



## **An Adaptive Model for Explicit Uncertainty Management**

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Uncertainty is a peculiar aspect of the knowledge gathered by a diagnostic system. Looking at content, relevance and confidence as the basic elements of system knowledge, we notice that content (facts and rules) and relevance are widely exploited into diagnostic models and tools but confidence doesn't usually receive specific attention.

We present a model in which uncertainty becomes a fundamental and dynamic component of both diagnostic knowledge and processes: fuzzy sets are the theoretic base of the model. A conversational shell has been developed in order to test the impact of our proposal on system performance and we discuss both short-term and long-term benefits of explicit uncertainty management.

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## 1 Introduction

The precise identification of the context in which a problem occurs is fundamental in order to diagnose its causes and, eventually, to fix it. The more accurate the information on the context, the more precise the diagnosis can be.

The goal of a diagnostic system is to maintain and extract from an information base facts, rules and any other type of indications that can help identifying problems. In this process meta-information (information on data) is fundamental [3,4]. Relevance is the most common (if not the only) parameter associated to the components of a context and it is quite useful as a discriminator. The problem with relevance as single meta-descriptor for context components is that it becomes a container for different aspects of information and the result is an average indication of the component “weight” in the context but the semantics of this weight becomes vague [13,16].

Starting from the observation that uncertainty is the main type of meta-information affecting relevance descriptor, we propose a model in which, capitalising on the expressiveness and flexibility of type 2 fuzzy sets, we explicitly manage both relevance and confidence as meta-descriptors of diagnostic knowledge. Case-based reasoning (CBR) paradigm [2,9] is particularly sensitive to the accuracy of knowledge description and we oriented our first prototype towards CBR systems enforcing “nearest neighbour (NN)” retrieval techniques [2]. The impact of the proposed model on model-based (MB) and hybrid reasoning paradigms is also investigated [7, 12].

After an introduction to fuzzy set theory and a brief overview of CBR paradigm, we present a model for adaptive management [8] of both relevance and uncertainty [18] as information meta-descriptors. Experimental results show that precision substantially improves (up to a factor of 5) in information selection process but we also consider other benefits of explicit uncertainty management.

## 2 Elements of fuzzy set theory

Standard *set theory* describes a set as the collection of all the elements for which a given (binary) predicate holds true. This definition actually splits a given world in two parts and the elements are distinguished only from the fact they belong to the set or not. We can consider a number of predicates at the same time and look at the intersection area but this solution becomes quickly unmanageable when the number of predicates grows. What we would like to do is to take our world  $A$  of elements and to associate an element coming from a potentially different world  $B$  to each of them depending on some sort of criteria. We can now partition the elements of  $A$  looking at their associated element in  $B$ .

Without losing in generality, we can think of  $B$  as the real numbers in the range  $[0,1]$ : the mapping of different cases is usually straightforward. We can imagine a set of bubbles including all the points of  $A$  with the same associated element. The step back to normal sets is simple: we only need to restrict ourselves to  $\{0,1\}$  as associated world.

**Definition:** Given a pair of standard sets  $B$  and  $M$ , a *fuzzy set*  $F$  based on  $B$  is a pair  $(B, f)$  where  $f: B \rightarrow M$ .

In the usual terminology [10,19]:  $B$  is the “base set” or “support”,  $M$  is the “membership space” and  $f$  is the “membership function” mapping any element of the support in the correspondent membership value. When  $M$  is the interval  $[0,1]$  the fuzzy set is said to be “normalised”. The membership function is the main component in the definition: intersection, union, complement, cardinality as well as other concepts of standard set theory are transferred to fuzzy sets working on  $f$  [19].

The basic definition of fuzzy set [17] can be generalised and the simplest extension is the recursive use of fuzzy sets in the definition of the membership space. The concept of type is introduced for a fuzzy set in order to express the "depth" of its membership space [17].

