

CoMSAA NEWSLETTER



JUNE 2021

VOLUME 10

ISSUE 1



CoMSAA Council 2020/2021

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PRESIDENT'S MESSAGE



It gives me great pleasure in sending this message to the first newsletter of 2021.

We are experiencing an extraordinary time in the history of mankind, especially the most devastating pandemic in this century.

First, I would like to pay homage to those who have laid lives in the battle against this pandemic. Also, I would like to appreciate the great services of all health care workers globally and all others such as the tri forces and police especially in Sri Lanka. We are especially proud of all our alumni who are rendering yeomen service at this juncture with several personnel performing key roles in COVID care and research in Sri Lanka.

Amidst the pandemic, CoMSAA is continuing its annual activities with much vigor but



with a different style. As more medical students have been affected with financial difficulties, we have expanded our medical students' financial assistance program. I wish to thank all those who generously contributed to this program. We plan to establish several overseas chapters this year, strengthening our bonds between overseas alumni. Another key feature in our calendar would be the Colombo Medical Congress 2021 which would be a joint effort with the Research Promotion and

Facilitation Center of the Faculty. This would be an annual activity in CoMSAA and the Faculty calendar. In addition, we have pledged to support the medical library which will be housed in the new 14 story complex in the faculty.

I would like to appeal all CoMSAA members across the world to enlist more new members, support our medical students' financial assistance program to continue support many students whose families are affected due to COVID pandemic and the Medical Library refurbishment program.

Vidya Jyothi Prasad Katulanda Professor

President CoMSAA

CoMSAA activities – first half of the year

A report from the co-secretaries 2020/2021

Dr. Isurujith Liyanage and Dr. Dinesha Jayasinghe

Co-Secretaries 2020/2021

AGM

The 10th Annual General Meeting of CoMSAA was held on the 20th of November, 2020. In view of the ongoing COVID 19 pandemic, in-person participation was limited to the members of the outgoing and incoming executive committees, while other members were invited to join online. This enabled many members to join us for the AGM, including members residing overseas. The new executive committee was appointed, and took over duties under the leadership of Vidya Jyothi Prof Prasad Katulanda for the years 2020/2021.

The activities carried out in the first half of the year were limited by the COVID-19 pandemic. The necessity for adhering to health guidelines to curtail the spread of the pandemic resulted in all Ex-Co meetings being held as hybrid meetings, with some members participating online. A report of the activities carried out are as follows:

Annual CoMSAA Lecture

The annual CoMSAA guest lecture was held on the 22nd of April, 2021 at the Faculty of Medicine, Colombo. The guest speaker was Mr. Uditha Hettige, who is one of the foremost experts on Sri Lankan wildlife. His expertise extends from mammals, amphibians to birds in Sri Lanka. His lecture on the “Avian Concert in Sinharaja” was extremely interesting and piqued the interest of the audience, both young and old alike.



Stethoscope donation to medical students

For the 3rd consecutive year, the batch of 1975 donated stethoscopes, torches, knee hammers and other material required for clinical training to 15 students requiring assistance. We are grateful for the continued generosity extended by the batch of 1975.



Future activities

Colombo Medical Congress

Following the success of the Colombo Medical Congress which was held in early 2020 as part of the 150th Anniversary Celebrations of the Colombo Medical School, we are happy to inform our membership that initial plans are underway to make the Colombo Medical Congress an annual event in the Faculty Calendar. CoMSAA together with the Research Promotion and Facilitation Centre (RPFC) of the Faculty of Medicine, Colombo are working together to make this possible. However, unlike in 2020, the ongoing pandemic will most likely be held as an online conference this year. We will keep our members updated regarding the dates and other details.

