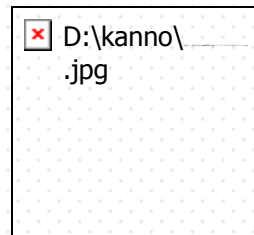


Ontology Building for Cognitive Task Analysis of Disaster Nursing

T.Kanno*, K.Hayano**, C.Ishida***,
K.Kawhara**, and K.Furuta*

The University of Tokyo * , Tokyo Metropolitan University **

Showa University***



*Cognitive Systems Engineering Laboratory
Department of Systems Innovation
The University of Tokyo*

Introduction

- Niigata Pref. Chuetsu Earthquake
 - 23.10.2004
 - M.6.8, shallow hypocenter, active fault
 - 68 victims, 100,000 evacuees

- Ojiya General Hospital
 - Staff (460 inc. 240 nurses)
 - 287 beds, 766 patients /day
 - 0 Victims
 - Evacuation (223 patients)
 - water leakage , wall and ceiling collapse, ...



Motivation

- Elicit competency of those nurses who exhibited high performance
 - It is unclear what kind of knowledge and skills separate good and bad responses in disaster situations.
 - There is a strong need for theory and foundation for designing good education and training.
- Accumulate knowledge and lessons learned from actual disasters
 - We don't have much experience of big disasters.
 - Each disaster situation is very unique, thus it is difficult to generalize the lessons learned from a single experience.



Cognitive Task Analysis (CTA)

- To understand how cognition make it possible for human to get work done
 - cognitive aspects behind the performance of tasks
 - cognitive skills, knowledge, and attitude needed to respond adeptly to complex situations
 - ACTA(Militello & Hutton, 2000), CDM (Klein & Armstrong, 2004)
- Series of structured- or semi-structured interviews with experts
 - Task analysis, Probe questions, Simulation interviews, etc.
 - But, domain and context dependent



Objectives

- Propose Ontology based CTA framework for Disaster Nursing:
 1. Interviews
 2. Analysis
 3. Develop Ontology
 4. Redesign interviews

- Develop an ontology of Disaster Nursing
 - to describe contexts for summarizing interview data
 - capturing all the aspects of disaster nursing
 - to design interview questions for Cognitive Task Analysis

