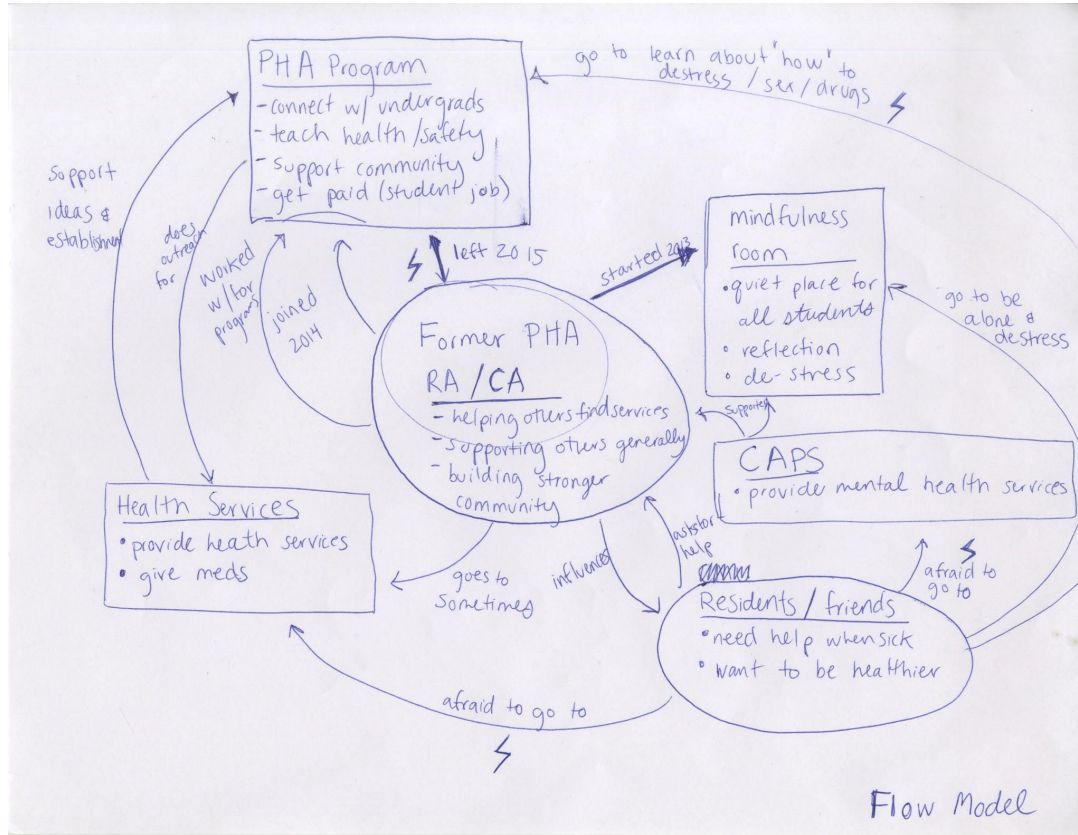
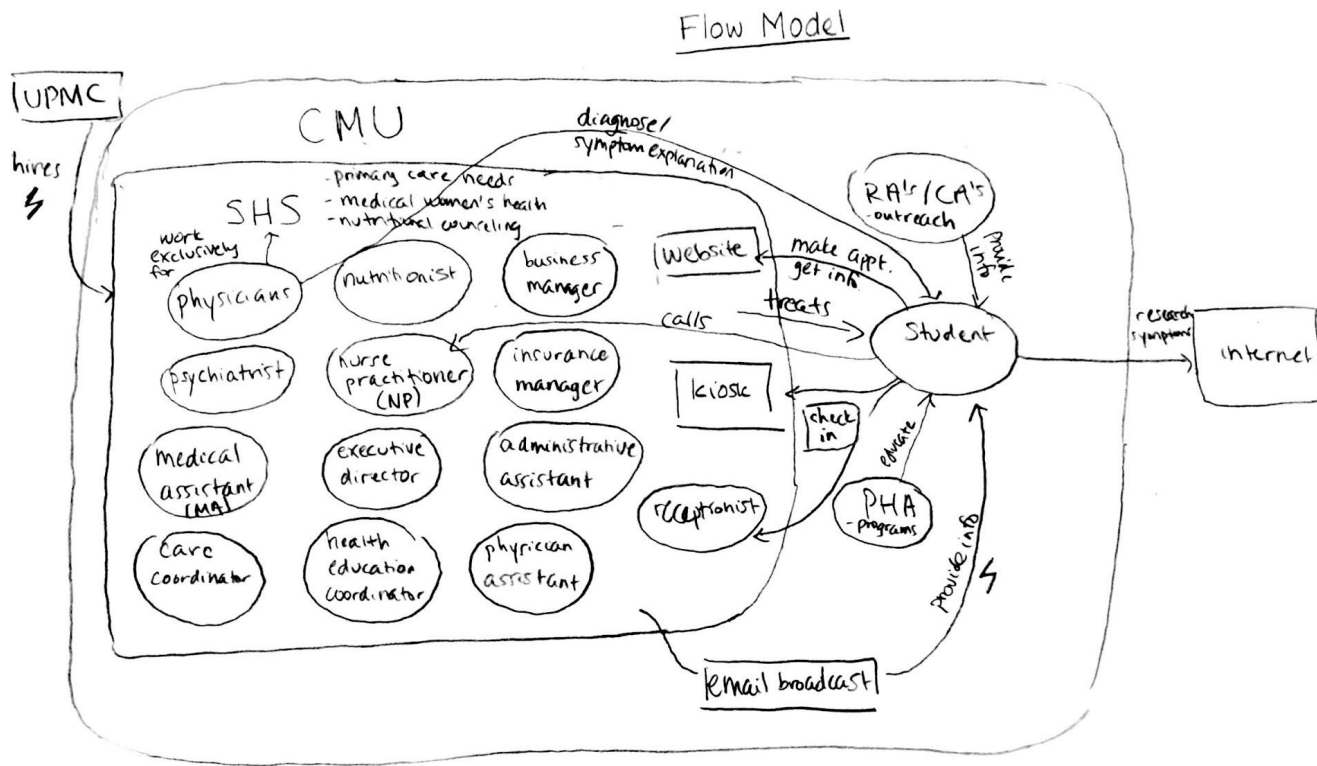


