Royal College Research Forum

Generative Al and medicine: Transforming competence, learning and practice

October 25, 2023



Chair

Brian Hodges, MD, PhD, FRCPC

Executive Vice-President
Education and Chief Medical
Officer, UHN
Professor, Temerty Faculty of
Medicine, University of Toronto
President, Royal College of
Physicians and Surgeons of Canada



Host

Tanya Horsley, PhD, MBA

Associate Director Research and Evaluation Royal College of Physicians and Surgeons of Canada



Panelist

Michael Caesar, MBA, PfMP

Chief Data & Analytics Officer
UHN Data & Analytics, Adjunct
Faculty, Institute of Health
Policy, Management and
Evaluation University of Toronto



Panelist

Devin Singh, MD, FRCPC Clinical AI and Machine Learning

Lead, Paediatric Emergency
Medicine Staff Physician, The
Hospital for Sick Children
Co-Founder & CEO Hero Al



Panelist

Lorelei Lingard, PhD

Professor, Department of Medicine, Schulich School of Medicine & Dentistry, Western University Professor, Faculty of Education, Western University. Senior Scientist, CERI, Schulich School of Medicine & Dentistry, Western University



Special Address

Bertalan Mesko MD, PhD

The Medical Futurist

The Medical Futurist Institute

Director

Territorial Acknowledgment / Reconnaissance du territoire autochtone

Nous reconnaissons que les terres où bon nombre d'entre nous se trouvent actuellement, à Ottawa, en Ontario, font partie du territoire traditionnel non cédé du peuple anishinabé algonquin. Les Anishinabés habitent ce territoire depuis des millénaires. Nous accueillons aujourd'hui des gens de partout au Canada et de l'étranger. Nous vous invitons à prendre un moment pour reconnaître le territoire, l'histoire et les peuples autochtones qui ont marqué l'endroit où vous habitez actuellement.



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Conflict of Interest Declaration

Michael Caesar, MBA, PfMP

Does not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

Brian Hodges, MD, PhD, FRCPC

Strategy Advisor for AMS Healthcare

Tanya Horsley, PhD, MBA

Does not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

Lorelei Lingard, PhD

I have received honoraria from the following organizations: University of Bern Switzerland; National University of Singapore; McGill University; NYC Health and Hospitals Simulation Centre; Vanderbilt University; University of Saskatoon Emergency Medicine Research Day; Australia and New Zealand Association of Health Professional Educators; Queen's University Department of Family Medicine; University of California at San Diego, School of Medicine; Feinberg School of Medicine, University of Chicago; CIHR Institute for Muscular-skeletal Health and Arthritis; Boston Emergency Physicians Foundation; Central Michigan University; Queen's University Office of the VP Research. Received a research grant (2023-2023) from the National Board of Medical Examiners Stemmler Fund

Devin Singh

Cofounder and CEO of Hero Al Inc.



Royal College Research Forum

Before the Event		During the Event		After the Event
y ^ Unmute	You have been automatically muted	Chat	Use chat function to submit questions	An event evaluation will circulated to all participants
	Your camera cannot be activated		The session will be recorded	
For technical support, email: researchunit@royalcollege.ca				

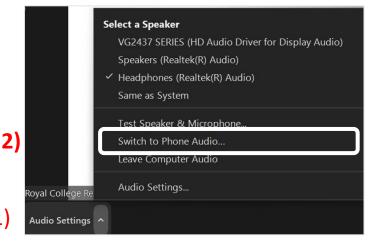
Switching to Phone Audio

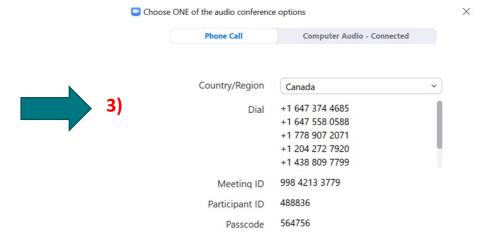
Experiencing issues with your computer audio? Here is how to connect via your phone:

1) Click the up-caret symbol near "Audio Settings"

2) Select "Switch to Phone Audio"

3) Call number provided





Audio Settings ^

Submitting questions

To submit:



- 1) Open the **Chat** feature by clicking
- 2) Within the **Chat** panel, within the **To** drop-down list, please select "Everyone"



3) Press Send.





