



# **Software Architecture in Practice**

Our Mandatory Case  
TeleMed

- “*Software architecture is the ability to draw 7 boxes and connect them with lines...*” From ‘SA@Work’ interview with architect...
- ***My strong opinion: No, it is not just that!***
- ***Why?***
  - *Because many central architectural quality attributes (like performance, security, modifiability, energy efficiency, etc.) hinges on specific decisions made at individual source code line level*

- Example: My CaveService implementation's connector to a SQL database
  - *I am no SQL expert*

```
statement.executeUpdate( s: "CREATE TABLE IF NOT EXISTS " + ROOMS_TABLE_NAME + " (" +  
    "ID INT NOT NULL AUTO_INCREMENT, " +  
    "POSITION VARCHAR(64) NOT NULL, " +  
    "DESCRIPTION VARCHAR(256), " +  
    "CREATOR_ID VARCHAR(256), " +  
    "CREATE_TIME TIMESTAMP NOT NULL DEFAULT CURRENT_TIMESTAMP, " +  
    "PRIMARY KEY (ID))");
```

- Works perfectly

*Functionally correct*

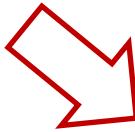
✓ ✓ TestMariaDBConnector (caveservice)	908 ms
✓ shouldGetExitSet	897 ms
✓ shouldReadAndCreateRoomInStorage	11 ms

# However, ...

- When subjected to high workloads
  - A) 'Too many connections' errors meant lost data
  - B) Corrected, introducing a C3PO connection pool
- *Functionally correct (again)*
  - ... but
    - *Could not every force anything beyond 250 tps*
      - That is: performance is low
- The culprit?
  - All queries are based on criteria 'POSITION' which was not indexed...

- So, a line of code is changed...

```
statement.executeUpdate(s: "CREATE TABLE IF NOT EXISTS " + ROOMS_TABLE_NAME + " (" +  
    "ID INT NOT NULL AUTO_INCREMENT, " +  
    "POSITION VARCHAR(64) NOT NULL, " +  
    "DESCRIPTION VARCHAR(256), " +  
    "CREATOR_ID VARCHAR(256), " +  
    "CREATE_TIME TIMESTAMP NOT NULL DEFAULT CURRENT_TIMESTAMP, " +  
    "PRIMARY KEY (ID))";  
  
        statement.executeUpdate(s: "CREATE TABLE IF NOT EXISTS " + ROOMS_TABLE_NAME + " (" +  
            "ID INT NOT NULL AUTO_INCREMENT PRIMARY KEY, " +  
            "POSITION VARCHAR(64) NOT NULL, " +  
            "DESCRIPTION VARCHAR(256), " +  
            "CREATOR_ID VARCHAR(256), " +  
            "CREATE_TIME TIMESTAMP NOT NULL DEFAULT CURRENT_TIMESTAMP, " +  
            "UNIQUE INDEX (POSITION))"; // Important as all queries are on position
```



- Functionally indifferent

Architecturally significant

Many architectural qualities are defined at code level; not at “box-and-line” level!



- Therefore: You will see code and *work* with code ☺



# TeleMed

Intro to our Case Study system



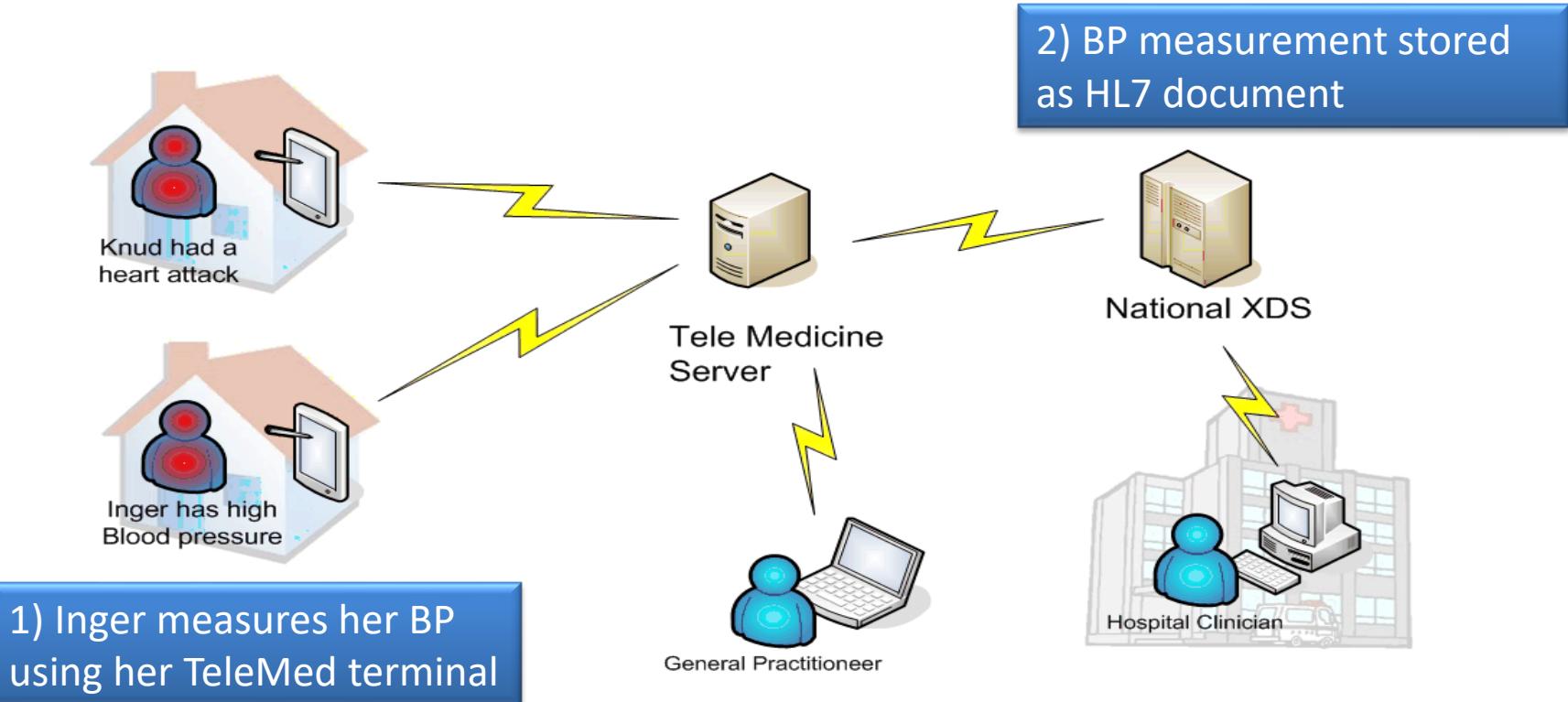
# Case - Challenges

- Demographic challenges
  - 2009: 70% of public health expenditure goes to chronic diseases
  - 2040: 100% more elderly
- Geographical challenges
  - Larger, fewer hospitals
  - Fewer general practitioners
- Leads to a need for tele medical solutions
  - ICT-supported healthcare services where some of the people participating in service delivery are not co-located with the receiver of the service
  - (Our research: **Net4Care project**)

