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Crucial Design Issues for Special Access Technology

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RAatE 2012

Crucial Design Issues for Special Access Technology; A Delphi Study

Pearl O' Rourke, Dr. Ray Ekins, Mr. Bernard Timmins, Prof. Fiona Timmins, Ms. Siobhan Long and Prof. Eugene Coyle



> Background and Significance

> Goal and Objectives

> Research Design

> Key Results

> Conclusions

> Background and Significance

> Goal and Objectives

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DISABILITY

> 15% of the population*

> The Social Model of Disability**

> Barriers hinder participation

*World Health Organisation (2011) **Oliver & Sapey (2006)

ASSISTIVE TECHNOLOGY

> Helps people to overcome barriers to independence, participation and activity accomplishment.*

> When used appropriately, AT can improve quality of life.**

> AT ranges in complexity and functionality.

*Hersh & Johnson (2008)
**National Council on Disability (1993),
Pennsylvania's Initiative on Assistive Technology (1995)

> Problems



> High costs hinder access to AT.*

*Alper & Raharinirina (2006) and Taylor (2004)

> 30-80% of AT is abandoned.**

*Riemer-Reiss & Wacker (2000) and Philips & Zhao (1993)

* Alper & Raharinirina (2006) and Taylor (2004)
**Riemer-Reiss & Wacker (2000) and Philips & Zhao (1993)





> Poor product design.*

*Philips & Zhao (1993), Gitlin (1995), Luborsky (1993), Kintsch and dePaula (2002).







> User Involvement in the design process.***

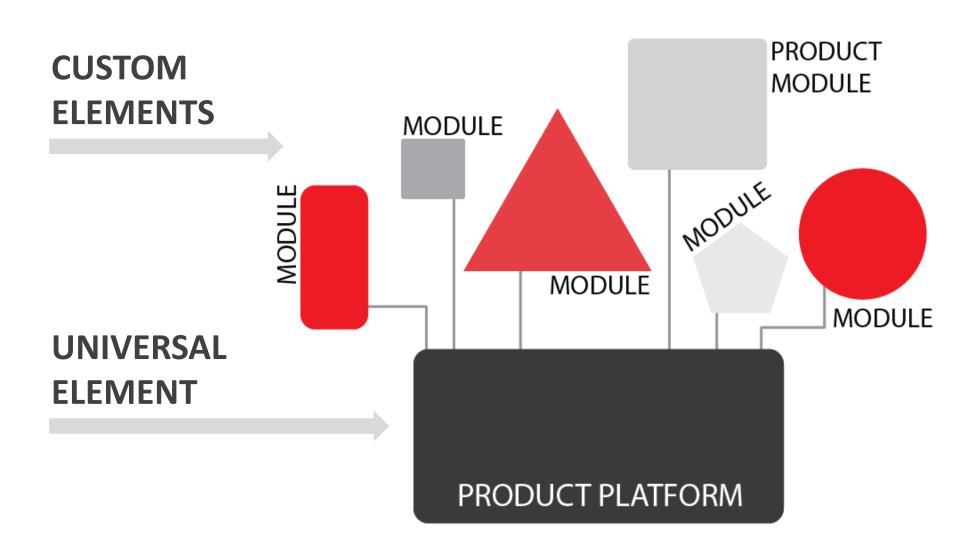


*Hersh (2011) **Robinson et al. (2009) ***Bridgelal Ram et al. (2008)



- > Aims to provide customised products at mass production prices*.
- > Mass customisation is based on modular product architectures...

*[12] Pine (1993)



MORE FLEXIBILITY

IFSS COST

> Background and Significance

> Goal and Objectives

> Research Design

> Key Results

> Conclusions

> The Gap and Goal

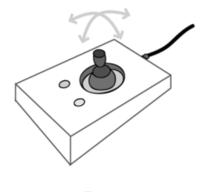
> Methods for designing customisable AT are not available, nor are clear processes for involving a variety of stakeholders in their design.*

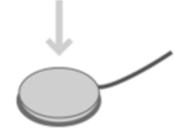
> The goal of this research is to develop a framework of adaptable tools, which involve users, to generate actionable design specifications for customisable AT devices...

