

# ***Adaptive Systems Engineering: A Medical Paradigm for Practicing Systems Engineering***

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## Premise

- The “traditional,” holistic application of SE is not well suited to “rescue” projects from challenges that threaten imminent failure.
- The medical profession:
  - Provides a *unique analogy for adaptive SE*
  - Offers a useful *paradigm for tailoring our “practice” of SE* to address the unexpected dynamics of the real world.



## Personal Anecdote

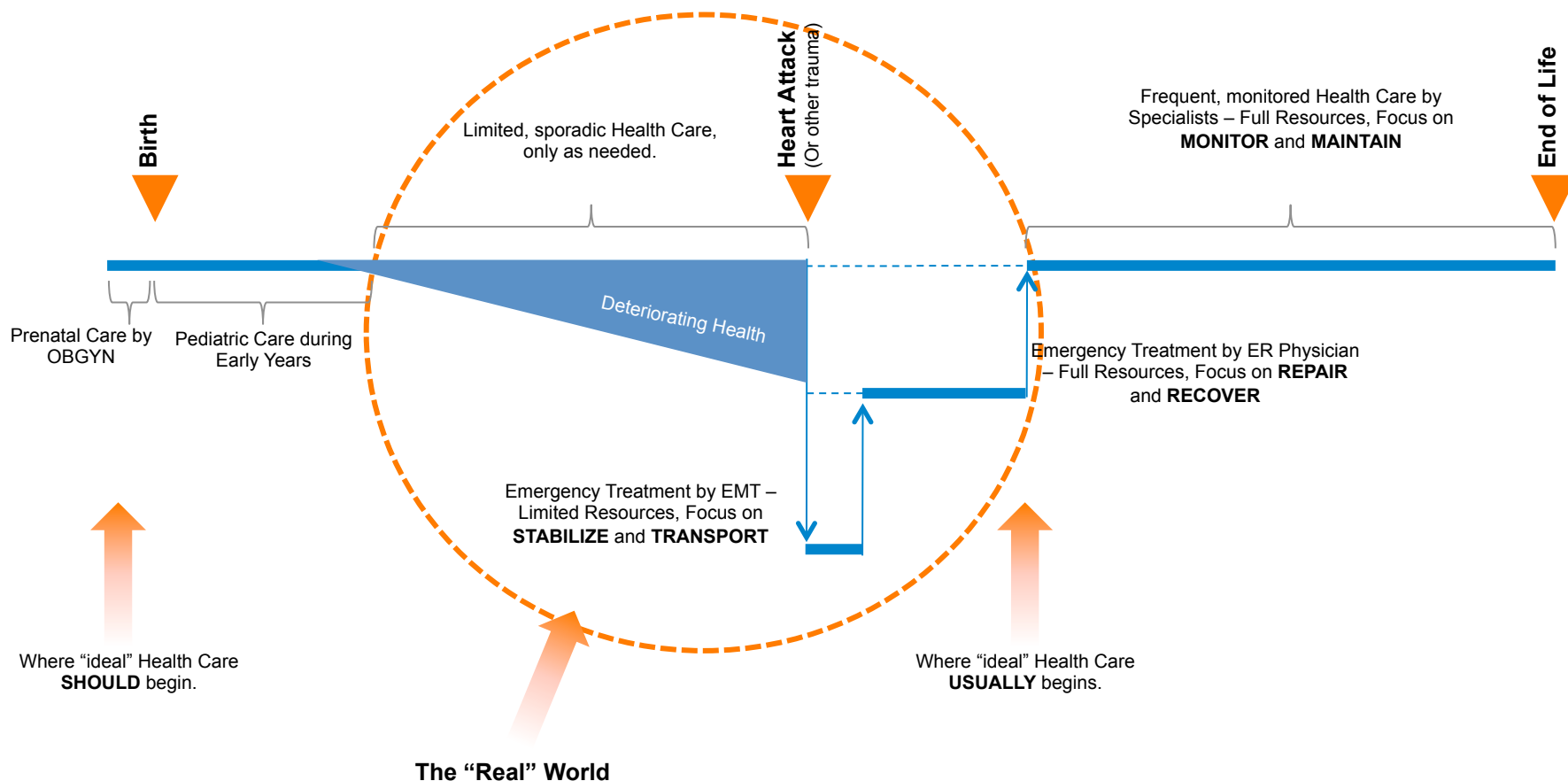
- **August 2007**
  - *Chest pains* throughout the day
  - Emergency room visit for *X-rays and CT scan*
  - *Stress test and angiogram* to check for heart abnormalities
  - Result: *Elevated blood pressure*
- **Why wasn't it discovered earlier?**
  - *Paradigms about health care* and it's intervention contributed to the condition NOT being discovered earlier



