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# Eliciting Mental Models for a Mobile Diabetes Living Assistant

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## Diabetes Mellitus

- Disease, Treatment, Social Impact

## Usability of Diabetes Assistants

- Mental Models
- Design of an Empirical Experiment
- Relation of Age and Expertise
- Measuring Performance and Eliciting Mental Models

## Results

- Hypotheses and Effects of Aging on Performance
- Age, Mobile Phones and Mental Model Construction
- Effects of Mental Models on Performance

## Diabetes is a glucose metabolism dysfunction

- Main symptom: Insulin deficiency
  - Insulin: Glucose from blood -> cells
- High glucose levels cause vascular and neural damage
  - Secondary disorders: Blindness, Renal failure, Amputations, etc.

## Type 1 Diabetes

- Autoimmune mediated disease => absolute insulin deficiency

## Type 2 Diabetes

- Obesity & Lack of physical exercise => continuous increasing cell insulin resistance => Collapse of insulin metabolism

## Main Task - Controlling:

- stable low blood glucose level

## Means:

- low caloric diet, physical exercise, anti-diabetic drugs, subcutaneous insulin injections

## Requirements:

- Accurate measurement and tracking of patients health parameters

## Highly individual disease patterns require customized therapy

- Mobile Diabetes Living Assistants

# Diabetes is Expensive

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## Forecast for 2010 in Germany (German Diabetes Union 2007)

- 10 Million people affected
  - (1/8th of population)
- 20% of Germanys total health care expenditure
- 40 Billion Euros for secondary disorder treatment

## Demographic changes will increase Diabetes incidence

- sedentary lifestyle and high caloric diet increases likelihood
- Diabetes prevalence increases with age

## Technical solutions become inevitable + Usability

- Diabetes patients rarely use digital diary functions (<10%)

Demographic changes concur with higher Diabetes incidence

Secondary disorders

- caused by unsuccessful treatment
- cause the major amount of costs

Highly individual disease patterns require individual therapy

Patients keep track of their health status -> paperbased

- Bad usability of digital diaries

Better technical solutions are required

- Focus on usability!

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A mental model is an explanation for someone's thought process

- ▶ Cognitive representation of how the world works
- ▶ Contains:
  - Information about relationships of parts of the world
  - Intuitive perception of effects of personal interaction

Mental models of menu structures:

- ▶ How is a menu put together?
- ▶ How are parts interrelated?
- ▶ How do I reach the function I need for my task?



# What we have

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## Diabetes Living Assistant Prototype

- Developed by and with Diabetes patients
- Testbed for performance measuring during user tests

## Important factors:

- learnability of the device
- one device for all diabetes types
- unbiased participants for user tests (no branded device)

## Target of the experiment

- ▶ Elicit structure of mental models for our diabetes living assistant
- ▶ Find determining factors for mental model construction
  - Age, technical expertise, domain knowledge, health status
- ▶ Measure impact of correctness of model on user performance

## Independent Variables

- ▶ 1) Participants were surveyed about (paper-based)
  - demographic facts
  - expertise with technology
  - domain knowledge of diabetes

## Dependent Variables

- ▶ 2) Participants took part in a user test of a simulated device
  - five tasks
  - Performance was measured along the way

## Dependent Variables:

- ▶ 3) Mental Model Elicitation:
  - Participants were asked to perform a Card-Sorting-Task
  
- ▶ 4) Qualitative Analysis:
  - Experimenter asks questions about the mental model layout

# User Diversity and Participants

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Participants for user study selected prototypically

- Best case patients - „healthy diabetics“

Group of 23 participants (16 female, 7 male)

- 10x Non-Diabetics, 13x Diabetics
- Ages 25-87

## Assessment of Domain Knowledge

- survey knowledge of four key health factors
  - blood sugar
  - HbA1c
  - blood pressure
  - body fat percentage

## Assessment of Technical Experience

- Survey of Perceived Ease of Use (PEU) and Usage Frequency (UF)
  - for everyday technology, mobile phone, medical technology

## Ranking on a Six-Point-Likert-Scale

# Relationship of Expertise and Age

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## Highly significant correlation between...

