
CONFERENCE ABSTRACT

Facilitating Adaptive Strategy through Design Spurts

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Introduction

How do we elicit our community's thoughts and ideas about the design of medical education? How has the pandemic shifted our learning experience for teachers, residents, and patients? Our versatility, adaptation, and ability to fail fast and forward have emerged as important traits in this quickly changing landscape. In this session, we will address these questions and experiment through the design thinking paradigm.

Aims Objectives Theory or Methods

Design thinking, a method of co-evolution of problem and solution, has gained traction in healthcare and medical education as a way to promote a greater understanding of users' experience and to help unpack the challenges and opportunities that we are confronting in our educational journey and delivery of care. Teams are guided through five highly collaborative phases of user empathy, defining the problem, ideation, prototyping, and testing.

Highlights or Results or Key Findings

The ultimate goal is to create a product that can be implemented by team members. We will provide examples of how design thinking has been used within UBC's Department of Family Practice to rethink our curriculum and develop meaningful relationships with our surrounding healthcare community.

Conclusions

Design thinking provided the opportunity for our faculty, administration, and students to voice their concerns and more importantly create solutions that address their environment's contextual and temporal constraints and affordances. Participants of our design thinking sessions described the experience as highly collaborative and thought-provoking. Furthermore, during COVID-19 pandemic, this paradigm

Implications for applicability/transferability sustainability and limitations

The design thinking paradigm is one that can be easily transferred to any setting where participants are open to new ideas and thoughts about the challenges and opportunities presented.