**Comments on the demo on Feb 10, 2015**

**EMR group**

I am very impressed to see that you have implemented most of the functionalities within the short time although some of these functionalities require modifications/additions (see the comments below). I like the idea of using color codes for actions. It is one of the good GUI principles. Keep up the good work and ensue continued progress.

**Things to improve:**

You must demonstrate the product from the virtual server. It is OK for the first demo, but hereafter, if it is not demonstrated from the virtual server, your team will lose marks for the same.

Use reasonable test cases. I mentioned it in the policy document (posted on the course web site). You have used for most of them but I would like to see that you keep this as a regular practice. The reason why I insist that you should use reasonable test cases is to give you a real-world practice. Most employers complain that fresh graduates need to learn a lot when they join a job just because the training given in classroom exercises do not reflect real-world practices. So make sure that your team uses reasonable/meaningful test cases (real names, real addresses, real phone numbers, strict passwords and so on).

Most of the fixes I mentioned in the class. I strongly recommend that you take notes of what I mentioned; otherwise, I will not be able to remember all of them by myself and you may also forget. Here is a list of things that came to my mind:

* Patient’s height and weight should be modifiable. The vaccination records can be added but not changed or deleted.
* Use current date from the system to enter the transcription date.
* Physicians list and drugs list must be searchable. Drop down boxes for these would not be sufficient as both of these will be longer lists. Provide several searching options, not just one.
* Physician’s details should include full name (not just first or last name), specialty (very important because the primary care should be able to search for physicians based on specialty) and their contact information (this helps the primary care to contact the referred physician before telling the patient).
* Access rights for physicians include read, write or read/write access to the EMR of the patient.
* Every transcription should include the name of the primary care of the patient (possibly his/her ID as well), the name of the physician who creates the transcription (especially when it is done by a referred physician).
* Drugs information should include at least the commercial name and medical name, and possibly the dosage information. You will get all these details from the Pharmacy group anyway.

**Documents**

Your documents seem to be OK for most part but there are some inconsistencies (listed below). Remember that you are asked to write and submit these documents to reflect real-world practices. If you just write something for the sake of submissions, you will not learn the usefulness as well as the discipline of development process. So pay full attention to write the documents correctly and consistently.

* The user stories document seems to be incomplete. You have done several functionalities or at least started several of them but you only reported two. You could use different status descriptions such as “started”, “in progress”, “partly completed”, “yet to be completed”, “under test” and so on.
* User story #2 has the “date considered for implementation” incorrect.
* As per the user stories, only two people have worked on the first prototype. It is OK for the first time but hereafter everyone in the team must provide equal contributions in coding as well. See the policies posted on the course web site.
* The sprints document is also incomplete. It neither reflects equal contributions, not reflects what has been done. Also, sprint tasks are low level descriptions and each sprint task is supposed to be a description of what has been accomplished in a day or two. Contrary to this, your sprint tasks are too vague and some of them are too big (e.g., sprint #3).
* Test case #3 is too vague, especially the scenario. You said “enter invalid information …” but what is invalid here? Did you test invalid username, invalid password, invalid username and password, incorrect password, …? There are too many cases which are all lumped into one test case 🡪 too vague. Your test cases must be precise. Just write what you are doing as and when you do it. Do not write the document just the day before submission.

Overall, you should pay attention to all details regarding the project (contribution, implementation, testing, documents, …)