

**The Evolution and Practice of Design Clinics – an Interview with Travis Tennesen, Ph.D.**

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Travis Tennesen, Ph.D. is a public geographer and the Director of the Center for Community Learning at Western Washington University in Bellingham, WA. The Community Engagement Fellows program that he convenes has developed a learning tool called a “design clinic”, an adaptation of the case clinic developed by Beverly and Etienne Wenger-Trayner. Design clinics are a recommended method in Wenger-Trayner et al. (2022) *Communities of Practice Within and Beyond Organizations*. This process is also increasingly used in social learning spaces around the world. In this interview with Brenda Refaei and Ruth Benander, Travis talks about his work as a social learning leader and the development, strengths, and challenges of design clinics.

**Brenda:**

What kind of difference are you trying to make with your work in social learning spaces?

**Travis:**

I want to help people lead happy, thriving lives that are in dialogue with many other people who are different from them. That’s where the learning potential is for individuals, communities, and the whole planet. My work, our work in the Center for Community Learning, is about creating spaces for people from the university and other community organizations to talk with each other, share what they’re trying to do, what they’re struggling with, and how they’re trying to make a difference. Through doing that we find ways for people to work together, transform their relationships with their communities, and address the complex and emergent challenges of life.

I’m a geographer, so I try to craft work that makes an impact on different scales. For example, our office runs an urban farm as a neighborhood-scale social learning and community-building experiment. Other programming is oriented toward the scale of our campus, city, county, or Salish Sea Bioregion. We also do work internationally with colleagues in places like Australia, the UK, Denmark, Uganda, Portugal, and so on. I love talking with people around the world about social learning tools we use like design clinics and Talk Tiles and learning from them. I

think learning is the currency of life, so I delight in being able to learn from so many people from different places.

And we can do so much better as a species. We all know it and want to, but often folks don't know how. One big piece is changing how we make decisions, how we talk with each other, and how we deal with differences in thinking and experience. We get in our own way so often, making ourselves and those around us miserable. I really learned that through my Ph.D. research about wildlife management in Alaska. What I saw was a situation of abundance, but people were experiencing it as scarcity, and in perpetual conflict with each other, because of the kinds of structures they were using to talk with each other and make decisions. Also, they weren't really listening to each other and affirming different cultural viewpoints - just digging their heels in and defending their own way of thinking. I titled it *Trouble in Paradise* because that's what I saw. That research really taught me that the structures we use to engage with each other matter and made me want to look for and develop tools that help people learn from each other in an equitable and empathy-building way. Design clinics are one simple, appropriate technology folks can use to do that.

**Brenda:**

How do you explain a design clinic to someone who has never heard of it?

**Travis:**

I'd rather do a design clinic with them, if we have time! Explaining social learning activities is a bit like explaining a great sunset or waterslide. Sort of neat to hear about it but much better to experience.

When I do explain design clinics, I'll say they are an engaging way for a group to learn together. They start with someone asking, "Could you help me..." about some aspect of their work or life, and providing a little context. Then the group proceeds through six more steps that help them learn about the challenge, build empathy, and generate ideas for moving the work forward. I usually have a copy of the [7-Step Design Clinic Format](#) with me, so I'll walk through the process with them. And then hopefully we can do one!

**Ruth:**

Can you tell us about how the original case clinic method has morphed into the design clinic?

**Travis:**

Our intention wasn't to change the case clinic structure. All the changes have come as we practiced with it over the years, trying to make the best tool we can to promote learning, empathy, and practical paths forward for challenging work.

I first saw Beverly and Etienne demonstrate case clinics at a workshop in 2017 at their house in Grass Valley, and for me the method was revolutionary. Up to that point in our Community Engagement Fellows program, we'd had people write up a proposal about the kind of community-based work they wanted to do, and then we'd discuss it as a group. Often we had really productive discussions, but sometimes it felt like, "Well, that sounds like a good idea, and you know your work better than us. Good luck!" A case clinic turns that upside-down; it forces you to engage uncertainty. The focus is on what you don't know, your challenges. It helps people be vulnerable, reveals opportunities for collaboration, and invites everyone to learn and grow.

