

Co-designing hospital education for healthcare workers about intellectual disability

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Mater Intellectual Disability and Autism
Service (MIDAS)

About our team

- Co-located clinical service + research team
- State-wide clinical service for people over 16
- Applied research



Our EASY Health team



Cathy



Cathy



Catrin



Katie

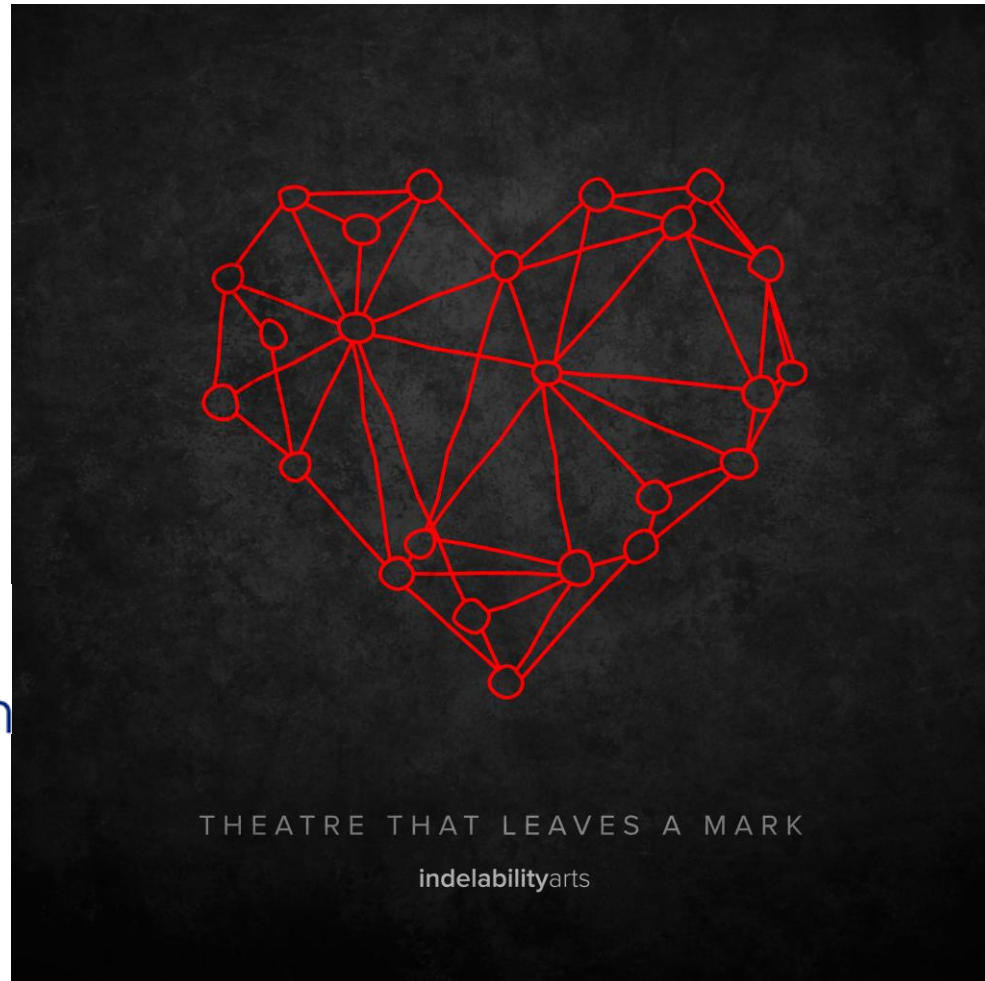


Ritwika



Ruby

Thanks to our project partners



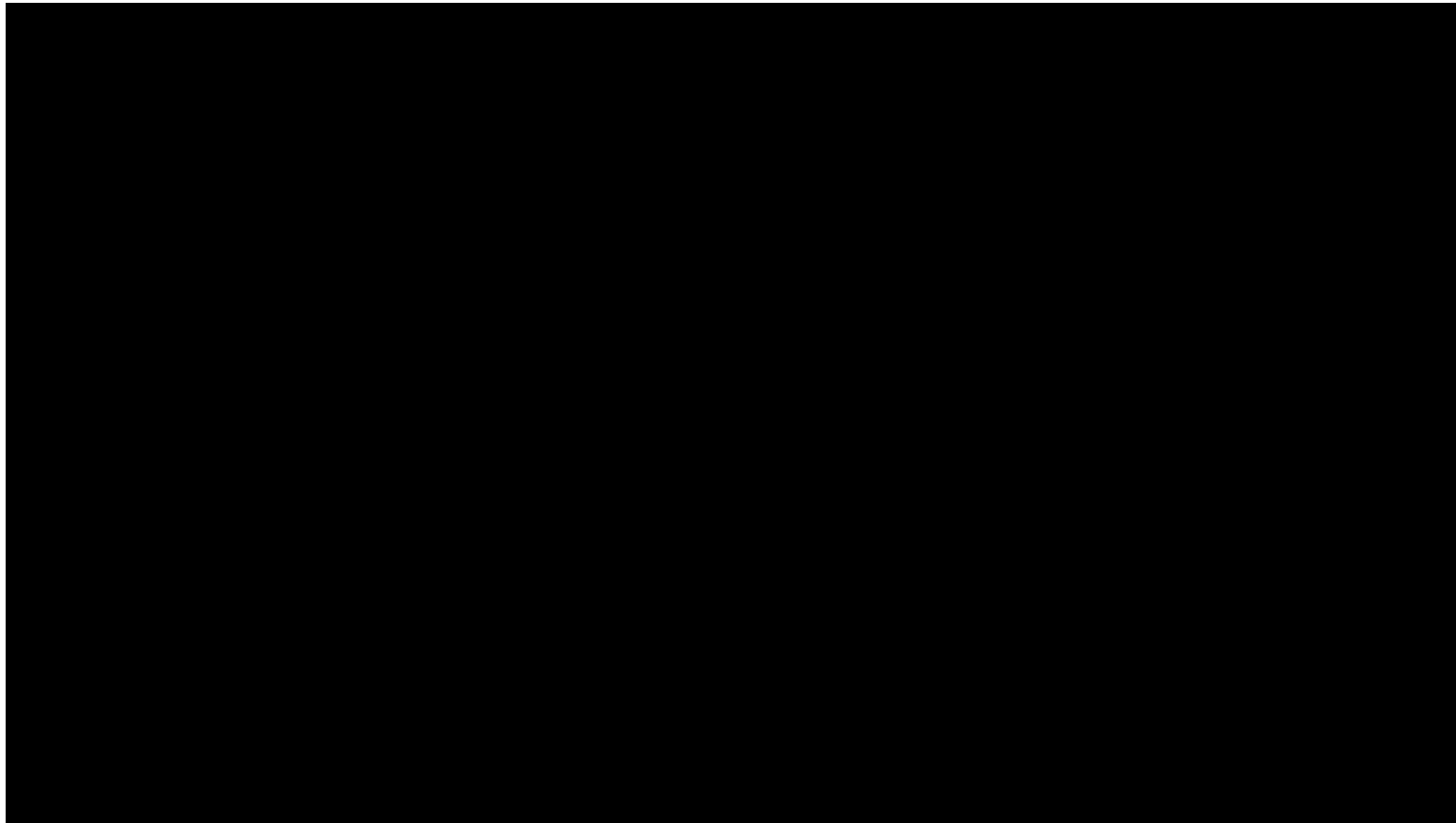
Acknowledgement of funding



Australian Government
Department of Social Services

About EASY Health

What is EASY Health?



The EASY Health project

Aim: To improve hospital staff

- Knowledge
- Confidence
- Attitudes

Three stages

1. Working out what we need to teach hospital staff
2. Developing training
3. Getting people to do the training



Co-designing education for hospital staff

A process of co-design

- Team members with lived experience of intellectual disability
- Advisory group of key stakeholders including people with disability
- Asked people with intellectual disability what we should teach health workers
- Worked with people with intellectual disability to develop education

Hi, I'm Catrin



Research assistants with lived experience

Catrin

- Proof read documents
- Help make videos
 - Coming to our clinic
 - Diabetes
 - Talking about project
- Help host events



Research assistants with lived experience

Ruby

- Enter data
- Analyse interviews
- Proof read documents



What this job means to me

- Had a goal to have meaningful job
- Help others with a disability to get better healthcare
- Help save people's lives
- My goal in employment in life is to help people have a better life

Finding out what's important to people

People with intellectual disability, autistic people and their supporters

Interviews

- 24 people with intellectual disability/autism
- 31 family members/support workers

Survey

- 54 support workers

What are their experiences?

