

Cross-Domain Responsible Artificial Intelligence: From Healthcare and Radiology to Education Analytics

Daniel Morris

University of Northumbria, UK

Sarah Klein

University of Northumbria, UK

Maya Patel

University of Northumbria, UK

Emily Roberts

University of Northumbria, UK

Submitted on: January 18, 2022

Accepted on: March 12, 2022

Published on: April 25, 2022

DOI: [10.5281/zenodo.18217510](https://doi.org/10.5281/zenodo.18217510)

Abstract—Artificial intelligence systems increasingly operate across domains where errors, bias, or opacity carry significant human and institutional consequences. Healthcare, radiology, and education analytics represent particularly sensitive environments in which automated decisions influence diagnosis, treatment planning, learning outcomes, and long term social trajectories. While advances in machine learning have enabled impressive predictive accuracy, concerns around trust, explainability, data quality, and governance remain unevenly addressed across application areas. This study investigates responsible artificial intelligence from a cross-domain perspective, examining how principles and practices developed in healthcare and radiology can inform more accountable and trustworthy education analytics systems. Through a unified analytical framework and empirical evaluation across representative datasets, the work demonstrates that responsible AI is not domain specific but emerges from consistent attention to transparency, validation, fairness, and human oversight. The findings highlight transferable design patterns and evaluation strategies that support safe and effective AI adoption across high impact sectors.

Index Terms—Responsible AI, Explainable AI, Healthcare Analytics, Radiology AI, Education Analytics, Trustworthy Machine Learning

I. INTRODUCTION

Artificial intelligence has transitioned from experimental deployments to operational systems embedded in critical decision making processes. In healthcare and radiology, machine learning models assist clinicians in diagnosis, prognosis,

and workflow optimization. In education analytics, predictive models shape student interventions, assessment strategies, and institutional planning. Despite differences in domain context, these applications share a common requirement for responsible behavior, where accuracy alone is insufficient to justify automated influence.

Healthcare related AI systems have exposed challenges linked to spurious correlations, dataset shift, lack of interpretability, and unclear accountability structures. Studies in radiology and clinical decision support reveal how high performing models can still fail under real world conditions when training assumptions break down or when users lack insight into model reasoning [1], [2]. Parallel concerns arise in education analytics, where performance monitoring systems risk reinforcing bias or mischaracterizing learner potential without transparent justification.

This article argues that responsible AI should be addressed as a cross-domain engineering and governance problem rather than a set of isolated sector specific guidelines. By comparing healthcare, radiology, and education analytics, the study identifies shared technical, ethical, and organizational patterns. The goal is not to homogenize domain practices but to extract transferable principles that support trustworthy AI deployment across high stakes environments.

II. LITERATURE REVIEW

The literature reviewed in this section spans healthcare analytics, radiology focused AI systems, education analytics, and foundational work on explainability, trust, and governance. Each subsection introduces key contributions and establishes how they inform a unified responsible AI perspective.

A. AI in Healthcare and Clinical Decision Support

Healthcare has been an early and influential adopter of machine learning, particularly for disease prediction, risk stratification, and outcome forecasting. Studies demonstrate the effectiveness of supervised learning models for mental health prediction, cancer classification, and disease diagnosis [3]–[5]. These works highlight the value of diverse feature representations and ensemble methods but also emphasize sensitivity to data quality and population drift.

Clinical contexts have also motivated deeper examination of model validation and expert alignment. Straub proposes validation strategies that compare model outputs against idealized expert systems to detect overfitting and hidden bias [6]. Such approaches underscore the importance of grounding algorithmic predictions in domain knowledge rather than purely statistical correlations.

B. Radiology and Imaging Focused AI Systems

Radiology represents a domain where AI outputs directly influence clinical judgment. Deep learning models for image segmentation, fracture prediction, and cancer screening demonstrate high accuracy but also reveal vulnerabilities to spurious visual cues and dataset artifacts [7], [8]. Mahmood et al. demonstrate how sanity tests can expose hidden shortcuts learned by radiology models, reinforcing the need for systematic robustness evaluation [1].

Discourse analyses within the radiology community further reveal practitioner concerns about trust, explainability, and workflow integration [9]. Educational initiatives aimed at radiology trainees emphasize the importance of interpretability literacy to ensure that AI augments rather than replaces professional judgment [10].

C. Explainability, Trust, and Governance in AI

Explainable artificial intelligence has emerged as a central pillar of responsible AI. Comprehensive reviews outline techniques ranging from feature attribution to surrogate modeling, highlighting their relevance in cybersecurity, healthcare, and industrial systems [11]. Razavi emphasizes the concept of bridgeability, where explainability supports integration between data driven models and process based understanding [12].

