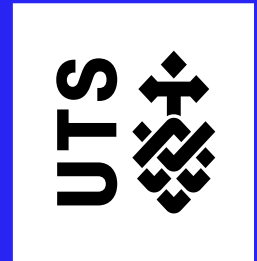


ICQE 2019:1st International Conference in Quantitative Ethnography
<http://icqe19.org> • Oct. 20-22, 2019, Madison, WI, USA



The Multimodal Matrix as a Quantitative Ethnography Methodology

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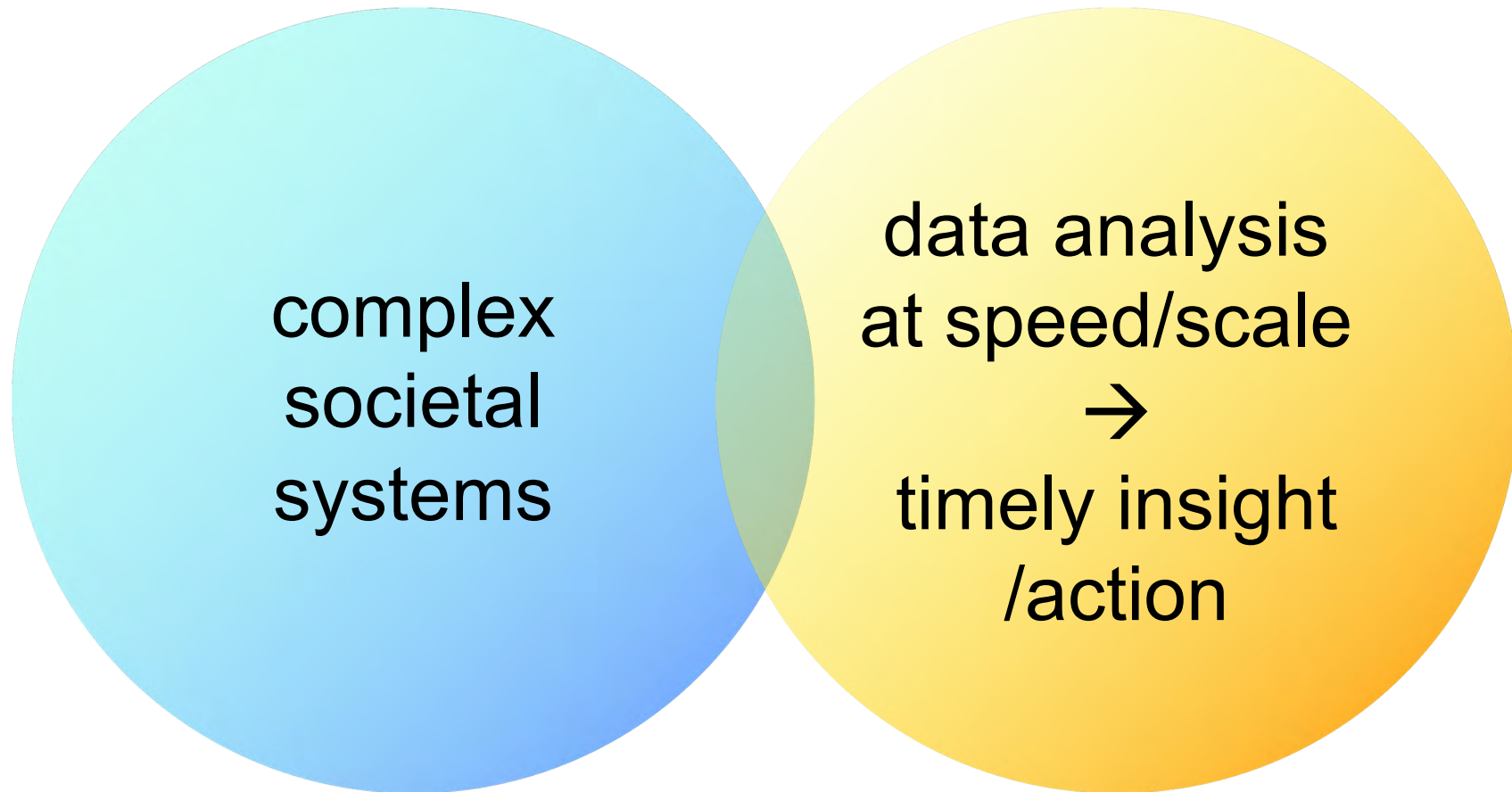
@sbuckshum

