

Undermining Cognitive Constraints:

Revealing Threats Buried Beneath Mounds of Data

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PMA-3 landmine (image courtesy wikipedia)

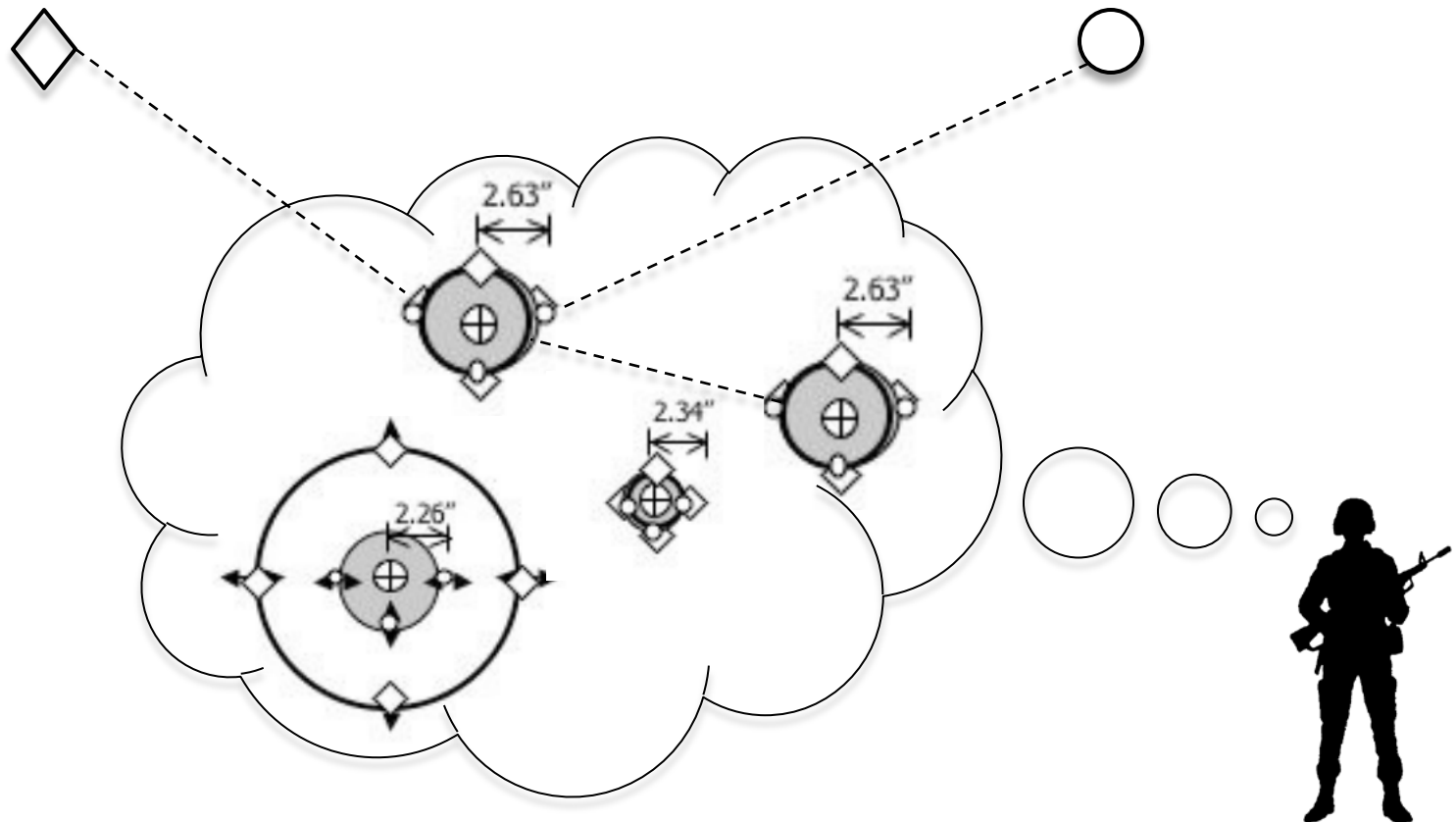


JAMES STASZEWSKI
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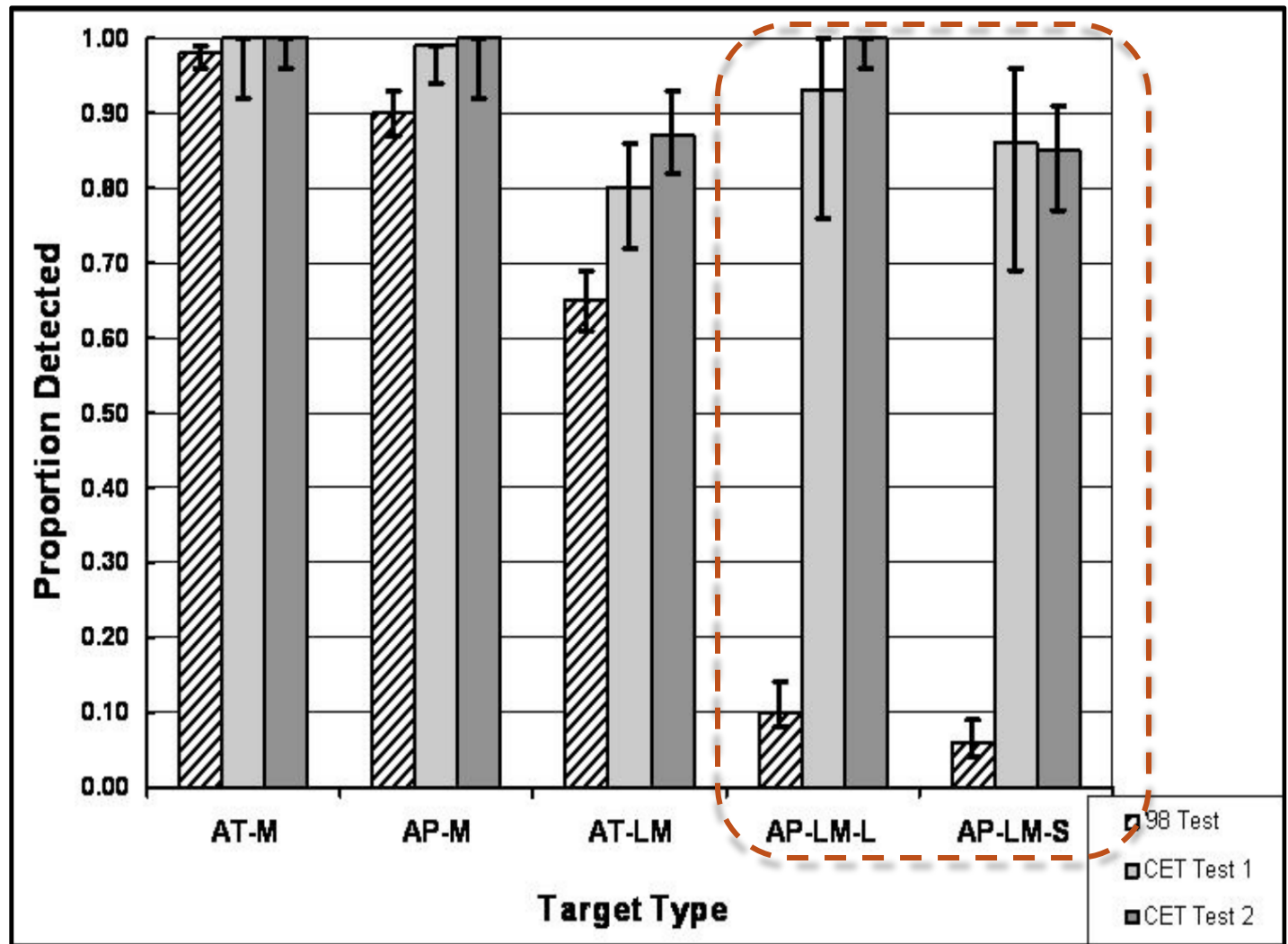
PSS 14 mine detector Image: www.cyterra.com

