

What does Carl want me to talk about?



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Five conclusions

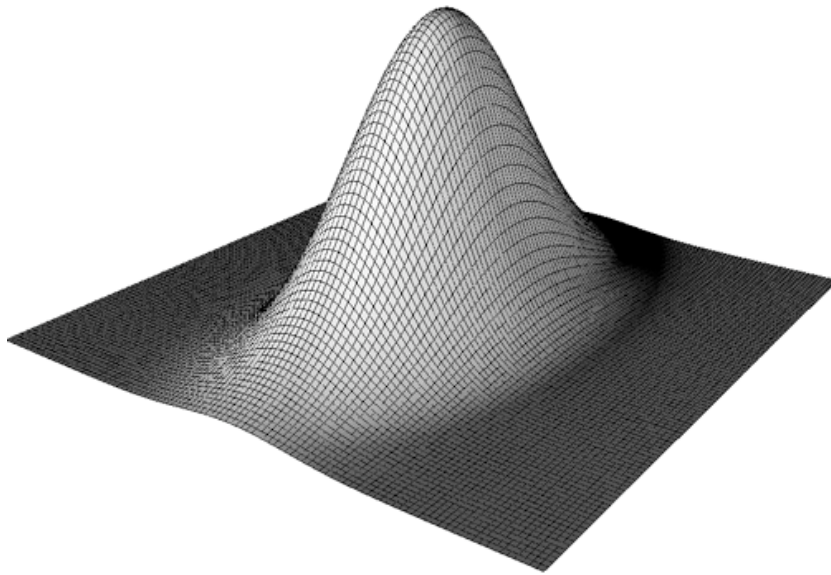
1. Humans are “fusion” engines (we call it “cue combination”. Very rule-governed)
2. Humans are really good at some tasks (e.g. contour completion, rapid object identification)
3. Humans are really bad at some tasks (e.g. profound capacity limits, Bayes gone bad)
4. Expert behavior is worth studying ... and possibly modifying
5. You really want to work with researchers who know about the human angle (and I can help you find them.....*Ellenbogen's cautionary tale notwithstanding*)

1. Fusion (Cue Combination)



Awesome sensor fusion

Cue Combination in human vision



Multiple cues to
bump height & shape

Lighting

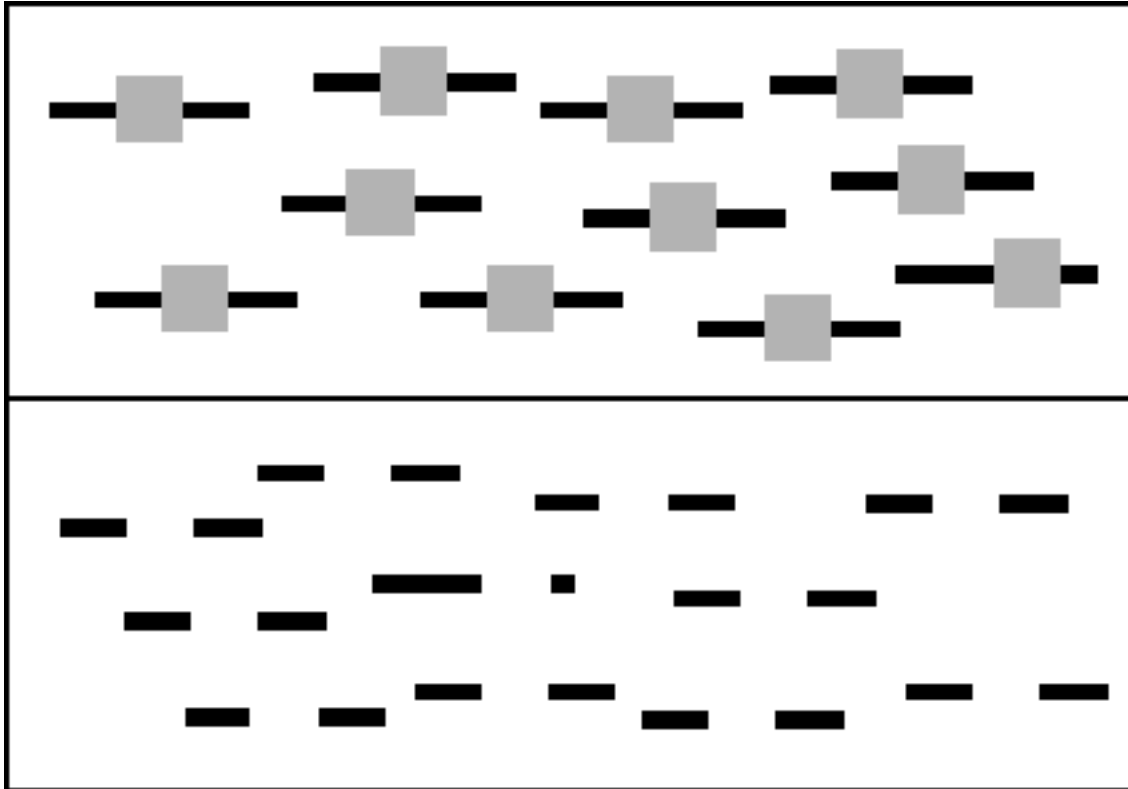
Texture

Maybe touch

etc

Standard cue combination might be a weighted sum

Cue Combination in human vision



Find the tiny
line segment

Sometimes one signal trumps or vetoes the others

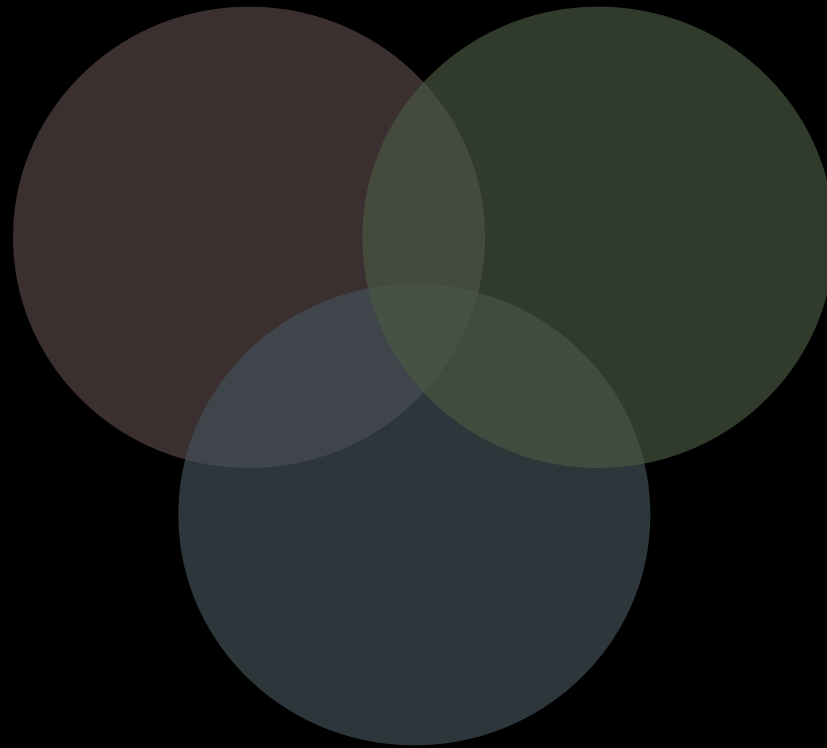
Cue Combination in human vision



Sometimes cue combination produces an emergent property like stereoscopic depth

Cue Combination in human vision

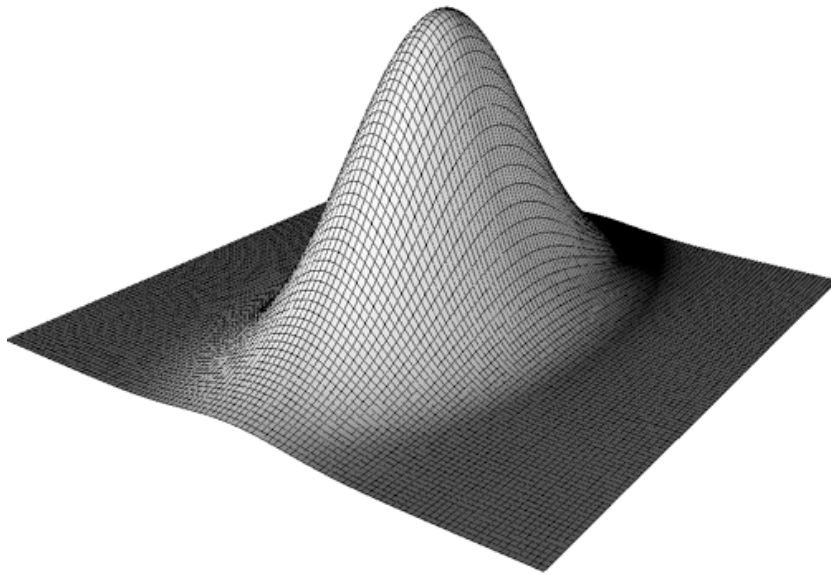
The role of the observer



Peter Tse's Demo

Humans are good

Remember this slide?



Multiple cues to bump
height & shape

Lighting

Texture

Maybe touch

etc

Humans are really
good at inferring
contours

shape

Look for the chimp



Humans can do recognition at high speed

When people fail

Remember this





Any change?

Remember this

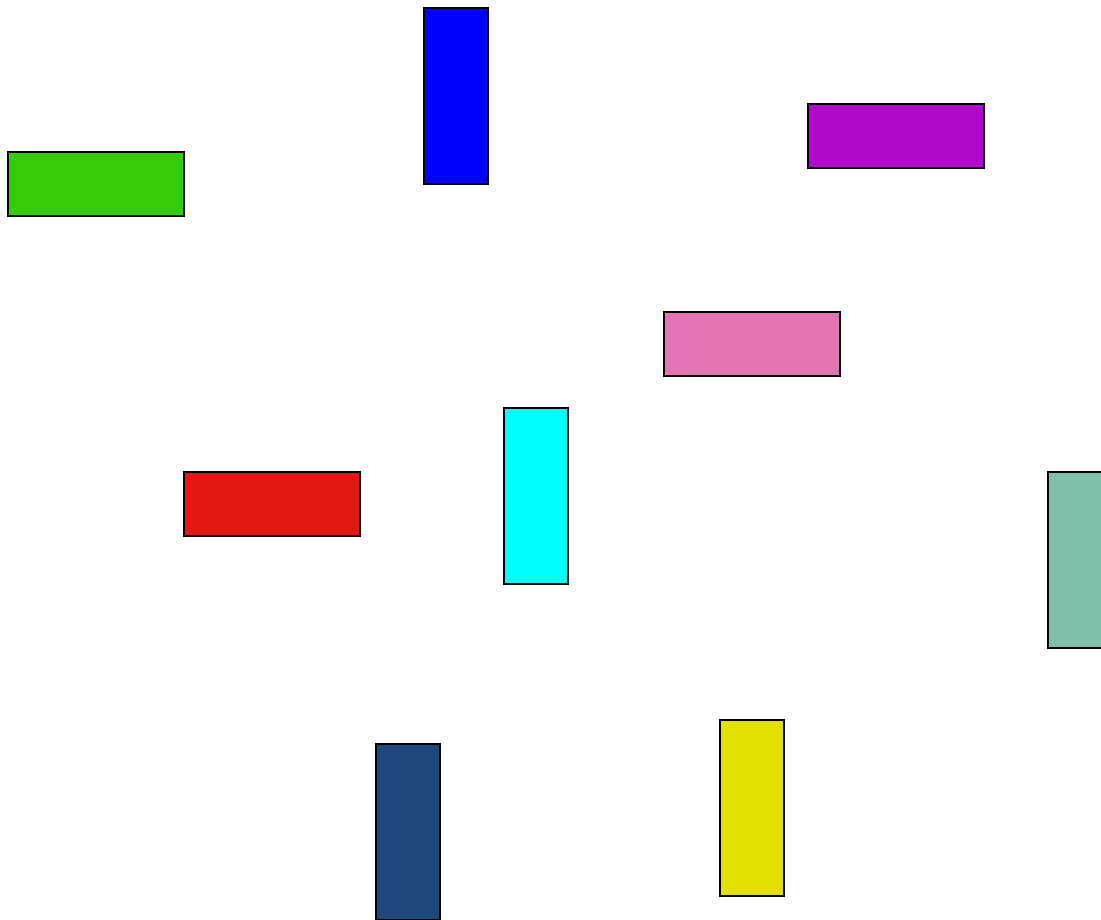




Any change?