- age and expertise in everyday technology and mobile phones
  - Younger users are more experienced

## No significant correlation between...

- age and domain knowledge
- age and expertise in medical technology

## Self-developed Prototype

- ▶ JavaME based
  - PC/MAC/Mobile Phones, PDAs
  - logging function via Jacareto/CleverPHL
- ▶ Screen design similar to paper based solutions
- ▶ five core functions
  - Diabetes diary, BE-Calculator, Health-Pass, Medicine, Value-Plotter
- ▶ Visual ordering of Interaction Items suggests a spatial model of menu hierarchy

## Simulation on a touch-enabled 15" TFT-Screen



Five performance criteria were measured

- total success rate (in percent)
- total amount of time
- total steps
- detour steps (navigational mistakes)
- time per step (navigational pace)

## Method: Card-Sorting-Task with screenshots

- Users lay out screenshots on a table
- Spatial ordering from memory

## Evaluation

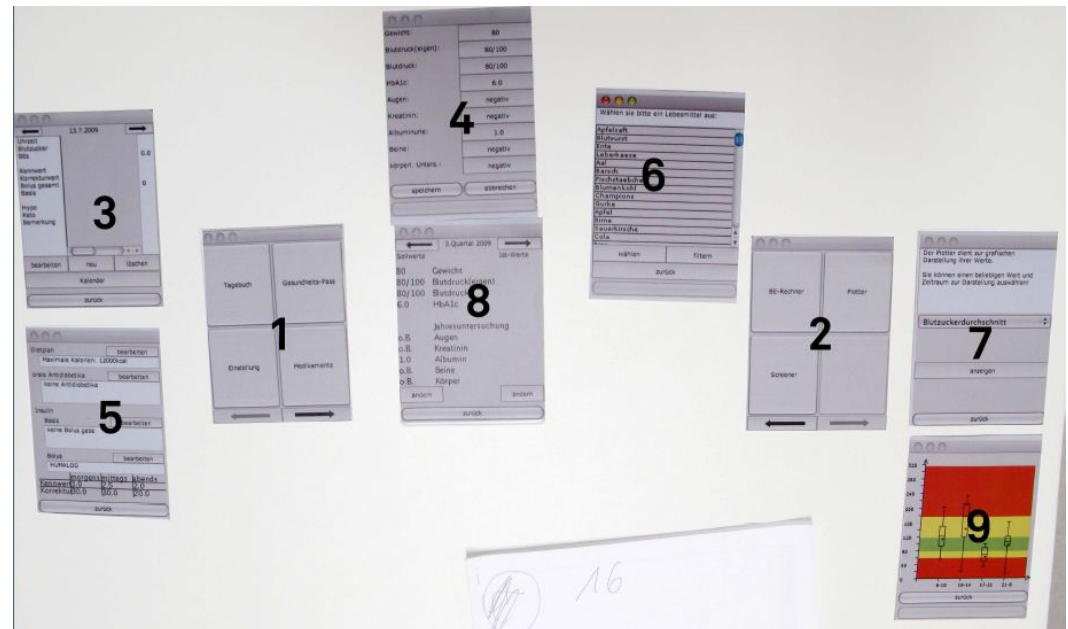
- Categorization by model complexity:
  - No model, linear, hierarchical, spatial map
- Quality assessment according to three navigational concepts
  - Overview, Route, Landmark

# Mental Model Evaluation

Model quality assessed by scoring in each knowledge domain

Example: Spatial-Map Model

- Overview Knowledge
  - Correct spatial ordering
- Route Knowledge
  - Correct navigational distances
- Landmark Knowledge
  - Correct spatial neighborhood



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Older users are outperformed by younger users

- higher technical expertise
- effects of aging on performance
  - (mental processing speed, psychomotor-skills)

Diabetes patients outperform non-diabetics

- Domain Knowledge could help in construction of mental models

Users with higher quality mental models perform better

- Less navigational mistakes

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# Mental Models, Age and Mobile Phones

