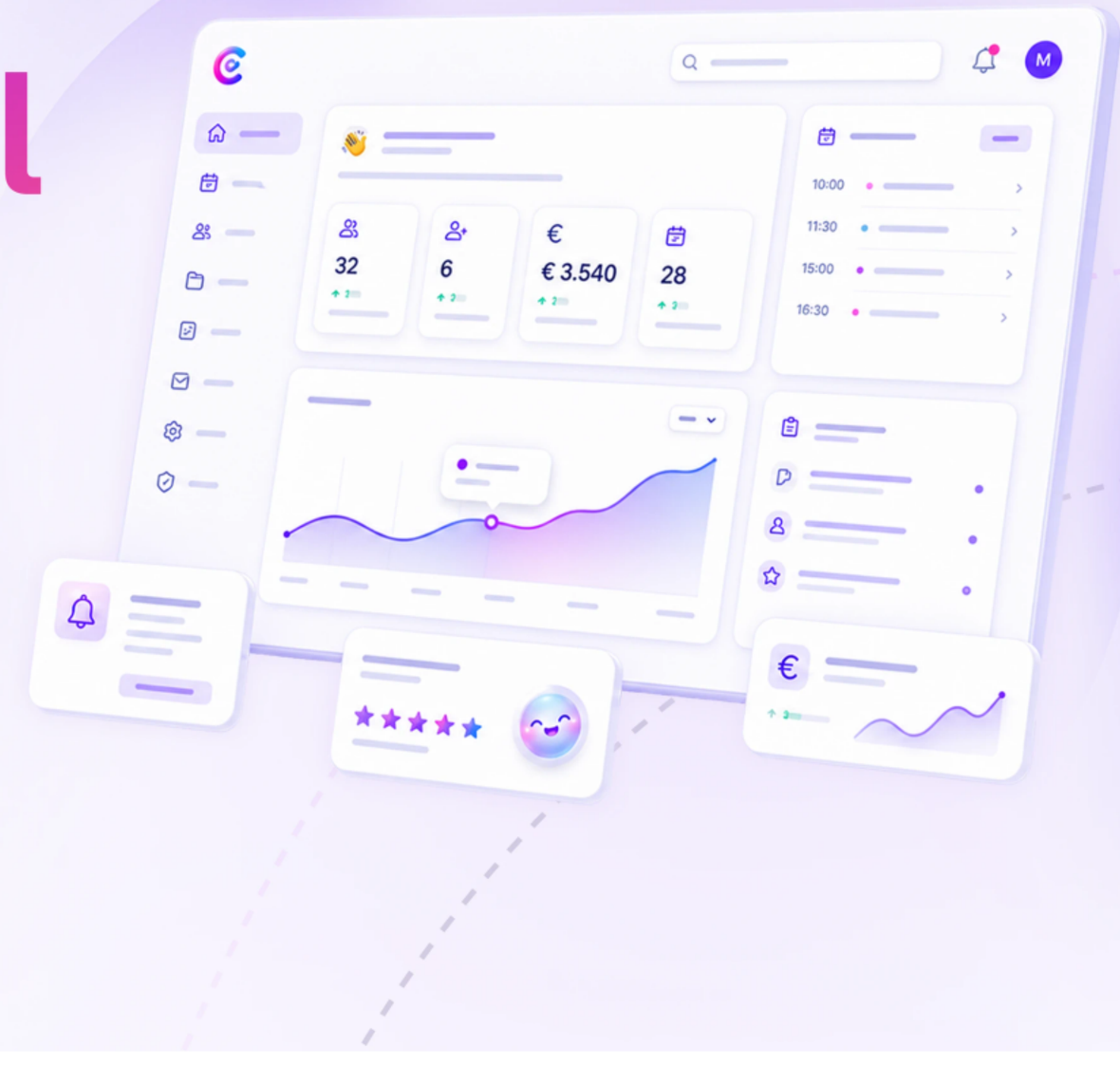
UX CASE STUDY

ClinicSoul

UX Redesign Case Study

Improving a clinical management platform Initially Shaped by AI through UX research and validation.

From assumptions to evidence-based product decisions.