@RobertoResearch

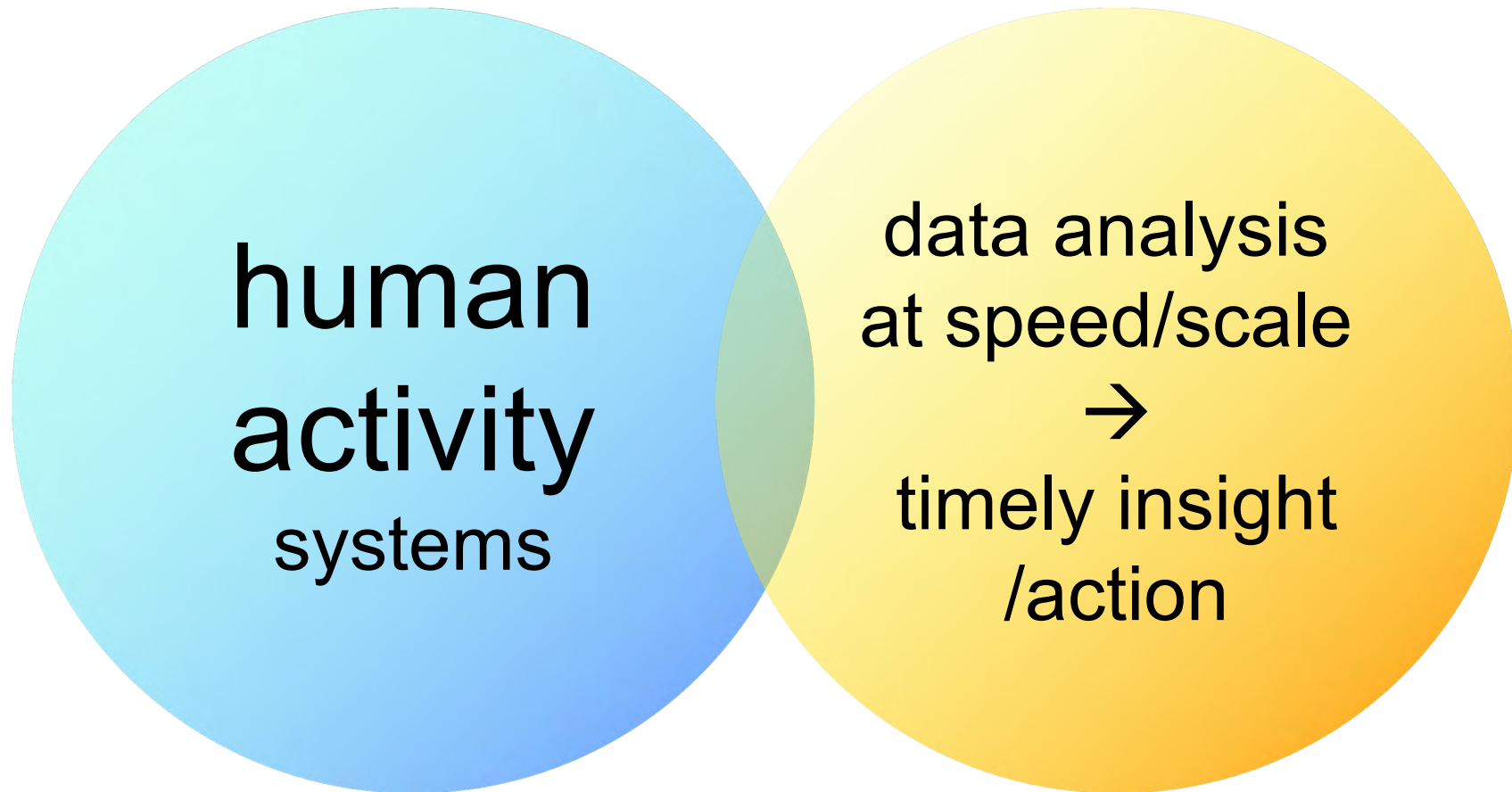
@vanechev



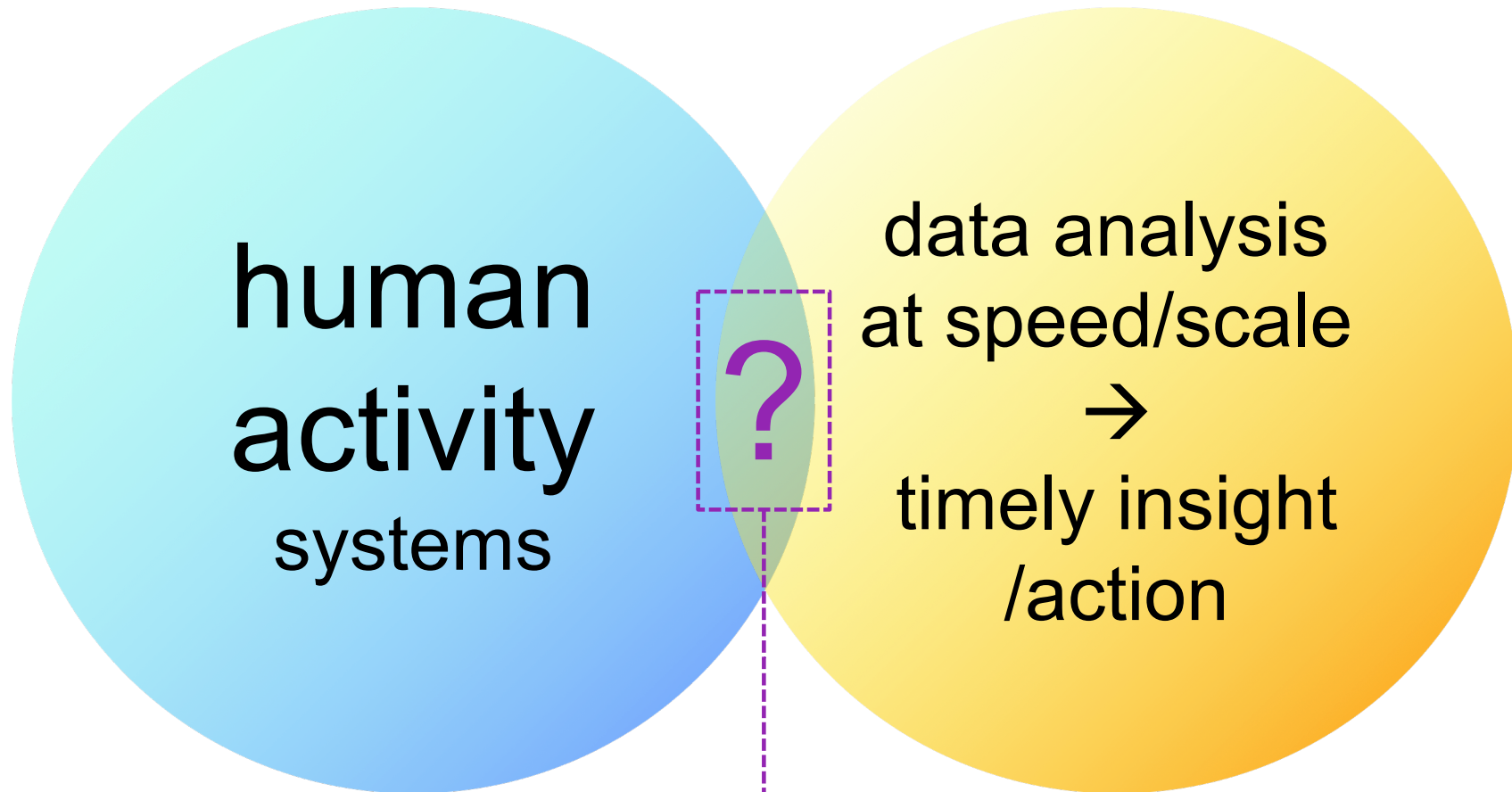
The promise of “Big Data”...



The particular systems we're all interested in...

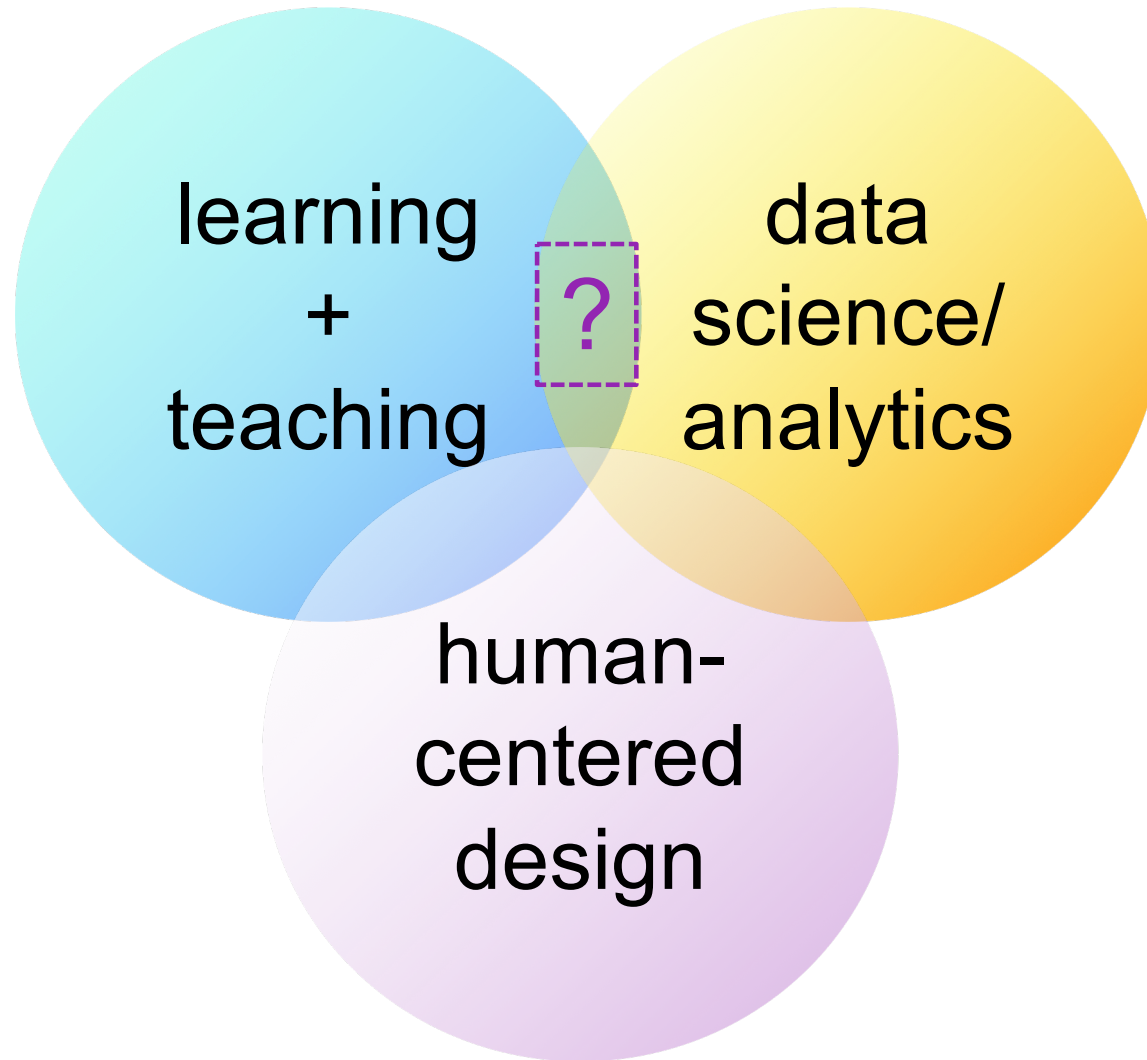


→ Raising the key methodological challenge...