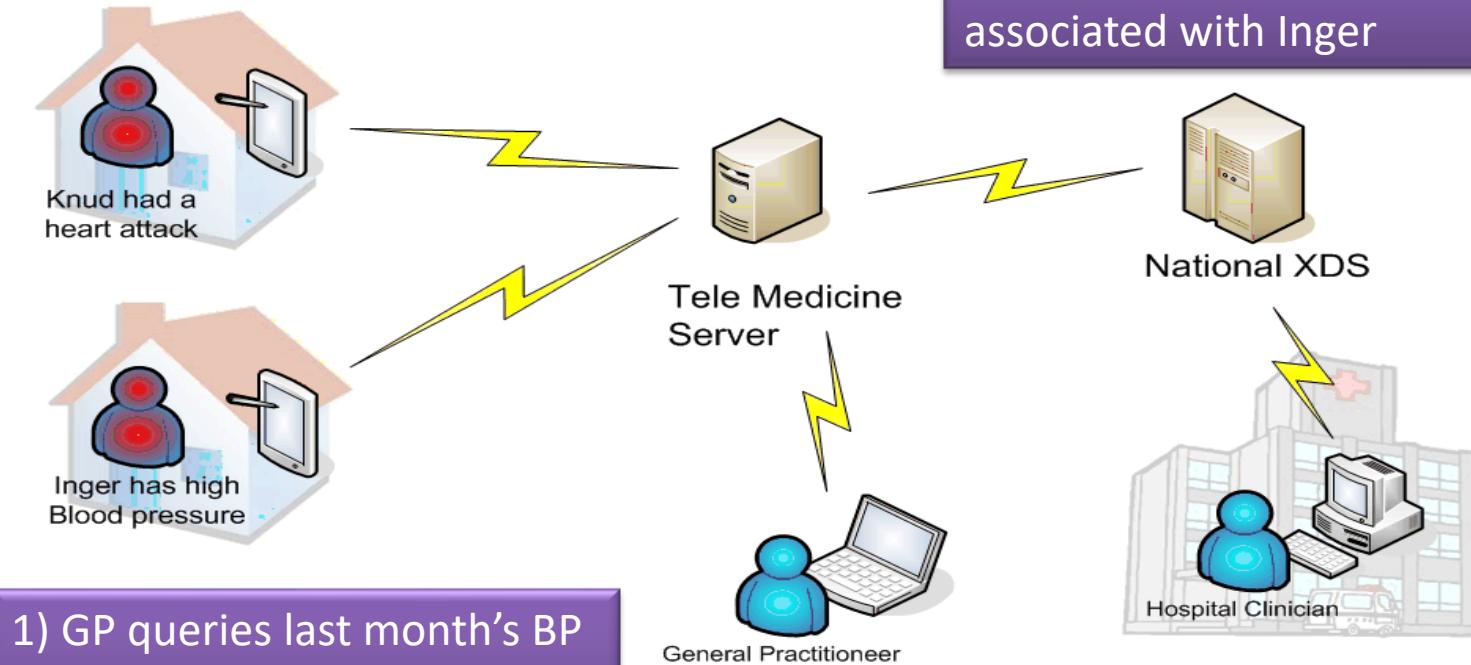
- Vision
  - Replace out-patient visits by measurements made by patients in their home
  - *Move data from home to regional/national storage so all health care personal can view them...*
- Motivation
  - Reduce out-patient visits
    - Better quality of life
    - Cost savings
    - Better traceability and visibility



# Use case 1



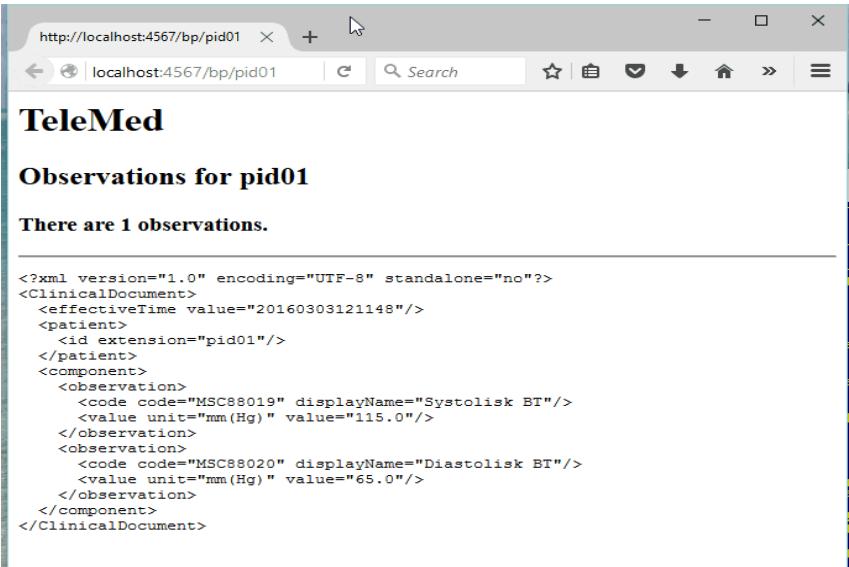
# Use case 2



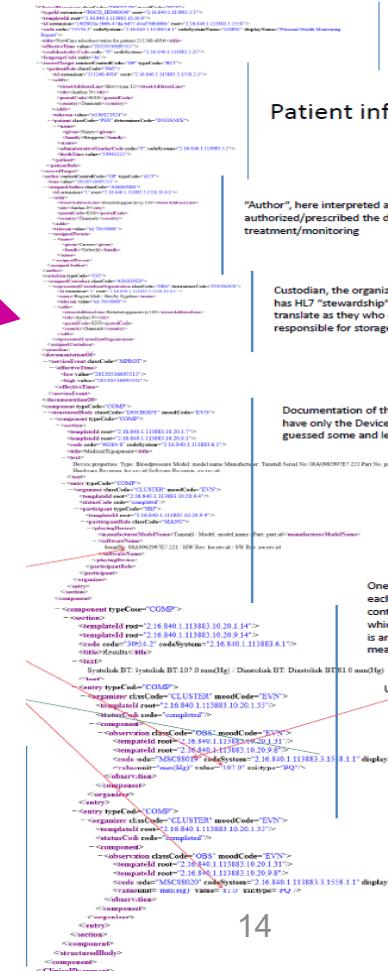
# (What is XDS)

- Cross-Enterprise Document Sharing:
  - One Registry + Multiple Repositories
  - Repository: Stores *clinical documents*
    - (id, document) pairs
  - Registry: Stores *metadata* with document *id*
    - Metadata (cpr, timeinterval, physician, measurement type,...)
    - Id of associate document and its repository
- Think
  - Registry = Google (index but no data)
  - Repository = Webserver (data but no index)

- HL7 is a standard (complex!) for clinical information storage and exchange.
  - Version 3 loves XML!
- Our version:

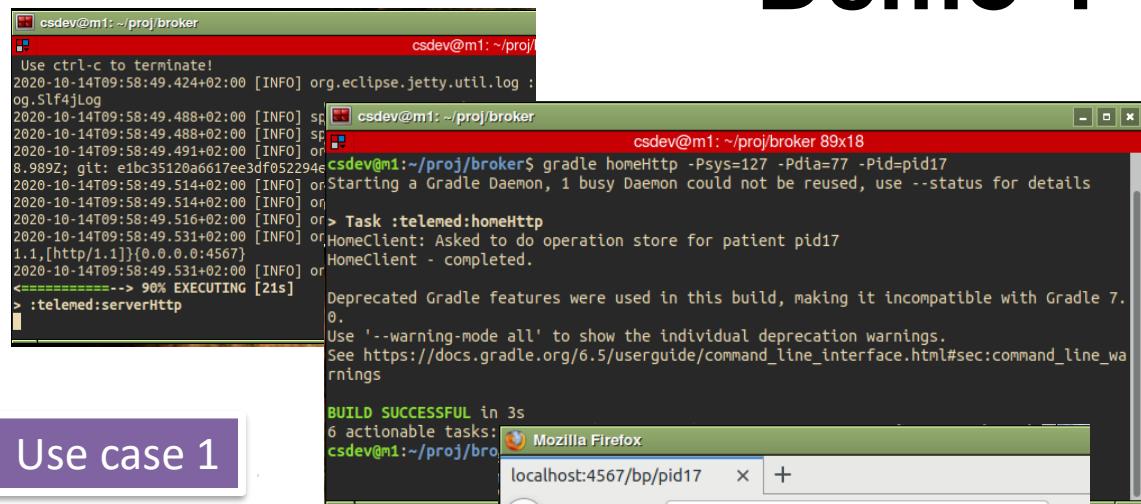


Real version:



