

UNCERTAINTY AND THE MEDICAL INTERVIEW

TOWARDS SELF-ASSESSMENT IN MACHINE LEARNING MODELS

Jakob Drachmann Havtorn

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**CHAPTER 5 MODEL-AGNOSTIC OUT-OF-DISTRIBUTION DETECTION
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**CHAPTER 6 A BRIEF OVERVIEW OF UNSUPERVISED SPEECH
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PROJECT

Background



Healthcare is the improvement of health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury, and other physical and mental impairments in people.

INTRODUCTION

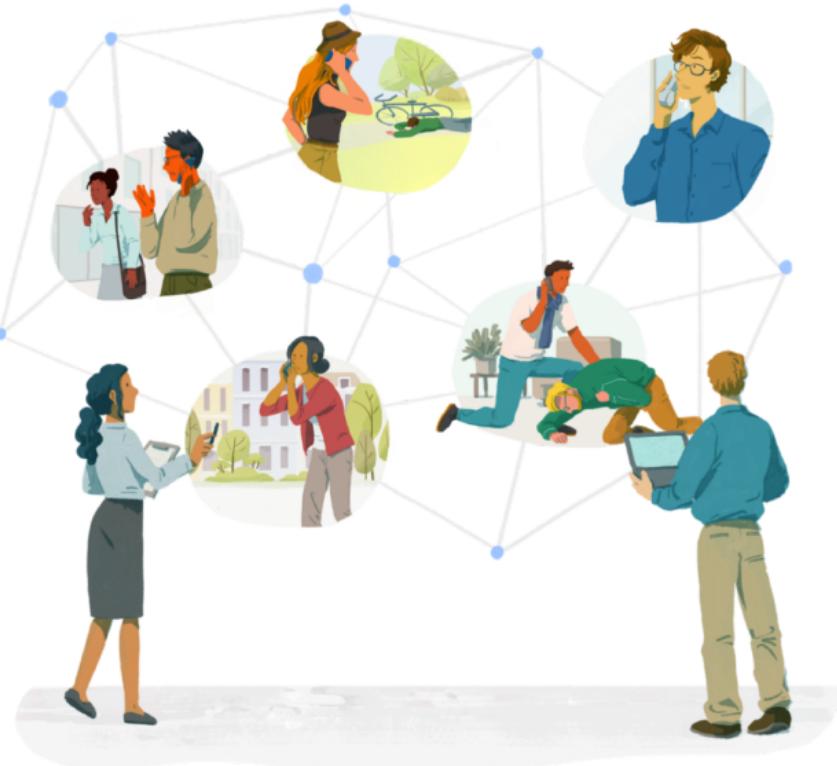
Medical dialogue



INTRODUCTION

Medical dialogue

- General practitioner
- Nurse
- Midwife
- Emergency medical dispatcher
- Paramedic
- Emergency room
- Health insurance



Errors in medical dialogue

- Communication is everywhere in healthcare.
- It is complex, involving multiple participants, different contexts, and different purposes.



Errors in medical dialogue

- Communication is everywhere in healthcare.
- It is complex, involving multiple participants, different contexts, and different purposes.
- **Adverse events:** Failure of communication is a leading cause of medical error contributing to two out of three adverse events [54].
- **Preventability:** A considerable fraction of all hospital admissions have preventable adverse outcomes^a [11].

^a9% to 16.6% in AU, NZ, UK, DK.



Documenting medical encounters

- Documentation is a central part of healthcare.
- E.g. patient records, insurance claims, billing, research, training, legal purposes.



Documenting medical encounters

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- **Time-consuming:** Physicians spend 34-37% of their time on documentation [28, 53, 55]^a.
- **Varying quality:** Discharge summaries almost never meet *all* timeline, transmission, and content criteria. [24]^b

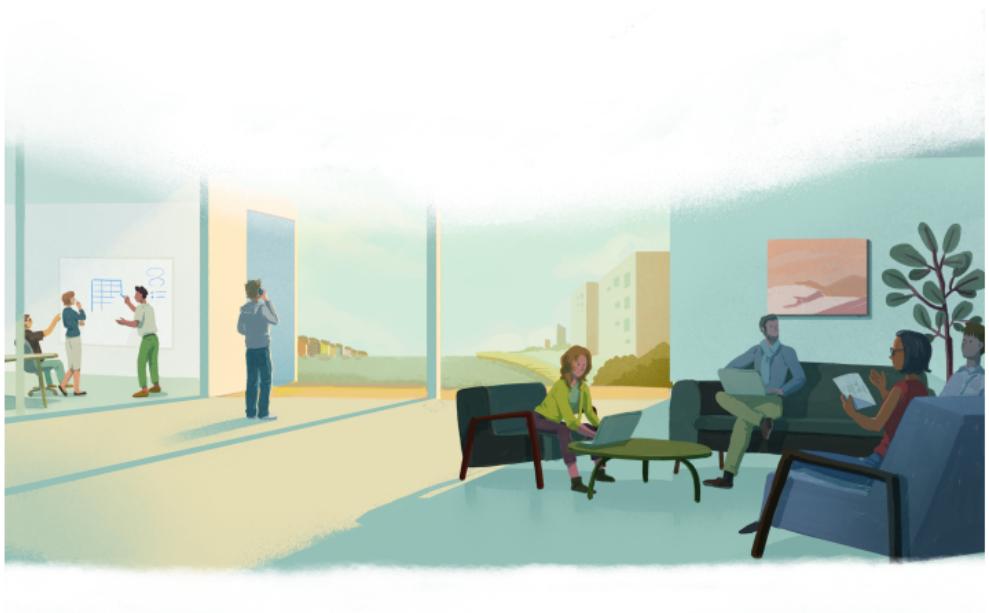
^aAmbulatory care across four specialties in four states and tertiary care at an academic medical center.

^bOutpatient visits, Yale-New Haven Hospital.



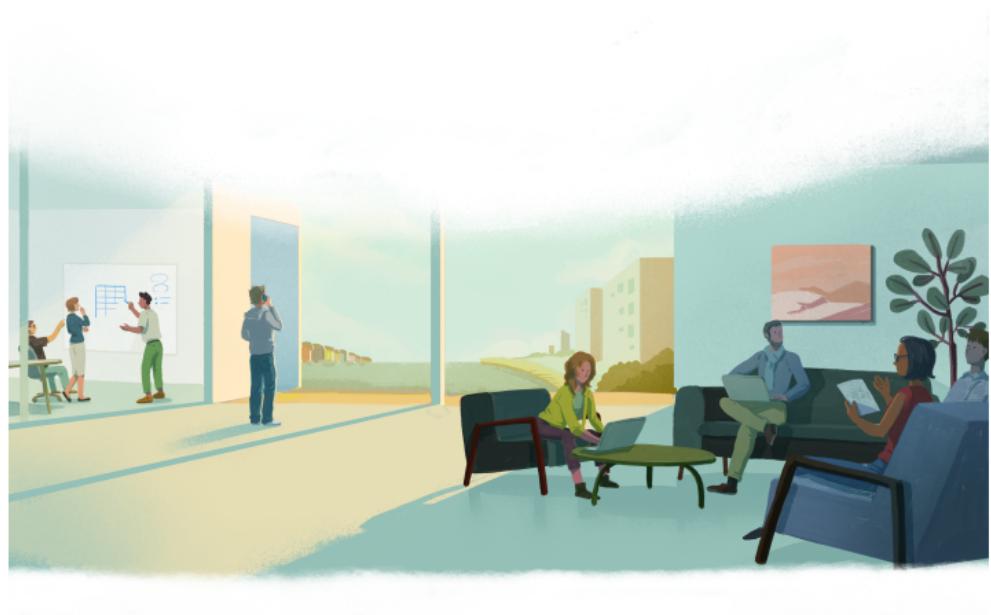
How might machine learning help?

- **Assist** with documentation.
- **Augment** communication.
- **Improve** decision-making.



How might machine learning help?

- **Assist** with documentation.
- **Augment** communication.
- **Improve** decision-making.
- **Reduce** the impact of medical errors and adverse events.
- **Free up** time spent on documentation for patient care.



Reliability of machine learning systems

- **Data:** Quality, quantity, diversity, bias, privacy, ethics.

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- **Fairness** in treatment of different groups of people.
- **Robustness** to noise, outliers, distribution shift, and adversarial attacks.

