Supplementary Material

Views of speech pathology educators on a learning resource for cognitive-communication disorders: a user survey of TBIBank Grand Rounds

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Appendix 1: Example Updates

Sample 1 Update

INTRODUCTION

What is TBIBank Grand Rounds?

TBIBank Grand Rounds is an online learning module that supports education about cognitive-communication disorders resulting from Traumatic Brain Injury (TBI). The primary aim is to enhance speech-language pathology assessment and treatment practices for the benefit of individuals with TBI.

Why was TBIBank Grand Rounds developed?

Psychosocial outcomes for individuals with severe TBI are extremely poor, with approximately 1 in every 2 individuals being unable to return to work (Corrigan et al., 2014) and approximately 1 in 3 reporting difficulties with personal relationships (Ponsford et al., 2014). To support these patients, speech-language pathologists (SLPs) require a thorough understanding of best-practice assessments and treatments for cognitive-communication disorders.

Evidence suggests that SLPs working with individuals who have had a TBI may lack knowledge and confidence in utilising best-practice assessment tools, such as discourse analyses (Bryant, Spencer, & Ferguson 2017). TBIBank Grand Rounds aims to promote best-practice in speech-language pathology by providing education on characteristics of discourse impairments, discourse analyses to complement assessment, and treatment approaches that target 'real-life' discourse-level communication activities. Supporting discourse-level communication has been shown to improve outcomes for individuals with TBI (Togher et al., 2013).

Who is it designed for?

TBIBank Grand Rounds is designed for SLP educators, clinicians, and students to support various aspects of education such as teaching, clinical supervision, professional development, and in-services.

What is the scope of TBIBank Grand Rounds?

TBIBank Grand Rounds focuses on extended spoken discourse such as conversations, narratives, procedures and free speech, which is a primary area of difficulty for many individuals who have had a severe TBI (Elbourn et al., 2019). This is addressed within the context of holistic assessment and treatment for each case.

What content is included in TBIBank Grand Rounds?

TBI Grand Rounds provides case examples that showcase the range of spoken cognitive-communication disorders that can result from a severe TBI. The overarching framework of this learning resource is guided by the following questions:

1. Cognitive-communication disorders
2. Discourse profiles
3. Variability across contexts
4. Assessment of spoken discourse
5. Management considerations
6. Other communication disorders
7. Recovery of spoken discourse
8. Discourse treatments

Headings shortened + Quick links

Sample 1 Original

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The overarching framework of this learning resource is guided by the following questions:

1. What is a cognitive-communication disorder?
2. What is the variability of cognitive-communication disorders in spoken discourse?
3. How do cognitive-communication disorders vary across different contexts?
4. How can we assess cognitive-communication disorders in spoken discourse?
5. What are some of the important considerations for managing cognitive-communication disorders?
6. What are some of the communicative comorbidities of TBI?
7. How do cognitive-communication disorders recover in spoken discourse?
8. How can we treat cognitive-communication disorders within discourse?

Sample 2 Update

Module 2: Discourse profiles

(annotation: Title updated)

Background

Individuals with TBI typically have intact language skills at the level of words and sentences but significant challenges utilising discourse-level communication (Coelho et al., 1991b; Coelho et al., 2005a; Snow et al., 1995). Discourse refers to connected speech or a unit of language beyond a sentence (Halliday & Webster, 2009, Tannen, Hamilton, & Schiffrin, 2015) and can include both conversational and monologic discourse. The nature of discourse-level impairments can vary considerably among individuals with TBI (Coelho, Liles, & Duffy, 1991a; Covington & Duff 2016) and also across contexts (Snow et al., 1995; Togher 2000).

Common patterns can be observed in the monologues of individuals with TBI. Hartley and Jensen (1992) described three patterns of discourse impairments from a sample of 11 individuals with severe TBI during two narrative-based tasks. These patterns were: i) impoverished discourse, characterised by reduced productivity and content; ii) inefficient (or verbose) discourse, characterised by increased content and presence of verbal mazes; and iii) confused discourse, characterised by inaccurate content, confabulation, and ambiguous pronouns.

