SEng 310 Assignment 3

Cognitive Walkthrough

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Scenario 1.

The first problem that arose after doing the cognitive walkthrough is that the system assumes visibility of the sign in button at all times, and that the previous user had been logged out. Otherwise, the new user would have to log out the old person (which is a security issue) and then be brought to the login page. To fix this issue, we will have to have an automatic logout on some interval that would ensure nobody is left logged in, and also be sure to display the sign in button on our default screen. In our scenarios we don't talk about visuals how we are going to identify the controls, which can lead to problems with the user recognition of a control. To fix this we will have both labels and globally recognized icons for actions. This will include some

Scenario 2.

The first problem in the second scenario is that the user might not directly know what is inside the directory option. In order to fix this, we may need to include more hints, like a label that says "Click here to see a list of important rooms". This button is also going to be a very common task, so the visibility must be good, this can be done by making the location central to the user's focus, and by making the button large and readable. Another issue that arose is that the scenario doesn't specify an ordering/categorizing scheme for the directory, this must be included with professors rooms, lecture halls, labs, etc. all separate.

Scenario 3.

This scenario has a problem with user understanding of actions. The user may not know that clicking(tapping) on a lecture hall brings up a dialog with the classes in it for that day. We will solve this by using labels and tooltips to guide the user. Another issue is with the information shown in the class schedule dialog. The dialog could potentially have more than one instance of a class (eg. SEng310) in one day, so in order for the user to know which one is which, there should be other identifiers such as professor name, section number, and even CRN.