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And we love Smiley, happy faces. I know our speakers really appreciate to see reactions.

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Speakers really like to see reactions so I don't know why, that's there.

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So please, if You're comfortable please turn on your camera so that we can see happy faces we love to see I know It's Saturday.

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Nobody's pretty today. yay faces I love it thank you so much.

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I appreciate that yay so let me walk you let's walk through the agenda pretty quickly, and let's get started.

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I'm really excited to hear giles so let's Let's go through the admin stuff.

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Let's get going all right. So So first off welcome to world. I a day.

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Thank you so much for joining this global event. This is super exciting.

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So I don't recall how many cities there are but we just thought the link in the chat.

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You can see what other happenings are going on around the world today.

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So if you're interested in attending another event I recommend that you go to the world, I, a day site and be a part in another branch of this celebration, and i'm not going to play the keynote for us because I

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want to really dive into Giles talk but we've thrown the keynote for world.

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I a day into the chat. So I recommend that if you get, when you get a chance that you check out that recording as well, and for people who attended world I a day there is swag, and there, are Raffles and Giveaways

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and stuff. So we're going to throw that link in the chat too.

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You just need to visit that website, and I think optimal's given away 6 months access.

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And I love optimal workshop so that's a really cool tool.

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So the the world I a gift bag, is in the chat, so make sure that you Link, hit that link and claim your swag.

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All right, and you are here, for you. Search and strategies.

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Host world. I a day which we are long beach we picked a city that hadn't really been represented in world.

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I a day in the past couple of years, so it anybody from Long Beach. throw it in the chat, if you're actually from Long Beach. But that's cool.

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If you're not because this is a global event all the theme this year is about connecting, and we're gonna have an opportunity to connect later when we have some breakout rooms and some opportunities for networking.

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So I hope you stick around for that too we'll give you time to bow out.

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If you don't want to do that but we do hope that people stay for that, because that's a really fun part of our events, we're present on many social media platforms, gonna throw we just through the link tree in the chat

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And if you scroll to the bottom of that that has all their social media, we're on Instagram, Youtube, Facebook you name it.

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We're on most of the platforms, and we post a lot of original content, educational content on our social media channels as well.

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So please feel free to follow us on those avenues as well.

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Our next event coming up is in high demand. A lot of people want to know.

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What do I do for a ux research portfolio?

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What do I put in it? How do I build it? What? How do I get started?

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So our one of our co-founders lori Whitaker, is going to be hosting a webinar on creating and leveraging your Ux research portfolio.

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There's a lot of stuff out there. about design portfolios, but not so much about research.

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You're like like i'm Not a Designer what do I do for my portfolio.

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Well, Laura's gonna tell you all the things this is A.

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This is a paid event, and the beauty of this is, you have access to the recording forever.

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So if for some reason you can't attend her webinar live, you can still watch the recording later.

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If you get a ticket, So this is coming up it's selling out super fast is really limited to seats, and we're good.

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We will throw the link in the chat here yep it's already there.

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They beat me to it. Awesome how to create and leverage a ux research portfolio March the sixteenth.

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Hope to see you with that as well. And then we have Mina from twig and fish coming in April.

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And this is going to be a really great event because she's going to talk about challenging research norms, and how to really succeed with qualitative research in your organization.

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And I know that a lot of researchers struggle with this, like everybody, wants to see the numbers.

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Everyone who wants to qu right well nita's going to talk about how to to sell the value of qualitative research in your in your organization.

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Really great event. April the seventh. The links for that are in the chat as well go to event right.

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We have a few events that have tickets available right now, and Minas is in April as researchers feedback as a gift.

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And so we would love to have your feedback on today's event.

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We will be sitting up a follow-up sorry survey follow-up survey. but the link is also going to be thrown here in the chat, and we'll drop it in a little bit later.

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But we'd Love to know what you think of today's event help us make our events better, and have content.

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That really is valuable to you. So please fill out the survey, and let us know how we can make our events better.

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And without further ado, Thank you for writing on this crazy roller coaster.

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Ride through these through the admin stuff and all the announcements.

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Talk about world I a day. Why, we're all really here right and let's pass the baton over to Dr.

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Giles Morrison, who's going to talk about getting started, you x clinical ux.

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So without like, I said further, do Dr. Morrison please take us away, everyone, hopefully.

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I'm coming through loud and clear perfect wonderful i'm going to share my screen hopefully.

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We're not going to have any and technical issues today.

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Yeah, has that popped up i'm not sure if it's showing the right screen?

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What do you see it's delaying a little bit for me?

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I see a black screen right now, so give it a second to see.

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All right. There it is. Yep, so he says, getting styling clinical ux.

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It absolutely does wonderful all right then let's let's get to it. then.

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So. Hi! i'm jos to a few weeks strategist I am the director of the Clinical ux association, which i'll talk a little bit about in a bit, but I thought i'll start off my talk because I've

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been giving a little bit more airtime about what it is that makes me me really so.

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I think quite an important defining feature of myself is that i'm still a medical doctor.

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I don't practice medicine anymore, because stop really being a doctor.

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People who realize that you understand about medicine still come to you with their, you know, running noses and broken limbs and knives in their back, and all this other sort of stuff going on with them.

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But that's just still a tiny part of me you know as i'm sure we can overlay all still human beings.

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And so there's other hobbies and interests that I have. I play the violin.

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I actually play the 5 string, while in a few of them I am quite artistic as well.

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I do like to do paintings orings in particular, King.

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I love it. Experimenting in the kitchen and I do love playing games.

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The greatest game I've ever played is still the sort of reboot slash, much deserved imagining of God of war on playstation. Ps.

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4 Ps. 5 also on Pc. if you never played God of war.

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But you don't mind a little bit of violence, it is the greatest game of world leader, thoroughly enjoy it.

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So. yeah, that's a bit about me it's not all just work.

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It's not all just about clinical ux There's there's more to us, you know.

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It's important to keep this in mind during these pandemic days.

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It's not just work there. has to be fun and a bit of healing from all the the pain that we're having to enjoy during this pandemic.

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So yeah. So it's pretty queerx association as I mentioned before.

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It's a not for profit, really that I set up back in Blosh, 2,016.

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I would say 15 to 16 as a vehicle just to talk more about clinical ux. i'll be defining chemical ux in a bit, but it may be part of the kind of fux association and purpose

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for it is to create a community for people interested in healthcare or working in healthcare with a particular focus on user experience.

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She doesn't just mean about designing digital tools can be physical products, chemical services.

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But how are we improving the experiences? in healthcare That's what the focus is. Ultimately, another thing that keeps me busy with That is the black ux society.

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This is a community for people who identify as black 2 safe place. really to talk about what it means to be a ux professional. Get some targeted advice and guidance So that's another thing.

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That keeps me busy as well, and yeah I think it's been quite necessary, having such such a group.

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It just allows people where they can have a safe place to be themselves. So that's why i've i've created that, and that's been quite a new endeavor early one in the year. anyway.

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Look who you? X. then what is clinical but and how does Kentucky ux differ from other forms of ux?

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So the first thing to keep in mind is that ux Q. 3 x 3 is still ux.

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So to define clinical ux it's important to define ux.

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There's too many definitions of ux I would say if you practice ux.

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You generally know what it is when you have to describe it to your mom, or some other strainers outside of it.

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In particular, they have no clue where it is. so. the way I define Ux to try, and not just accommodate the variety of definitions that different ux prints can have.

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But also to make it simple for people who don't work in our field.

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I say that it's a they experiences people have with anything that's been designed. So it's a clear distinction from the natural world.

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We have an experience with the natural world. but I can't just move a mountain right?

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There is probably some technology we can get to at some point to literally do that.

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But the fact that I have to create a technology to move the mountain rather than mean moving.

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It means that there is limitations, and only so much experience that could be had with that mountain, because it already exists.

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Now ux as we know when we're talking about something designed but the design process potentially the better they experience could be.

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We can't guarantee experiences is still the determined by the individual who is having experience like when have they experienced before the name of your product or service?

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What actually is the goal that they're trying to achieve with your credit of service.

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So I talked before about cooking. You know the user experience that some people have with the pot is very different to others.

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If they don't know how to cook so yeah so this one to make sure we're aligned on that.

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So then, health care Ux is a niche within ux, but quite a bored one. It generally relates to the experiences that people have with health care, technology, and services.

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So with anything related to the design of products and services within health.

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Okay, but because that's so broad there's all kinds of different bits of knowledge or tools that you have to be allowed to work in that field.

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So chemical ux now breaks that down it narrows the focus area, which in turn actually requires more knowledge, be needed to work in this field.

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But clinical ux. I define as the experiences that commissioned and patients have health care, technology and services.

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So it's not just thinking about any member of the general public or non-clinical staff in a hospital setting there means that they have that don't necessarily require in-depth knowledge of how to treat a specific disease Yeah,

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can I I'm not sure if this is intentional but it's still on the high.

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I'm: Giles slide. Okay, yeah yeah just advanced to health where it says health care ux clinical ux.

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And then text on this right hand side, yeah well thank you for letting me know. i'll make sure cause there's a day using Google slides.

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I think I make all our em parts of slides a different way.

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All right, thank you. Yeah, Thanks for that. So Oh, as I was saying there are going to be needs of no clinicians non-patience in health care that don't require specialist knowledge of how to treat disease or laws and

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regulation that's in this field this sort of knowledge becomes optional in health care.

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Ux, but in chemical ux there's a lot of knowledge that is mandatory to do the job.

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So again. If you're cooking food you is a mandatory need for having heat.

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If you are cooking certain dishes but to make a meal, you don't always need heat there's not always a mandatory or a central element, and clinical ux.

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There's a lot more going on. that's a central knowledge you notice, probably throughout the whole talk about my food analogies, as I mentioned before, and I love cooking.

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So I think the other thing that actually, just briefly, to cover about about Ux, just to make sure Gamma aligned.

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Is that as much as we are talking about the experiences that clinicians and patients have with this health care, energy, and services ux in principle is about, how do we support people in completing tasks and achieving goals the end

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result of our work should be allowing someone to Do something so that's that's the gist of that right.

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So let's keep going and chemical ux pillars. So these are the main principles that define clinical ux.

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Now the purpose of the kinematic pillars or design pillars are there.

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If you've never worked in, health, care before, but you are practicing us professional, or if you've never even worked in ux, let loan healthcare, then if you follow these pillars you're already going to put yourself

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in a position that you remove the chance to risk or failure.

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Not completely yours lowering it, really, but it ensures that you've already got the right mindset, and you're digging with any imposter syndrome that you could have or doubt that you can add value for element these principles can

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allow someone, even new to the field to do something that is useful in. So we're going to go through these in terms humanitarian people centered cyclical evidence-based and ethical design.

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So the the first one, then humanitarian design. Everyone deserves to live a life with dignity, using products and services that respect their humanity.

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This is the first design pill African for a reason.

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What unifies all human beings is that we're all human beings more than anything else.

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The reason is that to have a good life, to be healthy, to look after our offspring, you know, to film relationships, to to have our basic needs met.

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All that it's very very important that we remember that we're dealing with human beings.

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If you're already thinking How can I help this isa who is a fellow human being, have the best life they can have you.

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My product. You're already putting yourself in a position to help them have the best life they can.