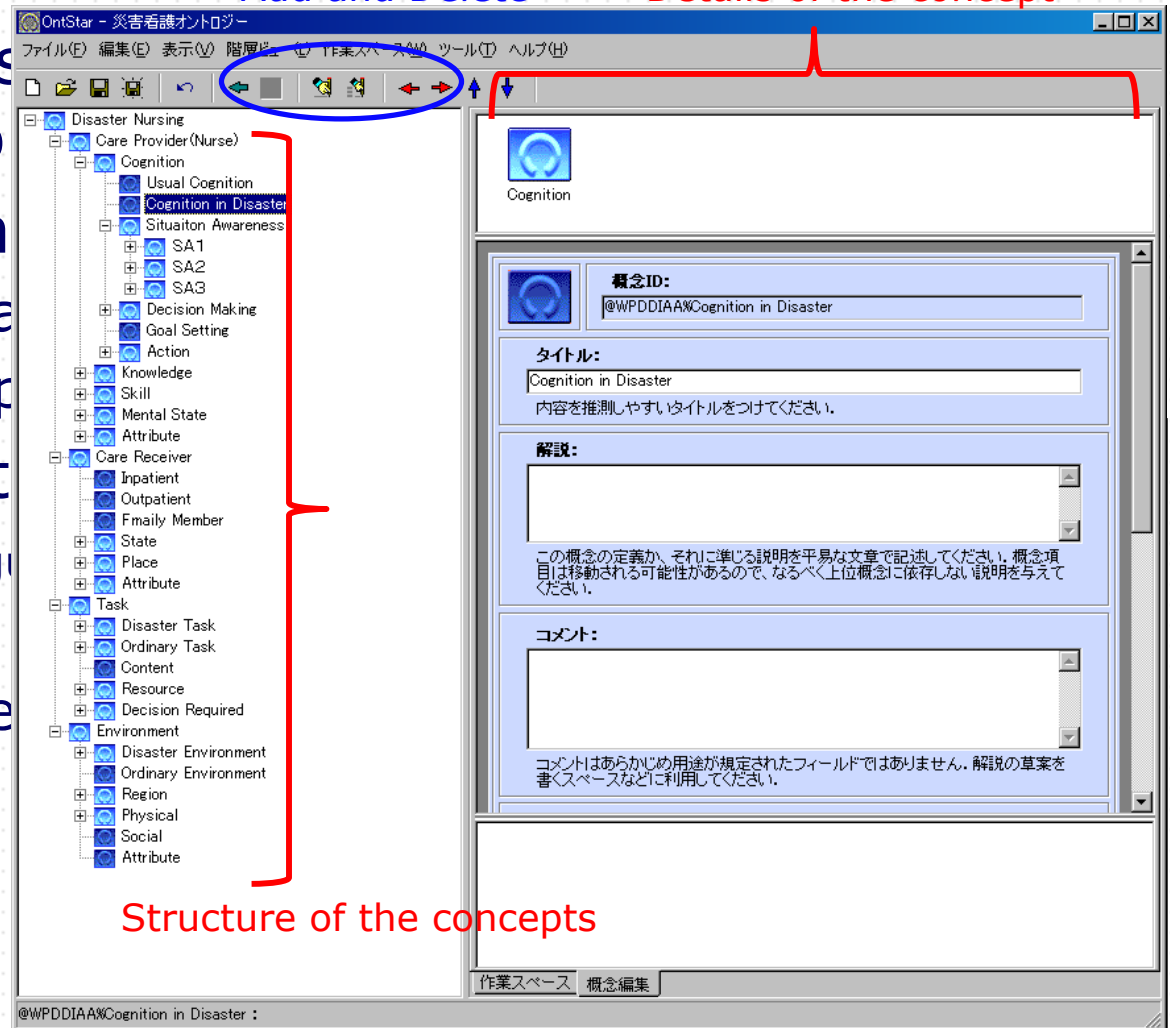


Ontology Building

- Ontology : based on some task domain
- Structure construction
 - extract domain concepts
 - relate concepts
- Ontology Editing
 - OntoStar (Original)
 - GUI based
 - Simple and easy

Add and Delete

Details of the concept



Structure of the concepts



Bidirectional Approach

□ Bottom up

- Interviews

- Records of Response Activity

- ➔ to develop detailed categories and concepts by Content Analysis and compensate the top down approach

□ Top down

- Service model

- Existing theories and models(SA Model etc.)

- ➔ to provide top level categories (concepts) and a frame to develop further items and concepts



Interviews

- Interviewee: 5 nurses
- Semi-Structured Interview
 - May-June, 2007
 - Ojiya General Hospital
 - First 24 hours after earthquake (Chuuetsu Earthquake)
- Content Analysis
 1. Transcribe the data
 2. Segmentation and Coding
 3. Categorization and abstraction (11 keywords)
 4. Three Paradigms with hierarchical categories:
Information, Decision, and Action
 5. But does not provide well-structured concepts for CTA

