



‘Leading by Design’ Case Study Tama Duffy Day – a work in progress

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Note: Specific words throughout my Case Study are underlined to signal the use and discussion of one of the applicable 22 ‘Leading by Design’ themes. This underlining convention identifies the presence of case study evidence that supports the action research methodology by demonstrating how and where specific learning and improvements have been made.

My Position in the World

My journey in the field of healthcare architecture and interior design has been filled with ups and downs, twists and turns, forks in the road. In 1985 when I was “selected” by my supervisor to join the team working on the Mayo Clinic’s new cancer treatment center in Rochester, MN, I nearly fainted. During the time I had been working at “inside” the corporate interior design practice within Ellerbe Becket, Inc. in Minneapolis, MN. As an entry level interior designer I enjoyed the challenge of test fits, square footage calculations, space planning, furniture selections and specifications and learning the art of corporate interior design. Being “selected” to work on the Mayo Clinic project felt as if I had been demoted. Healthcare design was, at the time, lacking in “innovation” and it also meant literally moving my workstation from downtown Minneapolis to the suburbs in Bloomington, MN. In my mind I didn’t really have a choice but to accept this project assignment. So, I packed up my things and began my journey into healthcare.



From that moment forward my learning has grown exponentially. I knew nothing of the words nuclear medicine, linear accelerator, magnetic resonance imaging, but in time I learned much about the treatment of cancer and the methods in which the layout and design of a facility can make the experience for both the patient and the staff more friendly, more thoughtful. My mentors at Ellerbe Becket, Inc. - Rolf Oliver, John Waugh, J. Michael Florell, Susan Farr, Frank Nemeth - were generous in sharing their knowledge while I began to understand this complex science. And my mentors within the Mayo Clinic were equally as generous and gracious – Robert Fontaine, Richard W. Cleeremans and Cheryl Lavin-Meyer. In reality, I had no clue about healthcare design and that it was, in fact, very innovative and extremely challenging.

So, I often say, healthcare design picked me and I have been fortunate by that selection. It has influenced every step of this 20+ year journey in both my career and in my life providing me many paradigm shifts.

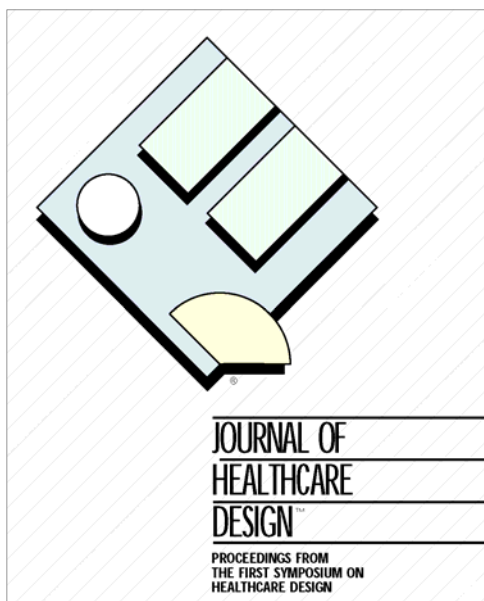
Around this same time two other eye-opening paradigm shifts occurred. I was one of a small group of healthcare leaders representing the United States of America invited by Tarkett, a worldwide leader in flooring, to visit their headquarters in Sweden. On that trip I met Jain Malkin, Barbara Huelat, Richard Babcock and Alan W. Mack. Being the youngster in the group, only later did I realize the significance of being included in this tremendous group of Leaders. We toured healthcare facilities, one of the Tarkett flooring factories and the Tarkett flooring design center. It was an amazing opportunity both personally, educationally and culturally. I truly became aware of Distinctions of Leadership.



References:
Saint Lucas Hospital, Gent (Belgium)

Images courtesy of Tarkett flooring

The second paradigm shift was attending the First National Symposium on Health Care Interior Design at the LaCosta Hotel & Spa in California in 1988 where I was re-acquainted with everyone from my trip to Sweden, but I also met Wayne Ruga. The setting was beautiful, the program was inspirational and I left LaCosta a true believer in the powerful impact a well designed healthcare environment can have on healing. Wayne was thought provoking and challenged everyone to go beyond the expected. I was so inspired by the event that I became a speaker at the Second Symposium co-presenting two topics: Psychiatric Care Units and Intensive Care Units. I have seldom looked back.



Leading by Design

My participation in the Mayo Clinic project, since named The Charlton building, ended up to be rewarding in every meaning of the word; the friendships built with the Mayo clientele, the additional knowledge in the treatment of cancer, a new level in the understanding of health, and the project being recognized as innovative in a national forum.

In 1989 the Mayo Clinic Charlton Building in Rochester, MN, at the time the largest radiation oncology center in the United States, won the First Annual Health Care Environment Award cosponsored by the Symposium on Health Care Interior Design and *CONTRACT* magazine. This award (currently named The Healthcare Environment Award) was given to *design /architecture professionals in recognition of innovative, life-enhancing interior design projects that support healing and promote well-being in the health care environment.* (Journal of Health Care Interior Design, Volume II) It was with great pleasure I accepted this award with my colleagues and with my client. I learned that cultural values within leading healthcare organizations can provide great opportunity for innovation - a requirement for amazing projects - and that these cultural values are indeed, rare.



Mayo Clinic Charlton Building
Images courtesy of Ellerbe Becket

Fast forward and my personal learning has been extreme. In 1990 I accepted a 9 month project assignment to lead the interior design component of the 1,000,000 SF replacement facility for the Kings County Hospital, a joint venture project with Ellerbe Becket and HOK in Brooklyn, NY. Having lived the first 21 years of my life in North Dakota I originally thought moving to Minneapolis was a culture shock. Renting an apartment on a fourth floor walk-up on Madison Avenue in New York City was yet another opportunity that has shaped my life and created a tremendous paradigm shift.



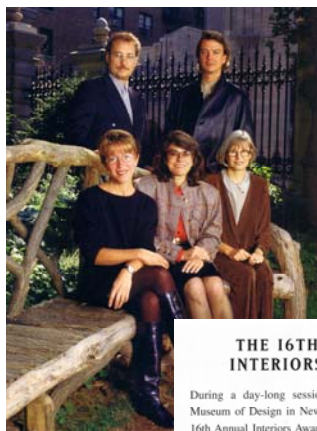
Leading by Design

The Kings County Hospital project office was located in SoHo – downtown New York - which at the time was a dirty and grungy strip in lower Manhattan. At every corner, turn, and view I witnessed a life and a culture I had never before experienced. Although I loved the rural elements and clear skies of the MidWest, I fell in love with this urban melting pot where I met and developed friendships with people from around the globe. I developed a new understanding and appreciation of language, color, smells, noise, culture and fashion.

And professionally, my first trip in 1990 to the existing Kings County Hospital was shocking. The facility was crowded, dirty, and patients and their families lined every hallway. Patients in the emergency department had been on stretchers in the same room for days – as there were no available patient rooms. I had never seen such poor conditions and the images of that first journey into urban healthcare remains vivid.

For 5 years various components of this joint venture moved forward; we razed buildings, built temporary structures, created make-ready buildings and at the completion of the construction documents, the project was put on hold due to an over-building of beds in the New York area. I soon began to understand politics, the government and the power of lobbying.

As the project came to a screeching halt, I stayed in New York and made it my home for 11 more years. In 1992 I accepted employment with Perkins+Will and was promoted from Senior Associate to Associate Principal and, at a young age, Principal. Again, supported and mentored by national leaders; Nila Leiserowitz, Neil Frankel and Gary Wheeler to name a few, they positioned me in front of magazine editors, product designers and academic medical center clients, providing me numerous platforms for recognition and growth. I became aware of their Organizing Leadership attributes as they did recruit, train and inspire me to Lead.



THE 16TH ANNUAL INTERIORS AWARDS
During a day-long session at the Cooper-Hewitt Museum of Design in New York City, jurors for the 16th Annual Interiors Awards singled out 17 projects for awards, from among nearly 400 submitted in this year's competition. The jury was comprised of Todd Dalland, a partner in FTL Architects, New York City; Tama Duffy, senior associate at

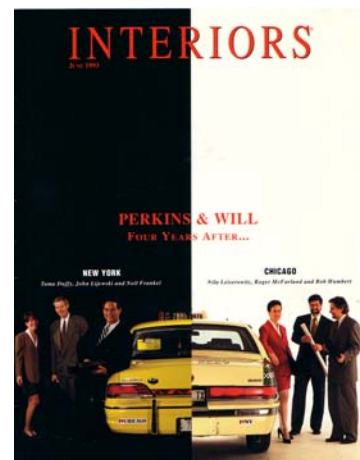


Changes made in the health care industry will not only affect how health care is managed and delivered, but will also impact the health care design field, says interior designer TAMA DUFFY who specializes in interior design for health care facilities. "The field is challenging," says Duffy, "with demands on designers to be creative and to design facilities that are flexible within new health care structures and policies." Duffy has 13 years experience in interior design, primarily focusing her talents to create award-winning, functional, and aesthetically-pleasing designs for health care clients. She is currently an associate principal at a New York architecture and design firm and considered a leader and innovator in the field. This spring, Duffy teams up with design and health care colleagues to teach courses within the Health Care Design certificate program.