...through the development of a new **Special** Access Technology (SAT) device.

*Allsop (2010) and Bridgelal Ram et al. (2008)

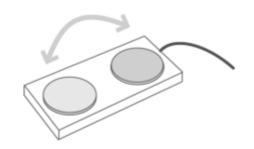
> Special Access Technology



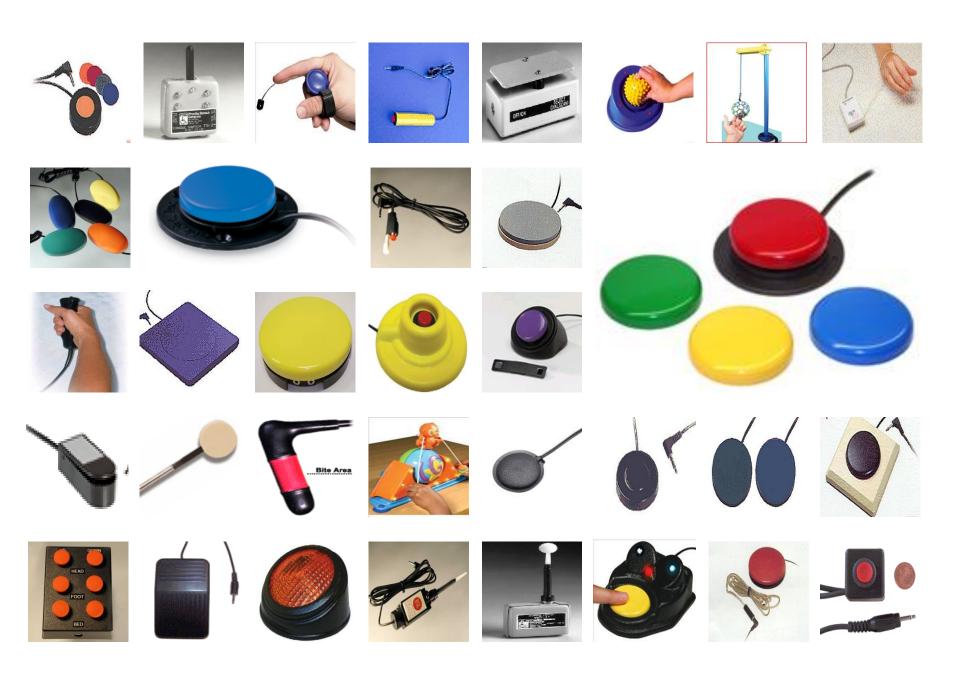


- > Include switches, joysticks, trackball and touch panels.
- > Present the problems of high cost and abandonment.
- > Require more **universal** solutions.*





*Chen et al. (2006)



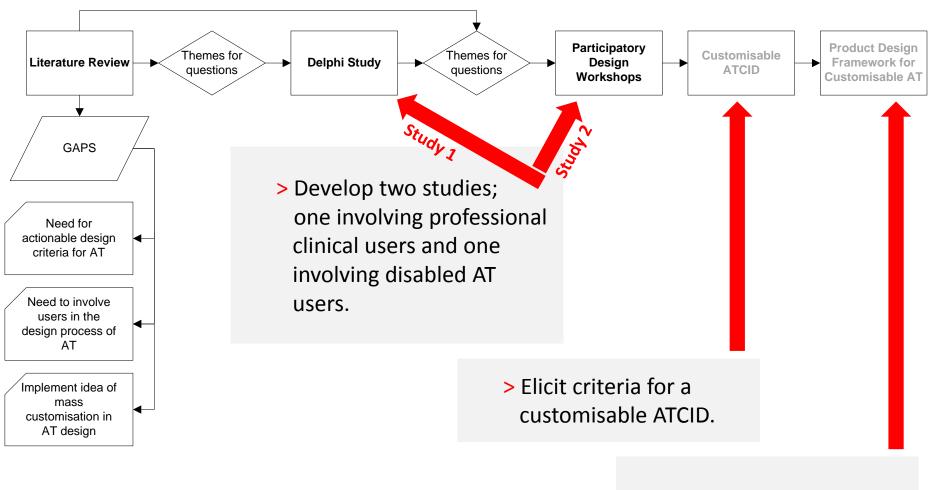
> Background and Significance

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> Research Design

> Results

> Conclusions



> Develop framework.

