

There are different types of chatbots, ranging from simple rule-based systems that follow pre-programmed responses to more advanced AI-powered chatbots that can learn from user interactions and improve their responses over time.

Chatbots have a wide range of applications, including customer service, marketing, and sales. They can be used to automate routine tasks, answer frequently asked questions, and provide personalized recommendations and assistance to users. Chatbots can also be integrated with other technologies such as voice assistants and chat platforms to offer seamless and convenient user experiences.

One of the advantages of chatbots is that they can operate 24/7, providing instant support and assistance to users at any time. They can also handle a large volume of requests simultaneously, without the need for human intervention. However, chatbots also have limitations, such as their inability to fully understand complex or nuanced language and their reliance on pre-existing data to generate responses.

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Generative artificial intelligence (AI) chatbots, like [ChatGPT](#), have become more competent and prevalent, making their role in [patient education](#) more salient. A study aimed to compare the educational utility of six AI chatbots by quantifying the readability and quality of their answers to common patient questions about clavicle fracture management. Methods [ChatGPT 4](#), [ChatGPT 4o](#), [Gemini 1.0](#), [Gemini 1.5 Pro](#), Microsoft [Copilot](#), and [Perplexity](#) were used with no prior training. Ten representative patient questions about clavicle fractures were posed to each model. The readability of AI responses was measured using Flesch-Kincaid Reading Grade Level, Gunning Fog, and Simple Measure of Gobbledygook (SMOG). Six orthopedists blindly graded the response quality of each model using the DISCERN criteria. Both metrics were analyzed via the Kruskal-Wallis test. Results No statistically significant difference was found among the readability of the six models. Microsoft Copilot ( $70.33 \pm 7.74$ ) and Perplexity ( $71.83 \pm 7.57$ ) demonstrated statistically significant higher DISCERN scores than ChatGPT 4 ( $56.67 \pm 7.15$ ) and Gemini 1.5 Pro ( $51.00 \pm 8.94$ ) with similar findings seen between Gemini 1.0 ( $68.00 \pm 6.42$ ) and Gemini 1.5 Pro. The mean overall quality (question 16, DISCERN) of each model was rated at or above average (range, 3-4.4). Conclusion The findings suggest generative AI models have the capability to serve as supplementary patient education materials. With equal readability and overall high quality, Microsoft Copilot and Perplexity may be implicated as chatbots with the most educational utility regarding surgical intervention for clavicle fractures <sup>1)</sup>.

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They are currently being evaluated for various tasks in medical [education](#). Ghorashi et al. explore the potential applications and implications of chatbots in medical education, specifically in learning and research. With their capability to summarize, simplify complex concepts, automate the creation of memory aids, and serve as an interactive tutor and point-of-care medical reference, chatbots have the potential to enhance students' comprehension, retention, and application of medical knowledge in real time. While the integration of AI-powered chatbots in medical education presents numerous advantages, it is crucial for students to use these tools as assistive tools rather than relying on them entirely. Chatbots should be programmed to reference evidence-based medical resources and produce precise and trustworthy content that adheres to medical science standards, scientific writing guidelines, and ethical considerations <sup>2)</sup>

# How to create a Chatbot for neurosurgery

Creating a chatbot for neurosurgery involves careful planning and implementation to ensure the tool meets the needs of neurosurgeons, medical staff, and possibly patients. Below is a step-by-step guide to developing such a chatbot:

## ### 1. Define the Purpose and Scope

- **Identify Users:** Determine whether the chatbot is for [neurosurgeons](#), medical staff, or patients.

- **Set Goals:** Examples include:

1. Assisting with neurosurgical decision-making.
1. Providing information on specific conditions or treatments.
1. Managing patient queries and follow-ups.
1. Supporting medical education and training.

- **Determine Features:**

1. Symptom checker for patients.
1. Clinical guidelines and algorithms for doctors.
1. Scheduling and follow-up reminders.
1. FAQs on neurosurgical procedures.

## ### 2. Choose a Platform

- **Platforms for Deployment:** Decide whether the chatbot will be deployed on a [website](#), mobile app, or messaging platforms like [WhatsApp](#), Telegram, or Slack.