Brian Hodges, MD, PhD, FRCPC
Executive Vice-President Education and
Chief Medical Officer, University Health Network
Professor, Temerty Faculty of Medicine,
University of Toronto
President, Royal College of Physicians and
Surgeons of Canada



Today's Panelists



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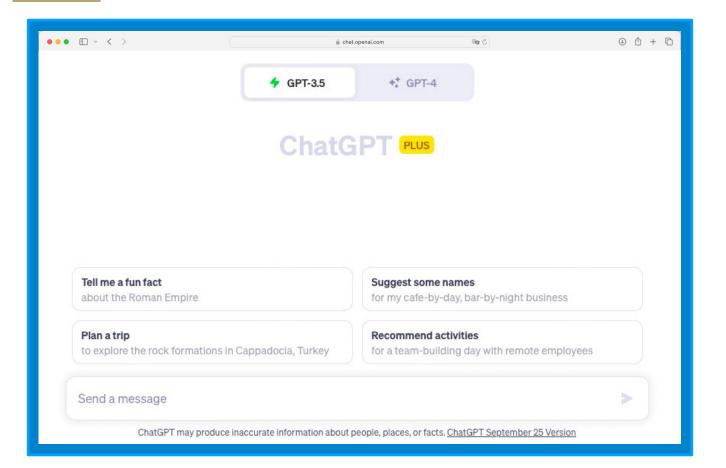
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Director
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Institute









ChatGPT 3.5 - Free version available at chat.openai.com

0 4 7

+⁺ GPT-4

Write a thank you note to the President of the Royal College of Physicians & Surgeons of Canada for hosting a talk on ChatGPT

Subject: Heartfelt Thanks for an Enlightening Event on ChatGPT

Dear President [President's Full Name],

I am writing to extend my deepest gratitude for hosting the recent talk on ChatGPT, an event that was not only informative but also immensely inspiring. It is an honor to have had the opportunity to engage with such a distinguished figure from the Royal College of Physicians & Surgeons of Canada, an institution renowned for its commitment to excellence in medical education and practice.

The insight you provided into ChatGPT's potential applications in the medical field was nothing short of enlightening. The depth of your analysis, combined with your nuanced understanding of both the technology and the ethical considerations involved, contributed to a well-rounded and thought-provoking discussion. It was particularly intriguing to explore how advancements like ChatGPT can revolutionize patient care, medical research, and continuing professional development for physicians and surgeons.

Furthermore, your ability to foster an environment of learning and open dialogue did not go unnoticed. Participants were encouraged to ask questions, share their perspectives, and consider how artificial intelligence can be responsibly integrated into their professional lives. Such a rich exchange of ideas has undoubtedly left a lasting impression on all attendees, myself included.

I also must commend you on the seamless organization of the event. Every detail, from the

+**;** GPT-4

Create a patient-friendly educational handout on hypertension, including an overview of the condition, risk factors, symptoms, potential complications, and management strategies

Title: Understanding Hypertension: A Guide for Patients

[Introduction]

Hypertension, commonly known as high blood pressure, is a prevalent health condition where the force of blood against the artery walls is consistently too high. This condition often develops over several years and can affect everyone, irrespective of age or gender. While it frequently presents with few or no symptoms, uncontrolled hypertension can lead to serious health complications, including heart disease, stroke, and kidney failure. Understanding hypertension is the first step toward managing it effectively and maintaining a healthy life.

0 6 7

[Risk Factors]

Several factors can increase your likelihood of developing hypertension, including:

- 1. Age: The risk increases as you age, primarily due to the natural stiffening of large arteries.
- 2. Family history: Genetics play a role; hypertension tends to run in families.
- 3. Weight: Being overweight or obese can significantly increase your risk.
- Sedentary lifestyle: Lack of physical activity contributes to higher heart rates and weight gain.
- Tobacco use: Smoking or chewing tobacco immediately raises your blood pressure and can damage your arteries over time.
- Diet: Excessive salt intake, low potassium intake, or a lack of vitamin D in your diet can lead to hypertension.
- 7. Alcohol: Over time, heavy drinking can damage your heart.
- 8. Stress: High levels of stress can lead to a temporary but dramatic increase in blood

+,* GPT-4

RI

A 45-year-old male patient presents with a 3-month history of progressive fatigue, unintentional weight loss of 15 pounds, and episodes of dizziness. Please provide a differential diagnosis and suggest relevant diagnostic tests in French.