Initial Design Framework

STUDY 1 Professionals working with people with disabilities PRODUCT PLATFORM

Information Sheet

What's this all about?

DELPHI

STUDE Concerning and the second secon

You are invited to take part in a research study due to your professional experience and interaction with people who have motor/communicative impairments.

Before you decide whether or not to take part, it is

STUDY 1

Study duration: Sep-Dec 2011 are examples of such computers.

Ethics approval: June 2011

For individuals who cannot use a standard keyboard and mouse, scanning software may be accessed via AT devices such as switches, joysticks, trackballs and head-pointers. The design and functionality of these items vary vastly as different devices aim to satisfy different needs. Products target relatively small, niche markets and this leads to high costs being placed on the funding body or, increasingly, the disabled client. Additionally, the outdated culture of obtrusive, cold and clinical aesthetics has been found to inflict a stigmatising effect on the service-user. Subsequently there is a high rate of abandonment associated with generic products on the market.

The large and varied array of people involved in the provision and use of AT products further makes it difficult to get the balance of design solution correct. Stakeholders may include the service-user and their carer, a rehabilitation engineer, an occupational therapist, a speech therapist, a physiotherapist and a doctor. Others who may contribute include psychologists, educationalists and, perhaps, fund-holders.

User-centred design aims to create products that fit well with the user instead of forcing them to change the way they act in order to utilize the product. The approach involves users in the whole design process in order to match the product to the requirements and to increase practical use. This initial guestionnaire based study aims to reach a consensus on professional opinion about the important qualities of assistive technology computer input devices. Subsequently, a device will be prototyped and a piece of research involving service-users will take place.

How you can help

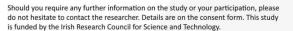
The research method used here will be the Delphi method, a technique used to formulate group consensus from an expert panel. It will be composed of two questionnaires and will call for a combined time commitment of up to one and a half hours. The first should take about 45 minutes to complete. You will be asked seven short questions related to you and your experience and six longer questions about certain aspects of AT. You will be contacted in five to six weeks to complete the second questionnaire, which will be developed from the results of the first.

If you take part, you will:

- contribute to a new body of important and applicable information on AT in Ireland,
- help identify key criteria for AT computer input devices.
- eid in the design of a new, low-cost computer input device for individuals with motor and communicative impairments, and
- upon completion of the study, receive a summary of the findings.

Extra Information

Due to the nature of the Delphi method, your responses will be anonymous and of equal value to other participants'. A code will be assigned to you for the purpose of tracking received questionnaires and will be used in subsequent mailings. The code list linking your name to your code will be secured in an encrypted file and a hard copy will be stored in a secure locker. Your name will be deleted from the code list when your final questionnaire is received or if you decide to withdraw from the study. At such point, all information provided will become anonymous.



Thank you for your time and consideration.

- 1. Bradley N. Poopen W. Assistive technology, computers and internet may decrease sense of isolation for

- Braden VI, noppen VI, Assore technology, computers and internet may occusate sense or noustion for homebound elderly and disabled periors. Technology and Disabley 2003;15(1):19-25.
 Hoolinha RV, Danioni ML, Warrer G, Nesahura S, Wirelicky J, William S, The impact of internet access for people with spinal cord injuries: A descriptive analysis of a piot cords. Disablety and Rebalations. 2003;25(2):19-22.
 Broden MG, Star T, Carlson E. Computer assistive technology for people who have disabilities: Computer adaptations. Journal of Rebalations. 2007;00(2):19:28-33. Renabilitation. 2004;70(5):28-33. 4. Wong AWK, Chan CCH, Li-Tsang CWP, Lam CS. Competence of people with intellectual disabilities on using human-computer interface. Research in
- mental Disabilities, 2009:30(1):107-23.