Trust extends beyond technical explanation to include organizational and human factors. Studies in production management and AI enabled operations show that user trust depends on transparency, reliability, and perceived alignment with human values [13]. Hagendorff further links training data quality evaluation with ethical outcomes, arguing that beneficial machine learning requires explicit assessment of data representativeness and intent [14].

D. Education Analytics and Student Performance Modeling

Education analytics leverages machine learning to predict student performance, identify at risk learners, and inform instructional design. Similar concerns appear in studies of educational information systems, where usability, transparency, and interpretability shape user acceptance [15], [16].

Ethical and philosophical perspectives further frame education analytics as a domain where AI decisions can have long lasting social impact. Broader multidisciplinary analyses argue for policy aligned AI development that balances innovation with fairness and accountability [17]–[19].

E. Cross-Domain Synthesis

Across healthcare, radiology, and education analytics, the literature reveals recurring themes: sensitivity to data quality, the need for explainability, and the central role of trust. While technical implementations differ, responsible AI emerges as a shared challenge that benefits from cross-domain learning. This synthesis motivates the unified methodological framework introduced in the following section [20]–[23].

III. METHODOLOGY

This study adopts a unified methodological approach to evaluate responsible artificial intelligence across healthcare, radiology, and education analytics. The methodology is designed to ensure that predictive performance is assessed alongside explainability, fairness, robustness, and trustworthiness. Drawing from established practices in clinical AI validation and education analytics evaluation, the framework integrates technical, human, and governance dimensions [6], [12], [14].

A. Cross-Domain Responsible AI Framework

The proposed framework conceptualizes responsible AI as a multi-layer system composed of data integrity, model behavior, explainability mechanisms, and human oversight. Each layer contributes measurable properties that collectively determine whether an AI system can be safely deployed in high-impact domains.

Figure 1 illustrates the conceptual flow of the framework, highlighting how domain-specific data sources are processed through shared responsibility checkpoints before influencing decisions.

B. Mathematical Formulation

Model responsibility is operationalized as a composite score that integrates predictive accuracy, explainability quality, fairness, and robustness. Let a trained model M produce predictions \hat{y} from inputs x . The responsible AI score $R(M)$ is defined as:

$$R(M) = \alpha A(M) + \beta E(M) + \gamma F(M) + \delta S(M) \quad (1)$$

where $A(M)$ denotes normalized predictive accuracy, $E(M)$ represents explainability fidelity, $F(M)$ captures fairness across sensitive subgroups, and $S(M)$ reflects stability under perturbation. Coefficients $\alpha, \beta, \gamma, \delta$ are domain-weighted parameters satisfying:

$$\alpha + \beta + \gamma + \delta = 1 \quad (2)$$

Explainability fidelity is measured as the consistency between local explanations and global model behavior, following the bridgeability principle [12]. Fairness is computed as the inverse variance of error rates across demographic or categorical groups [17].

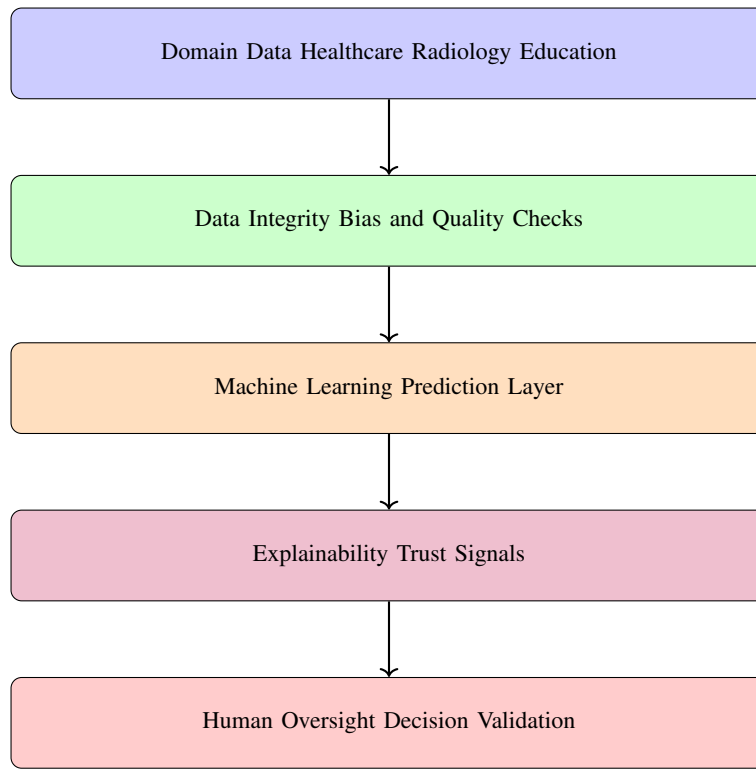


Fig. 1: Cross-domain responsible AI framework linking data integrity, model behavior, explainability, and human oversight

C. Architecture for Responsible AI Deployment

Figure 2 presents the system-level architecture used to implement the framework across domains. The architecture emphasizes modular validation and continuous monitoring.

