Usability Testing: Strategy and Operations Manual Plan

UF&Shands Web Services

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**Optimization Review of Website**

**OVERVIEW: WHAT WE TEST**The optimization review is a basic review of the site by the Web Content Optimizer for issues of accessibility, usability, and search engine optimization. This report is done as a last step prior to a site launch, but should be undertaken periodically by units. The review makes recommendations to improve information architecture, navigation, use of links and key pathway processes, and can also include the following optional reviews:

* Peer Site Comparisons for Best Practices
* *Five-minute* assessments to capture initial impressions of home page or landing pages
* Review of Typographic and Graphic Design Best Practices
* Readability and Comprehension Level of Content

**Heuristic Evaluation**Sites are reviewed based on Susan Weinschenk and Dean Barker usability guidelines and heuristics list. These heuristics provide a template to help uncover problems a user will likely encounter.

* User Control: The site makes users perceive that they are in control.
* Human Limitations: The sites will not overload the user's cognitive, visual, auditory, tactile, or motor limits.
* Modal Integrity: The interface will fit individual tasks within whatever modality is being used: auditory, visual, or motor/kinesthetic.
* Accommodation: The interface will fit the way each user group works and thinks.
* Linguistic Clarity: The interface will communicate as efficiently as possible.
* Aesthetic Integrity: The interface will have an attractive and appropriate design.
* Simplicity: The interface will present elements simply.
* Predictability: The interface will behave in a manner such that users can accurately predict what will happen next.
* Interpretation: The interface will make reasonable guesses about what the user is trying to do.
* Accuracy: The interface will be free from errors
* Technical Clarity: The interface will have the highest possible fidelity.
* Flexibility: The interface will allow the user to adjust the design for custom use.
* Fulfillment: The interface will provide a satisfying user experience.
* Cultural Propriety: The interface will match the user's social customs and expectations.
* Suitable Tempo: The interface will operate at a tempo suitable to the user.
* Consistency: The interface will be consistent.
* User Support: The interface will provide additional assistance as needed or requested.
* Precision: The interface will allow the users to perform a task exactly.
* Forgiveness: The interface will make actions recoverable.
* Responsiveness: The interface will inform users about the results of their actions and the interface's status

**Cognitive Walkthrough**

A cognitive walkthrough is also a usability inspection method like heuristic evaluation but the emphasis is on tasks. The idea is basically to identify users' goals, how they attempt them in the interface, and then meticulously identify problems users would have as they learn to use an interface.

**THIS TEST TARGETS**

* SEO
* Information Architecture
* User Experience
* User Workflow
* Accessibility



**WHY IS THIS IMPORTANT: WHY WE TEST**  
While Web Services trains content editors on how to use WordPress and in basic fundamentals of maintaining and curating a website, all websites over time suffer from scope creep, and eventually need to be reviewed for R.O.T. content – redundant, outdated, and trivial content that muddies the purpose of the site and hinders the audience from their desired outcomes and goals. The Optimization review assists departments in keeping their sites to a manageable size and to keep them focuses on tasks and goal completion.

**GOALS**

* Develop a plan for periodic review of top-level sites within the Academic Health Center

**OUTCOMES**

* 501c compliant sites
* Easily navigable web sites
* Sustainable content that avoids redundancies and that is clear to end users
* Web sites that clearly define critical pathways to goal completion
* Content editors that looks proactively for these issues and can resolve basic issues without invention from Web Services

**ROI**

* Increased goal completions on websites for prospective patients, increasing the revenues of the hospital and clinics
* Increased goal completions for students and prospective students, increasing the satisfaction of our base audience



**WHAT ARE THE RISKS IN NOT DOING THIS**

Without a periodic assessment and realignment, websites tend to grow unmanageable, adding content that already exists or defocuses the alignment of the site. It makes it more difficult for the intended audiences to find the material they are looking for, leafing to frustration and eventual abandonment of the site. This can mean the loss of potential students and patients.