- **Language Model:** Use a framework like OpenAI's GPT models or other AI platforms (Google Dialogflow, IBM Watson Assistant, Microsoft Bot Framework).

## ### 3. Design the Workflow

- **Define User Flows:** Sketch out how users interact with the chatbot. Example flows:

1. Patient: Symptom input → Differential diagnosis → Recommendations.
1. Surgeon: Query on guidelines → Evidence-based answer → References.

- **Database Integration:** Include databases for:

1. Neurosurgical protocols and guidelines.
1. Imaging and diagnostic tools (e.g., integration with PACS).
1. Patient information (ensuring compliance with HIPAA or GDPR).

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### ### 4. Data Collection and Training

#### - **Prepare a Dataset:** Gather:

1. Neurosurgical knowledge (articles, textbooks, case studies).
1. Real-world Q&A examples from neurosurgeons.
1. Patient queries related to neurosurgery.

- **Annotate Data:** Label data to train the chatbot for specific tasks (e.g., diagnosis support, procedural queries).

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### ### 5. Develop the Chatbot

#### - **Framework:** Use [frameworks](#) like Python with libraries such as:

1. **Natural Language Processing:** Hugging Face Transformers, SpaCy.
1. **Chatbot Development:** Rasa, ChatterBot, or direct API integration (e.g., OpenAI API).

- **Backend Development:** Set up the infrastructure for processing user inputs, fetching responses, and integrating with medical systems.

- **Frontend Interface:** Create a user-friendly interface for users to interact with the chatbot.

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### ### 6. Implement Features

#### - **For Medical Staff:**

1. Evidence-based recommendations.
1. Clinical calculators (e.g., for ICP, herniation risks).
1. Query imaging protocols or equipment usage.

#### - **For Patients:**

1. Appointment scheduling.
1. Preoperative and postoperative care advice.
1. Common FAQs on neurosurgical conditions (e.g., herniated discs, tumors).

#### - **Interactive Elements:**

1. Medical imaging upload and interpretation suggestions.
2. Visual aids (diagrams of the brain, spine, etc.).
3. Educational videos or links.

### ### 7. Ensure Compliance and Security - Data Security:

1. Encrypt user data to protect sensitive medical information.
2. Comply with legal requirements (HIPAA, GDPR).

### - Accuracy Validation:

1. Review responses with neurosurgeons to ensure clinical reliability.
2. Include disclaimers about the limitations of chatbot recommendations.

### 8. Test and Iterate - Alpha Testing: Test with a small group of neurosurgeons and patients. - **Feedback Loop:** Gather feedback to improve chatbot accuracy and usability. - **Beta Testing:** Deploy in a controlled environment for broader testing.

### 9. Deployment and Maintenance - Launch the Chatbot: Integrate into the chosen platform and promote to the target audience. - **Monitor Performance:** Use analytics to monitor user interactions, response accuracy, and satisfaction rates. - **Regular Updates:**

1. Incorporate new medical knowledge and guidelines.
2. Address bugs and improve user experience.

### 10. Examples of Use Cases - **Clinical Assistant:** Helps neurosurgeons by providing diagnostic assistance or surgery preparation checklists. - **Patient Assistant:** Guides patients with FAQs, symptom checks, and post-surgical care advice. - **Education Tool:** Offers neurosurgical residents resources, quizzes, or procedural simulations.

1)

Giammanco PA, Collins CE, Zimmerman J, Kricfalusi M, Rice RC, Trumbo M, Carlson BA, Rajfer RA, Schneiderman BA, Elsisy JG. Evaluating the Quality and Readability of Information Provided by Generative Artificial Intelligence Chatbots on Clavicle Fracture Treatment Options. Cureus. 2025 Jan 9;17(1):e77200. doi: 10.7759/cureus.77200. PMID: 39925539; PMCID: PMC11806961.

2)

Ghorashi N, Ismail A, Ghosh P, Sidawy A, Javan R. AI-Powered Chatbots in Medical Education: Potential Applications and Implications. Cureus. 2023 Aug 10;15(8):e43271. doi: 10.7759/cureus.43271. PMID: 37692629; PMCID: PMC10492519.

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