Visions of the Future



New York University
60 Year Anniversary
Featured Faculty



Juror – Cooper Hewitt Museum of Design

Featured on magazine cover - 1993

With their support, I became a project and product juror for architectural, interior design and lighting awards. I authored a chapter on Furniture in Sara Marberry's book Healthcare Design. I wrote several articles that appeared in *Health Facilities Management*, *Contract* magazine, *Interiors* and *UltraSTAT!* and I was quoted in numerous journal articles.

The projects I led at Perkins+Will won numerous design and innovation awards through The Center for Health Design, Modern Healthcare, AIA chapter awards in the New York region, and through this recognition I became a national speaker on the topic of health care and Interior Design.

Leading by Design

My speaking engagements have included presentations at Texas A&M University at College Station, TX, Cornell University in upstate NY, George Washington University and Marymount University both in Washington, DC, and The Fashion Institute of Technology and New York University both in NY, NY. In 2001 my alma mater, North Dakota State University, awarded me the "Alumni Master Award" from the College of Human Development and Education.



NEW YORK UNIVERSITY



Fashion Institute
of Technology



Cornell University



Through the efforts of Wayne Ruga and Joan Rangelli, in 1995 I helped launch a Healthcare Design Certificate program for the New York University, Real Estate Division and I taught extensively for five years. This sparked my interest in teaching. I frequently lecture at Marymount University in Arlington, VA and am adjunct faculty at the Corcoran College of Art + Design in Washington, DC.



My life journey has now lead me to Washington, DC where I remain a Principal with Perkins+Will and have recently accepted additional Leadership responsibilities as the Washington, DC co-leader of our Healthcare Market and the National Interior Design Healthcare Practice Leader.

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Tama Duffy Day

Interiors
Washington, DC

Tama is a nationally recognized designer specializing in the creation of healing environments. In the forefront of healthcare design leadership throughout her career, she is a Principal and the firm's National Interior Design Healthcare Practice Leader. Ms. Day brings an integrated planning, design and humanistic approach to her clients, her teams and to the firm at large. From the beginning of her career Tama's interest in the measurable effects of designed environments on healing led her to critical inquiry and research. She is a spokesperson raising awareness of this correlation among her clients, peers, other professionals and leaders involved in healthcare delivery. This

Our People

- Market Sector Leader
 - Jean Mah
 - Los Angeles
 - Interiors
 - Carolyn BaRoss
 - New York
 - Tama Duffy Day
 - Washington, DC

Leading by Design

As a part of my daily work, I am actively engaged in every aspect of our practice; business development, marketing, new project presentations, design concept development, medical planning and everything through and including contract administration. A large part of my job is mentoring and Leading.

To highlight our national healthcare interior design practice I am learning more skills of organizing. I invented a monthly on-line series with **contract** magazine by sharing with the editor our firm-wide research initiatives.

"Designing for Health" is a monthly, web-exclusive series from healthcare interior design leaders at Perkins+Will that focuses on the issues, trends, challenges, and research involved in crafting today's healing environments. www.contractmagazine.com

Although initially established to last a year, the on-line articles have been one of the most read articles on their web site, so we've agreed to continue the series. *Designing for Health* has created a paradigm shift in our firm, has extended past 18 months, has highlighted topics ranging from acoustic design to the most recent post on healthcare sustainability, and has allowed us to highlight the voices of 18 healthcare interior designers from 10 of our 19 offices. The synergy of this series has grown tremendously and authors are already lined up for the next 12 months extending our Health Design Leadership.

My focus continues to look more globally. My speaking engagements extend to the Indus School of Architecture in Karachi, Pakistan; The Guilin Institute of Architectural Design and Research in Guilin, China; a Leading by Design 'Learning Collaborative' presentation in London, England; San Diego, CA; and an upcoming presentation in India. I continue to shape both my regional and national roles, seeking to utilize my new understanding of health and my new understanding of Leadership.



Why Leading by Design

With all the growth and abundant opportunity with my position, experience and responsibilities at Perkins+Will, one might question why I became a part of The CARITAS Project, and agreed to be a participant in 'Leading by Design'.

I was invited to join 'Leading by Design' in 2004 and at the time was immersed in my responsibilities at Perkins+Will, but also was preparing to become a student at Marymount University seeking my Master of Arts in Interior Design. So, I initially said no. For two years the focus with my studies had been on research, evidence based design and the study of design influencing health outcomes. Although I have known instinctively for years that design influences health, I was seeking to find research methods that supported these concepts. I also found that I was actively seeking how to BE a better leader, an element within Technical vs. Adaptive Work that is a theme of 'Leading by Design'.

My thesis, *'A Healing Spa; Investigating the Healing Use of Light, Shape and Color in a Spa Setting'* had small components of quantitative research but focused on seeking more qualitative research. Having touched on research in my studies, I was intrigued by the concept of Action Research – one of the 22 themes in 'Leading by Design', it is a research method that is qualitative and reflective.

So, in February, 2008, two months after finishing my masters, I embarked on another paradigm shift by presenting my Leadership Attributes in London, agreeing to be a case study within the 'Leading by Design' Research Project. For over 20 years my paths have crossed with Wayne Ruga and when they have crossed, doors have always opened. With my new responsibility within Perkins+Will as National Interior Design Healthcare Practice Leader, I desired to understand Distinctions of Leadership and to utilize Synergy to grow an even better Interior Design Healthcare practice within Perkins+Will.

Having lead teams that have completed millions of square foot of healthcare space, I still felt something was missing and I believed that the 'Leading by Design' theme of Generative Space was intriguing.

"As a means to develop a shared understanding of 'generative space', the following is a working definition – 'Generative space' is a place – both physical and social - where the experience of the participants in that place is one that both fulfills the functional requirements of that place and it also materially improves the health, healthcare, and / or quality of life for those participating in that experience in a manner that they can each articulate in their own terms." *Source: Wayne Ruga.*

As I participated in the Learning Collaborative in London I begin to understand Generative Space, an integrated component which is culminated through the major themes of the Action Research Project, Health Design Leadership, Space / Environment, Health, and Culture. In my monthly conversations with Wayne Ruga I have developed a better understanding of these themes and how they and all of the 22 themes can be utilized for improving Leadership.

Ultimately, my goal in participation is to learn new attributes of Leadership, to grow my personal knowledge, and to grow Leadership attributes in myself and others that will attract clients and talent to Perkins+Will and to cultivate Generative Space.

Leading by Design projects

In the first two years that I have been involved in the 'Leading by Design' Research Project, I can share examples of several "projects" where my participation in Action Research has shaped new ways of thinking and in some cases, created different "built" outcomes. Action Research focuses on qualitative research; the process of looking at past actions, reflecting upon them and shaping the next action as an outcome of that reflection.

1. The first example is a personal study of **creating "home"**

My husband, Michael Day, and I live in a 1,100 square foot house on Capitol Hill in Washington, DC. Our house was built circa 1860, is defined as a semi-detached single family dwelling and is located in one of the many historic districts in DC. The house is located a block from the Metro and since 2001 when I moved in, the neighborhood called "Eastern Market", has blossomed and become an urban destination for boutique shops and unique neighborhood restaurants. The neighborhood is diverse, multi-generational and ever changing.



I first moved into the house as a single person, its size seemed enormous to me – double the size of my previous loft in the Chelsea area of New York City. And with the addition of a garden, larger in size than the footprint of the house, I felt as if I was living in an estate. New York friends that came to visit were envious of all the "room".

In 2004 I married and when my husband, Michael Day, moved into this "estate", the use and allocation of space within the house changed. What felt previously as enormous, now felt very different. As we sought places to store his size 11 shoes and clothing for a man 6' in height, scale took on a new meaning. Even chairs that suited my 5' 4" frame now appeared dwarfed in size. Still, we loved the house, its historical character and our neighborhood. So, we choose to continue to live here and down-size our belongings. My husband will tell you he sold everything he owned, with the exception of his books and clothing to move into this "estate".

