PRE ENCOUNTER CARCINOMA OF BREAST FLUX NOTES CONCEPT v11.8

EDWIN CHOI, JUHAN SONIN, 6.DEC.2017

goinvo

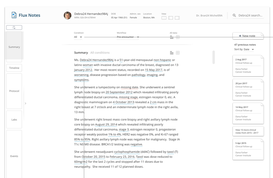
The following are narrative based, fluid interface concepts for Flux Notes, focused on a pre-encounter view within an oncology setting. These concepts continue to be refined based on new feedback and discussion.

Red circles denote specific questions that can be asked to clinicians for validation and feedback.

Blue calls out new design updates.

1 FLUXNOTES VIEW MODE

1.1 FLUXNOTES VIEW MODE



Clinical information and visualizations related to the search is returned, along with search results found within the filtered (in this case, lobular carcinoma of the breast) version of the patient record, and body search results from the entire patient record are returned.

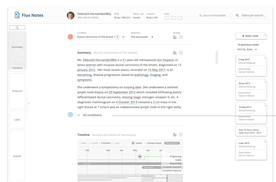
The search bar expands when it is interacted with, to provide more toxo space for the user.

Is "cancerlobular" the correct term?

Choosing a condition will filter the patient record to show information relating to that condition, as well as any comorbidities closely connected with that condition. Hovering displays the associated comorbidities that the system has chosen to display to the clinician along with their chosen condition.

When "all" conditions are chosen, conditions will be mapped onto the timeline visualization. This is not necessary when only a single condition is being viewed.

1.2 FLUXNOTES VIEW MODE



Each section of the patient record can be expanded to show information outside of the selected condition.

Carve more devoted expansion/collapse much more than button elements.

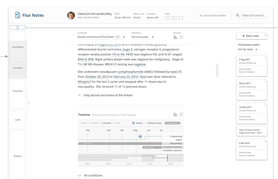
Instead of expanding each individual section, should we explore a toggle between all conditions and the selected condition? Toggling would keep the user's place in the document, whereas individual section expansions/collapses could be disorienting. Perhaps a "focus" mode, despite the "condition" selection being 'Breast carcinoma of the breast.'

1.3 FLUXNOTES VIEW MODE

Summary Ductal carcinoma of the breast
Summary All conditions

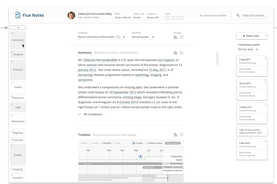
Once the summary section is expanded to include all conditions, the inclusion is denoted now in the header section with lighter text.

1.4 FLUXNOTES VIEW MODE



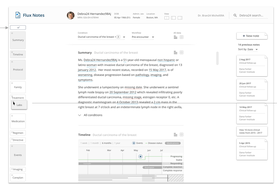
Other sections, like Timeline, have not been expanded to show information on all conditions. For this reason, 'Ductal carcinoma of the breast' is displayed in the header of Timeline.

1.5 FLUXNOTES VIEW MODE



The user has both the ability to choose which categories of information to display (height represents amount of content) and which to rearrange, all in one view.

1.6 FLUXNOTES VIEW MODE



1.7 FLUXNOTES VIEW MODE

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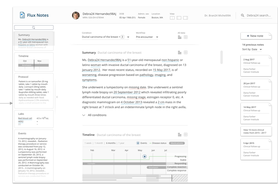

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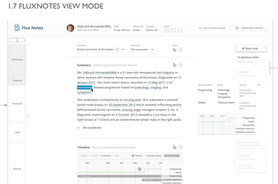
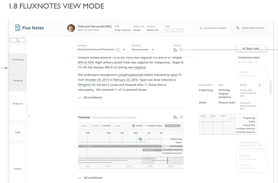
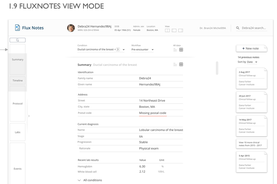


Clicking on a concurrent doc element brings up contextual information, which remains fixed in the display as the user scrolls through other parts of the record. It can be removed by clicking the red "x".

1.8 FLUXNOTES VIEW MODE



1.9 FLUXNOTES VIEW MODE



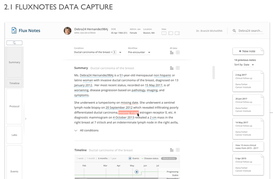
The user has the ability to globally switch between a narrative data view, and a table based data view. Each section of the patient record can also manually be toggled between a narrative or table based view.

When individual sections are toggled between narrative/table views, the "all data" view itself becomes low opacity to reflect that nuance. When the narrative (can an table issue under 'all data' is selected, all sections in the patient record will change to that view.

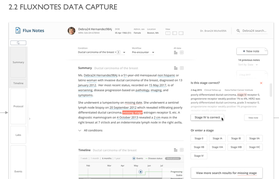
When a section of the patient record has a missing unsourced element (whether it's 1 or 100), that section is anchored in light red as a visual indication.

2 FLUXNOTES DATA CAPTURE

2.1 FLUXNOTES DATA CAPTURE



2.2 FLUXNOTES DATA CAPTURE



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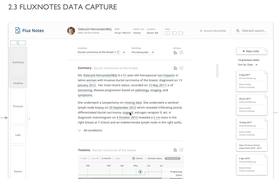
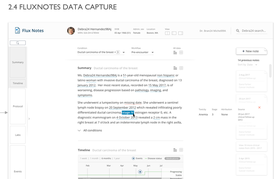


2.4 FLUXNOTES DATA CAPTURE



3 FLUXNOTES SEARCH MODE

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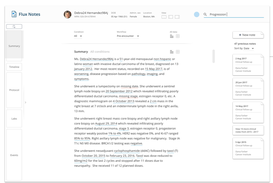
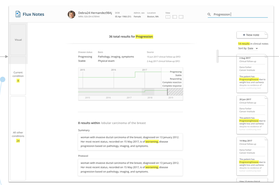


Clinical notes ←

The prime has been arranged to match the mainen design: clinical notes slide in from the right side of the screen.

