd Examination for Medical Degrees.

The group report of community attachment should be submitted on or before the specified date. It is mandatory to submit this report to write for the 2nd Examination for Medical Degrees.

***Guidelines for Preparation of Community Attachment Group Report***

***Format:***

Letter quality print. The title page should have the Group and the Batch.

***Length:***

Should not exceed 6000 words, double spaced (excluding appendices). Attach samples of products completed during the field attachment as appendices (brochures, leaflets etc.).

***Content:***

Summary/Abstract: 350 words. Include the *who, what, when, where, why and how* of the Community Attachment Programme. This will be added to the notebook of abstracts kept in the department library and the group project with the highest aggregate mark will be posted in department’s field studies website.

***Context/organization:***

*Introduction:* An introduction to the field area, population characteristics, availability and accessibility of health care services and other services etc. should be included.

***Problem/s identified:*** Students are expected to identify problems in the particular community following a needs assessment. Students are expected to prioritise the problems and give the rationale.

***Interventions designed:*** Students are expected to describe the interventions designed to solve the identified problems in detail and provide reasons for selecting the particular intervention.

***Results achieved:*** Students are expected to describe the results achieved during the course of the field studies and to explain any difference between the proposed scope of work and results achieved, if any.

***Self appraisal:***Students are expected to describe in detail how the programme has contributed to their own professional and personal development.

***Due date:*** 2 weeks after completing field studies. A soft copy of the document should be provided along with a hard copy.

* Abramson JH and Abramson ZH (1999) 'Community Oriented Primary Care', In ***Survey Methods in Community Medicine,***Churchill Livingstone, Edinburgh, pp 387 – 405.

**Annex 1**

**Structure of portfolio**

1. Index table
2. Area map
3. Introduction to the area
4. List of major activities
5. Family level learning outcomes
   1. First family
      1. Family level common learning outcomes
         1. Learning opportunities from existing situation
         2. Proposed intervention and your response
         3. Learning outcomes arising from the interventions
      2. Individual level learning outcomes
         1. First member in the family
            1. Learning opportunities from existing situation
            2. Proposed intervention and your response
            3. Learning outcomes arising from the interventions
      3. Family and individual level achievements
      4. Family and individual level non-achievements

(Similarly up to the last member in the first family)

* 1. Second family
  2. Third family

Similar to first family

* 1. Fourth family
  2. Fifth family

1. Community level learning outcomes
   1. Learning opportunities from existing situation
   2. Proposed intervention and your response
   3. Learning outcomes arising from the interventions
   4. Achievements
   5. Non- achievements
2. Supervisors’ remarks
3. Learning outcomes based on Subject Benchmark Statement in

Medicine

1. Documentary evidences of learning outcomes

(Keep a one separate page for this section)

* + 1. **Index table**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family number | Member number\* | Name of the member | Age+ | Sex  (M/F) | Relationship to head of family | Occupation | Remarks |
| 1 | 1/1 |  |  |  |  |  |  |
| 1/2 |  |  |  |  |  |  |
| 1/3 |  |  |  |  |  |  |
| 1/4 |  |  |  |  |  |  |
| 2 | 2/1 |  |  |  |  |  |  |
| 2/2 |  |  |  |  |  |  |
| 2/3 |  |  |  |  |  |  |
| 2/4 |  |  |  |  |  |  |
| 3 | 3/1 |  |  |  |  |  |  |
| 3/2 |  |  |  |  |  |  |
| 3/3 |  |  |  |  |  |  |
| 3/4 |  |  |  |  |  |  |
| 4 | 4/1 |  |  |  |  |  |  |
| 4/2 |  |  |  |  |  |  |
| 4/3 |  |  |  |  |  |  |
| 4/4 |  |  |  |  |  |  |
| 5 | 5/1 |  |  |  |  |  |  |
| 5/2 |  |  |  |  |  |  |
| 5/3 |  |  |  |  |  |  |
| 5/4 |  |  |  |  |  |  |

\* Revise the number of rows depending on the number of family members.

+ - Use the unit appropriately. E.g. indicate a person at 17 years as 17 y, a child at 6 months as 6m and a neonate at 18 days as 18d.