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Hard with your product or service. Now another reason why this is of such great importance is the fact that statistically there, the average global citizen has more access to a mobile phone than essential health care. services.

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So when we talk about all types of mobile phones, not just smartphones by apple, but those back in the day, not your 32 tens in the like.

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What about ones where you can play a game on it but you're playing snake?

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You're not playing candy crunch those phones they're still roughly, 9192% of the world's population has access to our phone.

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This is profound considering that half of the world's population don't have access to clean water.

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Don't have access to rapid emergency care services within an hour.

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You know, being able to see a gp getting help if they're going into label.

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This is essential health care services, and but roughly about 50 to 50.

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5% of the world's population have access to essential health care services.

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This is wrong. You shouldn't be able to more likely be able to watch someone on Netflix.

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2 then be able to speak to a doctor. This is a travesty we have to think about.

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Why this has happened. There is a demand for good health care but there's money to be made from Phones is not always clear how people can make money from healthcare.

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Now someone who literally they're paid to work in health care I can say with confidence that if you solve problems in health care the money will come, and I think this is one of the advice if you're wanting to get into

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ux in kind of the ux, or even just in healthcare, always ensure that there is a business model tied to what you are doing, unless it is true humanitarian effort. If you have to make sure that there is a

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business model or your boss Does someone needs to because you cannot serve users product or service for a company that doesn't exist because it's run out of money.

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It's totally okay for health care to earn money is how you're earning the money highly in humanitarian design ties in also with ethical design, which we'll speak about a bit later.

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So we will probably come across the concept of human rights and the universal declaration of human rights. Isn't.

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A legally binding document, but the 30 Articles stipulated their making care that people do.

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But most governments around the world today, somehow, in 2 bends so as well.

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I love the definition of health from the WHO World Health Organization, health, is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

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So literally in this pandemic you're feeling isolated, and feeling a little bit low and a bit lonely.

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This is ill health. We need to accept this we shouldn't keep trends like Oh, it will get better you know. just put up with everybody's going like this.

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It is not good to feel sad and it's not good to feel I'm low in mood at work at home.

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Like this is all ill health we're supposed to be happy positive 100% of the time that's perfection perfection is not attainable, but it doesn't mean that we shouldn't be striving towards that

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it's really important. it's very easy for men and have to be downplayed.

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One of the reasons why mental health isn't getting the funding it deserves is because it's not so obvious in the day to day, the harm that mental health decline of social well-being not being optimized the harm

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and that brings it's very obvious to see when what happens when someone has a heart attack and dies from it when someone's got type 2 diabetes that's become complicated and they're starting to go blind the loss

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sensation their toes, and they have to have toes cut off, and it becomes very over the harm that comes from that.

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The the damage, the the disability, that comes from that is not so obvious when it's mental health.

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If it was more of this, maybe we would spend more money on it, right.

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So just to elaborate on this point of humanitarian design.

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This is a picture on the border of Kenya some nursing staff. in a health center, with mothers with their young infant children.

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We've all gone to deal with immunizations for their babies.

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An infants. Now, before the solution i'm about to describe was introducing this health care, connect there was times when the moms would come with their young children to get vaccinated.

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There's no record of prior vaccinations or knowing that child and the children won't get vaccinated. So a simple solution for a product Cool journey is a means to track your child's vaccinations with her it

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says here in the poster, and it's very simple technology, you use these cards which, for Near-field communication, you just touch the card on a particular reader, and it stores the information about There are vaccination of personal

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health record for the child's vaccination status and there's one that's given to the caregiver and the parent and the child, and then one that's given to the nursing staff there's a

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companion. app This is all technology and the whole concept of having like a card that holds data about something whether it's banking information.

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So that you can, you know, make a bank transaction, or in this case a personal health record.

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This is not common in most of Africa in fact It's not, It's not common, particularly in the border of Kenya.

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Why should it not be a useful solution for them if it can solve a problem? Why should we think they should just use paper when actually this is more efficient and works extremely well under right here? we've got I believe is called a redundancy service

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So when you can't send stuff to the cloud you hold it locally on servers, so that the data from going to the clouds is a permanent record.

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This means that there was ever a fire there. was ever you know power cut order. Everything's just gone locally.

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You can still have access to this health record. this is what I mean about humanitarian design.

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What's good in Europe in moment you have across africa so next them people centered design.

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I'm pretty certain this is a concept they were all quite familiar with.

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I would hope so i'd be concerned if it wasn't but it's just to reiterate we're going to keep the needs once in limitations of all people affected by our solution.

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Some digital physical products, some service. and we keep that all of that understanding and appreciation at the center of the entire design process.

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So instead of it just being the individual end user that we're thinking about across the design process, we're not even just thinking about different types of patients.

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For example, if i'm designing a tool for a patient I'm also designing a tool that can impact the way the clinicians deal with that patient the way, the loved ones get information about what's been done

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as treatment or prognosis for that patient can even be that I have to design a tool that's used by staff who have to maintain the software solution.

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I've designed these are all people that's what i'm talking about when I say P.

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Presented design there's all kinds of stakeholders that are directly and indirectly going to be benefiting or harmed by what we make, and it's important to keep that in mind this whole benefit and harm parties

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pros and ponds to what we do, because this is a little bit of a tangent, because there's only so much I can cover in this tool principal social technical systems, which is the whole idea that you have a

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complexity of people, complexity of technological solutions they're all meshed together, and by bringing a change in one era of a social technical system, you will have a ripple effect which could be very subtle or

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profound, which can have positive or negative impacts somewhere else in the system.

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So me saying, Oh, let's make the entire nhs paperless, good and bad things can come from that.

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And We're going to speak about that in a moment Now this is a picture of a friend of mine, Tara Dara Humphrey.

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She's here with her husband and 3 children youngest Talia lives with tattoo diabetes, meaning that sorry type, one diabetes, meaning that she has to have insulin to manage her blood sugar She can't

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produce insulin on her own you notice because she's starting in the middle.

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She's holding a white device on her thigh and her white finals on the left side of the beach.

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Now this device is a continuous infusion pump of insulin.

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Now this product, Doesn't just keep her alive by having a regulated level of Lucas.

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It also has profound impact on the social mental well-being of her parents. that's a child who could die if she's not given appropriate treatment.

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So so, where loads of other parents are taking their children to a birthday part in the like.

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Oh, have they done their clothes if they messed up their hair? Tara and our Humphrey and her husband are thinking, Well, have we actually given Talia enough insulin?

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Because if she goes and has that cake she could have a hyperglasmic attack, and if we give too much insulin, and she doesn't want all the cake because she's a young child she can just say you know I don't want

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cake. Then she could have a hyperbolicemic attacker, might have to go to the hospital or hopefully, just give her a glucose shop beforehand.

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But this is stress at a place where everybody else is just having fun designing this product, doesn't just perform great life-saving treatment to Talia.

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It impacts the way that all the family can interact with each other.

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So let's keep going chemical design so the whole concept of chemical.

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I'm sorry. cyclical design is the design process is an endless series of cycles to learn improve and solve problems.

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So you may really be familiar with the double diamond design process.

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So you have a problem. You conduct research, which is divergent thinking to don't converge and understanding what is the specific problem to solve.

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And then your ideate through divergent thinking, to explore different ideas conferred on creating the best solution.

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Now you have to keep your mind that we filled up first diamond of doing the research.

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There was a process someone had to go through to even decide.

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You know what Actually, this is the problem situation that we face that I think we need to be solving that had to go for a process for someone to come through that conclusion followed by once you've made the problem released there if we never look back at what

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we've done we wouldn't have innovation we wouldn't have, as I mentioned before, about smartphones.

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We will have iphone if we didn't previously have you know regular mobile phones, and we wouldn't have mobile phones if the regular telephone the one where you had to you know some of you probably don't even remember

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this i'm still just about old enough to Remember the telephone where you have to put your finger in and spin around, and then you have to do with every single digit of the number you're calling. and If you did the wrong digit you had to start all over

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again. right there's maybe some of you watching this has never had to face that stress.

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But the point is is that if we never look back at what we've made and be like, well, how can we make this Better put it back into a design process.

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We wouldn't have innovation. so we have to keep in mind in health care, and he says, done when we look at drugs that are being developed at surgical equipment. surgical procedures This way.

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Of innovating is applied to health care, just not so much to digital tools in particular that we use in this field.

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Now this is a picture of Tony Blair if you're not familiar.

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He had very bold and appropriate views on the fact that the NHS the way that uses technologies quite backwards, Right?

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We need to make it paperless. So he set up what's known as the National Program, for it.

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When he was Prime Minister of the UK. This was back in 2002.

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He had a budget of £2,000,000,000. This, then went to 4,000,000,000, started to climb further to 6,000,000,000.

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Then there was a review by the national order. Office basically said, This is a load of crap.

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What you do in here? You don't know what you're doing?

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You're spending huge amounts of money and the coalition government.

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They came into power. They soon then cut the program which was delivering on some of its needs.

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But they were making an electronic health record system, you know, for all the hospitals to have a record of all the patient data.

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It was really bad, 12 to £20,000,000,000 from from 2,000,000,000 to 12 to 20.

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And the reason the range is so wide is that there's loads of money tied up in the NHS being sued by its own suppliers because of contracts being cancelled, and generally speaking, the reason why I felt is that it

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wasn't really following a design process properly there wasn't a due diligence, or what are we doing for this complex project.

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It was like, Well, we know what we want let's just do it type, attitude.

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So evidence-based design the facts. Scientific findings to support decision-making and designing prove the value of solutions.

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You need to have evidence to back up What you're doing this is the whole market medicine.

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If i'm going to give treatment as a doctor I need to have some evidence to back up, why, i'm doing it, Evis deduction that I've gone through which comes from examining and doing investigations blood tests radio will scan stuff

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like that to say, Okay, now, do this treatment. Whatever is, there has to be evidence backing up the decision-making process and in healthcare in particular, Med tech companies.

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Mckinsey has proven that actually companies that follow design embedded design from the top down, they can stand to earn over 40% more revenue of 100% more money to shareholders.

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So if people is like what's in it for us as a business, you can make more money.

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The evidence. Is there another thing about this is that it's not a fixed rule?

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But Lobbovits and Chang did discover that, generally speaking, for the hour, or dollar or pound whatever it has spent on preventing a problem from happening, you can save 10 times that amount on correcting the problem 100 times trying to

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actually overcome from the failure. that's been introduced and for us, we can roughly split it into research design and in deployment or development of something.

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So spend more time and effort in research. you're gonna save so much time on design and on actually recovering from what has been made from what you've been designing.

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But again, I hope that people if you're already doing ux you should already be aware of this, so just a quick way of talking about how that's been applied.

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This is an app that I did for my masters with me a few years back, inspired by my wife, who lives with sickle cell disease, sickle cell anemia.

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Specifically so. This is a condition hereditary condition of the red blood cells.

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That mean during periods of sickness or cold weather, the red blood cells from going to a sickle shape, so it's like a crescent moon pipe shape, and these can get stuck in tiny blood vessels so when the

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muscles in bone joints compares a lot of pain.

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Painting means very, very strong pain. relief. now because it's a rare condition, and also to be really honest is a condition that many affects people identifies black.

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It can affect anybody. However, there is a lot of evidence to prove it, not just tied to people who are descendants of Africa.