Ground Penetrating Radar

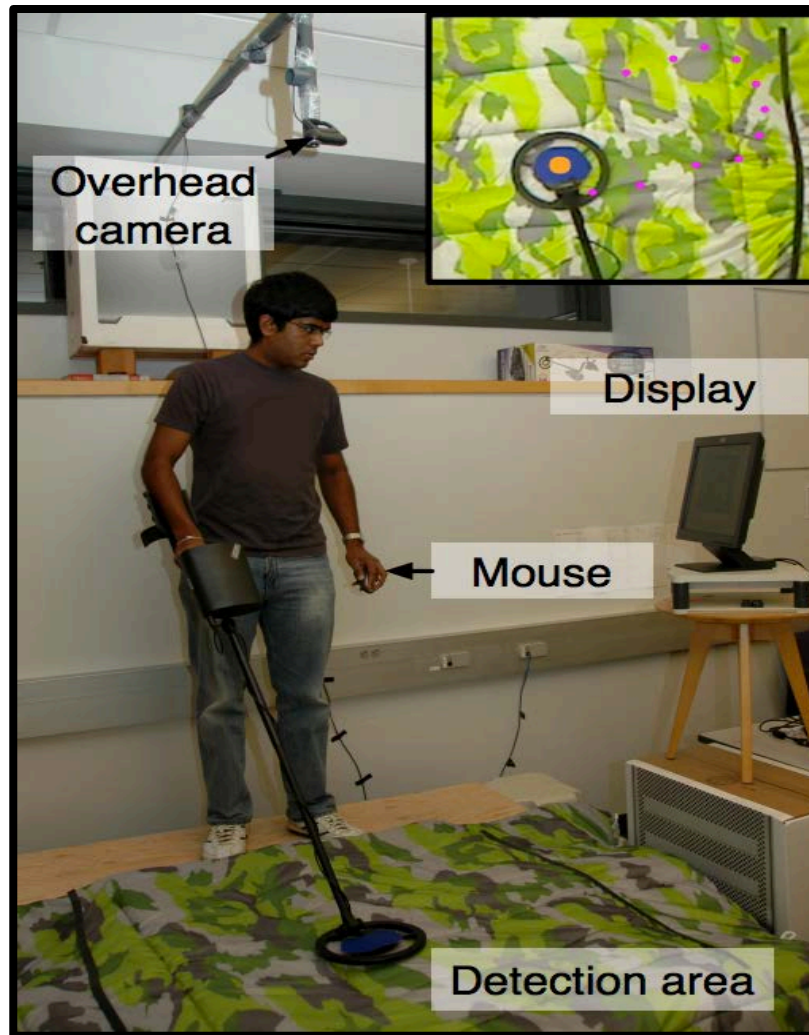
Metal Detector



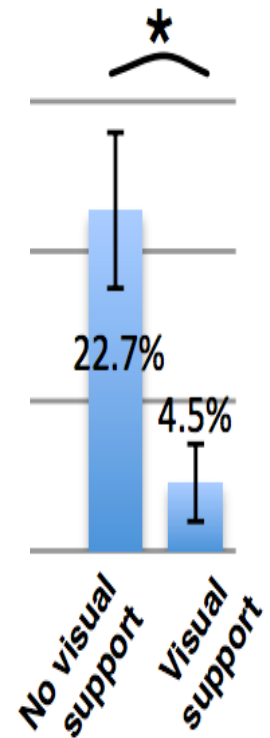
Staszewski, J. (2006). Spatial thinking and the design of landmine detection training. In G. A. Allen, (Ed.), Applied spatial cognition: From research to cognitive technology. (pp. 231–265). Mahwah, NJ: Erlbaum Associates



Staszewski, J. (2006). Spatial thinking and the design of landmine detection training. In G. A. Allen, (Ed.), Applied spatial cognition: From research to cognitive technology. (pp. 231–265). Mahwah, NJ: Erlbaum Associates



Mine and clutter
tasks
(false negatives)

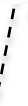


Lahiru G. Jayatilaka, Luca F. Bertuccelli, James Staszewski, and Krzysztof Z. Gajos. PETALS: Understanding the Implications of Visual Decision Support in Humanitarian Landmine Clearance. In CHI 2011: Proceeding of the annual SIGCHI conference on Human factors in computing systems , New York, NY, USA, 2011. ACM

DECISION



2.63"