**Definition:** *Let us consider a normalised fuzzy set as having "type 1". A "type  $m$ " fuzzy set is a fuzzy set with base  $B$  whose membership values are type  $m-1$  ( $m > 1$ ) fuzzy sets with base  $[0,1]$ .*

Thinking at the membership value associated to an element of the support as a description for that element [14,15], “type  $m$ ” fuzzy sets introduce a hierarchical structure on the description. Each component at one level may be further specified in the lower levels and the deeper the hierarchy, the more precise the description.

We are mainly interested in type 2 fuzzy sets on top of which we define problem specific metrics and operations.

### 3 Uncertainty and Adaptivity in CBR diagnostic models

Case-based reasoning (CBR) paradigm [2] starts from the assumption that cognitive process is structured as a cycle. The first step is to gather some knowledge, then the knowledge is used to solve a problem and, depending on the result, we may decide to keep track of the new experience. Experience is accumulated either adding new information or adapting the existing knowledge. The idea is to solve a problem with the existing skills and, at the same time, improving these skills for future use.

A number of different solutions [1,8] have been developed for the actual implementation of this paradigm and the focus is on how to aggregate and store the atomic information (cases) and how to retrieve them. The solution of a problem depends on the ability of the system to retrieve similar cases for which a solution is already known [5]. If a perfect matching is not found the system has to choose cases in some way similar to the one describing the problem and to infer a potential solution. Inference process tends to be limited and the emphasis is on the retrieval of similar cases: the more common retrieval techniques are Inductive Retrieval (IR) and Nearest Neighbour (NN). In the case of IR a predefined access structure called “induction tree” hosts the cases and provides indications on their characteristics for a quicker access. NN techniques impose more flexible structure on the information at the cost of more expensive search procedures. Flexibility and access speed may be balanced depending on specific needs but in both solutions the characteristics of the information we found in the “cases” are crucial [6].

Thinking of a diagnostic “case”, we try to define the context in which a failure occurs. The starting point is a set of facts (observations) but the same fact may have different relevance in different contexts. Collecting, in the case description, information on the relevance of facts allows being more precise in the retrieval (matching) process [6,11] and precision is fundamental when the dimension of the system knowledge base grows.

The problem is that, while observations are hardly disputable, the relevance associated with them may depend on the experience of the observer. What usually happens is that confidence and relevance are empirically merged in a single value and this may corrupt the information.

To exemplify the potential problem we can think at a “warning LED” on a faulty device. In certain circumstances an engineer may be 100% sure that (in a scale from 1 to 10) the relevance of the fact “LED on” is 3 and the diagnosis is  $d_1$ . In a different situation the engineer may think that the fact is very important (relevance 10) but he or she is not sure about that (confidence 30%) and the diagnosis is  $d_2$ . In both cases it is likely that in the context describing the faulty device the fact “LED on” is assigned relevance value of 3. If something similar happens to the other facts we may end up with two diagnosis for what the system considers a single problem.

The better solution is to enrich the “case” with facts that model the “circumstances” in which observations are taken but it is not easy to identify all of them. A different (or complementary) solution is to explicitly model and manage the uncertainty associated with the observation. The idea is to capture in this way the fact that there is something missing even if we don’t know what it is. Certainty may be reinforced or reduced and adaptivity plays a fundamental role in this kind of process.

## 4 Model specification

We propose an integrated approach to both uncertainty and adaptivity problems based on type 2 fuzzy sets [19]. The result is a model in which both static and dynamic aspects coexist and support each other. The information selection technique is based on a “nearest neighbour” approach. We first introduce the static aspects of the model (knowledge component definition) and then the clustering and adaptivity features [8].

### 4.1 Information Description

Given a problem context  $C$ , our purpose is to obtain a compact but comprehensive description  $C_d$  of it. In our proposal, the key elements of the description are a set  $F$  of facts together with their relevance (in the context) and the confidence on that relevance (ex.  $\{(Fact = No\_Power, Relevance = 3, Confidence = 60\%), \dots\}$ ).