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Directly you can face racism. you can face ignorance about the disease, because clinicians aren't seen, and very often.

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And so, even though it should be treated as a medical emergency.

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When people are in this painful episodes pain crisis as they're called, they're not getting the treatment that they deserve.

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So I was like. can't keep trying to train people the evidence says training the clinicians to know what to do doesn't help if they only see the patient once every 5 years.

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Sometimes pilot still gonna remember. So what was really useful is provide the information at the point of care.

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So I design an app that would sit on the patient's phone, because, as we know, people are much more likely to have access to a mobile phone than it central health care services.

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So, especially if they're living in Europe if they've gone to hospital.

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They're probably gonna have a smartphone and because these patients are used to having to stay overnight.

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They're very organized to have a ball of clothes a mobile phone with them so that they're not bored, even though they're in pain trying to overcome that pain can be done by playing games social network and challenge to friends

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owners, and so forth, and so the app was really how can I put the information that the commissions would need on the patient's phone providing evidence in such a way that the clinicians don't have to think about following the

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guidance. They just follow it so that's Why, we've got the Nhs logo there.

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We've got guidelines from the national institute of clinical excellence.

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Nice. These are things that doctors in the in it just recognize.

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So they see this on the patient's phone they will trust it, even though they won't normally trust if a patient was to say I need more fine. Don't think Oh, maybe you're a drug addict you're

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asking for such strong painkillers when they see it with You know Nhs number, which is a unique identifier for a patient when they see guidelines for a recognized official source.

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You don't think they act and act appropriately she's just providing evidence at the point that is needed.

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So let's elaborate on that point of evidence based care. So then, ethical design, then this is solutions, and the means to make them should be morally just for all who use to buy them.

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So here, then, is you know we've heard about dot patterns some people we've even been suggesting we should maybe shift this to deceptive patterns, either any sort of pattern that's being used design pattern

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ui layout that's encouraging people to do something they don't want to do, So you may already be familiar with the term.

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So any tricks used in websites and apps they make you do things you didn't mean to like buying or signing up for something.

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I mean, I really hate it. This does happen a lot in health care. Do you even have confirmation shaming where someone is given the option to say yes or no to the next step.

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And while you say no it's also say no I don't care about health insurance. I don't care if I have money to give to my love once.

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If I die like this is wrong, manipulating people trying to force them into saying Yes.

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Another thing that's quite important is that there were a lot of health care apps on the market that actually provide value, because there's no evidence, at least to even confirm that they can do what they say they do so this is

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just highlighting that there was a study that has been done to look at this fact, and it's quite sad, really.

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That's how many people if they don't know any better we'll download, and that particularly mental health.

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App that has no evidence that it can help you with your mental health problem.

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And then You don't go and see a doctor you don't see a psychiatrist. it's going to be really really dangerous.

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If you are using health care apps, make sure that it is clear evidence that backs up that it can actually do what it says.

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It can do So here, I call ux competencies.

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What are the main skills and knowledge required to work in this field.

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So it is very, very broad. Okay, I think We all have a general idea of what's done in New York, and when I share and show what can be skills use in health care.

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Ux. This is still something that can be used generally in ux as well.

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But then we start to go into technologies and skills knowledge areas that are specific to clinical ux that you may not need to know.

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In health care, ux or general hurt ux. So, for example, what are the different tools that clinicians are using?

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How do you actually treat a patient If you don't actually have a diagnosis?

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How do you encourage clinicians to communicate with each other?

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Better to optimize their way of working. Now, what is this actually look like in real life?

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Knowing this can be really really powerful, actually essential when you're designing tools for clinicians and patients.

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But in the interest of time we can't just try and go through every single one of those competencies I had to break it down into 5 of them.

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The first one being psychology. This is the particular era of bringing the science of ux in so applying any theories of how people think and behave.

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Research methods can provide insights on making useful health care technology and services.

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So your human computer interaction comes into play here. behavioral science, human factors and ergonomic stuff like that.

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Then there's design just about the knowledge of how to use creative skills to communicate ideas problem, solve, create diverse products and services.

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Being artistic is completely different. it's related and very useful the artistry is about actually appealing to different senses.

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That's very different to being creative. So as i'm sure hopefully, you know, even if you're more so in the Us.

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Research side of things you don't have to be artistic to be a ux professional.

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Then healthcare as a board category of competency.

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So understanding how health care is delivered on global and local level, what the biggest health problems are that means solving, but cannot ux designers.

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So this would also include. So what is the general patient journey?

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Now, what is a general way of treating patients regardless of the disease that they have?

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How do what's the flow of money in health care who this can determine who's going to pay for a port or service?

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What's the laws of regulations that govern the products of services that you can make?

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How does that create constraints on what you can do in this technology?

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So the use of physical digital solutions which make task simpler life easier.

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These are solutions that can be connected to the Internet. utilize radio waves or purely offline like a spoon is technology.

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So wheel is technology, but just apps. And then professionalism, How do you put all this into play to actually make products and services that make a difference?

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To have successful businesses. How you work with other ux professionals, non-ux professionals. How you raise your ex maturity in an organization that doesn't know what ux actually is Now, to just to narrow it down in

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these Again, if you were to focus on just one specific skiller knowledge area, these are the 5 I would encourage you to to deepen your knowledge of so health care behavioral science.

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If I wanted us to take a two-minute break.

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But I think we should play one. What do you think, Plowman, Plow one?

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All right. So health care, behavioral science, scientific discipline, to explain or predict changes in behaviors of humans and animals, to encourage good or prevent ill health.

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So your definition. But that's basically what healthcare behavioral sciences is just understand what people do.

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So you can explain behaviors predict behaviors which then can help you encourage particular behavior. You can't guarantee a behavior like you can't guarantee someone to open a door as i'm sure we are familiar from don norman's design of everyday

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things there can still be confusion. There can still be an opportunity for people to do something you weren't expecting.

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But by understanding psychological principles and applying it to design of products, we can make them more effective.

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To now the behavior model. I personally like to use is a reasoned action of think it's the most as much as this multi-layered is the most logical one, and the one where you're not normally scratching your head and

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being like How am I going to get value out it's like There's comedy is a common one you specifically in health care not only for health, but the reason action approach is good.

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What I love about is that it's basically saying that someone's beliefs about that.

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Your behavior itself, the success of performing behavior on what other people think about their behavior.

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All of these can impact whether you actually do the behavior, not the particularly in health care.

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Do you even have the tools? So even if you think is possible, like intellectually, you can imagine that you can go from one country to another by going on a plane rather than wings sprouting out of your back like, you can imagine what

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can really happen right. But do you have the money to pay for the flight?

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So it's really important to keep in mind that as much as someone may be, you know, have a belief that it's possible, if they don't even have the tools the equipment that's required to follow through in the behavior

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That's another reason why they won't do it but when you use your reason, action, approach allows you to systematically look at the new product or service or change to a product service that you're un moving forward with and thinking well have

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I done all that's possible to give someone the best chance of going down a behavior path to is most useful to them to complete a task, achieve a goal.

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Next and soft systems methodology. This is specifically a methodology used to understand complex systems in order to find the way, I find the best ways to bring positive change.

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Notice that didn't say problem solving because sometimes your face in situations where everybody believes everything's great. It's not that bad.

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So. So why we seen this as a problem, we should be seeing this as a way of improving what's already there, you could see, even as simple as you go to the Amazon.

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Or you go to certain parts of africa you're seeing tribes.

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You know groups of people that have never dealt with modern technology as we know it has it. doesn't mean that they've got problems that need solving.

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We can bring technology for them to have new ways of doing stuff.

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But what calm could we be bringing into that culture to that community By bringing this new technology?

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Same thing happens even in a hospital telling everybody well let's go paperless.

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Everybody's going to use a mobile phone. but people were used to the sound of a page off. they're not used to the sound of the mobile phone.

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They respond differently to it. So when you're expecting someone to want to look to the call, and they didn't you know that.

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But it was a phone call. Why, ignores that but we don't normally use phones here.

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Oh, let's make mobile apps for nurses the nurses don't use mobile phones globally.

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They don't use mobile phones at work it's about thinking, Well, how can we improve things?

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But not just saying, Oh, but I got this solution it's really about understand the complexity of what's going on.

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And so with soft systems. Methodology, when the artifacts that you create to begin with, is known as a rich picture.

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So this is a visual representation of that complexity.

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The different stakeholders, the different types of technologies, and how they interrelate.

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Because you know there's no amount of intelligence or human beings going to have to be able to process all of this without being able to process it in a way that systematic can't just keep it in your head and you definitely

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can't do that problem solving with other people if the information's only in your head.

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So rich pictures are a great way to start off that process of having a deep dive, and what's going on what's the complexity?

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And in finding an area that you want to delve deeper into. So i'm not going to go to a full-blown teaching on on sophisticated methodology, but I heavily encourage you to explore that it's a very powerful

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way to solve complex problems, situations or complex environments, and make improvements to optimizations.

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So then, for healthcare and it's pinnacle pathway, so physical pathways and evidence-based patient care management tool that details the best way to treat specific groups of patients with a predictable clinical journey so someone

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has got a very specific sign of symptoms so signs is what clinicians observe when they speak to someone who's sick.

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Symptoms is what you as an individual would complain about and it's a combination of those conditions that Okay, let's fire off some more questions.

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But let's do certain investigations so here is a clinical pathway.

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Specifically. If someone has had a stroke and showing what's supposed to happen before someone gets to hospital, There's an assessment done for fast.

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It's talking about the facial grouping and stuff like that not being able to first speech things like that what happens in the hospital, and what happens after initial treatment is given.

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There's a clinical pathway there's specific categories that the patients are put into to determine next steps.

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So you can plan the work that needs to be done to keep them healthy.

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If they can meet themselves, please. No, in the background. so then the digital therapeutics.

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I've done a talk about this a few times now on the fact that digital therapeutics are the future of healthcare basically is any evidence based digital tool that prevents treats or manages ill health.

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So the power of a digital therapeutic is that you've you've shifted the position of power from the clinician to the patient.

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You're telling someone go to this app put in information or or gain information from this system that's reading you. that's understanding you to then make recommendations to improve your health.

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So the decision-making about health is done by the patient with a tool rather than the patient with a condition or just by the clinician. There's so many benefits to this but the most obvious one is you've

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reduced the burden of care of the clinicians and you've empowered patients to take more ownership of their health.

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So if you're wanting to work in digital health you're willing to work in healthcare as a U.

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S professional focus on these 2 therapeutics. This is where you get the most bang for your buck.

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Then the final areas can look for ux maturity. This is a measure of how developed and embedded clinical ux principles, practices, processes are in a product service team or organization.

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So ux work. How often is it being called upon within an organization?

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Because when this is not done, well you get all kinds of nonsense like when Nhs decide to do their testing trace app, and it's cost £37,000,000,000.

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There's even a point with this app right where someone had those new fancyable phones when it's in a unfolded state.

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It's considered a tablet device I kid, you not this app when it was used and downloaded on a run in these photoable phones in the phone mode.

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As soon as do user opens the phone into tablet mode it says, Oh, this app doesn't work on tablets.

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These sort of bugs should not be going out for the general public to be using for something as essential as a test and trap system.