MENTAL
REPRESENTATION

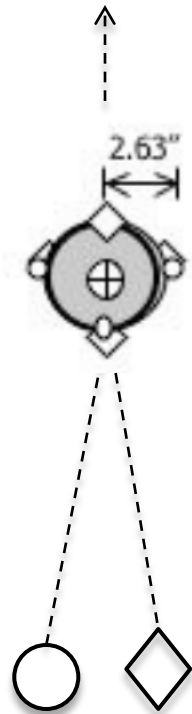
PERCEIVED
DATA



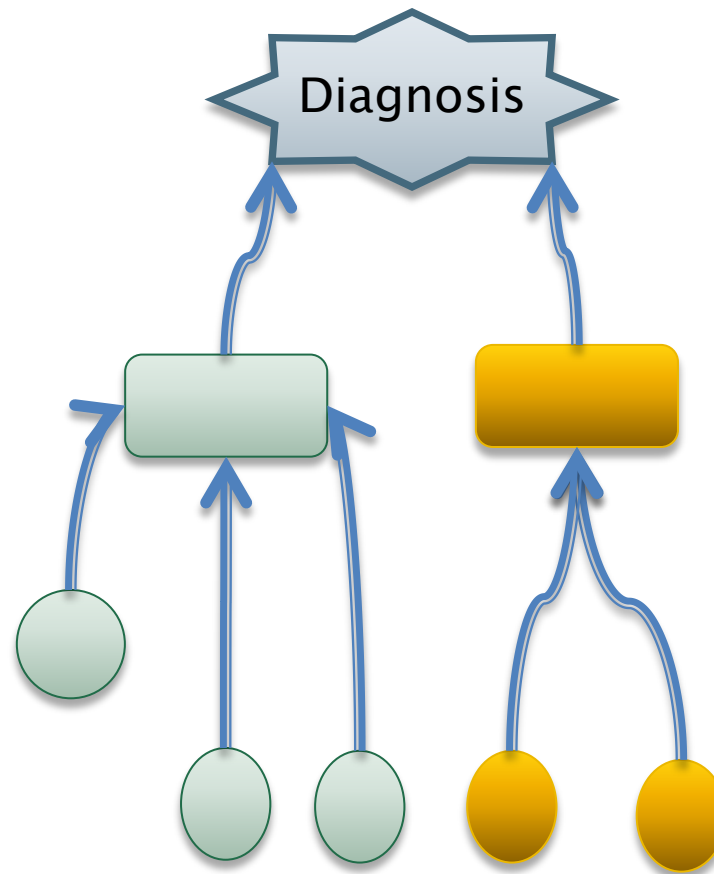
DECISION

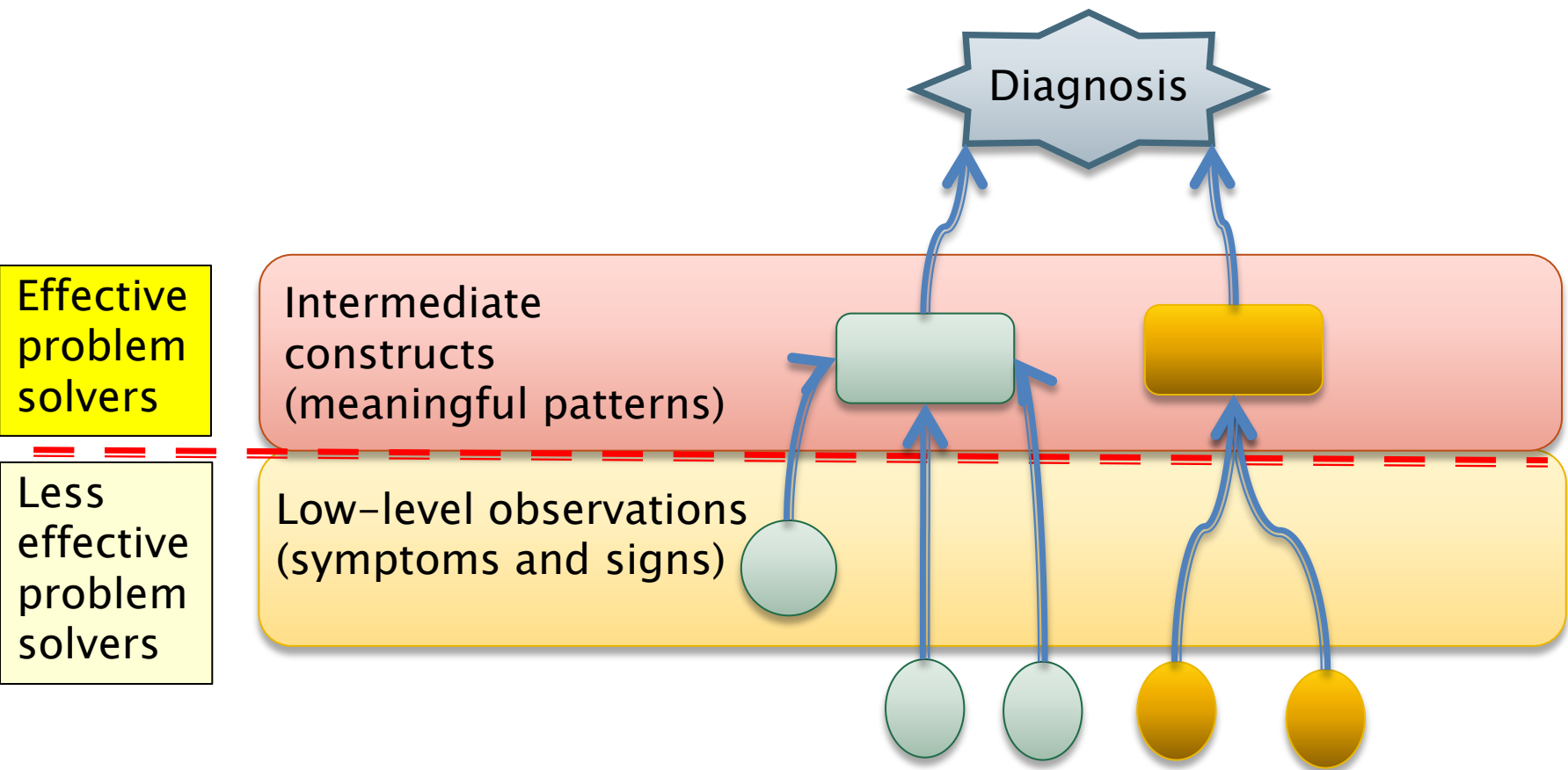


MENTAL
REPRESENTATION

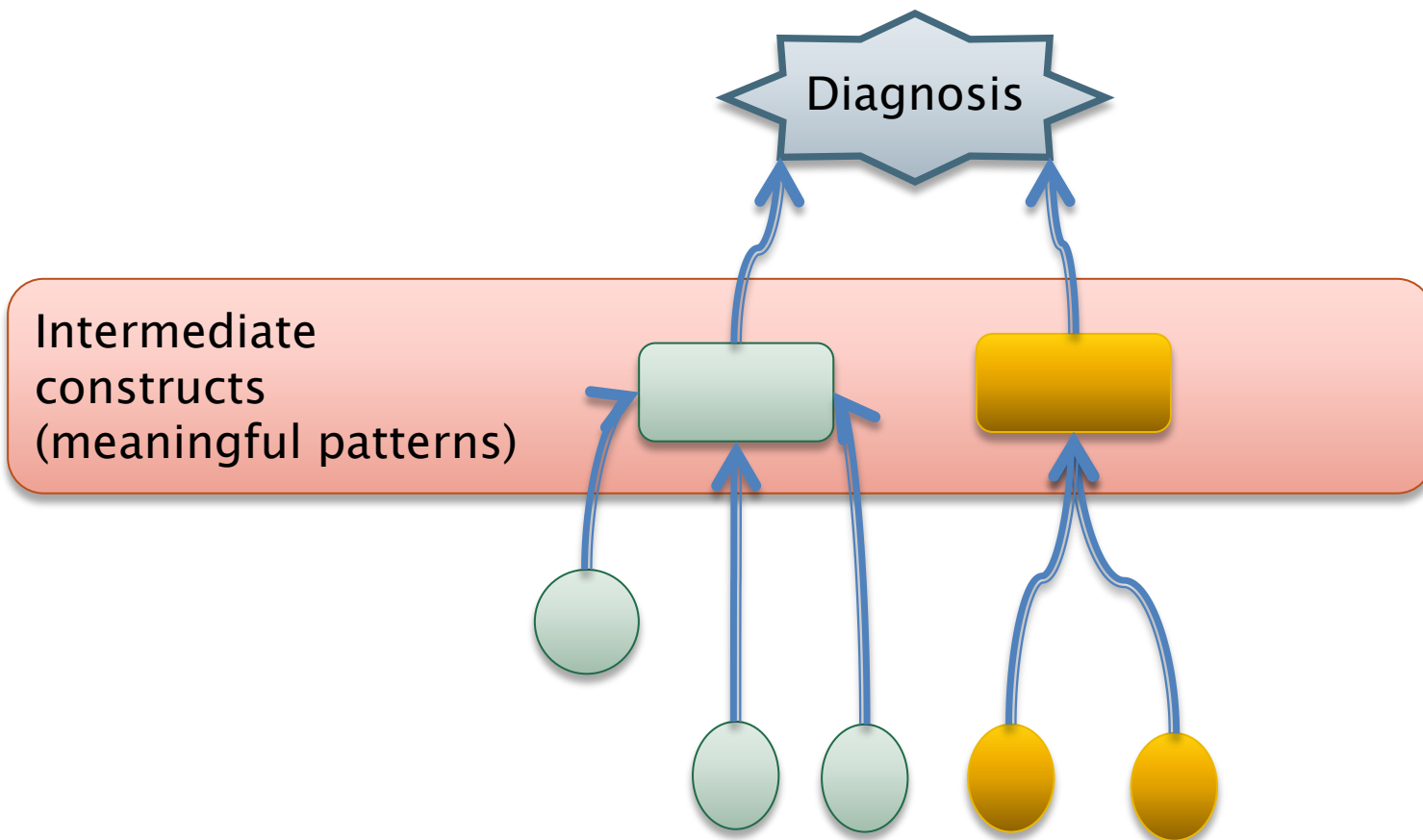


PERCEIVED
DATA





Cognitive
Support
System



SIRS

WBC

Infect

9.5

K/uL

Sho

2012-02-03 10:14:00 +0000

Orga

Respiratory Rate

0

BPM

2012-02-04 21:50:00 +0000

Heart Rate

35

BPM

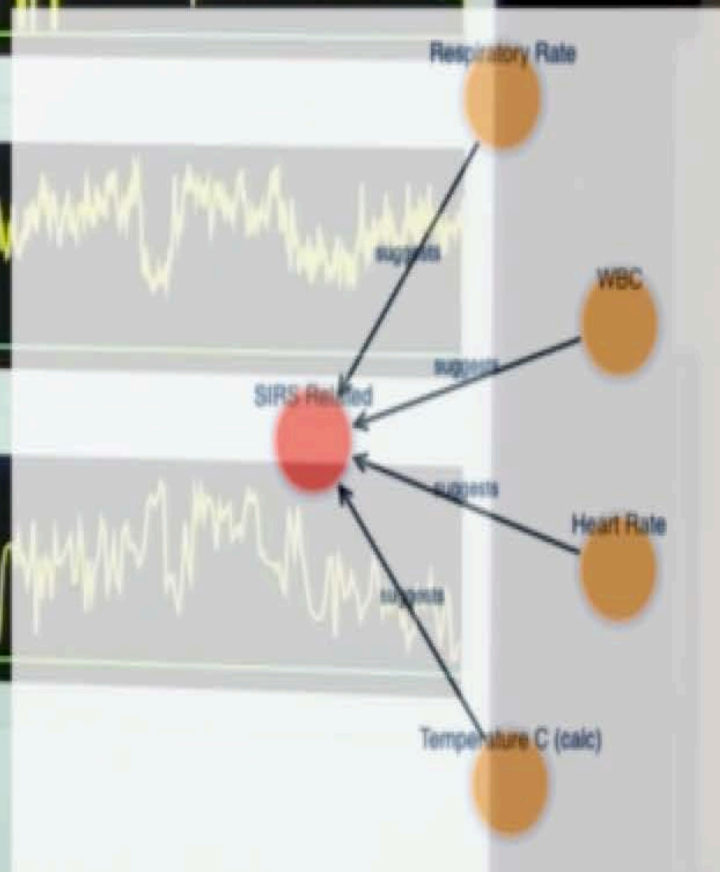
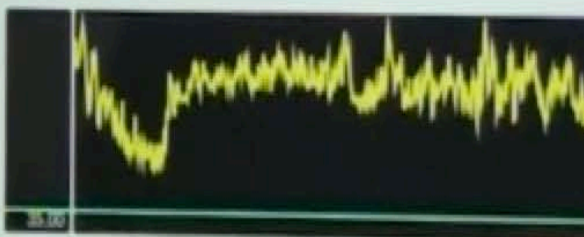
2012-02-04 22:00:00 +0000

Temperature C (calc)

35.56

Deg. C

2012-02-04 22:00:00 +0000



PSYCHOSIS

- of the delusional idea that he was transparent ("like a piece of glass")
- during episodes when his delusion was most manifest he drank heavily
- and were sometimes associated with generalised convulsions that were considered to be alcohol withdrawal fits
- with a diagnosis of schizophrenia
- Antipsychotic agents
- and there were no delusional ideas expressed at that time
- on treatment the delusion had completely gone

MOOD

- and one anti-epileptic agent (carbamazepine) had been ineffective in moderating his feelings
- with increasing social isolation and

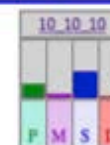
SUBSTANCE

- with alcohol abuse
- He discovered that alcohol suppressed these symptoms
- during episodes when his delusion was most manifest he drank heavily
- The drinking spells were often followed
- and were sometimes associated with generalised convulsions that were considered to be alcohol withdrawal fits
- The episodic alcoholic binges continued
- by the end of 1993 he was drinking
- because of intoxication
- from alcohol according to British National Formulary guidelines over a seven day period
- into drinking again
- after drinking several pints the night
- to use more alcohol to suppress the feeling

ANGER

- by numerous "drunken and disorderly" problems

[A] Summary of Case Categories



PSYCHOSIS

- of the delusional idea that he was transparent ("like a piece of glass")
- during episodes when his delusion was most manifest he drank heavily
- and were sometimes associated with generalised convulsions that were considered to be alcohol withdrawal fits
- with a diagnosis of schizophrenia
- Antipsychotic agents
- and there were no delusional ideas expressed at that time
- on treatment the delusion had completely gone

[C] Details related to Categories Selected in [A]

[B] Detailed Patient Note

We report the case of a 31 year old man who had an 11 year history of the delusional idea that he was transparent ("like a piece of glass") associated with alcohol abuse.

