

# Multi-view Architecting; Illustrated by an MRI scanner

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## Abstract

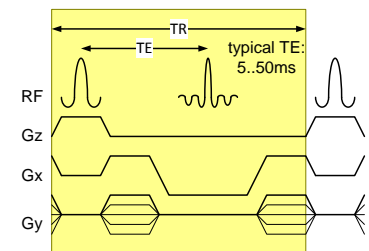
Many people expect from the system architect that he decomposes the system in smaller components and defines and guards the interfaces. The conventional waterfall model for software development and this architecture view form a dangerous combination: an extremely limited integral understanding with a very late feedback.

A multi-view architecting approach tackles the problem of integral understanding. In combination with spiral or incremental development models a powerful method becomes available for creating complex systems.

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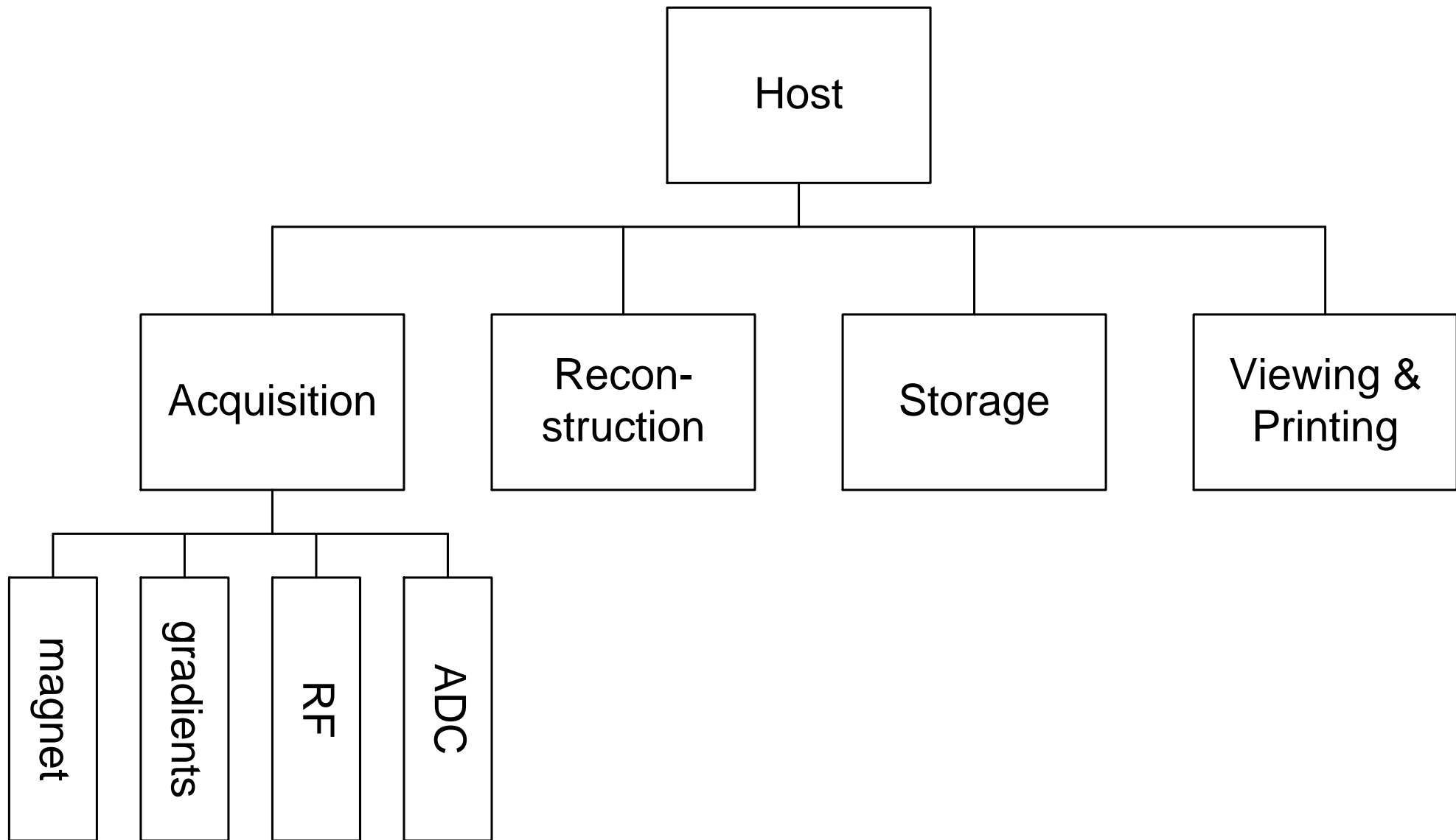