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£37,000,000,000. The extraordinary amount of money and it's because ultimately people were going in a design process.

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They were fully understanding the news, fully understanding the technologies and testing testing before going live.

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So the competencies broadly speak, and if you want to learn clinical ux.

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Make sure you're learning from some sort of formal study formal study gives you some sort of structure because you don't know what you don't know.

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That's what the benefit comes from formal study can come from a masters can come from a boot camp can come from reading books, but reading books that are more academic and actually teaching you what's going on rather than just general

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ux books on a specific discipline. It might give you loads of knowledge in that.

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But there may be the more practical application that knowledge that's missing, because the reason that structure that comes from formal study, then the self-study which is really great when you want to delve deeper in a topic that you

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do have some understanding of. so at least you're aware of your knowledge gap.

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So you can do that self-study to deepen that knowledge always network like coming to events like this is part of networking for you to meet other people interested in this field.

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Learn from them share amongst them you know there's always going to be a seating that you can learn from peers, especially if they've just started out.

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But that ceiling gets bigger, the broader that your network becomes there's more knowledge that you can get by having a bigger network. particular part of that network should be mentors.

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So people who are more senior than yourself, Pinda Danda designed a t-shirt soldier, t-shirt, so on and so forth.

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You need to have a variety of mentors and you're never too senior, too old to have mentorship have multiple mentors, because no one person can provide you with all the knowledge and guidance and feedback that you need of what's going

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on, and then experience whether it's volunteering paid work underside and actual project that you've designed that you wanted to work on, or you've got a permanent job whatever it is, make sure you put what

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you've learned into practice and get feedback but if you follow you know.

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Use all these 5 techniques you develop yourself as a ux professional mit ctl.

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And so this is illustration. Just to mutate that no one method of learning going to provide you with all the knowledge for any of the other competencies.

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So the thick green lines and emphasizing that you know some ways of learning are really, really good, and the dash lines are showing that it's just a weak amount of knowledge.

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You can get from it. but it's just it's supposed to look busy to emphasize you know use all 5 learning methods to learn all the 5 competencies the rest on just one of them so to close then some

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clinical ux tips and tricks, insights from the challenges in health care, and how to overcome them.

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So the first thing is that turn a fewx is not work.

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Everyone can do so. if you are in this call and you're working as a Yx professional.

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I'm not saying you can't do this what i'm, saying is, you can't we can't keep expecting the developers to do all of the research the product manager scrum master to do all of the

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requirements gathering and defining We can't have non-ux is doing ux work.

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It's just as insane as trying to ask a mechanic to replace a heart valve just insane as saying that you want a newborn baby to go and cook your breakfast like it's nonsense stuff that

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We're i'm sorry I I go as far and bold as saying that is that you've got people who are trained, experienced another field doing our jobs.

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This isn't right. It actually devalues our work he can create problems with how much we earn, how much people even seek us out as a profession.

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You stop. If you are a Us. professional, you do the Us.

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Work it doesn't mean non-ux professionals can't assist and help.

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But then, having the responsibility that's not problem so life as a clinician is hard, a complex lack of resources, mix it difficult to give consistently good care.

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There's so much more on going to this but I think it's just something that if you just keep that in mind that that complexity is something that Clinicians have kind of gotten used to so feel like you have to remove it

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all because you can't there's a lot of that complexity that's there by design, or there because you neglect you can't solve all of it.

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But keep in mind that there are opportunities for improvement.

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If there is complexity, that's making life harder then for patients is hard, because when the biggest issues they have is just a bit of ignorance, or otherwise not knowing what's going on, you're in a position where you can

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provide better information to patients of what's happening you're gonna be able to empower them to make better decisions doesn't matter how much research you do unless you suffer from a disease, or someone in your household has a disease.

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You don't know what it's like to live with that disease.

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So we need to be focused on how do we empower the patient to do more.

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That's how we make their life easier. conditions inherently understand ux is what they do as a as a clinician.

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So here, as you can see the diagnosing process.

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So Dr. I've got chess pain Oh, Well, you're just paying a heart attack, Is it?

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Pneumonia. Is it indigestion? We learned that from taking a history asking questions, we do a physical examination.

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We might do the next rate. See? ekg. ecg.

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To see what's the heart tracing or that narrows it down to be like.

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Oh, you know what you just over 8 it's indigestionate. You're suffering from the treatment is this an acid.

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But then we check up, make sure everything is okay, and Then if there's a problem complication from that condition or a new issue patient comes back. Even a new problem.

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Same thing happens in design. There's a request some brief you go for your requirements.

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Gathering process. Maybe from a kickoff meeting you do your user research.

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You go for an iterative design process. you decide this is actually the best solution that you've designed.

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You've tested it out. you produce it or you roll out this new service, you evaluate it. And then you repeat, clinicians get this really do so focus on innovation, not just inventing that sms is still

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a great technology, even USSD if you're familiar with the phone mobile phones where you do hash code, and then a few numbers to get some information from it.

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There's literally financial banking services running on sms and USSD.

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Technology which predates the Internet. It works really really well don't have to have an app for everything You don't have to necessarily even make something new to improve a current way of working except feeling overwhelmed like I worked as a doctor for 3 years

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i've been in this field for 7 and a half years.

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I have students, I have apprentices. I still learn every day.

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Working in this field is normal to feel overwhelmed it's normal.

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That's why, if you follow the pillars before the design process in particular, can a few 8 pillars per design process?

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2 you're really going to lower some adapt overwhelming that you could have, especially if you're working with others.

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So put the greatest health needs so we're only as healthy as our sickest member.

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Keep this in mind. it ties back to that pillar of humanitarian design.

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So what does that mean? The focus on your limiting users and vulnerable people?

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So a limiting user is any legitimate user, we may have difficulty engaging or achieving a goal with a product of service.

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So the way I like to illustrate that is there's a washing machine.

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There's a teenager called tim he's got some dirty underwear, and he's washing.

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He's got a legitimate need to use that washing machine. He doesn't have any problems using either really a path of not wanting to.

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So he is a user Here he's a legitimate user whereas Pipa is a limiting user because she's used a washing machine many times.

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She's getting a bit old now. arthritis is setting in is harder for it to press some of the buttons that are much firmer on our washing machine.

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So she's a legitimate user but she's a limiting user because she has difficulty physically using the machine, whereas more. and now she's 5 years old she's trying to wash the family cat that's

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inappropriate that's inappropriate use that's abuse of a technology.

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So she's an abuser she's not she's not a legitimate user.

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She's too young to be used in a washing machine at 5 years old. so we need to focus on users and limiting users, and designed to not accommodate abuses to avoid them from using products and services that are not supposed to be

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used then vulnerable person is any person who fails or is at risk of failing to have their basic human rights protected.

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So I won't go into this in great detail but there's all kinds of people that fall into this category.

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The disabled, homeless, impoverished, abused, elderly, pregnant young asylum seekers.

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But, to be honest, it could be anybody anybody could be a vulnerable person.

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This is where you have to have that Disney mindset.

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How do I entertain everybody? How do I keep everybody happy?

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And here it's about serving the underserved if you served underserved.

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You'll be able to serve everybody the underserved worldly speaking means any person whose needs are not met or actively considered by a product of service.

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They can be a legitimate user of so the example I like to give is I identify as a cis mail as a male.

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Don't need to go to a woman's toilet because there's a man's toilet the minister.

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It tends to smell so women that don't have to use men toilet be grateful distinct, but someone who's a transmail that hasn't had gender affirming surgery where they are supposed to

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go. they automatically know where they can feel comfortable where they can feel respected where people won't think that they're in the wrong place.

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This is an underserved person. This is very common in healthcare post of cemeteries being devices to measure the oxygen levels in your blood.

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They were designed to work most optimally, using white skin rather than colored skin.

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So women work in health care. we need to think not just of dealing with a very particular type of person who's already very healthy focus on people who are overtly, not healthy or even people who just are the general public don't focus on

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just people who are already okay. We need to be focusing on everybody, because if we can focus on people who are suffering the most, our limiting users are vulnerable.

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People are underserved people, we will be able to satisfy the needs of people who are on a Vegan diet ready to do some yoga, Mount Kilimanjaro, and the life right Those people will be healthy

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as well so, or to accept is the first step to accept that we can be doing better; that we deserve to be doing better according to action.

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To actually do something with this newfound awareness knowledge or encouragement. A call to arms.

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Let's get the tools let's get together let's make change.

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Remember your greatest wealth is your health, and if you're interested in learning. More can have to connect the org to learn more about the clinical Ux Academy.

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Thanks for listening, hey? Thank you so much, Giles. This was amazing.

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Everybody give him a virtual applause, or for your cameras on.

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Give them applause. That was so great. we have some questions for you if you're ready. this all right. last call for people who have questions. throw them in the chat.

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I'm going to start going to the ones we received along the way

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So we got several questions from people who are in health care to some degree.

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Maybe they're a dietitian, or a nurse or different kinds of roles.

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How would you suggest that they break into ux through these different kinds of roles?

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So they're ready in healthcare but not working as a ux professional.

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That's my assumption. Yes, yeah, so the first thing really as I alluded to before.

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Not just for learning clinical you, but to work effectively in this the go to network.

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Who else is thinking about doing ux work as in doing research, getting data to drive decision-making that involves particularly the design of digital tools or the procurement of digital tools? less.

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What I think is the greatest need in health care is a lot of digital tools being made or invested in or procured that are terrible.

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So who else is thinking like this? If you're truly alone? Then Furthermore, you want to be seen?

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Well, who else outside of your organization cares about it because it can feel very lonely?

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There's so much that you need to think about when trying to navigate this.

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You don't want to try and do this on your own The next thing is, then, what are the quick wins?

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Where in the organization could do some research that doesn't require any budget. and you can then analyze the finance from that research which then leads to recommendations, needs to change.

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Who are the people as well, that are in positions of power where you do need some budget, or where you do need to.

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Being some outside expertise who are the people in positions of power who actually can authorize that budget authorized that change.

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It's really really important to not try and bring change on your own.

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If you don't have power because you're setting yourself up for failure, disappointment, even backlash from seniors.

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So you need to be thinking about. How can you win friends and influence people?

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Was it David or Daniel Klein? Carnegie, trying to remember his name, now came up with that book.

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But you need. There needs to be a stakeholder engagement piece.

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You need to be connecting with people who are in position or power to make change, and that can take time.

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But just to reiterate the advice Have a network of others in the company and outside makes use identified a quick win something that is simple that you could be working on that doesn't necessarily need approval.

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But you do still need to be seeking up people who are in positions of power, so they can support you is the only way you'll have change coming Hopefully, that answers that question.

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Yes, great, Thank you. I was trying to find my unmute button per the usual and a online meeting.

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Right. thank you for that. Yeah, you touched upon a few other questions that people ask like, How do you get like that stakeholder? buy?

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And you said, you can't do it. alone. so how do you get some help to maybe make some of these things. happen.

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Yeah, that's a great question. So I mentioned before about health care. the fact that it is still a business there is a lot of money that's floating around in in healthcare digital health is around 110 to 200

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\$1,000,000,000 global business stands to go to maybe a trillion in the next 10 years.

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It depends who you speak to about it. So what i'm alluding to with that is actually you really really should be thinking about my recommendation to do ux workhall.

