Assessing Situation Awareness (SA) Using Single- or Dual-Location functional Near Infrared Spectroscopy (fNIRS)

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Abstract: To operate effectively across a variety of environments, personnel (e.g., air traffic controllers, pilots, truck drivers, emergency response crews) need to be trained to the point at which their responses are automatic. If their responses require high mental effort when carried out in emergency situations, they may be unable to perform or to establish situation awareness (SA) needed to perform and to keep themselves safe. We have been developing a software application to assess cognitive workload (i.e., mental effort) during task performance using functional near-infrared spectroscopy (fNIRS). Here we present our work toward extending this human state assessment software to include SA. We used a driving task (Crundall & Kroll, 2018; Muela et al., 2021) in which participants saw a clip of someone driving from a first person perspective followed by a Level 3 SA (prediction) question asking what hazard was about to occur. Participants were 22 Brown University undergraduate and medical students (8 females) with an average age of 22.2 (SD=4.7) and 22 Army personnel in one of the U.S. Army installations with an average age of 49 (SD=11). We were able to predict performance on the SA questions using the fNIRS data, at the group level (mean accuracy = 65%in Brown students, 71% in Army personnel, and 65% in the combined datasets). We were also able to predict SA performance of individual participants with a mean accuracy of 69% (range = .45-.88). This adds to the growing literature indicating that neurophysiological information, even when data is acquired at a single location, is useful for predicting individual SA.

1 INTRODUCTION

To operate effectively across a variety of environments, personnel (e.g., air traffic controllers, pilots, truck drivers, emergency response crews) must act quickly and effectively in situations that can be highly stressful. Personnel who experience cognitive overload due to inexperience or lack of skill may hesitate, make judgment errors, or fail to attend to critical situational details; therefore, they must train to ensure skills transfer to operational environments (e.g., long durations of chaotic traffic, long duration travel, retrieving patients from active crime scenes, or disaster response scenarios).

Those who have not mastered critical skills to the point of automaticity will be unable to establish and maintain situation awareness (SA), especially during chaotic battlefield conditions. This includes perceiving relevant elements in the environment (Level 1), understanding their meaning (Level 2), and projecting their status into the near future (Level 3) (Endsley, 1995). SA has been shown to be critical for effective performance in complex environments (Endsley, 2021).

Realistic training simulations (e.g., computer simulators, medical simulation centers) provide opportunity to practice and hone skills; however, even the most rigorous training cannot ensure that personnel will perform effectively in the highest stress conditions. Currently, trainers must infer trainee competence through observation (e.g., did they hesitate before making a decision, did they communicate poorly with teammates). However, when trainees appear to be performing at similar skill levels, even highly experienced trainers cannot always reliably determine whether task execution still requires significant individual cognitive resources or whether individuals have been effective at understanding and interpreting information relevant to task performance.

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Assessing Situation Awareness (SA) Using Single- or Dual-Location functional Near Infrared Spectroscopy (fNIRS).

Through multiple Phase I and II SBIR efforts, we have designed and developed a physiological system to assist trainers by providing quantitative information about trainee cognitive state. The advantage of such a system is that it can collect continuous data on trainees that may be used to detect problems such as cognitive overload or low SA, affording trainers the ability to make intervention as needed. Physiological data collection also has the advantage of not requiring additional inputs from trainees (such as questionnaire or probe data).

The hardware component is our custom functional near-infrared spectroscopy (fNIRS) sensor, which uses fNIRS to non-invasively assess changes in the oxygenation of blood in the brain, which provides a robust, accurate, and real-time assessment of human state (e.g., cognitive workload (Ayaz et al., 2012; Bracken et al., 2019; Bunce et al., 2011; Xu et al., 2019), and potentially SA (Hirshfield et al., 2015; McKendrick et al., 2016)). Our physiological sensors are paired with our Sherlock[™] software product, which provides an end-to-end solution to collect, analyze, visualize, and reason about human states, such as workload.

Previous work has focused exclusively on cognitive workload. Here we will present our work to extend capability to also assess SA under our Monitoring, Extracting, and Decoding Indicators of Cognitive Workload (MEDIC) and Physiological Index of Situation Awareness (PISA) efforts.

2 METHOD

The goal of the experiments was to provide a ground truth (i.e., data on which we know how cognitive workload or SA is being manipulated) in order to ensure the models are producing an accurate estimate of participant SA. In addition, we wanted to collect data in a diverse population of participants to assess whether the results are generalizable outside of a university population.

2.1 Participants

Participants were 22 Brown University undergraduate and medical students (8 females) with an average age of 22.2 (SD=4.7) and 22 Army personnel in one of the U.S. Army installations with an average age of 49 (SD=11).

2.2 Sensors

We used the fNIRS Pioneer and fNIRS Explorer sensors available at https://www.pluxbiosignals. com/products/functional-near-infrared-spectroscopyfnirs-sensor. The fNIRS Pioneer (Figure 1, left) is a single channel system. One sensor was placed at F6 in the 10-20 EEG system (dorsolateral prefrontal cortex; dlPFC), and a second sensor was placed at FP2 (frontopolar prefrontal cortex). The fNIRS Explorer (Figure 1, right) is a two-channel system with an attached headband placed on the forehead below the hair line at approximately FP2.



