



University of  
South Australia

# **Learning from Experts by Experience (EBE) - Perspectives of Allied Health Students**

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## **Introduction**

**Research Question:**  
What do allied health students learn from experts by experience?

- Aim:**
- Describe learning experiences of allied health students
  - Provide recommendations for the implementation of EBE into allied health curriculum at UniSA

## Introduction

### Expert by Experience (EBE)

- *First-hand experience* of a diagnosis or condition
- Use experience of receiving health services to help others learn
- Expertise does not come from training or formal education
- Examples; individuals living with disability, mental health conditions, homelessness, and substance misuse

(Anderson, 2006; Hollins 2019 & Rutherford et al., 2012)

## Introduction

- **Experts by experience involvement results in;**
  - Breaking **stereotypes and prejudices**
    - Reduces **stigma**
    - Increases **empathy**
  - Develops **positive attitudes**
  - Develops **interpersonal and communication skills**
- Enable students to **relate theory to policy and practice**
  - Reinforces **client-centred care**
  - Promotes **critical thinking**
- Improves students **understanding of conditions** and **holistic understanding** of consumers
  - Enhances **self-awareness**

(Byrne et al., 2013; Happell et al., 2022; Happell et al. 2019; Kanagasabai et al., 2023; Stacey & Pearson, 2018)

## Research Design

### Qualitative Descriptive

- Suitable for gathering **firsthand information** from **individuals with direct experience**
- Participants express their experiences openly = exploring potential recommendations

(Bradshaw et al., 2017; Kim et al., 2017)

## Sampling and Participants

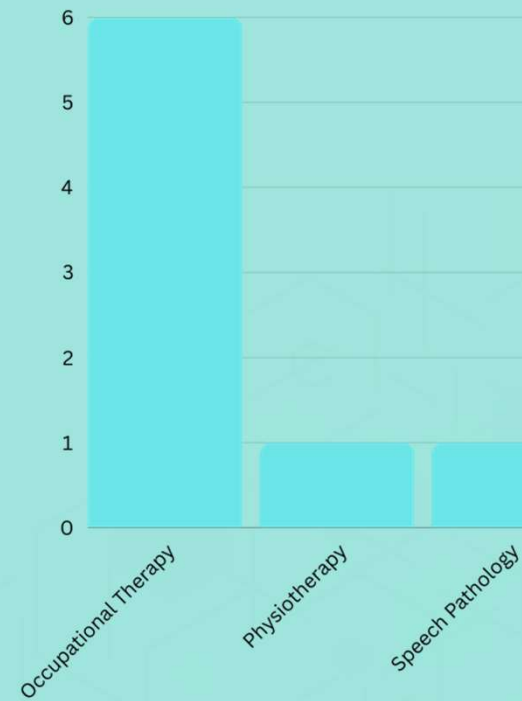
### Target Participants

- Fourth year allied health students at UniSA
- Fourth year students = knowledge of entire curriculum



### Demographics of Participants

Number of Participants



Allied Health Disciplines



University of  
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## Recruitment

1



### Methods

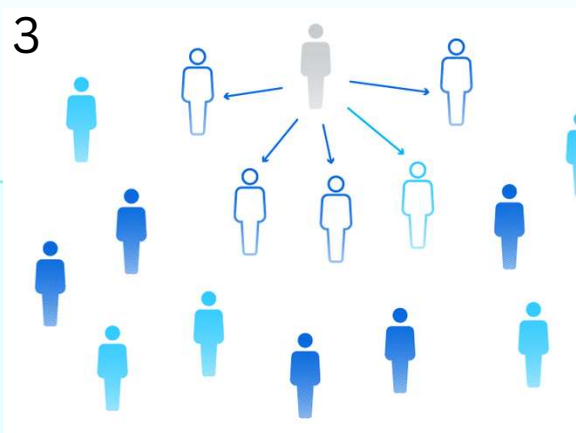
- **open recruitment** by emails
- **flyers** displayed on campus and Facebook groups
- **convenience sampling**
- **snowball sampling**



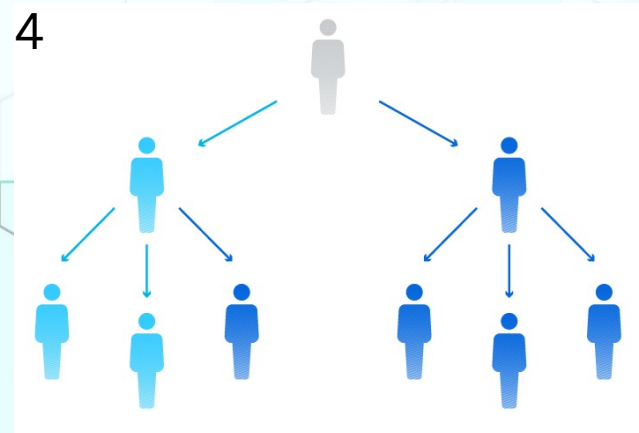
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## Date Collection

### Semi Structured Interviews

- 9 questions
- + probing questions

### Explanation of EBE

### Question

### Instruction

### Probe Questions

## Part of pre-designed script

So, you may be wondering what an Expert by Experience (EBE) is. Here is the definition: An EBE is someone with direct experience living either with a particular diagnosis or condition or caring for that someone, and receiving care, support and/or treatment and using that knowledge to help others learn. Examples of expert with lived experience include disability, mental health conditions, homelessness, offending and substance misuse. Lived experience expertise doesn't come from training or formal education Expert with lived experience are part of a continuum of people with lived experience who are also clients, patients, and consumers. Student placements provide consumer engagement opportunities essential to the education of healthcare professionals. Nonetheless, this study doesn't involve learning from consumers in a placement setting, as consumers do not purposefully teach students.