Verelopmental Disabilities. 2009;30(1):107-33. Down't C. Modeg S. Ameritangi S. Storollow and discreted compares not for individuals with cerebral palty: A systematic review of assistive devices and Down't C. Modeg S. Ameritangi S. Storollowicz, 2015;20(5):10-0. I. Udovity M. Scisciouhnal factors shaping technology anager. Hilling the promote. Technology and Disability, 1993, p. 71-8. L. Numma R. U. Sure-centered ediagn of name products. Tegmonics. 1977;6:131-96.

> Delphi questions

- **1** Prevalent parts of ATCIDs that malfunction.
- **2** | Primary reasons for ATCID malfunction.
- **3** Characteristics of client associated with ATCID selection.
- 4 | Client needs regarding ATCID use and training.
- **5** | Desirable traits of ATCIDs.
- 6 | Clinicians' frustrations with ATCIDs.

Problems that require attention

Reasons for these problems

Highlights features which need to be customisable

Ideas to enrich whole product package

Overarching criteria for design specification

Real-life use contexts

> 2nd Delphi questionnaire

Code: 5_103

QUESTIONNAIRE 2

Delphi Questionnaire: Round 2 of 2 Participants: Professionals with assistive technology (AT) experience

Thank you so much for your continued participation. The results of this second and final questionnaire will contribute valuable information to a larger research project concerned with user-centred AT development. This study is focused on AT computer input devices (ATCIDs). ATCIDs include joysticks, switches, trackballs, track-pads and other products which support a service-user with motor disabilities in accessing PC's, communication devices, power mobility aids or environmental controls.

To complete this questionnaire, please read the statement (numbered 1-6) and then indicate what you believe to be the importance of each issue in relation to that statement using the scale shown here.

I believe the issue is;

1	2	3	4	5		
not important at all	not so important	something I feel neutral about	important	very important		

For example, in statement 1, if you believe the issue of USB and other ports breaking is important in relation to molfunctioning ATCIDs, please click on box 4, like this,

USB and other ports break

N.B. If you feel that an issue does not apply in any way to your experience, please mark box 3, indicating that this is something you feel neutral about.

Also, please don't feel that you must balance out your responses along the scale; if you believe every issue is very important/not important at all, please indicate as such.

 These issues relate to prevalent parts of an ATCID which malfunction. 	
USB and other ports break	òòòòò
Connections between the cable and the ATCID wear	
De-soldered joints break	
Touch screens stop being responsive	
Monitors break/crack	
Cables wear/break/twist/fray/tear	
internal electrical switch contacts fail	
Sensors fail	
Page 1 of 5	

Puses have defects			
Devices have calibration problems or are difficult to calibrate.			
Conflicts exist between the computer and ATCID driver			
Software becomes corrupted (e.g. curser on screen moves without	-	-	
deflection of joystick)			
Movement of ATCID becomes restricted due to dirt build up			
Keys/buttons lift away from ATCID		\boxtimes	
Switches stick in a closed/open position			
Lightweight switches are continuously accidentally activated and break			
Small parts get lost (e.g. clamping screws)			
Plugsbreak			
Joysticks becomes loose			
Unexplained/unclearreasons cause device failure			
Magnetic devices interfere with controls			
Batteriesfail			
Mounts become damaged			
Mountsloosen			

Code: 6_103

~00000%000000000000000000

 3 4 5

2. These issues relate to the reasons ATCIDs malfunction or fail.

No articulating joint on USS connections	Ċ.
Weak joints from cable to device	ğ
Poor ergonomic design	ŏ
Battery life/charge is insufficient	
Battery fails	
Memory board (i.e. central processing unit of host computer) fails	
Software updates conflict with device drivers	
Electrical components short circuit	
ATCID falls/is knocked or banged	
inappropriate/rough/overuse of device	
General wear and tear (i.e. ATCID is not robust enough)	
Cables get caught or are pulled roughly from ports	
Constant activation of a device with force	
Movement of client causes stress on the ATCID	
Movement of client causes mounts to loosen	
Lack of policy in relation to regular service of ATCIDs	
Poor maintenance of ATC/D	
Poor care of ATCID when not in use (e.g. during transport)	
Poor battery conditioning practice	
Incorrect device set-up by carers	
Poor routing of cables exposing them to damage	1
Dirt, spills and dust contamination	

