Module Guide for Software Engineering

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1 Revision History

Date	Version	Member	Notes
1/13/2025	1.0	Mitchell Weingust	Added 10 - Clinician Dashboard Interfaces
1/14/2025	1.1	Mitchell Weingust	Added 12 - Timeline
1/14/2025	1.2	Mitchell Weingust	Added 10 - Clinician Dashboard FSM

2 Reference Material

This section records information for easy reference.

2.1 Abbreviations and Acronyms

symbol	description
AC	Anticipated Change
DAG	Directed Acyclic Graph
M	Module
MG	Module Guide
OS	Operating System
R	Requirement
SC	Scientific Computing
SRS	Software Requirements Specification
Software Engineering	Explanation of program name
UC	Unlikely Change
FSM	Finite State Machine
[etc. —SS]	[—SS]

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3 Introduction

Decomposing a system into modules is a commonly accepted approach to developing software. A module is a work assignment for a programmer or programming team (Parnas et al., 1984). We advocate a decomposition based on the principle of information hiding (Parnas, 1972). This principle supports design for change, because the "secrets" that each module hides represent likely future changes. Design for change is valuable in SC, where modifications are frequent, especially during initial development as the solution space is explored.

Our design follows the rules layed out by Parnas et al. (1984), as follows:

- System details that are likely to change independently should be the secrets of separate modules.
- Each data structure is implemented in only one module.
- Any other program that requires information stored in a module's data structures must obtain it by calling access programs belonging to that module.

After completing the first stage of the design, the Software Requirements Specification (SRS), the Module Guide (MG) is developed (Parnas et al., 1984). The MG specifies the modular structure of the system and is intended to allow both designers and maintainers to easily identify the parts of the software. The potential readers of this document are as follows:

- New project members: This document can be a guide for a new project member to easily understand the overall structure and quickly find the relevant modules they are searching for.
- Maintainers: The hierarchical structure of the module guide improves the maintainers' understanding when they need to make changes to the system. It is important for a maintainer to update the relevant sections of the document after changes have been made.
- Designers: Once the module guide has been written, it can be used to check for consistency, feasibility, and flexibility. Designers can verify the system in various ways, such as consistency among modules, feasibility of the decomposition, and flexibility of the design.

The rest of the document is organized as follows. Section 4 lists the anticipated and unlikely changes of the software requirements. Section 5 summarizes the module decomposition that was constructed according to the likely changes. Section 6 specifies the connections between the software requirements and the modules. Section 7 gives a detailed description of the modules. Section 8 includes two traceability matrices. One checks the completeness of the design against the requirements provided in the SRS. The other shows the relation between anticipated changes and the modules. Section 9 describes the use relation between modules.

4 Anticipated and Unlikely Changes

This section lists possible changes to the system. According to the likeliness of the change, the possible changes are classified into two categories. Anticipated changes are listed in Section 4.1, and unlikely changes are listed in Section 4.2.

4.1 Anticipated Changes

Anticipated changes are the source of the information that is to be hidden inside the modules. Ideally, changing one of the anticipated changes will only require changing the one module that hides the associated decision. The approach adapted here is called design for change.

AC1: The specific hardware on which the software is running.

AC2: The format of the initial input data.

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[Anticipated changes relate to changes that would be made in requirements, design or implementation choices. They are not related to changes that are made at run-time, like the values of parameters. —SS]

4.2 Unlikely Changes

The module design should be as general as possible. However, a general system is more complex. Sometimes this complexity is not necessary. Fixing some design decisions at the system architecture stage can simplify the software design. If these decision should later need to be changed, then many parts of the design will potentially need to be modified. Hence, it is not intended that these decisions will be changed.

UC1: Input/Output devices (Input: File and/or Keyboard, Output: File, Memory, and/or Screen).

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5 Module Hierarchy

This section provides an overview of the module design. Modules are summarized in a hierarchy decomposed by secrets in Table 1. The modules listed below, which are leaves in the hierarchy tree, are the modules that will actually be implemented.

M1: Clinician GUI Module M3: App Controller Module

M2: Parent GUI Module M4: API Gateway Module

M5: Authentication Module	M12: Video Processing Module
M6: Result Storage Module	M13: Audio Processing Module
M7: Media Processing Module	M14: English Question Bank Module
M8: Logging Module	•
M9: Question Bank Module	M15: Mandarin Question Bank Module
M10: Real-Time Feedback Module	M16: Matching Question Bank Module
M11: Report Generation Module	M17: Repetition Question Bank Module

M18: Hardware-Hiding Module

. . .

Level 1	Level 2
Hardware-Hiding Module	
	?
	?
	?
Behaviour-Hiding Module	?
	?
	?
	?
	?
	?
Software Decision Module	?
	?