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My recommendation to get outside expertise. Whatever is that you do.

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Request is from the stakeholder that you're dealing with Find out how it ties back to the money.

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How does it affect the business? i've losing money saving money making money?

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If you can prevent a loss if you can help save money by making things more efficient, or you can help actually bring in more money.

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That's the that's when they're like okay I need to take notice of this to be really honest.

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If you ignore this, people are more likely to admire you hopefully, that helps answer your question.

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Yeah, I think that that's applicable to all lines of business whether it's health care or whatever you might you've got to show the business how it could be profitable right for them to take it seriously.

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Yes, to let the harshings and be like but the but the people. they deserve to be healthy.

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If this was a good enough excuse 2 to be blunt we won't have war in ukraine minor, we wouldn't have wars at all, that we wouldn't have people suffering if people just This stuff have a goodness of their heart the world would be a better

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place, we can't reuse that as the only defense or argument to win people over it certainly does it's not universal.

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Unfortunately. Yeah, absolutely. So, Jazz, we have a question here about how is ux being integrated into the medical school curriculum, if at all?

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It's rarely being done, I would say that the closest.

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I've seen it is that my old medical school, where there is what we call a selective study module, or selected student component.

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They keep changing what Ssc. and Ssm. means that university.

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The point of it is that there's protected time for normally 2 weeks in in a year of study, devoted to a particular era of interest.

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So there's times when clinicians can show you medical students can devote time to learning about making digital health solutions.

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Then there's Times where for example, there's a few medical schools. I think the Thomas Jefferson does this at the University and the hospital where the medical students are able to work alongside designers or more so the designers can work

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alongside medical students, and learn with them, and from them so that provides some simple, but, to be honest, it's not embedded, not embedded.

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The closest other thing that we have to is just the encouragement students to learn how to use different types of technology when they're under wards.

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But, to be honest, it's not that dissimilar to saying that you need to wash your hands before and after seeing patients like they don't have a chance to have to use the technology So it's not So much teaching the

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students how to make better digital solutions or encourage the right solutions to be procured.

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It's more so like this is what you have to use or put up with it.

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Type thing. So there is a gap in training there is one of the gaps I'm trying to fill with the clinical Ux Academy, where I teach students medical students and doctors and health care professionals who are even

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just working in ux. But we do need to bring us into the medical school and the other academic institutions, teaching all the other type of clinical staff.

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In fact, I found far more nurses and pharmacists and physiotherapists doing ux.

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Then doctors is very rare to find a doctor I only know of.

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I know of so there's 2 that i've trained sorry there's 4 that i've trained to do ux prior to that is only 2 other uxes that are found who have come from a medical background.

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A doctor's background, and then there was another who was a doctor, but he shunned the health Care communities.

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You must have a really bad experience, and in your team very long.

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But yeah, there's not many doctors in this field there's a lot of nurses a lot of pharmacists, so we don't need to just focus on the medical schools having and killer for your next being talk broadly across

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health care it needs to be taught. The other thing as well.

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To mention is that there is a concept of quality improvement which is really similar to service design that is common in healthcare.

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But it's still a design process being followed together the right data to inform the design of an optimization to a service.

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This is ux work in disguise. but even that is not as common as it could be.

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Hopefully that answers that question. Yes, excellent thanks, Charles.

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What about if you're a patient and you have a complaint or a recommendation?

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How might someone from not working in the organization, surface and opportunity for improvement?

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That is a that is a tough one. it's a tough one for a few reasons.

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One is, It depends on what the complaint relates to.

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If it relates to the service that they're being provided by a health care provider, then they have a lot of impact.

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They're potentially potentially only in the sense that they have direct access to the source of their problem.

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Because the hospital, you know all Gp family physician.

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Who is this should be a complaint process which allows them to reveal their issues.

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It's where the on the other end those complaints are taken seriously because the patient doesn't have control over.

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But when it's down, to technology that comes from or an issue relating to technology that the clinicians have to use, but didn't choose, or technology that a patient is being forced to use because that's just what's given

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to them, but they don't have direct links to the provider the supply of that technology.

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You can still complain. Well, why are they going to be incentivized to help you as an individual?

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You've got to complain if there is still you know hundreds, thousands, hundreds of thousands of other people are going to continue using this due to a physical product.

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So this is where it comes to the idea of not being for change.

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Have you network with other people who've got a similar issue you will make you sure that you're speaking to people in positions of power, because, broadly speaking, a protest just brings awareness to a pause is only in terms of people in

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a position of power. Say yes, I recognized a problem, and I see how it affects me, or at least affects budgets money.

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Then they will bring about a change. So yeah, I think patients are not empowered enough to bring improvements.

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So you have to then see who is in a position of power, and who else has a similar problem because they are strength in numbers.

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Big time strength in numbers. So yeah, it's not it's not easy to bring change.

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But you're not in a hopeless situation. if you do connect with others in a similar situation, and identify the people in positions of power who can bring the change?

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Yeah, excellent thanks for that. So Charles I have a I'll just read this question forbidden in countries like Iran.

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The health system focuses more on doctors than patients because of this patient's.

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Problems are less visible and more and more design is based on the needs of physicians.

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How can you balance between the 2? so just trying to get my head around the question?

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It's like the solutions are made for the benefit of the clinicians rather than the benefit of the patients. and I think the the one of the biggest factors that can change that is, when the clinicians start to speak

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up about it the real health care systems around the world where the clinicians are incentivized to maintain the status quo.

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I remember working in Lebanon for our Hackathon, and we're working on a product that would help patients who are picked up by the ambulance services, which is run by the Red Cross, and if the patient is

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gone Government provided health insurance. You go to a hospital that is already reached limit to the number of patients that they need to see with that type of health insurance You'll be denied healthcare to the point where babies who are having a

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Near-fatal incident episode of illness if they don't have if they've got covered as government, provided they go to the hospital.

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That's already met their quota those babies die Now, the only way that change comes there is when the clinicians are like I'm still going to see the patients which does happen at times or people running the hospital alike.

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That's not why we're going to just do it anyway, or when the politicians are like that's not right means being changed.

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So again, there are problems in health care that you're not going to be able to solve by just making that making some new technology.

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You still need to go to the people in positions of power and see what are they going to do with their power?

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Because the community they don't have to just not see the patients. they can say, I'm going to see the patients.

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This is what happens in the Nhs, for example, in Nhs is willing with problems.

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But if you had a heart attack, and you go to A.

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And e someone is going to treat you there's the whole point free at a point of care, and there's times when the budget is blown.

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To be honest. People need to. Then balance the books so there's a cost for this decision, but in the politicians have to find a way, because they still stand by the rule of healthcare delivered free at the point of care

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because there is a rule that is almost it's the equivalent of the law.

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Technically it's not a law is protected because everyone is agreed to it in the Nhs in the Uk.

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But that is what has allowed that to actually be the truth because the politician, the people with ultimate power who hold the per screen said so.

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So with a run. I think you're going to have difficulties if you can't get hospitals to doctors in the hospitals to agree. I don't know if i've got a tangent for your question Yeah, no I

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think that you covered it. that's fair so what resources would you recommend people look into if they want to learn more about getting into ux, and in a clinical or medical yeah So i'm still writing a book called the kind of Threex, career.

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Guide you. go to Dr. Jasmanson, dot com.

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There should be a page that talks about it. You can join a man in this will win.

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The book turns out, and that's something that is must deeper dive into the topic of getting started in kind of the next.

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In this talk, because, as mentioned before, there's a lot of complexity in this field, it can be very overwhelming. And you need to make sure.

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Actually, what is it that you want to even do in clinical ux?

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You know. So if you are doing more self-study on this, think about.

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Is there a particular type of user particular problem that you want to solve a particular technology that you want to be dealing with?

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And then just be hungry for more knowledge about that so for example, there's a lot of people who are particularly interested in making healthcare more equitable to do with the Di issues that we see in health care.

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So for you to do that you need to make sure you've got knowledge about what's going on. what's the causes for it? because if you're going to solve the problem you need to really be tackling luke

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causes make sure that this is a term. because i'm my family's from Jamaica, and in the Caribbean the terminology is overstand if you're overstand something it means that you

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don't just understand it. You know, even more than is needed become an expert on this topic behind me for that knowledge.

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Because suddenly, if you've got an understanding of the problems you are so much closer to finding a solution to them, and this is something that you don't have to have gone to do a university degree on the topic.

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You are, have to have worked long in the field to acquire that knowledge.

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Those are just parts of the way that you learn as I mentioned before. work, experience, formal study.

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They're still self-study they're still network and they're still mentoring.

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So identify. What is it about for Youx? that is appealing to you?

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Is it dealing with a particular type of people, Particular type of disease, specific problem, area, opportunity for improvement.

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And just get on to start doing the research, because suddenly when you update your linkedin and people recognize.

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Oh, I've got expertise on designing mental health apps for high school children.

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Then guess who's gonna get contacted when startup is making a mental health out for high school children?

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You know. Make sure you were acquiring the knowledge it's very hard to stand out as a ux professional.

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There's so many of us if you go an arabic expertise.

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Make this known. you're already gonna make yourself above the precipice.

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If you're saying your clinical, ux professional back that up with actual knowledge that be able to solve problems in clinical ux by deepening your knowledge.

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So what is the area you want to focus on and then just start acquiring, because the more you inquire the knowledge and network with people share what you've learned, share what you understand People don't be like, Oh, can you help me, with

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this. Can you give me some advance on that and a sudden you're getting some experience under your belt?

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And then this just continues to build and build and then 7 and a half years later, you're doing a thoughtful world I a day, and people are hungry to learn from you I love this how this works I love it

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Giles. Thank you for that. I have a little story that's kind of related when I was attending meetups and getting into ux.

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I was in Los Angeles, and I had a friend Anita, who came from the the clinical background.

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She did A. I believe it was clinical try clinical studies for cancer research, and she wanted to get into ux.

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And so what she did is she didn't just attend youx meetups.

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She attended medical group meetups and got in with that community and got to learn from them, and she got to get started in creating an app because this group was interested in creating a product and that gave her Ux work experience she was

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utilizing the skills that she wanted, to develop in the medical field, because that's where she was passionate about learning more and applying the skills that she already had.

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And and instead of just meeting other ux pros which is great as well. but meeting people in that community like you, said Giles, that that topic you're really passionate about, you might be able to actually build something with that group and get

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that experience under your belt? that's it that's It Yeah, So let's think about the future for a second Giles.

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What about all the Ar and Vr where do you see that coming into play when it comes into ux and into So there's already been a lot of talk about Ai and V are used in medical education this is happening.

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Increasingly, and it is quite good there's still a cost barrier.

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I think that comes from it. to the point where I would be very keen to know how many people here own a Tv that has threed technology and that hold our Vr: or a yeah, threed

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Technology for it and actually use it you know there's this technology that's put out there at times that's a bit of a gimmick and need to make sure what is the task we are helping someone complete what is the

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goal we're helping them to achieve the this part of service this is not clear, Then people won't use it so as much as we can see value in a on Vr.

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And medical education and tune. We can see it really helping another areas. It doesn't get adopted now.

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I've seen so to some extent and vr being used in physiotherapy and rehabilitation a stroke we have even just games, though, to be honest, can do that.