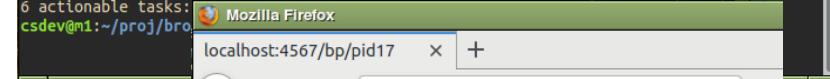
```
<?xml version="1.0" encoding="UTF-8" standalone="no"?>
<ClinicalDocument>
  <effectiveTime value="20160303121148"/>
  <patient>
    <id extension="pid01"/>
  </patient>
  <component>
    <observation>
      <code code="MSC88019" displayName="Systolisk BT"/>
      <value unit="mm(Hg)" value="115.0"/>
    </observation>
    <observation>
      <code code="MSC88020" displayName="Diastolisk BT"/>
      <value unit="mm(Hg)" value="65.0"/>
    </observation>
  </component>
</ClinicalDocument>
```

- Start a server
  - gradle serverHttp
- Send an obs.
  - gradle homeHttp
    - -Psys=120 –Pdia=77 –Pid=pid17
- GP review in browser
  - <http://localhost:4567/bp/pid01>



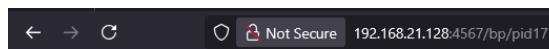
```
csdev@m1:~/proj/broker
Use ctrl-c to terminate!
2020-10-14T09:58:49.424+02:00 [INFO] org.eclipse.jetty.util.log : 
og.Slf4jLog
2020-10-14T09:58:49.488+02:00 [INFO] sp
2020-10-14T09:58:49.491+02:00 [INFO] sp
2020-10-14T09:58:49.491+02:00 [INFO] or
8.989Z; git: e1bc35120a6617ee3df052294e
csdev@m1:~/proj/broker$ gradle homeHttp -Psys=127 -Pdia=77 -Pid=pid17
2020-10-14T09:58:49.514+02:00 [INFO] or Starting a Gradle Daemon, 1 busy Daemon could not be reused, use --status for details
2020-10-14T09:58:49.514+02:00 [INFO] or
2020-10-14T09:58:49.516+02:00 [INFO] or > Task :telemed:homeHttp
2020-10-14T09:58:49.531+02:00 [INFO] or HomeClient: Asked to do operation store for patient pid17
1.1,[http://1.1][{0.0.0:4567}]
2020-10-14T09:58:49.531+02:00 [INFO] or HomeClient - completed.
2020-10-14T09:58:49.531+02:00 [INFO] or
<=====> 90% EXECUTING [21s]
> :telemed:serverHttp
=====
Deprecated Gradle features were used in this build, making it incompatible with Gradle 7.0.
Use '--warning-mode all' to show the individual deprecation warnings.
See https://docs.gradle.org/6.5/userguide/command_line_interface.html#sec:command_line_warnings
BUILD SUCCESSFUL in 3s
6 actionable tasks: 6 up-to-date
csdev@m1:~/proj/broker
```

Use case 1



Use case 2

- Can talk remotely
  - Fire up a new machine, note its IP
  - gradle homeHttp –Phost=(ip)



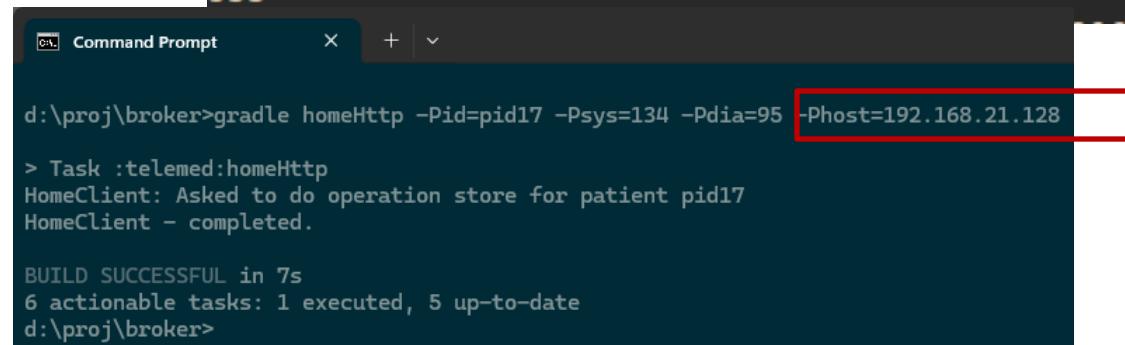
## TeleMed

### Observations for pid17

There are 1 observations.

```
<?xml version="1.0" encoding="UTF-8" standalone="no"?>
<ClinicalDocument>
  <effectiveTime value="2025-03-12T13:45:06+01:00"/>
  <patient>
    <id extension="pid17"/>
  </patient>
  <component>
    <observation>
      <code code="MSC88019" displayName="Systolic BP"/>
      <value unit="mm(Hg)" value="134.0"/>
    </observation>
    <observation>
      <code code="MSC88020" displayName="Diastolic BP"/>
      <value unit="mm(Hg)" value="95.0"/>
    </observation>
  </component>
</ClinicalDocument>
```

2: ens33: <BROADCAST, MULTICAST, UP, LOWER\_UP> mtu  
up default qlen 1000  
 link/ether 00:0c:29:d7:6f:e8 brd ff:ff:ff:f  
 altname enp2s1  
 inet 192.168.21.128/24 metric 100 brd 192.1  
s33



- *Flexibility through Dependency Injection of delegates...*
- The default variant is an ‘in-memory database’
  - Aka: ‘Fake Object test double’
- Let us persist stuff, so restarting the server does not erase all patient data ☺
  - A real XDS (pain and agony)
  - *Let us try a document based NoSQL database engine: MongoDB*

- Start a MongoDB
  - Option A: download lubuntu linux, create ISO image, create and install a new linux (virtual) machine, start it, download and install mongodb, note its hostname/ip address (1.5 hours)
  - Option B: Issue a single Docker command ☺ (20 secs)
    - `docker run -d --name db0 -p 27017:27017 mongo:8.0`
- Docker is a light-weight virtual machine monitor
  - Ala ‘VMWare Workstation as linux command line’
  - *We will return to virtualization in next course...*

- Start server *with db*
  - gradle serverHttp -Pdb=localhost
- Upload a few blood pressures
- Verify contents in Mongo
  - docker exec -ti db0 mongosh
  - And fire a few weird MongoDB console commands ☺
  - *MongoDb will be an example system in the next course...*

```
mongosh mongodb://127.0.0.1:27017/?directConnection=true&serverSelection=
```

```
mongosh mongodb://127.0.0.1:27017/?directConnection=true&serverSelection=
```

```
test> use xds
switched to db xds
xds> db.tm.findOne()
{
  _id: ObjectId('67810d8a70e0947f18f0d565'),
  pid: 'pid01',
  timestamp: Long('1736510858000'),
  h17: '<?xml version="1.0" encoding="UTF-8" standalone="no"?>\n' +
    '<ClinicalDocument>\n' +
    '  <effectiveTime value="2025-01-10T13:07:38+01:00"/>\n' +
    '  <patient>\n' +
    '    <id extension="pid01"/>\n' +
    '  </patient>\n' +
    '  <component>\n' +
    '    <observation>\n' +
    '      <code code="MSC88019" displayName="Systolic BP"/>\n' +
    '      <value unit="mm(Hg)" value="145.0"/>\n' +
    '    </observation>\n' +
    '    <observation>\n' +
    '      <code code="MSC88020" displayName="Diastolic BP"/>\n' +
    '      <value unit="mm(Hg)" value="68.0"/>\n' +
```

