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COVER: Health Mart—futuristic health care design concept by Earl Swensson, FAIA.
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Personal Glimpses of Elbridge B. White, AIA

As Hart-Freeland-Roberts celebrates its 75th year, Chairman of the Board Elbridge B. White, AIA, upholds the ideal of what an architect is, and that has not changed since he joined the firm in 1938.

"An architect is, first of all, someone with a personal service to provide," he said. "And finding the need of the client is the only way an architect can provide that service.

"The most difficult group we encounter on the State Board of Architectural and Engineering Examiners are those who can't be receptive to what people are asking them to design," White added. He was appointed to the state board by former Governor Frank Clement in 1903 and has held the posts of Secretary-Treasurer, Vice Chairman and Chairman of the Board, until his retirement the beginning of 1985.

While he is open to modern design, White still believes strongly that "the first thing a building has to do is function properly. So many don't put function first," he said.

"My training at Georgia Tech defined function as the basis for good design. History has been strongly pushed, and even today, I am reluctant to pursue some of the post-modern architecture being built."

White thinks modern architecture plays "a little more on subjective theories of design" than what he calls "the basics of design." "Like most architects, I am very sorry when a community destroys so many important pieces of architecture which cannot be replaced."

White's 47-year history with Hart-Freeland-Roberts parallels the firm's progress. "I started like everyone starts," he laughed, "as a flunky. But it wasn't long before they allowed me to do a dentist's residence."

In 1940 the firm acquired a government job building an ammunition depot in Kentucky, and the entire staff left the Nashville office except founder Martin Roberts, bookkeeper Ethel Hamilton and White. "It threw a lot of added responsibility on me and made me learn quicker," he added.

During the war, White served a stint in the South Pacific and later as Public Works Officer in Pensacola, Florida. White rejoined the firm in 1946 with the rest of the former staff. He became Project Architect and finally President from 1977 to 1981.

He describes his best assignment as the Operations Building of the Baptist Sunday School Board in Nashville. "It was built over the railroad and required ingenuity to develop," he said.

White became deeply involved in professional work in 1946 when he was instrumental in reviving the local chapter of the American Institute of Architects. He served as President of that group in 1960. "You get much more out of a professional society than you ever put in," White said.

His extensive work on the state board of examiners leads him to advocate the purpose of the board: "The whole basis of a state board is to protect the public health and welfare."

Of the 120 to 140 architects and engineers who take that state board examination yearly, under 50% pass, White said. Four types who fail consistently include: 1) the first-time designer "who can't understand what people are asking him to design;" 2) the structural failure of the architect who does no major structural work but needs to understand it for public safety; 3) the close graders who make 74 and "don't understand that we can't average the grades in Tennessee or we'll lose our national status;" and 4) the several-times failure who wants to force a passing grade. "We have been taken to court by these," White explained.

He has seen many changes in 47 years, but the basics have remained. "Schedules have speeded up so we work more as a team, and we are moving more into computer-aided work. Drawing may be produced differently, but it is essentially the same as many, many years ago."

"Drawing is a universal language," White said. "Even though architects may be educated in a foreign country, their drawings are easy to read. When we finally pick up the metric system in the United States, there will be no difference at all!"
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BROMMER’S TWENTIETH ANNIVERSARY YEAR

Now that Snowbird has retired for the season and nobody cares whether the groundhog saw his shadow, the economy has again become the number one topic of conversation. Thus, business development and related marketing issues are an appropriate focus for the Spring publication of the TENNESSEE ARCHITECT.

Jerry Guy, PE, a recognized marketing authority, introduced Dennis A. Cassani, IBD, to our membership at the 1984 TSA convention. Those present were thoroughly entertained and informed about marketing processes and trends. Now, all our readers have the opportunity to learn about establishing marketing plan and project forecast; and Bruce Goodman joins these experts to offer advice on market research.

What we uncovered through our study are exciting opportunities in several areas of health care, mixed use, multi-family housing, interior architecture and office buildings. Examples of successful projects are illustrated within.

We also underscore the remarkable expertise, specialization and national recognition Tennessee architects celebrate in various areas of health care. While we intended to offer a wide diversity of new design directions, health care themes recurred resoundingly. What do you do when Earl Swensson, FAIA; Ed Johnson, AIA; Ira Chilton, AIA; Ron Miller, AIA; and many others are speaking to and impacting the entire nation and beyond with their innovations? We think you publish and applaud.

As we acknowledge this deserved recognition, the TENNESSEE ARCHITECT also salutes the Nashville firm of Hart-Freeland Roberts. Those of you who love and respect Elbridge B. White, AIA; (and that’s most everybody) will enjoy a brief look at his design career and his awesome tenure on the Tennessee Board of Architectural/Engineering Examiners.

We also highlight AIA’s brand new study, a comparison of Maryland’s and Florida’s public A/E selection process—traditional vs. bid; and an update on liability insurance.

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5 P's in a Pod

"Sound Marketing Advice from an Expert"

By Dennis A. Cassani, M.B.A.

In the design business today, we cannot successfully pursue new business without a plan. This premise was, and still is, a strong belief and prerequisite in our profession and in other business arenas. As members of the design profession, I ask you, don't we ultimately rely on new projects to display our professional talents and to attain our goals?

With a clear affirmative answer to the above question, we need to embark in developing a plan. Allowing me this opportunity, I intend to provide a check-list to assist in this activity. Clearly, this check-list is not to be mistaken as the final word, rather, a tool to assist in your approach to your plan which will subsequently assist in new business development.

My approach here is intended to be simplistic. Experience indicates that there are five major areas which are significantly important. I refer to these as "5 P's in a pod." The P's are: Planning, Prospecting, Presenting, Proposal/Pricing, and Publication/Promotion.

Planning

Planning is the key to survival. Planning identifies your marketing strategies; it's the soul searching. Our work is already defined here. We must review the WHO (markets, manages, implements the plan) who finds leads, does dead-ending, identifies competition, and who closes the deal, etc.; the WHAT (are our goals, strengths, commitment to marketing, trends, competitive fees, etc.); the WHERE (is our marketplace, the time, to do want to be, etc.); the HOW (do we deal with leads, selling, persuasion, merchandising, etc.); the WHEN (are our services required, do we use the computer, review progress, etc.).

In devising strategy, let me share that you must take pains to look at your strengths, and the problems faced in the selection of a design professional. The answers will assist in both the Pre-Active (identify, research, letter, call, meeting, etc.) and the Re-Active (when we respond to calls from prospects) marketing arenas.

Prospecting

Prospecting was born to generate a hit-list. The most significant task here is to identify a prospect with a potential project which is suitable for your firm. Activities in this pursuit include enabling marketing of money and time, establishing vertical and horizontal responsibilities in your organization, G-2 intelligence, clear documentation, attendance at seminars or meetings or social engagements, etc. Remember, follow-up is essential; and there's a fine line between contact and bugging.

Presenting

Presenting allows us the opportunity to illustrate and convince the prospect to select us. It's a time to discuss cost control, scheduling, expenses, design image, personality compatibility, fees, management, our understanding of the design problem to be solved, a time to be enthusiastic, and a time to listen. Don't be afraid to rehearse your presentation; you need a salable professional staff. You won't get 100% undivided attention at presentations, so rehearse. This technique will allow for a more smooth, less presumptuous and concise presentation. Be creative; include props in your presentations. When the Kellogg Company visited our office, we had boxes of their cereal in our studio—it took the edge off.

Another example is when Burger King visited us, we served them coffee in Burger King coffee mugs purchased locally!

Proposal/Pricing

Proposals are written presentations which are to be designed to bring us closer to selection. You need a staff which should include the finder, the business broker, writer, graphic designer, typist, and other support staff. Key elements in a good proposal include clear, accurate writing and illustrative graphics, along with individualization or specialization of information focused at the prospect's project. Include an index, a cover summary, project statement/understandings, scope of services, management approach, resources, profile of your firm, related project experience, compensation and goodwill references.

Pricing can be presented in the form as requested by the prospective client.
or information you feel most comfortable with. It's very important to know the competition in establishing pricing and what the market will bear—don't be too hungry or you'll be picking cigar butts out of the gutter, and lastly, don't do the work free!

**Publication/Promotion**

Publication/promotion requires a combined strategy for the best results. Determine your attitude and posture prior to participation in advertising, direct mail, research and information sources. If needed, hire a consultant to assist in this effort. Most of all, be active in this area.

In conclusion, I urge that you either form your marketing plan, or that you review your in-place plan today. Establish or review your goals and commitment, work intensely and in the highest professional spirit. Your success will beget professional awareness from peers, it will enhance the public awareness of the design profession, and will generate new business.

(Dennis A. Cassani, IBD, is a principal of Interior Space, Inc., St. Louis; and a highly regarded speaker on business development.)
HOT MARKETS: A Tennessee Survey

Introduction by Jerry Guy, PE

The most recent information available indicates that the recovery that began in October 1983 will last at least until the fall of 1986. Office construction is expected to experience another upturn in 1986, lasting through most of 1986. Industrial construction and housing are going strong and should continue through mid-1986. Retail, healthcare and educational markets are expected to remain somewhat steady through this period.

