DBMS Consulting, Inc.
Other Proposed Oracle Clinical User Group Abstracts for OCUG 2000 Annual Meeting.

Abstract I. Understanding the future direction of Oracle Clinical: Taking Lessons from the Oracle Applications.

Many lessons can be learned about the past, current and future architecture of Oracle Clinical and TMS from examining the previous development paths of the Oracle Applications and comparing to OC. A background of some past and current architectures of the Oracle Applications will be presented, including 10.7, 10.7 NCA, 11.0 and 11i. A general architecture comparison will be made with OC 3.1.1 and OC 3.2, and some comparisons of specific components of OC and the Oracle Apps will be made, such as PSUB and concurrent managers. Finally, some predictions about future architecture and functionality will be presented based on these comparisons.

Abstract II. Why use a 4-tier architecture? Pros and Cons of deploying Citrix with Oracle Clinical 3.2 and 4.0.

With an acknowledgment of some insights received from B. Judge at Parke-Davis, a brief statement will follow about the number of enterprises which have chosen to deploy OC 3.0.3.5, 3.1 and 3.1.1 with Citrix Metaframe running on MS Terminal Server. However, questions about the usefulness of Citrix in a Web-deployed OC 3.2 or 4.0 environment can be raised. The benefits of running Citrix in a 3-tier environment, such as reduction of PC client resource demands with J-Initiator, ability to run multiple OC sessions with a single-middle tier code tree, and reduced deployment time for remote users will be compared to the increased deployment costs and administrative complexity of this environment, as well as its OC support considerations. Finally, some general recommendations with some high-level cost considerations will be made.

Abstract III. Configuring Oracle Clinical in the NT Domain.

Some parts of OC 3.2 configuration are unique and somewhat troublesome in the NT environment. Automating startup of Database instances when multiple instances are present on the same server, automating startup of OAS, file viewing for PSUB jobs and utilizing NT Domain accounts with the PSUB service can be difficult or even not possible in some cases. An approach to dealing with each of these issues, as well as some specific NT to UNIX OC configurations will be presented. Finally, some general OC NT RDBMS tips will be mentioned.

Abstract IV. Using Oracle EM to Manage OC: Implementing Oracle Enterprise Manager's Change Mangement Option Pack with Oracle Clinical.

Very few facilities exist within Oracle Clinical to address Change Management effectively. With the exception of the $RXC_ROOT/release directory, there exists no other native patch control or customization control within OC itself. Oracle Change Management Option Pack for Enterprise Manager can be configured in some very useful ways to deal with database and operating environment changes. Some techniques will be discussed for using the Option Pack to provide a more organized and consistent, and somewhat more rigorous, approach to database and middle-tier/client code change management. Finally, a brief discussion on time and process requirements to implement such a system will be mentioned.