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Coláiste na hOllscoile Corcaigh

Developing a national undergraduate standardised curriculum for future healthcare professionals on "Making Every Contact Count" for chronic disease prevention in the Republic of Ireland.

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Abstract: This report describes the development of the first national undergraduate interprofessional standardised curriculum in chronic disease prevention for healthcare professionals in the Republic of Ireland. This project brought together for the first time all higher education institutions nationwide in a novel collaboration with the national health service i.e. the Health Service Executive (HSE), to develop a standardised national curriculum for undergraduate health care professions. The curriculum sits within the framework of Making Every Contact Count (Health Service Executive, 2016), the goal of which is to re-orientate health services to embed the ethos of prevention through lifestyle behaviour change as part of the routine care of health professionals. The core focus of Making Every Contact Count is chronic disease prevention, targeting four main lifestyle risk factors for chronic disease; tobacco use, alcohol consumption, physical inactivity and unhealthy eating. Making Every Contact Count is a key component of Healthy Ireland, the Irish national framework for

health and wellbeing (Department of Health, 2013). The aim of the curriculum is to prepare newly qualified health professionals with the skills needed to support patients to achieve lifestyle behaviour change delivered as part of routine clinical care.

Introduction

The term *Making Every Contact Count* (MECC) first appeared in the United Kingdom (UK) in a report by the National Health Service (NHS) Yorkshire and the Humber entitled the Prevention and Lifestyle Behaviour Change: A Competence Framework (Payne et al 2010). In response to the National Institute for Health and Care Excellence (NICE) (2014) guidance on individual-level behaviour change interventions, the National Health Service (NHS) issued a report, encouraging health professionals to '*make every contact count'* by using every patient interaction as an opportunity to promote wellbeing, particularly to address modifiable lifestyle risk factors: unhealthy eating, using tobacco, physical inactivity and drinking alcohol (NHS, 2016). The NHS MECC Consensus Statement (2016) builds on the NICE (2014) guidance and recommends that 'brief interventions' conducted by health professionals represent the most appropriate approach for individual-level preventative interventions. NICE (2014) have described brief intervention as "oral discussion, negotiation or encouragement, with or without written or other support or follow-up" (p 45).

Building on these UK-based policies as well as reflecting priorities in Irish health policy (Department of Health, 2013), *Making Every Contact Count* is a programme developed in Ireland to support chronic disease prevention through the promotion of lifestyle behaviour change for the four key risk factors unhealthy eating, using tobacco, physical inactivity and drinking alcohol (Health Service Executive, 2016). The national Health Service Executive (HSE) has responsibility for overseeing training of existing health professionals. A decision was made to develop a national curriculum that would be delivered by all higher education institutions to prepare a critical mass of future health professionals with the skills required to

facilitate health behaviour change for chronic disease prevention. This innovative approach aimed for consistency in training across all health professions through the collaborative development of a single, standardised, curriculum.

This short report describes the development of a standardised national curriculum for *Chronic Disease Prevention and Management, Making Every Contact Count for Health Behaviour Change* following the formation of a collaborative between the Health Service Executive and all higher education institutions in Ireland.

Background

In 2015, the Health and Wellbeing Division of the Health Service Executive established a unique collaboration with all higher education institutions (15) in Ireland, offering some or all of the undergraduate programmes listed, in preparation for professional careers in healthcare. The professions (14) include Medicine, Nursing, Midwifery, Dentistry, Dietetics, Pharmacy, Occupational Therapy, Physiotherapy, Podiatry, Public Health, Psychology, Speech and Hearing Sciences and Social Care. The aim of the current collaborative was to support the development and integration of the *Making Every Contact Count* programme into undergraduate education. There are challenges involved in creating a culture which readily supports the provision of behaviour change interventions as part of routine care delivery. Targeting all professions however, promotes a collective effort, in making every contact count with the individuals they encounter on a daily basis. A National Steering Group with key stakeholders from the Health Service Executive and higher education institutions was formed to oversee curriculum development and implementation. A National Working Group was established to develop the curriculum comprising one member from each higher education institution and representative of all health professions. Local Working Groups were formed

within each higher education institution to assist in key aspects of curriculum development including content, teaching strategies and pedagogical approaches, assessments, implementation and curriculum evaluation. A project manager (DOS) was employed to co-ordinate the overall project and to facilitate interprofessional working. The first National Working Group meeting was held in February 2016, where specific goals were identified and set over a series of monthly meetings, which took place over the next 12 months. These meetings were supported by weekly contact and liaison from the Project Manager during core content development periods.

