Audio file

Episode 15 - Kaushila Thilakasiri (18 June 2026).mp3

Transcript

00:00:14 Speaker 1

Welcome to Conversations in Med-Ed, the people behind the research.

00:00:23 Speaker 1

Hi, everyone.

00:00:24 Speaker 1

I am joined today by Kaushila.

00:00:27 Speaker 1

Hi, Kaushila.

00:00:27 Speaker 1

Thanks for coming.

00:00:29 Speaker 1

Could you maybe tell our listeners who you are, what do you do, where are you based?

00:00:35 Speaker 2

So my name is Kaushila Thilakasiri.

00:00:37 Speaker 2

I'm an emergency physician at the moment by profession.

00:00:42 Speaker 2

I work in Sri Lanka, Colombo, at Colombo East Base Hospital as the consultant in charge of the department.

00:00:50 Speaker 2

And also I am the lead clinician for the National Simulation Centre in Sri Lanka.

00:00:58 Speaker 2

And I'm currently working at the Ministry of Health.

00:01:02 Speaker 2

So I'm also an educator for simulation-based medical education

00:01:11 Speaker 2

mostly related to emergency medicine and I'm also the secretary of Sri Lanka College of Emergency Physicians.

00:01:19 Speaker 2

It's A voluntary service I do.

00:01:21 Speaker 1

You sound incredibly busy.

00:01:24 Speaker 2

Right.

00:01:25 Speaker 1

So I've invited you on to chat today because you are the lead author on a paper on coloniality in simulation-based medical education.

00:01:34 Speaker 1

And you have sort of many different sim roles and you've mentioned being an educator.

00:01:39 Speaker 1

And so I'm really curious, how does an emergency medicine physician get into simulation-based medical education?

00:01:48 Speaker 1

Like what was your journey into med ed?

00:01:51 Speaker 2

So

00:01:52 Speaker 2

In my journey to becoming an emergency physician, the path to learning to become an emergency physician involves a lot of simulation-based education.

00:02:05 Speaker 2

So it is a very hands-on specialty and it is performance-based assessment and performance-driven specialty.

00:02:16 Speaker 2

You can know a lot of

00:02:20 Speaker 2

theory, but if you cannot put it on to practice to the patient in front of you, it does not make sense.

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So we are taught and the more simulation you do, the better emergency physician you would be.

00:02:36 Speaker 2

That is, it's how it is.

00:02:39 Speaker 2

And from around 2014, just after graduation,

00:02:46 Speaker 2

Actually, before graduation was when I was first exposed to simulation.

00:02:50 Speaker 2

I did an elective in Warwick University when I was a fourth year med student by choice on emergency medicine, when emergency medicine was not a speciality in Sri Lanka.

00:03:01 Speaker 2

And that was the first time I got exposed to this something called learning through simulation.

00:03:07 Speaker 2

So before, at that time, simulation was not available in Sri Lanka.

00:03:11 Speaker 2

And when I went to Warwick University to do my elective, I was put into a room and asked to treat a dummy, a plastic dummy, with other medical students.

00:03:23 Speaker 2

And they were treating this dummy.

00:03:25 Speaker 2

And I thought, oh, wow, this is amazing.

00:03:27 Speaker 2

This is a great way to learn.

00:03:30 Speaker 2

And I would have treated a real patient and the mistakes that you would not

00:03:39 Speaker 2

be doing, you are allowed to do, and you are allowed to learn from your mistakes.

00:03:43 Speaker 2

So that was the first time I got exposed to this.

00:03:45 Speaker 2

And then I was very curious to learn about it, even as a medical student.

00:03:49 Speaker 2

And then after graduation, I was very lucky to work with a research fellow from Oxford who was doing a certain research in Sri Lanka related to critical care.

00:04:02 Speaker 2

And then he started developing a program

00:04:06 Speaker 2

which involved simulation for interns, for people who are starting internship.

00:04:11 Speaker 2

So it was a peer learning opportunity.

00:04:15 Speaker 2

And then that led, one thing led to another.

00:04:19 Speaker 2

So that's how I came into the field of medical education.

