Implementation of the National Undergraduate Curriculum for Chronic Disease Prevention and Management in Higher Education Institutes in Ireland

Executive Summary

MAKING EVERY CONTACT COUNT

Self-management Support

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
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Background

Chronic diseases place a significant burden on individuals and health services, highlighting the need to equip healthcare professionals with the knowledge and skills to support the prevention and management of chronic diseases as part of the routine delivery of healthcare.

In Ireland, to address this need, a National Undergraduate Curriculum for Chronic Disease Prevention and Management (CDPM) was developed though a unique collaboration between the Health Service Executive (HSE) and all Higher Education Institutes (HEIs) in Ireland. The curriculum was designed to be implemented across all healthcare professional programmes in Ireland and consisted of two parts: (i) Making Every Contact Count (MECC)[1] which focuses on equipping students with knowledge and skills to support the prevention of chronic diseases, and (ii) Self-Management Support (SMS)[2], which aims to develop students' skills and knowledge to support individuals managing long-term diseases.

The MECC component of the curriculum contains four learning units, a workshop to develop students' Brief Interventions (BI skills), and the HSE-designed Making Every Contact Count eLearning Course Core Modules on HSeLanD. The SMS component of the curriculum contains five learning units, with SMS skill development integrated within these units. Both components of the curriculum contain teaching and learning resources developed to support delivery.

Given that both components launched in 2017 (MECC), and 2020 (SMS), and have been implemented across HEI health professional programmes since this time, there is a need to understand how the curriculum is currently being delivered across HEIs and how CDPM knowledge and skills are being applied during clinical/practice education placements.

Aims and Objectives

The aim of this study was to examine the implementation of the undergraduate Chronic Disease Prevention and Management curriculum across health professional education programmes in Higher Education Institutes in Ireland.

The specific objectives of the study were to:

Identify current practices for delivery of CDPM curriculum across education programmes of different healthcare disciplines in Ireland.

Explore opinions and attitudes of HEI staff on the suitability of the CDPM curriculum to develop knowledge, skills and confidence of healthcare students in prevention and management of chronic diseases.

Identify barriers and facilitators for HEI staff to implement the CDPM curriculum.

Identify resources needed to support sustainability of the curriculum for the education of future healthcare professionals.

Explore opportunities available for students to apply their skills and knowledge on clinical or practice placements.

Methods

A convergent mixed-methods design[3] was employed for this study. Academics working in Irish HEIs were recruited via Local Working Groups (LWG) that were established within HEIs to support curriculum implementation, and Heads of Department. Data were collected through an online survey and semi-structured interviews. MECC Leads and SMS Coordinators (HSE staff with designated roles to support implementation of MECC and SMS programmes in HSE healthcare services) were also recruited to participate in focus groups. Quantitative data were analysed using descriptive statistics, and qualitative data were analysed using content analysis[4].

Findings

Participant Characteristics

A total of 56 academics from 11 HEIs across 11 healthcare disciplines participated in the survey. The most represented discipline was nursing and midwifery (30.4%, n = 17/56). A total of 20 academics from nine disciplines and eight HEIs participated in semi-structured interviews.

Current Delivery Practices

Survey findings indicated that the CDPM curriculum is widely delivered across HEIs in Ireland. Most respondents indicated that they were currently or had previously delivered MECC (98.2%, n = 55/56), with fewer reporting currently or previously delivering SMS (44.6%, n = 25/56). Curriculum content was predominantly integrated within pre-existing modules (MECC: 85.2%, n = 46/54; SMS: 100%, n = 24/24) with few respondents reporting delivering content as standalone modules (MECC: 14.8%, n = 8/54; SMS: 0%, n = 0/24). Most respondents reported delivering MECC BI skills workshops (62%, n = 31/50). Assessment of curriculum content was more commonly reported for MECC (61.7%, n = 29/47) than for SMS (20%, n= 4/20).

Interviewees described various methods of integrating CDPM-content into existing modules across their respective programmes. Many described an overlap between CDPM content and existing material delivered within their programmes. Delivery of BI workshops was variable, with some programmes unable to facilitate delivery due to time and resource constraints. Assessment of CDPM-related knowledge and skills varied across programmes, however, theoretical examination through written assessments or exams were more commonly described than practical assessment of skills. Most interviewees reported utilising the curriculum-designed teaching and learning resources as part of their delivery, however adaptation and supplementation to suit disciplinary and programme context was common.