1. *Can you remember and describe an experience you had learning from an expert of lived experience?*

*Probe: can tell you more about the learning activity and what they did*

2. *From your specific experience described, what knowledge and skills do you think you have gained from learning directly from the expert of lived experience.*

Here are ways of delivery: face-to-face workshop, live lecture, YouTube video.

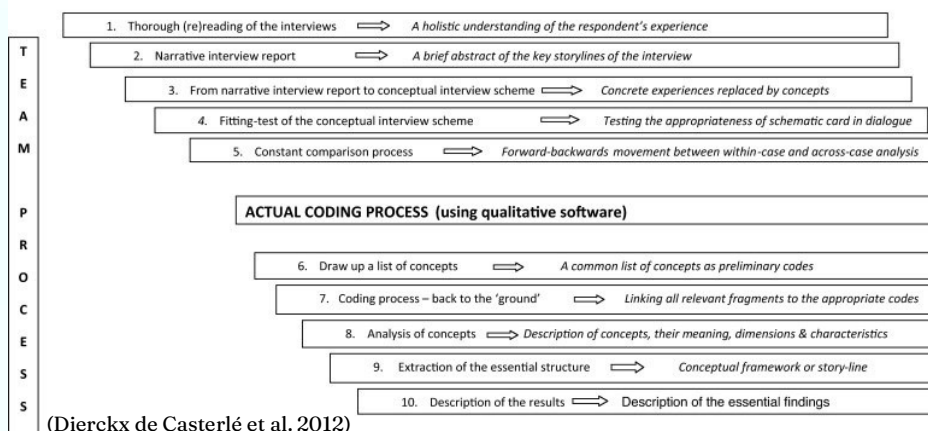
3. *Which mode of delivery do you believe you learn the most from and why?*
  - Probe questions
    - (a) *Can you describe the differences in your learning when different methods of delivery are used?*
    - (b) *What's it like to have a face-to-face workshop? What's it like to have a live lecture? What's it like to have a YouTube video?*



# Data Analysis

## Stages of Qualitative Analysis Guide of Leuven

### PREPARATION OF CODING PROCES (paper and pencil work) (QUAGOL)




### QUAGOL - Step 5

Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
Learning from seeing	OT interventions	Allied health has a significant impact on client's lives	Best care	Interactive	best vivid memory	Long lasting impact	Holistic perspective
Learning from hearing feelings	Personable	Significant injury is not the end of life	Patience	Means so much more than when you learn about it from a textbook	Palpating	Picturise and imagine	Cultural awareness
OT improving client's life	Holistic understanding	Positive outlook	Find other ways to communicate	Higher weighted experience	Words in a textbook were put into a live experience	Come out of your box	Placement preparation
OT assessments and intervention		Impact on identity of students	Non-verbal communication (body language)	You won't be a perfect fit for every client	Stressful	Breaking stigma	Eye opener
Empathy		Shock to the system	Personal space	You're not a bad therapist if it doesn't work	Practice with feeling the difficulty	Connect to client	Lived experience impact
Importance of emotional well-being		Not prepared for acute placements	Visibility for clients	Listening	Emotions were alive	Translate into future career	Recognising how much didn't know
		Understanding of daily routines	No pressure	Not being intimidated	Skill development clarity	Future preparation	Holistic point of view
		Understanding of community mobility	More prepared	Communication	Showed parts of reality	Talk to clients about experience	
		Experts' strategies for manage	Honoured	Personable	Feelings of trust		

### QUAGOL - Step 6

Holistic understanding	"More details about the person" (Participants 1)	This concept means it's important to understand a client's home life, community participant and meaningful activities. This approach means considering the impact a significant injury, condition or disability has on an individual client's day-to-day life. This means it's about them as a person and not their diagnosis.
"It was more just gaining an understanding of her more holistically." (Participant 2)	"Got more of an idea of, how a stroke can impact your day-to-day life." (Participant 2) was moved from client-centred care	Note: client-centred care and holistic understanding are related concepts but not the same concept.
"It's more about them as a person." (Participant 2) was moved from client-centred care	"See the person more holistically and not see them as just a scenario printed out on paper and actually hear their stories because you get to see, what the impacts have been on their life." (Participant 2)	Client centred care = client's needs, values and preferences, involving client in decision making, actively listening to clients
"We get an idea of their home life, life out in the community, how they transfer and mobilise throughout the community, what ADLs, IADLs they struggle with." (Participant 3)	"An understanding of what they do day to day, how they how get around in the community." (Participant 3)	Holistic understanding = looking at the individual as a whole, gaining an understanding of the aspects which influence health

Rigor increased;

- Adhering to QUAGOL
- Interviews transcribed verbalism using 
- Created narrative summaries and compared with ChatGPT
- Member checking
- Research team discussions and agreement on themes

## Results

### Four concepts

- **Seeing the impact firsthand** *“See what the impacts have been on their life.”*
- **Demystifying professional practice** *“More prepared to go out and be with consumers.”*
  - **Interactive learning creates a “vivid memory”** *“Getting examples from people with lived experience will stay with the person for longer”*
- **Exposure to a “new world”** *“Showed me parts of reality, which I would never have had access to.”*

## **Discussion**

### **Recommendations**

#### **Implementation of EBE into the allied health curriculum**

- Early (shape professional identity, promote commitment to the program and provide insights
  - Ongoing
- Before placement (understand the nature of future roles)
  - Real-life case study
  - Complex conditions (i.e., stroke, TBI)

## **Discussion**

### **Limitations:**

- Only 8 participants

### **Future research:**

- Combine with a larger data set including other allied health disciplines (i.e., exercise physiology and podiatry)

# Questions and Answers



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