Tennessee seems to generally follow national construction trends, but individual markets will vary on a regional basis. The TENNESSEE ARCHITECT interviewed these marketing experts from across the state.

Jerry Guy
Director of Marketing
Barber and McMurry Inc.
Knoxville

Unsurpassed Markets in Nashville

On a population basis, Nashville's apartment and office market is not surpassed anywhere in the country. The multi-housing market is so attractive that numbers of out-of-state developers, architects and contractors are migrating to Nashville to enjoy the prosperity.

Mike Zinser
District Sales Representative
F.W. Dodge Company
Nashville

Master School Work Continues

Contrary to other states, school work is still a viable market in Tennessee, and should continue through the present administration. The commitment to educational excellence and safe buildings by Governor Alexander, the General Assembly, Department of Education and the Fire Marshal assures new construction and the upgrading of existing buildings. Commerce Business Daily's notices of military projects have increased significantly in recent months. State and federal military work is expected to rise, at least through the current Washington administration, and is a good bet when we incur another recession.

James F. Kaatz, AIA
Kaatz and Binkley, Architects
Knoxville

Consolidate with Repeat Clients

The "Hot Market" is the "Repeat Client." The national trend for private enterprise and government is consolidation with diversification. This doesn't necessarily mean fewer projects, but it does indicate more projects being built by fewer clients. As a result, the client is more familiar with the services architects and engineers provide.

This repeat client used to build "chains," of service stations and restaurants only. Today, the repeat client develops "prototypes," instead of "chains," to be adapted and/or modified in many different locations for such uses as health care, correctional, housing, offices, banking, retail and insurance facilities. As a result, we find ourselves registered in 27 states where we try to serve a few clients well.

W. Vance Travis, Jr., AIA
Cheek and Travis, Architects
Chattanooga

Jails Are Hot, Too

In upper East Tennessee, the retail sales market is saturated. There is currently a downturn in population, with numbers of people moving out of the area; this is perceived as temporary. The single housing market is depressed, but multi-housing, particular PUDs, remain strong. In 1984, "liquor by the drink" passed in Bristol and Kingsport, generating restaurant, bar and motel/hotel activity.

Presently, county and city facilities are a hot market, particularly justice centers and jails. A large number of jails throughout Tennessee have recently been de-certified, and the state has a way to go in modernizing its facilities. There are some state and federal grant monies available to counties meeting necessary criteria.

Allen N. Dryden, AIA
Allen Dryden, Architect
Kingsport

High Tech/Hard Core Building Is In

I feel that the trend is towards communications technology corporations, both in the design of corporate operations and manufacturing facilities, particularly in the states of Texas, Florida and California.

Multi-family housing continues to be a strong market, primarily because of different attitudes about lifestyles. Corrections facilities will continue to be a priority, both in Tennessee and other states, although that is tied to issues of government spending.

While the spectre of capital gains tax reforms down the road is scaring off some folks, certified historic properties are still moving.

Five years down the road, regardless of actions by Congress, we anticipate highly sophisticated defense facilities, particularly in Florida and California. The architect's role is also changing, with an increasing need for non-building expertise, i.e., feasibility studies, post occupancy services, etc.

L. Kirkpatrick Bobo, AIA
Hnedak, Bobo Group
Memphis
Mixed-Use and Mixing It Up

Current hot markets: hotels in select areas, particularly those connected to convention centers or urban centers, with shared parking and support services. New spec office buildings will continue through 1985.

Multi-purpose sports centers, tied to the new USFL, are growing, especially in cities such as Memphis, Phoenix, Birmingham and areas of Florida.

In the future, 5-15 years down the road: Housing for Elderly—the new USFL, are growing, especially in cities such as Memphis, Phoenix, Birmingham and areas of Florida.

We will see more private corporations in the prison business, in the manner of Hospital Corporation of America's presence in the medical world. Governments have experienced difficulty in managing prison systems; future ones will be operated for profit.

Roland P. Taylor, AIA
Gassner Nathan & Partners
Memphis

Multi-Family Housing is Phenomenal

In Middle Tennessee, residential building is the market. New units are coming on line at a phenomenal level. With federal tax reforms, multi-family housing will change—tax incentives are diminishing. Through 1985, we will see a rush to beat reform. We expect the market to be glutted with units, and equity syndication won't be as attractive, therefore, fewer complexes built in 1986 and 1987; but the demand for housing will continue to be high. Once these units are filled, rents will again spiral; and we'll see the cycle begin again in 3-4 years.

The economy dictates the product built. Large tracts of land being currently developed are a combination of apartments, condominiums and fewer single family units. There is the potential for core city housing, but some greening of downtown (parks and plazas) must occur before we experience residential urban infill, and the core city must have housing for a real revival.

Nashville is a city of small businesses, in the range of $15 million to $35 million. Our physical and social environment, and local educational opportunities create a unique business environment which will spawn more activity and opportunity.

With tax reform, more people will want to own their own space. We expect to see lots of office condominiums and smaller office buildings, for insurance agencies, professionals and high tech industries, with staffs of 30-100 people. We expect to see office building design approaches, for 35,000-100,000 square feet ranges. Our tight urban framework doesn't lend itself to expansion, except through rehabilitation; so we see building increasing around the periphery.

Nashville has begun to value good design, even if it costs 15% more. It looks better, functions better and is more marketable. The ability of the architect to convince the owner that design pays determines the quality of a city's life and is aesthetically beneficial for the entire community.

Robert G. Lakins
R.G. Lakins Development Corporation
Nashville

Smart Buildings Require Special Skills

The hottest market coming on line is "smart buildings" commercial office space with sophisticated computer systems, where tenants lease computer capability as well as space. Architects must not only possess expertise in sophisticated commercial office design, but more institutional type

design skills to effect the complex interfacing of electrical and mechanical systems.

Bill Wilkerson, AIA
Derthick, Henley, Wilkerson
Chattanooga

"Hot and Cold" in Nashville as G&S Sees It

COLD: New office buildings in Nashville

HOT: Support services to maintain new and existing office buildings—parking facilities, multi-family housing, specialty retail—either downtown, or in surrounding areas; eventually add schools and other institutional buildings to this list.

HOT: Interior architecture to fill up the office spaces currently being built.

COLD: Rehabilitation, because current tax structure is being revised.

COLD: Health care; anything dependent upon tax revenues, for the same reasons.

HOT: Government healthcare market, with limitations. Many agencies are developing computer-aided drafting in-house. They are seeking A/E's with compatible computer systems for renovations/additions.

COLD: Government-supported housing.

OUGHT-TO-BE-HOT (but so far is merely "warm") Industrial and distribution centers, particularly in the Nashville-Smyrna-Murfreesboro area.

OUGHT-TO-BE-HOT (but so far...) Corrections work for the state of Tennessee.

NOTE: We are still looking for hot markets we've overlooked.

Al Thweatt, AIA
Gresham Smith and Partners
Nashville
Numerous studies have indicated that over one-third of all business assumptions are inaccurate. Through appropriate market research, all firms can benefit by verifying their marketing assumptions and integrating the results into their strategic planning efforts.

To most marketing purists, marketing is a four-step process: market research, strategic planning, implementation, and evaluation. The research process consists of identifying marketing assumptions; developing a questionnaire; verifying assumptions by conducting passive research (of publications, reports, etc.) and conducting active research (from informed individuals); data analysis; and drawing conclusions for planning purposes.

**Market Assumptions**—The role of market research is to help verify market assumptions in order to allocate resources and effort in an optimal manner. Research must address a firm's assumptions regarding perceived trends, volume and nature of future work, competition, prospective clients, the selection process in specific market segments and what capabilities are required to enter a particular market. For example: A firm's business segment mix may represent 80% general acute care hospital experience, and the firm is expending significant money in pursuing this type of work based on their assumption that this has been a strong market in the past and will continue in the future. Research shows that, generally speaking, the general acute care hospital volume of work is decreasing. Therefore, if the firm continues to operate on its unverified assumption, an unstable market position could result.

**Questionnaire Development**—The list of market assumptions provides the core around which the questionnaire is built. Questions developed at this point will later be enhanced by the results of passive research done in the verification stage. Structure the questionnaire to ask open-ended questions. These are questions starting with who, what, when, where, and why that will require more than a yes or no answer. This is to give an informed source opportunity to provide opinions or “soft” information. More specific questions yield better results. For example: What environmental factors (political, social, economic, and technological) are affecting the volume and nature of work in the general acute care hospital design market. Time taken to develop the right kind of questions will generate decisionable data. It is a good idea to pre-test the questionnaire and make appropriate changes.

**Verification**—This stage of market research is two-fold, passive and active. Passive Research is done first, as the information provided is used to further refine the questionnaire. Sources of passive information include trade journals, magazines, newspapers, special reports and papers, directories, etc. An example in the health care field is *Modern Health Care Magazine* which has an in-depth coverage of the various environmental factors influencing that market segment. Passive research provides the facts...
and figures which constitute “hard” data. This information is the basis for questions such as: How do you feel the projected decline in general acute care hospital building will affect your organization?

