

# Usability Testing Report

Appointment Scheduling & Documentation Module-MediCore EHR

Date of Testing	March 15-20, 2025		
Client	MediCore Systems		
Testing Type	Moderated remote usability testing		
Tool Used	Zoom + Lookback.io		
Test Environment	HIPAA-compliant sandbox environment		
Number of Participants	8		
User Groups	<ul><li>- 3 Primary Care Physicians</li><li>- 2 Medical Assistants</li><li>- 2 Administrative Staff</li><li>- 1 Nurse Practitioner</li></ul>		

## **Test Objectives**

- Assess ease of use for appointment scheduling and documentation tasks
- 2. Identify barriers to task completion and system comprehension
- 3. Evaluate time on task and error rate in a simulated real-world clinical workflow
- 4. Gather qualitative feedback on layout, terminology, and cognitive load

### Key Tasks Tested

Task ID	Task Description	Success Criteria	
T1	Schedule a follow-up appointment with a specialist	Appointment created with correct time, provider, and visit reason	
T2	Enter patient vitals during intake	Accurate entry in structured fields within 2 minutes	
Т3	Document SOAP notes and submit for review	Notes submitted with correct format and ICD-10 code	
T4	Locate and update medication history	Correct medication updated without navigation error	

## Quantitative Findings

Metric	Avg. Performance	Benchmark	Success Criteria
Task Completion Rate	87.5%	≥ 90%	T3 had 2 failures due to unclear submission status
Error Rate	1.7 errors/session	≤ 2	Most common: incorrect dropdown selection
Time on Task	Avg. 4.2 min	≤ 3 min	High for T1 & T3 due to search/navigation issues
SUS Score	71.3	68 = Acceptable	Users found the interface helpful but inconsistent

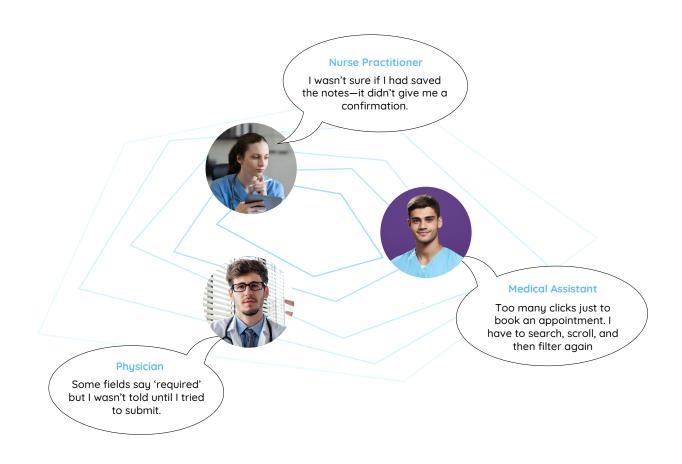
# Qualitative Insights

- Navigation Fatigue: Users struggled to locate appointment slots within a nested calendar UI.
- Terminology Mismatch: Non-clinical users misunderstood medical jargon in tooltips (e.g., "Encounter Type").
- Interface Clutter: Dense layout in documentation section overwhelmed users, especially when tabbing between fields.
- Submission Uncertainty: Several clinicians were unsure if documentation was saved or submitted, leading to repeated entries.

# Critical Usability Issues Identified

Issue ID	Description	Severity	Affected Users	Recommendation
UI-01	"Submit" button label unclear in documenta- tion section	Critical	5/8	Change to "Finalize & Submit", add confirmation message
NAV-02	Appointment filters hidden by default	Major	6/8	Default to expanded view or add visual cue
FORM-03	Vitals entry not auto-saving	Major	4/8	Implement autosave with timestamp indicator
LANG-04	Use of medical acronyms not under- stood by admin users	Minor	2/8	Include glossary tooltips for non-clinical users

## **User Quotes**



### Recommendations

#### Clarify Action States:

Improve visual feedback after actions like saving, submitting, or updating forms.

#### Simplify Navigation:

Reduce nested menus and increase the visibility of critical filters.

#### Role-Specific Language:

Tailor terminology based on user profile—use plain language for admin staff.

#### Reduce Form Clutter:

Group related fields into progressive disclosure sections (e.g., collapsible panels).

# **Appendices**

- A. [Usability Testing Script Template]
- O B. [Participant Consent Form (Anonymized)]
- O. C. [KPI Tracker Sheet Appointment & Documentation Flows]
- O D. [Raw Observational Notes Summary]