Consolidating Flow Models

PHA's Flow Model

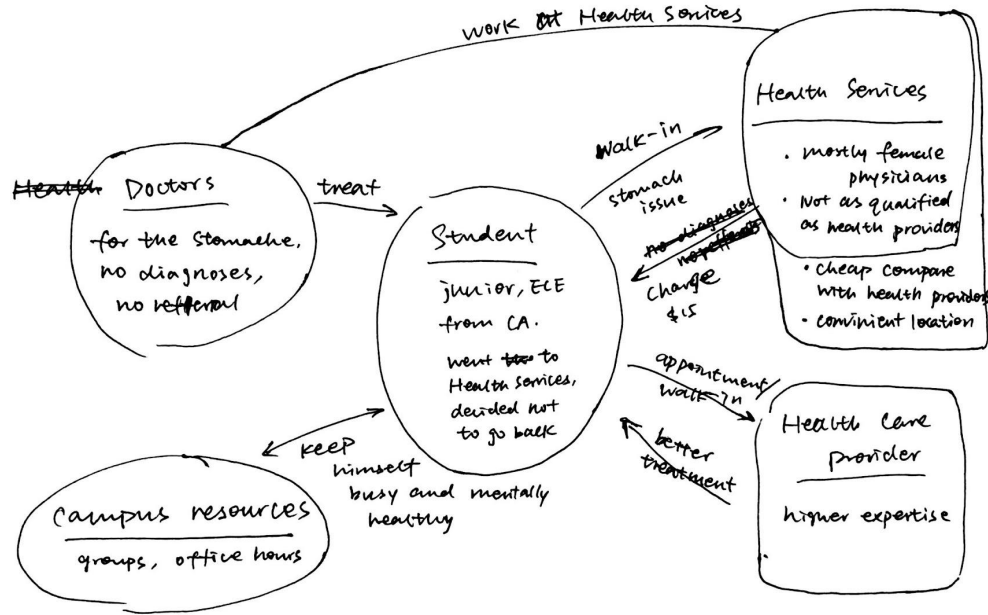


Physician's Flow Model

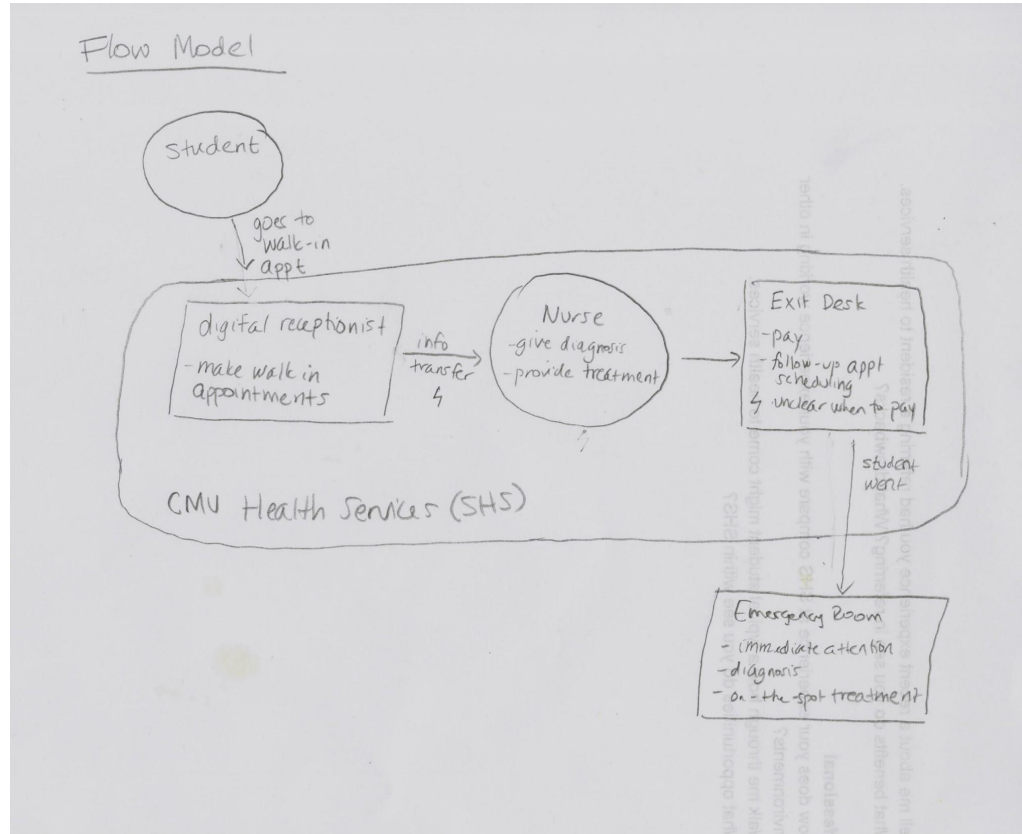


Student 1 Flow Model

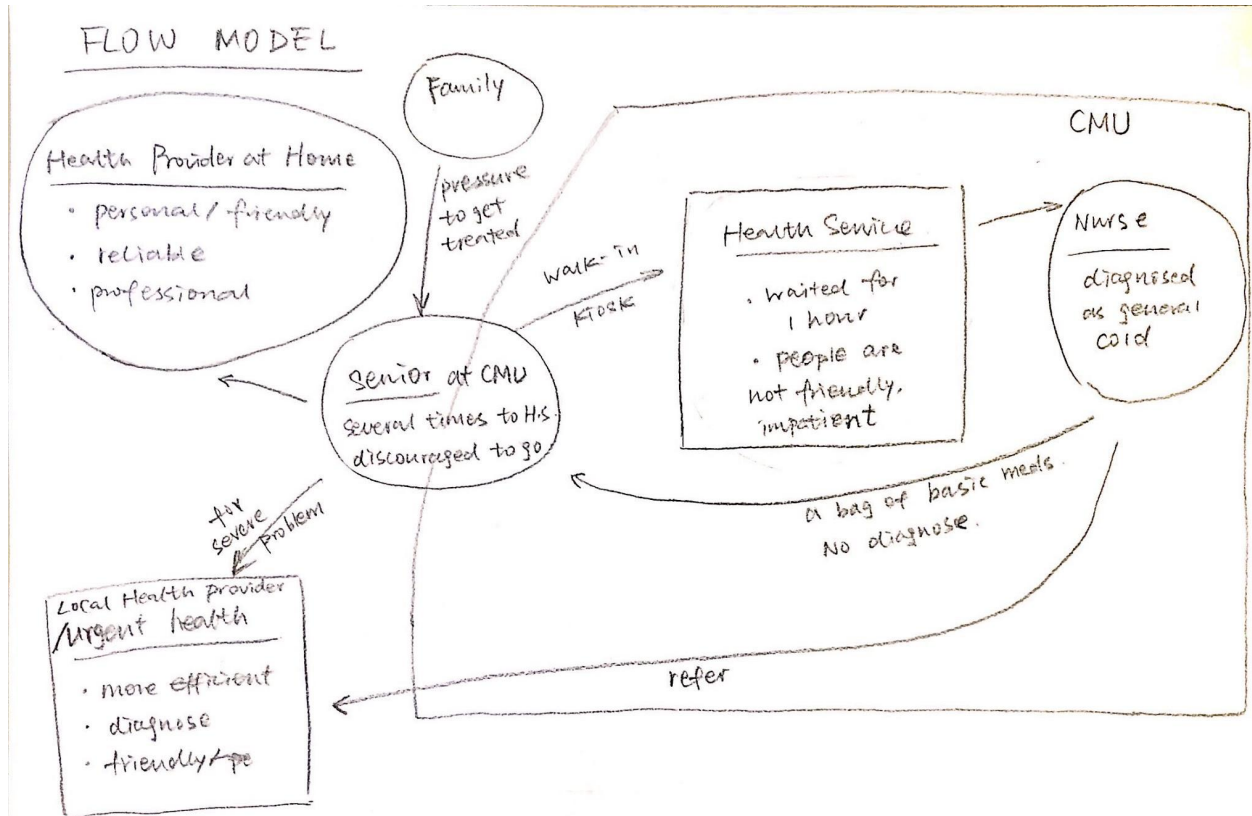
Flow model



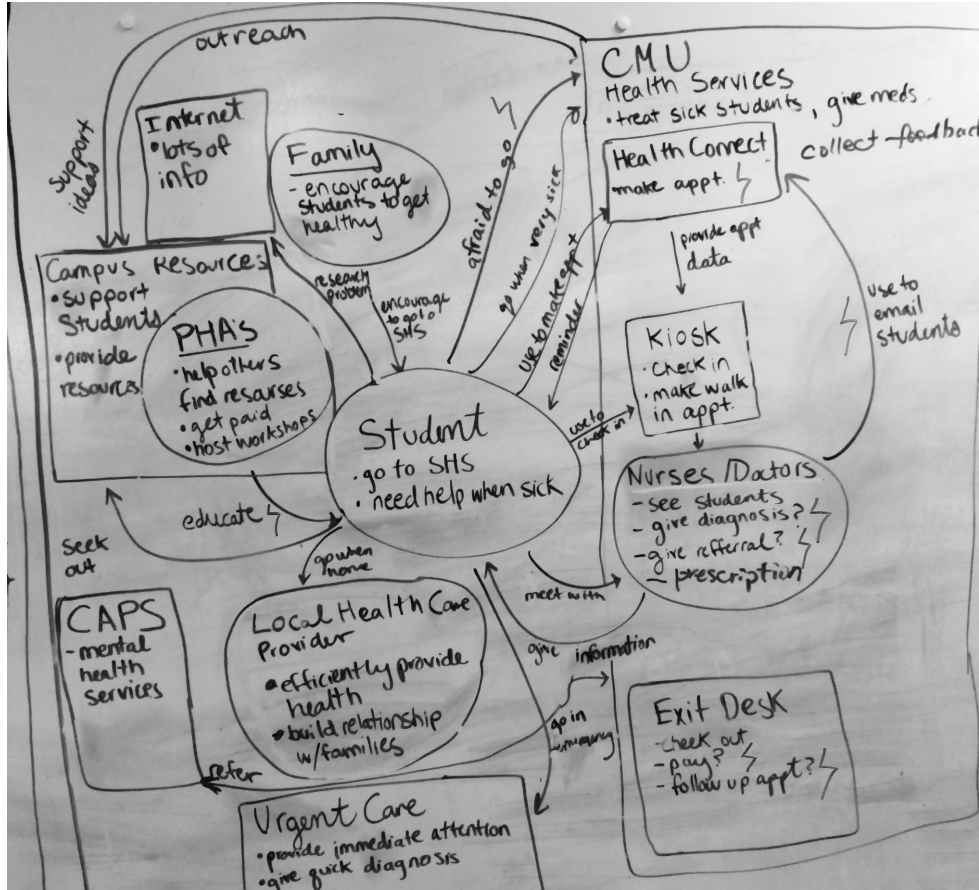
Student 3 Flow Model



Student 4 Flow Model

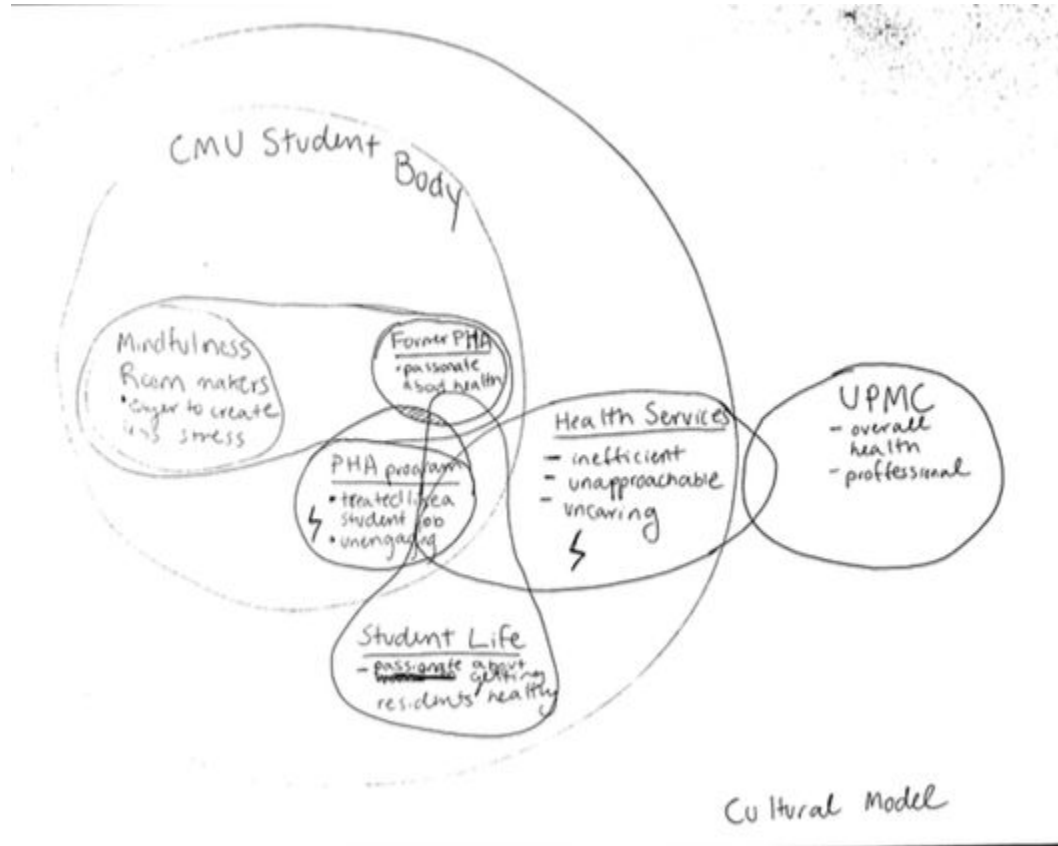


Consolidated Flow Model



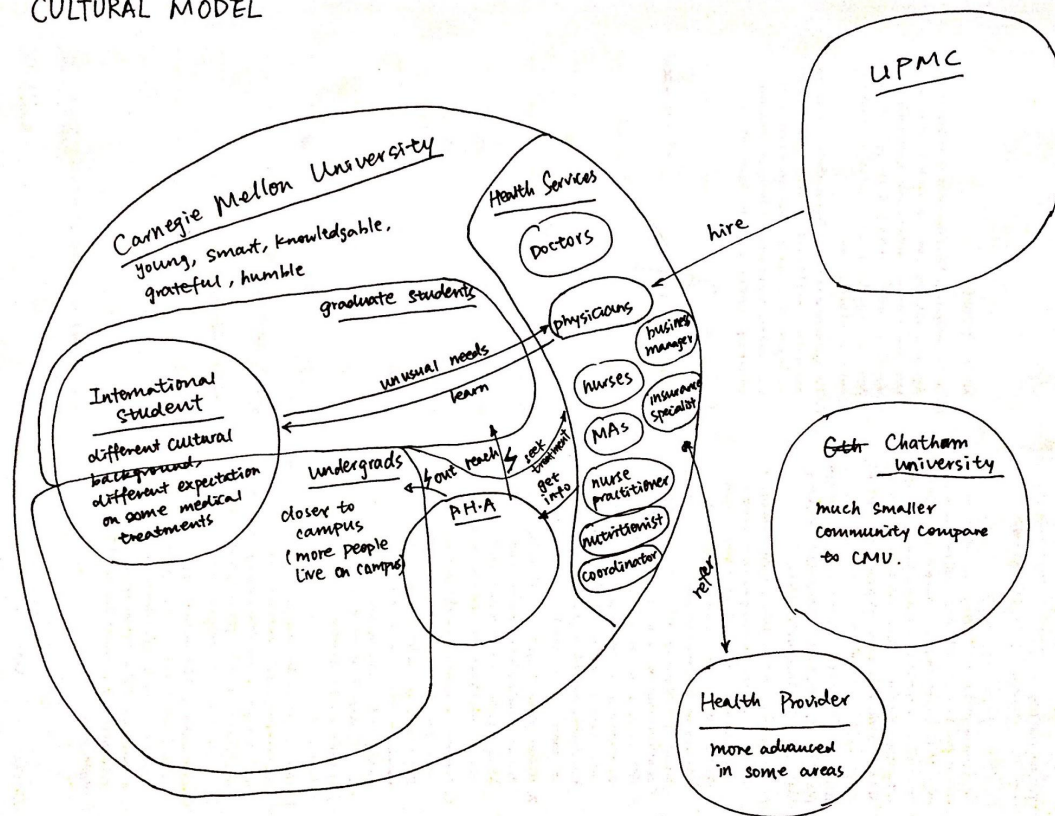
