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**Profile: Co-Developing Interprofessional Course Content with People with Disabilities**

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**Introduction**

Quality interprofessional and interorganizational practices are key to supporting people with disabilities and their families (Gilbert et al., 2010). It is critical to increase efforts to give health and social care professionals a better understanding of the roles and contributions of their colleagues and to encourage sharing between different disciplines. Professionals must also be supported in developing essential clinical knowledge, attitudes, and skills to build the foundations of a person-centred approach focusing on the needs of people with disabilities and their families (Lezzoni & Long-Belil, 2012).

Interprofessional education (IPE) is a powerful tool to better equip professionals to adopt collaborative practices tailored to individual and community needs (Barr et al., 2005; WHO, 2011). In health and social care, IPE occurs when two or more professions learn with, from, and about each other to improve collaboration and the quality of services (CAIPE, 2002). In recent years, a growing number of IPE initiatives have called upon people receiving services to act as experts in the teaching, evaluation, and development of educational content (Jha et al., 2009; Towle et al., 2010). Inspired by this innovative approach, a team composed of eight people with intellectual, physical, or sensory disabilities, four graduate students, and three researchers or professors pooled their expertise to co-develop an IPE university course. Entitled

“Interprofessional Collaboration and Social Participation in the Field of Disability” [English translation], the course was given in French from May to June 2016 at Université Laval – all students from the various programmes offered in the fields of health and social care could take this optional course as a part of their professional curriculum. All team members with disabilities who were involved in the co-development of the course participated in teaching, student mentoring, and assessing learning outcomes, with different degrees of involvement depending on availability and interest. This paper describes the co-development process and presents the results of the first phase of the project. The aim was to identify the knowledge that people with disabilities perceive as important for the initial training of students so that they can develop person-centered collaborative practices

## **Method**

Team members with disabilities were recruited from the researchers’ networks. Inclusion criteria were based on a literature review of active patient involvement in education (Jha et al., 2009) and the researchers’ experiential knowledge. When selecting participants, efforts were made to diversify the team in terms of age, gender, types of impairment, and experiences as service users. The inclusion criteria for participants were as follows: good communication skills; willingness to share their experiential knowledge of disability and being comfortable talking about it; ability to cope if unpleasant issues arose (e.g.: triggering painful memories); no personal agenda against the medical and social professions; interest in the project and time to devote to the development of this educational initiative; motivation to share their expertise with students (future professionals); and ability to elevate the discussion beyond anecdotal or individual experience.

To co-develop the course content, a participatory research method was used to build on strengths and resources of each team member. This was mainly done through four participatory workshops. Different strategies fostered team members' active engagement and the development of a feeling of belonging to the group. For example, each workshop began with an informal discussion and enjoying a meal together. To ensure all team members shared their opinions freely while respecting the objectives and conditions inherent to each workshop (e.g., time), a system for managing the discussions was proposed by a researcher with extensive experience in group processes' facilitation. This co-facilitator ensured that the time limit for each step was respected and that those who talked less were given priority when they wished to speak. In addition, involving graduate students facilitated the participatory research process. One offered to translate team discussion into sign language for a hard of hearing person when he needed it. Another supported a team member with intellectual disabilities by using plain language and checking in. The same person made reservations for paratransit and met those who used this service at the entrance of the building where the meetings were held. All participants with disabilities had travel expenses reimbursed.

The aim to the first three workshops was to collectively identify course content and learning objectives. Ideas for pedagogical activities to address different types of content were also shared and discussed in this first phase. After each workshop, a detailed report was produced by two graduate students and revised by the principal investigator (EM). The reports were emailed to all team members, except for one who did not have Internet at home. One of the graduate students summarized the reports for him over the phone. Finally, a content analysis of the reports was conducted by the principal investigator to pinpoint key elements for the learning content and objectives. In a fourth workshop, a synthesis was presented orally and discussed with

the team for validation. Key training elements were then grouped into four modules aligned with the six competency domains of the National Interprofessional Competency Framework (CIHC, 2010). This process led to a detailed plan of the different types of content that should be covered and the pedagogical objectives that should be targeted, which were validated by the team.

### **Training Module Content**

The main goal of Module 1, which focuses on person-centred care, is to present the unique and diverse needs of people with disabilities from their own perspective. Students learn about the history of rights movements by reading assigned texts and talking with team members with disabilities who identify as activists. Then, they learn to use an interactional biopsychosocial model to recognize all contributors to disability in different situations. These scenarios are based on real-life situations experienced by members of the team. Students are introduced to the concepts of reasonable accommodation and universal design. They furthermore learn that the notion of legal requirements do not refer solely to the “built” environment but are embedded in all aspects of person-centred care. Students work with people with experiential knowledge of disability in participatory activities to develop their capacity for shared decision-making processes. They are also invited to think about where disability fits into their personal lives, preferences, and expectations, and to record their thoughts in a personal journal.

Module 2 addresses interprofessional communication and conflict resolution. Students are given opportunities to recognize taboos, stereotypes, and prejudices that affect the lives of people with disabilities and to identify strategies to overcome them. Some team members also actively participate in class by identifying their own prejudices towards healthcare professionals. The objectives of this discussion is to demonstrate to the students that people with disabilities

may have negative assumptions about professionals and the crucial role these beliefs may play during interventions. Students are then introduced to disability labeling and invited to put their interprofessional communication skills into practice through role-playing.

In Module 3, students learn about the different roles and functions of interprofessional team members and other disability-specific resources in both health care system and community. They test strategies to assume collaborative leadership through various activities in interprofessional teams, such as writing an action plan as a team). Finally, in Module 4, students are given opportunities to apply their knowledge and use role-playing exercises to develop specific team functioning skills essential to effective person-centred interprofessional meetings. They learn to recognize potential barriers to collaboration and how to identify which interprofessional practices to use in specific situations.

### **Course Review**

In 2016, twenty-one students from the occupational therapy, social work and psychology programs participated to the course. To assess the course outcomes, focus groups with people with disabilities and with students were conducted. Changes in students' attitudes towards people with disabilities were also measured by using the "Interactions With Disabled Persons Scale" (Gething, 1994) at the first and last session of the course. The results of this evaluation will soon be published. The course is now offered in winter semester 2018, and will continue to be offered every winter semester.

### **Conclusion**

To be better prepared to offer inclusive services, students from different fields of practice should have access to more interprofessional learning opportunities including the active

participation of people with experiential knowledge of disability. Indeed, since they received services throughout their lives, they seem best placed to identify the knowledge and attitudes that future service providers should acquire for person-centered collaborative practices. Thus, their active participation should be sought not just in classroom teaching but also when creating curriculum content. This is essential to raise future practitioners' awareness regarding the common and specific needs of people with disabilities.

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