A Design Thinking Approach to Enhance Interprofessional Education between Technology and Medicine for Innovative Elder Pain Care

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Abstract

Background: Design Thinking (DT) describes three stages in the design thinking cycle: 1) inspiration, which embodies the initial problem or opportunity; 2) ideation, which encompasses the development and refinement of ideas; and 3) implementation, which involves the introduction and application of the derived solution.

Method: The prospective educational program evaluation July 2020 – December 2020. A 150 min interactive workshop regarding developing innovative elder pain care. Medical students will be grouping into four medical students: 1 technological student. Then they will be assigned to match with a technology student. The interprofessional education design thinking activity consists of three parts; a brief introduction, the brainstorming process to identified pain points by persona and user journey to generate the idea, and the prototype presentation.

Results: Forty sixth-year medical students and twelve technological students participated. 58% of medical students and 95% of technological students perceived DT as very helpful for their careers. However, only 30% of medical students and 60% of technological students were inspired to develop actual prototypes after the course. Nearly all of the students responded they comfortable with this interdisciplinary project-based style. Still, the time of the workshop is too limited, and among those responding with no interest pursue the project gave a reason that they lack time after rotating to other courses.

Conclusion: Most medical students and technological students perceived DT as beneficial for their career and displayed satisfy in this co-project style. However, finding matched schedule of two disciplines made long-term interprofessional education challenging.
Introduction

The rapid changing and complex society need a new generation who has 21st-century skill. The future physician is who both master the analytic thinking regarding clinical content and creative thinking as well as technology literacy. Interprofessional Education (IPE) between technology and medicine has been growing in evidence in the past decades.

Design Thinking (DT) is a framework for complex problem-solving applied widely by various disciplines and recently emerging within healthcare. As a methodology, the origin of design thinking is often credited to Herbert A. Simon’s Sciences of the Artificial in 1969 [1]. The design process recently popularized by Tim Brown describes three stages in the design thinking cycle: 1) inspiration, which embodies the initial problem or opportunity; 2) ideation, which encompasses the development and refinement of ideas; and 3) implementation, which involves the introduction and application of the derived solution.

Previous medical, educational studies that applied DT showed that DT enhances understanding of complex issues and collaborative skills. A study integrated DT to medical ethic curriculum found students improved knowledge and attitudes toward organ transplantation [2]. Another study applied DT to assign an interdisciplinary project for medicine and other science students to improve the health care environment. The results showed positive feedback in terms of increasing motivation and creativity capability [3]. However, its use in Thailand’s medical education has never been addressing. We choose this elder pain topic because our team is also working on the project pain assessment by facial recognition technology [4].

Methods

Study Population and Sampling

The final year medical students rotating to the Faculty of Family Medicine during the four-month study period (July 2020 – December 2020) 40 students.

The 3rd year technology student who select to the human-computer subject 12 students.

The medical students will be grouping into 3-4 people. Then they will be assigned to match with a technology student.

The interventions

The total 150 minutes interactive workshop including three parts;

30 minutes introduction about the principle of design thinking and elderly pain care.

60 minutes. Each group would brainstorm to produce a personal persona and user journey in order to identify problem and prototype ideaion based on human-centered

30 minutes for prototype presentation. Each group present in pitching style for 10 minutes for each group in a seminar.

Outcome measurement

The general aim of the study is to explore the feasibility of integrating design thinking to enhance interprofessional education between technology and medicine students.

The short term objective is to gather data from a checklist-questionnaire specifically:

1. Do the students perceive this activity as relevant or useful to their profession?: Very useful, somewhat useful, and not useful.
2. Do this activity inspired students to develop their prototype after the course: Interest versus no interest.
3. Is the programming assignment optimum to the students’ capacity?: Too difficult, optimal, and too easy.

The longer-term objective is to further develop the joint curriculum between technology and medicine in the future—the themes and quotes from student responses to open-ended questions.

Which part of an activity that you like the most and why?

Which part of the activity that you think needs improvement, and in what way?

The activities depicted in Figure 1 and were recorded by verbal permission of participants, which could be reached at https://www.youtube.com/watch?v=PXuZYk-WcNk

Results

Forty-sixth-year medical students and twelve technological students participated. Among medical students, 58% perceived DT as very helpful for their career, 40% perceived it as somewhat useful, 2% responded that not useful and more suitable to be an elective rather than core course. Meanwhile, among technological students, nearly all (95%) think this activity is very useful.

30% of medical students, 80% of technological students were inspired to develop real prototypes after the course. Among those responding with no interest pursue the project gave the reason that they lack time after rotating to other courses. Nearly all (98%) of students responded they comfortable with this project-based education style. The details of these quantitative data are described in Table 1.

The qualitative data as themes and quotes from student responses to design thinking workshop showed many students like doing persona but the time of brainstorming is too limited and among whom responding no interest pursue the project gave the reason that they lack time after rotating to other courses. The thematic quotes were summarized in Table 2.
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Design Thinking (DT) has gained attention as a method suitable to 21st-century education to redesign curricula and encourage students to solve problems using creativity and collaboration. Our participated students are categorized in generation Z (who was born between 1995 to 2012). They commonly are described as 'digital naive' based on growing up along with the internet and social media. Generation Z is impossible to get in a short time, the next study should plan for a longer follow-up.

In conclusion, our lesson learned from this DT-IPE project is well accepted by both medical and technological. The more flexible medical curriculum schedule will enhance long-term collaborative projects.

**Ethical considerations**

**Ethics approval:** The Faculty of Medicine Chiang Mai university IRB (EXEMPTION7462/2020). All participants provided verbal consent to survey and video recording.

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**Competing interests**

None of the authors has any conflicting interest to be declared.

**Supplement material**

The video clip demonstrates the design thinking workshop activities https://www.youtube.com/watch?v=PXuZYk-WcNk

**References**