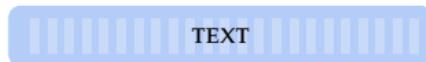
Building a decision-support system

Modular approach:

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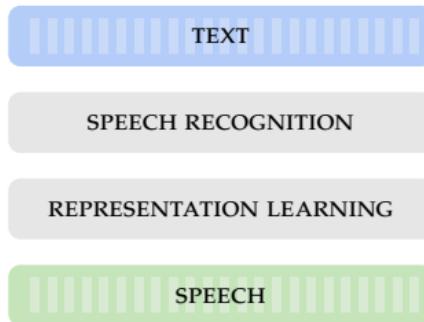
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Building a decision-support system

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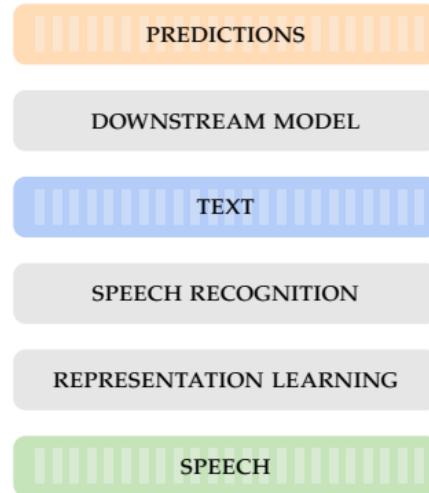
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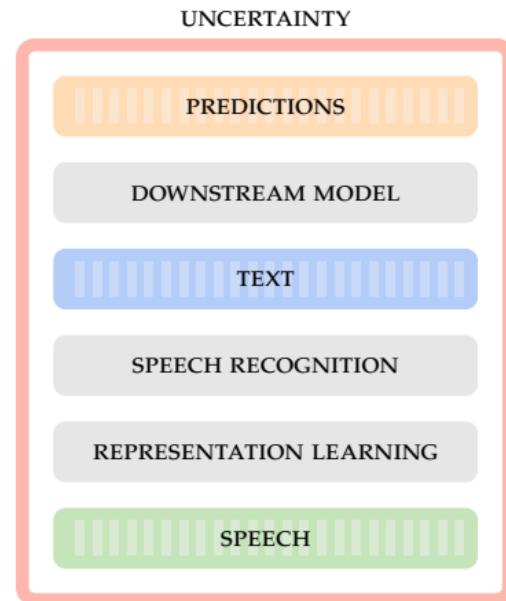
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Building a decision-support system

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- **Source data:** Speech or text (potentially images, video, electronic health records, etc.).
- **Foundation modelling:** Converting the input into representations useful for downstream tasks.
- **Downstream tasks:** Suggesting, summarizing, classifying, transcribing, translating, etc.
- **Uncertainty:** Estimating the reliability of data, representations, predictions.



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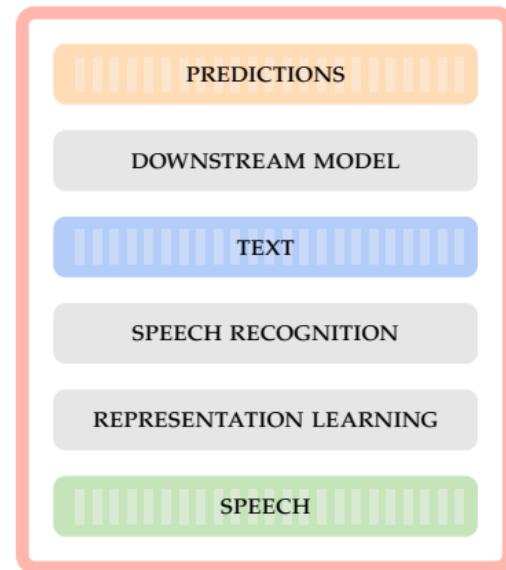
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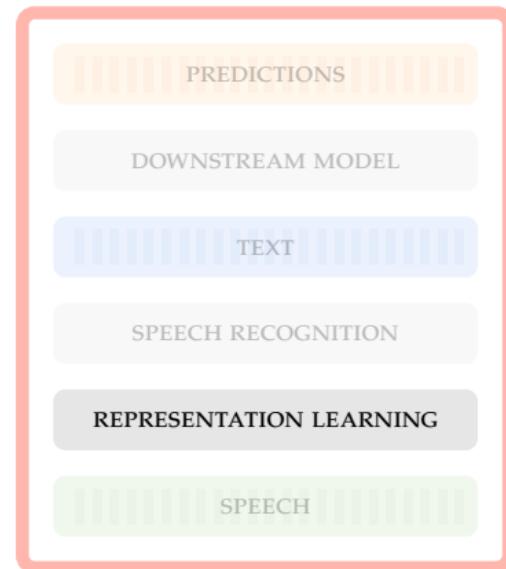
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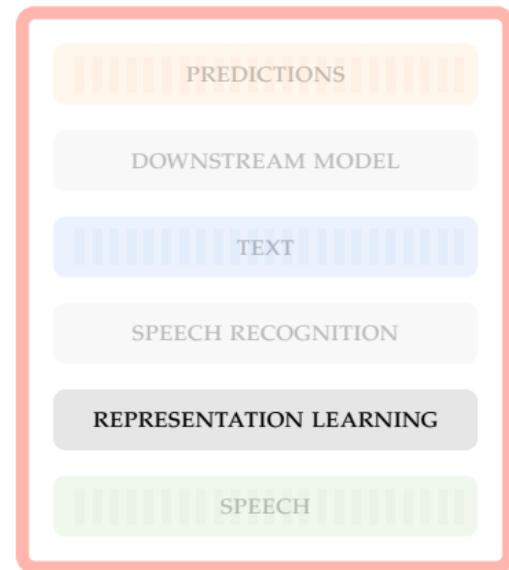
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DOWNSTREAM MODEL

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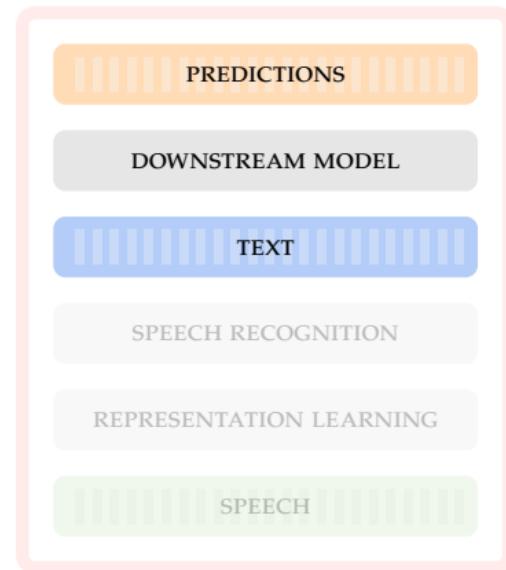
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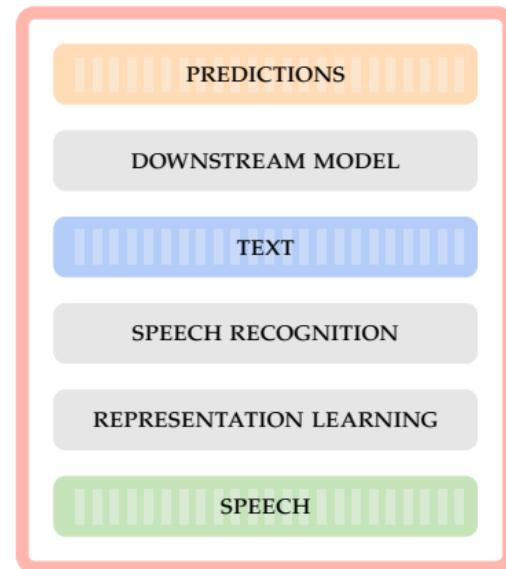
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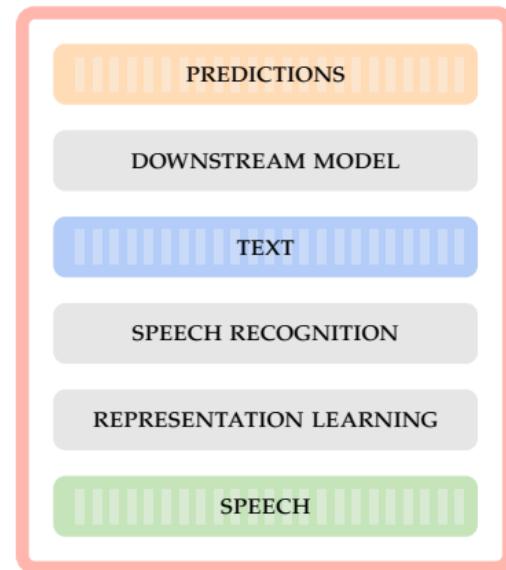
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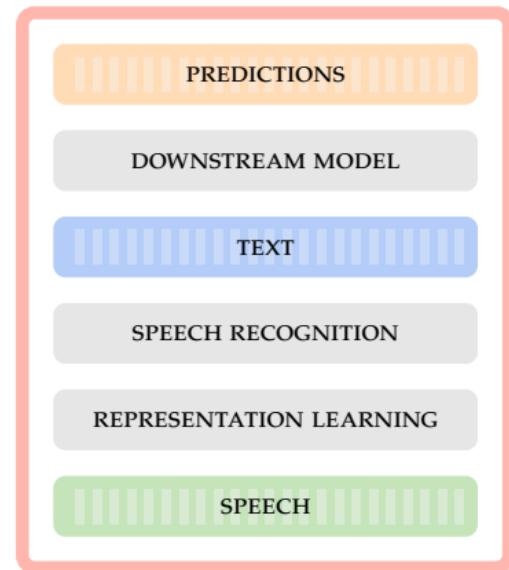
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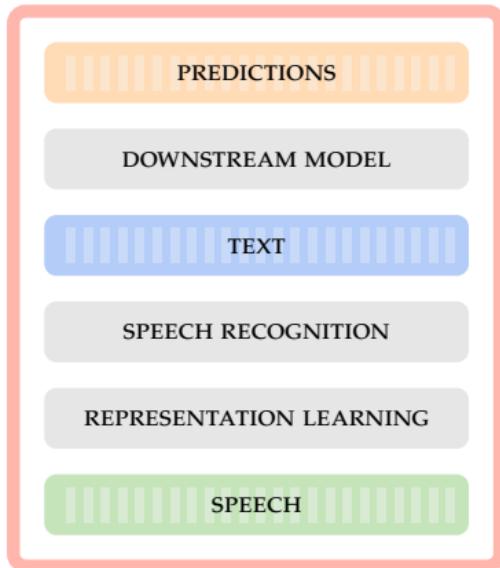
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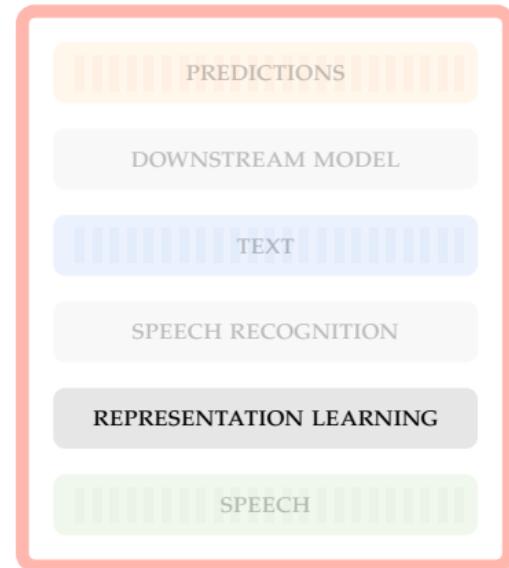
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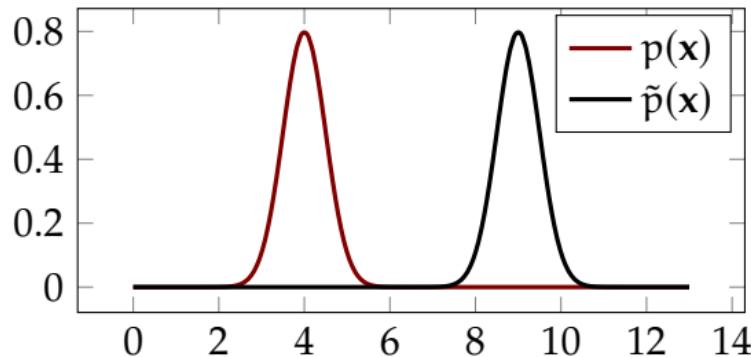
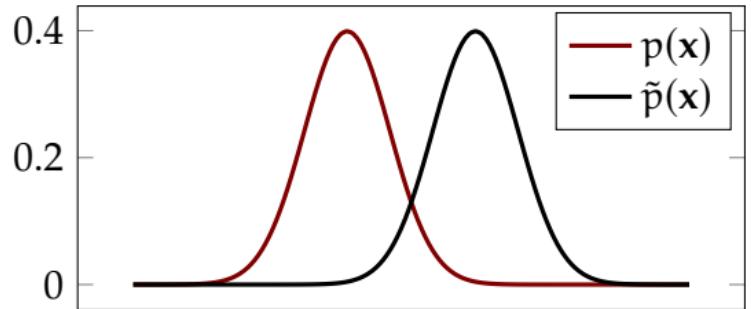


