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UX 201

11 December 2019

Pillbox Project: The Prototype Awakens

Throughout the whole of Group Maker Project (GMP) 2, having to focus on a social issue and wanting to further build on our idea from GMP 1, we needed to tinker: first with the language of our issue; next with the increased functionality of the project. By first framing our social issue as a question to "how one could facilitate the organization of medication safely and accessibly", it allowed my group to adopt a tinkering mindset which allowed us to increase the accessibility and functionality of our pillbox (Morgan). Due to this tinkering mindset, the most notable functions of our second iteration were: the use of a pen's clicker mechanism to bring the spring component to life, the creation of an app to be paired in use with the pillbox, and the possible implementation for a program that could be used within the medical field for a local health network to benefit all sides with the communication of information for patients, doctors and pharmacists.

When working on the prototype, time was a constraint. Not only could my group continuously iterate our project, though due to the issue of it being difficult to find a slot where all of our busy life schedules aligned, it made it more difficult for everyone to understand the next steps for our project. Fortunately, due to everyone in the group having very different roles and specialties, we were able to sidestep the time constraint through the designation of work on GMP 2 according to our specialities. Additionally, despite the constraints, it was found that through being supportive of one another, being flexible with our time and using the facebook

messenger app as a dialogic journal to record ideas and rapid sketches (McGlashan 387, 378) we were able to overcome these issues.

Another constraint came from the lack of reaction from the rest of the students within the audience. Strangely enough, this lack of reaction from the students made sense. The reason for this understanding is because when working on GMP 2 my group was critically making from the iterative stage, the last of Ratto's three stages of making (253), in order to further develop the user accessibility aspect of our project. Due to this continuation of iteration, the next steps for functionality and usability more than likely was not surprising for those who have seen the previous iteration from GMP 1.

Overall, further thought could be implemented into socially responsible design when actualizing the program that would be connecting patient files to the app for a user's local doctor and pharmacist's use. The reason for this need for further thought is due to the reasoning of doctor-patient confidentiality and for the user to be concerned for data leaks. Additionally, despite the function of the app to have user allowed access to freeze whatever app the user is using at the time that they are supposed to take their medication, further thought will have to be applied when designing the app to encourage a more responsible behaviour from the user.

Works Cited

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