- Anémie: due à différentes causes comme une carence nutritionnelle, une hémorragie chronique, ou une maladie de la moelle osseuse.
- Hypothyroïdie: un dysfonctionnement de la glande thyroïde qui ne produit pas suffisamment d'hormones thyroïdiennes.
- 3. Diabète sucré: une élévation chronique du taux de glucose dans le sang.
- 4. Insuffisance cardiaque: une incapacité du cœur à pomper le sang efficacement.
- 5. Insuffisance rénale chronique: une diminution progressive de la fonction rénale.
- 6. Maladies malignes: comme les lymphomes, les leucémies, ou d'autres cancers.
- 7. Troubles de l'adrénaline: comme l'insuffisance surrénalienne.
- Dépression majeure: bien qu'elle soit principalement un trouble de l'humeur, la dépression peut également présenter des symptômes physiques.
- Maladies infectieuses: comme la tuberculose, l'infection par le VIH, l'endocardite infectieuse. etc.
- Maladie cœliaque: une réaction auto-immune au gluten qui peut causer une variété de symptômes, y compris la fatigue et la perte de poids.

Tests diagnostiques pertinents:

- Numération sanguine complète (NFS): pour vérifier l'anémie ou d'autres anomalies sanguines.
- 2. TSH (hormone thyréotrope) et hormones thyroïdiennes: pour évaluer la fonction

+**;** GPT-4

Write and abstract, methodology, results and conclusion for a multi centre study on sentinel node in breast cancer with citations

Title: Multi-Center Evaluation of Sentinel Lymph Node Biopsy Efficacy and Predictive
Accuracy in Breast Cancer Management

9 6 9

Abstract:

9 4 9

Background: Sentinel lymph node biopsy (SLNB) has become a pivotal procedure for axillary staging in early-stage breast cancer, minimizing the morbidities associated with traditional axillary lymph node dissection. This study aimed to assess the efficacy, predictive accuracy, and clinical impact of SLNB across multiple centers in diverse settings.

Methods: This was a retrospective, multi-center study spanning five years (2018-2023), involving 15,000 patients from ten global healthcare centers. We evaluated SLNB's sensitivity, specificity, negative predictive value (NPV), and false-negative rate (FNR) using histopathology as the standard reference. Outcomes measured included recurrence rates, overall survival (OS), and disease-free survival (DFS).

Results: SLNB demonstrated high sensitivity (96.5%) and specificity (99.1%) in detecting axillary nodal metastases. The NPV was 98.7%, and the FNR was 3.5%. Five-year OS and DFS were significantly higher in the sentinel-node-negative group compared to the positive group (92% vs. 77% and 89% vs. 72%, respectively; p<0.001).

Conclusions: This study reaffirms the efficacy and reliability of SLNB in axillary staging of early-stage breast cancer patients. Consistent outcomes across multiple centers underscore its universal applicability, necessitating broader adoption and standardization in breast cancer management protocols.

Generative AI is emerging as a transformative force in healthcare

- Education and navigation for patients
- Appointment scheduling & reminders
- Clinical research support
- Automate treatment and discharge summaries
- Virtual health assistants & mental health
- Teach and support students
- Administrative documentation and correspondence



Capacity

Operating at 100%+ occupancy, Long waitlists



Safety

"Never events" Adverse drug events



Social Medicine

Underserved patient populations



Financial

Year over year pressure - zero budget increase



Burnout

Workload, documentation, regulations



Integrated Care

Seamless transitions of care









Plagiarism & Risk to Intellectual Property

Bias

Incorrect information with authority "Hallucinations"