## ***“Ideal” versus “Real” Lifetime Medical Care***

- Child delivered by “trained, licensed” medical professional
- *Pediatrician engaged* early to ensure healthy development
- *Regular checkups* to assess illness and abnormalities
- *On-going consultation throughout a lifetime* to maintain physical and mental condition
- *Optimized physical and mental health* via ongoing assistance and intervention of medical professionals
- Frequency of medical care drops significantly after infancy
- *Body “seems” healthy*, so no need for doctor visit
- Often physically and nutritionally *“out of shape”*
- No real attempt to predict and plan for medical challenges
- Seek *medical intervention ONLY when there is a critical need*
- Patient challenged to change lifestyle and seek more frequent care

# Lifetime Medical Care – An Illustration

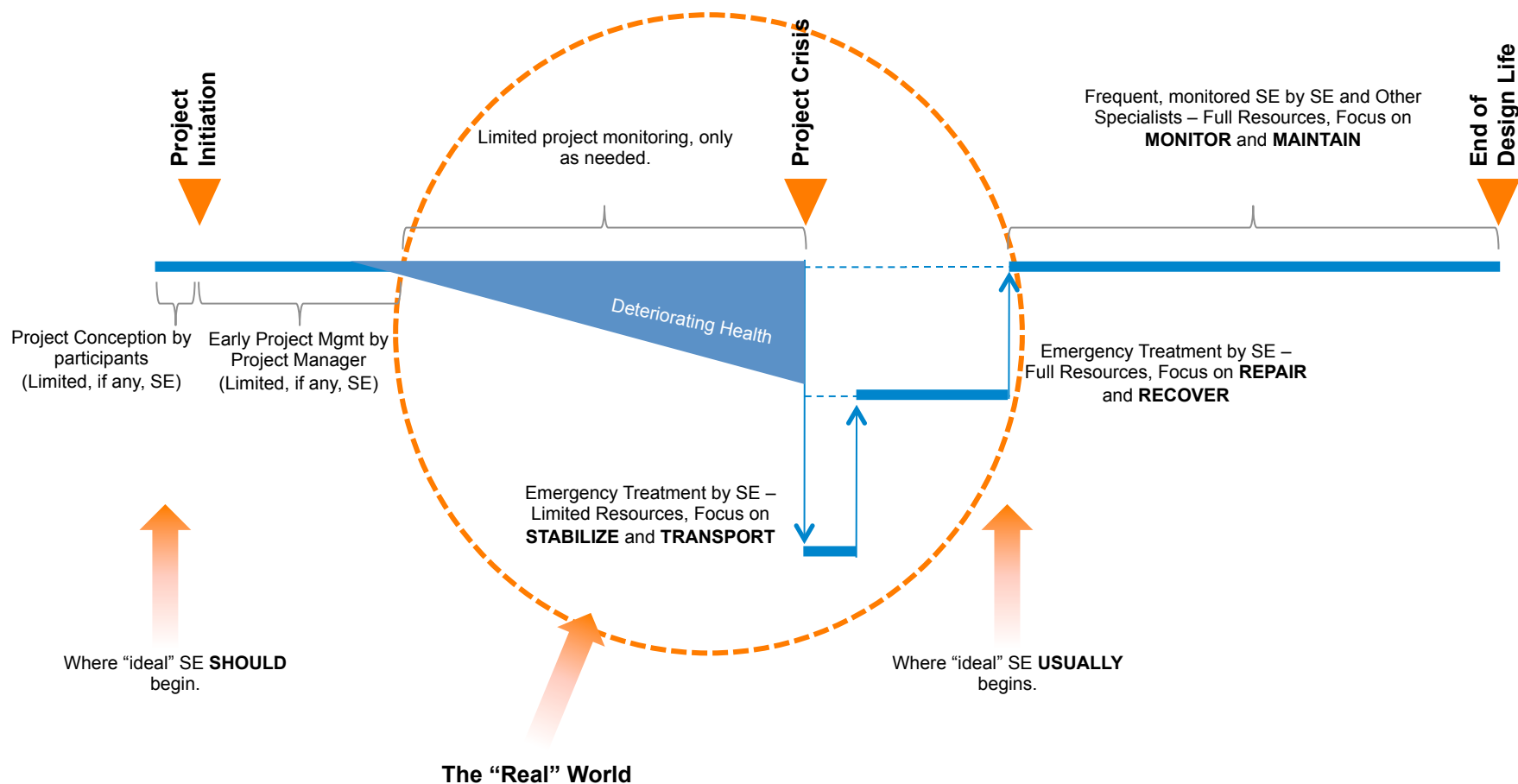




## ***“Ideal” versus “Real” Project Lifecycle***

- Project initiated by competent managers and engineers
- *SE engaged* early to establish parameters and guide progress
- *Routine assessment* to identify risks and mitigate problems
- *On-going SE assistance throughout the project lifecycle* to maintain project baselines
- *Optimized project health* via ongoing assistance and intervention of system professionals
- Attention to project plans and details declines after inception
- *Project “seems” healthy*, so no need for status assessments or the associated cost of SE involvement
- Often administratively and technically *“out of shape”*
- Minimal attempts to predict and plan for project challenges
- Seek *SE intervention ONLY when there is a critical need*
- Project challenged to change management approach, plan for potential setbacks, and/or recover from problems

# Lifecycle Project Care – An Illustration



# A New “Adaptive” SE Paradigm

- **Emergency Medicine**

- *Assess and stabilize* deteriorating condition
- *Preserve or restore* life
- Transport for in-depth *diagnosis and treatment*

- **Adaptive SE**

- *Assess and stabilize* deteriorating condition
- *Preserve or restore* project
- Rebaseline and plan for in-depth *assessment and correction*





# Medical Triage

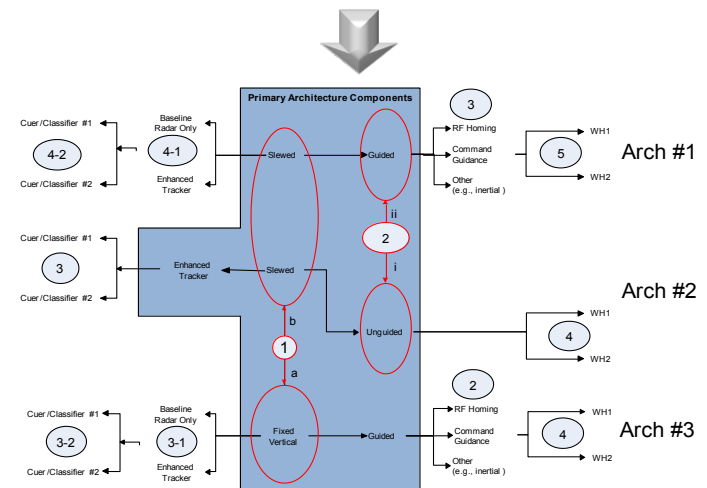
A process of determining the **priority of patients' treatments** based on the **severity of their condition**. This rations patient treatment efficiently when **resources are insufficient** for all to be treated immediately.