What do they want their health workers to know?

Finding out what staff think

Health workers

Survey

- 213 staff

Interviews

- 31 staff

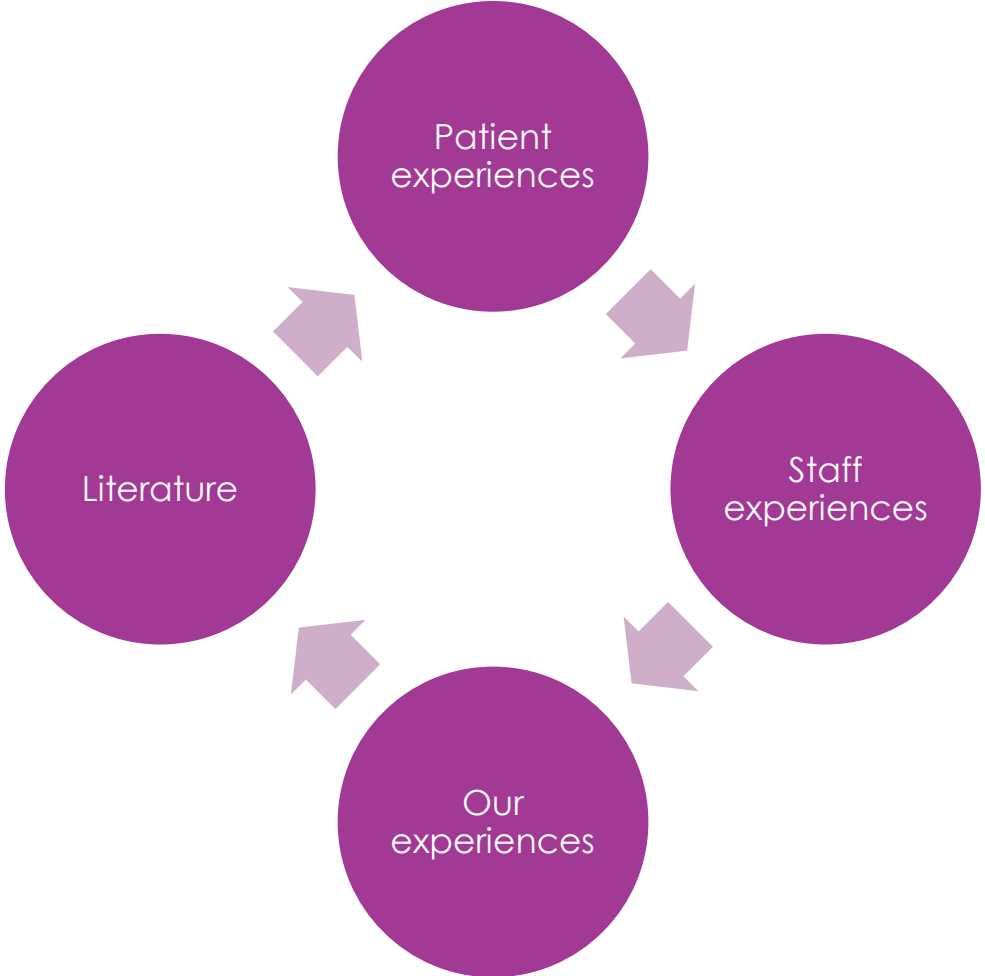
What are their experiences?

What do they think can be done better?



Making the education brief and powerful to suit busy hospital staff

EASY Health content



Reasonable Adjustments: Making it EASY

[RESUME COURSE](#)

Key Clinical Concepts: Making it EASY

[RESUME COURSE](#)

Health Assessment and Management: Making it EASY

[START COURSE](#)

Mental Health: Making it EASY

[START COURSE](#)

How do we want to teach it?

- We needed to be engaging
- Centred around people with intellectual disability / autistic people
- Least amount of words as possible
- Decided not to have quizzes/too many activities
- In the shortest way possible

Making the education – videos



OUR MISSION

Providing creative opportunities for
Queensland disabled and neurodivergent artists.

