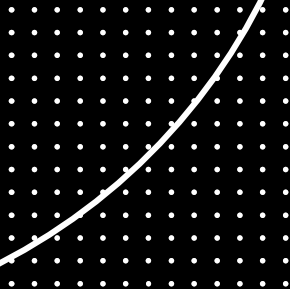# NHS animation project.
Documented process
by Jane Lee

(critical appraisal is interspersed throughout

the document, bibliography

is located on last slide)

- Principles of Animation Unit

- Jane Lee
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https://jleeanim2.myblog.arts.ac.uk/

Partner for this project: Xinyue Wang

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- Password to access blog: 7858

- https://rz7858.myblog.arts.ac.uk/2022/10/25/nhs-prostate-cancer/

My main role in this project was colouring, adding textures, creating backgrounds, cleaning up, adding in-betweens and some animation to the rough animatic given to me by my partner Xinyue.

Her main role was making the storyboard, the animatic and the character designs were informed mostly by her art style.

In reality as the project progressed, we both did a little bit of everything.

Concept development + Final Logline

We had different ideas for what narrative we wanted to present in the film (these ideas, regardless of if they've been ditched, have been expanded upon and detailed on the storyboard slides)

My first idea was to present a sequence where the two narrators talk about their experiences to one of their family members who is currently going through what they went through in the past with diagnosis.

Xinyue's idea and why we chose to ditch it has been detailed by her below and in the sketches on the left:

'This is a storyboard made before we had edited all the voices, I was influenced by https://motionographer.com/2018/07/20/better-humans/ and wanted to tell a story with images while making the PSA. The story line is that many people have a superstition that "cancer is a punishment from God" and I made up a story about science defeating superstition. After some research I found that it was better to be serious because the style of the medical video should not be over the top, so I abandoned the idea, but in the end the idea of "making up a story" remained' (Wang X., 2023)
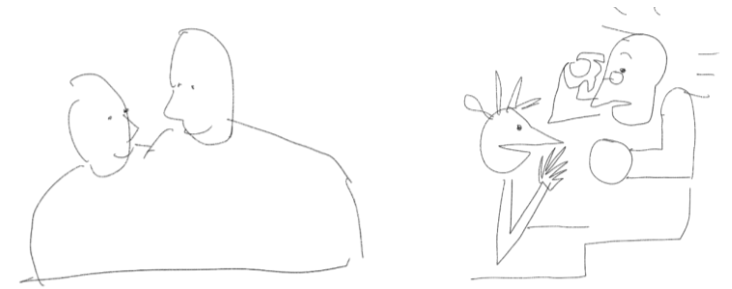
Since my approach started off being too literal and her approach started off too dramatic/may come off as insensitive due to how it related to our given topic in a way that might cause people to feel uncomfortable (since it involved superstitions etc), in a way I think we combined the parts of our two approaches that did felt like they worked to reach a satisfactory final logline and synopsis for our film. (Presented below)
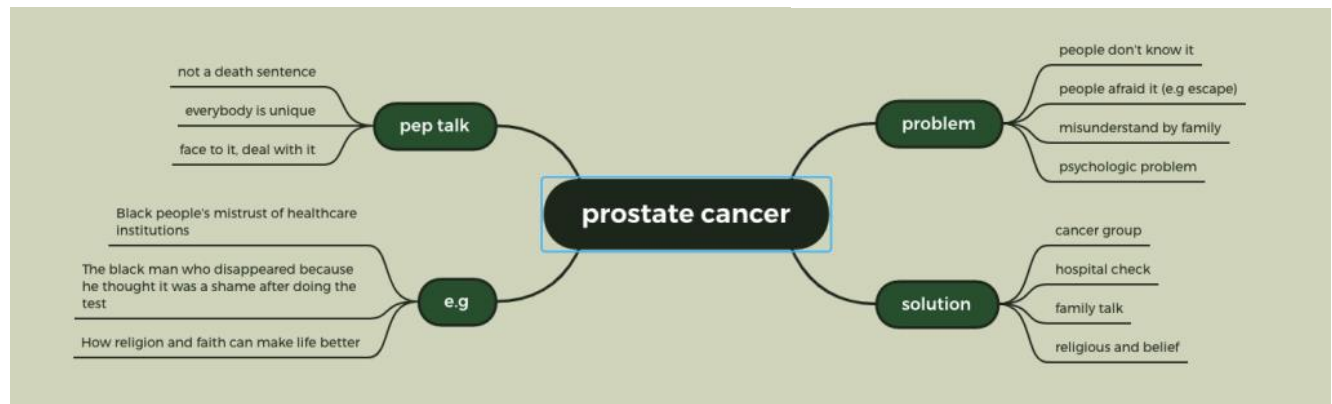
Logline + Synopsis

