2021

The Institute for Storytelling & Healthcare Design Research

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the storyline

Ruth E.P. Deibler
a thesis summary

Virginia Commonwealth University
VCUArts
Department of Interior Design

Master of Fine Arts, Post-Professional
Interior Environments

May 15, 2021

VCU

School of the Arts

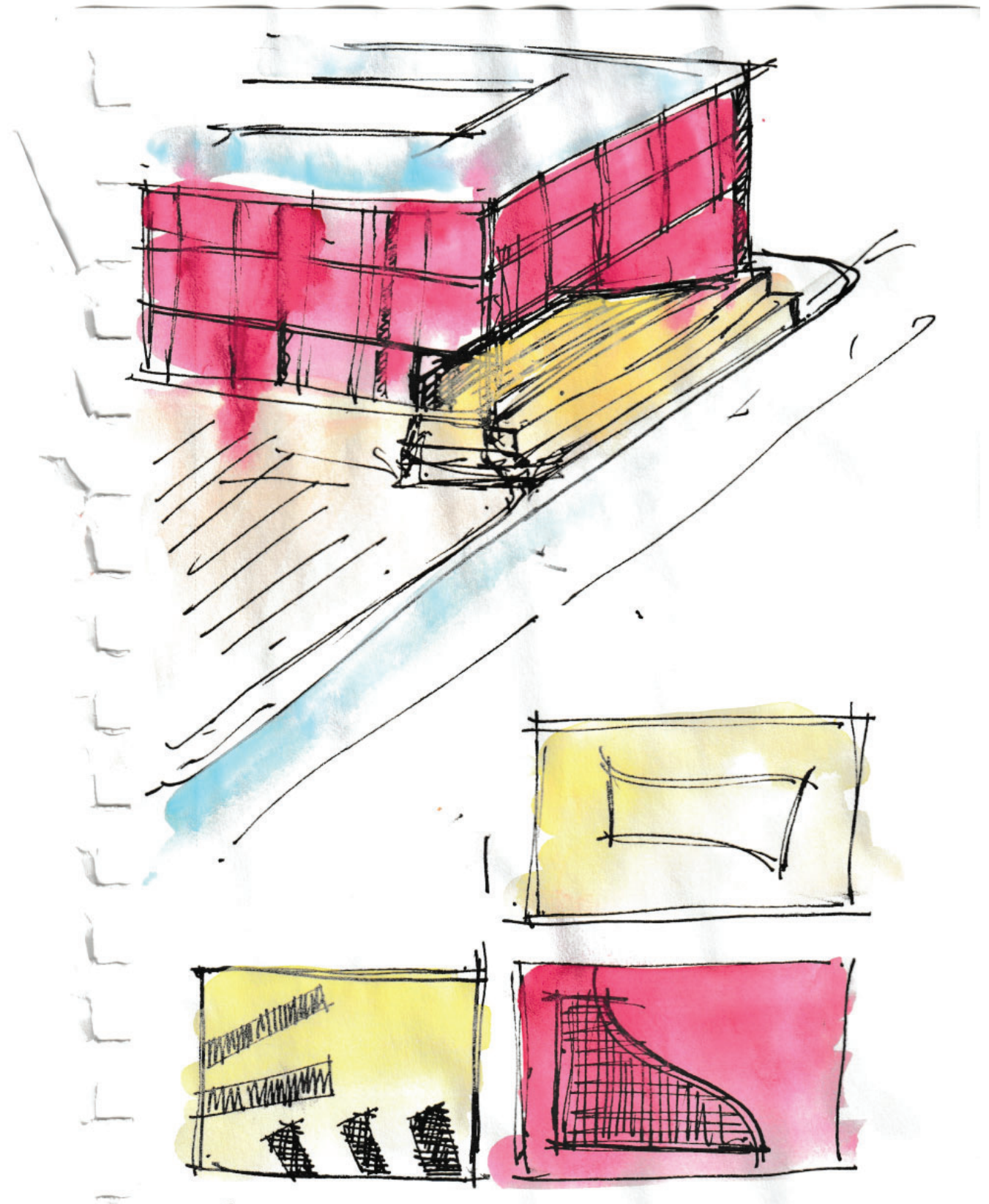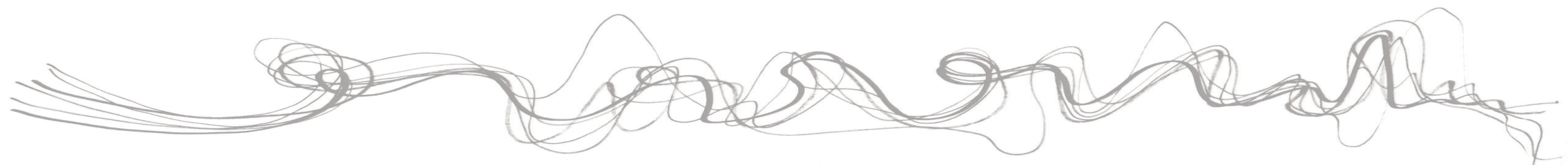# The Institute for Storytelling & Healthcare Design Research

@ John Marshall Court 400 North 9th Street Richmond, Virginia

John Marshall Court - Clay Street Entrance

Stories are data
with a soul.....

Brene Brown
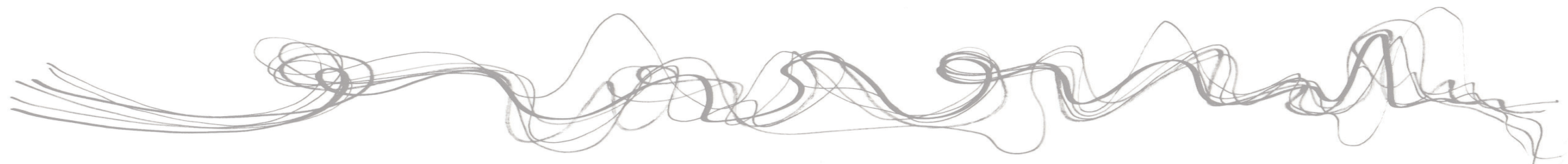
Pre-Design

Part A

RESEARCH
Healthcare Interior Design + Provider Experience: How does your space work for you?

Part B

PRAXIS
The Institute for Storytelling and Healthcare Design Research
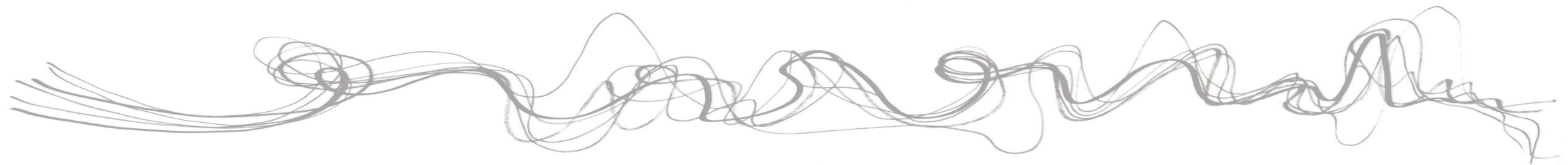
Healthcare Design & Provider Experience

HOW DOES YOUR SPACE WORK FOR YOU?

A SURVEY

Introduction

The lack of research on healthcare staff experience and interior design of the spaces they work in is evident. A focus on staff perspective is needed, particularly staff who navigated the COVID-19 pandemic. This research seeks to capture those stories to develop further research in order to improve staff experience. The initial phase of this mixed-methods approach is a survey.

Hypothetically, by placing providers at the center of qualitative research related to healthcare interior design, we can better understand existing healthcare spaces. Ideally, we can develop additional evidence-based, human-centered solutions to

transform interior environments in healthcare.

The 20-year Women's Health Study generated essential data on women's health, but most importantly, the initial research has snowballed into 600+ research reports and continues to feed research that has made an indelible impact on women's health (About the Women's Health Study, n.d.).

In the same vein as the Women's Health Study, this research documents provider experience with interior space and may lead to new healthcare design research. In the long term, the qualitative, grounded-theory approach may lead to remediation of our healthcare spaces by applying transdisciplinary design solutions developed through the research.

Grounded theory research "sets out to discover or construct theory from data" (Chun et al., 2008). This grounded-theory survey is entitled, "COVID-19, Healthcare Interior Design + Provider Experience — How does your space work for you?" Participants are providers

working in any level of healthcare with any level of experience. The survey questions allow the provider to identify specific components of their space. Additionally, they were offered the opportunity to share a story about their relationship with their interior work environment during the COVID-19 pandemic. Healthcare staff's ability to write about their interior environment experiences will offer additional clues about healthcare space and future research.

Context & Relevance

This research survey is a part of a thesis as an MFA candidate in the VCUarts Department of Interior Design. The MFA thesis requires developing a theoretical building/design project developed through a research-driven, socially conscious design process. The project consists of a program, curriculum, and implementation of a space for healthcare design scholars. The goal is to create a translational, transdisciplinary

Healthcare Design Research Institute immersed within the VCU Health campus.

This hypothetical Institute's mission is to engage in qualitative, grounded theory research to capture healthcare providers' stories about their interior environment experiences.

This Institute will utilize principles and processes from translational and transdisciplinary approaches, such as VCU's C. Kenneth and Dianne Wright Center for Clinical and Translational Research and iCubed, a "transdisciplinary community of scholars who provide innovative solutions to challenges in urban environments," according to icubed.vcu.edu/.

Healthcare Interior Design is a specialty that practices within the built environment and healthcare industry. In September of 2020, The Journal of Healthcare Contracting shares a prediction that healthcare construction will top $200 billion in the United States from now until 2035. Interior

Designers act as consultants to gather, disseminate, and apply design solutions that support the healthcare environment, business model, and the user's (patient, provider, caregiver) goals. The American Academy of Healthcare Interior Designers and The Center for Health Design are two organizations focused on this specialty industry within the built environment.

Professionally, the graduate researcher spent 12+ years working for Carilion Clinic, Department of Veterans Affairs, and Riverside Health System as an Interior Designer, Facilities Planner, and Construction Manager. After projects in acute care, ambulatory care, long-term care, administration, pediatrics, veterans affairs, women's health, food service, and more, I returned to VCU to develop healthcare design research, teach, and ultimately, create a professional strategy to drive institutional and transformational healthcare design change.

Healthcare Design deserves a rigorous, pragmatic, yet

humanistic survey within the framework of a transdisciplinary and translational research environment. This research aims to start to engage in that conversation with a scholarly lens. It is crucial to document our experiences with space and design to improve upon or drastically redirect our existing paradigm.

As Dr. Walter Willett said about his landmark research, "In so many aspects of life, the Nurse's Health Studies have provided evidence that allows individuals, health care providers, and policymakers to reach informed decisions. This would have all been impossible without the amazing commitment of the participants." (The Nurses' Health Study, 2016). The volume, quantity, and longevity of the research offered so much and created a baseline for women's health research today. That is the goal of this research - to create a baseline understanding of how clinicians interact with their space.
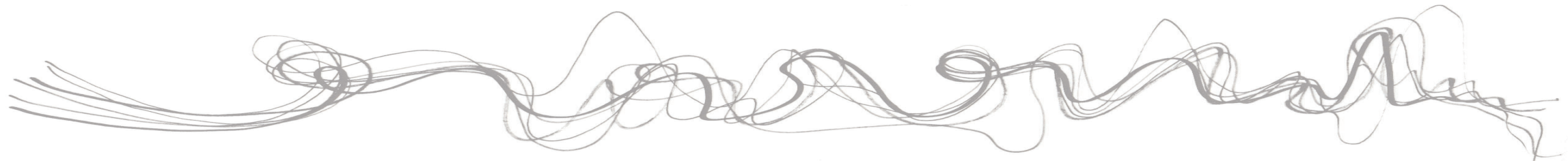
Methods

The methodology of qualitative research this method prescribes to is described at https://brenebrown.com/the-research/. By listening to stories through formal interviews and roundtables and utilizing other qualitative methods, Dr. Brown has developed themes and unexpected theories in her social work field. Ultimately, it led her to the shame theory she is well-known for structuralizing and translating. This healthcare design research honors that process of capturing stories. As Brown indicates in her research philosophy, "acknowledging that it is virtually impossible to understand grounded theory methodology before using it is one of three challenges she outlines about her grounded theory process.

The purpose of this grounded theory research (phase 1: survey) is not to obtain answers. It will mitigate and maneuver through a process in which open-ended questions and narratives can be analyzed, coded, and organized. Ideally, it will be the start of research that provides a structure to understanding and improving interior environments.

This research's goal lies in the belief in the ability for healthcare interior design to improve lives. Unfortunately, collectively, we know that hospitals, nursing homes, and clinics are all places that often harm more than heal. However, they are also spaces that most people interact with at some point in their lives. Why can't we figure out what we all agree is wrong and move forward to a new future of healthcare design?

Furthermore, why don't we talk to the people that work in the space? We need a qualitative lens to understand and relate those needs to our future healthcare spaces.

This research's ideological goal is to transform healthcare interior design to surpass employee satisfaction, ultimately creating better patient outcomes.

Research Design

This survey is the first significant component of the study. These survey results will help direct the scholarly approach to healthcare design to fill a gap in research. The initial survey was developed and distributed via social media accounts and professional LinkedIn accounts. The study was promoted over a 10-day deployment schedule via @healthcaredesignstories on Instagram, @healthinteriors on Twitter, and was promoted on the @vcuartsinteriordesign Facebook and Instagram pages as well. These boosts were paid for and funded by a VCU Arts Graduate Research Grant. Over ten days in March 2021, the survey's redcap.com link was shared throughout these platforms.

The survey was entitled COVID-10, Healthcare Interior Design + Provider Experience - How does your space work for you?

The twenty questions are in five (5) categories: Introduction, The Basics, Provider/Clinician Workspace, You & Your Breaks, and Tell Us a Story.

Results

After ten days of deployment and promotion on the social media platforms listed above, forty-three surveys were populated by non-identifiable, anonymous participants. Twenty-six sample participants shared personal stories about their space.

The results were insightful and thought-provoking. The stories shared by clinicians are pragmatic, thoughtful, descriptive, and insightful.

Additional stats and stories are shared below. •

Next Steps

This research is just beginning.

To follow the next phases research, please visit healthcaredesignandstaffexperience.com after June 2021.

THE INITIAL RESULTS YIELDED SEVERAL OBSERVATIONS:
Healthcare Design & Provider Experience: HOW DOES YOUR SPACE WORK FOR YOU?

(9) respondents share a workspace during every shift.

(15) report that their workspace was clean but that they "clean it themselves".

(15) either do NOT or only sometimes have access to dedicated space to eat.

(16) do not have access to natural light in their break space.

(25) do NOT have access to a dedicated on-call or rest space.

(10) ha been involved in the interior design and/or architecture of their space.

Grounded Theory Research

STORYTELLING, HEALTHCARE, INTERIOR DESIGN EDUCATION & GROUNDED THEORY RESEARCH:

THE TRIFECTA OF TRANSFORMATIONAL CHANGE IN HEALTHCARE DESIGN

Introduction

Healthcare Interior Design is a specialty that practices within the built environment and healthcare industry. In September of 2020, The Journal of Healthcare Contracting shares a prediction that healthcare construction will top $200 billion in the United States from now until 2035. Interior Designers act as consultants to gather, disseminate, and apply design solutions that support the healthcare environment, business model, and the user's (patient, provider, caregiver) goals. The American Academy of Healthcare Interior Designers and The Center for Health Design are two organizations focused on this specialty industry within the built environment.

This research outlines a program, curriculum, and implementation strategy designed to revolutionize the design of healthcare interiors using grounded theory research. Grounded theory research "sets out to discover or construct theory from data" (Chun et al., 2008). This trifecta aims to create a space for an interdisciplinary, post-professional healthcare design graduate and Ph.D. program focused on primarily qualitative Healthcare Interior Design Research. The goal is to develop a rigorous program that creates ongoing development scholarly body of work within Healthcare Interior Design based on storytelling. These stories, utilizing the Glaser and Strauss method of grounded theory, include five components. These methodical steps create a linear framework to include purposive sampling, generating/collecting data, initial coding, intermediate coding, and advanced coding, leading to new grounded theories. (Chun et al., 2008).

With dignity as the guiding principle, a lens of equity, evidence, and empathy will be used to develop grounded theory research projects that identify underlying themes within the healthcare space. This research institute will work in concert with the adjacent Medical Center campus. This Institute will host a post-professional, interdisciplinary research space for healthcare interior design. A world-class, residential research program for scholars studying healthcare design will be integral to the program. The space will be the home of a permanent program for Ph.D. and Master's programs in Interior Design. The development of a scholarly approach specific to healthcare interiors is not exclusive, but it is also not commonplace. This conceptual space addresses the post-professional education of healthcare interior design practitioners, researchers, and educators. Adjacent post-professionals are social workers, healthcare administrators, anthropologists, strategists, architects, and designers can also work within the research lab.

In The Healthcare Workplace: More than a New 'Old' Hospital: The Healthcare Workplace from a 2017 Journal of Interior Design, a declaration that "no single design intervention will solve a problem without being considered in the context of the rest of the system" reiterates the need to include practitioners from all design spaces. (Taylor, 2017).

The program's research mission is to identify how healthcare interior environments contribute to patient and staff experience through interviews, storytelling, art therapy, virtual reality, and model-making/ building.

In order to understand the needs of the spaces required for this educational endeavor, the initial research outlines the people, places, and pedagogy required to design a space for interdisciplinary design education. Precedent exploration in the three categories will guide the project concept, program, and space needs. A curriculum framework will be to understand the programmatic needs of a multi-level educational program.

Ultimately, the goal is to develop an interior design strategy to support the program, curriculum, and implementation strategy of a research-focused graduate and Ph.D. program focused on Healthcare Interior Design. The goal is to revolutionize healthcare interiors and contribute to the Healthcare Interior Design Academy.

This space will occupy the John Marshall Court Building designed by Helmut Jahn in Downtown/ Court End, Richmond, Virginia. Its location is adjacent to the Virginia Commonwealth University Medical Campus. The campus will partner on all research endeavors at the Institute.
What is Healthcare Design?

"Design is a complex, often elusive phenomenon that has changed dramatically over time by adopting different guises, meanings, and objectives in different contexts, but its elemental role is to act as an agent of change, which can help us to make sense of what is happening around us, and to turn it to our advantage (Rawsthorn, 2014, p.9)."
An interdisciplinary program for graduate and Ph.D. education in healthcare interior design for post-professional practitioners is rare.

However, the profession as a specialty reflects the depth of its work in current scholarly journals such as the Healthcare Environments Research and Design Journal (Center for Health Design), Journal of Interior Design (Interior Design Educators Council), Environmental Design Research Association.

What is Healing Space?

"In healing space, a space that lacks inspiration might be called clinical (Jouret, 2012). Healing space is a vast topic and is subjective culturally, sociologically, and psychologically. Can space heal? Alternatively, is healing space just a place that follows the Do

No Harm mantra? Is healing the lack of harm, or is it more?

In 2018, a literature review entitled Exploring the Concept of Healing spaces, published in Health Environments Research & Design Journal, confirmed: "While there is limited scientific research confirming design solutions for creating healing spaces, the literature search revealed relationships that provide a basis for a draft definition. Healing spaces evoke a sense of cohesion of the mind, body, and spirit. They support healing intention and foster healing relationship." The same research outlined six healing space identifiers: homelike environment, access to views and nature, light, noise control, barrier-free environment, and room layout (DuBose et al., 2018).

Who is more important? The staff member, the patient, or the caregiver?

"There is universal agreement that a healing environment is desirable for patients and providers (Sakallaris et al., 2015)." The Samueli Institute's definition of healing is referenced as "a holistic, transformative process of repair and recovery in mind, body, and spirit resulting in positive change, finding meaning, and movement towards self-realization of wholeness, regardless of the presence or absence of disease (Sakallaris et al., 2015)." The OHE (Optimal Healing Environment) framework and acronym is a universally accepted term when describing spaces for staff, patients, and caregivers. The Samueli Institute created it, and in the seventh component, it indicates that the physical space is part of the formula.

The triad of creating OHE for all members of healthcare communities requires capturing through storytelling and qualitative, grounded theory research.