Table 1: Module Hierarchy

6 Connection Between Requirements and Design

The design of the system is intended to satisfy the requirements developed in the SRS. In this stage, the system is decomposed into modules. The connection between requirements and modules is listed in Table 2.

[The intention of this section is to document decisions that are made "between" the requirements and the design. To satisfy some requirements, design decisions need to be made. Rather than make these decisions implicit, they are explicitly recorded here. For instance, if a program has security requirements, a specific design decision may be made to satisfy those requirements with a password. —SS]

7 Module Decomposition

Modules are decomposed according to the principle of "information hiding" proposed by Parnas et al. (1984). The Secrets field in a module decomposition is a brief statement of the design decision hidden by the module. The Services field specifies what the module will do without documenting how to do it. For each module, a suggestion for the implementing software is given under the Implemented By title. If the entry is OS, this means that the module is provided by the operating system or by standard programming language libraries. Software Engineering means the module will be implemented by the Software Engineering software.

Only the leaf modules in the hierarchy have to be implemented. If a dash (-) is shown, this means that the module is not a leaf and will not have to be implemented.

7.1 Hardware Hiding Modules (M18)

Secrets: The data structure and algorithm used to implement the virtual hardware.

Services: Serves as a virtual hardware used by the rest of the system. This module provides the interface between the hardware and the software. So, the system can use it to display outputs or to accept inputs.

Implemented By: OS

7.2 Behaviour-Hiding Module

Secrets: The contents of the required behaviours.

Services: Includes programs that provide externally visible behaviour of the system as specified in the software requirements specification (SRS) documents. This module serves as a communication layer between the hardware-hiding module and the software decision module. The programs in this module will need to change if there are changes in the SRS.

Implemented By: -

7.2.1 Clinician GUI (M1)

Secrets: The interactive and visual components that allow Clinicians to interact with the system, through the App Controller (M3), to access patient data and information, and make informed decisions.

Services: To show application functionality to clinicians, accepting user inputs (choosing assessments to review, flagging bias questions) and displaying outputs (assessment summaries).

Implemented By: [Your Program Name Here]

Type of Module: Library

7.2.2 Parent GUI (M2)

Secrets: The interactive and visual components that allow Parents to interact with the system, through the App Controller (M3), to setup and engage in the assessment with their child.

Services: To show application functionality to parents, accepting user inputs (selecting answers to questions, completing setup) and displaying outputs (question visuals, button selections).

Implemented By: [Your Program Name Here]

Type of Module: Library

7.2.3 Etc.

7.3 Software Decision Module

Secrets: The design decision based on mathematical theorems, physical facts, or programming considerations. The secrets of this module are *not* described in the SRS.

Services: Includes data structure and algorithms used in the system that do not provide direct interaction with the user.

Implemented By: -

7.3.1 AppController Module (M3)

Secrets: The interactions between the GUIs (M1, M2) and the API Gateway (M4), acting as a means to interface with the software modules.

Services: Enables the user to pass information from the GUIs to the backend services.

Implemented By: [Your Program Name Here]

Type of Module: Library

7.3.2 API Gateway Module (M4)

Secrets: The interactions between the App Controller (M3) and the inter-dependencies of all other software modules, including inherited modules (M6, M7, M8, M9, M10, M11, M13, M14, M15, M16, M17).

Services: Enables the user to access the system and interact with its components, consisting of the Patient, Client, and Admin views.

Implemented By: [Your Program Name Here]

Type of Module: Library

8 Traceability Matrix

This section shows two traceability matrices: between the modules and the requirements and between the modules and the anticipated changes.

Req.	Modules
R1	M18, M??, M??, M??
R2	M??, M??
R3	M??
R4	M??, M??
R5	M??, M??, M??, M??, M??
R6	M??, M??, M??, M??, M??
R7	M??, M??, M??, M??
R8	M??, M??, M??, M??
R9	M??
R10	M??, M??, M??
R11	M??, M??, M??, M??

Table 2: Trace Between Requirements and Modules

\mathbf{AC}	Modules	
AC1	M18	
AC2	M??	
AC??	M??	

Table 3: Trace Between Anticipated Changes and Modules

9 Use Hierarchy Between Modules

In this section, the uses hierarchy between modules is provided. Parnas (1978) said of two programs A and B that A uses B if correct execution of B may be necessary for A to complete the task described in its specification. That is, A uses B if there exist situations in which the correct functioning of A depends upon the availability of a correct implementation of B. Figure 1 illustrates the use relation between the modules. It can be seen that the graph is a directed acyclic graph (DAG). Each level of the hierarchy offers a testable and usable subset of the system, and modules in the higher level of the hierarchy are essentially simpler because they use modules from the lower levels.

