**PROJECT BRIEF FORM 2018-19**

**To be submitted by: 17th September 2018**

1. Your details:

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| Full Name(s): Regina Naa Adjeley Okain  Student ID: 02534515  E-mail**:** [reginaokain335@gmail.com](mailto:reginaokain335@gmail.com)  Course Code: CSC 405  Course of study: BSc. INFORMATION TECHNOLOGY  Project Supervisor: |

2. Project title (provisional) [Meaningful, relevant and concise]

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| Telemedication |

3. Outline (synopsis) of your project.[ What are the aims and objectives of the project?]

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| **AIMS and OBJECTIVES:**  Its purpose is to provide clinical support.  It is intended to overcome geographical barriers, connecting users who are not in the  same physical location with the doctor. It involves the use of various types of ICT.  Its goal is to improve health outcomes |

4. Project requirements and deliverables. [(a) Identify the main requirements to be met. b) Identify the process stages and the corresponding deliverables.]

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| Login for patients  Login for Doctors  Embedding webcam  Adding active mobile number |

5. Research [(a) identify a research methodology - how will you investigate the project needs?

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| Interview  Observation  Internet |

6. Evaluation. [(A) what makes the project outcome successful? b) How will you demonstrate that it fulfils the stated requirements in (4)? c) How will you evaluate the project outcome?]

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| Through survey  Through critical observation |

7. Development skills. [(a) what information and resources do you need to complete the project successfully? ]

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| HTML  Javasrcipt  PHP  CSS |

8. Skill acquisition. [How do you intend to gain the skills, information and resources specified in (7)?]

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| THROUGH THE INTERNET (Extensive reading)  LEARNING |

9. Identify the essential stages of your project and estimate the number of hours you are planning to spend for each of the stages.

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| **Stages** | **Number of hours required** | **Deadline to meet** |
| Planning |  | 4 weeks |
| Requirements |  | 3 weeks |
| Analysis and Design |  | 7 weeks |
| Implementation |  | 6 weeks |
| Testing |  | 5 weeks |
| Evaluation |  | 2 weeks |
|  | **( ) Total number of hours** | **( 27 ) Total number of weeks** |

Your Ethics Form, signed by both you and your supervisor, must accompany this form.

Signature ................................................................. Date ...................................

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| Project Coordinator use only: |