WORKFLOW · SAMPLE ENGAGEMENT

Week 1 to Week 6, *start to signed-off.*

A single engagement, scoped and delivered using only the files in the kit.

This is the engagement shape the toolkit is built around: a six-week clinical UX evaluation, scoped and delivered using only the files in the toolkit. Each phase names the artefacts you produce and what the clinical stakeholder actually sees.

01 Scope & risk

Week 1 · Five working days

Bound the evaluation around the hazards that matter, not the screens that are easy.

WHAT YOU DO
— Discovery with clinical and safety stakeholders
— User groups and care settings agreed
— Use-related risk analysis reviewed for interface causes
— Proposal, SOW and evaluation plan issued

WHAT YOU PRODUCE
— Signed SOW
— User-group map
— Hazard shortlist

CLIENT EXPERIENCE The clinical lead sees the hazards named in the first meeting.

02 Contextual fieldwork

Weeks 2-3 · Ten working days

Observe the work where it happens, including the interruptions.

WHAT YOU DO
— Task and workflow observation per user group
— Interruption and hand-off capture
— Use-error and workaround log started
— Formative sessions run in context, not in a lab

WHAT YOU PRODUCE
— Task inventory
— Use-error log
— Formative findings

CLIENT EXPERIENCE Clinicians see their own workarounds reflected back as findings, not blame.

03 Validation

Weeks 4-5 · Ten working days

Validate with enough participants per group to make the claim.

WHAT YOU DO
— Summative sessions - 15 per distinct user group
— Task success, use error, time on task, SUS, NASA-TLX
— Accessibility pass with assistive technology
— Root-cause analysis per use error

WHAT YOU PRODUCE
— Validation dataset
— SUS and TLX scores
— Hazard traceability matrix

CLIENT EXPERIENCE The safety committee sees a dataset, not an anecdote.

04 Report & handover

Week 6 · Five working days

Deliver evidence that survives a regulatory review.

WHAT YOU DO
— Report written against the risk analysis
— Severity and priority set with the clinical owner
— Design changes traced to hazards
— Post-market surveillance hooks agreed

WHAT YOU PRODUCE
— Clinical UX report - 9 pages
— Traceability matrix
— Prioritised remediation plan

CLIENT EXPERIENCE The reviewer sees a closed loop from hazard to evidence to change.

WHAT THE ENGAGEMENT ASSUMES

— Access to the real artefact, not a summary. Half of these criteria cannot be scored from a slide.

— One decision-maker who can sign the statement of work inside a week. A good audit dies in procurement.

— Evidence captured as you go, not reconstructed afterwards. A rating without a reference is provisional.

— A single readout slot booked on day one, before the fieldwork begins.