- An animation that highlights the importance of being aware of prostate cancer and seeking medical treatment as soon as you experience any symptoms.

- Our short film follows 2 prostate cancer patients as they encourage their past selves who were afraid of cancer to get the treatment they need to improve the quality of their lives.

Sound Reflection + ditched scripts

- Audio focal points:
- Importance of prostate cancer awareness
- Early diagnosis leads to better outcomes
- Providing a hopeful positive m essage

Transcript:

Cancer is one of those taboo subjects that our people don't look to talk about. They feel that cancer is a death sentence. They feel if you get cancer you hit a brick wall.

We don't even want to take that word into our mouths because it- it means death.

That is not the case.

The thing is, cancer is not a devil. What it is is there are cures for cancer.

If you're diagnosed with prostate cancer and it's at an early stage, it can be easily treated.
Your doctor puts together a health plan, and you know where you're going, and you know what the objectives are, and you get to meet people who've gone through a similar experience.

It's the beginning of a journey, and you can turn that journey into a wonderful experience if you're sensible, if you work with the doctors, you read up and you take medical advice.

After the feedback in interim 1 we cut out the problematic line. ('easily treated')

The core focal points have not changed.

- Importance of prostate cancer awareness
- Early diagnosis leads to better outcomes
- Providing a hopeful positive me ssage

New transcript:

Cancer is one of those taboo subjects where our people don't look to talk about. They feel that cancer is a death sentence. They feel if you get cancer you hit a brick wall.

We don't even want to take that word into our mouths because it- it means death.

That is not the case.

