

A SERVICE-LEARNING HEALTHCARE PROJECT: LESSONS FROM AN INTERIOR DESIGN COURSE

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Current trends in higher education are promoting service-learning, a teaching methodology that incorporates community service opportunities into academic curriculum as a way of improving students learning outcomes and promoting civic engagement. This article discusses pedagogical experiences and lessons learned from a service learning healthcare project accomplished in a sophomore interior design studio course in spring 2013 at the University of Minnesota. Students gained disciplinary and civic benefits while design problem solving for the Coffey Hall clinic with healthcare professionals. The author presents findings from the experience and hopes these findings will serve as a model for design educators interested in service-learning projects.

Keywords: Service-learning, Interior design, Healthcare design, Design pedagogy.

INTRODUCTION

Current trends in higher education are promoting service-learning, a teaching methodology that incorporates community service opportunities into academic curriculum as a way of improving students learning outcomes and promoting civic engagement. The 2014 Council for Interior Design Accreditation (CIDA) Standard 7 on professionalism and business practices recognizes the importance of community service and the expectations are that programs provide community service opportunities and exposure to the public. This article discusses pedagogical experiences and lessons learned from a service learning healthcare project accomplished in a sophomore interior design studio in spring 2013. The author illustrates how the experience promotes academic and civic learning.

LITERATURE REVIEW

Service-learning is a teaching methodology which incorporates community service with instruction to enrich learning, promote civic responsibility, and inspire lifelong civic engagement (Bringle and Hatcher, 1995; 2000). Boyer (1997) advocated for the connection between higher education scholarship and community service. Boyer's work introduced service learning into design education. Campus Compact (2001) defines service-learning as "an educational methodology which combines community service with academic learning objectives, preparation for community work, and deliberate reflection." Similarly, Bringle and Hatcher (1996) define service-learning as a credit bearing

educational experience in which students participate in an organized service activity that meets identified community needs in such a way to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility.

Service-learning has been found to equip students with the disposition and aptitude to actively participate in the society. On the national level, the Association of American Colleges and Universities (AAC&U) national panel in 2002 concluded that through service-learning students became:

1. Empowered through the mastery of intellectual and practical skills.
2. Informed by knowledge about the natural and social worlds and about forms of inquiry basic to these studies.
3. Responsible for their personal actions and for civic values.

The Community Service-Learning Center at the University of Minnesota, where the author teaches promotes and recognizes service-learning as “a form of experiential learning in which students meet community-identified needs (service), then analyse and reflect on that service (learning). Faculty who teach service-learning classes facilitate students’ analysis and reflection, ensuring productive academic and civic learning.” Service learning has been found to offer personal and professional benefits to the students, faculty, and community organizations (Community Service-Learning Center, University of Minnesota). Community Service-Learning Center at the University of Minnesota since 1995 has compiled students’ evaluation about their service learning experiences and the Center notes:

Students report especially positive results for outcomes of critical thinking, problem solving, understanding of diverse philosophies and cultures, appreciation of differences, independence /interdependence, resilience, and tolerance of ambiguity (Community Service-Learning Center at the University of Minnesota). From an interior design perspective, Zollinger et al., 2009, note “service-learning provides a pedagogical reason to integrate design problems and solutions for community clients into the classroom; it also educates these clients on the ways in which interior design contributes to solving social problems.” Zollinger et al., 2009 present a framework comprised of the following four

criteria as a systematic way for design educators to tackle service-learning. They are relevance to course objectives, apply course knowledge, connect to community, and reflect on learning (Zollinger et al., 2009).

METHODS

The Coffey Hall clinic project which formed the context for this paper was a service-learning project in Interior Design Studio IV, a sophomore level course at the University of Minnesota with eleven course objectives, seven of which were met by this project. They are: apply two- and three dimensional design elements and principles in design problem-solving; understand theories of design and design composition; understand design programming, information gathering research and analysis, client and user needs, develop the ability to think visually and volumetrically; utilize active listening skills leading to effective interpretation of requirements, understand space planning, adjacencies, circulation, articulation and shaping of space, apply applicable codes and other standards related to health, safety, and welfare.

In terms of application of course knowledge, students were able to apply their course knowledge of the design process to problem-solving for the clinic project. Students met with client on site and toured the space, next they researched and developed conceptual ideas for the space, next they presented their schematic designs to the client and finally, they presented their presentation drawings to the client. In terms of connection to the community, students were able to connect with the Director of the University healthcare services, building services manager and healthcare professionals who use the space to determine their requirements for the space. Student reflections occurred in debriefing sessions throughout the project and at the end of the project.