- And ... Tada!
- Measurements survive a server shutdown and restart 😊

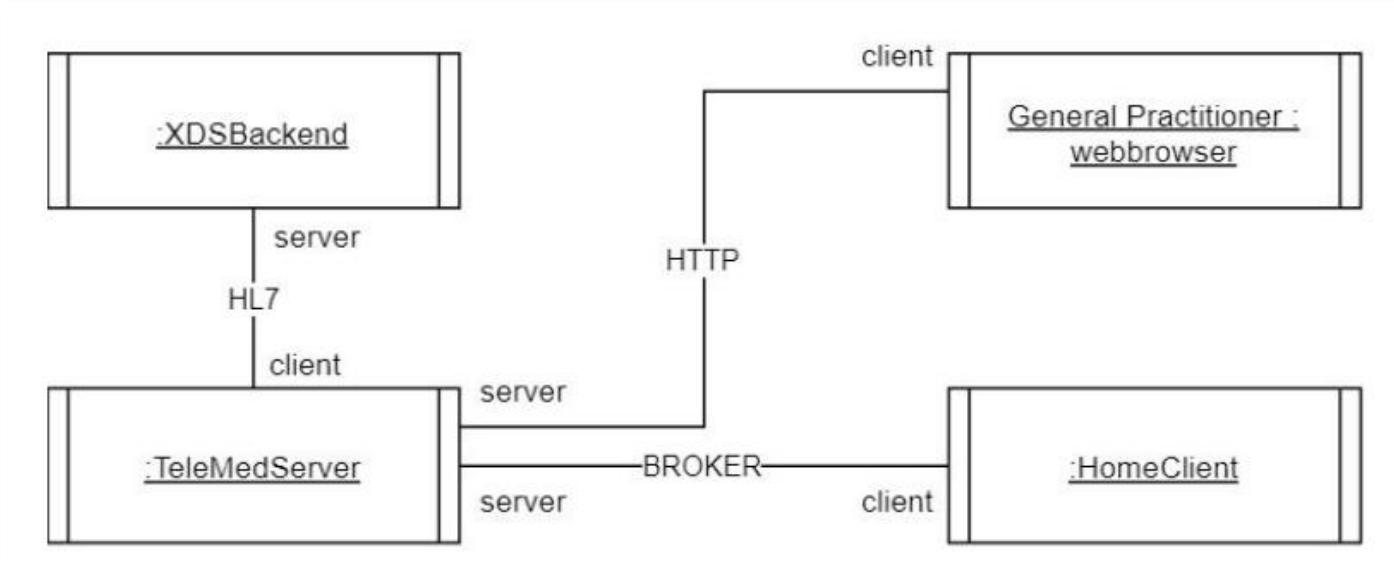


# TeleMed Architecture

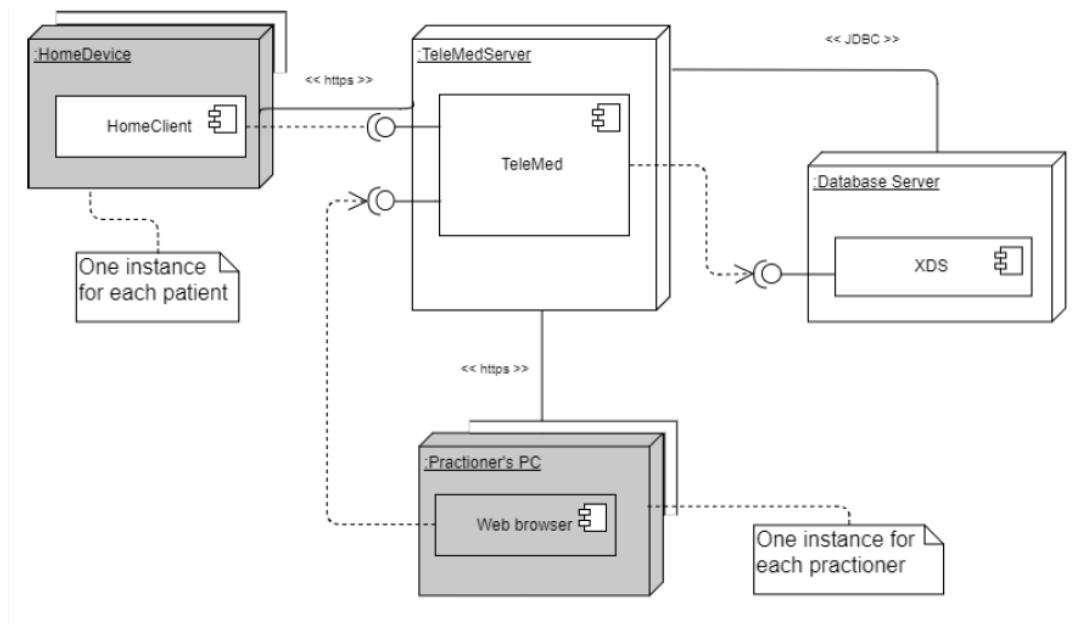
Views

*Thanks to former SAiP students!*

- Elements
  - The four standalone services by name
- Relations
  - Main protocol name and roles



- Elements
  - The machines and their deployed software units
- Relations
  - The network and interfaces



- Elements
  - Interfaces and implementing classes
- Relations
  - Associations etc.

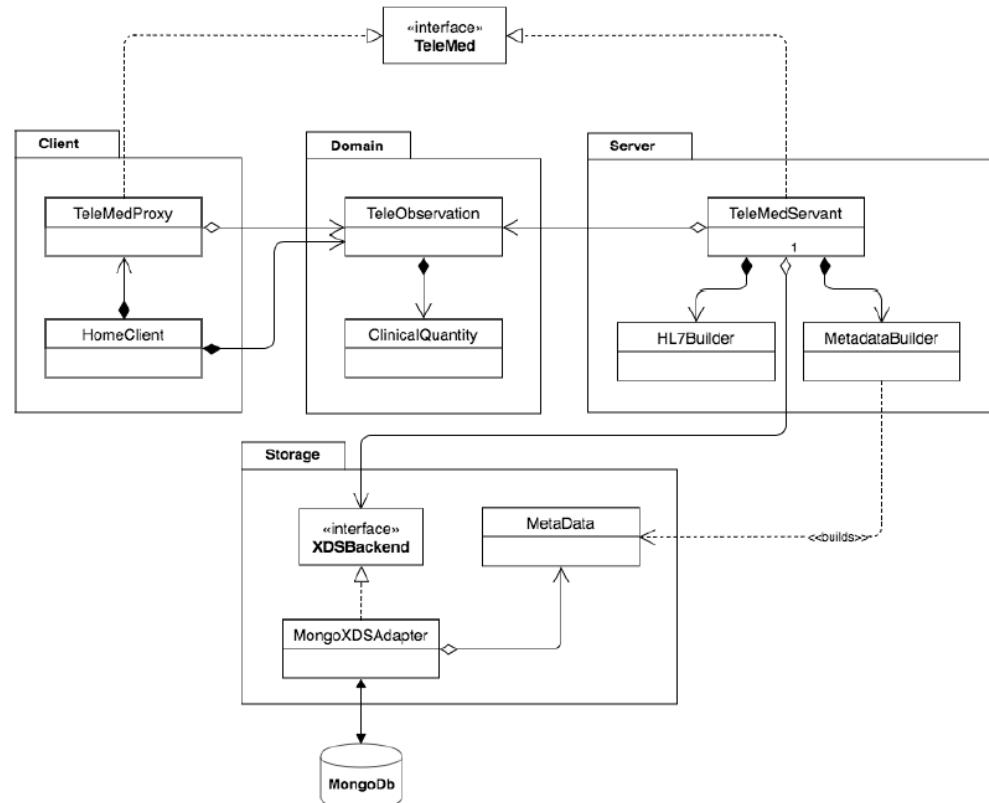


Figure 3 Model view – Decomposition of packages

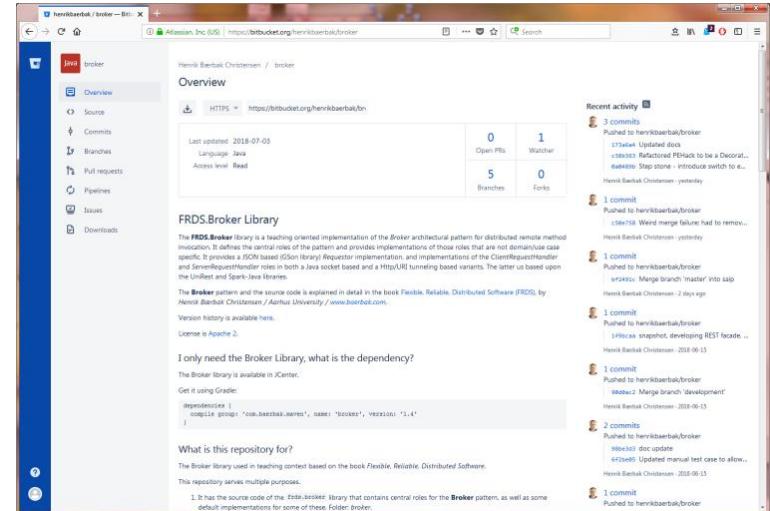


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# Getting TeleMed

# TM Skeletal system

- TM is on Bitbucket.org
  - [bitbucket.org/henrikbaerbak/broker](https://bitbucket.org/henrikbaerbak/broker)



- ... in
  - folder 'telemed'
  - branch 'saip' !!!

