

MIE 240: Human-centred system design

Decision-making



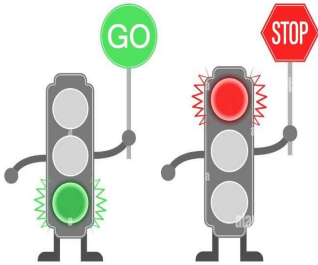
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Learning Objectives

- Define decision-making (DM)
- Distinguish different levels of skilled behaviour
- Distinguish descriptive and normative DM
- Define heuristics and identify varieties of heuristics
- Review design guidelines for decision-making



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Exploit redundancy

Last Lecture

- Reviewed information processing model
- Discussed design guidelines for cognition
 - Attention
 - Working memory
 - Long-term memory


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Design implications for selective attention

1. Optimize bottom-up processing
2. Support automaticity and unitization
3. Optimize top-down processing
4. Maximize discriminating features



Meaningful icons

| | |
|-------------|------------|
| • A ALPHA | N NOVEMBER |
| • B BRAVO | O OSCAR |
| • C CHARLIE | P PAPA |
| • D DELTA | Q QUEBEC |
| • E ECHO | R ROMEO |
| • F FOXTROT | S SIERRA |
| • G GOLF | T TANGO |
| • H HOTEL | U UNIFORM |
| • I INDIA | V VICTOR |
| • J JULIET | W WHISKY |
| • K KILO | X X-RAY |
| • L LIMA | Y YANKEE |
| • M MIKE | Z ZULU |













Phonetic alphabet

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Design Implications of Working Memory

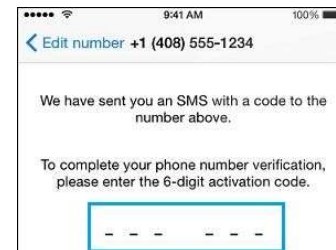
1. Minimize working memory load
2. Provide visual echoes
3. Provide placeholders for sequential tasks
4. Exploit chunking
5. Minimize confusability
6. Avoid unnecessary zeros (e.g., 000478 or 0.700)
7. Ensure congruence of instructions
8. Avoid negation

Results Table

| <input type="checkbox"/> | | Reference # | Status | Payment | Login Username |
|--------------------------|---|-------------|------------|---------------|----------------|
| <input type="checkbox"/> |    | 8459650 | Complete | History 23.00 | |
| <input type="checkbox"/> |    | 8459646 | Complete | History 23.00 | |
| <input type="checkbox"/> |    | 8455258 | Incomplete | History | |
| <input type="checkbox"/> |    | 8423067 | Incomplete | History | |

Incomplete

Provide placeholders



Requires you to remember code and switch back to app

4

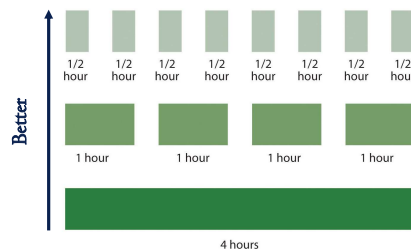
LTM implications for design



Standardization



Support correct mental models



Encourage regular use and active reproduction



"Knowledge in the world"