Remember this





Any change?

Visual working memory has a
capacity limit of ~ 4

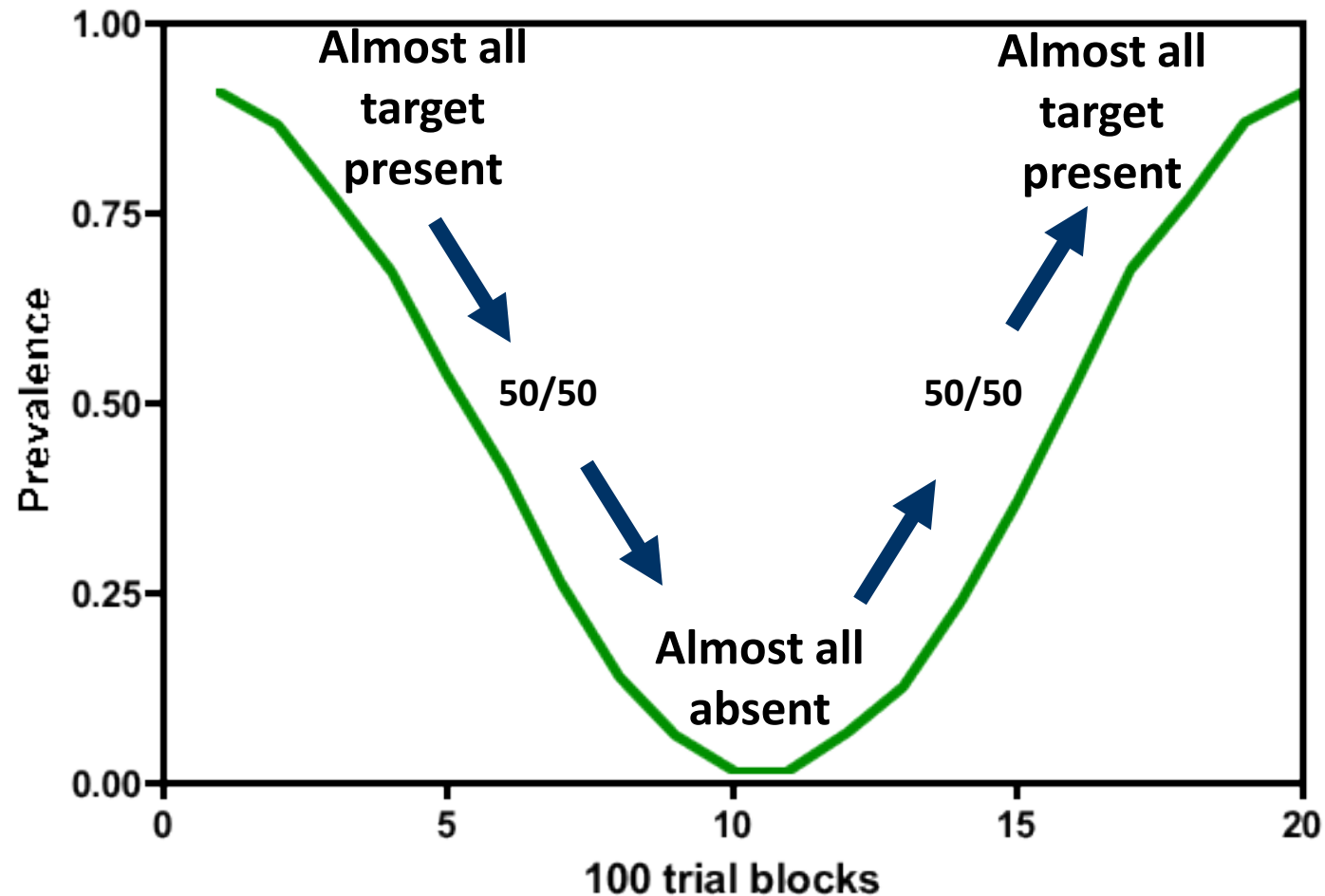
4 what?

Objects?

Features?

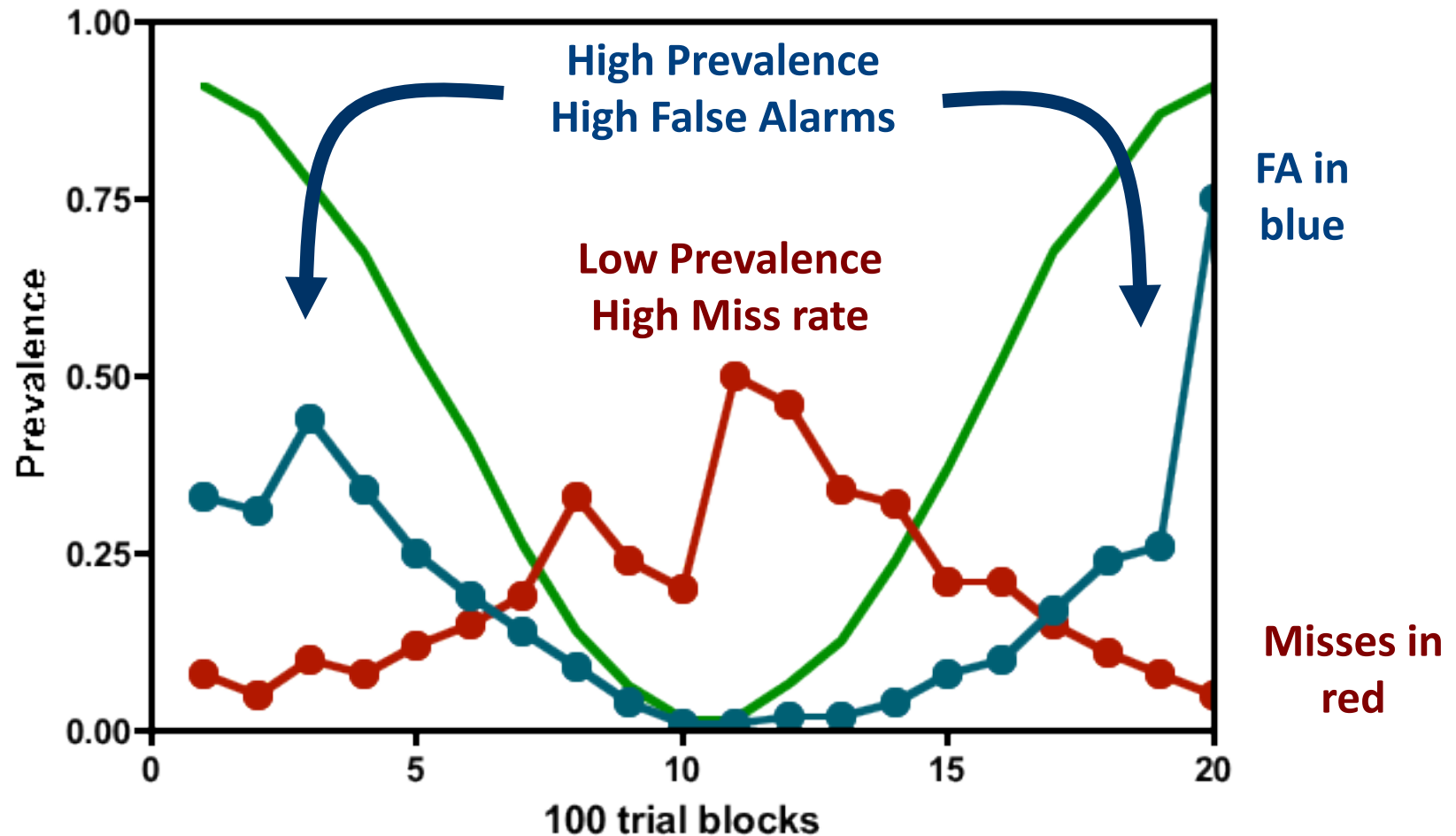
Humans respond to variables in ways
that you may not want

Look for the same target at different prevalence



The errors trade off

(remember, the stimuli are not changing)