**2.** **Area map**

|  |  |
| --- | --- |
| (In Sri Lanka map) | (Map of district with Community Attachment area marked) |
| (Map of MOH area with Community Attachment area marked) | (Map of Community Attachment area with access to five houses from main road) |

(Should be given in a dedicated separate sheet)

**3. Introduction to the area**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Office/ Officer | Name of the official area | Official telephone number | Average distance from the first house |
|  | PDHS |  |  |  |
|  | RDHS |  |  |  |
|  | MOH |  |  |  |
|  | PHM |  |  |  |
|  | PHI |  |  |  |
|  | Nearby primary care facility |  |  |  |
|  | Antenatal clinic |  |  |  |
|  | Child Welfare Clinic |  |  |  |
|  | Family Planning clinic |  |  |  |
|  | Well Women Clinic |  |  |  |
|  | Field Weighing Post |  |  |  |
|  | General practitioner (Western) |  |  |  |
|  | General practitioner (Indigenous) |  |  |  |
|  | District Secretariat |  |  |  |
|  | Divisional Secretariat |  |  |  |
|  | GN Officer |  |  |  |
|  | Samurdhi officer |  |  |  |
|  | Local government authority |  |  |  |
|  | Police |  |  |  |
|  | Cultivation officer |  |  |  |
|  | Fisheries inspector |  |  |  |
|  | Nearby pre-school |  |  |  |
|  | Nearby school |  |  |  |
|  | Religious place |  |  |  |
|  | Community Based Organizations |  |  |  |
|  | Remarkable industries/Factories |  |  |  |
|  | Other |  |  |  |
|  | Other |  |  |  |
|  | Other |  |  |  |
|  | Other |  |  |  |

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**4**. **List of major activities\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Type of major activity for learning | Starting  time | Finishing  time | Initials of  supervisor |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Use less than five words [e.g. Field visit/ Seminar/Special programs such as Shramadana)/visit to an office/etc]

(Keep a one or more separate pages for this section)

**5. Family level learning outcomes**

(Keep a file divider to indicate this section)

**5.1. First family**

(Draw the family tree in a separate sheet)

**5.1.1. Family level common learning outcomes**

**5.1.1.1. Learning opportunities from existing situation**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number\* | Learning opportunities from  existing situation\*\* | Learning outcome from the  existing situation |
|  | 1/F/E/1 |  |  |
|  | 1/F/E/2 |  |  |
|  | 1/F/E/3 |  |  |

Last component is a number indicating the serial number of the learning outcomes

First component is number indicating the family number (usually from 1 to 5)

**1/F/E/ 3**

Second component is English alphabet ‘F’ indicating family level

Third component is English alphabet ‘E’ indicating Existing situation

Eg.1. - 1/F/E/ 3 means third learning outcome from the existing situation of first family.

Eg. 2 – 3/F/E/5 means the fifth learning outcome from the existing situation of third family.

A sample table is given below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number\* | Learning opportunities from  existing situation\*\* | Learning outcome from the  existing situation |
| 4.01.2012 | 1/F/E/1 | Mosquito nuisance in their house and mosquito breeding habitats identified | Intense publicity alone will not achieve the expected outcome. Need to ensure that the desired practice is developed. |
| 4.01.2012 | 1/F/E/2 | All the family members regularly use boiled cooled water for drinking | A family can be good in one healthcare practice while weaker in the other |

Note : Learning opportunities from existing situation should include both desired (e.g. 1/F/E/2) and undesired (1/F/E/1) aspects .

(Keep a one or more separate pages for this section)

**5.1.1.2. Proposed intervention/response at family level**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Number\*** | **Proposed intervention/ response** | Learning need to carry out the  proposed intervention |
|  | 1/F/i/1 |  |  |
|  | 1/F/i/2 |  |  |
|  | 1/F/i/3 |  |  |

\* ‘F’ indicates family and ‘I’ indicates proposed intervention. The first number indicates the family number and the last number indicates the serial number of intervention.

