

Usability Testing: Some Guidelines

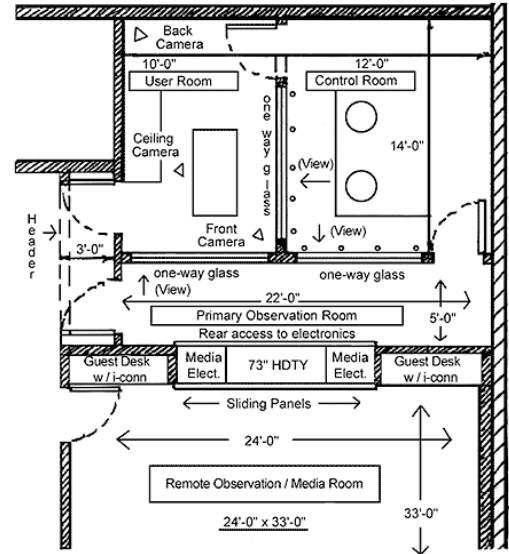
- Summarize “focus group” discussion.** Although you didn’t interview potential users about their needs and preferences, you did base some of your design decisions in terms of usability.

 - What factors did you consider?
 - Which parts of the instructions are you unsure about?
 - Which parts might trip up your users and why? Record these *now* since they are expected in your report.
- Review test objective(s).** Frame your purpose in terms of what’s *measurable* and *observable*, perhaps in terms of completeness, time, resources, energy, attitude, etc.

 - What do you want to know? Why?
 - Will your realizations lead to a better instructional design?
- Pick test readers who represent target readers.** Realistically a Lego project like this would be designed for children, but since most of you don’t have access to them on a regular basis, let’s assume your target readers are college students.

 - How do those target users vary?
 - How will you select test readers so that they adequately reflect that variation?
 - How many tests are necessary for reliable results?
- Agree on methods.** Here are a few we’ve discussed. You can’t use ‘em all, but using more than one is encouraged as long as the tests are consistent.

 - *Performance v location v understandability tests.* Anderson discusses these in detail on pages 432-36. It makes the most sense to do performance testing, but the others might apply to you as well.
 - *Silent observation.* Just like it sounds. You sit at a distance and observe while the test user works through your instructions. If multiple group members are conducting this test, be sure they all agree on the rule: no helping the user (otherwise your data will be corrupted).
 - *Participant-observer.* Allows you some ability to intervene when the user is stumped. Again, group members have to agree on what that means (and when) “to get involved.”
 - *Talk-aloud protocol.* Instruct users to say out-loud what they are thinking as they attempt to follow your instructions. You will need to remind them of this often.
 - *Entrance interviewing.* Background knowledge about your test subjects might help interpret certain missteps or identify user patterns. You can prepare a questionnaire with questions about their preferences such as visual, verbal, or hands-on learning styles. This way you can better weigh conflicting needs of different users.
 - *Exit interviewing.* Exit polls, such as satisfaction surveys, can give you overall feedback on your document/product as well as gauging their attitude toward the process (see Guideline 4 in Anderson, on page 436).



5. **Standardize data-gathering process.** You are welcome to take notes, use audio or video recording equipment, screen-casting software, or some combination of these.

- Even if you record the process, you'll need to take notes. When you are taking notes, you'll need consistency. One way to do this might be to make a time/notes table, like the one to the right. You might write "T" when the subject stops reading and does not perform any action to signify that they were thinking, "F" when the subject flips or clicks back and forth to locate something within your instructions and "A" when the subject performs the assembly.

Time	Notes
:10	F -- looked for title and step
:15	A -- started with first piece
:30	T (long pause)
1:30	Problem -- could not find Hex piece

6. **Collate data.** On page 434 (Figure 16.3) Anderson has some a common template for testers moving from observation notes to analysis, like the one below. In the end, your report must contain facts and figures on the times and actions of your users, so develop a logical way to represent this in-text and visually. Chapter 13 in Anderson might help here.