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Decision-making

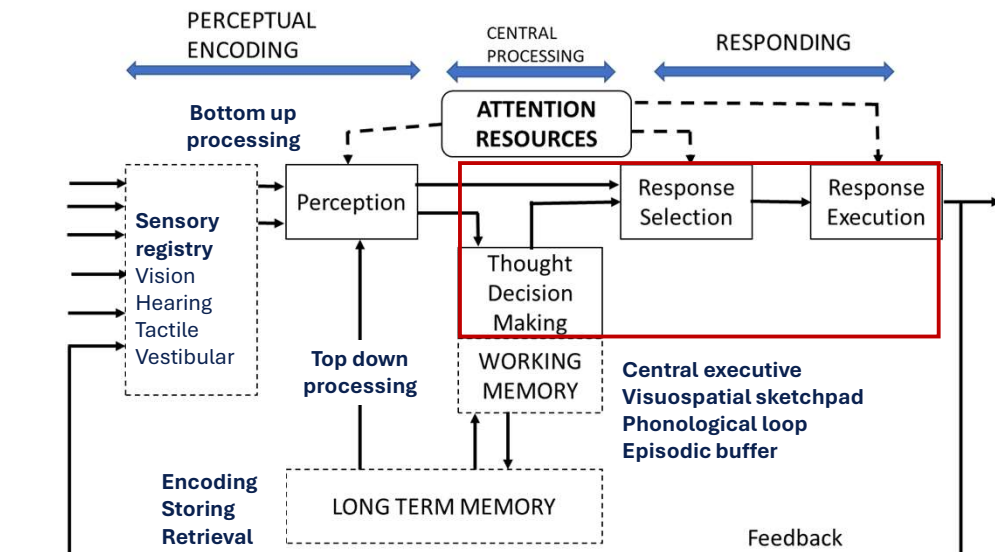
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Information processing model



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What is a decision?

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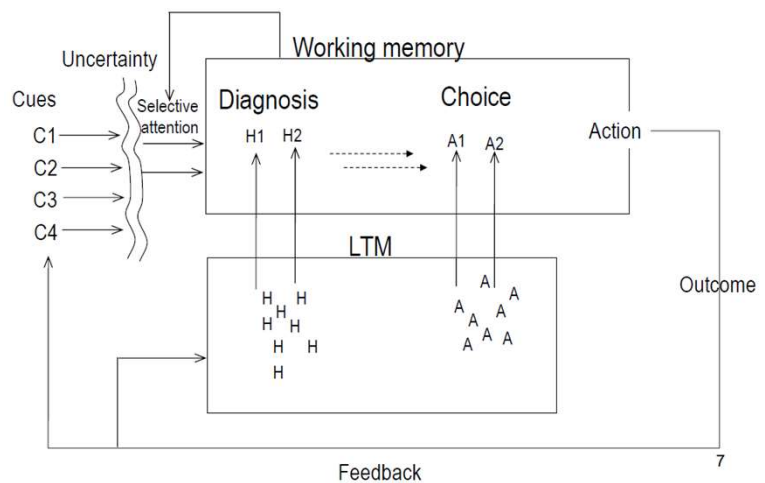


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Decision making (DM)

Characterized by:

- Selecting of one choice from many
- Some information available regarding choices
- Time frame is relatively long (> 1 sec)
- uncertainty regarding best or acceptable choice



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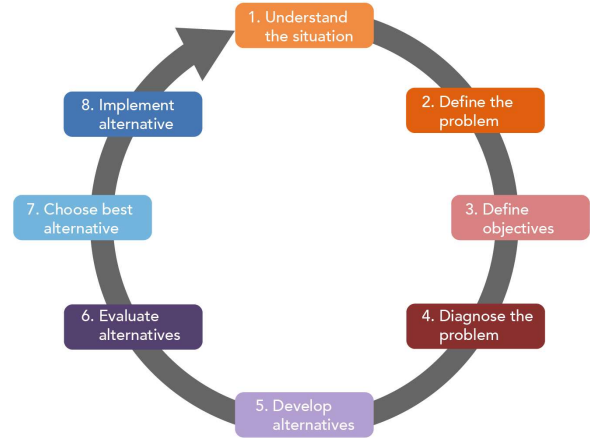
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DM phases

- *affirm & integrate* :
 - Selective attention to cues
 - Completeness, clarity, validity
- **Interpret and assess the meaning of info:**
 - Often inferential
 - Evaluated for likelihood of correctness
 - Confirming/disconfirming cues
 - Iterative hypothesis selection
- *plan and choose course of action*
 - Retrieving alternatives from memory
 - Outcomes; likelihood and consequences
- **Monitor and correct the chosen action**



