



Lived Experience Teaching and Learning in MDHS

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Background

Lived experience knowledge / expertise =
Insights, understanding, and expertise gained through direct personal involvement or firsthand encounters with a particular phenomenon or situation



Lived experience teaching =
Providing opportunity for students to learn through direct, personal involvement or encounter with a lived experience expert.



Why is it important?
Because it provides a unique and nuanced understanding that may not be fully captured through more objective or theoretical understandings of health conditions.

What does research tell us?

- **Emerging evidence shows that lived experience teaching positively influences health students' learning outcomes, specifically:**
 - Deeper reflective practice (O'Connor et al., 2020)
 - Better understanding of patient recovery and pathways (Horgan et al., 2018)
 - Contribution to development of professional identity (Kline et al., 2020; Scanlan et al., 2022)
- **Health care consumers value:**
 - Strong therapeutic relationships
 - Relational (not transactional) communication
 - Clinicians who are responsive to emotions
 - Emphasis on wellbeing (Bright & Reeves, 2022; Bright et al., 2018)



Research questions and vision

Our long-term vision is to create inclusive, interprofessional curricula, co-designed with people with lived experience

What are the outcomes on student learning?

What supports do MDHS staff need to expand and embed lived experience T and L across curricula?

What is currently being done across MDHS?

What is best practice in T and L from lived experience?

