Faculty Office Space: Research and strategies to address real and perceived needs

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Corrie Feldmann, Senior Facility Planner
Learning objectives

1. Real and perceived needs

2. Substantiated claims

3. Strategies, tools and tactics

4. COVID-19 impacts

1. Professional environment, recruiting, expectations, demands

2. Actual office use, office size requirement, location, location, location!

3. Freedom of choice, kit of parts furniture system, involve all faculty
OSUWMC approach to the challenge
Interview process

01 / Interviewed 10 physicians and toured/photographed offices.

02 / Analyzed interview transcripts and photos for patterns and clustered into related categories and themes.

03 / Ongoing Draw insights from key observations within a pattern group.

04 / Ongoing Identify actionable implications based in research insights.

Facilitated 10, 30-60 minute interviews with physicians from a variety of departments.

An insight is a concise statement of the "why" behind a group of observations.
Interview process

• All faculty offered the opportunity to participate
• Qualitative study to understand perceived need
• Introduction, background and role with the university
• “A day in the life”
  • Explain what a typical day/week looks like for the specific faculty member
    • Meetings, class, clinic, activities, etc.
• “A day in the life”
  • Explain what a typical day/week looks like for the specific faculty member
    • Meetings, class, clinic, activities, etc.
Interview questions

Specific office questions

• What do you use it for?
• How did you get your current space?
• How much time do you spend in your office?
• Do you have a private or shared office now?
• Have you ever had to work in the other environment (shared/private)?
• What are your thoughts on the trend of using more shared workspaces in lieu of private offices?

Space experience questions

• How do you measure office ‘experience’?
• How have you seen the built environment?
• How are decisions made about your physical/built environment?
• Who do you think makes decisions and what criteria is used?
• How do you think office space is assigned?
• How do you know a space is meeting objectives?
Office activities

- Course prep
- Student/staff/research/admin meetings
- Charting
- Email
- Conference calls
- Phone calls
- Grant-writing
- Research
- Sleep
- Eat
- Drink

Ideal space descriptors

- Accessible
- Adequate Size
- Airy [x2]
- Bright
- Central [x2]
- Clean
- Colorful
- Comfortable [x3]
- Connected
- Convenient Location
- Different
- Expansion
- Functional
- Homey
- Interchangeable [someone else in a similar role could use that space with no changes]
- Modern [x2]
- Multifunctional
- Open
- Organized [x2]
- Personal
- Private [x4]
- View
- Window
Reimagining faculty space

New office plan

Faculty Hub
A more open space with a variety of shared private offices and open office concepts, with focus spaces spread around the entire floor plate

Reuse office plan

Unloaded Corridor Plan
A more open and varied corridor with spaces to do a variety of tasks, with meeting rooms peppered among the layout
Reimagining faculty space: open office

Perception of open office
The concept of open office is perceived negatively for a number of reasons which are often based on the perceived idea of the solution.

Potential reality of open office
The potential of the open office concept can take on many forms and work successfully as long as the end users have input on the solution.
Reimagining faculty space: shared office
Reimagining faculty space: private office
What did we learn from our faculty?
Key criteria: strong alignment among faculty!

1. PRIVACY — for sensitive conversations, focus work, and rejuvenation

2. PROXIMITY — to amenities, clinical sites, and frequent collaborators

3. PROFESSIONALISM — a space that reflects well upon the profession

1. If you’re going to have a difficult conversation you want privacy. It’s awkward if you have a partner right there and you have to ask them to leave so you can have that conversation.
   — 7_MD_015

2. It’s central to the division and department so I can meet other people or see them in the hallway. I like that I can pop my head out and talk to anyone.
   — 7_MD_010

3. Where I trained there were really nice offices. It was state of the art. It looked like offices you’d see for lawyers on TV. It was really nice. Really representative of the profession, appropriately.
   — 5_MD_021
## Current space descriptors

<table>
<thead>
<tr>
<th><strong>Positive</strong></th>
<th><strong>Negative</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright</td>
<td>Antiquated</td>
</tr>
<tr>
<td>Comfortable</td>
<td>Basement</td>
</tr>
<tr>
<td>Central [x2]</td>
<td>Cluttered</td>
</tr>
<tr>
<td>Enjoyable</td>
<td>Crammed</td>
</tr>
<tr>
<td>Green [contains plants]</td>
<td>Cramped</td>
</tr>
<tr>
<td>Mine</td>
<td>Crowded</td>
</tr>
<tr>
<td>Organized</td>
<td>Disorganized</td>
</tr>
<tr>
<td>Private [x2]</td>
<td>Dungeon</td>
</tr>
<tr>
<td></td>
<td>Homely</td>
</tr>
<tr>
<td></td>
<td>Impersonal</td>
</tr>
<tr>
<td></td>
<td>Messy</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
</tr>
<tr>
<td></td>
<td>Convenience</td>
</tr>
<tr>
<td></td>
<td>Old</td>
</tr>
<tr>
<td></td>
<td>Outdated</td>
</tr>
<tr>
<td></td>
<td>Smelly</td>
</tr>
</tbody>
</table>