I returned home excited to use case clinics in the next round of Community Engagement Fellows. I renamed the method design clinic because I wanted to emphasize that it was about changing the *design* of your work. Design clinic feels more generative and open-ended, to me. So, the name change was the first tweak to the process.

We've made many more changes since then - leading to the timed process with 7 sentence-starters that we use today. I just looked at our [Evolution of the Design Clinic Format](#) document and counted 18 changes since 2017. Each of the changes has been because of what we've observed through the hundreds of design clinics we've done in the Fellows program or something a member has suggested. People have said things like, "I don't like the word 'advice.' Could we say, 'You might try...' instead?" Or we've noticed that people get confused with something or new facilitators struggle to explain an aspect of the process. We try to modify things so everyone can focus more energy on learning and connecting and less on the process. We've also had members of our groups derail the process somehow, undermining the group's learning, and then we ask ourselves how we can modify the format to make that less likely. Sometimes I say that design clinics are "hijack-proof." That's not quite true, but I think we're getting closer.

The modifications have also been driven by our desire for more equitable participation. For example, the sentence starters keep people on track, make it difficult for members to make impromptu speeches, and make it easier for all kinds of people to participate. Recently an adult who is neurodivergent told me that they really appreciated design clinics because the structure makes it clear how and when to contribute. I find that challenging myself in unstructured meetings, knowing when to say something, and trying not to over-function or under-function.

Design clinics are a way to help people play well together and hear from all types of people in a group with less hierarchy. The timing of each step also helps keep people engaged and makes the group less reliant on the facilitator to decide when it's time to move on to the next step. Doing this disempowers the facilitator, in a good way, and empowers the community members.

**Brenda:**

You have always emphasized the social learning aspect of developing the design clinic. Can you talk about who was involved in its creation?

**Travis:**

Hundreds of people in our Community Engagement Fellows program have contributed to the evolution of the design clinic. These are folks from all kinds of different organizations - universities, colleges, tribes, government staff, non-profits, churches, etc. And not just in our region, but folks from other states, countries, and continents who have been in our online programming. We mostly work with adults, but also with teens. Some of the important tweaks to the process have been because of suggestions from youth. We credit everyone who's inspired a specific tweak to the process in the evolution document. That helps emphasize that design clinics are a community-generated tool that keeps evolving because of people's care and practice. Sometimes people will say that I came up with design clinics, and I'll say, "No no, no, look at the evolution document." It helps them better understand.

When we first started using design clinics, Kristine Smith from Whatcom Community College was my co-facilitator of the Fellows program. She and I talked a ton about what we were observing through practicing with design clinics, and we made many of the early tweaks to the process together. Kristine's enthusiasm for design clinics helped make them a central part of the program's practice and identity. Laurel Hammond, my colleague in the Center for Community Learning, has been another critical person in the evolution. She's great at paying attention to how we set up the process so it's easy to document and share afterward, via Google Docs or other ways. She's also made us better at talking about the importance of the "This makes me think of.." step as a way of mobilizing all of our life experiences related to the design clinic request. I think some folks want to jump past that to "You might try..." but we don't let them until they stop and think more broadly and empathically first.

Kwastlmut (Sadie Olsen), Kusemaat (Shirley Williams), and the whole team at Whiteswan Environmental, an Indigenous community organization we work with closely, have also shaped the process profoundly. They're the reason that we time each step of a design clinic. A few years ago some of their youth were co-facilitating a Fellows group, and Shirley commented that it's not part of their culture to jump in and tell someone it's time to stop talking. She suggested that we have a timekeeper who simply holds up a hand when it's time to move on. One of their

youth timed the design clinics at that meeting, and that's been our practice since. I can't believe we used to not time them. It's so much better timed – people stay engaged and focused much better, and it's easier to facilitate. Whiteswan Environmental also helped us develop language around how it's everyone in the group's job to protect the learning space, not just the facilitator, and that equity is the reason for the tight structure. They suggested telling members to just hold a handout with their palm up at any point if folks are getting off track, as a signal to protect the learning space. That gentle redirection or reminder works very well - much better than cutting someone off and hurting their feelings. Yeah, Shirley, Sadie, Jayden, Sophia, they've made the process flow better, be gentler and fairer, and easier to facilitate.