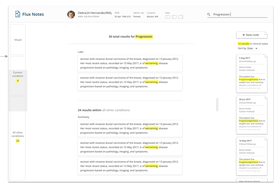
3.2 FLUXNOTES SEARCH MODE



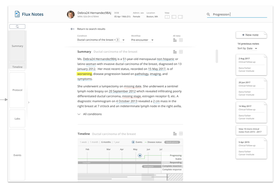
The trimmings changes to reflect the search mode that the user is in. The behavior of the trimmings is still in flux, however, in new mode, except applied to the search results. This is for consistency in interaction/behavior.

How much differentiation should there be within the search results? Structured in unstructured information. Would it flow/ be useful? What is the criteria for the search results that are returned? For example, should "disease progression based on ..." information be returned? What is the threshold for what information is returned?

3.3 FLUXNOTES SEARCH MODE



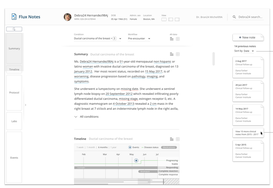
3.4 FLUXNOTES SEARCH MODE



By clicking on a search result, the user will jump to that section of the patient record, but now always returns to the search results. Where the text in the search bar is erased, the yellow highlight disappears and the interface now reacts as default (as in 1.1).

4 FLUXNOTES BROWSE NOTES / CHANGE VIEW

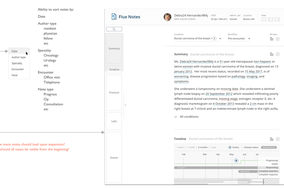
4.1 FLUXNOTES BROWSE NOTES / CHANGE VIEW



Expanding to review more notes will reveal 10 more notes at a time. Reveals from most-recent → older clinical notes.

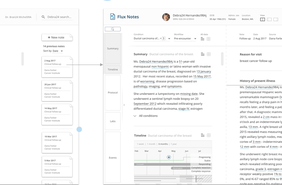
How many notes should load upon expansion? Or should all notes be visible from the beginning?

4.2 FLUXNOTES BROWSE NOTES / CHANGE VIEW



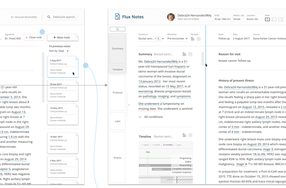
A subtle line is used as a indicator to help keep the users visual place when previous notes are expanded to reveal more notes.

4.3 FLUXNOTES BROWSE NOTES / CHANGE VIEW



The first case in of previous note views has been increased, to match the first one in the patient summary view to the left of the screen.

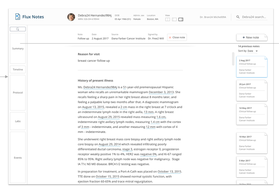
4.4 FLUXNOTES BROWSE NOTES / CHANGE VIEW



Return to the default patient record view (as in 1.1).

In the previous design, all other non-selected notes were lower opacity, which may communicate that these were disabled and unselectable. Here, a different visual treatment is used on the selected note, without reducing the visual weight of the other notes in order to communicate that all previous notes are selectable.

4.5 FLUXNOTES BROWSE NOTES / CHANGE VIEW



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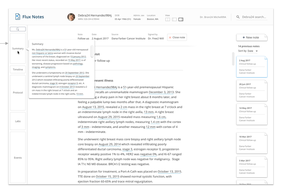

5 FLUXNOTES NEW NOTE MODE

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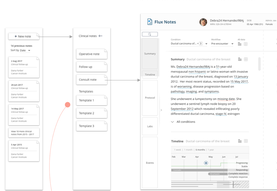
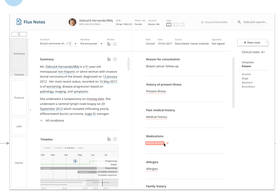


Can we make this feel more 'real'? What could be norms of some clinician created templates?

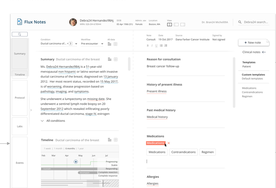
5.2 FLUXNOTES NEW NOTE MODE



Hovering over missing elements in the clinical note reveals an option to remove it.

The font size in the new note has been increased, to match the font size in the patient summary view to the left of the screen.

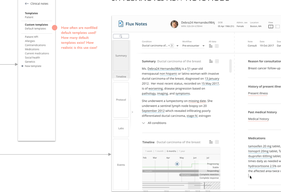
5.3 FLUXNOTES NEW NOTE MODE



Clicking the missing element reveals 2 ways of entering information into the clinical note: no templates or typing.

How often are modified clinical templates used? How long default templates stand? Hence relative to this use case?

5.4 FLUXNOTES NEW NOTE MODE



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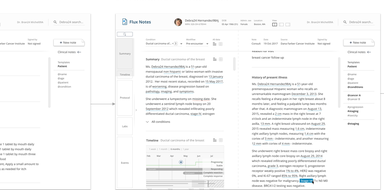

Removed unfilled elements and right opened cases (clinician has selected entire note)

Removed unfilled elements and left opened cases (clinician has selected another note)

How organization is showing the # of unfilled elements?