Research Methods & Discovery

A qualitative, user-centered research phase to validate design hypotheses and map real clinical workflows. Our goal was to evolve ClinicSoul from a rigid automated platform into a "silent colleague" that optimizes daily healthcare operations.

23 SURVEY PARTICIPANTS

4 IN-DEPTH INTERVIEWS

Research Objectives

The objective was to uncover the core systemic gaps within the initial automated interface and align future design solutions across three critical operational layers:

Clinical Needs

To map specialized medical workflows and eliminate rigid, blocking data-entry paths during patient consultations.

Administrative Needs

To optimize chaotic day-to-day front-desk operations, enabling fast patient check-ins and friction-free calendar scheduling.

Business Needs

To reconcile the platform's pre-existing backend AI code constraints with mandatory local regulatory frameworks and data privacy compliance (GDPR).

OBJECTIVES

Research Methods

Semi-structured interviews, interactive Figma prototype walkthroughs, and a quantitative survey were deployed to map real end-to-end patient flows—from initial scheduling to final 15-second billing—extracting direct user evidence over assumptions.

METHODS

Lorenzo Rossi

40 years old - Nutritionist

Catania, Italy

About him

A healthcare professional managing a growing practice, looking for ways to reduce administrative work, streamline clinical operations, and deliver a better patient experience without sacrificing quality.

"Technology should handle the repetitive work, so I can focus on the human side of care."

Needs

- Real-time team collaboration
- Automated administrative tasks
- Ready-to-use clinical documents
- Reliable and secure data management

Goals

- Workflow Efficiency
- Practice Scalability
- Clinical Automation
- Unified Operations

Pain points

- Tool Fragmentation
- Manual Rework
- Data Trust Issues
- Communication Overload

EMPATHY MAP

SAYS

- "Technology should support, not replace, human care."
- “Most of my work happens across multiple platforms."

DOES

- Uses voice messages to maintain a personal relationship with patients.
- Keeps duplicate records as a safety measure.

THINKS

- AI can help with operations, but not clinical judgment.
- Administrative tasks take time away from patients.

FEELS

- Frustrated by fragmented workflows.
- Concerned about losing clinical data.
- Motivated by delivering a more personal patient experience.

USER PERSONA

Elena Ferraro

51 years old - Dental Assistant & Receptionist

Rome, Italy

About her

A dental assistant and receptionist managing both clinical and administrative tasks. She constantly switches between patient support, scheduling, billing, and chairside assistance, seeking tools that simplify operations and reduce waiting times.

"I spend my day connecting patients, clinicians, and systems. Everything should work together."

Needs

- Clear calendar visibility
- Visual scheduling cues
- Faster consent signing
- Unified workflows

Goals

- Reduce patient waiting times
- Digitize administrative processes
- Keep appointments organized
- Prevent billing errors

Pain points

- Switching between multiple systems
- Time-consuming OTP verification
- Rigid clinical workflows
- Manual fiscal adjustments

SAYS

- "It would be easier to do everything in one system."
- "I don't want patients waiting."

DOES

- Switches between chairside assistance and reception duties.
- Helps patients complete consent forms.

THINKS

- Administrative tasks shouldn't slow patient care.
- Missing information can create bigger problems later.

FEELS

- Stressed by constant multitasking.
- Frustrated by repetitive processes.
- Satisfied when workflows are quick and intuitive.

What they actually said:

Naming and visual clarity

Flexibility and adaptability

System guidance and support

- «The website has a very tech startup feel; I'm looking for something more solid and reliable.»
- «When documents are named "Image1," "image2," and so on, I waste time opening them just to understand what they are.»

- «As the owner, I want to immediately see key metrics and critical visits, not the same view as the receptionist.»
- «My way of working isn't that of a large clinic; we have different needs and workflows.»

- «I need a summary of the patient's most recent visits before seeing them again.»
- «I'd like to receive alerts about any known intolerances the patient already has.»
- «After signing up, it wasn't clear how to set up the practice.»
- «The software should support my work, not replace me in front of the patient.»

- «The color of the appointment should be immediately informative.»
- «When I move an appointment, I want to see availability, holidays, and occupied slots.»

- «During a visit I need to switch between different sections, but the system is too rigid.»
- «An issued invoice should not be deletable; it should be handled with a credit note.»