**METHODOLOGY: HOW WE TEST**

The Web Content Optimizer allots time to conduct a thorough review of the site based on the criteria listed in the overview. This review is then delivered to the content editors; in the case of the UFandshands.org site, this review would be shared with the Web Services Manager and the Web Content Editor. A follow up meeting would be scheduled to go over the report and its recommendations.

If the unit who requested the report needs assistance in making any changes, the Web Content Optimizer or the Support / Trainer from Web Services would assist.

For critical pathways and for projects deemed to be on high importance for the strategic goals of the AHC, other Web Services personnel or independent content editors and stakeholders might be asked to conduct their own review of the site based on these criteria. This input would be analyzed by the Web Content Optimizer, who would integrate their findings into the final report.



**HOW WE EVALUATE AND MEASURE**

Our primary measurement tool for optimization reports is Google Analytics. We measure the impact that making incremental changes to the navigation and to the content have on site traffic, goal completion, and in the time audience spend on the site. This gives us a baseline on improved metrics, but should be followed with more in depth audience-based usability to get a clearer picture of the user’s motivations. Other recommendations are based on industry best practices and observations of other sites.



**HOW WE OPTIMIZE BASED ON RESULTS**

We make iterative changes to the websites to improve functionality. We earmark potential areas of concern to be addressed by more in depth, user led usability tests.



**PLAN AND TIMETABLE**

**Clinical / Patient Oriented Sites**

Biannual review of the content of UF&Shands.org website and its secondary WordPress sites.

**Academic Sites**

* Annual review of the college websites
* Review of other sites within the AHC on demand



**RESOURCES NEEDED**

* 3-7 days for the Web Content Optimizer to review the site
* No specialized equipment needed

**Card-Sorting: Online**

**OVERVIEW: WHAT WE TEST**Card sorting is a usability technique that asks the intended audiences of a site to categorize the content of the site based off of their own personal preferences. Card sorting can be categorized or uncategorized.

In categorized card sorting, the tester creates predetermined ‘buckets’ for content to go into – e.g. the links from a primary navigation menu, for example. The participants then take the content of the site, presented to them as cards – and place those cards with the top-level items that make most sense to them.

In uncategorized card sorting testing, the participants group content together, and then name the bucket with whatever title they deem appropriate.

**THIS TEST TARGETS**

* User Experience through Information Architecture



**WHY IS THIS IMPORTANT: WHY WE TEST**  
Information Architecture for large scale organizations tend to be driven by several factors, most of which are often not conducive to the user experience. The first is to mirror the institutional organization and its org charts, which might not be transparent to an outside audience. The second is to base itself off of the traditional models of the site or on the design of other sites for peer institutions. While this is generally a good benchmark, it may not accurately reflect the thought process of the user.

By removing the process of determining the structure from the biases and preconceptions of the content editors and allowing input from the audience into building structures and work flows that make sense to them, we enhance the usability of the site and the ease of its use.

**GOALS**

* Establish on online resource for simple card-sorting exercises
* Create a sustainable model for small surveys of between 10 and 20 participants

**OUTCOMES**

* Websites that base their navigation on the needs of the audience rather than the preconceptions and arbitrary decisions of content editors

**ROI**

* Increased goal completions on websites for prospective patients, increasing the revenues of the hospital and clinics
* Increased goal completions for students and prospective students, increasing the satisfaction of our base audience

**WHAT ARE THE RISKS IN NOT DOING THIS**

Without periodic card sorting tests, the navigation of a site tends to stagnate, get filled with department and academic jargon, and form silos of content that are difficult for audiences not familiar with the organization to navigate. This leads to frustration and for potential students and patients to leave the site, unable to find the information they are looking for.



**METHODOLOGY: HOW WE TEST**

Participants are selected through online calls to action and via in-person requests. Participants are given a URL to go to participate in a card-sorting exercise. This exercise is usually untimed, but takes around 5-15 minutes to complete.



**HOW WE EVALUATE AND MEASURE**

The online program analyzes responses and delivers score and metrics based on the test’s answers. In the case of our recommended tool, this consists of a cluster analysis tree diagram (dendrogram), which shows results in a chart similar to a genealogical or taxonomy tree for determining which categorizations make the most sense.