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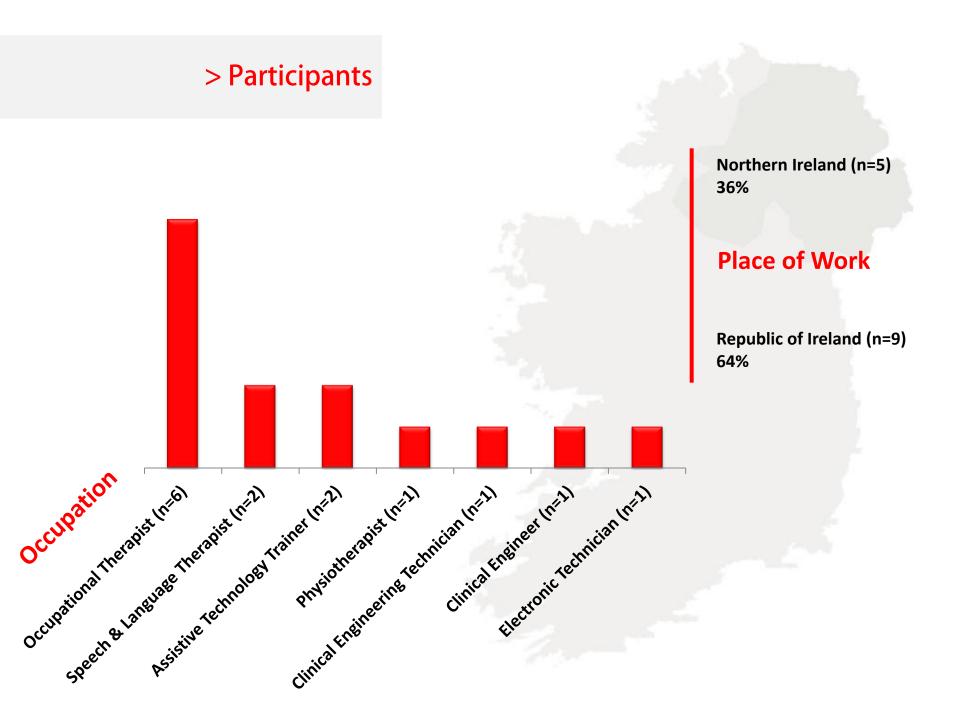
> Background and Significance

> Goal and Objectives

> Research Design

> Key Results

> Conclusions



> Ranked Responses

Delphi Study Results

Q1: ISSUES RELATING TO PREVALENT PARTS OF AN ATCID WHICH MALFUNCTION

The designer can now generate design solutions around each key issue.

Cables wear/break/twist/fray/tear USB and other ports break Internal electrical switch contacts fail Sensors fail Movement of ATCID becomes restricted due to dirt build up Keys/buttons lift away from ATCID Lightweight switches are continuously accidentally activated and break Small parts get lost (e.g. clamping screws) Mounts loosen Switches stick in a closed/open position

Q2: ISSUES RELATING TO REASONS THAT CAUSE AN ATCID TO FAIL OR MALFUNCTION

The designer can now generate design solutions around each key issue.

ATCID falls/is knocked or banged Cables get caught or are pulled roughly from ports Weak joints from cable to device Software updates conflict with device drivers Movement of client causes mounts to loosen Poor routing of cables, exposing them to damage Dirt, spills and dust contamination Poor care of ATCID when not in use (e.g. during transport) Poor ergonomic design Constant activation of a device with force

Q3: ISSUES RELATING TO CHARACTERISTICS OF A SERVICE USER ASSOCIATED WITH ATCID SELECTION

These criteria inform the designer about which elements need to be customisable.