The actual representation structure is a fuzzy set based construction that allows modelling, in a single point, different views on the same fact set. This means that facts present in a case description are the first aggregation element but we keep also track of the different relevance values and related confidence. This information is exploited in the definition of similarity concepts between two cases but it proves to be useful also for the dynamic aspects of the model.

**Definition:** A *case description*  $C_d$  is a pair composed of a type 2 fuzzy set  $FS(W, f)$  and a value  $\varepsilon$  we call *experience*.  $W$  is a set of facts (represented by strings) and the function  $f$  maps every  $w \in W$  in a fuzzy set  $RFS([0,1], \rho)$  where  $\rho : [0,1] \rightarrow [0,1]$ .

The RFS fuzzy sets is a relevance descriptor that represents what can be seen as a “confidence distribution” over the normalised set of relevance values: each fact has its own descriptor. We can assume that the absence of a fact from  $W$  is equivalent to its presence in association to an RFS where  $\rho$  is a constant function that returns the

smallest real number greater than 0. The fact that  $\rho$  has value 0 in an interval  $[x, y]$  means that its behaviour in  $[x, y]$  is unspecified. We can also assume  $f$  extended over any super-set  $\Omega$  of  $W$  where it returns a dummy RFS for every  $w$  in  $\Omega - W$ . The experience parameter  $\varepsilon$  is fundamental for the adaptivity features of the model as it gives an indication on the “strength” of the present status of the description. When we collect some feedback on  $C_d$  suggesting to change (to adapt) part of it, we can refer to  $\varepsilon$  in order to establish the scope of the change.

From the definition of  $C_d$ , we notice that the emphasis is on the  $\rho$  functions. They collect the actual information on the confidence distribution and they represent the crucial point to work on for both retrieval and adaptivity processes. We discuss possible candidates in the next section. If we think of every  $C_d$  as a point in a complex “case space”, we now need to impose a metric on that space in order to manage concepts like similarity between descriptions that are fundamental in the perspective of clustering and retrieval activities. We propose a binary function  $D_\sigma$  (we call it “distance function”) that compares on a component-by-component base two case descriptions summarising the result in a numeric value.

**Definition:** Given a pair of functions  $\rho_1$  and  $\rho_2$  where  $\rho_i: [0,1] \rightarrow [0,1]$  for  $i \in \{1,2\}$ ,  $\sigma$  an integer value and  $\{[x^i, y^i]\}_{i=1..n}$  the set of intervals in  $[0,1]$  where the value of both  $\rho_1$  and  $\rho_2$  is not 0, we define the support function  $d_\sigma$  as

$$d_\sigma(\rho_1, \rho_2) = \sum_{i=1..n} \int_{[x^i, y^i]} (\rho_1(x) - \rho_2(x))^{2\sigma} dx$$

Given a pair of case descriptions  $C_{d1}=(W_1, f_1)$  and  $C_{d2}=(W_2, f_2)$ , we define the **distance function**  $D_\sigma$  as

$$D_\sigma(C_{d1}, C_{d2}) = \sum_{w \in W_1 \cup W_2} d_\sigma(f_1(w), f_2(w))$$

The  $\sigma$  parameter is a positive integer value that decides the sensitivity of the function: the bigger it is, the lower is the amplification of the differences between the components. The function exploits all the knowledge on relevance and associated confidence accumulated in the fuzzy set structure in order to take into consideration all the views on every component of the description. For the unspecified parts one of the  $\rho$  functions we assume a perfect matching with the other one.

## 4.2 Adaptivity

Knowledge evolution is a fundamental aspect of diagnostic cycle in terms of new information gathering as well as tuning of existing data. The solution we enforce takes advantage of the case description structure ( $C_d$ ) and the interaction with the environment. If for the same case we have a  $C_d(S)$  from the system and a  $C_d(U)$  from the user, the idea is for the system to learn from the user. This doesn't mean that the system has to accept completely the user point of view replacing  $S$  with  $U$  but that we need to find an appropriate balance.

We need a special “unification” mechanism that merges two  $C_d$  in a meaningful way: the solution we propose is to link the weight of a  $C_d$  to the experience  $\varepsilon$  and to compute a weighted average value for all the components.

