

Editorial



A legacy of 75 years in advancing health and wellbeing

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Established in 1870 as the Colombo Medical School, the Faculty of Medicine of the University of Colombo is the second oldest medical school in South Asia. This year, the Department of Community Medicine, founded in 1949 as the Department of Public Health and Preventive Medicine, celebrates its 75th anniversary. Reflecting on a rich legacy, the Department has been instrumental in advancing health and wellbeing in Sri Lanka, making significant contributions to the field of community medicine over the past seven and a half decades.

The scope of Community Medicine

Community Medicine is the branch of Medicine concerned with the health of population. Its scope is diverse and ranges from measuring the health needs of a population to developing strategies for improving health and wellbeing through health promotion, disease prevention and health protection.

Sri Lanka's health system is one of the unsurpassed health systems among the countries of similar economic status. It has a unique public health service component that has led to the achievement of global health targets including increased life expectancy, reduction in infant and maternal mortality, and elimination of several communicable diseases. Despite this, the country is facing numerous health challenges due to the demographic transition, globalization, socio-cultural disparities and geopolitical reasons. In this regard, sound knowledge and skills in community medicine are essential in developing strategies to address those

issues in the population. Hence, it was an important historical milestone to incorporate teaching of community medicine to the curriculum in medical schools in Sri Lanka.

Sri Lanka is among the 194 countries that have agreed to comply with the Sustainable Development Goals (SDG), by improving lives while protecting the planet by 2030 (1). Of the 17 goals, Goal 3 is to ensure healthy lives and promote wellbeing for all, at all ages. Achieving Universal Health Coverage (UHC), which ensures that all people have access to the full range of quality health services they need, when and where they need them without financial hardship, is one of the targets that all nations should comply with when adopting the SDG (2). It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care. Health care workforce led by medical professionals needs to be oriented on a wide range of services through clinical skills as well as public health competencies (3).

Recognizing the essential public health competencies and thereby designing an appropriate curriculum as well as training in epidemiological and research principles for generating evidence for action, are among the key responsibilities of an academic department in community medicine.

Evolution of the medical curriculum

The role of a doctor today extends beyond individual patient care to encompass the health of the community – making community diagnoses on health-related issues, disease prevention and health promotion. Future physicians are expected not only to be adept clinicians, but also to understand and work within the family, community and cultural environments in which vulnerable population sectors live (4). In this context, a doctor requires an understanding of the health care system and social organization at the grass root level as well as skills in building partnerships with the community, effective communication, soliciting community participation and leadership in a health team (5). Some of these generic skills span beyond the community role into all aspects of the professional life of a doctor. To this end, knowledge, skills and attitudes needed for improving the health of communities should be an integral part of the medical undergraduate learning outcomes. Such reforms in medical education are also endorsed by the World Health Organization (6-7).

In order to achieve these learning outcomes, most undergraduate medical curricula in the world have incorporated community-oriented teaching learning activities. Whilst the organizational structure of such activities show a considerable variation across different medical schools, they all share the common feature of engaging students with communities, where they obtain first-hand experience on the health needs of a population, implement and evaluate interventions to improve their health, and provide community-oriented primary care services. Despite efforts to align these activities closely with

the clinical work of students to demonstrate the essence of holistic care, delivering community-based teaching programmes in a way that fosters student enthusiasm and commitment has been quite challenging.

In 1996, the Faculty of Medicine, University of Colombo pioneered the transition from a traditional curriculum to a more problem-based student-centred one in Sri Lanka. There were substantial changes made in the teaching of community medicine with the inputs being given as modules throughout the curriculum. The programme is well integrated within and with other teaching programmes. Moving out of classroom-based learning, there is more field experience through early exposure to the health system and community through a ‘Community Attachment Programme (CAP)’, active engagement with health care at family level through a ‘Family Attachment Programme’ and application of theory into practice through an ‘Applied Community Medicine Programme’. These programmes together with the Medical Officer of Health (MOH) clerkship form an integral part of the field-based training towards strengthening the learning opportunities to enhance competencies related to community practice and primary care. A two-week residential CAP in a rural setting introduced in 2014, has further enriched this exposure.

Every teaching module in the Community Stream is well-guided with necessary study guides and one-to-one tutor inputs, through a range of novel teaching learning methods such as small group discussion, lecture discussion, role play, case-based seminar, ‘active learning task’ and other field-based activity. In enhancing reflective practice, students are exposed to writing reflective logs. Self-learning opportunities are also provided through virtual platforms such as Learning Management System, where students learn through interactive teaching material. ‘Edutainment’ activities such as drama, ‘movie nights’ and ‘creative nights’ displaying student creativity and soft skills are also part of the

novel teaching methods. The competencies are evaluated not only through written examinations but also through student assignments, field-based observations, student reports, projected slide tests, spot tests and viva-voce examinations. Learning community medicine through novel horizons has enabled students to have memorable experiences in the medical students' life in the faculty.