Defining OOD detection

Enable models to distinguish the training data distribution $p(x)$ from any other distribution $\tilde{p}(x)$.

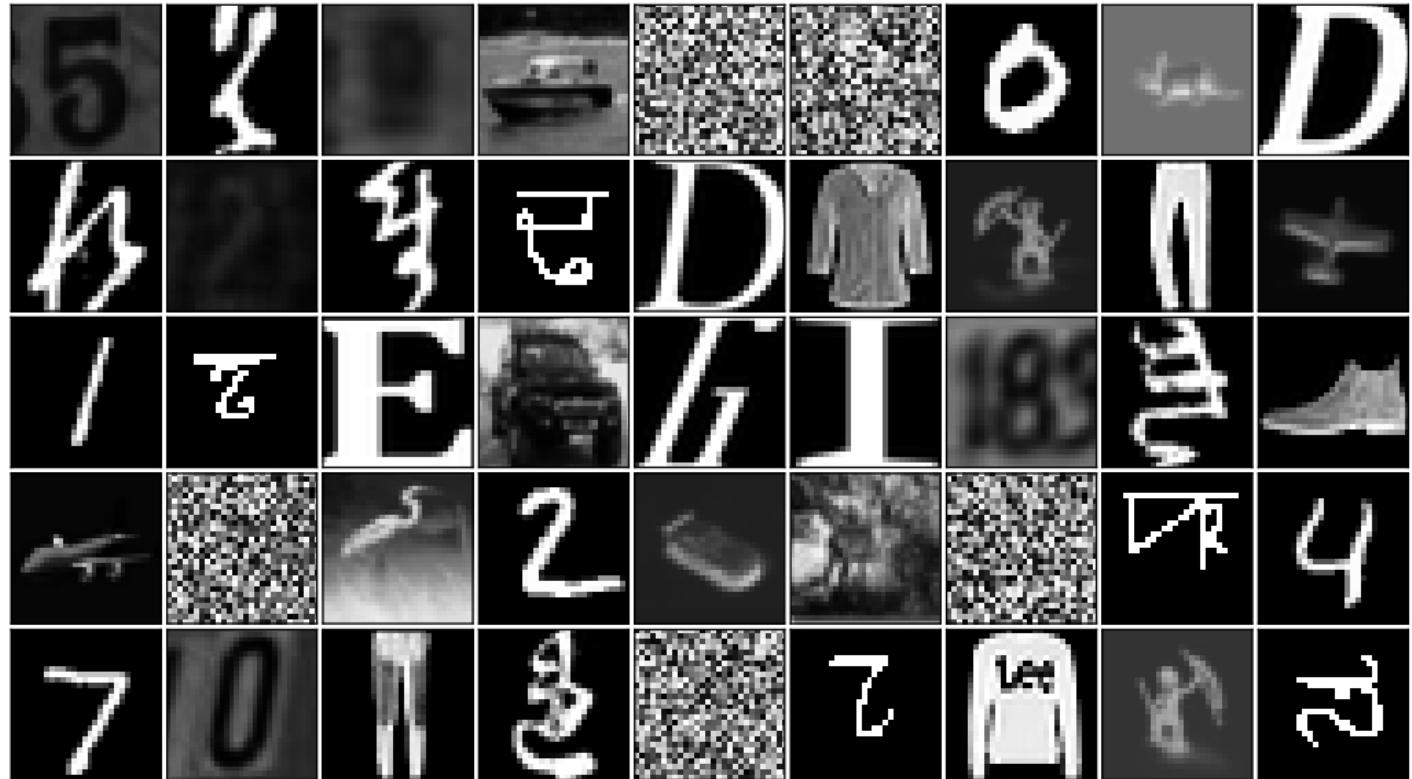
Do this for any given single observation, i.e. answer the question:

"Was x sampled from $p(x)$ or not?"