Student assistance

Amidst the ongoing pandemic many students of the Faculty have written to us asking for our assistance as they are faced with many financial and other issues. With teaching being delivered online, they have had to face many new difficulties to adapt to the necessary changes. Providing assistance to needy students is one of the main objectives of CoMSAA and we would be grateful for your donations which could help us with this endeavor. If you wish to make a donation, please contact us by email (comsaa2011@gmail.com or comsaa@med.cmb.ac.lk) or visit our webpage www.comsaa.org.

Library project

The faculty library is to be relocated to the new building where a much larger space will be available for referencing and other teaching/learning activities. CoMSAA has taken up the task of providing the infrastructure for the area designated as “Learning Commons” with a seating capacity of ~250, which will be a space that students can use for studying, discussions, tutoring classes, and other group learning activities. The estimated budget for this space is approximately Rs. 2 million, and we would be grateful for your donations. If you wish to know more details or make a donation, please contact us by email (comsaa2011@gmail.com or comsaa@med.cmb.ac.lk).

Annual reunion

Sri Lanka is currently wading through the 3rd wave of the COVID-19 pandemic, which appears to be the worst yet. In this setting, we are unable to make definite plans for an annual reunion. We are hoping that the situation will improve, and we will keep our members informed of our plans for the reunion.

We thank Dr. Asanka Ratnayake and Dr. Thurul Attygalle our Treasurer and Assistant Treasurer, respectively for handling the CoMSAA accounts, and Prof. Dinithi Fernando and Dr. Dineshani Hettiarachchi for getting the Newsletter out on time during this difficult period.

We especially thank our President Vidya Jyothi Professor Prasad Katulanda and Past Co-Secretaries Prof Hemali Goonesekera and Dr Sumudu Suranadee, and the members of the CoMSAA executive committee for the guidance and support given to us to carry out our work.

We are grateful for the supportive assistance given by Ms. Mass Zainab Usuf, CoMSAA demonstrator for all the above events and our day-to-day activities

News from our students

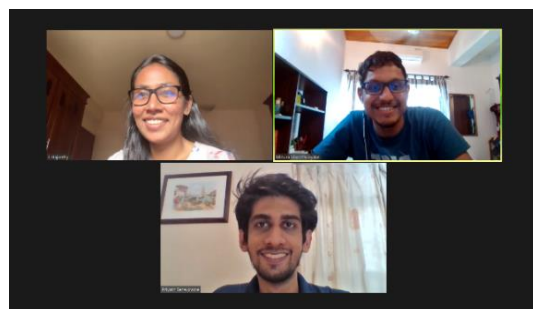
With overwhelming hardships over the time of the pandemic, medical students are finally able to resume their journey amidst many obstacles that we all face with the new normal. We are happy that clinical activities were started for as many batches as possible with precautions safety measures. Life spent hovering over devices is yet to be disturbed by many joyous events. But here are some news since the last CoMSAA newsletter issue.

"The roots of education are bitter, but the fruit is sweet" - Aristotle

Student Achievements

Colombo Medical Faculty Reaches the Top at the International Inter-Medical College Physiology Quiz 2021.

A team representing the Faculty of Medicine, University of Colombo emerged 1st Runners-up at the 2nd International Inter-Medical College Physiology Quiz 2021 organized by the University College of Medicine and Dentistry, University of Lahore. A total of 178 teams representing 18 countries participated in the competition. Final round was presided by Prof. Julie Chan, President of the International Union of Physiological Sciences (IUPS) and the quiz master was Prof. Hwee Ming Cheng of the Department of Physiology, University of Malaya, Malaysia. Here, the team was able to secure the 2nd place, falling short of the championship by a single point. The team consisted of Minura Manchanayake (Leader), Priyath Seneviratne and Hajanthi Jeyapragasam of the A/L 2016 batch.



1st place in SLACPT Student Poster Competition

A student poster submitted through *SIRHA (Students Involved in Rational Activities)*, for a student poster competition organized by SLACPT, under the theme of 'Medication Safety and Medication Errors', emerged 1st among the 5 posters which had been submitted by other universities. This poster was designed and drawn by 4 students from 2017 Batch.