**Brenda:**

What are the strengths for social learning that you see with Design Clinics?

**Travis:**

Each of the sentence starters gives a nudge toward a social learning mindset. The first step, "Could you help me..." encourages vulnerability and engages uncertainty. "This is important to me because..." is about a person's passion to make a difference. "You might try..." is pointing creatively at all the possible paths forward. A design clinic recognizes the complexity of everyone's work, and how interesting and full of learning opportunities our planet is. And the same thing with the other steps – each is an invitation into a social learning ethic and practice. One of the funny or interesting things we've noticed is that people who do design clinics, like our Fellows, use design clinic phrases in their speech all the time. I love hearing "You might try..." or "That makes me think of..." from another table in a coffee shop downtown, and being pretty sure where that came from. Always makes me smile.

And that makes *me* think of how individuals and groups build their social learning skills and capabilities over time. People can integrate social learning into their ways of engaging every day through their speech, and by using more formal tools like design clinics.

Part of what I love about design clinics is that they're an organic adaptive technology, not something rigid that you have to do exactly one way. I hope people play with the process and make it as useful as it can be for them in their circumstances. It's not something we can perfect; it's something we can keep adapting to make it useful for the folks in our communities.

**Ruth:**

What results have you seen from using Design Clinics?

**Travis:**

When you use design clinics, people leave a meeting feeling like the world is full of possibilities, that people care about them and their work, and that they care more about other people. We all feel a sense that there's work to be done, the solution isn't simple, but we can do it, and not do it alone. Real community work is iterative. It's nonlinear. It's collaborative. There's no how-to guide you can look up on the Internet.

One thing I say regularly is that the currency of a design clinic is learning. I think that's something that gives design clinics a little different valence than other similar processes like troika consulting or wise crowds from *Liberating Structures*, or Beverly and Etienne's case clinics. To me, the primary value and intention of those tools is to solve a problem or decide on a solution, with shared learning as an important secondary outcome. My intention when I use design clinics is first to foster learning, empathy, and empowerment for everyone. The specific solutions we think about at that moment are important, but not as important.

Along those lines, I think one key improvement to our process recently has been adding the final step where we go around the circle and each person shares something they'd like to keep in mind. We do that to reinforce that the process is for everyone equally, not focused on the person who brought the request. They just gave a gift to the group - their vulnerability and a window into their work - to allow all of us to learn together. It's a catalyst for learning. I think that's what we should be doing more often in our meetings. If you don't have structure in your meetings that emphasizes equity and shared learning, you'll end up having an argument, usually implicitly, over who's the smartest person in the room - who has the solution. Or at the very least you'll end up with a much narrower range of ideas than you could have or end up mostly just talking about the first solution that was offered. We need to get away from that in our culture. The Design Clinic is a tool that can help.

**Ruth:**

What challenges have you experienced in facilitating Design Clinics?

**Travis:**

Lots of things! Sometimes people are put off by the tight structure. They experience it as too controlled or oppressive. I try to encourage people to see a design clinic as a game that we're all agreeing to play together for the purpose of learning. In a board game or sport, participants agree on the rules so they have fun and everyone knows how to participate. It's the same in a design clinic, and the rules are there to help people learn and participate equitably.

Sticking with the process is a particular challenge for new facilitators, and it's still hard for me. For example, last month we had a design clinic with about 40 people, half of whom were high

schoolers and half adults. The design clinic was about helping our community become better at talking about the impact of drugs. People were sharing about friends who had died, about intergenerational oppression, and about the police state. Folks were on the verge of tears. Every bit of me was trying to honor all those really powerful feelings and experiences and also honor the process we'd agreed to do together. I stretched the time a little bit and inserted some supportive comments as we transitioned between steps but didn't let go of the process. I think that's important.

