Developing curriculums for education

Lorraine Avery

Association of the British Pharmaceutical Industry, Diabetes UK and Ask About Medicines (2006) *The Diabetes Information Jigsaw: Report investigating information access for people with diabetes.* Available at: http://www.abpi.org.uk/publications/pdfs/diabetes_jigsaw.pdf (accessed 01.02.07)

Hansard Society, The (2005) *Diabetes dialogue report : online consultation report - living with diabetes in the UK (report of first consultation)* Available at: http://www.hansardsociety.org.uk/assets/Diabetes_report.pdf (accessed 01.02.07)

DoH (2004a) *Agenda for Change: Final Agreement.* DoH, London

DoH (2004b) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process.* DoH, London

Lorraine Avery is a Diabetes Nurse Consultant at Western Sussex PCT, Chichester.

The publication of The Diabetes Information Jigsaw made for disappointing reading (Association of the British Pharmaceutical Industry et al, 2006). The report investigated information access for people with diabetes and found the following.

- Of those diagnosed with diabetes, 58% do not know what the diagnosis means.
- The different medicines available for the condition are not understood by 60% of those with diabetes.
- Only 17% of people with diabetes receive information about their diabetes treatment every time they are given a prescription.
- Two per cent and 40% respectively did not know that heart disease and strokes are common complications of diabetes.

Alongside this, the report highlighted how many people with diabetes do not understand what their healthcare professional tells them or what questions to ask those who provide their care. In The Diabetes Dialogue Report patients identified the need for high quality, structured education (The Hansard Society, 2005). Both reports are well worth reading in order to gain a greater insight into the amount of work that still needs to be done in terms of patient education.

Over the last 2–3 years there has been an increase in the number of centres offering structured education for both type 1 and type 2 diabetes: DESMOND and XPERT have been taken up by a number of centres and the Type 1 Education Network (T1EN) has supported an increasing number of type 1 programmes. DESMOND and XPERT have core curriculums that should lead to the delivery of consistent, structured education. The manual and patient education material available as part of DESMOND is, in my opinion, first class. However, I believe you need to be a skilled facilitator in order to deliver the programme. In light of this, despite experience in running type 2 education, my team had to reflect significantly on our own delivery strategy and make appropriate changes.

It is apparent at T1EN meetings that the variety of curricula available may suggest that even the content of education programmes may vary. We all include and place emphasis on what we believe to be most important. These localised variations may confuse participants and, potentially, commissioners. Does this matter? Possibly not, so long as we are all using the same database to audit and benchmark ourselves against other centres. Alongside this, every programme must meet DoH self-assessment standards. However, it should not be forgotten that a curriculum should at least inform the content of the programmes. I believe this is something we should all be working towards in the T1EN. Should we all have our curricula written before we are up and running? I am aware that many centres wrote theirs after the event – in her article, Joan Everett discusses how the Bournemouth type 1 intensive education programme evolved and the journey to writing their curriculum.

Our colleagues in school education all follow the national curriculum dictated by the department of education. This is evident when discussing with friends what their children are working on. We found that even between schools there was variation in the tasks and homework set in relation to each subject. This seems to fit my belief that curricula inform the content and not necessarily the process, allowing us some freedom to deliver education according to our skills and expertise.

As well as providing people with diabetes with the skills to self manage their condition, there is a constant need to maintain our own knowledge, skills and competence base. The Agenda for Change and the Knowledge and Skills Framework (KSF) have increased the emphasis on how our professional development is linked to annual appraisals and performance reviews (DoH, 2004a; DoH, 2004b). Frustratingly, it has become more difficult to secure funding and time off to attend courses and conferences. This has led to a number of healthcare professionals attending in their own time and often at their own expense.

Gill Teft and her colleagues in Scotland have successfully developed an online diabetes education programme. What I particularly like about this programme is that it is open to all healthcare professionals, including those allied to medicine. The programme is also web-based, which means it is easily accessible and up-to-date, ensuring the curriculum is evolving in line with the latest evidence base.

The development of innovative education programmes for healthcare professionals allows us as individuals to choose the type of course or conference that we feel best suits our learning style – something perhaps we need to think about further when we are developing educational programmes and materials for our service users. ■