The First World University Online Chess Championships organized by FIDE (International Chess Federation) was held from 14th to 28th March and 5 students of our faculty represented our country.



Minul Doluweera
(2019)



Charanga Gamage
(2019)



Brahman Tharmasanthiran
(2016)



Dimuth Mirissage
(2019)

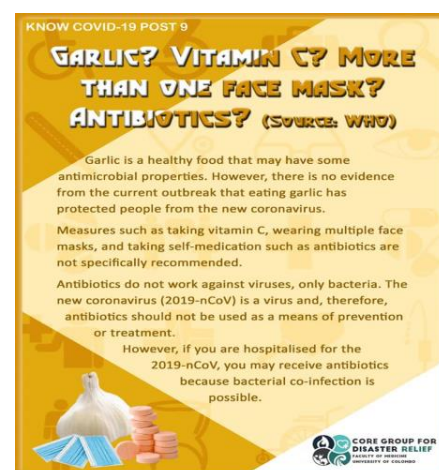


Hiruna Wickramasinghe
(2018)

COVID 19 awareness and other projects

Know Covid-19

The need for accurate and up to date information to reach the public was identified by the *Core Group for Disaster Relief*. A hard driven Facebook campaign had more than 1000 reaches.



Sinopharm vaccine and NMRA issue

SIRHA sent a letter to Medical Faculty Students' Action Committee (MFSAC), through MFSU/MSWS, addressing the above issue, explaining the importance of educating the medical students' community about the issue and emphasizing the need to take actions against it through the medical students' community.

Wassana Diyawara

As an initiative to this project by the *Medical Students' Buddhist Association*, the academic programme was started targeting the GCE O/L students of Munamalgaswewa Kanishta Vidyalaya.

We are joyful to state that construction at the school and the temple has started and fund raising is currently ongoing. Valuable donations from the retired doctors and faculty staff had been an immense support.



QUIZANAT

Anatomical Society's quiz committee teamed up with the academic advisory committee of the Department of Anatomy to publish a virtual online quiz. Many participated as this was a golden opportunity to explore & improve their general knowledge, critical thinking and observation skills.

"She deserves better"

This project by the *Golden Z club* encouraged men and women to actively participate in the fight against 'Violence Against Women', through several platforms including the United Nations Populations Fund, Sumithrayo and Shanthi Maargam, and several others. The project was also accepted for a poster presentation in a national conference held by the National Science Foundation. A women's health advocacy program "Healthy Women", which was carried out in January, featured a social media campaign and donation of medical equipment to the De Soysa hospital.



"SALUTARE - To speak your mind"

The Final Round of the speech competition "Salutare", organized by the *SIRHA* and *Gavel Club of University of Colombo*, was held hosting Vidya Jothi Prof. Vajira Dissanayake as the Chief Guest, and the Keynote Speaker was Dr. Mahesh Rajasuriya.



Mr. Ganeshiam Nadarasa from the University of Peradeniya won the 1st place while Mr. Fayaz Ahamad from the Faculty of Medicine, University of Colombo and Mr. Shakthi Senaratne from the Faculty of Medicine, University of Peradeniya shared the 2nd place.

The main sponsor of the event was the Centre for Combating Tobacco (CCT) and well-wishers.



"Senaka Bibile; The Revolutionary Foreseer" Commemoration Day

This event initiated by *SIRHA* was to commemorate the 101st Birth Anniversary of Prof. Senaka Bibile, on 13th February 2021, as an initiative of the project "Trail Blazers". Most of the event's budget was sponsored by COMSAA (Colombo Medical School Alumni Association). Vidya Jothi Dr. Prasad Katulanda made a personal financial donation to cover the rest. *SIRHA* would like to express our sincere gratitude and acknowledges his generous contribution.

