

Towards Meaningful Engagement with Clinician Advisors: Lessons Learned Co-Creating a Digital Mental Health Tool

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Abstract. In partnership with clinician advisors, a text-based program, BeWell, was co-created to support clinician well-being at a Canadian mental health hospital. This paper briefly describes the process of designing BeWell with clinician advisors and highlights key lessons learned in engaging clinicians as advisors in the design and development of a digital health intervention. The lessons learned can serve as best practices for health systems, organizations, and researchers to consider when engaging clinicians in the design, development, and implementation of digital health interventions.

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1. Introduction

In July of 2022, the Centre for Addiction and Mental Health (CAMH) launched a survey to identify perceived clinician documentation burden related to the electronic health record, and rates of burnout amongst nursing and health disciplines staff. Using the mini-z instrument [1], results demonstrated that 50% of Social Workers (n=49) and 23% of Occupational Therapists (n=17) reported one or more symptoms of burnout. Given the findings of the survey, it was evident that organizational strategies and interventions were needed to respond to the level of burnout reported by these health disciplines. Upon consultation with researchers and clinical leaders at the organization, a text message-based program, *BeWell*, was selected to be adapted for use by clinicians to support overall clinician wellness. Though experiences of burnout are complex and highly individual, the *BeWell* program was intended to be one of multiple strategies to support clinicians and offer a low-intensity method to support clinician wellness.

To respond effectively to the needs of Occupational Therapists and Social Workers, an advisory group of clinicians was established in an effort to co-create the *BeWell* program. Over the course of 6-months, *BeWell* was tailored for mental health clinicians at CAMH using participatory design methods. This paper will briefly describe the

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process of designing and developing *BeWell* with clinician advisors and will highlight key lessons learned in engaging clinicians as partners in the design, development, and implementation of a digital mental health intervention for clinicians. These lessons provide insights into best practices for engaging clinicians in the design of future digital health interventions

2. Overview of *BeWell*

BeWell is a text-based population mental health intervention, which has been implemented and evaluated in previous studies [2]. As part of an organizational strategic initiative to support clinician well-being, the *BeWell* intervention has been adapted to support clinicians at CAMH. In this context, *BeWell* aims to support Social Workers and Occupational Therapists' wellbeing by connecting them to mental health resources, psychoeducational tools, supportive motivational messaging, and professional development opportunities through a 12-week two-way text messaging program.

2.1. Design, Development, and Implementation of *BeWell*

A multi-phased approach, guided by the principles of participatory design [3], was used to design, develop, and implement *BeWell*. Specifically, in the first phase, an interprofessional Clinician Advisory Group (CAG) was established, consisting of a proportionate number of Occupational Therapists (n=5) and Social Workers (n=5) from a variety of clinical settings across CAMH. Each clinician volunteered to participate in the advisory group and received gift cards as compensation for their time and expertise. Once the advisory group was established, phase 2 of the project commenced. In this phase, the clinician advisors, in partnership with the research team, co-created the *BeWell* program. Bi-weekly design meetings, each one hour in length, were held with the clinician advisors between February 2023 – May 2023. In these meetings, various collaborative design activities (i.e., requirements gathering, brainstorming sessions, priority sorting activities, etc.) were facilitated to ensure the text-based program was tailored to CAMH clinicians. During this phase, the clinician advisors supported user testing of the *BeWell* program, where the program was tested for technical bugs prior to the formal launch. In the third phase, *BeWell* was implemented across CAMH for use by clinicians. The implementation process was guided by a communications and implementation plan, created in partnership with the clinician advisors.

BeWell was launched on May 1, 2023, and will be available for use by CAMH clinicians until October 9, 2023. Following the conclusion of the program, an evaluation will be conducted to understand the user's experience and satisfaction with the text-based program.

3. Lessons Learned Co-Creating *BeWell*

To understand the lessons learned in co-creating *BeWell* with the CAG better, two questions were posed to the clinician advisors; the first relating to what they believed went well with their involvement in the group and the second concerning what could have been improved with the co-creation process. Through consultations with the

advisory group, a number of themes and key lessons learned were identified and are described below.

With regards to what went well with the co-creation process, the following themes were commonly described by the clinician advisors:

3.1. Fostering Meaningful Engagement and Active Collaboration

An important aspect of maintaining interest and retention within the CAG was prioritizing meaningful engagement and active collaboration. The project leads did so by eliciting the opinion of the clinician advisors through multiple avenues, such as virtual meetings, document sharing, and facilitating input sharing via email. This approach allowed for various methods of communication, either through group discussions or through individual feedback. The clinician advisors felt that their feedback was heard and received in a genuine way and appreciated the direct impact their feedback had on the refinements to the *BeWell* program. Moreover, the clinician advisors expressed gratitude for being invited to participate in the co-creation of the *BeWell* program, as some described often feeling disconnected from research and quality improvement programs at the organization.

3.2. Leveraging Knowledge User Expertise

The expertise of the CAG was critical in the development and design of a supportive text-based intervention for clinicians. One of the main responsibilities of the CAG was to co-create the text messages shared through the *BeWell* program. To ensure the content was appropriate, relevant, and practical for mental health clinicians, the project leads focused on leveraging the knowledge and expertise of each advisor. This approach allowed the content to be tailored to specific health disciplines, thereby ensuring the text messages and the scheduling of the messages aligned with the needs of the clinicians as end-users. Overall, the knowledge shared by the CAG made it evident that the task was not to reiterate therapeutic tools that care providers are already trained in, but instead to inspire clinicians to take time for self-care.

