

THE COMPASSION PROJECT; USING EMPATHY AS A MEANS TO UNDERSTAND DESIGN THINKING.

Implementing Design Thinking research focusing on empathy, into a college-wide curriculum in one year with meaningful and world changing results.

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DEALING WITH INITIAL CONFUSION: THE SCOPE IS TOO BIG!

Women's Health Journey: Improving the Patient Experience: A Collaboration between MIAD and GE Healthcare

GE Healthcare sponsored and offered a real-world experience to contribute to the richness of MIAD students' education. The overall goal of the Women's Health Journey project is to create a more effective and comfortable end-to-end patient experience, from educating women regarding preventive breast health screenings, to dealing with the effects of late-stage cancer on a woman's emotional/physical self as well as her support system. Focus was directed toward the overall experience rather than the Mammography product.

GEHC wanted to tap into the creative minds of MIAD students from a variety of disciplines to uncover new ways to improve the overall patient experience. For inspiration, students were encouraged to draw upon their own personal experience with mammography, the breast cancer diagnosis/treatment of a friend or relative, independent research, and classroom discussion. All age groups of women as well as local *and* global implications were taken into consideration in the students' work.

Below are some thought-starters from GEHC, but the outcomes are as broad as the students' imagination.

Communication / Messaging: Rebranding the Breast Health Journey

How do we

- *encourage women to want to take charge of their health and get regular screenings?*
- *improve the overall messaging around mammography, the importance of regular screenings, preventive measures for reducing the risk of breast cancer, etc.?*
- *enable effective communication between doctor and patient (e.g., when doctors must deliver a negative diagnosis)?*
- *improve the information that a patient receives about breast cancer diagnosis and treatment?*
- *help women communicate effectively with their spouses, children, relatives, and friends when diagnosed with breast cancer or when undergoing treatment?*

Emotions: Visualizing and Implementing Empathy

How can we

- *alleviate the perception of fear in women who associate mammograms with breast cancer, death, etc., in spite of the favorable statistics associated with early detection?*
- *improve the compassion of healthcare professionals when dealing with breast cancer patients?*
- *increase the level of trust that patients place in their healthcare professionals during breast cancer treatment?*
- *decrease confusion and fear among breast cancer patients?*
- *decrease the anxiety associated with waiting for test results?*

Logistics: Environmental Compassion

How can we

- *make screenings more comfortable (emotionally and physically) for women?*
- *improve screening facilities (waiting rooms and exam rooms), which are often cold, sterile, unwelcoming, and suggestive of illness?*
- *improve the comfort level of the exam experience (patient positioning, exam gown, staff attire, etc.)?*

The initial reception of the project was WOW; the scope was enormous and perplexed many of the students and faculty. There was a need for reflection, discussion and a plan on how to take on a project of this magnitude.

TOO MANY PROBLEMS!

Of the three categories suggested: Communication, Emotions, and Logistics; industrial design at first glance only fit into the final category of Logistics. It was at this point that the language was directing the reader to consider ideas and concepts regarding spaces for medical objects as well as the experience equipment used in medical procedures. Half of the industrial design students began their projects in this category. It should be noted that the GEHC director of design emphatically stated he “did not want students re-designing mammography machines or diagnostic devices that GEHC designs and manufactures, that was not what this project is about.” Furthermore, GEHC did not want to provide a detailed project scope or product direction. They were looking for new innovative and “undiscovered country”.

The lack of specifics and directing students away from diagnostic machinery was another challenging message to the ID students who were trying to wrap their heads around what they can design. Early on, it became obvious that Faculty would need to lead and guide students through the process of research and discovery particularly with the almost invisible problems of behavior and routine in the medical procedures. This was coordinated with multiple visits and feedback sessions from GEHC design staff. It required students to get out of their comfort zones by talking with people and discovering what occurs in a hospital setting. It was clear from the onset that the first category of communication would be a natural fit for the communication design /graphic design area, and all students would attempt to address the issues of the second category; emotion and compassion, in their projects. “Compassion” became the basis for the description and focus of the entire project based on the thoughts and interpretations from Kim Miller, professor of first year studies, who set her students to explore these issues through film, photography and writing. She focused the class with many readings and quotes including the following from Sonntags's Regarding the Pain of Others.