# Illustration case: MRI scanner



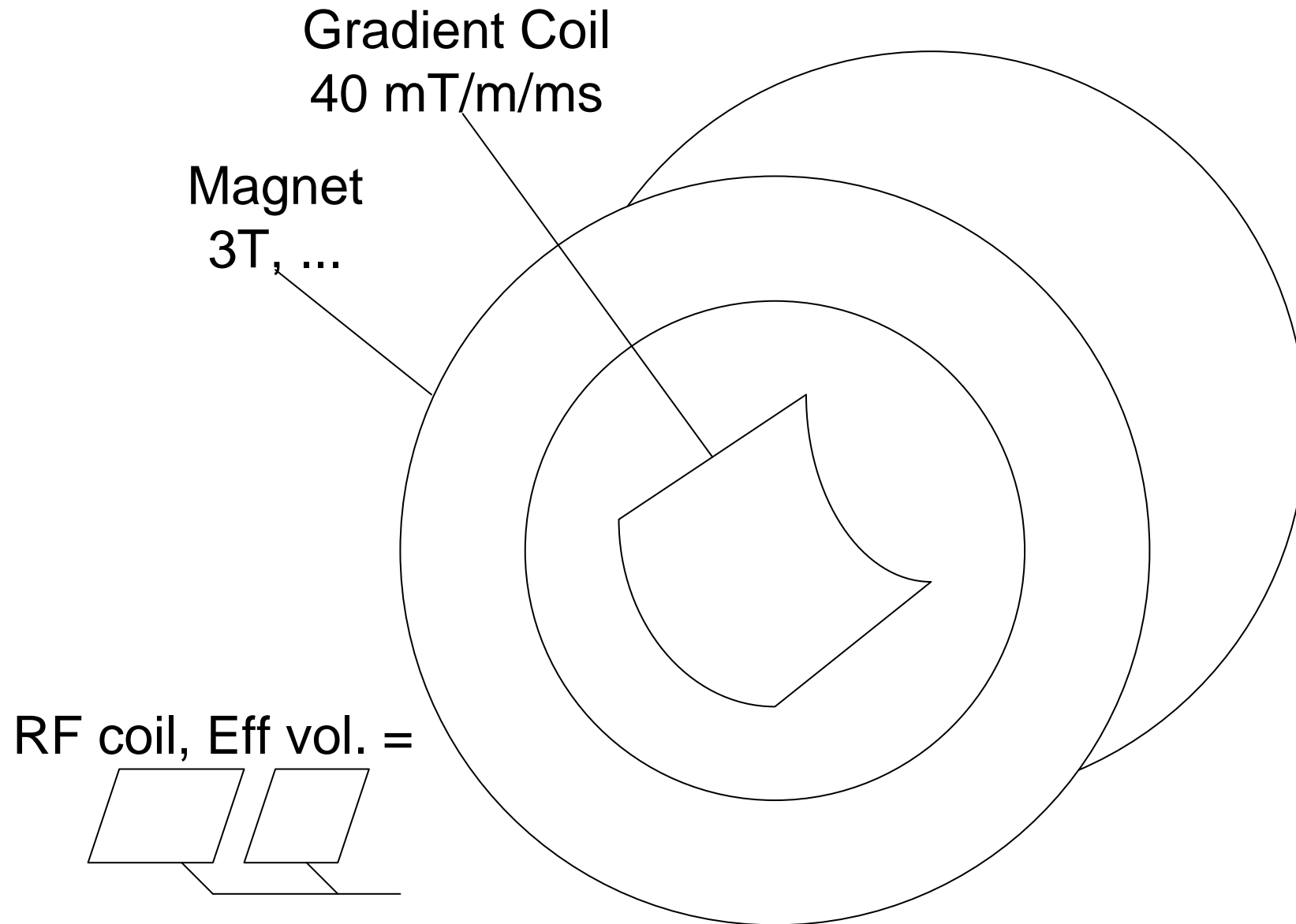
# Block diagram view

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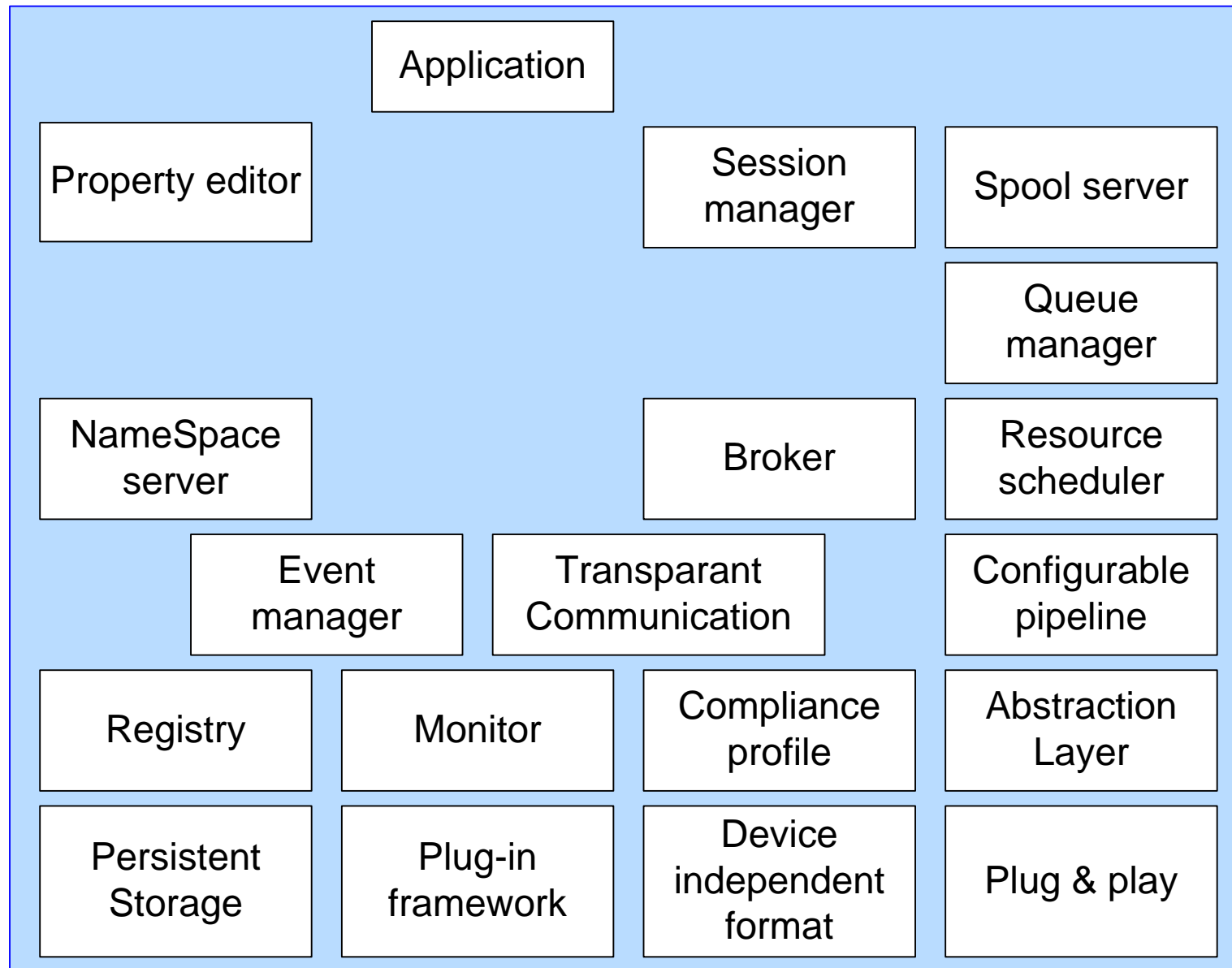


# Physics view

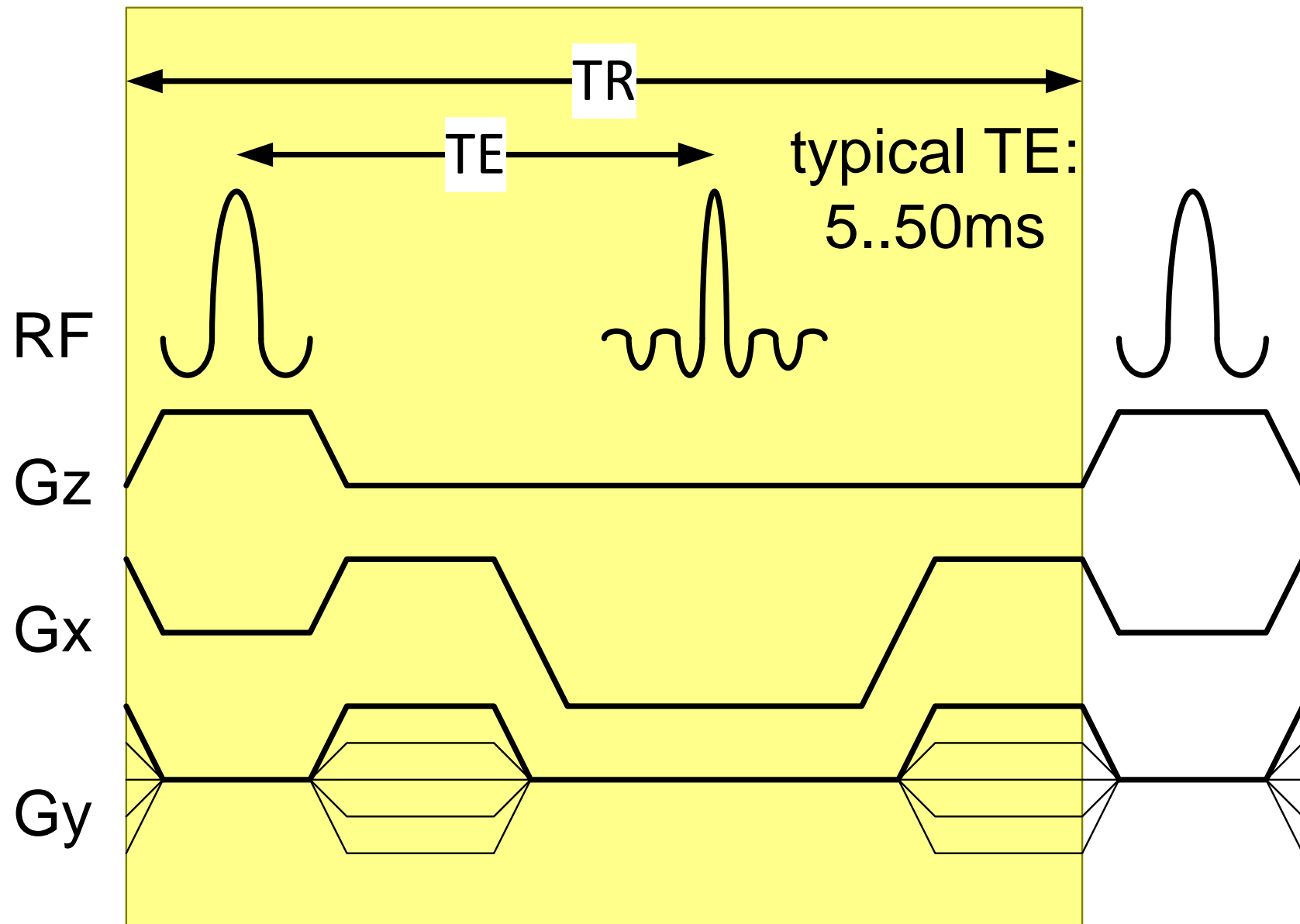
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# Software architecture view