00:04:24 Speaker 2

And I firmly believe education is revolution.

00:04:26 Speaker 2

So that is where I am now.

00:04:29 Speaker 1

Wow, yeah.

00:04:30 Speaker 1

No, there's lots there to unpack.

00:04:32 Speaker 1

So I'm really curious about the, I suppose,

00:04:35 Speaker 1

the coloniality perspective, right?

00:04:38 Speaker 1

So you've mentioned coming to the UK and being exposed to sim.

00:04:42 Speaker 1

And why focus on coloniality?

00:04:45 Speaker 1

Do you feel like the simulation training you received in the UK was relevant to your Sri Lankan context?

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Do you, know, why write this paper?

00:04:54 Speaker 2

So this paper is a product of a very long journey of simulation and a

00:05:04 Speaker 2

brief exposure to the concept of coloniality.

00:05:08 Speaker 2

And I mean, coloniality, when you learn and read about coloniality and post-colonial studies, the theories and all that, you do realize and it becomes very relatable.

00:05:24 Speaker 2

So why I wrote this paper was

00:05:27 Speaker 2

It is a question still in my mind.

00:05:30 Speaker 2

I've written on the paper itself, this is not to give anybody answers or to firmly say that this is what it is.

00:05:39 Speaker 2

But it is more to ask the question, what is coloniality's role in simulation-based medical education?

00:05:48 Speaker 2

Because as I went through my journey as a learner and then as an educator in simulation,

00:05:56 Speaker 2

I saw there was something missing, there was a gap, there was something was not right.

00:06:03 Speaker 2

And can coloniality explain that is a question that I have.

00:06:08 Speaker 2

And to explore that question and to develop, to contribute to the intellectual debate is why I wrote this paper.

00:06:20 Speaker 2

I believe some of these disconnects or the gaps can be explained by coloniality, but it needs further research.

00:06:30 Speaker 1

Sure, yeah.

00:06:31 Speaker 1

And what do you see as some of those gaps or tensions?

00:06:35 Speaker 1

So what do you see sort of getting lost in translation?

00:06:39 Speaker 2

Yes, so

00:06:41 Speaker 2

I think the paper I wrote is structured into 3 sections of simulation where you talk about the design, preparation, and then the doing of the simulation, which includes pre-brief, scenario, and then the debrief.

00:06:55 Speaker 2

And then you have the evaluation component.

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So I've divided the discussion into that.

00:07:00 Speaker 2

So I will use that same structure.

00:07:03 Speaker 2

So when you talk about the design, the planning, it is based on

00:07:10 Speaker 2

theories that have been built on education largely based on Western context, high-income countries, like transformative learning, reflective learning, and then how that applies to Asian, South, post-colonial countries is yet a question.

00:07:30 Speaker 2

So when that design is in block implemented,

00:07:36 Speaker 2

does it serve the same purpose that it serves in high-income countries is one of the things that I saw.

00:07:45 Speaker 2

And then when it comes to delivering actual delivery, the frameworks that are used for delivery, for example, psychological safety, may not be the same that is

00:08:05 Speaker 2

considered in a high-income country.

00:08:07 Speaker 2

And then the evaluation process, which uses those yardsticks that fit to the purpose of high-income countries, like whether it meets the needs of patient safety, and what is patient safety in a LMIC, and what requirement is there, as opposed to the same

00:08:34 Speaker 2

course, when you produce it in the same degree of rigor in a LMIC, it may serve the purpose of producing the workforce that is standardized and needed for high-income countries as opposed to meeting the needs of patient safety in an LMIC.

00:08:53 Speaker 2

So that is some of the disconnects that I noticed.

00:08:59 Speaker 1

Yeah, no, I mean, those are huge and I agree.

00:09:02 Speaker 1

I think

00:09:02 Speaker 1

We can be very guilty of copying and pasting from one context into another, and that's just inappropriate, and it could be...

00:09:10 Speaker 1

effective.

00:09:10 Speaker 1

And it's not, I think, to say you clearly believe in the value of simulation-based medical education.

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Like you want to do it, but you want to do it in a way that's appropriate for your context.

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And I think that's really important.

