Graduation plan

Petra Sejkorová
4185471
PSejkorova@post.cz
Interior, buildings and cities - Urban Culture and New Openness
Jurjen Zeinstra, Laura Alvarez Rodriguez
10.01.2013
I) Problem statement

The aim of MSc3 graduation studio Interior, buildings and cities - Urban Culture and New Openness is to design a medical rehabilitation center, located on a relatively small and intriguing plot in Rotterdam in close vicinity to both the city center and Museumapark. The design should not only examine new trends and possibilities in healthcare facility design, but also investigate the opportunity of decentralization and integration of these institutions to the given context and public life of the city. In this way blur the borders between the clinic and the city. The brief of the rehabilitation center is rather a complex program of almost 17 000sqm consisting of several departments and their facilities. Both the site and the brief is common for all the students of this graduation studio. The design process required understanding of the task on several levels. Firstly, it was important to understand specific urban context of the site and the city of Rotterdam. Secondly get a grasp on a scale of the building and last but not least to examine the very complex program. As revealed, the building itself is an institution full of contradictions. The building itself has to operate not only as a hospital, be rational and efficient as one single entity, but primally is has to be a place for healing. The challenge of this task is to blend the building into the context and solve the puzzle of those contradictions.

II) Goal of the graduation project

When people enter a rehabilitation center, they know their lives are changed forever and things will never be the same again. It is a place where people learn to cope with their changed lives in order to become as independent as possible again. This healthcare facility is not a place where people go ‘just for fun’, but because they necessarily have to. From a urban perspective, my goal is to design a building which expresses the transition between the urban area of Westersingel, the city center of Rotterdam respectively, and nature environment of the Museumapark. My second goal is to design a welcoming healthcare, a typology between the house and the institution, which would with its form grow naturally into being a part of the given place. The building should primarily become a place for healing. It should give a feeling of ‘familiar’, people could associate with. The interior spaces should offer to patient an experience and images, because “research shows that architecture in itself can be healing and have a positive influence on peoples’ recovery. The key is to have a human scale in the architecture and create physical surroundings with a familiar atmosphere”. The building thus becomes a small urban block, which offers both the places for social interaction and place for withdrawal and contemplation while being close to the nature.

III) Process (methods and techniques for analysis and design)

During my design process I use multiple methods and techniques. For the theoretical part of the graduation studio, we studied, as a group in course AR3AI040, several examples of rehabilitation centers from the formal, programatic, social and iconographical perspective. This gave us an insight on possibilities and trends in contemporary healthcare design. Secondly, I visited and studied from a perspective of family cohesion three rehabilitation centers situated in different parts of the Netherlands: Rijndam clinic in Rotterdam, Groot Klimmendaal in Arnhem and Beatrixoord rehabilitation center in Haren. My fascination for the analysis was the question what is the current image of the rehabilitation center and what could be its future character?

In order to achieve optimal design process I try to approach the design of the rehabilitation center from different perspectives and on different levels of detail, going constantly back and forward in the process. For my design, the analysis of urban context, which became one of the main sources of inspiration, was crucial. To understand the given context and the atmosphere of the place I used plans, elevation, morphology of the site etc. During the design process I used sketches, autocad drawings, physical models, references, visits of different rehabilitation clinics, discussion with medical staff etc.
IV) The literature (theory and research data)

My theoretical research was developed and conducted based on study of the scientific literature and observation of three different rehabilitation centers. There are two fascinations which are constant and visible throughout my whole research: children as a specific element in the rehabilitation center and importance and incorporation of the family within the rehabilitation treatment, rehabilitation center respectively. The reports written for the research seminar AR3Ai 132 brought insight on topic on different levels of complexity and help me to take a stance on how should the future rehabilitation center look like. The first report dealing with the issue of ‘Architecture and traumatic brain injury’ can be considered as a first introduction to the healthcare topic, confronting me for the first time with the issues of treatment and rehabilitation itself. The second report which focused on young children and blurring the borders between the clinic and the city was a precedent and theoretical basis for my final research which focused primarily on family cohesion and children department.

V) Reflection

The first weeks of the graduation studio were characterized by group analysis of the urban context, possibilities in building mass and organization of the program. From this point, each of the students develops his/her own building form and vision. It could be noticed, that many students struggle during the design process with finding a balance between the building mass and organization of the program, which, for most of us was till the beginning of graduation studio completely unfamiliar. The progress and result of other students are very valuable and informative, because they bring diametrically different outlooks on a philosophy of a rehabilitation center.

My design of a rehabilitation center seeks to find an answer for a question of what should be an image and the philosophy of the rehabilitation center today? The design also attempts to transform the protected fortress of rehabilitation into certain ‘hybrid building’ which could become an integral part of the city.

VI) Time planning

The graduation project started in september 2012.
I will be working on following points for the P1:
- Analysis of the urban context of the site
- Analysis of the program
- Visits of different rehabilitation centers in the Netherlands
- Formal, programatic, social and iconographical of different references
- Concept
- Building mass within the urban context
- Understanding the scale of the building
- Understanding the program
- Make own opinion on how the future healthcare facility should look like

I will be working on following points for the P2:
- Concept development
- Final definition of mass of the building
- Plans, sections
- The image of the building
- Elevations
- Structure
- Start to think about materialization

P2 presentation will take place on 25th of January
I will be working on following points for the P3:
- Adjust final details of concept
- Finishing the plans, sections, elevations
- Materialization
- Examine the interior spaces from the user perspective
- Structure and construction
- Sustainability

I will be working on following points for the P4:
- Final adjustments of all plans, sections, elevations etc.
- Finishing building physics
- Making details
- Adjust remaining points

P4 presentation, the date will be further specified.
For P5 all the points discussed at the P4 will be improved and further developed.