As much as the undergraduate training, the Department has played a central role in the development and implementation of the postgraduate curriculum for training board-certified specialists in community medicine at the Postgraduate Institute of Medicine (PGIM), University of Colombo. Throughout history, the Department had been the leading training centre in shaping the master's and doctoral degree holders in community medicine. To fulfil this need, the academics have gained expertise in numerous fields related to community medicine to be recognized as well-sought trainers in Sri Lanka.

Diversity in research areas and capacity

Having understood the importance of research in advancing health, undergraduates are given basic research training, with a mandatory research project carried out in groups of three under the supervision of an academic member. The Department takes the lead in training students, from the stage of developing a research question and a proposal, obtaining ethics clearance, data collection, statistical analysis up to writing a research report. There has been an impressive increasing trend in presenting papers in scientific forums locally as well as internationally by the medical students. The department promotes dissemination of evidence by providing travel grants annually to attend the Asia Pacific Academic Consortium of Public Health (APACPH) conference. Furthermore, several students have been successful in publishing their research work in reputed medical journals.

The academic staff of the Department contributes to several other specialties at the PGIM, Colombo by offering training and supervision of research. The staff also collaborates with other researchers and institutions in conducting nationally important research and surveys. To facilitate research, the Health Systems Research Unit has been established in the Department and is playing a pivotal role in generating evidence on timely public health issues of the country and thereby to inform key policy decisions in the health sector in Sri Lanka. The workload of public health midwives, determinants of teenage pregnancies and breastfeeding NetCode assessment are some of the collaborative research studies that have impacted policy and practice in the country.

Contribution to the health sector agenda

The responsibility of a centre of excellence in community medicine is not limited to the professional development of undergraduate and postgraduate students but extends much beyond that to a greater social responsibility. In addressing this, the Department has been responsible for providing community health services in the Pitakotte MOH area since 1952. It has introduced several novel practices to its field service over the years, some of which are now adopted at the national level. Introduction of the concept of monthly conference, in-service programme at MOH level, *suwa arana* health promotional clinic, elderly clinic and occupational health clinic are a few examples.

The Department has identified a vacuum in the area of occupational health and workers safety in Sri Lanka. Hence, the initial steps in developing a programme to uplift occupational health in the country was undertaken as far back as in 1980s. This later expanded to the establishment of an occupational laboratory, training of workforces in the health sector and beyond, which also included certificate, diploma and master's level courses, research and provision of technical expertise.

Considering its significant contribution, the Department is designated as a WHO Collaborating Centre for Occupational Health and Safety.

Any academic institution cannot run in isolation. The Department has been a hub for international collaborations and networks such as APACPH, Southeast Asia Public Health Educational Institutions Network (SEAPHEIN) and South Asia Infant Feeding Research Network (SAIFRN). The Department has had collaborative projects with the international development partners including the WHO, UNICEF, UNFPA and World Bank. The Department is home for the international fellows and scholars, while many overseas students have followed elective programmes with the objective of learning about public health systems in Sri Lanka.

The way forward

The Department of Community Medicine has made a successful journey over the past 75 years while contributing to academic, research and health services (8). This journey has been enriched by the contribution of stalwarts in the field of community medicine despite numerous challenges faced. The successive governments in the country have recognized the importance of empowering public health professionals, however, more investments are needed to enhance training capacity and quality of such training institutions. At present, public health expertise is fragmented and training occurs in different universities in isolation. A centre of excellence in training such as a School of Public Health within the University, in collaboration with the health sector and other academic and research organizations, should be the ultimate goal for advancing teaching, research and advocacy in community medicine.

The scope of community Medicine has been expanding with the current global challenges such as public health emergencies of international concern, rising trends of non-communicable diseases,

accidents and injuries, etc. Hence, further sub-specialization of community medicine is urgently required at postgraduate level, such as epidemiology, biostatistics, health economics, maternal & child health, and public health nutrition. However, careful consideration should be given to retain and sustain the generalists in the field, while strengthening inter- and multi-disciplinary collaborations. Uplifting the status of specialists and medical officers who practice public health is necessary, while glamourizing community medicine with due recognition within the curriculum and health system. This would also prevent migration of health professionals who are experienced and trained in community medicine.

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