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Any recommendations on how, for those who are involved in simulation-based med ed,

00:09:29 Speaker 1

what advice would you give them on maybe, critically evaluating or reflecting on their own SIM practices?

00:09:36 Speaker 1

what should they be thinking about?

00:09:38 Speaker 1

Any takeaways on what they could be doing potentially differently?

00:09:42 Speaker 2

I think we shouldn't be in this idea that whatever comes from VEST is not suitable for us.

00:09:51 Speaker 2

That's not what I'm trying to say.

00:09:53 Speaker 2

We don't need to reinvent the wheel.

00:09:54 Speaker 2

We don't need to do that.

00:09:56 Speaker 2

That's not what I mean.

00:09:58 Speaker 2

And

00:09:59 Speaker 2

And what is scientifically proven is proven.

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So it is proven that simulation works.

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So we don't need to ask that question anymore.

00:10:11 Speaker 2

It's there, it's there.

00:10:12 Speaker 2

The evidence is there.

00:10:16 Speaker 2

But be aware that there is a cultural context in this teaching methodology.

00:10:26 Speaker 2

lecturing has been there since time of Plato, right?

00:10:32 Speaker 2

Simulation is a new entity and actually medicine borrowed it from aviation industry.

00:10:40 Speaker 2

and borrowing it from aviation industry itself had its own issues.

00:10:45 Speaker 2

So likewise, borrowing it from high income countries or West will have its own issues, right?

00:10:53 Speaker 2

So having insight to that itself, you're one step ahead.

00:11:00 Speaker 2

So when we are developing simulation, we need to see

00:11:06 Speaker 2

If it achieves our ground level needs, is it going to, what it is going to achieve?

00:11:12 Speaker 2

That's what we should be focusing on, the learning objectives.

00:11:15 Speaker 2

If you are, you know, like any learning teaching programme that you develop, your learning objectives, getting it right is what makes it work, right?

00:11:27 Speaker 2

Same for simulation.

00:11:28 Speaker 2

And thinking it on your ground level context is what will make the difference.

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from the evidence that I have at the moment, which I can say.

00:11:38 Speaker 1

No, it's ongoing work.

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I understand.

00:11:41 Speaker 1

None of us have all the answers and we need to do research to add a little bit more to the puzzle that we are building.

00:11:48 Speaker 1

Do you have any examples of maybe like changes or adaptations you have made in your context that you can share with us to give us ideas about, you know, oh, I could maybe do that differently, whether it's using different language or thinking about relationships, power dynamics, hierarchy.

00:12:04 Speaker 2

Yes.

00:12:05 Speaker 2

Being a simulationist for about a year now, after my training in Oxford, I think I've changed myself.

00:12:15 Speaker 2

So changing yourself is the most important thing to change what you're doing.

00:12:20 Speaker 2

So I used to run the simulation and debrief the simulation completely in English before I went to Oxford.

00:12:29 Speaker 1

Yeah.

00:12:30 Speaker 2

When I was doing so.

00:12:31 Speaker 2

But then after coming back, I've started to, during my pre-brief, I've started to tell my team, you can and should talk in native languages as you would do in your real setup.

00:12:44 Speaker 1

Yes.

00:12:46 Speaker 2

And you need to debrief at the end as you would do during your tea time.

00:12:54 Speaker 2

we talked about this, we had this patient and we did this and that, and then this went right, this went wrong.

00:13:01 Speaker 2

You do that during your tea time talk.

00:13:04 Speaker 2

Yeah, you do that here.

00:13:06 Speaker 2

So that's a change that I've made.

00:13:10 Speaker 2

And I've seen how it works.

00:13:14 Speaker 2

So

00:13:15 Speaker 2

It will need formal evaluation, but to firmly say one works as opposed to the other.

00:13:25 Speaker 2

But I've seen it working better, and especially with multi-professional simulation where doctors, nurses, lower grade staff also work together when they work in the native languages.

00:13:44 Speaker 2

For example, the advanced life support courses where we teach people how to give CPR, we used to teach them to stop and start CPR during the defibrillation.

00:13:57 Speaker 2

And that command was in English.