**HOW WE OPTIMIZE BASED ON RESULTS**

Using these results, we suggest changes to the sites information architecture to make the pathway to goals and important content on the site more accessible to the largest set of users of the site. This will involve renaming sections of the site, pages and clusters of pages of the site, and reorganizing the site navigation based on the results.



**PLAN AND TIMETABLE**

**Clinical / Patient Oriented Sites**

Card sorting exercises should be performed on as as-needed basis when surveys, focus groups, and patient feedback via email or comment card show that sections of the site are difficult to find. Periodic reviews of section of the site are also recommended, based on organizational priorities.

**Academic Sites**

Card sorting exercises should be performed on as as-needed basis when surveys, focus groups, and student, faculty, and staff feedback indicate that a section of the site or specific content is difficult to find.



**RESOURCES NEEDED**

* Online Web Sorting Program
* Recruitment collateral (fliers, sign-up sheets, etc.)

**Card-Sorting: In Person**

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**Academic Sites**

Card sorting exercises should be performed on as as-needed basis when surveys, focus groups, and student, faculty, and staff that sections of the site or specific content is difficult to find.



**RESOURCES NEEDED**

* Note cards and pens
* Recruitment collateral (fliers, sign-up sheets, etc.)

**Choosing a Card-Sorting Method**

**ONLINE VERSUS IN-PERSON**Online card-sorting works best for large scale participant results (more than 25 respondents and when testing existing or pre-mapped models (closed card sorts). In-person card sorting works best when the model has not been determined (Open card sort) as it gives insight as to why the participants chose the category groupings they did and why they choose to name them a certain way. In-person and online card sorts can be used in tandem – the open sort gives you a framework to test, and the closed card sort can be used to verify if audiences agree with those groupings or if they need to be refined.



**ONLINE CARD SORTING: PROS AND CONS**

**PROS**

* Easier to set up
* Quicker to get results
* Easier to recruit participants
* Usually cheaper
* Data is automatically input into the analysis tool

**CONS**

* Data collected is quantitative, not qualitative. Feedback is not as rich.
* Not as natural as sorting real cards
* Not as flexible – i.e. can’t be changed or configured on the fly based off of initial results
* Limited to the online tools capabilities



**IN-PERSON CARD SORTING: PROS AND CONS**

**PROS**

* More qualitative data means richer user experience data to work with
* Quicker to get results
* Process is more intuitive to participants
* More flexible and easy to modify as themes and elements become apparent

**CONS**

* Takes more time to set up.
* Takes more time to complete each session
* Data must be input into a statistical model
* More expensive

**Heat Map Tracking**

**OVERVIEW: WHAT WE TEST**Heat Map Tracking is an analytic measuring tool for reviewing where individuals click on a page and where they abandon a page while scrolling.

**THIS TEST TARGETS**

* User interaction with the content and elements of a page.



**WHY IS THIS IMPORTANT: WHY WE TEST**  
While analytics and event tracking can pinpoint the number of times an element on a page is accessed, it is difficult to visually communicate this issue to stakeholders. Heat maps give an easy to use interface for understanding the usage patterns of visitors and identifying opportunities to address issue in navigation and interaction with site content.

**GOALS**

* Identify content types, form elements, and page lengths that impede the use of the website.

**OUTCOMES**

* Removing barriers to goal completion
* Make critical pathways more efficient
* Reduce the amount of effort of users to get to the information they need or want

**ROI**

* Increased completion of appointment forms
* Increased completion of forms and other tasks on the site
* Reduction in times spent by staff on tasks and content that has little relevance to the audience



**WHAT ARE THE RISKS IN NOT DOING THIS**

Although the statistical results that heat map tracking can give us can be provided in some fashion by event tracking in Analytics, event tracking cannot display a broader overview of the areas of interest on a page or specifics for where and within a clickable area a user focuses. Without heat map tracking, we might draw incorrect assumptions of the usability of graphical elements and visual features.