- Fork it into a **private repository**
- Or clone it, and reset git origin
- Or just get the ZIP and use whatever SCM you like in the group...



# More getting started...

- Read the ‘README-SAIP.md’ in root folder...
  - Tutorial on how to run
- Read ‘Tools’ web page from the blackboard course pages...



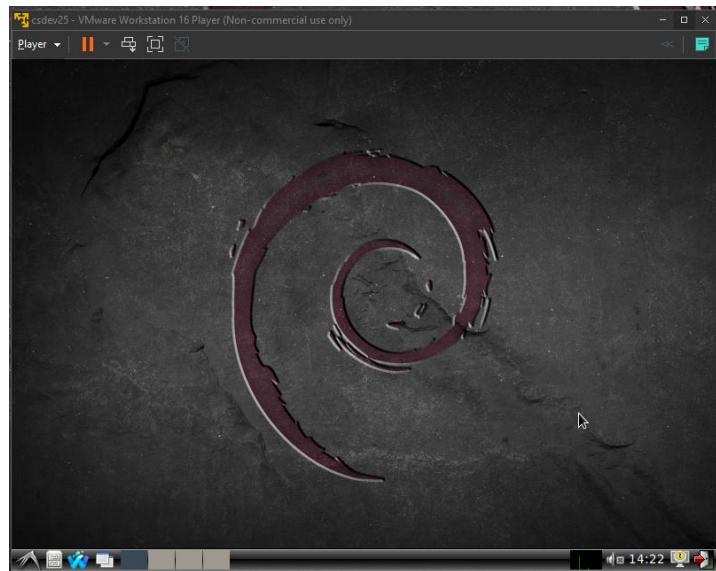
# Toolchain

Edit, Compile, Debug,  
throw something at the cat...



- Academia generally sticks to the Java world
  - It is generally open source and free of charge!
- TM tool chain
  - Java 17+, Gradle 8+, Junit, IntelliJ, Git
    - And Docker, MongoDB, JMeter, ...
- Installation options – **Follow the ‘tools’ web page**
  - A) Install it all on your machine OR
  - B) Get hold of VMWare Workstation and the ‘csdev’ machine
    - VMWare is now part of BroadCom. WorkStation is free for personal use.

- “Csdev-xxx.zip”
- Unzip, open in VMWare
- Hard work to make *minimal*
  - *Debian 12 – bookworm*
  - *LXDE window manager without applications*
  - *Waterfox as browser*
  - *Java, Gradle, IntelliJ*

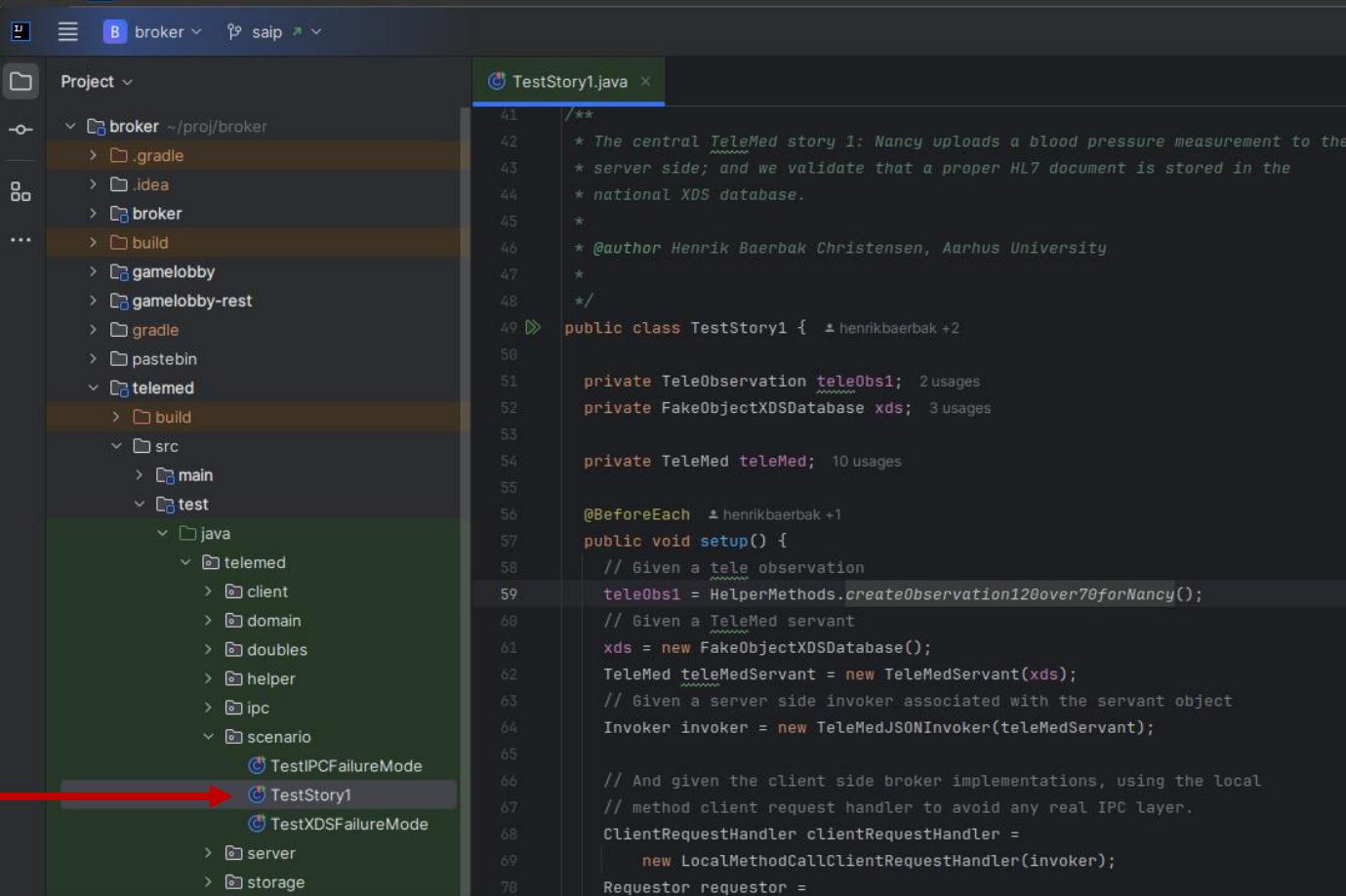


# Getting Started

- Getting TeleMed up and running
  - The TeleMed code base must be forked/cloned/unzipped from bitbucket.org
    - Standard maven/gradle folder structure for Java
      - Main/java = production code
      - Test/java = test code
    - Start ‘IntelliJ’ and choose ‘Open’, browse to the ‘bro’ and click on the gradle icon.
- Learning test
  - Review ‘TestStory1’ in telemed.scenario in test folder!