The thing is, cancer is not a devil. What it is, is there are cures for cancer.
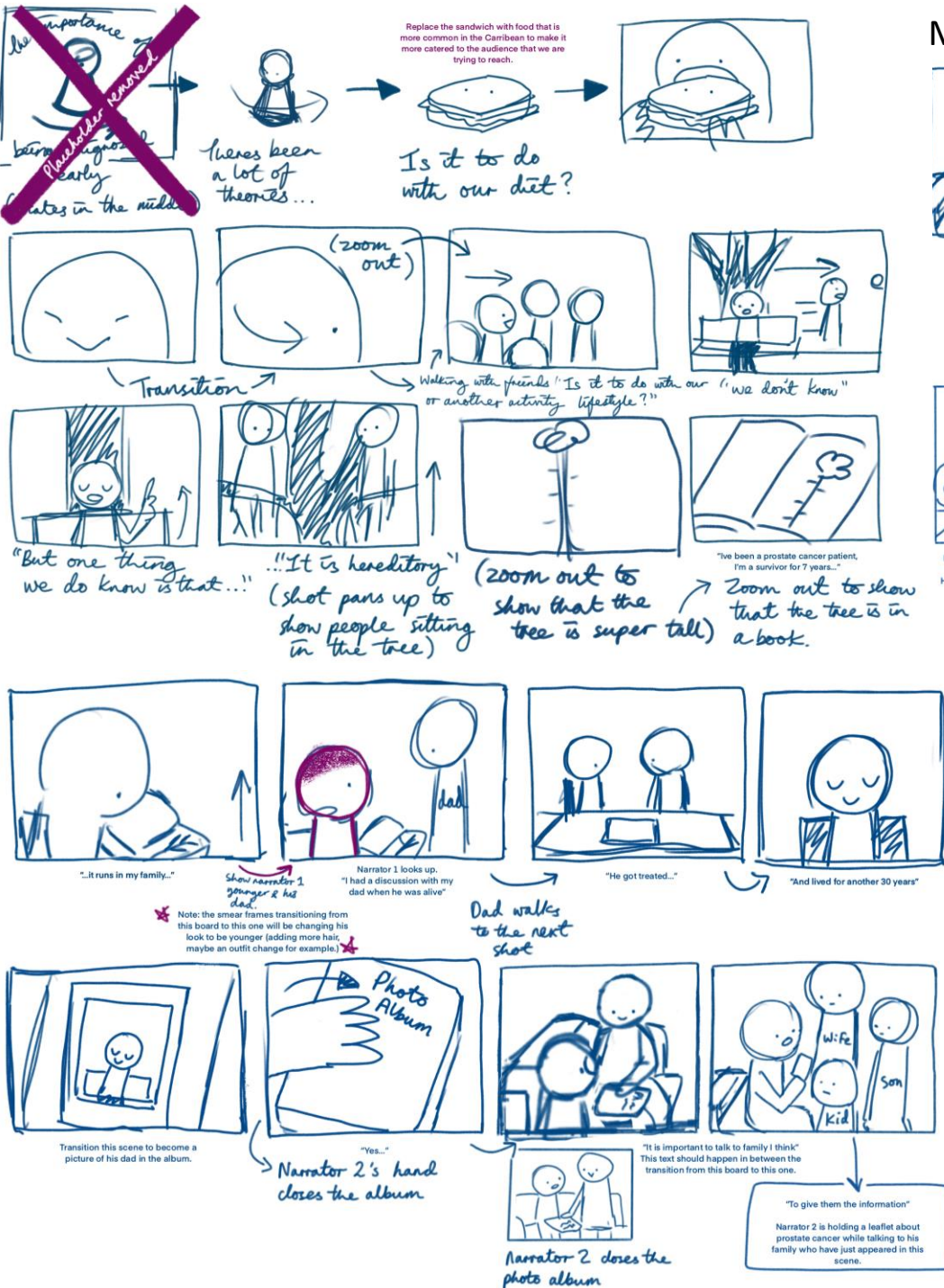
The earlier you get there, the better. So there's no reason to hang on and wait.

Your doctor puts together a health plan, and you know where you're going, and you know what the objectives are, and you get to meet people who've gone through a similar experience.

It's the beginning of a journey, and you can turn that journey into a wonderful experience if you're sensible, if you work with the doctors, you read up and you take medical advice.

Top slide is from interim 1, bottom slide is from interim 2.

Throughout the duration of the project, I have learnt that when dealing with making work of a sensitive and important subject matter (such as the one we have tackled in this unit), clarity is the priority and there is no room for misunderstandings to occur so if there is any part of the resulting work that may cause it, it is best to simply take it out and be prepared to make many adjustments accordingly.

Regarding sound design, when editing the final audio to be used for our animation I attempted to add in small sound effects in an attempt to better set the scene and help to enhance the experience of watching the video. Examples of the sound effects that I tried to add are: Knocking, paper rustling and generic background chatter to establish that an environment is being inhabited by a small group of people coming to support the main character(s).

In the final version, I opted to remove all of these since they distracted from the main audio narration and worsened the viewer experience rather than gave any sort of enhancement. Next time, I will try and see what else I can do to improve the sound design of an animation by adjusting the levels better since that may have been the main issue causing the sound effects to intrude on the narration.

Hover over the sound buttons to hear the ditched audio. Alternatively, go to myblog to listen to the sound clips:
https://jleeanim2.myblog.arts.ac.uk/2023/01/24/ditched-sound-clips/

My initial storyboard and animatic + reflection.

