

## **Waiting room observation and possible solution to improve the experience**

### **Summary:**

This report presents the observation of patient activities during Monday morning. The activity within the waiting room is particularly observed because the observation is restricted within that area. The first thing patients have to do when they come to the clinic is to talk to the receptionist and some of them have done appointment with receptionist which reduces that time and they just need to provide their name. When the nurse is ready they will be called and go inside another room. After that they have to wait for approximately half an hour to see the doctor. Six patients visited the clinic of geriatrics in BMC Ambulatory Care Center during the hour from 9:30am – 10:30am, 4 female and 2 male. As for the ethics, there are three whites and 3 blacks. They have to bring their insurance card/medical card with them and fill out one form before they meet the doctors.

### **Detailed activities:**

The registration takes 4-5 minutes between patients and nurse in another room out of the waiting room which is beyond the reach of this observation.

1. The patient come to the reception desk to tell the receptionist his/her name, that's enough information for initial work (if s/he made appointment in advance);
2. Patient waits for 3-4 minutes in the waiting room and takes some time reading the form, it takes longer time if the patient comes later than the appointed time;
3. After getting the patient's name, the nurse goes inside another room to inform the nurse one patient needs to be looked after, it usually takes 1-2 minutes, patient come during that time looks a little confused because there's no one at the reception desk;
4. The receptionist comes out, washes her hand and gets back to reception desk;
5. The patient are called by the nurse to do registration which takes around 2-3 minutes;
6. After registration, there is approximately 30 – 40 minutes waiting before being called by the nurse to see the doctors.
7. The time patient with doctor is beyond the observation as the first patient of the observation is still inside the doctor's room until the end of the observation.

There could be a suggestion that the process can be simplified so that the nurse, the receptionist, the doctor and the patient would have better experience during busy time.

### **Possible requirement of assistant system**

Most of the time, patients just sit silently in the waiting room and there is no communication with other patients, although some of them have conversations but

only with their companions. However, the patients gradually become talkative during the interview and the conversation expands to a group talk attended by other patients as the interview continues. It can be seen in the observation that the patients in the waiting room have enough time to do something more interesting. Such as interacting with some application and get some useful information which can help first and secondary “stakeholders”[1] of the system to save time and to have better experience.

### **Problems**

Learning from the interview, the altitudes of older adults towards computer technology are more conservative comparing with younger adults. The patients feel happy when the doctors explain everything patiently to them, although they forget something back home. They would like to get all the information from the doctors rather than high-tech machines (i.e. computers) because they consider people more trustful but machines too complicated. However, “virtual character” can be an alternative choice of interaction between older patients and machines which faces less negative altitudes.

*“I attended computer classes six years ago and stopped after a few times, which I think is difficult to catch up with” ... “Even the touch screen is too difficult” ... “virtual character could be accepted but I still prefer my doctor”* by an older patient in the waiting room.

However, some computer assistance is required during such busy hours which can facilitate the waiting room process. Hence, here comes the problem of system design of such assistance: positive requirement from clinics but reluctant altitudes from patients.

### **Possible solutions:**

Some assistant system in the waiting room should be designed carefully which looks attractive and as simple as possible. In some circumstances, sound output and speech recognition need to be considered helping people with visual impairment or moving disability. In the meantime, privacy protection needs to be considered especially when sound output is adopted. Users may choose using ear phones or muting the volume if necessary.

### **Conclusion:**

This report presented the observation of activities in the clinic during busy hours. Following, it is discussed that some assistant system is required in that waiting room but facing some problems to implement the plan. There are possible solutions on this specific issue but further observation and evaluation are needed to push forward this project.

**Reference:**

A., Dix, *Human-Computer Interaction, third edition*, Prentice Hall, England, 2004