The intense fear he experienced when people seemed able to look right through him caused him to hurry along the streets seeking shadows or darkness in order to hide his face as far as possible.

He discovered that alcohol suppressed these symptoms and therefore during episodes when his delusion was most manifest he drank heavily.

The drinking spells were often followed by numerous "drunken and disorderly" problems and were sometimes associated with generalised convulsions that were considered to be alcohol withdrawal fits.

After having a fit he often felt much less fearful and was able to work hard in his family's business.

He was never financially embarrassed, took pride in his independence and had built his own house.

Taken together with the fact that he was warm and pleasant in conversation these seemed unusual features in one labelled with a diagnosis of schizophrenia.

He had been referred to neurologists on previous occasions for their opinion especially because there was a history of head injury at the age of 17.

The full case-notes have not been available to us but no abnormal findings resulted.

Antipsychotic agents and one anti-epileptic agent (carbamazepine) had been ineffective in moderating his feelings of transparency.

These various medications had been prescribed at another hospital over the course of the previous 10 years and we have been unable to discover the dosages used although compliance was poor.

The episodic alcoholic binges continued and were associated with increasing social isolation and by the end of 1993 he was drinking to a consistently heavy degree.

He was referred to a Community Mental Health Team and was admitted to an inpatient unit for assessment.

At this point his mental state was difficult to assess because of intoxication.

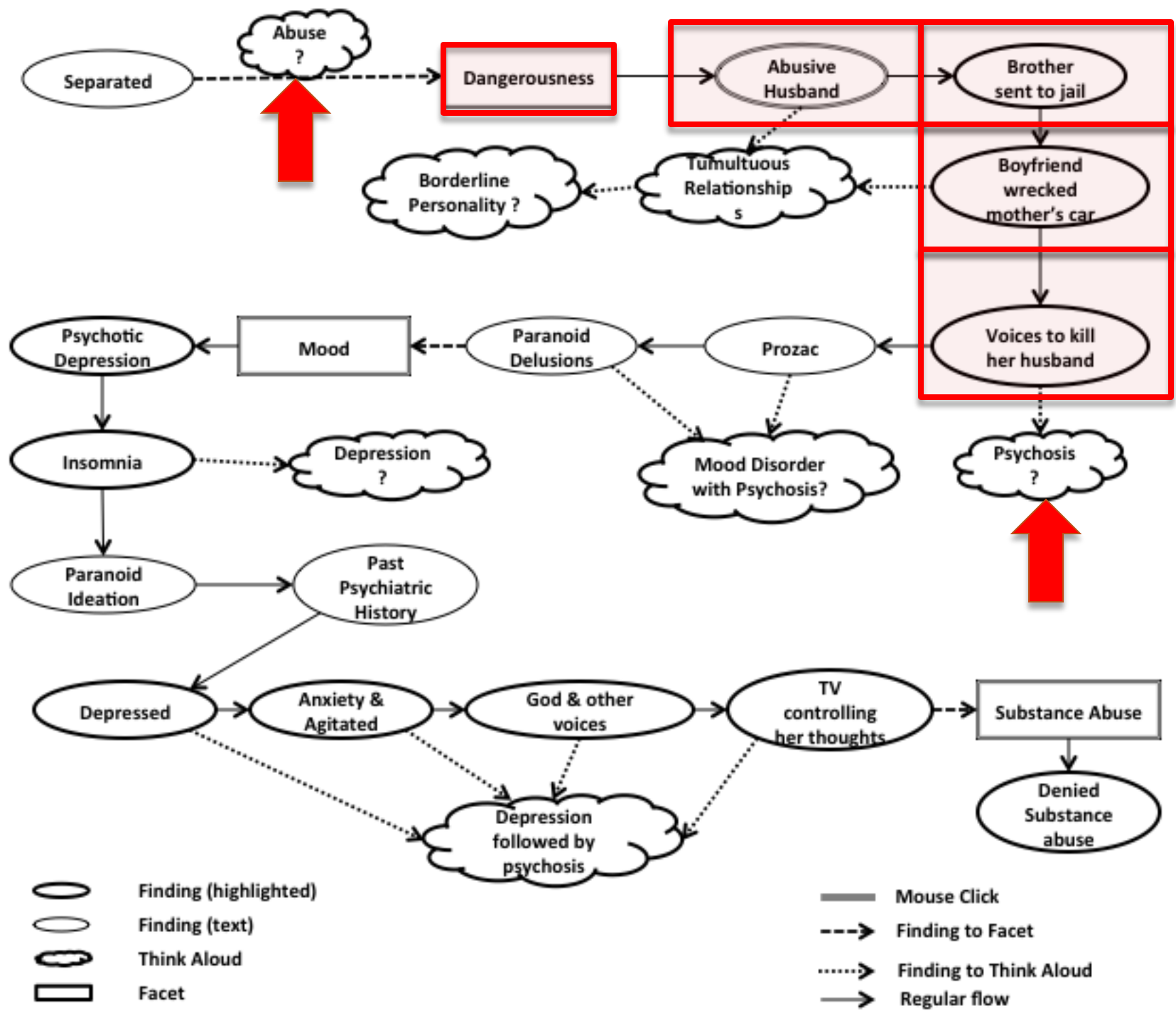
However the following day he was relaxed and well-spoken and apologetic for his previous state.

