

# INNOVATION AND COLLABORATION THE IDA WAY

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## ABSTRACT

In this paper we describe a global collaborative innovation process we have designed to create products and processes that will enable audiologists to increase their skills for communicating effectively with their patients.

The profession of audiology has for many years been extremely technology driven, and many hearing care professionals, as well as manufacturers of hearing aids, believe that the time have come for a shift to more focus on the human dynamics of hearing loss. But they do not know how to accomplish this goal - and that is the *raison d'être* for the Ida Institute.

We have designed our innovation process as an answer to the questions: How do we foster a better understanding of the human dynamics associated with hearing loss? How can we change the mindset of a profession from technology-centered to people-centered? How can we facilitate interaction among the professionals in order to bring human dynamics to the agenda within the profession? How to 'tangibilize' this mindset change in the form of 'tools' that are useful for the everyday practice of audiologists on a global level?

It is our aim in this paper to share the design of a collaborative innovation process that seems to work successfully. We are in the process of developing: a terminology to describe the process; an understanding of why it is successful; and an understanding of which parameters we can measure – and (to some extent) control.

The Ida Institute has held 10 international seminars and created a number of tools that have been shown to have a positive impact on the profession on a global level. We believe that by describing the global collaborative innovation process we have employed to achieve these outcomes, we can contribute a unique and hopefully relevant approach to facilitating collaboration in innovation and reflective design processes.

## INTRODUCTION

The Ida Institute is a non-profit organization working to foster a better understanding of the human dynamics associated with hearing loss. The Institute was funded by an initial grant from the Oticon Foundation in 2007 – and funded for another three year period in 2010.

The core of our innovation process is a series of "Think Tank Seminars" – where we engage participants from around the world in discovering the unmet needs of the profession of audiology, and in helping to determine what we can invent/create/design in order to meet those needs. This is accomplished through a strictly choreographed process that includes pre-work from participants, web fora, ethnographic films, research presentations, forum theater, and interactive design methods.

Although it is a strictly choreographed process, it is open-ended and we alternate between concrete and abstract levels – and moving back and forth between raising questions and exploring possible answers.

We have formulated a very ambitious vision: To affect cultural change within the field of audiology – a change from a technology focus to a focus on people. We see the think tank seminars as a forum to gather people who would like to pro-actively work towards this vision. At the same time, our seminar participants are experts within the field and

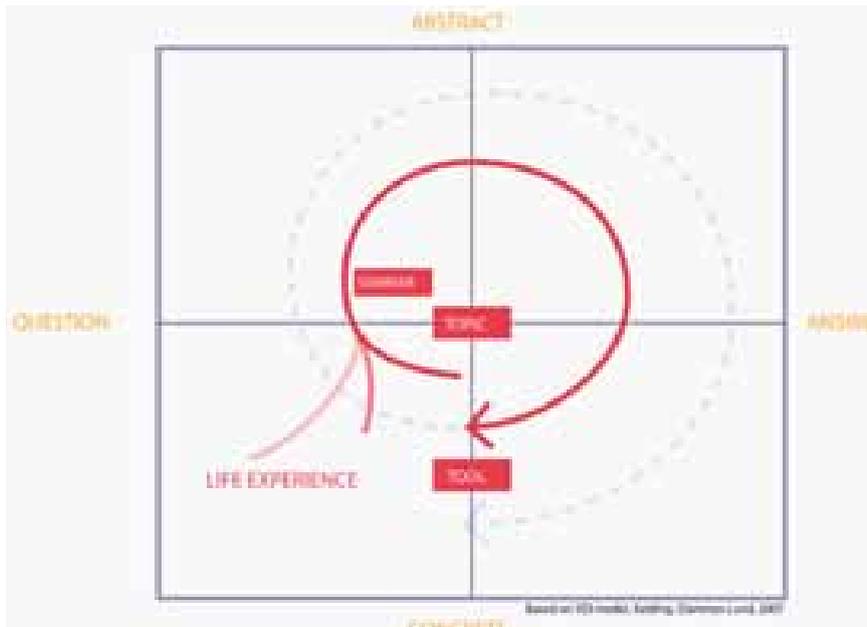


Figure 1

can help us to better understand the nature and culture of the profession, and what is needed in order to initiate a change process.