Interior Design Studio IV is a second year interior design studio course offered at the University of Minnesota. The course emphasis is on the exploration of the relationship of building systems and interior design. During the course, students incorporate their understanding of building systems to the design of interior spaces.

Emphasis is on the relationship and interaction between architecture and interior design, building construction, building systems, codes, construction detailing, and site considerations. In spring 2013, students explored small-scale spatial problem-solving and design development in three major design projects: the student lounge project, Coffey Hall clinic project, and a museum project. The Coffey Hall clinic project formed the context for this article.

Coffey Hall houses Boynton Health Services clinic on St. Paul campus. Coffey Hall, a Renaissance Revival

style building designed by Clarence H. Johnson was built in 1906 as the main building of St. Paul campus. It was renamed in 1949 for Walter Castella Coffey, University president and former dean of agriculture. Coffey Hall today houses Boynton Health Services clinic in St. Paul campus. Boynton Health Services acquired additional space in Coffey Hall, the old Bursar's space in fall 2012. The Director and Chief Health Officer of Boynton contacted the author requesting if the acquired space could be used in a studio project and have students conceptualize and propose design ideas for the clinic's newly acquired space. The client wanted the students' concepts to incorporate the rich architectural history of Coffey Hall. The goal was to design the clinic as a landmark destination on the St. Paul campus. The client required the following spaces included in their design proposal: four mental health provider offices, one exam room, one new Disabilities Act (ADA) restroom, one storage space, one integrated check-in reception space with existing clinic, Attention deficit hyperactivity disorder (ADHD) testing room, and one waiting room. An additional requirement was to retain or relocate the drop-box from the Bursar's old space. Another requirement was to provide good sound proofing and improve the privacy of the space due to windows with a high level of exposure. The project offered an excellent service-learning opportunity in that interior design students could visit the space and collaborate with healthcare professionals on a real life project and reflect on the experience.

The project occurred over a five-week period with class meeting two days a week in spring semester 2013. On day one, students visited the site to meet with the Director and Chief Health Officer of Boynton, University's facilities manager and Boynton clinic healthcare providers. Students debriefing and reflection after the visit uncovered additional information. The budget of the project was Five hundred thousand dollars (\$500,000). The clients' intention for the new clinic to be a desired destination within the St. Paul campus, as well as true to the architectural details of the current existing building that was built in 1906. Another goal was to create a unified waiting/reception area that flows harmoniously to each part of the clinic. Additionally, the treatment rooms had to be non-institutional looking, warm, welcoming and maintain privacy for each patient. Overall, the design had to meet International Building Code (IBC) 2006.

On day two, students analysed the architectural style of the building and determined square footage needs for the required spaces: provider offices, exam room, storage, restrooms, reception, ADHD testing room and waiting space. In addition, students conducted research and literature review on clinic and healthcare design.

On day three, students developed synopsis of their clinic and healthcare research. On day four, students develop concepts using word analogies and sketches for their design ideas, schematic floor plan, three-

dimensional sketches, and sample finishes. One day five, students presented their research, concepts, and schematic designs to the clients to get preliminary feedback. Day six, seven, eight and nine were spent in studio finalizing the design and developing presentation drawings to include plans; elevations; sections; perspectives; details; and furniture, fixtures, and equipment (FF&E) with instructor's feedback and desk critiques. On day ten, students presented finalized design drawings to the Director and Chief Health Officer of Boynton, University's facilities manager and Boynton clinic healthcare providers.

RESULTS

Fourteen students split into groups of two developed design ideas for the clients. The three groups which the clients planned to incorporate some ideas from their designs in the building project are summarized below. In their proposal for the space McKenzie Kaiser and Amanda Lindberg note:

The new clinic will maintain the early century architectural elements such as rich, warm colour, soft textures, smooth curve and straight lines. These elements will be used throughout to unify the space and give the new area an identity. Large, comfortable seating along with obstructed sight lines will give the patients a sense of security. The design will be harmonious in colour, line, and texture and will create a functional yet fluid new space.