Figure 1: fNIRS Pioneer; a single channel sensor (left), and fNIRS Explorer, a two-channel sensor (right). Note, the image is the lead author on this paper, not a participant in the study.

2.3 Experimental Task

We chose the driving hazard awareness task which has been validated in a number of studies as predictive of performance in driving (Crundall & Kroll, 2018; Horswill, 2016) and is used as part of the tests for obtaining a driver's license in several countries. Participants are shown a driving video in the first-person view. Videos were taken in Spain, therefore driving is on the right side of the road (see example screenshot in Figure 2)



Figure 2: Screenshot of a hazard perception video (Muela et al., 2021).

We used a version of the hazard awareness task that assesses level 3 SA (predicting future events), by asking drivers to indicate what is likely to happen next after watching a short video clip (Muela et al., 2021). An example question and answer set is:

What is the driving hazard that is about to happen?

- 1. A truck is cutting us off.
- 2. A parked care is about to reverse into our lane.
- 3. The car behind us is following too closely.

2.4 Data Analysis

To process the hazard awareness task fNIRS data, we first normalized each subject's data to a common baseline with a time window of 30 seconds prior to the onset of the first video. We then segmented the data into task-specific epochs determined by the variable durations of the observed videos and response times. For each feature in Table 1, we calculated the average feature value over the duration of the task. This yielded point-like fNIRS features that could be used to predict performance on each task trial.

To build models to predict SA performance (correct vs. incorrect responses to SA questions) from fNIRS data used a logistic regression of the form:

$$= \log(f(performance)) = \beta_0 + \sum_{i=1}^n \beta_i X_i$$

where f(performance) is the logistic equation (p(y))/(1-p(y)), β are the model coefficients, and X are the model features.

3 RESULTS

3.1 Behavioral Results

There were three types of hazard scenarios:

- 1. Single event in which one hazardous event was present
- 2. Co-located dual events in which there were two hazardous conditions present, in close proximity with each other
- 3. Separated dual events in which there were two events that occurred at different times and locations (not in close proximity with each other). This was the most difficult condition with more errors expected because

attention could be incorrectly focused on the potential hazard at a different location than the real developing hazard

Behavioral results (Figure 3) were as expected with the lowest accuracy occurring for the most difficult condition (separated dual events) with 60% accuracy for separated events, 78% for co-located events, and 80% for single events. There were significant differences between separated vs. colocated events (t(36)=5.95, p<0.001) and separated vs. single events (t(36)=6.00, p<0.001). Response time was also longest in the separated dual events condition-taking 7332 ms for separated, 6278 ms for co-located, and 6647 ms for single events. There were significant differences in response time between separated vs. co-located events (t(36)=4.63,p < 0.001) and separated vs. single events (t(36) = 2.62, p < 0.013) with longer response times associated with greater likelihood of poorer performance accuracy.



Figure 3: Accuracy (top) and response time (bottom) results were as expected. The lowest accuracy was on the most difficult condition, dual events separated. The response time data suggests that correct responses take longer to consider when dual events are separated relative to the other conditions. Additionally, when responses are incorrect, the simplest condition takes longer to consider, while the most complex (separated) takes less time. *p<0.05, **p<0.01, ***p<0.001.

Features used in the model predicting SA performance from neurophysiological data are shown in Table 1.

Feature	Rationale/Hypothesis		
Signed HbO / HbR amplitude	Amplitude changes in hemoglobin concentrations correspond to level of neural activity according to the known neuroscience principles of neurovascular coupling		
Unsigned HbO / HbR amplitude	Amplitude changes matter, but their sign with respect to a baseline is not as important		
HbO / HbR direction	Precise amplitude of the fNIRS signal is not as important as its direction with respect to some baseline (competing hypothesis to that proposed by the unsigned amplitude)		
HbO / HbR variance	Increased neural activity (and by extension, SA) leads to a non-linearly related fluctuation in the fNIRS signal which is expressed by increased variance in the signal		
HbO / HbR derivative	Rate of change of fNIRS signal gives information about level of SA		

Table 1: Features used in analysis of physiological results, and rationale for each.

The first goal was to address the general predictive power of the model features and understand the variability of predictive power among individual subjects. To quantify the general predictive power, data was grouped into training and testing sets ensuring no overlap of subjects with a ratio split of 60:20:20 for training, test, and validation sets, respectively. We trained the model on 14-15 participants and tested and validated logistic regression model performance on between 2 and 6 participants. We repeated this training and testing process five times (i.e., five-fold cross validation) and assembled each iteration of the model test results into a confusion matrix, which shows the number of correct responses predicted by the models (i.e., true positives), incorrect responses predicted by the models (i.e., true negatives), and incorrectly predicted responses (i.e., false positives and false negatives).

