

Usability Test

Moderator's Guide

Test Name: _____

Date: _____ Time: _____

Administrator: _____

Data Logger: _____

Terminal ID: _____ Participant # _____

PRIOR TO TESTING
<input type="checkbox"/> Confirm schedule with participants <input type="checkbox"/> Ensure computer lab environment is running properly <input type="checkbox"/> Ensure testing packets are printed: Moderator's Guide with Data Log Worksheets, Participant Questionnaire, SUS, Informed Consent, and Non-Disclosure Agreement
PRIOR TO EACH PARTICIPANT
<input type="checkbox"/> Ensure a session of the EHR can be launched with <input type="checkbox"/> Ensure session is in Full Screen Mode (press F11) <input type="checkbox"/> Confirm participant has an assigned participant number <input type="checkbox"/> Ensure participant UN and PW are valid <input type="checkbox"/> Log-out to ensure Log-on screen is on the workstation <input type="checkbox"/> Save a blank .DOCX on the workstation desktop named: Part xx PC-xxxx (where xx is the participant #, and xxxx is the terminal ID)
PRIOR TO EACH TASK
<input type="checkbox"/> Ensure corresponding data log worksheet will be used <input type="checkbox"/> Ensure participant understands instructions <input type="checkbox"/> Ensure timer is reset and started once "Begin" has been announced
AFTER EACH TASK
<input type="checkbox"/> Stop timer when the participant announces "Done" <input type="checkbox"/> Capture screenshot and paste it to the .DOCX on the workstation desktop <input type="checkbox"/> Collect Task Rating from participant <input type="checkbox"/> Complete Data Log Worksheet for the corresponding task
AFTER TEST
<input type="checkbox"/> Ensure participant packet is complete including: <input type="checkbox"/> Moderator's Guide with Data Log Worksheets, <input type="checkbox"/> Participant Questionnaire, <input type="checkbox"/> SUS, <input type="checkbox"/> Informed Consent, and <input type="checkbox"/> Non-Disclosure Agreement

Orientation (10 minutes)

Thank you for participating in this test. Your input is very important to us. Our session today will last approximately two working days. During that time you will use an instance of an electronic health record.

There will be a number of tasks that will need to be completed as well as a few questions that will need to be answered. Each task will need to be completed on your own, at your own pace with minimal possible errors or deviations. We ask that you do them as quickly and efficiently as possible with the instructions that we have provided. Please complete the task and do not attempt to do more than what is instructed.

We must emphasize that we are not testing you or your ability to use the system- we are evaluating the usability of the system. We are not able to instruct or provide you with help on how to use the application beyond the provided instructions, but we may be able to provide help on other related issues. Please save your detailed comments until the end of the task or at the end of the session when we can discuss freely as a group.

Overall, we are interested in how easy (or how difficult) this system is to use, what features or functionality are useful to you, and how we could improve it. Please be honest with your opinions.

The information you provide us will be kept confidential. Your name and any other identifying information will be omitted and not be associated with your comments. Should you feel it necessary, you are able to withdraw your participation at any time during the testing.

The product you will be testing today includes the following applications within the CliniComp EHR: CPOE, Implantable Devices, Clinical Decision Support, Clinical Information Reconciliation, and Electronic Prescribing. Since we are testing specific functionality, the workflow may not seem complete, or the data may not make sense compared to your normal work processes.

To access the system you will be using a demo user and test patient record that correlate with your assigned participant number.

For each task, I will read the description to you and say "Begin." At that point, please perform the task and say "Done" once you believe you have successfully completed the task. I would like to request that you not talk aloud or verbalize while you are doing the tasks. I will ask you your impressions about the task once you are done.

Do you have any questions or concerns?

Preliminary Questionnaire (10 minutes)

Before beginning the EHR tasks we would like to collect some information for participant classification purposes. Again, all of the information that you provide will be kept confidential and your name will be omitted from your data.

Please take a moment to complete the Participant Questionnaire found in your test packet. If you have any questions, please do not hesitate to ask.

(Administer Participant Questionnaire)

Task 1: First Impression (10 minutes)

Please log in to the system using your assigned username and password. From the first page please select the PRODUCTION unit and then select your patient. This is the patient record with which you will be working with.

****Please don't click on anything more****

From this page please take a look at the EHR.

What do you notice? What are you able to do here? At first glance is anything that you would expect missing?

Notes / Comments:

Testing Scenario

James is a 65 year old male presenting to the hospital after suffering a near fall at home. He tripped and had a near fall, but hit his chest against the wall and is now complaining of some localized pain to the area. There is some bruising and swelling noted.

