

# **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
- $F_1$ -score  $\geq 0.85$
- clinically relevant features extracted ( $\geq 10$ )
- 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

- o 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:
  - o be agreed by the team,
  - o respect data confidentiality and ethics,
  - o 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  $\geq 10$  clinically relevant features.
4. **ML Model(s)** – trained models for severity classification with target metrics:
  - Accuracy  $\geq 85\%$
  - F1-score  $\geq 0.85$
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"