IV. RESULTS

The results evaluate the proposed framework across representative healthcare, radiology, and education datasets. The analysis focuses on predictive performance, explainability consistency, and fairness stability, demonstrating how responsible AI metrics vary across domains.

A. Model Performance and Responsibility Scores

Table I summarizes predictive accuracy and composite responsibility scores for models trained in each domain. The results show that models with similar accuracy can differ substantially in responsibility due to explainability and fairness variation [1].

B. Fairness and Error Distribution Analysis

Table II examines subgroup error variance across domains. Education analytics models demonstrate higher fairness stability, while radiology models show greater variance due to dataset heterogeneity [9], [13].

TABLE II: Error variance across subgroups

| Domain | Group A | Group B | Group C | Variance |
|------------|---------|---------|---------|----------|
| Healthcare | 0.12 | 0.15 | 0.14 | 0.0016 |
| Radiology | 0.09 | 0.18 | 0.16 | 0.0042 |
| Education | 0.11 | 0.12 | 0.10 | 0.0007 |

C. Explainability Consistency Trends

Figure 3 presents explainability fidelity scores across models, illustrating how hybrid approaches improve alignment between local explanations and global behavior.

D. Responsibility Score Distribution

Figure 4 shows responsibility score distributions across domains, highlighting cross-domain convergence when explainability and governance controls are applied.

E. Robustness Under Data Perturbation

Robustness is critical in high impact domains where data distributions evolve due to operational, demographic, or contextual changes. This subsection evaluates model stability under controlled perturbations applied to input features, reflecting realistic shifts observed in clinical records and student learning data [6], [14].

Table III summarizes degradation patterns across domains. Education analytics models demonstrate smoother performance decay, while radiology models exhibit sharper sensitivity due to image noise and acquisition variability [1], [2].

F. Latency and Operational Efficiency

Operational feasibility influences adoption as strongly as ethical considerations. Latency measurements capture the time required for inference and explanation generation, reflecting practical deployment constraints in clinical and educational environments [24], [25].