Current Issues in Healthcare

Interior Design – Consumer Education

The initial overview paints a picture of a young industry that is still unclear of its core identity, and it also outlines how and why Interior Designers feel misrepresented. There is a general need for scholarship and epistemological questions to explore the balance between intuition and evidence-based design. There needs to be an emphasis on the development of scholarly research. The author of this article identifies a 40-year history in which science and design attempt to marry; however, similar failures in messaging and consumer behavior square those industries and discourage their growth. This 40-year cycle of evidence-based design is at a tipping point. Pable encourages new research and review of existing literature to tie together the very complex issues surrounding Interior Design and the identity crisis in the profession and its practitioners (Pable, 2009).

COVID-19

The healthcare interior design is paying attention to the COVID-19 pandemic, which is in progress at the time of this writing. Healthcare Design magazine is tracking, both formally and informally, changes to the industry. Many of these changes appear to be accelerations of existing technologies and practices. Telehealth deployments, on-the-fly infection control strategies, temporary hospital and morgue construction, and a glaring need to provide the respite and transition spaces for clinicians battling the disease require research and planning to optimize the future of healthcare interiors and architecture (HCD Mag, n.d.)

Storytelling and Healthcare Interior Design Education

Brene Brown is a scholar turned pop-culture icon because of her universally recognizable research on shame and resilience. According to Brown, "Stories are data with a soul and no methodology honors that more than grounded theory. The mandate of grounded theory is to develop theories based on people's lived experiences rather than proving or disproving existing theories. (Research, n.d.). Collecting stories of how patients, caregivers, and staff access, utilize and are affected by healthcare interior design and space is the beginning of the grounded theory research in this space.

Curriculum - UT at Austin

There are no comparable institutes that focus specifically on Healthcare Interior Design and partner with a university healthcare system, which is the overarching programmatic match this program requires. However, one that is similar started is the Design Institute for Health at The University of Texas at Austin Dell Medical School. The Institute provides interdisciplinary coursework at the Master's level for

professionals of all backgrounds but embeds the medical school program.

Curriculum – Stanford d.school

This informational ethos from the d-school outlines is direct. It addresses the d School's drive to educate university students, government officials, companies, and others who can gain from their process. The ten principles outlined are the following: be radically student-centered; embrace clashing perspectives; show unfinished work; focus on the how not the what; seek out fresh minds; allow people to opt-in; build in room for change; remember learning is a designed activity; find a balance between chaos and control; pay attention to team dynamics. (How to Start a d.School, n.d.)

What is this Space?

Creating a hypothetical educational space for this interdisciplinary program will
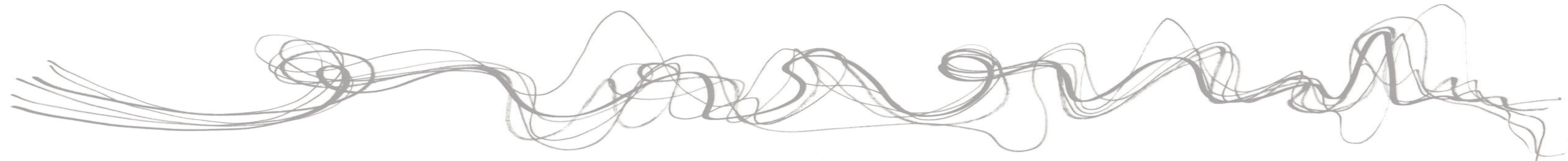
be a phased research project. The initial research outlines the pedagogy, people, and places, required to design a space for interdisciplinary design education. Precedent exploration in the three categories will guide the project concept, program, and space needs, ultimately creating and supporting the Institute's evolving culture.

Pedagogy - Commoning

An Australian Interior Design educator outlines the theory of "commoning" in interior design education, and this concept of intense experiences within the curriculum is becoming more commonplace. Commoning is a relatively new term described by a researcher in 2008 and reflected the desire to create common goals and a general structure within a social group to create a whole better than the sum of its parts. Commoning is a collective manifesto of a group developed by that group, although the author does not explicitly use that comparison.

This design educator outlines the application of utilizing commoning pedagogically. One hundred thirty design students started their program at this 4-day event. The specific details, thinking, strategy, and goals of the event were described, and the author reflected upon the fact that the ability to produce such a large group resulted from the change of location and the event's intensity, both in time and scope. The students met at Testing Grounds, an creative outdoor space in Southbank, Australia, to perform a building activity. "The peculiarity of the activity, the demands of the physical work, and just being outside in beautiful weather facilitated social contact in a way that would be difficult to instigate in a classroom on the first day" (p.126). There are additional pedagogical, hands-on, site driven activities performed within the studio. This work included another intensive at a free design/discovery space called Saxon Street. The anecdotal importance of sharing meals in both spaces is an essential integration into both programs.

This intensive also included "improvisatory practice." It involved a 3D installation in which the constraints were the warehouse-like workspace, the materials were provided and fixed, and the design intent was to include a line. This work then became an exhibition. This baseline pedagogical approach for the first three weeks of design school is intriguing and deserves further inquiry, primarily post-COVID. This transformation of pedagogy into an approach to design school utilizes intensive experiences to approach the theoretical side and independent led work for skill-building. (Hamilton, 2018). Integrating the intensity of these programming, the outdoor build space that is open to the community, and the communal dining are all initiatives that appear crucial to the development of this culture. Careful attention to designing a culture and a design education home is a crucial element that needs evaluation. The commoning method defined above acts as curriculum precedent.

Pedagogy - Vertical Studio

This case study in a cross-disciplinary environment took place at a university in Manchester, England. In 2009, a new building and a new re-design of curriculum helped bankroll interdisciplinary opportunities within this art and design school. This pedagogical approach was called the "constructivist paradigm." The term "vertical studio," as outlined, encourages an interdisciplinary approach across schooling levels. There was a reference to the intent of this approach. That intent included developing projects designed and built in a hierarchical sense, just as buildings are designed in the office. The students had a "tutor" who was mostly their advisor, but this course was about exploration beyond the initial project briefs. There were no lectures or assessments. As the title suggests but does not clarify, the researchers explained that this course's focus is generally to help the students develop self-autonomy and a

professional, personal practice style. (Cocchiarella & Booth, 2015). In the healthcare interior design program, each student's fundamental relationship with their grounded theory research dictates autonomy. The reason to access the research space is to display individual research for feedback and teaching purposes.

Pedagogy - Approach to Space

Design workshops, studios, and cohorts are all ways to describe a prescribed culture within a design pedagogy. The workshop, commoning and vertical studio model will be crucial to this program and will require further research to understanding the components of aligning formal research with the intuitive building/modeling pedagogy of art, design, and architecture. Successful design collectives historically include the Folly Cove Designers, Bauhaus, Black Mountain College, and more recently, Stanford's d.School at

the Hasson Plattner Institute of Design.

Pedagogy – Environmental Design, Social Justice, Pratt and Parsons in the 1960s/70s

Environmental Design described three key objectives within their framework that can apply to any interdisciplinary design pedagogical approach. In the 1960s and 1970s, the pedagogical approach pivoted to the process of design rather than the resulting form. Instead, building technologies started to reject the idea of a designer as an artist in favor of a community of diverse professionals who worked collectively in the same way that scientists did." In 1970. the magazine Design and Environment's first issue includes an article called "Interior Designers discover Behavioral Research." It is important to note that both the new school for social research, the

Interior-Environment Research Council, and additional social science courses become a big part of interior design education continuing through the 60s and 70s. Although it appears that interior design and environmental design are still separate tracks, their initial conception and growth happened in parallel. Social Justice initiatives are addressing the homeless and other issues integrated into Interior Design education at this time. (Kleinman et al., 2012).

Pedagogy – Valuing the Intuitive

What is the philosophy of Interior Design education moving into the future? Although it is almost ten years old, this research, completed in 2010, is the first to challenge the assumption that evidence-based Design in healthcare offers the guiding light for all decision making. Although the article agrees that evidence-based Design is a crucial component of quality healthcare environments, they offer various worldviews. They theorize that all of these categories of design "evidence" apply to quality healthcare design. These five categories are traditional science, technical-rationality, interpretivism, Intuitivism, and pragmatism. The researchers continued to break down each category to explain how each type analyzes and creates useful knowledge (Moore & Geboy, 2010).

Other European outline their similar design education hypothesis and agree that it is not just an evidence-based process. A three-prong framework supports the theory of Intuitivism. This article explores how those ideas, possibilities, and methods can be translated into pedagogical approaches and, ultimately, funnel into a consistent framework for architectural design students. The context of these various ideas is categorized by the authors in 3 ways - architectural vision, the scientific and cognitive point of view, and the educational point of view. The first type of research has used the word "designerly" to describe the methods within the often-subjective existing framework (Moore & Geboy, 2010). Ultimately, the discussion of personal process, developing concepts, iterating ideas in a constrained environment, and sketching were skills identified that are crucial to the development of a student design project. Will those skills within those processes are to be standardized and organized into a framework? Is that even possible? Does it need to happen? How do we understand the ideal balance between evidence-based design and intuitive design?

Program for Space

Those guiding principles are dignity, equity, evidence, and empathy. The pedagogical approaches to be applied include scientific inquiry (qualitative and quantitative), intuitive discovery through full-scale modeling and observation, academic development, and funded research initiatives. This research will occur within the adjacent R-1 university healthcare campus.

The program will support spontaneous interaction, as well as formal spaces for specific uses. The concept shall embrace the crossover of voices that would otherwise not interact. Research spaces consist of a writing studio for scholars, an interview space for qualitative research, a reflective workshop space, a public research library, and an archival gallery focused on healthcare interior design history to help activate those conversations. An outdoor laboratory and in-between space in the lobby and front patio will bring together the Institute with the partner VCU organizations that will occupy the building.

 The private graduate/Ph.D. space will include a dedicated student laboratory, studio and critique space, design thinking workshop/prototype space, a podcast, media space, and private offices for leading scholars. The university's like-minded departments will participate in certificate level, workshop, and project experiences led by interior design graduate students. The university's interior design program will lead the effort to create a world-renowned graduate Interior Design program for post-professional designers with experience in healthcare design. The goal is to create the next generation of healthcare design practitioners and become a premier center for research. Additionally, it will become a repository for archival work and artifacts related to Healthcare Interior Design.

This program will cultivate an international community of scholars, visiting professors, and design practitioners who utilize the center for personal development and research to further healthcare interiors for the common good. Focus on long-term research that can is replicable is at the organization's core. The community will include micro-apartments for visiting scholars who visit for up to a semester. The hostel-like communal living offers a unique approach to studying healthcare interior design.

This conceptual space addresses the post-professional education of healthcare interior design practitioners, researchers, and educators. Adjacent post-professionals are social workers, healthcare administrators, anthropologists, strategists, architects, and designers will also work within the research lab and partner on qualitative, interdisciplinary projects.

In partnership with a CIDA-Accredited Interior Design undergraduate program and their integrated university health system, a rigorous, timely, and human-centered graduate program may transform healthcare interior design through scholarly research and graduate education. The undergraduate students will access the lab's resources and engage with the career professionals looking to create better healthcare spaces. Interviews with potential collaborative academic partners, including gerontology, health innovation, and healthcare administration, will be part of the research process to guide scope development. VCU precedents for interdisciplinary

institutes are crucial to understanding the program and curriculum development within the institution. VCU's DaVinci Center, Center for the Creative Economy, Arts Research Institute, mOb studio will be contextualized and researched to relate and contrast to this program. Within VCUHealth, precedents such as the College of Health Careers (2019) and the McGlothlin Medical Education Center (2013) are relevant to the research. Surveys will be deployed and may influence program requirements.

Reflection

It is not a secret to anyone that healthcare interiors are not ideal. These clinical environments require a rigorous evaluation to avoid the "code minimum" requirements guiding principles for construction and standardization of space, but they miss a crucial human element. Grounded Theory research offers a research process that begins without assumptions.

It is important to note that researchers must continue the work that evidence-based design brings to the table. Quantitative research is just as important as qualitative research. Researchers cannot lose sight of space's nuance and the subjective ways that patients, families, and caregivers interact and are affected by that space. Too often, our focus is on evidence-based design, and it eliminates a human-centered approach. Brene Brown is careful to reiterate the "three most difficult challenges of becoming a grounded theory researcher," and space must support that nuance. These reasons are:

1.
Acknowledging that it is virtually impossible to understand grounded theory methodology prior to using it.
2.
Developing the courage to let the research participants define the research problem.
3.
Letting go of your own interests and preconceived ideas to "trust in emergence" ("Research," n.d.).

The evolution of healthcare interiors is driven by professional interior designers who specialize in this work. As in all facets of Interior Design, scholars "...encourage(s) the development of the next level of interior design pedagogical approaches at both the graduate and undergraduate levels (Ankerson & Pable, 2008). Healthcare Designers must continue to develop scholarly based approaches to teaching and applying design to healthcare.

Goal: Systems thinking, Public Health, and Interior Design

There is value in understanding the role that the healthcare interior designer plays as a systems thinker and designer. This book breaks down a comprehensive view of designing for the better within various systems related to design. In Designing our way to a Better World, the emphasis is on how Design may apply to an integrated system.

They include invisible systems, education, infrastructure, public health, politics, economics, and beliefs surrounding resilience and evolution. The author ties together urban planning, public health, public sanitation, and healthcare into Design (Fisher, 2016). Additionally, design also must always be evaluated from a political lens. There is no doubt that Design is political (Fry, 2011).

Post-Covid – The New Yorker

In the September 2020 issue of The New Yorker, These Four Walls, Living Indoors, an editorial, makes a rational and thrilling attempt at projecting the future of our post-COVID19 world. This narrative is a manifesto on a moment in Interior Design culture post- 2020. Its inferences to interiority, health, Design, and human nature are profound. Referencing the 1892The Yellow Wallpaper by Charlotte Perkins Gilman, the author juxtaposes the storyline and the insanity because of a yellow room the woman was subjected to for mental illness treatment. It is an early reference to a healthcare space's ability to harm people when its original intent is to heal. This article shall remain paramount to healthcare interior design education (Lepore, 2020).
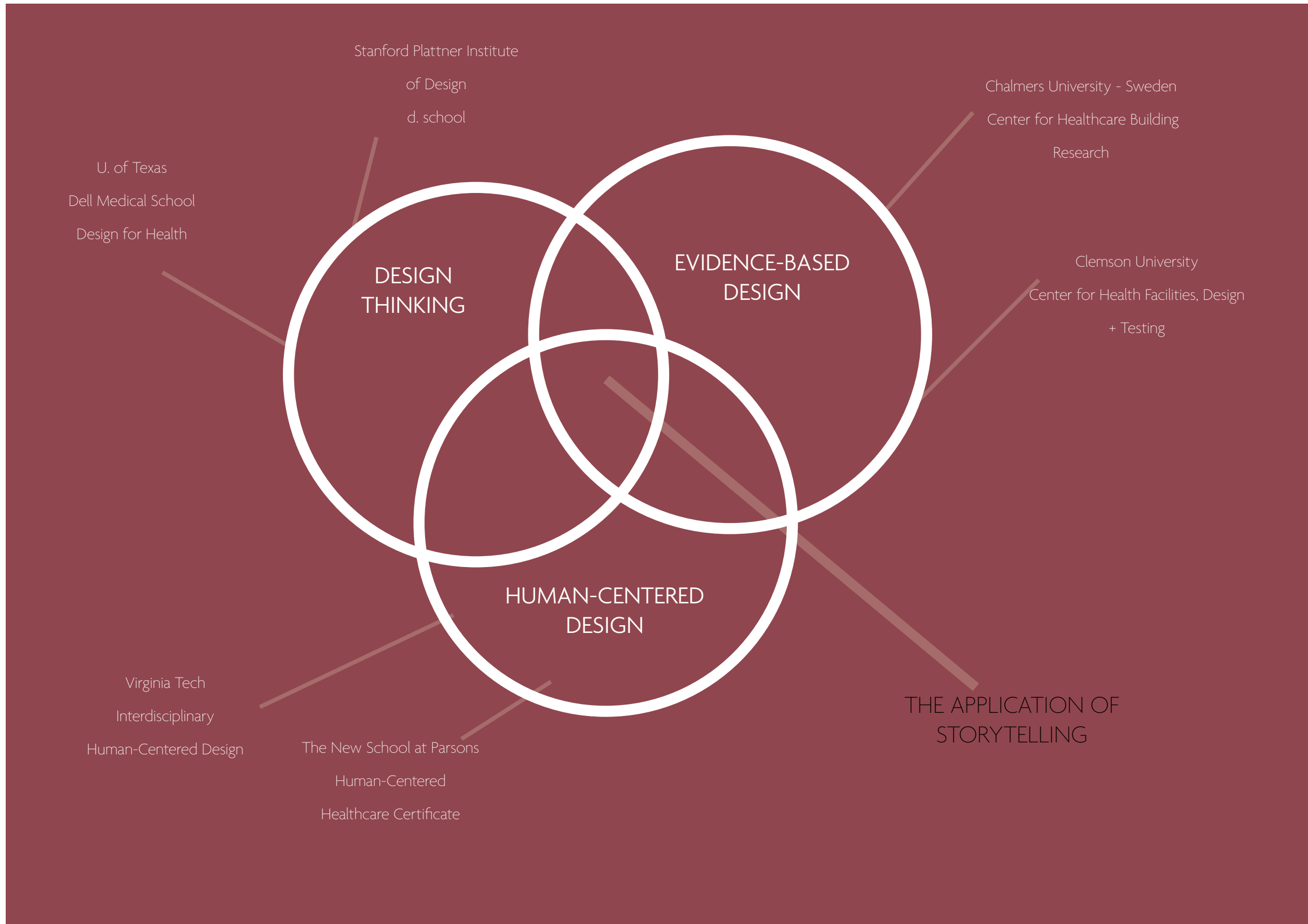
Conclusion

Space may not perform healing actions, people and clinicians heal, but it can harm—space matters. Storytelling is a new way to establish ways to improve the healthcare interior environment. Educating future healthcare interior designers and contributing to the scholarly body of work related to healthcare interior design will discourage us from making the same mistakes. In 2017, a literature review assessed "Design Quality in the Context of Healthcare Environments." It confirmed that designers of the healthcare environment generally utilized existing building projects only as precedent in design. How can we dramatically improve these spaces and revolutionize the healthcare environment if we are just iterating on the past?