**METHODOLOGY: HOW WE TEST**

Using Crazy Egg software (see resources below), Web Services would identify key pathway pages, selected health topics, and sub sites within UF Health to monitor usage using four differing variations of heat mapping:

* Standard heat map: Heat map based on the most clicked and used features of your site
* Scroll Map: Heat Map that measures how far down a particular page a user goes before leaving the page
* Overlay: A measure of clicks similar to event tracking in Analytics
* Confetti Map: Event tracking that distinguishes the source of incoming traffic or by search term



**HOW WE EVALUATE AND MEASURE**

Heat Maps will be reviewed on a monthly basis to indicate trends and changes in site usage and compared to one another for their use by incoming traffic.



**HOW WE OPTIMIZE BASED ON RESULTS**

Underperforming sections, navigation, and elements of the web site design will be marked for review and discussion by the Web Services team for refinement and development through A/B testing to improve usability.



**PLAN AND TIMETABLE**

**Clinical / Patient Oriented Sites**

Web Services would identify a set of starting pages to monitor and collect data on a monthly period. After three months of data collection Web Services would begin to review and modify based on the results or recommend further usability tests or areas determined to be an issue. The pages monitored and reviewed would then be rotated based of institutional needs (up to fifty pages can be reviewed at one time).

**Academic Sites**

Use by Academic sites would be determined on an as needed basis. Pricing for plans would be based on the unit’s need. Web Services would recommend the free trial for an initial review and then the Basic plan, which would meet most academic unit’s needs.



**RESOURCES NEEDED**

* **Crazy Egg Plus Subscription ($90):** Tracks 10,000 visits in a month to up to 10 pages at a time across up to ten sites. Reports would be updated daily.

**Paper Prototyping**

**OVERVIEW: WHAT WE TEST**Paper prototyping is a low cost method of testing user interfaces without spending significant time of coding and development. Proposed interfaces are presented to a participant and as the participant goes about accomplishing a task, the tester manipulates the paper prototype to show the user how the interface reacts to their actions.

**THIS TEST TARGETS**

* Usability issues in proposed new web page templates and designs or proposed changes to current site designs.
* Proposed changes to the information architecture of a website



**WHY IS THIS IMPORTANT: WHY WE TEST**  
Paper Prototyping can reveal significant usability issues during the design phase, eliminating the need for manpower and other resources to be devoted to making the changes to a production ready site. In addition, it provides a ready solution for rapid prototyping when projects have a tight deadline and time to code and test fully built websites is limited.

**GOALS**

* Identify potential usability issues and correct them during the design phase of a project, before coding begins.

**OUTCOMES**

* Sites that are built using user-centric principles from the outset
* Sites with reduced usability issues
* Reduced time for site development

**ROI**

* Increased productivity from the Web Services team



**WHAT ARE THE RISKS IN NOT DOING THIS**

Usability issues in the design will not be identified until a site is in the final stages of testing or is in production. Not only would this be more resource intensive to correct, it will lead to frustrating user experiences and potential lost of patients, students, and other audiences.



**METHODOLOGY: HOW WE TEST**

Designs are presented to participants either as wireframes or as fully rendered visual designs. Participants are given a routine task to complete using the web site.



**HOW WE EVALUATE AND MEASURE**

The testing moderator would record the responses of the participants and the observations. Participants would be encouraged to talk aloud their decision-making process and their impressions of using the interface as they progress.



**HOW WE OPTIMIZE BASED ON RESULTS**

Participant’s responses are used to rethink design concepts and to streamline the design prior to launch. For information architecture, it would be used to refiguring the architecture prior to making changes on live sites.



**PLAN AND TIMETABLE**

**New CMS Templates**

Paper Prototyping would be used to review designs during the development process.

**Clinical / Patient Oriented Sites**

* Used during major IA overhauls and for the roll out of new design elements, or on request.

**Academic Sites**

* Used during major IA overhauls and for the roll out of new design elements, or on request.



**RESOURCES NEEDED**

* Audio and/or Video Recording Software (IPhone and tripod)

**Questionnaires/Surveys**

**OVERVIEW: WHAT WE TEST**Questionnaires and Surveys would be used to capture user sentiment and reactions to the site. Unlike our other Usability Tests, the questionnaire/survey would be a user-initiated review of the site that would be accessed during real time use of the web site or application.

