

Quality Assurance Plan

AI and Signal Processing Techniques for Parkinson's Finger-Tapping Assessment

Discipline Specific AI Project Assignment

**University of Bradford
Faculty of Engineering and Digital Technologies**

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Purpose of the document

This Quality Assurance Plan (QAP) defines how the DSP-D25 project team will manage quality across all activities related to:

- analyzing finger-tapping videos from Parkinson's patients
- extracting meaningful movement features using signal processing
- building and validating an AI model to classify symptom severity (normal, moderate, severe)

The QAP sets out:

- working procedures and communication rules
- documentation and data control practices
- review, testing, and sign-off processes
- risk management and reporting routines

The goal is to ensure that the project achieves its success criteria:

- $\geq 85\%$ classification accuracy compared to clinical grading
- $F1\text{-score} \geq 0.85$
- clinically relevant features extracted (≥ 10)
- delivery of a functional prototype that is usable on standard hardware

This is an internal document for the project team, module staff, and client supervisor. It does **not** override university policies or ethical requirements.

Project Management

2.1 Management Structure

- **Project Manager:** Ebuka
 - Coordinates overall work
 - Ensures milestones and deliverables are met
 - Oversees quality checks and risk monitoring
- **Team Members:**
 - Ryan
 - Avyandra
 - Elvis
- **Client / Domain Stakeholder:**
 - Prof. Ramzi (Chair / Client) – provides clinical/domain guidance
- **Project Sponsor / Module Leader:**
 - Prof. Kulvinder Panesar – approves the project charter and overall direction

Each member will have specific technical responsibilities (e.g. signal processing, feature extraction, model development, evaluation), but **quality ownership is shared**.

2.2 Decision-Making, Rules, and Rights

- Technical and design decisions are discussed in weekly meetings.
- If the team cannot agree, the Project Manager makes the final call after consulting the client/supervisor.
- Any decision that changes the system architecture, dataset usage, or evaluation protocol must be recorded in a short note in the shared Google Drive and mentioned in the next meeting.

Formal "voting" is not normally needed; if it is, simple majority is used (3 of 4 members).

Communication protocols

3.1 Face-to-Face Meetings

- **Frequency:**
 - At least **one in-person meeting per week** (after labs or lectures).
- **Agenda:**

- Progress review
 - Blockers and risks
 - Next sprint tasks
- **Minutes:**
 - One-person (rotating) notes decisions and action items and uploads them to the shared Google Drive.

3.2 Online Meetings

- **Tools:** MS Teams / Zoom / WhatsApp call.
- Used when face-to-face meetings are not possible or before key deadlines.
- Quick check-ins for debugging, integration, or urgent issues.

3.3 Email / Messaging

- **Primary channel:** WhatsApp group chat for rapid coordination.
- **Secondary:** University email for anything involving supervisors or sharing formal documents.
- Any decision affecting the project scope, dataset, or evaluation must be summarized in writing (email or shared doc) so it's traceable.

3.4 Collaborative Tools

- **GitHub:**
 - Central repository for **all code**, experiment notebooks, and configuration files.
 - Branching model: each new feature/experiment on its own branch; merge to main only after review.
- **Google Drive / OneDrive:**
 - Storage for documents, meeting notes, diagrams, and presentation files.
- **Trello / Notion (optional):**
 - Kanban board for tasks (To Do / In Progress / Done).

Documentation and data control

4.1 Data Management & Confidentiality

- Dataset: **Private Parkinson's patient dataset**, used under ethical approval; no raw identifying information will be shared outside authorized environments.
- Data must only be stored:
 - on secure university drives, or
 - on password-protected personal machines used for the project.
- No dataset files are to be uploaded to public GitHub repositories.

All team members must respect ethical and confidentiality rules set by the university and supervisors.

4.2 File Naming and Versioning

Documents (reports, slides, etc.):

DSP-D25_<DocumentType>_<ShortTitle>_vX.Y.docx

Example: DSP-D25_QAPlan_v1.0.docx

Code and notebooks follow a consistent structure in GitHub:

- data/ – scripts for loading/preprocessing (no raw data if restricted)
- features/ – feature extraction scripts
- models/ – model definitions and training scripts
- experiments/ – notebooks for specific experiments
- docs/ – diagrams, notes

All documents should include:

- clear title
- version number
- author(s)
- date

4.3 Revision and Review Process

- When a document is first drafted → marked as **vo.x (Draft)**.