# MR imaging methods view



# Conceptual Work by the architect

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- Most disciplines require multiple views, for instance circa 4 views in SW [Kruchten, Soni]
- Only a subset of disciplines has been shown (not shown are a.o. mechanics, logistics, project management)

The **system architect integrates** the **complementing disciplinary views**

However

Decisions and trade-offs in the **conceptual view** are driven by **application**,  
**business** and **operational** inputs

# Useability and main stakeholders

The engineer creates a technological UI...

without imagining the clinical reality

Select Virtual Representation Display Mode

☐ Intermitting

☐ Adaptive

☒ Semi-Reflective

Fuzzle Factor

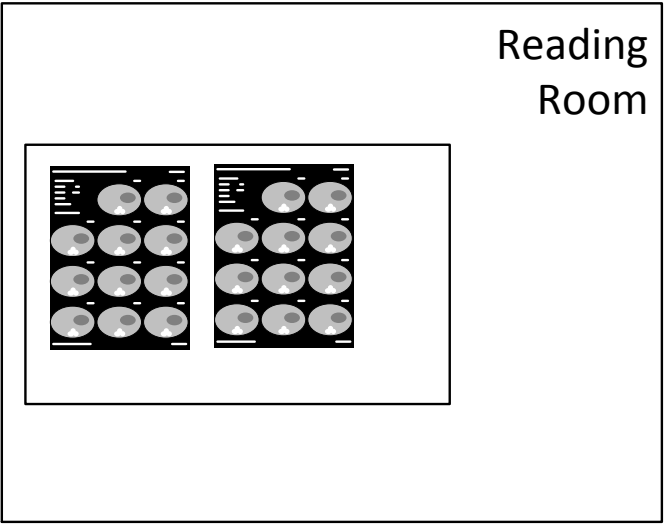
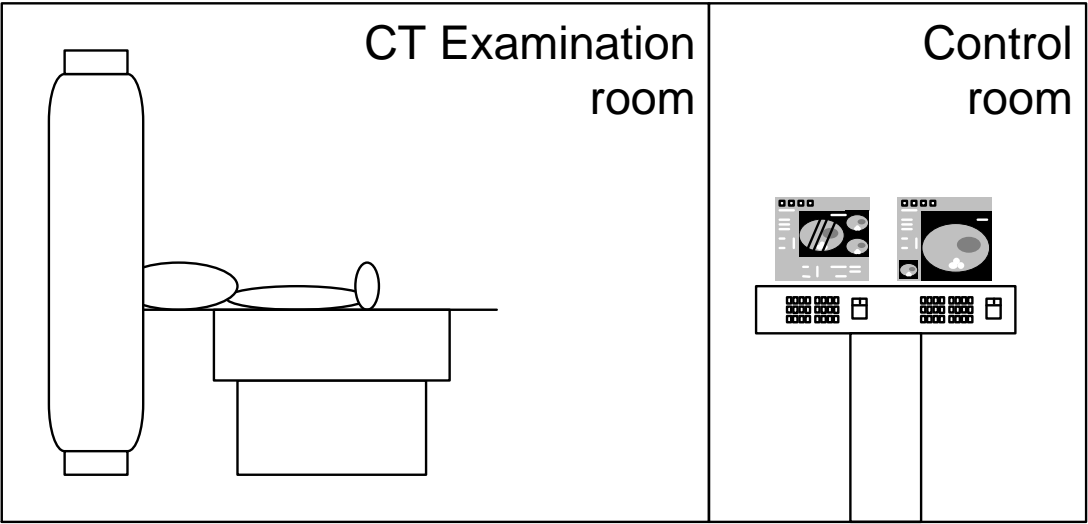
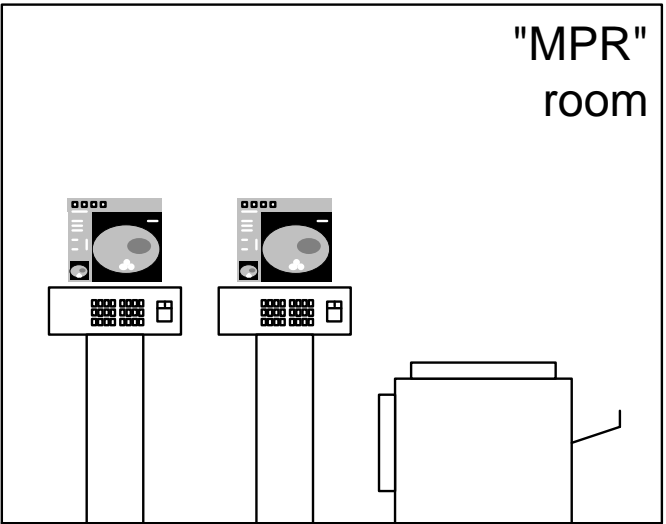
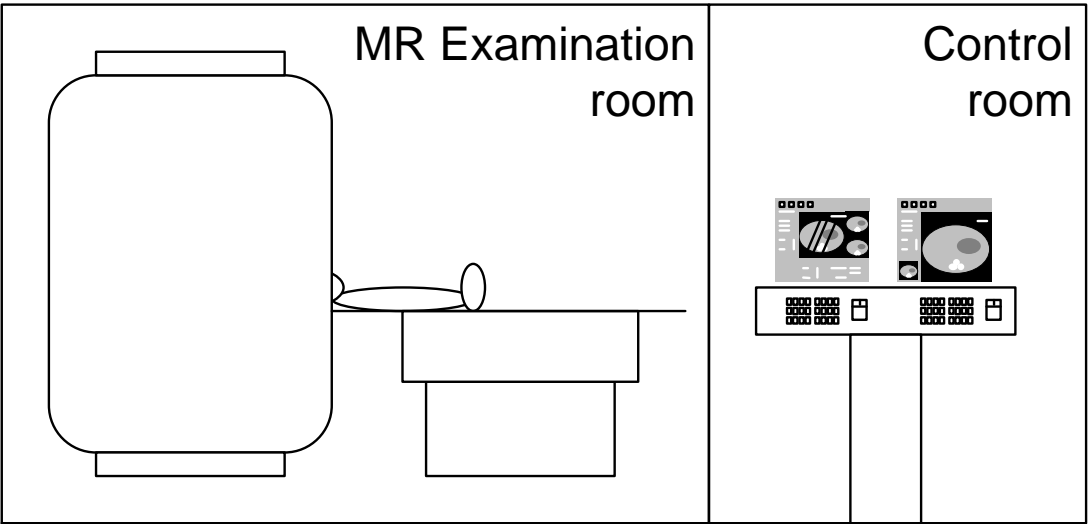
Patient Jansen has been removed