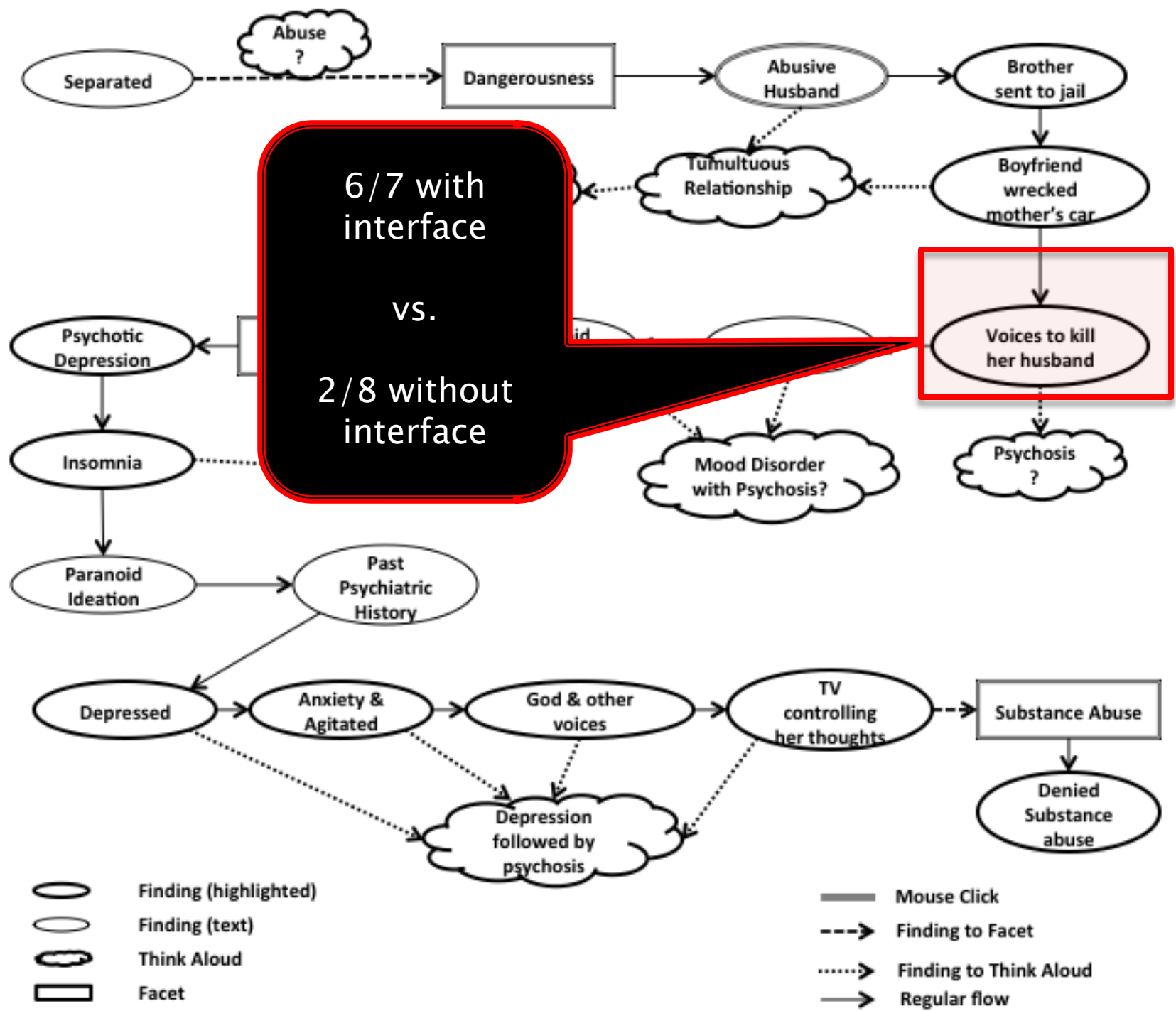
He had good cognitive function and there were no delusional ideas expressed at that time.

He was de-toxified from alcohol according to British National Formulary guidelines over a seven day period.

On high doses of chlormethiazole he had been able to speak normally but as the dose was reduced he began to stammer and develop a tic on the right side of his mouth.

This tic was noted to be much worse when he was in stressful situations and the patient reported that he had had it before.





Infection
SIRS
 Renal System
 Respiratory System
 Central Nervous System
 Hepatic System
 Cardiovascular System