In conclusion, the reviewers confirm: "Collaboration between representatives from healthcare organizations, planners, and architects, but also RESEARCHERS, is required, and the concept of design quality in relation to sustainable healthcare environments must be made explicit. We need researchers to produce data about the construction of new healthcare environments and ultimately provide important knowledge about how good design in the healthcare sector is defined. Further research must therefore evaluate sustainability, social or cultural values, and the feasible functionality of a physical healthcare environment with the aim of incorporating the new knowledge into the actual design of a healthcare building (Anaker, et al., 2017)." •
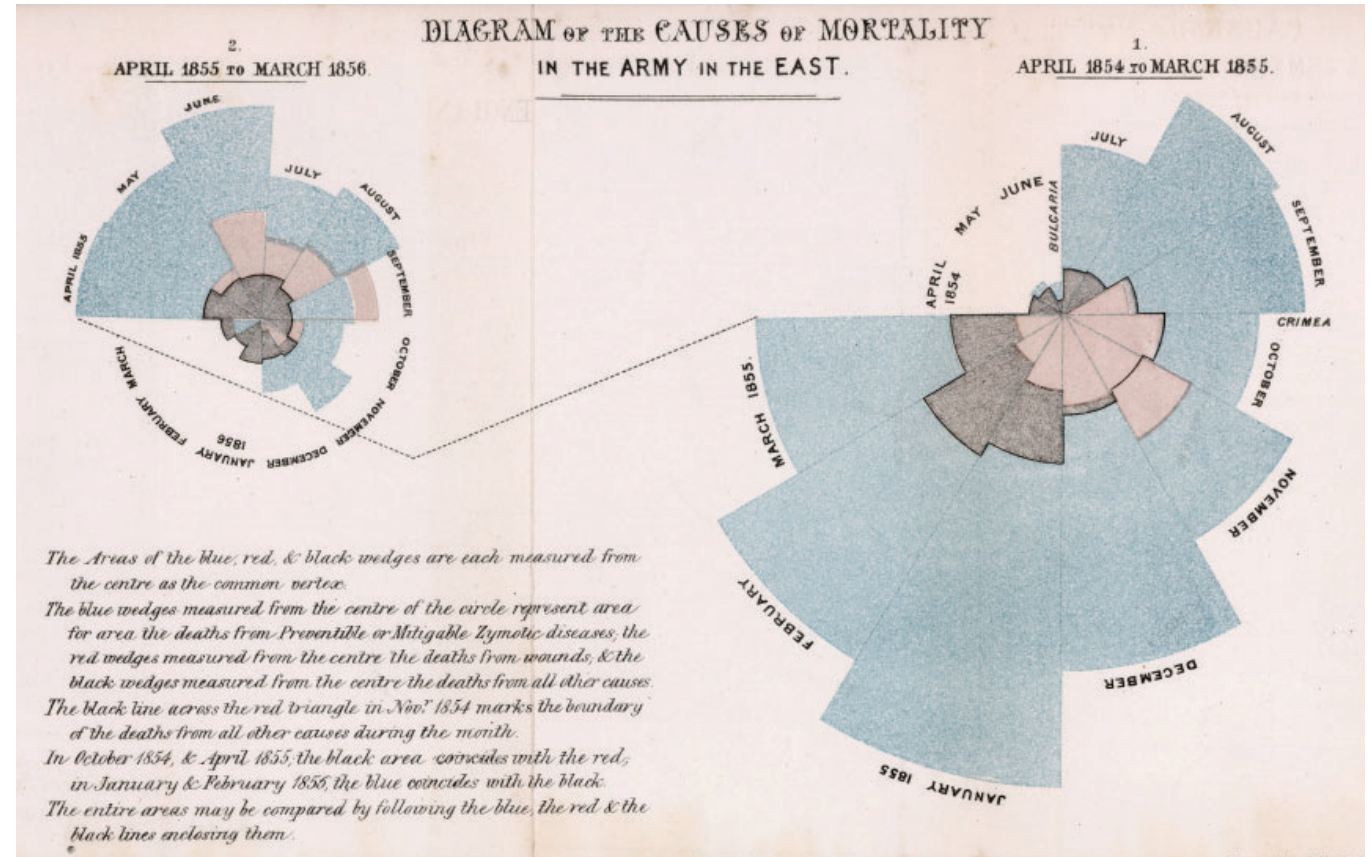
Stanford Plattner Institute

of Design

d. school

Chalmers University - Sweden

Center for Healthcare Building

Research

U. of Texas

Dell Medical School

Design for Health

DESIGN
THINKING

EVIDENCE-BASED
DESIGN

Clemson University

Center for Health Facilities, Design

+ Testing

HUMAN-CENTERED
DESIGN

Virginia Tech

Interdisciplinary

Human-Centered Design

The New School at Parsons

Human-Centered

Healthcare Certificate

THE APPLICATION OF
STORYTELLING

Design
Researcher

Florence
Nightengale

1820 - 1910
Crimea

This precedent honors:

Founder of Modern Nursing
Researcher
Space Advocate
Activist
Empath
Statistician
Data Visualizer

DIAGRAM OF THE CAUSES OF MORTALITY
IN THE ARMY IN THE EAST.

2.
APRIL 1855 TO MARCH 1856.

1.
APRIL 1854 TO MARCH 1855.

The Areas of the blue, red, & black wedges are each measured from
the centre as the common vertex.
The blue wedges measured from the centre of the circle represent area
for area the deaths from Preventible or Mitigable Zymotic diseases, the
red wedges measured from the centre the deaths from wounds, & the
black wedges measured from the centre the deaths from all other causes.
The black line across the red triangle in Nov.r 1854 marks the boundary
of the deaths from all other causes during the month.
In October 1854, & April 1855, the black area coincides with the red,
in January & February 1855, the blue coincides with the black.
The entire areas may be compared by following the blue, the red & the
black lines enclosing them.

Precedent
Design &
Program Concept

Rubenstein
Commons @
The Institute for
Advanced Studies

Steven Holl
2020
Princeton, New Jersey

This precedent honors the
Original Mission from 1930:

"The Institute should be small and
plastic (that is flexible); it should
be a haven where scholars and
scientists could regard the world and
its phenomena as their laboratory,
without being carried off in the
maelstrom of the immediate; it should
be simple, comfortable, quiet without
being monastic or remote; it should
be afraid of no issue; yet it should be
under no pressure from any side which
might tend to force its scholars to be
prejudiced either for or against any
particular solution of the problems
under study; and it should provide the
facilities, the tranquility, and the time
requisite to fundamental inquiry into
the unknown. Its scholars should enjoy
complete intellectual liberty and be
absolutely free from administrative
responsibilities or concerns."

from: The Institute for Advanced
Studies

Design &
Program Concept

Rubenstein
Commons @
The Institute for
Advanced Studies

Atelier Hitoshi
Abe
2020
Los Angeles, California

This precedent honors:

Think Tank
Thought Space
Scholarly Research
Public Facing
Aesthetics
Interior Finishes
Centralized Story Space

Design &
Program Concept

University of
California
The Shoah
Foundation

Balzberg
Architects
2019
Los Angeles, California

This precedent honors:

Think Tank
Storytelling
Thought Space
Revolutionary
Learning from the Past

This Think Tank was founded
by Steven Spielberg to capture
stories from the holocaust and
other genocides in order to
create a more perfect future.

Design is nuance.

Design is dignity.

Design is personal.

Keep the simple things simple.

Honor routine, ritual, and rest.

Seek the precedent that exists in the people.

Stories are the best research.

Give every project the same amount of energy.

Buildings are for people.

Space is a service.
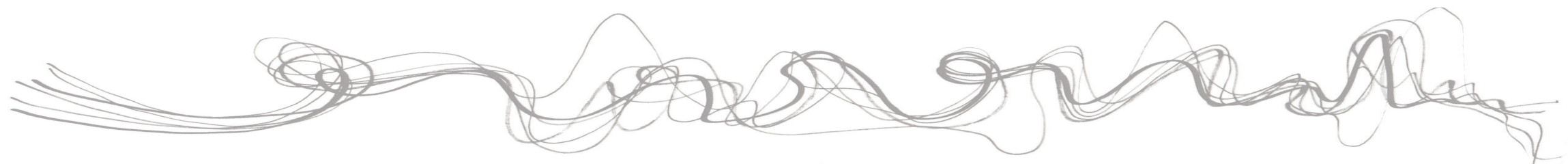
Greater Richmond
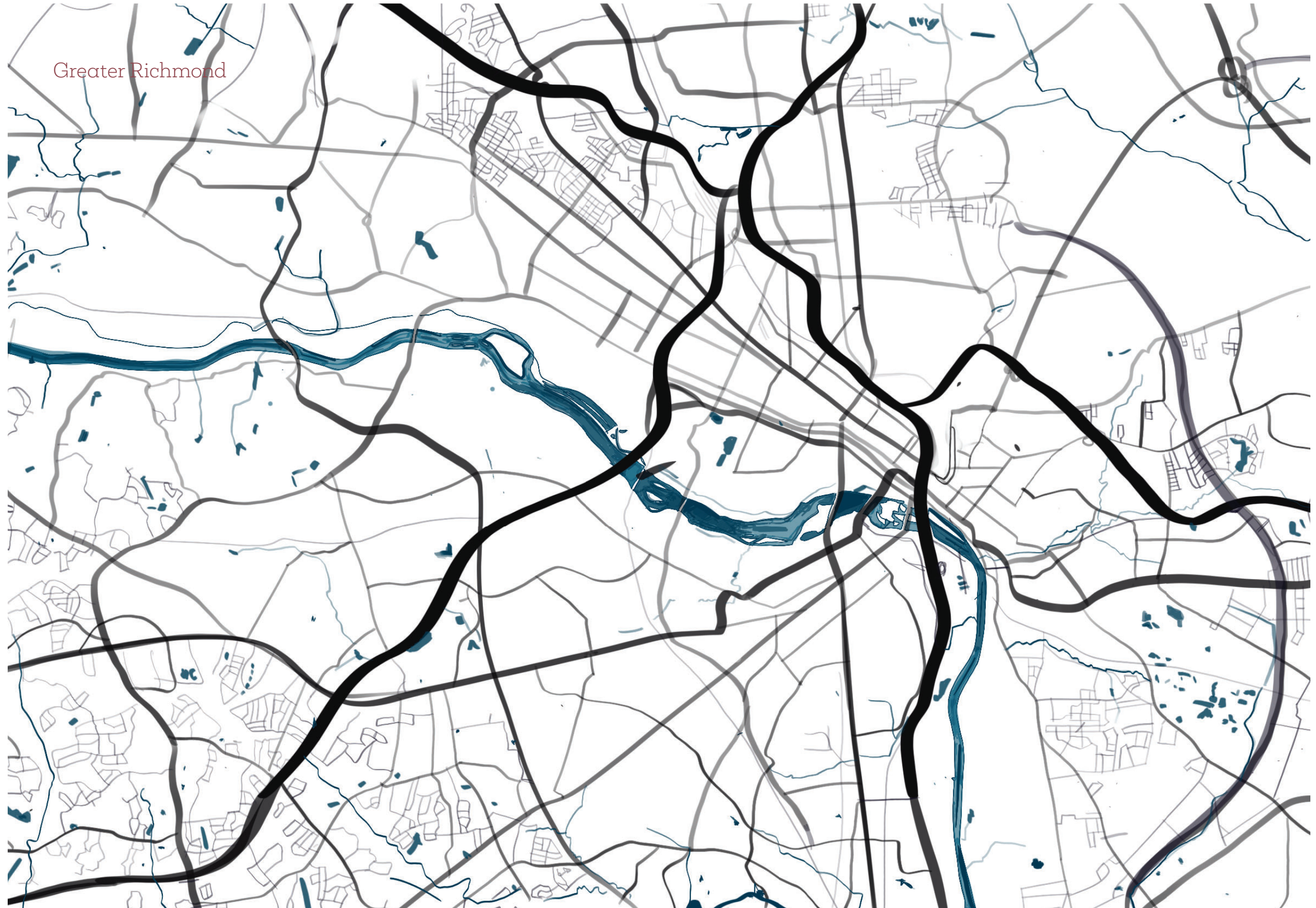
John Marshall Court Building

EIGHTH STREET

This transdisciplinary healthcare design research center is immersed within the VCU Health campus.

The mission of this center is for design students to engage in grounded theory, qualitative research to capture stories from providers about their experiences with their interior environment.

Those stories will be translated into design solutions, prototypes and research.

It will engage graduate design students, researchers, and scholars.

These stories will contribute to the scholarly body of work of healthcare design and potentially transform healthcare space to support clinical outcomes.
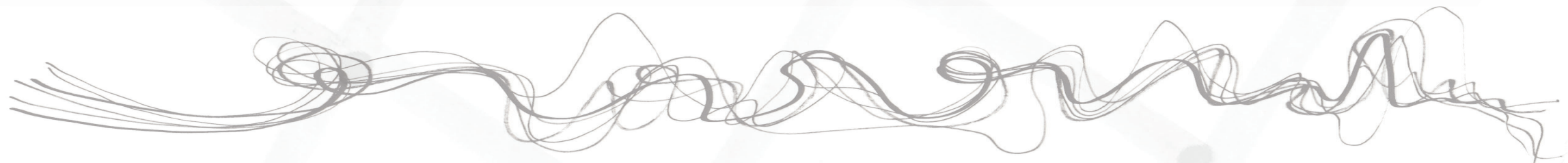
Downtown Richmond

Historic Court End Richmond
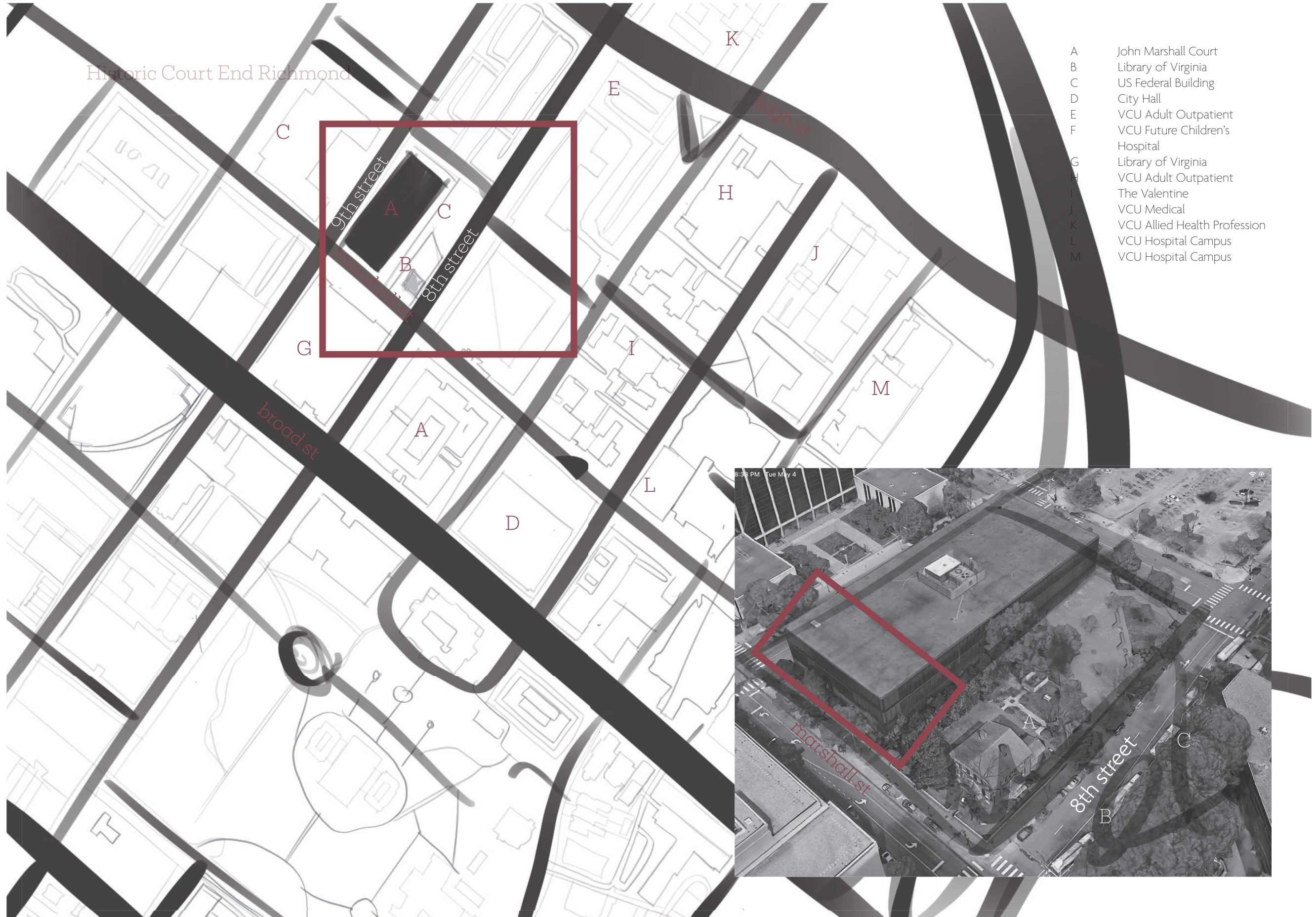
A	John Marshall Court
B	Library of Virginia
C	US Federal Building
D	City Hall
E	VCU Adult Outpatient
F	VCU Future Children's Hospital
G	Library of Virginia
H	VCU Adult Outpatient
I	The Valentine
J	VCU Medical
K	VCU Allied Health Profession
L	VCU Hospital Campus
M	VCU Hospital Campus

9th street

8th street

broad st

marshall st

8th street

MARSHALL AVENUE

History of Court End in Downtown Richmond

pre-1607
Powatan Land

1612
John Smith Map of VA

1600 - 1800's
Richmond Development Colonization Center of Slave Trade

1790
John Marshall House

1845
Medical College of Virginia Founded

1959
Federal Building
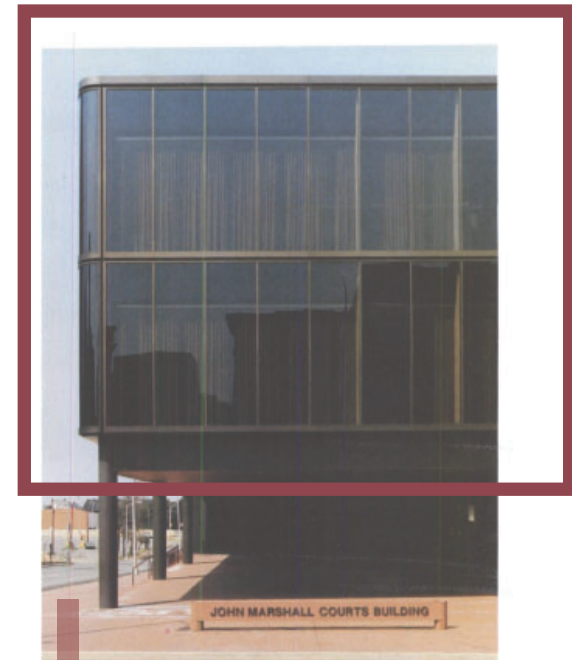
1976
John Marshall Court by Helmut Jahn

Present
City of Richmond Municipal Courthouse
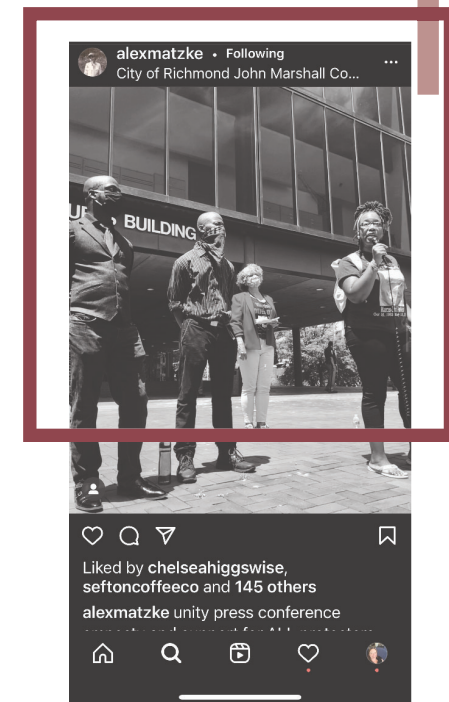
Court End Today

The Institute for Storytelling and Healthcare Design Research

The Spaces

VCU Health and VCU Interior Design will join forces to create a world-renowned graduate Interior Design program for post-professional designers with some professional experience in design, architecture, or engineering. The goal is to create the next generation of healthcare Interior Design practitioners and work toward becoming a premier center for research and archival work related to Healthcare Interior Design.

The program will also partner with the DaVinci Center and the School of Nursing to support collaboration related to the graduate certificate in Health Care Innovation.

In honor of the Bauhaus, this program will develop a community of scholars, visiting professors, and design practitioners who utilize the center to continue developing scholarly knowledge and pedagogical development in healthcare interior design education. Learning by doing and collaboration among trades, professional groups, and healthcare practitioners will be encouraged and celebrated.

ENTRY LOBBY – GROUND FLOOR
This project requires a connection between the building and the 1st floor's entry lobby, which will house the graduate healthcare interior design program. It will be accessible via existing elevators and a new, open, non-rated staircase that will feature the space. The staircase will be oversized and up to 20' wide to encourage circulation and interaction on the staircase. This space will also connect to the outdoor, covered entrance.

THE STUDIO
The Studio is the heart and core of the project. The balance of open, invigorating space that supports interdisciplinary design education in a hands-on format, studio approach, while continually focusing on formal, academic research will create a dynamic that pushes a desire to create equitable, safe, healthy, clean, and dignified healthcare spaces. This space will support the core graduate students in the program. They will have permanent space for their ongoing work. This space will be dynamic in the Bauhaus spirit and offer both flexible solutions for group work and interaction, and defined spaces for the design process are available both temporary and permanent ways.

WORKSHOP
The space is the most utilitarian part of the project. This combination of workspaces will support faculty, staff, and students in the program. The program will defy hierarchy and will be an "open-door" policy program. Additional workspaces will be permanent for the students enrolled in the program, yet other students' choices will work, including laptop-friendly standing workstations, lounge areas, etc.