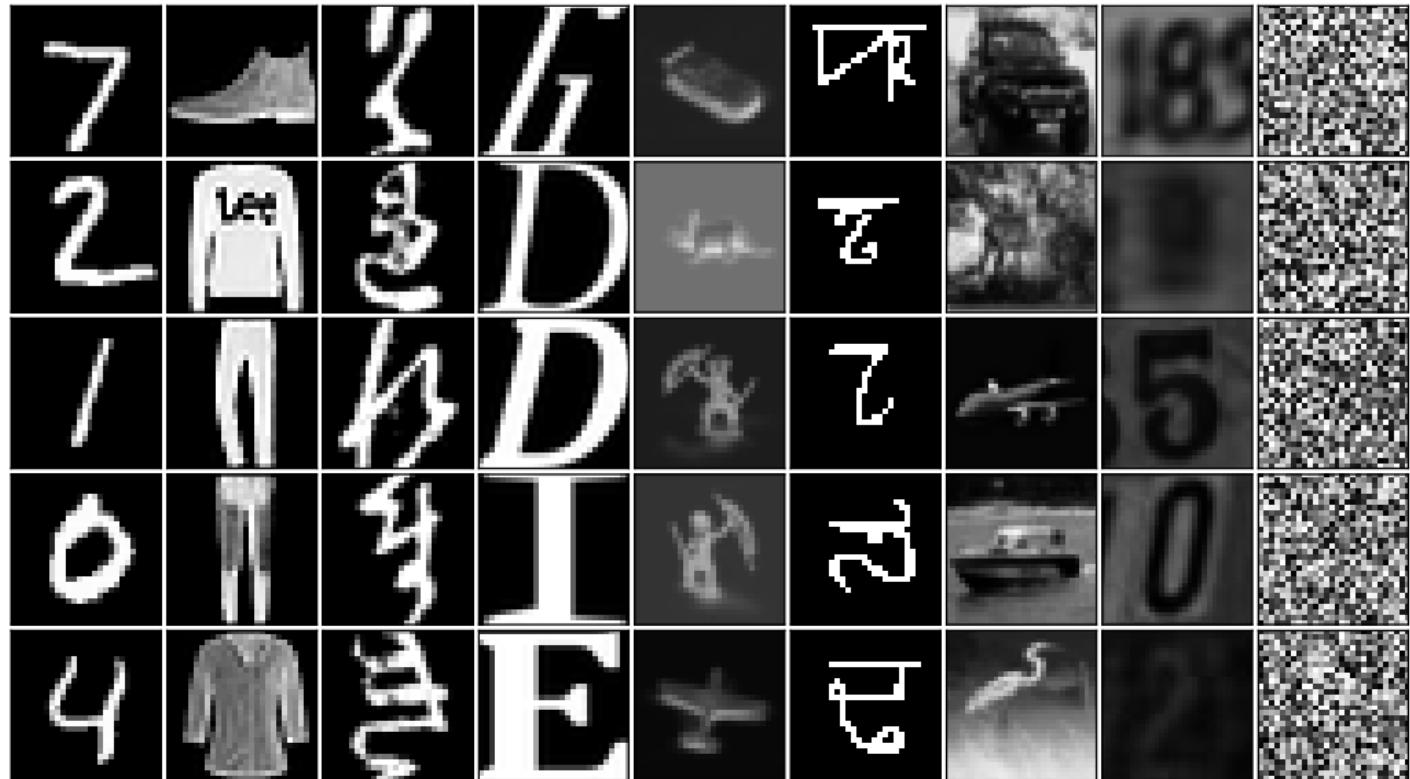


HIERARCHICAL VAES KNOW WHAT THEY DON'T KNOW

In distribution?



Out of distribution?



Problem and Contributions

- Deep generative models often fail at OOD detection task when using their likelihood estimate as the score function [41] by, perhaps surprisingly, assigning **higher likelihoods to OOD data**.
- Contributions:
 - We provide evidence that out-of-distribution detection fails due to learned low-level features that generalize across datasets.
 - We present a new score for OOD detection with hierarchical VAEs that alleviates this issue.

Hierarchical VAE

We choose the hierarchical VAE as our model [32, 50].

$$p_{\theta}(x) = \int p_{\theta}(x, z) dz = \int p_{\theta}(x|z)p_{\theta}(z) dz$$

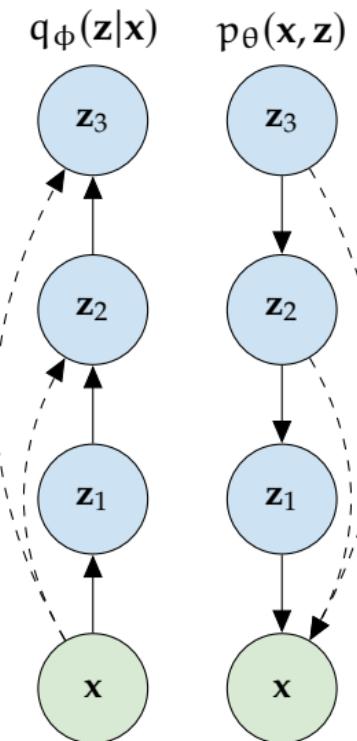
Specifically we use

- ① a three-layered hierarchical VAE with bottom-up inference and deterministic skip-connections for both inference and generation.

Generative model: $p_{\theta}(x|z) = p_{\theta}(x|z_1)p_{\theta}(z_1|z_2)p(z_2)$,

Inference model: $q_{\phi}(z|x) = q_{\phi}(z_1|x)q_{\phi}(z_2|z_1)q_{\phi}(z_3|z_2)$.

- ② a ten-layered layered Bidirectional-Inference Variational Autoencoder (BIVA) [40].

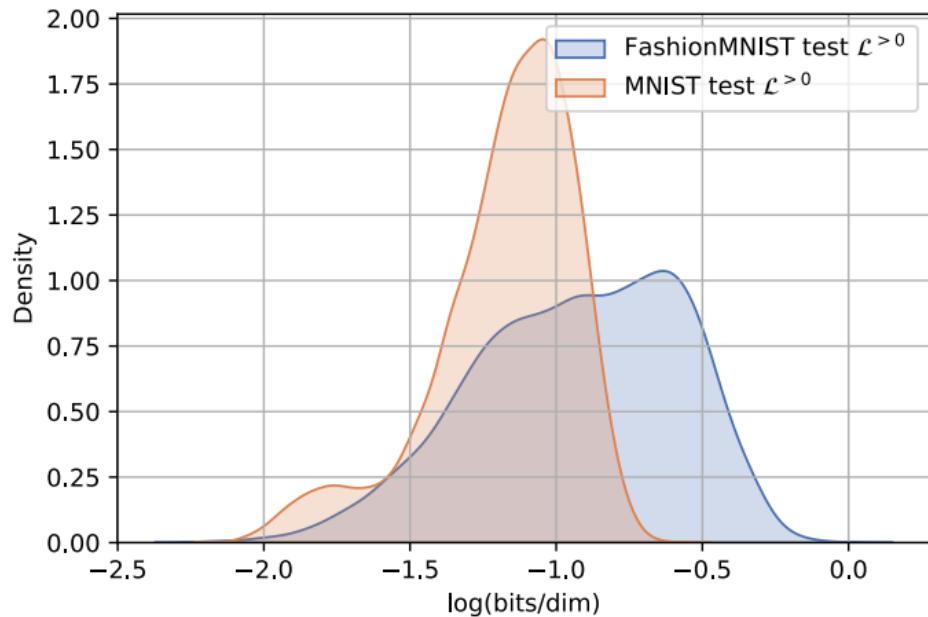


Out-of-distribution detection with hierarchical VAEs

- Generative models learn to approximate the **data distribution** $p(x)$.
- The likelihood of the model given a sample x is a measure of how well the model **explains the data**.
- **Model likelihood** has long been thought of as useful for OOD detection [6].

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What is wrong with the ELBO for OOD detection?

We can split the ELBO into two terms

$$\mathcal{L}(x; \theta, \phi) = \mathbb{E}_{q_\phi(z|x)} \left[\log \frac{p_\theta(x, z)}{q_\phi(z|x)} \right] = \underbrace{\mathbb{E}_{q_\phi(z|x)} [\log p_\theta(x|z)]}_{\text{reconstruction likelihood}} - \underbrace{D_{KL}(q_\phi(z|x) || p(z))}_{\text{regularization penalty}} . \quad (1)$$

The first term is high if the data is well-explained by z .

The second term we can rewrite as,

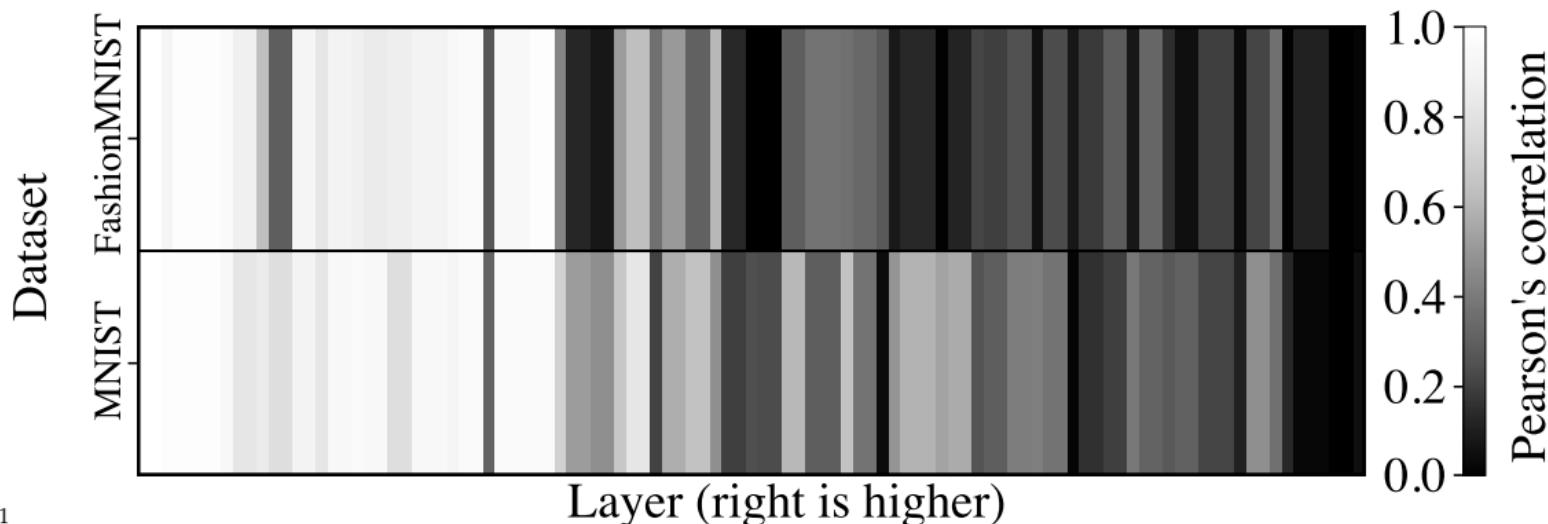
$$D_{KL}(q_\phi(z|x) || p(z)) = \mathbb{E}_{q_\phi(z|x)} \left[\sum_{i=1}^{L-1} \log \frac{p_\theta(z_i|z_{i+1})}{q_\phi(z_i|z_{i-1})} + \log \frac{p_\theta(z_L)}{q_\phi(z_L|z_{L-1})} \right] . \quad (2)$$

The absolute log-ratios grow with $\dim(z_i)$ since the log probability terms are computed by summing over the dimensionality of z_i .

