

Co-designing with emerging health professionals and community members for asynchronous IPE: Artefacts and experiences.

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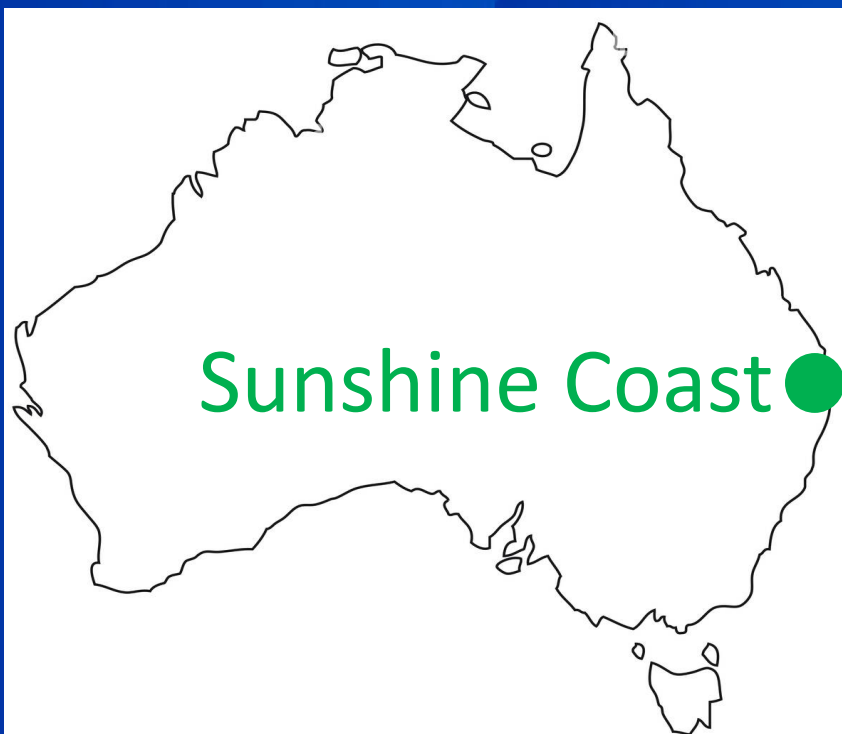
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Background

- IPE activities are often designed **without including emerging health professionals (EHPs) or community members (CMs)**.
- Interprofessional collaborative practice (IPCP) is often conducted **asynchronously**, yet these skills are not always taught at universities in an IPE context.

Aim 1: Co-design educational artefacts with EHPs and CMs.

Aim 2: Understand EHPs' and CMs' participation experiences.



Participants

- 9 EHPs in their third or fourth year of nursing (n=2), occupational therapy (n=2), psychology (n=3), or dietetics (n=2). Six women, three men. Age $M=40.8$, $sd=9.9$.
- 8 CMs aged 65+ who have interacted with at least one health professional in the past year. Seven women, one man. Age $M=72.75$, $sd=6.78$.

Procedure

- Two 4-hour workshops held on-campus
- Participants learned about IPCP and how it is developed through IPE, then co-designed artefacts that could be used for IPE with health students.
- Focus groups about the experience of the workshops were thematically analysed.



Artefacts

EHP-recorded vignettes about their discipline and an e-role play.



Platform for shared case study, jointly prepared by students of different disciplines.

Key themes

- **Promoted collaboration** - Groups collaborated well and saw their groups as equitable: *"it was empowering to get the most out of every person who was contributing, which was all of us."* (EHP-Nurse)
- **Strengthened understanding** - EHPs and CMs gained healthcare knowledge: *"I've come out of this realising how much gap there is...[I will] communicate to make sure I understand what's going on, because it sounds like speaking to community members, that that doesn't always happen."* (EHP-Psych)
- **Changed my orientation towards the future** – CMs and EHPs experienced a perspective shift: *"it's very reassuring to see our future health professionals are open to learn and adopt changes that benefits benefit us all."* (CM)
- **Appreciative practice** - CMs and EHPs greatly enjoyed and valued participating: *"As a community member I have absolutely relished this role. I've loved it."* (CM)
- **Challenges of asynchronous IPE were experienced firsthand** – Time and place were hard to match up: *"all coming together was probably a big challenge."* (EHP-Nurse)
- **Opportunities for improvement** – Learning for future IPE community involvement programs require careful design: *"I'd like to see it...included into course profiles."* (CM)

Conclusions

- CMs and EHPs produced educational artefacts that can inform IPE delivery.
- EHPs and CMS relished the opportunity to engage on a personal level, being able to ask questions not always appropriate for healthcare delivery.
- CMs should be included in co-design experiences within universities.

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