Major important aspects of their design solutions included incorporating patient preferences by using greens and blues for calmness, artwork portraying natural landscapes, and using ambient lighting, natural lighting through transom windows and task lighting in the space (Evan, 2003). Another goal of theirs was to unify the existing clinic and the new clinic by repeating the same materials throughout and creating continuous circulation paths between the two parts with a centralized reception area. Another major aspect in their design was the integration of privacy through the use of obstructed site lines, window treatments and appropriate distances between reception and waiting areas (Figure 1 and 2). The window shades, Steelcase Nuture series furnishings, and Wallaroo workstation for examination rooms were aspects clients selected from Kaiser and Linberg's project for implementation in the actual space. The Wallaroo workstation for examination rooms was recognized as an excellent



Figure 1. Design solution by McKenzie Kaiser and Amanda Lindberg, spring 2013.

space saving idea for the treatment rooms which had limited square footage. Another feature the clients liked were the transom windows above the doorways in the hallway leading down through the new mental health clinical area of the facility. The ability to bring in natural lighting into the closed hallway through to the waiting room with transom windows was commended.

In their proposal for the clinic, Darien Ruschy and Bethany DeLine note "curvilinear lines and organic shapes pulled from the exterior façade will be incorporated in a stylized manner to provide the feeling of timeliness and relaxation..." Rushcy and DeLine incorporated colour palettes with earth tones, custom stain glass fixtures and art deco door levers which the client liked (Figure 3 and 4). In their proposal for the clinic, Maki and Gorres note:

A range of warm colours and varied lighting will intrigue the senses. Repetition of horizontal and curvilinear line will unify the space. The complementary interaction between historical elements, warm colours, and lighting will give the

user a sense of connectedness to both history and the current environment – unifying the past and the present.

The colour palette, curvilinear forms for wayfinding and integration of natural lighting were features the client liked from Maki and Gorres design proposal (Figure 5 and 6). Their proposal also paid special attention to selecting materials such as sheet vinyl and *varia ecoresin* form 3form that inhibit the spread of germs.

DISCUSSION

Design problem solving for the Coffey Hall clinic offered students many disciplinary and civic benefits such as relevance to course objectives, application of course knowledge, connection to community, and an opportunity to reflect on their learning (Zollinger et al., 2009).

The opportunity to visit the existing space and tour with the clients to gather information and experience the space physically gave students a better

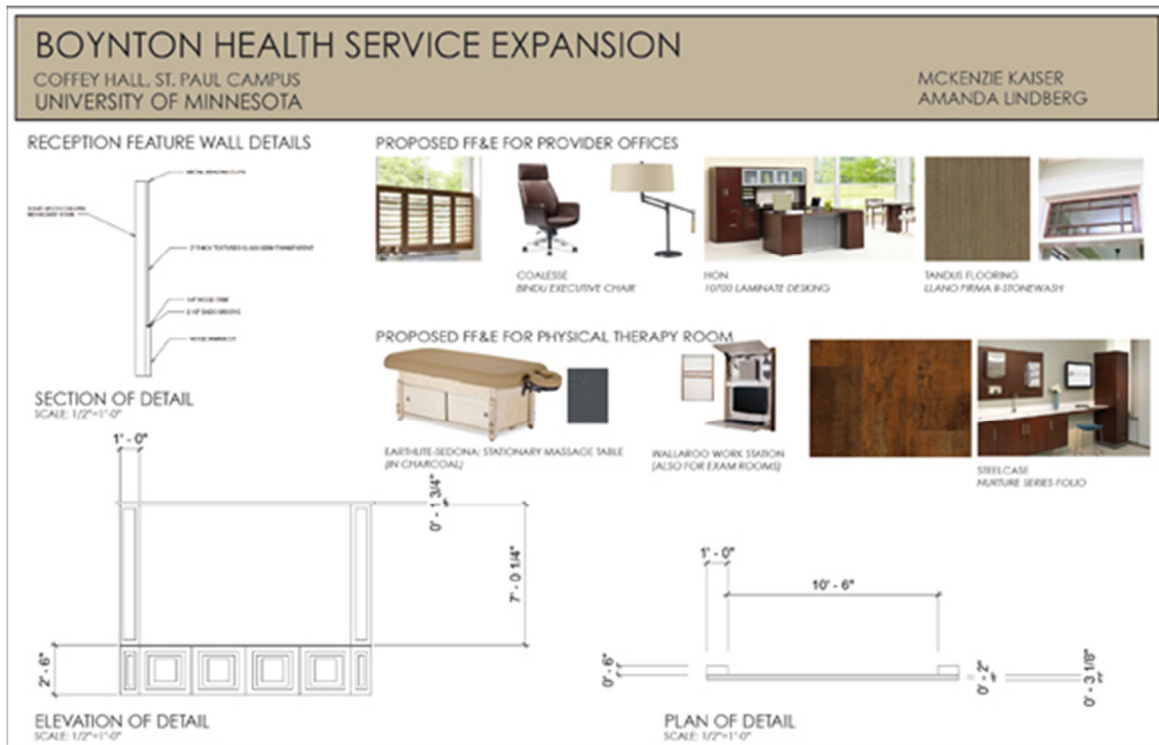


Figure 2. Design solution by McKenzie Kaiser and Amanda Lindberg, spring 2013.

