

Stretnutie č. 12

Tím č. 5

Dátum: 6. 3. 2000

Čas: 10:00

Miesto: Softvérové štúdio 2

Účastníci: M. Makula, T. Milička, I. Noris, B. Vasilovčík, K. Vlasko

Vedúci projektu: M. Bieliková

Téma stretnutia: návrh dátového modelu - diskusia

Činnosť na stretnutí:

- 1) Tomáš nás informoval o čiastočnom naplnení databázy údajmi - najmä dôležité tabuľky.
- 2) Formulované otázky sme poslali lekárom do Kodane, pričom otázky aj odpovede sa nachádzajú v prílohe k zápisu
- 3) Vytvorenie dátového modelu pre konsenzus bolo odložené pokiaľ nebude definitívne stanovená štruktúra dátového modelu pre vyšetrenia
- 4) Prebehla diskusia ohľadom riešenia číselníkov v dátovom modeli, pričom bola schválená verzia pozostáva z riešenia pomocou jedinej tabuľky obsahujúcej atribúty Typ číselníku, Hodnota a Text.
- 5) Schválili sme zapracovanie nového delenia symbolov zo súboru user5.rtf do dátového modelu, pričom spätná konverzia do a z ECCO formátu bude musieť byť implementovaná priamo v softvéri.
- 6) V piatok 10.3 o 16:00 sa uskutoční stretnutie s lekármi

Úlohy vyplývajúce zo stretnutia:

- 1) Maťo a Ivan - vytvoriť poslednú verziu dokumentácie dátového modelu
- 2) Karol, Boris a Tomáš - pracovať na komunikácii softvéru s databázou
- 3) Všetci - pripraviť otázky na stretnutie s lekármi.

Vypracoval: Matej Makula

Príloha A - Otázky a odpovede lekárov z Kodane

(mail od lekára z Kodane pre M. Bielikovú)

> We would like to add a "wizard" to ease the examination procedure to KATE. It
> would guide the examiner through the EMG-examination procedure offering
> questions in structured dialogs to fill. According interviews with our
> medical partners we consider in our model that the starting point for the
> examination is the "referral diagnosis". The wizard will generate
structures
> and techniques based on the given "referral diagnosis". Do you think this
> approach is correct?

Yes, the approach is correct, the EMG-examination strategy is primarily based on the referral diagnosis. However, there are several problems, the most important problem is that 7 different physicians use 7 different strategies. In other words, there are absolutely

no consensus even not in our little group on which strategy to use. Some physicians are also taking a history from the patient and are probably also doing a clinical examination of the patient themselves in order to decide the strategy. Another problem is that the examination strategy changes dynamically during the examination dependent on the findings from already done muscle or nerve tests.

>

> Could you describe the examination sequence in detail?

According to the above, you may understand that this is not possible at present - a very large clinical work of describing different strategies and subsequently obtaining consensus has to be done first.

>

> Could you tell us how do you imagine the wizard could help you?

An "open" wizard that can be customized to physicians or laboratories may be of help.

>

> What questions, dialogs and choices should it offer to choose from?

Probably which muscles or nerves should be tested and which technique to use.

>

>

> Q2: Through reading the "user5.rtf" documentation we found out some new

> "gradings" (e.g. segmental localisation of nerves and possibility) occurred.

> Do you suppose that any other new "gradings" would appear in future?

> If so, can you guess the quantity of them or how often they would

> occur? (We would like to know it to decide if we

> would provide dynamic "gradings" adding into KATE or not.)

>

Probably, some new gradings will be desirable after some years, but we will probably not have any need for that for the next years.