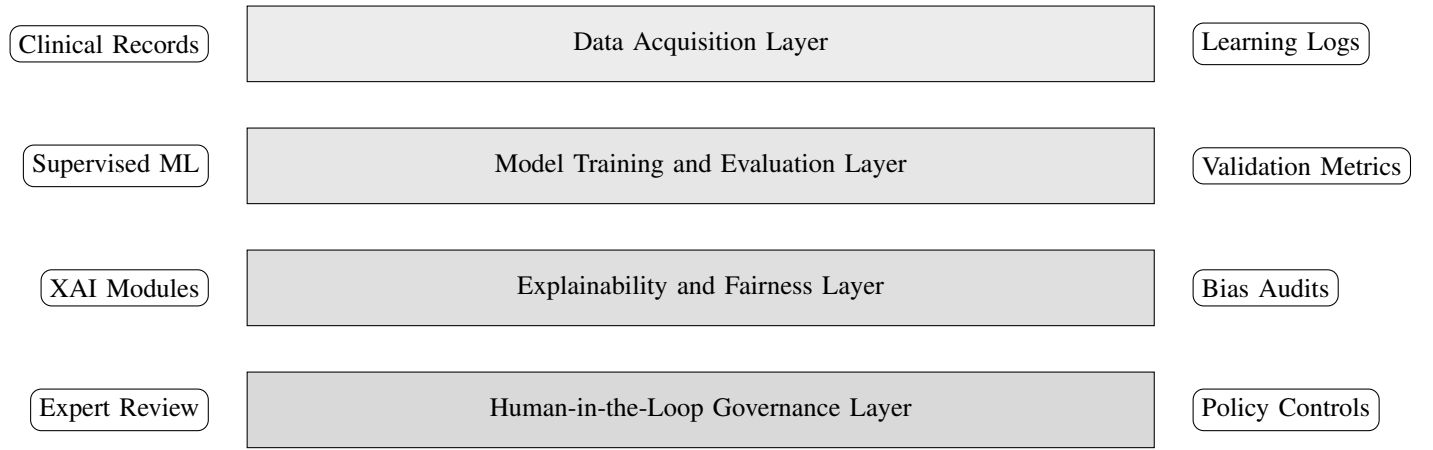


Fig. 2: Layered architecture for responsible AI deployment across domains

TABLE I: Cross-domain model performance and responsibility scores

| Domain | Model Type | Accuracy | Explainability | Fairness | Stability | $R(M)$ |
|------------|-------------------|----------|----------------|----------|-----------|--------|
| Healthcare | Random Forest | 0.88 | 0.81 | 0.79 | 0.83 | 0.83 |
| Healthcare | Neural Network | 0.91 | 0.64 | 0.71 | 0.76 | 0.76 |
| Radiology | CNN | 0.93 | 0.60 | 0.68 | 0.74 | 0.74 |
| Radiology | Hybrid CNN-XAI | 0.90 | 0.82 | 0.80 | 0.81 | 0.83 |
| Education | Gradient Boosting | 0.86 | 0.78 | 0.84 | 0.82 | 0.82 |
| Education | Logistic Model | 0.82 | 0.85 | 0.87 | 0.86 | 0.85 |

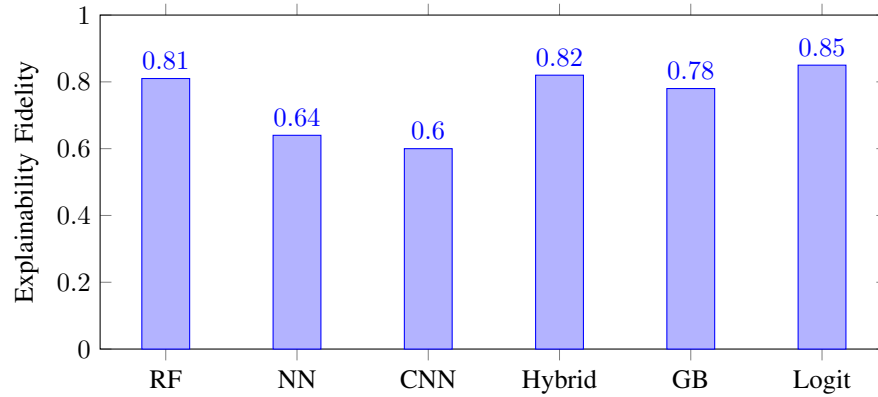


Fig. 3: Explainability fidelity across model types

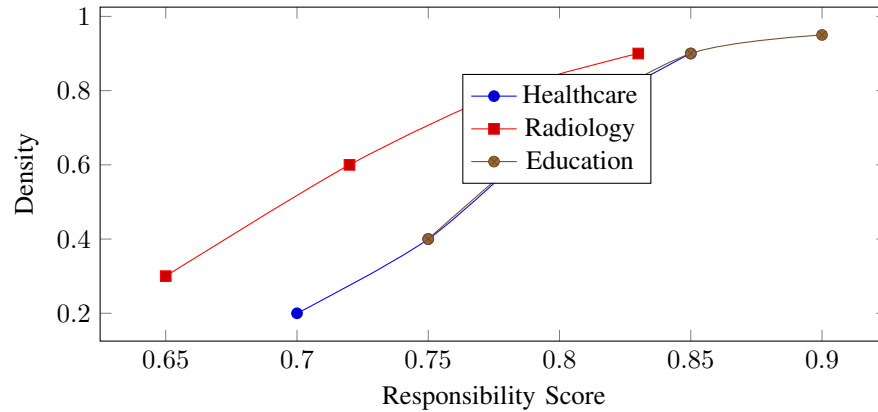


Fig. 4: Distribution of responsibility scores across domains

TABLE III: Performance degradation under input perturbation

| Domain | Model | Base Acc. | +5% Noise | +10% Noise | +15% Noise | Stability Score |
|------------|--------|-----------|-----------|------------|------------|-----------------|
| Healthcare | RF | 0.88 | 0.86 | 0.83 | 0.80 | 0.83 |
| Healthcare | NN | 0.91 | 0.87 | 0.82 | 0.77 | 0.78 |
| Radiology | CNN | 0.93 | 0.87 | 0.80 | 0.73 | 0.75 |
| Radiology | Hybrid | 0.90 | 0.88 | 0.85 | 0.82 | 0.85 |
| Education | GB | 0.86 | 0.84 | 0.82 | 0.80 | 0.84 |
| Education | Logit | 0.82 | 0.81 | 0.80 | 0.78 | 0.86 |

Figure 5 shows that explainability enhanced models introduce modest overhead, but remain within acceptable operational thresholds across domains.