Heart Rate



109 bpm

Temperature



38.5 C

Respiratory Rate



20 bpm

Arterial PaCO2



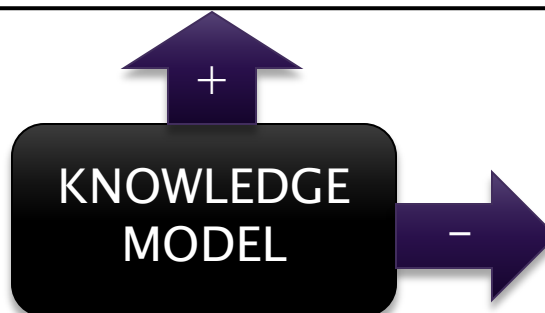
34 mmHg

WBC



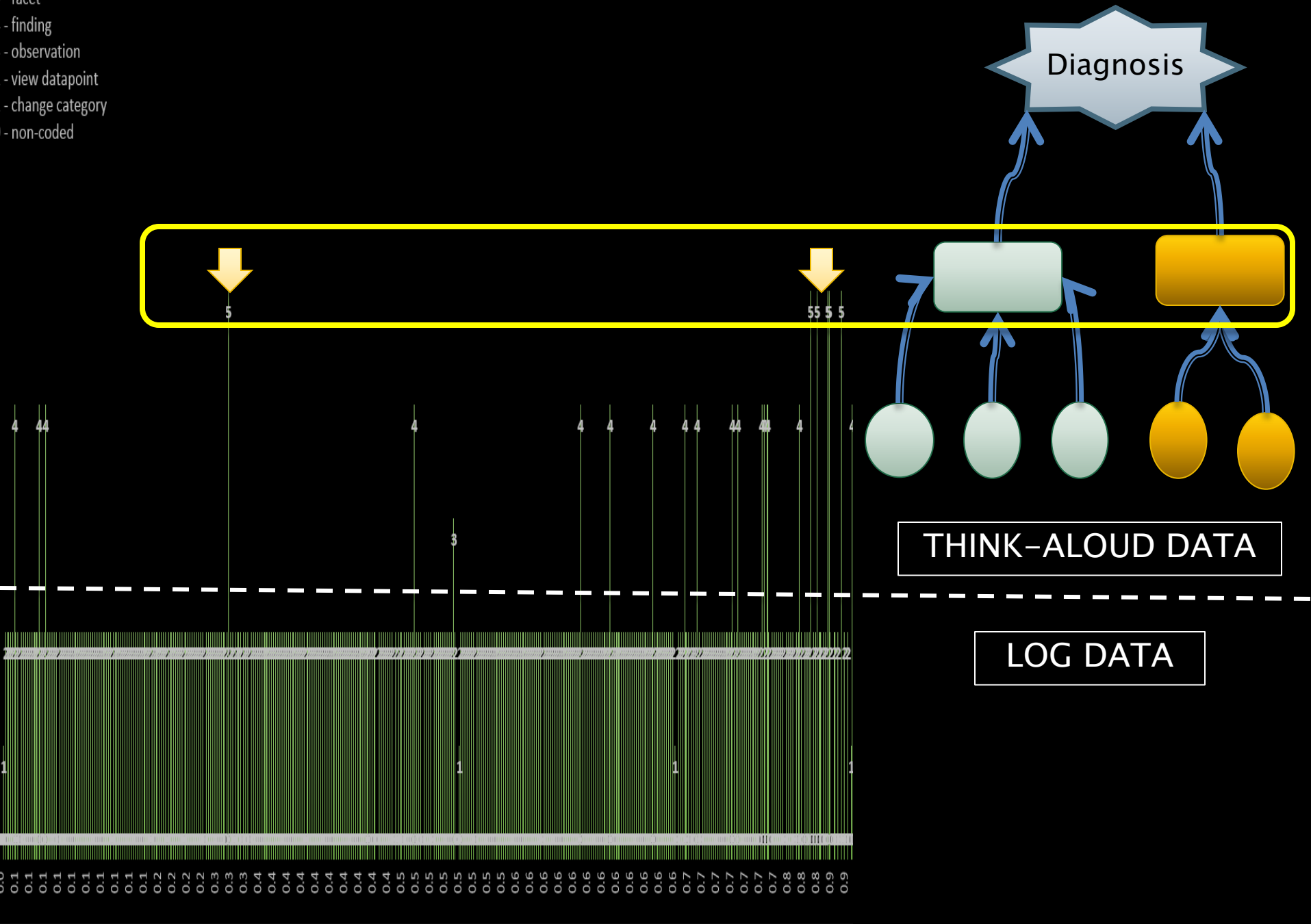
22.9 K/uL

Jul 29 2017 Jul 29 2017 Jul 30 2017 Jul 30 2017 Jul 31 2017

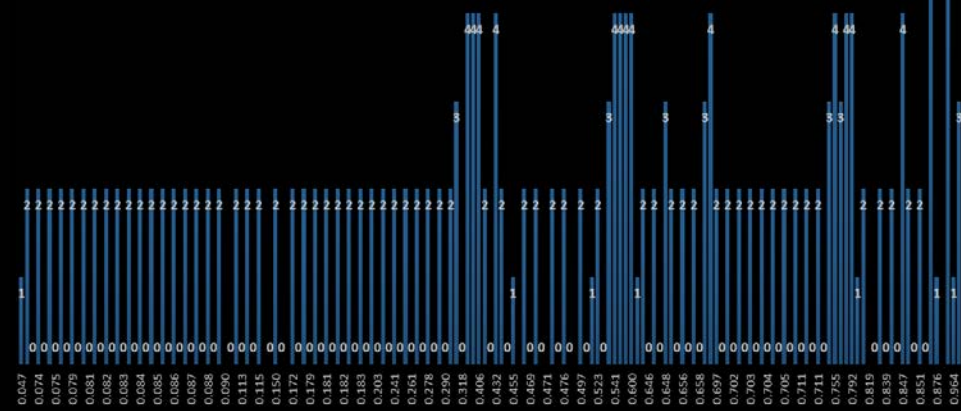
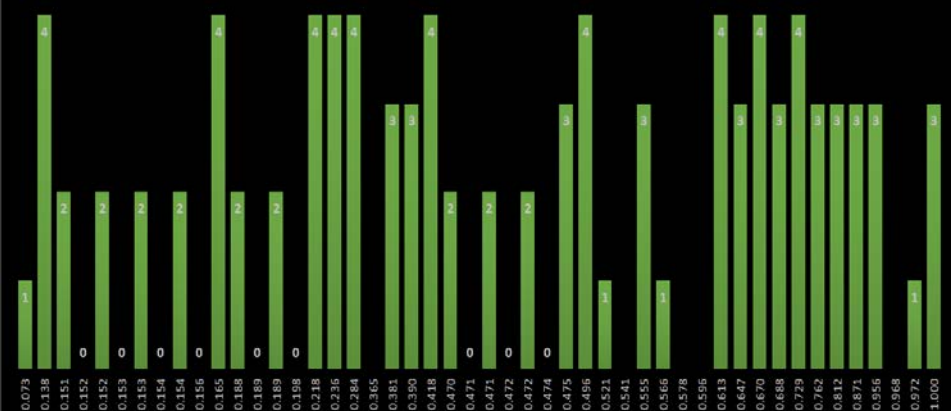


- diagnosis
- facet
- finding
- observation
- view datapoint
- change category
- non-coded

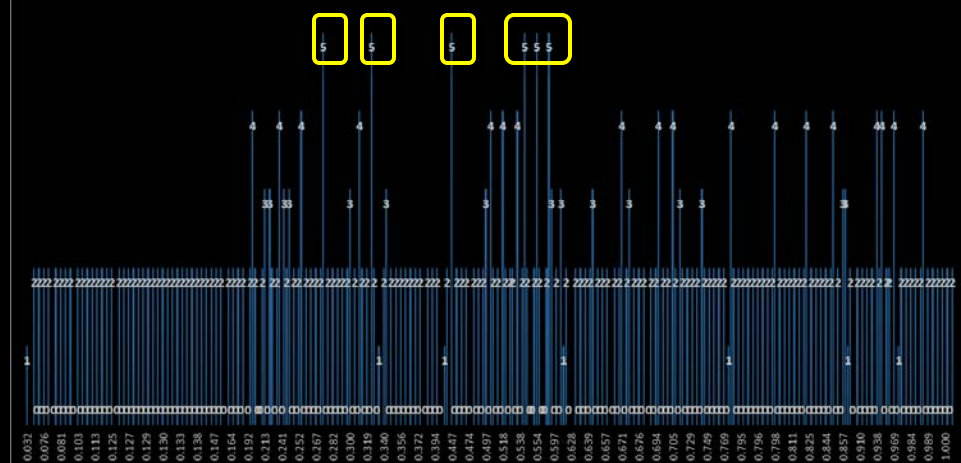
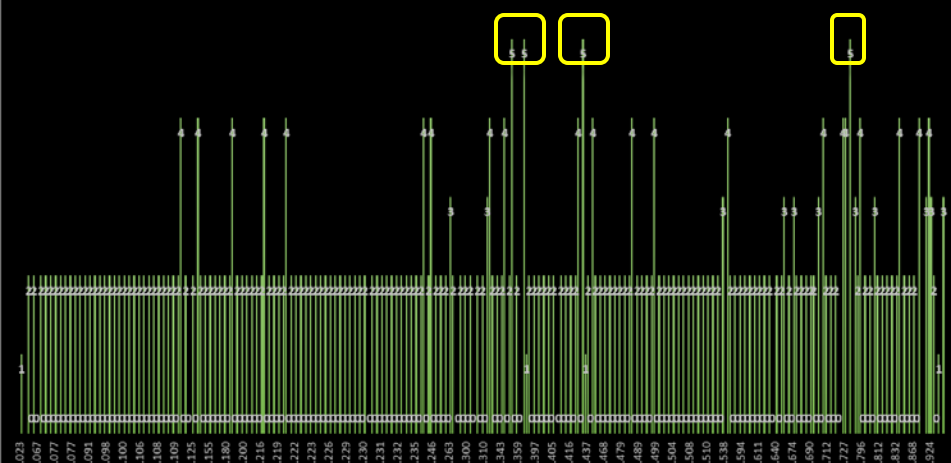
subj06 4914 base



