



### **Instruction for Participation**

You will interact with multiple chatbot personas in medical conversations and evaluate which is more human-like.

- First, you will log in to our website using any email and a password (provided by the researchers). On log in, you will be asked to complete a demographic survey.
- Second, you will have two interactive meetings with virtual patients. In the meetings, you will play the role of a clinician, and the patient details will be provided to you. Each conversation should be at least 2 minutes, and up to 10 minutes.
- Next, you will be asked to complete an exit survey about your interactions.
- After completing all 4 stages, the researchers will reach out to your registered email within 2 business days with access to a \$25 compensation through a university-approved payment platform.
- **NOTE – the anonymized conversation transcripts may be made public alongside our academic paper, so avoid entering any personally identifiable information (PII) about you or any real person.**
- Although your identifying information will be removed, there is still a small risk that someone could infer your identity from speaking style or contextual information. We will use rigorous anonymization procedures, but complete anonymity cannot be guaranteed.
- The total task, including reading these instructions, interaction, and the survey, is expected to take less than 30 minutes.

The demographic questionnaire is a standard operating procedure for identifying any potential disparities that exist in the sample population.

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## Interface Navigation (Optional reading)

User interface:

Sign up

The screenshot shows a mobile-style sign-in and sign-up form. At the top, it says "Welcome back" and "Sign in to continue to SOPHIE". There are input fields for "Email" (containing "email@gmail.com") and "Password" (masked with dots). Below the password field, there is a "Show" button. A message says "Looks like you're new! Tell us your name." followed by "First name" and "Last name" input fields. The "Last name" field is labeled "(optional)". Below these fields, there is a section for terms and conditions: "By signing up, you acknowledge and agree that:" followed by two checked checkboxes: "You have read and consented to the study's consent form." and "You have read the study instructions (minimum: page 1)". At the bottom, there is a blue "Sign up" button.

Demographic Survey

The screenshot shows a "Demographic Survey" form. At the top, it says "Please complete this survey before continuing. Your responses help us improve SOPHIE." Below this is a progress indicator with two steps: "1 Personal" (active) and "2 Professional". The "Personal Information" section contains three dropdown menus: "What is your age in years?", "How would you describe your gender?", and "Which of the following best describes your race?". At the bottom, there is a "Step 1 of 2" indicator, a blue "Next ->" button, and a green "Submit Survey" button.



## Choose a module

GET STARTED

### Select your interaction

Choose a clinical module below to get started.

**Advanced Communication Training**

MEDICAL SITUATION  
VALUES PLAN  
EMPOWER be EXPLICIT EMPATHIZE  
ACT URM

UR MEDICINE  
EASTMAN  
INSTITUTE FOR ORAL HEALTH

Oral Health

1850  
MELIORA  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

Internal Medicine  
Clerkship  
IM Clerkship

## Choose a scenario

ACT

### Advanced Communication Training

Choose a scenario to practice challenging clinical conversations.

Severe Heart Failure  
John Bell, 50

Delivering Cancer News  
Jill Cooper, 45

Surrogate in Crisis  
Ken Cooper, 42

Stroke & Surrogate Care  
Betty Martin, 58

Pediatric Serious Diagnosis  
Michael Brown, 35

NICU Emergency  
Sarah Johnson, 41

NICU End of Life  
Andy Johnson, 41

DIPG Progression  
Amanda Wilson, 38



## Read patient details

### Patient Details

Review and edit the patient information for this scenario.