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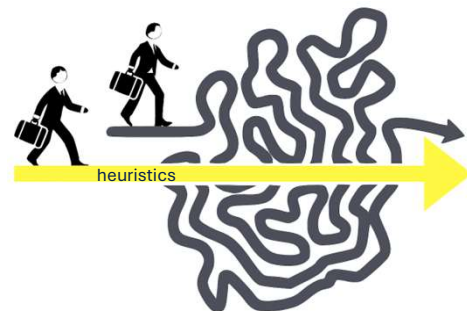
Normative vs. Descriptive Models

Normative

- What people *should* do, rationally speaking
- Based on *utility*: value of a choice
- Multi-attribute, Expected value theory

Descriptive

- Describe what people *actually* do
- Description of what can influence DM
- Apply heuristics
- Satisficing



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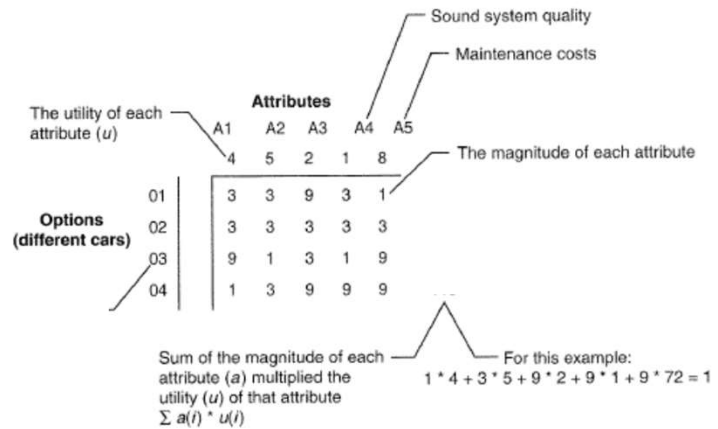
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Normative approach

Multi-attribute utility theory

- **Define criteria (attributes)**
- **Assign weights (utility)**
- **Rate options**
- The overall value of each option = summation of the criterion (attribute) multiplied by the weight (utility) of each criterion

Best choice: highest value



Multi-attribute utility theory

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Normative approach

Expected value theory

- Assign each option a value
- Estimate the probability of the option
- Multiply value by probability
- **Best choice:** Highest expected value

| Game 1 | | Game 2 | |
|--------|------|--------|------|
| Amount | Prob | Amount | Prob |
| 100 | .05 | 70 | .10 |
| 0 | .60 | 0 | .50 |
| -25 | .30 | -15 | .40 |

Expected Utility = value X probability ratio

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Heuristics and biases

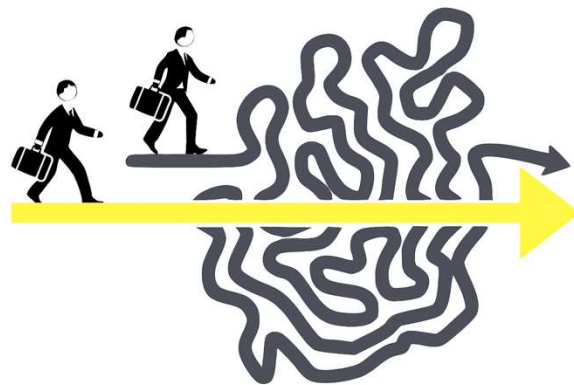
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Heuristics

- Methods for simplifying DM
- Subconscious shortcuts
- Powerful and efficient
- Prone to misapplication (biases)
- Consider heuristics by sub-process



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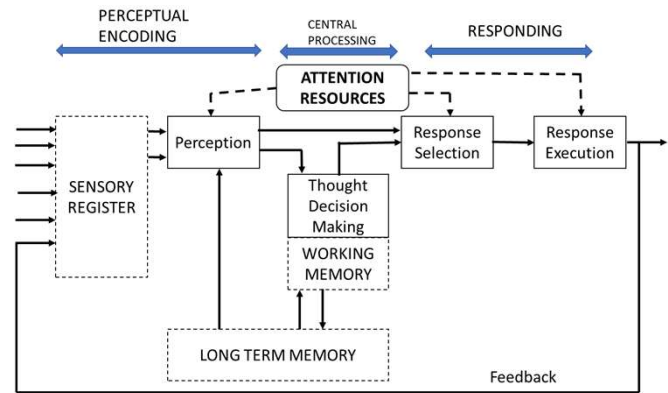