A sample table is given below

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Number** | **Proposed intervention/ response** | Learning need to carry out the  proposed intervention |
| 4.1.2012 | 1/F/i/1 | Enabling the family to identify and remove breeding habitats regularly | Behavior change communication (BCC) |
| 4.1.2012 | 1/F/i/2 | Assessing the correctness of the technique and encouraging to continue | Proper technique of boiling and storing water for drinking purpose |
|  |  |  |  |

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**5.1.2. Family member level learning outcomes**

* + - 1. **First member**
         1. **Learning opportunities from existing situation**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | Learning opportunities from  existing situation\*\* | Learning outcome from the  existing situation |
|  | 1/M/E/1 |  |  |
|  | 1/M/E/2 |  |  |
|  | 1/M/E/3 |  |  |

\* ‘M’ indicates individual family member and ‘E’ indicates existing situation. The first number indicates the member number and the last number indicates the serial number of existing situation.

A sample table is shown below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | Learning opportunities from  existing situation\*\* | Learning outcome from the  existing situation |
| 4.1.2012 | 1/M/E/1 | Mother is not aware about moderate underweight in her child despite regular weighing | Although weighing is regularly done, mothers may not be given proper counseling |
| 4.1.2012 | 1/M/E/2 |  |  |
|  |  |  |  |

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**5.1.2.1.2. Proposed intervention/response**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | **Proposed intervention / Response** | Learning need to carry out the  proposed intervention |
| 1.4.2012 | 1/M/i/1 | Proper nutritional and clinical assessment and appropriate intervention | Interpretation of growth charts  Infant and young child feeding  Management of undernutrition among children |
|  | 1/M/i/2 |  |  |
|  | 1/M/i/3 |  |  |
|  |  |  |  |

\* ‘M’ indicates individual family member and ‘i’ indicates the proposed intervention. The first number indicates the member number and the last number indicates the serial number of proposed intervention.

(Keep a one or separate pages for this section)

[Need to keep similar sections for other members in the first family]

* + 1. **Achievements\* – First family**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | Achievements | Learning outcome from achievement |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

A sample table is shown below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number\*\* | Achievements | Learning outcome from achievement |
| 1.2.2012 | 1/F/i/1 | Containers with mosquito larva was reduce from 18 to 3 over one month | Approval and intension stages of BCC can be obtained with simple intervention with interpersonal communication. |
| 1.2.2012 | 1/F/i/2 | Duration of heating water after commencement of boiling was reduced from 10 minutes to one minute | Although people claim on adherence to desire health practices, the accuracy of technique should also be assessed |
| 1.2.2012 | 1/M/i/1 | Mother is aware about interpretation of growth chart | Quality aspects should also be considered in assessing the activities of public health staff rather than confining to quantity of their performances. |
|  |  |  |  |

\* This table will include achievements at both family and individual levels.

\*\* Corresponding intervention number will be entered here.

* + 1. **Non-achievement - First family**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number\*\* | Non achievements | Learning outcome from non-achievement |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

A sample table is shown below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number\*\* | Non achievements | Learning outcome from non-achievement |
| 1.2.2012 | 1/F/i/1 | Still the mosquito nuisance exist in their house due to mosquito breeding from outside | Some public health interventions need to be implemented at community level to achieve successful outcome |
| 1.2.2012 | 1/M/i/1 | Midwife rationalized that she could not interpret the findings to mothers due to over load of work |  |

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(Similarly for other families and members)

**6. Community level learning outcomes**

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**6.1. Learning opportunities from existing situation at community level**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | Learning opportunities from  existing situation | Learning outcome from the  existing situation |
|  | A/C/E/1 |  |  |
|  | A/C/E/2 |  |  |
|  | A/C/E/3 |  |  |

\* ‘A’ indicates Community Attachment Group number, ‘C’ indicates community level, ‘E’ indicates existing situation and last number indicates the serial number of the existing situation.