What do the lowest latent variables code for?

Absolute Pearson correlations between data representations in all layers of the inference network of a hierarchical VAE trained on FashionMNIST and of another trained on MNIST.

Correlation computed between the representations of the two different models given the same data, FashionMNIST (top) and MNIST (bottom).



An alternative likelihood bound, $\mathcal{L}^{>k}$

An alternative version of the ELBO that only partially uses the approximate posterior can be written as [40]

$$\mathcal{L}^{>k}(\mathbf{x}; \theta, \phi) = \mathbb{E}_{p_{\theta}(z_{\leq k} | z_{>k}) q_{\phi}(z_{>k} | \mathbf{x})} \left[\log \frac{p_{\theta}(\mathbf{x} | \mathbf{z}) p_{\theta}(\mathbf{z}_{>k})}{q_{\phi}(\mathbf{z}_{>k} | \mathbf{x})} \right] \quad (3)$$

Here, we have replaced the approximate posterior $q_{\phi}(\mathbf{z} | \mathbf{x})$ with a different proposal distribution that combines part of the approximate posterior with the conditional prior, namely

$$p_{\theta}(\mathbf{z}_{\leq k} | \mathbf{z}_{>k}) q_{\phi}(\mathbf{z}_{>k} | \mathbf{x})$$

This bound uses the conditional prior for the lowest latent variables in the hierarchy.

Likelihood ratios

We can use our new bound to compute the score used in a standard likelihood ratio test [10].

$$\text{LLR}^{>k}(x) \equiv \mathcal{L}(x) - \mathcal{L}^{>k}(x) . \quad (4)$$

We can inspect what this likelihood-ratio measures by considering the exact form of our bounds.

$$\begin{aligned} \mathcal{L} &= \log p_{\theta}(x) - D_{\text{KL}}(q_{\phi}(z|x) || p_{\theta}(z|x)) , \\ \mathcal{L}^{>k} &= \log p_{\theta}(x) - D_{\text{KL}}(p_{\theta}(z_{\leq k}|z_{>k}) q_{\phi}(z_{>k}|x) || p_{\theta}(z|x)) . \end{aligned} \quad (5)$$

In the likelihood ratio the reconstruction terms cancel out and only the KL-divergences from the approximate to the true posterior remain.

$$\begin{aligned} \text{LLR}^{>k}(x) &= -D_{\text{KL}}(q_{\phi}(z|x) || p_{\theta}(z|x)) \\ &\quad + D_{\text{KL}}(p_{\theta}(z_{\leq k}|z_{>k}) q_{\phi}(z_{>k}|x) || p_{\theta}(z|x)) . \end{aligned} \quad (6)$$

Importance sampling the ELBO

The importance weighted autoencoder (IWAE) bound is tight with the true likelihood in the limit of infinite samples, $S \rightarrow \infty$ [9],

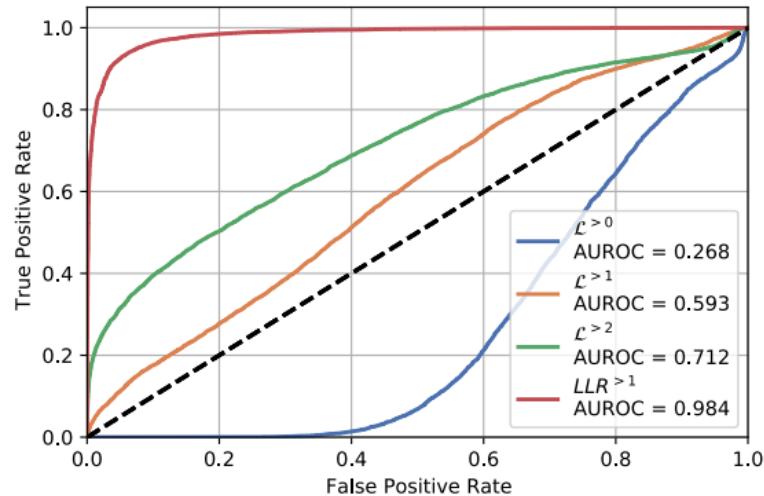
$$\mathcal{L}_S = \mathbb{E}_{q(\mathbf{z}|\mathbf{x})} \left[\log \frac{1}{N} \sum_{s=1}^S \frac{p(\mathbf{x}, \mathbf{z}^{(s)})}{q(\mathbf{z}^{(s)}|\mathbf{x})} \right] \leq \log p_\theta(\mathbf{x}), \quad (7)$$

Consequently, by importance sampling the ELBO, the associated KL-divergence vanishes and our likelihood ratio reduces to the KL-divergence of $\mathcal{L}^{>k}$.

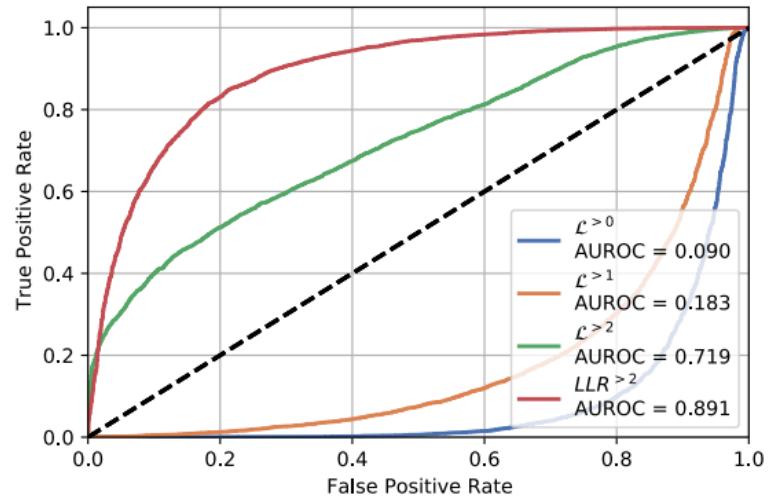
$$\text{LLR}_S^{>k}(\mathbf{x}) \rightarrow D_{\text{KL}}(p(\mathbf{z}_{\leq k}|\mathbf{z}_{>k})q(\mathbf{z}_{>k}|\mathbf{x})||p(\mathbf{z}|\mathbf{x})). \quad (8)$$

$\text{LLR}_S^{>k}(\mathbf{x})$ performs KL-divergence-based OOD detection using top-most latent variables.

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Results with $LLR^{>k}$



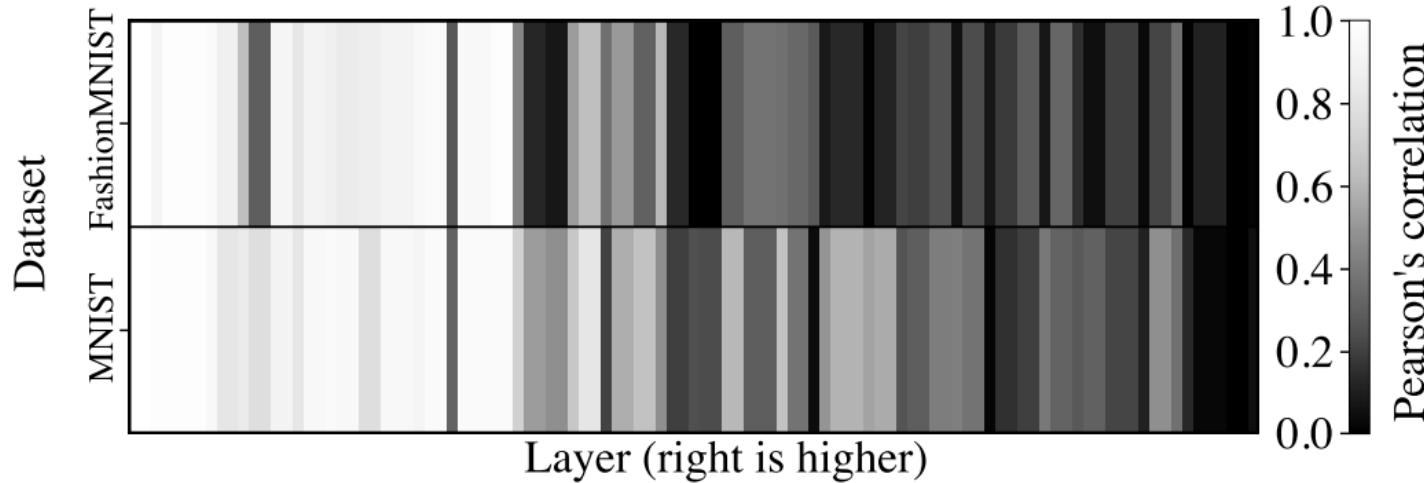
(a) FashionMNIST HVAE evaluated on MNIST



(b) CIFAR10 BIVA evaluated on SVHN

Selecting the value of k

- Use validation OOD dataset(s).
- Compute $LLR^{>k}$ for different values of k and select the one that maximizes the AUROC.
- Compute feature correlations for different values of k and select k at the drop.