- «I shouldn't be able to book appointments when the doctor is not in the practice.»
- «Without automated tax management, I'm forced to use other software.»
- «If I interrupt an invoice, I need to be able to save it as a draft.»
- «AI can make suggestions, but I must be the one managing the schedule.»

- «I'd rather have a few clear sections than lots of redundant items.»
- «Seeing both 'Appointments' and 'Visits' is confusing to me; they mean the same thing.»

- «Sometimes I need to overlap appointments; if the system prevents that, I can't work the way I normally do.»
- «We already have an established workflow in the practice; if the software imposes a different one, we just work around it.»
- «Patients show up with reports on their phones; I should be able to capture them immediately without complicated steps.»

- «At the end of the month I still do the numbers by hand to understand how things are going.»
- «Support needs to be accessible directly within the management software while I'm working.»
- «I'd rather be alerted beforehand if something is missing, not afterward.»

The insights we found:

Naming and visual clarity

INSIGHT #1

Terminology consistency

Interviews revealed that the distinction between “appointments” and “visits” creates ambiguity when reading both the clinical record and the calendar.

INSIGHT #2

Color as operational code

The insight that emerged is that colors are used as a functional code to quickly interpret the schedule, not as a purely aesthetic element.

INSIGHT #3

Information hierarchy matters more than the number of features

The insight that emerged is that professionals value the clarity of structure and navigation more than the sheer volume of available features.

INSIGHT #4

From “startup” look to “trust” look

The insight that emerged is that an aesthetic perceived as too futuristic can clash with the expectations of seriousness and stability typical of the medical context.

Flexibility and adaptability

INSIGHT #1

Different roles, different priorities

Interviews revealed that different roles and contexts (owner, doctor, receptionist, solo practitioner) require distinct information priorities and tailored views, rather than a single neutral interface for everyone.

INSIGHT #2

Data legal integrity

The insight that emerged is that users expect the system to strictly enforce accounting rules and to prevent operations considered non-compliant.

INSIGHT #3

Flexibility as a top priority

The insight that emerged is that clinics expect the software to adapt to existing practices, and perceive overly rigid flows as an obstacle.

INSIGHT #4

Digital acquisition

Interviews revealed the need to quickly integrate into the medical record documents and images coming from mobile devices.

System guidance and support

INSIGHT #1

Smart filters

The insight that emerged is that professionals expect active support in preventing errors related to allergies, intolerances or clinical conditions.

INSIGHT #2

Preserving the human touch

Interviews showed a strong focus on keeping the human relationship central, with AI seen as backstage support rather than the main point of contact.

INSIGHT #3

AI as assistant, not pilot

The insight that emerged is that AI is perceived positively when it provides optional suggestions for complex scheduling, without removing control and visibility from the user.

INSIGHT #4

Availability visualization

Interviews showed the need for a richer calendar view that shows availability, absences and overlaps to make rescheduling easier.

BENCHMARK

We also compared other clinical management platforms!

In this benchmark section, we positioned ClinicSoul against a set of established clinical practice management platforms, including XDENT, Alfadocs, Cliniko, MioDottore and Doctolib, all designed to centralize scheduling, patient records and billing within a single environment. Rather than comparing features in isolation, we evaluated each product along five experience-driven dimensions — first impression, ease of learning, feature organization, automation and innovation, and operational efficiency — to understand how design and workflow choices translate into day-to-day impact for clinics. This concise matrix highlights which patterns are worth inheriting and where current solutions fall short, providing a clear rationale for the product decisions behind ClinicSoul's ecosystem and core operational pillars.

How we decided to enhance the information architecture

To solve the severe tool fragmentation discovered during our user research, we restructured ClinicSoul's information architecture into a flat, frictionless hierarchy. Previously, the system suffered from scattered and often unintuitive structures, with key functionalities—such as service management—buried within unrelated sections like settings, alongside inconsistent AI-generated outputs that introduced ambiguity rather than support. By anchoring the ecosystem around five core operational pillars, all directly accessible from the Home dashboard, the platform now consolidates disconnected workflows into a single, coherent and intuitive lifecycle.

