

Key Points:

- This goal can be challenging to achieve with the various client types and methods of project delivery.
- My client is the developer; but should the schedule be my first responsibility?



Tracy Ezell, AIA has more than 29 years of experience as an architect. A graduate from the UDM, Tracy currently serves as the Architectural Department Manager at Byce & Associates, Inc. Ezell has served as a Senior Project Manager and Senior Project Architect/Designer for a diverse array of renovations/ alterations to existing facilities, facility expansions, and new construction projects. He has led the design of healthcare, office buildings, retail, hospitality, educational, institutional and manufacturing facilities.

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Who Are We Designing for?

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In June of this year, the American Institute of Architects' Al9 Conference on Architecture was held in Las Vegas, Nevada. The theme of the conference was "Blueprint for a Better Future," suggesting that designing a better future means taking on the critical challenges facing cities and our world today.

The atmosphere at the conference was electric. The learning opportunities were abundant, the trade show was expansive, and the building tours provided a brief study of varied project types. Returning home, I reflected on all that I had seen and heard. The keynote speakers, Reshma Sanjani and Keller Rinaudo, particularly stood out to me. Not because of their great insight into our profession, but because they had nothing at all to do with it.

Reshma Sanjani is the CEO of Girls Who Code, a national non-profit organization that is "dedicated to closing the gender gap in technology and to changing the image of what a programmer looks like and does." Ms. Sanjani recognized that the gender gap in the computer programming and engineering profession is extremely wide, and since 1995 has been widening. Girls Who Code has developed programs to engage young female students during their early high school years to promote interest and provide education and training to prepare for continued education or, in some cases, enter the workforce upon completion.

Keller Rinaudo is the CEO of Zipline, a medical supply delivery company headquartered in San Francisco, California. Mr. Rinaudo became aware of the number of lives being lost in Rwanda and Ghana due to the inability to deliver blood for surgical and/or childbirth procedures and developed a network of drones that can deliver blood supplies within minutes of a telephone request throughout the two countries.

Both speakers made presentations on their organizations and the impressive and inspiring work that was being completed. Questions were asked of each about the logistics, means, and methods of how they were inspired, how they built their organizations, and what the future will hold for each. What struck me the most is that both organizations have a very clear understanding of who they are serving.

Architectural and engineering firms work for many different client types, all of whom may have a different interest in the building or facility that is being designed. A company owner constructing a corporate office or manufacturing space may be concerned with corporate identity or the process to be housed within the building. A developer may be most interested in a return on investment or the adaptability to lease space to an unknown client, whereas



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a construction manager or design/build general contractor may be driven by schedule or material availability. In these varied scenarios, who are we truly designing for?

This made me reflect on one of my first projects as a licensed architect. A local senior center had purchased an aged elementary school building. The large classroom spaces were going to work perfectly for the programmed activity areas, the expansive hallways could accommodate wheelchairs and walkers, and the kitchen and cafeteria were well suited for large communal dining functions. All of this could be accomplished with minor modifications. One of the aspects of the project affecting the budget was the renovation of the restrooms for handicap accessibility. Referencing building code and accessibility manuals, I ensured that the restrooms were designed to full compliance. The work was completed, the owner was pleased with the facility, the ribbon cutting ceremony was held and the general public applauded the efforts made by all to bring this facility to the community.

Less than a week into the operation of the facility, the director contacted me questioning if the restrooms had been designed properly because their clients could not fit into the stalls. My team pulled the drawings, reviewed the design, and checked the as-built drawings. We assured the owner that everything was compliant, only to receive continued complaints that the restrooms were unusable. The owner requested the architectural team and building code official meet them onsite to review the restroom construction. As anticipated, the building official confirmed that the restrooms were compliant with all building code and ADA requirements.

A second meeting was scheduled, but this time the seniors making the complaints were invited. The architectural team, the building official, and the senior center director stood in the corridor waiting the arrival of those making the complaint when we notice a group of seniors entering the building, all bound to electric scooters of various sizes and shapes. The restrooms may have been perfectly designed and constructed to meet the requirements of the codes and standards, but unfortunately, the code requirements did not fit the needs of the population who utilize scooters in lieu of walkers and wheelchairs. Upon discussion, it was discovered that each of the seniors had differing challenges, and that no single modification to the restrooms could meet all of their needs.

At no time during the programming or design phases of the project did the design team recognize or consider the reality that a facility specifically built to serve the senior citizen population would have an increased number of people with needs beyond what the codes and standards address. Unlike Ms. Sanjani



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and Mr. Rinaudo, who precisely defined who they were going to serve and how their companies were going to address the problem, the design team did not adequately consider who they were truly designing for. Was our responsibility to the senior center's Board of Directors, who commissioned and paid for the project? Were we designing for the center director, whose concern was ensuring that the plans provided for adequate space for the programs being offered? Did our responsibility as designers stop at meeting the requirements of a building code or accessibility standard? I propose that the answer to all of those questions is "Yes," but as a young architect, I failed to understand that my responsibility is ultimately to design for the people who will use the space.

This goal can be challenging to achieve with the various client types and methods of project delivery. A recent project was awarded to our office by a developer who is also acting as the construction manager at risk for a medical office building. The practice is owned by six physicians who have entrusted the day-to-day interaction with the design team to the clinic manager. The programming of the facility needs revealed that the new building was going to facilitate a new method of patient flow, patient care delivery, and a better patient experience from their current building. The developer required the design process be a phased delivery in order to fast-track the project and get the building shell completed prior to the upcoming winter season. Prior to awarding the project to the architect, the developer had worked with the civil engineers to maximize a building footprint and parking to meet the zoning regulations and had procured local site plan approval.

The CM had already cleared and stockpiled the site with sand and gravel, and had the excavators on the ready to start digging for foundations. The architect was provided a fixed building outline and the construction schedule mandated the building structure and shell be issued for bidding, permit, and construction in very short order. The clinic manager was trying to provide programming while simultaneously attempting to develop new patient flows and procedures for the new delivery methods. As architects, we had to design from the inside out to ensure that entry points and windows fit the new plan model. I recall sitting in a design meeting three or four weeks into the process. It had been a very long meeting as the architect and clinic manager were discussing the planning of the interior spaces and how the goals of flow, delivery, and experience were going to be achieved. At the conclusion of the meeting, final comments were being offered around the table. When it was time for the developer/CM to comment, they placed the priority on schedule, schedule, schedule.

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force the floor plan to fit in order to meet the schedule? Am I responsible to the physicians, clinic manager, and all the nurses and staff that I have yet to interview who will use the building day to day to provide quality health care? Again, the answer is "Yes."

In today's market, the design process is being pushed by many forces. Schedules, budgets, availability of skilled trade labor, developers, construction managers—the list continues. As architects and engineers, it is imperative we balance all of those influences, while never losing sight of who we are ultimately designing for