Results on FashionMNIST/MNIST

Method	AUROC↑	AUPRC↑	FPR80↓
FashionMNIST (in) / MNIST (out)			
Use prior knowledge of OOD			
Backgr. contrast. LR (PixelCNN) [49]	0.994	0.993	0.001
Backgr. contrast. LR (VAE) [12]	0.924	-	-
Binary classifier [49]	0.455	0.505	0.886
$p(\hat{y} x)$ with OOD as noise class [49]	0.877	0.871	0.195
$p(\hat{y} x)$ with calibration on OOD [49]	0.904	0.895	0.139
Input complexity (S, Glow) [23]	0.998	-	-
Input complexity (S, PixelCNN++) [23]	0.967	-	-
Use in-distribution data labels y			
$p(\hat{y} x)$ [22, 49]	0.734	0.702	0.506
Entropy of $p(y x)$ [49]	0.746	0.726	0.448
ODIN [36, 49]	0.752	0.763	0.432
VIB [2, 12]	0.941	-	-
Mahalanobis distance, CNN [49]	0.942	0.928	0.088
Mahalanobis distance, DenseNet [35]	0.986	-	-
Ensemble, 20 classifiers [34, 49]	0.857	0.849	0.240
No OOD-specific assumptions			
- <i>Ensembles</i>			
WAIC, 5 models, VAE [12]	0.766	-	-
WAIC, 5 models, PixelCNN [49]	0.221	0.401	0.911
- <i>Not ensembles</i>			
Likelihood regret [59]	0.988	-	-
$\mathcal{L}^{>0} + \text{HVAE}$ (ours)	0.268	0.363	0.882
$\mathcal{L}^{>1} + \text{HVAE}$ (ours)	0.593	0.591	0.658
$\mathcal{L}^{>2} + \text{HVAE}$ (ours)	0.712	0.750	0.548
$\text{LLR}^{>1} + \text{HVAE}$ (ours)	0.964	0.961	0.036
$\text{LLR}_{250}^{>1} + \text{HVAE}$ (ours)	0.984	0.984	0.013

Results on CIFAR10/SVHN

Method	AUROC↑	AUPRC↑	FPR80↓
CIFAR10 (in) / SVHN (out)			
Use prior knowledge of OOD			
Backgr. contrast. LR (PixelCNN) [49]	0.930	0.881	0.066
Backgr. contrast. LR (VAE) [59]	0.265	-	-
Outlier exposure [23]	0.984	-	-
Input complexity (S, Glow) [52]	0.950	-	-
Input complexity (S, PixelCNN++) [52]	0.929	-	-
Input complexity (S, HVAE) (Ours) [52]	0.833	0.855	0.344
Use in-distribution data labels y			
Mahalanobis distance [35]	0.991	-	-
No OOD-specific assumptions			
- <i>Ensembles</i>			
WAIC, 5 models, Glow [12]	1.000	-	-
WAIC, 5 models, PixelCNN [49]	0.628	0.616	0.657
- <i>Not ensembles</i>			
Likelihood regret [59]	0.875	-	-
LLR $>^2$ + HVAE (ours)	0.811	0.837	0.394
LLR $>^2$ + BIVA (ours)	0.891	0.875	0.172

Results on diverse datasets

OOD dataset	Metric	AUROC↑	AUPRC↑	FPR80↓
Trained on CIFAR10				
SVHN	LLR ^{>2}	0.811	0.837	0.394
CIFAR10	LLR ^{>1}	0.469	0.479	0.835
Trained on SVHN				
CIFAR10	LLR ^{>1}	0.939	0.950	0.052
SVHN	LLR ^{>1}	0.489	0.484	0.799

OOD dataset	Metric	AUROC↑	AUPRC↑	FPR80↓
Trained on FashionMNIST				
MNIST	LLR ^{>1}	0.986	0.987	0.011
notMNIST	LLR ^{>1}	0.998	0.998	0.000
KMNIST	LLR ^{>1}	0.974	0.977	0.017
Omniglot28x28	LLR ^{>2}	1.000	1.000	0.000
Omniglot28x28Inverted	LLR ^{>1}	0.954	0.954	0.050
SmallNORB28x28	LLR ^{>2}	0.999	0.999	0.002
SmallNORB28x28Inverted	LLR ^{>2}	0.941	0.946	0.069
FashionMNIST	LLR ^{>1}	0.488	0.496	0.811
Trained on MNIST				
FashionMNIST	LLR ^{>1}	0.999	0.999	0.000
notMNIST	LLR ^{>1}	1.000	0.999	0.000
KMNIST	LLR ^{>1}	0.999	0.999	0.000
Omniglot28x28	LLR ^{>1}	1.000	1.000	0.000
Omniglot28x28Inverted	LLR ^{>1}	0.944	0.953	0.057
SmallNORB28x28	LLR ^{>1}	1.000	1.000	0.000
SmallNORB28x28Inverted	LLR ^{>1}	0.985	0.987	0.000
MNIST	LLR ^{>2}	0.515	0.507	0.792

Conclusions

- Key observations:
 - The likelihood of a generative model is not a good score for OOD detection [41].
 - Strong correlations between some latent variables for different datasets.
 - Reconstructions of OOD data are good when using full approximate posterior.
- Proposed a new score, $\text{LLR}^{>k}$, that uses the conditional prior for the top-most latent variables in the hierarchy.

OVERVIEW Presentation

CHAPTER 1-3 INTRODUCTION, RESEARCH QUESTIONS, AND BACKGROUND

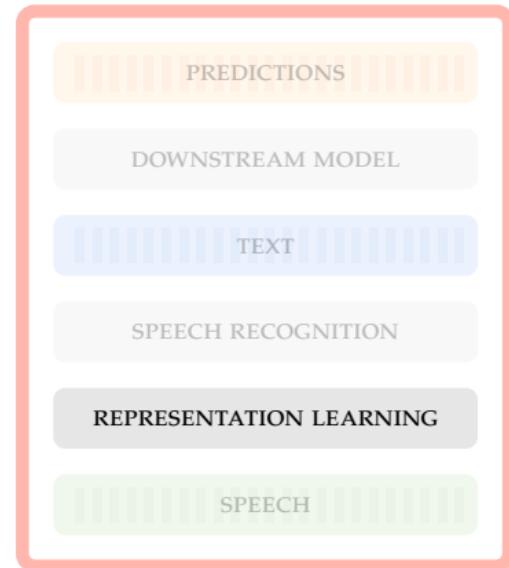
CHAPTER 4 HIERARCHICAL VAES KNOW WHAT THEY DON'T KNOW

CHAPTER 6 A BRIEF OVERVIEW OF UNSUPERVISED SPEECH
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UNCERTAINTY



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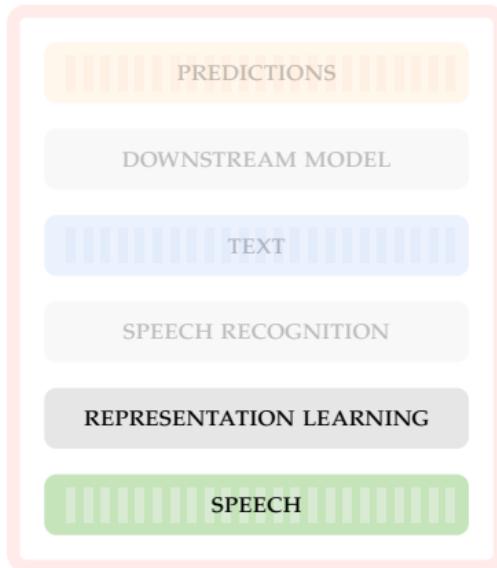
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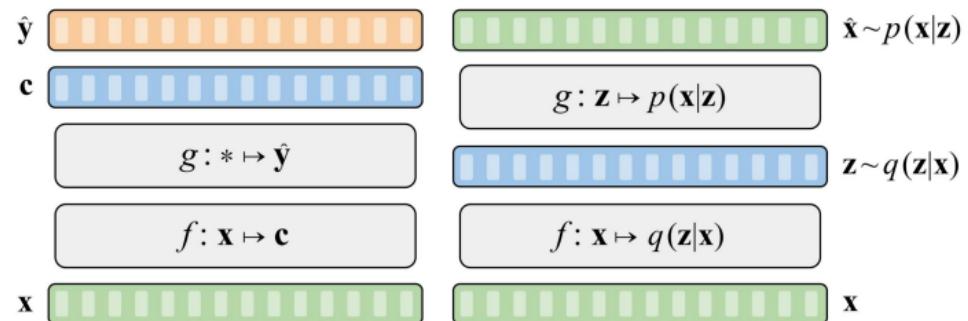


