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CONFERENCE

Session Report

Putting Your Plain Language Writing to the Test: Getting the Most Out of User Testing

Speaker
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Plain language writing has an essential responsibility in medical writing. It invites patients and nonmedical/scientific audience into medical and scientific conversations. Medical writers help write these invitations in a way that ensures the identified audience enters the conversation. User testing helps medical writers learn more about the intended audience and how to create engaging documents.

ROLE OF USER TESTING IN HEALTH COMMUNICATION

At its foundation, user testing seeks feedback from individuals that represent the intended audience. It allows patients and the nonmedical/scientific audience members to provide feedback on documents, media, or other forms of communication.

PATIENT CENTRICITY FOCUS

Research has shown that patient centricity, the act of allowing the patient to be actively engaged in their health decisions, improves health outcomes. Patient centricity in action is the reciprocal back and forth between the individual(s) or organization developing patient-facing documents and the patients/individuals working in the intended communities. With the growing appreciation for increased diversity among clinical trial participants, creating documents that invite engagement from diverse populations is essential. User testing systems can provide vital insights and perspectives that keep patient centricity front and center. Although user testing is part of developing a patient-centric document, user testing alone does not ensure a patient-centric document.

REVIEW PANELS

Dr Entwisle explained the Center for Information and Study on Clinical Research Participation's (CISCRP) approach to review panels. Review panels are individuals invested in the intended community who provide a viewpoint on behalf of the community. Panels consist of 3 to 5 people from the intended audience who have been recruited through multiple channels (eg, established relationships with patient/patient advocacy groups, advertising, mailing list). Review panels include

- Health professionals
- Patient advocates
- Patients
- General public (nonexpert)

Most medical writing deliverables in CISCRP go through user testing in these review panels.

Based on feedback from previous review panel participants, draft 2 (sponsors see and provide input on draft 1) is used for the review process. This helps panelists to focus on the content rather than copyediting the document. Review panelists are compensated for their time.

TESTING INDIVIDUAL SUMMARIES

CISCRP has used 2 different iterations of their review panel survey. In the first iteration, a short-answer question–based format was utilized. Although the first iteration provided extensive and thoughtful feedback, it could have biased toward negative feedback. A few years later, the survey was adjusted to include rating/multiple choice questions with a few short answers. The addition of rating/multiple choice questions into the survey provided a more complete picture of participant feedback on the document and comparison of trends. Their current user testing system provides panelists with a survey to help guide the focus of the information being collected.

Feedback from the survey can be categorized into three main categories:

- Specific suggestions or areas of confusion—easy fix.
- Expressed confusion or revealed misunderstanding—we do our best.
- Document-level criticism (eg, "It's too long!") —pin for later.

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Although panelists hold a very important role in document development (Figure 1), there are two main reasons that feedback should not be incorporated: if the feedback contradicts other suggestions and/or established best practices or it deviates from templates/regulations or established precedent. Additionally, during the development process, building in regular template updates into the document maintenance process was found to allow for new suggestions to be incorporated in a timelier manner.

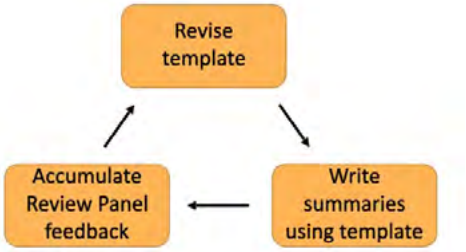

Figure 1. Document development stages incorporating feedback.

LIVE FEEDBACK

Another way to gain insight from the intended audience is to do live feedback sessions to help tease out deeper insights compared with survey responses. This can involve virtual meets in which panelists are given two trial results summaries to review before the meeting. Participants are encouraged to compare the summaries and provide feedback.

RETROSPECTIVE REVIEW PANEL

Retrospective review panels, which focus on looking over published trial result summaries, are currently being piloted. These review panels require a large group of around 20 individuals who are provided with specific topics related to trial result summaries. Examples of the potential areas to research are listed below:

- Did certain sections contain too much detail? Too little?
- What demographic data would you like to see?
- Comprehension questions about complex topics (eg, PK, bioequivalence)
- Word preferences (eg, "health problems" vs "medical problems" vs "unwanted effects")
- Graphics preferences (pie charts vs bullet lists)

USER TESTING FOR ALL MEDICAL WRITERS

User testing helps improve and verify the quality of plain language materials. It also helps medical writers develop and enhance best practices while giving patients and other key stakeholders a voice. When writing a plain language material, medical writers can ask to see if user testing has been done on the sample documents or templates they are being provided. This information can help guide medical writers focusing on plain language materials to create engaging documents for their audience.

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