OK

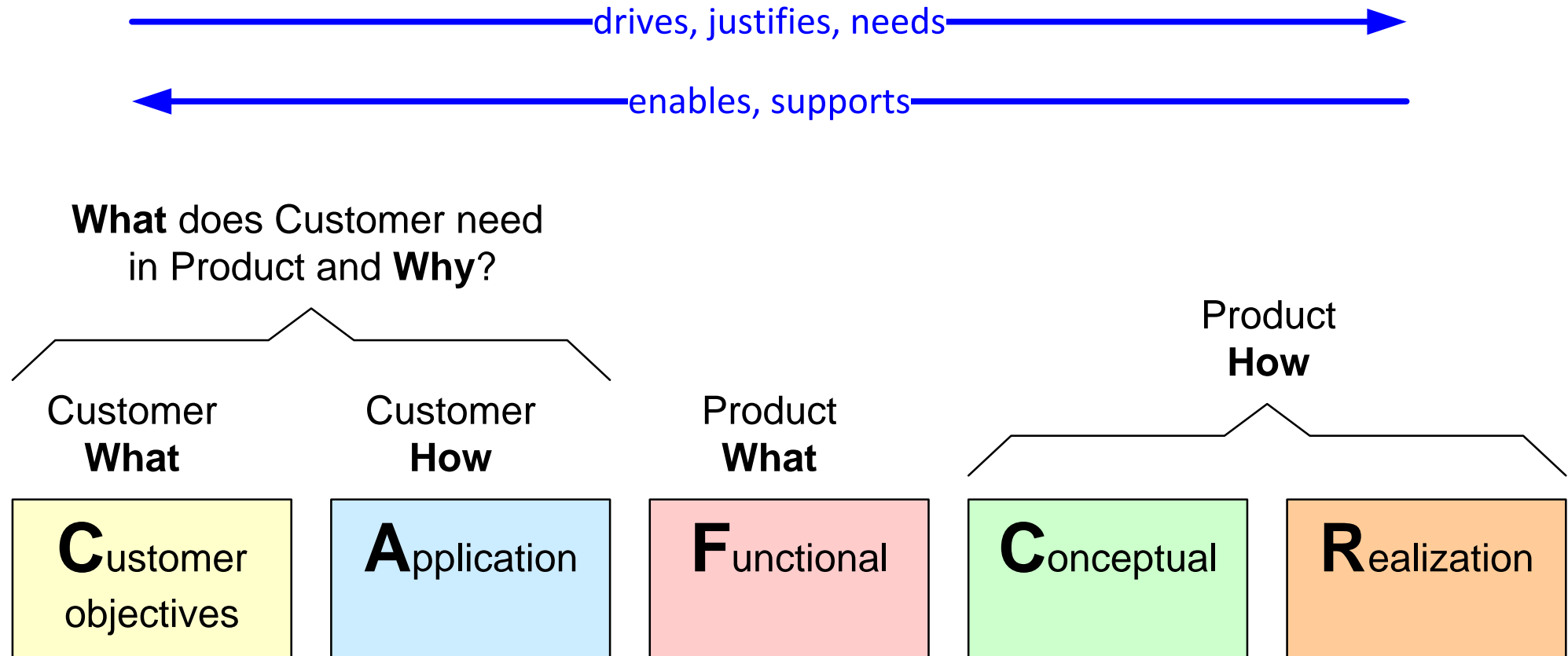
"In the meantime the patient is horrified by the intimidating system, the weird cage around his body and the EKG leads attached to his breast..."