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You don't have to have a our vr to do you can just have a screen, and you're doing sort of movements which creates some experience on the game, and that can help with rehabilitation so when I hear

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about different types of technology. i'm always thinking back so What problem does it solve?

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How does it help someone perform a task complete? a go i'm achieve a goal? If it doesn't if there is no positive or meaningful answer to that, then it's a rap with that said I was learning about digital humans, recently with a

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client does very interesting where it's an ai solution with machine learning that understands generally on sentiment of people from it, and text, or from natural language processing.

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And so I tested it out, and I was like so you can go to.

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I think it's called digital humans com and you speak to the to the character, and I said i'm quite tired and quite exhausted and really busy and it picked up a right thing, I said and ignored the

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others and like, Okay, then. But when I responded to the question I was asked.

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It picked up on the other things I mentioned earlier like there's something going on here.

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It doesn't necessarily mean it's going to replace a doctor.

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But this can be a really great way for You know what i've got problem with my sick child.

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You know I want to speak to someone I can't i'm not I don't have I think he's gonna take too long to go to a and E. or maybe I don't need to go to aes anybody I can speak to now but something that can

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read the room naturally through computer vision and speakers so natural language processing, or whatever is heartbeat. You know whatever traces biometric meetings, and what I say, not a human being to say, you actually this is an emergency don't

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worry it's not that bad or this is something to be aware of let's review it.

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Getting an hour beyond just a quick to bring men kind into this.

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Someone else. But yeah, So what i'm saying though is that there is technology that can help It's just ensuring what problem is it solving?

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What tasks are we helping people complete what goal are we helping them achieve?

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That's when I can be happy about it. But There is a lot of good stuff that can be done with computer natural language processing.

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This whole concept of aging in place or caring place or aging in place, or people are in a residential care. Home!

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How can they age gracefully at in the actual home, rather than having to go to a residential care on in caring in places?

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How can you provide care services to someone in their home, in their place or residence rather than in a hospital?

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And we see the rise of this 2 during the covid pandemic, where we just don't have enough bits to tell someone.

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Manage your health up in the hospital We can give people oxygen.

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Give them the equipment, have everything to assist them at home.

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We have Ai that can be read in the values to know what is the to true area of concern.

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For the normal range for this individual patient rather than all patients and if suddenly you've got great care being done in someone's own, because of all this technology.

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So there is a lot more that we need to do we can't just be focusing on the gimmicks can just be focusing on well, the technology functionally works needs to actually create some measurable measurable

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improvement in health outcomes otherwise I don't care yeah good.

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That's fair point i'll wrap up with this final question, which kind of touches upon what you are just talking about.

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Giles is like we what's a what's a differentiator that you can see, maybe a gap in the market, or whatever like.

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What? what are we missing? What could we be really working toward to make a better health experience?

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If anything comes to mind. Yeah, we need to see how we can leverage mobile phones to not just be tools for communication.

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So voice schools, text messages, social media, watching cat videos by being a source of truth for people about their health to read a source of truth for them to hear about all kinds of nonsense going on in the world to be entertained it can be a source

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of truth as well for recipes. when you cook in for you know, booking a flight to travel, it can also be a source of truth for someone's health.

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There is still a gap that is not just lining saying that's just making up for something, meaning how can we bring the power to the patient, empower the patient to take more control of their health by giving them the right information that they need to

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make the important decisions. Of course, if you're sick in that moment of time, you know.

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Maybe you should get a clinician to check you out you Don't know if you haven't been to medical school, or had a disease for very long is how serious is this what is the treatment should I get a review or could I

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manage this at home. Now the decision-making process impaired because you don't have the information The information for us to make any decision in life is even ready in our head. or somewhere in the world in a book in someone

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else's mind you know on a computer on the Internet wherever is, if we could empower people to get access to the information at the right time to make decisions that's how we empower people to improve their health this is what digital therapeutics can

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do so that's why I would heavily, encourage if you want to work in the digital health space, or even just in health care.

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In general. these 2 therapeutics is is the future that's, how we improve help, because suddenly you've got a tool which has helped Rama in the bush, who's already used our mobile phone to pay her bills She has to

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go outside of her house to go to a toilet.

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She has to, you know, travel for a mile to get clean water, but she still can pay bills.

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Get cash out. We use it on mobile phone should be able to manage her health as well.

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This is This is what i'm doing better work in healthcare means that's what I encourage us to be focused on digital therapeutics.

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Excellent. Thank you for that. again, this has been fantastic.

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I, the chat is just on fire with praise and comments, and people chatting about this on the side, which is awesome.

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Just want to ask you one more time. Giles is the website where you were talking about.

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Where your book is coming out Is that was that different than what's listed here.

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Yeah, i'll put a direct link to that now? for you excellent!

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Do you have an eta on the book you can't bring me a spot.

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Now it will be this year. I can, I can. I can put a hand on heart to say it will be this year, because it needs to be quite frankly.

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It needs to be this year. but let me get a link for that, and put in the trap.

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So is here. And yeah, specifically for the book. to everyone.

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So you can find it here to find out more about the book what's the content of it?

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But, yeah, that's something I I have to get I love it Thank you so much Again, Dr.

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Morrison people virtual applause or if you're on your camera!

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Show him or use your reactions. Thank you. again. This was amazing.

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We will be having these resources on the Ux Research and Strategy website as soon as possible.

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And at this point we're going to wrap up the Q.

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And a session, and move on to breakout rooms.

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So, for those of you who are interested in meeting Giles said it, part of this part of your success into a U.

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Of X position is to network so we're going to break go into some breakout rooms now, so that we can talk to other professionals, and then, or people aspiring professionals.

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And then we come back for what we call ux Happy hour, which is all of us come together.

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And we just chat a people post a question and just anybody can answer.

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So, Giles, you're welcome to join us but for those who would like to bow out.

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They don't feel quite ready or have the time to participate and break out rooms that's totally fine

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We'll give you a few minutes to you know bow out gracefully. but for those who are interested in meeting others in the field.

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Lovely. I am going to create some breakout rooms here, and just a second, so that we me share my screen first and have a few little ground rules.

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Okay. assuming oh, I have to share should assuming, you see, my screen.

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So what we do when we go into these breakout rooms is we ask that you state your name.

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Get your linked in profile the link to your linkedin ready to go, so that you can share that within your your the first group that you're gonna meet with.

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And second, so get your linkedin ready. Talk about your name, what your specialty is, or you designer, developer, nurse, dietitian, whatever it might be.

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And then, for the first room we're going to ask this question have you ever encountered some poor user experience in healthcare?

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Of course, i'm assuming a lot of people have Yeah, yeah, So have you experienced this?

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And how might we improve that experience in health care so that's Our first prompt i'll send a reminder in the chat. So I'm going to go ahead and start making some breakout rooms here and again have you

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ever encountered a poor user experience in health care and if you have Let's talk about those experiences we're going to break out for maybe like 15 min again.

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Your name, your specialty. And how might we improve user the health health care user experience.

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So me go ahead and create. You have to hit the button.

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Hit, join. We do ask that you are respectful, and this is a welcoming community.

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So let everybody have an opportunity to speak and we'll see you back here in the main room, in about 15 min.

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All right. See you there just a reminder to those who are kind of still in this main lobby.

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You need to hit, join in order to join your breakout room.

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Hi I just assign someone like that came into the unassigned, and that might have been her.

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She was trying to speak, has flopped her into a room.

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So I hope I found it, Hey, Liz? and seeing that you're an assigned you need a room.

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I did not mean to. Oh, no, there we go. Got it. Okay.

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Sorry about that. Buttons technology. you know first thing is we're gonna throw a link into the chat again, for that is our survey.

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So this is for you to provide feedback for us. Let us know what you thought of this event, and how we can improve for future events.

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And and then I teased to this in the chat earlier Lauren, when one of our founders here transitioned from another research position into Ux research.

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So I thought she could just take a couple of minutes and talk about how she did that.

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If you all are interested in hearing about how she transitioned into ux research, Lauren.

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Sure, Hey, everybody! thanks again for for joining today. it's it's awesome to hear all your stories and your questions and and thanks, child, for sharing your information.

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You've really inspired me to get back into health care I think

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I've moved into more financial services since then, but man that was inspiring.

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So thank you. Yeah. So just a little bit about what Jen mentioned is, I started my career in psychology actually, and pretty early on realize I didn't want to be a clinician.

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I was super interested in the theory of everything, and how things worked and human behavior.

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And so I got into clinical research in psychology.

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And I worked in a hospital at Ut Southwestern Medical Center in Dallas and

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It was so fascinating to me, seeing patients just really struggle, even going through their research process, signing consent forms, filling out data collection forms, understanding what their next steps were and what they had to do for this study and one

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of my tasks was to translate our physical paper forms that originally women between the ages of 25, and 35 would have to fill out pages and pages and pages of Santron forms every single month to

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turn in their data, and you know, knowing your audience knowing your target like people don't like to use the mail and fill out scantrons.

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And so we ended up. So, switching to a digital collection format and one of the things that I loved the most was working with the patients and helping them understand how to use the forms and seeing how they naturally understood the questions and and use them

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and I, you know, didn't know it at the time But I was, you know, basically doing a form of ux research and understanding how they were using technology.

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And from there I got super passionate about human center design and design Thinking did a lot of self study on the topic, and ultimately transitioned into the ux world by becoming a lab manager and like a research Ops person for a Ux

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lab using a lot of the same skills I had in clinical research, like consenting, doing, screening, understanding the target audience.

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Just facilitating research studies and greeting, greeting participants.

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And so I started my career in research. Ops through there, just found a passion and and got a lot of amazing mentors.

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Took some classes and formal training, got to practice on the job through help in support of my managers and colleagues.

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One of which was Jen Blats right here, and this was a while back now.

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But Jen taught me a lot of what I know, and that is just kind of my journey.

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I I happened into it without really even knowing what it was and I Haven't looked back since, and and just know for everybody trying to transition or learn new things like a lot of what you learn in in in a hospital setting in a clinical

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setting in an academia setting. A lot of those skills are transferable, and you need to just brush up on on the ux portion of it.

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And I know how. Dr. Morrison had mentioned like become that ux professional.

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Get the right training underneath, you but a lot of what you've learned before can translate as well you just need to beef up on the rest, and that is just a little about my journey.

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Thanks for listening. Thanks for that lauren what we'd like to do is have people raise their hands, and then that puts us up to the front of the you know, push you at the top of the queue and then we'll call any one by

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one. and if you have a question, you want somebody specifically to answer that's fine.

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But anybody from the community is welcome to answer. So I have Abby here as my first question.

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So, Abby, shoot Hello! So i'm wondering if anyone knows of a group where youx professionals and healthcare professionals are getting together to try and solve some of the problems we've all been discussing you

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know little groups working groups, maybe. oh, maybe we could make a difference by all getting together, and if not, maybe maybe we make one any thoughts anybody know of any groups.

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I don't know any group but that is a great suggestion but the perfect group I'm.

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Part of the group Excuse me sorry i'm part of the group at the cantera initiative.

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That's working on basically trusted identity solutions and standards. And the main area that we're using as use case is health care.

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So patient access to data interoperability of electronic records and essentially patient choice.

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It's very user patient-centered Oh, great anybody else i'll put that thing in the chat.

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So thank you. Google I'll check it out story about us were you chiming in.