The phases involved in developing the curriculum included exploratory, design, implementation and monitoring and review and are presented in Table 1: Curriculum Development Process. Key documents, including the report by the NHS, Yorkshire and the Humber entitled the Prevention and Lifestyle Behaviour Change: A Competence Framework (Payne et. al., 2010), and five papers on developing national medical curricula, were consulted to assist the development process. To our knowledge, there are no other reports published on the development of a national curriculum for future health professionals for health behaviour change in the prevention of chronic conditions.

(INSERT TABLE 1 HERE)

A World Café event was held in April 2017, to create a platform to enable and support open, collaborative conversations between key stakeholders. Members of the National Steering Group, National Working Group, Local Working Groups, Heads of Schools, Programme Directors and key lecturers received email invitations, with a total of fifty-eight representatives attending.

Generating support for the implementation of the curriculum was a key priority and a number of strategies were employed to achieve this. A Champion Group was established with each higher education institution represented. The champion in each of the higher education institutions works across all health schools to promote and support curriculum implementation. A letter detailing the development of the curriculum was communicated to each regulatory and professional body in Ireland to gain their support (see Table 1 for list of Professional Bodies).

The first roll-out of the new curriculum commenced in September 2017 with phased implementation occurring across all higher education institutions. A national launch of the curriculum took place in November 2018. The complete curriculum *National Undergraduate Curriculum for Chronic Disease Prevention and Management Part 1: Making Every Contact Count for Health Behaviour Change* can be accessed online at www.hse.ie/mecc-undergradcurriculum.

Challenges and Enablers

A nationally directed, collaborative approach was useful to creating leadership and commitment to the development of the curriculum and an approach that could be modelled and adopted for other projects when bringing key stakeholders together. Challenges of collaborative working were overcome in the current project through weekly contact and liaison from the Project Manager during core content development periods and through face-to-face monthly meetings of the National Working Group. A major challenge in developing a standardised national curriculum involved working across multiple HEIs and professions. Adopting a systematic approach to curriculum development and inclusion of representatives

from diverse professions assisted this. The interprofessional approach to curriculum development, support for the collective exchange of knowledge and resources, and commitment to curriculum implementation across all higher education institutions were positive elements of the project. Other key enablers, especially in the implementation phase of development, included the establishment of a champion group, provision of training for lecturers in teaching the skills of brief intervention, and the support of learner technologists in uploading online eLearning curriculum modules.

Discussion

This is the first time that a standard competency based national Interprofessional curriculum for allied health professionals has been developed in Ireland and is the first time that the national health service (HSE) and all of the higher education institutions have collaborated in such an initiative. This collaboration marks an important shift in emphasis towards chronic disease prevention in health professional training based on international evidence. To our knowledge, there is no other standardised national curriculum in undergraduate education for all health students in any country. Therefore, this marks an exciting opportunity for Ireland to take a lead internationally in promoting a culture of collaborative education and practice in chronic disease prevention and management in undergraduate programmes. This curriculum provides a standardised approach to teaching the core elements of health behaviour change to future health professionals across a wide range of professional areas. It also offers an opportunity for interprofessional teaching within higher education institutions. The formation of this collaborative and the processes undertaken to develop the curriculum, should strengthen interprofessional workings at a professional level and enhance the potential for a standardized approach to prevention and management of chronic disease in health services. Collaborative working between the health services and higher education institutions is a

means of consolidating relationships, and may be a useful approach to lessening the theory-practice divide in the future. Plans for the overall evaluation of the curriculum are in place to assess successes and challenges, and to monitor implementation overtime.

The template used for this project can serve as a model for other national and international standard curriculum developments, and a second national curriculum in self-management support is now under-way. This curriculum could support sustainable change in the routine delivery of lifestyle behaviour change interventions as part of all clinical consultations.

Conclusions

Developing a standardized curriculum in health behaviour change for all health professions should ultimately benefit patients, and so research to determine these benefits or outcomes is needed. This project marks an exciting venture where relationships between higher education institutions and health service providers were created to jointly address a national and indeed global health problem of chronic disease burden. Interprofessional working through a sustainable collaborative between education representatives of all health professions and health service providers is a fresh approach to addressing one of our major health concerns, health behaviour change for chronic disease prevention.

Declaration of interest

The authors report no conflicts of interest.

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