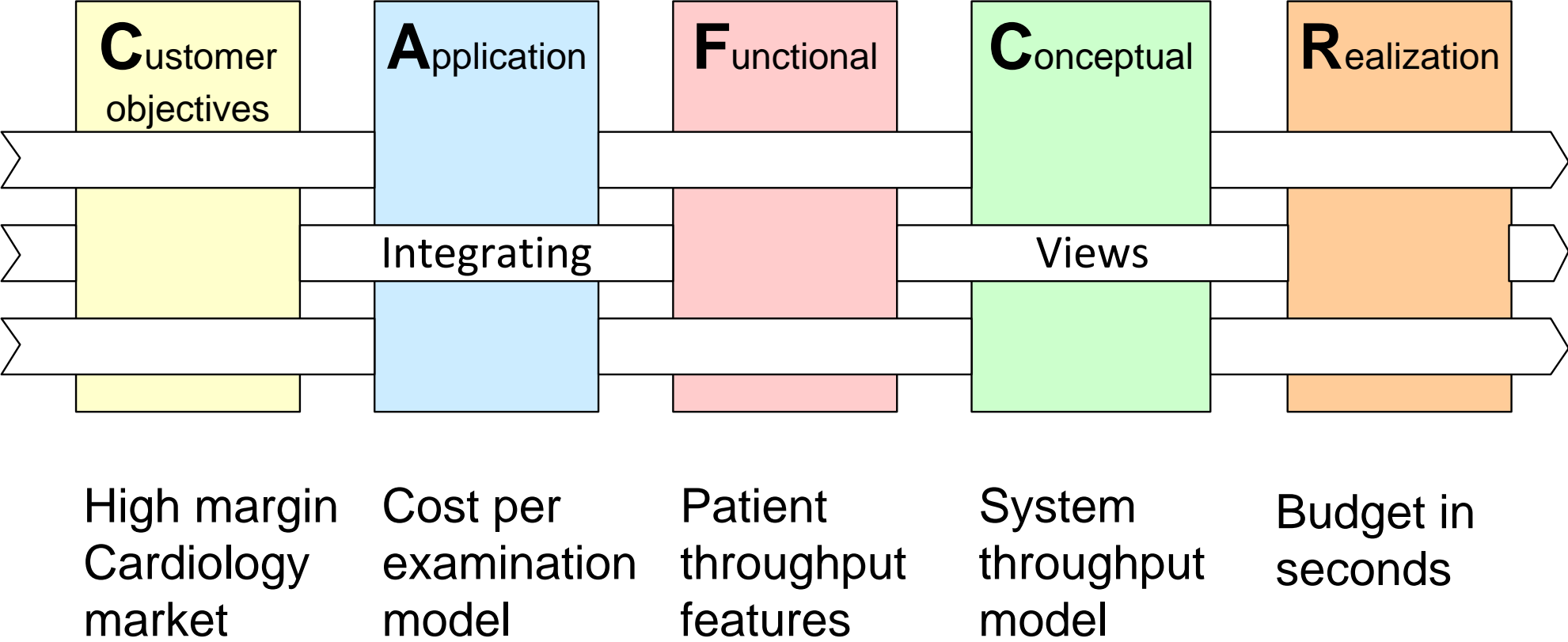
# Radiology department view



# System Architect integrates 5 viewpoints

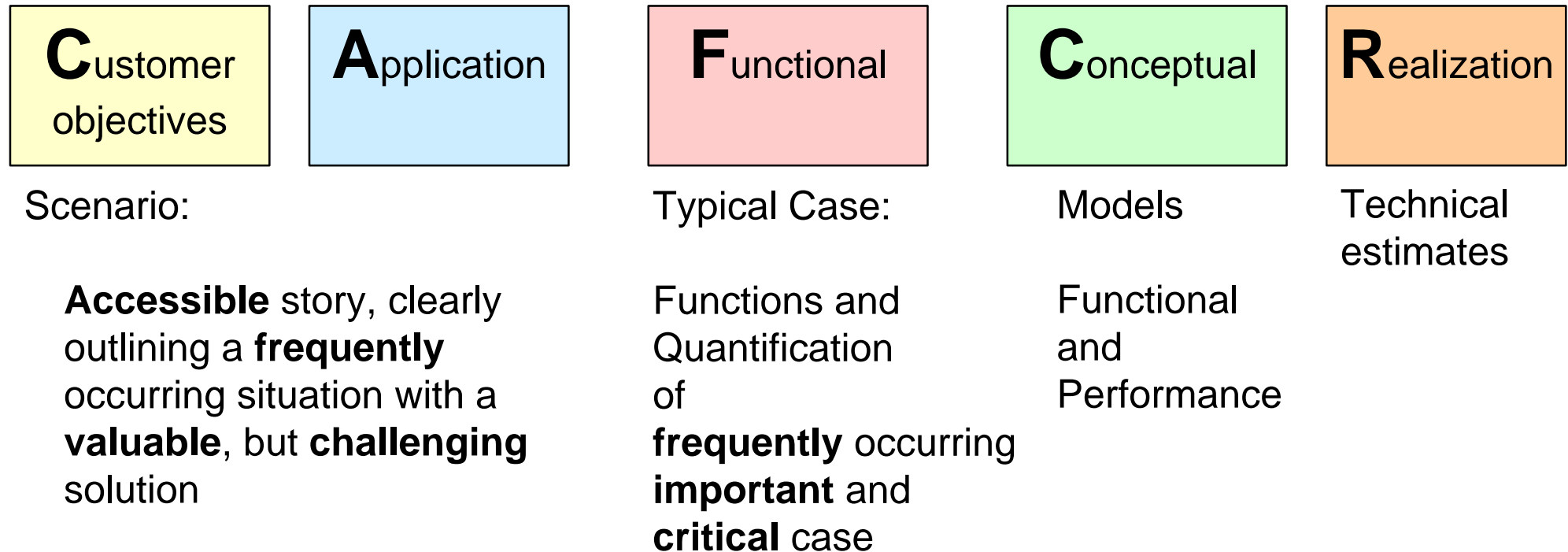


# Integration of 5 views



# From scenario to budget

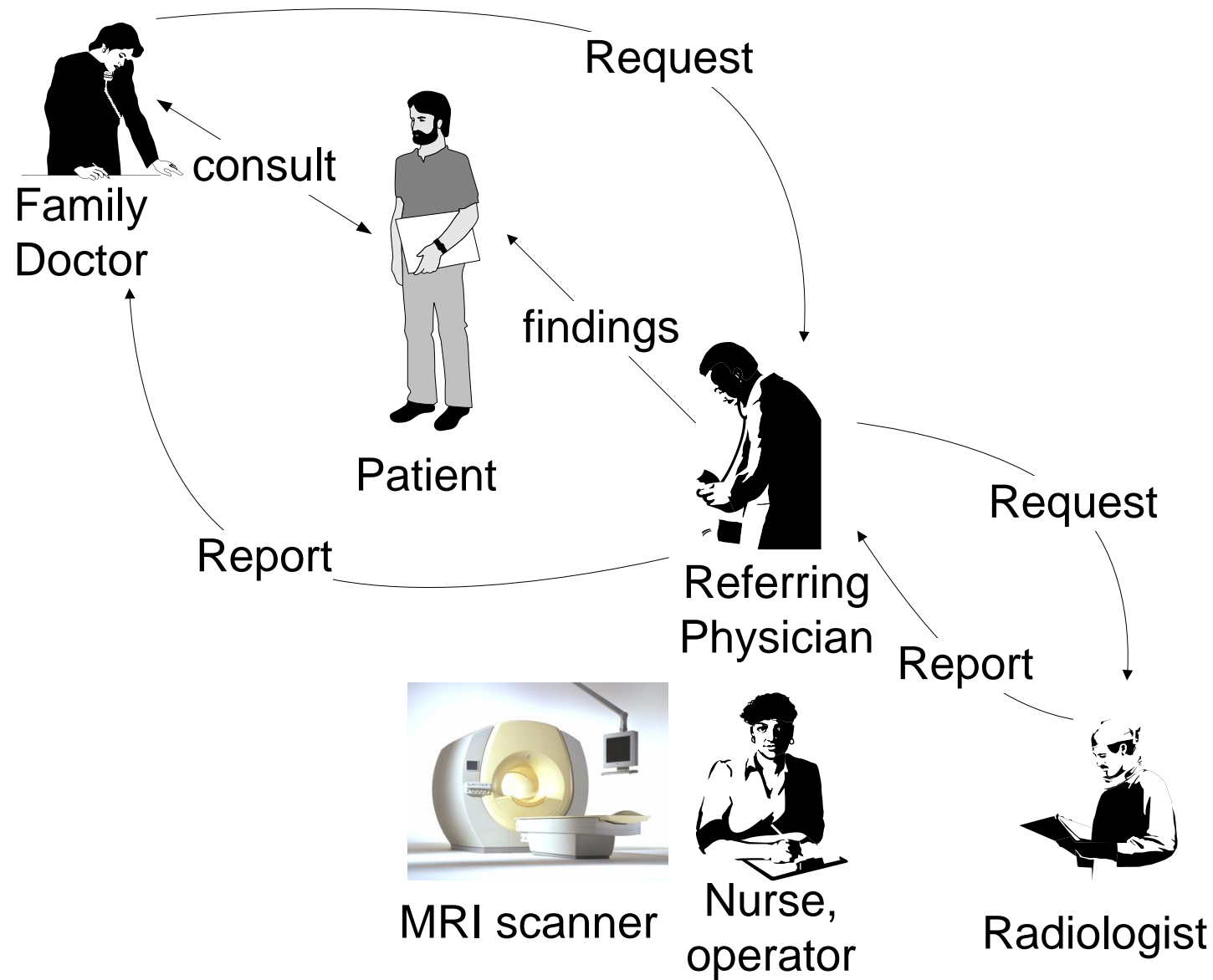
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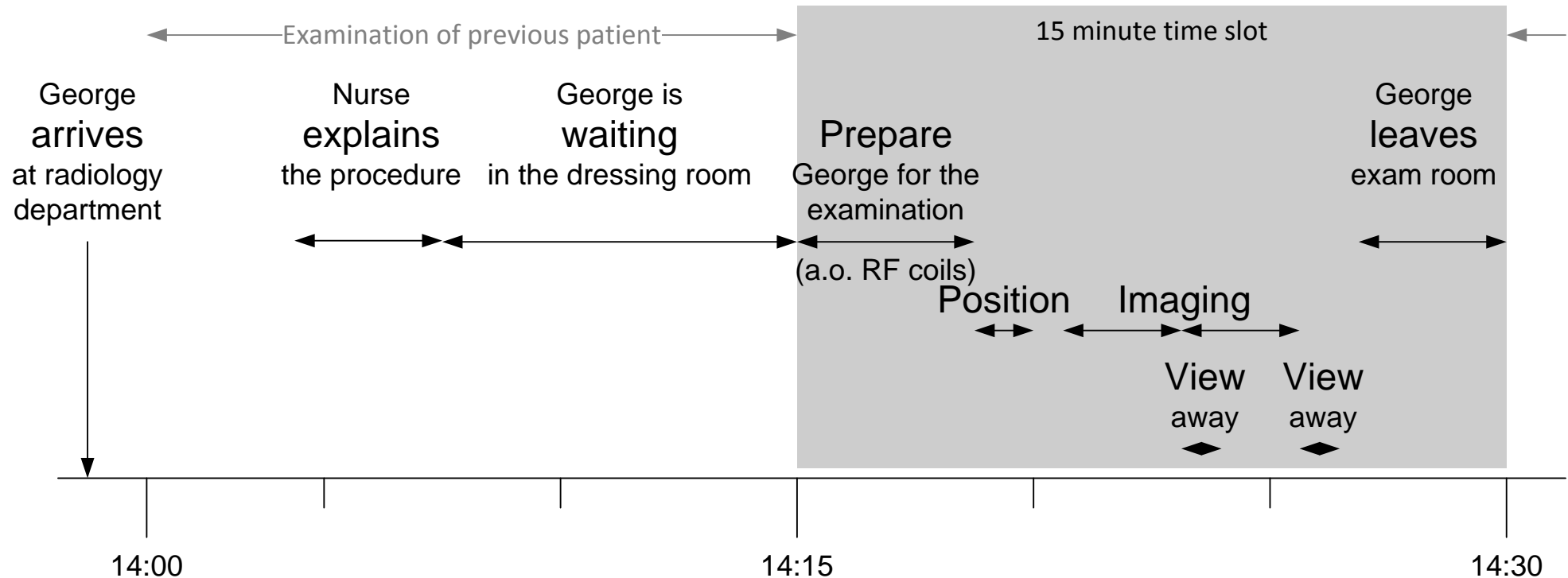
Several iterations are required. In later iterations worst cases and exceptional cases are taken into account. The technical estimates are then transformed in budgets.

