A REHABILITATION CLINIC AS AN INTROVERT PUBLIC BUILDING
Enclosing the fragile matter of rehabilitation between two borders of the public realm

Interiors, Buildings and Cities
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PRODUCT

PROBLEM DESCRIPTION

This graduation project is focussing on comprehending the Dutch culture of care, this in order to eventually construct a suitable architecture for a physical rehabilitation clinic in Rotterdam. The program concerns a new building for the rehabilitation clinic Rijndam which is situated along the Westersingel in the city centre of Rotterdam.

The brief for this design is asks for a building that is able to house up to 140 patients, concerning several different disabilities. The building must provide for these patients by facilitating their medical dependencies. Also the design must incorporate a polyclinic department for the treatment of out-patients. Besides the need of space for the staff and medical employees, the design for this clinic is mainly about creating a suitable in-patient accommodation on the one hand, and an adequate medical area for the treatment of the patient’s physical handicaps on the other hand.

GOAL

The city

As a starting point for this project the morphology of the site’s context has been taken into account. The site is located in the midst of Rotterdam’s public realm. Enclosed by the cultural area of the Museumpark on the one side and the broad green Westersingel street on the other. The barrier between these two characteristic public zones is mainly embodied by classicistic elegant Dutch villa’s and rowhouses; accordingly the building site emerges as a gap in this public border. Therefore the building site asks either for a building that is continuing this public barrier by finishing the building block, or conversely for an autonomous built structure, enhancing on the one hand the idea of a border. On the other hand defining a new passage between the two different public realms by detaching itself from its direct built context.

Ever since the morphology of this built barrier consists mainly of the scale of villahousing, it is my intention to disconnect the building from this built border. The scale of the specific programmatic brief of a rehabilitation clinic is not consonant with that luxurious dwelling character at all. This detachment therewith exists the possibility to provide a new public pass-through towards the park.

The building

Because of this highly public open setting of the building site, it is important to question how a rehabilitation clinic should be connected to such a particular public realm. In taking position on the clinic’s most important users, the patients, I would say that the very fragile matter of the program is in extreme contrast to such an open public context. Therefore I intend to design the building as an inversion of this public openness. The building becomes an introvert construction with a safe protecting thick mantle towards the public surroundings on one hand, and with a soft and open character from within its own interiors on the other.

The interior

This interior openness inside the building enhances the effect of being together in one institute. But this openness inside the building conflicts with each patients privacy. Therefore it is my intention to construct this new openness on three different scale-levels, which will emerge a transition from (intern) publicness towards ultimate privacy.

First of all the scale of the complete building mass that incorporates all shared circulation and functions, like the pool or the restaurant. From this scale I divided the building mass in four smaller scale departments, each with its own circulation and its own functions, particularly concerning the specific injuries that each different department is housing. On this scale each department encompasses a large garden, around which on the third designing scale the patient’s bedrooms are situated.

Taking this triple scale concept as a metaphor, the configuration of the building can be compared with a small town, in which the complete interior emerges like a town, each department like a neighbourhood, and eventually each bedroom like a house with a garden.

PROCESS

METHOD DESCRIPTION

By visiting several rehabilitation clinics the first impressions on the building typology have already been noted. Especially the visit to the current building for the Rijndam building in Rotterdam has been important within these notions.

Through analyses of precedents those particular impressions are translated into more scientifically research conclusions. This has been the first effort of learning on the culture of care in rehabilitation clinics.

Also by investigating the anthropological cultures in health care buildings, my vision of the purposes of the clinic became clearer. Interviews and case studies have been the methods to come to scientific results. All these results are discussed in the report for the research seminar course of I. Cieraad, this report is called ‘Een kliniek van twee werelden’.

During these investigations on rehabilitation centres I started to give an architectural form to the design of the building’s brief. Along with the proposed intentions a sequence of drawings and models started to give body to the designing process.
LITERATURE AND GENERAL PRACTICAL PREFERENCE

Courses within this graduation studio helped me to strengthen my design and research with written arguments. For the reports of the research seminar course and for writing a thesis about my personal episteme in my position paper, I read various literatures for which I hereby refer to the bibliographies in those reports.

Also the research on existing buildings, and the precedent analyses will probably help me with translating my architectural propositions into an actual design for a physical building structure.

REFLECTION

RELEVANCE

This graduation project aims towards an architectural approach on an existing medical building typology; the rehabilitation clinic. Although this building type appears to be a soft blur of a hospital and a short-stay house, an unpleasant medical setting still can be noticed in the existing typologies. Exactly this subtle balance between a medical setting on the one hand and a comfortable patient accommodation on the other is the challenge for the architect’s research on such a design. Therefore I intend to research the possibilities of a more comfortable hospital-typology, detached from as many unpleasant medical atmospheres as possible.

This intention will hopefully lead towards a new kind of rehabilitation centre, in which the contrasting disparity of the medical and the domestic does not harm the pleasant healing environment of the whole. This question of balance in disparity is in this graduation project most important to create a pleasant but efficient medical building.
TIME PLANNING

P1
Design studio
• thematic research
• situational research
• Urban draft 1:1000 / 1:500
• programme of requirement
• Draft design (plans, cross-cuts, facades) 1:200
• Graduation plan

Research studio
• thematic research
• Essay 3000 words
• Essay 3000 words

P2
Design studio
• Site drawing 1:500
• Plans, facades, cross-cuts 1:200
• Draft design (detailing and construction)
• Presentation model (physical scale model)

Research studio
• Thematic research
• Research report 3000 words

P3
• plans, facades, cross-cuts, 1:200 / 1:100
• part of the building, plan and cross-cut 1:50
• façade fragment with hor. and vert. cross-cut 1:20
• details 1:5

P4
• theoretic and thematic support of research and design + reflection on architectonic and social relevance
• situational drawing 1:5000 / 1:1000
• plan b.g. in situ 1:500
• plans, facades, cross-cuts 1:200 / 1:100
• part of the building, plan and drawings 1:50
• façade fragment with hor. and vert. cross-cut 1:20
• details 1:5

P5
• theoretic and thematic support of research and design + reflection on architectonic and social relevance
• situational drawing 1:5000 / 1:1000
• plan b.g. in situ 1:500
• plans, facades, cross-cuts 1:200 / 1:100
• part of the building, plan and drawings 1:50
• façade fragment with hor. and vert. cross-cut 1:20
• details 1:5