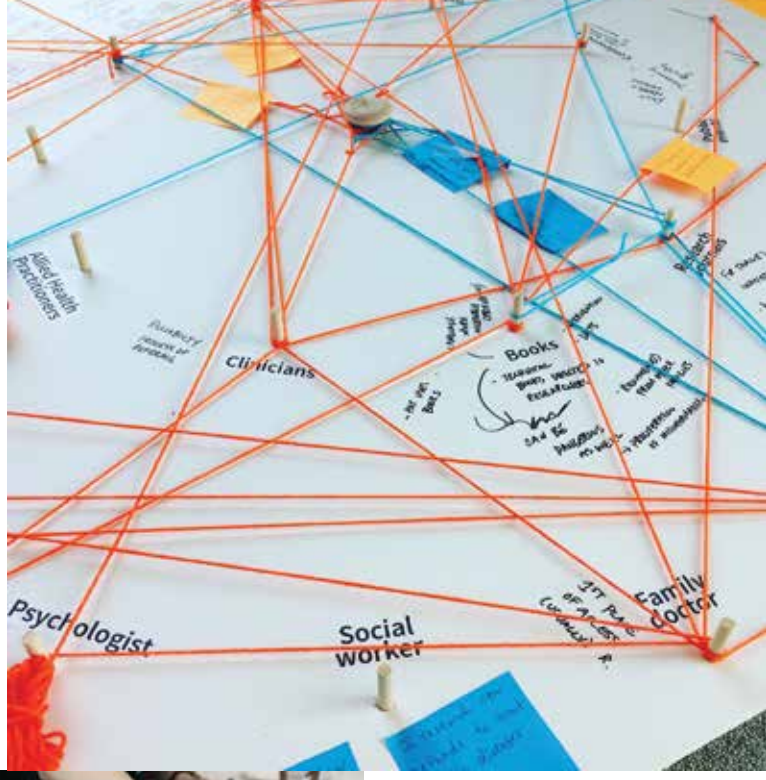
THE EXPERT

Doctor of Design

As director of Emily Carr's Health Design Lab, Caylee Raber works to turn the often dehumanizing health-care experience into something better.

BY **Michelle Cyca**



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Q: What does "human-centred design" mean?

A: It means making sure that the things we're designing are grounded in an understanding of the people who are going to be using them by involving those people in that design process.

Q: How does that method look in practice, when you're working on a project?

A: We've had a group of students working with the St. Paul's redevelopment team on how we might consider the front entrance experience of their new hospital. Part of that work was designing tools to facilitate conversations, so not just going in with flipcharts and a boardroom table, but thinking about how we can create interactive tools to engage people in drawing out their desires and needs. We've used everything from string and wooden blocks to collage materials and disposable cameras.

Q: So design isn't just about the final product; it's also about the process.

A: Exactly—that's a really big part of the work we do. Sometimes we're just designing tools for conversation. In this case, we designed a tool kit that included a set of icons, inspirational photo cards, Post-it notes and a grid template in order to engage participants in the making and expressing of an ideal floor plan.

Another part of our process on this project was doing onsite observation at hospitals across Vancouver—just spending an hour sitting and observing how people interact in that space.

Q: What kinds of things did you notice during that observation?

A: The notion of "wandering" as a positive activity and form of distraction. Not everyone likes to sit while waiting. One group incorporated a wandering loop into their floor plan design, while another created an art gallery space. Another insight was that most hospitals have very large welcome desks at the front, but these often end up being vacant or unstaffed. We observed that having an empty desk actually feels less welcoming.

We brainstormed ideas such as having smaller desks located directly beside self-serve orientation stations, as well as the idea of pop-up stands, or moveable desks for when greeters are actually available and most needed.

Q: Every time I've been in a hospital, it doesn't seem like people thought much about design and comfort. Are these new concepts for hospitals?

A: It is work that architects do and have done for years. But I do think there's an opportunity for different design methods that architects aren't necessarily familiar with. That's what's been fun about this project—the opportunity to do that.

And when you only have health-care professionals involved in trying to make the system better, their perspective is impacted by their experience as working professionals and what they know. They can no longer really put themselves in the patient's shoes. It helps to have these outsiders come to facilitate in a different way and have a different perspective.

RAYMOND CHOU