

# Site Visits



Category	Focus	Activity	Why?	Prep Time	Activity Time
Involving People	Existing space	Site Visits	Good for thinking about sensory accessibility and the sensory journey through healthcare settings.	15-30 mins	1-2 hours

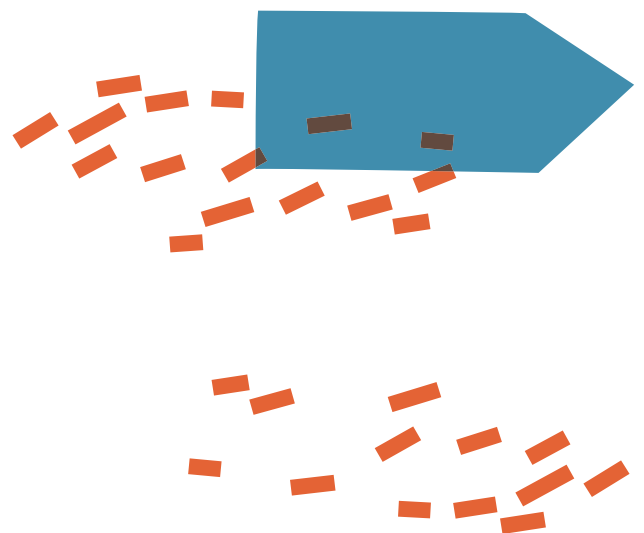
Involving users in site visits can offer a hands-on way to create an inclusive space that takes more diverse experiences into account.

## Materials and resources

- In healthcare settings, it is unlikely that you will be permitted to take recordings, especially as this activity would involve recording in occupied spaces. If permitted, photos or video material can be helpful to go through all that was brought up and share with others.
- A plan of the space (formal or sketched) will be helpful to relate your findings/notes to specific architectural or spatial features.
- If you are not audio recording conversations, a pen, paper and notepad will be useful for jotting down key points and making drawings.

## Step-by-step Instructions

1. Define goals and physical space, area or route of interest.
2. Contact your user/expert(s) and plan the visit. Make clear (before and after the interview) that it is simply their experience of the space that you are interested in. Be sensitive to concerns your participants may have about finding their way to you. You could suggest that someone who is accompanying them is welcome to join in the activity.
3. Ask your user/expert(s) to move from point A to B and along the way tell you what they notice, what they like, what they find difficult, what they encounter, etc. Where point A and B are located can depend on what route most people follow or what activity most people are engaged in within your space of interest. It can also depend on a particular (use of a) space that you want to change.
4. Think of some basic questions to ask about their interactions with the space/building, both along the way and afterwards, to dig deeper into sensory aspects that hamper and support their experience. Some suggestions (to be adapted depending on type of space or building):
  - How was it for you to get here?
  - What features of the space work well, or not so well, for you?
  - How do you find the lighting/acoustics/spatial organisation?
  - Do you find this environment accessible/inclusive? Why/why not?
  - What suggestions would you have that would improve the environment?
5. You can expect the user/expert(s) to put forward ideas for and against design alternatives.
6. Register your findings, preferably as notes on a plan or on photos.
7. It can be challenging to take notes during the activity. You can write up afterwards what you think was most important to your user/expert(s) and then check your understanding of their experience with them, to make sure you have understood their input accurately.



## Method in Use

*Timing: preparation 1-2hrs (e.g., organising access and planning route, collecting plan material); activity time 1-2hrs per person; processing time 1-2hrs per person. Also consider the time it takes to travel to the location.*

Building visits were organised with patients participating in Pleuntje Jellema's Building Support doctoral research project 'Foregrounding the Built Environment in Experiences of (Cancer) Care: Learning Lessons for Human-centred Design'. The project investigated spatial aspects in the experiences of people affected by cancer. Participants undergoing cancer treatment were initially asked to document their experiences of the built cancer care environment by taking photographs. These photographs formed the basis for a subsequent semi-structured interview. During this interview, and together with the researcher, participants identified the main 'sites of interest', which they then visited together, walking through and discussing important or notable aspects of this particular care environment.

Walk-through interviews took place with five participants in five different hospitals. Usually this started in the hospital cafeteria as a convenient meeting place. For one participant, the building visit took place while he was admitted, and therefore started and ended in his hospital room. Where possible, the researcher contacted the units or departments in the hospital upfront to inform them of the intended visit. In most cases, this communication was appreciated and the visit allowed. Sometimes a particular time was agreed on. In one case, access to a radiotherapy unit was not granted due to regulations that aim to limit 'unnecessary visits' due to risks of harmful exposures. At a large university hospital campus, the walk-through included visits to multiple, separate buildings. An audio recording was made of each interview and the researcher took photos of aspects of the built environment that were pointed out and discussed during the building visit.

These building visits allowed a more in-depth and contextualized understanding of aspects of participants' experience brought up in earlier conversations. It brought new topics and aspects of the building to the attention of the researcher. The experience of walking together was also a chance to gain a holistic view of the spatial organisation of the hospital, and the entrances, routes and transitions that play a role in patients' experience.



A communal room in one participant's oncology day clinic where she had sat for her last chemo treatments. It had little privacy, but several comfortable chairs, compared to the privacy of a single room where there was only a bed to sit on.



When stepping into this waiting room the participant commented that he didn't mind seeing it again, especially since the radiation in itself was not something that bothered him, and he added, because he didn't "have to be back here" now.



One participant shows the hospital chapel and remarks how the entry is not so clearly visible when passing through the hallway; it has a sign just like all other hospital offices and rooms.