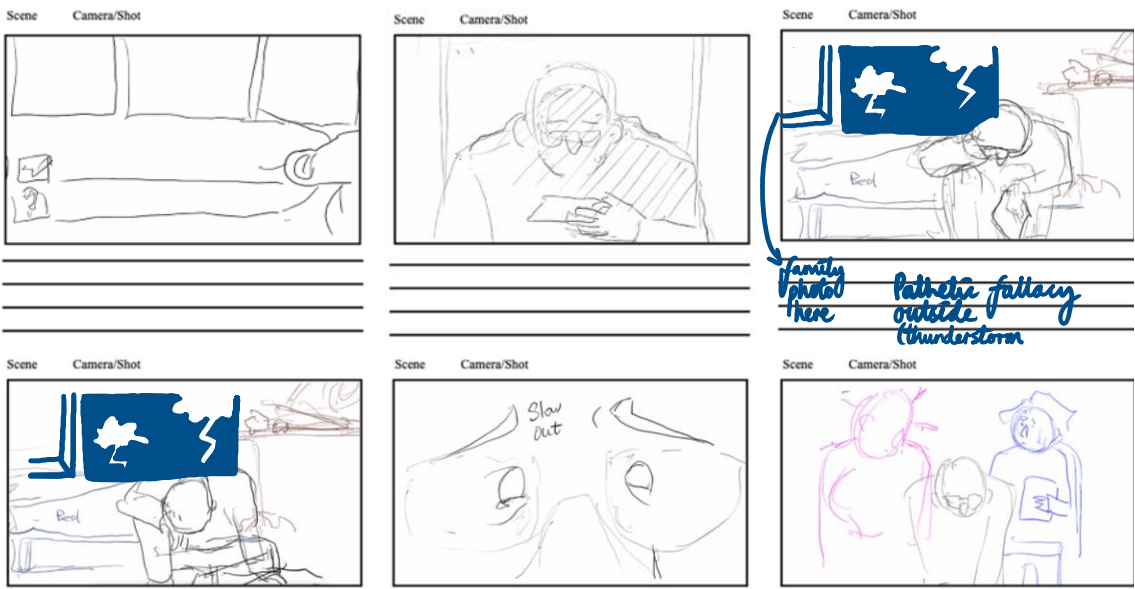Replace the sandwich with food that is more common in the Carribean to make it more catered to the audience that we are trying to reach.

Theres been a lot of theories…

Is it to do with our diet?

(zoom out)

Transition

Walking with friends "Is it to do with our lifestyle?" or another activity "we don't know"

"But one thing we do know is that…"

…"It is hereditary" (shot pans up to show people sitting in the tree)

(zoom out to show that the tree is super tall)

Zoom out to show that the tree is in a book.

"Ive been a prostate cancer patient, I'm a survivor for 7 years…"

"…it runs in my family…"

Show narrator 1 younger & his dad.

Narrator 1 looks up. "I had a discussion with my dad when he was alive"

Note: the smear frames transitioning from this board to this one will be changing his look to be younger (adding more hair, maybe an outfit change for example.)

Dad walks to the next shot

"He got treated…"

"And lived for another 30 years"

Transition this scene to become a picture of his dad in the album.

Photo Album

"Yes…"

Narrator 2's hand closes the album

Narrator 2 closes the photo album

"It is important to talk to family I think" This text should happen in between the transition from this board to this one.

Wife / Son / Kid

"To give them the information"
Narrator 2 is holding a leaflet about prostate cancer while talking to his family who have just appeared in this scene.

"To prepare them for the future"
His wife puts an arm around him, the kid gives him a hug and they all smile.

Prostate Cancer

"If you're getting any of the symptoms…"
The transition to the next scene is narrator 1's hand opening the nhs leaflet to show new information to the viewer.

WC / loss of appetite / Unintentional weight loss
Symptom 1 Symptom 2 Symptom 3

"…make an appointment to see your doctor."
This scene will be inside the leaflet, show 3 of the most important symptoms to look out for in the three boxes here.
In the boxes, we could have a tiny bit of animation (like a person walking to the bathroom for example, not explicitly showing the symptom visually but still make it clear which one it is) so that this scene is not entirely too static.

"You will get medical treatment and it would improve the quality of your life."
Transition from the leaflet to the next scene by showing that it is on the desk. Narrator 1 is here talking to a person that represents the audience.

Narrator 2: "The earlier you get there, the better."
Here narrator 2 comes into the scene and puts his arm around the middle character.

