DB520 Planning for a Design Start-up
Reflection
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//Why did I choose this module
The business perspective of design is not really what I would call my strongest suit. It was however necessary that, with my new vision, I would start to look how social design can fit in a sustainable business model. This because social design driven projects are often funded through a governmental budget which means that these projects are very stand-alone. Besides there is often not enough money to let them continue or be redone once they have succeeded. With this module I had the intention to look for the value of social design within our current business models and figure out how these kind of projects could grow into sustainable solutions.

//Organization & Structure
First of all I have to get rid of the misconception that occurred at the beginning of the module. I am honest when I say that I had to majorly adapt my expectations of the module once it became known that we would work for Philips. Adding to that the health and medical focus resulted in a business context that does not appeal to me very much. It seemed however that the structure of the module was genuinely thought through and could still offer some possibilities, although this meant that I had to look for a social design approach elsewhere.

//Clocky business case
To kick-start the module we were given a business case of a design start-up that had a similar background as a project that could have been done at our faculty. This gave me the possibility the easily relate to the situation that was described in the case study. I noticed that in evaluating the business approach of Mrs. Nanda sketched out a situation that could be evaluated and given feedback on. To my opinion it is always easier to give feedback on something than doing it yourself so it was very useful to start with this. Going through this reflective process and focusing on a specific part of the business approach created a quick understanding of the struggles and decisions that a start-up faces and could serve as the base knowledge of the module.

//Methodologies and communication
The newest aspect of this module, besides healthcare innovation, was the theory of hypothesis-driven entrepreneurship. This theory that was presented consisted of a set of methodologies that could be used when starting a company, differently from Mrs. Nanda approach with Clocky. Using the frameworks is often both very helpful and at the same time risky. I noticed that when using the business model canvas and Javelin model we had the tendency to literally put these models, filled in, in our presentation. This is however not where these models should be used for. I should have more seen the models as tools that will give an insight or presentable conclusions and communicate this in the presentations.

//Balance the story
Another thing that I struggled with regarding communication during the module is the iterative thinking process. I noticed that during these sessions the very valuable thought processes that result from research and discussions are difficult to communicate to others. Because of this I found it important to focus on clear and visual story during the final presentation. I hoped that in this way our own believe in the concept could be conveyed to another audience. This resulted that 75 percent of the workforce of the team focused on aspects like graphics, structure and story. This has resulted in a holistic story (quote Ad van Berlo; “fly-over”) that missed the core examples of the concept. For me personally I also felt this at the end of the presentation when I noticed that something was missing; the last convergent part to close the loop. This showed me that I have to pay attention to the balance that is necessary in this short timespan in order to touch upon the essential aspects.

//Business = communication
What occurred to me during the module and also when reflecting on my activities I had the feeling that a large part of business, and especially when bringing a new product or idea to the market, is how you communicate this to different stakeholders. It is in this part I think that it is hard for me as a designer to set boundaries and focus on the unique selling point (quote Ad van Berlo; “low hanging fruit”). I have the tendency to gather as much as interesting information as possible until almost the last moment. Therefore I need to set the limits of such an information immersive process and make decisions on what and how I communicate insights. I should focus more on my target group and what I want to tell (and sell!) to each discipline in the audience.

//Social design in healthcare innovations
When I zoom out on the whole process I think that it could have been possible to implement by initial goals of the modules a bit more into the module. Especially when I look to the Minimal Viable Product. Since we were working with data in the knowledge economy there is a very humane aspect when designing products that incorporate this new aspect of nowadays society. Because of the novelty of designing with data there is still a lot to discover around peoples attitude towards exposing their data, especially when this is sensitive data in the health care sector. Instead of working out our concept story I think it could have been valuable for me to look into creative evaluating methods to map people’s attitudes in regard to health data. Since Eva Deckers herself indicated that there is need for this kind of information as a basis for designing new products and services I see potential for me as a designer with a social preference to dive into people’s behavior and opinions. This showed me that in this transforming society there are new fields emerging where social design can be implemented. It made me aware of new possibilities and disciplines in where I can fulfill a role as a designer.