integrating design thinking at the AAMC
ERAS is looking to be even more human-centered in the delivery of our services to the community.
Mayo Clinic:
How can we eliminate the EMR log-in time from the top-5 physician dissatisfiers?
Mayo Clinic: How can we eliminate the EMR log-in time from the top-5 physician dissatisfiers?

Reframed to: How can we win the first moment of truth with the physician + patient?
**KNOWN KNOWNS**

execution/implementation

**KNOWN UNKNOWNS**

search, sort, and solve

**UNKNOWN UNKNOWNS**

innovation

**Checklist Thinking**

**Analytical Thinking**

**Design Thinking**
Bringing a new concept into reality means **confronting uncertainty**.
Bringing a new concept into reality means *confronting uncertainty*. What do my customers even want? What would actually solve a pain point they have?

I have a rough idea of a concept, but *how do I actually decide what to build?*

Can we deliver this concept *at scale?* What *resources* do we need?
And uncertainty is often described as risk.

And few want to invest time and money into something risky.
We don’t want to build-out a new concept without investing in **de-risking** it first.
2 common pathways
A more optimal pathway
Research  Development  Execution

- Test for a **Need**
- Test a **Concept**
- Test in the **Market**
- Test for **Scale**

Risk: High to Low

Investment: Low to High
There will always be uncertainty and questions about a concept. We note these as assumptions and run tests to answer them. We’re staying nimble in order to learn fast and succeed sooner.
how we are applying design thinking today...

Learn where to devote the most time and energy to make the greatest impact.

De-risk new possibilities for end-users like yourselves.
We started with a beginner’s mindset and asked ourselves,

- What does PDWS mean to different users?
- What are their unmet needs? (workflow, time, selection, etc.)?
- What is their evaluation criteria (e.g. set-up) strategy? What does “program fit” mean?
- What are environmental drivers at their institution?
- What are users leveraging outside of PDWS?
- What do program users need to know to make better decisions about their incoming cohort?
PHASE I

needs-finding
The problem: an inconsistent, “staccato”, multi-work-tool experience
Each program has unique...

APPLICATION VOLUMES
CANDIDATE CRITERIA
STAFFING and SUPPORT
Each program has unique...

APPLICATION VOLUMES
CANDIDATE CRITERIA
STAFFING and SUPPORT

...which results in...

CUSTOM WORKFLOW STRATEGIES

(a good thing!)
Each program has unique...

APPLICATION VOLUMES
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...which results in...

CUSTOM WORKFLOW STRATEGIES
(a good thing!)

But these strategies are still...

TIME-INTENSIVE + MANUAL (to keep it holistic),
LEVERAGING MULTIPLE TOOLS/SYSTEMS,
and REQUIRE LOTS OF PEOPLE COORDINATION
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DESIRE FOR GREATER EFFICIENCY and INTEGRATION
OF PEOPLE, PROCESSES, and TOOLS
Each program has unique... But these strategies are still...

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How do we meet our users where they are?
How do we improve their experience without asking them to change their workflow?
How might we design a system that...

allows users to take their *preferred path* of least resistance?

is configurable to different workflows, but still cohesive/integrated?

contains the features that deliver the most value, whilst maintaining “simplicity”? 

**sensemaking & ideation workshop**
PHASE II
co-creation
We tested **23 different solution elements** across the entire user journey.
Our thinking evolved.

- Users need **several tools to filter**, and it has to be more **intuitive**
- Users need **reference points** to make decisions
- Users need to be able to **configure** their tools to align with their process and workflow (and configuration results in customization)
- Users want to **integrate their different workflows** (stay in the system) if it saves time and effort
PHASE III prototyping
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Relevant content:

**Claire Cummings**

**AAMC ID**: 21029800  
**APPLIED**: 7/8/2014  
**E-MAIL**: c.cummings@gmail.com

**ASSIGNED TO**: Dr. Hendrick  
**MEDICAL SCHOOL**: Thomas Jefferson  
**PHONE**: (202) 111-2222

**FLAGS**
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**LETTER OF RECOMMENDATION**


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### Events - Day 2 - 2/18AM

**9AM-10:30AM**
- **Introductions**

**10:30AM-11:30AM**
- **Interview 1**

**11:30AM-12:30PM**
- **Interview 2**

**12:30PM-2PM**
- **Campus Tour**

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**8/22**

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We’ve just wrapped up another round of research with users.
What's next?
DESIGN AND BUILD A SIMULATED EXPERIENCE TO TEST OUR “MVP” (ERAS for Programs)

CONTINUE TO ENGAGE WITH USERS AS WE DEVELOP SOLUTIONS

In parallel, maintain PDWS with incremental changes to improve existing experience based on your feedback.
By incorporating **design thinking** at AAMC, we are able to learn quickly & affordably to create impactful experiences *with* the community.
Thanks.
questions?

Amy Mathis / AAMC
Kate Reilly / AAMC

erasforprogramsfeedback@aamc.org
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Letter of Recommendation


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Leadership x Research x
Add Tag

Update Status
Select Status
Advance to Interview
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