- After internal review and edits → upgraded to **v1.0 (Initial final)**.
- Later minor updates → **v1.1, v1.2**, etc.
- Major rework → **v2.0**.

Changes are tracked in a short **History** table at the front of key documents (project charter, QA plan, main report, presentation).

4.4 Virus and Integrity Checks

- Any external files or libraries must be sourced from trusted official locations (e.g. PyPI, official repos).
- Data transferred via USB must be virus-scanned before use.

Review Process

5. Review Process

5.1 Schedule and Quality Criteria

Key checkpoints (informal but agreed):

- **Literature review milestone** – methods, related work understood
- **Signal processing pipeline draft** – basic feature extraction working
- **First working model** – baseline performance and metrics
- **Integration test** – full pipeline runs end-to-end
- **Pre-presentation review** – prototype and slides checked

For each checkpoint, quality is assessed on:

- Technical correctness
- Clarity and reproducibility
- Alignment with project objectives
- Stability and absence of obvious bugs

5.2 Process for Deliverables (Internal)

1. **Drafting:** One team member creates the initial version.
2. **Peer Review:** At least one other team member reviews the work (code or document), adding comments and suggestions.
3. **Revision:** Author addresses comments and updates the version.
4. **Sign-off:** Project Manager checks if it meets the agreed standard.
5. **Storage:** Final version stored in GitHub/Drive under the correct folder and naming convention.

No complicated approval chain is needed, but nothing goes into the final presentation/report without at least one peer review.

Reporting and Monitoring

6.1 Internal Progress Reporting

- **Weekly updates:**
 - What was done
 - What is blocked
 - What is planned for next week
- **Sprint summaries:**
 - At the end of each 2–3-week sprint, the team briefly summarizes progress vs. charter objectives:
 - features implemented
 - models tested
 - performance compared to targets

These summaries can be simple bullet lists stored in a shared “Progress Log” document.

6.2 Supervisor / Client Updates

- Use scheduled lab/project supervision slots to:
 - demo current progress
 - seek feedback

- confirm whether the direction is still aligned with expectations

Any major change suggested by supervisors should be noted and reflected in the next sprint plan.

Risk management

Risk	Description	Likelihood Impact		Mitigation
Data limitations	Dataset may lack diversity or quality (e.g. limited variation in patients, lighting, skin tones)	Medium	High	Perform thorough exploratory analysis; use preprocessing and augmentation; clearly state limitations in report.
Technical challenges	Difficulty implementing signal processing and AI algorithms	Medium	High	Break tasks into smaller subtasks; use existing libraries; pair programming; ask for supervisor support early.
Time constraints	Delays in tasks leading to rushed work near deadlines	High	High	Plan realistic sprints; assign clear owners; prioritize core pipeline before extras; avoid last-minute scope changes.
Model performance issues	Overfitting, poor generalization to unseen samples	Medium	High	Use validation and test splits, regularization, data augmentation, and multiple model trials; monitor metrics.
Tooling / environment issues	Inconsistent environments across laptops	Medium	Medium	Use shared requirements.txt; document Python versions and key libraries; consider using Google Colab for heavy training.

Publication and dissemination

This is a **student project**, so dissemination is simple:

- Any external presentation (poster, blog, LinkedIn post) must:
 - be agreed by the team,
 - respect data confidentiality and ethics,
 - acknowledge the University of Bradford and supervisors.

No confidential dataset details or raw patient images/identifiers are to be shared.

Project outputs (e.g. code) can be shared on GitHub **only if**:

- the dataset itself is not included,
- any sensitive info is removed,
- supervisors are comfortable with it being public.

Deliverables and Quality Standards (Internal View)

Key internal deliverables (based on charter milestones :

1. **Project Charter** – completed and agreed (already done).
2. **Literature Review & Design Notes** – core AI and signal processing methods identified.
3. **Signal Processing Pipeline** – scripts to process videos and extract ≥ 10 clinically relevant features.
4. **ML Model(s)** – trained models for severity classification with target metrics:
 - Accuracy $\geq 85\%$
 - F1-score ≥ 0.85
5. **Integrated Prototype** – functional pipeline from input video/sequence to classification output.
6. **Final Presentation & Report** – clearly communicate method, results, limitations, and future work.

Quality standard for each deliverable:

- Technically sound and reproducible
- Clear structure and explanation
- Aligned with project aims and constraints
- Checked by at least one other team member before being treated as “final”