Task 2: Demographics (45 seconds)

Cycle 1

You are interviewing the patient and need to ask a few demographic questions. Under the MU3 Demographics tab, please chart the following details:

Date of Birth: 01/15/1951
 Sexual Orientation: Straight or heterosexual
 Gender Identity: Identifies as Male
 Sex: M

Participant Steps Recording

(Start timer)

Task 2 Optimal Path (6 steps) (check box as participant completes the step)	Deviations (check a box for each deviation and describe below)							Total
<input type="checkbox"/> Clicks [MU 3 Demographics] tab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Types in Date Of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chooses correct Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chooses correct Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chooses M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks on the Save button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

Correct Minor Deviations Major Deviations (describe deviations below)

Deviation description and observations: _____

Task Completion

Success:

- Easily Completed
- Completed with Difficulty

Failure:

- Did not reach desired outcome
- Abandoned
- Allotted time expired

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 4: Medication Allergy List and Reconciliation (160 seconds)

Cycle 1

The patient states he was seen at another health facility and had a reaction to another medication that he cannot recall. Under the MU2ReconcileMedAllergy please import and reconcile the outside list as well as his known medication allergy listed below:

Type: Drug
 Drug Name: Penicillin G Sodium
 Symptoms: Skin Rashes Hives
 Severity: Mild

Participant Steps Recording

(Start timer)

Task 4 Optimal Path (11 steps) <i>(check box as participant completes the step)</i>	Deviations <i>(check a box for each deviation and describe below)</i>							Total
<input type="checkbox"/> Clicks [Medication Allergy] tab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Chooses source option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Insert PDF]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Uploads correct PDF file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Open]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chooses type of allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chooses correct allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Completes Symptom and Severity section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [+] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Repeats steps for second allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks on the Save button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

Correct Minor Deviations Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

Success:

- Easily Completed
- Completed with Difficulty

Failure:

- Did not reach desired outcome
- Abandoned
- Allotted time expired

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 5: Medication List and Reconciliation (180 seconds)

Cycle 1

The patient has provided his home medications, in addition to information from the other health facility. Under the MU2MedReconList1 please import and reconcile his medications into one list. (Two list into one)

Drug Name: ASPIRIN CHEWABLE {81MG TBCH}pla
 Dose: 81mg
 Route: PO
 Frequency: Daily

Drug Name: CLOPIDOGREL {75MG TAB} (PLAVIX)
 Dose: 75mg
 Route: PO
 Frequency: Daily

Participant Steps Recording

(Start timer)

Task 5 Optimal Path (13 steps) (check box as participant completes the step)	Deviations (check a box for each deviation and describe below)							Total
<input type="checkbox"/> Clicks [Medications] tab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Chooses source option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Insert PDF]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Uploads correct PDF file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Open]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Types in Medication name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters Dose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters Route								
<input type="checkbox"/> Enters Frequency								
<input type="checkbox"/> Clicks [+] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Repeats steps for second medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Repeats steps for third medication								
<input type="checkbox"/> Repeats steps for fourth medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Saves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

- Correct
- Minor Deviations
- Major Deviations (*describe deviations below*)

Deviation description and observations: _____

Task Completion

- Success:
 - Easily Completed
 - Completed with Difficulty
- Failure:
 - Did not reach desired outcome
 - Abandoned
 - Allotted time expired

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 6B: CPOE- Editing a Diagnostic Imaging Study (60 seconds)

Cycle 1

The x-ray tech comes to you asking if you want a lateral as well. Using CPOE, please rewrite the order to the new order listed below.

Diagnostic: Chest X-ray PA and Lateral Category: Radiology: Radiology

Participant Steps Recording *(Start timer)*

Task 6B Optimal Path (5 steps) <small>(check box as participant completes the step)</small>	Deviations <small>(check a box for each deviation and describe below)</small>							Total
<input type="checkbox"/> Clicks [Order Entry]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Highlights Chest X-ray PA Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Click ReWrite Order icon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters new order in order name field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Saves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

Correct Minor Deviations Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

Success: Failure:

- Easily Completed Did not reach desired outcome
- Completed with Difficulty Abandoned
- Allotted time expired

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 7A: CPOE- Entering a Medication Order (60 seconds)

Cycle 1

The patient needs a dose of his warfarin. Using CPOE, place an order for the medication detailed below:

- Medication: WARFARIN {10MG TAB} (COUMADIN)
- Frequency: x1
- Priority: STAT
- Provider: Spencer, John MD

Participant Steps Recording

(Start timer)

Task 7A Optimal Path (5 steps) <i>(check box as participant completes the step)</i>	Deviations <i>(check a box for each deviation and describe below)</i>							Total
<input type="checkbox"/> Types medication into new order box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: <i>(in seconds)</i> _____
<input type="checkbox"/> Changes Frequency x1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Changes Priority STAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chooses Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Saves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: <i>(sum of all step checkboxes)</i> _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant’s Path

- Correct
 Minor Deviations
 Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

- | | |
|--|--|
| <input type="checkbox"/> Success: | <input type="checkbox"/> Failure: |
| <input type="checkbox"/> Easily Completed | <input type="checkbox"/> Did not reach desired outcome |
| <input type="checkbox"/> Completed with Difficulty | <input type="checkbox"/> Abandoned |
| | <input type="checkbox"/> Allotted time expired |

Participant Rating

Overall, on a scale of 1 to 5, where 1 is “Very Easy” and 5 is “Very Difficult,” this task was: _____

Comments:

Task 7B: CPOE Drug-Drug, Drug-Allergy Interaction Checks (20 seconds)

Cycle 1

An order decision support has appeared for a possible drug-drug interaction. Please review and how you will proceed.

Participant Steps Recording

(Start timer)

Task 7B Optimal Path (2 steps) (check box as participant completes the step)	Deviations (check a box for each deviation and describe below)							Total
<input type="checkbox"/> Clicks [CDS] and reviews message tab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Clicks OK if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

- Correct
 Minor Deviations
 Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

- Success:
 - Easily Completed
 - Completed with Difficulty
- Failure:
 - Did not reach desired outcome
 - Abandoned
 - Allotted time expired

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 7C: CPOE- Editing a Medication Order (60 seconds)

Cycle 1

The patient took some Tylenol earlier. Since he took Tylenol you need to discontinue the Tylenol order in CPOE. Using CPOE, please discontinue the medication that is listed below:

Medication: Tylenol {325mg TAB} (TYLENOL)
 Details: 650 mg PO x1 STAT
 Status: Active
 Provider: Spencer, John MD

Participant Steps Recording

(Start timer)

Task 7C Optimal Path (5 steps) <small>(check box as participant completes the step)</small>	Deviations <small>(check a box for each deviation and describe below)</small>							Total
<input type="checkbox"/> Highlights Existing Active Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Clicks [DC] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters Stop Time icon to enter current time as DC Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters Provider's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [OK]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

- Correct Minor Deviations Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

- | | |
|---|--|
| <input type="checkbox"/> Success: | <input type="checkbox"/> Failure: |
| <input type="checkbox"/> Easily Completed
<input type="checkbox"/> Completed with Difficulty | <input type="checkbox"/> Did not reach desired outcome
<input type="checkbox"/> Abandoned
<input type="checkbox"/> Allotted time expired |

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 8: CPOE- Entering a Laboratory Order (60 seconds)

Cycle 1

Since the patient is taking Plavix daily, you want to check if his range is range is therapeutic. Using CPOE, please order the lab that is listed below:

Laboratory Order: Prothrombin Time / International Normalized Ratio (PT/INR)
 Frequency: x1
 Priority: STAT
 Provider: Spencer, John MD

Participant Steps Recording

(Start timer)

Task 8 Optimal Path (6 steps) (check box as participant completes the step)	Deviations (check a box for each deviation and describe below)							Total
<input type="checkbox"/> Enters and chooses correct laboratory order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Clicks on order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters Frequency x1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters Priority STAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters provider's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Applu/Close] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Saves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

Correct
 Minor Deviations
 Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

Success:

- Easily Completed
- Completed with Difficulty

Failure:

- Did not reach desired outcome
- Abandoned
- Allotted time expired

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 9: Implantable Device List (60 seconds)

Cycle 1

The patient states he had a left hip replacement. You recall that there have been major hip replacement recalls for DePuy, Stryker, and Zimmer implant products. Please verify that the patient's implantable device list is current, his hip replacement is not one of those from a manufacturer listed above, and then mark that you have reviewed it.