Many other such variables

1. Reward structure
2. Fatigue
3. Circadian phase
4. Bias
5. Individual differences
6. etc

3. Understanding expert behavior



Eye tracking is a good example

The classic eye tracking result on the development of expertise

1st year medical student



2nd year medical student



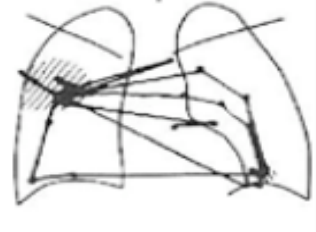
3rd year medical student



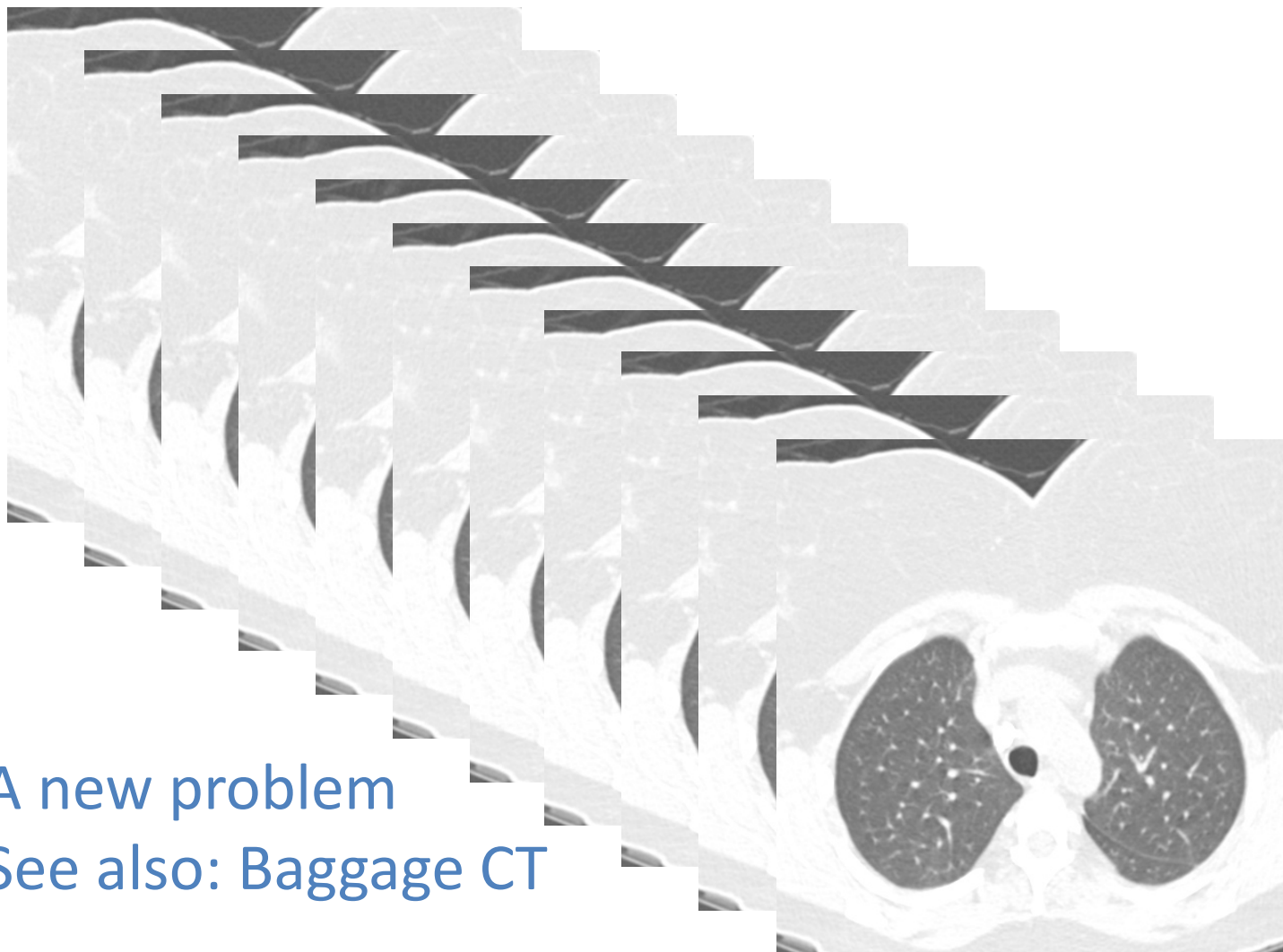
Resident



Radiologist



Eye movements in 3d volumes of images

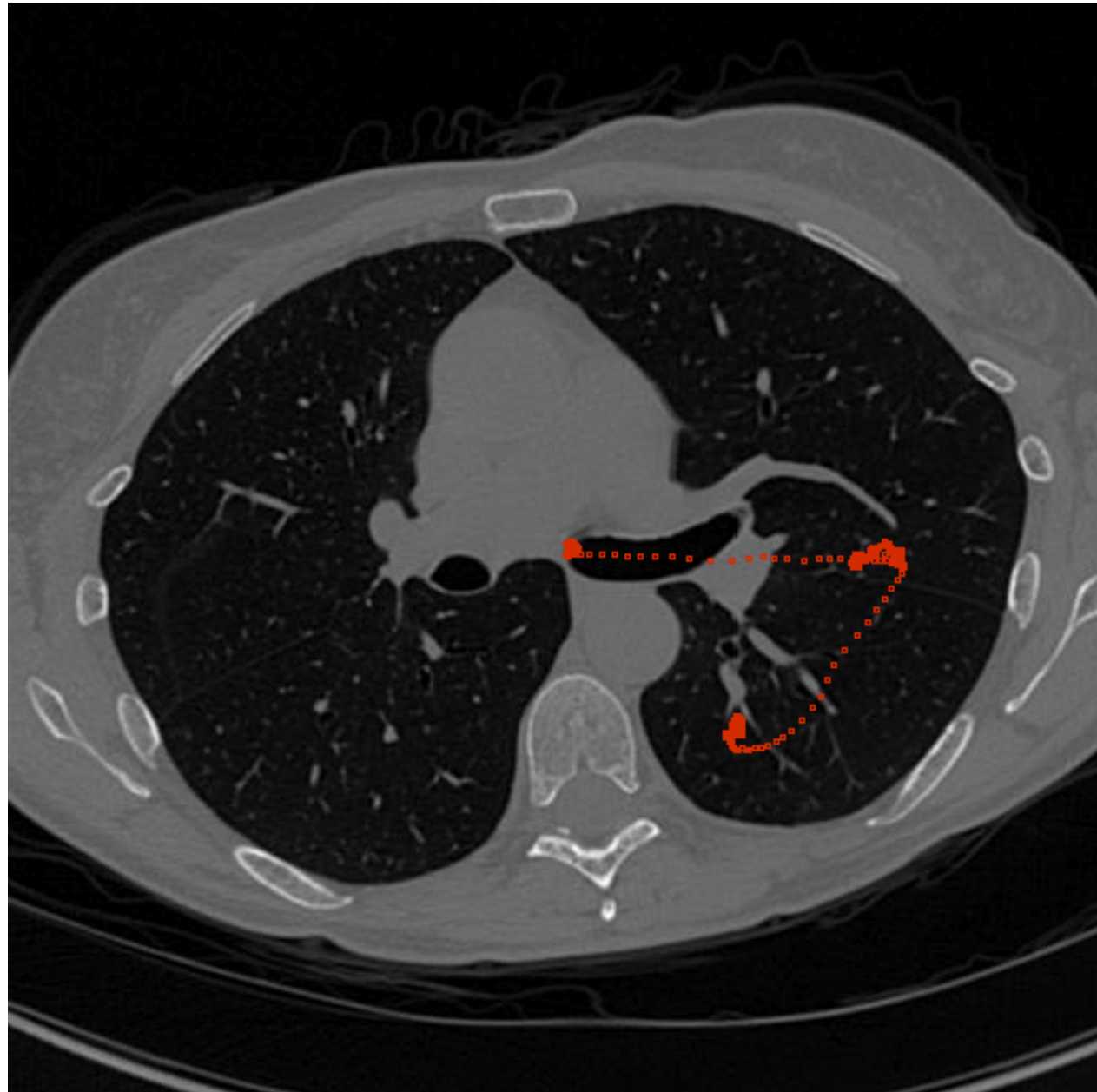


A new problem
See also: Baggage CT

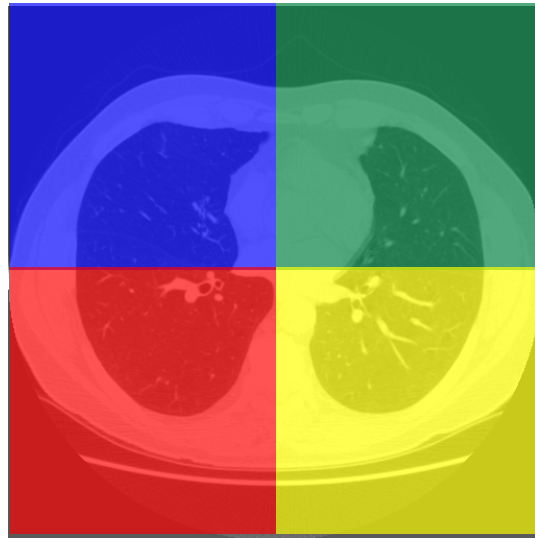
What the behavior looks like

Red traces
show eye
movements in
X & Y

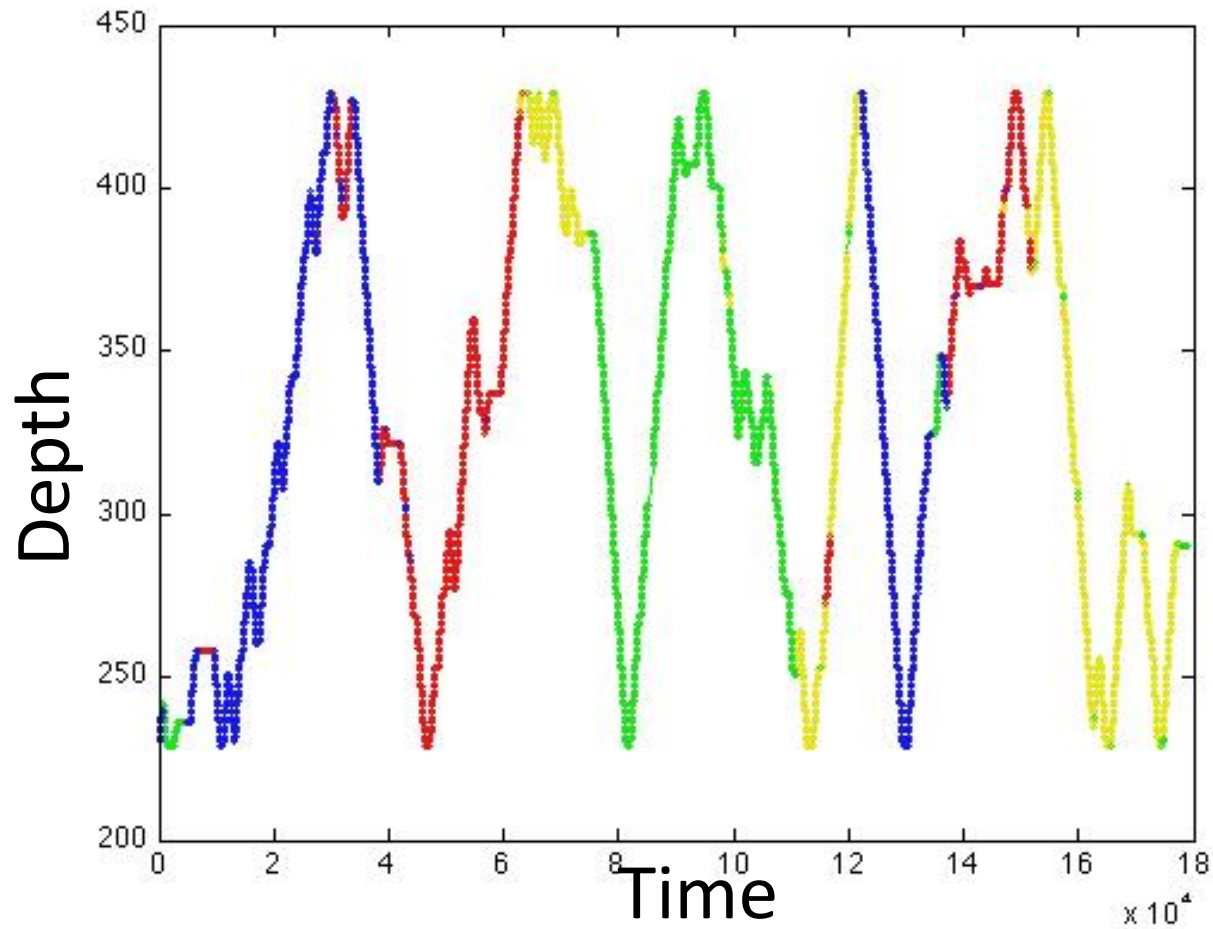
We are also
tracking the
slice as a
measure of Z
position.