This vision is shared by many stakeholders within audiology – in academia as well as by the manufacturers – sometimes explicitly formulated, other times as an unarticulated wish or dream. The work of the Ida Institute is moving forward on this partly articulated wish from many areas of the profession. An article in the latest issue of *Audiology Today* describes how the Ida Institute seminars can be seen as a catalyst of a paradigm shift that is about to take place within the profession (ref. Sweetow et al 2010)

The seminar process design that is presented in this paper has taken place in the working environment of a non-profit organization and not a research institution. It is a process that has been developed through a collaboration of the Ida Institute staff that is comprised of a variety of disciplines including anthropology, audiology, and design and learning specialties.

### THE SEMINAR PROCESS

An Ida Institute Seminar is a three-day seminar with 25 participants. For each topic we explore, we have three seminars – and each of these seminars consists of a new group of participants. This means that for every topic, we have a total of 75 seminar participants.

For each series of seminars, we collabo-

rate with a “Faculty”, made up of four experts, primarily from academia. The Faculty contributes to both the exploration of the topic and planning the seminars. At the seminars, they give lectures in their area of expertise and actively participate in the facilitation of the process – bringing insights from one seminar into the next.

The seminar is part of an extensive process focused on a single topic. It is a process that begins with life experience – raising questions that we want to explore and find “answers” to.

The products that result from this process – our Ida Tools – are proposed solutions to challenges articulated by the seminar participants. They can be seen as answers to questions arising from the profession.

We define a tool as:

“Anything that recurrently can address a specific need in specific situations/ dealing with specific issues. A tool can emerge as a board-game, a metaphor, a process-description, a service on the internet, a language, a model, something concrete, something abstract or something visual . . . the possibilities are limitless.”

The questions that we address have grown out of life experience, but have not necessarily been articulated. This is the aim of the seminar - to delve into the (un)articulated needs of the profession and explore what we can invent or create to meet these needs.

In the following, we describe each of

the elements of the seminar process and present a new model that can help us to analyze the interplay between the elements of the seminar and their importance and relation to our overall goal of engaging the participants in a collaborative innovation process.

### THE SEMINAR TOPIC

Each year, we work with a new topic. The topic is chosen in collaboration with our advisory board consisting of international experts within the field of audiology. The topic is chosen to facilitate work towards furling our mission of fostering a better understanding of the human dynamics associated with hearing loss.

This year, we have been working with the topic: “LIVING WELL WITH HEARING LOSS.” Within this topic, the questions that we want to explore are:

- How can we as hearing health care professionals bring the concept “living well with hearing loss” into our clinics?
- What steps should we take to understand what our patients need to live well with hearing loss?
- How do we enable our patients to integrate their hearing loss with the lifestyle they wish to have?

### THE IMPORTANCE OF THE TOPIC

”Living well” is not a concept that is readily integrated in audiology practice. However, it is a concept that has the potential to be relevant and meaningful to the practice, and may possibly result in better outcomes for patients.

It is important to point out that we do not endeavor to find the great arguments for choosing a topic in advance of the seminars. Rather, we ask seminar participants to help with the formulation of the critical questions prompted by a topic. This enables us to better formulate relevant and important questions and at the same time, gives ownership of the topic to the participants.

Our web forum is an important part of the development process. It is a closed forum housed on the Ida Institute website ([idainstitute.com](http://idainstitute.com)) where seminar participants are given assignments to fulfill, before, during and after a seminar. Through this process, a dialogue around the topic is created and grows.