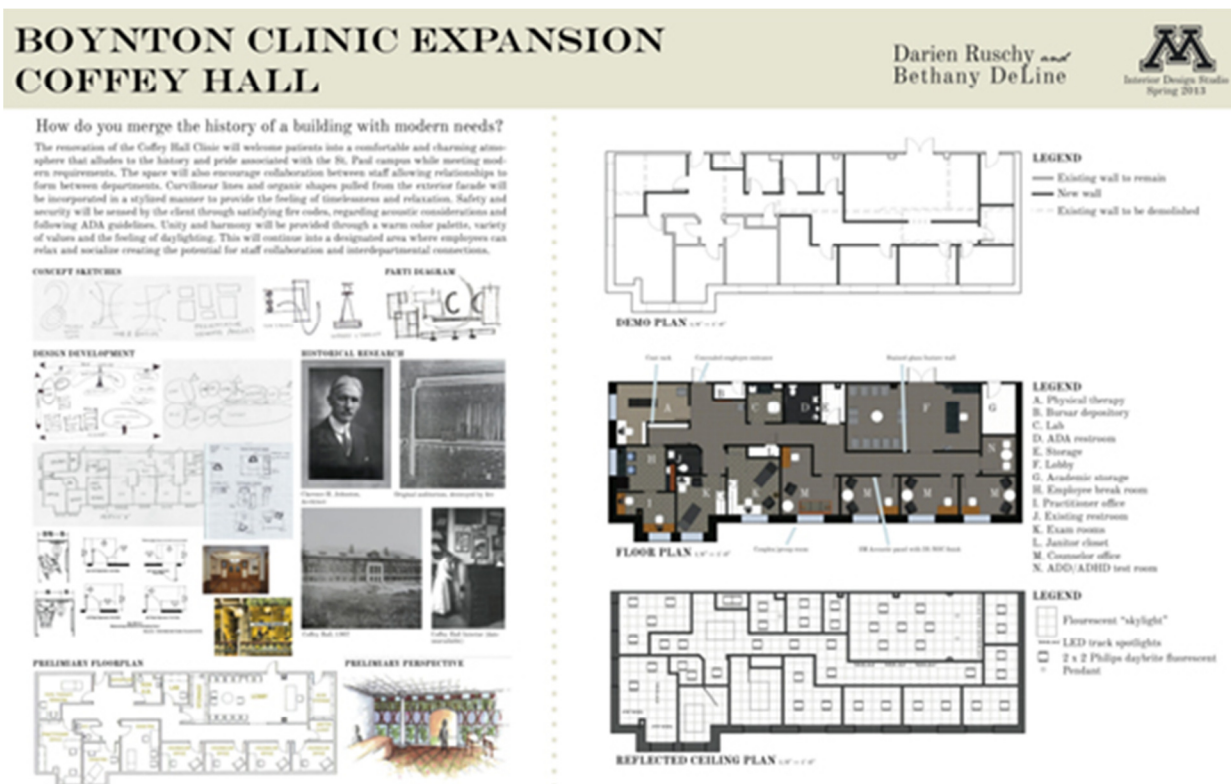


Figure 3. Design solution by Darien Ruschy and Bethany DeLine, spring 2013.



Figure 4. Design solution by Darien Ruschy and Bethany DeLine, spring 2013.

understanding of the space, building systems, and requirement for clinics. Students were able to apply different phases in the design process such as information gathering research and analysis, utilize active listening skills, space planning, consideration of adjacencies, circulation, articulation, shaping of space, apply applicable building codes and standards related to health, safety, and welfare of occupants to the Coffey Hall clinic project. Aspects from the students design proposals such as integration of the architectural elements, natural lighting, warm colour palette, maintaining a sense of privacy, ergonomic space saving furniture, wayfinding through the use of materials appropriate to healthcare, selecting materials that inhibit the spread of germs, and creating accessible code complaint spaces were some recurring themes in their proposals.