Details: See Tools  
web page

# TestStory1



The screenshot shows an IDE interface with a dark theme. The left pane is a file browser titled 'Project' showing the project structure:

- broker (~/proj/broker)
  - .gradle
  - .idea
  - broker
  - build
  - gamelobby
  - gamelobby-rest
  - gradle
  - pastebin
- teimed
  - build
  - src
    - main
    - test
      - java
        - teimed
        - client
        - domain
        - doubles
        - helper
        - ipc
        - scenario
        - TestIPCFailureMode
        - TestStory1
        - TestXDSFailureMode
      - server
      - storage

- IntelliJ
  - Powertool, but
- It is like pilot'ing the Airbus 320 ☹
  - One zillion handles to crank
- Ask at forum, review my guides, google
  - <https://baerbak.cs.au.dk/c/tutorial/intellij-gradle.html>
  - Tools page

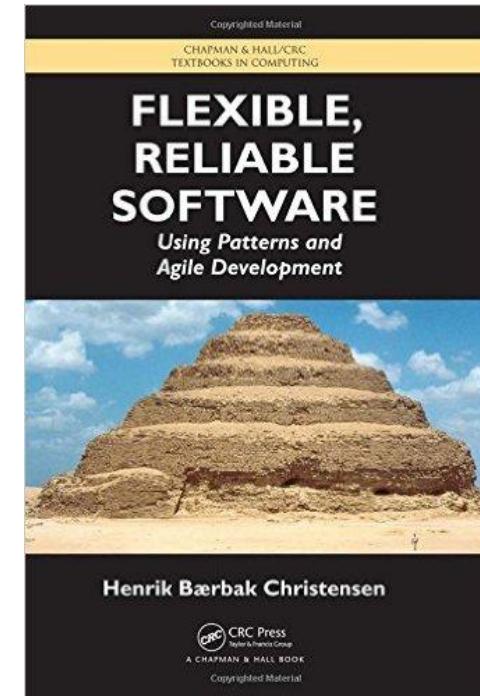


# Architecture Prerequisites

Or – what I assume that you already know from the architect's toolbox...

# Dependency Injection

- I have written a book on *Flexibility*
- *Program to interface*
  - **Role** is expressed by *interface*
- *Favor Object Composition*
  - *Small services* **collaborate** to form *whole*
- *Dependency injection*
  - *The services you collaborate with are provided to you (injected)*
    - *You never define them yourself...*



# Example

- TeleMed : Role of a full tele medicine system/server
- XDSBackend: Role of an XDS database system
- *Xds is injected into the telemed*

```
@BeforeEach = henrikbaerbak +1
public void setup() {
    // Given a tele observation
    teleObs1 = HelperMethods.createObservation120over70forNancy();
    // Given a TeleMed servant
    xds = new FakeObjectXDSDatabase();
    TeleMed teleMedServant = new TeleMedServant(xds); ↓
    // Given a server side invoker associated with the servant object
    Invoker invoker = new TeleMedJSONInvoker(teleMedServant);

    // And given the client side broker implementations, using the local
    // method client request handler to avoid any real IPC layer.
    ClientRequestHandler clientRequestHandler =
        new LocalMethodCallClientRequestHandler(invoker);
    Requestor requestor =
        new StandardJSONRequestor(clientRequestHandler);

    // Then it is Given that we can create a client proxy
    // that voids any real IPC communication
    teleMed = new TeleMedProxy(requestor);
}
```

I can configure any suitable variant of the system by selecting the right implementations of roles to inject!

# The Compositional Principles

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- *Encapsulate what varies*
  - **Responsibilities that may vary** are encapsulated in a **Role**
- *Program to interface*
  - **Role** is expressed by *interface*
- *Favor Object Composition*
  - *Fine-grained roles* **collaborate** to form *whole*
- This design thinking naturally leads to Design Patterns
- *Basically, the SOLID principles in operational format...*

- The ‘Storage’ role
  - Responsibilities:
    - To store patient’s blood pressure measurement
    - To fetch sets of measurements
- *Program to interface: Interface **XDSBackend***
- *Object Composition:*
  - *Instead of TeleMed object itself issuing, say, SQL statements, it delegates to its XDSBackend instance (injected) to perform its store and fetch operations*

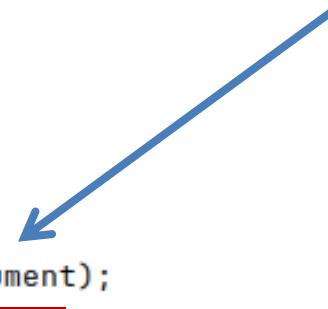
# Example

```
@Override  * baerbak
public String processAndStore(TeleObservation teleObs) {
    // Generate the XML document representing the
    // observation in HL7 (HealthLevel7) format.
    HL7Builder builder = new HL7Builder();
    Director.construct(teleObs, builder);
    Document hl7Document = builder.getResult();

    // Generate the metadata for the observation
    MetadataBuilder metaDataBuilder = new MetadataBuilder();
    Director.construct(teleObs, metaDataBuilder);
    MetaData metadata = metaDataBuilder.getResult();

    // Finally store the document in the XDS storage system
    String uniqueId = null;
uniqueId = xds.provideAndRegisterDocument(metadata, hl7Document);

    return uniqueId;
}
```

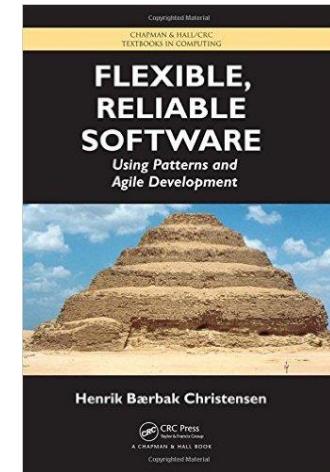




- I can implement an XDSBackend by
  - Not using a real XDS storage system but...
- MongoDB
  - Because it is NoSQL database and it is part of our curriculum...

# Test Doubles

- I have written a book on *Reliability*
- *Test Doubles*
  - *Replacements for real 'depended-on units' that are under test control*
- *Test cases in JUnit*
  - *Inject test doubles instead of 'real' units to ease and control testing*



# Example

- XDSBackend: Role of an XDS database system
- FakeObjectXDSDatabase: A fake test double
  - No persistence, all in-memory!

```
@BeforeEach + henrikbaerbak +1
public void setup() {
    // Given a tele observation
    teleObs1 = HelperMethods.createObservation120over70forNancy();
    // Given a TeleMed servant
    xds = new FakeObjectXDSDatabase(); 
    TeleMed teleMedServant = new TeleMedServant(xds);
    // Given a server side invoker associated with the servant object
    Invoker invoker = new TeleMedJSONInvoker(teleMedServant);

    // And given the client side broker implementations, using the local
    // method client request handler to avoid any real IPC layer.
    ClientRequestHandler clientRequestHandler =
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    Requestor requestor =
        new StandardJSONRequestor(clientRequestHandler);

    // Then it is Given that we can create a client proxy
    // that voids any real IPC communication
    teleMed = new TeleMedProxy(requestor);
```

I can test TeleMed code without starting a real XDS database server; it is much **faster** and initial state is **well-defined** = empty database

- Several kinds of test doubles exists (subtypes):
  - **Stub**: Get indirect **input** under control
  - **Spy**: Get indirect **output** under control
    - to validate that UUT use the proper protocol
      - count method calls, ensure proper call sequence
  - **Mock**: A spy with *fail fast* property
    - Frameworks exists that test code can ‘program’ mocks without every coding them in the native language
    - Fail fast: fail on first breaking of protocol
  - **Fake**: A lightweight but realistic double
    - when the UUT-DOU interaction is slow and tedious
    - when the Double interaction is not the purpose of test