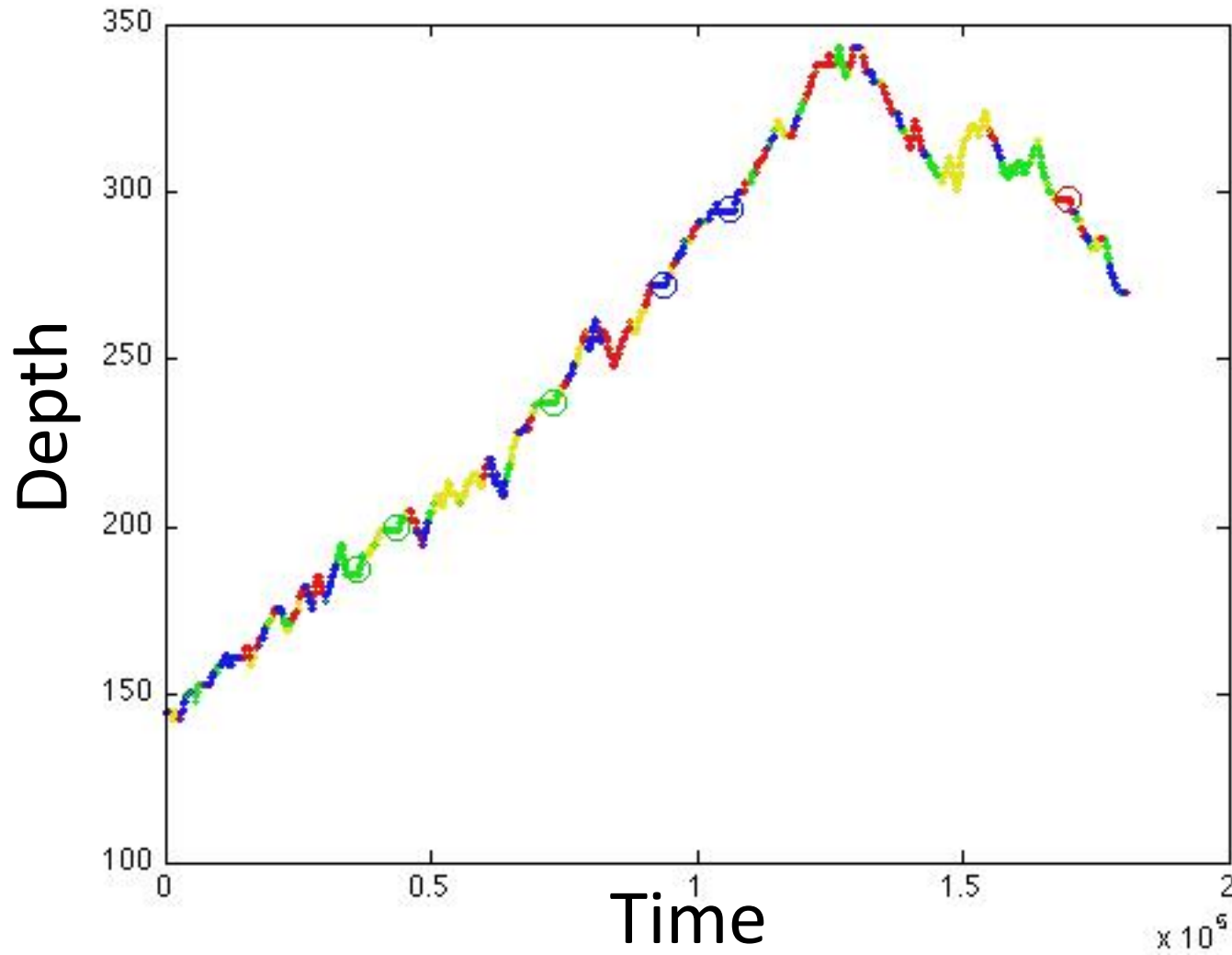
Let's color code the quadrants



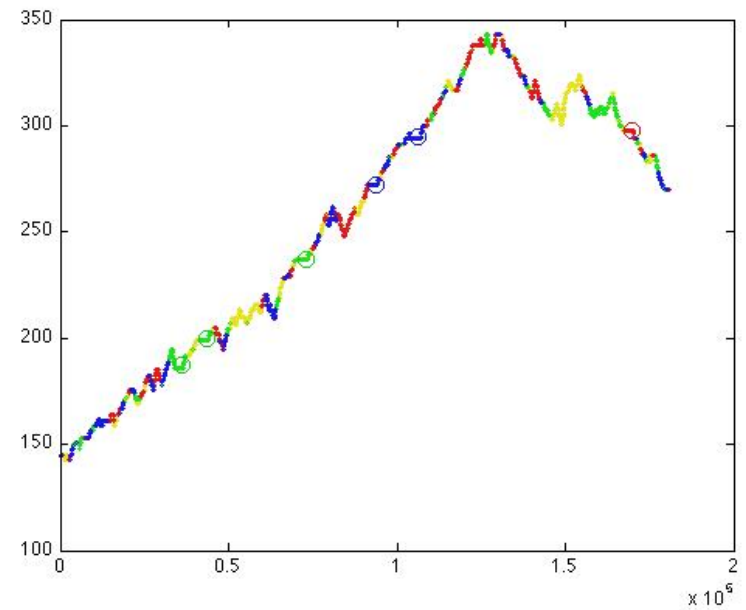
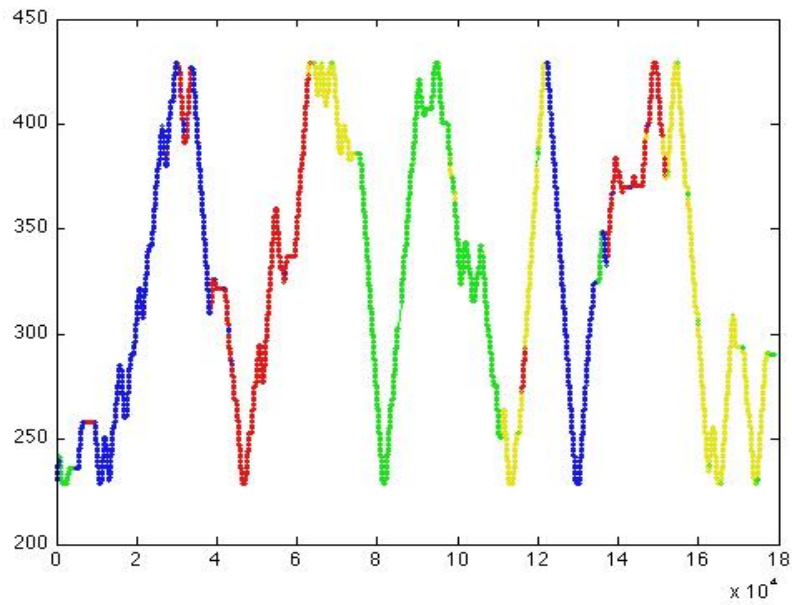
Here is Z with quadrants in XY color-coded for one expert radiologist



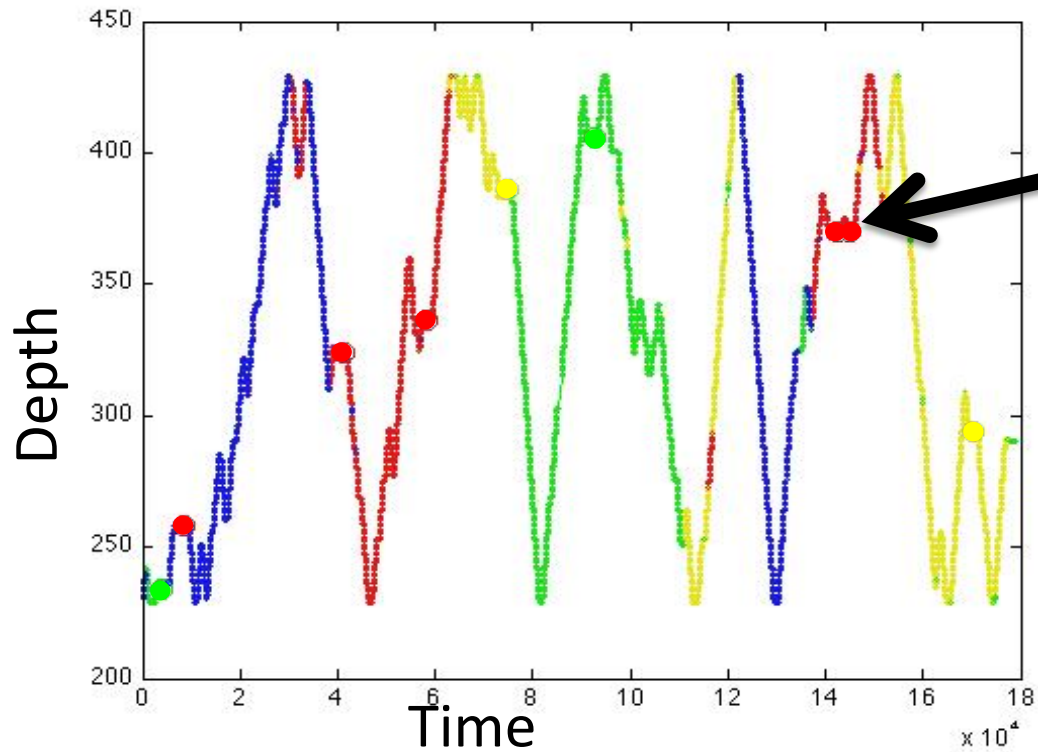
But here is another expert



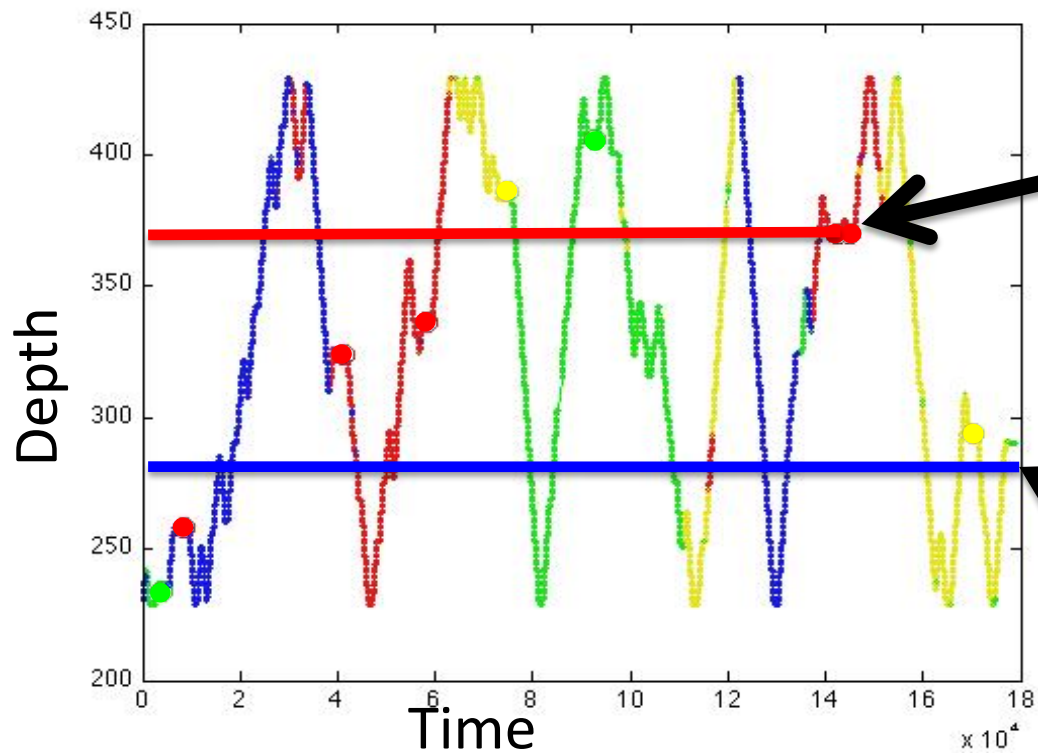
Drillers & Scanners



Does it matter?



Mark when a
target is
found

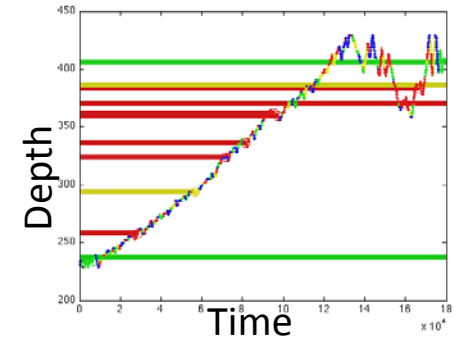
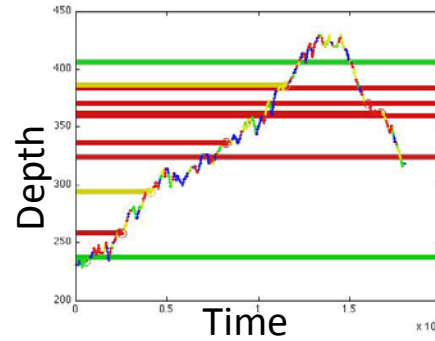
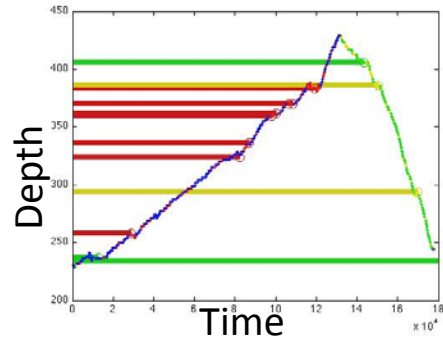


