

Cover Story



Reflections on the evolution of Community Medicine education

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Cover Photo - This issue's cover features different facets of the lives of medical undergraduates undergoing Community Medicine training at the Faculty of Medicine, University of Colombo, Sri Lanka. The transition from classroom teaching to community engagement is expected to inspire the changemakers of tomorrow towards better public health practice in the country.

Photo Credit - Department of Community Medicine, University of Colombo

Designed by - Dr Aruni Gallage & Dr Dinithi Edirisinghe

This year marks the 75th anniversary of the establishment of the Department of Public Health and Preventive Medicine at the University of Ceylon, the forerunner of the current Department of Community Medicine, Faculty of Medicine, University of Colombo, Sri Lanka. This milestone offers us an opportunity to glimpse into the evolution of community medicine education in the undergraduate curriculum, reflecting the changing health needs of the country.

Early years and key developments

Teaching public health and preventive medicine to medical students dates back to the establishment of the medical school in 1870. At that time, infectious diseases were the leading cause of mortality and morbidity. In fact, the recommendation to establish a medical school resulted from an investigation into the causes of depopulation of the Wanni district of the Northern Province, which identified cholera, endemic fever (malaria) and “parangi” as key causes.



Dr William Kynsey who was the Surgeon-Captain in the Army Medical Department and the longest serving head of the Civil Medical Department, in his administrative report for the year 1886, praised the school for producing “doctors who were able to successfully control epidemics in the country”. It is said that the school earned satisfaction from both officials and the public.

The Colombo Medical School Centenary volume (1870-1970) provides personal experiences on the teaching of public health during this period.

1916-1922: Dr EM Wijerama recounts how hygiene was taught in the fourth year by Dr Thornton, Medical Superintendent of the General Hospital, who humorously erased the blackboard with a little saliva on his fingertip.

1934-1939: Until the university established its own faculty, the medical school came under the Ministry of Health, with many senior doctors from the ministry serving as teachers. Dr K Rajasuriya (later Professor of Medicine) recalls that the public health lectures which were quite comprehensive and of practical interest were taken by Dr SF Chellappah who was the Director Medical and Sanitary Services of the country. The demonstrations were taken by Assistant Directors of Health, who accompanied the students on visits to various sites. These demonstrations had to be recorded in a notebook accompanied by diagrams or photographs and submitted for correction and comments. Students also had exposure to infectious diseases at the Infectious Diseases Hospital, Angoda, Leprosy Hospital, Kandana and Chest Hospital, Welisara.

1942-1947: Dr RA Navaratne (Later Professor of Surgery) was in the first batch of students who underwent a two-week resident appointment in public health at the premier Medical Officer of Health (MOH) unit of the country, at Kalutara. The MOH at the time, Dr OER Abhayaratne, later became the first Professor of Public Health and Preventive Medicine.

1950s-early 1960: Helminthiasis and diarrhoeal disease were the common causes of mortality and morbidity among young children at the time, and as recalled by Dr. Sextus Corea, medical students had to learn about sanitation, including the features of squatting plates and safe wells. This knowledge no doubt was particularly useful when practising in rural areas of the country. The focus of teaching remained on communicable diseases, however, Dr. Doss recalls the introduction of statistical concepts, such as standard error and “t” tests to medical students in the early 1960s.

Mid-late 1960s: The Department collaborated with the Department of Paediatrics in an interesting programme called “social paediatrics” introduced as part of the Paediatric Professorial appointment. This enabled students to appreciate the social determinants of health and the links between curative and public health sectors in providing care and promoting wellbeing. It helped foster the concept of holistic care and promoted the development of empathy, teamwork and communication skills among students.

Modern era

In the early 1970s, the department was renamed the Department of Community Medicine. The creation of a field practice area for the Faculty of Medicine, Colombo in 1974 was an important milestone which led to changes in the teaching of community medicine. This enabled students to undertake a two-week rotation in community medicine providing them an opportunity to observe and participate in activities of the MOH area and learn about roles, responsibilities and services provided by the MOH and his team. They observed how health information is generated, collated and analysed at community level and its use locally, regionally and at national level for monitoring and evaluation. The attachment also provided opportunities for students to

conduct a research project in groups under the supervision of academics, where they could use the basic statistics and epidemiology that they have learnt.

From 1980 to mid-1990s, the focus expanded to include the emergence of non-communicable diseases through teaching of demography, statistics, epidemiologic concepts, research methods and analysis. The epidemiologic methodology itself has changed over time, the key change being the shift in level of analysis from populations to the individual.

In 1996, medical education witnessed a major shift from a traditional one to a student-centered problem-based curriculum. This led to integrating community medicine throughout the medical programme. Novel teaching learning methods were incorporated to enhance students' learning experiences outside the classroom, with more opportunities to gain knowledge and acquire skills through community engagement in both urban and rural settings. In 2018, the curriculum was further refined to ensure better integration of community medicine with other clinical fields. This has enhanced the application of a variety of fields within public health, such as occupational health, environmental health, global health, health care quality, etc. into medical practice relevant to Sri Lanka. The cover of this Issue provides a snapshot of the current community medicine teaching at the faculty.

Looking ahead

Considering its dynamic evolution and enduring relevance, community medicine training should be a crucial link in the 'One Health' approach, which aims to achieve optimal health for people, animals and the environment in a holistic manner. It would also be important for public health practitioners to embrace advances in big data analysis and Artificial Intelligence (AI) which will facilitate advanced statistical modelling. These integrations will help identify patterns and conditions affecting people, enable early disease detection and predict disease trends in individuals and populations, thereby shaping the future of public health.