COMMUNAL DINING
This communal dining area will be open to the public and on the ground floor. However, the dining program needs to be explored and will essentially offer private and public eating and different formats. There will be a communal dining experience within the Studio, but also a space on the ground floor will allow for a connection with the outdoors.

THE WRITING LAB

To honor the community and consistently share work and progress, a ground floor gallery will act as a rotating exhibit of work created in the studios above. This space will also address Healthcare Design in a permanent exhibit within the space. The exhibit will explore the field on an International, National, State, Local and Site-specific level. It could be an archival space for interior photography related to Healthcare Interior Design.

Major Spaces

1ST FLOOR
ENTRY LOBBY

2ND FLOOR
STORYTELLING + MEDIA LAB
SCHOLAR'S WRITING STUDIO
MEDIA LAB & PODCAST BOOTHS
SCHOLAR HOSTEL
Third Floor
GRADUATE STUDIO + CRITIQUE SPACES
THE WORKSHOP

3RD FLOOR
SCHOLAR HOSTEL
COMMUNITY DINING
DIRECTOR'S OFFICES

Building Statistics

|	
Total Building	103,221 square feet (includes basement)
Target Gross	27,500 (Shared Circulation)
Total Program Net	16,400 square feet

Total # of occupants	165
1 Primary Occupancy	Business Group B
2 Secondary Occupancy	Residential R-2
3 Total Required WC	(2) Female (2) Male
	(2) Gender Neutral
	project exceeds requirements
	all wc are accessible
4 Sinks	(3) total required
	project exceeds requirements
	all sinks are accessible
5 Fountains & Service Sinks	located within building core

1Per IBC SECTION 304 BUSINESS GROUP B
304.1 INCLUDES "EDUCATIONAL OCCUPANCIES FOR STUDENTS ABOVE THE 12TH GRADE".

2 Per IBC SECTION 303 ASSEMBLY GROUP A
303.1.1 SMALL BUILDINGS AND TENANT SPACES. A BUILDING OR TENANT SPACE USED FOR ASSEMBLY PURPOSES WITH AN OCCUPANT LOAD OF LESS THAN 50 PERSONS SHALL BE CLASSIFIED AS A GROUP B OCCUPANCY.

3 Per IBC SECTION 310 RESIDENTIAL GROUP R
310.4 R-2 RESIDENTIAL OCCUPANCIES containing sleeping units or more than two dwelling units where the occupants are primarily permanent in nature, including: live/work units.

4 Per IBC TABLE 2902.1 MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES
1 per 25 for the first 50 and 1 per 50 for the remainder exceeding 50

Fall Equinox

Spring Equinox

Summer Solstice

Winter Solstice
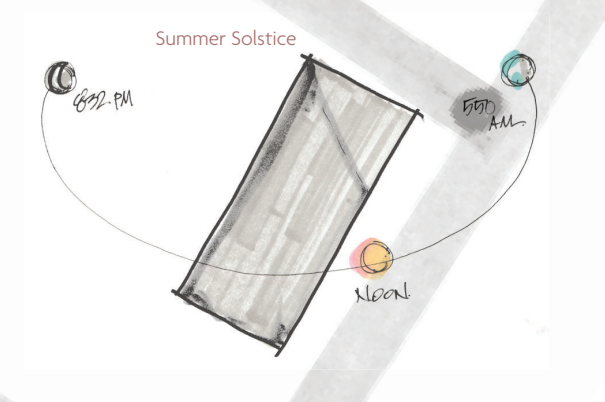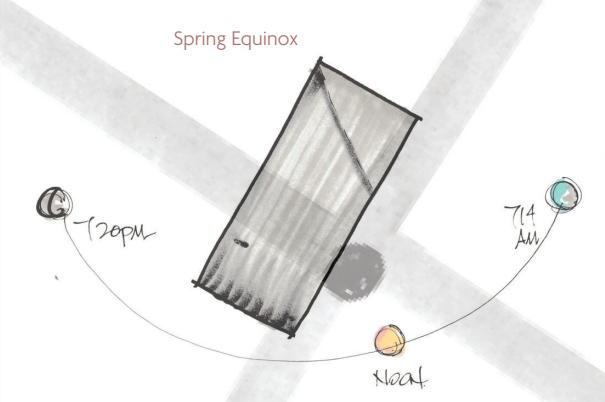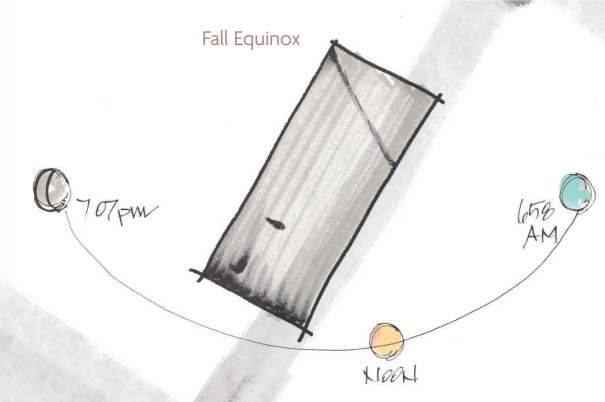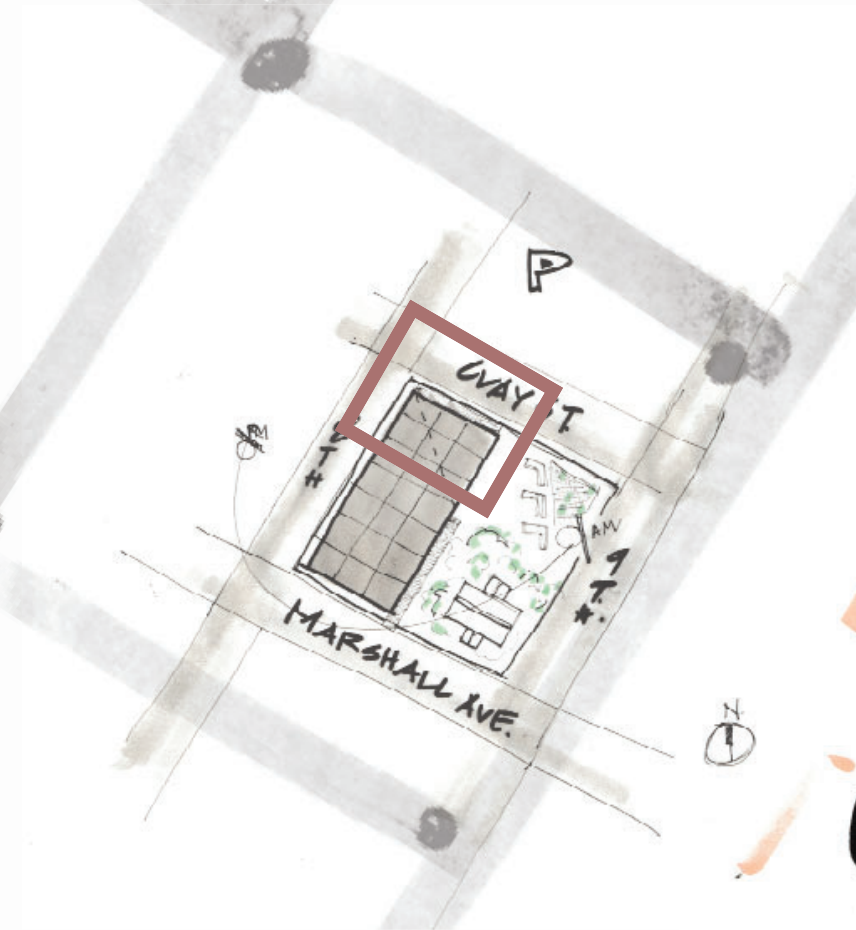
programming matrix / healthcare interior design research program

name	description	occupancy count	sq ft	acoustic privacy	visual privacy	security	important adjacencies	plumbing needs	daylighting	special f, f + e	NOTES
The Writing Lab	The Library acts as an international repository for healthcare interior design literature and history. It is adjacent to the public museum, which offers insight into the history of the healthcare built environment, and the history and growth of VCUHealth, which has a history rooted deep in Virginia History.	16	1200	Y	N	Y	MAIN ENTRANCE	N	Y	archival storage humidity control	occupancy count considers one cohort of 8 accessing space at one time + critics + visiting students/faculty
The Studio	This space acts as a permanent station for each graduate student working for the design in health master's degree, under the supervision of a PhD student.	32	2400	N	N	Y	THE LAB	Y	Y	station for each graduate student	cohort of 8 in 3 year program = 24 students
The Workshop	This space acts as an open workshop for material and space study, primarily for research that does not involve the public. Small handbuilding projects, tools, machinery, equipment and printers (small and large format, 3D) are located here.	12	1200	Y	N	Y	THE STUDIO	Y	Y	TBD wish list to be developed	integrate office space for lab manager into lab
Critique Space	This shared critique space will fit the entire cohort of 8 students at a time, plus faculty and guest critics.	14	1200	Y	Y	Y	THE STUDIO	N	N	pin up options to be explored	standing height / stadium seating of some kind?
Interview Space	This public facing space will offer a comfortable and professional environment that is technologically equipped to record interviews for qualitative research purposes. These spaces will offer private pods in which researchers can record and categorize healthcare experiences related to their qualitative research approach. Further definition and division is needed.	8	1200	Y	Y	Y	MAIN ENTRANCE	N	Y	privacy booths to be explored	should this space be broken down further to include the recording and editing functions or will that be outsourced? how do people access this space? what does "check-in' look like?
Auditorium	This space will be the largest space to gather large groups of people outside of the post-graduate program. This space will also be available for hosting a public speaker series on Healthcare Design for clinicians, caregivers, the public, healthcare design practitioners, administrators, etc.	49	1200	Y	N	Y	MAIN ENTRANCE	-	-		doesn't neccesarily have to be enclosed
Dining	This space offers opportunities for self-service food preparation and beverage access. The space will highlight various caterers throughout the week.	20	1200	Y	N	Y	HOSTEL	Y	N	outdoor dining space?	need to dive deeper on what kind of food service this is, are we fully cooking or are we grab and go?
Scholar Hostel	The hostel is for scholars who visit for up to a semester for fellowship and visiting scholar positions. The hostels are reserved for international guests and then on a lottery system for a year.	4	1200	Y	Y	Y	THIRD FLOOR	Y	Y	residential kitchen room + private restroom (250 sq ft suite) x 4	design a mini-apartment space. Adjacencies may be actually a hinderance. Prefer 3rd floor space.
Private Offices	Executive Director / Administrative Director, Phd Program / Administrative Director, Masters Program / Clinical Research Director / Social Science Research Director / VCUarts Liaison / VCUHealth Liaison / Intern Office / Financial/Grants Director / Design Director / Operations Professional / Administrative Support	12	1200	Y	Y		RESEARCH ASSISTANTS / RESEARCH PUBLIC SPACE	N	N	private offices include meeting space for 2 people	daylight if possible
Research Assistants	phd and graduate students	8	1200	Y	N	Y	RESEARCH PUBLIC SPACE	-	-	benching system	permanent workstation for research assistants
Research Public Space	for qualitative research subjects	10	800	-	-	-	RESEARCH ASSISTANTS	-	-	-	waiting area, meeting space, coffee shop like environment
Student Work-Study	open office area for undergraduate assistants + other employees	4	1200	Y	N	Y	RESEARCH ASSISTANTS / RESEARCH PUBLIC SPACE	N	N	benching system	-
		189	15200								

BUILDING SUPPORT (do not include in net)

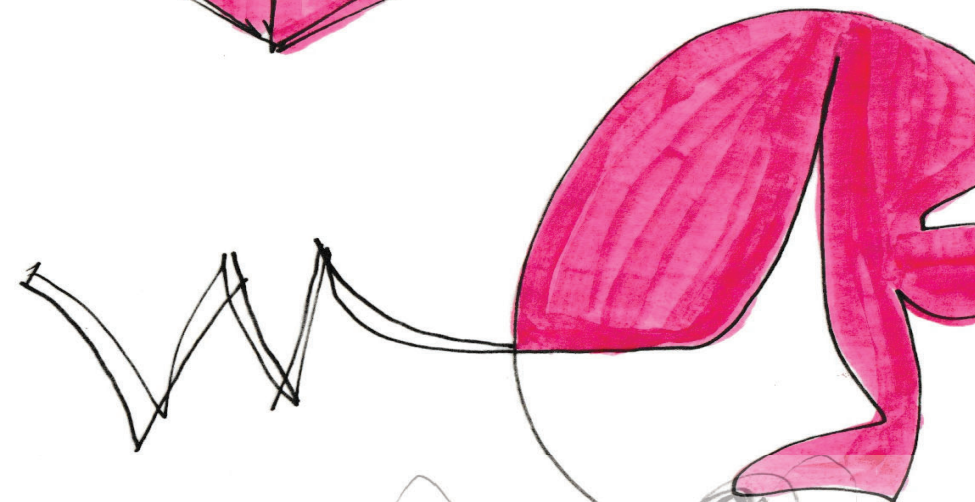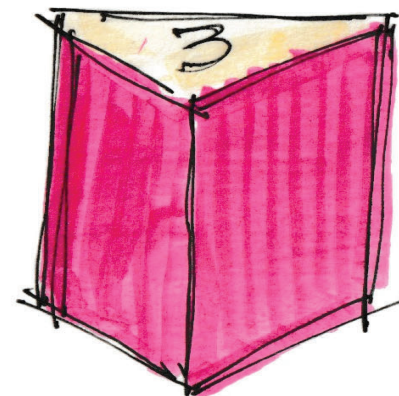| name	description	users	area	acoustic privacy	visual privacy	security	important adjacencies	plumbing needs	daylighting	special f, f + e	special considerations
housekeeping	a janitorial space (one per floor)	-	300								
women's restrooms	1st floor - 2nd floor (2) shared stall 3rd floor (1) unisex	-	625	Y	Y	N	CENTRAL	Y	N	N	
men's restrooms	1st floor - 2nd floor (2) shared stall 3rd floor (1) unisex	-	500	Y	Y	N	CENTRAL	Y	N	N	
unisex restrooms	1st floor - 2nd floor (2) shared stall 3rd floor (1) unisex	-	100	Y	Y	N	CENTRAL	Y	N	N	
storage	130 sq ft on each floor	-	400	N	Y	Y	N	N	N	TBD wish list to be developed	
data	150 on 2nd and 3rd floor	-	300	N	Y	Y	N	N	N	N	
			1925								

Schematic Design

3 SIDES TO EVERY story

STORYLINE

The future belongs to a
different kind of person with
a different kind of mind: artists,
inventors, storytellers and holistic
'right-brain' thinkers. -Daniel
Pink

"The basic quality that any great story
must have is a story that
illustrates the human condition."
William Shatner

"There is no greater agony
than bearing an untold
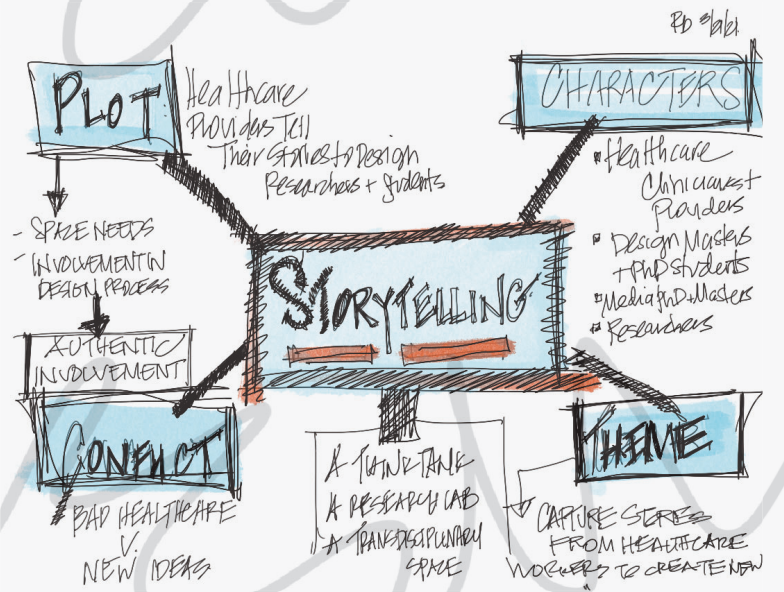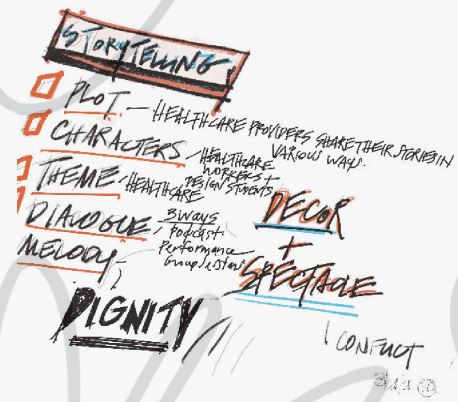story inside you."
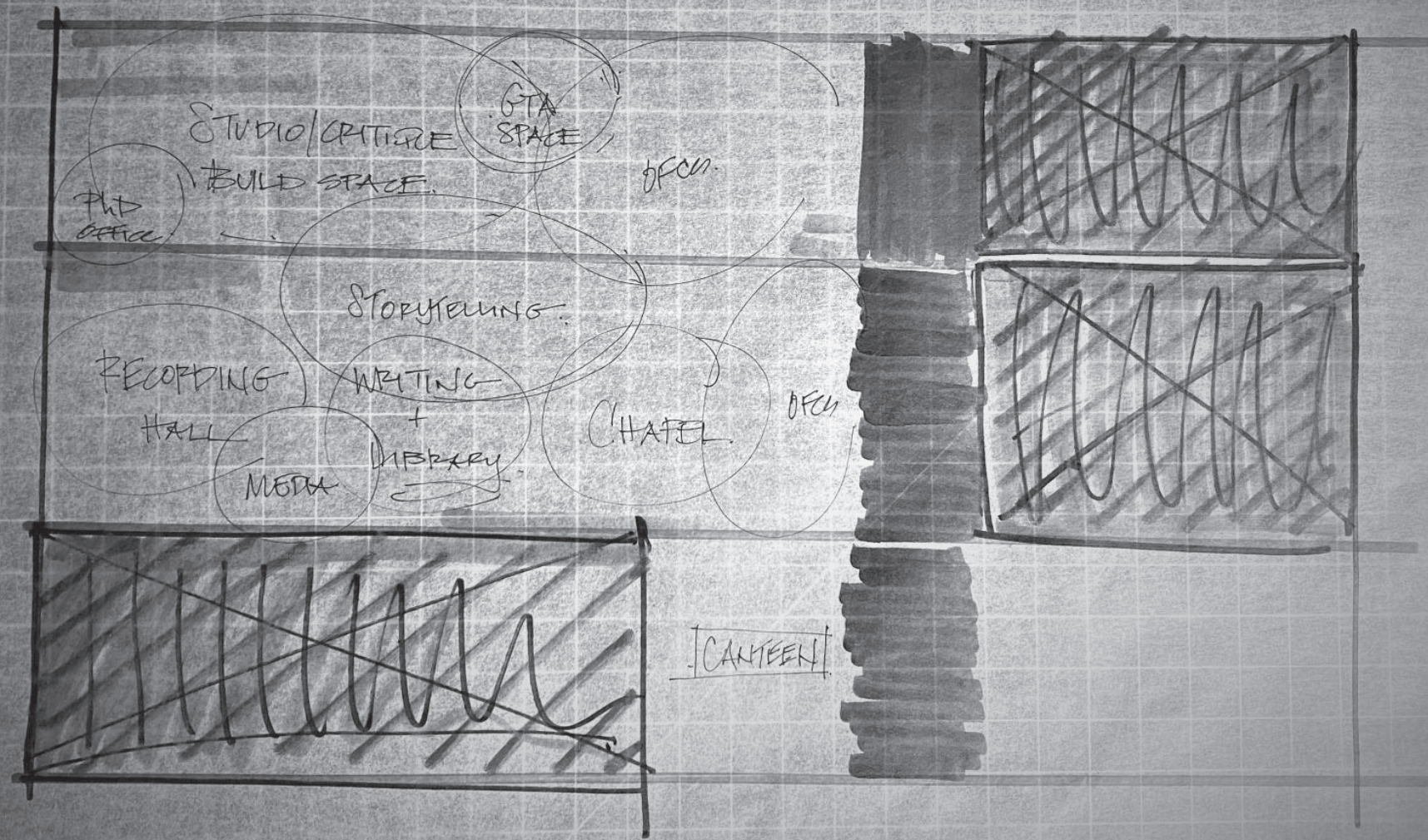Maya Angelou

E

EVERY STORY =

DESIGN.