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Heuristics

Factors influencing heuristics (& biases)

- Selective attention
- Limited attentional resources
- Limited capacity of working memory
- Limited knowledge (LTM)
- Time available



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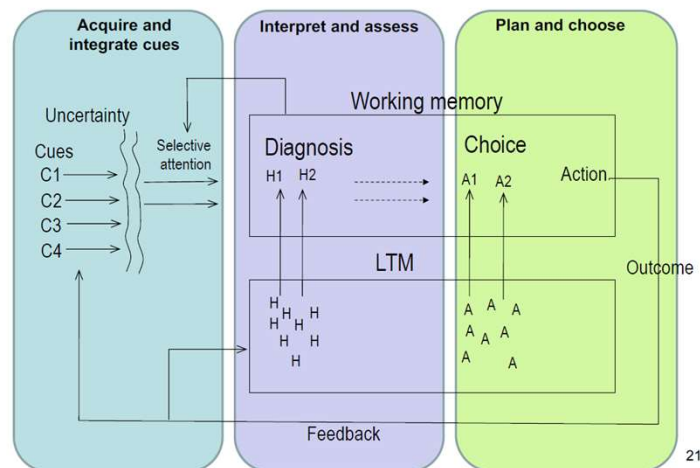


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Biases in DM

1. Acquire and integrate information
2. Interpret and assess info meaning
3. Plan and choose course of action

Information processing model of DM



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Biases in DM

1. Anchoring and cue primacy
2. Attention to limited no. of cues
3. Availability
4. Availability heuristic for actions
5. Availability heuristic for outcomes
6. Cognitive tunneling
7. Confirmation bias
8. Cue salience
9. Default heuristic
10. Framing bias
11. Hindsight bias
12. Overconfidence
13. Overweighting unreliable cues
14. Planning bias
15. Representativeness
16. Retrieve small number of actions
17. Simplicity seeking and choice aversion

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Knowledge – analytical processing

- New situation
- Slow, conscious, deliberating


Rule – recognize signs, apply rule

- Task familiarity
- Limited experience

Skill – respond to cues as signals that guide responses

- Proficient
- Intuitive
- Fast, subconscious

| Skill in Decision Making | Less Proficient (Novice) | Very Proficient (Expert) |
|-----------------------------|--|--|
| Reasoning Level | Knowledge-based | Rule-based |
| Decision Type | Analytic | Intuitive |
| Decision System | System 2 | System 1 |
| School of Decision Research | Heuristic and Biases "What's wrong" | Naturalistic Decision Making "What's right" |
| Adaptive Decision Making | Less | More |