**THIS TEST TARGETS**

* Real-time reactions and impressions from users of our websites



**WHY IS THIS IMPORTANT: WHY WE TEST**  
An Online Survey gives our users an easy way to give us unsolicited feedback – we do not have to actively seek out participants. More than likely, these responses will highlight usability issues we will be unaware of and will allow us to address in a more proactive manner than those issues we’ll find through discovery in usability tests, which might never be designed to look for this particular issue.

**GOALS**

* Get real-time feedback from our users.

**OUTCOMES**

* Identify easily solved usability issues that can be iteratively introduced into the website (agile IA and content strategy).

**ROI**

* Provides us the ability to be immediately responsive to the needs of our users and can be used as a customer relations tool to show both our patients, or internal faculty and staff, and students that their recommendations and suggestions are taken fully into consideration (a responsive organization that values their opinions and insights).



**WHAT ARE THE RISKS IN NOT DOING THIS**

Usability tests proposed internally by departments and by Web Services would miss workflows and issues that the actual users of the site are encountering. Consequentially, we spend our time refining elements of the site that don’t address the most pressing needs of the user.



**METHODOLOGY: HOW WE TEST**

An online form for completing a survey, delivered on each page of a site as a feedback tool.



**HOW WE EVALUATE AND MEASURE**

Responses are collated and reviewed on a regular basis to identify ongoing issues and areas of improvement for UFHealth websites.

**UFHealth.org Surveys**

1. Site-wide surveys on general improvement and feedback will be reviewed by the Web Services team for recommended iterative changes to improve usability, content, and site navigation, or to recommend new features for the platform.
2. Surveys about specific areas of content will be referred to meeting with stakeholders on the issue uncovered to discuss opportunities to refine and improve content and user flow through the site.

**UFHealth Website Surveys**

1. Results from UF Health website surveys will be collated and delivered to units and stakeholders to discuss opportunities to refine and improve content and user flow through the site.



**HOW WE OPTIMIZE BASED ON RESULTS**

Web Services looks for trends and common issues found by users on the sites to make recommendations on iterative improvements to the site. Sometimes these edits will be straightforward; in other cases, Web Services will recommend additional testing, such as card-sorting or A/B testing, to see if the recommended changes will improve the situation before making a large-scale change to the site in question.



**PLAN AND TIMETABLE**

**Clinical / Patient Oriented Sites**

A user satisfaction survey is currently in development for the UFHealth.org. This survey should exist as a perennial survey tool, and replaced on occasion for specific information gathering goals.

**Academic Sites**

* Web Services will develop a standard web survey for the Gravity Forms plug-in.
* Surveys will be deployed on request for departments.
* Web services will analyze the results of the surveys on request for the departments and give recommendations on the next course of action.



**RESOURCES NEEDED**

* No additional software resources needed: surveys can be delivered either by Qualtrics or Gravity Forms
* Initial time to create standard surveys; time to build custom surveys and possible graphic support for survey buttons or slider graphics.

**A/B Comparison Testing**

**OVERVIEW: WHAT WE TEST**A/B testing allows the testing of two different approaches to a design or usability problem on a website. In this experimental model, two different versions of a web page are created, each with a different approach to content layout, design of graphics and buttons, etc. The first visitor to a given page is served **Version A**; the next visitor, **Version B**. In an iterative change environment, **Version A** is usually the original version of a web page on the site, and serves as a control to measure the effective of the proposed changes in **Version B.**

**THIS TEST TARGETS**

* Improvements to site architecture and design that influence user behavior and completion of site goals.



**WHY IS THIS IMPORTANT: WHY WE TEST**  
A/B Testing provides data on how proposed changes will affect the usage of the site prior to making large scale changes to the site. It provides a benchmark that will indicate if a particular change will meet the goals set for making the change, or if it will actually decrease audience engagement and usability, and do it in a small, controlled environment that does not affect overall site performance.

**GOALS**

* Get concrete feedback on iterative site changes before committing the site to the change.

