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SUMMARY

The *Journal of Health Design (JHD)* is pleased to bring you its second issue and share with you some exciting new developments.

Key Words

Health design; patient experience; patient knowledge

We are pleased to bring you the second issue of *The Journal of Health Design (JHD)*. In this issue, we have an editorial, “Out-of-sight killers—the ongoing problem of hospital gas lines”, which highlights the design problems of the placement of gas lines in hospitals. Despite publication about the safety issues associated with gas exchange and using nitrous oxide, death and injuries continue.

We also bring you “RCTs in general practice: Consider the influence of patient expectation on your recruitment strategy”, a research insight paper in which the authors explore why they were unable to recruit sufficient numbers for their clinical trial about treatments for warts. The paper includes insight from a practicing clinician who provides insight into why the study authors felt short of their recruitment targets.

Also appearing in this issue is a book review on *Fixing the Primary Care Crisis* by Dr. Stephen C. Schimpff, who practiced medicine for more than five decades. He shares insights on how lack of time has harmed the patient-physician relationship and shares his thoughts on how it can be fixed.

Since the inaugural issue, we have launched a podcast series in which we interview leading researchers, academics and practitioners engaged in health design and in putting the patient at the centre of the healthcare

experience. Our [first podcast](#) featured Dr. Amy Schwartz, director at IDEO and adjunct professor at Northwestern University’s Segal Design Institute in Chicago, IL, USA. Dr. Schwartz spoke about health design and design thinking. Our [second podcast](#) featured Dr. Stephen Schimpff.

We have also introduced two new categories of papers:

1. **Research Insights**, in which researchers can outline their planned study, why it failed, what they learned, what they would do differently, and what other researchers or practitioners can learn from their experience.
2. **Clinical Insights**, in which practitioners highlight a change(s) they have made in practice, how the change(s) has helped patients, how they might further refine their clinical practice, and what other practitioners and researchers can learn.

These two papers are intended to be short (1,000 maximum) and will provide insight from an independent research/clinical expert who offer a commentary on the lessons to be learned from the experience described. Such commentaries offer a perspective from practicing clinicians on why something didn’t work or how someone’s insightful innovation could be integrated into clinical practice.

We remain committed to our mission; namely, to serve innovators who are aiming to reshape the patient experience. If you know someone who would be an excellent interviewee for our podcast series, please email us.

Spread the word about *The JHD* to your colleagues, students and patients. Submit a manuscript for publication, sign up to be a reviewer and follow us on Twitter, LinkedIn and Facebook. We also encourage you to register to receive notifications when we publish a new edition.