

Patient Design Thinking

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In this podcast Chris Elliot speaks with Paediatric Rheumatologist, Rebecca James, about the development of the concept 'Patient Design Thinking' and why it has such profound impacts on the delivery of care no matter which specialty.

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About Dr Rebecca James

Dr Rebecca James is a Paediatric Rheumatologist and Healthcare Improvement Fellow at [Queensland Children's Hospital](#). She completed her paediatric training at the [Royal Children's Hospital in Melbourne](#), before moving to the UK for extended fellowships in several London hospitals and later to work as a consultant at [St Thomas'](#). She returned to Australia in 2018 and completed a Healthcare Improvement Fellowship through Clinical Excellence QLD in 2021. She is interested in healthcare quality and safety, particularly how health services engage with patients in service design and provision, as well as issues around access to care and medications, both domestically and globally.

About Dr Chris Elliot

Chris is a Consultant Paediatrician who works in a teaching hospital in Sydney and in private rooms. As well as clinical medicine he is enthusiastic about health [communication](#) and teaching. Chris is a Conjoint Lecturer for the University of New South Wales and writes the occasional article on child health for mainstream media. He also teaches Advanced Paediatric Life Support and sits on the Editorial Board of the [Journal of Paediatrics and Child Health](#). Chris completed his Internship at Bankstown Hospital and Paediatric training through the Sydney Children's Hospitals Network. On the days when he is not at work he enjoys playing with his children, and also when they play by themselves.

Patient Design Thinking

With Dr Rebecca James, Paediatric Rheumatologist and Care Improvement Fellow

Introduction

This podcast was proudly produced in collaboration with one of our sponsors Avant Mutual. It delves into this idea of patient design thinking which came about from the identification of the importance of patient engagement in healthcare. We explore, in brief, the development of this concept and why it has such profound impacts on the delivery of care no matter which specialty.

1. Why did you study medicine?


- I liked people's stories, the narratives of their lives
- Chronic illness and following the longitudinality of people's lives is a privilege

2. What were your junior doctor years like?

- Father was diagnosed with terminal illness leading to the experience of dealing with the healthcare system from two different perspectives - it profoundly shaped the doctor I became.
- The sense of responsibility was hugely different from being a medical student and any other job worked prior.
- With greater responsibility came great privilege to be a part of someone's life as well as greater job satisfaction. This was something that I learnt throughout the years as a doctor and trainee despite the exhaustion of rosters and steep vertical learning curves.


3. How did your fellowship come about?

- Paeds training in Melbourne
- Spent multiple years over in London (which originally was only meant to be 1 year!)
 - Opened my eyes to the world, clinical medicine and more specifically quality and safety
- Came back to Queensland where this care improvement fellowship came up through clinical excellence Queensland.
- One of the main things that came out of my year in that fellowship role was stakeholder engagement. You must engage with those who are on the frontline, most importantly patients and their experiences. This then led to patient design thinking and the project "first 100 days of juvenile arthritis." This project is looking at how the first 100 days after being diagnosed with a chronic illness really shapes the patient narrative of healthcare. Avant has helped this project formidably with ongoing funding support.



4. Patient design thinking and patient activation are terms that can be viewed as “wishy-washy” phrases – what are your thoughts on that?

- Patient design thinking something that I’ve learnt through this project that is fairly new and innovative and co-design is something that is mandated in Australian Hospitals.
- “people will forget what you did, will forget what you said but won’t forget the way you made them feel” – Michael Angelo.
- The word “fail” is really dispiriting for a child and anyone. It shouldn’t be worded as you failed methotrexate for example. Methotrexate failed you. Changing language like that may seem small but is very powerful in shaping their healthcare experience.
- These little things are what we are learning from this research area that ultimately have profound effects.



5. Why is patient design thinking and patient activation important for healthcare, particularly for those highly technical specialties?

- No matter what field of medicine, you will have a cohort of patients who present with symptoms that you don’t have an answer for or are more complicated than just the biological or physical and relate more the bio-psycho-social model of care.
- You will need to respond to those patients in a way that is helpful and empathetic. For those particular patients you will need to have a higher awareness of their healthcare experience.



6. Do you have any advice for junior doctors in relation to patient design thinking?

- As a junior doctor, the appropriate times to be thinking about this would be in clinical meetings with seniors, listening to the answers of questions like (or even asking them yourself!): What did the patient say? What did the family say? What were the preferences of the patient or family?
- If you wanted to get more involved speak with your local patient safety and quality people and see what projects might be happening. If your hospital or local healthcare district does not have this set up yet there will undoubtedly be someone interested in this area in your hospital.

7. If you had any take home points from the podcast, what would it be?

- Take any opportunity you have to work overseas.
- Recognise that all of us are replaceable at work but not at home. Give yourself permission to be a human being. Give yourself permission to be sick and take days off. Give yourself permission to say no to things people ask you to do. Give yourself permission to say no when you're asked to do more overtime.
- Think about what matters to you. Think about the lines that will not be crossed professionally and personally and stick to them.
- Look after yourself.

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