Consolidating Cultural Models

PHA Cultural Model



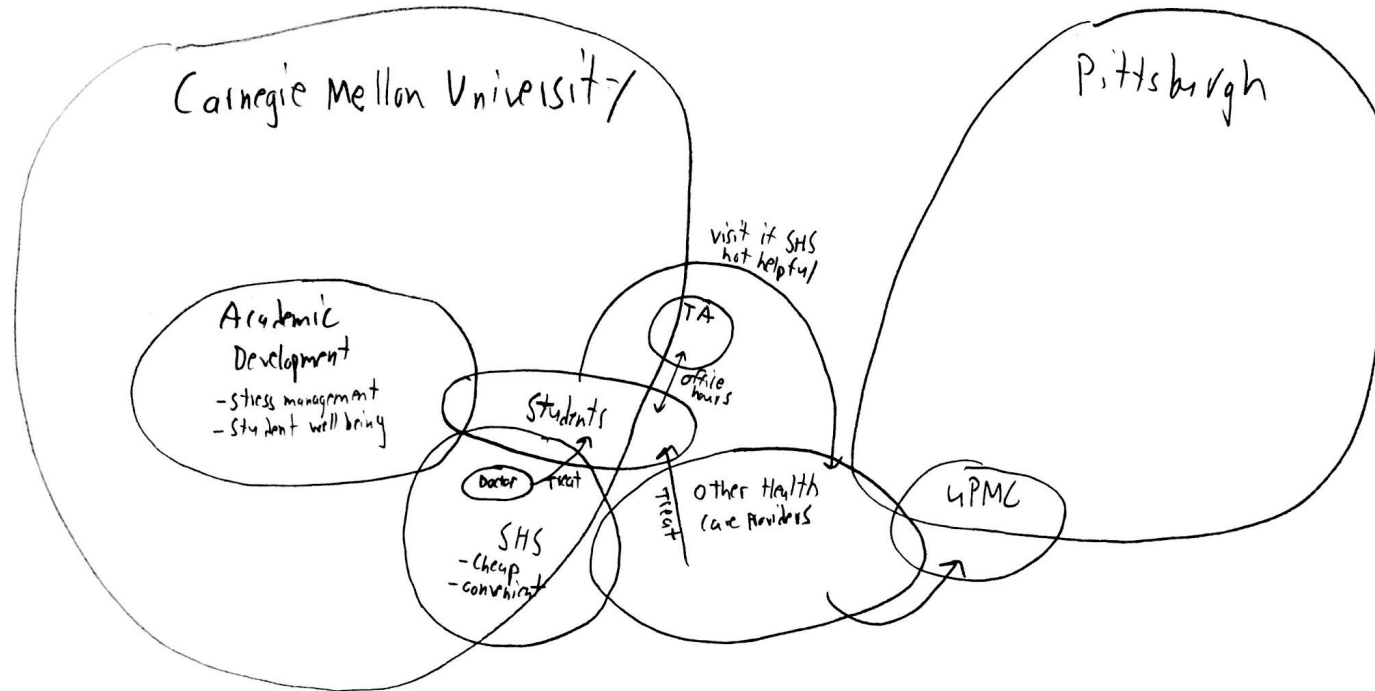
Physician Cultural Model

CULTURAL MODEL

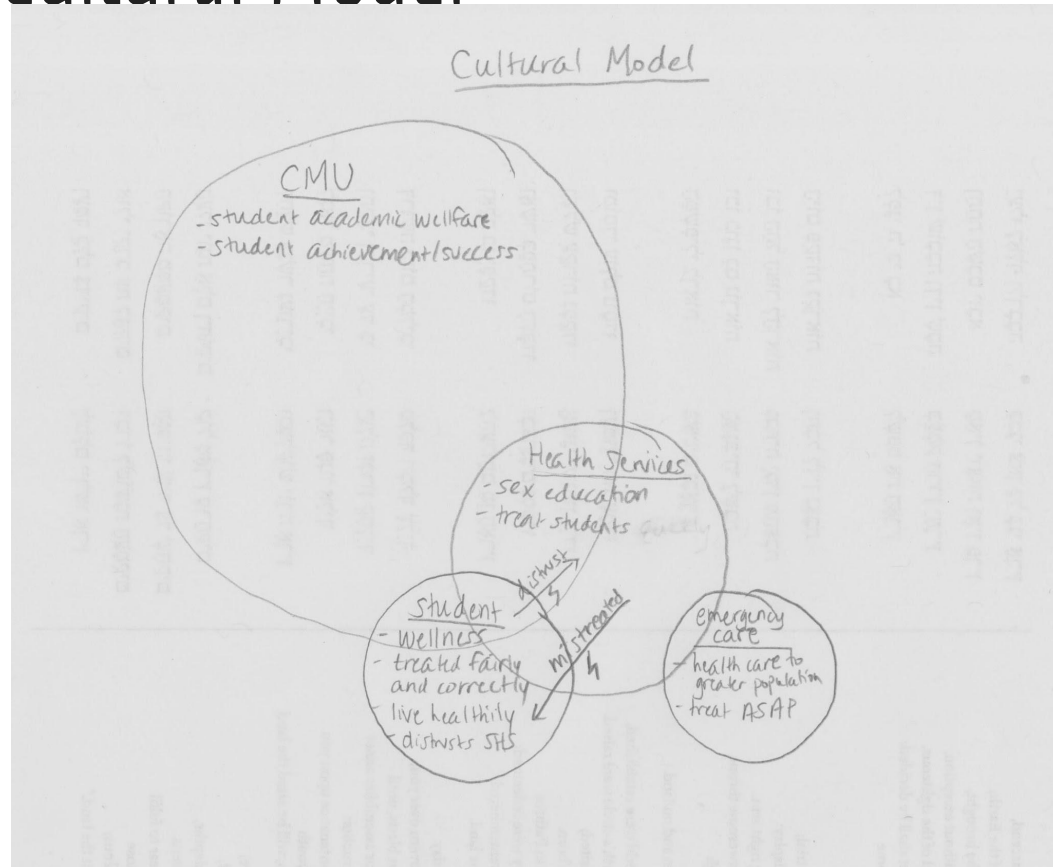


Student 1 Cultural Model

Cultural Model



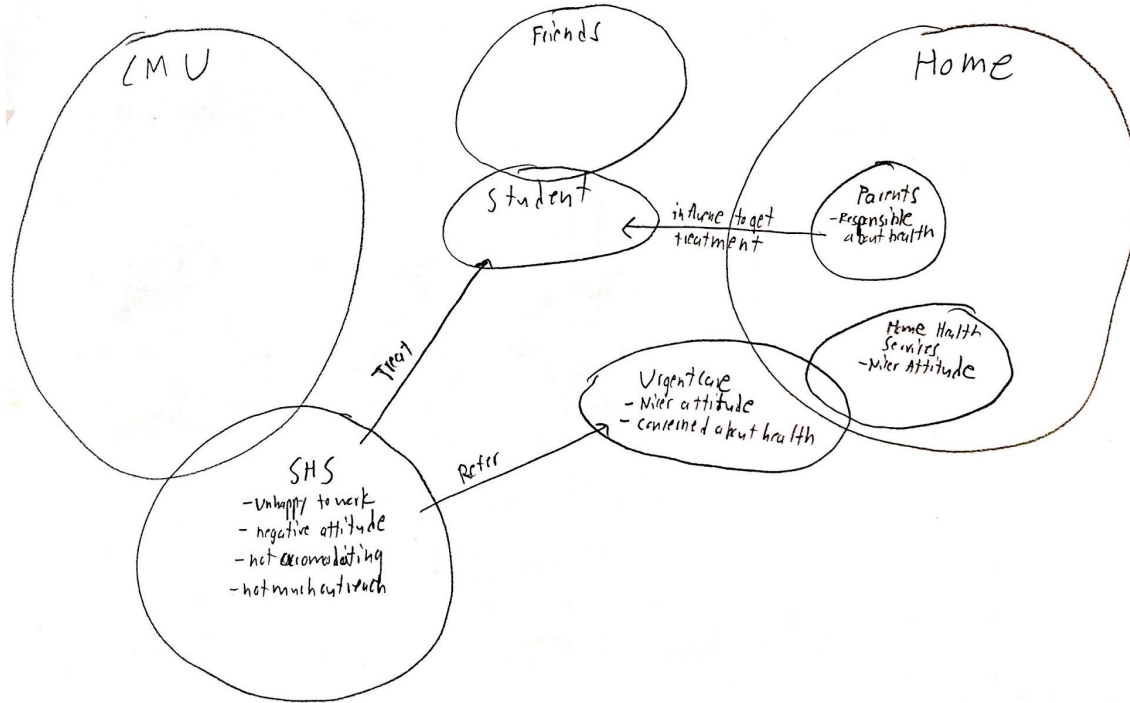
Student 2 Cultural Model



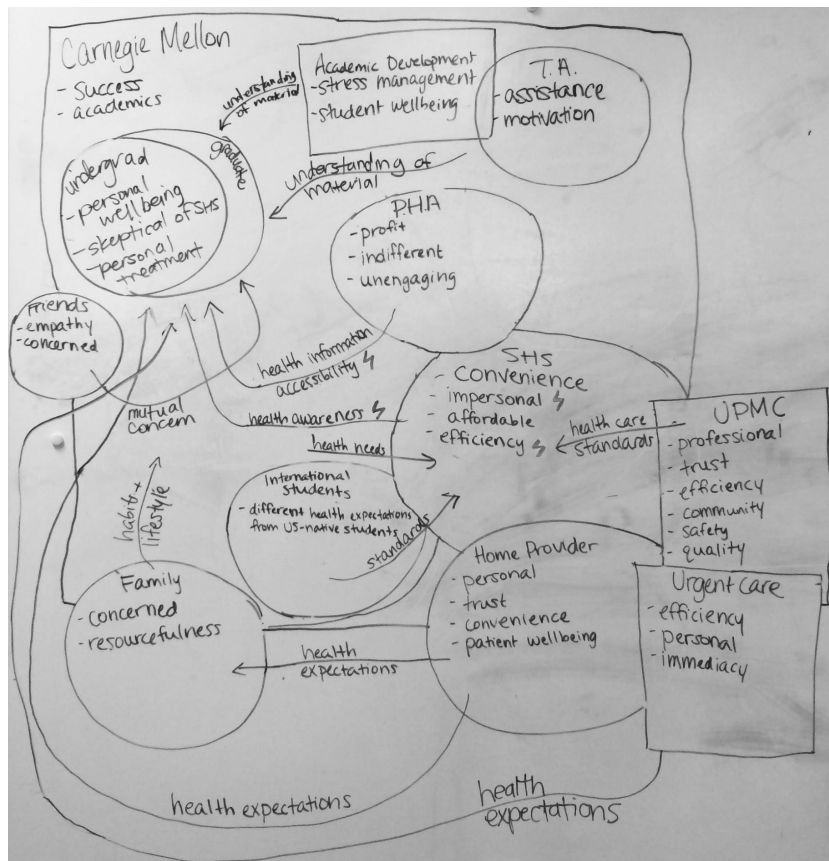
Student 3 Cultural Model

Sanjana's

Cultural Model



Consolidated Cultural Model



Sequence Models

Sequence Model

From Physician's Understanding of the Process

Trigger: Have illnesses / need health check / need health advice

Intent: Want to receive help for help related issues

Go to website / call to make appointments

BD: Not enough available time slots on the website

Intent: Don't want to wait too long for walk-in treatment

Make an appointment on HealthConnect / Make a call to book an appointment with a nurse practitioner that works for UHS

Greet by receptionists

Self check-in at kiosk

Seen by nurse / appropriate doctor

Get referral if needed

Get medicine if needed

Pay money if needed

Schedule next appointment if needed

Check out

Patient

Trigger: Has serious rash

Intent: To get treated as soon as possible

Go to the Health Services

Check in at the kiosk in the Health Services

Sit in the waiting area

Speaks to mom on phone

Intent: assumes that she needs to wait for a while

Intent: wants to get distracted from the depressing atmosphere in the waiting area

BD: The environment in UHS is not welcoming

BD: The waiting time is too long

nurse calls her name

goes into a room

seen by a nurse

requests to see a doctor

Trigger: the nurse seems not qualified enough for her serious problem

BD: The people in UHS seem not friendly enough and ignore her requests without legitimate reasons