"Yeah so there's no reason to hang on and wait and all of that."

clap
Narrator 2 claps and the test appears.

Zoom in on the test and falls and becomes the blanket for the audience character's bed.

"clap" "Get the test…"

Audience character will close their eyes and the lights in the room turn off. Roll credits.

"…and then, you can sleep at night."

Even though we didn't end up using my storyboard/animatic, I still learnt a lot about how to make a better one in the future since I now know what to avoid. A key point I learnt was that I figured out that in some instances, it's okay to show something happening that doesn't relate to the provided narration fully. For example, it's okay to show the characters at the dining table enjoying a meal while the narrator talks about how they struggled with their past experiences regarding the diagnosis. Before, I was too fixated on making sure the visuals helped to assist the narration in making sure the message was delivered to the audience. I failed to take advantage of the fact that the visuals can also add additional points that aren't mentioned in the voiceover, so in future I will have this in my mind as well when making any storyboards for other projects.

Chosen storyboard, final animatic and notes (Part 1)

Scene Camera/Shot

Family photo here

Pathetic fallacy outside (Thunderstorm)
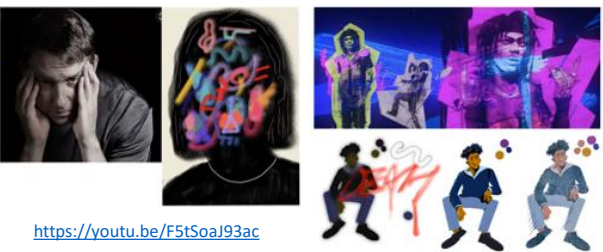
Bed

Slow out

patient2's face looks like:

concept:

To break the fear, patients 1 and 2 (who are older), who have been cured, go back in time and encourage patients 1 and 2, who are young and have just been diagnosed and have fear of cancer.

The face of patient 2 appears in the middle section, when he says "I don't want to say the word cancer because it means death", reflecting his despair

Finally, Patient 12, who has been cured, tears away his fears and walks up to Patient 1 to introduce the treatment of cancer.

References for this board:

https://youtu.be/yWd4mzGqQYo

Full list of references available in the bibliography at the end of the PDF.

https://youtu.be/F5tSoaJ93ac

All final storyboard and animatic work shown on this page and part 2 was done by Xinyue Wang.

Some suggestions that I made to improve the boards for the final animation were:

- I told her that I thought showing a close up of the diagnosis paper first would be too intimidating and would put people off watching any further due to the difficult subject matter and sombre mood. To amend this, she changed it to a shot of the blue narrator's family members outside of his room attempting to check up on him.

- Xinyue made the choice to get rid of the close up, instead having it so that the next transition that happens would be a zoom out to make the blue narrator feel more isolated. I thought this choice was good since the zoom out serves the same purpose as what the close up did, which is to highlight what emotions one feels when they go through finding out their diagnosis.

- The close up shots proposed by Xinyue were also said during interim 2's feedback to be 'too claustrophobic' which was another reason why one was removed and the other close ups were drawn further away to fix this issue.

- The transition between the scene with the older selves and the younger selves being held hadn't been worked out when Xinyue drew this version of the board. I suggested to have it be instead of them being placed in front of the hospital, they could lift them upwards and then the hospital can fade into view. This was later implemented into the final animatic: https://www.youtube.com/watch?v=QVrj74ZW-Rw&ab_channel=oys

Chosen storyboard, animatic stages and notes (Part 2)

References for this board:

https://www.youtube.com/watch?v=szz2f4rVWBk

https://youtu.be/yWd4mzGqQYo

https://youtu.be/HPOcLm0fMws

Links to the animatics:
Stage 1: https://youtu.be/0DK0O5xz2HU
'we don't even want to take that word into our mouths…' scene (this was later ditched because the feedback was that the movement was too dramatic/exaggerated): https://youtu.be/VExA_IAoCf4
Stage 2 (This version of the animatic was subject to a lot of criticism which we both took on board to change it for the better.) (Full interim 2 feedback can be found here, as well as the animatic(s) for stage 2: https://jleeanim2.myblog.arts.ac.uk/2023/01/24/interim-2-animatic-client-feedback-and-my-reflection/)