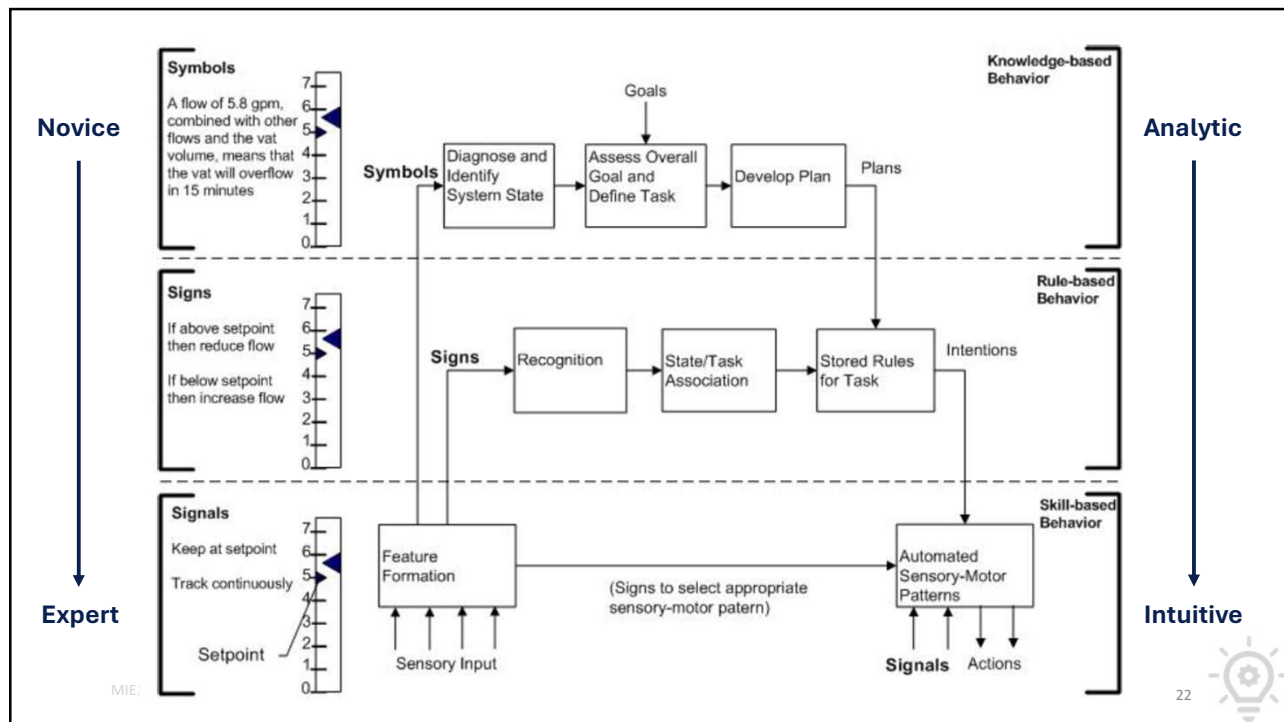

 Increasing Experience



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Decision-making guidelines



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Principles for Improving Decision Making

Task redesign



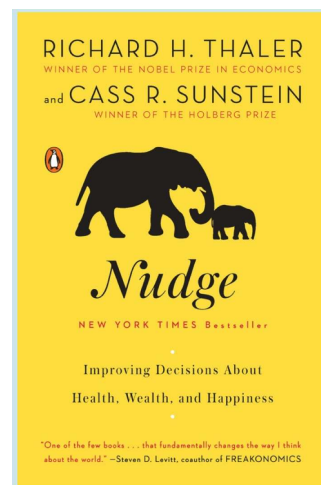
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Principles for Improving Decision Making

Choice architecture - influence the decision by recognizing the natural cognitive tendencies.

Provides options that will take advantages of the cognitive tendencies to generate good decisions.

- **Limit the number of options**
- **Select useful defaults**
- **Make choices concrete**
- **Create linear, comparable relationships**
- **Sequence and partition choices**



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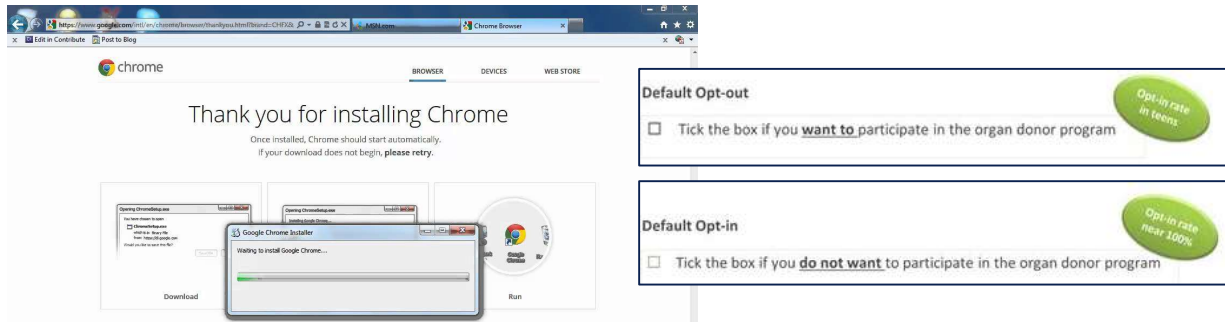
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Principles for Improving Decision Making