UNCERTAINTY



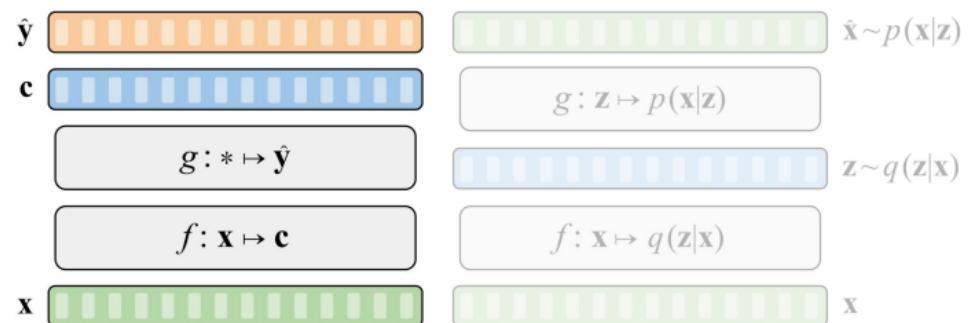
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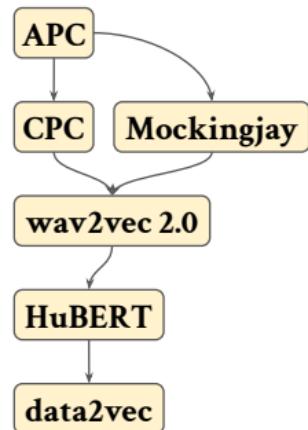


Overview: Representation Learning for Speech

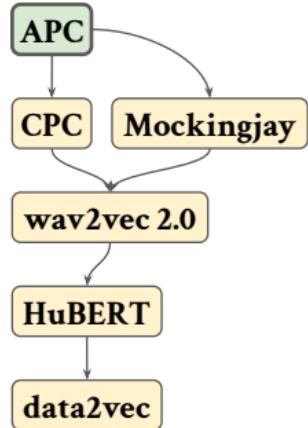
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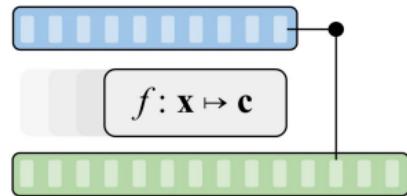
Development of SSL for speech



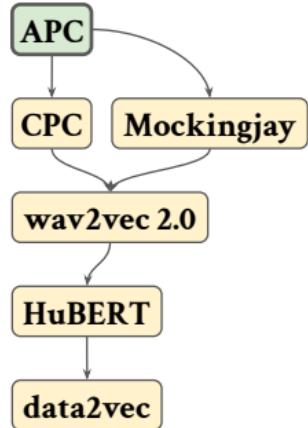
Autoregressive Predictive Coding (APC)



- **Task:** Predict future inputs.
- **Input/target:** Log-mel spectrogram.
- **Architecture:** RNN/Transformer decoder.
- **Slow features:** Predict k steps ahead.

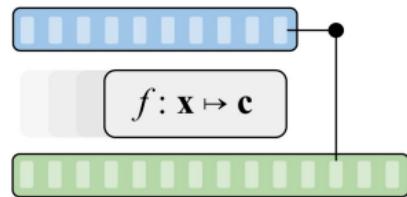


Autoregressive Predictive Coding (APC)

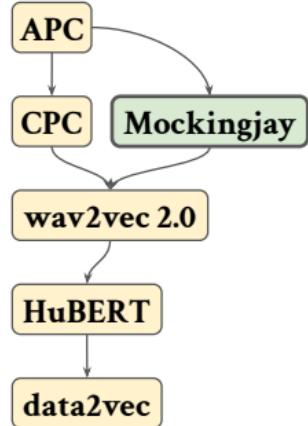


- Challenges:

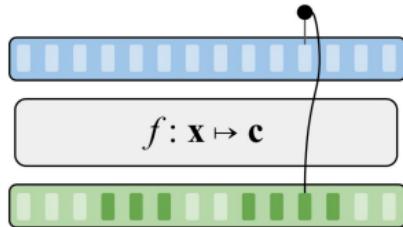
- Encodes only past inputs \times
- Uses the input as target \times



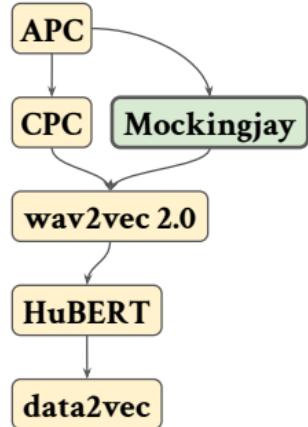
Mockingjay



- **Task:** Reconstruct masked inputs.
- **Architecture:** Transformer encoder.
- **Masking:**
 - X% at random. (Mockingjay)
 - X% + N consecutive (wav2vec 2.0)
 - SpecAugment (Masked RNN)

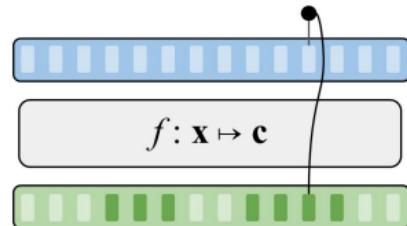


Mockingjay

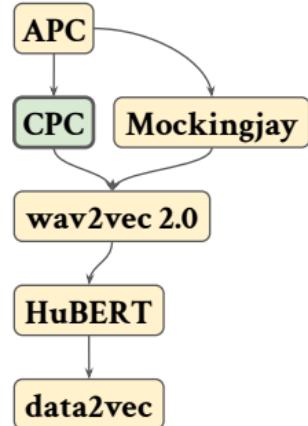


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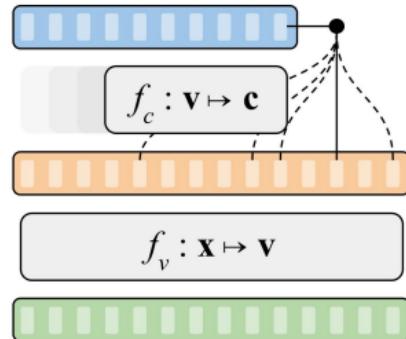
- Encodes the entire input ✓
- Uses the input as target ✗



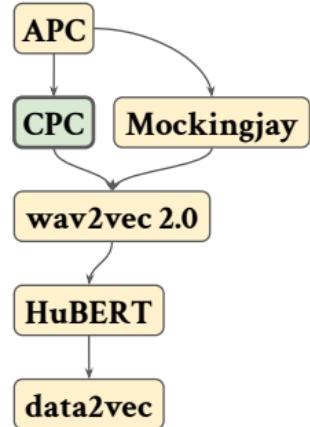
Contrastive Predictive Coding (CPC)



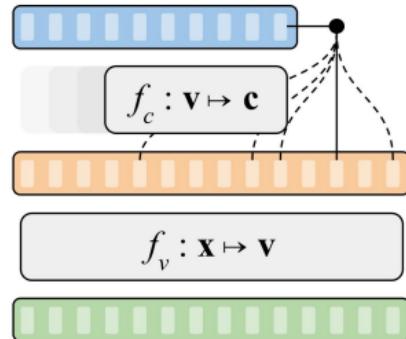
- **Contrastive models:** Distinguish target samples from negative samples.
- **Learned target:** Discard details.
- **Sampling negatives:**
 - Sample sequence?
 - Same speaker?