Privacy Cyber Security

Search Canada.ca

Q

BRIEFING

EU Legislation in Progress



Artificial intelligence act

OVERVIEW

The European Commission MENU • intelligence (AI) in April 2021 for Al. The proposed legal fra risks. The Commission propo and to lay down a classificat on a 'risk-based approach'. S wide range of 'high-risk' Al obligations to gain access to be subject to very light trans position in December 2021. starting negotiations to 1 Commission's proposal inc

Canada.ca > About government > Government in a digital age > Digital government innovation > Responsible use of artificial intelligence (AI)

Guide on the use of Generative AI

Table of contents

- · What is generative AI?
- · Challenges and concerns
- · Recommended approach
- · Policy considerations and best practices
- Use of this guide and additional support available
- · Frequently asked questions

Overview

Overview

Generative artificial intelligence (AI) tools offer many potential benefits to Government of Canada (GC) institutions. Federal institutions should explore potential uses of generative AI tools for supporting and improving their operations. However, because these tools are evolving, they should not be used in all cases. Federal institutions must be cautious and evaluate the risks before they start using them. The use of these tools should be restricted to instances where risks can be effectively managed.

This document provides preliminary guidance to federal institutions on their use of generative AI tools. This includes instances where these tools are deployed by federal institutions. It provides an overview of generative AI, identifies

- Disclosing content was generated by Al
- Right to know you are interacting with Al
- Ensure "true and actuate" content.
- Al developers accountability & liability
- Source of training data Copyright & IP
- Identify AI systems considered "threat" to society or illegal content

- Clinic note generated from clinician to patient conversation
- Translation of clinical notes into plain-language
- Focused training data sets: i.e. research journals
- Create **digital patient twin** to simulate "what if" scenarios
- Automation of patient outreach and scheduling











Clinical Considerations for

GEN-AI in Canada

Royal College of Physicians And Surgeons of Canada Research Forum

Dr. Devin Singh (@drdevsk)

Clinical Lead for Artificial Intelligence in Medicine | Hospital for Sick Children

Assistant Professor | University of Toronto | Temerity Faculty of Medicine & Division of Computer Science

Co-Research Lead | T-CAIREM

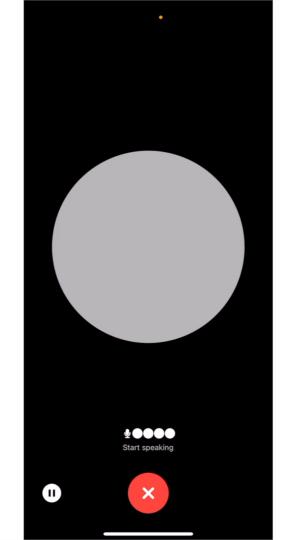
Co-founder & CEO | Hero AI







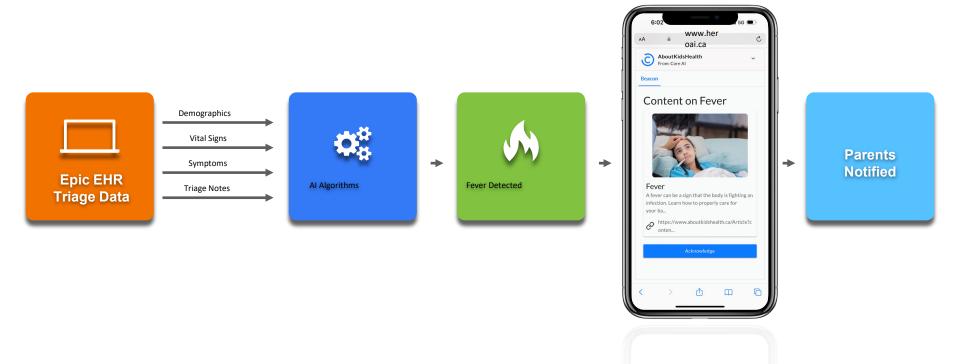






SickKids

Automated Patient Education









Chat!

Example made for SickKids.

Hello! I am a chatbot that answers questions about fever in children.



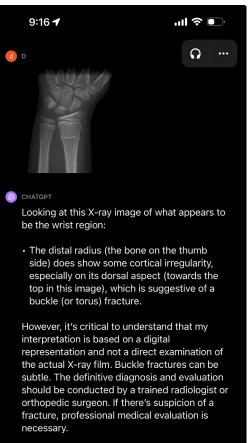






Image Inputs into Gen Al









Critical Consideration







Privacy

Data Sovereignty

Cybersecurity





What About Mistakes?