**Definition:** Given two case descriptions  $C_{d1} \langle \varepsilon_1, (W_1, f_1) \rangle$  and  $C_{d2} \langle \varepsilon_2, (W_2, f_2) \rangle$  we define  $M_{\alpha \beta} (C_d \times C_d \rightarrow C_d)$  the **merging function** in  $\alpha$  and  $\beta$  (real functions) as follows:

$$M_{\alpha \beta} (C_{d1}, C_{d2}) = \langle \varepsilon, (W, f) \rangle$$

where

$$\varepsilon = \alpha (\varepsilon_1) \blacklozenge \beta (\varepsilon_2) \quad W = W_1 \cup W_2$$

and, for all  $w$  in  $W$ :

$$f(w) = \text{RFS} ([0,1], \rho)$$

where, given

$$f_1(w) = ([0,1], \rho_1) \quad \text{and} \quad f_2(w) = ([0,1], \rho_2)$$

for all the points  $x$  in which both  $\rho_1$  and  $\rho_2$  are specified, we have

$$\rho (x) = \frac{\alpha (\varepsilon_1) \rho_1 (x) + \beta (\varepsilon_2) \rho_2 (x)}{\alpha (\varepsilon_1) + \beta (\varepsilon_2)}$$

while if only one  $\rho_j$  is specified we have  $\rho (x) = \rho_j (x)$  and if both  $\rho_1$  and  $\rho_2$  are not specified the same happens to  $\rho$ .

This process merges the knowledge coming from different sources in a unique  $C_d$  structure. A major problem is how to minimise the information loss and, at the same time, focusing on the information that is, in some sense, more valuable (more reliable). The experience value  $\varepsilon$  is a good reference for the maturity of the information coded into a  $C_d$  but a number of external elements may affect the evaluation process. Therefore, we introduced the adjustment parameters  $\alpha$  and  $\beta$ . For the binary operator  $\blacklozenge$  we have a range of choices depending on the policies we enforce: simple solutions are  $+$ , *max* or *min*. We can use these parameters in order to enforce ageing policies, security policies or source selection policies and, in this sense, we suggest the possibility to take advantage of user profiling, per user or per class of users, for a comprehensive plan on the  $\alpha$ ,  $\beta$  to use in different situations.

The position of the merging function within the model becomes clearer looking at its applications and the more important is in combination with the distance function for the management of clusters. The *adaptive association* procedure manages the evolution of the “cases base”.

**Definition:** Given two case descriptions  $C_{dS}$  and  $C_{dU}$  for the diagnosis  $d$ , the adjustment functions  $\alpha$  (for  $C_{dS}$ ) and  $\beta$  (for  $C_{dU}$ ) and two real values  $\mu_1$  and  $\mu_2$ , considering  $\delta = D_{\sigma} (C_{dS}, C_{dU})$  we define the **adaptive association** process as follows:

- if the  $\delta$  is less than the threshold  $\mu_1$ , we associate  $d$  to the case  $C_{dS}$

- if the  $\delta$  is greater than  $\mu_1$  but smaller than  $\mu_2$ , we can merge  $C_dS$  and  $C_dU$  using the merging function  $M$  with parameters  $\alpha$  and  $\beta$  and we associate  $d$  to the result of the merge
- if the  $\delta$  is greater than  $\mu_2$ , we associate the  $d$  to both  $O_dS$  and  $O_dU$

This means that, first possibility, if I already have a case description that matches the context to which the diagnosis  $d$  refers to than  $d$  is a possible diagnosis of the problem. If the two case descriptions are different, second possibility, but there are no substantial differences we can build a case representing an average point in between them and associate  $d$  with this new case. If we notice, last possibility, that the cases have substantial differences, we keep them distinct and we associate the diagnosis  $d$  to both of them.