As we progressed and when Xinyue was making the final animatic ready for clean up, we both realised that a lot of the layering elements in this iteration of the storyboard (this can also be seen in previous versions of the animatic, such as this one:) made it hard to read and understand and wouldn't work in the final animation since it would make the result too busy. In the final animatic (https://youtu.be/QVrj74ZW-Rw), much of the layering elements were taken out which helped a lot with clarity. I also removed the part where the blue character running was meant to be layered on top of the scene where the wife and child get reassured about the test results)

*We also ended up changing how this scene is framed, instead of having a mini narrator 1 and nurse standing in front of some screens. The final has them sitting together in front of them, thus grounding the scene in reality better than the first iteration shown here.

Scene — Camera/Shot

*

same place transition

Mood board (+ reflection on style decisions)

The following bullet points of style goals we had for our animation were the following (we presented these points to the client during interim 1 and we got positive feedback regarding this):

• Textured (like risograph prints, the goal is to emulate the feel of traditional mediums such as pencil and charcoal in our animation)

• Lineless Style

• Cold colours that transition to warm colours for a clear visual mood change

In the process of making the characters, it was important to keep them realistic and look good at the same time, so I drew on both real-life black people and some illustrations.

Reference
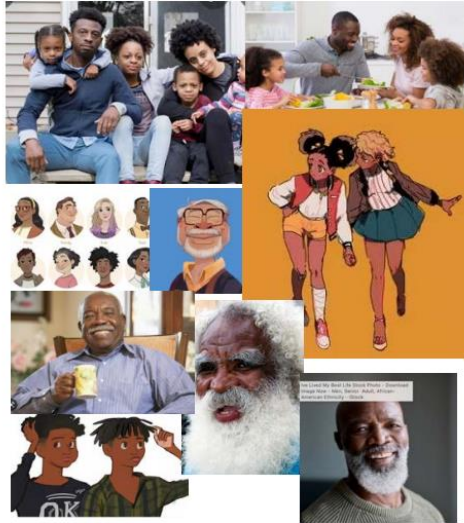
While we were sketching, both of us also looked at photos of real black families and men to inspire the designs. This compilation and writing was done by Xinyue Wang.

After we made the decision to go with the more stylized approach, we narrowed down our style decisions even further, detailed in the bullet pointed list on the left.

The main reason why we wanted to incorporate a good amount of textures/emulation of traditional mediums in addition to the unique direction the art has taken is because we wanted to avoid making anything that looked too much like a corporate art style. I feel that corporate art styles can really lack any personality so using textures and brushes that feel like traditional mediums can be used to add character that otherwise wouldn't be there.

Initially we wanted to implement the dotted texture to emulate risograph prints in the animation more. However when I was cleaning up final animation, I made the decision to focus the areas of textures to the hair using a combination of two different types of brushes instead of adding anymore texture anywhere else (with the exception of the scene where the future selves lift the two protagonists up).

This was due to the huge workload I had in other areas like making backgrounds etc, it made it difficult to really sacrifice anymore time on texture implementation in other areas in the animation.

Having to make this decision taught me that sometimes sacrifices like this aren't all that bad since I think overall this decision was good. Because the texture mainly appears in one area for most of the animation, more focus is drawn to it which gives it a special appeal in this film since it doesn't stand out too much. Rather, I think it makes the characters have a charming unique point.

I did use some dots in the background since those areas don't contain any movement which made implantation easier since I only needed to add it once. I used it sparingly to avoid overwhelming the viewer with too many textures.