Use a line to
show how
long a target
survives
undetected

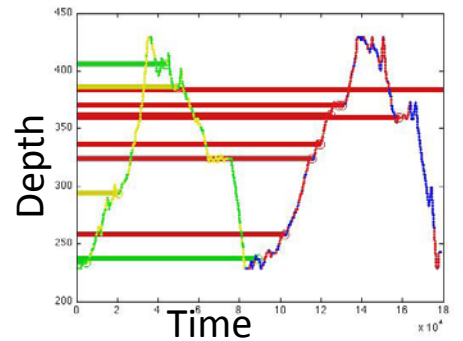
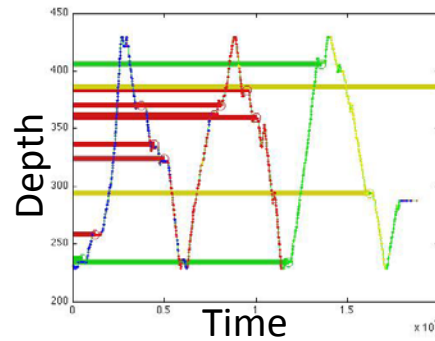
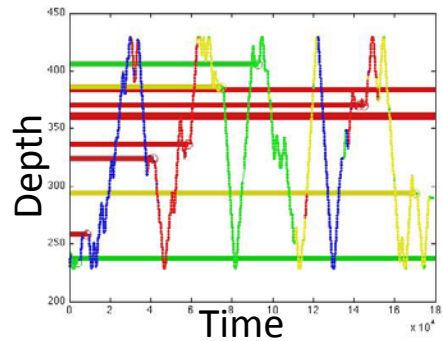
A line that
makes it all
the way
across shows
a target that
was never
found

6 experts

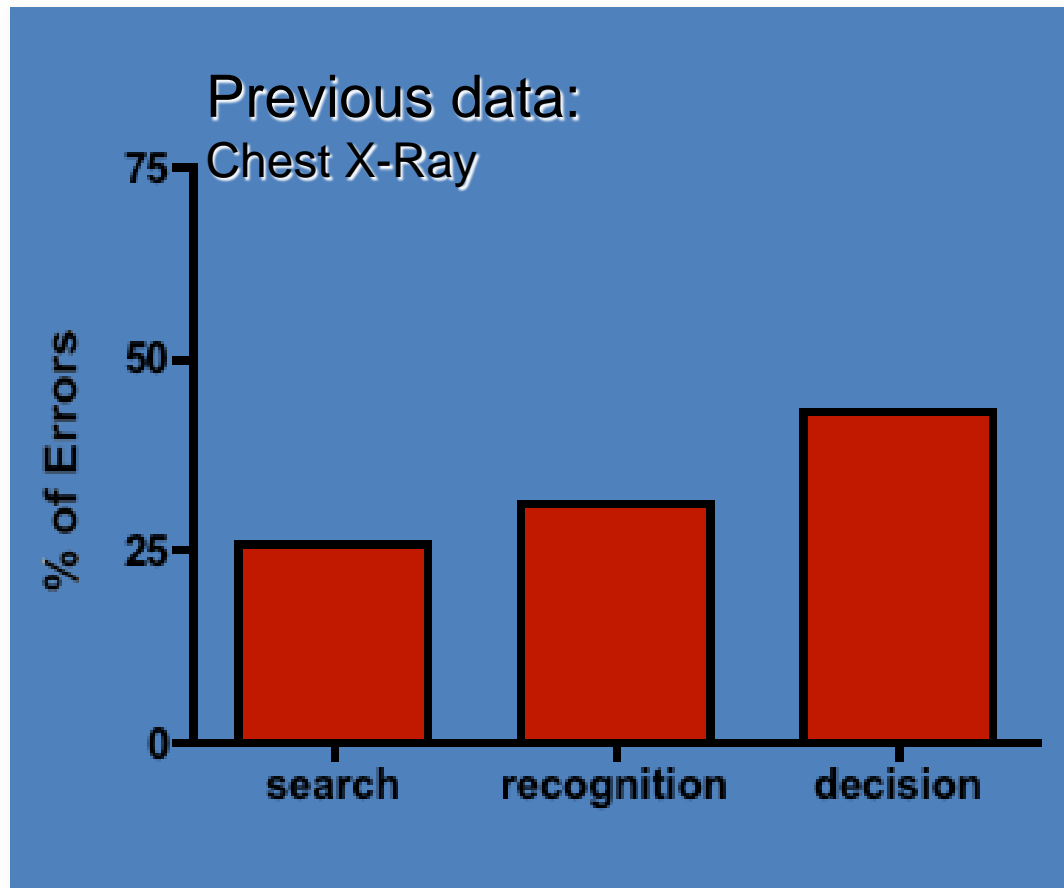
‘Scanners’



‘Drillers’

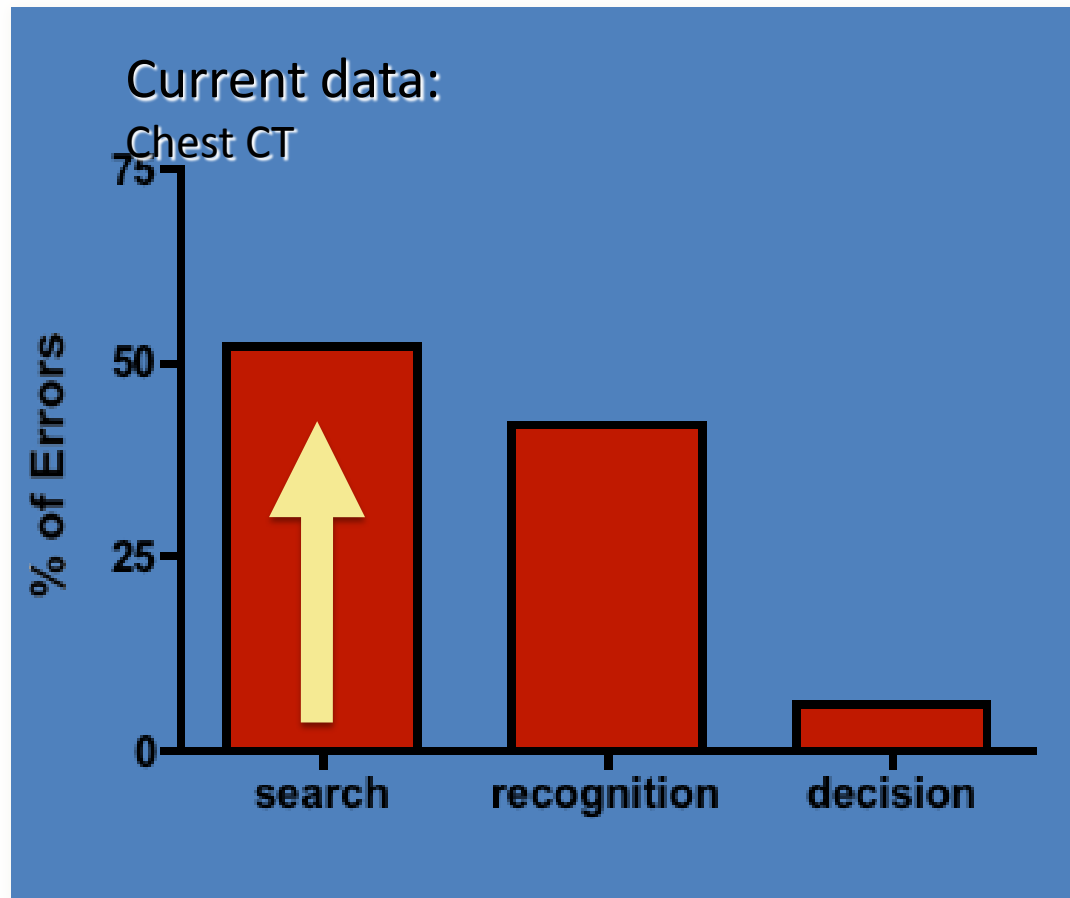


The classic 2D data



Many more search errors

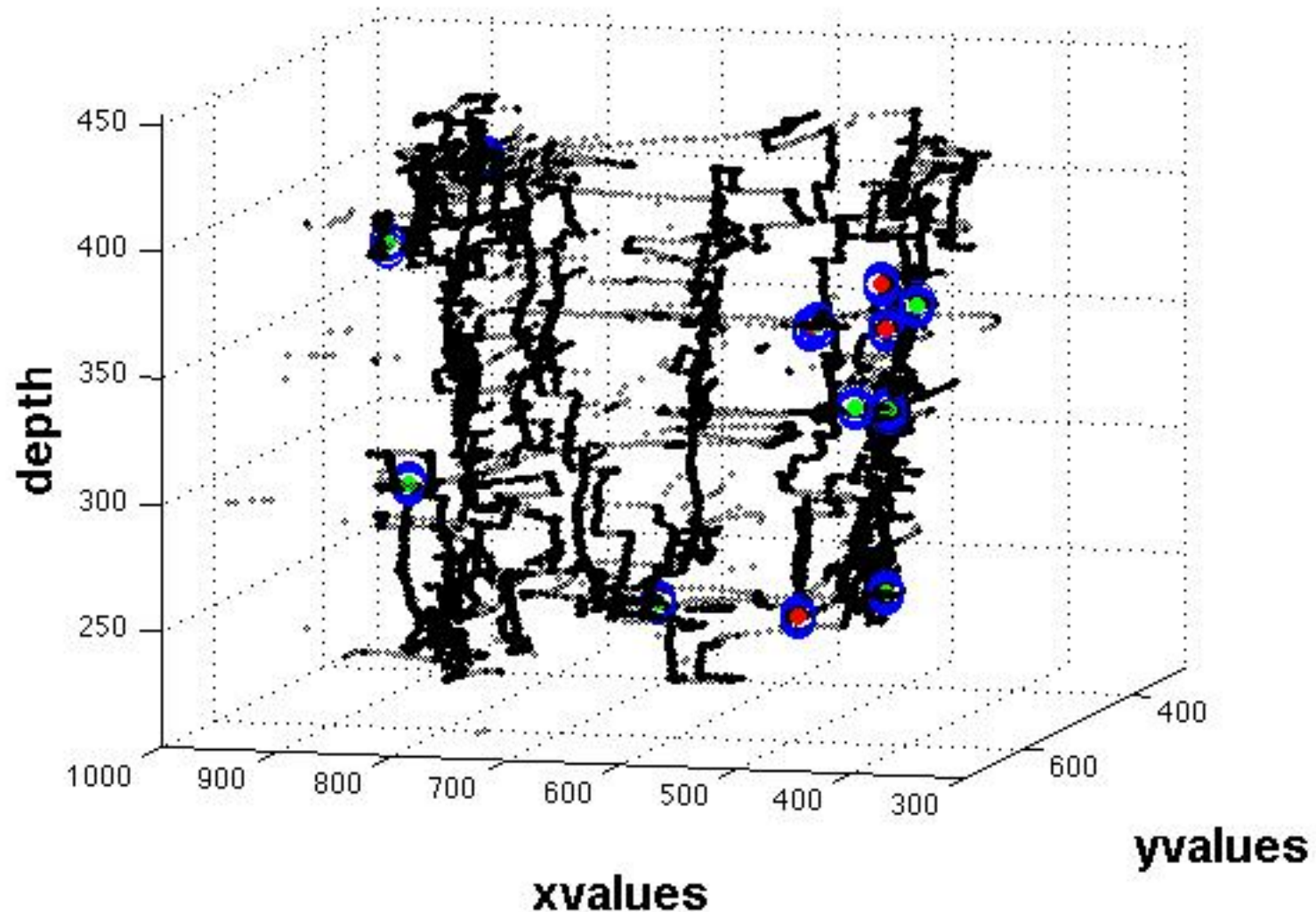
The 3D data



Why do
search
errors go
up?