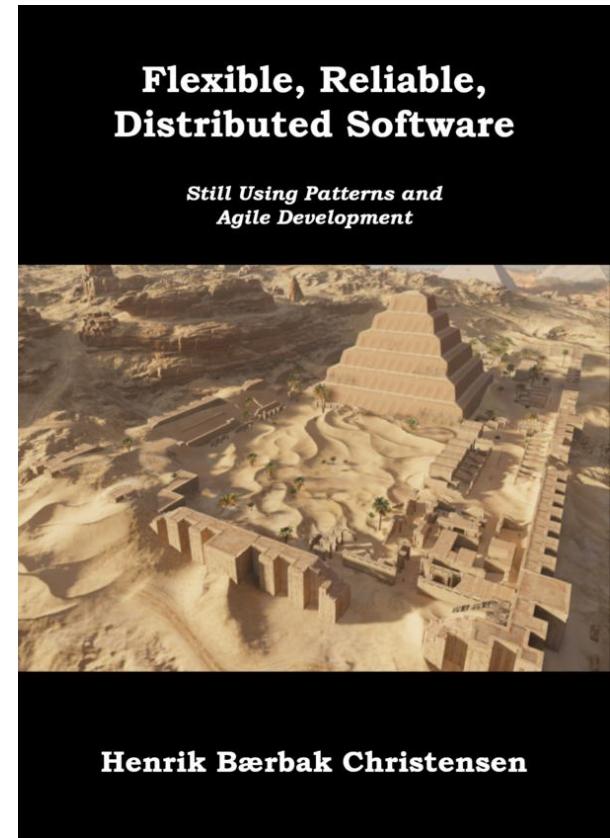


# Broker

The Central Distribution Pattern

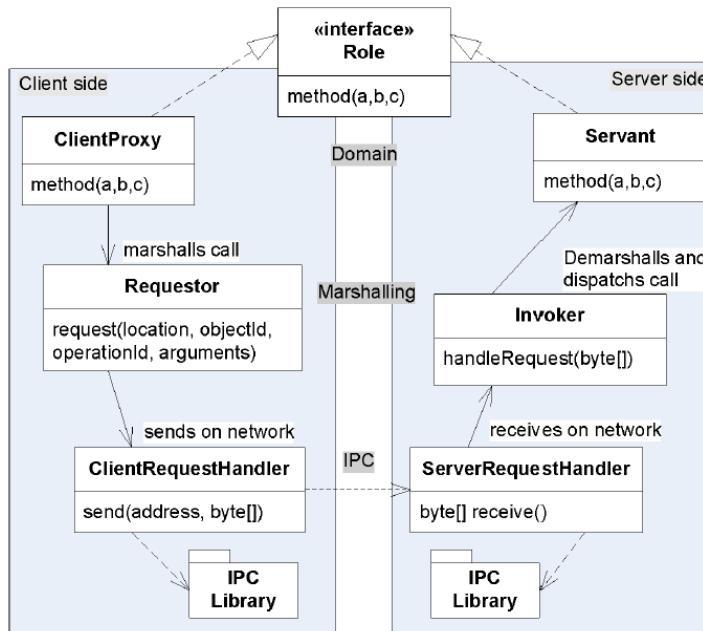
# Distributed Computing

- I have written *Flexible, Reliable, Distributed Software...*
  - [leanpub.com/frds](http://leanpub.com/frds)
  - Costs ~12\$
- *Core contents:*
  - *The Broker pattern*
  - *REST based protocol*
    - *Will be curriculum later in the course*



## • Broker

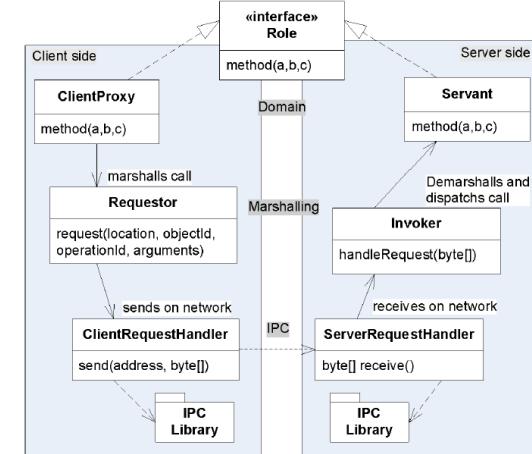
**Intent** Define an loosely coupled architecture that allows methods to be called on remote objects while having flexibility in choice of operating system, communication protocol, and marshaling format.



- Example
  - TeleMed object is on machine ‘server’
  - On client we want to call
    - `teleMed.processAndStore( myBloodPressure );`
- But networks only have
  - `send(address, byte[]);`
  - `byte[] receive();`

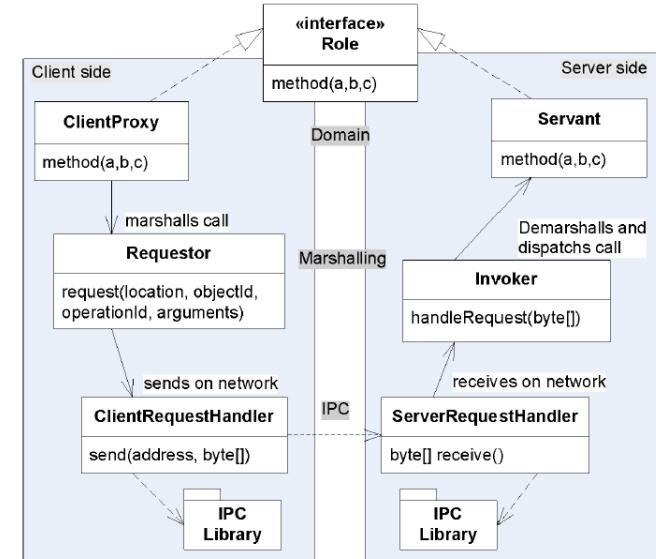
# Client Side Broker

- Broker dynamics on Client side
  - ClientProxy:
    - Implements TeleMed interface
    - Convert every call into *requests* to the Requestor
  - Requestor:
    - Does *marshalling* = convert data to byte array format
      - Typically JSON or XML
  - ClientRequestHandler
    - Binds to the OS and particular network protocol
      - Sockets, HTTP, Messaging
    - Does the 'send(payload) and blocks until answer returned



# Server Side Broker

- Broker dynamics on Server side
  - ServerRequestHandler:
    - Binds to the OS and network protocol
    - Receives payload from ClientRequestHandler
  - Invoker:
    - Demarshalls byte[] into parameters
    - Dispatches to proper method and proper servant object
  - Servant:
    - Implements TeleMed interface
    - The *real* implementation!



# Why all the trouble?

- Now we can *configure* our own Broker system
- A HTTP based client

```
// Configure the client side implementations of the Broker roles
ClientRequestHandler clientRequestHandler = new UriTunnelClientRequestHandler(hostname, 4567);
Requestor requestor = new StandardJSONRequestor(clientRequestHandler);
TeleMed teleMed = new TeleMedProxy(requestor);
```

- And HTTP webserver based server

```
// Create server side implementation of Broker roles
TeleMed tsServant = new TeleMedServant(xds);
Invoker invoker = new StandardJSONInvoker(tsServant);
UriTunnelServerRequestHandler srh =
    new UriTunnelServerRequestHandler(invoker, xds, port);
srh.registerRoutes(); // This will automatically spawn a tread for the web server
```

- (See the Broker code ('master' branch) for a socket based variant)

- A RabbitMQ based IPC layer
  - Just implement the two **roles**
    - ClientRequestHandler
    - ServerRequestHandler
- ... using RabbitMQ's RPC technique
- Messaging is curriculum later ...