Ex. 1 what defaults



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Principles for Improving Decision Making

Ex. 2 Commitment choice

- Translate abstract future value choices into immediate salient consequences
- To counteract people's tendency to neglect the abstract future situation, a limited window of opportunity can focus their attention.



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Principles for Improving Decision Making

Ex. 3 *limiting # options*



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Principles for Improving Decision Making

Ex. 4 *sequence & partition*

Choose a shipping speed

- ☒ FREE Shipping (5-8 business days)
- ☐ Standard Shipping (3-5 business days)
- ☐ Two-Day Shipping (2 business days)

Choose a shipping preference

- ☒ Group my items into as few shipments as possible.
- ☐ I want my items faster. Ship them as they become available. (at additional cost)

what default



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Principles for Improving Decision Making

Ex. 5 *linear comparable relationship*

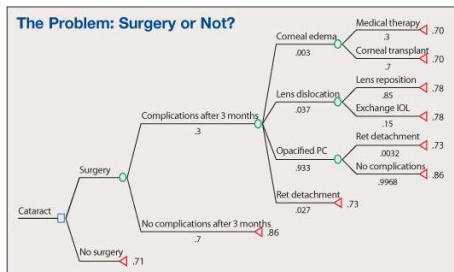


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Principles for Improving Decision Making

proceduralization

- Procedure can make decisions more consistent and accurate
- Decision trees enable fast and understandable way to guide decisions.



| Surgical Safety Checklist | | World Health Organization | Patient Safety |
|---|--|--|----------------|
| Before induction of anaesthesia (with at least nurse and anaesthetist) | Before skin incision (with nurse, anaesthetist and surgeon) | Before patient leaves operating room (with nurse, anaesthetist and surgeon) | |
| Has the patient confirmed his/her identity, site, procedure, and consent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Confirm all team members have introduced themselves by name and role. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Nurse Verbally Confirms: <input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed | |
| Is the site marked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Has antibiotic prophylaxis been given within the last 60 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | To Surgeon, Anaesthetist and Nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient? | |
| Is the anaesthesia machine and medication check complete? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Anticipated Critical Events To Surgeon: <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? To Anaesthetist: <input type="checkbox"/> Are there any patient-specific concerns? To Nursing Team: <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns? | Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | |
| Does the patient have a: Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable | Difficult airway or aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available Risk of >500ml blood loss (7ml/kg in children)? <input type="checkbox"/> No <input type="checkbox"/> Yes, and two IVs/central access and fluids planned | | |

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

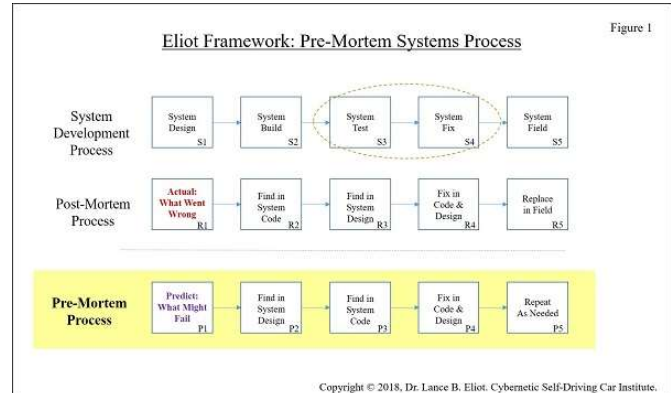
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Principles for Improving Decision Making