### Real Perceived

- Bright
- Comfortable
- Central [x2]
- Enjoyable
- Green [contains plants]
- Mine
- Organized
- Private [x2]
- Productive
- Quiet
- Sequestered
- Sizable
- Spacious
- Unique
- Useful
- Welcoming
- Antiquated
- Basement
- Cluttered
- Crammed
- Cramped
- Crowded
- Disorganized
- Dungeon
- Homely
- Impersonal
- Messy
- Mixed
- Convenience [close to some things, not others]
- Old
- Outdated
- Smelly
Key pain points
Pain points

1. RECRUITING — Physicians worry that new talent will be difficult to attract if office space isn’t improved

2. MEETING SPACE — Physicians want adequate office space to meet with small groups

3. CONDITION — Furniture, tools, and amenities that are outdated and/or defective

1. New people and younger people will come into my office and I'm worried they'll see me as a 23 year full professor in a small office and ask what's in it for them. I probably won't be able to meet in there anyway. – 4_MD_010

2. And it's harder to meet people there. I don't have a table or another chair. I could try to borrow it from one of my office colleagues but it's not really a meeting place. I could reserve a conference room but I think it's more personal when you meet with someone in your own space. – 1_MD_022

3. I think a lot of people here suffer in silence. They're unhappy about parking or their office and they don't tell anyone til they flame out and leave. They don't say anything because they think nothing will change so it's important to message out the efforts you have going on. – 4_MD_022
Key criteria #1: privacy

90% of physicians indicated in their interviews that they would prefer a small/private space to a large/shared space citing productivity, focus, and confidentiality. Very few participants favored a larger/shared space for ease of collaboration, information transfer, and socialization.

Some participants also indicated that a newer/smaller space was preferable to an older/larger space.

Smaller private space would be my preference. I'm more productive in private space without distractions. You need privacy at certain times. – 3_MD_023

I would want a small private space. I do a lot of writing where I need space to think. I need alone time for grants and papers. – 4_MD_025

I would choose a smaller private space so I can have private conversations. I don't want the awkward moment of kicking someone out. – 7_MD_027

I would choose a shared larger space. It’s easier to talk with the people you work with and it makes information transfer more efficient. It’s also less lonely. – 10_MD_029
Current reality: what is real?
Medical campus: what is real?

“Fall short of all 3 key criteria most important to our faculty”

- Privacy
- Proximity
- Condition
Medical campus: future
Execution of the plan
# Office master plan: truly comprehensive

## DRAFT of Hiring plans

<table>
<thead>
<tr>
<th>Department</th>
<th>SIMS Capacity</th>
<th>Current Oct 2019</th>
<th>Target FY20</th>
<th>FY20 (remaining)</th>
<th>FY21</th>
<th>FY22</th>
<th>FY23</th>
<th>FY24</th>
<th>5 year estimate</th>
<th>Total Growth Delta</th>
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<tr>
<td>Administration</td>
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<td>23</td>
<td>8</td>
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<td>100</td>
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<td>BMEA-Administration</td>
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<td>BMEA-Division of Anatomy</td>
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<td>73</td>
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</table>

## Master Plan

<table>
<thead>
<tr>
<th>Move Strategy</th>
<th>Current Location(s)</th>
<th>Desired Move Location</th>
<th>Could Hotel/Reasonable Sharing</th>
<th>Current Faculty Total Square Footage</th>
<th>Current Total Faculty Square Footage (80 ASF)</th>
<th>Current Square Footage Delta (80 ASF)</th>
<th>Total Faculty Square Footage Including Growth (80 ASF)</th>
<th>Square Footage Delta (80 ASF)</th>
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<tbody>
<tr>
<td>Stay/no move</td>
<td>Biomedical Research Tower, Hamilton</td>
<td>Starling</td>
<td>Yes</td>
<td>3,040</td>
<td>480</td>
<td>2,560</td>
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<tr>
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<td>Dean-Tragos</td>
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<td></td>
<td>6,176</td>
<td>8,000</td>
<td>-1,824</td>
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<td>560</td>
<td>560</td>
<td>-560</td>
<td>560</td>
<td>-560</td>
</tr>
<tr>
<td>Stay/no move</td>
<td>Hamilton Hall</td>
<td></td>
<td></td>
<td>560</td>
<td>560</td>
<td>-560</td>
<td>560</td>
<td>-560</td>
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<tr>
<td>Stay/no move</td>
<td>Prior Hall - Davis Heart and Lung Research</td>
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<td>Yes</td>
<td>3,084</td>
<td>5,200</td>
<td>-2,116</td>
<td>5,680</td>
<td>-2,596</td>
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Office master plan: Phase 1: infuse capacity - 11th and Neil office building