A documentary video on Professor Senaka Bibile and his work was launched: <https://youtu.be/UcVYAWDq7XI>. Eight medical students, representing 8 local medical faculties, participated as the debaters in the 2 teams in the “Professor Senaka Bibile Memorial Debate”: <https://youtu.be/NDwtuH9iFM8>

Mr. Ranil Bibile joined via the zoom platform and shared his thoughts and memories. On behalf of the Bibile Family, Mr. Hiran Senaka Bibile, the grandson of Professor Senaka Bibile, accepted the token of appreciation.

MED talks by the UCCS

The *University of Colombo Clinical Society (UCCS)* aims to facilitate the acquisition of clinical knowledge and provide a platform for students to apply their skills constructively beyond the confines of the faculty. MED talks is an initiative of the UCCS which features speakers who are game changers who have reached the zenith of their respective fields.

The first MED talk for the year was conducted by our very own patron Prof. Saroj Jayasinghe under the theme: “A Journey through Medicine: Reflections on a Lifetime of Clinical Practice”.

The guest speaker for our second MED talk was Prof. Malik Peiris, the Chair Professor of Virology of the University of Hong Kong. The title of the talk was “COVID-19 Vaccine: How close is the light at the end of the tunnel?”. The session had a combined viewership of 750+.



March is “Trisomy month” and the invited speakers for our third MED talk titled: “Down Syndrome: Empowering Ability from Clinic to Community” were Ms. Yashodha Hettiarachchi from the Department of Paediatrics and Madam Miranda Hemalatha, the proprietress of Diri Daru Piyasa, which is a school for children with special needs. We also launched our official YouTube page which currently has 1100+ combined views.

Voice against Child Abuse

This is a project by *Rotaract Club of Faculty of Medicine* to provide a sustainable solution for child abuse in Sri Lanka. Here the main objectives are to develop a Teacher’s Guide to educate teachers on how to identify an abused child, Sri Lanka’s First good touch bad touch cartoon for kids and interschool debate competition on Corporal Punishment.

From the Editors

Words, deeds and privileges in the times of Corona: turning the lens inwards

The human race is going through a time which is perhaps the most trying of all in the 21st century. It would be frightening to think that something worse than the COVID-19 pandemic would happen. Those who are in the medical profession are among the most challenged because of the pandemic.

Words expressed by the medical professionals have become more important than ever before, because these words have the power and the potential to influence policies, change practices and sometimes even attitudes. During the past thirty months, the medical profession world over has written and uttered words of knowledge, often laced with concern and frustration. But they have also spoken their words with courage and calm conviction, and in unison. These words have made huge changes in outcomes of the disease, its prevention literacy including vaccine hesitancy, and demanded fair play by the rulers. Yet unfortunately, in some places, these supposedly precious words have created

confusion and loss of faith in science, causing irreparable damage.

It is said that actions speak louder than words. Loudness applies to all kinds of action, the good, the bad and the ugly. Media, both main stream and social, turn their cameras on any action that arouses marketable emotions. Bad and ugly actions by the medical professionals arouse a lot of such emotions, which means that these actions receive a lot of publicity and spoil the image so painstakingly built by good actions. There are those in the profession who quietly and diligently toil away, to make a difference for the better. They are neither interested, nor have the time, to make noise about good deeds they do. They go about fulfilling their duties, away from the clicking keyboards, away from the casual eye, away from ways and means of seeking popularity. They do justice to the wages they are paid by the public taxes, and go to sleep after a tired day with a clear conscience. But every single statistic that makes the waves flatter speak loud and clear of their good deeds.

What about privileges? Being able to draw a sizable salary every month without pay cuts, and being able to claim overtime payments almost the size of the salary are privileges. Getting yourself and your family members vaccinated in the first round is a privilege. Being able to evade the police on a curfew day by displaying a cross on a car windshield is also a privilege. Being respected and sought after by your neighbours and communities is a privilege. Having a voice that is heard in the times of a crisis is definitely a privilege. When you are bestowed with a special advantage that others do not have, it means you are expected to serve better too.