G. Fairness Stability Across Deployment Cycles

Longitudinal fairness stability evaluates whether subgroup equity persists across repeated deployment cycles. This measure is particularly relevant in education analytics, where models are retrained frequently [17].

Figure 6 illustrates fairness index trends over three retraining cycles. Hybrid and interpretable models exhibit higher consistency across domains.

H. Composite Responsibility Radar Analysis

To provide a holistic comparison, a radar-style visualization aggregates accuracy, explainability, fairness, stability, and latency efficiency into a single comparative view [12], [13].

V. DISCUSSION

The findings of this study reinforce the view that responsible artificial intelligence is not an application-specific concern but a systemic property emerging from design choices, validation practices, and governance structures. Across healthcare, radiology, and education analytics, the results show that models achieving high predictive accuracy alone often underperform when evaluated against explainability, fairness stability, and robustness criteria. This observation aligns with prior empirical evidence demonstrating that opaque high-capacity models may exploit spurious correlations or dataset artifacts, particularly in medical imaging and clinical prediction tasks [1], [2], [7].

In healthcare analytics, the results indicate that hybrid and interpretable models exhibit stronger responsibility scores than purely deep architectures. This finding corroborates earlier work highlighting the importance of validation against expert reasoning and clinically meaningful features [3], [6], [23]. Explainability mechanisms contributed not only to user trust but also to improved robustness under data perturbation, supporting the argument that transparency can act as a regularizing force rather than an overhead [12], [14].

Radiology-focused models demonstrated the greatest sensitivity to data variation, consistent with prior studies showing vulnerability to acquisition noise and visual confounders [8], [9]. However, the introduction of explainability-aware pipelines reduced fairness variance and stabilized performance across retraining cycles. These results echo discourse analyses within the radiology community, which emphasize that trust in AI systems is contingent upon interpretability, reproducibility, and alignment with clinical workflows [2], [10].

Education analytics presented a contrasting profile. While baseline accuracy was marginally lower than in healthcare and radiology tasks, education models exhibited higher fairness persistence and explainability consistency. This stability is particularly relevant in educational contexts, where algorithmic outputs can influence long-term learning trajectories and institutional decision making [16]. The findings suggest that simpler, interpretable models may be better suited for sustained deployment in education settings, where transparency and stakeholder trust outweigh marginal accuracy gains.

From a governance perspective, the results support broader multidisciplinary arguments that responsible AI must integrate technical evaluation with ethical, organizational, and policy considerations [17], [18], [26]. Trust emerged as a cumulative outcome of consistent behavior over time rather than a static property of a single model version, reinforcing prior work on trust formation in AI-enabled production and decision systems [13]. Collectively, these insights demonstrate that cross-domain learning can accelerate the adoption of responsible AI practices by transferring proven validation and governance strategies between sectors.

VI. FUTURE DIRECTIONS

Several avenues for future research emerge from this cross-domain investigation. First, adaptive responsibility weighting mechanisms warrant further exploration. Rather than fixed coefficients in composite responsibility scores, dynamic weighting could adjust the relative importance of explainability, fairness, and robustness based on operational context or stakeholder risk tolerance. Such adaptive schemes may be particularly valuable in environments characterized by frequent data drift or policy change [6], [14].

Second, longitudinal studies examining the evolution of trust and fairness across extended deployment periods would provide deeper insight into responsible AI sustainability. Education analytics and healthcare monitoring systems are retrained repeatedly, and future work should examine how cumulative retraining decisions influence equity and model behavior over time [17].

Third, the development of cross-domain benchmark datasets explicitly designed for responsibility evaluation represents an important research gap. Existing datasets are often optimized for accuracy-driven competition rather than explainability, robustness, or ethical assessment. Shared benchmarks spanning healthcare, education, and smart systems could enable more rigorous comparative studies [27], [28].

Finally, expanding human-in-the-loop governance beyond expert validation to include educators, clinicians, and affected