The previous learning module demonstrated how cognitive-communication disorders can manifest in spoken discourse. We identified that the individual produced insufficient information, had challenges organizing the characters and events of the story, and generated vague referents. The aim of Module 2 is to present three new cases to illustrate the variability that can occur with spoken discourse difficulties and highlight three common patterns of disorder: impoverished discourse, inefficient (or verbose) discourse and confused discourse. It is important to remember that there can still be individual variation *within* profiles (for example, an individual may predominantly demonstrate features consistent with an impoverished profile but may also have one or two features of the confused profile). The reader may also refer to Lê et al. (2011) for an example of an alternative approach to discourse profiling using the Story Goodness Index.

Case Studies

[▶ video 2a] [▶ video 2b] [▶ video 2c]

Videos 2a, 2b and 2c provide exemplars of three common discourse patterns. All three individuals had acquired a severe TBI three months earlier. Video 2a represents an impoverished example (Stimuli: TBIBank Protocol - free speech and important event), Video 2b illustrates an inefficient or verbose example (Stimuli: TBIBank Protocol - free speech recovery question), and Video 2c provides a confused example (Stimuli: TBIBank Protocol - free speech questions).

Questions

1. What are the cognitive-linguistic features that are contributing to the description of the discourse in each of these cases? [Show Answer] *(annotation: Hide/reveal inserted)*
2. Identify at least one discourse analysis that you think would be helpful for each of these cases? [Show Answer]
3. Video 2a is almost in direct contrast to video 2b. How might this influence your potential goals and approach to therapy? [Show Answer]

Sample 2: Original

Module 2: What is the variability of cognitive-communication disorders in spoken discourse?

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3. Video 2a is almost in direct contrast to video 2b. How might this influence your potential goals and approach to therapy?

Appendix 2: CROSS Checklist

Section/topic	Item	Item description	Reported on page #
Title and abstract			
Title and abstract	1a	State the word "survey" along with a commonly used term in title or abstract to introduce the study's design.	1-2
	1b	Provide an informative summary in the abstract, covering background, objectives, methods, findings/results, interpretation/discussion, and conclusions.	2
Introduction			
Background	2	Provide a background about the rationale of study, what has been previously done, and why this survey is needed.	3-6
Purpose/aim	3	Identify specific purposes, aims, goals, or objectives of the study.	7
Methods			
Study design	4	Specify the study design in the methods section with a commonly used term (e.g., cross-sectional or longitudinal).	7
Data collection methods	5a	Describe the questionnaire (e.g., number of sections, number of questions, number and names of instruments used).	8
	5b	Describe all questionnaire instruments that were used in the survey to measure particular concepts. Report target population, reported validity and reliability information, scoring/classification procedure, and reference links (if any).	8-10
	5c	Provide information on pretesting of the questionnaire, if performed (in the article or in an online supplement). Report the method of pretesting, number of times questionnaire was pre-tested, number and demographics of participants used for pretesting, and the level of similarity of demographics between pre-testing participants and sample population.	7
	5d	Questionnaire if possible, should be fully provided (in the article, or as appendices or as an online supplement).	Appendix 1
Sample characteristics	6a	Describe the study population (i.e., background, locations, eligibility criteria for participant inclusion in survey, exclusion criteria).	9-10
	6b	Describe the sampling techniques used (e.g., single stage or multistage sampling, simple random sampling, stratified sampling, cluster sampling, convenience sampling). Specify the locations of sample participants whenever clustered sampling was applied.	8-9

	6c	Provide information on sample size, along with details of sample size calculation.	9
	6d	Describe how representative the sample is of the study population (or target population if possible), particularly for population-based surveys.	10
	7a	Provide information on modes of questionnaire administration, including the type and number of contacts, the location where the survey was conducted (e.g., outpatient room or by use of online tools, such as SurveyMonkey).	8
Survey administration	7b	Provide information of survey's time frame, such as periods of recruitment, exposure, and follow-up days.	9
	7c	Provide information on the entry process: –>For non-web-based surveys, provide approaches to minimize human error in data entry. –>For web-based surveys, provide approaches to prevent "multiple participation" of participants.	9
Study preparation	8	Describe any preparation process before conducting the survey (e.g., interviewers' training process, advertising the survey).	7
Ethical considerations	9a	Provide information on ethical approval for the survey if obtained, including informed consent, institutional review board [IRB] approval, Helsinki declaration, and good clinical practice [GCP] declaration (as appropriate).	10
	9b	Provide information about survey anonymity and confidentiality and describe what mechanisms were used to protect unauthorized access.	8
	10a	Describe statistical methods and analytical approach. Report the statistical software that was used for data analysis.	10
	10b	Report any modification of variables used in the analysis, along with reference (if available).	NA
Statistical analysis	10c	Report details about how missing data was handled. Include rate of missing items, missing data mechanism (i.e., missing completely at random [MCAR], missing at random [MAR] or missing not at random [MNAR]) and methods used to deal with missing data (e.g., multiple imputation).	10
	10d	State how non-response error was addressed.	10
	10e	For longitudinal surveys, state how loss to follow-up was addressed.	NA
	10f	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for non-representativeness of the sample.	NA