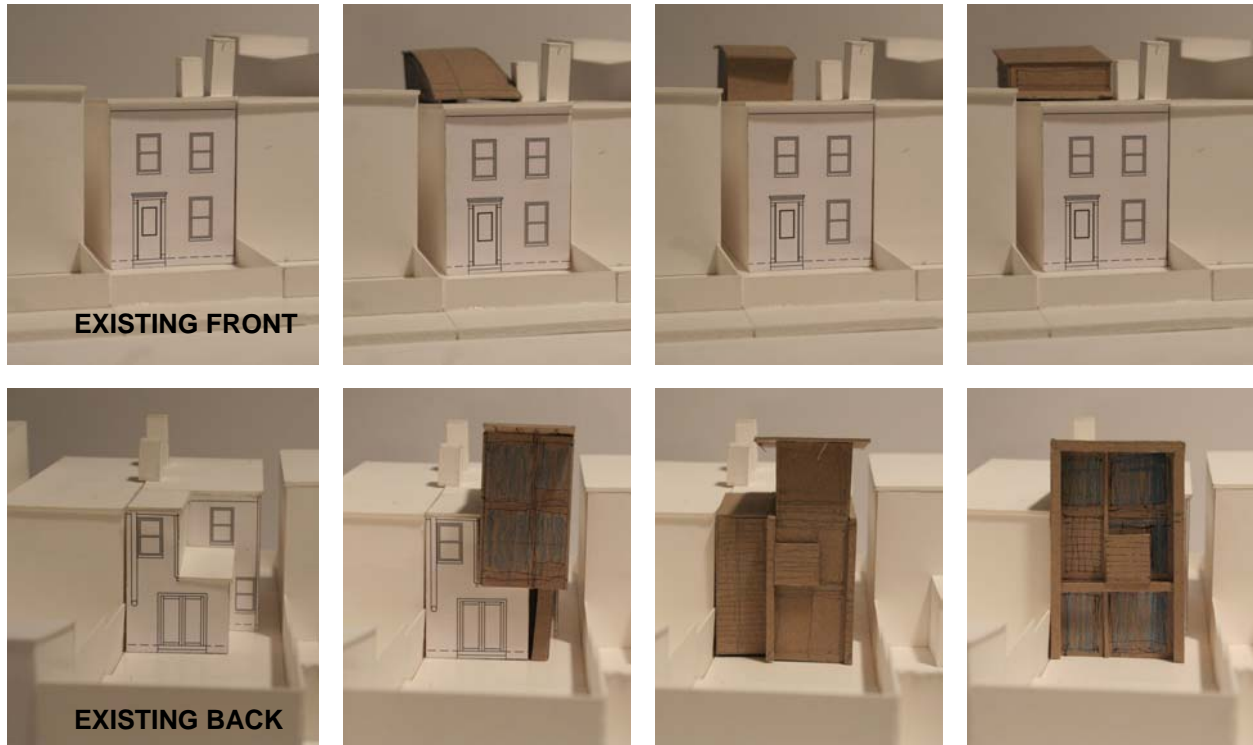
In 2006 the prices for homes in this neighborhood tripled and we decided to create a small addition to this home which would increase our living area, but also increase the property value of the home. With Michael an architect and me an interior designer – the dialogue and conversation began about how, what and where to add. Not wanting to be "mortgage poor" we set the budget for the addition conservatively and the "challenges" began immediately.

While Michael set about to increase his knowledge of the approvals process for building in a historic residential neighborhood in Washington, DC, I embarked on examining "what" program areas to increase. Michael soon established that even a small addition requires the approval of four jurisdictions; The Historic Preservation Restoration Board (HPRB), the District of Columbia zoning authorities (DCRA), the Capitol Hill Restoration Society (CHRS) and the approval of our neighbors through our local Advisory Neighborhood Committee (ANC). Our home would need to engage in and be approved by our community. Due to our existing house having non-conforming lot coverage and our request to build into our "set back" the review process was extended significantly requiring several zoning special exceptions – all for a very modest

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expansion. Meanwhile I had determined that the addition should expand our kitchen and create a large storage room, thus providing our “stuff” a place to be stored and clearing the house of clutter.

As you might imagine, we had differences of opinions on design and layout, long and emotional conversations on priorities for how we spend our dollars, and Michael's initial meeting with the HPRB was less than encouraging. As can be seen in the previous photograph, living in a small and the shortest house on the block impacted greatly the height of our addition. Since a third story addition could be literally “seen” from the street, HPRB would not support the design. We literally felt defeated and the project went on hold for several months.

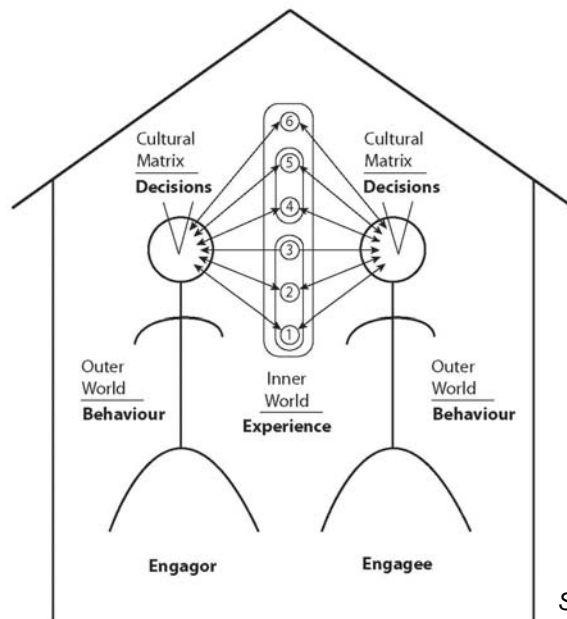


Top Row: Model options of our initial house front

Bottom Row: Model options of our initial house back.

About a year into this process I returned from my first ‘Leading by Design’ learning collaborative. While reflecting on several components of our collaborative discussions I realized that our home greatly affected our health, our relationship and our engagement in our community.

I began to study the ‘[Six Conditions of Space](#)’ Diagram illustrated below. The diagram illustrates six levels of engagement, Level 1 thru 3 engaging in Social Space only, Levels 4 through 5 engaging in Physical Space only and Level 6 Integrated, Simultaneous, Generative Social Space and Physical Space. Level 6 seeks Generative Space; life enhancing, systemic and sustainable.” *Source: Wayne Ruga.* We certainly sought to create generative space in our home. So I began to investigate “how”...



Source: Wayne Ruga, *The CARITAS Project*

In looking at our home, how we interacted in our home, and how we were influenced by our home; we arrived at a New Understanding of Health.

1. We realized we had no space for private contemplation, other than the bathroom.
2. If a guest arrived - attempting to provide them a place to sleep - greatly interrupted my psyche. I needed to give them their own space that would not interrupt my own sleep patterns.
3. Our bicycles and other large items basically sat in our living room all year long, as there was no space to store them (inside or outside). We have no basement, no garage and no attic space for storage.
4. Due to the house being built before the invention of air conditioning and central heating, we lived differently in the house depending on the season.
 - a. In the summer our house is hot and humid and we spend more time downstairs – specifically outside, using the grill to cook most of our food and eating outside until the mosquitoes become unbearable.
 - b. In the winter the difference in temperature between upstairs and downstairs is significant and we “camp” upstairs in one room – a room filled with the computer, TV, desk, sofa, storage, cat toys, and piles of books and magazines. The first level is freezing and unless you are bundled in winter coat, hat and boots and have a roaring fire, it is very uncomfortable.
5. And, although we are both creative, we had no area in our home that could foster creativity.

For reasons beyond our comprehension, neither Michael nor I had taken the time to understand how the impact of our one-room existence affected our communication, our health and how we were not utilizing our spaces efficiently. We had not created a truly generative space; as our engagement in the physical setting was less than ideal.

In hindsight, the fact that I had suggested investing the majority of space in our addition to a storage room, a costly storage room at that, seemed ridiculous. So with thoughts of distinctions of space, a new understanding of health, and a discussion about our cultural values I set about to re-think the program.

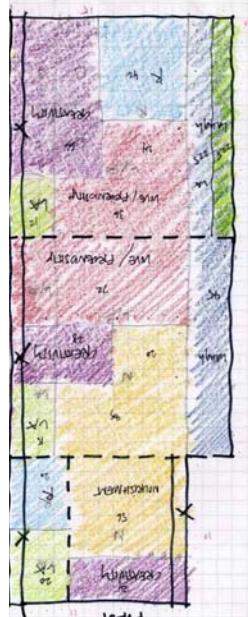
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Rather than establishing a program based on kitchen, dining room, living room, bedroom (common in a typical space program), I gathered the 7 cultural values that mattered greatly to both of us: creativity, love / friendship, nourishment, rejuvenation, laughter, spirituality and life activities. Of those cultural elements we determined together the percentage of space we'd like in our home for each component. We choose to establish 75% of the space to the first four elements: Creativity, Love / Friendship, Nourishment and Rejuvenation.