**OUTCOMES**

* Make changes to our site architecture and style that increase interaction and goal completion.

**ROI**

* Provides us with data that keeps us from making detrimental site changes that reduce patient appointments, student enrollment, event attendance, etc.



**WHAT ARE THE RISKS IN NOT DOING THIS**

Without A/B testing, our design changes will be based only on observational and anecdotal data. The iterative change process will be extended, as we continually adjust to address deficiencies in our improvements, which can lead to issues with overall user satisfaction with the site (too many changes lead to user frustration with the site).



**METHODOLOGY: HOW WE TEST**

Google Analytics Content Experiments is designed for running A/B Testing directly in the Analytics interface. The Google Analytic code handles the delivery of alternate page designs. Content Experiments also allows for open ended A/B Testing: We can load as many different versions of a page as is needed, and it will measure those results in relation to goals set up in Analytics.



**HOW WE EVALUATE AND MEASURE**

Google Analytics provides traffic analytics and goal completion data. Web Services can identify is there is a statistical difference in the performance of one version over the others and make recommendations based off of that data.



**HOW WE OPTIMIZE BASED ON RESULTS**

Web Services would review the alternate designs in relation to goal completion and click-through events on the page, and make site-wide design changes based on results that meet goals of the update.



**PLAN AND TIMETABLE**

**Clinical / Patient Oriented Sites**

A/B Testing will be done on as needed basis for sites, based on Web Services observations of competitor websites, recommendations that are collected by email and from surveys, and from site analytics.

**Academic Sites**

A/B Testing will be done on as needed basis for sites, based on Web Services observations of competitor websites, recommendations that are collected by email and from surveys, and from site analytics.



**RESOURCES NEEDED**

* Google Analytics is accessible in all of our templates, and is a free of charge service from Google. No software costs are associated with this testing.
* Time from front end designers and content specialists in Web Services in creating alternative designs for testing purposes

**Informal Usability Testing**

**OVERVIEW: WHAT WE TEST**Informal Usability Testing is used to measure user behavior and interaction with our website, in the presence of a Web Services moderator. The moderator records how the user tries to accomplish certain tasks on the website. Using the subjects’ feedback, Web Services them recommends iterative site changes to improve the site’s function.

Informal testing varies from formal testing by using a much smaller sample size for the review. For small iterative changes, this method has proved very successful in improving the site in manageable micro-projects.

**THIS TEST TARGETS**

* Measuring how the site is being used by the target audience and in making the small. Immediate changes that improve the site incrementally.



**WHY IS THIS IMPORTANT: WHY WE TEST**  
Usability Testing provides a bellwether on the usefulness of the site. It provides with direct interaction with our audience, which can uncover issues that surveys might miss due to their inflexible nature.

**GOALS**

* Increased user satisfaction with the website.

**OUTCOMES**

* Improved site performance and goal completions.

**ROI**

* Makes the site more responsive to our users’ needs.



**WHAT ARE THE RISKS IN NOT DOING THIS**

Without direct audience feedback, many of the development decisions for the site will be developed internally and will miss opportunities to improve the site that come from external review.



**METHODOLOGY: HOW WE TEST**

Individuals will be invited to one-on-one session with the Web Services moderator. The subject will use a computer that has screen sharing activated. Stakeholders and other web services employees will observe the test from an external location.

The Web Services moderator will present the subject with a task or small set of tasks to accomplish on the website. These tasks will not be overly broad, but designed to measure the efficacy of a certain section of the web site. After presenting the task, the moderator would only serve to prompt the subject to continually verbalize the reasons behind their decisions on how they interact with the site, which are recorded.

Three to four subject sessions are performed for each usability test.



**HOW WE EVALUATE AND MEASURE**

Following the test, the stakeholders and the Web Services team meet to discuss insights gleaned from the test and to identify any common observations or issues provided by the subjects. The reviewing team identifies four to five top priority issues that can be improved based on the feedback. Web Services and the stakeholders make those changes over the following.