“Compassion is an unstable emotion. It needs to be translated into action, or it withers. The question of what to do with the feelings that have been aroused, the knowledge that has been communicated. If one feels that there is nothing 'we' can do -- but who is that 'we'? -- and nothing 'they' can do either -- and who are 'they' -- then one starts to get bored, cynical, apathetic.”

Susan Sontag, Regarding the Pain of Others

THE SPINNING COMPASS OF EMPATHY AND THE PATH TO SUCCESS: TRUST THE PROCESS!

There was clearly an opportunity to do anything which can be daunting to design students who are used to a specific project scope and a definitive objective or problem to solve. There was no object to redesign, but there were many problems to explore. Indecision and the enormity of the final outcome- serious health issues and potential death became an intimidating project for all involved. Where do we go from here?

One thing was true... everybody wanted to help; everybody wanted to do the right thing. The answer was trusting the process: find out what the cancer patients go through, and experience them firsthand if possible. Talk to the patients, the nurses the doctors, and all the women you know who have had a mammogram.

At the same time the Industrial design students were struggling with where to go and what to do, the college was struggling with differing constituencies around concepts of combining artists and designers in exploring empathy. Communication, encouragement and support became the common goal for all to come together.

The industrial design students became the leaders in research and understanding the basics of breast cancer treatment, prevention and therapy, and began to host discussion groups and make presentations to other classes and other disciplines. The more this happened, the more informed all parties became. The result of this began to uncover a new story, a new person who had lost an aunt, who had a family member diagnosed, or lost a best friend to breast cancer. All became aware how wide spread this issue is and how most people do not talk about it.

The energy to participate and help the afflicted took on a mission status as commitment, excitement and passion for the project kept growing. The ID students were more focused than ever- but they still had this nagging sense of not having a product to design; of not creating this object that saves people's lives.

Again they were told to trust in the process; talk to the identified research subjects and ask them what they would do differently. The students were directed to have patients describe their entire journey and listen to them with open minds.

BRANDING THE PROJECT AND COMMUNICATING IT TO THE COLLEGE

Constructing a college-wide project leads to misconceptions, misinformation, confusion and prejudice. It was not a design project, nor an art project but a project for all students, areas and constituencies to successfully carry out. Faculty from MIAD's senior level steering committee and staff who would be involved supported the theme of *Compassion*. However, the project required subtext that gave parameters to defining compassion and a main description for the project.

The Compassion Project:

Navigating the significant issues of cancer awareness, prevention, and discovery by finding new and meaningful experiences for all women.

Scope

An in depth exploration of all aspects of healthcare, specific to exploring the "end to end" journey of breast cancer awareness, prevention, detection, diagnosis, cure and therapy.

Specific to the design classes was the following was added:

*A user-centered experience design exploration with GE Healthcare and MIAD. *[specific to design students as point of departure]*

All graphic signage and student work was also branded with the above logo mark for the project. An organization structure and implementation plan was developed for all constituencies involved, for two salient reasons:

1. To clearly convince GEHC that the college is willing and capable to commit all its resources and energy to take on the project with the risk /reward of the life experience worth that would come from the project providing for ALL MIAD faculty staff and students.
2. To clearly outline a structure and roadmap of assets, experiences, objectives, and outcomes for all MIAD constituencies to understand and follow.

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overview of the document is presented here and delivered to the Director of Global Design GEHC, Robert

Schwartz.