## 5 Experimental results

In order to test the effectiveness of our proposal, we developed a conversational CBR shell based on the model defined in the previous sections and we investigated the structure of the knowledge base on different situations. The shell interface (Figures 1) supports the user through a suggestion mechanism that, looking at the symptoms specified at one point, presents a list of possible other symptoms inferred by the knowledge base. When the user finds a diagnosis that matches his/her problem he/she can select it obtaining more details and indications on possible solutions. We focus on the possibility for the user to give indications on both relevance and confidence and how this information impacts on the precision of the result.

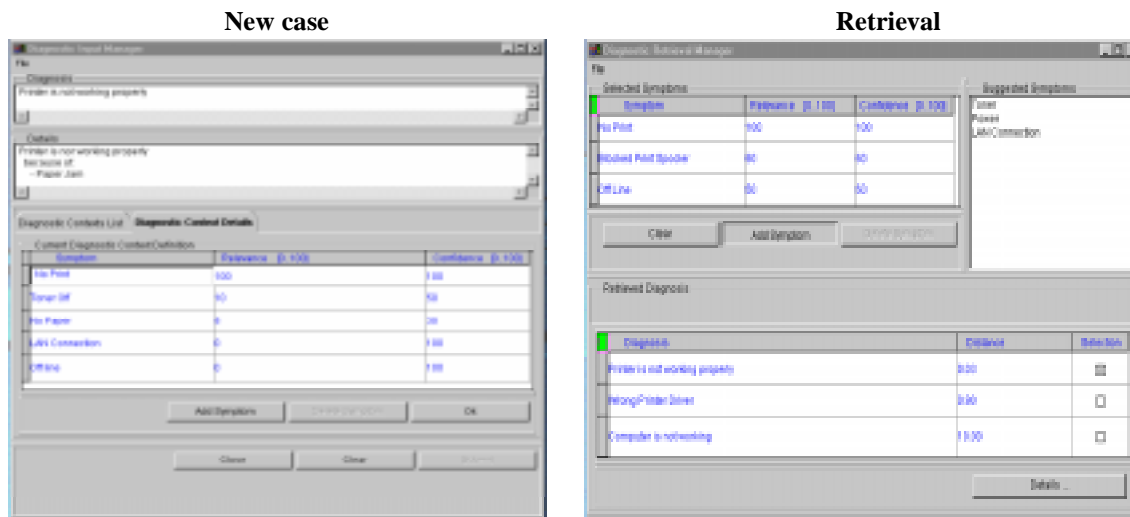


Figure 1: Conversational CBR shell

Concerning the characteristics of the knowledge base, adaptivity plays a major role and it may be interesting to look at the evolution and continuous refinement of a case descriptor. The graphs on (Figure 2) capture a series of snapshots of the confidence distribution over the relevance space for one fact in a case descriptor. The evolution line is from (a) to (e) and we can see how different points of view are managed. If, for example, we start (a) with a case in which “green LED” has relevance 3 with

confidence 65%, we end up (e) with a more complete vision in which there is a strong confidence in the fact that the relevance of “green LED” is between 5 and 6 though also the range 2-3 has been reinforced. We work with a discrete version of the distribution function (relevance is on the x-axis and confidence on the y-axis) but we can tune the sensitivity of the function.

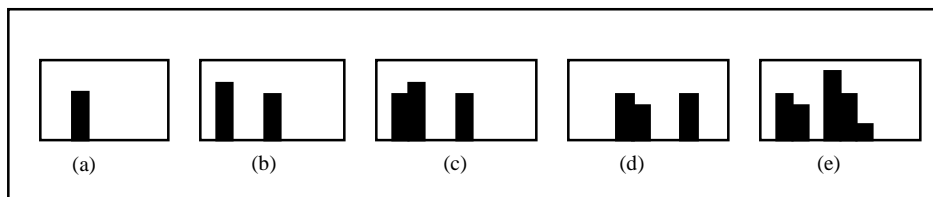


Figure 2: Evolution of component descriptor

In order to investigate the impact of explicit uncertainty management on the precision of the retrieval process, we tested the system under stress condition (up to 1000 diagnosis per case) looking at clustering problems. Having fixed the diagnostic data, we progressively reduced the sensitivity of the system to confidence information and we look at how the total number and the average dimension of clusters change. In (Figure 3) the x-axis represents the number of possible confidence levels while the y-axis represents (3.a) the average dimension of a cluster and (3.b) the total number of clusters. When we allow only one level of confidence we actually return to a standard system based only on relevance.

