

# Using co-design to create patient-centred tools for living with dyspepsia

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## Using co-design, we developed patient and physician resources that can optimize gut health management and potentially reduce esophagogastroduodenoscopy (EGD) usage.

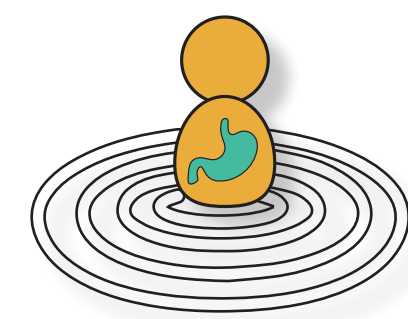
This project is part of a larger quality improvement initiative led by the University of Calgary's Physician Learning Program and the Calgary Division of Gastroenterology and Hepatology.

### Research Questions:

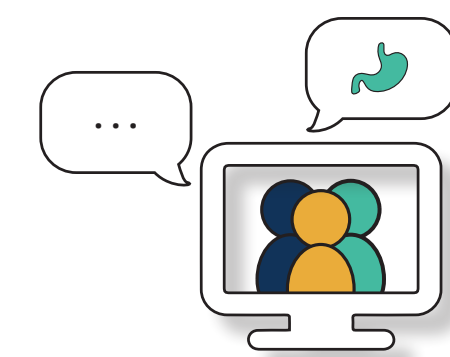
1. Why are patients with dyspepsia being referred for EGDs?
2. How might we support patients and providers along the dyspepsia primary care pathway?
3. How might a patient education resource package support a reduction in low-yield EGDs?



**Phase 1**  
July 2019



**Phase 2**  
Oct 2019



**PCN Engagement**  
Dec-Jan 2020



**Phase 3**  
2020



**Next Steps**

### What we did:

Engaged participants in virtual experience mapping sessions to understand the patient experience for referrals.

### Outcome:

Feedback was translated into experience maps which stimulated discussion in subsequent focus groups to identify unmet needs.

### What we did:

Conducted two virtual multi-disciplinary co-design sessions with participants focused on how to develop user-centred resources.

### Outcome:

Sessions informed the first poster prototype.

### What we did:

Engaged Red Deer PCN to evaluate poster prototype.

### Outcome:

Re-evaluated poster messaging and content based on feedback. Expanded intervention to include a patient journal for tracking gut symptoms.

### What we did:

Developed journal prototype and engaged participants in virtual co-design sessions to refine.

### Outcome:

Feedback from virtual co-design sessions informed final journal prototype.

### What we plan to do:

Partner with the Digestive Health SCN to spread and scale these resources. Test resources with patients and physicians to evaluate effectiveness.

### What we learned:

1. Patients expressed a need to advocate for themselves and communicate their experiences and symptoms to providers
2. Providers identified a need to communicate to patients that dyspepsia can be successfully managed in most cases without performing an EGD.

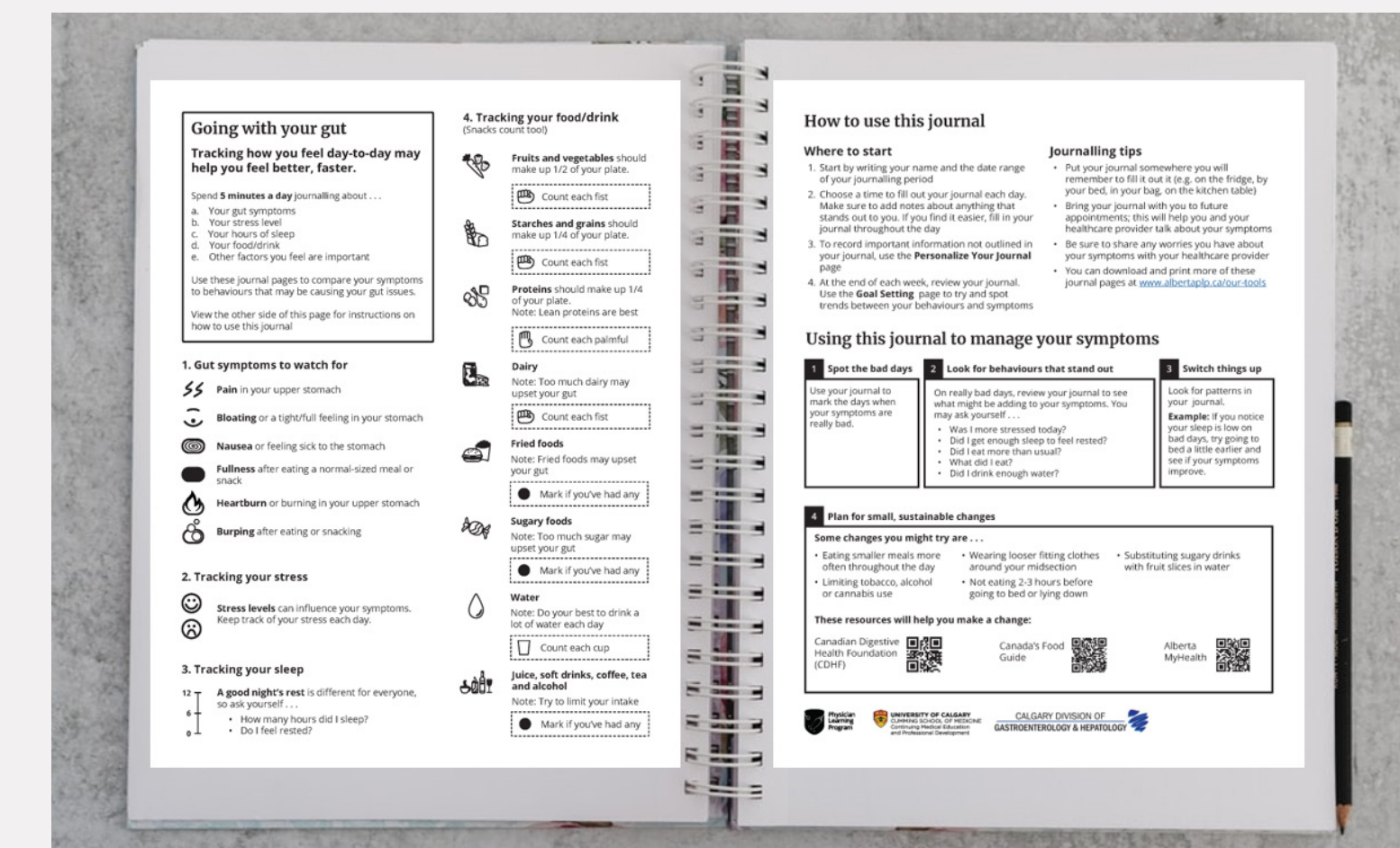
## Developed Resources



Two patient-facing posters featuring a creative, personable approach to reducing low-yield EGDs using scuba diving and cave exploration imagery.



View Posters



A patient journal designed to empower patients to track lifestyle factors such as diet, sleep, and stress, all of which may influence gut health. A summary page gives providers a quick overview of which symptoms and potential triggers are the most problematic for the patient.



View Full Journal



Experience Map



Synthesis Map

### Conclusion:

Using co-design, physicians and patients helped develop useful point-of-care resources that empower patients to manage their condition and facilitate clear communication with primary care providers. We anticipate these resources will also optimize the use of EGDs for healthy adults with dyspepsia. Evaluation of these resources in practice will tell us how effectively they meet the needs of patients and providers.