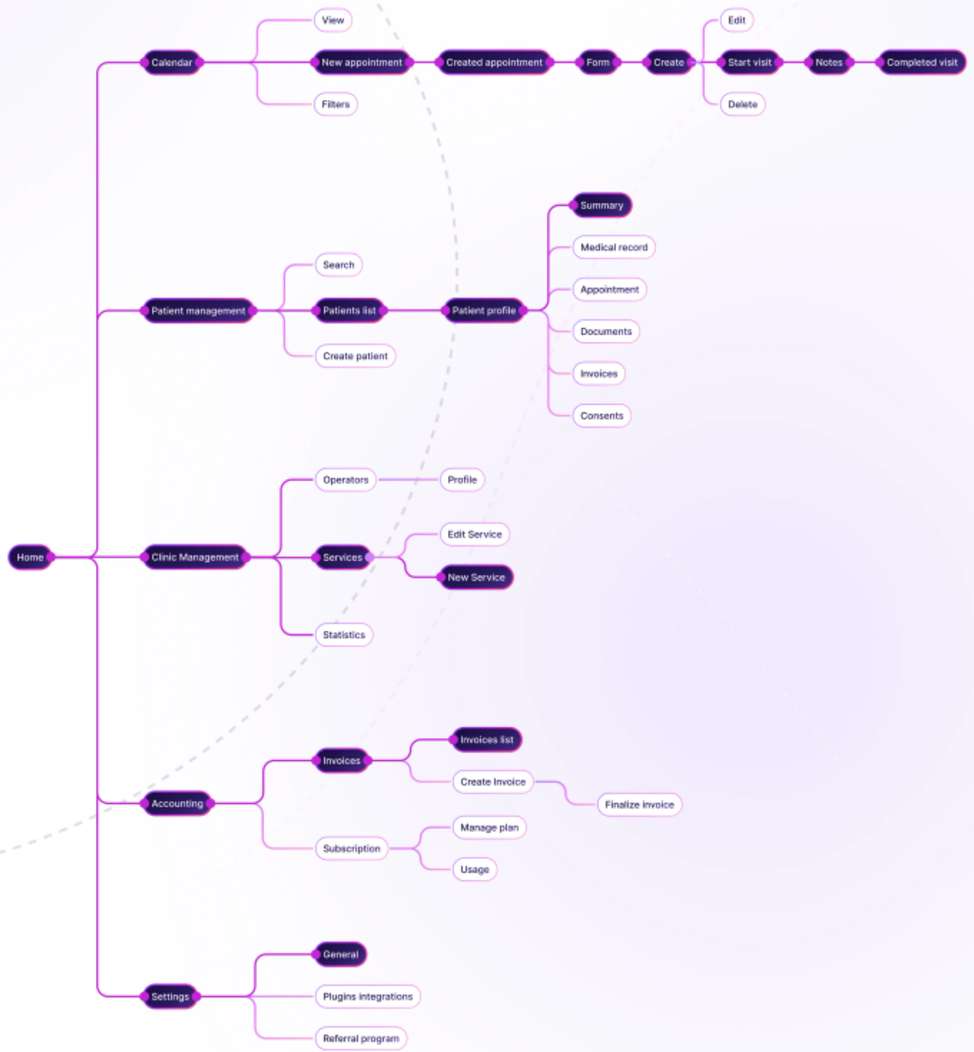
Linear Task Loops

Users can execute high-value task chains smoothly, such as transitioning a scheduled calendar slot directly into an active medical consultation, adding clinical notes, and finalizing the invoice in seconds.

Zero-Friction Access

Immediate entry points into scheduling, unified patient profiles, and internal clinic settings.

User Flow



CONCLUSION

Our conclusion

This project demonstrated that a strong product cannot be built on assumptions alone — not even when those assumptions are generated by AI. By grounding every decision in real user evidence, we transformed ClinicSoul from a feature-rich but misaligned platform into a focused, intuitive tool that respects how clinics actually operate.

The research revealed that healthcare professionals don't need more features — they need fewer, better-connected ones. They need software that adapts to their workflows, preserves the human side of care, and earns trust through clarity and reliability.

Moving forward, ClinicSoul is no longer guided by hypotheses. It is guided by the voices of the people who use it every day.