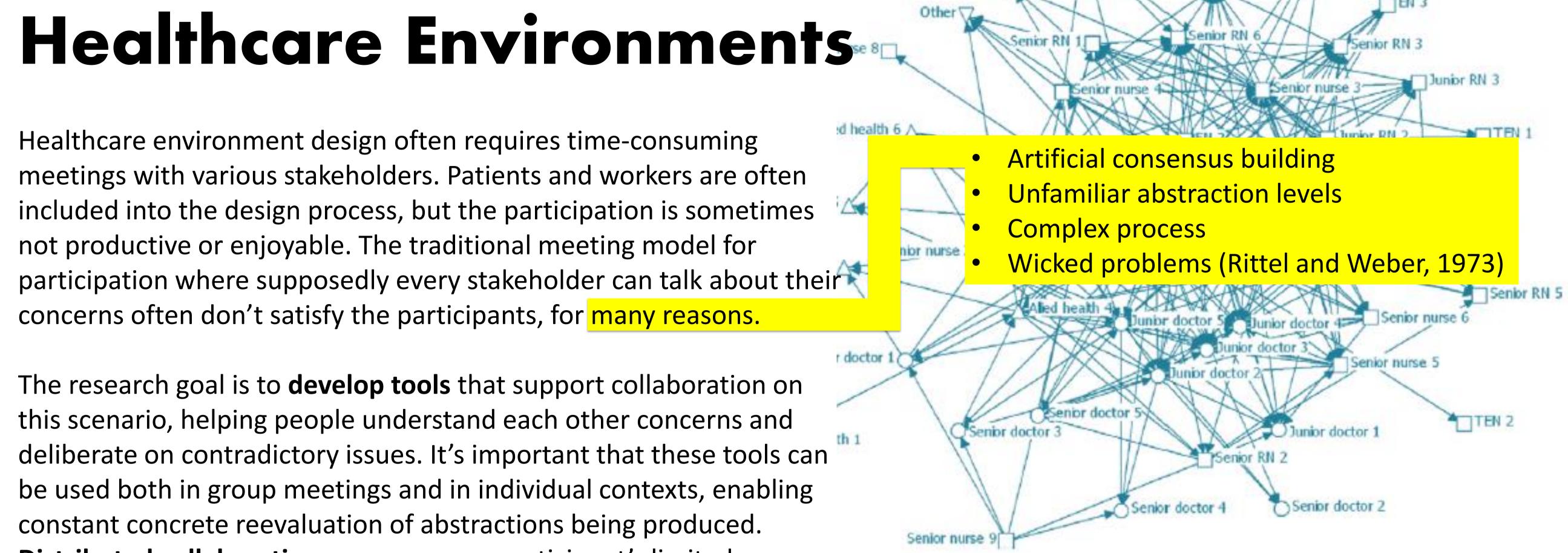


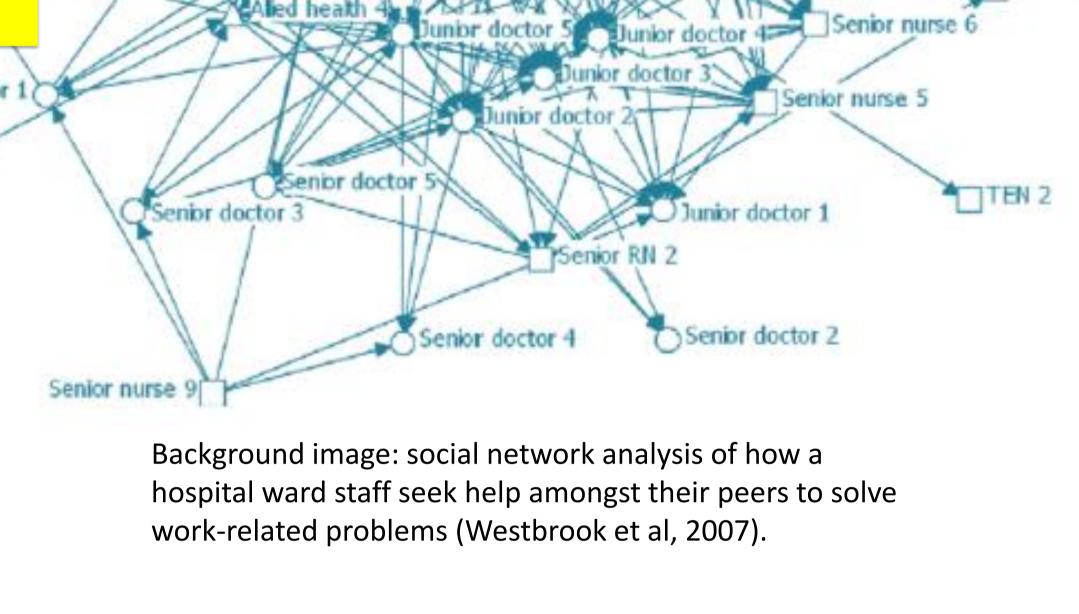
Frederick M.C. van Amstel

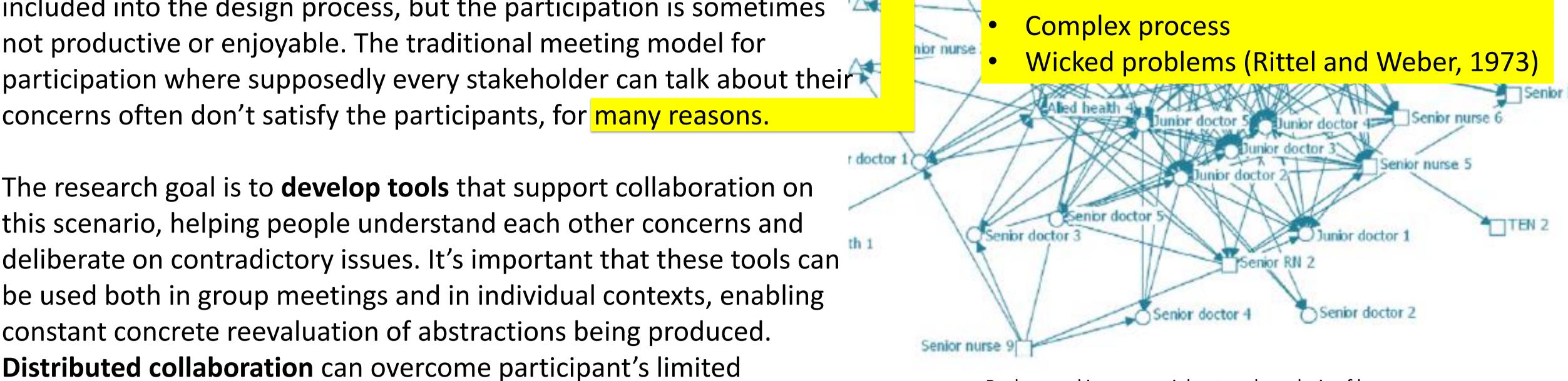
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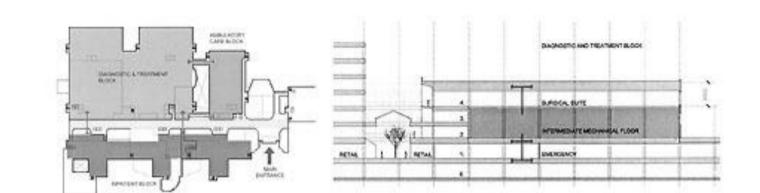












Drawings from the master plan of the McMaster Health Sciences Centre (MHSC) in Hamilton, United States. (Pilosof, 2005)

Collaborative Planning for

Healthcare environment design often requires time-consuming

not productive or enjoyable. The traditional meeting model for

concerns often don't satisfy the participants, for many reasons.

The research goal is to **develop tools** that support collaboration on

this scenario, helping people understand each other concerns and

deliberate on contradictory issues. It's important that these tools can

be used both in group meetings and in individual contexts, enabling

scheduled availability for meetings and encourage participation from

constant concrete reevaluation of abstractions being produced.

Distributed collaboration can overcome participant's limited

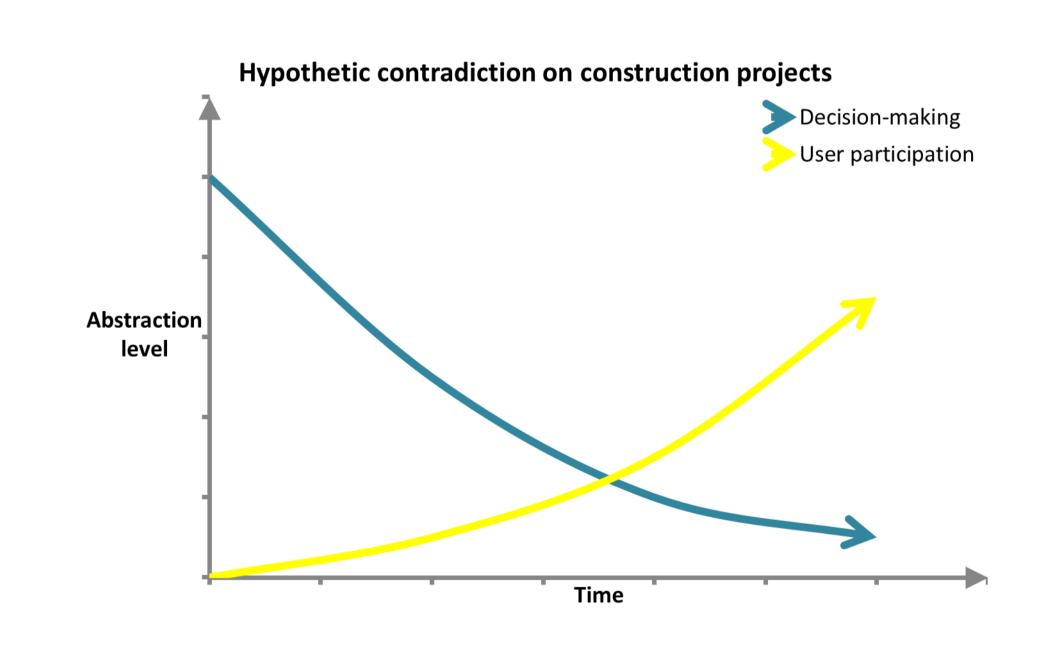
people that feel constrained to talk in group meetings.

meetings with various stakeholders. Patients and workers are often

included into the design process, but the participation is sometimes

Specific abstraction skills are required from participants to envision before building, but users and workers often lack them, even tough they have concrete knowledge about how use and work is done. This make users and workers apart from decision-making in early phases of projects. Then, best building use and work insights come after it's built, when it's difficult to change.

Direct-manipulation of simulations through Virtual Reality and Tangible Interfaces are being considered for bridging the abstraction **level gap.** We plan to use those simulations in game-like interactions, in order to provide structures for agile decision-making and ludic explorations of future scenarios.



Low-tech collaborative games

High-tech simulation games





Problem-solving game based on Post-its. Photo by the author.

Theme Hospital simulation game, Bullfrog Productions, 1997.

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