Student Engagement, Confidence and Application to Practice

Most respondents agreed that the curriculum provides students with adequate skills to deliver brief interventions (59.6%, n = 28/47). However, academics' confidence in students' ability to deliver brief interventions after curriculum completion was more mixed, with over half of respondents being 'slightly confident/moderately confident' (56.3 %, n = 27/48). Furthermore, most respondents indicated that students had only 'few' or 'some' opportunities to apply CDPM-related skills and knowledge during clinical/practice placements (MECC: 62.8%, n = 27/43; SMS: 68.4%, n = 13/19).

Most interviewees described students as understanding and engaging well with the CDPM curriculum. Interactive teaching methods and assessments were perceived to increase students' engagement and motivation to learn CDPM-related content. Interviewees reported variation in opportunities for students to apply CDPM-related skills during clinical/practice placements. Factors such as stage of programme, delivery of specific health behaviour change interventions, and the clinical context were perceived as modulating students' confidence and readiness to apply CDPM-related skills. Students' exposure and application of CDMP-related skills on placement were reported as limited. Academics emphasised the importance of students having opportunities to observe and practice application of CDPM skills during their clinical/practice education periods to ensure they integrate CDPM-related knowledge and skills with theoretical understanding of CDPM.

Barriers and Facilitators to Implementation

Survey findings indicated that the most frequently reported facilitators for delivery of MECC were adequate resources (52.9%, n = 27/51) and adequate training for educators (43.1%, n = 22/51). For SMS, the most frequently cited facilitators were adequate resources (47.1%, n = 8/17) and strong institutional support (29.4%, n = 5/17). For both components of the curriculum, the most commonly reported barrier to implementation was time constraints (MECC: 70%, n = 35/50; SMS: 75%, n = 15/20). Inadequate training for HEI staff was also commonly reported as a barrier to SMS delivery (55%, n = 11/20).

Interviewees provided further insights into factors that influenced delivery of the CDPM curriculum within HEIs. Academics highlighted the quality and relevance of the curriculum content, and resources as important facilitators of curriculum delivery. MECC 'Train-the-Trainer' workshops, provided by HSE CDPM trainers to HEI staff, were also identified as an important support in facilitating academics' preparedness to deliver the curriculum. Alignment between CDPM content and existing programme content was identified by HEI staff as a further facilitator, as it supported integration into existing modules. Curriculum delivery was also supported where HEI academics perceived the CDPM curriculum as aligned with disciplinary priorities and professional roles.

Barriers to delivery of the curriculum were also identified including volume of content to cover in the curriculum, outdated references or examples, limited coverage of contemporary health issues (vaping, obesity) and difficulties for HEI staff in accessing learning resources on the website housing the CDPM curriculum resources. Time constraints and competing curriculum demands within health professional programmes, and staffing limitations, were also identified as barriers to delivery. Health professional programmes were described as content-dense resulting in prioritising delivery of material aligned with professional core competencies and regulatory requirements. As a result, CDPM content was often condensed, with BI workshops and SMS particularly, vulnerable to exclusion.

Programme-level support was also identified as a key facilitator for delivery. Interviewees reported that delivery was strengthened when Heads of Discipline, programme leads, and colleagues recognised the value of the curriculum. In contrast, where support was limited, delivery of the curriculum was often reliant on individual champions, making it more vulnerable to interruption over time. Interview findings also highlighted reduced momentum following the initial rollout of the curriculum, reduced activity of Local Working Groups, and limited ongoing communication between HEIs and HSE as wider system-level barriers to sustained delivery of the CDPM curriculum within HEIs.

Resources and Supports Needed for Sustainability

Interviewees identified several key areas required to support sustained delivery of the curriculum. These included improving and updating curriculum content, streamlining existing support materials, and expanding content to address additional populations, such as children and young people, and individuals with intellectual disabilities, as well as contemporary health issues such as vaping and

the increasing use of obesity medications, such as Ozempic. Interviewees also identified the need for improved access to resources, ongoing MECC 'Train-the-Trainer' sessions for HEI staff, and stronger programme-level prioritisation within HEIs.

Participants also emphasised the need to strengthen communication and collaboration between curriculum stakeholders. In particular, stronger connections between HSE and HEIs were suggested, alongside the re-establishment of Local Working Groups to support ongoing engagement and collaborations between curriculum stakeholders. Strengthening opportunities for students to observe and practice CDPM-related skills during clinical/practice placements was also highlighted as an important priority for application of learning to practice and for sustaining and embedding the curriculum in HEIs.