**Active Research** is the process of combining assumptions and “hard” data to get “soft” data by means of the questionnaire. It is more cost effective to conduct this research by phone. In surveying new market segments of which you have limited knowledge, it is best to start with national associations who are normally willing to orient you to their market. Other active sources of information include past clients, trade associations, federal regulatory agencies, consultants, CPA firms, law firms, etc. An excellent example of an informed source in the health care field may be a health system agency-project reviewer. Be sure to ask the contact for names of other informed sources who might provide additional information.

**Data Analysis**—When data begins to repeat itself from passive or active research, STOP. It’s the quality of information received, not the quantity. In general, a very good sample of a particular market segment can be obtained with 8 to 10 strategically placed calls. Integrating these results into a firm’s planning process can help:

- Identify emerging market segments
- Identify declining market segments
- Assess service, capability, and qualification requirements
- Evaluate resources and efforts required

**Conclusions**—Be prepared to believe your results even if they are contrary to your original assumptions. The purpose is to provide the decisionable data necessary to refine your planning efforts. If this process is followed, it should assist in targeting your marketing efforts in a more cost effective manner.

Recognizing that market research is the first step in the marketing process, any firm can see measurable results in performance if it follows the above research process. Statistically, firms which adopt this process will be more successful than ones that do not.

(Bruce Goodman has received national recognition for his expertise in marketing professional services. Currently, he is Director of Marketing for I.C. Thomasson Associates, Inc, Consulting Engineers; and is past President of the Mid-South Chapter of the Society of Marketing Professional Services (SMPS).)
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CHANGES IN HEALTHCARE DELIVERY:
AN IMPACT ON TENNESSEE ARCHITECTS

By Ira A. Chilton, AIA

Numerous architectural firms in Tennessee enjoy a national reputation in medical facility design and planning. The demand for those services in the state alone would generate regional recognition, but we have enjoyed associations with successful clientele that carry us into national and even international markets. Indeed, the healthcare industry is an important factor in the welfare and reputation of Tennessee architects.

When one hears the statement "The entire healthcare industry is changing," you can rest assured the impact on firms in Tennessee will be considerable. Are we in a healthcare revolution? Industry leaders are saying "yes!"

As with any revolution, it is the variance between projected change and actual change that establishes a trend. Trends in the healthcare industry will influence successful medical facilities architects, making it important to compare projections with actual changes occurring in the healthcare industry.

The Projections and the Changes—

First let me highlight four projections currently being cited:

(1) Risk factors for treating and diagnosing people on an outpatient basis will continue to diminish. Improvements in digital imaging, fiberoptics, lasers, magnetics, pharmaceuticals, and biogenetics will continue to improve as effective medical tools. This will allow more groups to provide more specific health services in more dispersed settings than the typical hospital center. Thus, technological advances should increase the interest in decentralized health services.

(2) Rising medical costs have been cited as the most important public concern facing our aging society. Many expect the cost of maintaining a healthy society will become a major political issue over the next few years, causing the government to monitor and regulate the industry. Government regulation is projected to increase in an attempt to curb inflation in the healthcare industry, as well as to cut costs, improve payments and increase competition. See Graph #1.

(3) An increase in the physician population is projected through 1990, creating more competition and declining income for these professionals. They are expected to become more interested in salaried positions with hospitals, clinics, and other medical centers. The role of the physician should change to reflect more business awareness because of increased competition. Physician investments should increase in the area of partnerships providing medical services, while individual physician ventures decrease.

(4) It is anticipated that length of patient stay in hospitals and hospital admissions for impatient services will decrease, while the healthcare component of the G.N.P will actually increase. An interesting projection like this raises many eyebrows, but let us consider the changes actually occurring in the healthcare industry before discussing this projection in more detail.

Medical Costs Top Concern/Graph #1

Percentage Naming as a Top Issue:

- 61% Medical Costs
- 40% Pay Equity for Women
- 31% Preschool Child Care
- 30% Care for the Elderly

Rising medical costs are cited in a report released in 1984, as the most important public issue facing American families in a survey of over 500 extension economists from across the country.

SOURCE: National Association of Extension Home Economists as printed in USA TODAY

TENNESSEE ARCHITECT/SPRING 1985

HEALTHCARE

Here is an overview of some changes occurring in the industry today:

(1) Technology has greatly improved our ability to maintain our health. Though it would be difficult to highlight all of the advances, the three listed here are quite illustrative of this fact.

Improvements in digital imaging have allowed the CT Scanner (a computer driven florescopic imaging machine) to shed its confined location in the regional hospital. The cost of acquiring the CT Scanner has decreased, the images have improved, and the computer has become more user-friendly. The CT Scanner can now be found in clinics and centers where hospital settings are not necessary for patient diagnostics.

There have been significant advancements in anesthetics. New anesthetics can act quickly on a patient, yet have minimal aftereffects. This has generated an interest in earlier ambulation of surgical patients. Thus, physicians are beginning to view much surgery as an outpatient function.

Lasers have made significant ad-
PHOTO #1
Photography by John Unmack
FREEWAY MEDICAL TOWER, a nine-story medical office condominium developed by Wengroup Development in Little Rock, Arkansas, exemplifies one of the many real estate formats being created within the healthcare industry. As one of the nation's largest medical condominiums, many diverse independent healthcare providers are housed within this facility, including: a Magnetic Resonance Imaging Center (the first in Arkansas), private physician offices, a surgery center, psychiatric clinic, an outpatient laboratory, a pharmacy, and a dining center. Each of these represents a different client for the architect involved in designing that particular space.

PHOTO #2
Drawing by Willie Stokes

Demonstrating features common to the new medical facilities being developed today, this 2-story medical office building, under construction in Lancaster, Pennsylvania, has several outpatient services slated for occupancy on its first floor. Private physician offices are being developed on the upper floor. Real estate concerns for the occupants on each floor differ significantly. In this project, the construction segregates the occupants to accomplish a marketable real estate venture.

Lasers can vaporize tissue without bleeding. This has revolutionized many types of surgery. Additionally, the office of the ophthalmologist, in many cases has evolved into a clinic, utilizing lasers for procedures which could not have been done in the office 15 years ago. But ophthalmologists are not the only physicians making inroads with lasers, and we can only expect the use of lasers to become more widespread.

(2) The government has revived an active interest in the healthcare industry. "D.R.G." is the latest federal term to infiltrate the healthcare vocabulary. "D.R.G." is a regulatory feature being utilized to improve the allocation of medical funds and cut costs. "D.R.G." is the abridgment of the term Diagnostic Related Group, which is a classification system for organizing medical procedures, so that costs can be logged, evaluated and regulated.

(3) Demographics indicate that we are an aging society. Older people require more healthcare services. The need for these services should increase the healthcare component of the G.N.P., but the money doesn't appear to be going to the usual medical facilities. Healthcare providers are focusing on this fact. Hospitals will face more difficulty financing new capital projects for inpatient services. New corporate strategies are being developed to capture the new decentralized services, and use of these strategies in the expansion programs is essential for hospitals.

The Trend—
So, where is the healthcare industry going? The trend is away from centralized hospital settings. Separate, more specialized treatment and diagnostic facilities are becoming commonplace, and will continue to proliferate in the marketplace.

Physicians, patients and government will continue to encourage home healthcare and will attempt to foster the use of alternative healthcare delivery systems. Inpatient hospitals will become the alternative for patients with acute illness.

Architectural Influences—
What does the trend mean to the architect? It suggests a number of interesting factors, some with clear implications, and others suggesting...
areas of additional research.

More perspective clients with smaller, more specialized projects are now in the healthcare delivery business. Each is trying to capitalize on the new competitive nature of the healthcare industry. Each has specific business goals that must be interfaced with the functional specifics of his or her healthcare facility. New and unique architectural programs are being developed and will continue to evolve, which address the concerns of these new clients.

Hospitals are building large outpatient clinics, either as separate facilities or as new wing additions. This is in direct response to the new competitive influences of the marketplace. Like the smaller specialized projects addressed in the previous paragraph, new architectural programs are being developed.

New projects, being specifically oriented to certain aspects of the inpatient and outpatient care, will require better understanding of particular healthcare services. Formerly, a generous amount of knowledge about the various departments of a hospital was important for the architect; but now, surgery, diagnostic x-ray, laboratory and other services must be able to function independently in outpatient settings and even more efficiently in inpatient settings. The architect will need a more informed grasp of the particular service being accommodated.

The drive to contain healthcare costs, improve efficiency, and increase productivity will generate additional capital improvement programs in a variety of medical settings. An interest in long-range planning should surface from hospital clients, while new independent clients will express the need for modulated growth. The architect will need to conceptualize a master plan that responds to the desires of this increasingly competitive marketplace.

Many new project scenarios are being encountered in the healthcare industry. Free-standing outpatient centers, such as Emergi-centers, Rehab Centers, Surgery Centers and Diagnostic Centers, are becoming commonplace. But on a larger scale, mid-rise medical towers, medical campus plans, out-patient hospital wings and condominium facilities have also surfaced as important medical project types. These projects have one significant common feature, they can each handle the independent specialized healthcare facility, similar to those that have surfaced as free-standing outpatient centers. These new building types and newly developed real estate arrangements in the industry have set the stage for a variety of medical projects for the architect to address. See photos #1 and #2.