7. **Interpret results.** As the textbook mentions, your challenge will be to understand what constitutes an idiosyncratic hiccup vs. a user-wide problem. If all of your test users struggled with the same step, well, that's easy enough to interpret. But what if each user struggled with something different? Looking at the number of readers, gaps between the tester/target user, your users attributes, and the context of the gaffes can all help. See page 438 in Anderson for more on this.

Issue	Observations	Recommendations
MARKETING CATEGORY		
Identity and Branding	Placing the logo in the upper left corner affords maximum site branding. The home page design does not reinforce the brand. Will Web site visitors "get" what your Web site is all about?	Add the word "Hospital" or "Health Care" to further identify what the site is about.
Credibility and Trust	Cannot check proposed site design for privacy policies yet. The old site design utilized a downloadable PDF file for spelling out privacy issues.	Privacy is especially important for hospital Web sites. Privacy and terms of use statements should be included in the global footprint on every page. It should not be a PDF file.
Positive First Impression	On many sites, people cannot immediately tell what the site offers. There is no clear indication that the viewer is on a hospital Web site. Too little information on the home page will not easily capture the visitor's attention or allow multiple ways to navigate.	Add an intro paragraph. The home page is the key to conveying the quality of your site. In terms of conveying quality, the home page is probably the most important page on a Web site. Visitors should recognize the main purpose for the Web site in this introduction. Likeability is an important aspect of usability. Provide a more interesting experience for your site's visitors. The more interesting information you can provide on the home page, the more it will capture the visitor's attention.
Value Proposition	This design does not show a value proposition.	A value proposition would more clearly articulate that St. Francis offers healthcare services and not another kind of service. Start the home page with a tagline that summarizes what the site does. Even well-known companies presumably hope to attract new customers and should tell first-time visitors about the site's purpose. Put the slogan next to your logo and add a true tagline in plain-text format in the content area.
Call-to-Action	The design does not provide a clear call-to-action or benefits highlighted on the home page other than greeting cards, newsletters, and job openings.	The call-to-action should be more geared toward building trust in the hospital system and telling the site visitor exactly what you want them to do. You want them to recognize their need to physically contact or visit your hospital. The old site design may have caught the readers with a headline or interested them with the copy. But, most of the time, the reader was left hanging in midair because you did not tell them what to do.
DESIGN CATEGORY		
Consistent Design	Very clean design and navigation. Comfortable interface. Easy-to-follow layout. Good use of banner graphic vertical areas on deep level pages. Proposed design uses low contrast color schemes.	Keep the page as simple and clean as possible. Overloading the page with design elements tends to confuse visitors. Use a light font on a dark background or a dark font on a light background. Low contrast causes eye fatigue. Viewers with impaired vision may not be able to read low contrast text at all. Browsers are different and monitors are different, so you never know exactly how the colors will render.
Design for Common Screen Resolution	The design is built for 800 x 600 screen resolution.	According to the most recent statistics, the dominant screen sizes on the Web today are 800 x 600 and 1024 x 768.
Critical Information "Above the Fold"	The banner graphic on the home page is too deep, taking away valuable space from content.	Display all important information above the fold. Users often decide whether to stay or leave based on what they can see without scrolling.
Use of Appropriate Graphics	The banner image does not help the visitor know that they are on a different section or page. The graphics or motion graphics don't seem to be appropriate and informative on landing pages and deep level pages. The banner image on the home page does not readily portray a hospital scene. The banner on the deep level pages is monochromatic, has low contrast and does not have well-defined imagery.	The same banner image should not be used across all of the deep level pages as the old site design did. Utilizing the appropriate graphics will further engage users and help navigation. Users have come to realize the overuse of stock photography. Better to show well-defined images of actual services or people whenever possible. Also, avoid the use of images for text. Rendering text as a fixed image is counterproductive.
Accessibility/Compliance with Section 508	Cannot check proposed site design for accessibility yet. The old site design did not utilize ALT text on images.	Provide text equivalents for non-text elements.
Readability	Large blocks of dense text intimidate the reader and cause "information overload."	Break up text into easily skimmed topics. Make it easy for visitors to find what they want and get more info. Using short paragraphs, bulleted lists, headings, and subheadings can make a page much easier to read than a presentation of the material in a large block of text.