	10g	Describe any sensitivity analysis conducted.	NA

Results

Respondent characteristics	11a	Report numbers of individuals at each stage of the study. Consider using a flow diagram, if possible.	9
	11b	Provide reasons for non-participation at each stage, if possible.	NA
	11c	Report response rate, present the definition of response rate or the formula used to calculate response rate.	NR
	11d	Provide information to define how unique visitors are determined. Report number of unique visitors along with relevant proportions (e.g., view proportion, participation proportion, completion proportion).	NR
Descriptive results	12	Provide characteristics of study participants, as well as information on potential confounders and assessed outcomes.	9-10
Main findings	13a	Give unadjusted estimates and, if applicable, confounder-adjusted estimates along with 95% confidence intervals and p-values.	NA
	13b	For multivariable analysis, provide information on the model building process, model fit statistics, and model assumptions (as appropriate).	NA
	13c	Provide details about any sensitivity analysis performed. If there are considerable amount of missing data, report sensitivity analyses comparing the results of complete cases with that of the imputed dataset (if possible).	NA

Discussion

Limitations	14	Discuss the limitations of the study, considering sources of potential biases and imprecisions, such as non-representativeness of sample, study design, important uncontrolled confounders.	20
Interpretations	15	Give a cautious overall interpretation of results, based on potential biases and imprecisions and suggest areas for future research.	20
Generalizability	16	Discuss the external validity of the results.	20

Other sections

Role of funding source	17	State whether any funding organization has had any roles in the survey's design, implementation, and analysis.	1

Conflict of interest	18	Declare any potential conflict of interest.	1
Acknowledgements	19	Provide names of organizations/persons that are acknowledged along with their contribution to the research.	1

NA = Not applicable; NR = Not reported

Appendix 3: Survey Items

Item	Demographics	Response Option
1	How many years of experience do you have teaching speech pathology students? [<1, 1-2, 3-5, 6-10, 11+]	Multiple choice
2	What level of study do you teach? [Undergraduate, masters, both]	Multiple choice
3	What is your age range? [20-30, 31-40, 41-50, 51-60]	Multiple choice
4	What is your gender? Man, woman, transgender, non-binary/non-confirming, prefer not to respond	Multiple choice
5	What is your highest education level? Bachelor degree or equivalent, Masters degree or equivalent, Doctoral degree or equivalent	Multiple choice
	Awareness, Interest & Use We are interested in your responses regarding whether you have or have not used TBIBank Grand Rounds	
6	Do you use any existing online resources for education around cognitive-communication disorders following TBI?	Yes/No
7	Please list the resources you use	Free text
8	Were you aware of TBIBank Grand Rounds prior to participating in this survey?	Yes/No

9	Where did you hear about TBIBank Ground Rounds? Social media, Word-of-mouth, Forum (e.g. conference, interest group, online forum, current survey, Other)	Multiple choice
10	Please outline or describe where you heard about TBIBank Grand Rounds	Free text
11	Have you previously used TBIBank Grand Rounds in your teaching?	Yes/No
12	Please name or outline the course/s you have used it in and provide a short description of how you used it (e.g. teaching, cases, assessment).	Free text
13	Are you interested in using a tool such as TBIBank Grand Rounds in your future teaching?	Yes/No
14	Do you anticipate using it routinely and frequently in your teaching?	Yes/No
15	Did you use the TBIBankGrand Rounds as designed (i.e. following each module in sequence) or adapt it for your own purposes? [as designed, adapted, not applicable]	Multiple choice
16	If adapted, how did you use it?	Free text
17	Do you have any other comments or recommendations about awareness, interest and use of TBIBank Grand Rounds?	Free text
	Interface Design & Delivery: We are interested in your opinion of TBIBank Grand Rounds from those who have and have not used it before. You can view the site at https://tbi.talkbank.org/education/class-tbi/ and please enter the username: 'XXXX' and password: 'XXXX'. The next set of questions focus on the ease and design of the page.	
18	The page is easy to navigate	Likert scale
19	The font size and style was easy to read	Likert scale