Whether considering a free-standing facility or a condominium type facility, a construction project significantly shorter and more concise than the traditional hospital project will be encountered. An architect with an awareness of the nature of short construction cycles will be invaluable. In many situations, equipment delivery can take longer than the facility's construction. The logistics become very critical, as shop drawings must be processed promptly and decisions made quickly and clearly. Developing and employing techniques that expedite project management will be necessary.

CAD will certainly be beneficial for producing working documents in a manner consistent with moving quickly and competitively. CAD also displays a measured advantage for clientele who have developed a precise program and a prototype that can be franchised in various locations. However, it is very important to recognize that the project constraints and clientele in this industry are rapidly changing. Many of the new project scenarios will be smaller and more specialized than what we have encountered in the past. When placed within the existing physical structure of the medical community of an area, the project constraints will often prohibit prototypical adaptation.

Projects will often be placed in a dense urban fabric, where land is scarce; and design must mitigate site constraints to allow functional operation of a given project. This can occur for a variety of reasons, ranging from a condominium in a larger structure being targeted for development to a very tight parcel of land being purchased for the project. In such cases, a CAD generated prototype would be difficult to adapt to the project situation. Clients, recognizing this fact, are often looking for smaller firms having an ability to produce construction (continued on page 34)
Joint Venture—Contractors and Developers

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THE PSYCHIATRIC HOSPITAL MARKET

By Ed Jordan Johnson, AIA

Over the last few years, the number of private psychiatric hospitals has increased significantly. In 1981, we were given the opportunity to participate with Hospital Corporation of America in a significant research project to determine the type of facilities needed to accommodate the programs and facilities HCA would be building around the country. The program certainly appealed to our firm as architects.

Historical Foundation

Before actually beginning the planning process, the design team traced the history of psychiatric treatment, methods and facilities. Psychiatry in the United States has undergone three very distinctive treatment concepts: (1) Institutionalization, (2) Medication, and (3) Treating the whole person in relation to organic and environmental influences.

Initially, programs were primarily custodial. Patients were removed from home environments and confined long-term. Confinement, rather than rehabilitation, was the acceptable approach.

During this time, the “curing” process followed the primitive belief that the illness could be “cut out.” Surgical procedures such as frontal lobotomies were a common practice on the severely depressed and particularly violent patients. In many state institutions, patient rights were virtually nonexistent.

There was no clear distinction between Mental Illness and Mental Retardation; the public erroneously thought both were synonymous. Likewise, many believed that mental illness could be inherited. Consequently, great public stigma was attached to families of persons seeking treatment in the few institutions which did provide care.

The discovery of tranquilizers brought quiet on the wards and introduced the era now known as the “Medicinal Period.” Lobotomies and electro-shock therapy diminished or were at least subjected to more scrutiny. Other treatments such as insulin therapy and water treatment were utilized. Drugs known as “mood elevators” brought the severely depressed out of their “dark pits” and enabled them to function in a more responsible manner. Other drugs relieved the tensions and fears of schizophrenia.

Patient as Team Member

Current psychiatric practice centers in what is termed the “Milieu Period,” focusing on the total person in relation to environmental influences and organic factors. The social stigma has diminished. People have come to recognize psychiatry as an important part of medicine, and that psychiatrists working with multi-disciplinary
support teams can help. This treatment concept teams the psychiatrist and nurse with the talents of the therapist, social worker, dietician and hospital staff. The patient is now regarded as a team member. Admitting and business transactions with the patient are a part of the treatment, as well as the patient’s acceptance of the responsibilities of caring for his room, eating and serving himself.

This concept impacts business management, housekeeping, food service and dietary programs, and all other staff members who aid in the support of the total environment. All members of the hospital community are expected to interact on an equal basis. In this group process, patients develop survival and coping skills. They learn to communicate with others having similar problems. Moving in unison, the team develops a plan for the patient. A cycle of treatment begins with admission and continues with treatment, discharge and after-care.

Travel and Research

With a clearer understanding of the history of psychiatry and treatment facilities, HCA created a task force of architects and programmers to define the current state of the art. Basic programming concepts were sought from administrators, nurses, program directors, doctors and department heads. Trips were made to several existing facilities. Plans of facilities were reviewed and analyzed to develop a data base for types and sizes of existing facilities and services provided. Successful and unsuccessful features were analyzed.

Solutions

At the start of the research effort, I expected to find a “pat” answer to the design of psychiatric facilities. This was not the case. While regulations for general hospitals are very specific, regulations for psychiatric hospitals are minimal for the most part and deal primarily with performance criteria. The designer and the owner of individual facilities have a lot of freedom; however, they also have a strong responsibility to understand this building type so that the facilities properly serve this patient population.

Program needs vary, but it is readily apparent that today’s facilities must have significant support facilities beyond the basic patient room and required technical support areas. The following concepts developed by the task force defined the need for these support areas.

Because confinement in psychiatric facilities is usually longer than in general hospitals, the facility should be a “home away from home,” having a residential rather than an institutional atmosphere. The facility really becomes a small community offering a significant variety of programs and activities for the patient. This obviously dictates certain space needs.

Though confined, patients usually are not physically disabled. They will be expected to dress for the day’s activities and will be encouraged to move around as if they were at home. This mobility presents special problems relating to security. Staff must be well trained and programs strong so that patients are involved in activities and don’t have time to abuse the building or themselves.

The nurses’ station becomes the control point of a treatment unit, with patient activity and support functions organized around it. Yet it should not appear to be a security checkpoint. Patients want to feel their problems are being dealt with in a personal way. Visibility of activity areas from the nurses’ station encourages patient participation and patient-staff interaction.

Facilities should be designed for heavy community involvement, to communicate the proper image in the community, to help draw the community in, and to make the patients feel comfortable in coming to the facility.

The exterior appearance of psychiatric hospitals should communicate a feeling of stability, security, warmth, openness and interesting aesthetic qualities. While some areas will have certain security measures, the visual emphasis of these elements should be minimized. A departure from the highly enclosed, forbidding facility of the past is a positive objective.

The ideal location for a psychiatric hospital is a suburban site of approximately eight to ten acres which would be accessible to public transportation. Adequate space is needed for visual separation from the community, thus improving community relations.

The larger site affords opportunities for development of outdoor amenities such as swimming pools, activity courts, patio dining and nature trails, and also allows for future growth of the facility. Landscaping helps soften the visual image of the building itself, creating an image of life, and giving the facility a regional identity. Surveyors for the Joint Commission on Accreditation of Hospitals now specifically note evidence of aesthetic attractiveness.

The physical environment should be soft rather than intimidating to the patient. Good use of color, materials, textures, and patterns can establish this environment. In an effort to create a lively openness and warm atmosphere, the use of skylights and green plants should be considered. Patients can be encouraged to help care for these plants and gain the therapeutic benefits of experiencing growth and change.

Results

Over the past four years, our firm (continued on page 34)
Peninsula Hospital in Hampton, Virginia was one of over 20 psychiatric facilities Hospital Corporation of America acquired with the purchase of Hospital Affiliates International and Health Care Corporation in 1981. A much-needed replacement facility was already in the works. Design of the project correlated with development of HCA's Psychiatric Hospital Design Guidelines mentioned elsewhere in this issue. Suggestions from the design criteria were incorporated, including special ceiling treatments, skylights, warm carpets and wall coverings, with special emphasis on the lobby, dining room and control stations for patient care units.

The 86,600 square foot facility includes 125 beds organized into separate units for adult and adolescent chemical dependency and other psychiatric disorders. With the belief that patients should not isolate themselves, almost all the rooms are semi-private with their own bath.

Each unit has an activity room where patients can watch TV, play games, have snacks and visit with family and friends. Classrooms are provided for adolescent instruction. A full-size gymnasium, fully equipped exercise room, indoor swimming pool and arts and crafts activities support the treatment programs at Peninsula. The large community room serves as a meeting place for such community groups as Alcoholics Anonymous and Narcotics Anonymous.

The site is developed with exercise trails, tennis courts and several outside courtyards for various patient activities.

**Architect**
Yearwood + Johnson, Architects

**Owner**
Hospital Corporation of America

**General Contractor**
Lacona, Inc.

**Mechanical, Electrical, Plumbing Engineer**
Smith Seckman Reid, Inc.

**Structural Engineer**
Stanley D. Lindsey and Associates, Ltd.

**Interiors**
Morris Aubry Associates

**Landscape/Civil**
Kevin Tucker and Associates

**Photographer**
Rob Hoffman, Phoenix Group

TENNESSEE ARCHITECT/SPRING 1985
Health care in the year 2000 will be dramatically different from today, with health care malls and mini marts, patients helping to monitor their own care, medication delivered by robots and extended care facilities enclosed in garden type environments.

These are some of the futuristic projections offered by Earl Swensson Associates, architects of Nashville, Tennessee, and the departments of Pharmacy, Architecture and Industrial Design of Auburn University in a pioneering research study which has received national and international attention.