Relocation Plan
Pulmonary, Critical Care, & Sleep
3. Davis Heart & Lung
5. Starling Loving Hall
7. Graves Hall

Pathology
4. Hamilton Hall

Orthopaedics
1. Ackerman 600
6. Prior Hall

Nephrology
4. 395 W. Twelfth Ave

Cancer Clinical Trials
5. Starling Loving Hall

Clinical Trials Management Office
3. Davis Heart & Lung

Optometry
5. Starling Loving
Overall office master plan

1. LINCOLN TOWER
   - Hematology
   - Medical Oncology

2. STARLING LOVING A
   - Medical Oncology
   - Hematology
   - Optometry
   - Cancer & Clinical Trials

3. STARLING LOVING B+M
   - Hospital Medicine
   - Pulmonary, CC&S
   - Anatomy
   - Temporary Hospital Medicine
   - Cardiovascular Medicine
   - Pulmonary CC&S
   - Pathology

4. GRAVES HALL
   - Hospital Medicine
   - Cardiovascular Medicine
   - Pulmonary CC&S
   - Pathology

5. 11TH & NEILAVE
   - Pulmonary, CC&S
   - Pathology
   - Optometry
   - Orthopaedics
   - Cancer & Clinical Trials
   - Nephrology

6. HAMILTON HALL
   - Pathology
   - Anatomy

7. DAVIS HEART & LUNG
   - Cardiovascular Medicine
   - Pulmonary, CC&S

8. PRIOR HALL
   - Vascular Surgery
   - Orthopaedics

9. TWELFTH AVE 395
   - Nephrology
   - Vascular Surgery
   - Plastic Surgery

10. EYE & EAR INSTITUTE
    - Plastic Surgery

11. ADDITIONAL OPPORTUNITIES
    - McCAMBELL HALL

SPRING / 2020
SUMMER / 2020
FALL - WINTER / 2020
FALL / 2020
FALL / 2020
FALL / 2020
FALL / 2020
FALL / 2020
FALL / 2020
FALL / 2020
The building blocks...space standards
Private office concept: interaction

Room Zones

1. Creating
2. Meeting
3. Problem Solving
4. Storing
Private office concept: reading and writing

Room Zones

1. Creating
2. Focusing
3. Thinking
4. Storing
Private office concept: rejuvenation

Room Zones

1. Creating
2. Meeting
3. Interacting
4. Storing
Kit of parts: office selection checklist

For each section, check the box for the item that you would prefer for your office.
Kit of parts: modular office wall system

**High performing + flexible**
- Painted steel
- Vertically oriented, utilized frame
- Minimal kit of parts
- First cost-competitive with fixed construction

**Designed for sustainability**
- Cradle to Cradle Certified™
- SCS Indoor Advantage® Indoor Air Quality Certified
- BIFMA level® 3 Certified
- Recycled, low-emitting materials
- No PVCs or VOCs
- No on-site off-gassing
- 100% reusable
- Contributes to LEED

**Privy Wall**

**Four Simple Components**
- Ceiling Track
- Panel
- Feature strip
- Base trim
Kit of parts: modular office wall system

Typical office layout:
Base cost
Private office implementation: a new facility

11th & Neil office building
Private office implementation: an existing condition
COVID-19 impacts
Pandemic response

- Small private offices create a perfect setting for social distancing and allowing faculty to return to campus
- Staff spaces are being separated in the cube environments with plexiglass shields
- 6’ separation is necessary for campus mandates
- Staff permitted to remain working remote during the pandemic response
- Certain impacts TBD:
  - Ultimate size of office footprints
  - Ultimate lease portfolio
  - Proximity of faculty to staff
  - Clinical faculty locations
Lessons learned
What have we learned?

• Office space is personal
• Inclusion in the design process goes a long way toward consensus
• Smaller private space is preferred when larger space could result in shared space
• Opportunities to choose office layouts was helpful create trust with faculty members
• Daylight is important to faculty members
• Challenge your thinking
• Think globally and comprehensively
• Apply your guidelines
Thank you

Questions?

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Save the Date

Thursday, November 19, 2020
4:00 – 5:00 pm ET

For more information, please visit our website:
https://www.aamc.org/professional-development/events/2020-gba/gip-virtual-programming