**Notes from Scott Wood Interview**

* Scott Wood, PhD - Health System Specialist, Human-Computer Interaction and Clinical Decision Support
* Spearheaded the Usability Toolkit – Integrated guidance and tools for use by VA project teams to adopt human-centered practices that lead to usable systems
* He also works with Knowledgebase Systems – walkthroughs, user-testing (focused on decision support)
* Collaborative effort between CIDMO offices and benefit is for CIDMO in general and the idea is to clarify standardized processes, tools, not just trained practitioners but by field clinical people as well. Goals of toolkit – provide for more rigorist, effective, process for design implementation of user-facing tools. We have been working on this project for one year, prob need to continue.
* Familiar with the Guide? Fairy general , there has been several years of discussion.
* For any kind of engagement, we go into with human factors in mind we are going to be taking about domain specific jargon to other folks and it will be able to have a source other than Wikipedia to have a place to put these concepts and techniques. Have a hyper media base. I like the idea of wiki, appearance of that. Hyper media thinking.
* When we talk to stakeholders, we can give them a link to the UX Guide – we can say here is more about this, here is a form that will help you, etc.
* Users? I can see a lot of different beneficiaries. Those on the practice side – customers, various points to say look at this see what you think, informatics learners, that is a biggie. Informatics learners. 10X10 students? People that want to learn about informatics – in addition to the course. Those working on applied research, we need an apospory to put our work and to be able to connect things like make connections with studies.
* Number of different places we keep our work now, SharePoint, Pulse, individual drives. Not a good repository for archival purposes.
* In the UX guide describing definitions for concepts – spend time on this. The concepts that we use are ambiguous. Sometimes you need to define these things in different concepts. Multiple definitions for things would be wise.
* Wiki like functionality. Well moderated body of knowledge. Useful.
* Community of practice – I think blog like functionality might be okay. Pros and cons to that. I think one of the current options – VA pulse is going away, don’t know when and don’t know what it is going to replace it.
* Would be nice for people to contribute smaller articles and have folks comments on those, collaboration. Informal collaboration. Time or motivation to come in and contribute? Not sure if people have time or interest in that.
* Developing some training right now that is multimedia based – not sure where we would need to host this. Host e-learning content? Mix of video materials. Anyone wanting to learn human factors in VA. Being designed so it is accredited for different professions. Anyone wants to learn can sign up for it. Primary created for those that need accreditation.
* Different offices that put out materials – innovation office. They put together some material. A lot of material out there can come and grasp simple content. What Scott is developing is more rigorous and training complicated methods.
* Takeaways from HF class – when to learn when to ask for help.
* Overview – clinical decision support example? Has a writeup of a project that he can send us. Once of the problems not having enough application data and not applying the process we chose. Do not need to have a master’s in human factors to apply these things. Those 2 writeups will be useful. They will share. Ross will send.
* Ross shared the emergency medicine evaluation plan
* Evaluate the emergency medicine template. Will require boots on ground needs to make sure the assessments go well. How can these tools be used from field staff?
* This sort of thing useful on UX guide.
* Scott’s prior role was patient safety, not documented well even on Wikipedia. We have a lot of data and findings. It is not documented. Informatics and patient safety group.
* Educational in nature- method, procedure, video, images, PDF’s. Pages that describe.
* Training needs on UX Guide