So shouldn't it be clear, that words, actions and privileges of a medical professional carry a burden of responsibility far more heavier than those of others?

Dinithi Fernando

Dineshani Hettiarachch

Members' Corner

"You have a nanny noh?"

I nod a halfhearted yes.
Slightly ashamed. Slightly guilty.
"Your lucky to have one ane.
Quit my job.
Now a full time mom."
"How awesome!
Such a hands on Mom!!
Your kids are so lucky!!!"
Another says.
She beams with happiness.

Shame intensifies
A topic swirls in my head.
Compare and contrast:
Offspring of full-time versus part time mothers
"You are such a power mom!"
The other gushes, to me this time.
"How you manage I really don't know"
"Am I really?" I ask myself
A power mom!
A super mom!
Or a mom who can afford a substitute part-time mom?
Too ambitious?
Too selfish?
Are my Instagram photos peppered with the kids
Just for show?
For my inadequacy?
For my guilt?
Full-time mom looks away.
Left out of the compliment.
Her corporate career. Accolades. Career success. Ambitions.
Vanished at childbirth.
We all sip our tea
While our better half's, have better talks.
Gulping down beer
a room away
A world away
Stock market, cars, politics
Etc etc etc
"Children:
their impact on one's career"
Not a topic.
For men.

Nilanka Anjalee Wickramasinghe

New normal revisited by a junior

Welcome to the new era of post 2020 that has changed the outlook on many things happening around us.

As a nation, we are more than one year past the beginning of the modified COVID- 19 curfews. Do you recall the 17th of March 2020? I was a relief house officer, working at the cardiology unit when all this started. I was preparing for the MD selection examination, and was about to have an interview to join the university as a lecturer. Although there had been no local cases of COVID- 19 back then, COVID- 19 had always been a hot topic among the medics. A hot topic and utterly confusing. My first experience of COVID- 19 was a patient with pneumonia who landed in cardiology unit for chest pain. There was a suspicion of COVID- 19 and it was the era where we transferred all the 'suspects' to IDH. I accompanied the patient to the NHSL ETU, which was supposed to accept and transfer all suspects to IDH. The question I was thrown at the ETU was "Why did you suspect COVID 19 in this patient?" – reason being during that time, a suspect 'was only a person who returned from a high-risk country'. However, over the past year we have moved on from that definition to checking rapid antigen in all admissions to

NHSL, which indicates both the achievements – higher testing capacity, more structured methods- as well as the inevitable lapses in a pandemic – widespread 2nd wave.

Although the transition with regards to COVID- 19 had been dynamic, the entire country lockdown era brought several novel experiences in life. The usual cardiology clinics that were overwhelmed with patients, suddenly stopped overnight. The overflowing cardiology wards suddenly became empty. All STEMIs were treated with thrombolysis, and rescue PCI done on selected patients after much testing. Routine PCI lists, exercise ECG lists, and outpatient Echo lists were cancelled. Along with the massive reduction of workload, the rosters became easier. The nocturnal temporary pacemaker insertions and CCU admissions became minimal. There was much freedom in terms of time, but severe restrictions than ever before. The constant stress of contracting the virus was overwhelming, emanating mostly from the peer anxiety and family calls. The best companion became the laptop along with online platforms, be it Youtube or Netflix. There was so much free time to enjoy the virtual entertainment. The empty roads made life so much easier. The

journey that usually took over 1 hour to travel from home to cardiology, suddenly became a 10 minute drive. The thousands of honks that greeted me on the way back and forth from work disappeared. Thanks to the 520 canteen at NHSL, food was not a big problem on working days, but on off days it became a huge challenge. The queues at supermarkets or the shop at the junction extended for hundreds of meters. It truly was a time that made us realize the least that we need for life, and reflect on what we search for in life.

