

Post Graduate Diploma in Management: Retail Management, 2016-18

Design Thinking

Sub. Code: RM-403

Trimester – IV, END-TERM EXAMINATION: September 2017

Time: 1 Hr 30 Min

Max Marks: 30

Roll No. -----

Instructions:

1. **Students** are required to write their Roll No on every page of the question paper, writing anything except the Roll No will be treated as **Unfair Means**. In case of rough work please use answer sheet.
2. Be **brief** and to the point. The answer to every 5 mark question should be of **maximum 300 words**, 10 mark question maximum 600 words and the case study analysis maximum 1000 words.

SECTION A (2X5=10 Marks)

Note: Attempt any two questions

1. Using a Design Thinking approach which kinds of users would you like to engage with for developing a new mobile phone? Why?
2. Design Thinking is often described as Innovation resulting from the intersection of People, Technology and Business. Please explain?
3. Describe the Design Thinking process from end to end?

SECTION B (1X10 = 10 MARKS)

Note: Attempt any one question

1. 'The PGDM curriculum needs to be redesigned'. Draw a stakeholder map for this problem statement.
2. What is the difference between the 'Exploitation' of knowledge and 'Exploration' of knowledge.

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SECTION C
(Case Study)

Note: Case Study is Compulsory
(10 Marks)

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

Rotterdam Eye Hospital

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 into their planning process, the hospital's executives, supported by external designers, have turned the hospital into a showplace that has won a number of safety, quality, and design awards — including a nomination for the prestigious Dutch Design Award. Even more important to the not-for-profit organization: patient intake rose 47%.

They started with patient-first thinking. The first step in any design-thinking process is to understand the end-user's experience. 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 patients' fears.

To do that, the team next looked inside and outside the health care for ideas about how to improve the hospital's service. For example, they learned about scheduling from the just-in-time practices of the upscale Dutch supermarket chain Albert Heijn and KLM, the Netherlands' flagship airline. They also gained important insights about operational excellence from two eye hospital organizations founded by Rotterdam Eye Hospital: the World Association of Eye Hospitals and the European Association of Eye Hospitals.

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

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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.

Questions:

1. Explain various elements of the Design Thinking approach in the Rotterdam Eye Hospital case study? (7 marks)
2. Explain how prototyping was done in this case study. (3 marks)