Range of motion (i.e. of the anatomy which could control an ATCID) Spasticity/muscle tone Control of movement (i.e. ability to make precise movements) Ability to repeat a movement without strain Motivation and level of interest Posture/positioning Wrist/finger function (i.e. dexterity, sensory perception, proprioception) Condition progression (improving/degenerating) Type of wheelchair being used, if one is used What the ATCID will be mounted on (plus requirements for clamps and mounts)

Q4: ISSUES RELATING TO SERVICE USER NEEDS REGARDING ATCID USE AND TRAINING

The designer can use this information to enrich the product package.

Correct positioning and mounting of the ATCID Access to ATCIDs for trial period Instilling the motivation to practice, explore and use the technology Set-up of regular meetings with the service-user Simple written instructions for ATCID set-up and use Pictorial instructions for ATCID set-up and use Maintenance and care instructions How to adapt ATCID for the service user's changing needs Contact details of supplier and technical support Instilling confidence in the service-user

Q5: ISSUES RELATING TO DESIRABLE TRAITS FOR AN ATCID

These provide the designer with building blocks for concept generation.

A good match between service-user's goals and ATCID solution Comfortable to use/does not cause strain Does not impede movement of service-user Adaptable to service-user's specific needs Easy to set up and dismantle Easily rechargeable battery Easy to operate Appropriate size Tactile characteristics Low cost

Q6: ISSUES RELATING TO PARTICIPANTS' FRUSTRATIONS ASSOCIATED WITH ATCIDS

This informs the designer about real-life contexts and their associated issues.

High cost of ATCIDs and access to funding for purchasing Device drivers need to be loaded from CDs System is not easily adaptable to suit exact service-user needs Time needed to assess and train service-user Products are specialist/niche; they should be mainstream/universal USB connections are non-articulating/non-extended

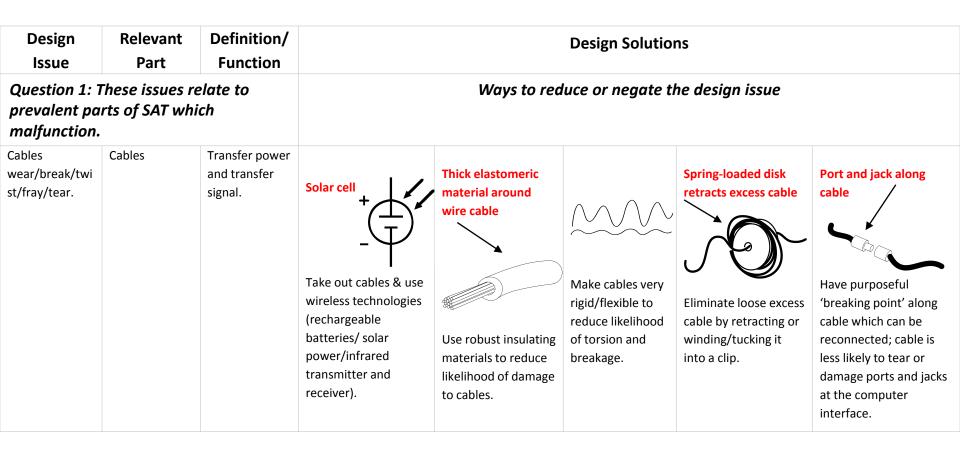
Lack of instructions around decontamination procedures Multiple parts need to be unscrewed and dismantled for decontamination

Positioning in multi care environment Infection control Translating issues into conceptual design solutions.