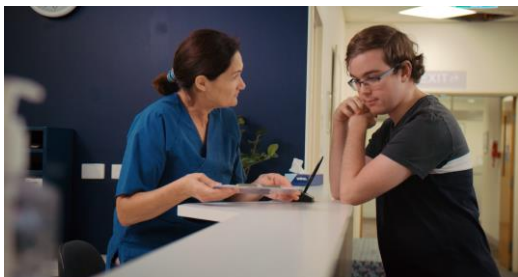


Making the education – videos

- Broad idea → scripting / scenes
- Multiple edits and rethinking
- Work with Indel to
 - Make suitable for health
 - Actors were comfortable / authentically represented
- Most actors had their own experience to draw on



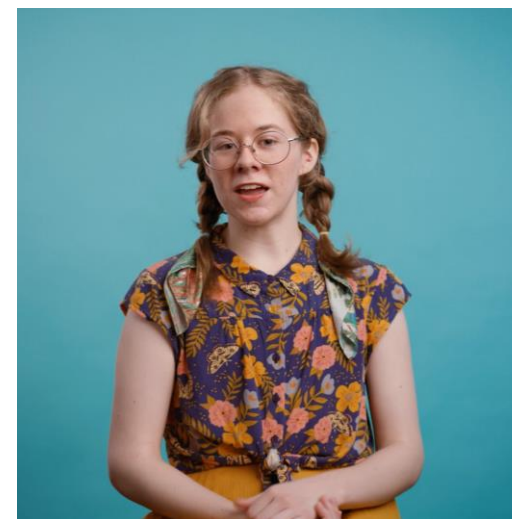
Video styles



Scenarios done
wrong v right



Modelling best
practice



Talking heads

Bringing it together

- Revise & reinforce important points from the video
- Call out important points in boxes
- Short and to the point
- Content reviewed by experts
 - People with intellectual disability
 - Autistic people
 - Medical, nursing, allied health professionals


Assessment

There are some additional aspects to consider when conducting a mental health assessment with an individual who has intellectual disability or is on the autism spectrum.

General Tips for Assessment

It is important to understand an individual's baseline presentation so that new mental or physical illness can be detected.

- Allow the individual time to tell their story
- Allow extra time for developing rapport, history and observation
- Identify the individual's current activities, social supports and living conditions
- Establish baseline: identify behaviours, activities and functional level before the individual became unwell
- Identify any changes in sleep, appetite, enjoyment of activities (neurovegetative features)
- Obtain collateral history wherever possible

 Assessments can be complex, specialist opinion may be necessary.

Getting people to do the education

Roll-out of education to health workers across pilot sites

- Visiting people
 - Coffee vouchers
 - Chocolate and card on desks
- Talking at meetings
 - Grand rounds
 - Visiting wards at hand over/buzz meetings
- Staff emails
 - From the “boss”
 - Reminders



Results

OVERWHELMING RESPONSE

We thought 250 would be struggle

We aimed high - 300 would be amazing

A large, bright yellow starburst graphic with multiple sharp points, centered on the page. The number 722 is written in white, bold, sans-serif font in the center of the starburst.

722

Evaluating the education – does it work?

Survey questions about knowledge, attitudes and confidence

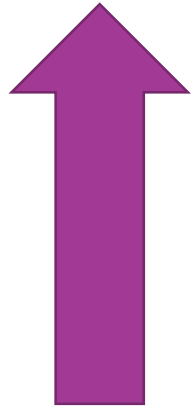


- Did we have an impact?
- Did people forget things in the last 3 months?
- Did staff change their way of working?

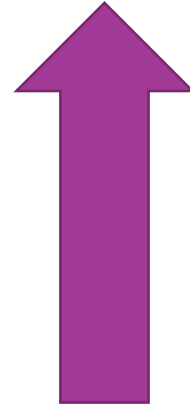
We have some early results...!



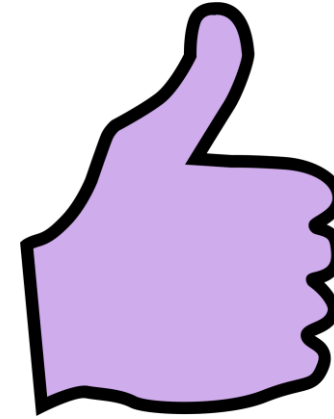
Knowledge



Attitudes



Confidence



Liked

What's next?

- BIG goal: We want to make it mandatory for all hospital staff
- Talking with
 - Urgent Care Centres
 - Queensland Health
 - Other states?
- New ideas
 - Making a primary care module
 - Develop support worker module
 - For specific syndromes

Thank you

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