Many more search errors

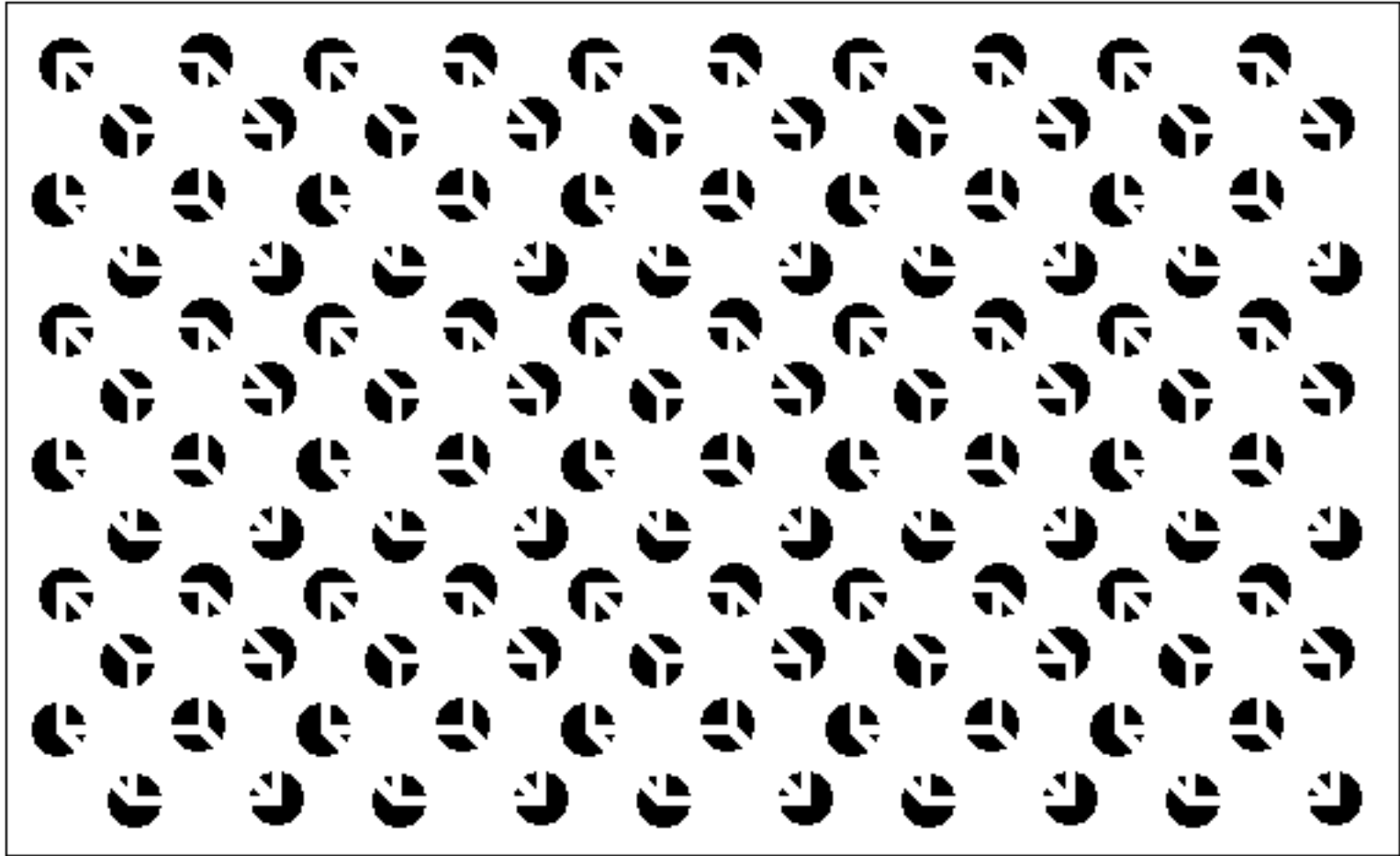
Might be useful to feedback eye movements to the observer.



Part 5: A research strategy

1. Bring in a perception / behavioral science person
2. Ask the right questions
3. Abstract those questions so that they can be studied in NON-experts
4. Transition the key findings into studies with experts.
5. Basic science gets into The Literature
6. Improvements get into design.

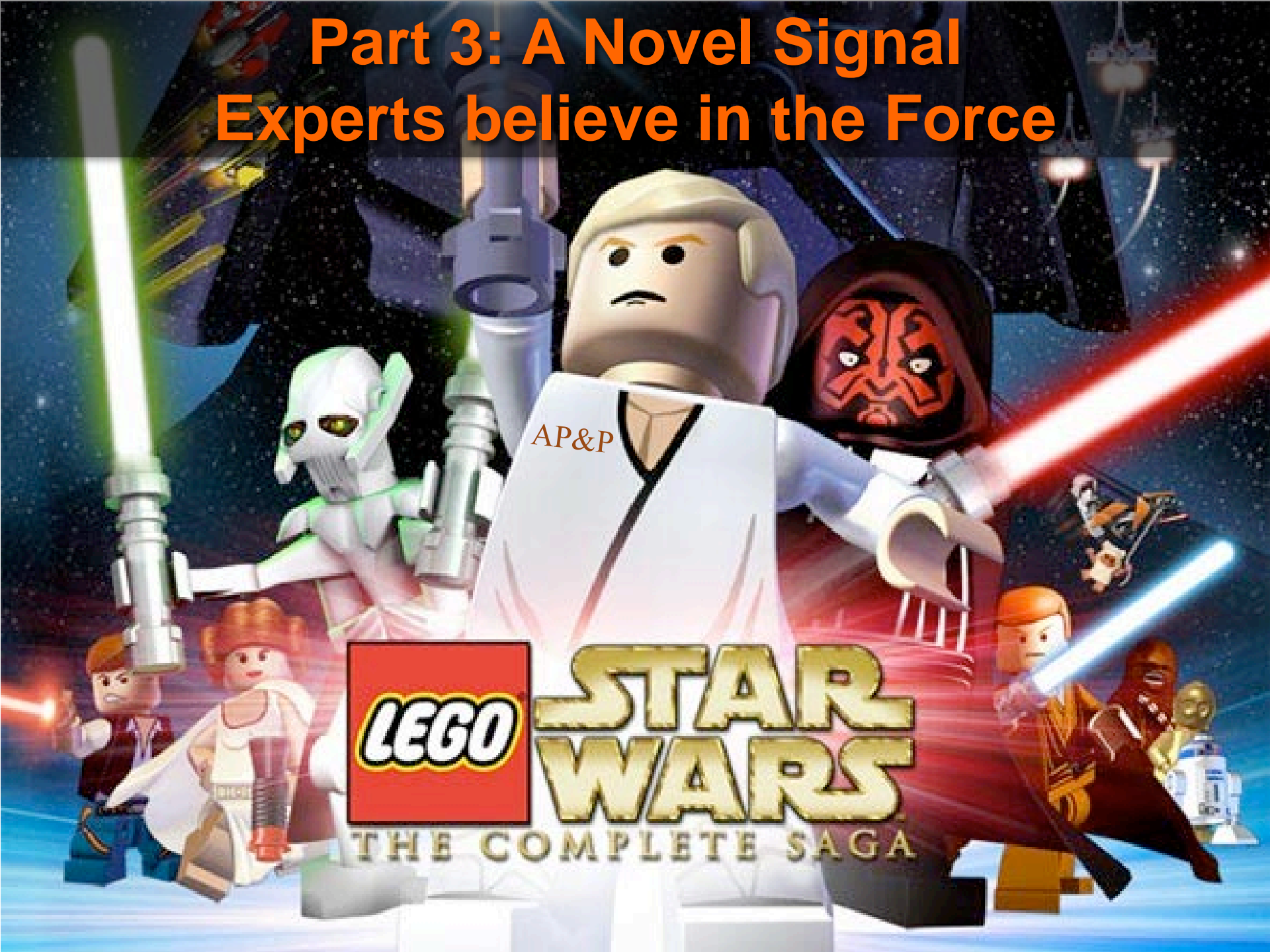
Thanks



If you want to follow-up
wolfe@search.bwh.harvard.edu

Part 3: A Novel Signal

Experts believe in the Force



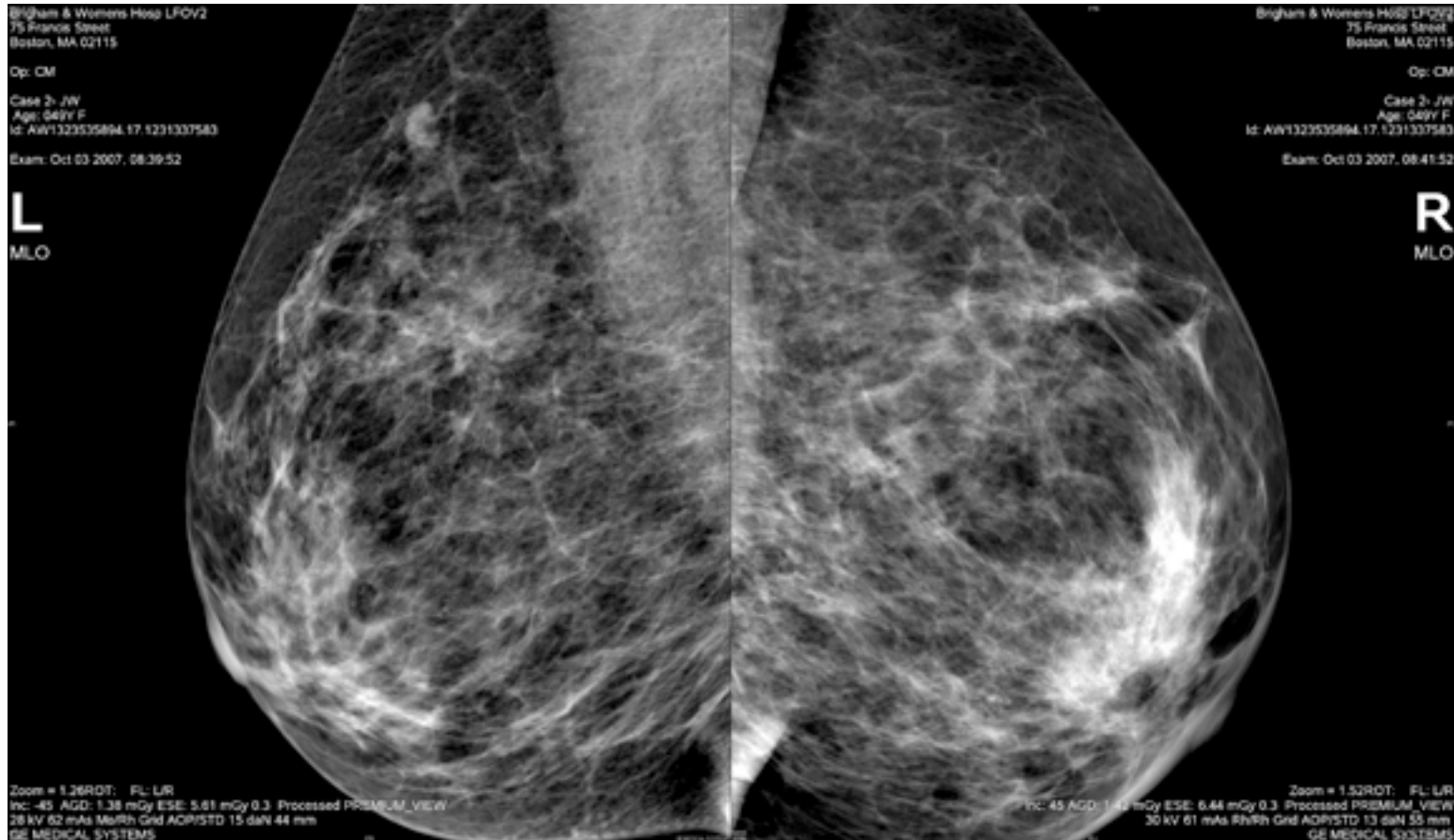
Can radiologist beat chance in a glance?
We ran an experiment

Look here

Flash a mammogram for 250 msec

Can radiologist beat chance in a glance?