Generative Space - The Day Residence		
Overall vision: A home environment (for a husband/wife couple and a cat) that is supportive of creativity, laughter, nourishment, rest, spirituality, love, friendship and life activities. The environment requires order and cleanliness with access to sunlight, nature and our community.		
		percentage of space to be devoted to these activities
Creativity:	Creative activities include drawing, sketching, gardening, cooking, reading, painting, architectural model making, photography, editing photographs. Access to sunlight, the computer and in the winter - the fireplace. Areas for displaying artwork / photographs / models / sketches. Our dress / clothing also reflects and inspires our creativity.	20
Love / Friendship:	Activities include two people being together, sleeping together, eating together, family activities, entertaining friends. A place for friends to spend the night.	20
Nourishment:	Nourishment activities includes gardening, cooking/eating, drinking, sleeping, reading, bathing. Access to the garden / outside, food preparation areas both inside and outside, food eating areas. When one of us is sick - access to another comfortable sleeping area. Clothing to support digging in the earth and being outdoors.	20
Rejuvenation:	Activities that rejuvenate include reading, writing, sleeping together, eating, spa-like bathing, showering, watching tv, drawing, biking, hiking, golfing, running, yoga, fly fishing, BBQ food. Travel is a method for rejuvenation - cameras / photo albums / luggage.	15
Laughter:	Access to music, our cat, the computer, the television, books / magazines. Space for dancing. Area for the cat to run / play / jump / scratch.	10
Spirituality:	Activities include reading, writing, contemplation, quiet areas. Views to garden, birds, flowers, sunlight.	10
Life Activities:	Activities that require weekly / monthly attention are paying bills, balancing checkbooks, cleaning clothes, cleaning dishes, cleaning the house, cleaning the litter box, managing the mail and the trash. Ironing, filing paper work, places for dirty clothes and dry cleaning.	5
		100

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I then evaluated, using color to represent each of our 7 cultural values on how we were utilizing our existing Physical Space. Below is the sketch showing the review of our existing home.

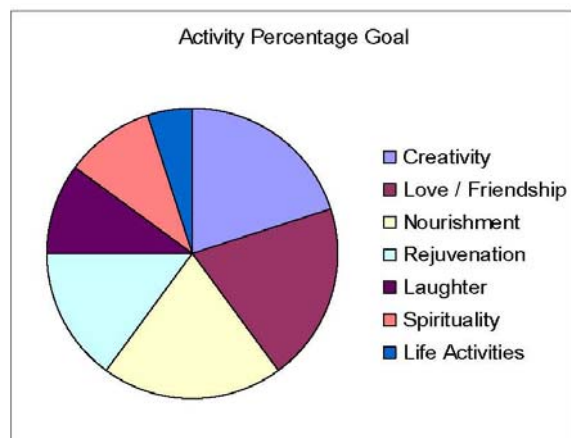
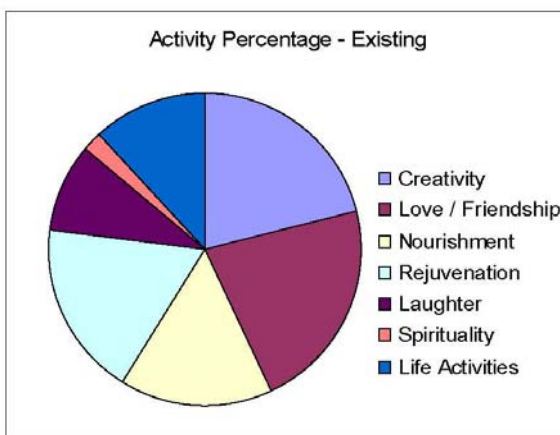


First Floor

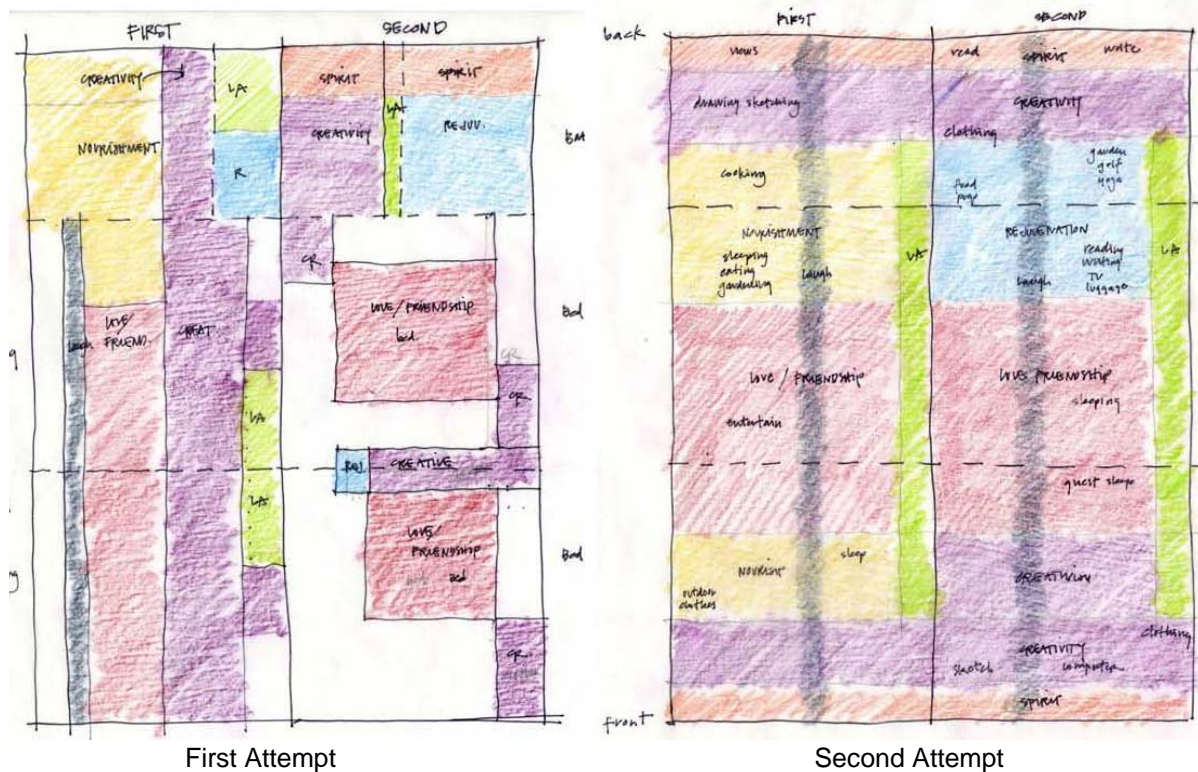


Second Floor

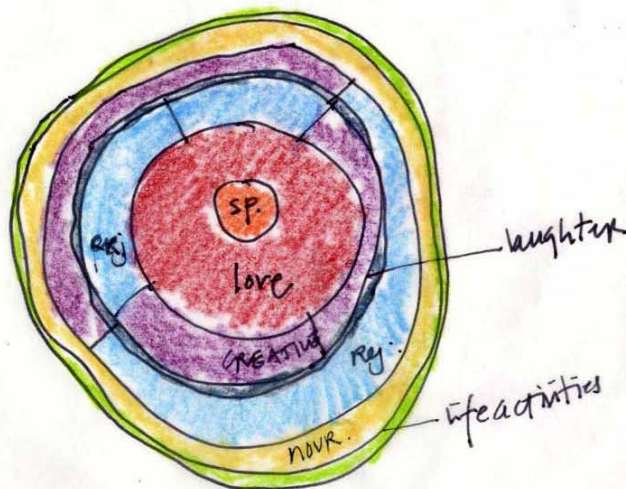
The two graphs below illustrate the ideal percentages of our values on the right, and the existing on the left. The research determined that areas for nourishment (beige) and spirituality (orange) needed to grow; where as areas for life activities; check paying, storage, washing clothes, etc. (dark blue) needed to be reduced in size to meet our cultural values goal.



With this information in hand, we set about re-shaping the program and re-evaluating how to shape the physical space to be more generative. Generally other than the rooms with plumbing, we have rethought how and where to place the various activities in our home. The diagrams below are illustrative of how we set about to modify the various activity zones.



While I was shaping and re-thinking how to program a home, I created the new diagram illustrated below. Preliminary reviews of the floor plans provided the Spiritual element at the outside of our home, but perhaps it might be placed at the center. So the following diagram transpired, imagining the spirituality component as the center element upon which all else surrounds.