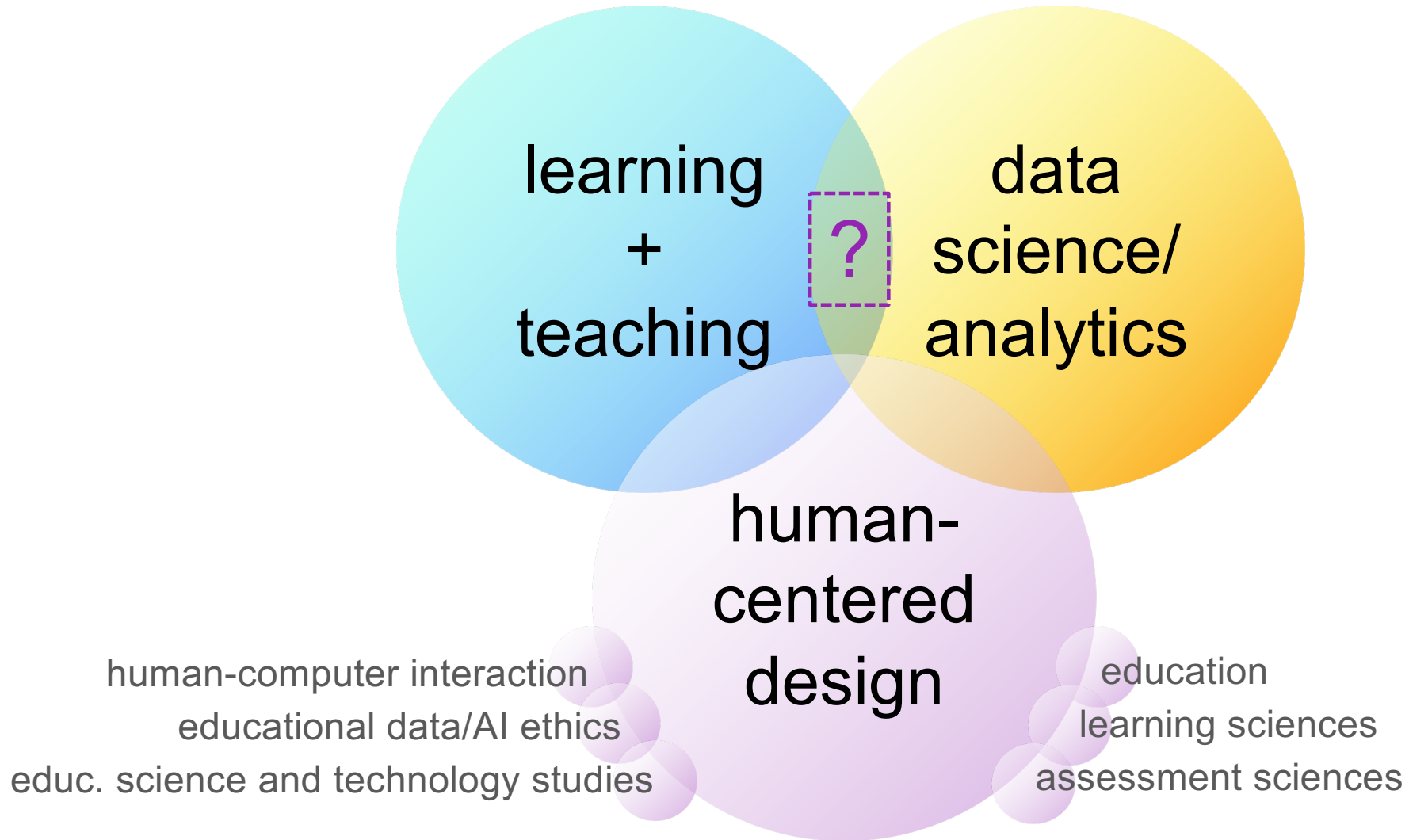


How to handle this intersection with integrity?

→ The particular context in which we're working...



→ The particular context in which we're working...



Training nurses to work respond as a team to a critical change in a patient's condition



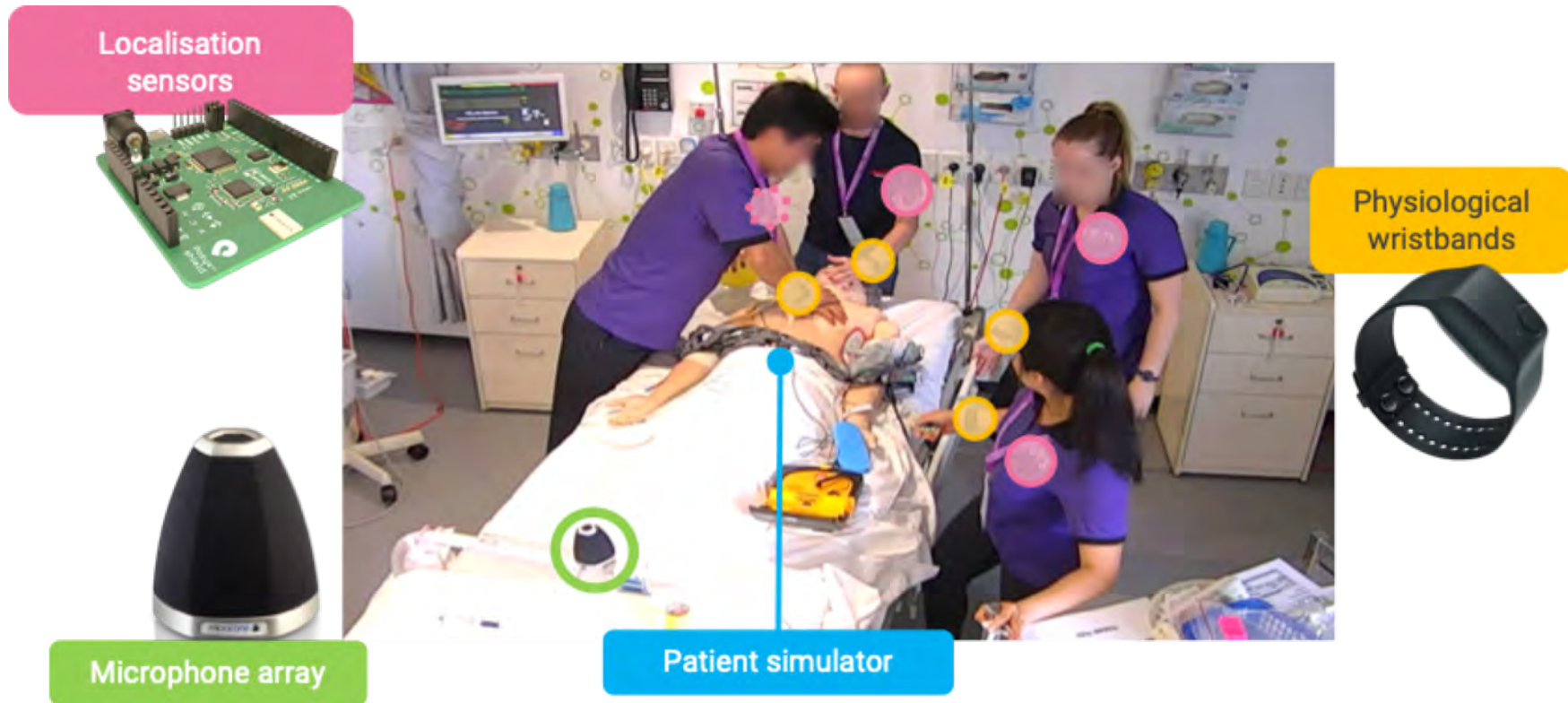
Simulation wards are used widely in universities and hospitals

At UTS, 5-6 teams in action at once

1 instructor coordinating

Intuition: scope to augment feedback to teachers and students using multimodal sensors and analytics?

While capturing collocated teamwork is certainly an **interesting multimodal analytics opportunity...**



...the multimodal data deluge begs the question:
how to make sense of this, and in close to real time?

What contributions
can Q.E. make?



“Meaningful
Feedback”

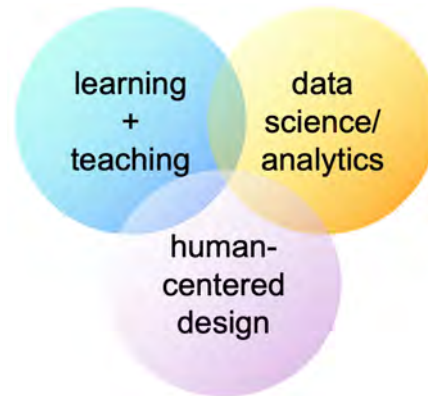
Can this work make
contributions back to Q.E.?

Real-time ENA for teachers from **online teamwork** is possible.
QE-enabled feedback for **collocated teamwork**?

The screenshot displays a software interface for a network-based model. The top navigation bar includes 'Summary', 'Notebook', 'Standards', 'Stats', and 'Process'. Below this, there are four group tabs: 'Group: L-NPO', 'Group: L-EDC', 'Group: LC-RWC', and 'Group: L-CAG'. The main content area is divided into several sections. On the left, there is a sidebar with a list of tasks, including 'Entrance Interview and Workflow Tutorial', 'Customer Input Map', 'Customer Input Map Reflection', 'Request for Proposal', 'Preference Survey', 'Preference Survey Reflection', 'Scenario Process Summary', 'Revised Preference Survey Reflection', 'Scenario Process Summary', 'Final Plan Reflection', 'Final Process', and 'Exit Interview'. The central part of the interface shows a network diagram for 'Justine' with nodes for 'Indicator Based Justifications', 'Model Relationships', and 'Stakeholder Based Justifications'. A chat window on the right shows a conversation about zoning and carbon emissions. The interface also includes a sidebar with 'Scripts', 'Room Guides', and 'Groups'.