We ran an experiment

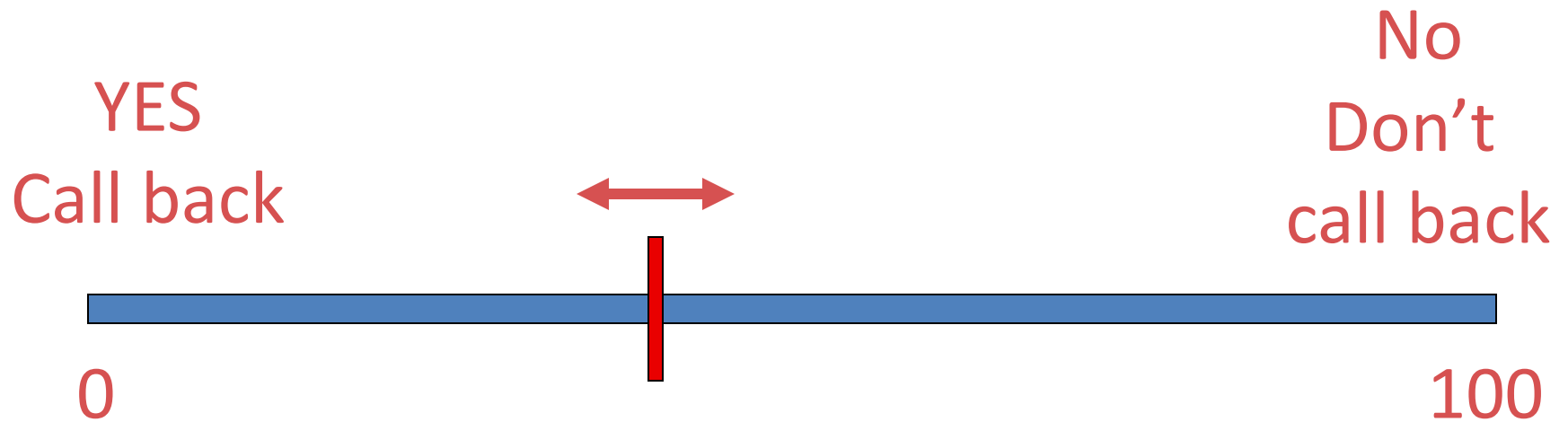


Flash a mammogram for 250 msec

Can radiologist beat chance in a glance?
We ran an experiment

Flash a mammogram for 250 msec

Would you call back this patient?