Legal Concerns?







Thank You!

Dr. Devin Singh (@drdevsk)

Clinical Lead for Artificial Intelligence in Medicine | Hospital for Sick Children

Assistant Professor | University of Toronto | Temerity Faculty of Medicine & Division of Computer Science

Co-Research Lead | T-CAIREM

Co-founder & CEO | Hero AI















Writing with ChatGPT:
An Illustration of its Capacity,
Limitations & Implications
for Academic Writers

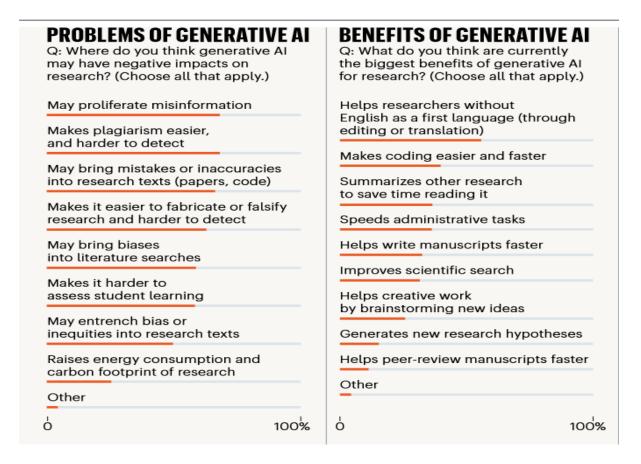
THE WRITER'S CRAFT

LORELEI LINGARD (D

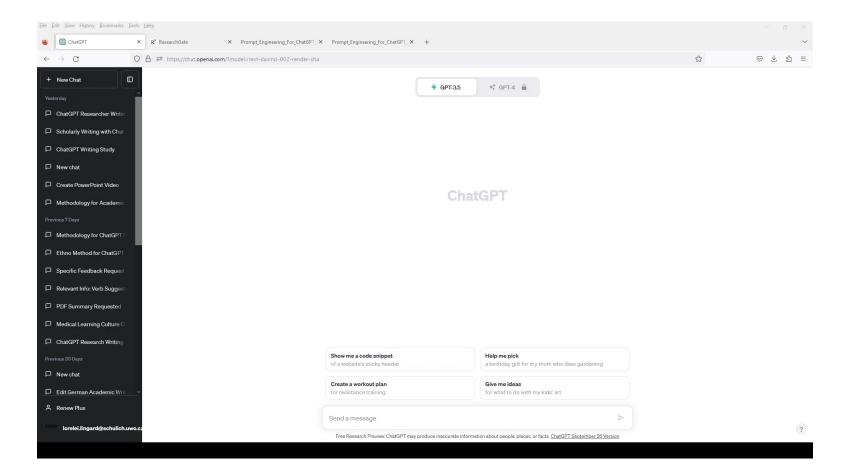
]u[ubiquity press

Year: 2023 Volume: 12 Issue: 1 Page/Article: 261–270 DOI: 10.5334/pme.1072

Researchers' concerns & hopes



Van Noorden R, Perkel JM. "Al and science: what 1600 researchers think." *Nature*, Sept 27, 2023.



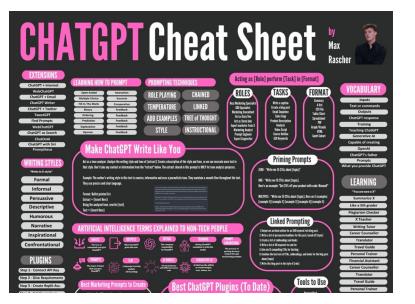
ChatGPT can

But beware, it might

- ✓ Turn summaries into first drafts
- ✓ Brainstorm titles
- ✓ Create outlines
- √Trim long abstracts or sections
- √ Write learning objectives
- √ Generate potential limitations
- ✓ Describe competing ideas
- ✓ Revise paragraphs for coherence
- ✓ Language edit

