

# From Research to Reality: Effective Strategies for Handing Off Actionable Human Factors Insights

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**PROBLEM**

Formative Human Factors (HF) research often results in insights being passed “thrown over the fence” to downstream teams and stakeholders with little context, where they can be misinterpreted, glossed over or otherwise lose their full value.

**SOLUTION**

The EPAM Continuum HF team has identified multiple strategies to promote actionable research handoffs to downstream teams, helping to avoid common pitfalls related to ineffective knowledge transfer.

## Ensuring Actionable Root Causes

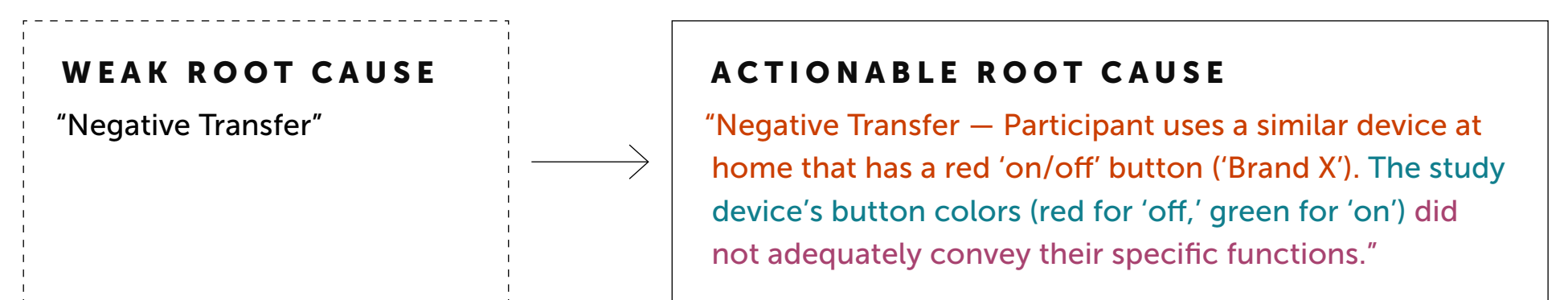
Root causes should be written to provide sufficient understanding to the technical teams ultimately responsible for resolving an observed issue.

What makes a root cause actionable? Ensure it:

- 01 Sets appropriate relevant context
- 02 Identifies a specific design feature of the product system
- 03 Describes the underlying issue(s)

**Example Use Event**

Participant was unable to power on the system and repeatedly pressed the “off” button. During the root cause interview, they described that their current home device has a red “on/off” button.



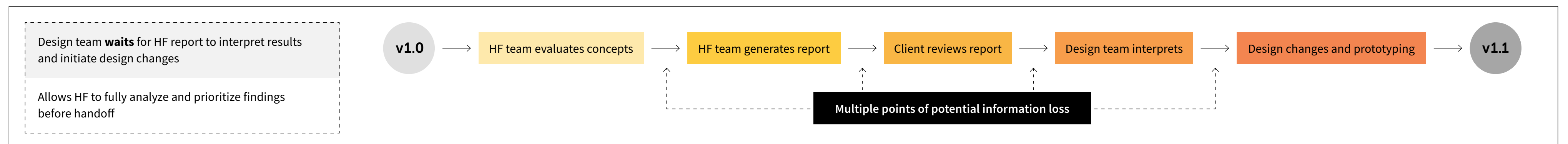
## Cross-Functional Team Inclusion in the HF Testing Process

Including cross-functional teams during the testing process minimizes the time needed for debrief and improves communication of insights. This approach allows for more impactful design changes and more efficient concept iterations than the traditional process.



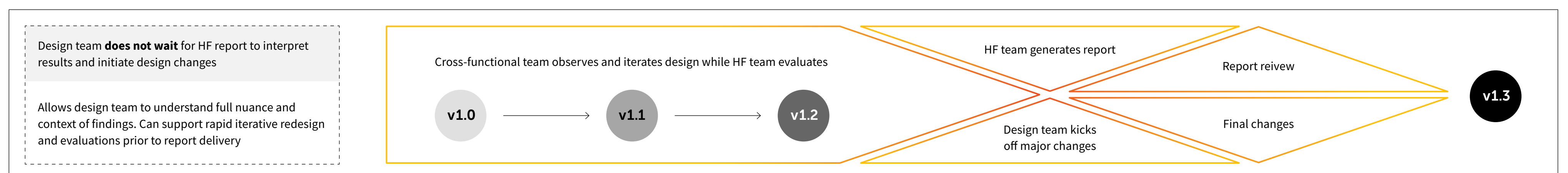
**Tip:** Opposing team goals and intentions can disrupt the rapid and targeted nature of this testing process. We recommend clearly predefining cross-functional team members’ roles and setting a shared context to ensure team alignment.

**TRADITIONAL PROCESS**



**COLLABORATIVE PROCESS**

With In-House Prototyping



## Risk-Based Prioritization of HF Findings

Prioritizing research findings by severity of harm helps emphasize the highest impact issues to be addressed by downstream teams. If HF findings are not sufficiently prioritized — or if downstream teams are not aligned with the rationale behind this prioritization scheme — they might act based on their own biases and omit the full value of HF research’s insights.

- Critical... but how critical?** Highlight the harm severity level of observed use issues to help guide prioritization by downstream teams. Likewise, anticipate that “high-frequency” findings may unduly draw focus (e.g., in red/green tables) regardless of severity.
- One bad “solution,” five new problems:** Call out issues that may be interconnected, as addressing one issue may impact other aspects of the product system — for better or worse. This context can help downstream teams assess the tradeoffs associated with potential changes.

| Severity                      |                | Risk Evaluation   | Prioritization of Design Changes |
|-------------------------------|----------------|-------------------|----------------------------------|
| No Medical Intervention       | 1 (negligible) | Acceptable Risk   | Lowest Priority: Resolve Last    |
|                               | 2              | Acceptable Risk   | Low Priority                     |
| Requires Medical Intervention | 3              | Unacceptable Risk | Medium Priority                  |
|                               | 4              | Unacceptable Risk | High Priority                    |
|                               | 5 (fatal)      | Unacceptable Risk | Highest Priority: Resolve First  |

## Let’s Continue the Conversation

**REACH OUT AT:**

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