Intent: want to get more professional help and cure the rash

Request to see a doctor gets refused

Trigger: can't get ideal help

Intent: gets immediate and professional help

Goes to emergency room

TIME

← 30 sec →

← 3 min →

← 15 min →

← 10 min →

← 10 min →

← about
half
day →

← 1 hr →

PHYSICAL
EVIDENCE

The signage
of the
Health Services

Receptionist points
her to the
kiosk

Other patients
waiting in
the area

USER
ACTION
(PATIENT)

Enters
UHS

Self check-in
at the kiosk

Waiting at
the reception
area

Explain her
problem

Request
to see
doctor

Check
out

go to
emergency
room

— LINE OF INTERACTION —

SERVICE
EMPLOYEES
(PEOPLE IN UHS)

Greet by
receptionists

Guide by
receptionists

Call patient's
Name

Give
feedback
(nurse)

Refused
by UHS
Staff

— LINE OF VISIBILITY —

BACKSTAGE
ACTIONS

Kiosk
collects
information
and checks in
patient

UHS
computer
system

Responsibilities

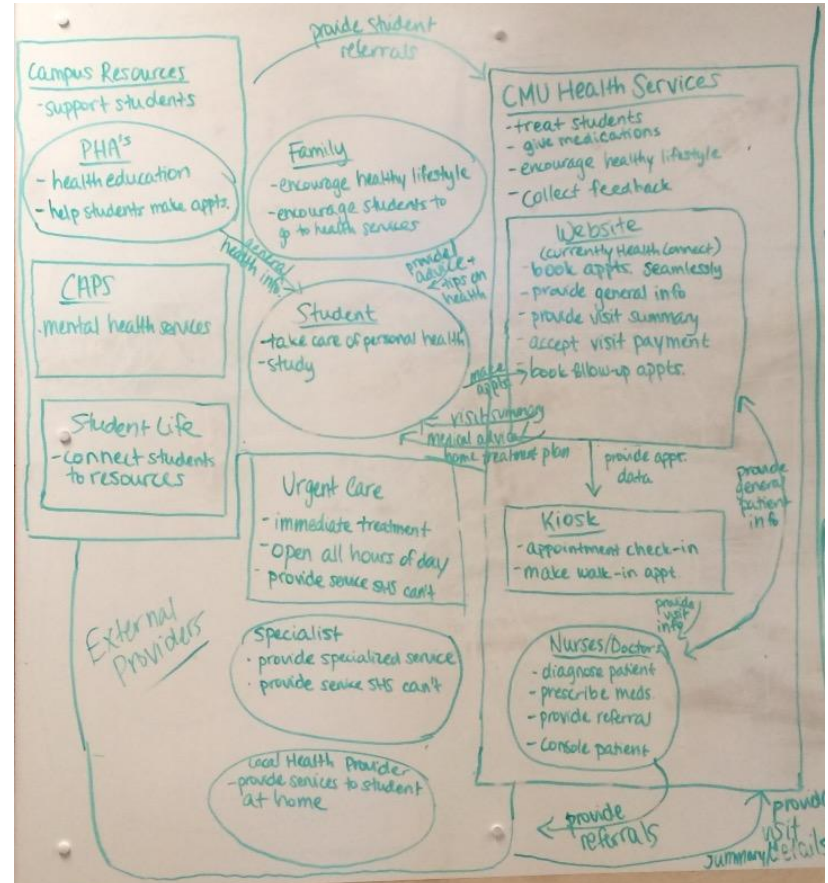
Currently Outside of SHS

- help students find resources (PHA)
- host workshops for students (PHA)
- take care of personal health (students)
- manage stress levels with workload (students)
- get help when sick (students)
- provide health services to students at home (Local health care provider)
- Build relationships with families (LHCP)
- Provide immediate attention in emergencies (Urgent care)
- quick diagnosis (Urgent care)
- provide mental health services (CAPs)
- have lots of info about health (internet)
- encourage students to seek health services (family)

