Usability Testing Findings & Action Items

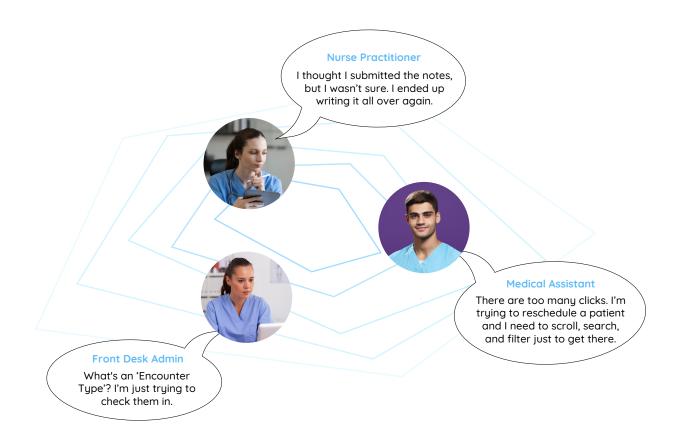| Product Tested	Appointment Scheduling & Documentation Module
Platform	MediCore EHR
Date	March 15–20, 2025

Key Findings (At a Glance)

○ **Users are unsure when the documentation is saved or submitted.**
This caused double entries in 3 sessions and hesitation in completing tasks.

○ **The appointment scheduling interface is buried in too many layers.**
75% of participants struggled to locate appointment filters or find the right slot.

○ **Terminology and labels don't match user roles.**
Admin staff were confused by medical acronyms; clinicians found tooltips too generic.

○ **Interface density is overwhelming.**
Especially in documentation, participants felt they had to "fight the system" to enter structured data.

Issue Severity Breakdown

Severity	Task Description	Success Criteria
Critical	Unclear "Submit" button for clinical notes	5 of 8 users
Major	Appointment filters are hidden by default	6 of 8 users
Major	No autosave or feedback for patient vitals entry	4 of 8 users
Minor	Use of acronyms in non-clinical UI is confusing for admin staff	2 of 8 users

Real User Pain Points

Nurse Practitioner
I thought I submitted the notes, but I wasn't sure. I ended up writing it all over again.

Medical Assistant
There are too many clicks. I'm trying to reschedule a patient and I need to scroll, search, and filter just to get there.

Front Desk Admin
What's an 'Encounter Type'? I'm just trying to check them in.

Key Tasks Tested

Issue	Recommendation
Submission Uncertainty	Change button label to "Finalize & Submit." Add a confirmation message and timestamp.
Hidden Filters in Appointment Module	Expand filters by default. Highlight active filters visually.
Lack of Autosave in Vitals Entry	Implement autosave every 30 seconds. Show "last saved" label.
Terminology Mismatch for Admin Users	Use role-based terminology. Add tooltips or glossary for complex terms.
Dense Documentation Layout	Introduce collapsible panels. Separate fields into logical groupings.

The Business Case for Fixing These

Impact Area	Current Risk	Potential Benefit
Clinician Time	Avg. 4.2 min per documentation task vs. target of 3 min	Saves ~1.2 min/task across 1000s of daily entries
Patient Safety	Submission uncertainty may delay documentation accuracy	Reduces risk of medical errors & improves compliance
Staff Training	Confusing terms increase onboarding time for new hires	Simplifies learning curve for non-clinical users
Compliance	No audit trail or feedback for submissions	Clearer records help meet HIPAA & audit requirements
User Satisfaction	SUS score of 71.3 (just above acceptable)	Target 80+ by addressing critical UX blockers

Next Steps

○ Prioritize critical issues for immediate design iteration

○ Prototype new interactions based on proposed fixes

○ Run follow-up testing in 4 weeks to measure improvement

○ Monitor impact via KPI Tracker (task completion, time-on-task, error rate)