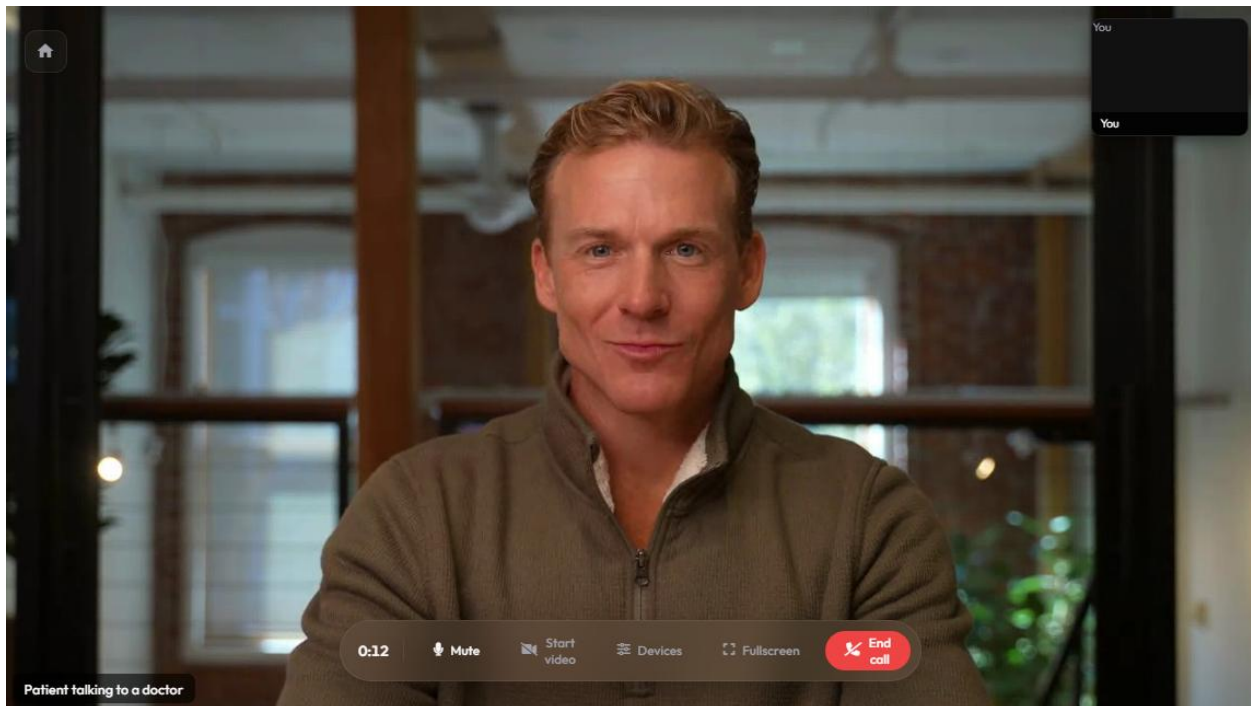
<b>First name*</b>	<input type="text" value="John"/>	<b>Last name</b>	<input type="text" value="Bell"/>
<b>Pronoun</b>	<input type="text" value="He/Him"/>	<b>Age</b>	<input type="text" value="50"/>
<b>Gender</b>	<input type="text" value="Male"/>	<b>Race</b>	<input type="text" value="White"/>

**Full patient description**

You are a primary care provider seeing John Bell, 50, with severe systolic heart failure after a recent STEMI and refusal of prior care. Recent urgent care showed LVEF ~15% and a run of sustained ventricular tachycardia. He has worsening dyspnea, orthopnea, edema, and functional decline. Your tasks:

- Give a clear headline (severe heart weakness with dangerous rhythm risk).
- Explain urgent next steps in plain language: ED evaluation, cardiology, labs, repeat echo, rhythm monitoring.
- Review red flags and why this is time-sensitive.
- Discuss guideline meds (diuretic, beta-blocker, others) and address his reluctance.
- Explore goals/values briefly and respectfully; avoid pushing DNR.
- Use teach-back and make a concrete plan he can agree to today.

## Interact





## Receive feedback

### Feedback on Conversation

Review your transcript and explore skill-specific coaching.

**Actionable Feedback**

(AI Generated feedback may be inaccurate)

**Strengths (What Went Well)**

- Empowering:** You began the encounter by inviting the patient to share his story, which effectively elicited his primary concerns and medical history (“Tell me about yourself”). This demonstrated active listening and put the patient in control to start.
- Values Exploration:** You picked up on his value of family connection, especially meeting his grandchild, and explored this gently (“Have you seen your grandkid?”). This is in line with the “Values” component of MVP.
- Encouraging Engagement:** The patient felt comfortable enough to ask directly for a straight assessment and a plan, indicating some trust in your openness.

**Opportunities for Improvement**

- Empowering:** You could more explicitly ask for permission before sharing sensitive information (“Would it be okay if I share what I know about your heart and what we can do next?”). Also, check his understanding using “teach-back” before moving to the next steps.
- Be Explicit:** The medical situation and immediate risks were not clearly or concisely stated. A headline like **“Your heart is very weak now, which puts you at serious risk of dangerous heart rhythms and sudden worsening”** helps set the stage and matches his desire for “straight answers.” Avoid vague reassurances—use concrete language about severity and urgency.
- Empathy:** Although you acknowledged his goal, there were missed opportunities to name and validate his worries and emotions (“It sounds like this is a really difficult time—especially wanting to see your grandchild with all these health changes”). Acknowledge the fear or uncertainty he may be feeling.
- Planning and Next Steps:** The conversation did not yet include detailed next steps (ED evaluation, labs, echo, monitoring) or a concrete, time-bound plan for today. The patient explicitly asked for “what we have to do next” and “how much time I might have,” so be prepared to give a direct, prioritized next-step plan and discuss prognosis as best you can.

## Track progress in dashboard

### Your Communication Dashboard

A quick view of how your conversations are trending over time.

Sessions with Feedback

**3**

Average Speaking Pace

**225.1** wpm

Open-ended Questions

**44.4%**

Conversation Balance Score

**100.0**/100

**Progression Across Sessions**

Open-ended question ratio and talk-time balance (doctor share) per session.

Session	Open-ended ratio (%)	Doctor talk share (%)
Session 1	~35	~55
Session 2	~45	~50
Session 3	~55	~50