As an example, one of our participants

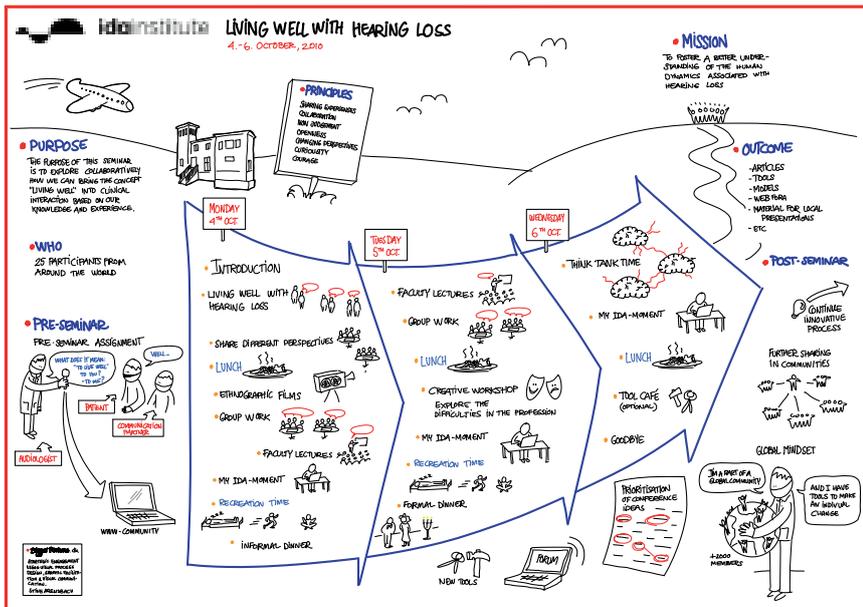


Figure 2

wrote in our web forum on the second day of the seminar: “Research has shown that although hearing aids help, they often end up unused, in the drawer, and/or with dissatisfied clients. This suggests that something is not right with our current model of practice. We need to understand the person, not their loss, and their life. Our intervention needs to suit their life and their needs; not the other way round that they need to fit in with our practice, interventions and expectations.

If we can help the client to live well (and for some, in the first instance it may be ‘live better’), then we’re more likely to have satisfied clients. We all agree that the medical model of practice doesn’t work well in audiology and that 2-way interaction with the patient contributing to their management is more effective. But our contribution as audiologists would be far more effective and appropriate if we understand what really is important to the client, and what constitutes ‘living well’ for them. How can we improve their Quality of Life?”

Another participant wrote: I think the main reason for bringing the concept of living well in to the clinical interaction is that it forces the audiologist to focus on the whole person rather than on the audiogram. Using the narrative and conversation to initiate a session, to building relationships, to understand the patient’s perspective, and to understand how the communication partner and patient with hearing loss relate to one another freed the audiologist up from

reliance on the audiogram. Clearly, this forced most clinicians out of their comfort zone but led us each on the road to gathering information that could help the audiologist realize the important goal of helping the person with hearing loss and the communication partner live well and potentially be aligned regarding necessary steps.

**A GLOBAL COMMUNITY – OUR PARTICIPANTS**

Our participants have been selected from among those who have applied to become a participant through our website and those who have been recommended by people in our global network.

Our seminar participants come from almost every corner of the world – with language being the main barrier for further diversity. Ida Institute seminars are conducted in English and participants expected to be able to interact without undue limitations in their ability to communicate in English.

Figure 2 shows the agenda that the seminar participants receive upon arriving at the seminar:

The “the-arrow-divided-in-three” representation depicts a seminar process that moves forward in time, passing through phases that depend on each other. The illustrations outside the arrow indicate that the process is influenced by the profession and society and other related external actions that are taking place.

**LIFE EXPERIENCE AS STARTING POINT**

Life experience has a double meaning: The professional lives of audiologists and the lives of their patients. We have several activities designed to bring these life experiences to the agenda so that they become the points around which other activities revolve.