DIGNITY.

DISRUPTION.

DISSENT.

DELIGHT.

DEBATE.

DISSECTION.

STORYTELLING
- PLOT — HEALTHCARE PROVIDERS SHARE THEIR STORIES IN VARIOUS WAYS
- CHARACTERS — HEALTHCARE WORKERS + DESIGN STUDENTS
- THEME — HEALTHCARE
- DIALOGUE — SURVEYS, PODCAST, PERFORMANCE
- MELODY
- DECOR + SPECTACLE
- CONFLICT

DIGNITY

PLOT
Healthcare Providers TCH
Their stories & Design Researchers & Students

- SPACE NEEDS
- INVOLVEMENT IN DESIGN PROCESS
AUTHENTIC INVOLVEMENT

STORYTELLING

CHARACTERS
- Healthcare Clinicians & Providers
- Design Masters + PhD Students
- Media PhD Masters
- Researchers

CONFLICT
BAD HEALTHCARE
V.
NEW IDEAS

A THINK TANK
A RESEARCH LAB
A TRANSDISCIPLINARY SPACE

THEME
CAPTURE STORIES FROM HEALTHCARE WORKERS TO CREATE NEW

1st to 2nd RAMP

LANDING

2ND to 3RD RAMP

2ND

STUDIO
OFFICES
RECORDING
HALL
LIBRARY
CHAPEL
STORAGE

3RD

STUDENT
OFFICES
MCA
STUDIO
CAFE
BUILD
SPACE
MEZZANINE?

3/3/21

2ND

OFFICES
RECORDING
HALL
LIBRARY
CHAPEL
STORAGE

3RD

STUDENT
OFFICES
MCA
STUDIO
CAFE
BUILD
SPACE
MEZZANINE?

3/3/21

SPACE ALLOCATION

2 STORY

NIC

OFFICES
DINING
CHAPEL
LIBRARY
KITCHEN

2ND
FLOOR

NIC

SUNRISE

OFFICES
STUDIO
LAB
OPEN
BUILD
SPACE

3RD
FLOOR

SUNSET

3/3/21

ENTRY LOBBY

STAGE

CHAPEL

WRITING STUDIO + LIBRARY

2ND FLOOR

NIC

ELEVATOR LOBBY ENTRY

CHAPEL

WRITING STUDIO +

CRITIQUE SPACE

OVERLOOK

MICRO OFFICES

8 16 24 32 40 48 54

WINDOWS

STREET LEVEL

Left panel (Second Floor):
RECEPTION · DIRECTOR · MEDIA · MEDIA · CONFERENCE · PODCAST · PODCAST · PODCAST · PODCAST · AV · STORYTELLING · PRAYER · CHAPEL · MEDITATE · REFLECT

CENTER FOR HEALTHCARE DESIGN + STAFF EXPERIENCE

SECOND FLOOR
3/27/21 RD
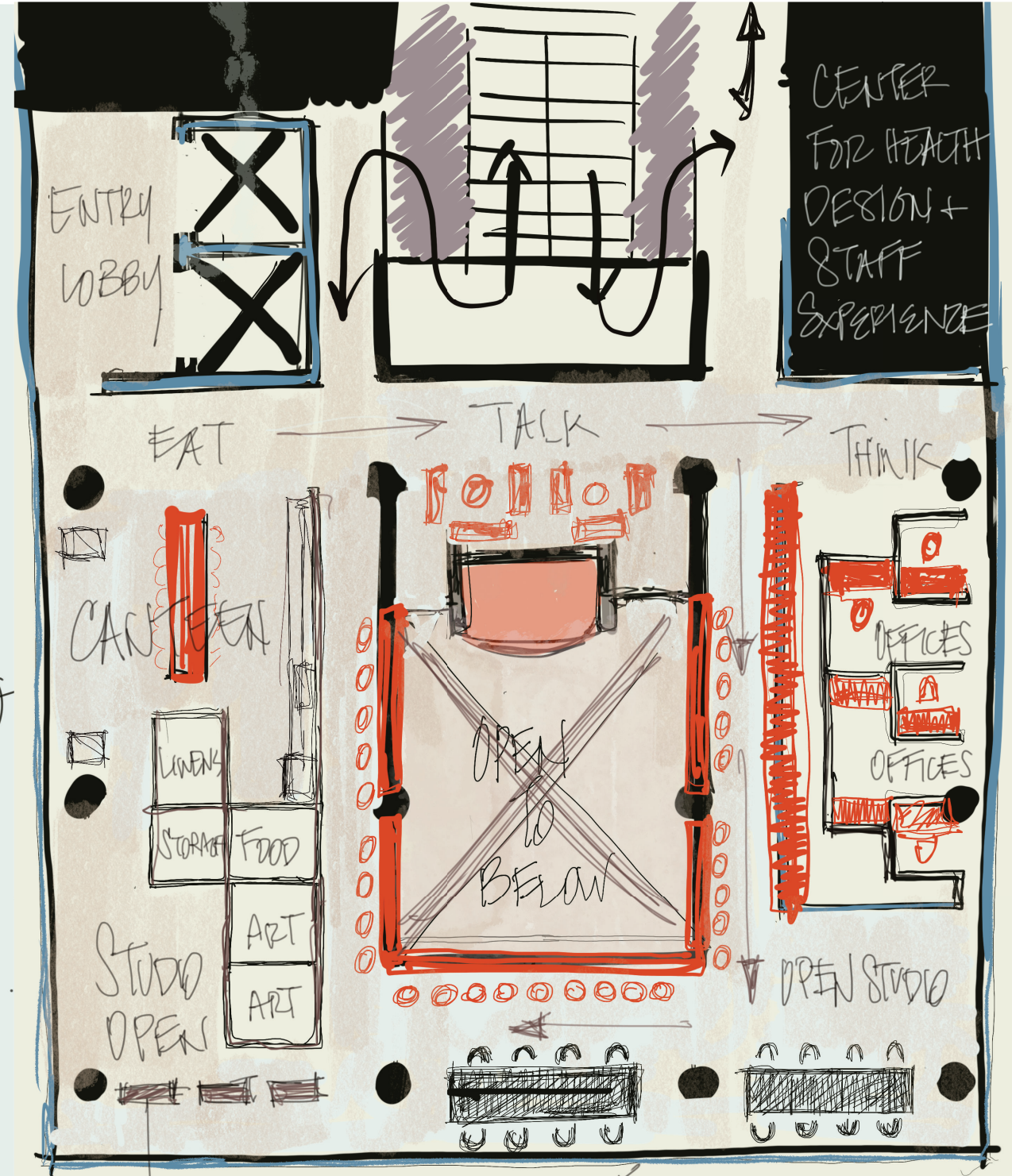
Right panel (Third Floor):
ENTRY LOBBY · CENTER FOR HEALTH DESIGN + STAFF EXPERIENCE · EAT · TALK · THINK · CANTEEN · LINENS · STORAGE · FOOD · ART · ART · STUDIO OPEN · OPEN TO BELOW · OFFICES · OFFICES · OPEN STUDIO · PLOTTERS

THIRD FLOOR
40° 40° 40°
RD 3/29/21

Floor Plan Development

Left diagram labels:

POD POD

OFC OFC

OFC OFC

OFC OFC

STORY

OFC OFC

OFC OFC

WRITING

2ND FL
RD
4/6/21

N
W — E
S

T

Right diagram labels:

TLT TLT

TLT TLT

OFC OFC OFC

OFC OFC

OFC OFC

OFC OFC

STUDIO

BUILD LAB

3RD FLOOR
RD
4/6/21

N
W — E
S

SU

SUNSET.

Drawings

4

STAGE/MEZZAM
EVENING

3

COLUMN TREATMENT

WRITING LAB

EXIT TO GROUND

Is this a s

WORKSHOP

STUDIO

3RD FLOOR
7.18.21

Left sketch:

