

JAY'S BLOG (HTTP://BLOG.JAYMEHTA.CO.UK/)

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Posts

Clinical User-Centred Design: Part 1

22nd March 2019 [Jay Mehta \(http://blog.jaymehta.co.uk/author/jaymehta/\)](http://blog.jaymehta.co.uk/author/jaymehta/) [1 Comment \(http://blog.jaymehta.co.uk/2019/03/clinical-user-centred-design-part-1/#comments\)](http://blog.jaymehta.co.uk/2019/03/clinical-user-centred-design-part-1/#comments)

So when I started this project, I naively thought this would be short blog post! But after writing for a week and counting – I decided to split this into a series to make it less of a monolith to read. In Part 1, I'll introduce why I think that the design of our clinical systems is so important. Part 2 coming next week...

Full disclaimer – I am a huge fan of user-centred design. I believe that the best designers in the world are the ones who can provide exactly what the user wants, without letting their own preferences get in the way.



Of course, such designers are rare, and they make their work look effortless! (As an aside, Jony Ive: The Genius Behind Apple's Greatest Products (https://www.amazon.co.uk/dp/0670923249/ref=cm_sw_em_r_mt_dp_U_X5PMCbSF6PD1Y) by Leander Kahney was a great insight into this world).

However, in my experience there is still room for improvement when thinking about the design of our clinical systems, particularly from a user's point of view.

There's plenty of evidence from the USA which suggests that electronic health records (the systems that healthcare staff have to use to do their jobs) are making life more difficult for healthcare staff. Even the world renowned author and Harvard Professor of Surgery Dr Atul Gawande has written on this topic:

I've come to feel that a system that promised to increase my mastery over my work has, instead, increased my work's mastery over me.

— Why Doctors Hate Their Computers (<https://www.newyorker.com/magazine/2018/11/12/why-doctors-hate-their-computers>), by Atul Gawande in The New Yorker

Secondly, there's a staffing shortage in the NHS. The Nuffield Trust, the Health Foundation and the The King's Fund published a report last week called Closing The Gap (<https://www.nuffieldtrust.org.uk/research/closing-the-gap-key-areas-for-action-on-the-health-and-care-workforce>), which suggests solutions for how the NHS recruits and keeps hold of its staff. Part of its proposals focus on technology, highlighting the flaws of poorly implemented tech such as the "productivity paradox", but also recognising that tech has the potential to increase staff efficiency if done well.

Finally, there's a serious correlation between electronic healthcare records (EHRs) and clinician burnout. Gardner and her colleagues (<https://academic.oup.com/jamia/article/26/2/106/5230918>) showed a clear link between the two, and the New England Journal of Medicine (<https://catalyst.nejm.org/videos/reducing-the-burnout-effect-of-electronic-health-records/>) reported that if more EHR features are "turned on", physicians experience more burnout.

Swirl together this mix of electronic records being difficult for staff to use, there not being enough staff to begin with and that electronic records make the remaining staff burn out – and it's obvious to me that something has to give.

But there is hope.

I watched Dr Harpreet Sood at Digital Health Rewired 2019 (<https://digitalhealthrewired.com/timetable/event/dr-harpreet-sood/>) talk candidly about clinician burnout, and how we need effective ways to measure it so we can begin to tackle it. This is a great step from a national NHS organisation, and I hope it continues.

However, we should also try to prevent burnout developing, instead of just catching it once it's set in. Clinician burnout is multifactorial, and some of the reasons I've encountered range from awful rota plans (<https://www.theguardian.com/society/2019/mar/28/nhs-trainee-doctors-denied-leave-dossier-hospitals>), lack of clinical support and strict hierarchical structure, none of which are mostly technological in origin or solution.

Yet given the evidence above, technology is definitely still a factor in places that are more digitally mature.

So why does digital technology like an electronic healthcare record increase burnout? And can we reverse that so that the technology actually reduces burnout?

I'll try to answer those questions, and more, in my next post...

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