STRUCTURE - KEY TOUCHPOINTS

Six classes formally worked on the project "Compassion: Women's Healthcare Initiative" in fall 2012 approximately 240 students worked on the project and about 225 in the spring 2013. MIAD established that all first year students; a formative year in which the college operates as an integrated learning community, would embrace dialog, inquiry, research and making regarding *Compassion*. Other classes included ID5 Senior ID studio/ Senior, Senior Design Solutions, Art Direction/Senior, Understanding the Visual 1/Freshmen, Design Thinking /Junior, Research Process Methods/ Freshmen, Writing Seminar/ Junior, Information Graphics/ Junior, Info Graphics Project CD6 Elective/various level, IAD Studio/Junior, Understanding the Visual 2/Freshmen, Service Learning/ various level, Freshman Humanities courses and Integrated Studio Arts sculpture class/various level.

In order to manage such a wide number of students, disciplines and classrooms, dedicated space was made available for work and discussion groups to occur. This became the LEARNING wall and the IDEA Lab.

The Learning wall: Compassion Project



Figure 1] Project being presented to the directors and executives of GEHC at the Learning wall at MIAD.

A common gallery installation wall space under the main stairway of the college served as a “Learning Wall”, which could be accessed by all classes and working groups. This became an ongoing site for posting process work, hosting critiques, discussions, writing, and design thinking activities. It also served as the formal presentation and working space accessible and available to all students. The Space is an external gallery wall and forms the three walls, approx. 90 linear feet, in a U-shape pattern open to all passersby. All members of the learning community were invited with numerous announcements and project updates to view, comment, and participate. There was a “public” section of wall when participants can record their ideas and responses, encouraging the viewing public to add comments and ideas directed to themes via the “post it” note method. This then had the effect of a growing and living installation. A Digital interface and blog site was installed to capture more private and intimate thoughts and observations. This was designed and installed by the ID students as the culmination of their research into the project. It was a highly designed and crafted exhibition of the design thinking process and operated as an active working interface to collect more data. This became the face of the project and the research center where students new to the project could access and become informed almost immediately, then contribute to the project. Essentially having the experience of 8 intense weeks of research and data collected by the ID students presented in a digestible manner so students experiencing the Learning wall

Figure 2] IDEA Lab at MIAD Dedicated for Compassion Project

The Idea lab: Compassion Project

The 1200 square feet of the Brooks Stevens Gallery was set aside for the continued ideation, discussion, and design-thinking exercises. A centered working area with tables and chairs for impromptu study groups and working sessions was installed along with a modular dry erase marker board wall which enclosed the space from the rest of the gallery. This was made available to all classes and students to host meetings and brainstorm sessions on their own. This was crucial for an intimate and private space for female research subjects to discuss issues that were sensitive in an intimate setting. This space happened to face a glass wall of the presidents Board room, where clear and easy viewing allowed discussion of the project to the board of directors as well as watch the design thinking process change and transform weekly.

Transition and working spaces:

A senior ID studio served as the initial working design space due to time and scheduling issues with other gallery and college spaces for the first three weeks of the semester and project. The project was housed in a portion of the Senior ID classroom via a modular marker wall system, and supporting furniture. The ID seniors served as project leaders throughout the college and communicated their research, methods and projects to outside classes, visiting dignitaries, corporate visitors, the board of directors of the college and various high school student visitors. This was



constantly changing and moving as there were two other major projects being developed in the same space. Flexible lightweight marker way systems were invaluable to the process and were custom made and tailored to both the senior ID studio and the IDEA Lab, which were on different floors of the main building. The Senior ID studio served as a staging and design area for installation to the Leaning wall.

Communication:

The ID seniors and CD Art Direction students developed a Facebook project site to manage digital imagery and resources for ID students, as well as an internal planning site [Moodle] Intranet, a Tumblr image site and blog and file sharing protocols.

The faculty team leaders and directors of the project met weekly to discuss progress and determine resources, message and to assess needs of students and project. An online calendar tracked communication, dates and visits from GEHC as well as all course activities.