The modified country lock downs that delayed the interviews and exams by several months started to gradually loosen. The '*new normal*' started, and day by day, the *new normal* evolved, and (unfortunately) to the extent the new normal = old normal + face mask. Then started to come, the tsunami of waves, the giant 2nd wave and the confusing, baby waves of the 2nd wave. Overcoming all the waves, admissions restarted, clinics recommenced, exams held, interviews happened, shops opened, gatherings started and we rolled onto a transition period to the normal life. Over the course of this period, the work places changed, roles as a doctor changed, new roles were chosen and a lot of changes happened in the professional life.

With regards to COVID- 19, the fear at the beginning disappeared. Colleagues, friends became COVID- 19 patients. So, were the patients in wards who came for a CT. COVID testing became essential for most of the procedures. New world of virtual learning became the norm in education. All medical conferences adopted the virtual or hybrid models. Medical education both undergraduate and postgraduate delayed and started to slowly recover with challenges than never before.

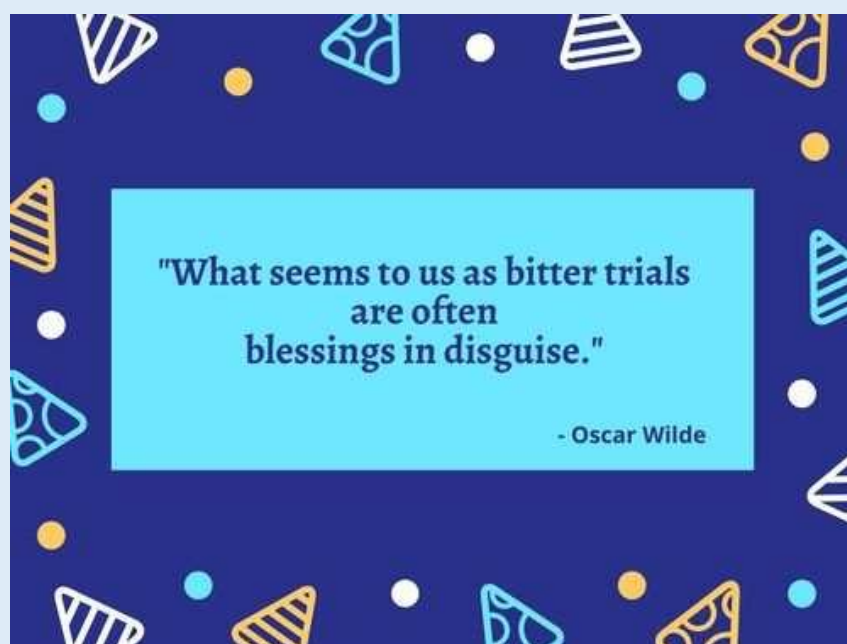
As a junior doctor it was an era full of surprises. We learnt and adopted things that we never thought of: posting drugs to doorstep, which at some point would be a huge discussion with regards to drug doses, possibility of messing the process, drug storage, drug safety etc. Though never expected, we learnt to deal with a highly contagious disease.

The highly reputed and advocated 'doctor dress' became a much convenient and efficient 'surgical scrub'. We adopted teaching learning methods which we had never thought of, which will be an integral part of our lives post COVID 19. We have witnessed the power of public health system in this country, which the curative sector often takes for granted. We sadly and unfortunately lost few of our colleagues while battling the pandemic. We gained insights into geo politics and how the new scientific interventions are utilized for the benefit of the powerful over the weak nations.