These predictions are the result of a three-year study conducted by Auburn research experts for ESa, and provided the statistical and research base for a revolutionary 4-step plan for Health Care Facilities of the Future designed by Earl Swensson, AIA, ESa chairman.

The study forecasts that the role of the physician in a relatively few years will change as acute diseases diminish and vaccines for most cancers are developed. Death by stroke will be virtually eliminated, and major medical emphasis will be on chronic and stress-related illnesses.

Responding to these findings, ESa design professionals have designed a series of total health care environments, with emphasis on outpatient care and greater freedom of choice in type, method and delivery of health care.
HEALTHCARE

1) Medical and dental offices in the ESa plan are grouped pavilion-style in mini marts around a central administration center located in convenient drive-up neighborhood settings. A control center, operating/counseling room and multi-specialized spaces would be entered from the central area or from outside drive-up entrances. The ambience is residential yet highly automated, expandable and designed around patient comfort in an atrium setting.

2) ESa health care malls feature park-like settings, with water sculptures, planters and benches, surrounded on four sides by multi-levels of medical care facilities. The lower level would contain a birthing center, emergency care center, ambulatory orthopedic center, minor surgery center and radiology center. Upper levels would contain medical support offices, clinical lab, large restaurant/snack bar, pharmacy and medical supply stores. Extensive planting, welcoming and sheltering glass roof create a “wellness” environment where friends and family wait for patients in comfort.

3) Another ESa plan is a “plateau concept” for an acute care hospital, where individual floors are devoted to specific illnesses or surgical or medical procedures and grouped by specialty, e.g., burn center, oncology center and coronary intensive care center. Radically unique floor plans call for service, ancillary support, nursing and patient care areas to be adjacent for maximum efficiency and economy of operation. Patient rooms radiating along curved exterior walls offer welcoming outside views. All mechanical and technological equipment would be delivered by conveyor system and housed in sloped barrel-vaulted “tunnel” access feeding directly to each level. Patient and visitor entrance would be through the main entry while physician and staff would use rear entries, each with separate elevator/stair cores.

4) The extended care community would be an enclosed, glass-roofed temperature-controlled garden park environment where patient rooms are terraced with railed balconies overlooking a lushly planted and landscaped garden setting below. The park setting is centered with a therapeutic hydro-therapy pool, surrounded by meandering streams and walkways adjacent to comfortable outdoor patio dining areas. The atmosphere, recalling a resort-type ambience, promotes concepts of wellness and “aging and convalescing” happily and gracefully and represents a totally different architectural and environmental design for health care.

These projections, including home health care computer monitors linked to physicians’ offices, pharmacy robotics to dispense medicines, floor and wall sensors to detect falls, and computer terminals built into nurses’ watches, are among the medical devices outlined in a media exhibit presented before the American Hospital Association in August, 1984.

The health care system outlined is a viable medical alternative today, a logical extension and projection of current medical and health care diagnostic and treatment developments, state-of-the-art research, and development of laser-based and robotic technology.

These four new health care environments illustrate ESa’s Synergenial Design—a new direction in architecture based on human-inspired design, state-of-the-art engineering, and sound economics to create spaces which evoke positive human response, appeal to the senses, are task-oriented and function both physically and emotionally.

(Julie C. Pursell is Assistant to the Chairman, Earl Swensson Associates. She is a highly acclaimed journalist and art critic)
J.C. Bradford Building
Nashville, Tennessee

The J.C. Bradford office tower is located at Fourth and Church Streets, in Nashville's main business district. The Capitol's first high rise was originally constructed in 1903 for Independent Life Insurance Company. The interiors project encompasses extensive lobby and public spaces renovation/restoration, still retaining its architectural integrity.

The lobby will have a black based conglomerate marble inset with Negro Marguina marble banding, enhancing the "formal" order. The walls will be softened with a vintage designed worsted wool fabric accented with a black marble wainscoting. The wrought iron gates to the Trading Floor will be restored to become a major element and reflect in a wall of beveled mirror. The Transition Hall is complemented with three tables of intricate marquetry with Bonsai material on each table. The elevator lobby is accented with brass elevator doors and a lowered brass ceiling.

In order to retain the original elegance intended for this structure, the original "design lines" offer an intricate proportion for placement of the new materials.
Professional liability insurance has become a business necessity. Current estimates are that one-third of all architectural and engineering firms in private practice will have a claim each year. The average cost of these claims has risen to $66,250 in 1982, up from $15,000 in 1975. While 30 years ago professional liability coverage was barely in existence, today architectural firms can’t even bid a project without it.

Before 1956, professional liability coverage was thought to be a costly frill and was not commonly purchased by architectural and engineering firms. It was not until several years after the endorsement of a professional liability program by AIA and NSPE that the insurance industry responded to architects’ and engineers’ heightened awareness of potential liability by making this coverage more widely available.

The year 1975 brought the insurance industry its first crisis affecting premiums and the availability of property and casualty coverages. The effects of this crisis were felt particularly in catastrophic coverages including medical malpractice liability, legal professional liability, and architects’ and engineers’ professional liability. The crisis was most severe in areas of medical and legal professional liability, where many insurance companies felt price increases to be an insufficient remedy and stopped writing this insurance altogether. Architects’ and engineers’ professional liability fared better. Although premiums increased substantially, insurance companies did not stop making the coverage available.

In general, premiums remained high until the early 1980s, when the insurance industry entered a new phase. With interest rates as high as 20%, insurance companies were gaining a sufficient return on their investments to offset large underwriting losses. This started the industry on an aggressive pricing strategy designed to obtain new business and, thereby, increase cash flow. With the appeal of high investment earnings, new insurance companies entered the marketplace, increasing the market’s capacity to write new business. This is commonly referred to as the “soft market.”

In mid-1983, the insurance industry began to recognize that premiums, even with high investment earnings, were being outstripped by losses to an alarming degree. As in 1975, professional liability coverages were the first to be affected, simultaneously experiencing an increase in premiums and a reduction in capacity. Again, some insurance companies withdrew from the marketplace. The remaining ones reduced available limits, initiated coverage restrictions, refused to insure certain classes of business, as well as increased the rates.

No one knows how long the current insurance industry cycle will last. However, most experts agree that the cycle has not yet peaked and that it is likely to get worse through 1985. Thus, a key question is: how can your firm protect itself as it faces the prospect of a continuing “hard” professional liability market?

One way is to seek to evaluate the insurance company that provides your professional liability coverage:

□ Be sure your insurance company is well established, has a good rating in the insurance industry, and has no financial difficulties.
□ Ask your insurance broker to check with other insurance companies to compare coverages and prices, but do not base your decisions on price alone.
□ Carefully, compare wording among policies.
□ Determine how claims are handled by the insurance company. Many companies do not have in-house claim staffs and charge fees for independent services performed by others.
□ Make sure your insurance company offers you “prior acts” coverage to the inception date of your firm or to the date on which you first purchased professional liability insurance.

These are just a few of the considerations; a broker experienced in the professional liability field can provide valuable assistance in these and a host of related matters.

Contract review is another factor affecting your firm’s professional liability program. If at all possible, use standard AIA contracts developed to define the duties and responsibilities imposed upon each party. Avoid ambiguous terminology or language. Beware of changes in the contract, and always have your attorney review contracts, paying particular attention to insurance related aspects, before they are signed.

Two other items of concern in contracts, other than in AIA, are indemnification (or hold-harmless agreements) and arbitration clauses. Be aware that assumed liability of others under indemnification or hold-harmless clauses that does not attach under common law, if assumed without your insurance company’s prior consent, can void your professional liability coverage. Exercise caution when using arbitration clauses. Although arbitration may prove beneficial, it may also result in a waiver of normal court procedures and imply guilt. These are a few of the general guidelines that can be useful. Several insurance companies have developed their own contract manual and are conducting seminars on loss control measures. Check with your carrier to obtain additional information. Similarly, a number of professional associations run seminars on loss control and contract evaluation as well as maintain extensive facilities for sale of how-to-do-it publications.

Another area affecting the cost of your professional liability insurance is your firm’s claims history. While most firms have made good progress in reducing claim potential, claim severity has increased over the years; and this upward trend is expected to continue. The five most frequently cited reasons for the increase in claim activity are:
1. Privity of contract is no longer a defense; (2) attorneys’ contingency-fee
(continued on page 35)
Bringing a tradition of excellence from the past to bear on the future is the direction Hart-Freeland-Roberts, Inc. will take as it begins its 76th year this month.

“We are changing the image of the firm,” said Director of Planning and Public Relations Al Raby. “But it’s not just an image, it is a reality.”

The firm enjoys the distinction of being the oldest architectural firm in continual practice in Tennessee, and the first architectural-engineering merger in Nashville.

“We have mixed the experience of older members of the firm and the talent of younger members to effect this transition from the old to the new,” Raby added. “All the partners in this firm add a diversity that is both healthy and progressive. They bring a coupling of excellence in design with excellence in construction.”