> Morphological Matrix

Parias taura	Palaurat Company	Definition (Supplier	Dealer Caludiana				
Design Issue	Relevant Component	Definition/Function	Design Solutions	- destantant			
Question 1: These issues relate to			Ways to reduce or negate the	e design issue		Spring-loaded disk retracts	Port and jack
Cables wear/break/twist/fray/tear.	Cables	Transfer power and transfer signal.	Solar ce II +	Thicke lastomeric material around		excess cable	along cable Have purposeful 'breaking
			Take out cables & use wireless technologies (rechargeable batteries/ solar power/infrared transmitter and receiver).	Use robust insulating materials to reduce likelihood of damage to cables.	Make cables very rigid/flexible to reduce likelihood of torsion and breakage.	Eliminate loose excess cable by retracting or winding/tucking it into a clip.	point' along cable which can be reconnected; cable is less likely to tear or damage ports and jacks at the computer interface.
Question 2: These issues relate to	the reasons SAT malfunctions	or fails.	Ways to reduce or negate the design issue Delicate components		Delicate components		
SAT falls/is knocked or banged.	Housing/Casing	Protects internal components and affords aesthetic qualities to the product.	Protect SAT in robust casing.	Fix SAT on mount to reduce the likelihood of an accidental fall.	Use a flexible material with low Young's modulus for casing to endure bangs.	Make all individual parts robust for disassembly, i.e. build in the ability for the SAT to be broken apart and easily put back together.	
Question 3: These issues relate to	the characteristics of a user a	ssociated	Ways to make the product cu	ustomisable with regard to the	design issue		
with selecting SAT.	-			Joystick levers of different	Touch panel or switch	-	
Range of motion (ROM) of the anatomy which could control SAT.	Physical interface where human movement is required to activate device; joystick lever, switch button, trackball etc.	Distance hardware component needs to travel through to activate device.	Use various materials with different rigidity for adaptive customisation. (Work = Force X Distance)	Engths; longer leverrequires great ROM but less force.	Use different base devices which require either a small ROM (touch-pad) or a large ROM (selection of switches).	Use an easily maneuverable mount which can position the SAT at various distances from the individual.	
Question 4: These issues relate to			Ways to enrich the product p				
Correct positioning and mounting of the SAT.	Mount and mount- interface	How the therapist arranges the SAT in proximity to the user.	Obviate need for mount - user wears SAT.	Provide an easily adjustable and re- adjustable mount. Use quick release levers and colour/number coded shafts.	Use shape memory alloys for mount material.		
Question 5: These issues relate to		Manager and the second second second	Ways to enrich the product p		the list of succession of	Reading a set that the	Paulitana della
A good match between disabled user's goals and SAT solution.	Whole product package	How well the SAT satisfies the user's goals.	Make the device adaptable/customisable.	Find out goals and provide solution using observation and team participation.	Use list of questions and tests to determine best SAT.	Provide a trialling period for new SAT.	Facilitate follow-up sessions and online feedback forums.
Question 6: These issues relate to High cost of SAT and access to funding for purchasing	vour frustrations associated v Whole product package	with <u>SAT.</u> Monetary cost of the SAT.	Ways to reduce or negate the Increase lifetime of product, i.e. build in the ability for the SAT to adapt with user's changing requirements.	e frustration Use off the shelf parts; examine other devices for component lists.	Increase market share by mass customisation or universal design.	Reduce overall cost of AT to the user by reducing abandonment.	Implement Design For Manufacture and Assembly guidelines (DFMA).

> Morphological Matrix



> Background and Significance

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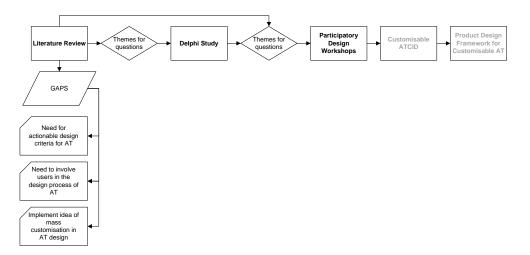
> This method supports the development of new, low-cost AT products, which satisfy a broad range of consumers' needs.

> It structures the establishment of consensus on crucial design issues for a specified AT domain, and subsequently facilitates the application of these issues to the product design process.