We have both pleasant and unpleasant memories of this period. Responsibilities as doctors will increase and our work load that was missed for some time will pile up, like overflow of review patients at clinics who are over 10 months

off medications. Listening to the stories at wards and clinics constantly reminds me how fortunate we are at this pandemic to be healthcare professionals, to continue to work with the monthly salary. We have come a long way since the first lock down. We may be better doctors for the next COVID- 19 wave or any other world pandemic than we were one year ago. We may or may not have the same luck in the next pandemic or the next phases of the COVID- 19 pandemic. As doctors that continue to work in the COVID- 19 pandemic with the nation and the world moving forwards, let us reflect on the question "Am I ready for the *new normal*, if not, how should I move forwards as a person and a professional? "

Leonard Wanninayake



The birth and the growth of 'virtual academics' in the Colombo Medical Faculty

Coronavirus, or technically speaking SARS-CoV-2 virus, a tiny, electron-microscopic organism without a brain or even a nucleus, should be congratulated for making the fastest global educational revolution in the 20th century! It dramatically changed the mode of delivery of education globally, and literally made the university academics in Sri Lanka 'zoom' into uncharted (or minimally utilized) territories of the virtual learning environment.

Pre-COVID era online learning

Of course the Sri Lankan universities, and the Colombo Medical Faculty, were not outdated institutions. We had been using online platforms for teaching-learning activities long before the emergence of the COVID-19 pandemic in 2019. In the Faculty of Medicine we did use blended learning activities, the learning management system (LMS), computer-assisted learning laboratory for undergraduate teaching, other e-teaching-learning activities and some online postgraduate courses. However, many of us teachers (born and bred in the pre-online era) were more comfortable using face-to-face teaching-learning activities, and so the curricula almost completely remained classroom

or ward-based, and the teaching and learning continued to be more-or-less similar to what it was when I was a student over a quarter of a century ago, and high quality, world-class graduates continued to emerge from our universities!

Coronavirus invades Sri Lanka

Well, this was the happy state of affairs until the early 2020s. Initially we were just spectators, open-mouthed and watching China battling with COVID, like in a movie. The students doing higher studies in China returned in plane-loads, and started online learning. Still it did not touch us, and we celebrated the 150th anniversary of our alma



mater in style. Then came the bombshell, and suddenly COVID was right here with us! Like never before in history, the country went into a total lockdown (BTW even the term lockdown was new, and the term used was the familiar 'curfew'),

and students, like all other human inhabitants of this island, were left aimless, enjoying a long holiday, with no classes or exams, among the lack of all other things we had taken for granted in a previous life.

Aftershocks and realizations

After the initial 'COVID shock' period, with their senses and the reflexes recovering, the authorities woke up to facing the reality. Online education was to be commenced for the thousands of students in schools and universities. Without any prior planning this was indeed a plunge into the deep-end, and literally students and teachers had to swim, or sink!

In the Colombo medical faculty we were more fortunate than many. We already had the learning management system (LMS) established for a few years, and students and staff had been exposed and trained to use this for teaching and learning. However to be frank, for most academics utilizing the LMS was an additional chore, and many had only made half-hearted attempts in utilizing it, though the IT committee and medical education specialists had been pushing us relentlessly for some time to increase its utilization.

'Virtual academics' are born

As expected initially there were many drawbacks, such as the lack of satisfactory internet facilities and devices especially for students, lack of funds, inadequate IT proficiency and many other snags interfering with virtual learning. Primarily online learning was considered supplementary to onsite learning, and what was taught online was to be repeated when students were able to resume studies onsite. The academics hurriedly recovered lost passwords and usernames for LMS and refreshed their knowledge about developing online teaching material. Time tables were redone, and teaching activities were rescheduled. Previously used e-learning methods were mostly used, and various modes of connecting with students were activated, via e mails, and by forming formal WhatsApp and Viber student groups allocated to teachers etc. Students were quick in adapting, and were keen to resume their learning. The academics too were equally keen, but naturally being older, and less tech savvy, had many problems with optimal delivery of virtual classes, and the IT-competent staff, both academic and non-academic were soon approached for assisting the online curriculum. This allowed hitherto unrecognized potentials to be recognized in many non-

academic staff members, and since then non-academic staff have been playing a more important role in the medical curriculum.