Another benefit was the opportunity to connect with healthcare professionals and the building facility manager to learn specific requirements for designing successful clinics. The debriefing sessions after the site visit and presentations to clients allowed students to reflect on their learning

and experience. The class overwhelmingly welcomed and supported the idea of design problem solving for real life clients and how this community engagement service-learning project increased their problem solving skills in a healthcare setting. The clients commended the proposals developed by the students and noted the following aspects to be integrated in their space: natural lighting, ergonomic furniture, warm colours and finishes, and privacy in space planning.

CONCLUSION

Overall this pedagogical experience illustrates numerous benefits of service-learning. The experience enriched students' learning and offered them some practical experience of problem solving and critical thinking in a real life setting. Students also gained hands-on experience in a real life setting. Students also developed their communication and collaboration skills through connection with healthcare professionals. The client commended several aspects from the student

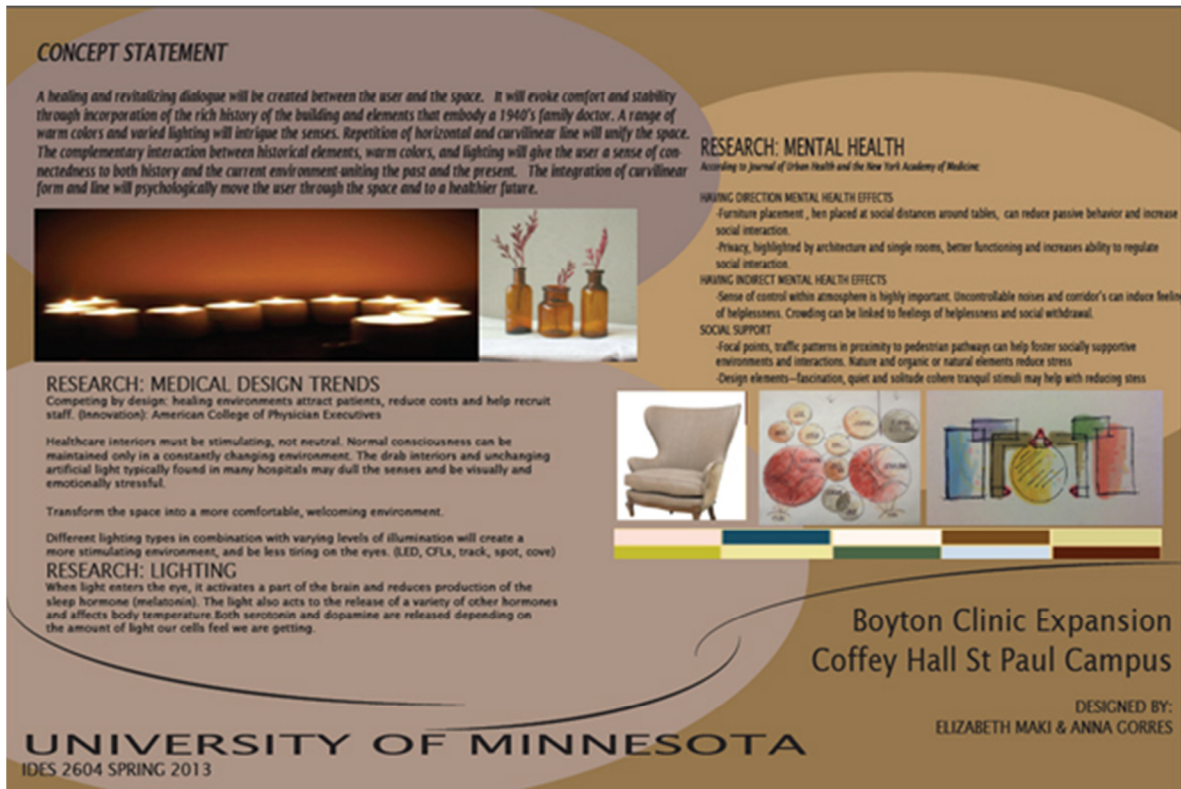


Figure 5. Design solution by Elizabeth Maki and Anna Gorres, spring 2013.



Figure 6. Design solution by Elizabeth Maki and Anna Gorres, spring 2013.

designs and plans to incorporate them in the actual space scheduled to be completed in fall 2013. Additionally, the project demonstrates how service-learning projects can demonstrate how interior designer students can contribute to the health, safety, and welfare of the community through their design choices. The author hopes this article will serve as a pedagogical model for design educators interested in service-learning.

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