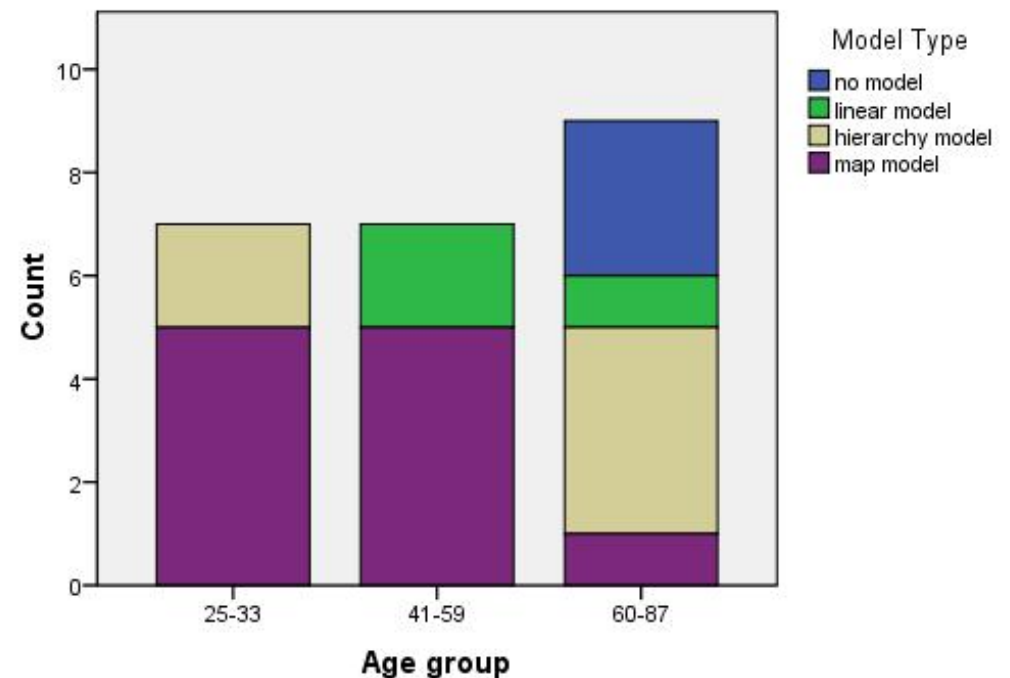
Age correlates significantly with

- Model complexity ( $p < 0.05$ )
- Model quality ( $p < 0.01$ )

Model quality correlates with

- Expertise in Mobile Phones ( $p < 0.05$ )

No Correlation between health and model



# Mental Models and Performance

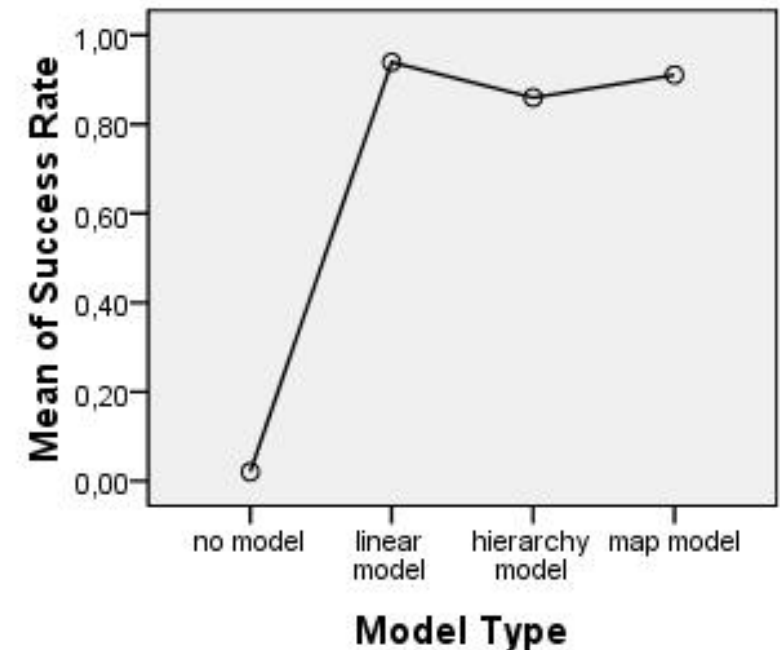
Model quality correlates with success rate

Model complexity correlates with

- Success rate and navigational pace
- But linear model perform as effective as more complex models
  - Similar amount of route knowledge

## Linear Regression

- Route knowledge has biggest impact on performance
  - (2<sup>nd</sup> Overview, 3<sup>rd</sup> Landmark)





## Linear Models as a transformation?

- „Missing Multiple Instances “ => temporal Model? No!
- Traversing of menu tree? Possible!
  - When does it occur? During construction? During layout?

## A high quality mental model supports the user in his navigation

- Not complexity but possibly route knowledge is important

## Linear menu structures could aid usability of devices for the elderly

- Questions remains: How to cope with complexity in a linear menu model?

Thank you for your attention!

# Performance Results

## Bivariate Correlations

		<i>Success Rate</i>	<i>Total steps</i>	<i>Detour Steps</i>	<i>Total Time</i>	<i>Time per step</i>
Age		-0.664**	0.616**	0.472*	0.231	0.693**
Expertise technology	with	-0.449*	0.330	0.244	0.476*	0,320
Expertise medical technology	with	0.251	-0.266	-0.146	0.101	-0.342
Mobile Expertise	Phone	-0.339	0.295	-0.006	0.393	0.301
Health Status		-0.179	0.342	0.181	-0.102	0.421
Domain knowledge		-0.53	-0.167	0.097	0.314	-0.244

## Correlations between Acceptance, Expertise, Age and Success

	<i>Age</i>	<i>DK</i>	<i>HS</i>	<i>TE</i>	<i>MTE</i>	<i>MBE</i>	<i>Success rate</i>
Acceptance	-0.460*	0.200	0.027	0.276	0.409	0.287	-0.507*

\* $p < 0.05$

- ▶ Low Value for Acceptance = Good acceptance rating
  - DK = Domain Knowledge, HS = Health Status, TE = Technical Expertise, MTE = Medical Technical Expertise, MBE = Mobile Phone Expertise

