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Instructional Insights: Learnings from a Case Study of Collaborating with an Individual with Lived Experience in Occupational Therapy Education

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ABSTRACT

This case study shares the knowledge gained from working with an individual having lived experience of a health condition contributing toward an occupational therapy education module through the reflections of an occupational therapy academic and an individual with lived experience working in a university. The primary goal is to establish an empirical evidence base for involvement of people with lived experience in occupational therapy education and to encourage other educators and individuals with lived experience to follow this model of teaching and learning in their curricula. Based on the belief that teaching and learning through co-production creates a 'triangle' of benefit for individuals with lived experience, students and academics. Individuals with lived experience are seen as powerful, independent, and strong despite their medical condition. Students learn more about important aspects of service provision beyond direct medical and therapy knowledge and academics learn about and model this new way of working. The aim is to promote development of co-production learning activities in occupational therapy education.

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Collaboration;
co-production; education;
lived experience;
occupational therapy

Background

Working in collaboration with clients of diverse needs is a fundamental skill for occupational therapy therapists and a key to build competent occupational therapy workforce. The opportunities for developing this skill are embedded within occupational therapy education programs through fieldwork or clinical practice-based learning. Although occupational therapists aim to be client-centered, the need to develop an understanding of power dynamics to allow this to happen (Restall & Egan, 2021). In this

article, we share knowledge gained from working in collaboration with an individual with lived experience of their medical condition within an occupational therapy learning module in their occupational therapy degree program in the United Kingdom (UK).

Within the academic literature here is a growing recognition of the importance of co-production of learning within health care education (Happell et al., 2015). Co-production is a process that aims to bring together the skills and experiences of service users and professionals. It functions by ensuring service users' voices are heard so that their experiences can be improved (Makey et al., 2023). Introduced by Edgar Cahn, a civil rights lawyer (Cahn, 2004) co-production has evolved with other terms being used (e.g. co-design, co-creation, and co-planning) but all involve bringing different groups together. Co-production in healthcare is seen as ensuring innovation and improvement of services, although barriers such as issues with responsibility and a resistant healthcare culture are evident (Makey et al., 2023).

Evidence from other health professions, especially mental health nursing and social work, suggests that receiving education from clients with lived experience can have multiple benefits (Arblaster et al., 2015a, 2015b, Buckley et al., 2023). This includes reducing stigma, positive attitudes toward people living with an illness, enhanced understanding of the experience of illness, young professionals feeling more prepared for practice, and modeling collaborative practice. However, these conclusions are from mental health services that acknowledges the power of the process of co-production and development of positive connections through active listening and sharing of experiences (Arblaster et al., 2015a, 2015b; Classen et al., 2021; Happell et al., 2015; Kang & Joung, 2020, West et al., 2022). In fact, there is evidence of involving clients with lived experience in higher education programs in social work (Hughes, 2017), physiotherapy (Buckley et al., 2023; Easterbrook et al., 2023; Jury et al., 2023), and nursing education (Happell et al., 2015).

While the concept of co-production is used widely elsewhere, there is little evidence related to occupational therapy (Cleminson & Moesby, 2013). Co-production of education shows added value to professional practice by creating opportunities for the open exchange of ideas, transparency, mutual learning, and informed and representative decision-making processes (Royal College of Occupational Therapists, 2019). However, it is necessary to ensure this it is carried out in an appropriate and responsive manner and in ways that have a clear and demonstrable impact on student learning and professional practice. It is therefore important to consider evidence and best practice for doing this effectively in ways that benefit all involved.

Co-production in education moves beyond collaboration with clients. In fact, clients and professionals actually design the activity together using their skills and experiences resulting in services that are truly client-centered (Grant, 2024). This moves beyond a consumer or consultation model of involvement in which we might seek feedback on our work. Instead, we engage in an active collaboration where we draw on academic, practice, and lived experience using a simulation-based pedagogical approach (Grant, 2024). In fact, in the UK, this approach is supported by the Health and Care Profession's Council (regulator of health and care professions in the UK) and the Royal College of Occupational Therapists (the professional organization of occupational therapists in the UK) (HCPC 2017, Royal College of Occupational Therapists, 2019, 2021, 2022). Moreover, The World Federation of Occupational Therapy (WFOT) also endorses and encourages active collaboration between occupational therapists and clients to influence the direction and vision of Occupational Therapy in the future and the involvement of clients in occupational therapy education is valued and recognized in countries (Bevitt et al., 2022; Scanlan et al., 2022; Guidance for Education and Training providers, 2024). In fact, Scanlan et al. (2022) demonstrated that occupational therapy students who engaged with the co-designed and co-delivered workshops with lived experience educators improved their knowledge and capabilities over the course of the semester. Qualitative feedback also suggested that students' attitudes and skills for future practice were positively influenced by engaging with lived-experience educators.