Another thing is that some people don't want to be vulnerable, and people really need to be honest and open to create a rich social learning space. Some folks don't trust that they'll be met with empathy and respect. Some opt out of social learning spaces because they don't want to undermine their authority or social position. There's a whole art to inviting people into social learning spaces, helping them see the value, and getting them to stick with it even when it's uncomfortable. I'm constantly trying to get better at that.

Crafting a solid "Could you help me..." is a design challenge in itself, and it takes a while for groups to build this skill. One common misstep folks make is putting their whole life into their request. "Could you help me do my whole job?" doesn't work very well. It's better to ask about some tangible component of your work that relates to the experiences and interests of the group, something that speaks to the larger values driving your work but is also practical and actionable. We have a tips sheet for [Crafting an Effective Design Clinic Request](#) that is helpful for folks as they're building their skills.

Ok, one more challenge. Sometimes people or organizations don't understand learning as an important outcome or don't have patience to let the outcomes and tangible community impacts unfold. They want easy, one-dimensional solutions quickly. The most exciting and transformative results will take time, just like it takes time for a seed to turn into a fruit tree bearing fruit and new seeds. For example, about six years ago someone made a design clinic request about starting a charter high school that blended Western and Indigenous ways of knowing. The design clinic helped her make some connections with local Indigenous educators, and today that school exists and serves a critical role for youth. Transformative work takes time, and we have to allow each other that time. That's the paradigm shift needed in some spaces, to let things unfold and trust the social learning process.

**Brenda:**

What differences have you seen using Design Clinics in academia compared to using them in community groups?

**Travis:**

Established groups have an established meeting culture - who speaks and when, how engaged people are, how folks make decisions. That's certainly true in most academic departments and offices. In that kind of setting, if the culture isn't conducive to social learning, usually design clinics aren't as fruitful. There's too much social and cultural momentum, some might say oppression, for people to think very creatively. The social hierarchies and power dynamics get in the way of learning. Academia is extremely hierarchical and established groups have strong internal cultures, so that's a space where you have to mix things up if you want rich social learning to take place. For example, we're doing well-being events on our campus right now using social learning methods, and the best events have been those that have a mix of students, faculty and staff, and folks from many different departments. The events that have been with just one department, or with just students, are not as transformative or informative, from my perspective.

The more distinctive the group and the setting is - a new place, new faces - the more generative a design clinic or any other social learning activity is likely to be. Even bringing in one or two new people to an established group can be enough to shake things up and get people to engage differently, or change the meeting location. But new people are the most important. By adding new people you create the opportunity to reset the meeting culture and practices.

So I don't think there's anything special about academia as a space for design clinics. They can work wonderfully when you mix up groups and use new spaces, and they can fall flat if you try them with an existing group that doesn't have a conducive culture or has folks who are actively resistant to being vulnerable, engaging their uncertainties, or learning from others.

**Ruth:**

What advice would you give to someone who wanted to facilitate a Design Clinic for the first time?

**Travis:**

It's really good for people to facilitate with a group that already knows design clinics or is committed to trying them out for a while, not just once. I think those are good environments to start out.



For example, I was just talking with a friend a few days ago who's going to start implementing design clinics in her work with the federal government. She's experienced with design clinics, but others are new to them. I suggested that the group make a commitment to do design clinics in five or six meetings in a row, with a different person bringing the request for help each time, and ideally, a different person facilitating and another taking notes. She could facilitate the first one or two to model. Practicing design clinics several times as a group helps people move through any awkwardness or learning curve, to make it a tool they can use comfortably. Sometimes people will say, "I don't understand what I'm supposed to do in this part." Or "I don't like this part." That's an opportunity for a productive conversation, or maybe an adjustment to the process to fit your context. However you do it, give people a chance to practice without feeling like they need to be perfect. Over time individuals and groups find their groove with design clinics. It's important to keep practicing, and not give up.