## Linear Regression

- ▶ 65% of variance are explained by age and success rate
  - success rate stronger predictor than age (2x)

## Digital-Diary Task:

- ▶ After finishing configuration of your device, daily blood glucose measurements can be stored in the devices digital diary. Please enter the following measurement into the digital diary:  
This morning 9:20 am: Blood Glucose level 123, consumed 3 bread units, no correction of insulin dosage, no basal-insulin dosage, no hypo- or ketoacidosis measured

## BE-Calculator Task:

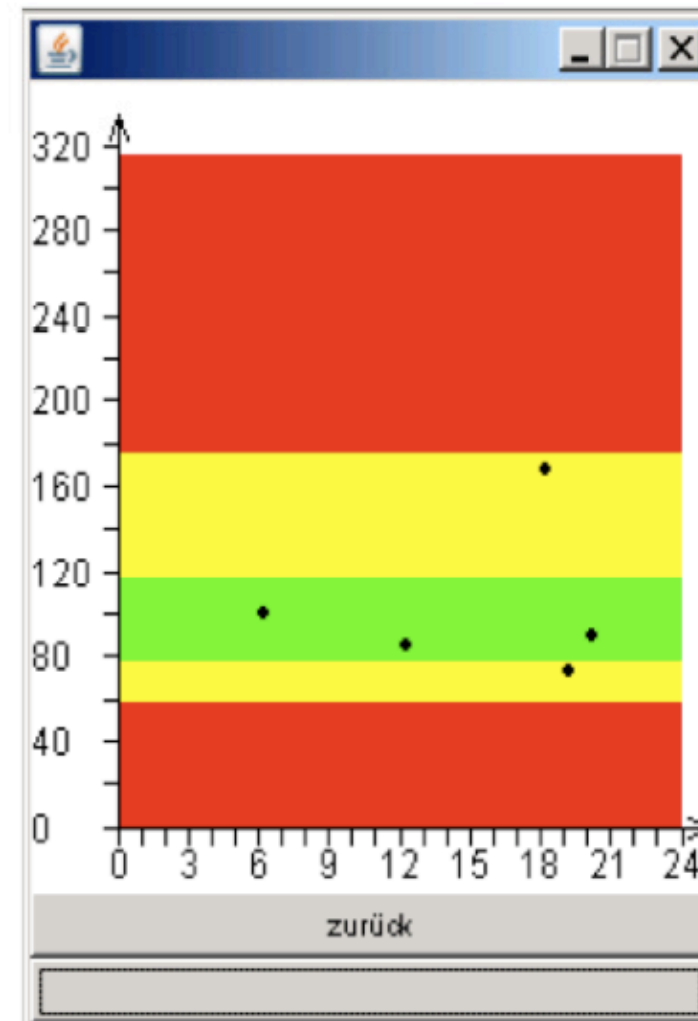
- ▶ You are hungry and want to eat some fish sticks (200grams) and have a glass of apple juice (200ml). Please calculate the bread units for this meal using the BE-Calculator of the device

# Example Screens




**Zutaten**

200.0 ml Apfelsaft BEs: 2.1 (26.0g KH) Kalorien: 102.0	neu
120.0 g Spätzle BEs: 2.3 (28.32g KH) Kalorien: 176.4	bearbeiten
160.0 g Leberkäse BEs: 0.0 (0.64g KH) Kalorien: 453.2	löschen
	aus Favoriten
	zu Favoriten
4.5 BEs (54.9g KH), 731.6kcal	ins Tagebuch
zurück	



# Example Screen: Learnability

Datum:	12.3.	Arbeitsstag <input checked="" type="checkbox"/>	Urlaubstag <input type="checkbox"/>	Mo <input type="checkbox"/>	Di <input type="checkbox"/>	Mi <input type="checkbox"/>	Do <input type="checkbox"/>	Fr <input checked="" type="checkbox"/>	Sa <input type="checkbox"/>	So <input type="checkbox"/>
Uhrzeit	6:30	12:30	18:20	19:30	20:20	2:00				Gesamt
BZ	104	89	172	77	94	113				
HZ/Az.										
BE	8	7			11					26
BE-Faktor	2,5	2			2					
Bolus	20	14			22					56
Basis					30					30
Blutdruck/ Puls	Sport									Korrektur- Regel:



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30.7.2009

→

Uhrzeit	6:30	12:30	18:00	
Blutzucker	104	89	172	
BEs	8.0	7.0		15.0
Kennwert	2.5	2.0		
Korrekturwert	20	14		
Bolus gesamt				34
Basis				
Hypo				
Keto				
Bemerkung				

←

→

bearbeiten

neu

löschen

Kalender

zurück