- Patient George has continuous headache.
- His family doctor has send him to the Neurologist.
- The Neurologist wants to exclude the possibility of a tumor and requests an MRI examination.
- The Radiologists does not see any indication for a tumour.
- The Radiologist sends his report to the Neurologist.
- The Neurologist discusses his findings with the patient and sends a report to the family doctor.

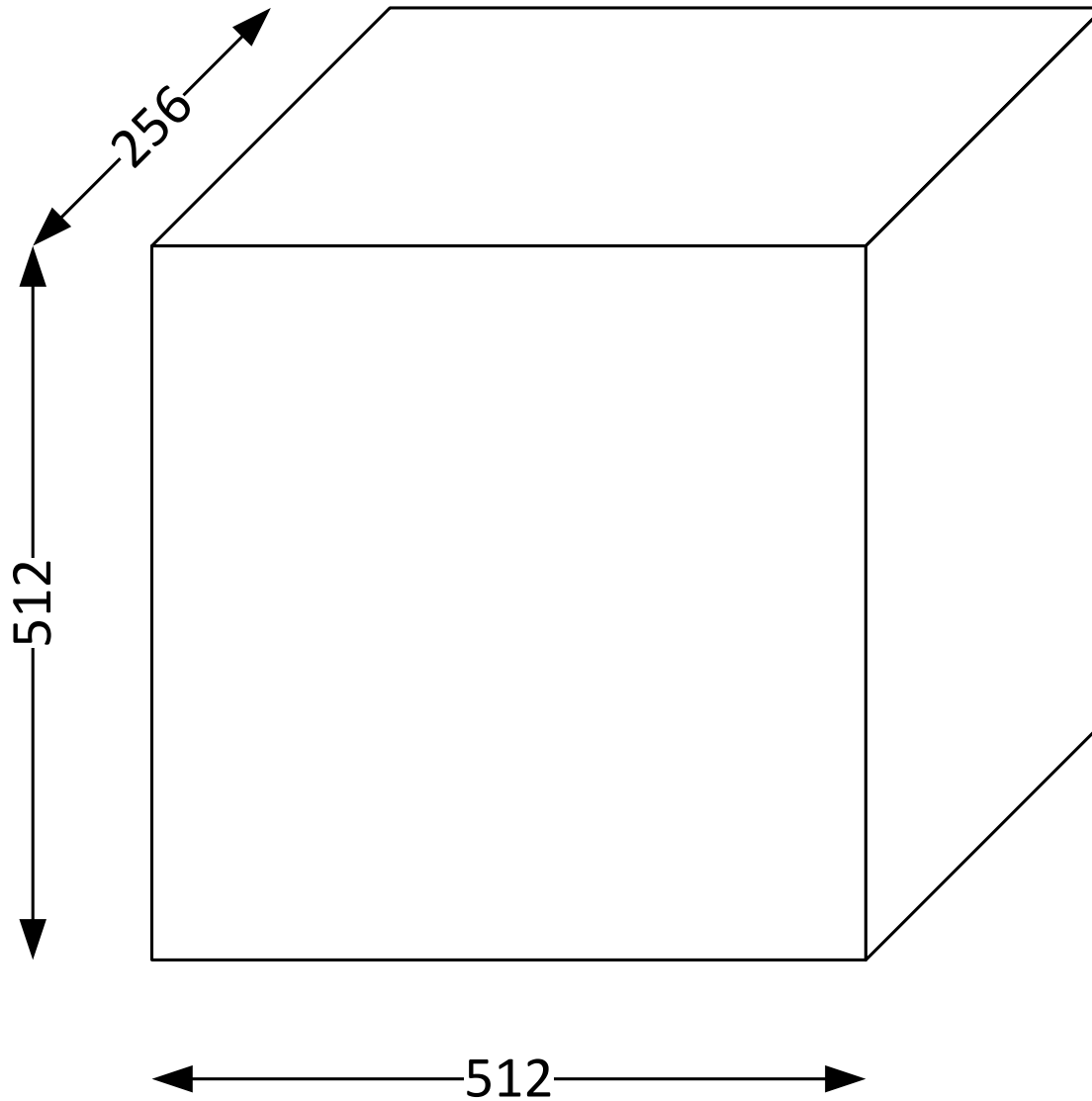
# Clinical Stakeholders



# Typical timing of Neuro examination



# Typical amount of Images: 2 Volumes



Data in bytes =

$$2 * 512 * 512 * 256 * 2 =$$

Volumes

x

y

z

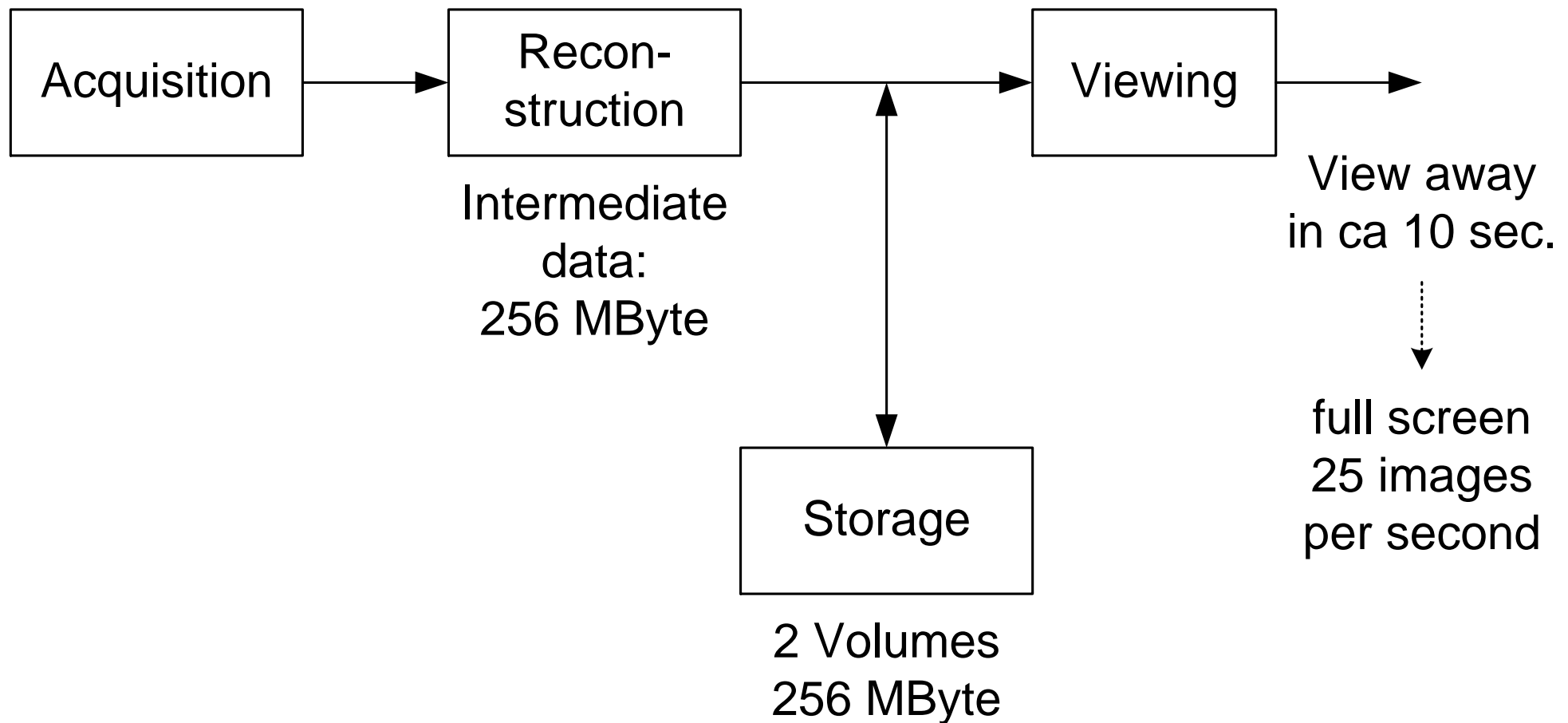
bytes per pixel

256 MBytes

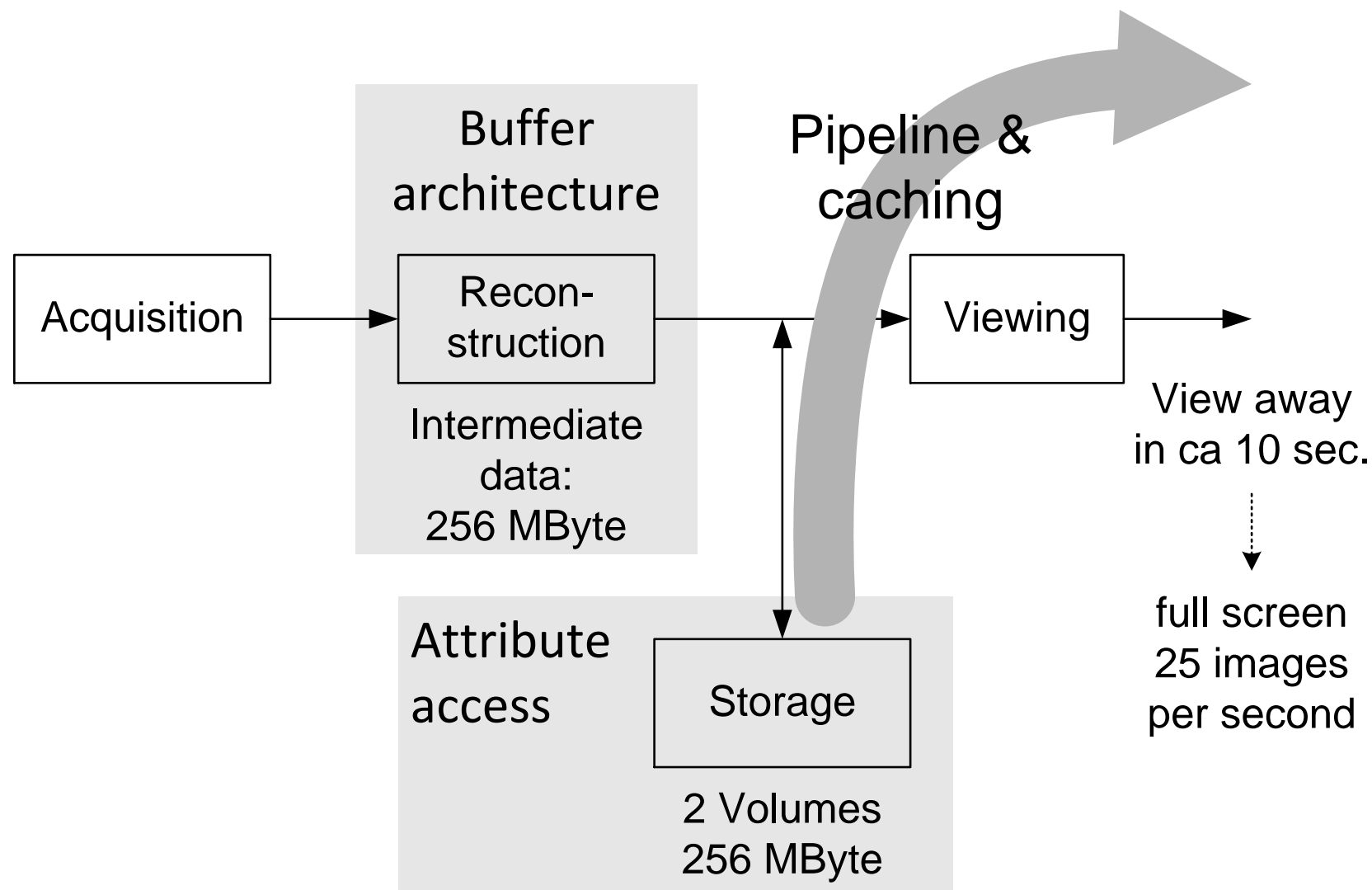