Herder, T. *et al.* (2018). Supporting teachers' interventions in students' virtual collaboration using a network based model. In *LAK'18: International Conference on Learning Analytics and Knowledge*, March 7–9, 2018, Sydney, NSW, Australia. ACM, New York, NY, USA, 5 pages. <https://doi.org/10.1145/3170358.3170394>

Understanding the human activity system



Conceptual insights from CSCL



Conceptual insights from assessment research



Observation of simulations as they currently run

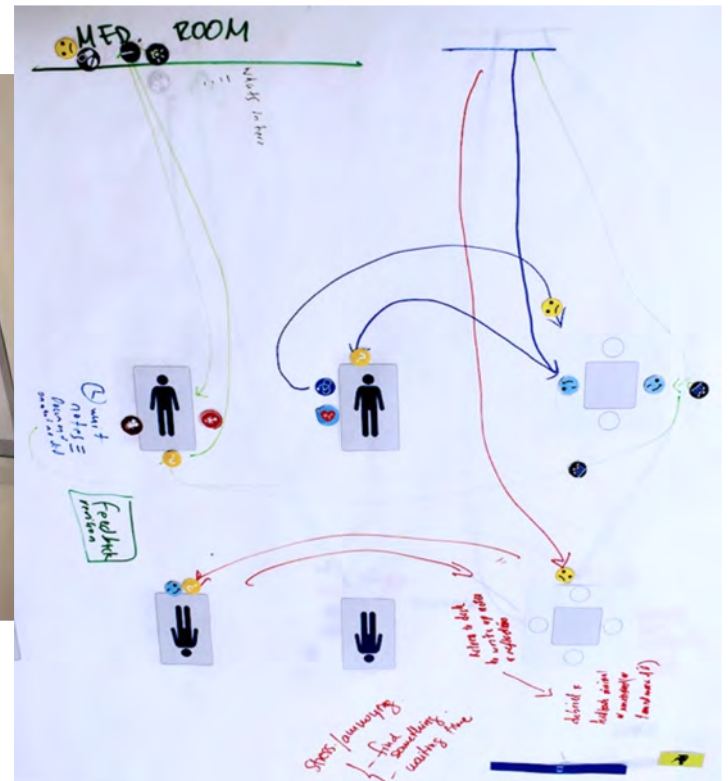
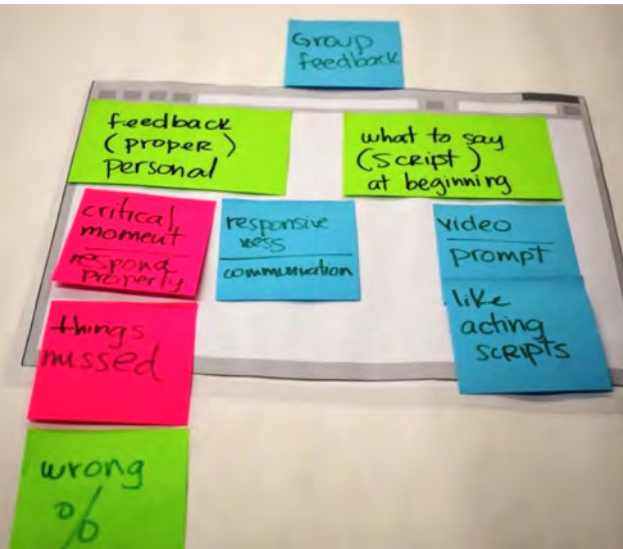


Educator interviews



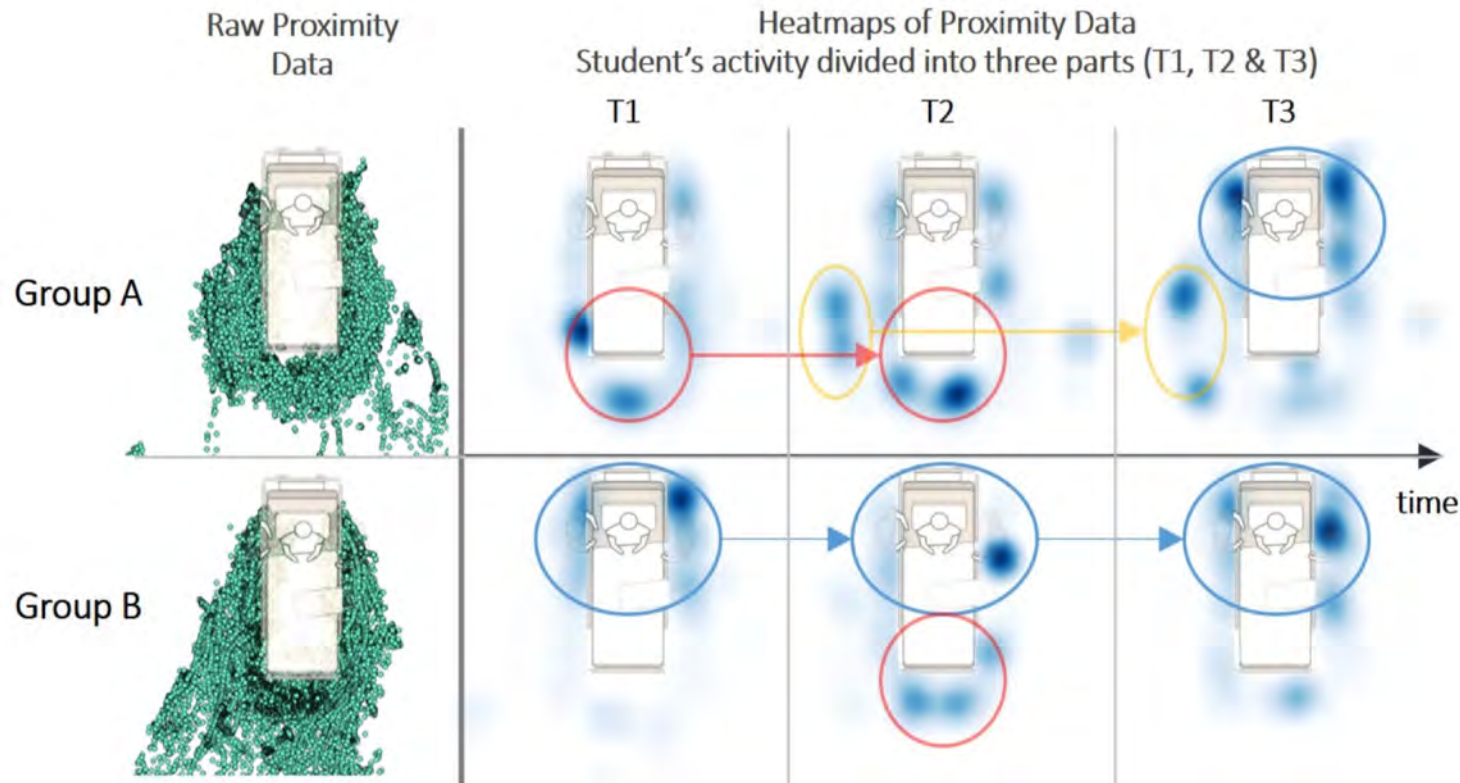
Co-design sessions with educators and students

Co-design techniques to elicit student and educator perspectives (e.g. “Teacher Superpowers”, and “Learning/Data Journey mapping” *)



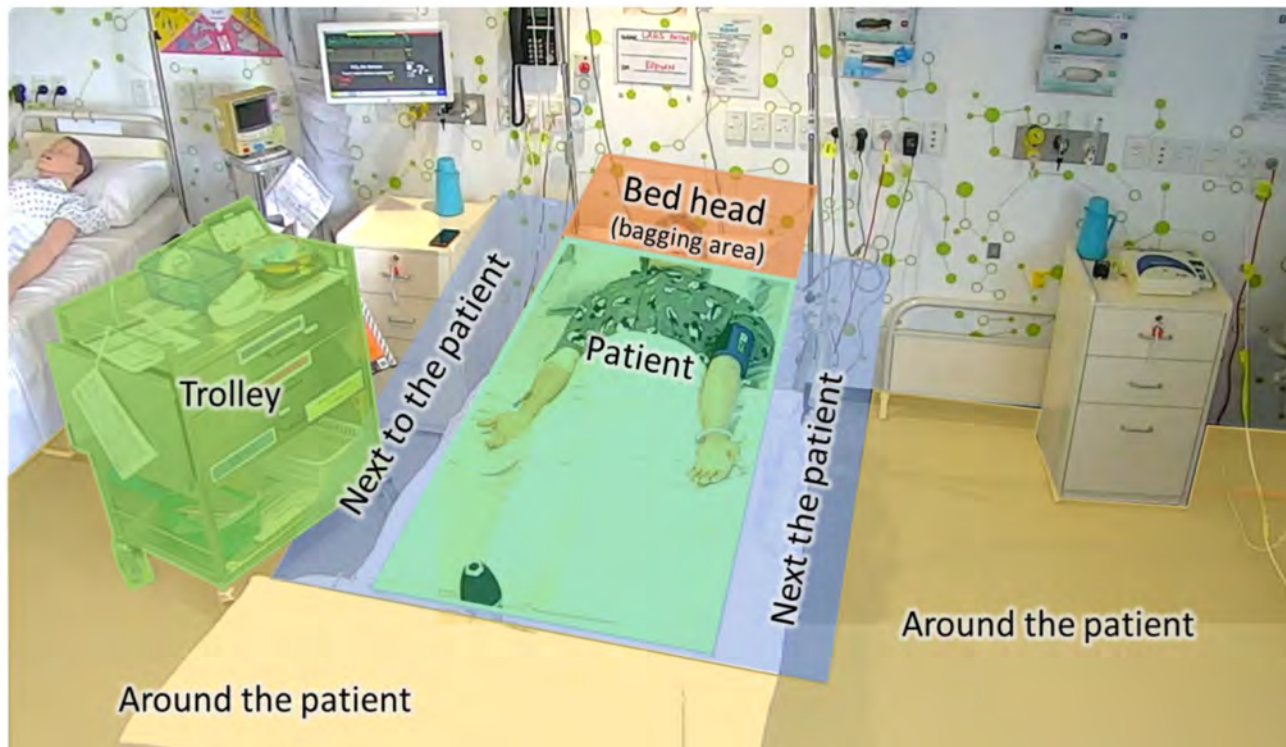
* Prieto-Alvarez, C. G., Anderson, T., Martinez-Maldonado, R., and Buckingham Shum, S. (2018). Mapping Learner/Data Journeys: Evolution of a Visual Co-Design Tool. *Proc. Australian Conference on Human-Computer Interaction*, Melbourne, (ACM, NY), pp.205-214. <https://doi.org/10.1145/3292147.3292168>