Having two anthropologists on the Ida Institute staff gives us the opportunity to explore the topic before each seminar series begins. We produce a series of ethnographic video documentaries, taped both inside audiology clinics where interaction between audiology and patient is central and outside the clinic where ethnographic interviewing

**The IDA Think Tank Concept**

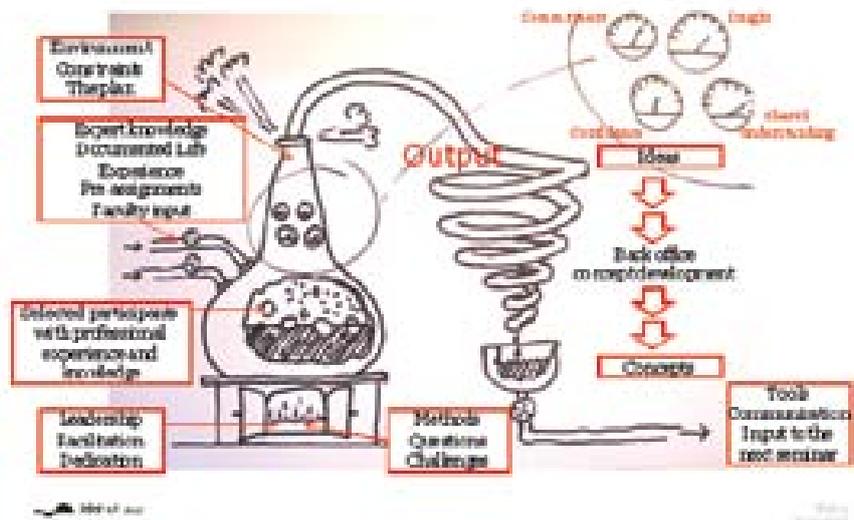


Figure 3



Figure 4: a (Visionpool®) collage

invites patients to talk about their lives and the audiologists to listen.

At the same time, we also ask seminar participants to interview patients and their communication partners outside the clinic prior to participation in the seminar. Participants are encouraged to write the content of this interview and share it on our web-forum with their co-participants before they arrive at the seminar.

#### **BUILDING CONFIDENCE, SHARED UNDERSTANDING, INSIGHT AND COMMITMENT**

Ida Institute seminars are highly interactive – and feature a series of activities designed to facilitate interaction between the participants.

The openness and willingness of participants to interact and collaborate is a prerequisite for this creative process to take place.

We also believe that confidence, shared understanding, insight into the topic we explore and commitment to the task are essential and the first part of our seminar program is designed to build these elements.

On the first day, our participants are asked to describe audiology as it is practiced, and as they practice it in their country. They share their stories with each other in small groups and the groups change several times during the session. During this interchange, they listen to each other and speak themselves, and in a very short time reach a better understanding of the profes-



(our office: November 2010)



Figure 4: (Visionpool®) documentation cards

sion worldwide. What we often hear at the end of this session is surprise that “our day-to-day challenges are the same even though the political, economical and cultural structures with in which we work are very, very different!”

Then we show them our ethnographic videos – and this builds on the shared understanding. Not only do participants get to share an understanding about the five to six people they get to know through the videos, but the content of the videos often mirrors their own practices and the part of their practice where they (to some extent painfully) feel the need for an enhanced focus on the ‘human dynamics’ instead of technology. Through this process, we build on the shared understanding of the challenges and the participant’s commitment to the Ida Institute mission.

Pre-seminar assignments are brought into discussion by the means of group work. Participants share their experiences from specific cases of their own. As they listen to each other revealing their own day-to-day experiences and the concrete details of their daily working environment, participants relate more fully to the the global community of audiology and the topic of the Ida Institute seminar.

By the end of the seminar’s day 1, we have established a group of participants that share the wish to be part of a community re-acting against the technology dominance of the profession. They are ready to involve themselves in an explorative process.