With facilitating the process itself, before you begin, remind people of the purpose of a design clinic - that the currency is learning, the goal is sharing equitably with each other and generating a lot of ideas, and that it's not a tournament to see whose idea is the best one.

Encourage people to notice and honor the collective wisdom in the group and pay attention to their own learning with each step. This framing is so worth doing, and sometimes people forget or they don't feel comfortable explaining. When you're welcoming someone into a social learning space, it might feel different or disorienting, so do what you can as a facilitator to put people at ease and help them contribute productively.

I also suggest that when you are going through the design clinic process, briefly remind people what the sentence starter is and the purpose of the step. For example, you can just say, "So we're going to move on to 'This makes me think of...' and this is our chance to mobilize all the different life experiences that we have that relate to this request." Something like that. It just helps people change the part of the brain that they're using and then they can dive in.

Of course, I recommend using a timer. I don't prefer a timer that's visible to everyone else, because people get preoccupied with the timer if they can see it, and they stop thinking. I like to have a timer with a gentle, soft sound to let people know it's time to transition. I don't recommend cutting people off while they're talking. Don't be a slave to the timer. Use it as a guide. When the timer goes off, let the person talking finish their thought in a nice way and then say it's time to move on to the next step.

It's great to have a notetaker who is not the facilitator. Sometimes a group wants to take notes on everything, or even record the audio or video of a whole design clinic, or maybe just take notes on the "You might try..." Decide what's important for your group. We sometimes take notes on a computer, and sometimes on paper. There's no one right way. Do encourage people

to keep their contributions concise! I like to say, “Be brief because we love the notetaker and don’t want them to regret volunteering.”

It’s best if everyone can see each other’s faces, whether you’re in-person or online. Sit in a circle, not in rows. Nothing that suggests hierarchy.

One more thing - use the whole time that you’ve assigned to a step. If you’ve said you’re doing the step for four minutes, use the whole four minutes. Don’t just move on if the group is silent for a bit. Silence is OK. It’s often the sound of thinking.

**Ruth:**

What should happen after a design clinic is over?

**Travis:**

Doing a design clinic is like planting a new little perennial plant in a learning garden. It took 20 minutes to plant it. That’s great, but you’re not done. You have to keep nurturing that plant.

Ideally, you have notes from the design clinic, and you need to find a way for them to keep producing value and learning. Follow through on whatever immediate commitment you’d made for sharing the notes, like emailing them out to the group or posting them. And then also find ways to make them visible to other people who may be interested in the broader community.

In our Fellows program, often people in different cohorts are asking for help with similar things. We do our best to connect those people, send their notes to each other, and give them, you know, a little nudge to get together for a walk or coffee to talk about their related interests. Maybe that’s an opportunity for collaboration or solidarity. That’s part of the fun of convening - looking for those connections and shared interests among people. And we look for themes in design clinics to use as topics for future gatherings. We do community forums regularly that are open to the public, and the themes are often drawn from design clinics. We know those are things people are thinking about and interested in.

Also, design clinics are much more impactful in groups that are going to keep meeting together, or communities where people continue living together because you can check back in on how the work related to the design clinic is going. You know, “What’s happening with that?” “How’s it going?” “Do you have anything new flowing out of the suggestions people made?” “Did you try anything?” There are so many opportunities to learn more as people put ideas into action. Beverly and Etienne call these learning loops for the group.

We still have all the notes from 6 or 7 years of design clinics in our Google Drive, and they’re a great resource. Someone made a design clinic request last week, and I was able to follow up and say, “Hey, this person asked something similar a couple years ago, and here are notes. She

still lives in town and is still doing that kind of work. Maybe you two should get together? See what she's learned?" That kind of thing happens all the time. So the notes are a perpetual resource for us. It's not like a design clinic is just done in 20 minutes. It's just the beginning.

**Ruth:**

I want to turn back to your development as a social learning leader. Where did you get this fire to bring people together?