Training

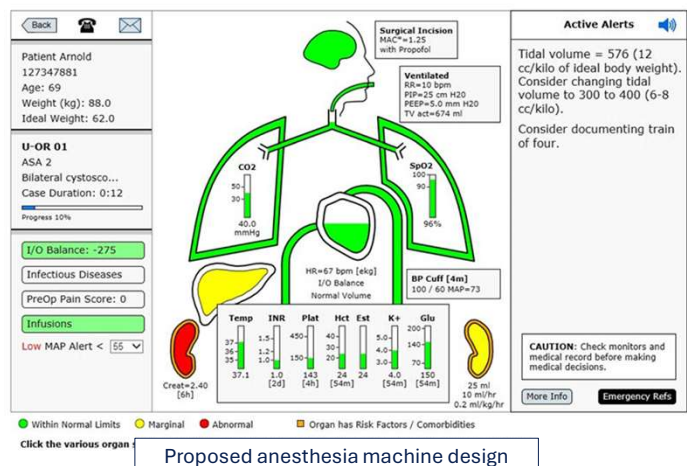
- Pre-mortem analysis encourages decision makers to consider everything that might go wrong before, if the candidate decision was made.



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Principles for Improving Decision Making

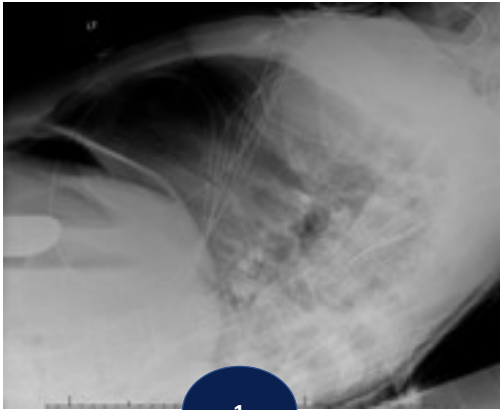
Displays – Influence decision processes by guiding *what* attention



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Principles for Improving Decision Making

Automation and decision support tools



Is a retained foreign object present?

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Summary

Decision-making is a cognitive process that results in the selection of an option or a course of action among several possible alternatives.

Principles for improving decision-making

- Task redesign
- Choice architecture
- Proceduralization
- Training decision-making
- Use displays
- Automation and decision support tools

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Next lecture (Wed., Feb. 9)

Topic: Design guidelines for decision-making

Review: Ch. 8 (skip 8.6)

Review questions: 8.1, 8.3, 8.6, 8.18, 8.24, 8.32, 8.37

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Decision-making biases

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Cue Biases | Biases in Acquiring and integrating cues

Attention to limited number of cues

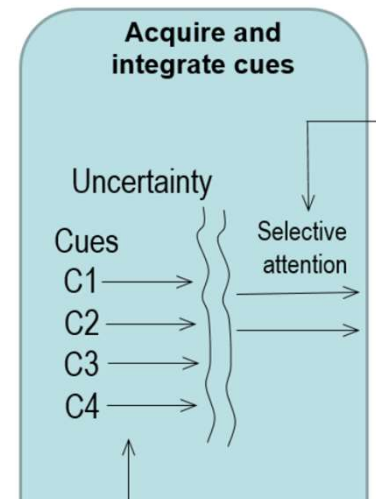
Anchoring and cue primacy:

- Early information is more influential
- Inattention to later cues
- Plausible explanations gain momentum

Cue salience: very visible cues are given more weight

- Highlights in a menu

Overweighting unreliable cues



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Cue Biases | Biases in Interpretation and Hypotheses Generation

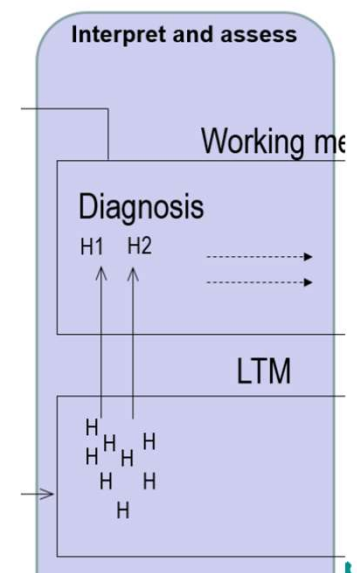
Availability

- Options easily brought to mind given undue weight
- $f\{\text{frequency, recency, vividness}\}$