20	The visual elements (e.g. blue boxes, grey headings) helped with navigation	Likert scale
21	The multimedia content was easy to access	Likert scale
22	The page was well organised	Likert scale
23	Do you have any other comments or recommendations about the interface design of TBIBank Grand Rounds?	Free text
	Content: The next set of questions focus on the content.	
24	The topics for the eight learning modules are appropriate	Likert scale
25	The amount of background content was sufficient for each module	Likert scale
26	The background content was supported by relevant evidence-based literature	Likert scale
27	The multimedia supported the learning content in the modules	Likert scale
28	The problem-based learning questions reflect real potential clinical scenarios	Likert scale
29	The posed questions stimulate critical thinking	Likert scale
30	The self-reflection tools are helpful for supporting learning	Likert scale
31	A tool that allows for more interactivity (e.g. shared commentary on the modules, discussion board feature) would be helpful	Likert scale

32	Do you have any other comments or recommendations about the content of TBIBankGrand Rounds?	Free text
	Overall	
33	TBIBank Grand Rounds is a valuable teaching resource.	Likert scale
34	What aspects of TBIBank Grand Rounds were most useful and most valuable?	Free text
35	What aspects of TBIBank Grand Rounds were least helpful and least useful?	Free text
36	If you were to make changes to TBIBank Grand Rounds, list the top 3 changes you would make.	Free text
37	Would you recommend the use of TBI Grand Rounds to your colleagues?	Free text

Appendix 4: Summary of free text responses

Free Text Question	Responses Note: free text responses were optional and response rates varied, common concepts were grouped together, with the full range of responses being reported.
Question 7 (n = 16)	• Evidence-based resources (databases/clinical guidelines) e.g., speechBITE, American Congress of Rehabilitation Medicine Cognitive rehabilitation guidelines, American Speech-language Hearing Association evidence maps • Expert webpages: e.g. ABI Communication Lab, Mark Ylvisaker • Targeted evidence-based resources (e.g. TBI Express, TBIconneCT, Social Brain Toolkit, social-ABI-lity, convers-ABI-lity) • Outcome measures: The Center for Outcome Measurement in Brain Injury • Other TalkBank Grand Rounds (e.g AphasiaBank, RHDBank) • Clinical Simulation resources: Simucase • Other: Neuroanatomy websites, podcasts, blogs, (e.g. http://www.tbistafftraining.info/) • Other online resources focused on personal experiences (e.g. YouTube videos, True Life documentary, Broken documentary series)
Question 12 (n = 11) Courses	• Teaching research students analysing ABI data. I have the students do some of the grand rounds as preparatory work before we discuss the data they will be analysing. I also use some of the videos when teaching students about CCD to understand the different discourse profiles. • Grand rounds for students has been really helpful for teaching cog-comm features and characteristics. The videos are a priceless resource and I like that there are supporting questions • Neuroanatomy/Neurophysiology to demonstrate cognitive-communicative symptoms - just showing the videos. …students can familiarize themselves with communication difficulties after TBI and assessment processes - students complete the questions, usually as a group class assignment. In linguistic analysis as an optional resource for imitating and conducting language analysis projects • Students were assigned a case from the Grand Rounds section of the TBIBank website and they were asked to watch the video and answer questions related to spoken discourse characterization and analysis. The case was then for class discussion. I have also used videos from the website to train students in clinical settings. • Used examples for teaching and as inspiration for tasks e.g. discourse analysis or comparison between a case person with aphasia and a case person with CCD. • Case Videos shown in class and discussed • I have used the resources as case study examples to facilitate discussion and practice for treatment planning and goal writing. • Teaching case study based • Teaching and cases