Hart-Freeland-Roberts is today among the largest firms in Nashville and produces a high quality, consistent product for clients, according to President Bill Stockard.

“Our success is due to the fact that we see jobs through, even after completion; and we establish long-term relations with clients,” he said. Some of these relationships have continued for 65 years, such as the Baptist Sunday School Board.

The firm, which began in a cubby-hole office in 1910, will soon open its fourth office in East Tennessee. Offices in Nashville, Brentwood, and Jackson have a total staff of 75; and more personnel will be added in 1985, Stockard said.

The unique firm was founded when Martin S. Roberts and F. E. Freeland, consulting engineers, merged with Russell E. Hart’s established architectural firm. The new company was quickly commissioned to recreate the historic Parthenon in Nashville, which has become the city’s most famous landmark. This bold move caused other firms to follow suit and merge services of design and construction.

Recreating the Parthenon was classical architect Russell Hart’s dream come true. City officials sent Hart to Athens, Greece, to study the original structure for accurate reproduction. The Nashville structure draws thousands of tourists yearly and is hailed as a challenge to the original Parthenon in its beauty and composition.

Major projects undertaken in the early years included the Ozburn-Hessey terminal in Nashville, the Duck River Dam and Power House in Shelbyville, and Central Church of...
Christ, Ward-Belmont College cottages and Life & Casualty Insurance Company in Nashville.

The firm designed the W.R. Wills' residence in 1930, which is today the Tennessee Governor's Mansion. The Carroll County Courthouse in Huntingdon marked the beginning of a series of courthouse projects throughout the state.

The depression left the firm with virtually no work. It was said partners did sketches just to stay in practice! In 1938, Elbridge B. White joined the firm and soon began work on Third National Bank in Nashville, now the J.C. Bradford Building.

Design of the Howard School in Nashville led city officials to appoint Hart-Freeland-Roberts to oversee all other architectural design of schools in Nashville. Thus began a long-standing reputation of specialization in school design and construction. The firm has since had more than 70 major school projects since 1972 alone.

After the war, the first major project was a commission from the Baptist Sunday School Board to add the Sullivan Tower to its complex. This was followed by numerous repeat projects for that client including the Southern Baptist Convention Headquarters and the Baptist Hospital Central Building, both in Nashville.

Stockard, a Vanderbilt graduate who joined the firm in 1957, became president five years ago. He predicts a sound future. "We have a good work load lined up. The climate looks as good as ever for architectural-engineering firms," Stockard commented.

The trend toward computerization is part of the firm's commitment to state-of-the-art design. The mainframe computer runs most programs, and the company is studying the best graphics software programs to purchase in the future.

All bookkeeping, cost accounting, engineering calculations, specifications, and word processing are on computer, Stockard explained.

"I was amused recently at a meeting with computer representatives. They said people still prefer free-hand drawings," he said. "The new graphics machines that present working drawings look like the old drawings, but very few people are into conceptual design on machines. It's just simpler to draw than use a keyboard. The representatives had to admit that!"
A/E SELECTION:

A Comparison of the Maryland and Florida Systems

IS BIDDING WORKING?

Edited by Connie C. Wallace, CAE

EDITORS NOTE: The following article is excerpted from a new AIA publication, Selecting Architects and Engineers for Public Building Projects; An Analysis and Comparison of the Maryland and Florida Systems. We welcome your comments on your bidding experiences, if any.

Design professionals play a critical role in the public building process. The quality of the design services provided by the architect or engineer is the single most important factor in determining the overall construction and life-cycle costs of a building. Since design services represent only a small percentage of the initial construction budget, it is in the best interest of the taxpayer to insure that the most qualified firms are selected for public projects.

The study of the Maryland and Florida A/E selection systems was initiated in response to Maryland's advocacy of its design procurement process. Maryland, as the only state with a law requiring the use of price as a factor in initial A/E selection, conducts an active campaign publicizing its system and the cost of the services it procurer. No data besides that issued by Maryland has been available on the process. AIA's study attempts to assess the Maryland system in the context of its capital construction process and to determine the total costs of the A/E selection process in comparison with a qualifications-based selection process.

Both the Maryland and Florida systems were intended to provide open, fair competition among A/Es for state projects and to insure cost-effective selection of highly qualified design professionals. In enacting their procedures, both states sought to establish systems that would not be subject to abuse or open to charges of favoritism and corruption in the award of contracts.

Florida follows the traditional approach to selecting A/Es for public work: a system based on the merits and qualifications of the competing firms. Initial selection is made on the basis of demonstrated qualifications; price becomes a factor during the negotiation after firms have been ranked in order of their qualifications and suitability for a particular project. During negotiations, the A/E and the state together fully define the project and the scope of design services; and a fair and reasonable fee is determined. If agreement on a fee cannot be reached, the state will begin negotiations with the second-ranked firm.

The Maryland system, while it contains elements of the traditional selection system, requires all short-listed A/Es to submit their specific price and technical proposals. The use of price in the selection process results in several additional steps: 1) state preparation of detailed programs that can be used to solicit price proposals; 2) submission of specific price and technical proposals by A/Es; and 3) evaluation and ranking of proposals. Because of the necessity of preparing the detailed programs, A/E selection in Maryland cannot be completed until 11 months after funds become available. A/E selection in Florida, by comparison, is usually completed within five months after funds are approved.

The Maryland process, in addition to costly time delays, also requires a much larger administrative staff and budget. As a result, although A/E fees in Maryland are lower than in Florida, the total cost of the A/E portion of the capital construction process averages 13 percent of estimated construction costs. The total costs in Florida, in contrast, average only 6.8 percent of estimated construction costs.

Cost to Unsuccessful Competitors

An additional cost of the Maryland system is the expense to unsuccessful competitors. The cost to firms of preparing and submitting SF 254 and SF 255 forms is minimal. In the Maryland process, however, short-listed firms must submit price and technical proposals. The extraordinary cost to the firms of developing those proposals is unique to the Maryland system. This expense to the unsuccessful competitors is estimated at $2,000 per submission. In the 1975-83 period, 696 firms submitted unsuccessful proposals, bringing the total cost to unsuccessful competitors to $1,392,000. Although these costs are borne by the firms, they may be considered indirect costs to the state since, as operating expenses of the firm, they are eventually passed on to all consumers of A/E services.
Comparative Capital Construction Cycles
(from point of fund availability)

<table>
<thead>
<tr>
<th>Year</th>
<th>A/E Selection Time</th>
<th>Design and Approval Time</th>
<th>Number of Months</th>
<th>Construction Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>11</td>
<td>13</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>1977</td>
<td>18</td>
<td>14</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>1978</td>
<td>15</td>
<td>14</td>
<td>35</td>
<td>25</td>
</tr>
<tr>
<td>1979</td>
<td>18</td>
<td>14</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>1980</td>
<td>11</td>
<td>13</td>
<td>0</td>
<td>35</td>
</tr>
</tbody>
</table>

*Price Waterhouse and Company
**Florida Department of General Services
***Florida State University System

Comparative Capital Construction Program
Administrative Budget 1976-1983

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimated Costs (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>$1,121</td>
</tr>
<tr>
<td>1980</td>
<td>$1,216</td>
</tr>
<tr>
<td>1983</td>
<td>$1,159</td>
</tr>
</tbody>
</table>

Source: Maryland Department of General Services; Florida Department of General Services and State University System

Cost of A/E Selection and Design

<table>
<thead>
<tr>
<th>State</th>
<th>Percent of Estimated Construction Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>13.0%</td>
</tr>
<tr>
<td>Maryland</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Costs are derived by using the implicit price deflator for the gross national product as a measure of inflation (Source: U.S. Department of Commerce, Bureau of Economic Analysis, National Income and Product Accounts).

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Earl S. Swensson, Chairman of the Board of Earl Swensson Associates, Nashville, has been named a 1985 Fellow of the American Institute of Architects. The investiture will take place at 6:00 p.m., June 10, in the Garden Court arena of the Sheraton Palace Hotel in San Francisco, during the annual convention of the American Institute of Architects. Newly advanced Fellows will be presented their medals during the ceremony.

Swensson, whose firm is noted for innovative design techniques, was honored for his outstanding contributions in fields of research, design and public service to the community. He has received numerous awards including the prestigious Jefferson Award for Public Service (March 1985), and Earl Swensson Associates has received 15 design awards for diverse projects. Research in the fields of housing, elderly and medical care facilities of the future as well as for the "Guild Concept" for correctional facilities are noteworthy.

Swensson pioneered downtown master planning concepts for Nashville while serving as President of the Middle Tennessee Chapter/AIA. He has served on numerous civic and cultural policy planning committees and organizations and is 1985 Chairman, Cultural Affairs Committee, Nashville Area Chamber of Commerce. He was honored by the TSA for Service to the Young Professional during the 1984 convention in Knoxville. His sponsor for the prestigious Fellowship Award was Michael A. Fitts, AIA, State Architect.
OUT OF PLUMB

By Robert D. Holsaple, AIA

Back in the Golden Days of architectural practice ('Golden Days' is a term used by folks over fifty-five to describe any period of time prior to their fortieth birthday), there was a myth that architects did not engage in messy everyday things. Among those messy everyday things was marketing.

