

## HEALTHCARE EDUCATION AT EASTERN UNIVERSITY, SRI LANKA, REACHING TWENTY YEARS

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Dear Editor,

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Modern Medical Education began in Sri Lanka in the early nineteenth century with the establishment of a Medical School in the Jaffna peninsula. However, official documentation of the establishment of the first Medical School in the University system dates back to 1870 in Colombo.

The Gazette notification establishing the Faculty of Health-Care Sciences (FHCS) at Eastern University, Sri Lanka (EUSL), was published in November 2004. This is the first faculty established in the twenty-first century and the seventh in the Sri Lankan Universities. Thus, the faculty and the EUSL were placed in a position, whether to follow the same system of medical education of other universities or to take up the new system fitting into the modern twenty-first-century education. The reason has been that the groundwork for the faculty was started in the early nineteen nineties by a respectable scholarly team. The team of scholars put forward a new, well developed concepts and structure of the education system which has had inputs those were able to be introduced at once. The Faculty has embraced this new format and till to date the improved versions are in practice.

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Widespread reforms in health professional education were started to occur from the beginning of the Twentieth century. By the mid-century, problem-based instructional innovation took place. It was, however, from 1990 that major curriculum changes have been undertaken in many Sri Lankan Universities.

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At the outset the FHCS had the ‘System-based curriculum’ which primarily focused on Horizontal integration. Horizontal integration means that the subject disciplines are being linked at the same level within a specific timeframe for teaching and learning together. A good example is that the subject disciplines of Anatomy, Physiology, and Biochemistry are brought together for teaching and learning in Phase I of MBBS. It means that basic Human Health sciences are integrated in Phase I, Pathophysiological disciplines and primary health care in Phase II and Clinical disciplines in Phase III. This format of curriculum was approved by the senate in 2006. The curriculum had shown regular revisions and the second version has been approved in 2011. It should be emphasised that from the first batch onwards, the students were subject to two-week clinical exposure, especially in the peripheral hospitals, during the first year of the study program. This was unique since the other universities were introducing the students to the hospital in the third year of the study program.

The third revision had more focus. This was done in 2017. Graduate profile was developed both MBBS and BScHons (Nursing). This paved the way

for the faculty to develop the ‘Outcome-Based Curriculum ’for both degree programs. Outcome-based emphasised that the learner achieves the required competencies at the end of the degree program. This development had to be taken place, looking into the fact that the teaching-learning methods and assessment strategy are aligned with the graduate profile. To achieve this the faculty emphasises having appropriate ‘Intended Learning Outcomes’ in each module. The next revision took place in 2022 without much changes.

2025 had the fifth revision of the curriculum. In this revision, the MBBS curriculum has undergone tremendous change. The curriculum has been designed in the ‘Spiral Model’. This model of curriculum design is based on the fact that the student learns best by gently increasing the complexity of the subject over time. This model permits that throughout the study program, the learner revisits the same topic, increasing the depth of the subject in different layers, and the learning will be by building on the knowledge and skills already obtained.

This has been done to achieve a ‘vertical integration’ in the curriculum design. The vertical integration is the instructional integration between subject disciplines delivered in different phases of the curriculum. This format allows the related subject disciplines in clinical sciences to incorporate with basic Human Biology in the early years of the study program, such form of integration with pathophysiological and primary health care disciplines in subsequent phase and continuing until the later years. This model permits the teaching and learning to take place involving different and related subject disciplines from the beginning of the study program. Implementation of such format has its challenges. Nevertheless, it must be emphasized that clinical exposure and experience are vital to effective learning of human health sciences. The faculty invested the necessary time in the planning, and development of such curriculum. Similar form of improvements in Peace Medicine also takes place, indicating the faculty’s concern on revisions.

The curricula of MBBS and BScHons (Nursing) at the FHCS of EUSL have been regularly undergoing revisions and new incorporations for the fifth time in its twenty years’ history. The faculty continues to focus on the formats in the twenty-first-century education, which is highly commendable.

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