Question 16 (n = 9) Other comments	• They are a great resource. I have recently liaised with researchers in [redacted] who were not aware of this, and academic colleagues who may be interested in other Talk Banks as well (e.g. Aphasia, RHLD) • I am very thankful this resource is available and would love to see it used more widely. • Instructors teaching cognitive-communication disorders should know about this incredibly helpful resource as there are very little teaching resources available. • Students appreciate having video examples to watch and learn about the nature of communication challenges associated with TBI. • I believe the clinical field in my country would truly enjoy to have access to the TBIBank Ground Rounds as well. I am so far the only one with access to this in my country, and I often get emails from clinical staff not experienced in CCD on how they should approach the assessment and description in this field. I often think it would be good to give them access to the TBIBank Grand Rounds, but since I do not know if that is allowed, I have not done that yet. Also, a translated version would perhaps be preferable but that may be a very big project. • the students loved it and I am utilizing the social communication profile for my students thesis project • it's an amazing resource • I wish I had known about it sooner! Now I will look to see if there is a similar option for Aphasia. • It's a wonderful tool • not now
Question 17 (n = 8) Adaptations	• I might pick as needed per the topics covered in my class. • Used the videos predominantly and adapted available activities to reflect the learning objectives of the unit I was/am teaching • I use the videos in the grand rounds and teach around these videos and have the students discuss what they have observed (to strengthen observation skills). I have students complete several of the modules relevant to dissertation projects about rating conversational samples involving people with ABI • I do not teach in English. Therefore, most elements needed translation for my slides and cases needed to be my own and not the ones in the TBIBank Grand Rounds. I do include other assessment approaches to supplement the discourse analysis as these other approaches may be more common in the clinical field in my country and therefore important for the students to be familiar with as well. When I use the TBIBank Grand Rounds elements, I clearly reference this so the students know the source of it. • picked some of the videos and questions in order to repeat content from the previous session • To suit the ethnocultural background of persons from [redacted] • Selected cases that met with topics of the specific day of instruction • Selected which cases to show • May only present subsection

Question 23 (n = 7), Interface Comments	• I know at present educators and students need to request a username and password to use these resources. It is not clear to me as to whether I as an educator can simply give out the username and password to students en masse. Perhaps making the interface for grand rounds easier to access for students to use would be beneficial (e.g. remove password access?) • Perhaps it would be helpful if each case video and associated questions and discussion points can be displayed on one single page at a time (instead of having all at once). • it would be nice to be able to directly navigate to the different modules; there is a lot of content on one page, perhaps it would be an idea to use something like 'drop out' (that is not the right technical term for it) for the different parts of the modules, so that the reader can decide what she/he want to see on the page? • Options to consider for improvement include adding a menu for quick links to each module. A separate page for each module. Option to hide/reveal answers to questions. • I have not used it (didn't know about it), and did not investigate it prior to taking this survey. Sorry! • No/no
Question 32 (n = 5) Content Comments	• Being able to access the video's alone so that educators can use them as teaching resources is very valuable. See previous comments about username and password. • I think that shared commentary can be facilitated in the class setting. • It would be helpful to provide more background information on the case (e.g., medical history, detailed cognitive test scores) to go along with their communication profiles. • some videos of the intervention strategies being implemented would be helpful • no
Question 34 (n = 17) Most useful	• Videos, Descriptive information around the topic. I had previously used http://www.tbistafftraining.info/ so this is an updated and relevant resource • the illustrative videos and the respective 'test' questions! • Videos and problem-based/critical thinking questions • the videos and reference to the literature • The different learning modules within Grand Rounds. • videos and reflective questions • Videos and problem-based questions. • Example cases, and videos, logical order of modules, questions with answers and scenarios that prompt thinking re: real life management of cases • The section of differential diagnosis to people with other communication disorders. I find that students often struggle with that and having cases telling the same story very differently is really illustrative • I loved all the aspects • My students value the videos • The videos and case studies