- Make up references
- Provide biased information
- Incorrectly understand
- Present false corrections
- Make changes you didn't ask for
- · Get the tone wrong
- Homogenize your voice & ideas
- Disregard controversy

Prompt engineering competency



Annals of Biomedical Engineering https://doi.org/10.1007/s10439-023-03272-4



LETTER TO THE EDITOR



Prompt Engineering with ChatGPT: A Guide for Academic Writers

Louie Giray¹

Received: 31 May 2023 / Accepted: 1 June 2023

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Abstract

Prompt engineering is a relatively new discipline that refers to the practice of developing and optimizing prompts to effectively utilize large language models, particularly in natural language processing tasks. However, not many writers and researchers are familiar about this discipline. Hence, in this paper, I aim to highlight the significance of prompt engineering for academic writers and researchers, particularly the fledgling, in the rapidly evolving world of artificial intelligence. I also discuss the concepts of prompt engineering, large language models, and the techniques and pitfalls of writing prompts. Here, I contend that by acquiring prompt engineering skills, academic writers can navigate the changing landscape and leverage large language models to enhance their writing process. As artificial intelligence continues to advance and penetrate the arena of academic writing, prompt engineering equips writers and researchers with the essential skills to effectively harness the power of language models. This enables them to confidently explore new opportunities, enhance their writing endeavors, and remain at the forefront of utilizing cutting-edge technologies in their academic pursuits.

 $\textbf{Keywords} \ \ A cademic \ writing \cdot ChatGPT \cdot Large \ language \ models \cdot Natural \ language \ processing \cdot Prompt \ engineering \cdot Prompts$

Journal AI policies and disclosure

Box 1: Requirements for reporting use of artificial intelligence-assisted technologies for manuscripts submitted to CMAJ (based on recommendations of the International Committee of Medical Journal Editors¹)

- At article submission, CMAJ requires authors to disclose any use artificial intelligence (AI)—assisted technologies (e.g., large language models, chatbots, image creators) in any aspect of the creation of the submitted work. Authors should describe the nature of such use in the cover letter as well as in the manuscript itself.
- Artificial intelligence and Al-assisted technologies must not be listed as an author or co-author of a manuscript.
- Artificial intelligence and AI-assisted technologies must not be cited as a reference or other primary source or as an author of a reference.
- Human authors are responsible for any submitted material that includes the use of Al-assisted technologies, including its correctness, completeness and accuracy.
- Authors must be able to assert that there is no plagiarism in the article, including in text and images produced by AI-assisted technologies, and must ensure appropriate attribution of all material, including full citations where appropriate.
- Peer reviewers must not upload CMAJ manuscripts to software or other AI technologies where confidentiality cannot be assured.
- Even if AI-assisted technologies are used in a manner in which manuscript confidentiality can be guaranteed, peer reviewers who choose to use such technologies to facilitate their review must disclose their use and its nature to CMAJ and are responsible for ensuring that any AI-generated content incorporated into reviews is correct, complete and unbiased.

Declaration of Al-usage

For drafting parts of the presented text, we used the pre-trained ChatGPT (3.5, 2023 Jan-9) model developed by OpenAI as described in the paper by Brown et al (2020). All prompts and their generated texts are available in the Supplement. We checked the text for unintended plagiarism, and we verified all facts and references that we used form LLM outputs.

Adapted from: Aczel, B.; Wagenmakers, E. Transparency Guidance for ChatGPT Usage in Scientific Writing. PsyArXiv 2023, Preprint.

Revolutionary potential

• Can GenAI help to democratize scientific knowledge?

 Could it contribution to a re-evaluation of our academic currencies?

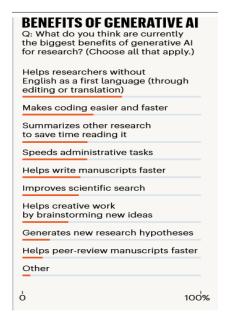




Photo by Jason Leung, Unsplash

Carefully outsource writing labor, not craft.

"Writing is thinking.
To write well
is to think clearly.
That's why it's so hard."

"David McCullough



Photo by Michael Dziedzic, Unsplash

Thank you! Please submit your questions using the chat function