#### **ALREADY EXISTING KNOWLEDGE**

The Faculty, as previously described, are four ‘experts’ who are highly acknowledged academics from universities around the world and whose specific research area is related to the overall topic of the seminar. They are invited to become active participants in the semi-

nar process. .

After having established shared understanding of the relevance of the topic and commitment to act, the faculty presents established knowledge in the format of four brief lectures. This knowledge becomes inspiration for the creative work that follows.

#### **EXPLORING DILEMMAS – WORKING WITH THEATER**

Our next session explores how we might integrate the concept of living well into clinical practice. Although talking about the matter does not seem to be difficult, we create an opportunities for participants try to enact possibly approaches in different scenarios. As participants discover through these enactments, looking for new ways of interacting with patients, trying to get the conversation in the clinic focused on the concept of ‘living well’ quickly becomes more challenging.

These scenarios very overtly place the audiologists/participants outside their comfort-zone, a fact that often surprises them. It soon becomes obvious that they need help. As one participant expressed it in the web forum following the session:

*“Having the experience of the actors as well as playing roles myself makes me consider viewpoints that I don’t traditionally consider. I want to make sure that I am engaging the patient and communication partner, addressing their concerns while respecting their individual needs. I can see how audiologists can enter into areas outside of their comfort zone and... I am looking forward to brainstorming tools or life jackets that enable them to safely go into the uncomfortable waters.”*

By the end of the seminar’s second day, we have delved well beneath the surface of the dilemmas that face audiologists in their clinical interaction. As a group the seminar participants agree that we were working on an extremely relevant challenge for the profession and they are committed to the task of engaging in a co-creative process.

#### **TRANSFORMING DEEP UNDERSTANDING INTO VALUABLE SOLUTIONS**

On day 3, we facilitate the moment of creative collaboration.

The process takes place in two main phases. In each phase we challenge the

participants to answer a specific question.

The first question:

*“How does the landscape of ‘living well’ look like – from the patient’s perspectives?”*

The first question takes as its point of departure what we earlier described as ‘life experience.’ by introducing discussion of the ‘patient’s perspective’ – not directly, but as interpreted by the audiologists through interviews and ethnographic films. This question also indicates that we want our participants to acknowledge that the concept of the seminar, “Living Well with Hearing Loss,” is as important to the patient as it is to the audiologist and is especially relevant to the interaction between the two.

On day 2, we use the Visionpool®, a visual, scenario-building dialogue tool. Visionpool has playful characteristic and looks like a game, but it’s not. It is a way to organize and condense a common understanding of a subject by connecting keywords and abstract images – “visual samples”. In this way, we build a two-dimensional visual pattern through a reflective but structured process that is based on individual interpretations and associations. While participants are connecting keywords and visual samples representing the subject of “Living Well,” they are also building a metaphorical representation of the subject in its most important aspects as a shared mental image.

A tangible outcome of this process is the identification of a range of significant issues in a short form -- that is, described in a headline, represented by a single visual sample and explained in a short sentence.

The second question (with the aim of scoping the final ideation process):

*“How can you enable the patient to communicate the qualitative experience of Hearing Loss in different situations?”*

At this point, we have established confidence, provided the participants with insights, created a common understanding and a common language and built a level of engagement.

Now we use the time-constraints of the seminar to put participants under pressure to produce a solution to be presented in plenum. The intention is to increase participant engagement and

commitment. We specify that the answer must be a concrete idea for a tool that would facilitate (or enable) communication of the concept of “Living Well” in the clinical setting.

We facilitate this step with a card-sorting process, prioritizing the six most important issues to translate into concrete “tool”-ideas.

To facilitate a speed-ideation process, participants are asked to work individually to develop the six issues into ideas for tools. They are working solo in time span of two minutes on each issue, then passing the issue to the participant next to him or her to take over. Finally, under continued time pressure, participants come together to qualify ideas and present them at plenum.