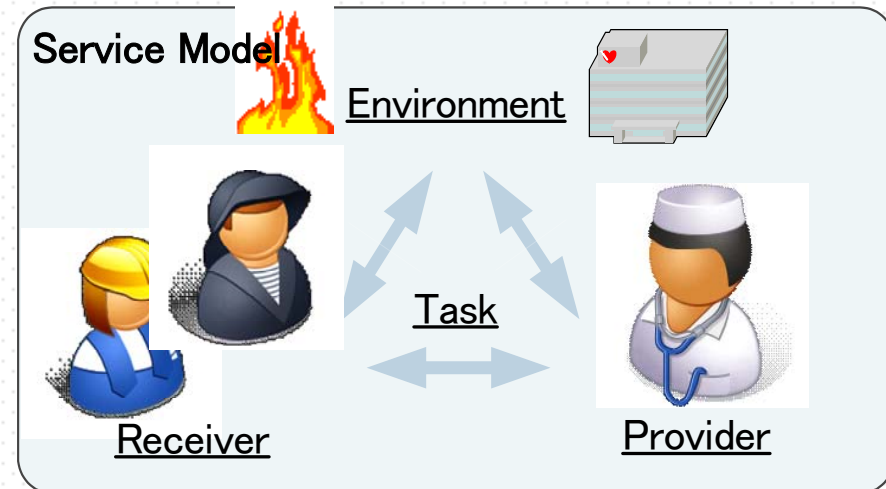


Result of the Content Analysis

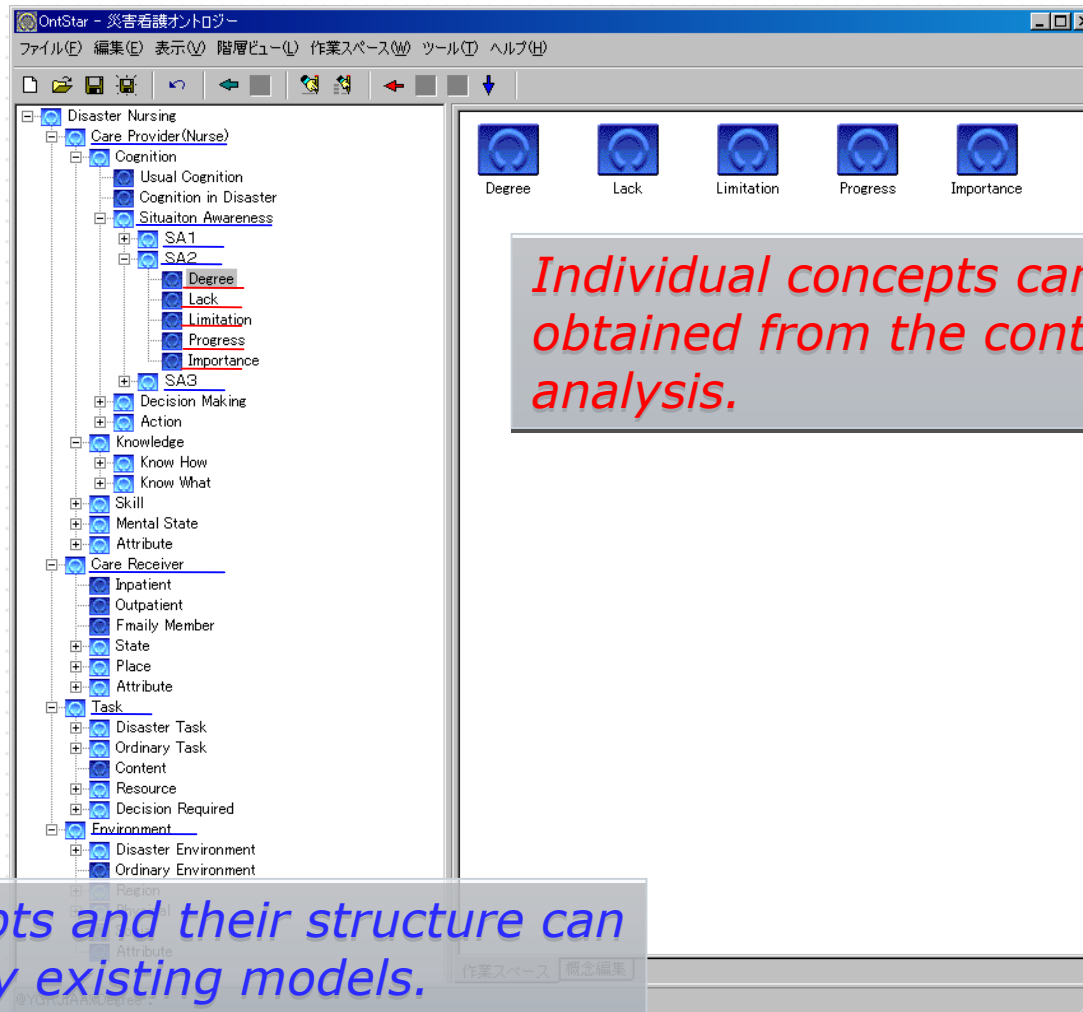
Category	Subcategory	Code
Degree	Emergency situation	Abnormal change, earthquake, abnormal frequency
	Damage	Damage of patients, damage of nurses, damage of buildings
	Patients' Needs	Physiological needs, refuse evacuation
	Gap from predictions	Delay from predictions, too many visitors
Priority	Triage	Triage in trauma center
	Order for evacuation	Order for evacuation
	Patient first	Patient first
	Priority in cares	Consideration for the need to eliminate, Importance of cares,
Lack	Lack of manpower	Lack of manpower
	Lack of resources	Lack of resources
	Inadequate manuals	Inadequate manuals
Limitation	Limitation of action	Physical limits, restrictions caused by quakes
	Limitation of facilities and apparatuses	Capacity, restrictions caused by the configuration of building
Necessity	.....	.....
Prediction	.....	.....
Progress	.....	.....
Efficiency	.....	.....
propriety	.....	.....

Service Model

- Comprehend all the aspects of disaster nursing activities:
 - Provider (Nurse), Receiver (Victim), Interaction (Task), and Environment
- The starting point to build an ontology
 - Provide top level categories (concepts) and a frame to develop further items and concepts
 - Relate and structure the concepts