STORYTELLING

ADDITIONAL VCU TENANT

PODCAST   PODCAST

EXEC DIR   MEDIA

MEDIA

MEDIA   DEVELOP

OPS

WRITING LAB
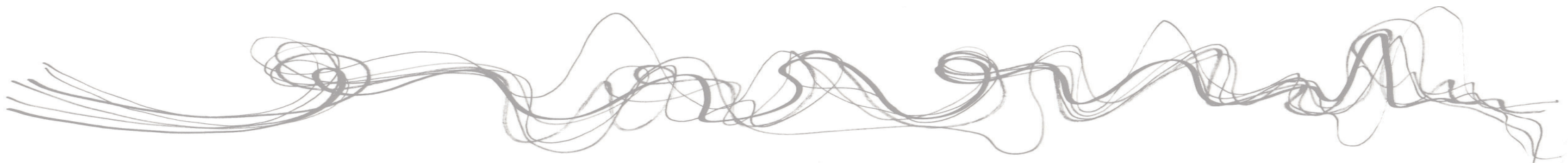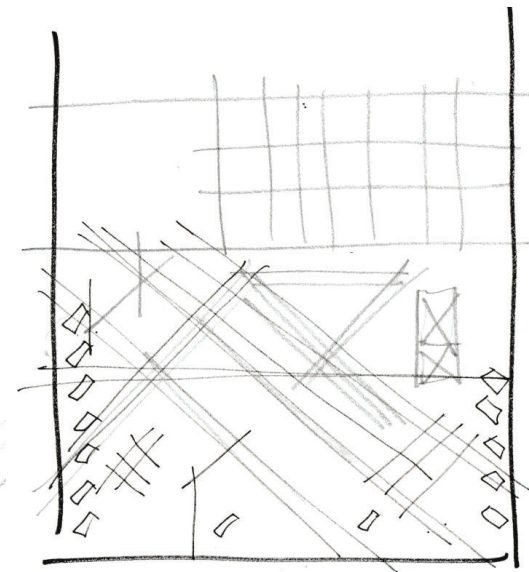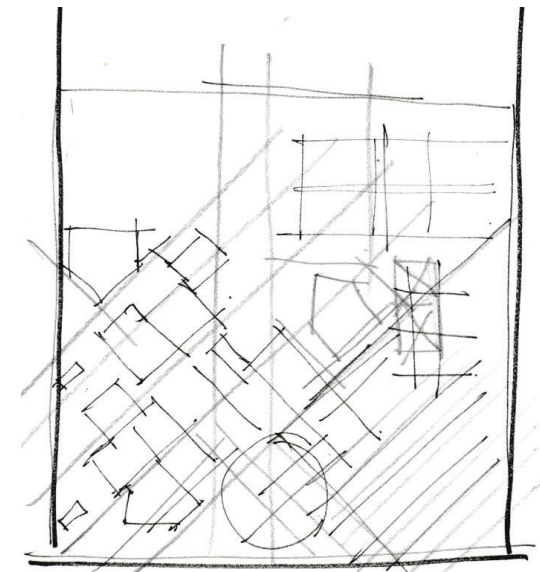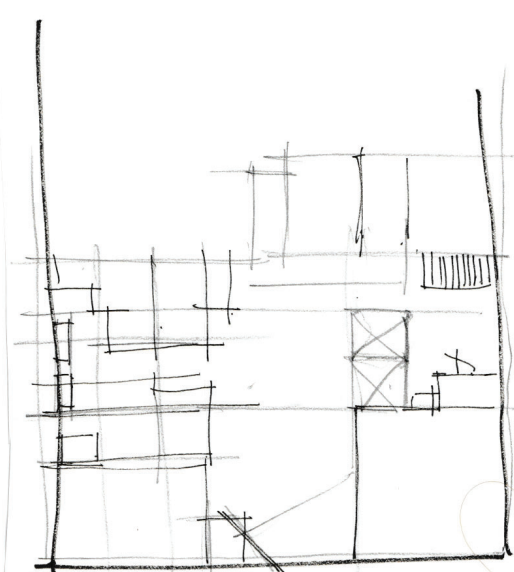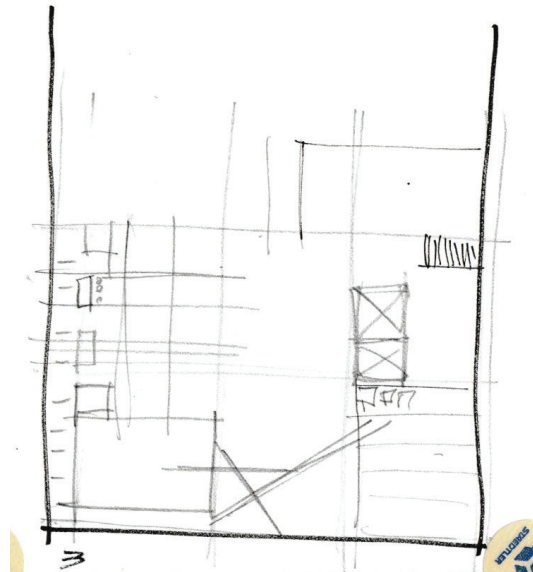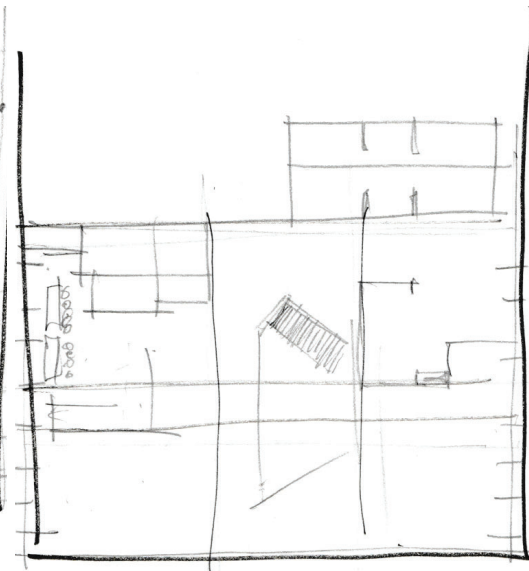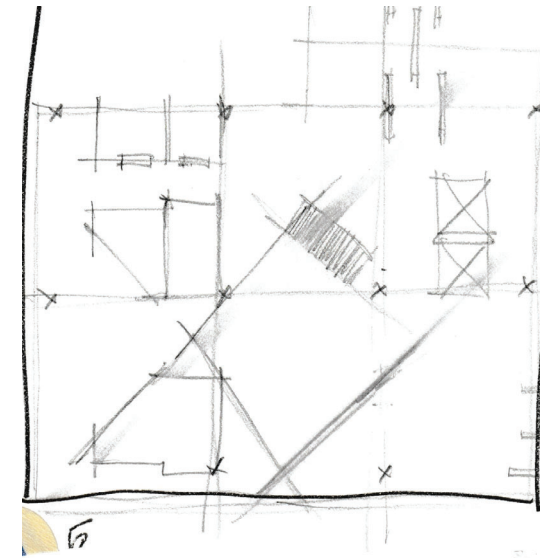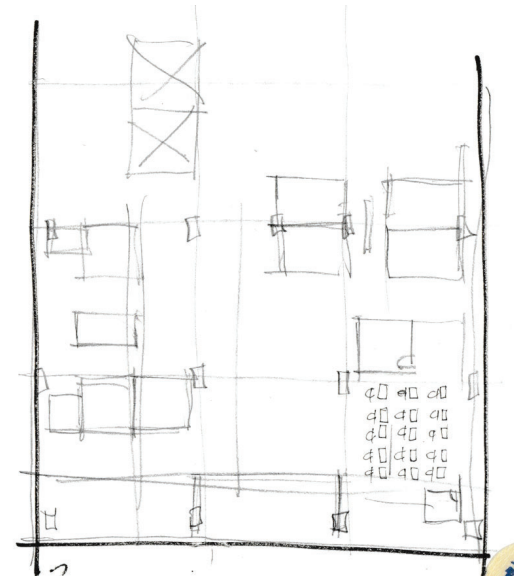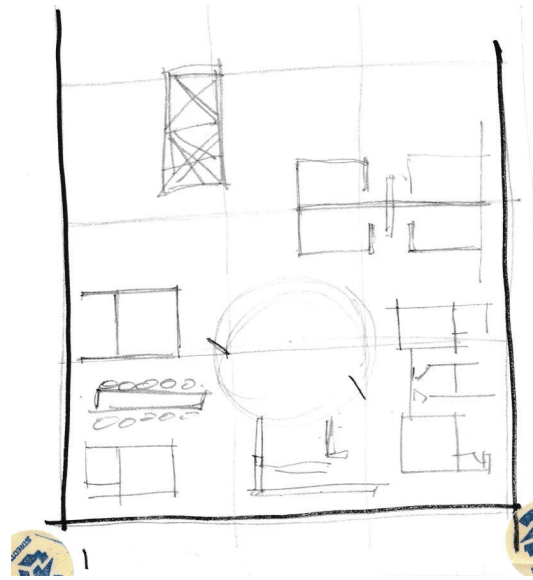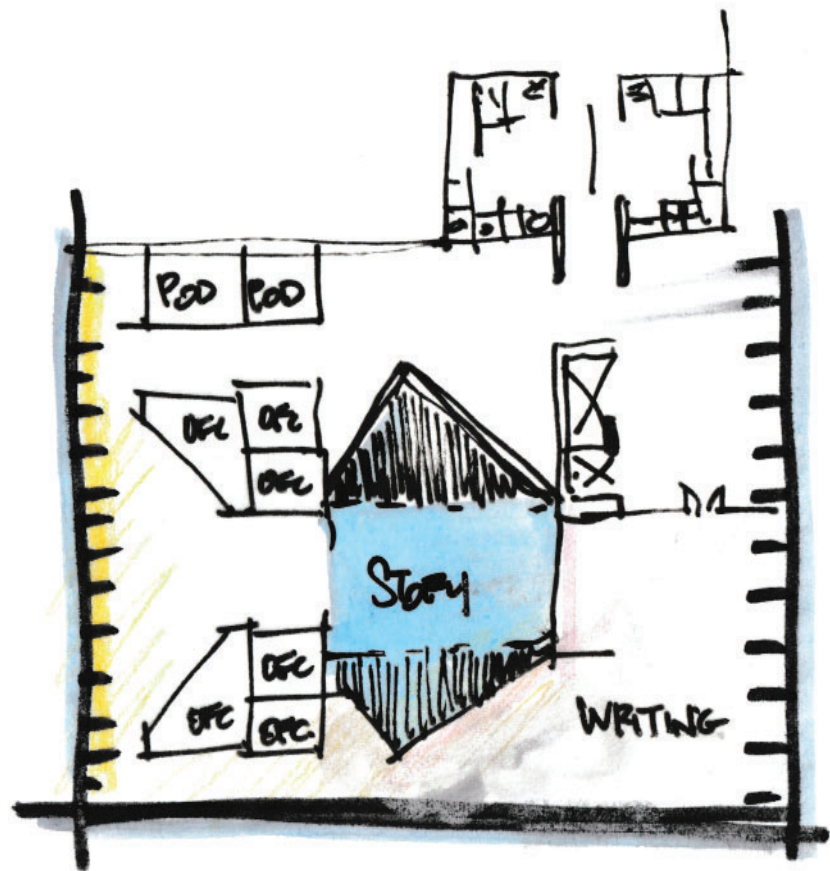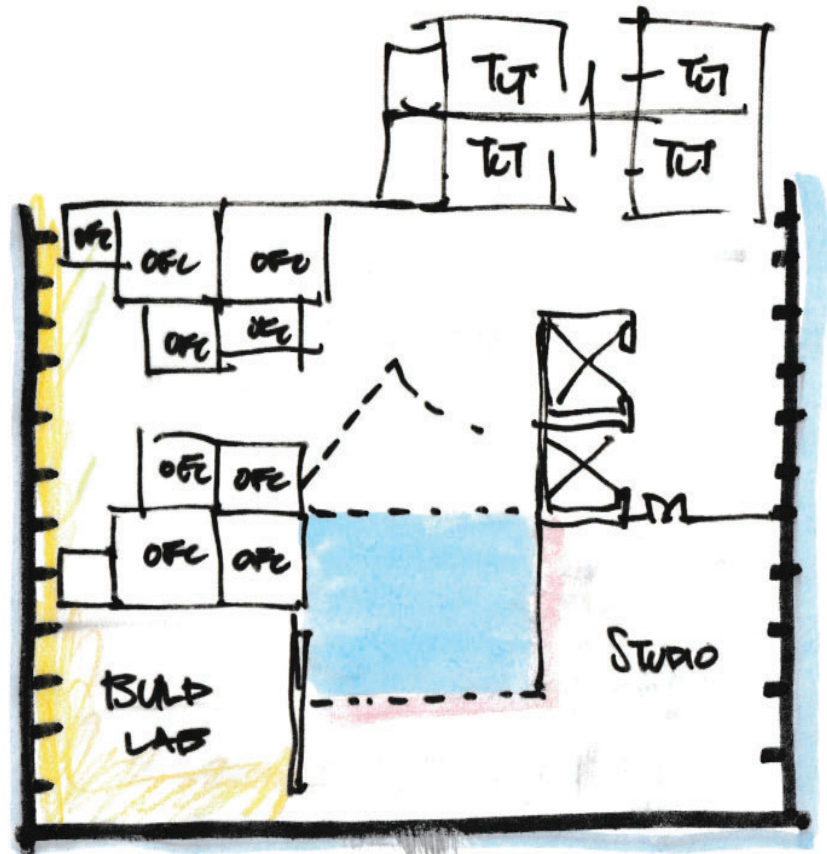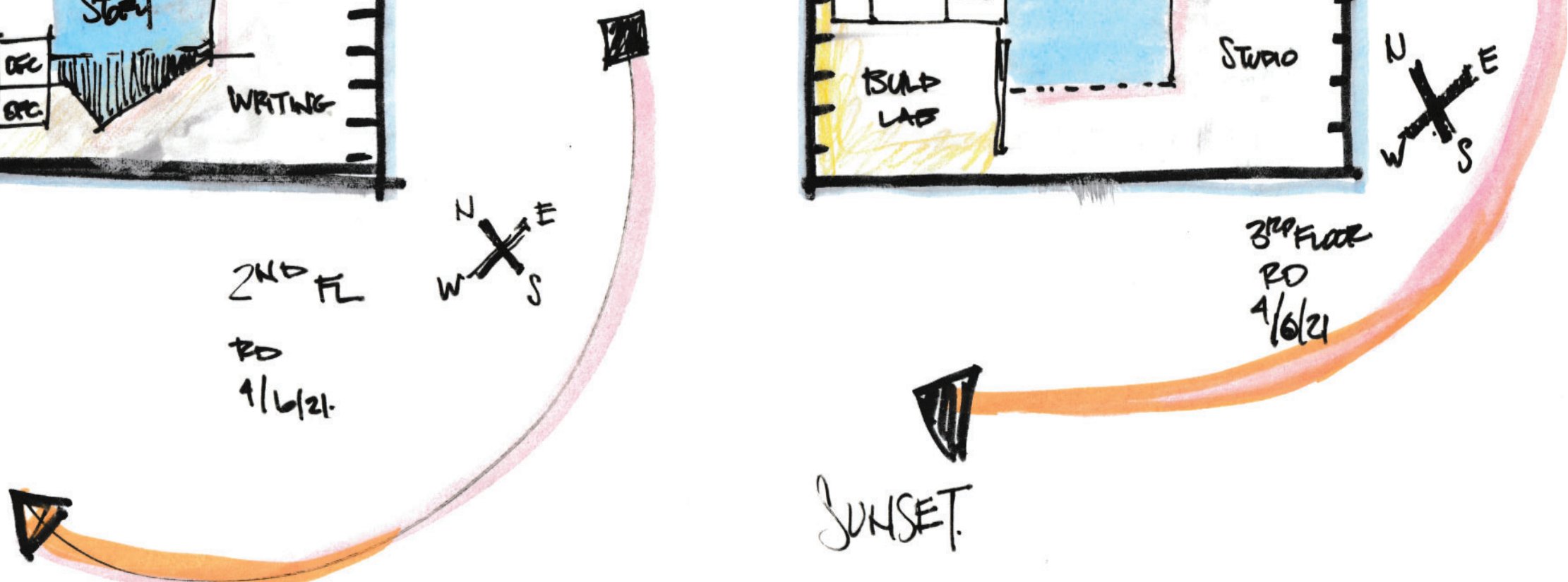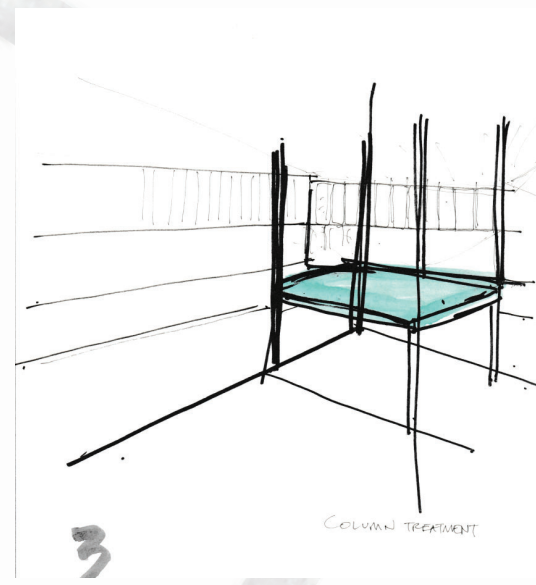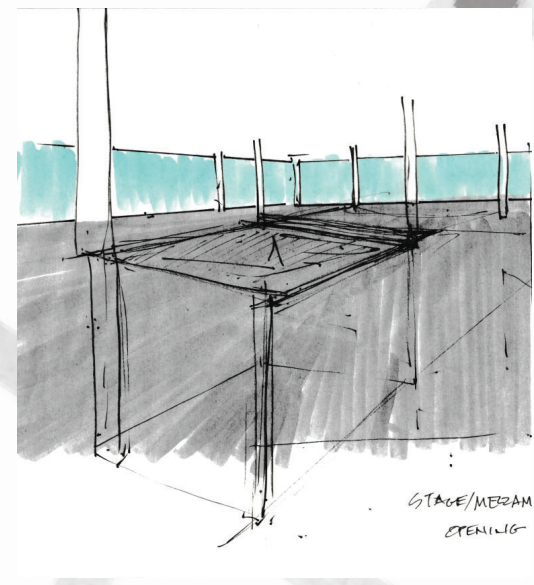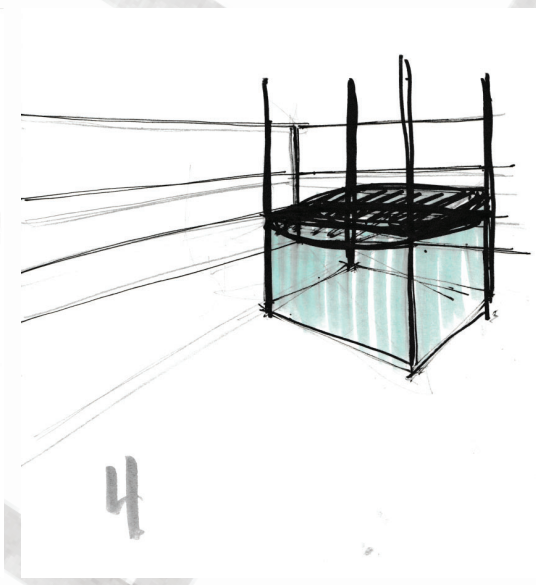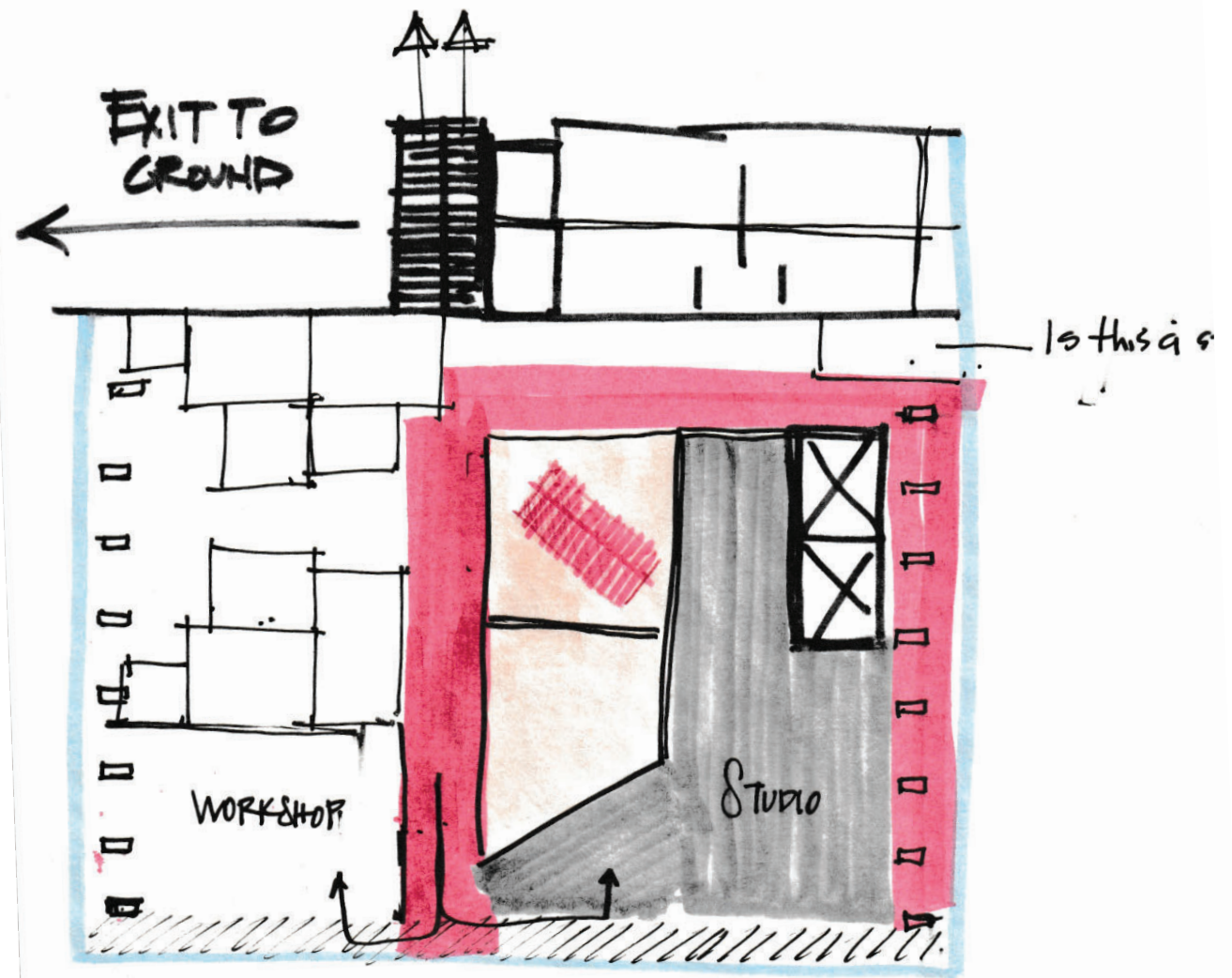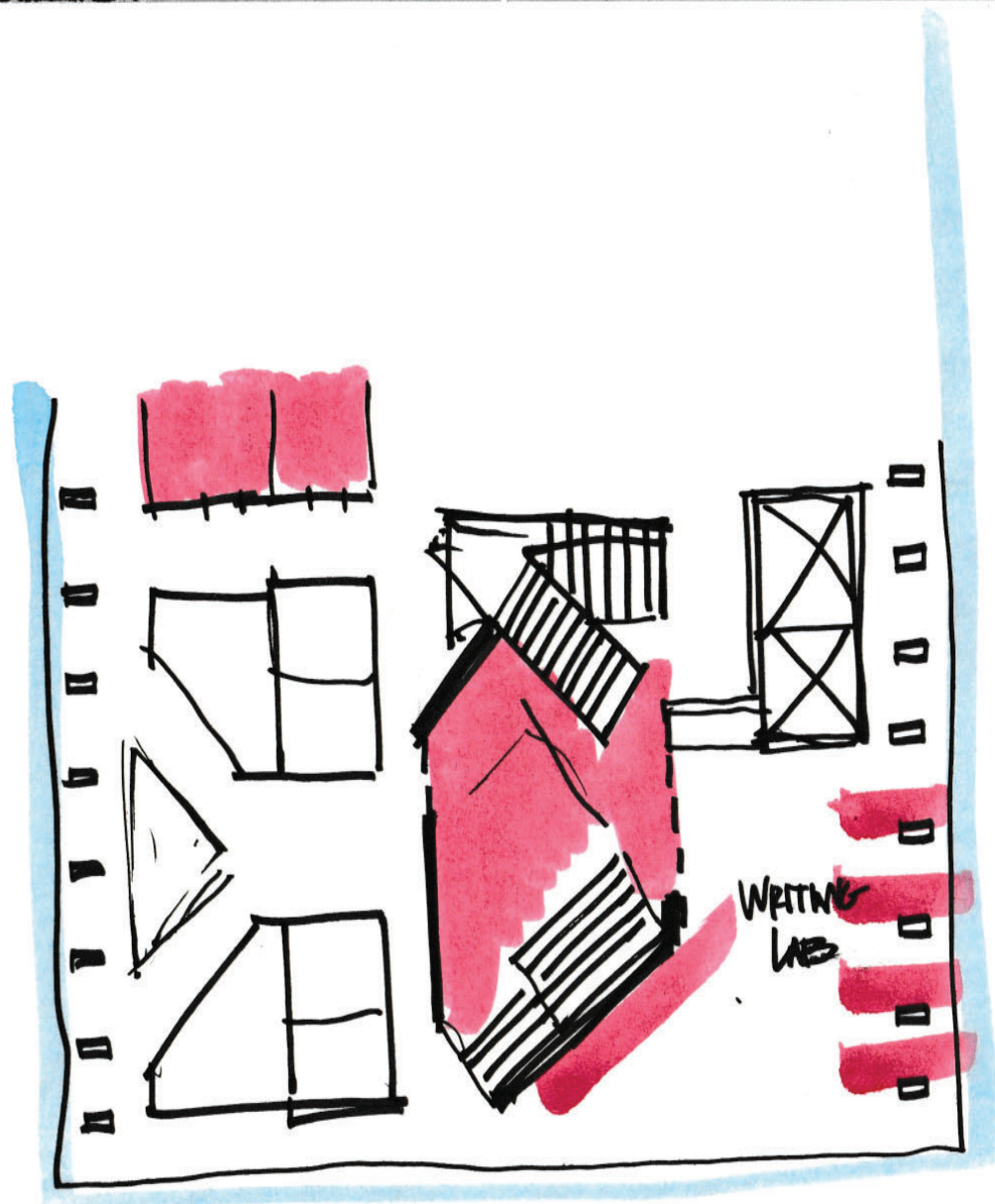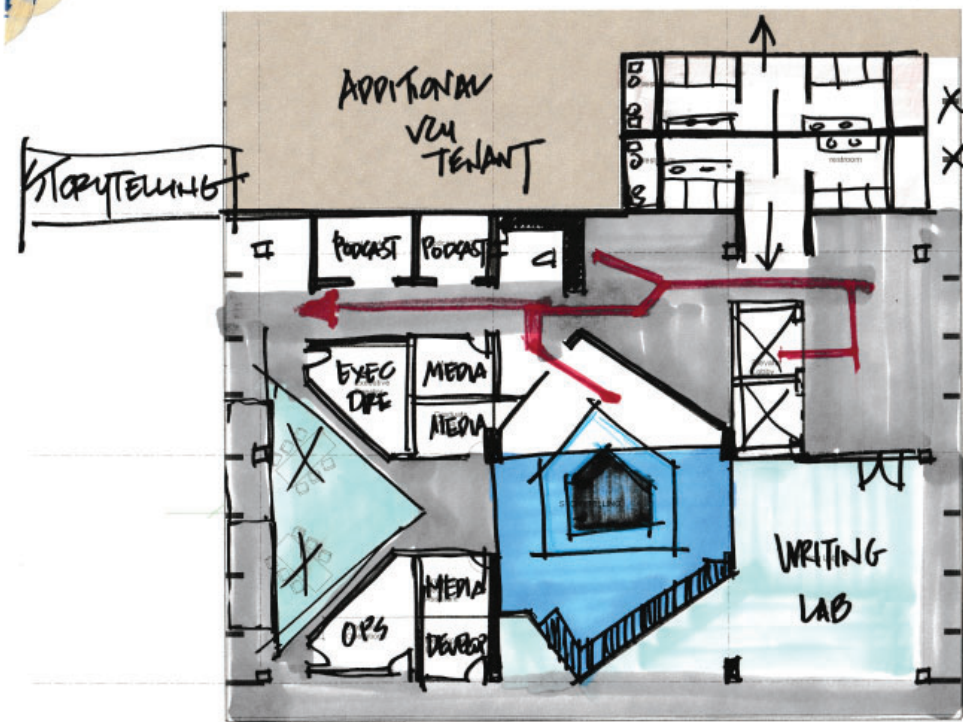
PODCAST SUPPORT SPACE

OPEN MEDIA LAB.

10'

40'

2ND FLOOR.
MAIN/ENTRY FLOOR RD
4.15.21

Right sketch:

STUDIO

ADDITIONAL VCU TENANT

RESEARCH

POST DOC   PHD
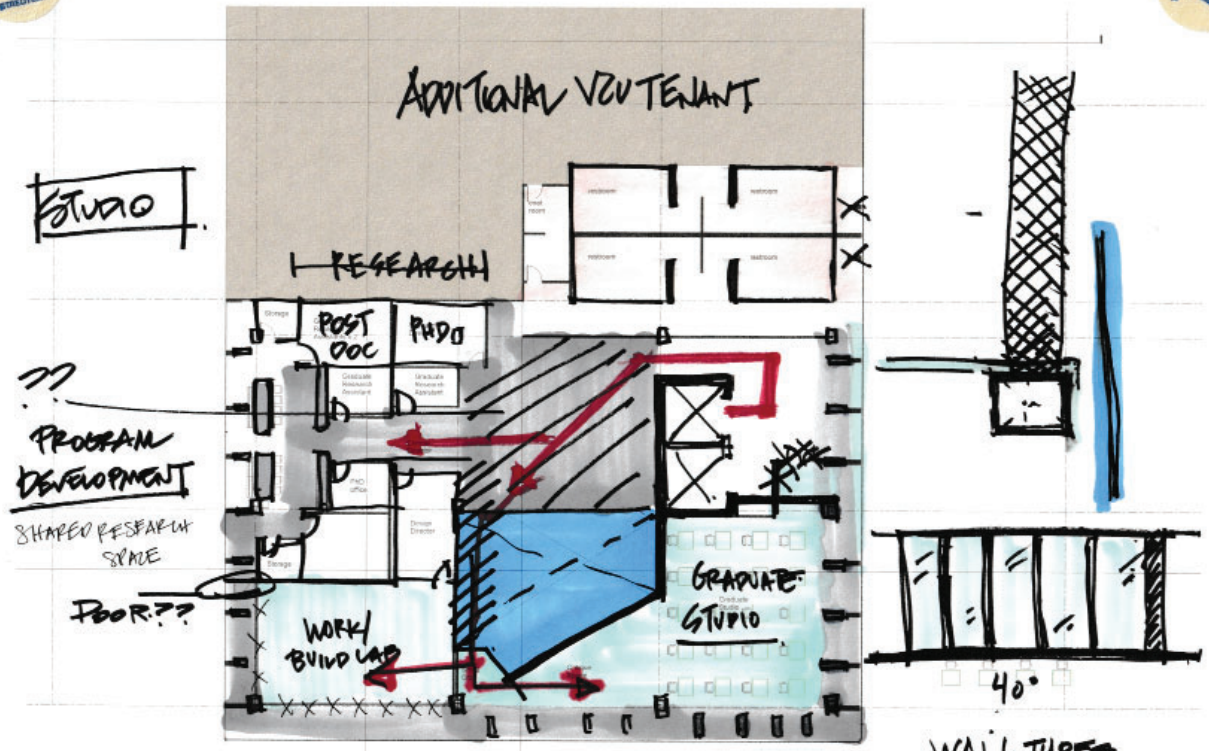
PROGRAM DEVELOPMENT

SHARED RESEARCH SPACE

FLOOR ??