Starting from raw positional data of nurses' movements
→ temporally segmented heatmaps → ...



→ Understanding meaningful zones (= qualitative Codes)

Consultation with nursing educators clarified that there are **5 meaningful zones** for nurses to understand (in these simulations)



- i) **the patient's bed** for cases where nurses are located on top of or very close to the patient
- ii) **next to patient** for cases where nurses are either side of bed
- iii) **around the patient** for cases where nurses are 1.5 to 3 metres away
- iv) **bed head** where nurses commonly stand to clear the airway during CPR
- v) **trolley area** where nurses access medication or equipment



Theoretical lens: key features of collocated collaboration

ACAD: Activity-Centred Analysis & Design framework

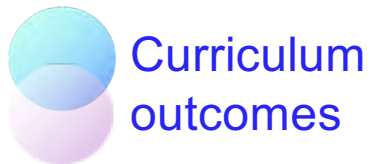
- **The SET** — physical and digital space and objects; input devices, screens, software, material tools, furniture
- **The EPISTEMIC TASKS** — implicit and explicit knowledge oriented elements that shape the participants' tasks and working methods
- **The SOCIAL SITUATION** — the variety of ways in which people might be grouped together (e.g. dyads, trios); scripted or emerging roles; and divisions of labour
- **AFFECTIVE RESPONSES** — an extension to ACAD, building on evidence from healthcare simulation research



From multimodal logs (**data**) → higher-order constructs (**codes**) as proxies → meaningful feedback on “**patient-centred care**” (**Codes**)



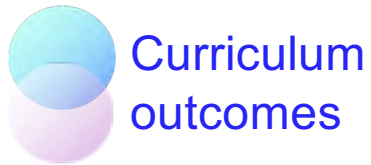
From multimodal logs (**data**) → higher-order constructs (**codes**) as proxies → meaningful feedback on “**patient-centred care**” (**Codes**)



- 1 Patient-centred care
- &
- 2 Teamwork



From multimodal logs (**data**) → higher-order constructs (**codes**) as proxies → meaningful feedback on “**patient-centred care**” (**Codes**)



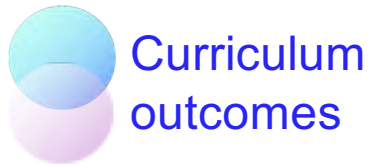
Constructs for collaborative activity (from ACAD Framework)

- 1 Patient-centred care &
- 2 Teamwork

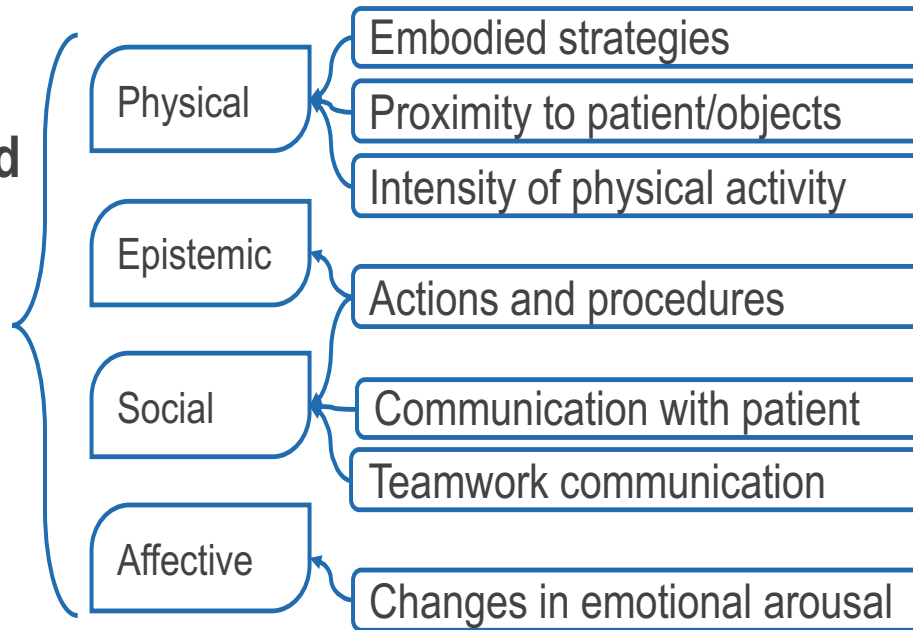




From multimodal logs (**data**) → higher-order constructs (**codes**) as proxies → meaningful feedback on “**patient-centred care**” (**Codes**)

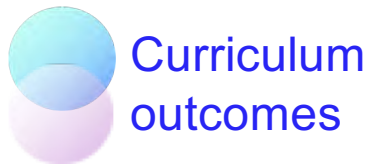


1 Patient-centred care & Teamwork

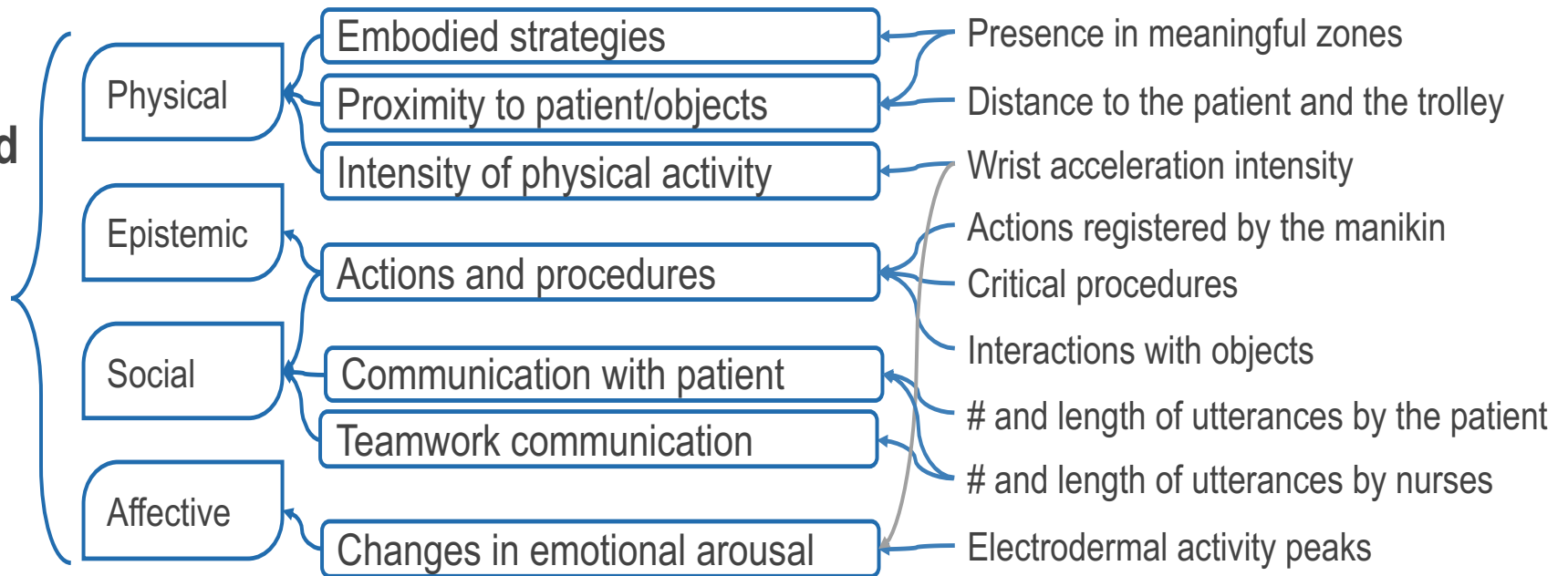




From multimodal logs (**data**) → higher-order constructs (**codes**) as proxies → meaningful feedback on “**patient-centred care**” (**Codes**)