Full moodboard is viewable here: https://padlet.com/xwang042021 31/umxnasr1fiunjud0
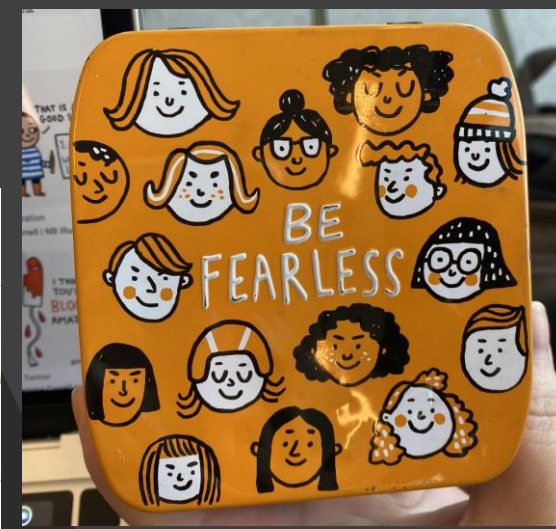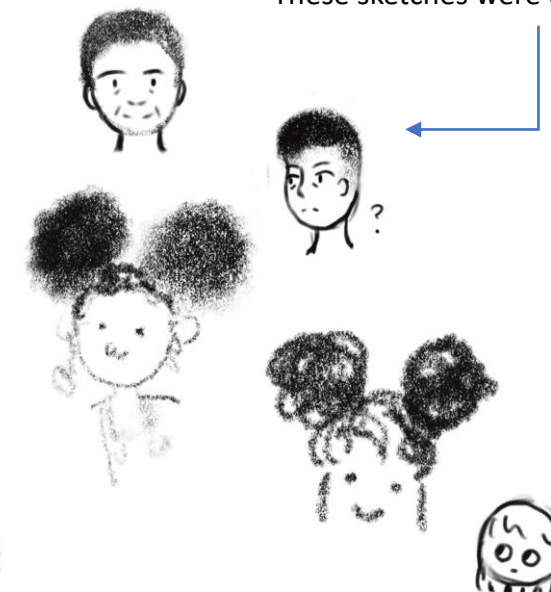
Initial sketches for character and concept development

The sketches done with thin line art were all done by Xinyue while we were together brainstorming for our film and figuring out what worked and what didn't.

Sketch

These sketches were done by me.

Final character and his family

We both did a number of sketches to generate ideas for the character designs during initial development, ultimately using a combination of Xinyue's character designs with colours and textures by me.

I thought that Xinyue's ability to use shapes to create a unique silhouette for characters was amazing since it helped to make the style more memorable and effective for the film. In the beginning she was on the fence about leaning into a more stylised approach due to the serious nature of the subject matter, but I managed to convince her to go with it since it's still possible to make an emotionally impactful film with a style that isn't realism.
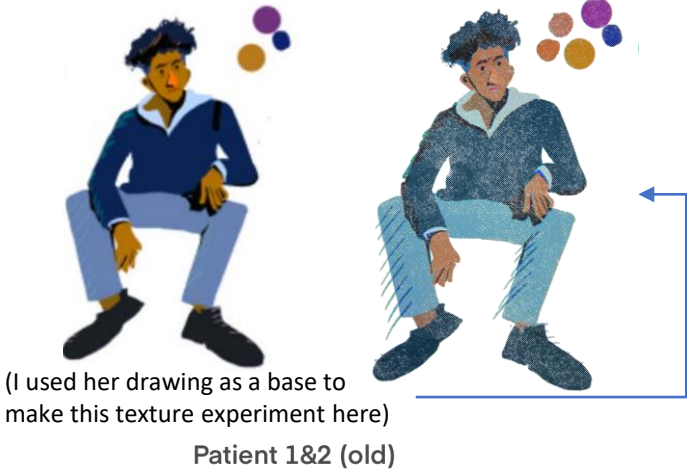
Character designs + Colour experiments (Part 1)

Above is the colours that I came up with for the family members after taking Xinyue's rough sketch and refining it using a textured pencil brush to test how those types of lines would work.

After doing these, we were able to choose colours for the two main characters that would fit with the rest of the family's final colour scheme (ended up going with the first one shown in this grid, but slightly warmer like shown in the middle of the second row.

Regarding the final colours for all the characters shown in the film, we opted to make the noses darker than their main skin tone to avoid having people interpret the style as being 'comical'.