The confusion matrices for the Brown University student participants are shown in Figure 4. The accuracy for fold 1 was 61%, for fold 2 was 65%, for fold 3 was 65%, for fold 4 was 68%, and for fold 5 was 67%. The mean accuracy was 65%.

Brown University Students Only: Mean Accuracy = 65%



Figure 4: Confusion matrix for predicting SA from fNIRs data for Brown University students only. Mean accuracy is 65%.

The confusion matrices for Army personnel data only are shown in Figure 5. The accuracy for fold 1 was 70%, for fold 2 was 73%, for fold 3 was 75%, for fold 4 was 72%, and for fold 5 was 66%. Mean accuracy was 71%.



Figure 5: Confusion matrix for predicting SA from fNIRS data for Amy personnel only. Mean accuracy is 71%.

Next, to examine model performance on a larger dataset, data from both participant populations were combined to see whether doubling the size of the data set improved the predictive power of the model. We trained the model on 30 participants and tested logistic regression model performance on 11 participants for the test set and three for the validation set. We repeated this training and testing process five times (i.e., five-fold cross validation) and assembled each iteration of the model test results into a confusion matrix. The confusion matrices for data from both Brown University students and Army personnel is shown in Figure 6. The accuracy for fold 1 was 65%, for fold 2 was 65%, for fold 3 was 65%, for fold 4 was 66%, and for fold 5 was 66%. Mean accuracy of the combined model for predicting level 3 SA in the driving task is 65%.

Our conclusion from this analysis is that we were able to build a good predictive model of level 3 SA based on fNIRS data with accuracy ranging from 65% in the Brown University students to 71% in Army personnel. However, data from the combined datasets did not improve model accuracy. We hypothesize that accuracy was higher in the Army personnel because they were older, and therefore may have had more driving experience (including international driving experience) than the Brown University students.



Figure 6: Confusion matrix for combined data from both Brown University students and Army personnel. Mean accuracy was 65%.

Next, to examine the model's ability to predict SA performance using neurophysiological data among individual participants, we trained the model on all but one participant and then tested the trained model of the participant that was omitted from the training. Results are shown in Table 2.

The mean accuracy at predicting level 3 SA of individual participants is 69%, ranging between 45% and 88%. We conclude that the model shows a slight increase in accuracy when applied to individual participants.

4 CONCLUSIONS

With this initial data analysis from a driving task in which participants viewed videos of impending hazards from the first-person perspective of the driver, Table 2: Results of model to predict level 3 SA accuracy using neurophysiological data for each individual participant (leave one out validation). Mean accuracy = 69%.

Participant	Accuracy	Participant	Accuracy
Brown 1	0.67	Army 1	0.65
Brown 2	0.53	Army 2	0.78
Brown 3	0.73	Army 3	0.76
Brown 4	0.53	Army 4	0.64
Brown 5	0.63	Army 5	0.73
Brown 6	0.67	Army 6	0.79
Brown 7	0.63	Army 7	0.57
Brown 8	0.53	Army 8	0.74
Brown 9	0.77	Army 9	0.87
Brown 10	0.73	Army 10	0.64
Brown 11	0.60	Army 11	0.75
Brown 12	0.63	Army 12	0.88
Brown 13	0.73	Army 13	0.78
Brown 14	0.63	Army 14	0.73
Brown 15	0.70	Army 15	0.58
Brown 16	0.45	Army 16	0.88
Brown 17	0.80	Army 17	0.72
Brown 18	0.60	Army 18	0.85
Brown 19	0.63	Army 19	0.70
Brown 20	0.67	Army 29	0.70
Brown 21	0.60	Army 21	0.77
Brown 22	0.60	Army 22	0.78

we have shown that we can build a good predictive model of level 3 SA on upcoming hazards. We have also shown that we can improve model performance for many individual participants if we apply the model to their new (not previously seen by the model) data only (not pooled with other participants.

Level 3 SA, the ability to predict what is likely to happen, is considered the highest level of situation awareness and reflects high levels of expertise. It allows people to be proactive in their decision making, rather than just reactive. For example, hazard awareness in driving has been shown to increase with experience and to be related to reduced accidents. If the physiological correlates of level 3 SA (e.g, ability to detect and recognize key information in a visual scene) can be modelled, this work can be extended to many other domains and tasks in which the presence of level 3 SA is important.

We continue to build, optimize, and integrate models assessing SA into our Sherlock software that can be transitioned into military training sites to unobtrusively assessing SA during training. Our goal is to transition MEDIC to live military (e.g., Fort Bragg, Fort Indiantown Gap) and civilian training environments (e.g., University of Massachusetts Medical School, Mayo clinic). In 2022, the DoD requested almost \$112.6B on training (Office of Under Secretary of Defense, 2021). A comprehensive understanding of trainee knowledge acquisition and skill application will both improve educational assessment techniques and increase cost-effectiveness of medical team training practices by enabling trainers to focus on areas where trainees require the most improvement.

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