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I was just clarifying the question, but I understand it now.

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Yeah, yeah, there's a group called the E. H.

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R. A. which is the Phr. association. It's a subgroup of another industry group called Hymns, which is a health informatics industry group of basically the E. Hri has a clinician experience worker that

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is works with physicians and across different vendors of electronic health records to sort of put those those issues in the form.

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We've done a few different various usability summits and work groups around that it is limited to industry companies who are in EhRs, and then also physicians who are in various like medical societies. so it's just like

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a totally public thing. but we have done some public events as well.

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We do a lot of educational cases as well cool any other groups I'm not way.

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Sure, give me. The wife could be referring to it all.

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And so, and part of the digital health Canada. Can you say that again?

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I missed it. People go. How, Canada I I will that digital help. Canada.

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Thank you. Cool Anyone else, I would say, just to follow up Abby Little self plug here.

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If there isn't a group create one and that's how ux research and strategy got started there wasn't a group that was addressing. There was a lot of groups for youx design.

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There were not a lot of groups for ux research and that's how we got started, and we got a couple stuff.

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So. yeah, and group yourself if one doesn't exist. Okay, that's what i'm kind of thinking and a lot of great people here, and maybe I can reach out to you. thank you everybody. this is so good awesome.

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Thanks, Abby. Smitra, you got a question.

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Yep, hi nice to meet everyone and thank you, Dr.

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Gales of this wonderful presentation. I work in an advertising agency.

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Right now. I've Worked with no artist my current client is Astrazeneca, and we're creating portals and just areas like Dr.

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Gales was talking about where we're giving empowering patients decision-making and doing all these processes and things like that.

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And what happens is that we end up with these regulations about Okay, there has to be time base, and we can't have these things online.

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It has to be things that are editable pdf so you can't have things livable on a website, because Astrazeneca, for example, doesn't want to take the small just responsibilities and things like that like

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there's just so many federals and laws and regulations It just starts to come in and it just throws off us and derails the ux process completely off the track.

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And it just. the project starts with objective of experience of patient.

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And at Cp. sitting together, or whatever it starts with an experience.

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But then it ends up being a take home experience or something that is not even remotely close to digital.

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You know, so have a question, or my question is, how does How do we educate ourselves as a ux designer?

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As how do we educate ourselves a little bit more into terms of what these current regulations are?

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In a little bit of mood more convenient lingo.

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So we understand. So we can kind of create a better experience from the start from the get-go rather than you know.

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We create something, and then we abolish it, and then we start all over again.

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But then, if we have that bit bit of a knowledge from the big name, how do we get that access to that knowledge? You know.

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What are these regulations? We know that these are the limitations we're gonna get through?

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I don't know if my question is clear or not but how do we get through those those Fda regulations or these clinical regulations?

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Or What are those leads? Go, You know. How do we?

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How do we get those, or how do we decipher those laws and regulations before we start into thinking about digital experiences, and like, if you, if you're thinking about er and Vr But if some advisory guy comes from

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London and says, Oh, sorry we cannot do this it's not allowed it, you know 200.

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The law in Europe says you can't Do it i'm like I wish we were told about this before.

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Then we could have done something better, you know. now the time is running out.

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So how do we get that information? Prior: Yeah. So I can.

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I can interject here. So one of the first problems that happens when a lot of people work in digital health is that they start from scratch.

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What I mean by that is that they don't even really as much as this, seeing that common sense they don't assume that anybody else has had to go go down this path before so i'm sure we all can appreciate the benefit

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of secondary research. not going to go into too much depth about that.

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But even truly trying to seek out people who are in this field to collaborate with them, to learn from them.

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Or if you really think that their arrival there is going to be someone out there who knows about something going on.

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And this is the problem. People like a common issue is that someone wants to make a product.

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There is patient facing to improve their health by default is probably going to be a software as a medical device. Why?

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Because you're saying you will improve their health are you going to get information from them.

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Process it make some sort of calculation and present a calculation and output a recommendation that's what doctors do?

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You're providing providing health care services does software as a medical device.

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Now, even if you don't know this yourself you should be trying to get people to vet the ideas from the get call. this doesn't happen like I mentioned before things in the breakout room.

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There will be a CEO there will be some current organized life Let's make this.

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It's like. Did anybody tell you this was a good idea beyond your reflection in America, when you have this dialogue with people, you can realize, actually, is there a true market for this?

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Like, because there are business plans at times that are done for these.

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So of ideas. But is this really being vetted by people experts in the film?

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It normally will overcome all these issues that you have mentioned.

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Is it sweet smitter red? light Yes, yeah So that that's what I find is a minnesota, because obviously, as a clinical ux professional, I and alone.

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What I teach to my students is to have this manager ready to be able to come and make those decisions.

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It's not our responsibility to make a decision of what the laws and the regulations are that's actually technically legal team.

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But we do try to have an awareness. But this normally will come, though if you are at least getting people to vet the projects, the ideas.

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In the first place, this is not common in health care it's down to a lot of this competitive mindset.

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That's rampant induced service like Oh, We're going to be to Facebook the Instagram the Amazon of health care.

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Whatever rules like we can't tell the mda nda like turn you speaking.

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These ndas are useless as well because let's be honest, who really has a £1,000,000, and all these stuff ready to just welcome your idea.

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You just told me 8 o'clock in the morning Why, by midday.

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Am I aware of your rival of you what would I have done in the 4 h that's past, or even the 4 months.

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That's passed 4 years that's passed if it's your idea you've already got a network you've already got money.

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You really go to team so if we talk more because that's the real point. If we talk more share, we can then vet these ideas and get those insights early on in projects, That's my 2 sons thank you I

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wouldn't interject to to support Dr. gale's idea That's what concept testing is all about before you go and luncheon anything trialers that's something that has been done in market research for decades and that's

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something. I always urge youx researchers before they get into the needy greedy of the migrant interactions to just pick the idea.

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The other thing is when you're talking about legal regulations, if you are in a company with a legal department, just ask a meeting with them.

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Yes, and to inform you the has a launch getting formed That's not something that is secret.

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It because you work at that company, they should be able to tell you.

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This is what is it? Is it boring it's not what we want?

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The creativity is actually flourished when you have limitations.

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So sometimes people do want to know about that to feel that they are limited by by regulation, by constraints by research is many times designers don't want to hear about research, because they feel they're going to be limited

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by it, and That's so they information is out there you don't have to do a big search just go inside the company and talk to your legal department.

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They should be able to inform you all the things that you need to consider.

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And again, Costa testing is the first step to anything, Any.

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Yeah, thank you. Great thanks so much. I see Hillary next in line with her hand up Hillary to go actually.

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Well, it was actually covert. I was just going to add to the point about conceptual cultural art.

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It's not just by other designers, but also by like the legal team like.

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So after our research, maybe if we have like a few ideas, we could get them to bit each one and give recommendations.

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So like the problem. solving can happen at an early phase what everybody coveted.

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So it's great discussion. Thank you great thanks for that Hillary.

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I appreciate that input Sarah, You're next on my screen unmute. Yeah.

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So I think, minus sort of a similar follow-up to what Jack Morrison was saying.

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I'm an Rn that went into technology and I think one of the things that I've learned.

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So i'd call it the hard way is following the money I think that it.

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I think that it there are. And there was a comment that sort of sparked this, too, as well as the conversation.

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If feel it can feel like the decisions are being made by somebody else without real consideration for what the users need.

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And that was something that again just really drove me nuts.

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But it, I think, coming into the awareness that there I need you know, to learn how to have those conversations with all the different internal stakeholders in particular, and to with an eye on how how this is going to impact the Roi frankly, I mean

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how to have some understanding that if we develop a product that our users actually need, you are going to benefit even more greatly rather than in my earlier. career.

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I think it was like, Well, do you just can't do it that way.

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They don't like it they won't you know I mean it was it was a disconnect, that you know, and so I I have seen in just the last year.

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This this real desired to sort of take over the world if you will, to a degree, by the user experience group to to be intentionally inserted in all phases of the product life cycle to be again as many as

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you've said and I think this, Dr. Morrison has just said, you know, to be really sure that we're listening, and we understand what problem we're solving for, and can we solve for it?

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And does it actually make sense financially as well you know there's? I don't think I was as aware of the ecosystem because I was so excited about the user research.

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And I was excited about being a nurse and technology.

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And you know there were so to sort of expand has been very helpful.

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And even when you know in the last topic it is frustrating.

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We have tons of state laws that are different it's going to have to be able to design a global system.

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If you're talking about just in the United States just saying nothing of you know the world, I mean, you know, to take all of that in it's simply a necessity, and when you have these other stakeholders that you can have the

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drive conversation with the attorneys to say, What do we need?

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Or but it again I guess I'm curious what what other people's thoughts are on that cause.

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I I think, for me finally spinning it insane.

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I can have a conversation with a C-suite executive.

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If I can tell them that if we develop this because we have listened to our end users, and they are going to be happier, and therefore we will have more maintenance dollars, and we will also be able to have a new customers.

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Because we're providing a product that is hope that they they will use.

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They're not gonna throw it down the back stairwell so I guess I'm curious if I'm on the right track, and I see some nodding heads which makes me happy.

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But I'm curious what other people's thoughts are about more of us in the design process at all stages. I definitely agree with that.

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I would also encourage folks. as you start to learn about these regulatory spaces.

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There needs to be more conversation with regulators I think that There's a lot of, I think, if you look at international markets.

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It's really interesting at the level of decision-making.

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It happens due to regulatory requirements. There are requirements in Denmark, for instance, that get down to so specifically where there needs to be highlighting on certain kinds of data that is a good instinct and made with the best attentions around safety

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but it also then extremely limits. the solution space right Now we've prescribed the solution as part of the regulatory thing that's supposed to actually just be a guardrail you know.

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And so there's there's I think a lot of misconceptions around us.

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There are things in American health care as well that also have to suffer from this.

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Where there was sort of a small sentence that ended up becoming this thing.

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Well, now we have to have that on screen at all times and we can't take it away.

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You know we get physicians Now who ask why is this thing on screen.

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Well here's here's the clause it doesn't really feel good to anybody in that circumstance. So I think it's a two-way street.

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But I leave it to your point of you need designers on, and and really all the stakeholders having a frank conversation, as those ideas come together throughout the whole process.

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Anybody else have a perspective they'd like to share to Sarah's point would say that Sarah is on the very right track.

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That's the right track that's the that's what everybody should be going, just talking and stop working in and understanding the bigger picture connecting with other groups inside organizations.

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Because again, no company is going to invest in user experience in There is not gonna be a business outcome out of it.

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There's no point, I mean we can we can have humanistic goals for user experience.

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But it has to be about the survival of the business.

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Yeah, even nonprofit, even nonprofit organizations.

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They have to make money to be able to pay for their operations and the workers and all that.

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So he has to have a conversion component to it Yeah, that's exactly what Giles was talking about.

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Earlier, too. right, Giles that's it in fact this is something, because is one of the things I was even teaching earlier on today to some other people about the 6 measures of Ux.

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The way I see. As so the obvious one comes from a triad.

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So 3 of the measures, so usability, accessibility, and satisfaction like, is it?

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Can you actually perform a task with it? Is it accessible?

