

Validator Influence

SCHEDULE. TESTING ERRORS.¹

Details Dr Marie-Christine Lamas, Secretary of the Department of Health Regulations, was getting ready to leave for the day when Eugenia Jaulent, an intern in the IT department knocked.²

“Hi Eugenia, what can I do for you?” said Lamas³.

“I am not sure if I should be bringing this up, but I’m worried about what is going on in my section. Over the past few months we’ve adjusted⁴ our systems quality testing schedule to accommodate a greater workload due to the recent restructure and a reduction in testing staff⁵.

“We’re now being asked to test more systems in the same amount of time! I’m spending less time with my clients than ever before and it’s really beginning to worry me. It’s become a real issue with new systems I’ve picked up. I can’t take the time I need to educate clients about how to develop testing procedures. Also, I’ve noticed an increased incidence of post-release errors.”

“What did your team leader have to say?” said Lamas.

“Let me give you two recent examples: an underdose, and an untested clearance.” said Jaulent.

Problem 1. A system was released to the local hospital in Hagerstown, where a nurse, Vangie Simpson⁶, programmed an epidural pump incorrectly and a patient, Barbara Bergum, received the wrong dose of medication: they were under-medicated and had poor pain control.⁷

Problem 2. In order to reduce the backlog Møller examined each of the backlogged tests and noticed that one of the requests was written by a team whose leader they knew well.⁸ Møller decided to certify that the update for that team would pass testing. When Jaulent asked about this Møller said that what happens in practice, to get things done, is pragmatic not theoretical, and sometimes not best practice.⁹

“I know that my team leader has been under terrible pressure to get things through but I am uncomfortable providing testing certification this way to clients and think that it is unsafe. I know that I am the low person on the totem pole: I know that everyone is very busy and trying to meet the performance goals. When I asked about the decisions Møller told me “ethics is fine when things are going well, but we do not have time for niceties; we have to get through this work”. I am frustrated and don’t know what to do.”

Lamas scheduled a meeting with themselves, Jaulent, and Møller for 8:00am the next morning.

¹ This is a modification of another case I was told a long time ago. I tried but failed to locate the original. Source: Unknown

Cast	Role
Barbara Bergum	Patient, Hagerstown Hospital
Anne Dossetor	Development team leader
John Gerdes	Programmer
Eugenia Jaulent	IT intern
Marie-Christine Lamas	Secretary DHR
Bernard Møller	Jaulent’s boss
Vangie Simpson	Nurse, Hagerstown Hospital
Margrethe Williams	Product development manager

Table 1: V₂ Cast

² Lamas had said in the induction program that any intern could come to talk with them about anything, especially if they felt that they could not discuss it with their team leader.

³ Some people just have a knack for remembering names: neither of us does.

⁴ The section has more work than it can handle in the time given to the testing tasks. As a result there is a backlog of work that has been designated as of highest priority and to be implemented in the next production update.

⁵ A reduction in the number of testers from ten to six.

⁶ Simpson was reprimanded for the error.

⁷ When Jaulent spoke with the product development manager, Margrethe Williams, and the head of the testing section, Bernard Møller (Jaulent’s boss), both said that the medication errors are probably unrelated to the insufficient testing and both seemed unconcerned.

⁸ This development team leader was highly regarded as the best developer that the DHR had with few problems in pre-production testing.

⁹ When this change went into production the system did crash but fortunately it was only small, an easily fixed problem that took, John Gerdes, a production update support programmer, a few hours to fix on the holiday weekend.