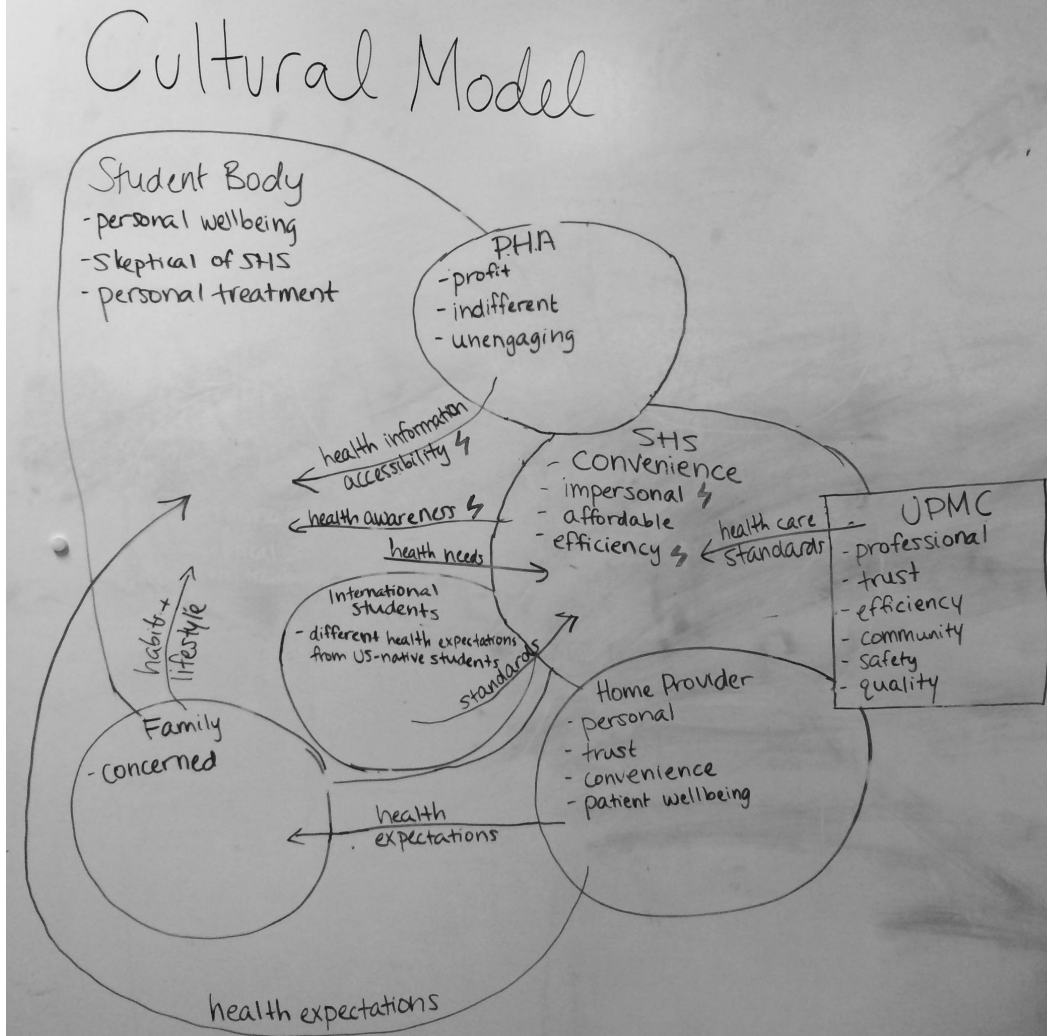
Currently Internal to SHS

- treat sick students (SHS)
- provide medication (SHS)
- get feedback about services (SHS)
- make appointments (SHS)
- check in (Kiosk)
- make walk in appt (Kiosk)
- see students (nurse/doctor)
- give diagnosis (nurse/ doctor)
- give referral (nurse/ doctor)
- write prescription (nurse/ doctor)
- schedule follow up appointment (exit desk)
- check out (exit desk)
- collect payment (exit desk)

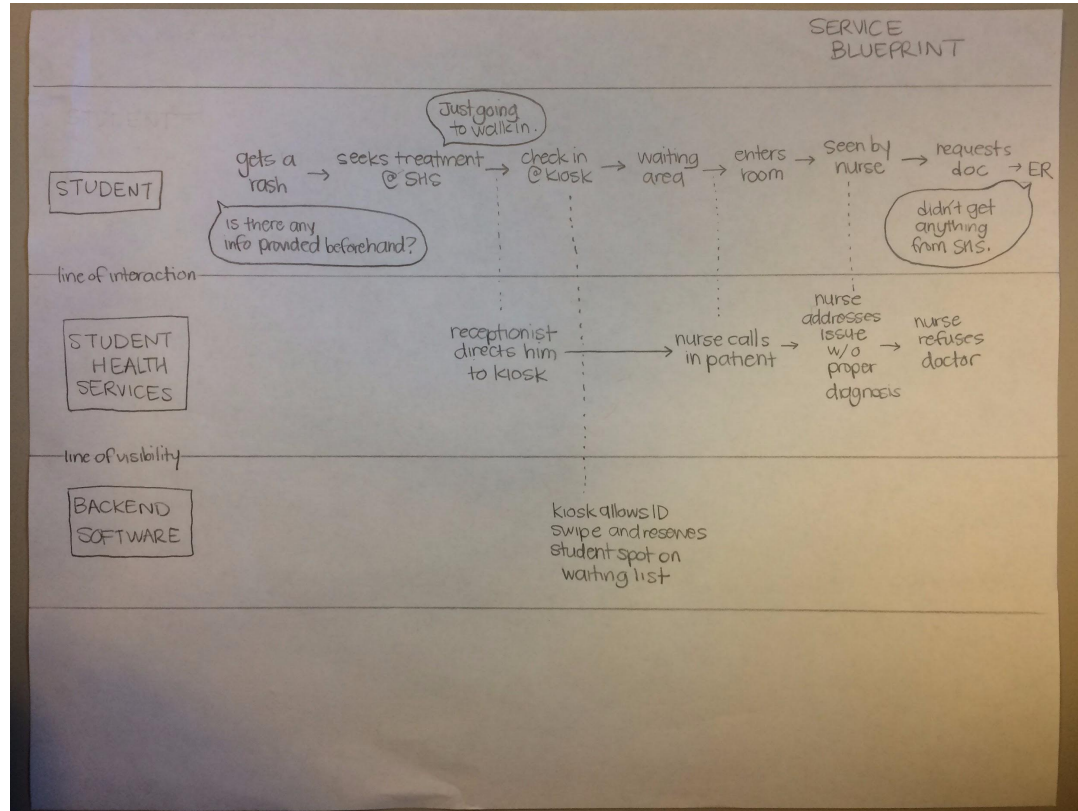
Rebundled Flow Model



Rebundled Cultural Model



Service Blueprint



Description

Both of the sequence models turned out to be candidates for improvement. Out of the two service blueprints we created, this one seemed to encapsulate much more of the customer journey and experience. One thing that we found to be very interesting was the spaces created in the mapping of the journeys, giving us ample opportunity to deliberate the literal spaces in which possible design solutions could be implemented. We were also better able to include the patient's thoughts throughout the process because of the insight we had, as opposed to the very neutral sequence model we created from the SHS employee's perspective.

As an aside, the patient's sequence mentioned a phase where he spoke to his mother, but this is also not included because it is an independent process from interacting with Health Services. Making an appointment is also a backend process that is invoked from the flow model but occurs before the beginning of the student's interaction with health services, so it isn't included.

Sources

Materials

Lecture notes

TA advice

Previous knowledge from Service Design class with Jodi Forlizzi

External Links

<https://www.interaction-design.org/literature/book/the-encyclopedia-of-human-computer-interaction-2nd-ed/contextual-design>