

Stretnutie č. 11

Tím č. 5

Dátum: 28. 2. 2000

Čas: 10:00

Miesto: Softvérové štúdio 2

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Vedúci projektu: M. Bieliková

Téma stretnutia: plán na letný semester, návrh dátového modelu

Činnosť na stretnutí:

- 1) Boris predviedol aktuálnu verziu vytváraného softvéru.
- 2) Tomáš nás informoval o možných prístupoch k databáze
 - porovnal ODBC a ADO
 - dohodli sme sa, že budeme pristupovať k databáze asi cez ODBC rozhranie
- 3) Maťo a Karol informovali o stave návrhu dátového modelu, pri ktorom spolupracovali s tímom č. 3
 - treba urobiť 2 návrhy dátového modelu - pre vyšetrenia a pre "consenzusy"
- 4) Diskutovali sme o poznatkoch o vytváraní prípadov na consenzusové cvičenia, ktoré sme dostali od lekárov z Dánska (príloha A). Vyplývalo z toho nasledovné funkcie pre vytváraný softvér:
 - možnosť zobrazit' a menit' všetky položky vyšetrenia
 - možnosť menit' iba niektoré položky vyšetrenia
 - export celého vyšetrenia
 - export vyšetrenia bez niektorých položiek
- 5) Rozprávali sme sa spolu s Pilkom o údajoch, ktoré by bolo možné dolovať z databázy a ktoré by sme mohli potom využiť.

Úlohy vyplývajúce zo stretnutia:

- 1) Tomáš - naplnit' databázu niekoľkými vyšetreniami
- 2) Všetci - formulovať otázky na lekárov
- 3) Maťo - vytvorit' dátový model pre consenzusy

Vypracoval: Karol Vlasko

Príloha A - Otázky a odpovede o vytváraní prípadov na consenzusové cvičenia

(mail od lekára z Kodane pre M. Bielikovú)

> Dear Birger,

>

> I would appreciate to know your opinion about incorporating consensus
> exercises into KATE.

This is a very good idea, and it may help us a lot.

> What is the process of consensus exercise preparation?

When I prepare a case for consensus exercise, I

1) remove identification (Original Pt. Id is replaced by a "CNExxxxx" number, original Lab. Code is replaced by "CONS", original Analysing Labcode is set to identify the physician who will interpret the case (for example "D1_1" for Wilfred Nix or "F1_1" for Annick Vila), the fields "Examinator", "Time used" and "Years Practicing" are deleted) 2) delete all "Non-EMG information" except the referral diagnosis 3) remove all Testconclusions, Structureconclusions, EMG-diagnoses and Final Diagnoses. For the above I have a special version of CASE and some batch-files enabling to make a ZIP-file with several cases as ECCO-files with the names CNExxxxx.DAT.

When the interpreting physician reads the consensus case in CASE, she/he will only be able to change Testconclusions, Structureconclusions, EMG-diagnoses and Final Diagnoses (when CASE detects the LabCode "CONS" the other fields are locked). When I receive the interpreted cases again, I check that all Testconclusions, Structureconclusions, EMG-diagnoses and Final Diagnoses are there and then transfers the case to our "Interpretation database" in ACCESS. In this way, the interpretation database contains several versions (i.e. interpretations as Testconclusions, Structureconclusions, EMG-diagnoses) of the same case, and I use these to make comparisons of the physicians interpretations.

> How case tool can help with it?

Something alike the above procedure, it can probably be refined.

> Do you think that all conclusions (from
> several experts) should be saved in local database?

It is not the most elegant way to do it, but this is how we do it now and it works.

> Can be consensus made electronically?

Our future hope is to be able discuss the consensus cases by Web-meetings. I do not think that specially dedicated software for this is necessary, and it is probably also an enormous work to programme this.

> We are hard working on the new case tool. However distributed version
> (version where database can be shared among partners) cannot be developed till
> the end of this project - this is too much effort and there is too much
> uncertainty.

I understand that it may be too much effort, however, a non-distributed version with local databases will also be of great help for us.

- > So we discuss and seek the possibilities how KATE can help in
- > most effective way without the need of sharing database.
- > Of course a possibility of sending a case by e-mail is considered. But
- > the process of collection of experts' opinions is not clear.

Hopefully, the above description of our present consensus procedures will help clarifying.

> Sorry for maybe too many questions.

Dont say sorry, I say thank you for your interest and please feel free to ask more questions.

Best regards
Birger