By the conclusion of the seminar’s third day, participants have thus created a number of ideas – ranging from the abstract to the concrete.

By departure, the 25 participants typically communicate relief at finally being able to express themselves in a ‘community’ of like-minded audiologists. They express a strong sense of belonging to this community and a great willingness to continue being part of the development process upon returning home.

#### **AFTER THE SEMINAR: CONDENSING THE RESULTS**

Although the seminars are the core activity of the Ida Institute, they represent only one phase in the innovation process.

A crucial part of the process takes place between the seminars.

We bring a many materials back to the Institute from the seminars. Some things can be categorized as ideas; still others are more like new questions or other representations of the increasing understanding.

Ideas are also documented by the participants as process results or presentations. Some have been found in the forum discussions and others are captured from our personal diaries and notebooks.

At the moment of writing this paper, November 2010, we are between seminar 4a and 4b. We have gone through a process of identifying and sorting out ideas.

We have been able to describe 50 – 70 basic ideas, depending of the definition of “an idea”.

The condensing of the ideas has led to one to two major themes and we are focusing on four to five pre concepts for “tools” that might address these themes. A number of ideas has been captured but may not have actual relevance for the topic. They are kept to be developed in relation to other topics or Ida Institute activities.

Next step is to gain feedback from our faculty and then develop prototype tools for seminar 4b.

From a process perspective, seminar 4b will start at a higher level of acknowledgement and understanding of the topic. The prototypes developed will act as potential answers to the questions of the topic. Even though there are now tangible tools to ‘test’, the process of collaborative creation will continue as we take the answers to our initial questions, “the tools”, to a new level.

#### **THE PROCESS BRIEFLY SUMMARIZED**

At the Ida Seminars, we:

- Bring a selected and prepared group of people together
- Invite them into a special environment with strict constraints
- Provide participants with knowledge, inspiration and experiences
- Enable deep understanding and insight moments
- Facilitate collaborative creation
- Condense the result – and give it back to the profession – as “tools”

#### **CONCLUSION**

Collaboration and innovation go hand in hand in our seminar process. Thanks to the funding of our Institute, we have had working conditions that have given us the freedom to use all means to explore how best to optimize the process. The seminar process as described in this paper has developed over several years. Although from the start we have viewed the seminar participants as experts who would participate creatively in the innovation process, this concept of participation has evolved as we have gained confidence in the process.

What is the balance between how much we as seminar organizers should be prepared to give to the participants, and how much can we expect to ask for their contribution?

Would individuals agree to become participants, and spend the majority

of the time 'giving' and 'contributing'? This was a question that we asked ourselves in the beginning.

And the answer is yes. Participants not only want to contribute but they highly appreciate this and ask for even more. The seminar process developed differs fundamentally from traditional seminars within their professional field. Our participants often leave us with the impression that they not only gained knowledge (for the most part acquired by interacting with each other) – but that they are inspired to do things differently when they engage in a process with their patients. As a seminar participant wrote in the web forum upon

leaving the seminar:

*I am returning home equipped with new ideas for engaging in conversations with my patients and their families that are not just about “hearing well” but in fact, living well. In some respects I have been moving in this direction for a long time, but the seminar has made it possible for me to push through the messy stuff knowing with greater confidence that the end result will be richer for my patients and their families.*

*The same acceptance process we will ask of our patients has been asked of us here. We return changed and inspired by the knowledge of greater*

*outcomes, shaped by our patients using their definitions of “living well.”*

*I am eager to see how our Think Tank visioning becomes a real clinical tool, and I love that the collaborative process involved was creative and intellectually stimulating in such a fun way!*

The question is if – and how - this approach to changing the mindset of a profession can inspire or apply to other everyday innovation realities outside our privileged Think Tank laboratory.

By this paper we would like to invite to that discussion.