00:14:02 Speaker 2

But in our real context, the orderlies or the lower grade staff do not speak any English.

00:14:09 Speaker 2

And they are the ones who actually give CPR.

00:14:12 Speaker 2

So what is the use of

00:14:16 Speaker 2

that language.

00:14:17 Speaker 2

And that's just one component of language.

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And then when I use mannequins, I tend to dress them up in local clothes.

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But the mannequins generally come as wearing a tracksuit, which our patients don't wear a tracksuit.

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They'll wear a sarong and a shirt.

00:14:34 Speaker 2

And I've tried to dress them up and it immediately switches the realm.

00:14:41 Speaker 2

and buy in the fiction contract.

00:14:43 Speaker 2

So these are very simple things.

00:14:46 Speaker 2

But to do them, you need to have insight that, is this my realm?

00:14:51 Speaker 1

Yes.

00:14:52 Speaker 1

Yeah, I mean, there's a small but powerful changes.

00:14:54 Speaker 1

Like, I mean, even just what your mannequin's wearing is, and I'm assuming the mannequin doesn't even maybe look.

00:15:01 Speaker 2

Oh, no, they are white.

00:15:02 Speaker 2

Yeah, they're white.

00:15:03 Speaker 1

So even there, you know, there's sort of the fidelity or the authenticity of the learning experience is compromised.

00:15:08 Speaker 1

So you're making small changes, but

00:15:11 Speaker 1

it matters.

00:15:11 Speaker 1

And that is, fantastic advice.

00:15:14 Speaker 1

Maybe just in closing, do you have any other sort of takeaways or pieces of advice to give to, simulationists, but even just people thinking about, oh, I've been guilty, I mean, myself included, of copying and pasting something from one context into my own without, you know, critical consideration.

00:15:32 Speaker 1

Any sort of take home messages for our listeners?

00:15:34 Speaker 2

I would say, yeah, copy and paste, but do it properly.

00:15:39 Speaker 1

Or edit it.

00:15:39 Speaker 1

Edit it.

00:15:39 Speaker 1

Edit it along the way.

00:15:41 Speaker 1

Yes.

00:15:42 Speaker 2

Yeah.

00:15:42 Speaker 2

And yes, that's what I would say.

00:15:47 Speaker 2

It's not copying and pasting.

00:15:50 Speaker 2

It's not a, you know, as I say, as you also have, you know, published in papers, it's not whether coloniality is good and bad.

00:16:00 Speaker 2

It's not black and white.

00:16:02 Speaker 2

It's very gray.

00:16:04 Speaker 2

And it's a context to understand and work

00:16:09 Speaker 2

on it, work around it.

00:16:13 Speaker 2

Work towards progress, but define your progress.

00:16:17 Speaker 2

Have your progress defined, not by somebody else's yardstick or the need.

00:16:26 Speaker 1

100%.

00:16:26 Speaker 1

Yeah, no, I agree.

00:16:28 Speaker 1

And it's not a false binary or like

00:16:32 Speaker 1

it's a spectrum and we can't change the past.

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But we can reimagine what education can look like in the future.

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And at the heart of that, designing for your context is what we're advocating for.

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You know, use tools developed if they're useful, if they're evidence-based, but make sure that they are appropriate and authentic for your environment.

00:16:54 Speaker 1

Thank you so much for chatting today.

00:16:56 Speaker 1

I really enjoyed that.

00:16:57 Speaker 2

Yeah, me too.

00:17:00 Speaker 1

I am Danika Sims, your host and producer.

00:17:03 Speaker 1

Thank you for joining Conversations in MedEd.

00:17:07 Speaker 1

Hit subscribe and leave a review.

00:17:09 Speaker 1

I love to hear from listeners, so if you have any comments or questions or recommended guests, please get in contact with me.

00:17:18 Speaker 1

Contact details can be found in the show notes.

00:17:34 Speaker 1

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00:17:37 Speaker 1

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00:17:40 Speaker 1

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00:17:46 Speaker 1

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00:17:57 Speaker 1

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00:18:08 Speaker 1

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00:18:12 Speaker 1

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