- 1 Patient-centred care & Teamwork
- 2



Multimodal Matrix: overview

dimensions of collaboration



Multimodal Matrix: overview

dimensions of collaboration

	Physical	Epistemic	Social	Affective
time				
03:22.0				
03:22.1				
03:22.2				
03:22.3				
11:50.0				
11:50.1				
11:50.2				
11:50.3				

Multimodal Matrix: overview

dimensions of collaboration

Physical

Epistemic

Social

Affective

time

stanzas

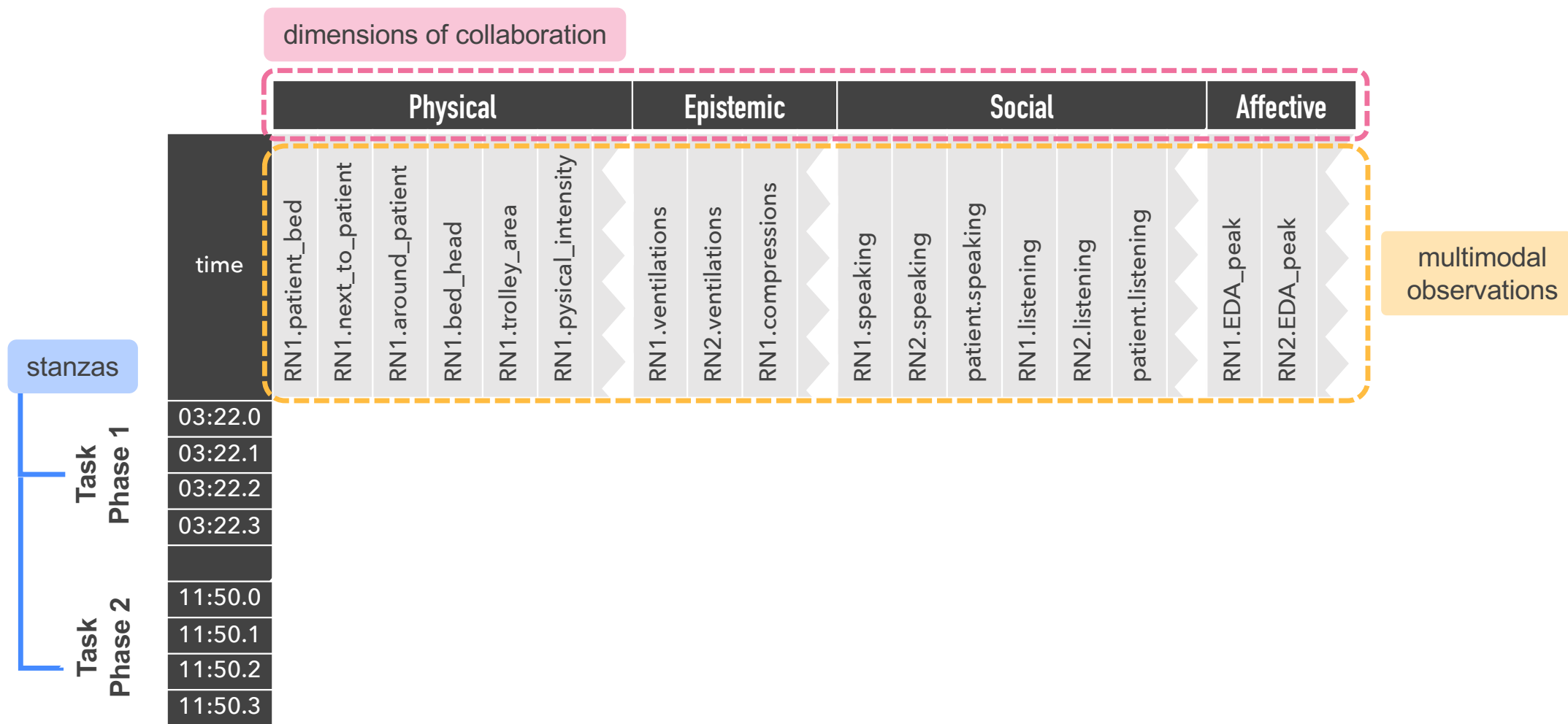
Task
Phase 1

03:22.0
03:22.1
03:22.2
03:22.3

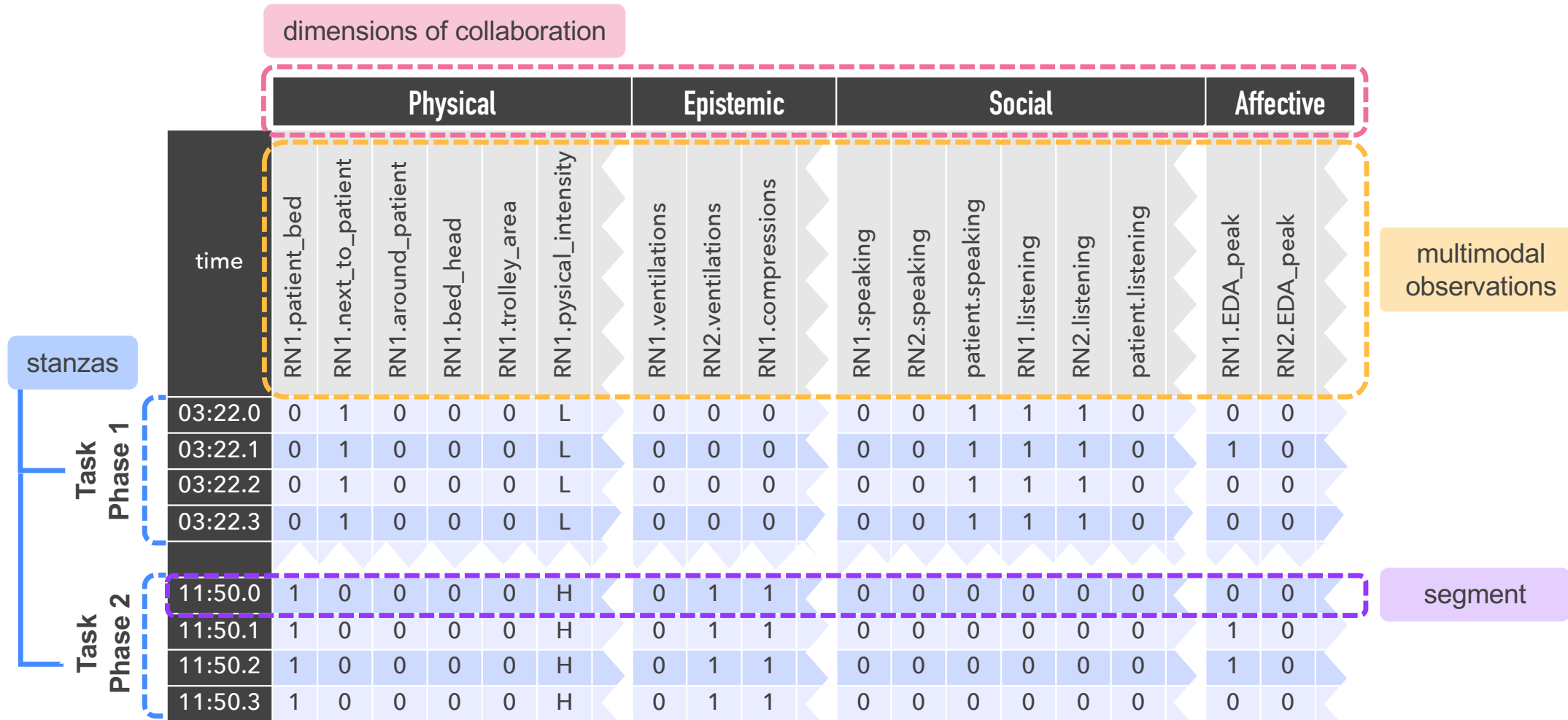
Task
Phase 2

11:50.0
11:50.1
11:50.2
11:50.3

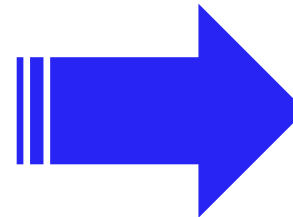
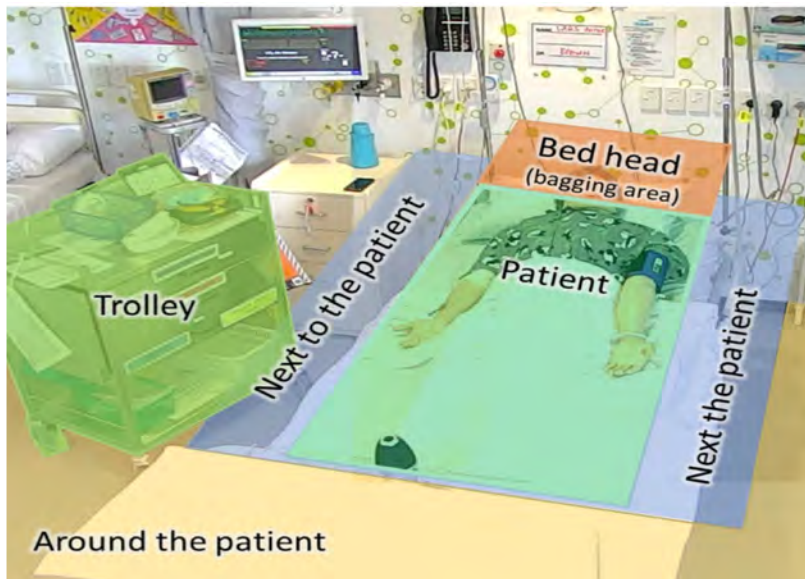
Multimodal Matrix: overview



