

Invited masterclass: Creative thinking and problem solving

LANGLEY, Joe <<http://orcid.org/0000-0002-9770-8720>>, PARTRIDGE, Rebecca, WHEELER, Gemma <<http://orcid.org/0000-0002-4429-160X>> and BEC, Remi <<http://orcid.org/0000-0003-0544-5095>>

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[The following is a descriptive summary of the invited masterclass: Creative Thinking and Problem Solving, delivered at the Community Practitioners' and Health Visitors Association Conference in Bournemouth, 17th October 2018, by Joe Langley, Rebecca Partridge, Gemma Wheeler and Remi Bec. This summary was requested by the organisers of the conference after the event.]



Joe Langley, Rebecca Partridge, Gemma Wheeler and Remi Bec are design researchers working in Lab4Living at Sheffield Hallam University (www.lab4living.org.uk). Lab4Living is an interdisciplinary research group that has been running for over 10 years, that brings together healthcare disciplines and approaches to research, with creative disciplines and approaches to research. Their work is based on participatory and co-design principals and spans a broad range of healthcare contexts from acute, hospital settings to community care settings and the home, for older adults, palliative care, children and adolescents, physical and cognitive.

Creative thinking and problem solving for Community Practitioners' and Health Visitors'.

There is ever increasing pressure on the healthcare system, the services provided within it and the staff delivering those services. This is leading people to look further afield to seek new ways of working that can help to cope with or reduce these pressures.

Design is one such example where design processes have been introduced to the healthcare field in an attempt to help staff innovate and improve their services. Experienced Based Co-design has tried to 'package' the design process into a simple, off-the-shelf formula that can be rolled out and applied by healthcare professionals working with patients to improve services. However, it is debateable how effective this is. Design is a discipline in its own right that takes three or more years of study followed by continuous practice and experience in order to gain mastery. Whilst we acknowledge that everyone can apply design as an approach to problem solving for simply, everyday problems, there needs to be a recognition that the complex problems typical to the healthcare field would be better solved with a co-design process led by experienced designers.

Having said this, we equally acknowledge the huge potential benefits of enhancing the innate problem solving skills of the healthcare workforce. To this end, we differ from other attempts to bring the world of design into the world of healthcare that have focused on attempting to give people a *design process*. Instead, we like to give people *design mind-sets* and *design skills*, along with examples of how these can be applied in their everyday life, whether professional or personal. This is something we have explored with both healthcare professionals and with patients, based on the premise that people under considerable pressure and people who experience a significant physical change in their life, have a greater need to solve problems and challenges in order to cope with and manage in a wider system that is not supporting their needs fully.

What do we mean by mind-sets? Well, this comes down to key ways of thinking about challenges and problems such as optimise, creative confidence, an appreciation of failure as a learning opportunity and the value of *doing* and *making* things early on rather than just *thinking* and *talking* about things.

By design skills we mean the ability to generate and visualise ideas (both one's own ideas and the ideas of others), to make rough paper and card prototypes, techniques to enable one to think from different perspectives, different contexts, techniques to dissect products and services into their component qualities and attributes to identify what can and can't be changed.

At the recent Community Practitioners' and Health Visitors Association Conference in Bournemouth, we ran a 90-minute workshop, giving participants an opportunity to learn and apply a range of creative and problem solving design skills. We also used examples to illustrate how these might be applied by the participants or passed on to the people they serve.



The workshop followed a structure of activities interspersed with case studies and expert videos, concluding with a reflective Q&A. The activities sequentially explored the need for a variety of perspectives, ways to draw out different perspectives, ways of building empathy to understanding different perspectives, ways of generating ideas, practical prototyping and visualisation of ideas, service prototyping, dissection activities in which we break a product or service down into its constituent parts or qualities and identify what is potentially changeable and what must be maintained and finally a discussion about real world use and application of these skills.

The backdrop to all these activities is a fun and engaging experience. As all community practitioners and health visitors will know, if people are enjoying an experience they engage with it more and learn more from it. The case studies that were littered throughout the workshop and the reflective discussion at the end of the workshop, grounded the learning in everyday practise and in the everyday lives of patients.

Our experiences over the past 10 years have shown us that there is a huge need, desire and innate skillset for creative thinking and problem solving in the professional healthcare workforce. What they need is not a design process package which tries to constrain the implementation of 'design' to a specific formula but a suite of skills and approaches that they can apply at their own discretion, using their professional judgement and local, context specific knowledge to utilise and evolve.

Whilst the workshop we ran was just a brief glimpse, we hope it gave participants the self-awareness that these are skills they already have and the confidence to apply them more consciously and purposively. We also hope that it inspired them to purposively try to pass these skills onto the people they serve as the potential benefit to patients is just as great.