Ontology



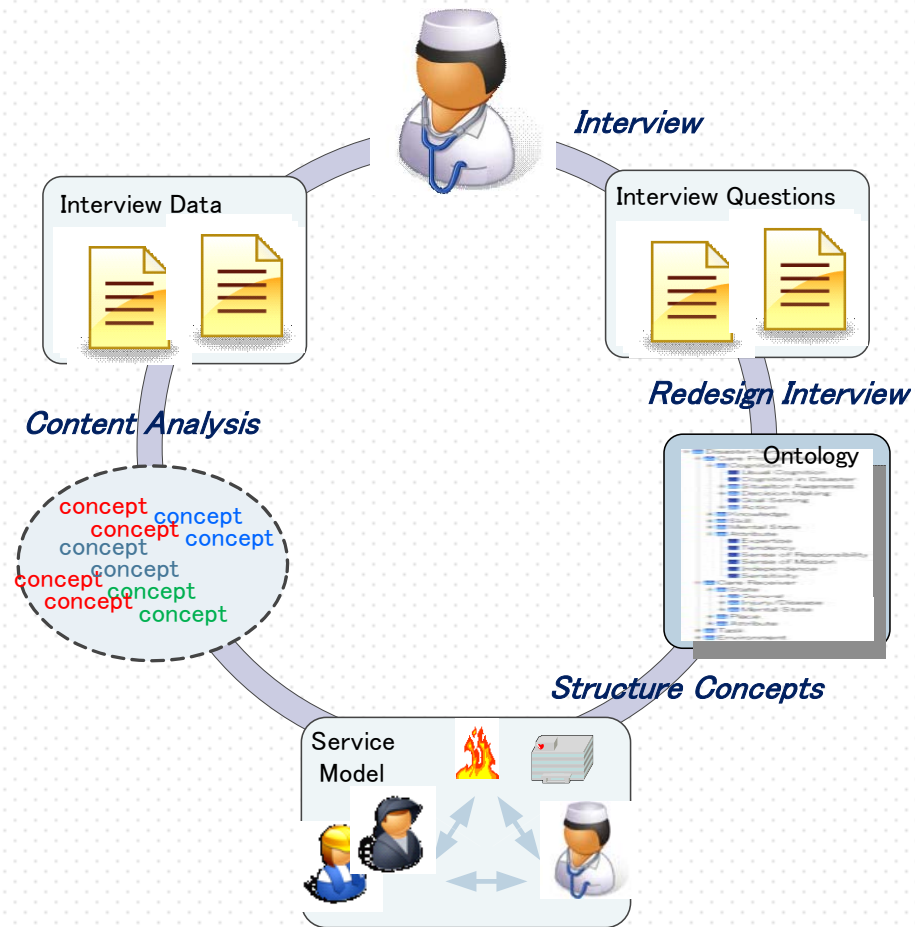
Top concepts and their structure can be given by existing models.

Individual concepts can be obtained from the content analysis.



Cycle of CTA (Knowledge Accumulation)

1. Interviews
2. Analysis
3. Develop Ontology
4. Redesign interviews
 - help determine next focus points
 - avoid redundant questions
 - easy-to-follow interview guide



Next Interview Items

- What were you doing, when, where, under what circumstances, and for what?

Categories of the ontology

		Nurse	Receiver	Task		Environment
		Myself Other Staffs	Patient Family	Resources Manpower	Hospital function Nursing function	Life Line Apparatus Information
Cognition	Factors					Focus Points
SA1	Symptom Availability Timing					
SA2 SA3	Importance Necessity Focus Degree Similarity					
Decision Making	Goal Planning Action					
Action	Option Priority Difficulty					

- What did you notice?
- When did you notice it?
- What kind of information is available?

About yourself
About other staffs
About information from other staffs



Conclusion

- Proposed CTA framework based on ontology
 - Interview, analysis, ontology, and redesign interview
 - Bidirectional Approach: top down (model based) and bottom up (content analysis) analysis
 - Easy to follow and design CTA

- Conducted the 1st cycle of the proposed framework
 - The service model provided a good viewpoint to comprehend disaster nursing: Provider, Receiver, Task, and Environment
 - 83 concepts in total
 - Easily designed the next interview items = (Cognition)*(Focused Ontology Categories)



Next Step

□ Next interview

- 36 nurses (12 hospitals) in 2-3 phases
- with those nurses who experienced Chuetsu Earthquake
- with those who do not have experiences of actual disasters but of intensive exercises
- We will evaluate its efficiency and effectiveness of the developed interview questions. (Validity of the proposed cycle)



Questions and Comments

kanno@sys.t.u-tokyo.ac.jp

<http://tkanno.net>



SA1

- What did you notice? (symptom)
- What information was available? (Availability)
- When did you notice it? (Timing)



SA2, SA3

- What was most important information for decision making? (importance)
- What information triggered your decision?
- What was the missing information ? (necessity)
- What kind of information did you need and looked for?
- What did you think you should do first?
- What was your predication about the future situations? (prediction)
- How did you assess the situation? (degree)
- Did you have similar experiences like this? (similarity)



Decision Making and Actions

- What was your decision? (decision)
- What was your objective? (goal)
- Did you have any options and what was that? (planning, option)
- Why did you choose the option? (priority)
- Did you have enough information for making decision? (uncertainty)
- What did you do and why? (action)
- What made your decision making difficult? (difficulty)
- What did you improvise ?(improvisation)
- What knowledge is necessary for your decision (knowledge)
- What kind of experience was useful? (experience)



