

Hablamos Juntos/SEGD
Universal Symbols in Health Care
Signs That Work

Phase 2

Symbol Design Findings & Collection

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Design Issues

There are a number of design issues related to the health care symbols that should be further considered and may require new study and testing, beyond the scope of this project.

Universal Comprehension

More than half of the symbols presented in the final report do not actually meet minimum international ISO comprehension standards of 85%. Now that these 22 new symbols have been developed and can be combined with the original 28 symbols completed in 2006, it would be useful to re-examine the whole set of 50 symbols to define redundancies and inconsistencies, as well as to add missing concepts, such as “Podiatry”. An attempt should be made to further study the weakest performers to see if elements within a symbol can be improved and/or changed to increase overall comprehension.

Cultural Issues

Although various language speaking groups were accessed in the symbol testing phase, issues arise for any symbol system when in use beyond the borders of the United States. Symbols can be used anywhere, but for true effectiveness and longevity they must be carefully adapted to specific cultural environments.

An obvious example is in regard to religious sensitivities, i.e.: that a “swiss cross”, used throughout this symbol system to mean health related care, is not appropriate in many parts of the world, especially Muslim countries. The cross is often replaced by a crescent moon (even by the Red Cross) to denote health or emergency services. Another is “Chapel” (FA12), or place of prayer. There should be alternates to accommodate the other major religions of the world, such as Islam, Judaism, Buddhism, Hinduism, etc.

Recommendation: The study, creation and inclusion of alternative symbols to ensure that the HJ/SEGD set becomes more widely accepted, recognized and used.

Longevity

While the visual metaphor of a filing cabinet for “Medical Files” (FA06) might be understood in 2010, as electronic files become more prevalent, this symbol should be simplified with just the file folders, which everyone, including the young, understand from its ubiquitous use on the computer. The “Imaging” (MA06) root symbol, or variants thereof, may be preferable to depicting specific equipment as in Cath Lab (MA03) and MRI/PET (MA04). As technology changes, the equipment for those services may soon no longer resemble the iconography used, therefore rendering these symbols inaccurate, incomprehensible, and thus obsolete.

It should be noted that although some new message content/symbols have been added, the original AIGA/DOT Transportation symbols have been in use for 40 years, and are still essentially unchanged, which is concrete evidence of their careful development criteria. This is true despite the fact that the message content is inherently simpler than the complex medical concepts set forth in the HJ/SEGD system.

Precedents

“Waiting Area” (FA04) might better use symbol content from the existing AIGA/DOT waiting area rather than a person reading a book. There are two-fold reasons for this that go beyond specific testing comprehension scores:

- 1) There is already an accepted symbol that has been in use for 40 years for that message content.
- 2) Introducing the reading aspect may confuse this symbol with “Medical Library” (FA08), which uses similar iconography. Why “reinvent the wheel” and risk confusion?

Recommendation: Consider changing this symbol to AIGA/DOT 'waiting area' symbol.

Finally, "Pediatrics" (CM26) use of a toy bear with a swiss cross is problematic. The teddy bear metaphor may not hold up well in other cultures for aforementioned reasons. This symbol is also an anomaly in the system and stands out as inconsistent with the rest of the set.

Recommendation: Possible replacement with AIGA/DOT symbol for 'nursery', which clearly depicts an image of baby in diaper (a medical referent could be added for differentiation from the original and for clarification).

Next Phase

Although beyond the scope of this research project, more study, development and testing is desirable to further refine and enhance this strong set of symbols. The *Hablamos Juntos / SEGD Universal Symbols in Health Care* is without a doubt the most extensively researched and tested group of symbols for this subject in existence today. It provides a solid foundation for any work that will inevitably follow.

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Credits: About Mies Hora

Mies Hora was engaged as a symbol design consultant for the *Universal Symbols in Health Care - Hablamos Juntos/SEGD* project. He was responsible for the final design of the symbols. Working closely with project director Yolanda Partida, Craig Berger of the SEGD, the academic research team leaders, and design associate Christopher O'Hara, Mies presented refinements, enhancements and alternate symbol elements and concepts for the project members to review, before consolidating the consensus decisions in the final symbol artwork.

In addition, Mies revisited the original set of 28 health care symbols developed during the first Hablamos Juntos/SEGD collaboration completed in 2006. Using the new set of 22 symbols as a guide, Mies refined the older set for consistency in their overall design, including the symbol-to-field size relationship, line weights, element styling, etc. In this way, both sets of symbols were finally integrated into one comprehensive 50 symbol system that adheres to internationally recognized symbol design standards (see page 5). Note: There are also four suggested alternate Imaging symbols.

Mies Hora, a graphic designer and publisher of electronic art reference tools for design professionals, is known for his work in developing non-verbal communications systems in the form of symbol sets for the transportation, hospitality, safety and health care sectors. He is the author of *Official Signs & Icons 2 by Ultimate Symbol*, a compendium of international symbols and standards.

Clinical & Medical Services

- CM01 Health Services
- CM02 Care Staff Area
- CM03 Intensive Care
- CM04 Inpatient
- CM05 Outpatient
- CM06 Pharmacy
- CM07 Diabetes (Education)
- CM08 Family Practice
- CM09 Immunizations
- CM10 Nutrition
- CM11 Alternative / Complementary
- CM12 Laboratory
- CM13 Pathology
- CM14 Oncology
- CM15 Ophthalmology
- CM16 Mental Health
- CM17 Neurology
- CM18 Dermatology
- CM19 Ear, Nose & Throat
- CM20 Respiratory
- CM21 Internal Medicine
- CM22 Kidney
- CM23 Cardiology
- CM24 Women's Health
- CM25 Labor & Delivery
- CM26 Pediatrics
- CM27 Genetics
- CM28 Infectious Diseases
- CM29 Dental
- CM30 Anesthesia
- CM31 Surgery
- CM32 Physical Therapy

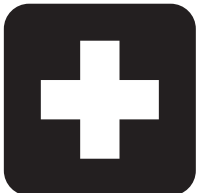
Facilities & Administrative Services

- FA01 Emergency
- FA02 Ambulance
- FA03 Registration
- FA04 Waiting Area
- FA05 Administration
- FA06 Medical Records
- FA07 Billing
- FA08 Medical Library
- FA09 Health Education
- FA10 Interpreter Services
- FA11 Social Services
- FA12 Chapel

Imaging

- MA01 Radiology
- MA02 Mammography
- MA03 Cath Lab
- MA04 MRI / PET
- MA05 Ultrasound
- MA06 Imaging (Root Category)
- MA07-10 Imaging (Alternatives)

Clinical & Medical Services



CM01



CM02



CM03



CM04



CM05



CM06



CM07



CM08



CM09



CM10



CM11



CM12



CM13



CM14



CM15



CM16



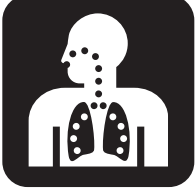
CM17



CM18



CM19



CM20



CM21



CM22



CM23



CM24



CM25



CM26



CM27



CM28



CM29



CM30



CM31



CM32

Facilities & Administrative Services



FA01



FA02



FA03



FA04



FA05



FA06



FA07



FA08



FA09



FA10

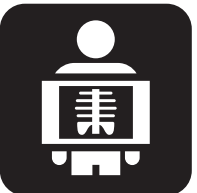


FA11



FA12

Imaging



MA01



MA02



MA03



MA04



MA05



MA06



MA07



MA08



MA09



MA10