Bournemouth University's experience

Within our university, we have a formal Public Involvement in Education and Research (PIER) partnership which was a development to encourage and support people with lived experiences to come together and share their unique perspectives with those within the university environment. The individuals with the "lived experience" came from underserved groups who have used a wide range of health and social care services or are individuals caring for family members or friends with medical conditions. Through this novel partnership, PIER members receive training and support to contribute toward education or research-based activities within the faculty of health science. Their contributions include (a) sharing their lived experiences through testimonials, (b) engaging in role play and simulation activities, (c) facilitating groupwork, (d) providing feedback to students; and (e) adding client's perspective in curriculum design. Their active contribution in curriculum design and co-production of teaching elements has enhanced the relevance of learning content across several

program as demonstrated through publications (Buckley et al., 2023, Jury et al., 2023, Easterbrook et al., 2023). The members also contribute to a module in our “pre-registration degree” in occupational therapy, which is the same as the entry level occupational therapy degree in the US in that successful completion enables a student to be a registered/certified occupational therapist to practice legally within the UK.

Collaborative pedagogy focusses on students working together to learn where the power of experience is magnified through dialogues, conversation, and emotional engagement (Bunmi, 2021). Lived experience educators go beyond ‘sharing their stories’ and may elicit intense emotions from the learners involved in the process. Collaborative co-production in education considers putting the voice and lived experience of clients at the center of health professionals’ education. It provides an environment conducive to students learning the skills required for new collaborative ways of working in a service-user-led culture (Atwal et al., 2018).

To make use of this strategy of collaboration and co-production as a pedagogical approach, we invited lived experience educator to classroom environment to co-deliver a teaching session and present a reflective case study. In this case, the lived experience educators were individuals who have the experience of a health condition and accessed occupational therapy services (Metersky et al., 2023). In keeping with our work as equal partners, for equal benefit, this reflective case study has been coauthored by a person with lived experience as well as an academic lead for the PIER partnership. Our primary goal is to establish an empirical evidence base for involvement of lived experience educators in occupational therapy education and to encourage other educators and lived experience educators to follow co-produced teaching and learning in their curricula.

Case analysis of the educational innovation

This case’s focus is on the reflections of a lived experience educator on two co-produced teaching sessions delivered over two consecutive academic years for first-year cohorts of occupational therapy students in our university. [Table 1](#) describes application and analysis of teaching-learning activity of co-production in taught session followed the process.

We also use student feedback to understand the outcomes from the students’ perspective. Specifically, we used the reflective iterations of an educator with Parkinson’s disease and an occupational therapy academic who reflected together on their experiences after the sessions using the Gibb’s reflective cycle (Gibbs, 1988). The process of reflection occurred over six months and validated by both individuals. We implemented their learnings from the student feedback after the first delivery and introduced new strategies at the next session. With being a year apart, this provided adequate time for both the occupational therapy academic and the lived

Table 1. Overview of the planning process for educational session.