in 2 \* 2 minutes =  
240 seconds



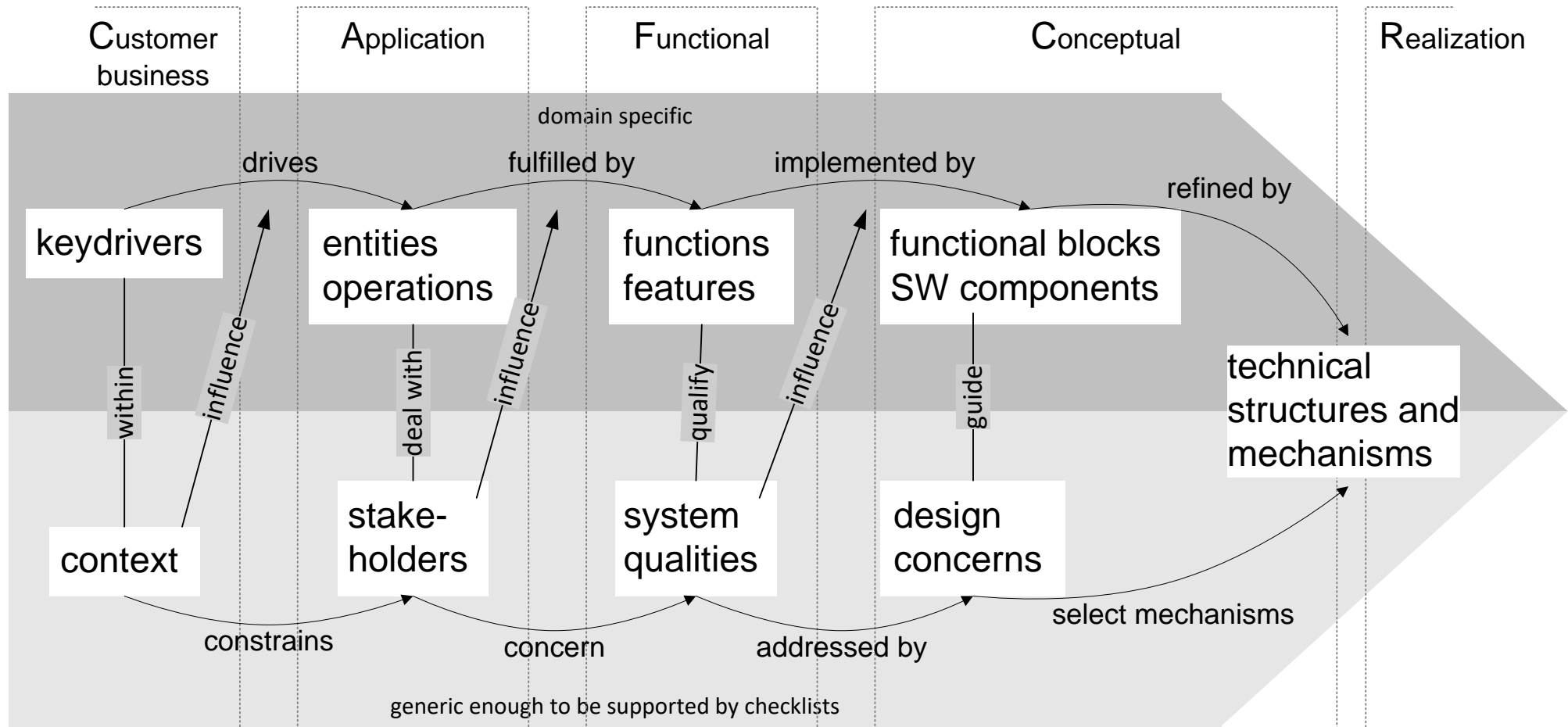
# MR resource model



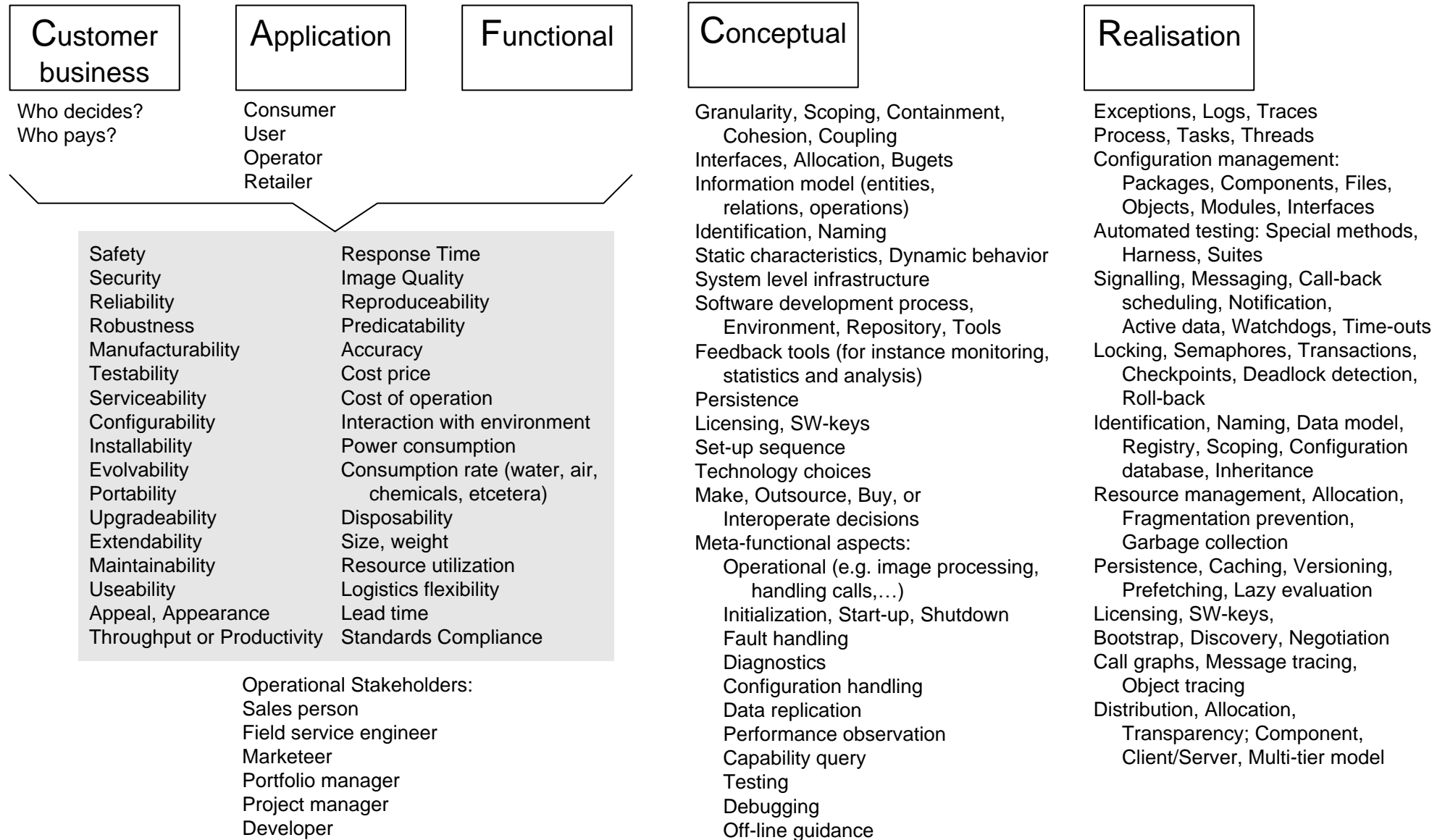
# MR critical design choices



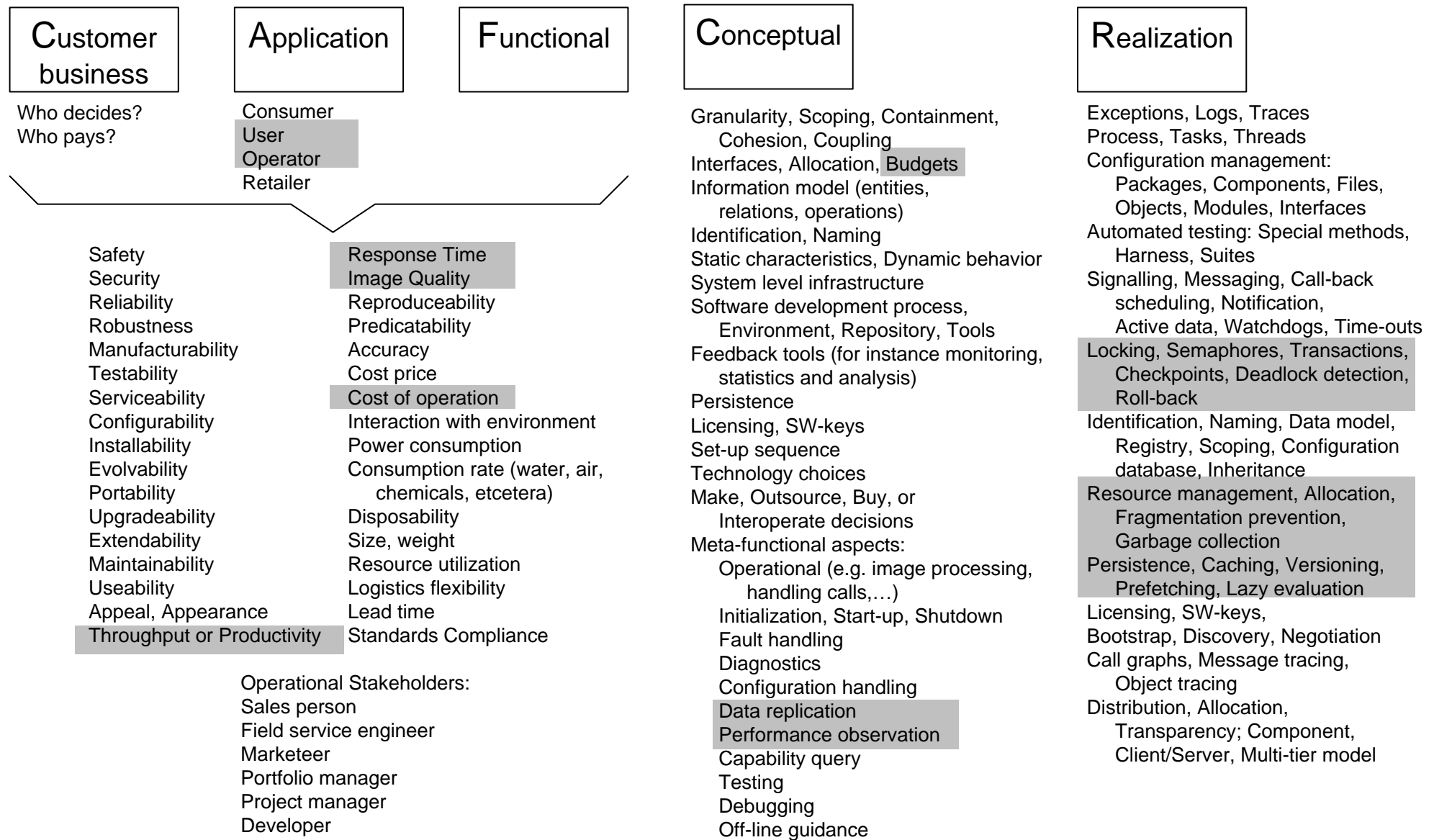
# Checklists for integrating 5 views



# Actual checklists



# Coverage of MR neuro view



# Architects must increase customer side contribution

