Results of Iteration 6 stress test at CCCWFU submitted 9/11/07 Robert Morrell

Setup: 30 CCCWFU staff were provided a link to the CCCWFU instance of caAERS, iteration 6. They were also provided instructions on the login, and a script for adding an adverse event. Each user was expected to spend 20-30 minutes entering events. Each user had been created as a patient in the system, and users were instructed to create an event on themselves. The caAERS adopter team (Robert Morrell, Steven Cheng and Kim Livengood were also amongst the 30 invitees, and were working at the same time to gauge system effects. All users except the adopter team were using IE 6 or IE 7.

Results:

22 users were available and attempted to logon.

21 successfully logged onto the system (one user ignored instructions and froze at the IE7 security prompt.

At least 4 users had a display problem (tracker bug 8869) that blocked access to the routine AE screen, through which they were going to enter events.

7 other users were unable to enter events for unspecified reasons.

10 users (7 users plus the three the adopter team users) were able to successfully create an event.

The adopter team noticed some slowdown in the system (minor, on the order of seconds), but were able to work. A batch effect was also noted on the email notification (that is they were delivered at intervals in large batches.

Other observations: Users’ attitudes towards the system were certainly clouded by the repeated security warnings caused by Internet Explorer. The same workflow navigation issues noted in previous iteration testing was encountered immediately. It was noted that protocol regulatory staff did significantly better than patient managers navigating the system and accomplishing the assigned tasks.

The google search feature was not well received, and some users were convince that they had not been added to the system because when they typed a letter, their name did not appear (other names pushed them off the list until a second or third letter was typed). This will be a blocker bug if there is a large patient set, and only initials are used.

Conclusion:

While the numbers were small, the system was able to handle the workload. Since the current instance is a workstation, not a server, better performance is expected when the instance is on a server dedicated box. It remains to be seen whether the same test would be successful once large patient and protocol data sets were imported. User interface issues remain the largest concern, however, it should be noted that several users, including those that did not like it, said it was on par with other reporting systems, including ADEERS.