Multimodal Matrix: overview



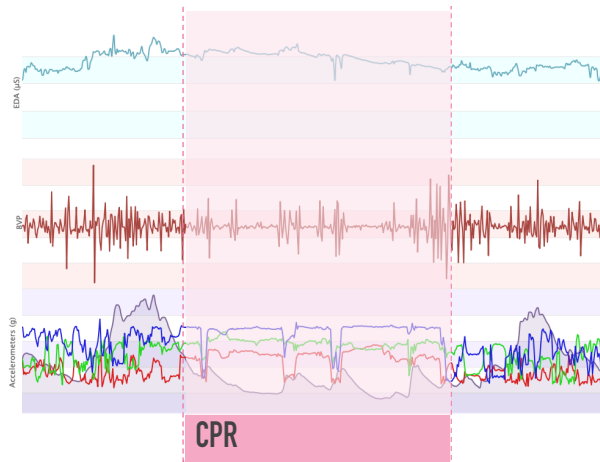
Mapping from positional Codes to digital codes in the Multimodal Matrix



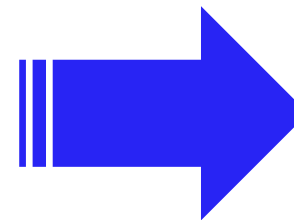
Machine coding

time	Physical				
	RN1.patient_bed	RN1.next_to_patient	RN1.around_patient	RN1.bed_head	RN1.trolley_area
03:22.0	0	1	0	0	0
03:22.1	0	1	0	0	0
03:22.2	0	1	0	0	0
03:22.3	0	1	0	0	0
11:50.0	1	0	0	0	0
11:50.1	1	0	0	0	0
11:50.2	1	0	0	0	0
11:50.3	1	0	0	0	0

Classifying raw accelerometer data → low/medium/high physical activity



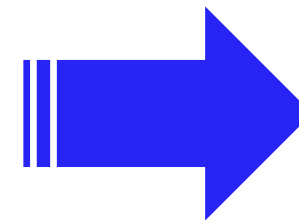
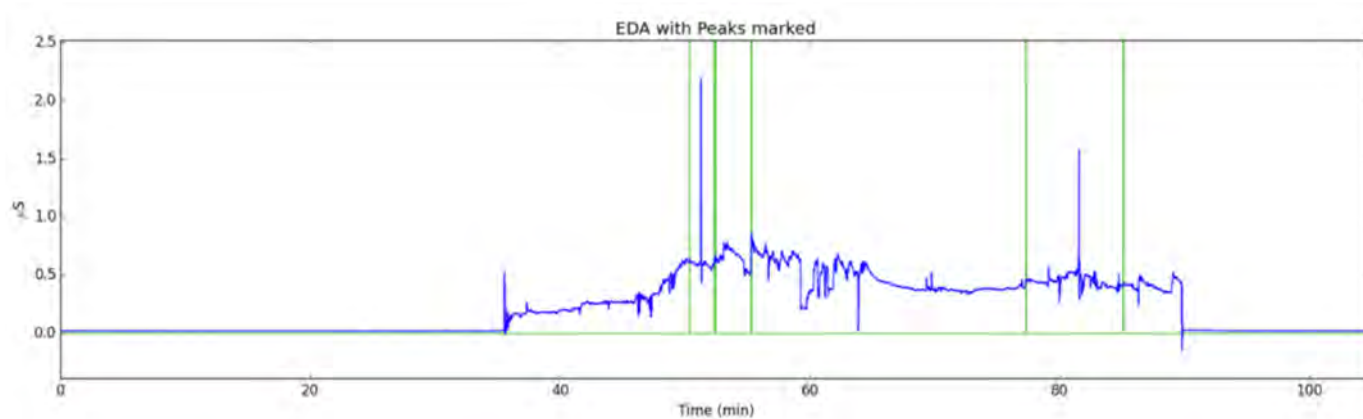
high-level of physical activity



Machine coding

Physical	
time	RN1.physical_intensity
03:22.0	L
03:22.1	L
03:22.2	L
03:22.3	L
11:50.0	H
11:50.1	H
11:50.2	H
11:50.3	H

Thresholding raw EDA traces to focus on what's interesting: EDA peaks + low physical activity



Machine coding

Affective	
RN1.EDA_peak	RN2.EDA_peak
0	0
1	0
0	0
0	0
0	0
1	0
1	0
0	0

Observers (e.g. researchers or students) use a tablet-based annotation tool to log **key actions**

Actions

Log Actions

Start Session **Stop Session**

Anginine

Start CPR

Stop CPR

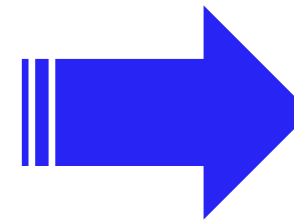
Ventilation

Writing charts

Ventilation at: Apr 25, 2019 2:04:18 AM Notes:

Writing charts at: Apr 25, 2019 2:01:53 AM Notes:

Anginine at: Apr 25, 2019 1:57:43 AM Notes:



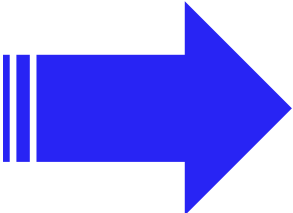
Epistemic			
	RN1.ventilations	RN2.ventilations	RN1.compressions
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	1	1
	0	1	1
	0	1	1
	0	1	1

Human coding

Microphones failed (too noisy) so researcher had to analyse video to code who is speaking and listening/sec.



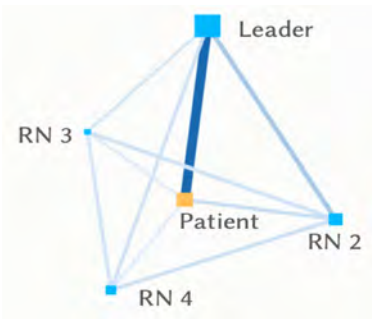
Human coding



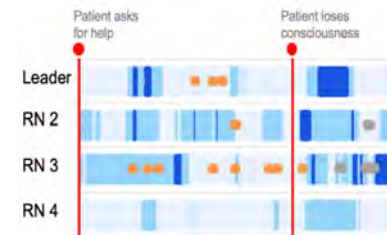
Social					
RN1 .speaking	RN2.speaking	patient.speaking	RN1 .listening	RN2.listening	patient.listening
0	0	1	1	1	0
0	0	1	1	1	0
0	0	1	1	1	0
0	0	1	1	1	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0

Multimodal Matrix → visual analytics for researchers, educators and students

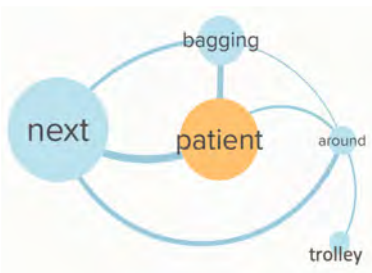
NB: social/physical/spatial/temporal relationships are key