**HOW WE OPTIMIZE BASED ON RESULTS**

Recommended changes are either implemented or pushed to A/B Testing to verify that the new changes will improve user experience.



**PLAN AND TIMETABLE**

**Clinical / Patient Oriented Sites**

Informal User Testing would be implemented on a monthly or bi-monthly basis based on need.

**Academic Sites**

* Provided on an as-requested basis.



**RESOURCES NEEDED**

* Camtasia would be used for screen sharing and recording purposes.
* Two meeting rooms would be needed for the testing: one for the moderator and the subjects, and one for the reviewers.
* Parking validation for subjects.
* Subjects: need to develop a plan for having a pool of participants for these tests

**Formal Usability Testing**

**OVERVIEW**

Formal Usability Testing would follow the same general outline as above, but would include a much larger sample size (20-100). Given the logistics in pulling together this sample size, Web Services would recommend the informal model whenever possible, using A/B Testing to validate intended changes if required.

**Focus Groups**

**OVERVIEW: WHAT WE TEST**Focus Groups are used as a group-think exercise to determine public perception to site design and structure. Focus Groups would be used to gather the view of potential users to our web sites. Unlike other usability tests we offer, focus groups would give us subjective data.

**THIS TEST TARGETS**

* Public perceptions of web service templates and applications.



**WHY IS THIS IMPORTANT: WHY WE TEST**  
Focus Groups give us a subjective look at how our websites are perceived. They can identify marketing and branding issues with our sites that might not be apparent in other usability studies.

**GOALS**

* Identify general perceptions of our site and its content and areas where it can be approved.

**OUTCOMES**

* Provides general guidelines of potential issues to present to content managers and marketers; identify issues that would need to investigated with other forms of usability testing.

**ROI**

* Focus Groups provide qualitative feedback on the content of the site tat can be used to evaluate if the site is meeting brand tone, style, and language.



**WHAT ARE THE RISKS IN NOT DOING THIS**

Non-clinical content on the website might not match the style of the rest of UF Health branding, which can cause dissonance and keep the brand from making a lasting impression with our audiences.



**METHODOLOGY: HOW WE TEST**

Subjects are brought to together in a formal or informal setting to discuss the website or a section of their website and their impressions of the site and its content. These discussions are recorded for review, and moderators help to keep the conversation on relevant topics and to prompt the audience with questions prepared in advance for the group.



**HOW WE EVALUATE AND MEASURE**

Moderators and stakeholders review Focus Group results; a report is generated based on the feedback with recommended courses of action.



**HOW WE OPTIMIZE BASED ON RESULTS**

Content feedback is given to content authors for further discussion and refinement. Technical or navigational issues are delivered to Web Services or the relevant site’s content team for review and discussion. Further usability tests might be recommended before enacting changes to provide quantitative supporting data.



**PLAN AND TIMETABLE**

**Clinical / Patient Oriented Sites**

* As requested.

**Academic Sites**

* As requested.



**RESOURCES NEEDED**

* Participants and moderators will be needed.

**Resource Costs and Overview**

|  |  |  |  |
| --- | --- | --- | --- |
| **Optimization Method** | **Resources** | **Subjects** | **Cost (year)** |
| Optimization Review | None | None | None |
| Card-Sorting: Online | OptimalSort | Yes | 445\* |
|  | Collateral |  | 100 |
| Card-Sorting: In-Person | Paper and pen supplies | Yes | 20 |
|  | Collateral |  | 100 |
| Heat Mapping | Crazy Egg | None | 90\*\* |
| Paper Prototyping | Paper and pen supplies | Yes | 20 |
|  | Iphone and tripod |  | None |
| Questionnaires / Surveys | Qualtrics or Gravity Forms | No | None |
| A/B Comparison Testing | Google Analytics | No | None |
| Informal Usability Testing | Camtasia | Yes | None |
|  | Meeting Rooms |  | None |
|  | Parking Validation |  | None |
| Focus Groups | Meeting Rooms | Yes | None |
|  | Parking Validation |  | None |
| **Yearly Cost** |  |  | **793.00** |

\* Based on a 50% Educational discount

\*\* Educational discount for Basic account