3.3. Providing Compensation and Incentives

The importance of compensation and incentives was reiterated by the clinician advisors as a method to sustain engagement and interest in supporting the co-creation of *BeWell*. Ahead of each advisory group meeting, the advisors were compensated for their time through \$25 gift cards. The advisors appreciated that their knowledge and time was recognized as being valuable by the project team. A clinician advisor also shared that they were impressed by the successful retention of the advisory group and felt that all discussions were engaging, and solution based as opposed to deficit based. As a result, the meetings were restorative, as opposed to taxing, which encouraged clinicians to continue attending group meetings.

3.4. Establishing a Diverse Interdisciplinary Team

Given that the *BeWell* program was designed specifically for clinical staff, the clinician advisors underscored the importance of the interdisciplinary nature of the advisory group. Partnering with both clinicians, who bring forth the expertise and knowledge of

clinical workflows and practice, and researchers, who have expertise in specific research and design methodologies, was crucial for the design and implementation of the *BeWell* program. Moreover, the advisors recognized that amongst the clinician advisors, each brought different perspectives given their current roles or their current setting of practice. For instance, the advisory group had representation from Occupational Therapists and Social Workers in different clinical and non-clinical areas and roles including leadership, frontline clinical programs, and non-clinical programs. This approach enabled diverse input to be captured and incorporated into the design of *BeWell*.

3.5. Ensuring a Flexible Participatory Research Design & Approach

When establishing and organizing the CAG, it was crucial to consider the competing priorities and workloads of the clinicians who were volunteering their time to co-create *BeWell*. The advisors appreciated the flexibility of the advisory group meetings, specifically due to the virtual nature of the meetings, the flexible organization and structure of the meetings and the consistent frequency of the meetings.

The clinician advisors were also asked to describe what they believed could have been improved upon in the co-creation process. Common themes are described below:

3.6. Balancing Group Dynamics and Conflicting Feedback

Some clinician advisors expressed that during group meetings, some voices at the table felt louder than others did. Variation in the clinician advisors' comfort with verbalizing their viewpoints and sharing ideas during group sessions meant that not every clinician had an equal opportunity to contribute fulsome opinions during meetings. As a result, the more expressive voices likely exercised more influence over the project direction. Additionally, clinicians' perspectives occasionally conflicted, which required a careful approach to balancing incongruous group feedback. Managing project expectations, finding compromises, as well as clarifying project intentions and end-goals helped with determining which feedback to prioritize and which suggestions to implement into the design of the program.

3.7. Considering Workload and Time Constraints of Clinician Advisors

Clinician advisors voiced that having protected time outside of their regular clinical roles to engage in program development and user testing would have been valuable. Managing project responsibilities on top of demanding clinical roles placed an additional burden on already time constrained clinicians. The clinician advisors felt that only having the duration of Clinical Advisory Group meetings allocated to work on program deliverables, while beneficial, was challenging especially when there were tasks to complete outside of the designated meetings. Having a set period for project engagement would allow the advisors to be more involved throughout the project and enable them to contribute well-developed ideas.

3.8. Increasing the Frequency of Follow-Up with Clinician Advisors

The co-creation process established a bi-weekly meeting schedule to allow time to develop the *BeWell* program while minimizing additions to clinician workload. To

continue collaboration between meeting intervals, project leads would engage clinician advisors by eliciting requests for feedback through multiple avenues. However, some clinician advisors shared that having more frequent opportunities to discuss project contents before confirming final outputs would be desirable. Clinician advisors suggested having further discussions about the content of *BeWell* messages prior to their inclusion in the program. Specifically, clinician advisors required additional time to conduct a more thorough and critical review of resources and message contents, to ensure an evidence-based approach was being employed.

3.9. *Being Mindful of the Disconnect Between Funder Requirements and Project Cycles*

Although clinician advisors noted that the overall program was well-organized and allowed for suitable time to accomplish outlined project goals, additional time to complete the project deliverables would have been an asset. Unfortunately, as was the case with *BeWell*, most research projects are constrained by tight timelines determined by external project funders. Clinicians noted that having longer project timelines would have allowed sufficient time to review and make modifications to project outputs.

4. Key Considerations for Future Digital Health Programs and Initiatives

While the lessons learned in co-creating the *BeWell* program are specific to the experiences of the clinician advisors involved, they may be applicable to future digital health programs and initiatives that rely on the expertise of clinician end-users. The insights gleaned from the experiences of the clinician advisors highlight the importance of maintaining flexibility, fostering a sense of community, balancing diverse perspectives, and sustaining open communication in an often rigid and time constrained research environment. Moreover, the learnings signal a need for future digital health initiatives to veer away from a 'one-size-fits-all' approach, especially with regards to methods of communicating and knowledge sharing. Being mindful of varying communication styles and preferences is imperative to ensure all voices are heard and considered equally.

As described in previous studies [4,5], clinicians are interested in being active participants in organizational initiatives, including that of research and quality improvement programs. However, despite interest, clinicians often face barriers in participating in such initiatives due to the demands of patient care and the lack of structural supports to initiate and contribute through protected time (i.e., engaging in non-clinical activities and access to funding). To enable further meaningful and active participation in initiatives outside the purview of clinical care, healthcare organizations should consider promoting opportunities for clinician participation in various initiatives while also implementing policies and procedures to afford them protected time.

The lessons learned from the design, development, and implementation of *BeWell* serve as findings for health systems, organizations, and researchers to consider when engaging clinicians in digital health programs and initiatives.

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