(I used her drawing as a base to make this texture experiment here)

Patient 1&2 (old)

We ended up using her idea to give the second protagonist lighter hair for a clearer contrast between him and the first protagonist. (Also it helps him look older, which is beneficial since prostate cancer primarily affects older back men which is what we need to show with as much clarity as possible)

Patient 1&2 (young)

First iteration of character reference sheet made by Xinyue Wang.

Character designs + Colour experiments (Part 2)

Patient 1 (young)

Hex codes:

ab6141, 814023

692c12

00324a, 001924

cae5fd, 88bceb

6799c8

032939

Colour corrections and textures for these final character reference sheets were done by me.

I refined Xinyue's sketch of the character poses to make these character sheets and added some features to make them look slightly older (such as some texture to show grey hair, and eye bags) after feedback that stated our characters still looked too young despite our prior efforts.

Patient 2 (young)

Hex codes:

3f1c0a, 2a1104

9a5736, 7f4021

5b270e

cd8b6a

f4a338, d17d0e

ffecd3, ccbca6

342e27

Patient 1 and 2 ('younger' selves)
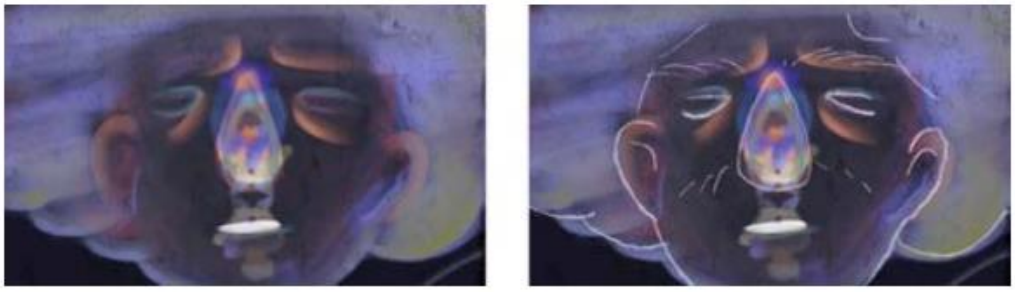
Patient 1 and 2 (older selves)

Style frames (Part 1)

Image 2 and 3 were created by me, the rest are experiments done by Xinyue.

Style frames (Part 2)

This version of this scene was done by Xinyue.

I developed it further by using different brushes to achieve this new look shown here.

Cancer is not a devil.

From this style frame, I used it as a point of reference when creating the look of the final scene in the film (shown above). I used a slightly more solid version of the brush I was using to create the style frame to make sure that consistency was preserved more in the animation, which is the same reason why I switched out the painted sections with a noise brush in the final.

I think the use of colour stops the figures from being interpreted as ghosts, which is good because that is definitely not what they're meant to be.

This version of this scene was done by Xinyue.

Style frames (Part 3)

Previous character   Final version
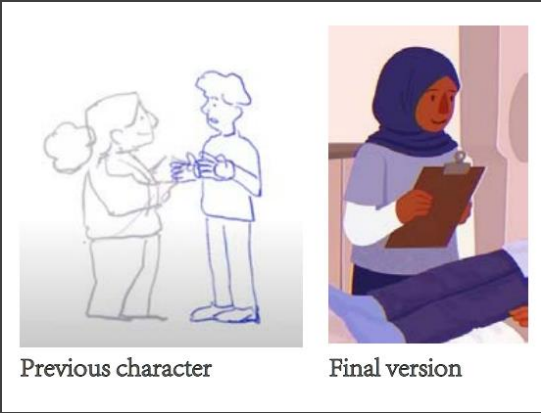
We received feedback that the NHS tries to select staff of the same ethnicity to provide care to patients, so I ended up drawing up an ethnic minority nurse. (Wang X. 2023)

Backgrounds (Part 1)

Backgrounds (Part 2)

What it is, is there are cures for cancer.

prostate cancer is not a death sentence

Centre for Cancer Treatment

it's something you have to take seriously,

but it's something you have to take responsibility for

Sketch vs final

https://youtu.be/dmVaLvpcrIU
https://jleeanim2.myblog.arts.ac.uk/2023/01/24/final-result/

Final Result

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