= 2.74). Participants competed at the club (n = 35), district (n = 73), provincial (n = 139), national (n = 74) and international (n = 39) levels and their experience in sports ranged from three to eight years (M = 5.22, SD = 1.18). The Sinhala version showed satisfactory internal consistency value with the Cronbach alpha for its subscales ranged from .78 to .88. Even though the confirmatory factor analysis did not completely support the factor structure in original SMS- II, resulted factor structure can be explained though the self-determination continuum. The gender difference was found in internal motivation subscale with a higher mean value for the females.

CONCLUSION: The results of the present study support the use of the Sinhala version of SMS- II for the assessment in different components in motivation in sports.
1. National Hospital of Sri Lanka.

PP 032

Effectiveness of community based teaching on Medical students.
Samaranayaka TSP1, Perera TMR2, Alahakoon C3, Wijerathna TPGKP 4 Fernando GVMC3, de Silva HL3, Jeewandara CJ3

INTRODUCTION AND OBJECTIVES: Community Based Medical Learning (CBML) Programme of the Faculty of Medical Sciences, University of Sri Jayewardenepura (USJP) focuses on student training in a rural setting to empower the medical graduates to provide quality health care to the rural communities with minimal resources. CBML Programme for the year 2015 was held at Kalutara District as one week residential Programme from 19th to 26th July. Objectives were to assess the effectiveness of CBML Programme with regards to knowledge, skills and favourable attitudes of the students to work efficiently in any primary care setting with limited resources.

METHOD: A pretested, structured, self-administered questionnaire with 22 questions was designed to assess the knowledge about prevalent problems, health seeking behavior of the people in this community and the facilities available and possible care provisions at primary care level. There were some questions to assess the skills and attitudes of the medical students to work in a rural area. This was administered before and after the CBML program to 146 Medical undergraduates. Data was analysed using SPSS.

RESULTS: Students showed a significant improvement in all fields (p<0.05).They showed improved interest

in working in rural primary care setup and developed confidence in working effectively in the rural healthcare setting. Students admitted a significant improvement in their knowledge in health seeking behaviours of rural communities and gained confidence in acting as responsible member in the rural community.

CONCLUSIONS: A CBML programme in a medical curriculum significantly increases their knowledge, confidence and attitude towards working in rural primary care settings. 1Senior lecturer, Department of Family Medicine, University of Sri Jayewardenepura, 2Senior lecturer, Department of Paediatrics, University of Sri Jayewardenepura, 3Lecturer, Department of Family Medicine, University of Sri Jayewardenepura 4Demonstrator, Department of Family Medicine, University of Sri Jayewardenepura

PP 033

**TITLE: Analysis of emerging, re emerging and eliminating disease trend in Anuradhapura District
Weerakoon HS1**

INTRODUCTION AND OBJECTIVES: Emerging and re-emerging diseases result from change of lifestyles environmental changes and societal changes due to rapid urbanization, industrialization, and breakdown of traditional society .This include some communicable disease and non-communicable disease such as cancers, heart disease and mental diseases. The objectives were

1. To identify disease trend in Anuradhapura
2. To predict health trends and estimating future needs
3. To develop prevention strategies

METHOD: Non communicable disease (NCD) data were recorded from Indoor Morbidity and Mortality Register. Communicable disease data were recorded from Nortifiable Disease reports .Data wereanalyzed for 5 years period since 2010 to 2014.

RESULTS: All the major NCD shows increment during this 5 years period. In those diseases chronic kidney disease reported more than 1000 cases annually and 2014 had threefold rise of new case detection and it is the top of the leading cause of death in Anuradhapura during this 5 years period. There was increase detection of cancer also noticed. Among communicable disease Leishmaniasis is increasing steadily during this five years period and the highest number reported in Anuradhapura since