**Travis:**

I think being around passionate educators my whole life has given me a great drive to meet new people and learn from them, and provide those opportunities for others. From my parents who were teachers in small schools in Wisconsin and Alaska, their colleagues like Elaine and Ned Griffin, and other village teachers and community members. Wonderful people like Herman Squartsoff, a parent in the village of Ouzinkie, Alaska who was eager to teach anyone who came to the village what he knew, take them down at low tide and teach them how to eat sea urchins and chitons and hunt octopus. In college, Jim Knox kind of took me under his wing. He was a geomorphologist who spent his life studying and teaching enthusiastically about his home landscape of the upper Mississippi River Valley, and Bill Cronon who helped me think more deeply about the evolution of humans' relationships with the planet, and to be disciplined and methodical as a scholar and community member. And the fantastic teachers and educators just keep coming – people like Beverly and Etienne, and my friend Dominic Savio in Uganda, and the great students, colleagues, and neighbors I get to work with every day around Bellingham. I've been so lucky in my life to be surrounded by people who love learning. I don't know any other way to be.

**Ruth:**

What keeps you going when things get tough?

**Travis:**

At the best of times, I think of social learning leadership, and life in general, as a game. You know, these institutional and cultural and environmental challenges we have are very serious, the impacts are real, people keep traumatizing each other and creating barriers for each other. So it can be easy to get discouraged. And people can disappoint you. They say they'll show up to a meeting and they don't. They say they'll take on a project and they drop off. Or you think you have a great idea for a program and it's a flop - the timing is bad or you didn't get the word out the right way or something. I can disappoint myself. But, I try to think of the work as a game and to surround myself with people who think that way. And I don't mean a game in a light way, I mean a game like, "Life is hard. Life is a challenge. It's not supposed to be smooth and

easy. It's supposed to be a challenge, and the challenges won't go away." You have to keep paying attention, keep moving through uncertainty, keep adjusting, and trying to improve.

I tell myself time and again not to focus on the people who don't show up and contribute. That can be hard to do, but it's so important. You have to pay attention to the people who show up and want to create something worthwhile and interesting and fruitful. I see a lot of people who try to do convening work give up, or become cynical because they focus on the people that don't understand or don't value or prioritize this kind of learning and community-building. I think that's too bad. Social learning is a whole paradigm shift for many people, many organizations, and it takes a while for people to understand and learn how to interact productively in these spaces. Not feel threatened or confused by them. It might take us generations to get really good at doing this kind of learning together, and we have to do a lot of unlearning. We have to be patient and persistent.

**Brenda:**

What do you think is next for design clinics?

**Travis:**

I'm not sure! "We'll have to see how things unfold," I often say to my kids. And it's not up to me, it's up to everyone using them and adapting them to meet their goals in their own settings. I'll do the best I can with them in my facilitation practice, and I hope others do as well.

We've started to play with ChatGPT and other AI as part of our design clinic process. This winter we did an activity at our first cohort meetings where people shared their hopes for how we'd improve our region in the future. Two of our facilitators put the responses into AI to generate themes, and we used that resource to help folks generate their design clinic requests. That was fun and promising.

We haven't yet invited ChatGPT to participate in a design clinic, but you certainly could. I put one of our recent requests - "Could you help me build Coast Salish longhouses in the Salish Sea?" into ChatGPT, and it had worthy ideas about tribal consultation, working with elders, and considering issues of the U.S./Canada border. That's all good - it helps people see the broad and general field of opportunity. But the ideas are not situated in the lived human experience - someone's work and skills and network. They're complementary to rich human engagement and learning. Helpful but not sufficient. I'm excited to experiment with it more. That said, tools become better as they get easier to use and meet the needs of the people using them. So we don't want to add complexity for complexity's sake.

I keep being surprised when we improve the process, or at least make improvements in my mind. Each time we think we've really got it right this time. But it will keep changing because

we'll keep learning, and the world will keep changing. It's been fun to play with the tool and refine it. My life is so much better with design clinics! It's really a wonderful way for people to engage and learn from each other. I hope more people try them.

**Note:** For a video explanation of Design Clinics, please see this video linked below.

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