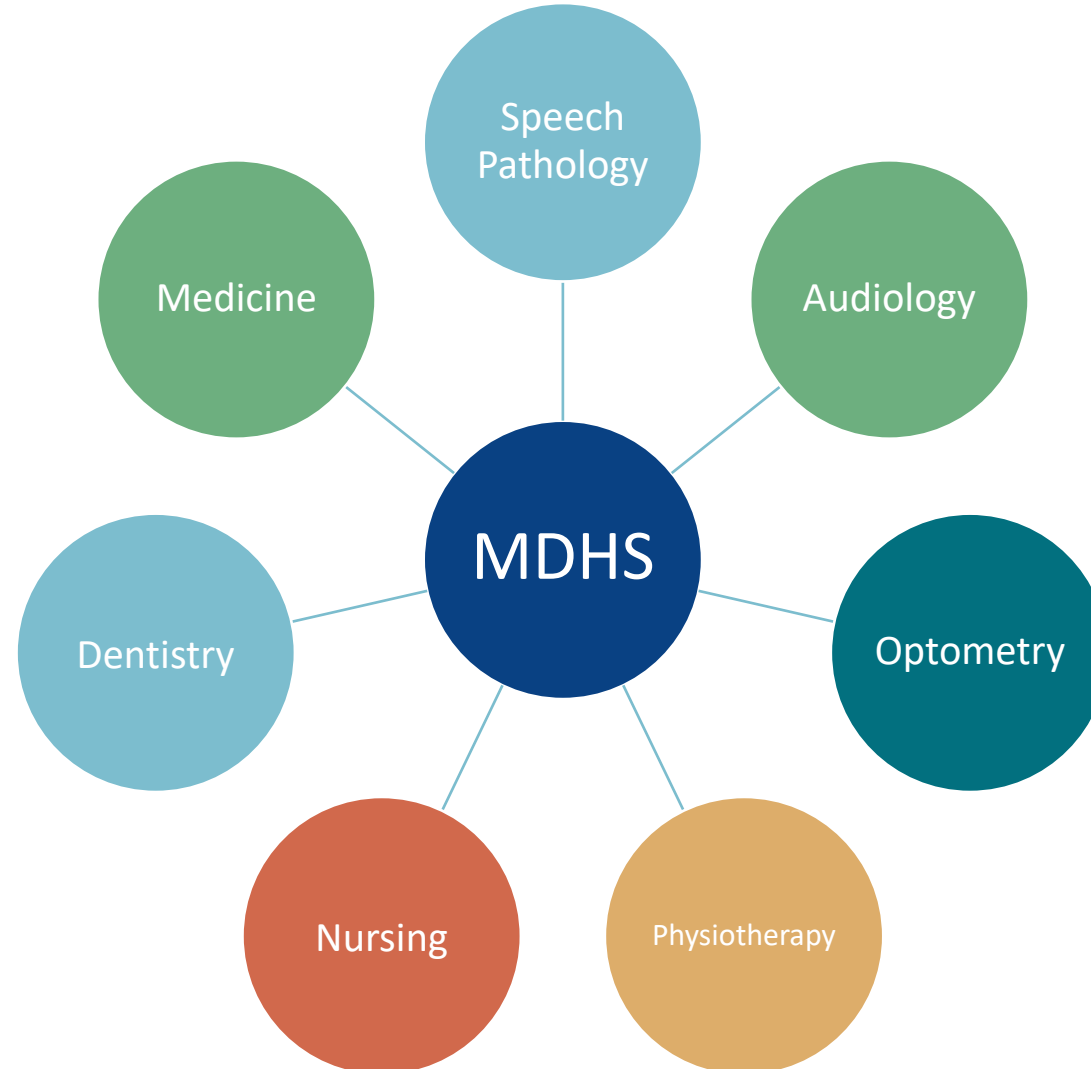




Question 1: Current practice at MDHS

1. What does preliminary scoping data tell us about how lived experience knowledge / teaching is currently being incorporated into MDHS?
2. Perceptions of a lived experience expert engaged in teaching in MDHS.

What is currently happening in MDHS?





Perceptions of a lived experience expert



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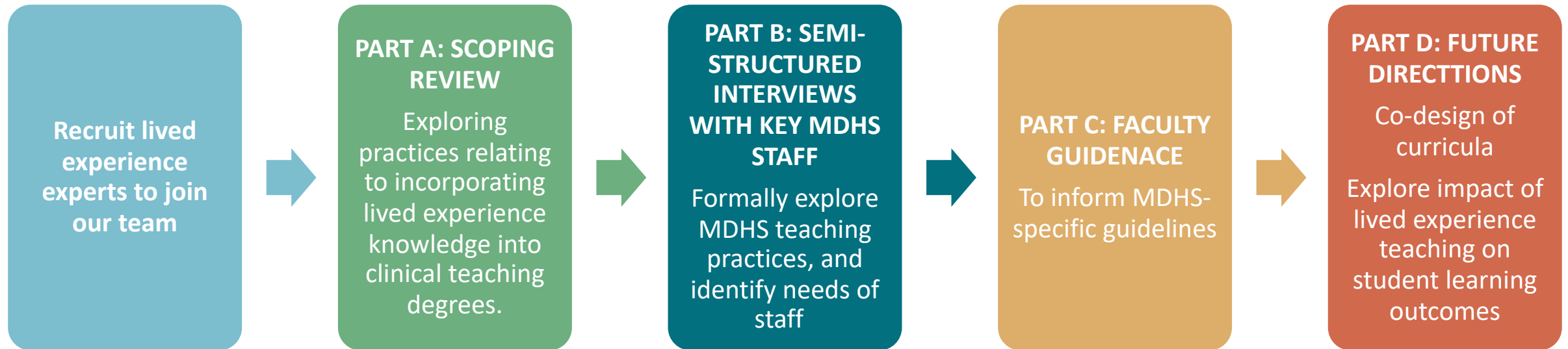


Conclusions

- Lived experience knowledge is essential in training holistic, consumer-focused healthcare professionals
- Many disciplines in MDHS already embed lived experience of conditions, disease and/or disability into teaching, however practice varies widely, and evaluation of student learning outcomes is limited overall
- Few disciplines are engaging in authentic co-design of curricula or content

“Hopefully, my presence at Melbourne Uni will continue to break down barriers and encourage inclusiveness and work opportunities for people with disability. We have a great deal to offer and provide great insight through our lived experiences” - Noah

Next steps



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