WORK/ BUILD LAB

GRADUATE STUDIO

WALL TYPES

40'

10'

40'
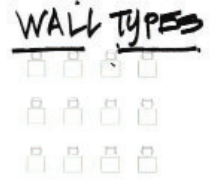
3RD FLOOR
RD
4.15.21

Design
Development

Second Floor
Entry Lobby

finishes from top left
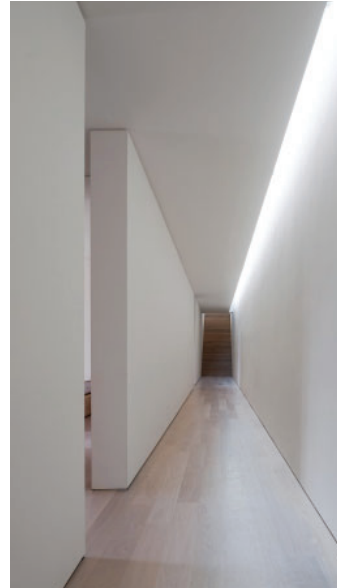
reception desk wall tile ateliers zellige

american reclaimed white oak throughout interior

american oak stair treads with white painted base throughout
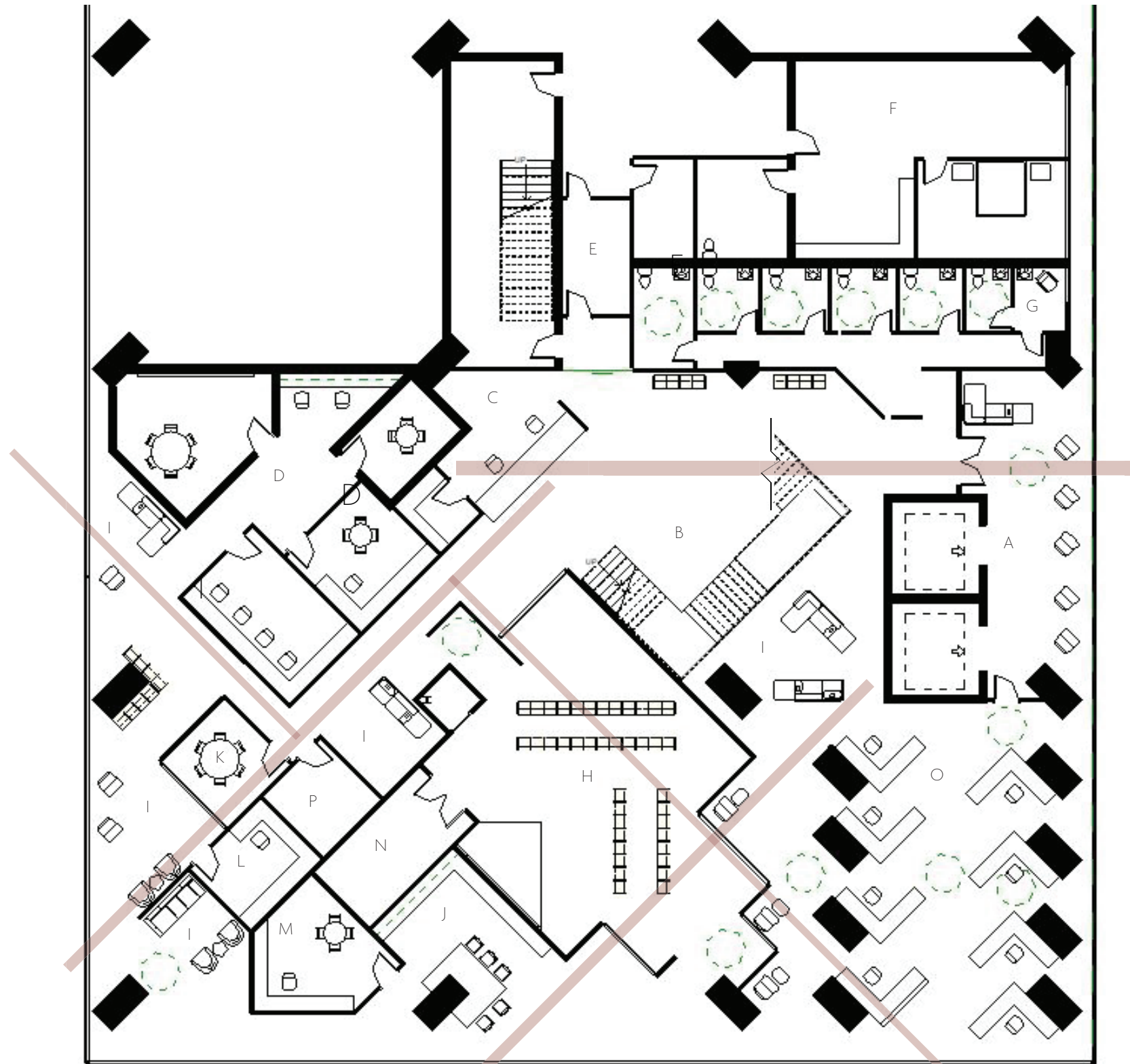
skylight baffles

american white oak variant

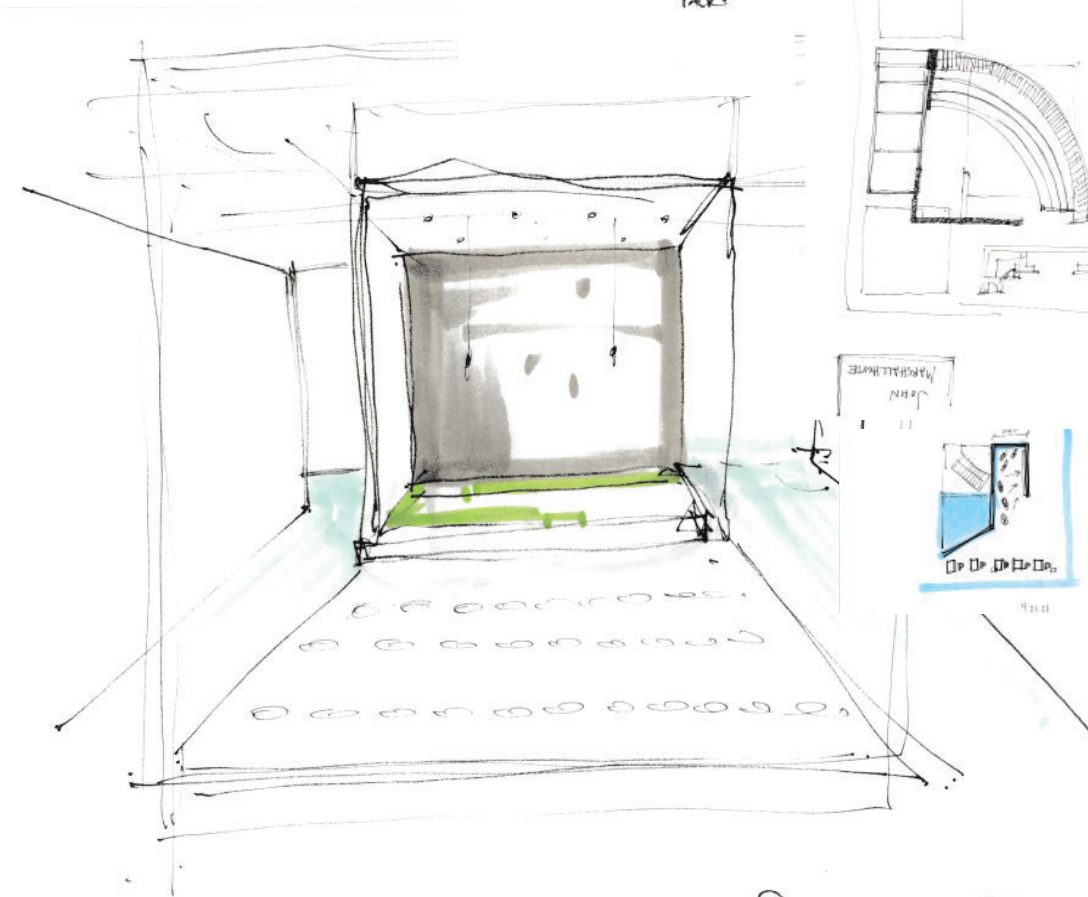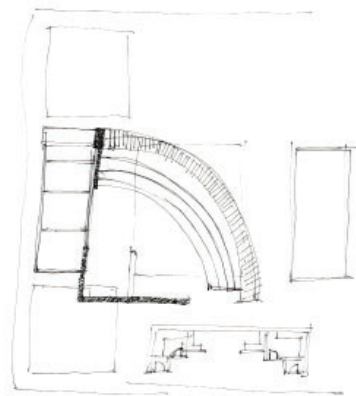reception soffit and throughout space modular arts interlocking gypsum modular wall tile
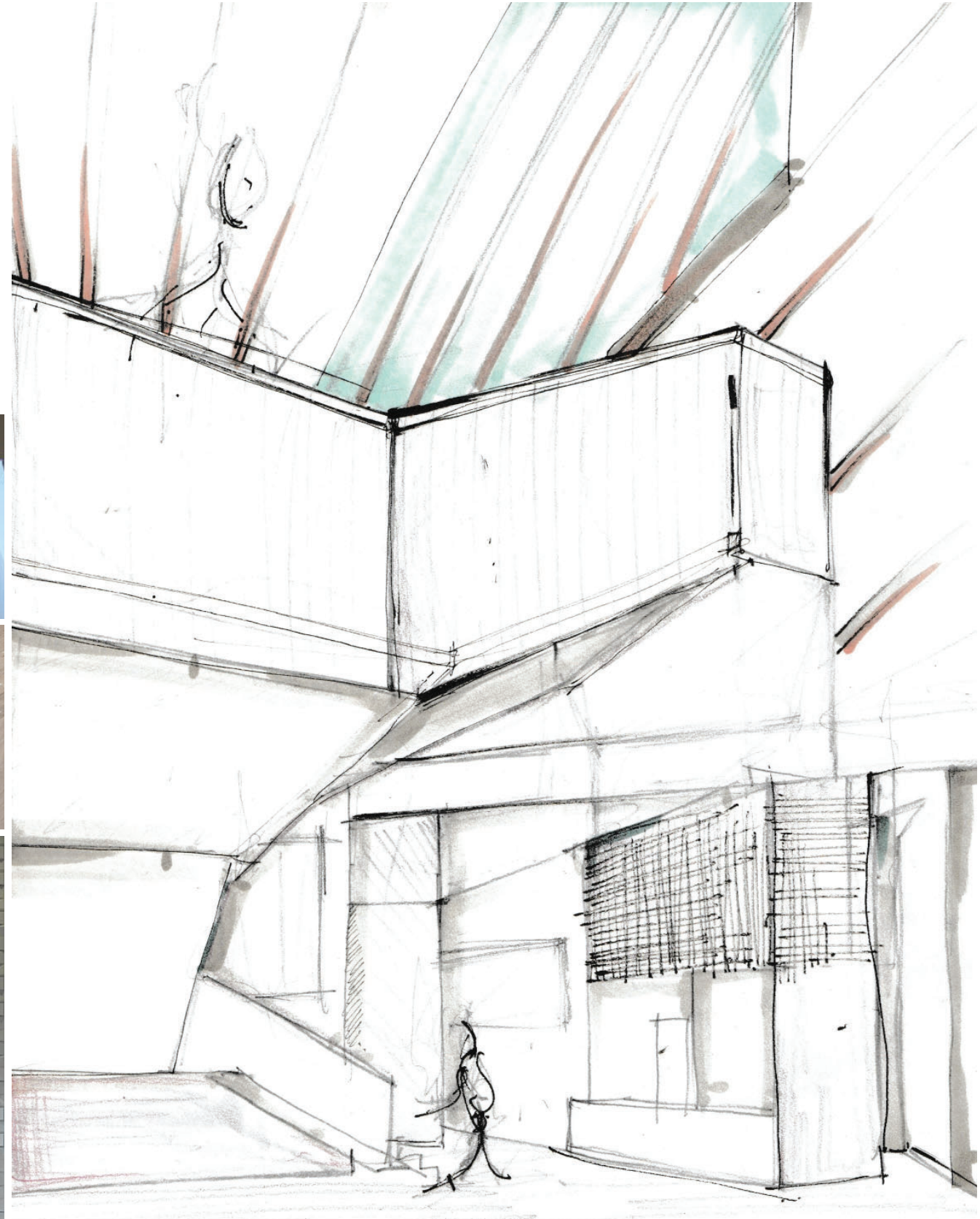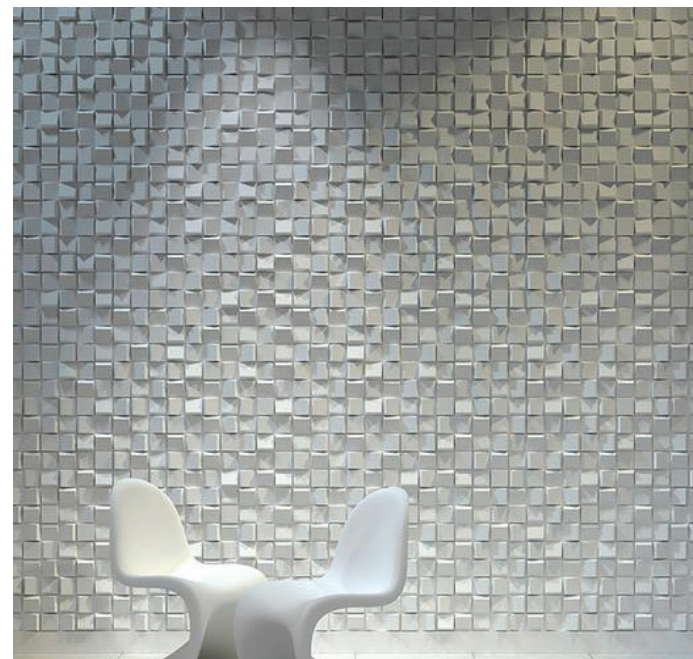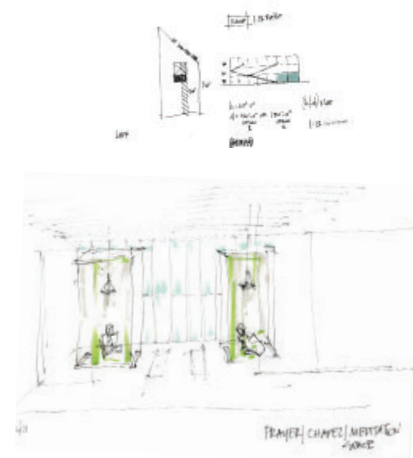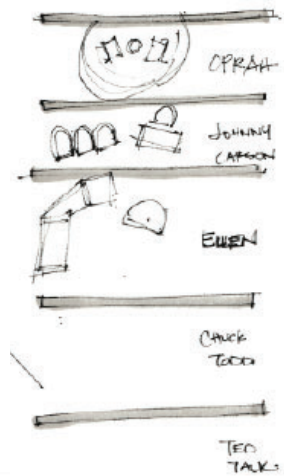
Second Floor

A   ELEVATOR LOBBY
B   ENTRY LOBBY
C   RECEPTION
D   PODCAST & MEDIA SUITE
E   BIKE STORAGE & SHOWERS
F   SCHOLAR HOSTEL
G   LACTATION + PRAYER + REST
H   STORYTELLING
I   GATHER
J   COFFEE BAR
K   CONFERENCE
L   DEVELOPMENT DIRECTOR
M   EXECUTIVE DIRECTOR
N   STORAGE
O   WRITING LAB
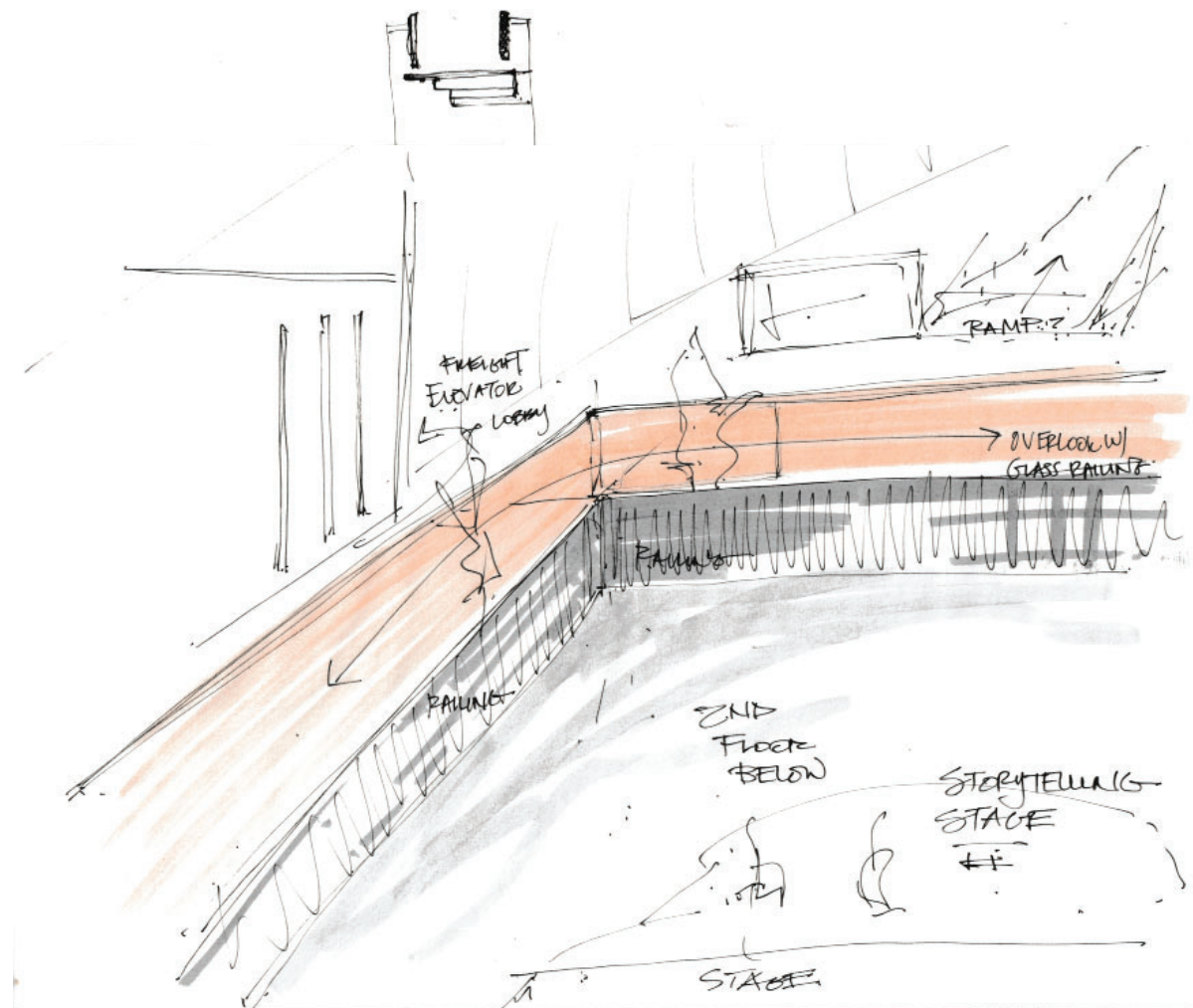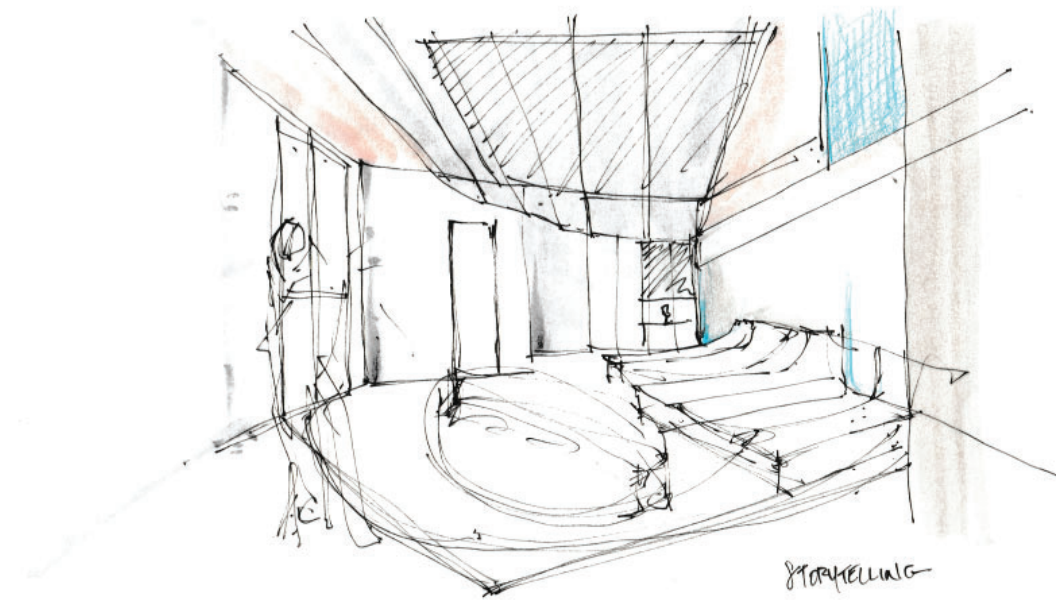P   DIRECTOR OF OPERATIONS

Sight Line

OPRAH

JOHNNY CARSON

ELLEN

CHUCK TODD

TED TALK

STORYTELLING STAGE

RD 3/26/21

STORYTELLING

RAMP?