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100, and when someone does perform the task with easy satisfying with end result, it's not just that it's functional, but in the other 3, then the success triad is is a phaseable viable or desirable

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like There's times when ux is a designing stuff where it's the equivalent of trying to use a spoon to fly into outer space like you're asking too much of the development.

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Team, we're gonna be even more into communication with them. Recommendations is not on turn to finish products in needs to be actually viable.

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There needs to be somewhere there's money resources that needed to fuel this machine.

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Otherwise we will have no parallel service to give to the users and crucial.

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It needs to be desirable if no one asked for this it doesn't solve a problem.

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No one will use it. I kid you Not one of the things I had to share for the Clinical Ux Association, I mean been some time back, was these 2 men who decided that they had invented a glove to use for women who

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are menstruating to you know dispose of what's passing every cycle, and i'm like no one asked for this.

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This isn't a problem that women are. having Why, why are you as men thinking that this is going to be true i'm worse of it soon.

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Those dragons. Then shark, tag type things, and they will go and get some money like no one actually.

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Where where is the evidence to back this up beyond your imagination?

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Because that's not really evidence it might trigger a spark for you to do research.

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But there is no research that backed up that this was a good idea, and that's why I say this is 6 measures.

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We should be as us professionals, having awareness on where our product fits with doses.

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If you don't see something positive for all 6 of those usability, accessibility, satisfaction, feasible.

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Viable desirable. Then it's a wrap you're wasting it literally wasting your time.

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You cannot have a deficit in any of those 6.

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Absolutely thanks for that. Hillary Looks like you have your handout.

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Did you have an additional, or was it just left over from before?

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Oh, I had a different question. Okay. Oh, I can go ahead.

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Yeah, Yeah, go ahead. I just wasn't sure okay no file. Thank you.

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Oh, sorry about my camera, Everyone I mean my car, my wi-fi is on it.

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So you see what do you do? as a us designer when you have a lot of projects projects with really like heights or in feasible deadlines like, How do you incorporate 2 aux process and our research process because

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that's a challenge that i'm facing now we have a small team.

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But due to the desire to create a reputation, the company tends to overcome it over promise in terms of deadlines and deliverables.

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So as a designer, when you still want to create a product that meets those targets and those kpis like, how do you go about it?

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Does anybody have any tactics? I have confronted this issue of speech.

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My whole career, and i've depending on the context there's different arguments, but one that usually works or can work sometimes is that if you go too fast in the beginning, you're gonna have to fix it later, and if we can spend the

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time to define the product. Well, for the although users you know all the different people who are gonna experience it.

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Then later, We're not going to need to come back and fix it or do reverse engineering to figure out why people aren't actually using it.

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So there are some arguments there that you might be able to use.

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I don't know what What do other people say I know This is a big issue, I think.

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Turn onto the Yeah. and I think Tad downset that was really good.

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That's recall back one of Dr. giles slides where he talked quickly about roi having those types of things in one's back pocket helps right and those I found in those types of situations for the more resistant people

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once you give them It's not just me and you he said she said, Situation when i'm giving you a third perspective of like data that's been done. research that's been done to back up.

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Why, this is valuable, as a Malcolm would say, measured twice cut once. right. Yeah.

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It helps in situations like that that's just to add on to to or take advantage.

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But I think that kind of stuff helps it's great thank you so much.

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And Abby, I experience that currently we are having to do a lot of rework due to these commitments.

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Some happen before I can't So I completely. I love both of those as they and Abbey.

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Thank you. Yeah, you can point to those things. have some questions.

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So there's no short term medium term long-term stuff.

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You can do the short term worth like. you aren't learning to give it more time. you're not going to be giving any budget what you're supposed to do.

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But right. Now, what you're going to do and this is where there are more ux research methods, or even design methods available to us when you don't need participants or at least you don't have the participants to do the methods that

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can still add value. The first one is heuristic evaluation.

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Yes, Can you give you the elevation of your own product over your own work?

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They're loan price really out? even from a sketch you can do heuristic evaluation like you can know how you provided feedback to the user.

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How do you use the minimalist flow? Have you allowed someone to recover from an error?

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Do. If you stick evaluation you'll need a user to. if you're not already doing that before usability testing, you will listen.

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You can get a lot of issues from humanistic evaluation before you even do usability testing.

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Another thing that is really really powerful is a task analysis if you've done a good task.

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Analysis. You're ready before a heuristic evaluation looking for potential issues.

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That's all we have and how you can optimize the flow that you're creating.

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So. those, I think, are very good, short-term things, and any other thing is, do interviews focus groups with staff.

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It's not ideal with colleagues not ideal but they can give.

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They can at least put you in the direction of issues especially if this is a long-standing issue, their opinion towards the territory of fact, because it's persisted and is shared by those of people and there's

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a trouble for it that's a short term the Median term one is, you need to always explain why you're doing what you're doing to anybody in a position of powers.

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Your manager, your stakeholders, that you know the work.

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So people who hear this over time is like, Well, you said, you need to do user research.

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It really takes 4 weeks or in this situation it really takes you know a week like, okay, you've told us Now I've seen it to be true because it's happened before, and you the long term is there has to be a

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standardized process of doing us work that doesn't mean that research always take it's full weeks, and wire framing tapes. You know a few hours like that's not what I mean by standardizing what I mean is is

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that someone's got an idea have you filled in the form to submit your request.

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Okay, So we've now planned the world we've done. some we've got an idea of what your needs are Here's a statement of work.

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It's a contract column track to whatever is is a contrast of the what we're going to do.

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Can you sign it, please? Thank you this you have to follow to have that change to our contract.

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This is where It's going to cost you the change you know but again, you can't do that straight away.

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But that's what you want to work towards is having standardized processes where people actually come to you. The way they go to the engineers when there's a change used to be wrong.

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There has to be a chip. Formal change. requesting is to be assigned to a developer, and then they will work on it.

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Otherwise it will gather digital dust. I need to do what the development will take back control.

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I mean so whole thing that helps are entitled, as you know, that does help.

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Because, like avian, Hosea gave a persuasive the forstation tactics.

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And then you gave those design and research. past tactics that's extremely helpful, and also learning from the developers because they're more so standardized in terms of everybody understands them more.

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They've kind of had the time to kind of have their systems and protocols in place.

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That's very helpful, because, even though there are lots of bosses designers, I feel like I still feel like it's very new. at the same time, when people are still trying to figure us out, and where we 15 so that is really

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helpful looking at what those engineers are to Cuz, you could learn something from them.

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Thanks. Yeah, Thanks for that. kristen I see you have your hand up.

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Yes, hi! I'm Kristin, I thank you so much. Jennifer hosting this has been super educational fun to and thank you, Dr.

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Morris, and this has been amazing i've been trying to Say, you're trying to figure out how to formulate my question a way that makes sense.

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So hopefully this comes across. but Dr. Morrison I was really struck by some phrase that you had mentioned in your talk.

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We're discussing group causes and I come from research, but also research operations, and is sitting in that world.

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And my organization did the huge transformation to focus on Bpi and Lean and 6 Sigma and Jen.

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I was the one who posted a pick of the lean ux for startup book. You know i'm reading that.

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So my question. is i'm going back in the research it's been a minute since i've been immersed in that field, but i'm doing the nonprofit right now and i'm working on a

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project where there's a lot of overlap between trying to figure out major development but differentiating versus process development, improvement and lens.

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6 Segment has a lot of tools and methodologies to help.

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Group has analysis, and right now. what i'm trying to do is Bridge.

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Those 2 with this project to make sure that there's no duplicate efforts to solve the same problem.

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So my question to you is is, do you see any use for 6 s methodology in Ux research?

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As I I gotta say i'm using ux research right now for my sixth single project.

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So I just wanted to know if there's any if There's a way to bridge those to you so that they're not living in separate universes, but they think they can help each other.

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Does that question even make sense at all. He makes this to me I'm.

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Not an expert on lean 6 signal I would say though, that in principle like the whole concept of Li which, just to be clear, don't learn it from the lane startup.

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But a lean ux book that's not good way of learning about lean.

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That's very different. Mean is about how can we make stuff as efficient.

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The process is as efficient as possible, which means not wasting time, not wasting resources in the life.

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So with the when I think about us research, it goes back to what I was saying before.

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To be honest with you. How can you be pragmatic like you have to still be data driven with what you're doing?

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The data can be collected through some sort of standardized or systematic approach.

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This is the ux toolbox what methods are you using that's going to allow to collect data in a standardized way where we served cause analysis, which is exploratory research really what that is to me is that's what it

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is you're exploring to try and really fully understand what's going on and in. follow by explanatory research to explain what's going on.

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Whatever method you need to use to gather that data i'm not too fast.

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As long as you find that the data is valid and reliable.

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If you can do something with if you can make a decision. come to a conclusion, then actually, it's successful research.

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So that's that's how I I see all of this really great thanks for that.

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I know we're like super way over that we had plans this is, but it's so so amazing all the questions and comments the let's one more.

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Anybody else have one more burning question and then we'll be able to let everyone go on.

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I not a burning question, but quick shout out to everyone.

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Thank you for all the information that's pulling around I think it's been really good.

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I think we all take really good stuff out of this so far.

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Anyways should not agreed to say thank you I I totally agree.

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I I Don't have a burning question just to comment to and I've posted in the chat as well, I just wanted to add to Hillary's comment about deadlines and wanted to add to Dr.

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Gal's answers that having ux road maps, and I used to do my own mini road maps. and just think and plan ahead of what would be needed.

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And what would you know would be required, and things like that?

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And just making your own list, and being a little bit more proactive, just helps with the deadlines.

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And just, you know, trying to figure out, Okay, this is what we might need, or this white, you know, this is this is where the strong hole might be, and things like that, just creating that sort of and mapping out and planning out with

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the team, and and just show them you know this is where the problem is going to happen.

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If you don't have this so I think I think that's what that can help.

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I just wanted to add, I love that muda. Thank you so much.

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Yeah, absolutely it it got me through ei so that's what I'm saying I went through a tremendous pressure of deadline.

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So I know exactly when you when you mentioned that it was it was a horrible experience, but and I know when Dr.

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Galz mentioned about Gira, and when he said that I need ticketing for changes, I was like, Oh, my God is literally talking the same thing that I mentioned to my bosses.

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So so I Yeah, there was absolutely no management there was no management software before I left.

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That's when they launched it So Wow! Yeah, there's we, they really the uxes really have to be created in that engineering system where it comes as a process And that's what the standardization should be not about 2

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100. Oh, it takes 4 h to make Why, frames and it all takes 4 h to make wi-fi That's not that's not standardization, but the process is standardization.

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How it comes to you. Wow! Awesome! Oh, i'm excited from London All.

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Thank you so much. Everyone again. Thank you so much for everybody who carve got some time on their Saturday to attend world.

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I a day. There's other events happening around the world right Now check out other events.

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They might be of interest to you as well, and a huge thank you to Giles for informing this this group, I mean.

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I learned a ton, and I thought, you know it's so applicable to, not just political research, but or not not just research, but clinical, you know.

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But all of Youx, like all industries, so much of you said, could be applied to if things outside of health care and medical fields.

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So I really appreciate that. Well, i'm going to It's been a real pleasure here.

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Great. Thank you again so much, everyone. thanks for attending and have a fantastic weekend.