

Programme, 2019-21

Design Thinking

IB- 501

Trimester – V, End-Term Examination: December 2020

Time allowed: 1 Hrs 30 Min

Max Marks: 30

Roll No: _____

Instruction: Students are required to write Roll No on every page of the question paper, writing anything except the Roll No will be treated as **Unfair Means**. All other instructions on the reverse of Admit Card should be followed meticulously.

Sections	No. of Questions to attempt	Marks	Total Marks
A	1 question with internal choices	1*10	10
	And 2 questions with internal choices	2*5	10
B	Compulsory Case Study	10	10
			30

SECTION-A

Long Answers – 1X10 = 10 Marks

Q1 A) Design your preferable work future using Use a design thinking approach to design a strategy for how you might adapt to these challenges and arrive at your preferable work future.

Imagine a fictitious POSSIBLE (*that may exist or happen, but that is not certain*) scenario in 5 years' time where disruptions have changed your job, your customers' interactions, your company (if applicable), and the broader society?

Define one aspect of your PREFERABLE (*more desirable or suitable*) work future in 5 years' time, based upon your previous analysis of your possible work future.

Outline your approach for empathy stage of the design thinking process **CILO 3**
OR

Q1 B How will you go about launching a new beverage using the Design Thinking approach"?

CILO 3

Please Turn Over

Short Answers - 2X5 = 10 marks

Q2A) Design thinking emphasizes- desirability, viability and feasibility. Describe the same for launch of any banking mobile app. **CILO1**

OR

Q2 B) People centered design methodology involves a problem solving approach for people that both diverges and converges. Explain. **CILO1**

Q3 A) How to encourage customers to open bank accounts? Draw Customer Journey Map for a bank to increase its enrollment

CILO2

OR

Q3 B) The challenge for Gayle Darby (University of Toyota) and Diane Jacobsen (Hitachi Consulting) was significant. Vehicles from three major brands Toyota, Lexus, and Scion were all experiencing the same issues with call center support. Customer satisfaction was down and wait times averaged 20–40 mins. And that was just to get someone on the line. To find answers service reps were using as many as 13 different applications, would have to speak to internal tech support, walk to filing cabinets for hard copy information or ask one of their more experienced peers.
Frame problem using abstraction laddering **CILO2**

**SECTION-B
Compulsory Case Study – 10 Marks**

How Design Thinking Turned One Hospital into a Bright and Comforting Place

CILO 2 & 3

Long dreary corridors, impersonal waiting rooms, the smell of disinfectant — hospitals tend to be anonymous and depressing places. Even if you're just there as a visitor, you're bound to wonder, "How can my friend recover in such an awful place? Will I get out of here without catching an infection?" The transformation of the Rotterdam Eye Hospital suggests that it doesn't have to be this way.

Over the past 10 years, the hospital's managers have transformed their institution from the usual, grim, human-repair shop into a bright and comforting place by incorporating design thinking and design principles. In this case, a team of the Rotterdam Eye Hospital's CEO, CFO, managers, staff, and doctors wanted to understand how their patients felt when they entered the hospital and what could be done to improve their experience. The hospital board directors realized that most of their patients felt afraid of going blind. Thus their primary goal should be to reduce patient's fears.

Please Turn Over

At this point, teams of caregivers at the hospital began designing experiments based on the most promising concepts the Rotterdam Eye Hospital innovation hunters had brought back with them. Such experiments were crucial to the program's success: proponents of the methodology insist that because it's impossible to know in advance what impact an idea will actually have, making small-scale experiments is a crucial part of refining the concepts and winning the support of senior managers.

These small experiments were somewhat informal. They were not run like a clinical trial with a formal reckoning at their conclusion. Instead, the transition to formal adoption tended to be more gradual. If an idea worked, sooner or later other groups would ask if they could try it too, and the best ideas spread organically.

One reason the hospital could be so flexible was that most of the ideas eventually adopted were fairly inexpensive. From the start, planners kept a tight rein on costs, in part because the hospital worked with no outside consultants or high-priced designers. When designers were needed, the planners usually found up-and-coming external designers who saw a commission from the hospital as a way to gain experience and exposure.

A good example of a small but powerful change to improve the institution's information and communication structure involved the children's hospital. The hospital sends beautiful T-shirts with a specific animal print to children in advance of their stay. The consulting ophthalmologists wear a button with the same animal during the appointment, which gives them a way to immediately connect with the children and to create a feeling of community.

An example of a more complex change to the hospital's operations is the newly created culture and training program called "Eye Care Air." Inspired by the safety and training programs of airlines, Eye Care Air trains all caregivers in fear reduction, teamwork, and safety. The program addresses such topics such as: How openly should I talk to patients, doctors, and other colleagues? How do I speak frankly to a patient without triggering panic?

Clever architectural and interior ideas also contributed to reducing patients' fears. For instance, the children's department got a face-lift to make it less frightening and more fun, with such imaginative new features as stepping stones at service counters that allow kids to communicate eye to eye with the hospital staff.

Not every idea worked. One concept, to pick patients up directly from their homes in a taxi, didn't reduce their fears at all. When a pilot didn't catch on, the hospital planners would analyze the experiment and try to understand why. In the case of the taxi service, patients' fears weren't reduced because the taxi ended up in the same traffic jams as patients would have encountered if they had used their own cars.

Other ideas, such as the Eyepad, an iPad app that made it possible for an individual patient to track his or her progress through a procedure, took more time to sell to the staff than to the patients. In that case, planners had to persuade employees that the idea behind an electronic checklist was to reduce patient anxiety and improve service quality, not "blame and shame."

Making the Rotterdam Eye Hospital a more pleasant environment has had a number of positive effects. Patients heal faster now and have a more positive experience overall. **The hospital staff can now conduct 95% of all procedures without an overnight stay and the hospital itself scores 8.6 (out of 10) on its customer satisfaction surveys.** Employees are also happier. One staff member says, *"Because the Rotterdam Eye Hospital is so small, lines are short and I can deeply focus on my profession. There is room for new ideas."*

Design thinking has also earned the hospital a reputation as an innovator. Even people outside health care are talking about the hospital now, largely because of its creative approach. (The hospital's art collection is even included in the city's annual museum night.)

Over time, as many of these experiments succeeded, internal scepticism about the value of design declined. Employees can see that better design had a positive effect not only on the patients but also on themselves.

Q1. Draw the value proposition canvas for Rotterdam Eye Hospital

10 Marks