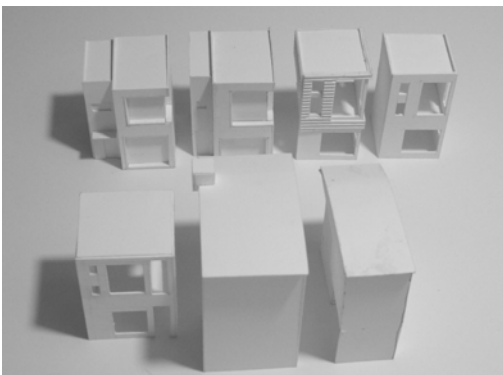


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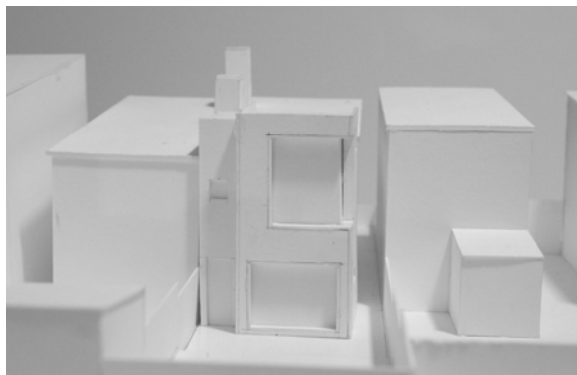
For the past 13 months, Michael and I have drawn, re-drawn and shaped nearly 12 different versions of this addition. Did I already say that he is a very patient man? Oh, and did I tell you we have a very inquisitive cat, Skipjack? Everyone seemed to have a difference of opinion on what mattered but we all agree on the healing attributes of sunlight.



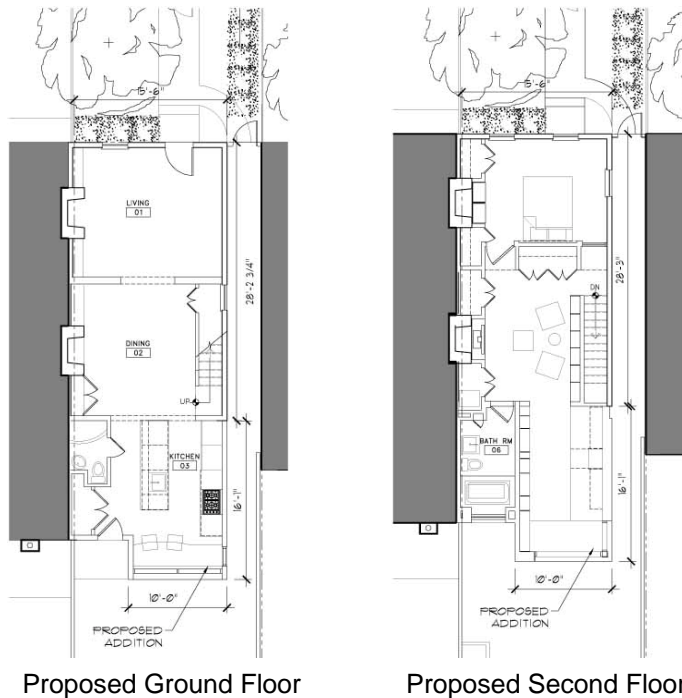
The images I share with you now illustrate where we have ventured in the most recent dialogue and although you may or may not find the images intriguing, it is the Structure upon which these changes have transpired that have allowed this to happen and this Structure is the focus of these images.



Left: Recent Massing Study Models



Right: Current shape of the Back Addition



To the left are the floor plans that have been approved by our 'neighbors'. The approval process that took nearly a year.

Discussions with neighbors modified the expansion size, the location of windows and the size and shape of our addition.

The modifications grounded by this new Structure and created with an understanding of our Cultural Values have resulted in the following:

1. We will indeed add to our home, but the first priority is in improving our heating and air conditioning, allowing us to use all areas in our home for all 12 months of the year, in effect eliminating our one-room winter hibernation. We are currently investigating the use of a geothermal heating and cooling system; which would greatly reduce energy use and consumption.
2. The kitchen will be expanded due to its locale on the first floor, but areas of the kitchen will be designed to inspire creativity in cooking and gardening – as the kitchen is directly accessible to the garden. In addition the size of the kitchen can foster friendships through entertaining and the sharing of meals.
3. A small table and chairs will be added to the kitchen area located directly in sunlight and facing the garden. This area is for rejuvenation (views of nature), creativity (reading / writing) as well as love / friendship (an area for eating and enjoying companionship).
4. The dining room will be refurnished with a small dining table (for every day use) but one that can be expanded for guests. Near the fireplace will be placed two comfortable and cozy chairs, with lights, for reading and relaxing.
5. The living room will be refurnished with a sofa / couch that can support overnight guests, giving them direct access to the existing first floor bathroom. No longer will they be sleeping upstairs. Additionally, the TV will be moved to the first floor living area and away from our sleeping area.
6. On the second floor, rather than building a large storage area, we are designing a creativity room in support of drawing, designing, nourishment, contemplation and rejuvenation. It will have access to daylight and views down to the garden. The room will be furnished as a writing / working / reading / sewing area. It will also have a small single mattress / sofa, to allow naps in the sun and numerous pillows for the surface to also be used as a chaise lounge.

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7. We are relocating our bedroom and creating a room between the master bedroom / bathroom to accommodate clothing storage, a place to fold clothing (next to the washer / dryer) and another area with comfortable chairs. This will provide us several spaces to read / writing / think rather than only one that we both share. We will also use this room to display our own personal sketches and drawings – our own private rotating art collection.
8. Our storage area *will* be expanded, but rather than designate a large room, we have tucked storage areas into all the existing rooms of the house. We are building an “attic” space on the second floor, which will provide a 12' x 5' x 3' tall space for boxes and suitcases. We have expanded our kitchen storage considerably in the new plan, we are building two shallow storage closets in the dining room, we are building a full height bookcase in the second floor ‘creativity room’, and have closet space designated for the golf clubs. A part of this addition will add a small storage / garden tool shed and that will house the bicycles.

We embarked on the approvals process in late 2008, having scheduled meetings throughout 2009 with the ANC, the HPRB and filing self certification for our DCRA hearing. **September 8, 2009 was the big “day” where we received final approvals for everything at our DC Board of Zoning and Appeals hearing.**

Reflecting upon our decisions through the Leading by Design Action Research, Michael and I have embarked on creating a home that reflects us and our life style – not just a home with 2 bedrooms, 2 bathrooms, and other components deemed desirable by realtors.

Both of us are LEED Accredited Professionals and in reflecting on our actions, realized we wanted a home that draws nature, sunlight and the garden into all spaces. As mentioned previously, we are looking to heat and cool our home using a geothermal heat pump system, a process that utilizes the nearly constant temperature (between 50 and 60°F) below the earth's surface and requires little to no fuel. Additionally, we are seeking to design using the sustainable recommendations provided by the U.S. Green Building Council for residential design. *(A LEED Accredited Professional distinguishes building professionals with the knowledge and skills to successfully steward the LEED certification process. LEED stands for Leadership in Energy and Environmental Design. Source: www.usgbc.org)*

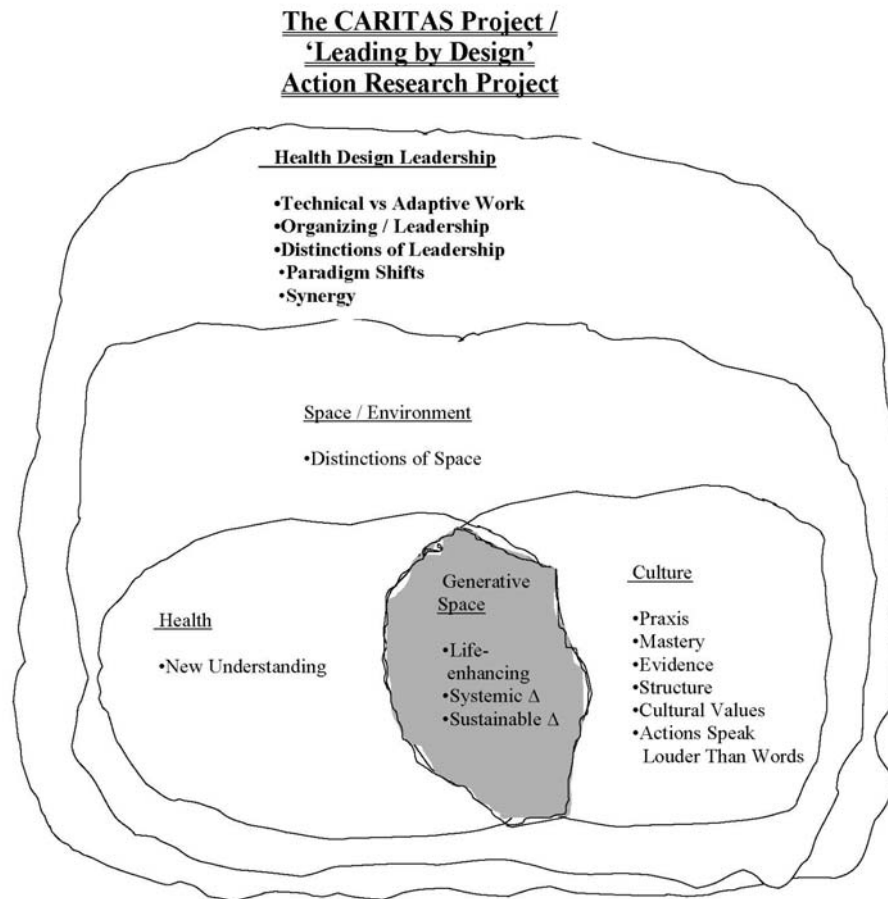
As a working unit, we have learned many things about synergy. When we are working at odds with each other, hours drag on without resolution and frustrations grow. When we respect each others' ideas, are patient and communicate with a culture of respect, progress and new thinking occurs continuously and rapidly. We are seeking praxis, living each day with purpose.