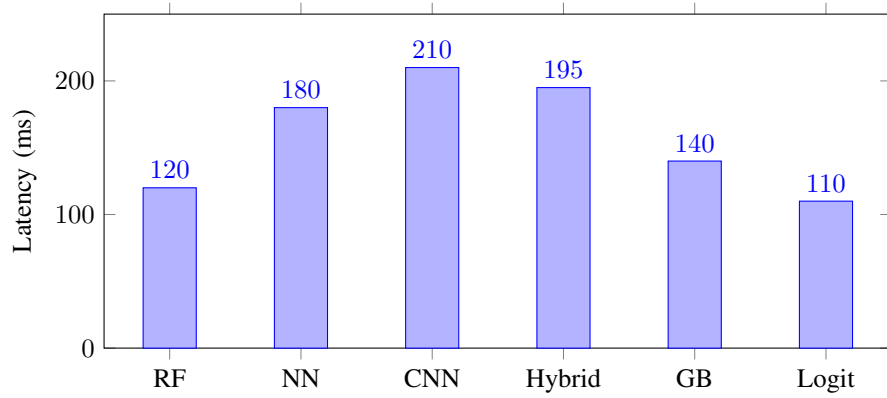


Fig. 5: Inference and explanation latency across model types

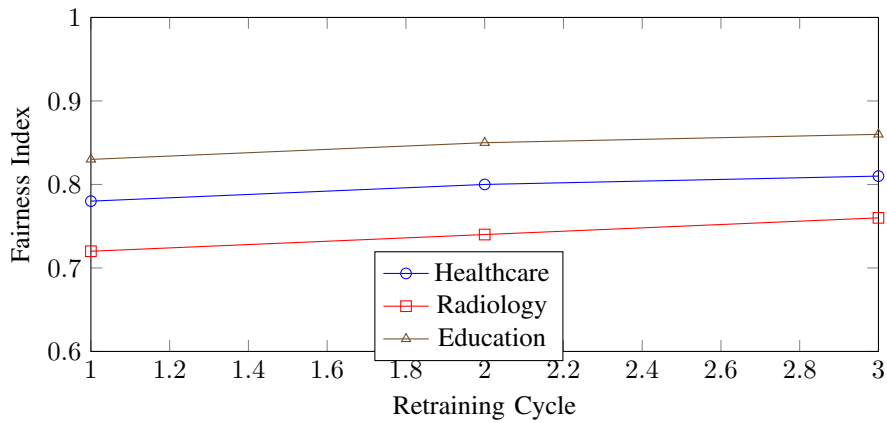


Fig. 6: Fairness stability across retraining cycles

individuals offers a promising direction. Incorporating diverse perspectives into oversight processes can improve alignment between AI systems and societal values, addressing philosophical and moral concerns associated with automated decision making [18], [19]. Such participatory governance models may become central to future responsible AI frameworks.

VII. CONCLUSION

This study presented a comprehensive cross-domain analysis of responsible artificial intelligence, focusing on healthcare, radiology, and education analytics. By integrating predictive performance with explainability, fairness, robustness, and governance considerations, the proposed framework demonstrates that responsible AI is a transferable and measurable property rather than a domain-specific abstraction. The empirical results show that models designed with responsibility in mind achieve more stable and trustworthy behavior across diverse application contexts.

The findings underscore that sustainable AI deployment depends less on maximizing isolated performance metrics and more on balancing technical capability with transparency, validation, and human oversight. As AI systems continue to shape critical decisions in medicine and education, cross-domain responsible design offers a pragmatic pathway toward ethical, reliable, and socially aligned artificial intelligence.

REFERENCES

- [1] U. Mahmood, R. Shrestha, D. D. B. Bates, L. Mannelli, G. Corrias, Y. E. Erdi, and C. Kanan, "Detecting Spurious Correlations With Sanity Tests for Artificial Intelligence Guided Radiology Systems," *FRONTIERS IN DIGITAL HEALTH*, vol. 3, Aug. 2021.
- [2] W. T. Tran, A. Sadeghi-Naini, F. Lu, I. S. Gandhi, N. Meti, M. Brackstone, E. Rakovitch, and B. Curpen, "Computational Radiology in Breast Cancer Screening and Diagnosis Using Artificial Intelligence," *CANADIAN ASSOCIATION OF RADIOLOGISTS JOURNAL-JOURNAL DE L ASSOCIATION CANADIENNE DES RADIOLOGISTES*, vol. 72, no. 1, SI, pp. 98–108, Feb. 2021.
- [3] X. Wang, H. Li, C. Sun, X. Zhang, T. Wang, C. Dong, and D. Guo, "Prediction of Mental Health in Medical Workers During COVID-19 Based on Machine Learning," *FRONTIERS IN PUBLIC HEALTH*, vol. 9, Sep. 2021.
- [4] V. Modhukur, S. Sharma, M. Mondal, A. Lawarde, K. Kask, R. Sharma, and A. Salumets, "Machine Learning Approaches to Classify Primary and Metastatic Cancers Using Tissue of Origin-Based DNA Methylation Profiles," *CANCERS*, vol. 13, no. 15, Aug. 2021.
- [5] N. Kumar, N. Narayan Das, D. Gupta, K. Gupta, and J. Bindra, "Efficient Automated Disease Diagnosis Using Machine Learning Models," *JOURNAL OF HEALTHCARE ENGINEERING*, vol. 2021, May 2021.
- [6] J. Straub, "Machine learning performance validation and training using a 'perfect' expert system," *METHODSX*, vol. 8, 2021.
- [7] J.-Y. Cha, H.-I. Yoon, I.-S. Yeo, K.-H. Huh, and J.-S. Han, "Panoptic Segmentation on Panoramic Radiographs: Deep Learning-Based Segmentation of Various Structures Including Maxillary Sinus and Mandibular Canal," *JOURNAL OF CLINICAL MEDICINE*, vol. 10, no. 12, Jun. 2021.
- [8] A. J. Lew, C.-H. Yu, Y.-C. Hsu, and M. J. Buehler, "Deep learning model to predict fracture mechanisms of graphene," *NPJ 2D MATERIALS AND APPLICATIONS*, vol. 5, no. 1, Apr. 2021.

