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# Life, death and the user experience

**We all think we know the 'user experience', but are we guilty of projecting our own bias a little too much?** Andrew Peck's **recent experience points to the latter.**

Part of what makes us technical communicators is the ability to recognise and critically evaluate technical communication when we encounter it. Ellis Pratt made this point very well when discussing martial arts manuals[i].

Recently, I had an encounter with technical communications on the way home from work that is making me rethink my approach to anything I'm putting out there to a general audience. I think sharing it is useful because I realised if it's a mistake I've been making, others have probably been making it too.

The encounter wasn't a brochure, or a pamphlet. There wasn't time to read, cogitate and experiment with a new piece of software. Instead, there was a voice on the end of a phone being held out in front of me by a random stranger. I couldn't hold the phone myself because I was covered in the blood of another random stranger who'd decided that 4pm next to a kiddies' playground was a good time for a 'cry for help' involving a knife and an artery in his upper arm. The guy survived thanks to the paramedics, surgeons, and every First Aid class I've attended since my First Aid badge in cubs all those years ago.

The next morning I started to do some digging, because there were things about the call with the 999 operator that bothered me. There was a knowledge gap at the other end of the phone, and I had the distinct impression that he may as well have been selling insurance, or asking me if I'd like a better deal on my utilities because there was a script on screen, and the operator was going to follow it no matter what.

I phoned the ambulance service to ask questions, they thought about it and got back to me with a lot of information about the Advanced Medical Priority Dispatch System, which I want to share. In many ways it's an example of best practice, but it's also slightly scary.

i. Pratt E 'Learning from historical fighting manuals' *Communicator*, Summer 2013: 30-31

## Simple language with no ambiguity
We all love talking about the importance of plain English. The 'protocols' read out by the dispatchers are written so that they can be understood by anyone. All the stories in the newspapers about tiny children phoning the ambulance and keeping their granny alive are there because the system really is written for the lowest common denominator. I was initially aghast at how simplistic the script was, as the operator refused to accept the answer of 'arterial bleeding' for 'please describe the bleed?' and instead walked me through a set of questions about 'spurting or oozing', 'colour' and other observables, but the fact of the matter is that anyone is capable of 'saying what they see'.

## Research-based algorithms
Just like a good manual, a 999 call is organised in a certain way. The more likely something is to kill someone, the sooner it's asked about. The algorithms aren't perfect, but they allow for a rough and ready assessment to be made and your ambulance dispatch to be graded against all the other requests for help. My casualty got his ambulance in under 10 minutes (which still felt like forever), whereas someone with a broken toe would find themselves waiting a little longer.

The emergency services are – from a technical communications perspective – quite lucky as they have masses of data on survival rates, injury types and response times to use when fine tuning their documentation design process. Our equivalent is sitting down with a user and asking 'what's the most important thing you do with our product?' and then putting that section where they can find it easily.

## Some users will ignore the documentation
I felt a lot less guilty when I was told this. While I will read manuals once, I tend not to keep them on me at all times. The operator on the end of the phone was taking too long to get to the point – and was starting to tell me not to do something I'd done a minute earlier – so they were relegated to talking to a by-stander while I got on with keeping the guy alive (people aren't meant to leak, and 'apply pressure' is not as easy as it sounds when someone's bleeding badly). The good news is the ambulance service is comfortable with experienced first-aiders and medically trained people ignoring their operators' disclaimer-laden advice based on their own training and what they can see at the time.

The lesson here is that the person we think we're writing for may not be the actual audience at all. The regular product operator may look at our manual once a year. It's the agency staffer or helpful colleague who's going to be using our output. As a result we probably need to simplify our output to the level of that secondary audience.

## Improve the system by educating the users
The system isn't House MD (he'd start with a patient who sneezed, and they would have some weird intersection of olfactory cancer with a tropical disease): it isn't written with experienced first-aiders in mind, it's written on a statistical basis. The operator couldn't take 'arterial bleeding' as an answer, because the 'average' person doesn't use those words, and because they're not a first-aider, doctor or nurse. Therefore, statistically if you or someone you care about is hurt, the chances of a first-aider or doctor being around are scarily low. It's probably time we all changed the user-group profile by going on a first aid course! **C**

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