MECC Leads and SMS Coordinator Focus Groups

In order to explore the role of HSE-based MECC leads and SMS Coordinators in curriculum delivery and sustainability, focus groups were completed with these staff members. A total of nine MECC Leads, and nine SMS Coordinators, participated in focus groups. Awareness and familiarity with the CDPM curriculum varied among MECC Leads. Those who were aware of the curriculum expressed positive views of its content and learning resources and were supportive of its continued delivery within HEIs.

Levels of engagement between MECC Leads and HEI staff within their respective Health Regions varied, with time and capacity identified as key factors influencing how these links were operationalised. Most MECC Leads also described having limited engagement in their day-to-day work with healthcare professional students during clinical/practice placements, with absence of key performance indicators (KPI) related to student education as a factor influencing this.

Most SMS Coordinators were aware of the SMS component of the CDPM curriculum and expressed positive views of its relevance and content. Most SMS Coordinators described having established links with HEIs within their respective Health Regions, most commonly through providing one-off lectures to students on locally available self-management support resources for patients. Similarly to MECC Leads, SMS Coordinators described limited contact with healthcare professional students as part of their role.

Conclusion

Overall, the findings of this study demonstrate strong support for the continued delivery of the CDPM curriculum across HEIs in Ireland. The curriculum is widely recognised as relevant and valuable in preparing future healthcare professionals to support chronic disease prevention and management in clinical practice. However, implementation across HEIs remains variable, with delivery shaped by programme-level support, structural constraints within HEIs, and reduced communication between curriculum stakeholders. The findings suggest that sustained and consistent delivery of the CDPM curriculum requires coordinated support across multiple levels.

Recommendations for Strengthening and Sustaining CDPM Curriculum Delivery

The purpose of this study was to examine current implementation of the CDPM curriculum in health professional education programmes in Ireland, with a view to identifying areas to strengthen delivery and support sustainability. The following recommendations, across four different categories, are based on the study findings:

1. **Curriculum Content and Delivery**
2. **Application of Student Learning into Clinical Practice Education**
3. **HEI-level Support and Delivery Capacity**
4. **HEI-HSE Communication and Stakeholder Collaboration**

1. Curriculum Content and Delivery

- Update CDPM curriculum content to reflect current health priorities, contemporary practices and evidence on chronic disease prevention and management.
- Streamline and condense curriculum materials to support integration within already content-heavy health professional education programmes.
- Ensure consistent access through the HSE website, or relevant learning platform, to up-to-date learning resources designed to support curriculum delivery.
- Develop additional practical learning resources to support delivery, including summary guides and updated case studies.
- Consider developing SMS-specific online learning resources, such as MECC HSeLanD modules, to support student engagement with the SMS curriculum.
- Explore broader integration of formal assessment of CDPM-related knowledge and skills as part of curriculum delivery, where appropriate, to reinforce the importance of this content for students.
- Relaunch the SMS component to support stronger recognition and uptake of this component of the curriculum.

2. Application of Student Learning into Clinical Practice Education

- Improve visibility of MECC and SMS interventions delivered by clinical staff so that students can observe these approaches being employed in routine clinical practice.
- Strengthen links between HEIs, placement sites, MECC Leads, and SMS Coordinators to support student learning across academic, clinical and practice settings.
- Explore whether MECC and SMS skills could be more explicitly incorporated into clinical/practice placement outcomes and assessments.
- Consider incorporating student education and support, across academic, clinical and practice settings, within the roles of MECC Leads and SMS Coordinators.

3. HEI-level Support and Delivery Capacity

- Strengthen programme-level prioritisation of the CDPM curriculum within HEIs, particularly through targeted engagement with Heads of Discipline and programme leads.
- Identify protected time within student timetables for CDPM delivery, particularly for skills-based learning.
- Ensure a sufficient number of trained HEI staff or facilitators are available to support curriculum delivery, especially where class sizes are large or staff turnover is high.
- Establish sustainable pathways for delivery of HSE-provided 'Train-the-Trainer' workshops for HEI staff to ensure a consistent pipeline of staff trained in teaching brief intervention skills.

4. HEI–HSE Communication and Stakeholder Collaboration

- Establish formal structures for consistent communication between HEIs and HSE to support ongoing curriculum implementation.
- Re-establish Local Working Groups within HEIs to support sustained engagement with the curriculum and facilitate local collaboration and interprofessional learning between disciplines delivering CDPM content.
- Establish formal and consistent structures for engagement between MECC Leads, SMS Coordinators, and HEI staff within their Health Region.
- Collaborate with discipline-specific professional and regulatory organisations to explore how CDPM-related skills and knowledge could be clearly included in accreditation standards.

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