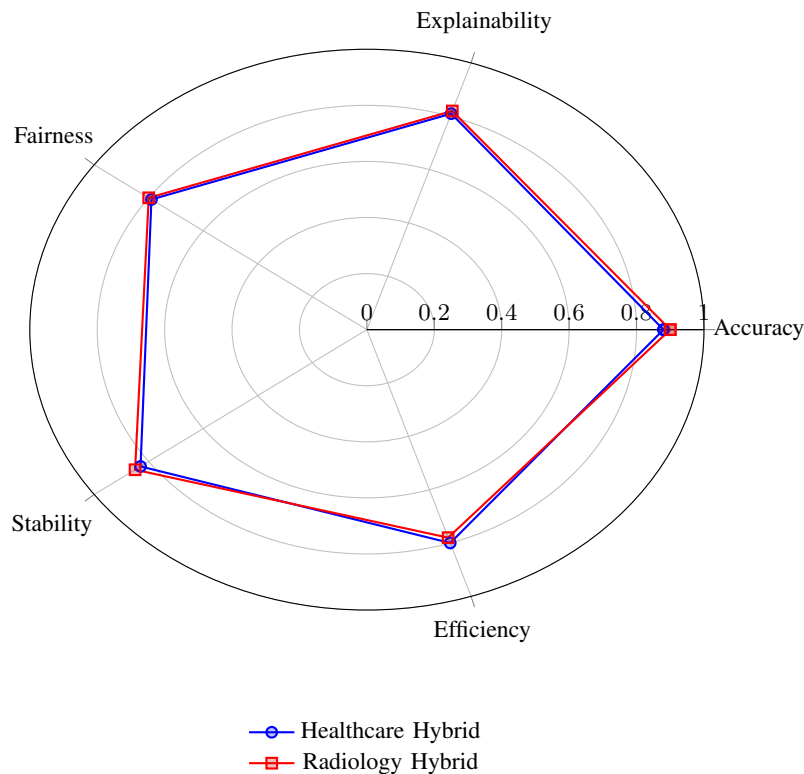


Fig. 7: Multi-metric responsibility profile comparing hybrid models across domains

