Meeting with Carrie Chan

Minutes

CARRIE CHAN IS A GRADUATE STUDENT THAT SHELLEY HAS RECOMMENDED TO ME AS SOMEONE WHO HAS EXPERIENCE WITH THE KIND OF PROJECT THAT I WANT TO PERFORM. SHE IS DOING HER THESIS PROJECT FOR THE CHILDREN'S HOSPITAL IN PITTSBURGH, WHICH IS SINCE RECENTLY AFFILIATED WITH THE UPMC. THIS IS NOT HER FIRST PROJECT FOR UPMC. SHE ALSO HAS EXPERIENCE WITH SERVICE BLUEPRINTING, ESPECIALLY WITH INCORPORATING EMOTIONS IN SERVICE BLUEPRINTS. SHE RECENTLY DID A PROJECT FOR IBM, IN WHICH SHE DEVELOPED HER OWN, EFFECTIVE WAY OF VISUALIZING THE EMOTIONAL STATES OF CUSTOMERS DURING A CERTAIN SERVICE APPEAL.

The first part of the conversation is about the kind of project that Carrie is doing for the Children's Hospital. We talk about the IRB two applications that Carrie filed, first for the Carnegie Mellon IRB, then for the University of Pittsburgh IRB (since UPMC is a part of the University of Pittsburgh). She tells me that the second application has delayed her project for as much as three months while in the end it became clear that her project did not need IRB approval, since the University of Pittsburgh did not consider her proposal to be 'scientific research'. Instead, the approval of her proposal presentation by the UPMC staff was enough to legitimize her user involvement methods. However, this could be different for different branches of UPMC, her Southside branch being a particularly pleasant hospital to work for, that is very open to ideas for innovation.

When asked if she could take photos and record video images of her research, she responded that this had to be approved by the Public Affairs office of the hospital, which at that moment had been too much of a hassle, so she had refrained from requiring images for her project. However, this too could be different for different hospital branches.

The proposal that Carrie had to file to Pitt University is actually a really long online questionnaire. It contains questions like 'Are you going to use human blood cells?' and 'Are you going to work with pregnant women?'. Because it was a proposal for a project involving a hospital, the IRB level possibilities were probably limited to 'expedited', meaning a fast analysis by the IRB of the risks involved with the proposal, and 'full level' for a project involving vulnerable groups of people (like the pregnant women), that would require closer scrutiny. This former could take two days to two weeks, the latter as much as 8 weeks. The third level, 'exempt', would not be applicable, since every 'medical' project would require at least some looking into.

As a way to select suitable families to work with, Carrie had asked nurses which families would be most interesting for her research and most eager to collaborate. When she visited the hospital to work with these families it soon emerged that one of the research methods that she had proposed, was actually not really suitable for this particular situation. The 'make tools' that a lot of CMU students use to involve their research participants in visualizing their ideas, could not be applied because parents would have their child in their arms, or there would not be enough space to work with the tools inside the hospital room. She came around this by making the tools more verbal, and collaborate on creating an image of what the participants thought of. The other method that she used, interviews, helped her to get an idea of the hospital processes early on in the project.
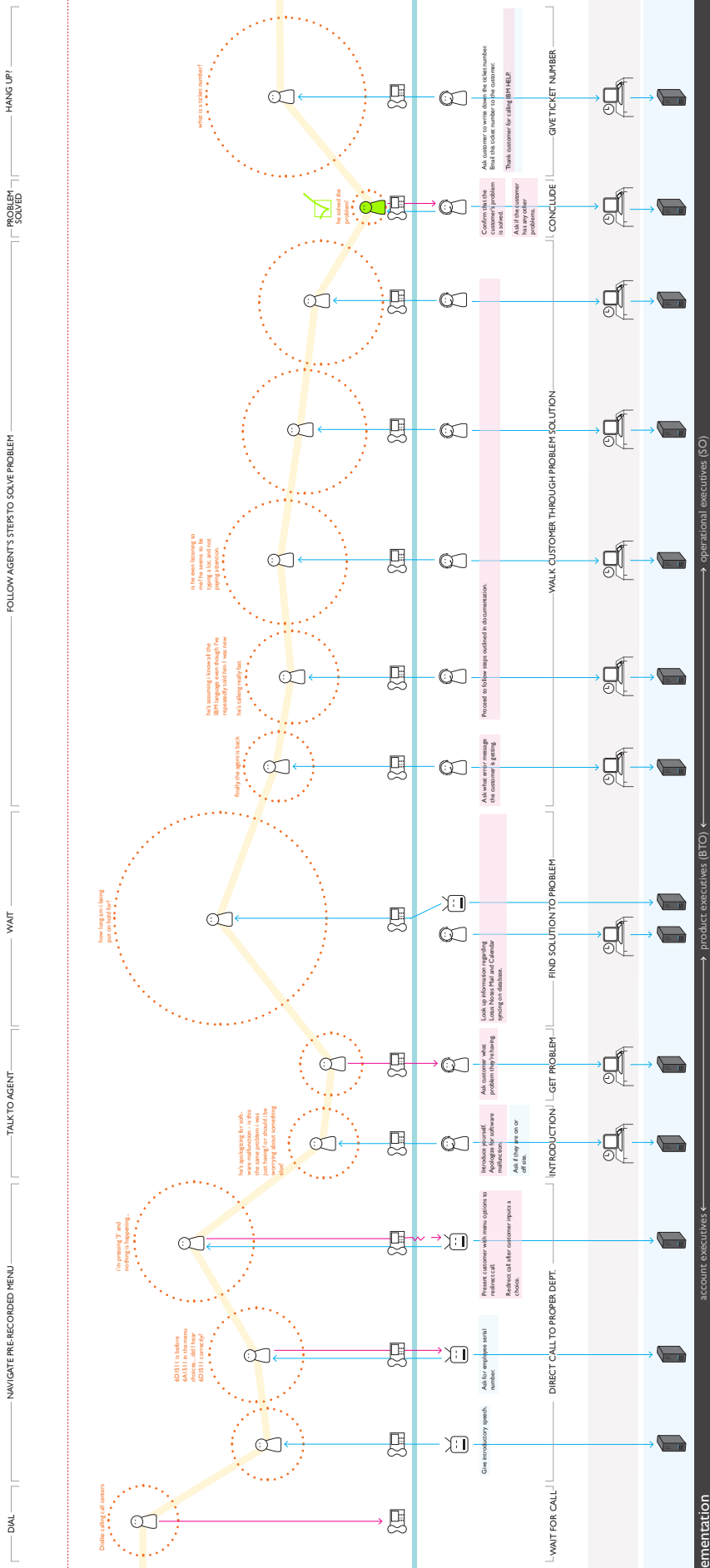
After talking about her current project we shifted our focus of conversation to the project Carrie did for IBM during the summer. During this project she looked at IBM services and developed an effective way to incorporate emotions in the service blueprints that she drew of them. She showed me an example of a call center service blueprint, in which she had implemented this method. The blueprint is shown on the following page. The top of the diagram shows the customer in different, chronologically positioned, phases of the call. The relative placement height of the customer indicates the level of satisfaction: if the customer is placed more towards the employee on the other side of the blue 'line of visibility', she is more satisfied. The red 'hazard line' indicates the boundary between a more or less acceptable satisfaction level and dissatisfaction that imposes the risk of ending the service prematurely. The 'emotion bubbles' surrounding the customers indicate their level of frustration: the bigger the bubble, the more frustrated they are. This of course has some inverse correlation with their level of satisfaction. Finally, there are the texts in the blue and pink boxes, that summarize the preprogrammed 'script' the employee has to go through to solve the customer's problem. Finally, the green customer icon indicates that the problem is solved.