As with any Mastery, the path has been circuitous, but as a result we have a stronger structure upon which to make decisions and due to that, our home will be much more than an addition of a storage room and expanding our kitchen. Our home will be an expression of our health, our culture and will be much more life-enhancing, truly moving toward generative space.

We hope to complete the addition in early summer of 2010 and will continue to test and experiment with our home and its impact on our lives.

2. My second example of integrating concepts of generative space is the **Arlington Free Clinic**.

On April 1, 2009, I was informed by Nancy Sanger Pallesen, the Executive Director of the Arlington Free Clinic (AFC), that Perkins+Will had been chosen to design their new clinic. We had competitively interviewed for the project and Nancy later told me that she knew immediately she had wanted to hire us. She “knew” that the outcome of the clinic would be different based on my Leadership and Understanding of Health. Nancy was the first client I discussed the concepts of Generative Space and I shared with her this diagram.



Source: Wayne Ruga, The CARITAS Project

The conceptual diagram above forms the basis for the ‘Leading by Design’ Action Research Project. The diagram illustrates the 22 themes ranging from Action Research Project to Generative Space. Throughout this case study, all words underlined are one of the 22 themes. The uneven lines around the circles are intentionally squiggly for two reasons; that this is a work in progress and in recognition that as people, we are all unique and value diversity. To truly step into generative space takes a life time of personal praxis.

Although I shared this diagram just two months after my first Learning Collaborative, Nancy understood this diagram conceptually and was willing to embark on a journey with us to understand this more fully in the context of her organization and her new facility. With her

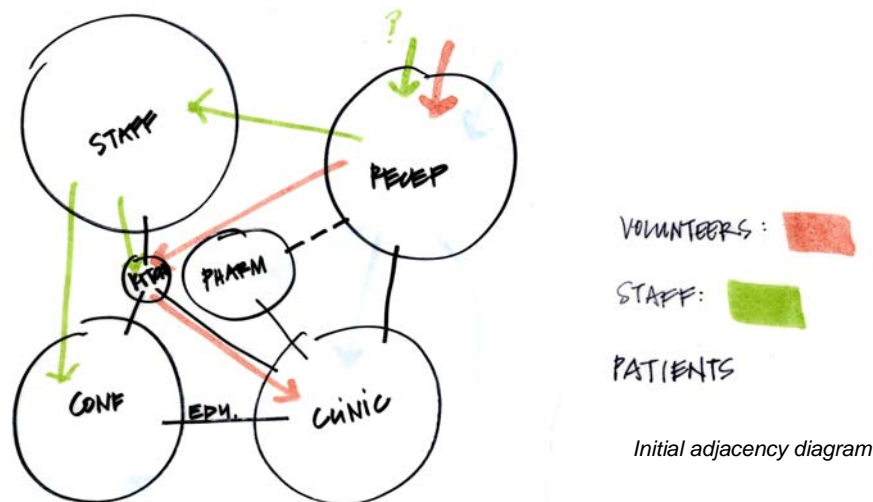
Leading by Design

willingness to venture into unknown territory, this amazing process began. A process based mostly on **trust**.

The Arlington Free Clinic is a nonprofit, community based, volunteer driven organization committed to providing access to quality health care services to low-income, uninsured county residents. Founded in 1992 it is supported through the services of 520 volunteers, of those volunteers, 270 are medical professionals and 170 are physicians. In 2008, volunteers provided over 14,150 hours of volunteer service worth over \$797,775.00.

Source: www.arlingtonfreeclinic.org

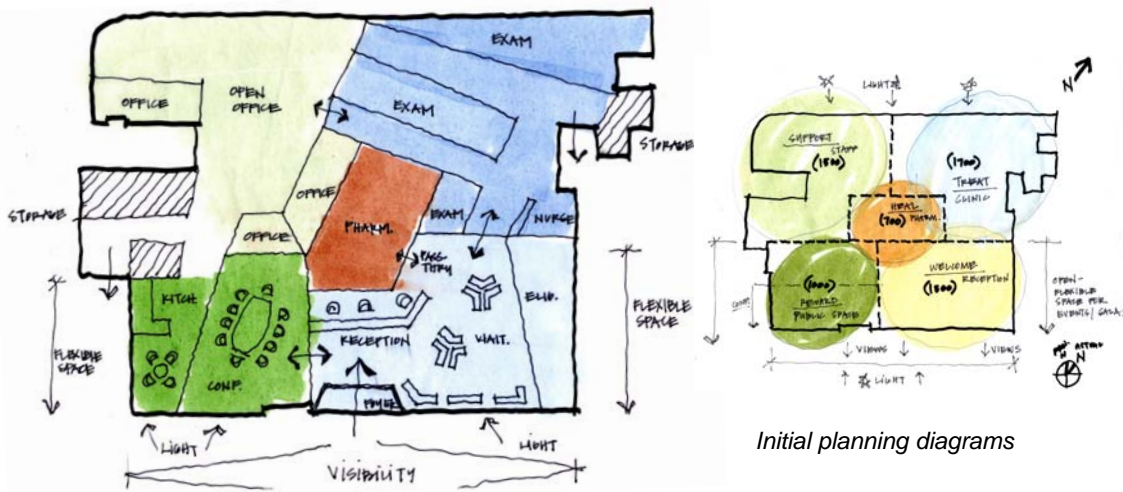
We embarked on this 8,000 SF project; me and a team of two others (Jamie Huffcut, LEED AP and Jonathan Hoffschneider, AIA, LEED AP) initially in a structure like all other Perkins+Will projects. We created a spread sheet of rooms needed, quantified those rooms, and established a program. At the same time we created an adjacency diagram attempting to understand the flow of staff, volunteers and patients. We understood there were three main components: the reception and greeting area, the clinic, which included a pharmacy dispensing area, and the office area, which includes a conference room that is also used for patient education.



In an initial visioning session with Nancy and members of the AFC staff and AFC Board members, words that described their goals were: Respect, Dignity, Safety, Community, Quality, Light, Style and "WOW". Nancy wanted their space to be "WOW". And the "WOW" was to be built within a budget of \$100.00 a square foot. For the Washington, DC region, in 2008, this was a tight budget for clinic space, especially with sinks in every exam room and the space being a cold dark shell (no lighting, no heating, and no cooling). We also sought to be more efficient, provide a calming environment and attract more volunteers and financial donors.

At the beginning of the project, our team diverged on different paths. Jon and Jamie reviewed the initial test fit provided to us by AFC, visited the shell space and set about to create our first plan, illustrated below. I returned to the Generative Space diagrams and looked for a new Structure for the project.

Leading by Design





I focused on Space / Environment and Distinctions of Space, understanding the importance, once again, of creating a physical environment where the patient and the medical professional engage in both the physical and the social space. I sought to embrace concepts of Sustainable Design and Evidence Based Design all under the auspices of creating Generative Space. It seemed we needed more feedback from the patients, another check on the Cultural Values of the patients and their community to provide validity to the initial visioning session with the AFC.

So our team developed a brief "ballot" written in both English and Spanish and distributed it to patients and volunteers / staff for a week. The ballot consisted of six series of photographs and asked the survey respondents to select from each "pair" their favorite image. Image A or B and why? Image C or D and why? There were large poster boards with each "pair" of images displayed and the images were also duplicated on each 'ballot'. The ballots were distributed in two colors – one color for patients and one color for volunteers / staff and were collected in a sealed box located in their existing waiting room.

A sample of the Ballot and the Large Poster Board images are below:

PERKINS + WILL

Cuál imagen prefiere: E ó F?
Which image do you prefer: E or F?