subj04 4914 concept



subj03 21991 concept



Decompensating patient

Has myocardial infarction
shortly after period
displayed to participants

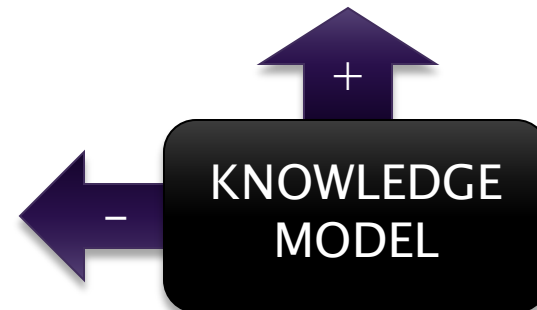
“she seems
OK... I would be
concerned”

“I don't think I
would do
anything”

“I won't do any
intervention
just wait and
watch”

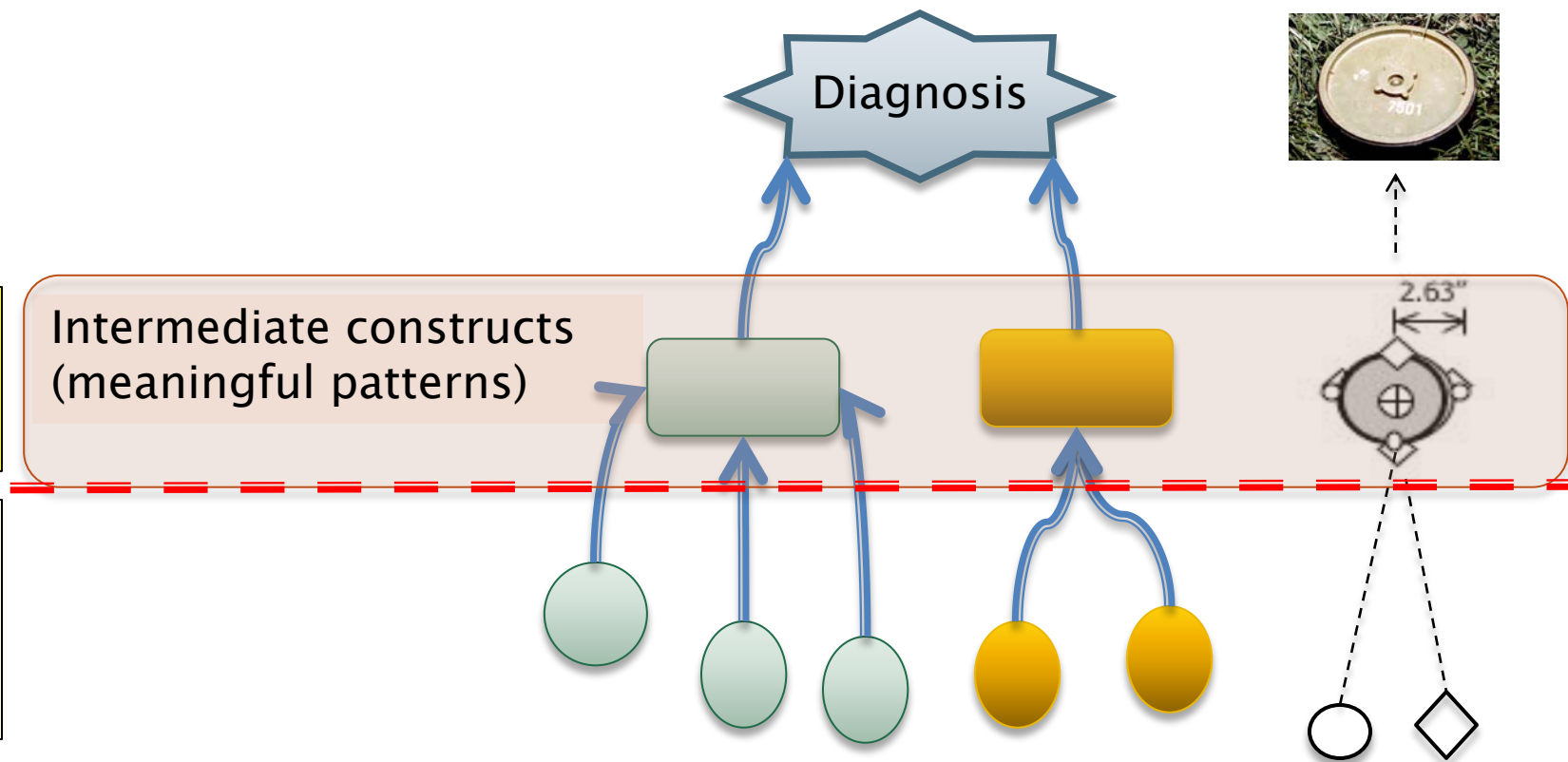
“I would be very concerned
that this patient is acutely
decompensating ”

“I am concerned” “This is
something I would need to
investigate and intervene
on”



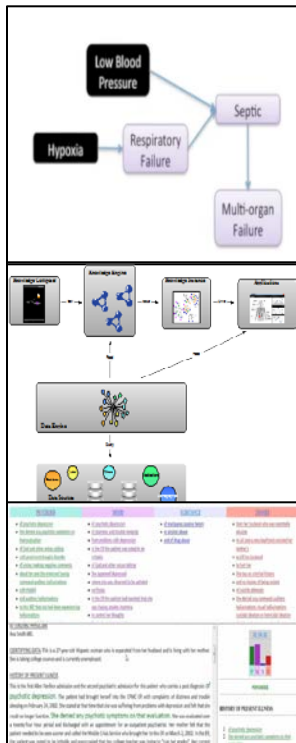
Cognitive support

Less effective problem solvers



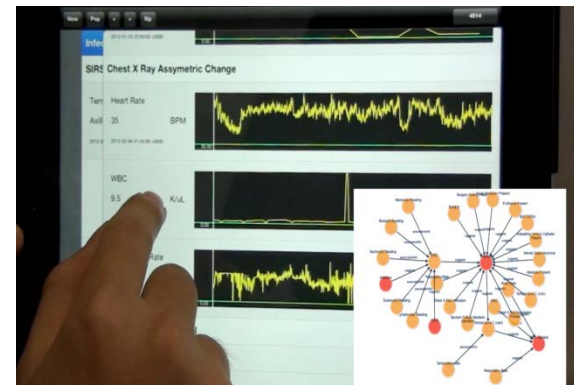
Acknowledgments

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