FREIGHT ELEVATOR LOBBY

OVERLOOK W/ GLASS RAILING

RAILING

2ND FLOOR BELOW

STORYTELLING STAGE

STAGE

Storyline Theater
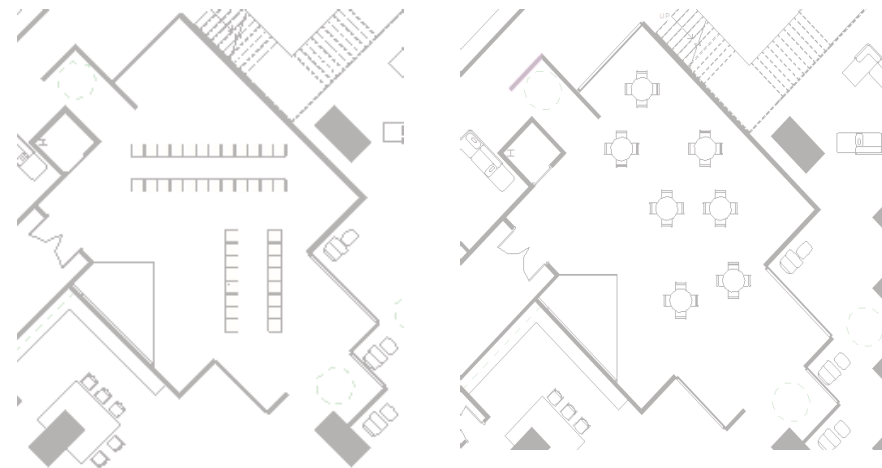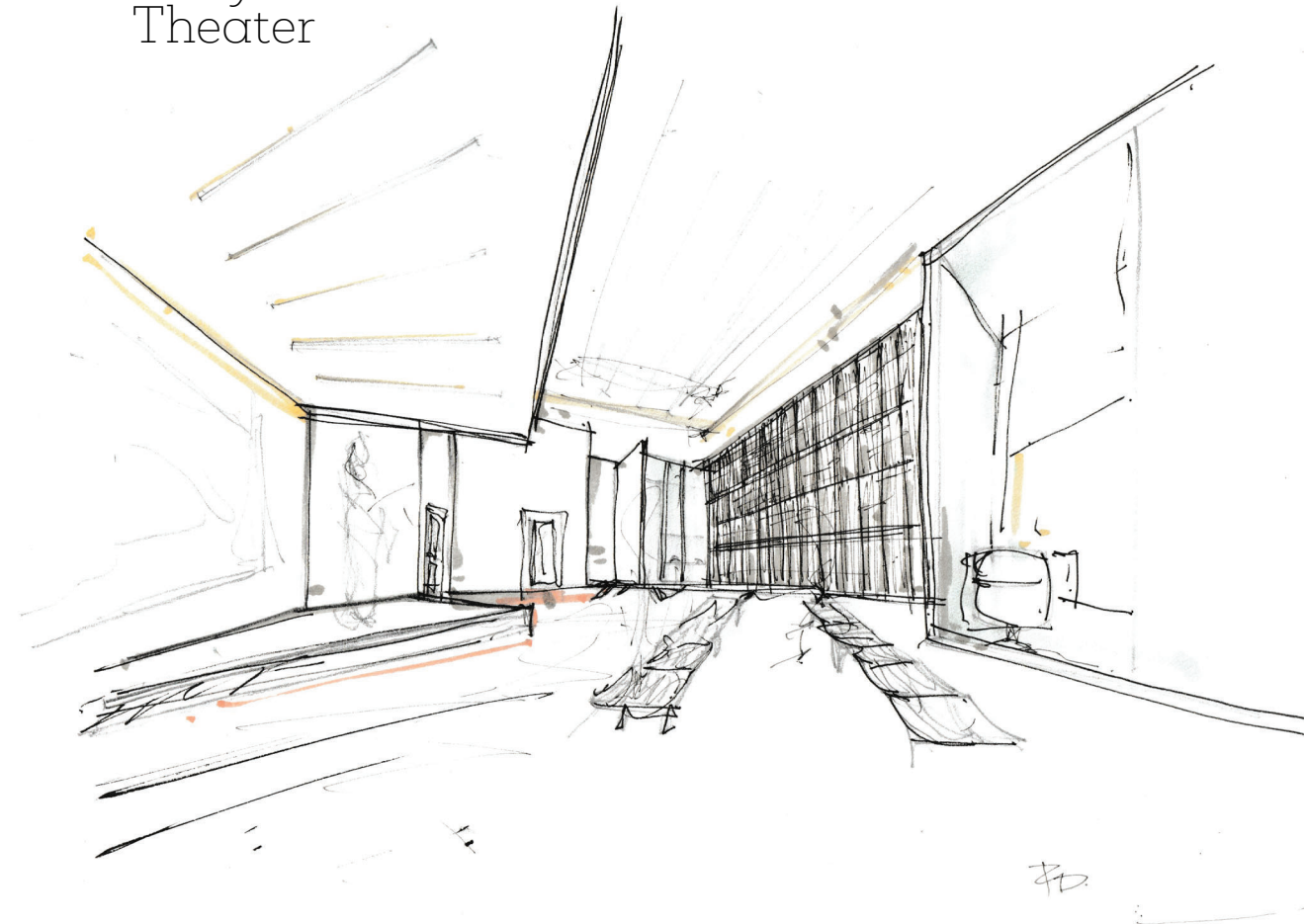
finishes from top left

accent wall
vives ceramica negro 10" x 20" wall tile

dropped ceiling feature modular arktura
vapor frequency 48" x 96" panels

maharam textile for lounge seating

hubbarton forge storyline light for entr
ways to storyline theater

sossego ylla bench

flooring detail american white oak
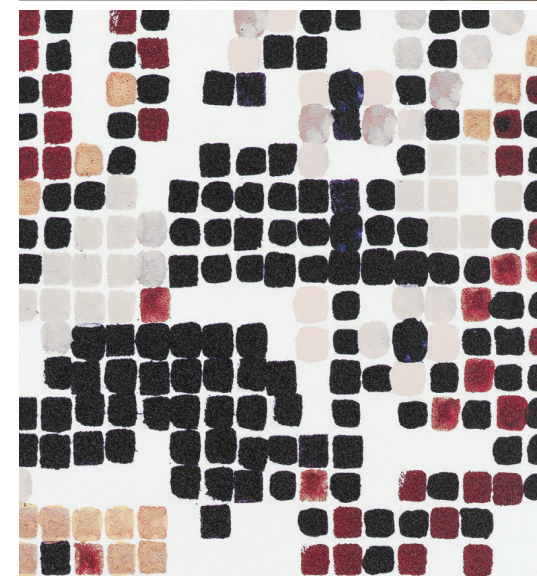
Second Floor
Writing Lab
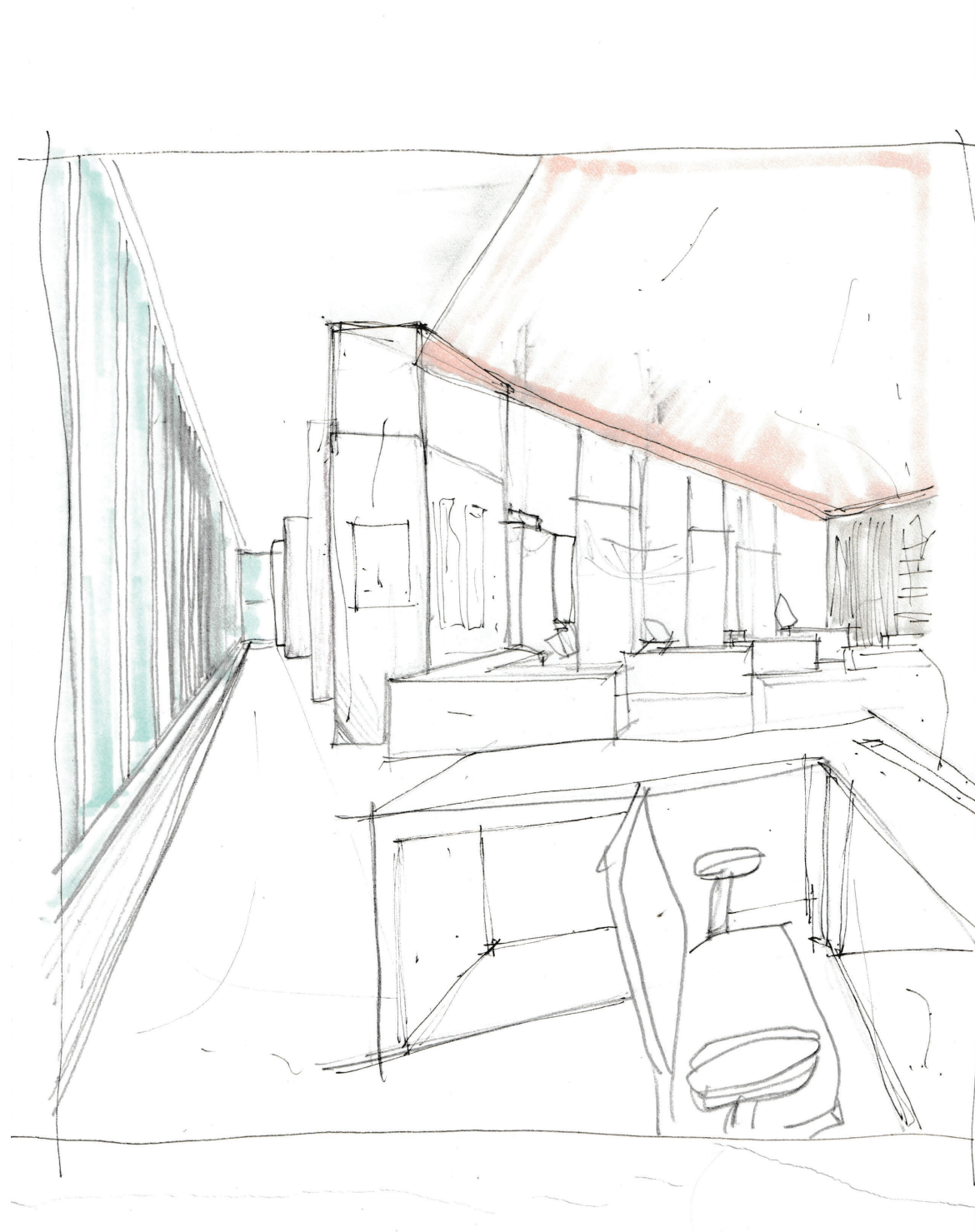
finishes from top left

knoll wallcovering for accent wall style drip color sake

hubbarton forge santa cole lamina task light by antoni arola

haworth fern task chair

haworth window seat chair

knoll window treatment for wall not shown

Third Floor

A   ELEVATOR LOBBY
B   ENTRY LOBBY
C   STORAGE
D   COMMUNITY DINING
E   RESEARCH DIRECTOR
F   DESIGN DIRECTOR
G   KITCHEN
H   SCHOLAR HOSTEL
I   GATHER
J   LACTATION + PRAYER + REST
K   THE WORKSHOP
L   GRADUATE RESEARCH ASSISTANTS
M   THE STUDIO

Sight Line

Reflection

Reflection
A Pandemic MFA

What a journey.

On Thursday, May 10th, 2021, I presented my work to the VCU Interior Design faculty. Camden Whitehead, AlexAis Holcombe, Emily Smith and Roberto Ventura were present.
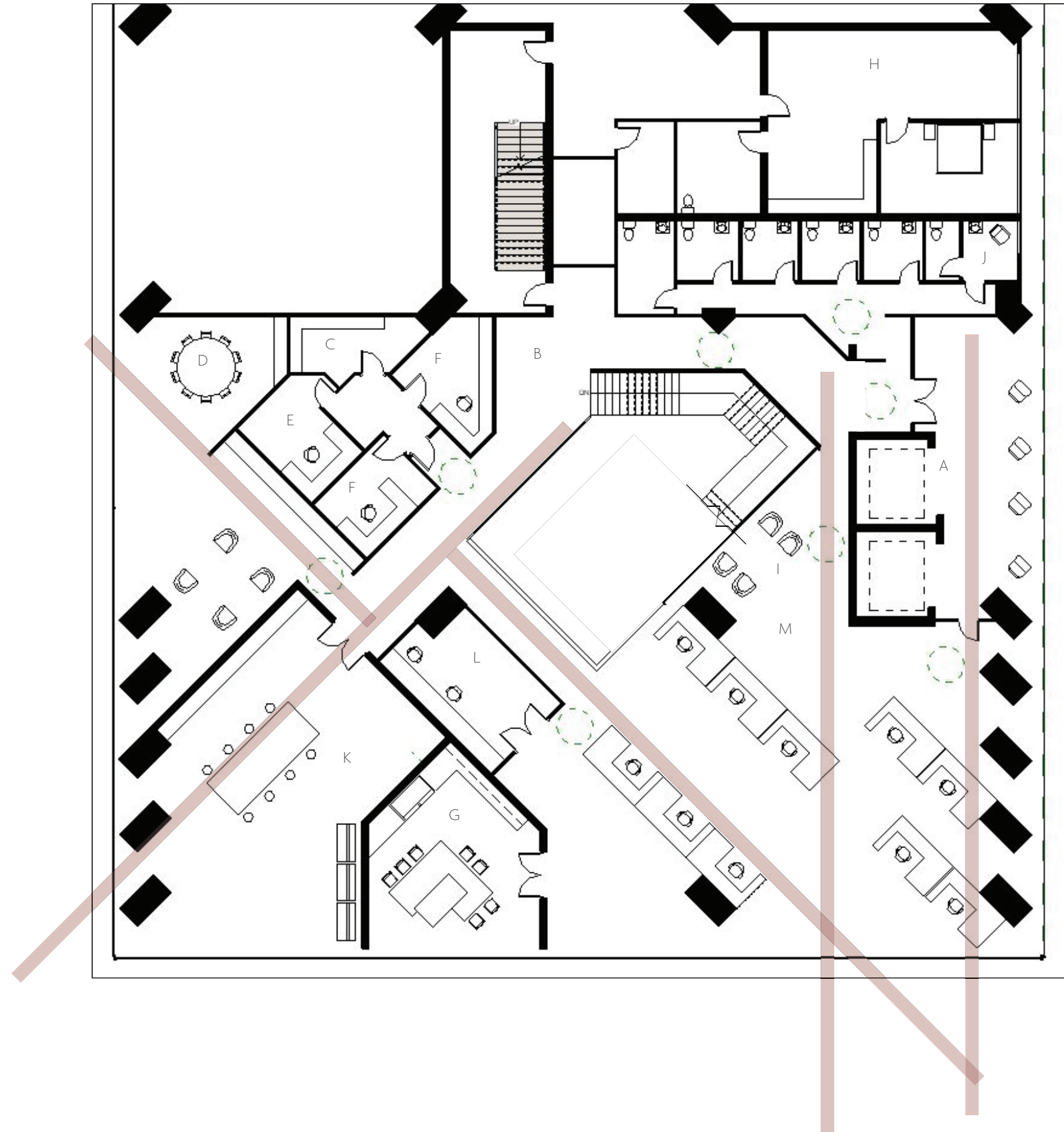
The attendees were patient in listening to a concept that developed over 4 semesters. The goals of the project were met.

Associate Professor Camden Whitehead indicated he was glad that this building was used. He questioned the 45-degree angle of the plan. I indicated that capturing the sightlines within the space while diffusing the light and offering interest in an otherwise rectilinear building was the goal. Some minor space planning oddities may need to be reconciled with the grid resulting from this angular plan.

Associate Professor Lexy Holcolmbe was interested in the precedents and indicated that I should reflect their application and relevance within the project thesis

book, as discussed during the presentation. In the thesis book, the narrative will indicate whether a precedent was related to the program, design concept, the form of the interior, materiality, etcetera. She also expressed interest in the materiality of the space. Labeling will be needed in the printed book to reflect the placement of materials.

Dr. Sara Reed, who has offered a perspective that differs from most throughout this concept development, paid special attention to the circulation of the space and the placement of programmatic elements related to a transdisciplinary approach. We discussed her approach to integrating a biomedical aspect. In the long run, the beginnings of staff perspective developed when she connected Dr. Russell Jamison and I, the founder of the DaVinci Center at VCU. Associate Professor Emily Smith offered enlightening feedback and fortunately saw the floorplans in a new light. Although this space was intentionally left open and "unprogrammed", the lack of F, F, & E offered opportunities

for each professor to interpret the space. She emphasized the need to play up the Heart and Soul of the space. She inspired several clarifying moments that will be incorporated into the book. Wall Types, emphasis on gather spaces, sections to reflect scale, exterior circulation, and perspective scale. The discussion of rendering types and interpretative presentations were discussed.

Personal Reflection
Overall, this thesis spoke to my strength in collaboration. I truly missed the studio environment and the ability to bounce off ideas. I found new techniques and was able to truly analyze my interests and ethos as a designer. I like the beginning and the end pf projects. I like to help other people who are smarter than me do everything in between.

I miss people.

Design doesn't work in isoloation.

I like designing with others for others. This too shall pass.

Thank you

Brian, Naomi & Jude loves of my life

Mom & Dad aka Waldjoy the parents who bought me that drafting table in 7th grade

The VCU MFA Class of 2021

James, Lacy, Jonathan & Julia Perry my people

Christiana Lafazani the reason i am here

Eleanor Barton first teaching teacher as a gta

Kia Weatherspoon second teaching teacher gta

Alexis Holcolmbe, Sara Reed, Emily Smith, Roberto Ventura, Camden Whitehead vcu mfa interior design professors and mentors

Kristin Carleton & Rob Smith advisors

Dr. Dwayne Ray Cormier, Jennifer Pryor, Dr. Russell Jamison interviewees

Dr. Sharon Zumbrunn, Dr. Kristian Robinson, Dr. Courtnie Wolfgang, Dr. Zoey Chu mfa electives professors who changed my outlook on life

VCU Interior Design class of 2021, 2022 & 2023 first students, inspiration & future colleagues

Dr. Holly Cline, Moira Denson, Dr. Joan Dickinson, Doug Seidler, Dr. Bryan Orthel, Katherine Setser, Julie Temple, Dr. Lisa Tucker design educator idols

Margarita Aleixo a brilliant research assistant and future game changer

Tami Farinholt, Sarah Legge, Jay Scruggs my letters of recommendation, friends, and co-visionaries

Katie Stodghill & Toni Watkins my cheerleaders

Danica Mingee & Jennifer Heath my bffs

The Camping Chat you know

The Hilton Moms Club aka Suburban Women Chat if you leak it, we will know

dedicated to Nina Ruth Bennett & Helen Eileen Perry

Appendix

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