[The uses relation is not a data flow diagram. In the code there will often be an import statement in module A when it directly uses module B. Module B provides the services that module A needs. The code for module A needs to be able to see these services (hence the import statement). Since the uses relation is transitive, there is a use relation without an import, but the arrows in the diagram typically correspond to the presence of import statement. —SS]

[If module A uses module B, the arrow is directed from A to B.—SS]

Figure 1: Use hierarchy among modules

10 User Interfaces

[Design of user interface for software and hardware. Attach an appendix if needed. Drawings, Sketches, Figma —SS]

The interface below depicts the initial interface a clinician would see upon logging into their account in the system.

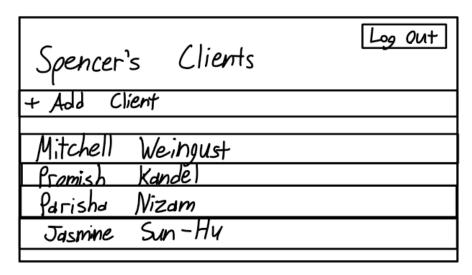


Figure 2: Clinician Dashboard

The interface below depicts the interface a clinician would see upon selecting the Add Client button on the previous Clinician Dashboard screen.

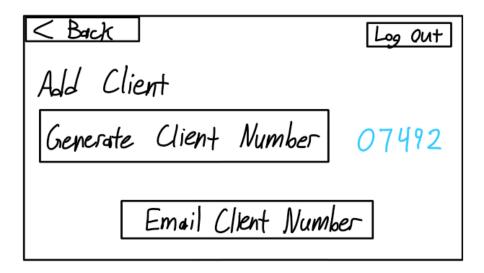


Figure 3: Add Client

The interface below depicts the patient overview, which can be reached from the Clinician Dashboard by selecting a name from the client list.

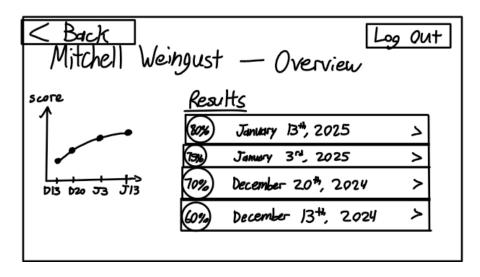


Figure 4: Patient Overview

The interface below depicts the patient assessment results analysis, which can be reached from the Patient Overview by selecting an assessment date from the list of assessments.

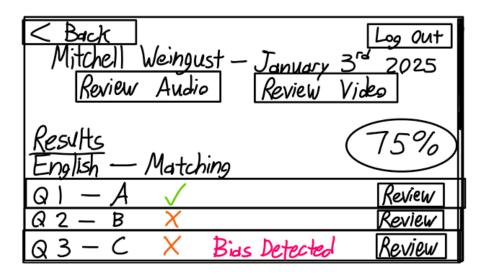


Figure 5: Patient Assessment Results Analysis (1)

The interface below depicts a continuation of the patient assessment results analysis, which can be reached from the previous figure, by scrolling the scrollbar on the right edge of the screen.

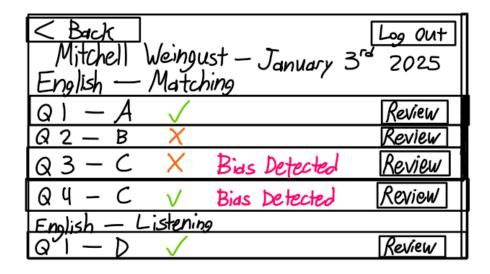


Figure 6: Patient Assessment Results Analysis (2)

The interface below depicts the bias review, which can be reached from the Patient Assessment Results Analysis by selecting Review on any of the questions on an assessment.

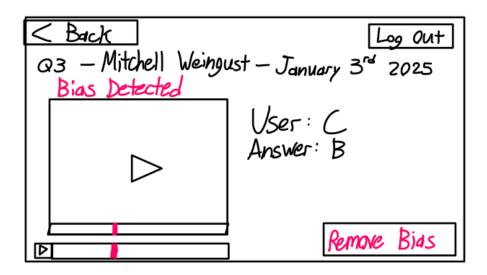


Figure 7: Bias Review

The interface below depicts a question review page, where no bias has been detected. The ability to Flag Bias is present in the bottom right corner, to give the Clinician the ability to manually reflect bias in a question.

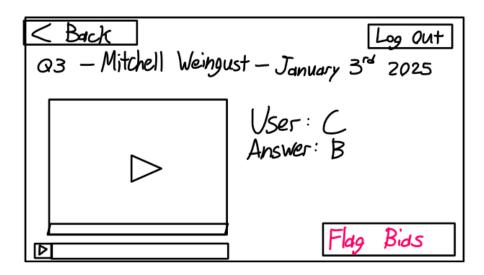


Figure 8: Flag Bias

The below finite state machine depicts how the clinician can interface with the dashboard, as well as which interactions lead to changes in states in the system.

