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The need for a locally relevant paradigm shift in Medical Education

The advent of technology over the past few decades has made a tremendous impact on the management of illnesses with concepts such as personalized genomic medicine being introduced. If the maximum fruits are to be reaped from these findings for the benefit of patients, undergraduate medical education needs to evolve, incorporating this new knowledge.

Traditionally, medical education has been a didactic process. However, with mounting evidence to suggest that active learning facilitates enhanced acquisition and retaining of knowledge, methods that incorporate active learning including flipped class rooms, problem based learning and case discussions are increasingly utilized as teaching/learning activities in medical schools.

The global improvement in computer literacy and the easy accessibility to computers and internet has led to drastic changes in the way content is delivered in medical schools, with a shift towards e-learning.

Another emerging trend in medical education is competency based curricula. In simple terms, this is an outcome based approach to medical education. The main domains of competencies desirable for a medical graduate to acquire through these curricula include patient care, knowledge for practice, practice-based learning and improvement, interpersonal and communication skills, professionalism, system based practice, inter-professional collaboration and, personal and professional development.

Gaining entry to medical schools in Sri Lanka is an extremely competitive process, which has possibly led to the development of certain traits among the students that are unhealthy and counter-productive. Lack of skills to engage in team work, spill over competitiveness into undergraduate education, reluctance to engage in active learning and self-learning are a few of such traits. These hinder maturation of a young university entrant into a competent doctor with humane qualities capable of working as a part of a health care team.

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The Kandy Society of
Medicine,
General Hospital, Kandy

Tel: 081-2201702

Fax: 081- 2233336

Email: theksm66@gmail.com

Website: www.theksm.org

Specifically designed activities are required to facilitate these content oriented, competitive, passive learners who enter the universities to change their learning habits so that they become undergraduates who are motivated to learn on their own, work as a team, respect others and engage in active learning. If such programmes are not implemented, even the most educationally sound curricula would be of minimal use.

It is encouraging to note that Medical Schools in Sri Lanka are also modifying and streamlining their curricula to keep on par with the global trends. It is also encouraging to notice that many academics are actively engaging in medical education related research, as exemplified by the increasing number of related publications, including in this journal.

As qualified doctors, all of us have a responsibility to guide current medical students. We should be role models in imparting work ethics in the practice of Medicine. Many a personality trait they have acquired is representative of the changes in society as a whole. Comparing the current generation of medical students to us during our “good old days” would not serve any purpose. Instead, what we need to do firstly, is to nurture the current generation of medical students to become curious, competent medical students who are capable of acquiring the knowledge, skills and attitudes which would enable them to gain maximum benefit from the exciting new changes in undergraduate medical education. This, in turn would point them in the correct path to become doctors with desirable qualities, and motivate them to learn continuously throughout their lives; thus ensuring they are up to date on knowledge to practice rational medicine to benefit the masses they would eventually care for.

Veranja Liyanapathirana,

Co-editor, SLJM,

Department of Microbiology, Faculty of Medicine,
University of Peradeniya

Correspondence: veranjacl@pdn.ac.lk