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## **Outcomes of co-design workshops with nursing students to create a digital resource that builds their skills in ASsessing cardiovascular risk, MOTivating change, and SUStaining healthier lifestyles in themselves and others: ASMOSUS**

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**Title:**

Outcomes of co-design workshops with nursing students to create a digital resource that builds their skills in ASsessing cardiovascular risk, MOTivating change, and SUStaining healthier lifestyles in themselves and others: ASMOSUS.

**Authors and Institutions:**

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**Background:**

The World Health Organisation (WHO) highlight a requirement to engage and empower people in improving and maintaining their own health and wellbeing, which underpins the 'People as Partners in Care' pillar of integrated care. Student nurses are the workforce of the future, but cardiovascular (CV) risk factors are highly prevalent across this group, despite 'Health Promotion' being a component of nursing curricula. This theory-practice gap diminishes student nurses' personal health and their capacity to influence the adoption of cardioprotective lifestyles by others.

**Purpose:**

To conduct co-design workshops with undergraduate nursing students to create a user-friendly, digital intervention that empowers them with knowledge and skills regarding CV risk management and healthy lifestyle implementation.

**Methods:**

The co-design process comprised two steps:

Step 1 (Design): Undergraduate nursing students ( $n=6$ ) across two Universities in the UK agreed to participate in two virtual workshops, with each lasting approximately three hours and facilitated by members of the research team. Figure 1 displays the structure of each workshop. Step 2 (Prototype development): Information obtained in Step 1 was consolidated and used by the multidisciplinary research team (academics, students, and registered nurses) to draft, refine,

and re-draft content and structure for the intervention, which were subsequently sent to expert digital resource designers for prototype development.

**Results:**

The co-design process resulted in development of a website that is ‘open for all’ (*i.e.*, to enable users to complete different parts during different times and on different devices). The students identified the following topics as essential educational content: 1. Lifestyle behaviours and CV risk; 2. CV risk assessment; and 3. Motivational interviewing (see Figure 2). Students discussed their busy schedules (study and placement) and expressed a requirement for the information across these topics to be presented in an easily accessible format (*i.e.*, short, comprehensible descriptions) to improve understanding and adherence. Moreover, students wanted the intervention to incorporate animations, quizzes, and simulated scenarios to facilitate enjoyable, interactive learning. In terms of intervention delivery, the consensus across students was for the beforementioned educational topics to be delivered via self-directed learning for one week (approximately 30 minutes to complete), followed by a group-work activity at a tutor-led, in-person workshop (approximately 90 minutes), which involves applying knowledge gained about CV risk assessment and motivational interviewing to simulated scenarios whilst receiving tailored guidance from the tutor.

**Conclusion:**

Through co-creation, this study has developed a prototype educational intervention that is tailored to the requirements of nursing students for improving the core skills underpinning effective CV risk management and healthy lifestyle implementation. This work will progress to user testing and refinement prior to large-scale evaluation of acceptability and effectiveness. If successful, the educational resource has the capacity for roll-out to student and qualified nurses, with the aim of empowering them to improve their CV health and enhancing the adoption of cardioprotective lifestyles by others. In addition, this resource may serve as a template / platform for adaptation to other populations (*i.e.*, patients or different students and healthcare professionals) and educational objectives (*i.e.*, self-management for patients).

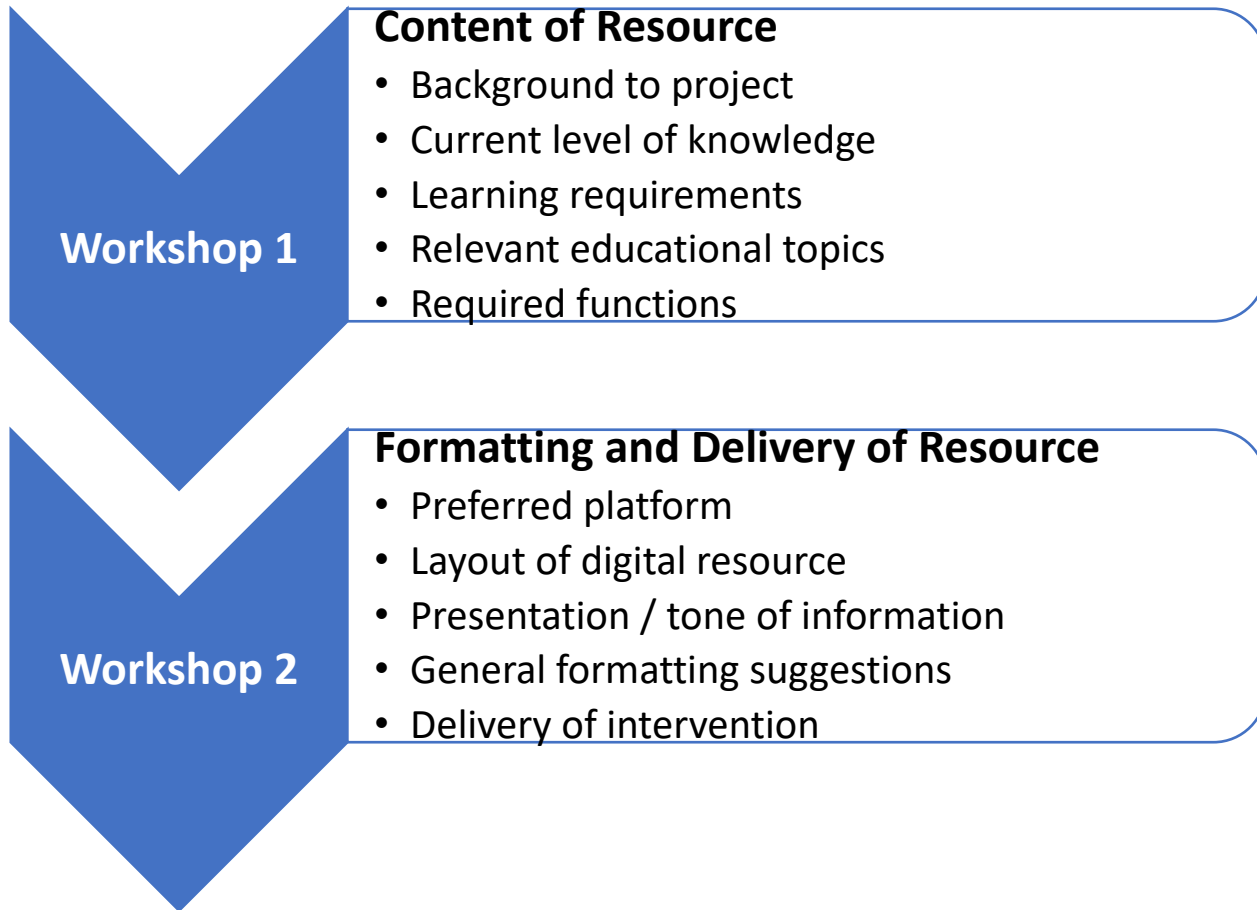
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**Figure 1.** Structure of workshops.



**Figure 2.** Educational content of digital intervention.