Patient-centred verbal communication, and within nursing team



Affective/cognitive arousal via EDA peaks

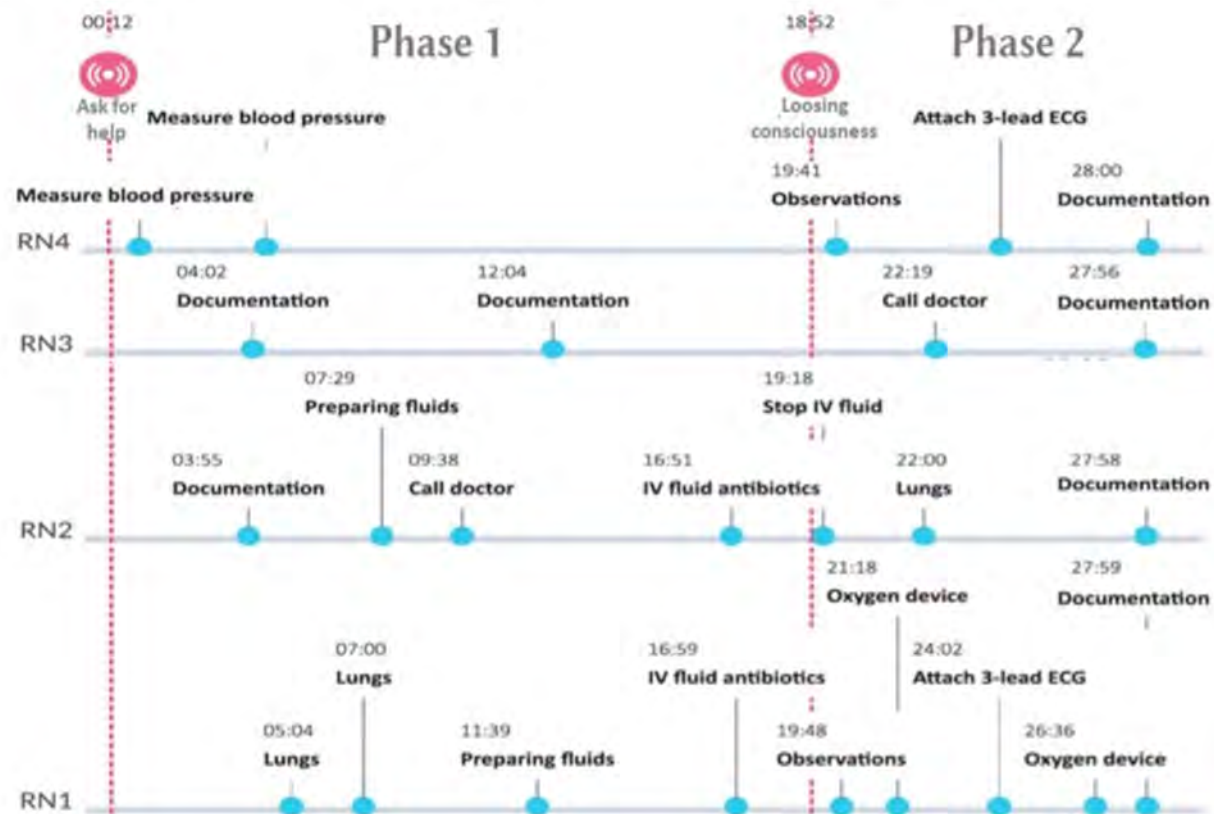


Patient-centred movement around the simulation zones




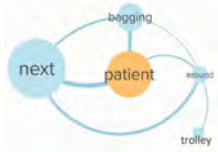
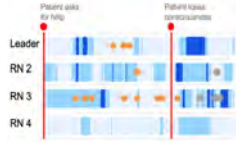

Critical actions performed by nurses

Team Timeline can be generated within a few minutes of a simulation to assist debriefing (user studies now under way)

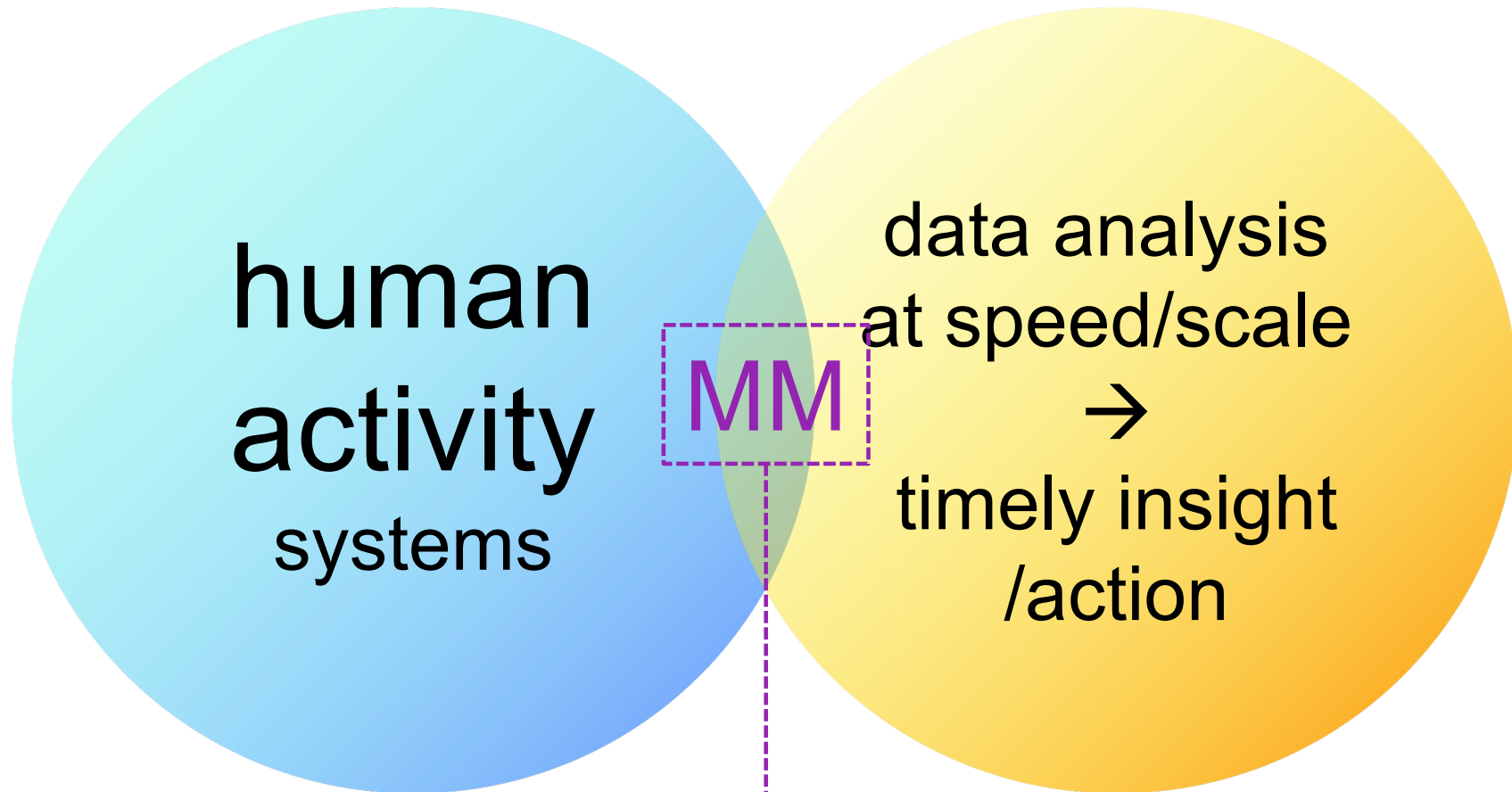


Echeverria, V., Martinez-Maldonado, R. and Buckingham Shum, S. (2019). Towards Collaboration Translucence: Giving Meaning to Multimodal Group Data. In *Proceedings of ACM CHI Conference (CHI'19)*. ACM, New York, NY, USA. <https://doi.org/10.1145/3290605.3300269>

How close are we to **fully automated** workflow?

	Collaboration Proxy	Data source	Manual interventions	Automated
	Patient-centred speech interaction	Audio from video recording	Speech interaction manually annotated	→ Sociograms generated from speech onset/offset logs
	Patient-centred movement	X,Y positions and pre-defined zones using indoor localization		→ Zone transition networks generated from localisation data
	Physical Intensity and Affective reaction	EDA and accelerometer from Empatica wristband	Wristband data download	→ EDA timelines generated from wristband data
	Teamwork Timeline	Timestamped actions from observation tool	Nursing actions logged by an observer	→ Timelines generated from action logs

To conclude...



How to handle this intersection with integrity?

To conclude...

What contributions
can Q.E. make?

Principles underpinning the MM



“Meaningful
Feedback”

Can this work make
contributions back to Q.E.?

MM may assist other Q.E. research

Exemplifies Q.E. for rapid collocated activity analysis

To conclude...

We propose that **this work** builds on and augments **QE** as follows...

1. **Understand the human activity system (Discourse + Codes)**
→ expert interviews + theory + co-design including envisioned practices
2. **Integrate qualitative and quantitative data (discourse + codes)**
→ integrated by the Multimodal Matrix to handle multimodal data streams
3. **Analysis techniques read from + write to a common data representation**
→ human + machine analysis can contribute coded data to the MM
4. **Enable semi/fully automated analysis at scale, and visualize for users**
→ partially automated analytics workflow to generate visual analytics