Representativeness

- Common cues (of an object or event) seen as being typical of a category

Overconfidence



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Cue Biases | Biases in Interpretation and Hypotheses Generation

Cognitive tunneling

- Reluctance to change from a hypothesis
- Ignoring contrary information or changing state

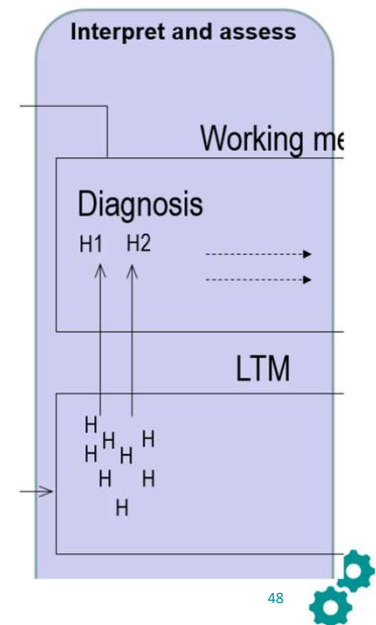
Simplicity seeking and choice aversion

- Too many choices degrades decision

Confirmation bias

- Seek only evidence to confirm
- Underweight disconfirming evidence
- Fail to use absence of important cues

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Cue Biases | Biases in Action Selection

Planning bias

- People assume that the best case scenario will unfold

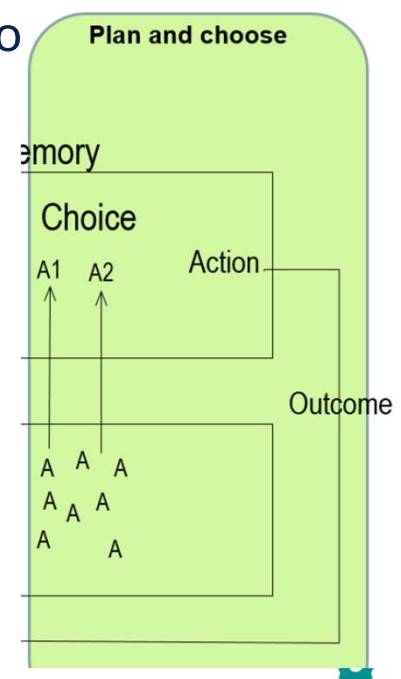
Retrieve small number of actions

- WM limited to process many at the same time

Availability heuristic for actions (frequency, recency)

- Surgeons like to operate

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Cue Biases | Biases in Action Selection

Availability heuristic for outcomes

- Subjective probability does not equal actual probability (e.g., use of PPE)

Hindsight bias

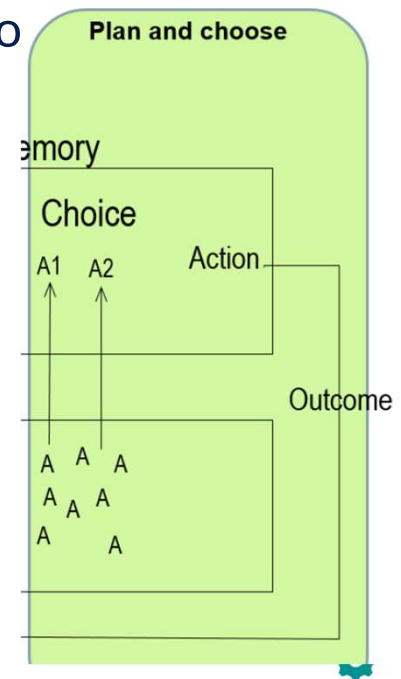
- Accident investigators blaming human

Framing bias

- 10% fat vs. 90% lean meat

Default heuristic

- Given hard DM, we tend to choose default (e.g., organ donation)



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