

## **Reflection M1.1 - Rutger Hooftman**

In the M1.1 project, we delved into the problem of diabetic feet. The project started very open with no big constraints that would hold us back. This privileged position gave us the freedom, to design on a conceptual level from scratch, which I always enjoy. The group wanted to find something that was relevant, unique, promising, and in line with our starting point of the project: the RondOM application. This ambitious goal resulted in a very long and challenging run-up, with the primary question; “do we have enough information to take the next step?”.

Because our target group is diverse and vulnerable it was very challenging to identify and specify the group and to determine how it relates to our vision of creating awareness. To prevent us from getting lost in this design process, we tried to follow an iterative design process. Parallel to this decision-making process, we wanted to make the design as valid and rational as possible. This required us to understand, prepare, apply and connect multiple user evaluation methods, interviews, co-design sessions, and user-tests. The evaluation methods were perfectly in line with my goal to explore and validate solutions within the field of behavior change (User & society). This is the part of the process where my learning goals came in. My role within applying these methods was to try to find fitting questions and to determine what part is relevant to which area of our design. This concluded setting up and conducting interviews, writing ethical forms, transcribing, making rapid prototypes and analyzing qualitative data (M,D&C).

I aimed to deepen my experience with user evaluation methods I was already familiar with. To accomplish this, I learned a new method: co-design (U&S) . I gained knowledge on how to set up and lead a co-design session, as well as how to analyze the outcomes to draw meaningful conclusions. Additionally, I further explored performing both qualitative and quantitative user tests, with a particular focus on involving vulnerable patients in my design process.

Another learning goal of mine is academic writing. Of course, this is hard to measure, but I do experience a noticeable difference in my workflow. It can be very frustrating when you are full of ideas, but it just takes ages to put it on paper, especially when you are dyslexic as I am. Therefore, I consider this a very valuable step. The technology & realization area of this project was on a very conceptual level.

One of my goals is to learn to design by doing: working on prototype aspects by making physical concepts. Unfortunately, the project did not completely call for that. Therefore, I will keep this goal and carry it with me to the next semester. On the other hand, the project did introduce me to technical insights of AR. On top of that, I will not say this was a missed opportunity because it gave me the chance to be more focused on the elements of U&S.

Besides my fixed development goals I always try to improve my creativity & aesthetic skills. I have not developed new skills in this area, but I did write about our concepts and

improved my workflow in Adobe hard skills like Photoshop, Indesign, and video editing in Premiere Pro.

The collaboration in our group went very well. Every group member was very professional, knew her/his strengths and was critical/reflective if needed. To my perception this made the group feel very dynamic, which I believe stimulated us to be proactive and motivated through the whole project. As a group, we tried to aim for an equally distributed project, and I think we succeeded in that.

Talking about the concept, I am definitely proud of what we achieved as a group and enjoy seeing how the project grows over time. The prototype is designed in a way that it creates a unique technological angle on diabetic healthcare, which opens up new design opportunities that can be easily picked up by follow-up projects.