I think that I can make good use of the 'emotions service blueprint' example of Carrie to draw a service blueprint myself. I think frustration and satisfaction are good emotional states to consider, but there are more emotions that play a role, certainly inside the hospital. The hospital context will be much more difficult to put inside a model, and may require a subdivision into smaller models. The 'line of visibility' seems unnecessarily limited to one sensory modality: what about the clues one gets by hearing, or even smelling or touching? These will be things to consider as well.

As far as the IRB is concerned: I will have to wait until the presentation on Friday to find out which status my research proposal has for the particular branch of UPMC that I will be working with. In the meantime, I can prepare my proposal and the related consent forms. I will make sure to propose taking pictures and video as well.

Dialing IBM-HELP to get assistance with Lotus Notes

Carina Chan | IBM TJ Watson Research Center, Hawthorne NY | 6.15.07
Blueprinting ideas v.4

problem with Lotus Notes Mail and Calendar syncing

Lotus Notes Mail and Calendar syncing works

Ticket number

Customer steps (phases)

DIAL — NAVIGATE PRE-RECORDED MENU — TALK TO AGENT — WAIT — FOLLOW AGENT'S STEPS TO SOLVE PROBLEM — PROBLEM SOLVED — HANG UP?

Customer's journey (thoughts)

- Dialing calling call centers
- 6D1511 is before 6A1511 in the menu choices...did 1 hour 6D151 is correct d?
- I'm pressing '3' and nothing is happening.
- he's apologizing for software malfunction - is this the same problem I was just having? or should I be worrying about something else?
- how long am I being put on hold for?
- finally the agent is back.
- he's assuming I know all the IBM language even though I've repeatedly told him I was new. he's talking really fast.
- is he even listening to me? he seems to be typing a lot, and not paying attention.
- he solved the problem!
- what is a ticket number?

Service representative / script

- Give introductory speech.
- Ask for employee serial number.
- Present customer with menu options to redirect call.
- Redirect call after customer inputs a choice.
- Introduce yourself. Apologize for software malfunction.
- Ask if they are on or off site.
- Ask customer what problem they're having.
- Look up information regarding Lotus Notes Mail and Calendar syncing on database.
- Ask what error message the customer is getting.
- Proceed to follow steps outlined in documentation.
- Confirm that the customer's problem is solved.
- Ask if the customer has any other problems.
- Ask customer to write down the ticket number. Email this ticket number to the customer. Thank customer for calling IBM HELP.

Provider's steps (backstage)

WAIT FOR CALL — DIRECT CALL TO PROPER DEPT. — INTRODUCTION — GET PROBLEM — FIND SOLUTION TO PROBLEM — WALK CUSTOMER THROUGH PROBLEM SOLUTION — CONCLUDE — GIVE TICKET NUMBER

Row labels (left)

- service evidence
- customer steps
- customer's journey
- service representative
- script
- provider's steps
- backstage application
- support processes

Zone labels

onstage — line of interaction — line of visibility — backstage

Implementation (right side)

implementation — account executives — product executives (BTO) — operational executives (SO)

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