Arlington Free Clinic
Formulario de Respuesta/Ballot



Estas imágenes no reflejan lo que será el espacio definitivo. Las imágenes son presentadas para ayudarnos a entender lo que le gusta ver en espacios interiores. Sus ideas ayudarán a crear conceptos de diseño para la nueva Clínica.

These images do not reflect what the actual space will be. The images are presented to help us understand what you like in an interior space. Your thoughts will help form design concepts for the new Clinic.

Por favor circule A ó B para seleccionar su imagen favorita:

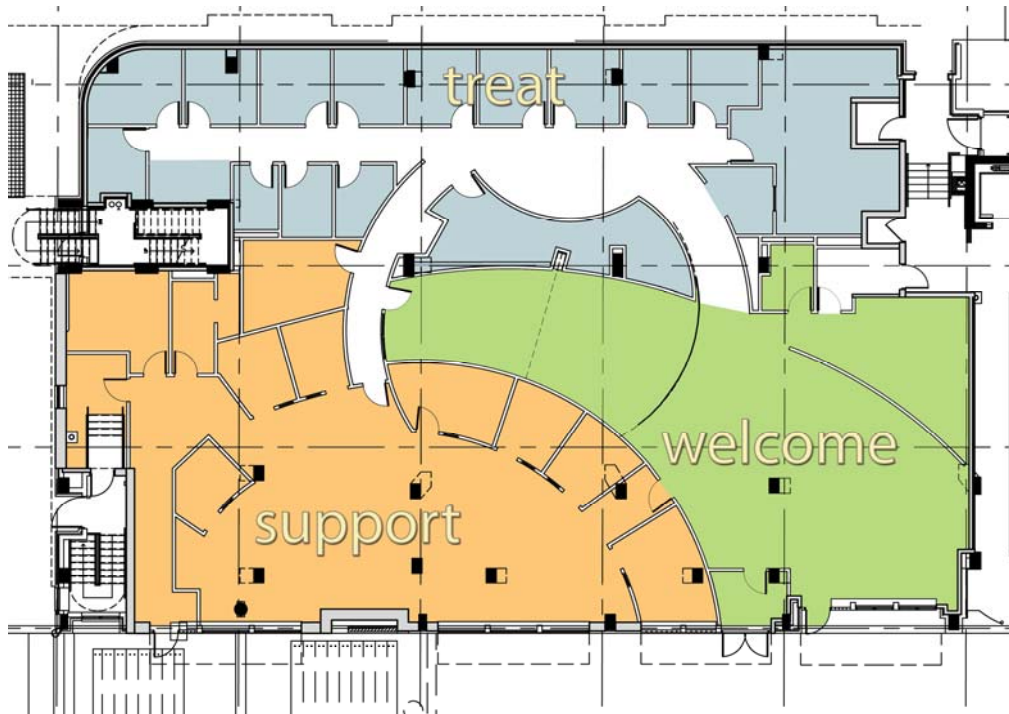
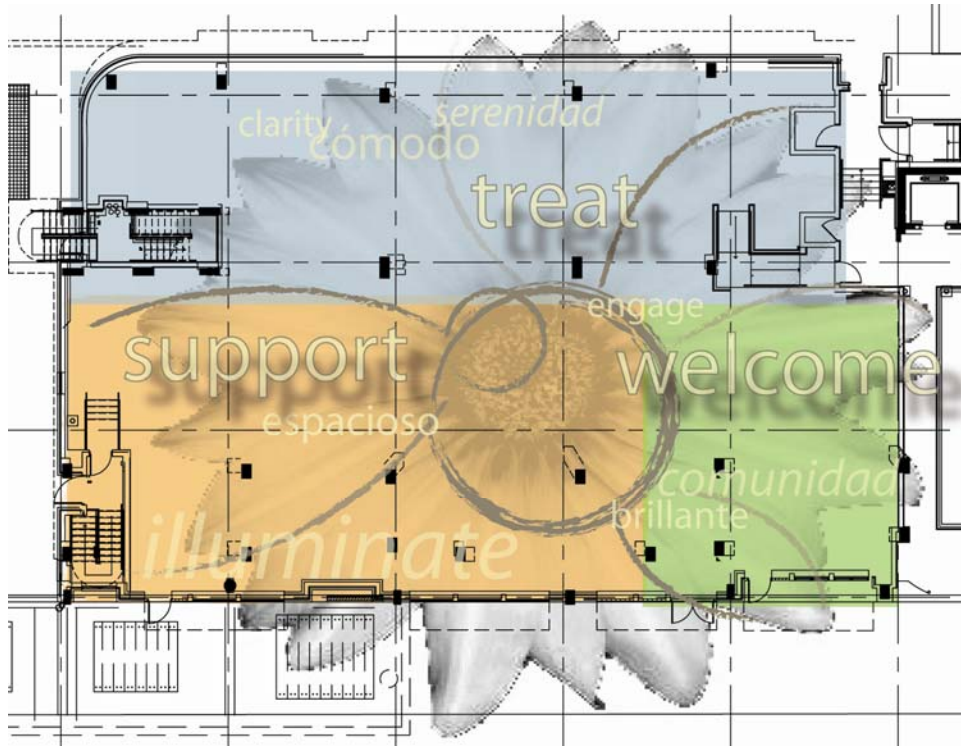
Imagen favorita:

Imagen favorita:

Leading by Design

We investigated flowers, their color, shape, form and Jamie created the graphic interpretation of the sketch into a plan with three components; welcome, treatment, and support. The Synergy within our team was growing.



Leading by Design

As the project was progressing and I reflected on the first 9 months of work, I saw several themes of 'Leading by Design' become evident;

- The health of our team was inspirational. Client and design team alike were fully engaged working toward generative design.
- I was engaged in Adaptive work as a Leader; determining 'why' we were moving in certain directions and engaging other team members in leadership - our values were aligned.
- This project had become a paradigm shift in our office; innovation is seen as possible, even in small project with limited access to finances.
- The spaces being created could support new Distinctions of Space; the rooms were of good size, the organization of the clinic flowed correctly, there was delight and access to daylight, the design met the requirements of good "sustainable" design, and the culture of the organization supported larger areas for social gatherings.
- Evidence was being generated illustrating that our process was correct. Presentations to user groups and the AFC Board of Directors were received in positive light. Design critiques within Perkins+Will were also positive.
- The Structure of the project was supporting the end product, generative space. The process of decision making, the sharing of ideas openly with the client, the investigation of affordable materials, and even the selection of a contractor to build the space was carrying forward the vision of the initial project.
- In all levels, actions speak louder than words. All team members delivered what they said they would deliver, on time and with high quality. We have invested tirelessly in accomplishing the vision of this project and the vision of our design goals.

The synergy of the team and our services expanded as the project progressed. We were hired to develop graphics for the exterior windows, establish a process for displaying photographs of the volunteers within their space, design a new logo, and to develop a donor recognition graphic program - all elements that are continuing to expand this life enhancing space.



Polaroid photo wall in the existing Arlington Free Clinic pantry, highlighting their volunteers.



Reception area and waiting space in the new clinic – highlighting the floral element in the ceiling plane and their new logo / graphic.



*Views into the central conference / education / multi-use space adjacent to the reception – with their sliding curved doors.
All photographs on this page by Ken Hayden photography*

Leading by Design



*Top image: View of the clinic corridor. Bottom image: View of a typical exam room, with floor pattern and accent color.
All photographs on this page by Ken Hayden photography*



Images clockwise from upper left: new “magnetic” volunteer recognition wall created through donations by Bognet Construction and Perkins+Will, sustainable “educational” signage plaques in English and Spanish located throughout all areas of the clinic, administrative office area highlighting the floral ceiling element, the “butterfly” privacy screens, the unusual existing columns, and the access to natural daylight.



All photographs on this page by Ken Hayden photography

Leading by Design

At the grand opening in June, 2009, Nancy Sanger Pallesen, the Executive Director, acknowledged that she did indeed get her “wow” in the design of the new clinic, and that it also supports their clinic in terms of efficiency and allows them to continue to deliver high quality care.

The success of AFC has already been realized in a number of ways: **awards, post occupancy results**, and in **upcoming academic research**.

Awards

Since opening, the success of the clinic has been recognized through a number of award recognitions:

September 25, 2009

The Washington Metro Chapter of the **American Society of Interior Designers** announced their chapter design award winners at the Ronald Regan Building **recognizing outstanding project design**. Perkins+Will won for **First Place** in the healthcare category for the Arlington Free Clinic.

September 30, 2009

Healthcare Facilities Symposium - Distinction Awards

Arlington Free Clinic and Perkins+Will along with team members Integral engineers, Bognet Construction and Washington Workplace won the **TEAM Award**, presented in Chicago, IL at Navy Pier during the **Healthcare Facilities Symposium**. The Team Award focuses on a project team that has worked together to change the face of healthcare design through innovation, creativity, efficiency and teamwork.