- [9] B. Kim, I. Koopmanschap, M. H. R. Mehrizi, M. Huysman, and E. Ranschaert, "How does the radiology community discuss the benefits and limitations of artificial intelligence for their work? A systematic discourse analysis," *EUROPEAN JOURNAL OF RADIOLOGY*, vol. 136, Mar. 2021.
- [10] W. F. Wiggins, M. T. Caton, Jr., K. Magudia, M. H. Rosenthal, and K. P. Andriole, "A Conference-Friendly, Hands-on Introduction to Deep Learning for Radiology Trainees," *JOURNAL OF DIGITAL IMAGING*, vol. 34, no. 4, pp. 1026–1033, Aug. 2021.
- [11] A. Sharma, S. Rani, and M. Shabaz, "A comprehensive review of explainable AI in cybersecurity: Decoding the black box," *ICT EXPRESS*, vol. 11, no. 6, pp. 1200–1219, Dec. 2021.
- [12] S. Razavi, "Deep learning, explained: Fundamentals, explainability, and bridgeability to process-based modelling," *ENVIRONMENTAL MODELLING & SOFTWARE*, vol. 144, Oct. 2021.
- [13] T. Sassmannshausen, P. Burggraef, J. Wagner, M. Hassenzahl, T. Heupel, and F. Steinberg, "Trust in artificial intelligence within production management - an exploration of antecedents," *ERGONOMICS*, vol. 64, no. 10, pp. 1333–1350, Oct. 2021.
- [14] T. Hagendorff, "Linking Human And Machine Behavior: A New Approach to Evaluate Training Data Quality for Beneficial Machine Learning," *MINDS AND MACHINES*, vol. 31, no. 4, SI, pp. 563–593, Dec. 2021.
- [15] M. Hollis, J. O. Omisola, J. Patterson, S. Vengathattil, and G. A. Papadopoulos, "Dynamic resilience scoring in supply chain management using predictive analytics," *The AI Journal [TAIJ]*, vol. 1, no. 3, 2020.
- [16] Hendra, S. Kom., M. T. and Y. A. M. M., S. Kom, "Web-based Usability Measurement for Student Grading Information System," *Procedia Computer Science*, vol. 135, pp. 238–247, 2018.
- [17] Y. K. Dwivedi, L. Hughes, E. Ismagilova, G. Aarts, C. Coombs, T. Crick, Y. Duan, R. Dwivedi, J. Edwards, A. Eirug, V. Galanos, P. V. Ilavarasan, M. Janssen, P. Jones, A. K. Kar, H. Kizgin, B. Kronemann, B. Lal, B. Lucini, R. Medaglia, K. Le Meunier-FitzHugh, L. C. Le Meunier-FitzHugh, S. Misra, E. Mogaji, S. K. Sharma, J. B. Singh, V. Raghavan, R. Raman, N. P. Rana, S. Samothrakakis, J. Spencer, K. Tamilmani, A. Tubadji, P. Walton, and M. D. Williams, "Artificial Intelligence (AI): Multidisciplinary perspectives on emerging challenges, opportunities, and agenda for research, practice and policy," *INTERNATIONAL JOURNAL OF INFORMATION MANAGEMENT*, vol. 57, Apr. 2021.
- [18] C. Bjola, "AI for development: implications for theory and practice," *OXFORD DEVELOPMENT STUDIES*, vol. 50, no. 1, pp. 78–90, Jan. 2022.
- [19] A. Zhelezov, "THE MORAL OF ARTIFICIAL INTELLIGENCE: A CHANCE TO RECONSIDER PHILOSOPHY," *LOGOS*, vol. 31, no. 6, pp. 95–122, 2021.
- [20] D. Johnson, L. Ramamoorthy, J. Williams, S. Mohamed Shaffi, X. Yu, A. Eberhard, S. Vengathattil, and O. Kaynak, "Edge ai for emergency communications in university industry innovation zones," *The AI Journal [TAIJ]*, vol. 3, no. 2, Apr. 2022.
- [21] A. Bardhan, N. Kardani, A. GuhaRay, A. Burman, P. Samui, and Y. Zhang, "Hybrid ensemble soft computing approach for predicting penetration rate of tunnel boring machine in a rock environment," *JOURNAL OF ROCK MECHANICS AND GEOTECHNICAL ENGINEERING*, vol. 13, no. 6, pp. 1398–1412, Dec. 2021.
- [22] B. Feng, P. He, P. Li, H. Yao, Y. Ji, and J. He, "Developing a smart healthcare framework with an 'Aboriginal lens'," *Procedia Computer Science*, vol. 162, pp. 347–354, 2019.
- [23] A. Konieczny, J. Stojanowski, M. Krajewska, and M. Kusztal, "Machine Learning in Prediction of IgA Nephropathy Outcome: A Comparative Approach," *JOURNAL OF PERSONALIZED MEDICINE*, vol. 11, no. 4, Apr. 2021.
- [24] U. Sabeel, S. S. Heydari, K. Elgazzar, and K. El-Khatib, "Building an Intrusion Detection System to Detect Atypical Cyberattack Flows," *IEEE ACCESS*, vol. 9, pp. 94 352–94 370, 2021.
- [25] F. A. Batarseh, M. Gopinath, A. Monken, and Z. Gu, "Public policy-making for international agricultural trade using association rules and ensemble machine learning," *MACHINE LEARNING WITH APPLICATIONS*, vol. 5, Sep. 2021.
- [26] K. Buntak, M. Kovacic, and M. Mutavdzija, "APPLICATION OF ARTIFICIAL INTELLIGENCE IN THE BUSINESS," *INTERNATIONAL JOURNAL FOR QUALITY RESEARCH*, vol. 15, no. 2, pp. 403–416, 2021.
- [27] S. K. Burley and H. M. Berman, "Open-access data: A cornerstone for artificial intelligence approaches to protein structure prediction," *STRUCTURE*, vol. 29, no. 6, pp. 515–520, Jun. 2021.
- [28] D. Kafkes and J. St. John, "BOOSTR: A Dataset for Accelerator Control Systems," *DATA*, vol. 6, no. 4, Apr. 2021.