Use a 100-pt rating scale

We tested 40+ radiologists at the *Society for Breast Imaging*

“We” =



Michelle
Greene
MIT



Karla
Evans
BWH



Dianne
Georgian-Smith
BWH

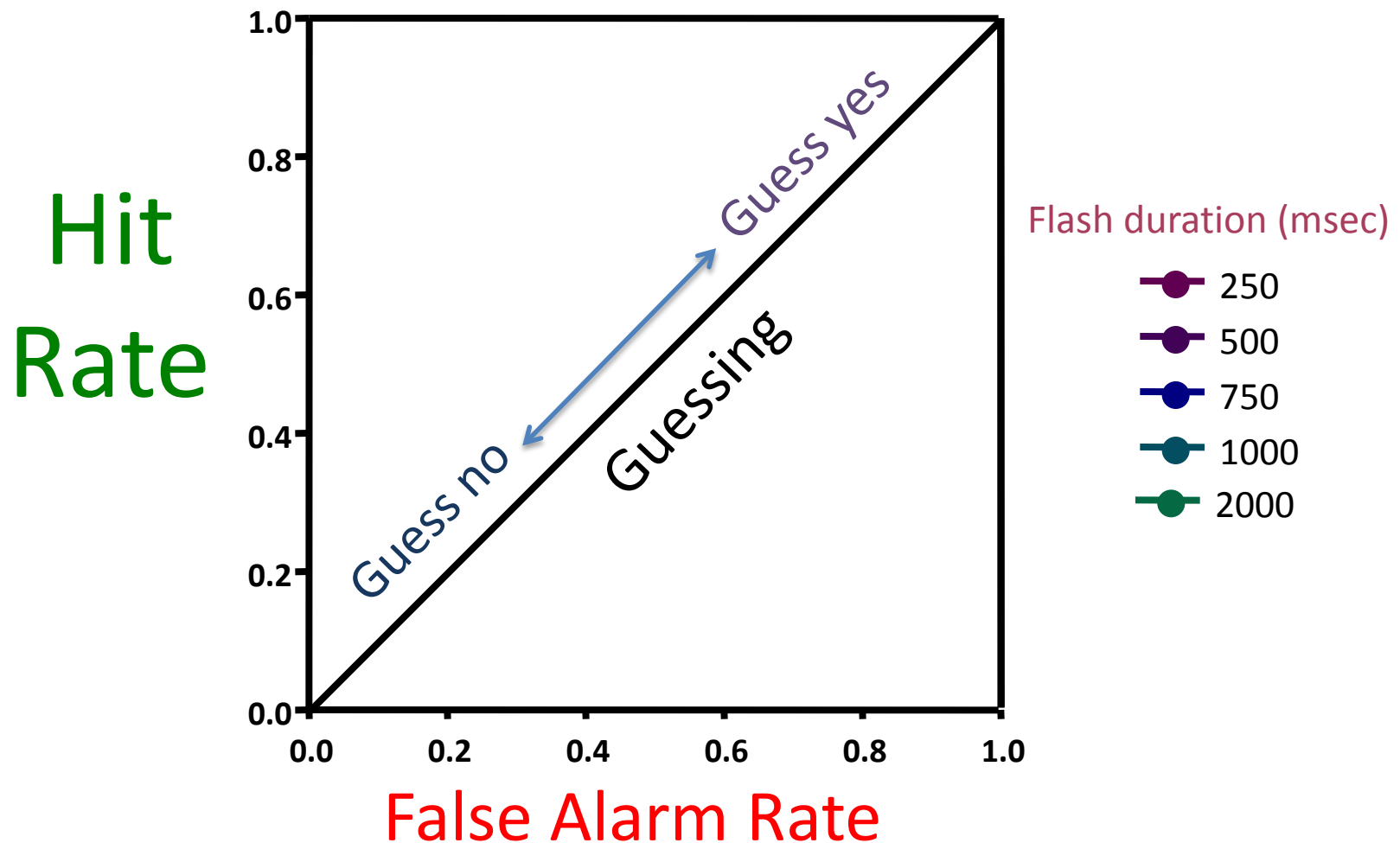


Robyn
Birdwell
BWH

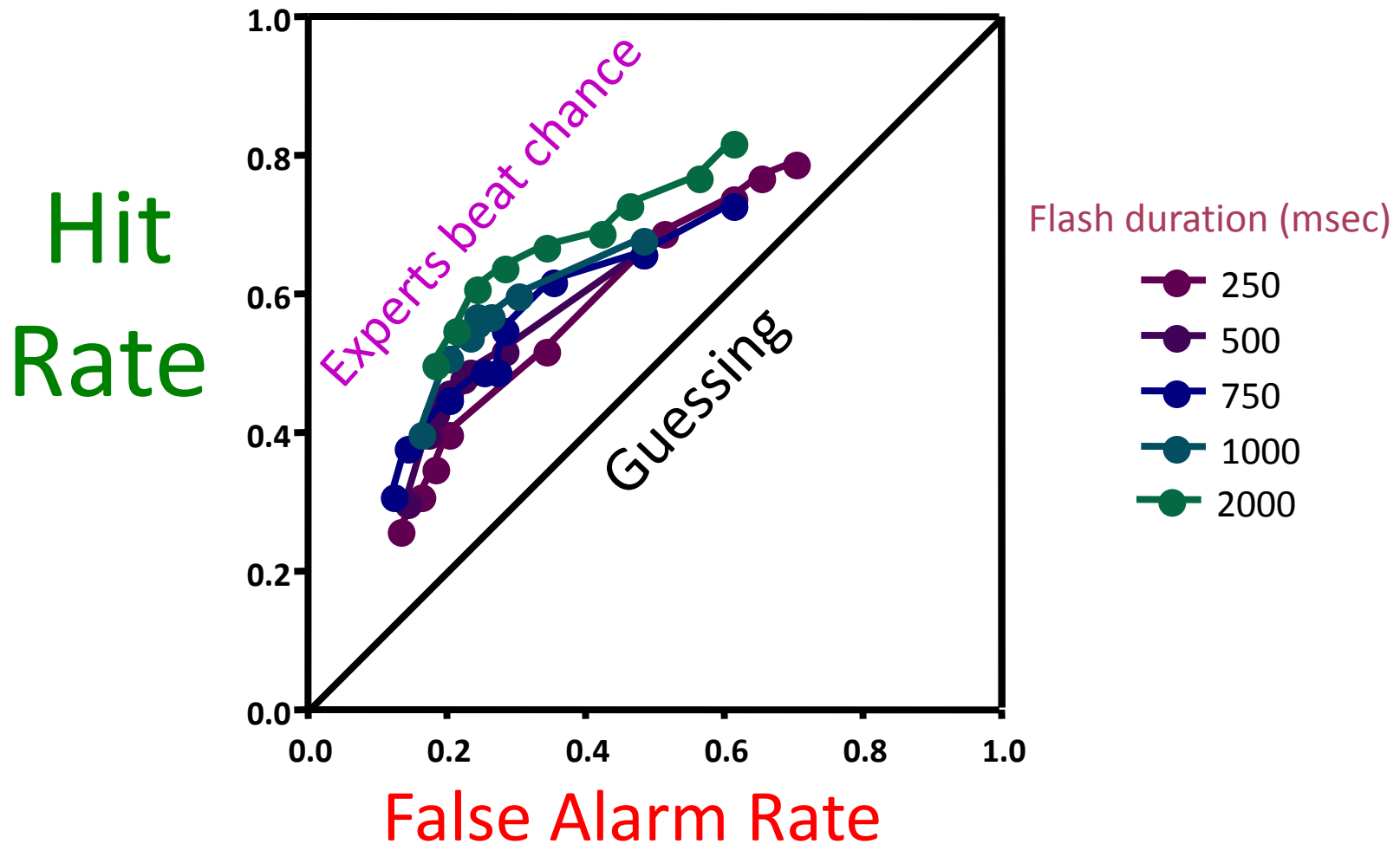
Your answers form a 2 by 2 table

		Disease	
		Present	Absent
Response	Yes	HIT	False Alarm
	No	Miss	True Absent

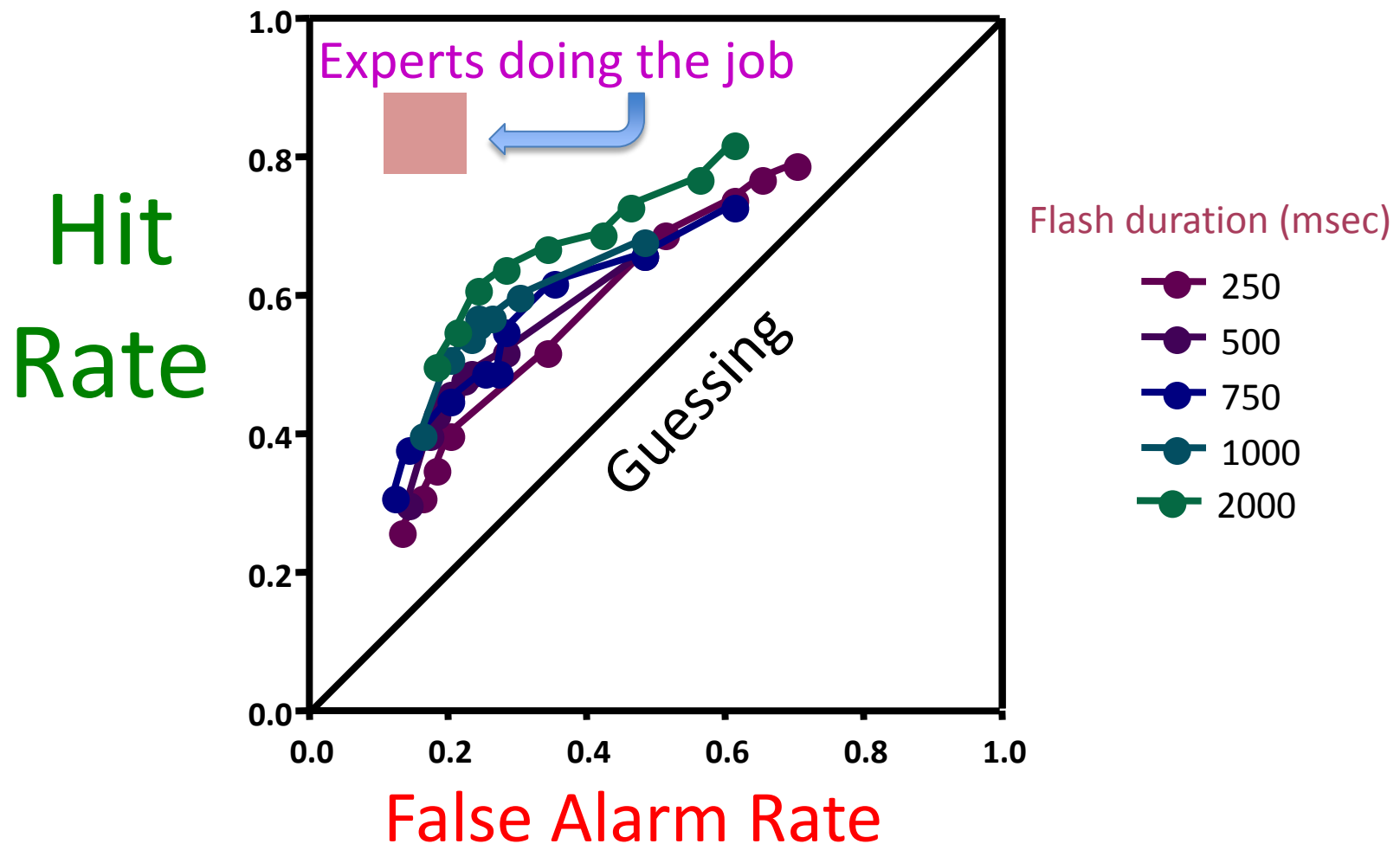
Here is how we are going to plot the data



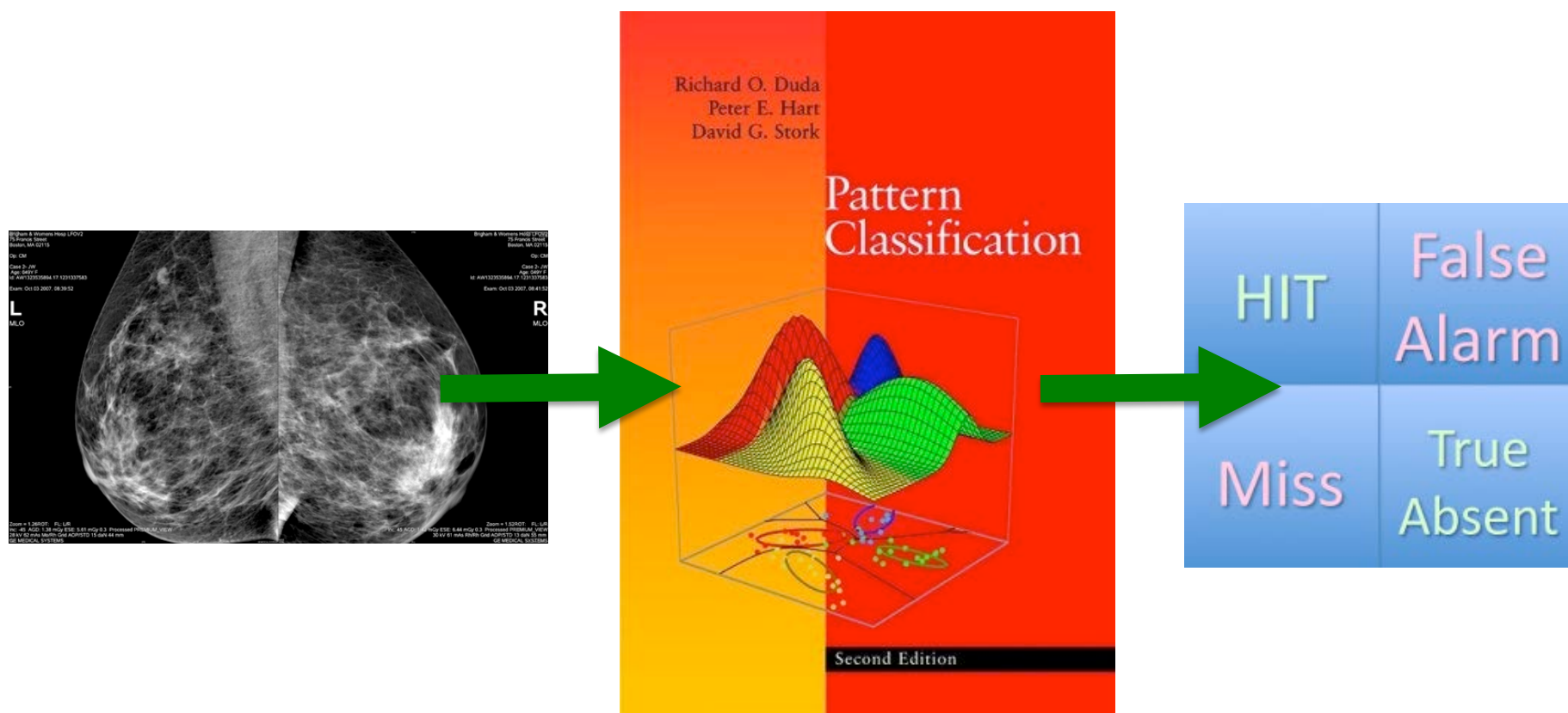
And here are the results



No one is suggesting that your radiologist should make a decision in a quarter second!

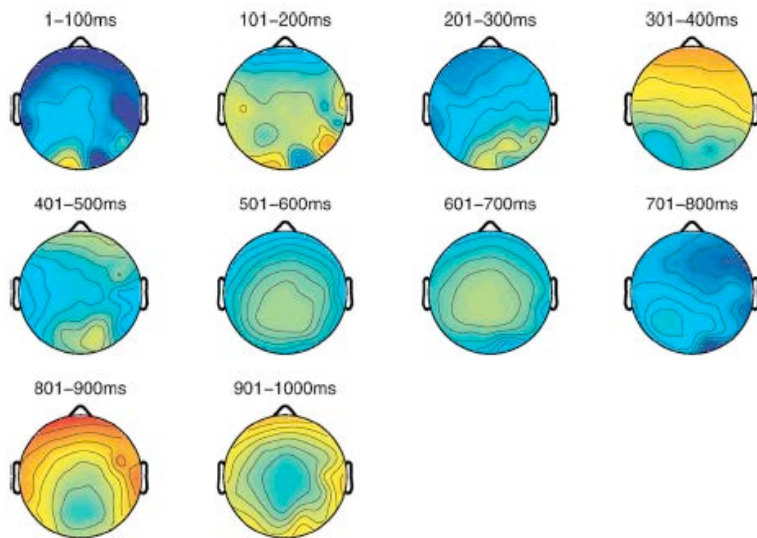


How do we exploit this signal?

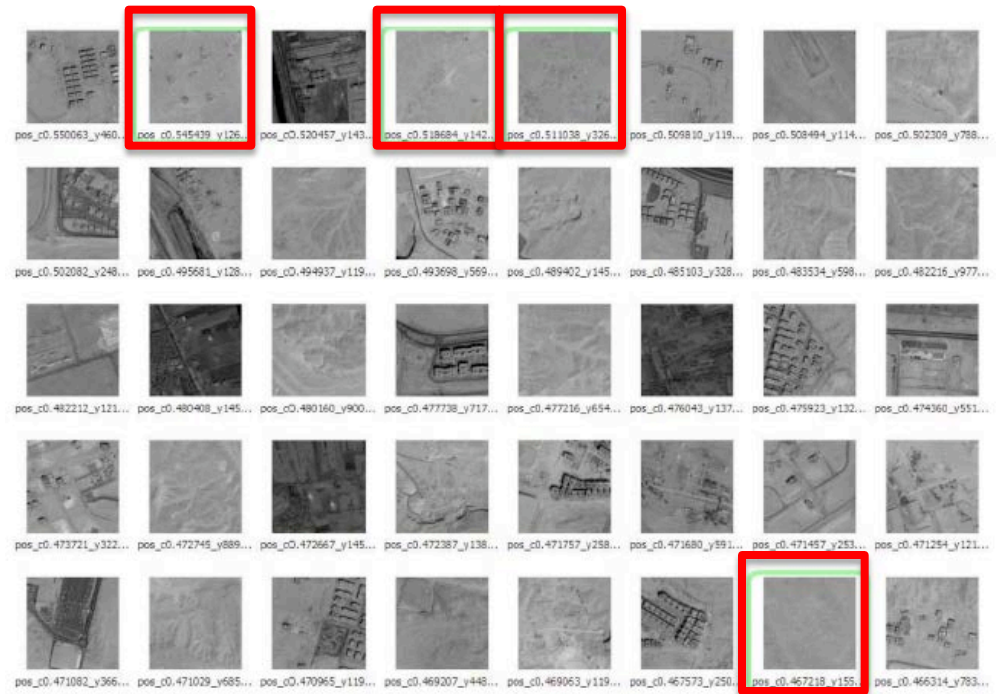


Answer 1: Build a pattern classifier

How do we exploit this signal?



FAV



Answer 2: Brain based image triage
See Paul Sajda (Columbia),

Part 4: Do we have time for a little magic?

APOLLO ROBBINS

aboutapollo

watchvideos

moredetails

*an artful manipulator
of awareness.*
Forbes



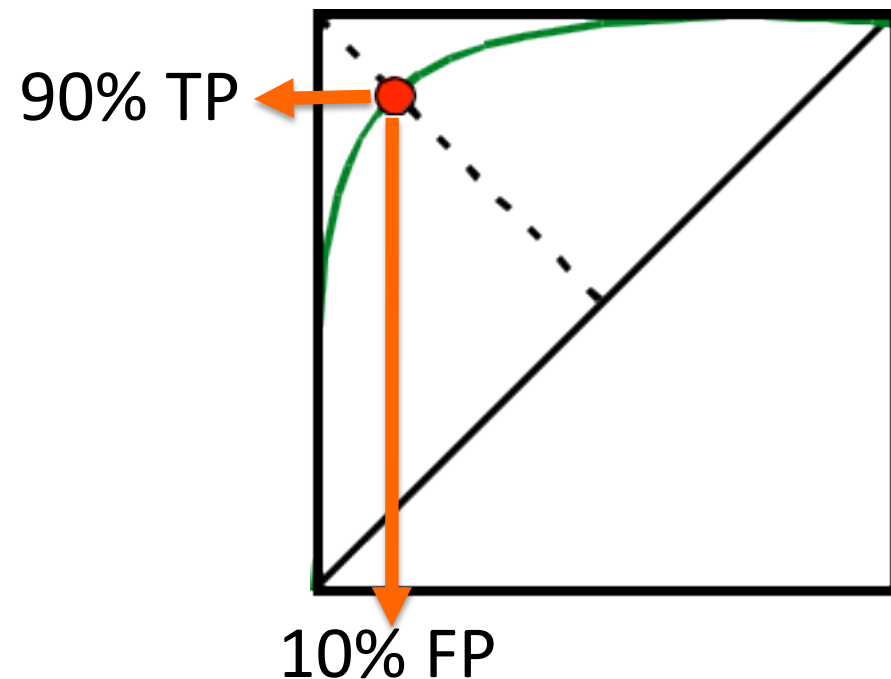
THE GENTLEMAN THIEF
ENTERTAINER • SPEAKER • CONSULTANT

For booking information, please contact your Event Specialist.

Why is this interesting?

Part 4: Do we have time for a little magic?

The Problem



When good CAD meets
low prevalence, the
marks are mostly false
positives
AND
Experts don't like
advice that is mostly
wrong.

Suppose you reverse-engineered this

Sleight of CAD?