# **AI Development Workflow Assignment**

Course: Al for Software Engineering

**Total Points: 100** 

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# Part 1: Short Answer Questions (30 points)

# 1. Problem Definition (6 points)

### AI Problem:

Predicting Student Dropout Rates at a University

### **Objectives:**

- Identify at-risk students early for timely intervention.
- Reduce overall dropout rate by 10% within one academic year.
- Optimize allocation of student support resources.

### Stakeholders:

- University administration and academic advisors.
- Students and their families.

### KPI:

AUC-ROC (Area Under the Receiver Operating Characteristic Curve) for dropout prediction.

# 2. Data Collection & Preprocessing (8 points)

### **Data Sources:**

- Student Information System (SIS): Academic records, attendance, grades.
- Learning Management System (LMS): Login frequency, assignment submissions.

### **Potential Bias:**

Underrepresentation of certain demographic groups (e.g., international students), leading to model bias.

### **Preprocessing Steps:**

- 1. Impute missing data (e.g., fill missing grades with median).
- 2. Normalize numerical features (e.g., GPA, attendance).
- 3. Encode categorical variables (e.g., one-hot encoding for majors).

### 3. Model Development (8 points)

#### Model:

Random Forest Classifier

Reason: Handles feature interactions, robust to noise, interpretable feature importance.

### **Train/Validation/Test Split:**

70% training, 15% validation, 15% test.

#### **Hyperparameters to Tune:**

- n\_estimators: Controls number of trees.
- max depth: Controls complexity, prevents overfitting.

### 4. Evaluation & Deployment (8 points)

#### **Evaluation Metrics:**

- Precision: Fraction of predicted dropouts who dropped out.
- Recall: Fraction of actual dropouts correctly identified.

# **Concept Drift:**

Change in data distribution over time, reducing model accuracy.

Monitoring: Regularly re-evaluate model on new data.

# **Deployment Challenge:**

Scalability: Ensuring system handles concurrent predictions during peak periods.

# Part 2: Case Study Application (40 points)

### **Scenario: Predicting Patient Readmission Risk**

# 1. Problem Scope (5 points)

- **Problem:** Predict 30-day hospital readmission risk.
- Objectives: Early identification for targeted care, reduce readmission rates/costs.
- Stakeholders: Hospital admin, care teams, patients.

# 2. Data Strategy (10 points)

### Data Sources:

- EHRs (diagnoses, meds, vitals)
- Demographics (age, gender, socioeconomic status)

# • Ethical Concerns:

i.Patient privacy, data security (HIPAA).

ii.Algorithmic bias.

# • Preprocessing Pipeline:

- o Impute missing clinical values.
- o Feature engineering (e.g., number of prior admissions, comorbidity index).
- o Normalize continuous features.
- o One-hot encode categorical features.

# 3. Model Development (10 points)

### Model:

Gradient Boosted Trees (e.g., XGBoost)

Reason: Excellent performance on tabular data, interpretable.

# • Hypothetical Confusion Matrix:

	Predicted Readmit	Predicted No Readmit
Actual Readmit	40	20
Actual No Readmit	15	125

• Precision: 40 / (40+15) = **0.727** 

• Recall: 40 / (40+20) = **0.667** 

# 4. Deployment (10 points)

# • Integration Steps:

- i. Build REST API for predictions.
- ii. Integrate with EHR for real-time scoring.
- iii. Dashboard for flagged patients.

# • Regulatory Compliance:

Encrypt data, secure APIs.

- User access controls & audit trails.
- HIPAA compliance reviews.

# 5. Optimization (5 points)

# • Overfitting Mitigation:

Use cross-validation and regularization (early stopping, L1/L2 penalties).

### Part 3: Critical Thinking (20 points)

# 1. Ethics & Bias (10 points)

#### • Effect of Biased Data:

If the model is trained on biased data, it may overlook risk in underrepresented groups, exacerbating health disparities.

# • Mitigation:

Use stratified sampling and fairness-aware algorithms, monitor subgroup performance.

# 2. Trade-offs (10 points)

### Interpretability vs. Accuracy:

More accurate models (deep nets) can be black boxes, while simpler models (logistic regression) are more interpretable but may be less accurate. In healthcare, interpretability is often prioritized.

# Limited Resources:

With limited compute, use lightweight models (e.g., logistic regression) or quantize models, even if predictive power drops.

# Part 4: Reflection & Workflow Diagram (10 points)

### 1. Reflection (5 points)

### • Most Challenging Part:

Balancing data quality, fairness, and privacy concerns was most difficult.

### • Improvements:

With more resources, collect more diverse data, use explainable AI, and get more stakeholder feedback.

### 2. Workflow Diagram (5 points)

**Problem Definition** 



# Data Collection

Data Preprocessing & Feature Engineering

 $\downarrow$ 

 $\downarrow$ 

Model Development (Selection, Training, Tuning)

 $\downarrow$ 

Model Evaluation (Validation, Metrics)

 $\downarrow$ 

Deployment (Integration, Monitoring)



Maintenance (Monitoring, Retraining)

# References

- 1. CRISP-DM Framework: <a href="https://en.wikipedia.org/wiki/Cross-industry standard process for data mining">https://en.wikipedia.org/wiki/Cross-industry standard process for data mining</a>
- 2. HIPAA: <a href="https://www.hhs.gov/hipaa/index.html">https://www.hhs.gov/hipaa/index.html</a>
- 3. Fairness in ML: <a href="https://fairmlbook.org/">https://fairmlbook.org/</a>
- 4. XGBoost Docs: https://xgboost.readthedocs.io/
- 5. Scikit-learn: <a href="https://scikit-learn.org/stable/modules/model">https://scikit-learn.org/stable/modules/model</a> evaluation.html

**End of Submission**