The origin of the architect's attitude toward business matters, such as marketing, is difficult to trace. I have several theories. First, the velvet trousers theory. At one point in time, Paris was the center of architectural education and theory. At about the same time, the fashion in men's clothing included velvet trousers in rich colors. In order to protect these trousers, the architect of that day wore a long white smock while working. As a result, the activities of the architect were limited to those things which he could do while wearing either velvet trousers or a white smock (or nothing at all). With regard to marketing his services, it was most difficult to ride horseback, or in the dusty coaches of that day, carrying his slide projector, without thoroughly dirtying the velvet. Wearing the smock while calling on prospective clients was just not done. As a result, the architect made his contacts under conditions suitable to velvet trousers. This, of course, led to the practice of making most contacts at cocktail parties—a practice which continues today.

Then there is the Thomas Jefferson theory. Jefferson, one of the early saints of American architecture, practiced primarily as a sideline. He despised primarily as a sideline. He desisted from these activities as a sideline. He did not engage in marketing their services. Without a doubt, there had been some misguided souls who actively solicited clients and took a chance on staining their velvet trousers. The acceptance of this behavior in leading architectural circles is a fairly recent development, however. In the Golden Days, the prescribed method of marketing was to bribe a client to let you do your first building and then whisper about the opinion that an architectural gem had been created. Once this happened, the clients materialized out of thin air. You had your designs built and with each new project received more word of mouth and more commissions. This method of practice is documented in more detail in "Tom Swift and the Electric Architect."

One of the changes in our society which greatly affected the conduct of business in the architectural profession was the attack on professional ethical standards by the Federal Government. The end of the prohibition on advertising, which was part of this, added impetus to marketing activities. It also ended an excellent excuse for not contributing to printed programs for civic activities.

Many of us have been bewildered by this need to market. We have suspected that this activity must be similar to the marketing of wash powders, since one of our West Coast colleagues left the presidency of a large soap company to return to architectural practice. As usually happens, those who market education came forth with seminars to educate those who would market architects. Having been educated at several of these affairs, I feel qualified to comment on marketing terminology. Descriptions of some common terms are:

**Assistant Marketing Manager:** a person who checks the Commerce Business Daily and the classified ads in the newspaper for possible jobs.

**Marketing Manager:** a person who asks the Assistant Marketing Manager what was in the Commerce Business Daily and the newspaper. This person also attends marketing seminars to learn about presentation techniques presently in vogue.

**Presentation Techniques:** what was formerly called "old renderings from the file" and then "dog and pony show." These techniques change as the Japanese introduce new audio and visual equipment. Equipment presently recommended for a thirty-minute presentation consists of a forty-eight inch color TV monitor, two video tape machines, a high fidelity sound system and a computer preprogrammed to answer selected questions. No firm principals attend since they tend to get the equipment out of adjustment.

**Cold Call:** what you do when you are certain that a prospect will make an excuse for not seeing you if you telephone before going to his office. They key to the Cold Call is Secretary Cultivation.

**Secretary Cultivation:** building a relationship with the prospect's secretary which will result in preferential treatment when you attempt to see the employer that she is protecting. There are potential dangers from her, her husband, her boss and your wife if she misunderstands the type of relationship that you are attempting to build.

**Follow-up:** a courtesy call on an existing client to attempt to persuade him that he likes the building which you designed for him. Follow-ups should never be attempted during or shortly after a rainy spell since roof leaks often leave negative impressions on clients. Follow-ups should always be a contact with the (continued on page 35)
twist. Unlike the typical hospital situation, an icon cannot be assumed. In many circumstances, the facility design must interface with the urban fabric of surrounding areas, while stating a new prominence in the medical community. This is a difficult and challenging charge for the architect, since the client will probably expect a recognizable, secure, and established image. See photo #3.

Finally, it is important to recognize that we are in a learning curve of significant proportions. During this time many opportunities will be available to improve our reputation and the service we provide. The clientele we will serve will continue to change, as quickly as the industry itself. Each client has specific needs customized to meet the challenges of the healthcare industry marketplace. The architect will need to face this new challenge well informed and coherent about the trends taking place today.

(Ira A. Chilton, AIA, is Corporate Architect at Surgical Care Affiliates Inc., Nashville, Tennessee. He has been involved in medical facilities architecture and planning for eight years.)

THE PSYCHIATRIC HOSPITAL MARKETS
(continued from page 22)

has had the opportunity of designing approximately fifty psychiatric hospitals. Fifteen are now finished, six are under construction, and another fourteen projects are still on the drawing board. By working in numerous states, and under various codes and regulations, we have developed facilities which basically will comply with any rules and regulations.

In order to expedite the delivery process, we developed a series of tools. These include Guide Program Narratives, Detailed Space Guidelines, Conceptual Plans, Comparative Code Analyses, Room Finish Guidelines, Outline Specifications, and Critical Path Scheduling Techniques for coordinating the interface between all of the team members involved in the design process. We also found our

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CAD system to be a real asset in implementing the specific projects in an efficient and expeditious manner.

As facilities are completed, we participate in an ongoing program of post-occupancy evaluation to obtain systematic feedback regarding the success of the facility design. While these evaluations have resulted in several minor changes and improvements to the newer facilities, the evaluations have validated the basic concepts defined by the task force in 1981.

Hot Market

From an architect's perspective, this is a very desirable and challenging market. It's exciting and gratifying when one recognizes the major impact of the building and environment on the psychiatric treatment program and the patients. In these facilities, the occupant's involvement extends from morning to night. The design of the facility develops proper relationships to enhance the program as well as creating an environment that is comfortable.

With the emphasis on the environment, it is important to balance these issues with the practical constraints of time and budget. Obviously, very exciting facilities can be created with unlimited funds and with significant expenditures of time and energy. If you read the architectural press, these are some outstanding facilities, architecturally. Some of these are financial disasters. There are some cheaply constructed facilities that are also financial disasters. The secret is in responding to the environmental issues of creating a comfortable feeling and providing adequate patient support space. These issues must be carefully balanced.

We believe that a proper balance of all of the elements in the process, in our case, has resulted in the delivery of cost efficient facilities that reinforce the therapeutic milieu so critical to the success of private psychiatric hospitals. □

(Ed Johnson, AIA is a principal in Warwood & Johnson, Architects. He has served on numerous public health task forces and is a past president of TASH.)

LIABILITY INSURANCE

(continued from page 357)

system of compensation; (3) our system of construction—the traditional method placing either the contractor or owner in a position of possibly incurring financial loss; (4) society's expectations of the design professional; and, (5) evolution of technology—new products developed and marketed.

Moreover, developing a written strategy for presenting losses and reducing or controlling liability exposures, if properly disseminated to staff, is a positive step. With such a plan, your staff and your clients know exactly what each job entails, and what their responsibilities will be. It is important for you to furnish your clients with a clear description of the project responsibilities; this will help to eliminate misconceptions that may lead to a claim. The most common claim today involves staffing problems, counterclaims, and specifications, or construction material. Be sure to consider these exposures when you develop your strategy.

(continued on page 48)
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In a recent reorganization of executive management, Ed Johnson, AIA, President, Yearwood + Johnson, Architects, has announced the promotions of Richard J. Conklin, AIA, to Vice President of Project Administration and Robert L. Paul to Vice President of Project Delivery.

In addition, G. Ronald Hunt has joined the firm as Vice President of Corporate Marketing; and collectively the three join Theodore L. Stanton, III, AIA, Vice President of Computer Services and Frank N. Livesay, Vice President of Finance, to head the major operating divisions.

At the same time, Board Chairman Randall N. Yearwood, AIA, announced the appointment of Conklin, Paul and Livesay to the Board of Directors.

Elizabeth A. Thompson, AIA, has been named Vice President and member of the Board of Directors at Gobbell Hays Pickering, Inc., Nashville. On staff since 1979, Thompson has served as Project Architect, Director of Production and Project Manager. As Vice President she will join Ronald V. Gobbell, AIA, and Steve M. Hays, PE, as directors for the firm.

Richard L. Miller, AIA, President of Earl Swensson Associates, made a
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TENNESSEE ARCHITECT SPRING 1985
major presentation, "Hospital Architecture, Its Heritage and Future," in Budapest, Hungary last October. 140 participants from 48 countries attended the meeting sponsored by the International Union of Architects, the International Hospital Federation of London and the World Health Organization of Geneva.

Miller, a nationally recognized expert in hospital and health care facility design, was one of five participants from the United States invited to attend the conference. He outlined dramatic changes in store for health care delivery of the 21st century, findings which resulted from an innovative three-year research and development study undertaken by ESA who retained a research team from Auburn University (recognized experts in research methodology) to coordinate program results.

Innovative concepts explored by Miller are featured in another section of this issue.

KNESTRICK PROMOTIONS ANNOUNCED

Walter Knestrick has completed the following executive changes. He has assumed the newly created position as Chairman of the Board; Michael D. Baron has been promoted to President and Chief Executive Officer, while Hubert Mitchell, Jr. assumes the post of Administrative Vice President. Jean M. Molasy has been promoted to Treasurer.

