

The development of a cognitive skills training to support driver education

Comparing performance of experienced and trained learner drivers

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Introduction

- crash numbers of novice drivers are alarmingly high (e.g. OECD, 2006)
- one central explanation: deficits in cognitive skills such as hazard perception (e.g. Finn & Bragg, 1986)
- conventional forms of driver training have largely failed to build up those skills
- examples show the potential of computer based trainings (CBTs) in this regard (e.g. Fisher et al., 2002)
- however, effects of available CBTs have mostly been found when compared to untrained control groups, whereas it is unclear how this "improved" behaviour relates to the behaviour of experienced drivers
- by testing a group of experienced drivers on the same scenarios that we used in a previous experiment in which we assessed the effects of a CBT (Petzoldt et al., 2013), we tried to create a benchmark against which to compare the learner driver performance from our earlier study

Computer Based Training

three parts

- (1) a pre-test on theoretical knowledge,
- (2) an instructional phase, and
- (3) the actual training

actual training

- short clips of traffic scenes, embedded in a Flash environment
- display of potentially hazardous situations
- two different sessions, 13 video clips each, approx. 45min to complete one session

clips:

- 50-70sec in length
- 2-4 items/questions per clip (clips are stopped and resumed after response)
- broadly classified in two categories – (1) hazard indicators in vertically distant positions ("far ahead") and (2) hazard indicators in horizontal positions ("left & right")
- multiple choice format for most items (see Fig. 1)
- correct response only possible with understanding of the dynamic development of the situation, not by searching the frozen image

References

- Finn, P., & Bragg, B. W. (1986). Perception of the risk of an accident by young and older drivers. *Accident Analysis & Prevention*, 18(4), 289-298.
- Fisher, D. L., Laurie, N. E., Glaser, R., Connerney, K., Pollatsek, A., Duffy, S. A., et al. (2002). Use of a fixed-base driving simulator to evaluate the effects of experience and PC-based risk awareness training on drivers' decisions. *Human Factors*, 44(2), 287-302.

Method

- three groups of drivers:
 - (learner driver) CBT group and (learner driver) control group (data from previous study)
 - young "experienced" driver group (average driving experience of ca. 65,500 km)
- CBT training for CBT group, irrelevant task for control group, no task for experienced group
- simulator test (Fig. 2), situations (nine analysed) constructed to reflect content of the CBT to a varying degree
- 36 usable data sets (because of eye tracking issues)
- coding of glance sequences, first completion of critical glance sequence (from hazard indicator to relevant area) as central dependent measure
- coding of driver behaviour in analysed situations as either optimal, suboptimal or inappropriate



Fig. 2: TUC Driving Simulator



Fig. 1: Example for multiple choice item (the item reads: "Which of the following statements is/are true?" - a) the lead vehicle might brake; b) I cannot safely pass; c) pedestrians might cross the street; d) the bus is about to leave the stop)

Results & Conclusions

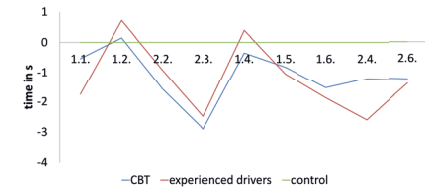


Fig. 3: Difference in time until completion of relevant glance sequence compared to control group, separate for each situation (numbers on x-axis indicate situation)

- CBT group learner drivers showed performance similar to experienced drivers in the glance measure, both performed better than control group (Fig. 3)
- differences in rated handling of three of the test situations (ceiling effects in the other situations) - experienced drivers outperformed both learner driver groups (Fig. 4)

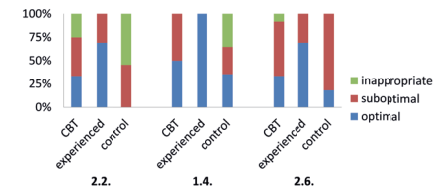


Fig. 4: Performance as rated by experts for three of the critical situations

- it seems that glance behaviour can be learned with the help of a CBT to a substantial degree
- however, appropriate behavioural patterns that require quick decisions and motor responses require a higher level of automatisisation, and appear to be beyond the capabilities of a simple CBT that does not employ a more realistic interaction format

Acknowledgments

The research presented on this poster was sponsored by BAST (German Federal Highway Research Institute) as project FE82.306/2006 - "Supporting driver education with driving simulators and computer based training". The tool used to create the video sequences included in the multimedia training was provided by TUEV/DEKRA arge tp 21.

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