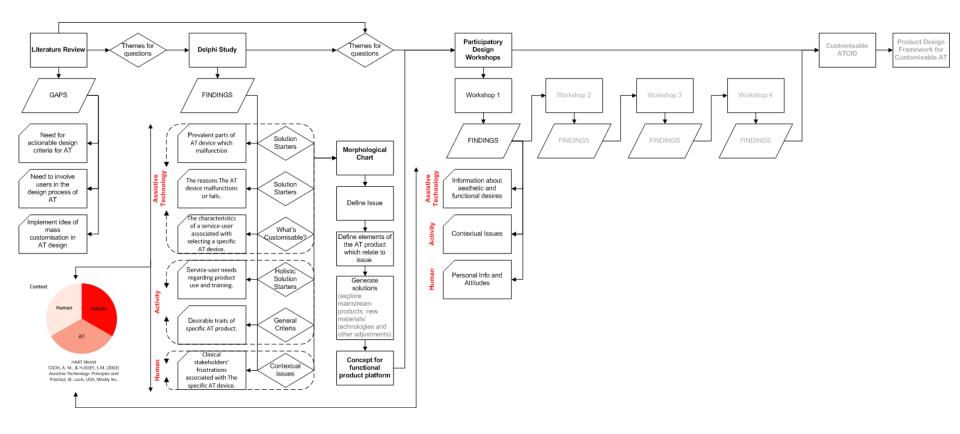
> This research presents crucial design issues for the SAT domain, in order to assist future work.

> This research supports and provides validation for past studies about desirable criteria for AT.

IMPLICATIONS



Design framework and future work



Design framework and future work

Many Thanks.

Contact: pearl.orourke@dit.ie

> References

- 1. WHO WHO. Disability and Health Fact Sheet No. 352. 2011.
- 2. Oliver M, Sapey B. Social work with disabled people. Palgrave Macmillan; 2006.
- 3. Hersh MA, Johnson, MA. On modelling assistive technology systems Part I: Modelling framework. Technology & Disability 2008;20(3):193-215.
- 4. National Council on Disability. Study on the Financing of Assistive Technology Devices and Services for Individuals with Disabilities. Washington 1993. [cited 2012 Sep 26]; Available from: http://www.ncd.gov/publications/1993/Mar41993
- 5. Pennsylvania's Initiative on Assistive Technology. Preliminary Report on Assistive Technology: Use, Needs and Experiences of Pennsylvanians with Disabilities. Pennsylvania: Institute on Disabilities/UAP, Temple University; 1995.
- 6. Alper S, Raharinirina, S. Assistive Technology for Individuals with Disabilities: A Review and Synthesis of the Literature. Journal of Special Education Technology 2006;21(2):47-64.
- 7. Riemer-Reiss ML, Wacker RR. Factors Associated with Assistive Technology Discontinuance Among Individuals with Disabilities. Journal of Rehabilitation 2000;66(3):44-50.
- 8. Phillips B, Zhao H. Predictors of assistive technology abandonment. Assistive Technology 1993;5(1):36-45.
- 9. Gitlin LN. Why older people accept or reject assistive technology. Generations 1995;19(1):41-7.
- 10. Luborsky MR. Sociocultural factors shaping technology usage: Fulfilling the promise. Technology and Disability; 1993;2(1):71-78.
- 11. Kintsch A, DePaula RA. A Framework for the Adoption of Assistive Technology. In: Bodine C, editor: SWAAAC 2002: Supporting Learning Through Assistive Technology 2002.
- 12. Hersh MA. The Design and Evaluation of Assistive Technology Products and Devices Part 1: Design. In: Stone H, & Blouin, mM, editor. International Encyclopedia of Rehabilitation2011.
- 13. Robinson L, Brittain K, Lindsay S, Jackson D, Olivier P. Keeping In Touch Everyday (KITE) project: developing assistive technologies with people with dementia and their carers to promote independence. International Psychogeriatrics 2009;21(3):494.
- 14. Bridgelal Ram M, Grocott PR, Weir HCM. Issues and challenges of involving users in medical device development. Health Expectations 2008;11(1):63-71.
- 15. Pine BJ. Mass Customization: The New Frontier in Business Competition. Boston: Harvard Business School Press 1993:48.
- 16. Allsop MJ, Holt RJ, Levesley MC, Bhakta B. The engagement of children with disabilities in health-related technology design processes: Identifying methodology. Disability and Rehabilitation: Assistive Technology 2010;5(1):1-13.
- 17. Chen CL, Chen HC, Cheng PT, Chen CY, Chen HC, Chou SW. Enhancement of Operational Efficiencies for People With High Cervical Spinal Cord Injuries Using a Flexible Integrated Pointing Device Apparatus. Archives of Physical Medicine and Rehabilitation 2006;87(6):866-873.