Vision:

A long-term goal was to create a “curriculum” that drives women’s healthcare awareness fostered by artists and designers under the directive of “Compassion”. Ultimately the project is to have a web presence coordinated with GEHC website, become a global travelling exhibit which documents the entire journey designed by the Interior architecture and design students. This curriculum directive is to also act as a template for future projects. The overarching strategic outcome is “Compassion” or Empathy, and the tactical process in this case was, “Women’s health care issues related to breast cancer”. It is understood that the process put in place can be utilized for any case study or project.

RE ORIENTATION: GEHC IMMERSION INTO THE PROBLEM

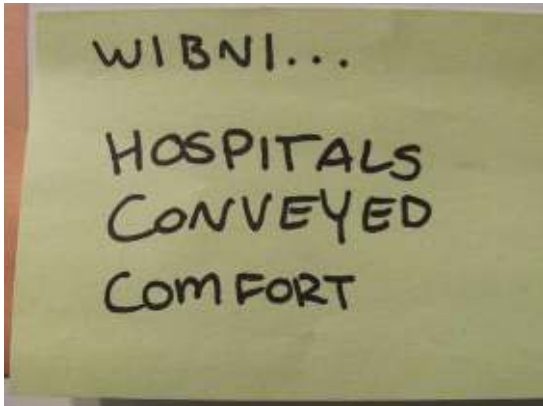
After intense weeks of user focused research and project immersion at MIAD, the project was refocused in a daylong brainstorm experience at the GE Health Care [GEHC] facility and Menlo Lab. The entire group of GEHC designers and staff along with MIAD students, educators and staff engaged in a group think exercise concerned with improving the end to end journey of health care as related to breast cancer and women’s health issues. This was a multiple exercise event with team building experiences, research experiences and brainstorming activities. We were asked to write down any thoughts or observations related to medical health issues that we knew of or that we heard about or that we had experience with. This was task on going during formal presentation by GEHC researchers, executives and breast cancer survivors.



Thoughts and ideas were put in the format of a written comment on a 5”x3” post it note, preceded by the text “Wouldn’t it be nice if “...., abbreviated “WIBNI”. [see figure 4 and figure 5]

Figure 4] WIBNI Post it note

Figure 5] Grouping of WIBNI Post it notes



GEHC



presented research of medical issues of breast cancer and an explanation of technologies utilized in diagnosis, detection and prevention of breast cancer. Firsthand accounts of breast cancer survivors and the experiences of patients and the entire medical journey were also presented.

As the group developed walls of post its, we separated into teams by random order, and tasked to group all notes into categories. These became through discussion, Pre-diagnosis, Diagnosis, Treatment, Living and Facts. After this, each team was tasked with a category and broke into further areas within the category. The entire group was asked to re-order or move notes as needed into these specific areas. We also removed any redundant information or repeated ideas.



Fig. 6] Groups re-organizing information into concepts categories



Fig. 7] Process of collating ideas and comments

Focus and codify information- Diagnosis, Living and FACTS, pre-diagnosis, treatment

The information garnered from this process was further codified designed and presented at MIAD, in an organized presentation method to be accessed by the various MIAD classes and students. It was organized into four main panels of "Pre-diagnosis, Diagnosis, Treatment, and Living and Facts [fig 9]. This allowed for immersion into the process and the mindset for the project. An additional wall of post it notes was installed allowing all classes and visitors to contribute to the project by sharing their views and ideas related to the project and toward focused questions developed by the ID students.



Figure 8] Collating Ideas and concepts



Figure 9] All notes organized and codified for presentation and display at MIAD 4x8 panels one third on installation.