A sample table is shown below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | Learning opportunities from  existing situation | Learning outcome from the  existing situation |
|  | A/C/E/1 | Increased incidence of teenage marriages and pregnancies among particular low socio-economic segment in the community | Social determinant of health can also result in un-favorable health outcomes |
|  | A/C/E/2 |  |  |

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**6.2. Proposed intervention/response at community level**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | **Proposed intervention / Response** | Learning need to carry out the  proposed intervention |
|  | A/C/i/1 |  |  |
|  | A/C/i/2 |  |  |
|  | A/C/i/3 |  |  |

A sample table is shown below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | **Proposed intervention / Response** | Learning need to carry out the  proposed intervention |
| 4.1.2012 | A/C/i/1 | Carrying out a situation analysis | Steps in planning process  SWOT analysis |
|  | A/C/i/2 |  |  |
|  | A/C/i/3 |  |  |

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**6.3. Achievements at community level**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | Achievement | Learning outcomes from achievements |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

A sample table is given below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number\*\* | Achievement | Learning outcomes from achievements |
| 1.2.2012 | A/C/i/1 | Completed situation analysis | Situation analysis help to plan the program in a methodical manner |
|  |  |  |  |
|  |  |  |  |

\* This table will include achievements at both family and individual levels.

\*\* Corresponding intervention number will be entered here.

(Keep a one or more separate pages for this section)

**6.4. Non- Achievements at community level**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Number | Non- Achievement | Learning outcomes from non-achievement |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\* Corresponding intervention number will be entered here.

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**7. Supervisors’ remarks**

|  |  |
| --- | --- |
| Date | Remarks |
|  |  |
|  |  |
|  |  |

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**08. Learning outcomes based on Subject Benchmark Statement**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Learning outcomes based on areas identified in Medicine Subject Benchmark Statement | Relevant code number of lesson or intervention | | | | |
|  | **Professional values, attitudes & ethics** |  |  |  |  |  |
|  | Professional standards |  |  |  |  |  |
|  | Team work |  |  |  |  |  |
|  | Medical ethics |  |  |  |  |  |
|  | Legal responsibilities |  |  |  |  |  |
|  | Personal development |  |  |  |  |  |
|  | Reflective practice |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Scientific basis of Medicine** |  |  |  |  |  |
|  | Normal structure, function and behaviour |  |  |  |  |  |
|  | Abnormal structure, function and behaviour |  |  |  |  |  |
|  | Patient investigation |  |  |  |  |  |
|  | Pharmacological & non-pharmacological  management of disease |  |  |  |  |  |
|  | Therapeutics |  |  |  |  |  |
|  | Social dimensions of health and illness |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Communication skills** |  |  |  |  |  |
|  | Communication with patients, relatives,  carers, other health professionals |  |  |  |  |  |
|  | Fluency in Sinhala, Tamil and English |  |  |  |  |  |
|  | Proficiency in written English |  |  |  |  |  |
|  | Presentation skills |  |  |  |  |  |
|  | Handling complaints |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Information management** |  |  |  |  |  |
|  | Medical records |  |  |  |  |  |
|  | Information retrieval and management |  |  |  |  |  |

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Learning outcomes based on areas identified in Medicine Subject Benchmark Statement |  | | | | |
|  | **Professional values, attitudes & ethics** |  |  |  |  |  |
|  | Professional standards |  |  |  |  |  |
|  | Team work |  |  |  |  |  |
|  | Medical ethics |  |  |  |  |  |
|  | Legal responsibilities |  |  |  |  |  |
|  | Personal development |  |  |  |  |  |
|  | Reflective practice |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Scientific basis of Medicine** |  |  |  |  |  |
|  | Normal structure, function and behaviour |  |  |  |  |  |
|  | Abnormal structure, function and behaviour |  |  |  |  |  |
|  | Patient investigation |  |  |  |  |  |
|  | Pharmacological & non-pharmacological  management of disease |  |  |  |  |  |
|  | Therapeutics |  |  |  |  |  |
|  | Social dimensions of health and illness |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Communication skills** |  |  |  |  |  |
|  | Communication with patients, relatives,  carers, other health professionals |  |  |  |  |  |
|  | Fluency in Sinhala, Tamil and English |  |  |  |  |  |
|  | Proficiency in written English |  |  |  |  |  |
|  | Presentation skills |  |  |  |  |  |
|  | Handling complaints |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Information management** |  |  |  |  |  |
|  | Medical records |  |  |  |  |  |
|  | Information retrieval and management |  |  |  |  |  |

(Keep a one or separate pages for this section)

**9. Documentary evidences of learning outcomes**

(Keep a one or separate pages for this section)