Knestrick said that the newly established executive team will provide the leadership and managerial skills necessary to meet the challenges that lie ahead in the construction industry. He is particularly gratified to fill these key executive positions with personnel from within the company.

GRESHAM, SMITH PROMOTES NINE

Founding partner Flem Smith, AIA, Gresham, Smith and Partners announced the appointment of the firm's new Associate Partners and Associates in an office-wide meeting, February 8. Smith said the partnership is very pleased that the success the firm experienced in 1984 has allowed the recognition of those individuals who have taken an active role in that success.

Appointed to Associate Partner are George C. Grigg, AIA; and Paul J.
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The Southern Baptist Convention Building
Nashville, TN
Earl Swensson Associates

Currently under construction is a new headquarters building for seven separate agencies of the Southern Baptist Convention. This contemporary, community-oriented design is approached via a recessed pedestrian plaza and features a three story glazed atrium in a triangular pattern set at a diagonal to the corner site. The building includes 114,000 sf of office and meeting facilities and a 55,000 sf parking garage.

From the main reception lobby the monumental curving staircase leads to an upper level auditorium facility for 500. Cantilevered corners provide maximum number of executive offices with corner views. Also housed in the structure is the extensive SBC library and archives with individual work-study-reading centers and desks as well as unique single-aisle track shelving.

Belle Meade Apartments Carriage House Renovation
Nashville, TN
Bryant Glasgow Architect

What was once an outbuilding housing cars and servants for residents of the Belle Meade Apartments is being renovated as a custom-designed 4,400 sf private residence. Originally constructed in 1917, the Carriage House is listed on the National Register of Historic Places. The rigid ten foot garage grid is being transformed into a spacious, interconnecting series of entertainment levels on the main level. Also included in the design are a fully equipped exercise room and a full floor master suite. Landscape design is by Tara Armistead of Sartor Landscape Associates.

Continental Life Center
Brentwood, Tennessee
Earl Swensson Associates

This new 38,600 sq. ft. corporate headquarters building is composed of a juxta-position of geometric forms that are highlighted by a curved three story entry bay of tinted glass. Green-tinted solar treated glass will contrast with horizontal bands of patterned brick, cantilevered at graduated stages in front of the curving entry bay. A triangular penthouse executive level positioned over the rectangular base of the building will provide unusual corner offices for senior management and will also provide rooftop levels for multiple meeting purposes in warm months.

Interior details feature a green-marbled floor accented by bands of wood veneer in a diagonal grid, which extends to all three floors. Walls will be furniture finished in mahogany shades with brass trim in elevator ceilings, cylinder hand rails, and hardware. Completion is scheduled for the Fall of 1985.

State Technical Institute at Knoxville/
Roane State Community College Branch
Knoxville, TN
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Scheduled for completion in the fall of 1986, this new branch will be located on the Pellissippi Parkway and will serve approximately 5,000 students. Components of the new 220,000 sf campus include the Roane State facilities (upper left), STIK facilities (upper right), and the student services facilities to be used by both institutions (center foreground). The institute will offer technical training programs in engineering and business technologies, allied health, liberal arts, and fire and police science. Planning and design for this post-secondary institution is by the joint-venture team.
Professor Folgarait initiates his discussion by addressing the modernist lineage of the Polk Office Building which sits atop TPAC. The Polk's upper exposed steel frame, from which the iconic curtain wall hangs, is supported by the exposed concrete core creating a "perfectly unordinary glass block" and thus "becomes an answer to the inexpressive glass box, using the means of modernism and turning the tables on its premise." And further, "arch-modernism would claim that the form of a building should express one thing, its function, the job it performs...Rather than referring to its function (an office building for the state government), it refers instead, to its form alone..." This is certainly mere jibberish. This building is no more and no less a typical example of technical and structural expressionism, one in which the expression of process predominates that of form. And rather than "turning the tables" on modern architecture, this "idea of process" which "becomes one of permanence" is fundamental to modernist dogma, one which Kenneth Frampton dates back to Galileo and the shift from a geocentric to a heliocentric model of the universe in which man "was no longer valued solely for his product as an end result, but for his process as a means to an end." (1) With the foundation of the Ecole des Ponts et Chausées in 1747, which created the first professional schism between engineering became liberated from the socio-cultural imperatives of symbolic built form. From now on it could develop its full utilitarian potential, untrammeled by symbolization. Frampton continues, "since form now belied truth, it became necessary to treat form as independent from content." (2) And of the so-called arch-modernist position, perhaps best exemplified by Hannes Meyes (who wrote, "...all things in this world are a product of the formula: function times economics."), Frampton states, "All unity is now seen to reside not in some preordained static ideal, as in antiquity, but in process itself, as made manifest through the proliferation of rationalized technique in response to changing need." (3) Thus Polk/TPAC hardly "proposes entirely new possibilities for old principles." As for the claims of arch-modernism, the disparity between dogma and actual practice as most notably exhibited in the work of Le Corbusier has long been acknowledged. As Colin Rowe and a host of others have shown, the best architecture, be it ancient or modern, operates at many levels and has many sources.

Professor Folgarait continues his argument by stressing the Polk/TPAC connection to the War Memorial Building, which establishes a "meaningful dialogue," and becomes the "cultural/political interface of the city." He envisions the visually squat core as a metaphor for a column whose genealogical parentage harks back to the Parthenon. But the metaphor does not "assume more flesh" as desired by the author; instead, it becomes more dissipated, evaporating into a pale, vacuous illusion. It is indicative of a superficial analysis which divorces image from context. For indeed TPAC is an "artificial blocky hill which presents inaccessible cliff faces with but a few points of access." Indeed "from almost every approach, the appearance of the complex communicates that the bottom part is an impenetrable block, and that the top, the block tower, rests definitively on the lower part." Indeed "the PAC in its windowless demeanor reads in form more as support...than as a building with a function in its own right." But surely these statements serve to expose the chicanery of such levitation and reveal the absurdity of this incorrect analogy. For are we to assume that the subjugation of THE place for performing arts in the State of Tennessee within an impenetrable block is appropriate? That an office tower is to the Parthenon as the State's major cultural facility is to "the blocky functional mound" of the Acropolis? That an abstract autonomous office tower evoking an homogenous beaureaucratic State tyrannically dominating the isolated uninviting, and hermetic form of what should be the celebra-
tion and culmination the public realm is the proper symbolic representation for civic design? That merely because there are two frail foot bridges, "the only real gesture of belonging to the city" and aptly termed "umbilical cord," both of which lead to an ensemble of six standard size doors lacking the necessary scale for a strong civic presence, a cultural/political interface analogous to that of ancient Greece has been created? It is positively ludicrous to state that these represent values and solutions that "any progressive Post-Modernist theorist or practitioner would be glad to claim."

Homologous in only the most superficial reading of abstract form, such a loose improper analogy must always be castigated, especially when it aspires to attain greater significance by claiming to be a paradigm for the profession. If the fundamentals are incorrectly conceived, the analogies become immaterial. □

1. Kenneth Frampton, "Industrialization and the Crises in Architecture" in Oppositions 1, p 58.
2. Frampton, p 61.
3. Frampton, p 65.

(Overton is a project architect with Tuck Hinton Everton. He has a Masters of Architecture from Harvard University, was Assistant Professor at Miami University and received a Progressive Architecture Design Award, January 1982, with architect Robert W. Dorn.)

*Speakeasy presents the views of guest authors on relevant issues. Send your response or point of view to the TENNESSEE ARCHITECT, 223½ 6th Avenue North, Nashville 37219.
LIABILITY INSURANCE
(continued from page 35)

A careful review of your prospective clients can also help. In the past, it was common to accept all jobs on an equal basis. Now, it may be advantageous for you to screen your clients as thoroughly as they screen you. To evaluate the project owner, try to determine the following information:

☐ Is the project manager financially secure?
☐ Does the owner have a past history of litigation against design professionals?
☐ Does the company build for speculative purposes only?

Also, make sure the project owner recognizes that you cannot guarantee the performance of a general contractor or sub-contractor. Carefully prepare written reports for clients as work progresses, and establish realistic performance schedules to keep the client informed on all aspects of the project.

In today's litigious environment, many architectural and engineering firms find it important to follow legislative developments carefully and to encourage the adoption of desirable legislation. For example, a bill now under consideration in North Carolina requires the plaintiff to pay legal expenditures if the case is dismissed. Should this bill pass, it would avoid many groundless, time-consuming suits and help eliminate fees that insurance companies and architectural and engineering firms—through policy deductibles—now pay for defense costs.

Architects and engineers ignore the professional liability market at their own peril. Whether its effects are evidenced by increased premium or reduced coverage, the impact of that market on your organization can be extremely severe. The pressures placed on your firm by today's "hard" market are best handled through (1) a working relationship with your broker to assure the most economical price and complete matching of your firm's insurance requirements with available coverage, and (2) your effective pre-screening of projects, contracts, and risk exposures.

1"Liability Insurance in Turmoil,"
2INA Corporation, Professional Liability Loss Control, 1980.

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