This activity had the a significant impact on the project as it was encouraged that the entire MIAD community participate and collected well over 1500 comments and thoughts. It had the double strategy of involving all in the project, enhancing awareness in a new way, and providing students working on the project an invaluable resource of data and ideas. The questions were: “At what time in your life have you felt the most supported?”, “What is one way that you would improve your healthcare experience?”, “Describe Home using your five senses.” [See fig 10]



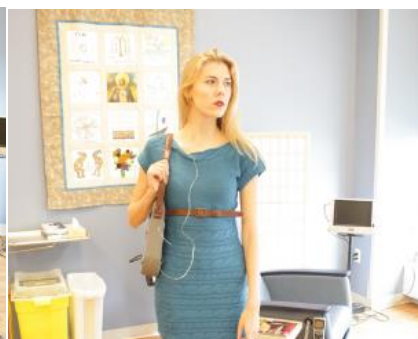
Figure 10] Directed questions for community and students to engage project.

Impact

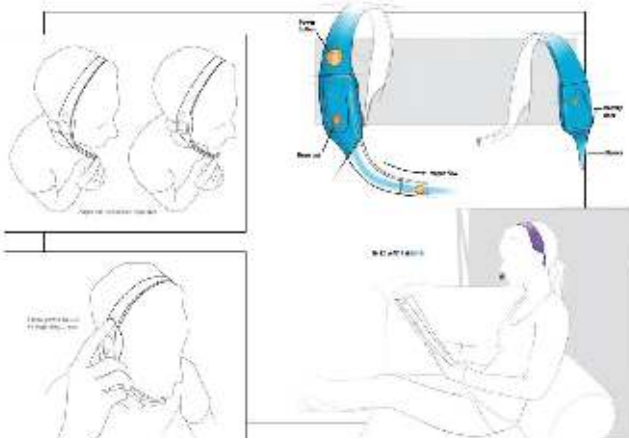
The Resulting projects included a graphic poster and video web breast cancer awareness campaign, design concepts for new medicine administering devices, new ways to receive chemotherapy, a customized and home delivery of a hospital gown for mammogram patients, a hanging hospital bed for therapy in economic and natural disaster states such as Haiti, a feminine hygiene kit and wash station which allows young girls to stay in school for rural Africa, a sculpture installation for the regional breast cancer awareness walk, a quilting project on going , multiple video based blogs and projects online.

The project served to change the perceptions and attitudes of all involved and discuss and explore sensitive personal and painful issues with sensitivity intelligence and compassion.

It was noted by senior design architect Aurelie Boudier of GEHC based in France that a project of this scope and magnitude could not be done in France because people do not discuss the issues nor do they want to. Transforming young minds to take on wicked problems of thinking and tackling the taboo subjects of feminine health care and breast cancer by exploring the empathy in the design process , gave the tools to all who participated a new found enthusiasm and hope to solve the enormous task of improved healthcare for all. The project also communicated the importance of design thinking and different methods of creative problem solving to the entire college.



Chemotherapy portable unit allowing self reliance and independence connects nurse with patient eye level Alex Boese/ Sean Simmons



Female Hygiene kit for rural Africa, allows young girls to stay in school, Sarah Geraldson



Nebulizer concepts for distribution of all cancer meds Sean Simmons



Hanging hospital bed for Haiti and Haitian breast cancer patient who had surgery to remove breast. Michael Stilp

Student Kayla Massey diagnosed with serious life changing condition which became her senior thesis self-portrait series in hospital.

Collaboration influence and inspiration: Communication Design Awareness campaign



Resources:

- www.miad.edu/downloads/ge_healthcare_award_websummary.pdf
- www.miad.edu/search?q=compassion+project&x=0&y=0
- compassionprojectmiad.tumblr.com/
- vimeo.com/55026010
- www.facebook.com/groups/529233160437265/?fref=ts
- beyondablanket.wordpress.com/
- www.cancer.gov/cancertopics/screening/breast
- www.mayoclinic.com/health/mammogram/MM00639
- www.cdc.gov/cancer/breast/basic_info/mammograms.htm
- www.breastcancer.org/symptoms/testing/types/mammograms/bco_recs
- www.webmd.com/breast-cancer/news/20091120/mammography-guidelines-jolt-medical-field

Regarding the pain of others / Susan Sontag. p. cm. ISBN 031242219-9