	• Videos and accompanying case information • gives students a good perspective of TBI language deficits The real-life examples illustrate the textbook description.
Question 35 (n = 12) Least useful	• comprehension checks • See comments about username/password access • Interface could be a bit easier to navigate • all of the conversation were structured - it would be nice to have less structured dyadic or group conversations • I have not used the part on progression that much but that is mostly due to some very good videos on this topic from my own country, so they seemed more reasonable to use. • Overall just a lot of text • the grey header questions/ organization • I found for my graduate students it was all helpful • While there is flexibility to add a discussion about culture, it was lacking within the modules. • None/nil
Question 36 (n = 12) Top 3 changes	• 1. Add more patient background information to go along with each case. 2. Add more videos particularly pertaining to mild TBI. 3. Add a module to train SLP students regarding different ways of assessing discourse (e.g., using a global coherence rating scale). • more examples of pediatrics • It would be great to have access to more acute/early phase videos. • Perhaps having the questions with the answers directly underneath (even 'hidden' so you can click a button to reveal the answers) • - improve the formatting a little bit - make navigation on the page a little bit more accessible (e.g. use anchors) - perhaps it would be interesting for learners to get more information on the medical records of the individuals with CCD (imaging, neuropathology, medical diagnosis, comorbidities...) • 1. Include a task regarding the student understanding of the Model of CCC. 2. Include more tasks in general - it is great inspiration! 3. A bit less background text in 5. and 6. • Increased evidence on disorders of awareness • Make it language free tool • More videos Interactive Elements Multiple pages • titles would be statements not questions • add videos of communication suggestions being implemented • 1. Layout of the modules 2. Add tools for interactive opportunities 3. Incorporate content about culturally responsive practices throughout the module.

Question 37 (n = 18) Recommend	• Definitely (3)
	• Yes, most definitely. In fact, I already have including members of the [redacted] who were not aware of this resource.
	• Absolutely (4)
	• Yes (7)
	• Thank you very much for this very valuable resource!!!
	• Always do!
	• Indeed

Appendix 5: TBIBank Terms of Use Summary

Features	TBIBank Database	TBIBank Grand Rounds	TBIBank Protocol
Description	An online database of spoken language samples from people who have had a traumatic brain injury.	An online educational and multimedia resource about speech pathology for cognitive-communication disorders.	A standard protocol for eliciting spoken language samples across a range of genres.
Purpose	Research	Education	Research or Clinical use
Who can access it?	Researchers and students	Educators, clinicians and students	Unrestricted
Password protected?	Yes	Yes	No
What is the cost?	Free	Free	Free
How to access?	Register by following the instructions at TBIBank	Register by following the instructions at TBIBank	Go to TBIBank and follow the links to the protocol materials
Resources	Registered users have access to the entire TBIBank database (> 300 samples, 7 cohorts)	Selected and curated samples are available in the TBIBank Grand Rounds (20 short videos, 8 learning modules)	Users can access the protocol stimuli (4 visual resources, full protocol instructions)
Terms of Use	Seek permission for conference use. Video content should not be redistributed or posted to any other online platforms. See Ground Rules for further details.	Suitable for use in teaching forums. Video content should not be redistributed or posted to any other online platforms. See Ground Rules for further details.	Suitable for individual clinical use. The materials should not be redistributed or posted to any other online platforms. The following reference should be cited: DOI
Other Information	This link contains a list of published outputs derived from TBIBank.	Users might also access AphasiaBank and RHDBank Grand Rounds.	The protocol is an internationally ratified and standardised protocol.

Appendix 6: Update & Dissemination Plan

Area	Ideas
Changes implemented	- Change colour of the grey header questions/ organization - Insert quick links - Hide/reveal answers - Titles would be statements not questions - Develop terms of use summary
Future changes	- Develop more background information on cases (e.g., medical history, imaging, cognitive test scores). - Create videos of the intervention strategies being implemented - Less structured/dyadic conversations or group conversations - Reduce volume of text in general, particularly modules 5 & 6 - Videos of mild TBI, paediatrics, acute/early phase videos - Training module for assessing discourse e.g. with rating scale - More evidence on disorders of awareness - Create more tasks, including one on the CCC model - Create more videos - Adapt to other languages - Add interactive elements to modules - Embed more cultural responsiveness/diversity
Target Audience	- University/college educators in speech pathology - Speech pathologists or SLP students
Platforms & partners	- Connect with educators across speech pathology programs in Australia and internationally (social media) - Social media and listservs: LinkedIn, X/twitter, ResearchGate, Interest groups - Connect with partners: ASSBI, IBIA, Synapse, FoqusAphasia, BrainSpan, SPAA, ASHA, CASLPO, ANCDS - Identify suitable conferences/forums: ASHA, SPAA, CASLPO, IBIA, ASSBI
Content Creation	- Publications and conference presentations - Create short briefs and videos with key messages - Develop content for social media e.g. text, infographics - Short explanatory content for list servs and interest groups
Future target groups	- People with lived experience - Student health professionals - Clinicians