We notice that, on similar conditions, the number of diagnosis associated with what is modelled as a single case is up to 5 times greater in a standard system with respect to a reasonably sensitive system based the proposed model. This is reflected in the number of distinct clusters and in their average dimension.

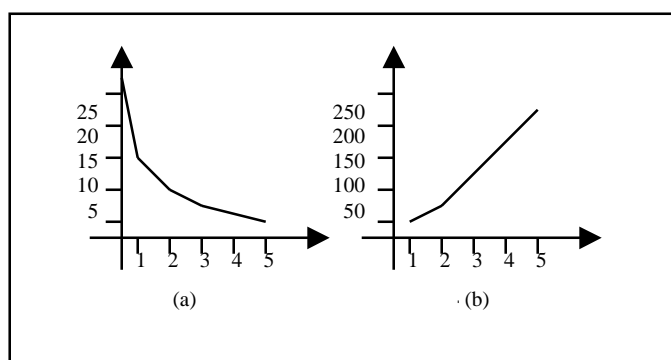


Figure 3: Clustering

In terms of retrieval it means that the NN algorithm can find more accurately the matching cases for the user description of a problem and supply him/her with a more restricted (but more precise) choice of diagnosis (solutions).



## 6 Discussion

In the previous section we focused on the benefits the model offers in term of selectivity at retrieval time. This is fundamental for the ordinary activity of a diagnostic system but the explicit uncertainty modelling may have other applications.

Uncertainty usually depends on lack of information and we can think, for example, of threshold mechanisms in order to discover this kind of problem. The fact that confidence values for a symptom are low suggests that there isn't a clear understanding of its meaning and it need to be investigated more carefully. Comparing the confidence distribution of different symptoms of the same case may be useful in order to establish the reliability of the associated diagnosis: if there is uncertainty on the causes of a problem (case) we may be more careful considering the proposed diagnosis.

Qualitative analysis of case descriptors may give indications on the system users, their needs and their problems. This extra layer of information provides a starting point for a more "user centred" diagnostic system where effectiveness derives not only from technological issues but also from a clearer understanding of the user (human or software agent).

## 7 Applications on Model Based systems

We focused on a CBR approach mainly because of the immediate evidence of its sensitivity to uncertainty and adaptivity but the results we achieved may be extended to model-based (MB) and hybrid diagnostic systems [7].

We envision a two-layer approach for the application of our model in a MB context [12]. The first possibility is to introduce uncertainty in the description of static information components (facts) of a model and to exploit this information in the inference processes (rules). A lot of work has been done on fuzzy controls showing effective applications of uncertainty management on actual systems [19]. Facts involving continuous variables (or dense discrete distributions), for example, may cause complexity explosions on standard MB systems and the discrete-mapping process introduces informative loss that can be effectively managed in our model. The second stage relates to the reflective association of uncertainty information on the inference rules in order to explicitly manage situations in which there are different options at the same time. Adaptivity is fundamental in both cases as the continuous evolution of information allows a continuous improvement in the precision of any diagnostic system.

## 8 Conclusions

The explicit modelling of uncertainty in diagnostic systems opens interesting possibilities in terms of both knowledge management and user interaction. In this paper we propose a model that, capitalising on the flexibility and expressiveness of fuzzy sets, captures both relevance and confidence aspects of the information related to diagnostic data and that dynamically manages their evolution process.

We focus on a case-based framework because of the sensitivity of this approach to the accuracy of the information but the basic model is applicable in different scenarios. Tests proved that there is an improvement up to a factor of 5 with respect with standard

relevance-based techniques but we envision other benefits may come from qualitative interpretations of information gathering.

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