Meeting #1

Team #1 - Cam, Joe
Team #2 - Josh

Current state:

- **Architecture?**
  - Amt. of controllers, service, etc.
  - Service deals with different models and very well may have different methods/ responsibilities, have one with each model that may require any sort of manipulation.
  - Controller, then handle user interaction, work with service to ultimately update state of data.

- **Workflow**
  - Branch for each iteration
    - Branch off *that* for each team
  - Ultimately merge into master at end

Going forward:

- **Patient**
  - **Iteration 2:** Groups should use the patient definition created by the consulting register group. Typically this means your patient information is separated into two parts : common patient information & intervention specific patient information (ie antenatal care).
    The consulting register develops a UI for the common patient information and distributes to teams.
  - **Refactoring:** Get a copy of Patient Model from Consulting Register, how do we plan to extend it to have our fields that we need? Each Patient has 'MedicalInformation'
  - **Medical information of our patient**
    - Measurements taken at first visit/subsequent visit
      - First visit has more measurements than subsequent visits so how do we have instances of 'MedicalInformation'?
      - MedicalInformationSubsequentVisit
        - BP, FHT, WGHT
      - MedicalInformationBaseVisit extends this
        - Adds hemoglobin, urine test, parity, edd, etc.
    - Then does patient have these as properties or are they stored in each respective visit (or mix/both?)
    - Updated if/when measurements change from visits. Ex. Likely to be heavier/fundal height increases across term of pregnancy, need some functionality after retrieving subsequent visit information, to then update medical information of our patient.

- **Base Visit & Subsequent Visit**
  - **Why are 'subsequent visits' displayed like they are in the form**
    - Paper is restrictive? Ideally need more fields (complaints/remarks)?
    - Or only worried about measurements/checkups
  - **Structure/relationship**
    - Does BaseVisit have some sort of data structure, say List<> to store S-Visits?
    - BaseVisit identified by serial number, after that it's S-Visits are listed numerically 1, 2.. n

Focus?

- **Swing**
  - Display patient
    - Enter pid
    - Will display on that page or new?
  - Add base visit
    - Enter information, remarks/complaints
  - Display base visit
    - Enter pid and date
    - Will display on that page or new?
  - Buttons or tabs for each decision
  - Then each scene either displays or has some sort of form to enter say base visit fields
  - **Add subsequent visit**
    - Add date, bp, weight, fundal height
      - Don't worry about storing it in any sort of 'Medical Information' or the relationship between this information and patient. Let's just have it as properties of s-visit; coverage/risk
  - **Display subsequent visit**
    - Essentially similar search for base visit. PID and date will return the base visits that the patient has had (multiple pregnancies). Have user pick base visit, show subsequent visits w/ date and pick one of those.

Use Cases:

As a system user, I want to be able to enter medical information for a base visit.
As a system user, I want to be able to add a subsequent visit to a patient's base visit.
As a system user, I want to be able to display subsequent visits of a patient's base visit

User Story:
Patient comes in after consulting register.
First pregnancy, first antenatal care visit.
First base visit: take all medical information (let's not worry about PMTCT, TT, IPT), remarks, complaints.
Next visit, take blood pressure, weight, fundal height, referred?, blood film? Store this in subsequent visit object
// Update medical information to most recent
Next visit, same process
Display base visit and subsequent visits

Medical Information
- Height
- Weight
- Fundal height
- Expected day of delivery
- Hemogloblin levels
  - Registration
  - 36 weeks

Subsequent Visit
- Date
- BP
- Weight
- Fundal height

Connect BaseVisit to Subsequent Visit
Update Medical Information based on last visit

Iteration 2

- Look for places in the code where you can make improvements. One good strategy is to look for "code smells" Google for other views on this. It is important to have an open frame of mind when doing this in a group. Your colleagues may make suggestions to change YOUR code. Argue the points on the merit of the design and let the discussion improve your design skills !
- Group leader should record and report on refactoring in the code.

- Groups should use the patient definition created by the consulting register group. Typically this means your patient information is separated into two parts : common patient information & intervention specific patient information (ie antenatal care).

- The consulting register develops a UI for the common patient information and distributes to teams.