- **Classifies victims or deteriorating conditions into four categories:**
  - Those that are **beyond help**
  - Those that can be helped by **immediate stabilization and transport**
  - Those that need medical attention but whose **transport can be delayed**
  - Those with **minor injuries**, who need help less urgently and can wait until resources are available.

# SE Triage

A process (or practice) of determining the **priority of project treatments** based on the **severity of the project's condition**. This rations SE application to the project more efficiently when **resources are insufficient** for all conditions to be treated immediately.

- **Classifies projects or deteriorating conditions into four categories:**
  - Those that are **beyond help**
  - Those that can be helped by **immediate stabilization and rebaselining**
  - Those that need medical attention but whose **rebaselining can be delayed**
  - Those with **minor setbacks**, who need help less urgently and can wait until resources are available.



# Case Study – *U.S. Biomass Feedstock Project*

- **Challenge**

- Gaps exist between user requirements, project tasks, milestones, and deliverables.
- Interrelationships between these project elements are not well understood.

- **Approach**

- Establish a “big picture” view of project elements
- Map requirements to project elements
- Perform gap analyses to identify inconsistencies between project elements and requirements

- **Results**

- Clarified view of project complexity for team members, customers, and industrial partners through functional diagramming and Zoned Analysis
- Growing understanding of project requirements and their relationship to project elements
- Enhanced out-year planning and funding



## *Changing our Paradigms*

1. Don't assume the Project "did it wrong," and don't force it to "start over"
2. Be cautious of the "quick fix" or "low hanging fruit"
3. Don't overwhelm the project with expensive technology and complicated processes
4. **Look for rescue-type situations** where you can have an immediate impact; don't shy away from an opportunity just because it isn't an "ideal" project.

Our ability to **adapt and respond to critical, emergent project needs** will grow the reputation of SE among seasoned project managers and organizational professionals and set the foundation by which the more frequent practice of "ideal" SE can be realized.



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