Learning objective of the session:	
1. Learners will be able to describe the physical, psychological, sociological, cultural, spiritual and environmental factors that impact on occupational performance and engagement after living with Parkinson's disease: perspectives of a lived experience educator. 2. Learners will appreciate the lived experience educator to have an understanding of Parkinson's from service user's lens.	
Mode of delivery: Face-to-Face with lived experience educator and an occupational therapy academic faculty member. The class was planned in a seminar room where students were able to sit within small groups.	
Steps involved in planning	Actions by Occupational Therapy Faculty Member
Step 1	Made initial contact with the PIER partnership officer at university to discuss the possibility of having a lived experience educator with Parkinson's disease for co-delivering a session to first-year occupational therapy students
Step 2	Made email contact with the identified lived experience educator for their willingness and availability for co-delivering this session
Step 3	Met with the lived experience educator regarding session plan after they confirmed their interest to review the occupational profile of lived experience educator, their experience of co-production and co-delivery within PIER partnership, their engagement with occupational therapy services and willingness to deliver session to occupational therapy cohort. This time was also used to brief lived experience educator about the learning outcomes and to discuss/decide the plan of delivery. The meeting was organized to provide adequate preparation time for both participants.
Step 4	Prepared students before the session to sensitize them around an expectation of professional communication with the lived experience educator during session. This brief for students also mentioned the name of the lived experience educator, the health condition they are living with, shared learning resources relevant to Parkinson's disease, and asked students to come prepared with their questions for this session. Note: The questions asked were mostly around lived experience educator 's routines, self-care skills, social life after receiving the diagnosis.
Step 5	Met with the lived experience educator before the session to welcome them and have a short briefing on the session plan.
Step 6	Introduced the lived experience educator to students, describe the outline of the one-hour session and thanked the lived experience educator for her contribution. The lived experience educator then took lead by starting with her life story, using her notes when needed. This included demonstrating physical symptoms of Parkinson's disease and an active question and answer session between the lived experience educator and students queries and moderated by the academic. Students were requested to record their feedback with indicated achievement of the learning objectives.
Step 7	Debriefed the session with the lived experience educator as the session did evoke few sensitive questions and emotional response from a student. As stated in our guidelines, it was important to ensure the wellbeing of lived experience educator after the session delivery and ensure they are also supported by the PIER officer whose role is to provide support and mentoring.
Step 8	Approximately two weeks later, contacted lived experience educator for joint reflections on the experience.
Step 9	Maintain contact frequently with the lived experience educator for a process of reflective iterations. The same process is repeated for the second round of session delivery in the following academic year with addition of extra Q & A time as requested by students.

PIER: Public Involvement in Education and Research, Q & A: Question and Answer

experience educator to reflect on this innovative teaching-learning activity. Validity of these reflections was addressed by triangulation of the reflections of the lived experience educator, the academic, and the students. **Table 2** describes the reflective process.

Table 2. Overview of reflection cycle.

Reflective activity	
First iteration	A meeting was scheduled two weeks after the first session delivery in academic year 2022–2023 to discuss the student feedback from the session, and both reflected on their experience of co-production and co-delivery of the session with the meeting recorded to capture the key details of conversation.
Second iteration	Transcription of the lived experience educator's reflective narrative was completed and validated it with the lived experience educator over 4–5 weeks where both individuals reviewed and revised the transcription of reflections to capture the key points.
Third Iteration	Consulted with the faculty PIER partnership lead for her insights on this co-production activity of teaching and learning.
Fourth iteration	Feedback from students and the PIER partnership lead was considered for planning of the second round of the session.

PIER: Public Involvement in Education and Research

Table 3. Overview of enablers and challenges with co-produced teaching-learning activities.

Enablers	Barriers
Real-world experience in classroom	Changing health needs of lived experience educator
Simulated practice-based learning experience	Availability and training of session facilitators
Learning with and from peers about complex interactions	Group size and its impact on content delivery
	Safeguarding of those involved

Outcomes

This co-produced teaching/learning activity created insights for everyone involved. Through the reflective process, the two facilitators identified both challenges and enablers for effective involvement as listed in [Table 3](#).

Lived experience educators. From the perspective of a person who used occupational therapy services in health and social care, Julia's contributions in the sessions created opportunities for students to understand the involvement of occupational therapy in care for people with Parkinson's disease. Julia provided an important lens from which to view living with Parkinson's disease and the experience of accessing care that can sometimes be overlooked in the literature such as heavy focus on the medical management lacking mention of service user's perspective when planning treatment strategies. In fact, people often have more to offer than just sharing their experiences of illness and services, especially when involved as an equal partnership (de Longh et al., 2021). There is a strong parallel with public involvement and good partnership working in clinical practice, when occupational therapists facilitate shared decision making and collaborative care planning, for example, rather than just using an "off the shelf" solution which was evidenced through Julia's reflections. Involving Julia added a sense of reality to the classroom context. Her story encouraged the students to value and analyze a person's narrative in real world but were done in a safe and protected environment, potentially offering these experiences as lifelong learning for the listeners. Spencer (2003) mentioned

that there are many challenges that come with onsite clinical teaching such as time pressures, increasing number of students, or clinical environment not being teaching friendly. We found that inviting a lived experience educator to classroom eased some of these challenges by creating a more focused, interactive and engaging experience for students.

From Julia's perspective, she found working with the occupational therapy students interesting, fulfilling, and motivating. She understood that she was able to give insight about what it's like living with a long-term illness that students may not have experienced. Ultimately, Julia could make a difference in the students' future patients' lives by helping them understand the role occupational therapy has in supporting patients with a chronic disability. Julia also found the experience of co-delivery positive for her self-development and appreciated the nonjudgmental attitudes of students.

