A designer's lens

An interview with our inaugural Design Fellow Jessica Cheers

Tell us a little about yourself

By way of profession I'm an experience designer, design educator and researcher. By way of enthusiasm I'm all of the above, coupled with a love for play, preventative healthcare, making things and untangling wicked problems. My brain is equal parts excel spreadsheet and children's finger painting, which might explain why I feel right at home at the intersection of healthcare and design. For the past few years I've explored creative methods of engaging consumers and clinicians in the co-design of healthcare products, services and systems. I love being involved from end-to-end – capturing lived experience, generating shared ideas and translating them into meaningful, sustainable and *delightful* healthcare experiences.

What was your first project within healthcare and how did that come about?

In 2016 I had a design degree to my name and was freelancing as a graphic designer. At the time, if anyone asked me what I did for work, I would say "*well*, I make things look pretty". I was teaching design at QUT and my enthusiasm for design was growing, but my passion for my own work was waning. Around this time I was approached by a research team within QUT Design Lab – they were developing a digital wellbeing toolkit with Kids Helpline and needed a designer. Weeks later I was unexpectedly thrust into a confronting and humbling two-year crash course in co-design – waiting months for ethics approval, facilitating my first co-design workshops, navigating multidisciplinary teams and nervously presenting outcomes developed with 30 young people to higher-ups. By the end of the project I was utterly convinced that the most logical and meaningful way to design a product or system with any level of complexity was to take end-users on the journey with you. At the same time, I was deeply frustrated by some of the barriers we faced and fumbles I'd made – I wanted to dig deeper into the kind of methods that could support and inspire rich, democratic, creative collaboration but also result in usable and sustainable outcomes. For the last five-or-so years I've dived deeper into this space, working across various healthcare contexts and exploring creative collaborative methods through my research.

What are you working on through the fellowship?

At the start of the fellowship there were some loose ends to be tied off the back of HEAL's inaugural year – for example finishing the development of a Project Management ecosystem for CEQ. As a continuation of the VOICeD project, I travelled to Rockhampton to explore how our telehealth model might bring value to contexts within Central Queensland HHS. I also developed visuals for Specialist Palliative Care in Aged Care (SPACE), the Telehealth Strategy, the Statewide Risk Stratification and Management Plan for Children with COVID-19, and the report you're reading right now. The first co-design piece to emerge centred around improving the 'First 100 Days' of treatment and care for children diagnosed with Juvenile Idiopathic Arthritis and their families. I'm currently working directly with the rheumatology team at QCH, interviewing families and designing methods to capture their stories. Although we are only in the early stages, this has been such an affecting project, as well as a fantastic opportunity to unleash my passion for play – to better understand the experience of families we're designing "cultural probes", which are packages sent to their home with self-documentation tools like disposable cameras, diaries and activities. To continue the discussion of similarly creative and playful collaborative methods in healthcare I presented a webinar at HICOP, introducing methods borrowed from the world of design. There are several other projects in the works and rich conversations being had as we continue to explore, uncovering the barriers and opportunities to embedding designers in healthcare.

I've made many mistakes and had just as many humbling learning experiences in healthcare. Being a part of HICOP and speaking to healthcare professionals of all varieties who are equally passionate about co-design has been infinitely inspiring – there are plenty of movers and shakers who are working to break beyond the buzzwords. However, there is still so much work to be done. To embark on a "true" co-design process requires a level of ambiguity that can be tricky to achieve, both personally and when convincing anyone to fund, lead or follow a project when the outcomes read "we don't know yet!". However, I've learned over and over again the importance of refraining from defining the "thing" you're designing until you've intimately explored the problem space. Assuming, for example, that an e-health tool is the solution to a problem without first engaging with the day-to-day needs of diverse consumers and clinicians might result in an expensive, tech-heavy and high-maintenance solution when a paper-based resource (or no resource at all!) could have been equally (or more) impactful. This exploratory approach has not been very compatible with previous models of healthcare improvement, however the Bridge Labs are a glaring testament to the fact that change is happening.

I had many preconceived ideas and hesitations around working in healthcare, especially in an embedded role. Earlier in my career I can't say I pictured myself working 9-5 in a government office – I imagined following rigid style guides and feeling that I was moving further and further away from having my finger on the pulse of contemporary design. It was not something I would have considered had I not experienced so many breadcrumb moments leading up to this role – coming into complex healthcare contexts that I knew nothing about and using design methods to untangle them from every angle. While some of my preconceptions have rung true, they are far outweighed by the impact of the work. If done thoughtfully and collaboratively, I've learned that design can improve the experience of people going through some of the most emotionally affecting moments of their lives, shaping the way they view their condition and quality of life. While many healthcare professionals are already engaging with healthcare improvement in this way, I feel there's a role for designers in crafting *experiences* – whether it's a creative method of capturing lived experience, a visual approach to telling patient stories or the design of usable and delightful healthcare experiences that authentically represent the needs and ideas of their users.

What excites you most of the future of design in healthcare and areas where you think designers like yourself can create transformative services and experiences?

The picture painted of healthcare innovation that's slick, high-tech and streamlined doesn't excite me. What excites me is the opportunity to get the basics right – to take a step back, ask the right questions, build communities, and look for those low-cost, bottom-up, human-led interventions that – over time – lead to real cultural change. There's a time and a place for an app, however the oversaturated e-health market has a lot to answer for with many solutions that look good on paper but end up expensive, underused, difficult to maintain, buggy, frustrating to clinicians and inaccessible for those with low digital literacy. I hope that by asking the big Why's up front, designers can work with health professionals to create experiences that leave a long-lasting practical and emotional impact.

You're now a veteran of several pieces of work in healthcare, could you reflect on the journey to this point, what you've come to learn, assumptions that have been challenged or peculiarities of doing design work in healthcare?