Participant Steps Recording

(Start timer)

Task 9 Optimal Path (5 steps) (check box as participant completes the step)	Deviations <i>(check a box for each deviation and describe below)</i>							Total
<input type="checkbox"/> Clicks on [Implant Devices] tab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Clicks on [View Details] hyperlink under Actions column and reviews information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks on [Close] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks on [Mark as Reviewed] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____
<input type="checkbox"/> Clicks on [Yes] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

- Correct
 Minor Deviations
 Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

- | | |
|---|--|
| <input type="checkbox"/> Success: <ul style="list-style-type: none"> <input type="checkbox"/> Easily Completed <input type="checkbox"/> Completed with Difficulty | <input type="checkbox"/> Failure: <ul style="list-style-type: none"> <input type="checkbox"/> Did not reach desired outcome <input type="checkbox"/> Abandoned <input type="checkbox"/> Allotted time expired |
|---|--|

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 10: Problem List (180 seconds)

Cycle 1

After reviewing the radiology results, please document under the MU2ReconcileProblems tab the patient's new diagnosis that is listed below as well as upload and reconcile his problem list that was provided from another facility. If the field is UNKNOWN then please leave it blank (Two list into one)

Date: 12/07/2016
 Problem: Closed fracture of metacarpal bone (disorder)
 Status: Active
 Acute/Chronic: Acute
 Diagnosed Date: 12/07/2016

Participant Steps Recording

(Start timer)

Task 10 Optimal Path (13 steps) (check box as participant completes the step)	Deviations (check a box for each deviation and describe below)							Total
<input type="checkbox"/> Clicks [Problems] tab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Chooses source option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Insert PDF]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Uploads correct PDF file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Open]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Types in Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters Acute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters diagnosed date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [+] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Repeats steps for second problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Repeats steps for third problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Saves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

- Correct
 Minor Deviations
 Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

Success:

- Easily Completed
- Completed with Difficulty

Failure:

- Did not reach desired outcome
- Abandoned
- Allotted time expired

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 11: Medication Reconciliation (45 seconds)

Cycle 1

Please complete the discharge medication reconciliation and mark what medications will be continued and stopped by following the instructions listed below:

- Tylenol: Continue
- Plavix: Continue
- Lipitor: Continue
- Aspirin: Continue

Participant Steps Recording

(Start timer)

Task 11 Optimal Path (6 steps) <small>(check box as participant completes the step)</small>	Deviations <small>(check a box for each deviation and describe below)</small>							Total
<input type="checkbox"/> Clicks [Discharge] tab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Continues Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Continues Plavix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Continues Lipitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Continues Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____
<input type="checkbox"/> Clicks on [Reconcile and Sign]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

- Correct
- Minor Deviations
- Major Deviations *(describe deviations below)*

Deviation description and observations: _____

Task Completion

- Success:
 - Easily Completed
 - Completed with Difficulty
- Failure:
 - Did not reach desired outcome
 - Abandoned
 - Allotted time expired

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

Task 12: e-Prescribing (180 seconds)

Cycle 1

The patient is now ready to go home and is requesting some tylenol. There is no pharmacy listed, but he provided you with the one he would like to use. Using eRx, place an order for the medication below as well as choose the pharmacy he requested:

Medication: ACETAMINOPHEN {325MG TAB} (TYLENOL)
 Directions: take 3 tabs PO Q6H PRN for pain
 Quantity: 100
 Form: Tablet
 Refills: 0 (Zero)

Pharmacy: VA Pharmacy 10.6MU

Participant Steps Recording

(Start timer)

Task 12 Optimal Path (15 steps) (check box as participant completes the step)	Deviations (check a box for each deviation and describe below)							Total
<input type="checkbox"/> Types and chooses correct medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Time: (in seconds) _____
<input type="checkbox"/> Enters prescription directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters correct Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters correct Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enters correct refills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Review] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Change Dispensing Pharmacy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Types in pharmacy name and clicks [Search]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Highlights the pharmacy resulted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Select] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clicks [Send] button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Saves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Steps: (sum of all step checkboxes) _____

(Stop timer and capture a screenshot after the participant completes the task)

Participant's Path

- Correct
 Minor Deviations
 Major Deviations (describe deviations below)

Deviation description and observations: _____

Task Completion

- | | |
|--|--|
| <input type="checkbox"/> Success: | <input type="checkbox"/> Failure: |
| <input type="checkbox"/> Easily Completed | <input type="checkbox"/> Did not reach desired outcome |
| <input type="checkbox"/> Completed with Difficulty | <input type="checkbox"/> Abandoned |
| | <input type="checkbox"/> Allotted time expired |

Participant Rating

Overall, on a scale of 1 to 5, where 1 is "Very Easy" and 5 is "Very Difficult," this task was: _____

Comments:

(this concludes the first cycle)