However, soon we all realized that return of students in the near future would be an unlikely happening for a prolonged and unknown period of time, and the authorities demanded that all curricula be totally delivered virtually. Well, this obviously was not welcomed by the academics (and also students), and numerous reasons were raised for not doing so. However, the relentless march of the coronavirus across the world left no option, but to embrace a near total virtual education, and so the university administration was pushed to find methods of optimal delivery of online education to students locked down not only in Sri Lanka, but also to our international students who were stranded in other counties.

'Virtual' growth of academic activities in the COVID era

This was the time when 'zoom' became a household word. I for one, like the majority, had never heard of zoom technology before, and we had to exercise our ageing little grey cells to the limit, to grasp the new concepts in online education, and learn how to use not only zoom, but Microsoft teams and google classrooms. This led to a happy

discovery; the realization that even among senior academics the brains had not atrophied and were indeed capable of new learning, fast! A survey we conducted among the academics of our faculty, within 3 months of commencing virtual learning showed that most were comfortable in using the new methods of teaching, but had issues in handling troubleshooting. However, soon these were rectified, and virtual teaching and learning became the norm within just 6 months after its commencement! Now, one year after zooming deep into virtual curricular delivery, academics of the Colombo medical faculty are effortlessly delivering a well-designed curriculum.

The pros and cons

Many positive outcomes of the virtual medical education have surfaced over the past year, such as improved staff-student contact, promoting student learning in their own time via revisiting online teaching activities, IT-related educational and medical innovations by academics, non-academics and students, and enhanced use of the virtual environment for learning, communication and social interaction to name a few. Of course there are negative aspects as well, such as non-optimal learning during practicals and clinicals, impaired

physical contact and interpersonal relationships, increased screen time promoting sedentary behavior, eye and posture-related problems as well as psychological disturbances which may have long lasting detrimental effects for the future.

From the present to the future

Academics who have now fully adapted to the virtual tertiary medical education have not stopped at that, but are continuing to experiment with using new techniques and methods, for optimizing virtual teaching and learning. Virtual lectures and practicals, online

clinicals and ward-classes, virtual meetings, virtual mentoring, online examinations, online research, fully virtual and hybrid conferences, online delivery of postgraduate courses, online quizzes and other competitions, and even online concerts and social events have now become the norm in an academic's life in the post-COVID era.

The story however does not end there. The virtual university life is here to stay and 'virtual academics' will be part and parcel of a university. The students will one day return to

work onsite, but the advantages of online teaching and learning have been savored by academics, students and administrators, and so online education is likely to comprise a significant component of medical undergraduate and postgraduate teaching and learning in the future.

However, we have realized the mighty humans are not invincible, and certainly no match for a brainless virus. Hope the future of virtual medical education will not be paralyzed by a virtual virus one day!

Piyusha Atapattu

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**"You've been working awfully hard lately.
If you need a little fresh air and sunshine,
you can go to www.fresh-air-and-sunshine.com"**

Photo Space

The winning entries of the photography competition of the FMTA (Faculty of Medicine Teachers' Association) annual get together 2020 are displayed here. The event was held totally online on zoom, with great participation of the members and their families, both here and overseas.

1st place



The leap
Dr. Roshan Hewapathirana

Four 2nd places



I'm the king of the Jungle
Sinharaja
Dr. Sanjeewa Seneviratne



Compassion and care; they have plenty, do we have enough?
Kirulapone
Dr. Indu Waidyathilake



Angry birds
Bundala National Park
Dr. Sanjeewa Seneviratne



Hambantota at dusk
Hambantota
Prof. Harsha Dissanayake

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The Colombo Medical School at 150
Celebrating our heritage



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This is your Newsletter

Do you have an interesting story or anecdote from your time at the Faculty of Medicine, Colombo? We would love to hear from you and share it with our membership. Please send your contributions to the editors at comsaa2011@gmail.com.



We thank

Our alumni and students who provided articles and images for this volume

Dr Lakmali Amarasiri for the beautiful photographs used for the cover page

Dr Akalanka De Silva for her contributions towards formatting of the newsletter

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