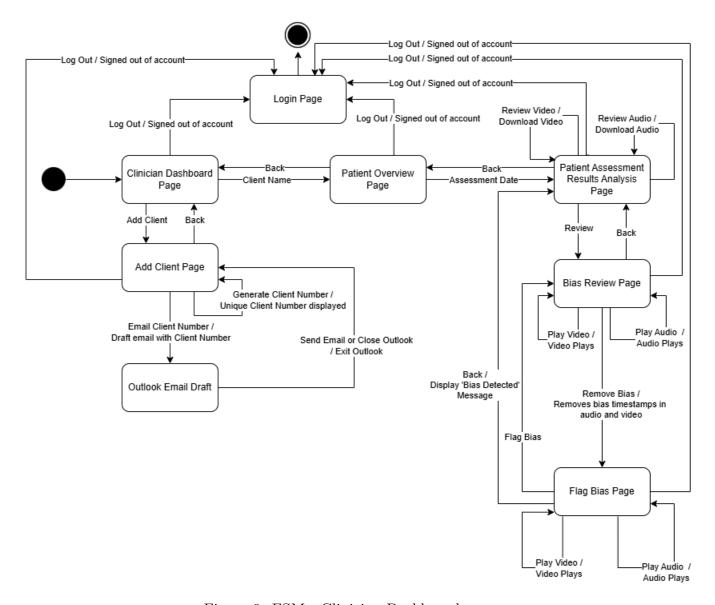


Figure 9: FSM - Clinician Dashboard

11 Design of Communication Protocols

N/A

12 Timeline

Milestone	Module/Pages	Objective	Mitchell	Parisha	Promish	Jasmine	Date
Assessment	Question Bank Module		X	X			1/19/25
Assessment	English Question Bank Module		X	X			1/19/25
Assessment	Matching Question Bank Module		X	X			1/19/25
Assessment	Repetition Question Bank Module		X	X			1/19/25
Assessment		Verification and Validation Testing	X	X	X	X	1/19/25
Controllers	API Gateway				X		1/19/25
Controllers	App Controller				X		1/19/25
Controllers		Verification and Validation Testing	X	X	X	X	1/19/25
Assessment GUI	Assessment Selection Page					X	1/19/25
Assessment GUI	Parent Checklist Page			X			1/22/25
Assessment GUI	Input Check Page					X	1/22/25
Assessment GUI	Assessment Questions Page		X				1/22/25
Clinician Dashboard	Result Storage Module				X		1/22/25
Assessment GUI	Assessment Instructions Page			X			1/25/25
Assessment GUI	Tutorial Page		X				1/25/25
Assessment GUI	Assessment Completion Page					X	1/25/25
Assessment GUI		Verification and Validation Testing	X	X	X	X	1/25/25
Clinician Dashboard	Report Generation Module				X		1/25/25
Clinician Dashboard		Verification and Validation Testing	X	X	X	X	1/25/25
Clinician Dashboard GUI	Clinician Dashboard Overview Page		X				1/28/25
Clinician Dashboard GUI	Patient Overview Page			X			1/28/25
Clinician Dashboard GUI	Patient Assessment Results Analysis Page					X	1/28/25
Media Processing	Media Processing Module				X		1/28/25
Clinician Dashboard GUI	Bias Review Page					X	1/31/25
Clinician Dashboard GUI	Add New Client Page		X				1/31/25
Clinician Dashboard GUI		Verification and Validation Testing	X	X	X	X	1/31/25
Homepage	Authentication Module				X		1/31/25
Homepage GUI	Select Account Type Page			X			1/31/25
Homepage GUI	Login Page (Parent) Page			X			2/3/25
Homepage GUI	Login Page (Clinician) Page			X			2/3/25
Homepage GUI	Create Account Page		X				2/3/25
Homepage GUI	Homepage (Parent) Page					X	2/3/25
Homepage GUI		Verification and Validation Testing	X	X	X	X	2/3/25
Media Processing	Video Processing Module				X		2/3/25
Media Processing	Audio Processing Module		X				2/6/25

Media Processing		Verification and Validation Testing	X	X	X	X	2/6/25
Miscellaneous	Logging Module			X			2/6/25
Miscellaneous	Real-Time Feedback Module				X		2/6/25
Miscellaneous		Verification and Validation Testing	X	X	X	X	2/6/25
Admin	Add Clinician Page					X	2/6/25
Admin		Verification and Validation Testing	X	X	X	X	2/6/25
Rev0		Full System Testing	X	X	X	X	2/8/25
Rev0		Rev0 Practice	X	X	X	X	2/9/25
Rev0		Rev0 Presentation	X	X	X	X	2/10/25

References

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