October 14, 2009

The Arlington Free Clinic won the **Washington Business Journal** 2nd Annual **green business award in the category of design**, recognizing their green business practices. The awards are intended to inspire organizations to make sustainability a central part of their business and are sponsored by the Washington Business Journal, the Greater Washington Board of Trade, and Washington Gas.

October 23, 2009

The **Washington Chapter of the American Institute of Architects** at their annual award ceremony provided a **2009 Presidential Citation for Sustainable Design** to Perkins+Will for their design of the Arlington Free Clinic.

On June 4, 2010, the Arlington Free Clinic will be the location of a tour and presentation by Nancy Pallesen, Wayne Ruga and I during the **Environmental Design Research Association** conference in Washington, DC. **EDRA** advances and disseminates behavior and design research toward improving understanding of the relationships between people and their environments. <http://www.edra.org/>

Post Occupancy Results

Several components of evidence-based design were integrated into the design of AFC. Design attributes **reduce infection transmission** through the use of high quality HVAC systems, sinks in every exam room and the use of cleanable interior finishes.

In a post-occupancy survey of the 14 full time clinic staff

- 100% responded that the new clinic space is “**light filled and uplifting**”
- 75% indicated that the new space “**inspires health**”

Upon completion of the clinic, the patients themselves had a **celebration**. Patients brought in homemade food, music and dance to celebrate the space, the care and the community. The new clinic design gave them space to celebrate.

Leading by Design

Since January of 2008 there has been a 164% increase in demand for their services. Due to the new physical space, the clinic can accommodate their patient lottery system more efficiently – resulting in **serving more people**.

The AFC clinical director is determining metrics **to measure volunteerism** before the new space and after the new space. She is also gathering data **on efficiency and through put** and will track these metrics in the upcoming year.

The Arlington Free Clinic is the first medical facility in Arlington County to achieve LEED certification status AND the first free clinic in Virginia to achieve LEED certification.

Upcoming Academic Research

Through a friendship with Mardelle McCuskey Shepley, D. Arch. at **Texas A&M University** and my presentation of this project in Texas during their *Architecture for Health Lecture Series*, she has engaged her students at Texas A&M in creating, gathering and evaluating the current space and the new space of its healing attributes. Our first conversation with the students, held via video conference was just recently on February 27th, one year from the date of my first Learning Collaborative. Results from Texas A&M are expected early 2010.

In addition to the relationship with Texas A&M, we have engaged two other schools in Virginia in research efforts. **George Mason University** anthropologist students are researching the emotional components attached to the clinic design and a **Marymount University** interior design master's student is studying the impact of 3-D renderings in informing occupants of the final design results during the design process. Results anticipated early 2010.

Closing comments

As the clinic continues to provide clinical services we will continue to seek additional quantitative metrics to determine and track its ability to support generative space; life-enhancing, systemic and sustainable improvements.

During a recent meeting of The CARITAS Project Advisory Board we asked Wayne Ruga to share with us in a few words the meaning of Generative Space and he said “a place to flourish.” The Arlington Free Clinic is most definitely **“a place to flourish.”**

To see a video of the completed clinic and their journey please view the YouTube video at:

<http://www.youtube.com/watch?v=EWEZ-BPVYBw>



NEW LOGO

graphic design by Rachel Conrad

3. My third example is in my leadership in the **American Society of Interior Designers**.

In 2004 I was nominated to a two-year term to serve as a Director-at-Large at the Society level Board of Directors for the American Society of Interior Designers (ASID). Serving on a Board at a national level was a new experience and I was swept into the process of creating a strategic plan for ASID at a time when it was also re-branding. It was a time when I began to truly understand the concept of Technical vs Adaptive work.

As the Board engaged in the process of determining strategic direction for the Society I soon found myself much more able to do Technical Work, not Adaptive Work. I volunteered to be on the ASID Brand Team, and, as such, helped to review, shape and continue the work of the previous Board in expanding the Brand of ASID and the ASID Foundation. For these efforts I was awarded a Presidential Citation by the Society President. However, as the two years progressed, I was able to see that my role on the Board was really more about Adaptive Work; about addressing conflicts and seeking ways to minimize gaps in values and beliefs. Through out those two years I was able to watch the Board Members more skilled in this attribute and learn from those exchanges ways to move the Society forward through leveraging shared values.



WASHINGTON METRO

As one of the only members on the ASID Society Board of Directors that had not served in a position of Chapter President prior to national service, in 2006 I eagerly accepted the nomination of the ASID Washington Metro Chapter, President-Elect. As I took office in October of 2007, I sought to utilize the skills of Adaptive Work as well as other components of Leadership.

Today I have completed my role as President-Elect as well as my year Presidency of the ASID Washington Metro Chapter in Washington, DC. Throughout these years I have engaged in the Community of this Chapter in new ways. Still learning leadership skills, I spent my time reflecting and embracing the following 'Leading by Design' themes:

- By utilizing elements of Action Research I have thought about and analyzed my methods of communicating and noticed areas for improvement. I have asked the Board members to also reflect on my leadership and suggest areas for improvement. One of the areas improved is in requesting Board Members to deliver high-level brief and succinct reports; allowing our Board meetings to last 90 minutes rather than the initial 3 hours.
- As mentioned in my reflective learning in the Society Board level positions, I have focused on Adaptive vs Technical Work. Rather than "doing" the work and controlling the energies of the Board, I have sought to do Adaptive Work; building consensus and engaging the shared values of the Board.
- One of the new tactics I suggested and our Board delivered is the creation of Shadow Board Members. Seven emerging professional were selected to literally 'shadow' a board member. In this new tactic, I have engaged in Organizing / Leadership. We identified the emerging professionals, recruited them to take on this 'shadow' position, the Board Members are training them for leadership and have enjoyed watching them grown. One Shadow Member was nominated to serve on the next Board of Directors for our Chapter and the Shadow Member tactic has been extended into its second year.

Leading by Design

- The organizational chart for our Board was re-shaped. As noted in the graphic below, rather than a hierarchical chart with the President at the top, I worked with a young interior designer, Matthew DeGeeter, to create a different image to reflect this shift; one that represents Synergy, a new Structure and a new understanding of our Culture. The “ring” is meant to illustrate this circle of leadership - and the importance of our teams in delivering all the programs throughout the year. Rather than a “buck stops here” culture, our Chapter relies on each other to shape and deliver all aspects of our strategic plan and allow leadership to flourish in everyone. Now in its second year, the new graphic for our Chapter board structure is still a circle, and the graphic is even better.



All in all, my responsibilities as Chapter President and Action Research have been instrumental in opening my eyes to Distinctions of Leadership. I am far from mastery, but each small step in learning has helped to shape my knowledge and open my eyes to new possibilities. At moments I am able to stay in an organizational role and guide, but when tasks need to be completed and there are few volunteers, I do step back into the “doing” role, understanding that in a community of volunteers, it is sometimes required to “do”.

I will continue to watch the Chapter over the next few years and see if any additional attributes of Leadership from my role as President are Systemic and Sustainable. I have also been able to utilize many of these attributes in becoming a better Leader within my own role as the National Interior Design Healthcare Practice Leader at Perkins+Will.

Next steps

As I reflect on my own personal growth this past year my learning has been significant – still miles to go, but a much larger awareness on my part of Leadership and, little by little, I have more fully grasped the 22 themes in 'Leading by Design'. As I write my own understanding of the themes, they become clearer. As the themes become more evident, I am more able to put them into practice.

A part of my learning has been in delivering the 'Leading by Design' initiative at NeoCon in June in Chicago and at the Healthcare Facilities Symposium in a five-hour workshop in September also in Chicago. In both of these presentations I was a co-presenter with Annette Ridenour and Wayne Ruga.

I spoke to my Perkins+Will colleagues in Healthcare Interior Design during our annual summit just weeks ago and shared with them my Arlington Free Clinic case study. As a component of this 'Leading by Design' presentation we have agreed, as a group, to develop a national research project to deliver together.

I will continue to focus on Actions speak louder than Words, giving Action to my Action Research.

As I progress into 2010 I will seek to:

- Further develop my own self mastery and praxis.
- Develop Action Research methods while focusing on my role as the National Interior Design Healthcare Practice Leader at Perkins+Will
- Follow the Arlington Free Clinic progress and report the findings of the academic research.
- Continue to implement Generative Space attributes in the completion of our home
- Find new clients willing to cultivate Generative Space – *a place to flourish*.

If you wish to discuss my learning further, please do not hesitate to contact me: tama.duffyday@perkinswill.com or on facebook.