Students. The activity provided an opportunity to ask potentially difficult or challenging questions in a safe environment such as asking about experiencing depression. Student feedback illustrated their ability to learn about complex clinical communications with their peers within the safety of a classroom environment. The benefits of this interaction with the lived experience educator were highlighted by the student their feedback on both occasions, as shown by these insightful occupational therapy student quotes:

Parkinson's is not a life sentence, there is life after Parkinson's." "It was inspiring to see someone who has such a positive outlook despite their difficulties caused by their condition.

Comments included "...the session being inspirational, engaging, thought provoking, helpful, eye opening and insightful."

The change of perspective from only reading about a condition to a personal understanding how it is expressed and lived by somebody in their everyday life is more likely to have a profound impact on how students envision their practice with people with Parkinson's disease in the future.

Academic faculty member. This teaching/learning method can be an advantage for faculty members as a strategy to present real-world examples. This activity provided Julia an opportunity to explain her experience of a long-term illness as a means of exploring preconceived ideas. Julia's interactive style of delivery created an impactful and engaging session. She demonstrated her symptoms of hand and leg tremors, spoke about her medication routine, driving ability, support systems within the NHS and outside during the session. This gave a holistic understanding of physical, social, and emotional impact of Parkinson's disease on Julia's occupational engagement. This

enabled students to think empathically about Julia's situation because it was presented by a "real" person. One of the students became emotional, relating Julia's experience to her loved one who is living with this diagnosis. In response Julia made the student comfortable by addressing her own focus on her strengths rather than weaknesses. It was a stark reminder of the realities of lived experiences for students as well as PIER members and showed how sharing lived experiences can impact personally as well as professionally on students.

After the session, the faculty member was able to appreciate the change in students' attitudes toward chronic neurological diagnoses. Their feedback showed changed perceptions about occupational concerns and engagement following neurological diagnoses. Thus, this was a rewarding experience as the session added depth to a students' understanding, knowledge, likely creating a more empathic and humanized response. The increased awareness of the complexity of lived situation and through the expertise of the lived experience educator, Julia encouraged cultivation of insiderness, personal journey, togetherness, and uniqueness as described in the conceptual framework of the dimensions of humanization (Todres et al., 2009).

Summary

Evaluations of client involvement to date shows that it enhances the education and subsequent practice of the future workforce in health and social care, including occupational therapy, and also improves the relevance, quality, and impact of health and social care research (Bevitt et al., 2022; Makey et al., 2023). Having collaborated with the PIER partnership to deliver educational sessions with an individual with lived experience within our program, the aim of this reflective case study was to demonstrate the outcomes of this co-produced teaching/learning activity and make suggestions for best practice. The lived experience educator contributing to this reflective case study had an experience of receiving occupational therapy intervention and was able to provide a very specific lens from which to explore occupational therapy education and practice.

British occupational therapy education programs have been encouraged to consider innovative practice learning opportunities (RCOT, 2019). Co-production with lived experience educators may help meet this regulatory requirement by having a well-structured and standardized delivery of sessions which are meaningful and purposeful for student learning. They also have the added value to the lived experience educator. Based on the reflections, we propose that, rather than a choice, a lived experience educator should be required and integral part of curriculum to enhance students' learning experiences.

Providing instructions and information about PIER partnership to the students a week before the session was a "flipped teaching method" and

created positive curiosity within students (Galindo-Dominguez, 2021). Feedback was critical for the successive sessions in improving delivery, for example, providing more time for questions to consolidate student learning. Also, we believe it is important to consider some of the challenges, such as changing health needs of the lived experience educator in the subsequent year of session delivery.

Finally, we believe it is a “triangle” of benefit. Lived experience educator, students, and academic all benefited from this learning. The key message the lived experience author wanted to share was that even with a long-term illness like Parkinson’s can be powerful, independent, and strong despite the challenges that medical condition presents. The contributions of co-produced taught session with lived experience educator evidenced this and we are dedicated to further developing the process and recommend the activity for all occupational therapy curriculums.

Additional resources

https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiTlpCJ-tGKAxXnb_UHHau1IBIQFnoECBoQAQ&url=https%3A%2F%2Fwww.bournemouth.ac.uk%2Fabout%2Four-faculties%2Ffaculty-health-social-sciences%2Fpublic-involvement-education-research&usg=AOvVaw1eFuRpCBYZ8kbJb5U7r-Tas&opi=89978449.

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Declaration of interest

Authors have no conflict of interest to declare.

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Additional resources

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