

## **ROUGH NOTES**

**November 25, 2009**  
**Strategy Session #2**  
**11:15am - 12:45pm**

### Speakers:

- Katherine Boydell, Scientific Director Qualitative Inquiry Child Health Evaluative Sciences Research Institute, The Hospital for Sick Children
- Jules Goss, Chair, Industrial Design, Ontario College of Art & Design
- Peter Jones, Senior Fellow, sLabm Ontario College of Art & Design
- Susan Roth, Dean, Faculty of Design, Ontario College of Art & Design

### Moderator:

Sara Diamond, President, Ontario College of Art & Design

### Notes by:

Alison Benjamin, Graduate Student, Faculty of Information, University of Toronto  
Antonio Gamba-bari, Graduate Student, Faculty of Information, University of Toronto  
Leah Maestri, Graduate Student, Interactive Arts & Technology, Simon Fraser University

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### **Susan Roth, Break-out Session 3**

- Geoff Fernie talked about work w/ PWD & aging populations.
- Patricia McKeever talked about toileting for the disabled.
- Jutta Treviranus talked about inclusive design, "one size fits one". Flexibility & modularity are possible in ICT.

Cure would be how to solve existing problems: products, systems, technology, communications, environments. We agree interdisciplinarity is important. It's not just about designing problems. But it's a whole ecology.

Theme: education about problem solving

### **Katherine Boydell, Break-out Session 4**

- \* Mental Health, art therapy, aboriginal groups
- \* Importance of relationships and collaboration
- \* We draw on each other's expertise
- \* Empowerment, self-discovery, potential of the human spirit
- \* Self revealed through the arts
- \* Lack of distinction between process and product?
- \* Use of theory and how we use it
- \* Importance of giving voice – text is not enough. Need to provide other ways of giving people a voice

### **Jules Goss, Break-out Session 5**

- Relationships between design research and commercialization
  - What are the barriers to this?
- Research:

- Validation – how do you design research? And how do you generate funding for that?
- What's happening in design of health care?
  - Traditionally haven't enrolled designers - health care engages in design without engaging with designers per se.
- What's the role of the designer – qualitative vs. quantitative
- Funding is a constant issue
- Micro-economic approaches to taking some risks?
- Value of communicating design properly
- What do designers need to learn in order to be credible when discussing issues related to health care?
- What's missing in our research agendas in design? In today's paradigms?
- Strategy is what we should do.

### **Panelist Discussion**

- Notion of designing for wicked problems – making sense of complex situations
- Point problems have systemic indications
- "Social Design" - designing for social systems
- What is "the healthy society"??
- We need to gain more domain knowledge and couple that with methodologies
- We need to find credibility within this realm – learn the language and communicate better
- Publishing conflicts in the medical field
- Different approaches to art-based work for the medical field
- Art as transformative for society
- Aboriginal cultures have a holistic approach to complex problems without any measure. There are insights here with design methods and approaches.

### **Audience Discussion**

- Need to finding synergies between the design curriculum and the medical curriculum
- Med students are there facing the wicked hard problems
- Boundaries need to be more porous
- Students have curriculum barriers that need to be addressed
- Rehabilitation: measure the impact of our work on clients. We knew it was happening, but did not meet the physiological measures of what is deemed credible. We need to develop those outcome measures – quality of life.
- Taking the margins of the design circle and putting them in center focus. This makes our wicked problem even more complex. That's the biggest challenge we face – to address designs that address all the variant situations.
- Concept of stories – stories trump data. Stories are the foundational basis of any relationships. They tend to be remembered, where as research papers don't resonate as well.
- Quantitative rules where qualitative has no measure and less credibility. We know so why not act? Let's not have to justify and always try to implement best practices. Need to affect the emotionality of people.
- Risk aversion – innovation. In preparation, we naturally have to engage with risk and that is largely qualitative

- Wicked problems: having a language to talk to people about these things. (i.e. gymnastics) Have to look deeper. Research is needed – know the domain and be prepared and aware. Some of these things don't reveal themselves in our everyday lives and often they are embarrassing to talk about. Put the elephant in the room. Things that are too personal and hard to talk about can be revealed through art.

- Where's the money and how do we get it. "co-learning"

- What does your institution care about?

- Find out the language and start speaking it. When in Rome...

- Provinces \$ > Tri-councils > STIC, STSC > Canada (views it's possibility of funding with other nationalities)

- Policy, you, and the Nation? Short cut?

- Action on policy?

- We need to be cognoscente of other people applying for the same money. We need to find better data for validating our research. We need good stories as well as a good measurable evidence.

- Challenge: one size fits all. We're outside this now (first nation?) Our stories don't seem to constitute .... What must we do to have our knowledge and stories be evidenced-based. In order to understand each other, we need people to facilitate the communication amongst each other. Navigate and map out the direction where we need to go. Reside in the lived experience of those who have a legacy in wellness (13,000 yrs) ... this must be considered evidenced-based design.

- Who's interpreting that evidence and who's communicating it? This is a real consideration and as an institution we're really trying to work on that.

- Collaboration is needed. Collaboration needs trust. Making use of the cognitive and the physical spaces.... These inspire trust in people. If one can deploy those insights, than those may incline people to feel at ease and collaborate with each other. But for trust to work equally, there has to be a commitment to accepting the domain and understanding what happens in that world of work.

- "You" – we're all the same. We need to contextualize individuals and position ourselves in our domain. Validation: it's a consensual agreement. It's not us against everyone... it's not that daunting. Next steps: we do need to start talking in specific topics. We need to be concrete in what we want to do. We are different, there will be uncertainty, there will be challenges. What are our own agendas? Interdisciplinary challenges in working out our differences. What are our research publications going to be? These are our rewards (for academics). We need to think about how others can be credentialized.

- Are qualitative journals being seen as more valued in this community?

- It is becoming far more welcomed and there has been amazing change in the last decade

- Can we move design and art in way that isn't so bland and ugly?

- How do we actually put something in place at a national level.

- Need to be a community of researchers that reference each other. Designers don't have a tradition of referencing each other's works? Contextualize our work.

- In Europe there's a strong movement away from commercialization