# Unit Testing Distribution!

- Why code the broker myself?
- One big advantage:
  - *Test doubles*
  - *Now single VM system!*

```
@Before
public void setup() {
    teleObs1 = HelperMethods.createObservation120over70forNancy();
    // Create server side implementations
    xds = new FakeObjectXDSDatabase();
    TeleMed tsServant = new TeleMedServant(xds);

    // Server side broker implementations
    Invoker invoker = new StandardJSONInvoker(tsServant);

    // Create client side broker implementations
    ClientRequestHandler clientRequestHandler = new LocalMethodCallClientRequestHandler(invoker);
    Requestor requestor = new StandardJSONRequestor(clientRequestHandler);

    // Finally, create the client proxy for the TeleMed
    telemed = new TeleMedProxy(requestor);
}
```

```
public class LocalMethodCallClientRequestHandler implements ClientRequestHandler {

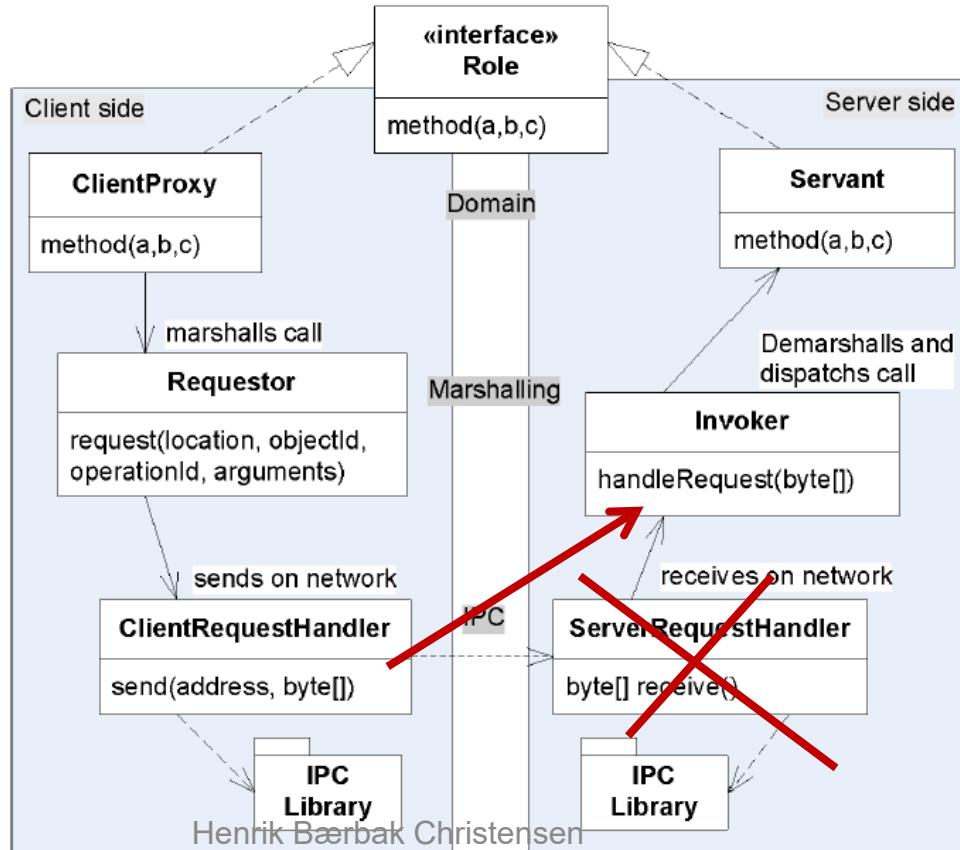
    private Invoker invoker;
    private ReplyObject lastReply;

    public LocalMethodCallClientRequestHandler(Invoker invoker) {
        this.invoker = invoker;
    }

    @Override
    public ReplyObject sendToServer(String objectId, String operationName, String onTheWireFormat) {
        // The send to the server can be mimicked by a direct method call...
        lastReply = invoker.handleRequest(objectId, operationName, onTheWireFormat);
        return lastReply;
    }
}
```

# Unit Testing

- Or – using UML architecture:





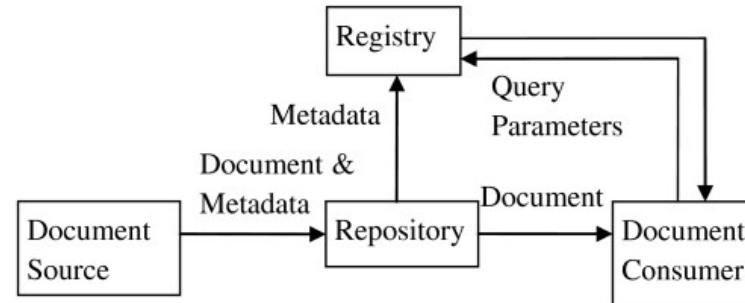
# Mandatory 1

Intro to our Case Study system

# Exercise 1

- Goal:
  - Get yourself started with the TeleMed system
    - Dig into the code base, understand the Broker
  - Do a *little bit of View based documentation*
    - CC and Deployment views
    - Of the XDS part
  - Get to know your group mates ☺

XDS is often documented using this 'rich picture':



# Digging in...

- TeleMed report template
  - LaTeX ☺
    - But **don't go there** if you do not know LaTeX !!!
- *Find the link on the exercise page!*

- *Remember **timeboxing**!*
  - Struggle with an issue for one hour then **raise the white flag**
    - *That is, ask team members, ask me on forum*

No, you are not stupid!

# Provided:

Mandatory Project: Software Architecture of the TeleMed System

Software Architecture in Practice  
Group: (Group name)  
Members: (Names)

(Date)

## Abstract

The TeleMed system implements an information system for supporting tele medicine, i.e. patients making measurements in their homes for review by general practitioners as well as hospital clinicians. This report gives a software architecture description of an architectural prototype of the TeleMed system. The techniques used for architectural description are taken from [Christensen et al., 2016].

## 1 Introduction

Figure 1 shows a schematic overview of TeleMed.

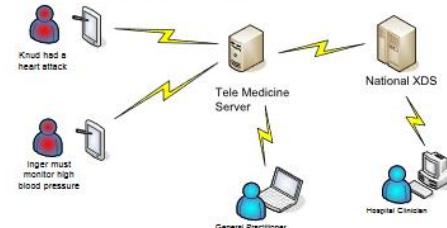


Figure 1: Rich picture of the TeleMed architecture

TeleMed is based on a device/tablet in the home that can make measurements of blood pressure and upload these to a TeleMed web server. Such a



# Use IntelliJ for Digging Code

# Review the Docs

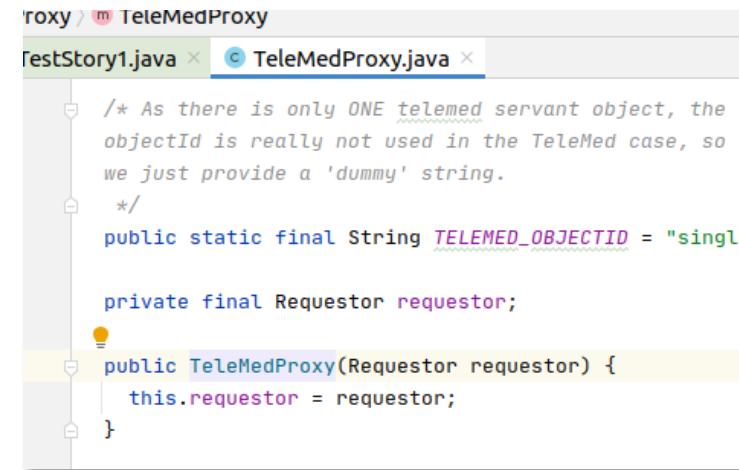
- Hit the ‘Ctrl-Q’ over an item, to see the JavaDocs

```
// And given the client side broker implementations, using the local
// method client request handler to avoid any real IPC layer.
ClientRequestHandler clientRequestHandler =
    new LocalRequestor req
        new StandaloneRequestor req
            // Then it is
            // that voids
            teleMed = new
}
    frds.broker
    public interface ClientRequestHandler
        The Client Request Handler role in the Broker
        pattern. It is responsible for all
        inter-process-communication (IPC) on behalf
        of client objects. It is called by the Requestor
        role. It communicates over the network with
        an associated ServerRequestHandler on the
        server side.
    broker.broker.main
```

# Jump to Declaration

- Just hit 'ctrl-b' when cursor in any identifier to jump to declaration

```
// Then it is Given that we can create a client proxy
// that voids any real IPC communication
teleMed = new TeleMedProxy(requestor);
}
```



```
roxy > TeleMedProxy
TestStory1.java x TeleMedProxy.java x
    /* As there is only ONE telemed servant object, the
     * objectId is really not used in the TeleMed case, so
     * we just provide a 'dummy' string.
     */
    public static final String TELEMED_OBJECTID = "single";
    private final Requestor requestor;
    public TeleMedProxy(Requestor requestor) {
        this.requestor = requestor;
    }
}
```

# Find Anything

- Hit ‘ctrl-n’ and begin typing to find stuff quickly