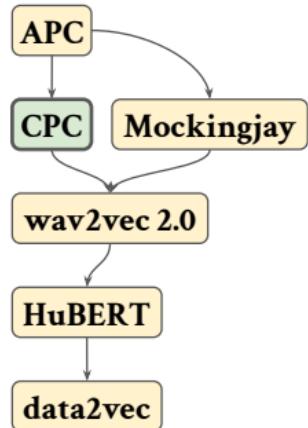
Contrastive Predictive Coding (CPC)



- Challenges:
 - Only encodes past inputs ✗
 - Uses a learned target ✓

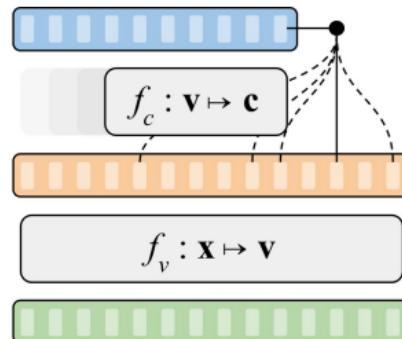


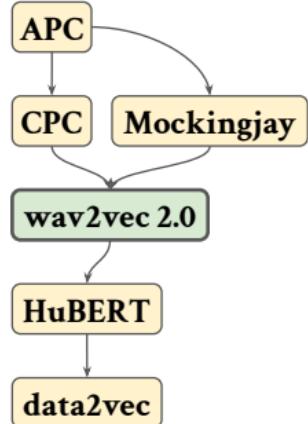
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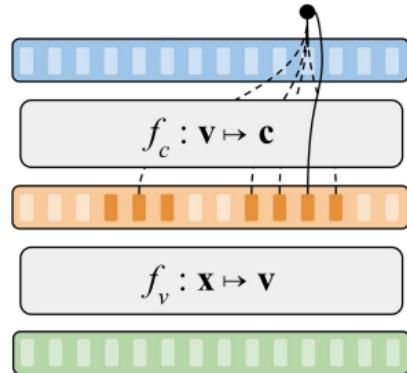
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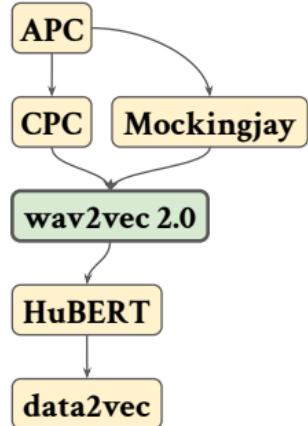
- Only encodes past inputs ✗
- Uses a learned target ✓
- Sampling negatives ✗





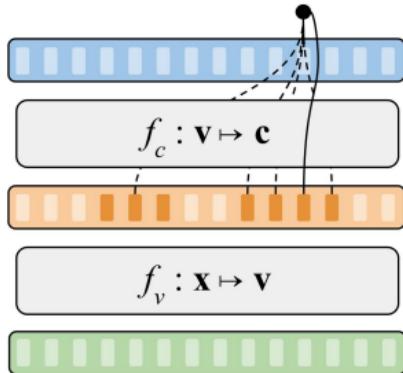
- Masking + contrastive learning.
- **Quantisation:** Better negative samples.
- **Results:**
 - 960 hours: **2.0%** WER.
 - 10 minutes: **4.8%** WER.



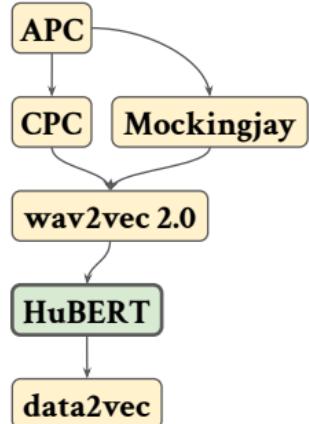


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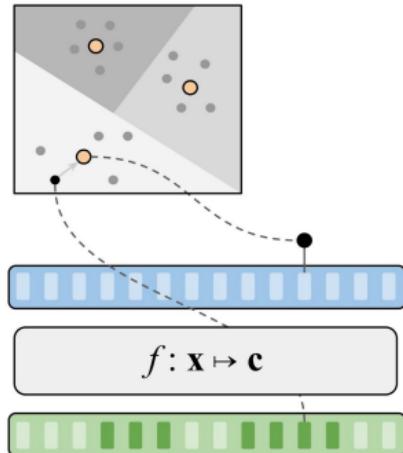
- Encodes the entire input ✓
- Uses a learned target ✓
- Sampling negatives ✗



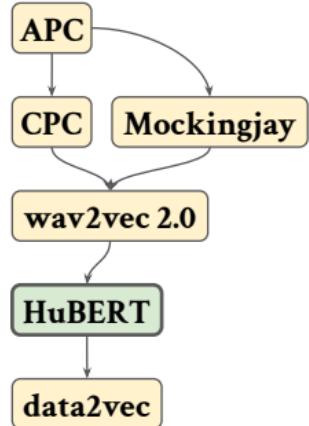
A BRIEF OVERVIEW OF UNSUPERVISED SPEECH REPRESENTATION LEARNING
Hidden-unit BERT (HuBERT)



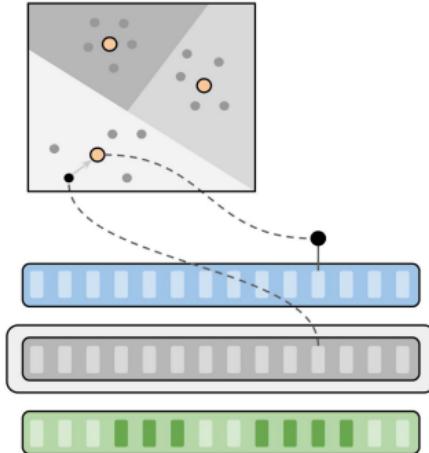
- **Target:** K-means teacher.
- **Training:** Simple cross-entropy loss.
- **1st iteration:** K-means on inputs.



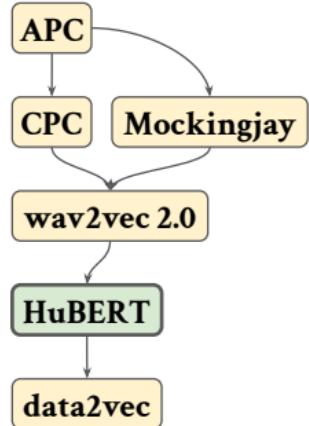
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Hidden-unit BERT (HuBERT)



- **Target:** K-means teacher.
- **Training:** Simple cross-entropy loss.
- **1st iteration:** K-means on inputs.
- **2nd iteration:** K-means on hidden layers.

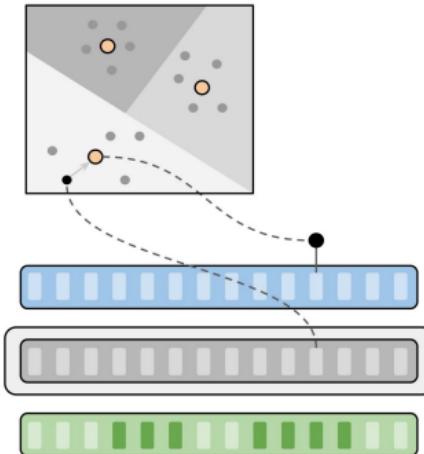


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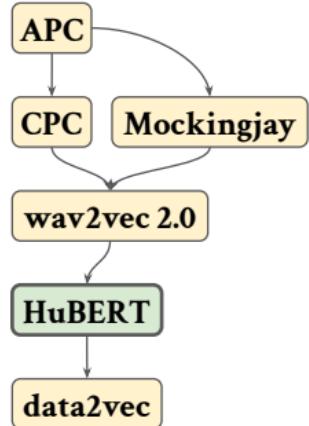


- Challenges:

- Encodes the entire input ✓
- Uses a learned target ✓
- No need for negative samples ✓

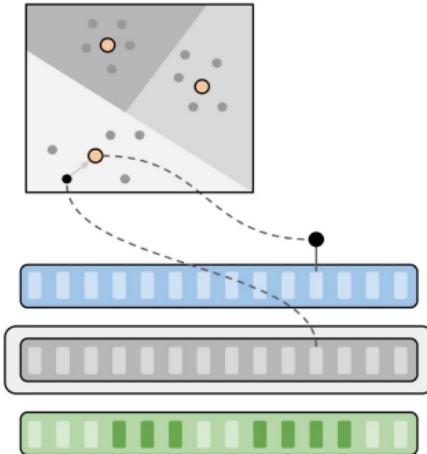


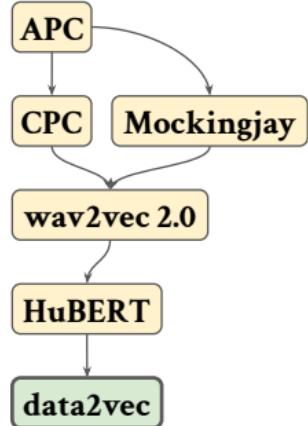
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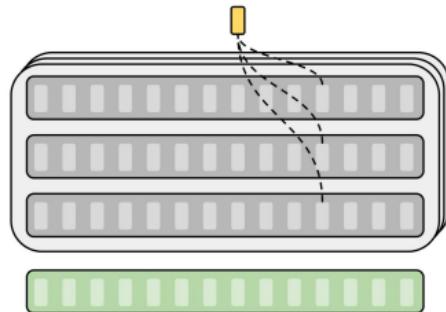
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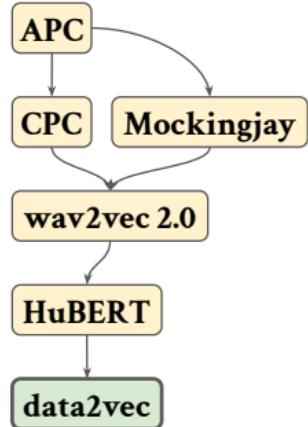
- Encodes the entire input ✓
- Uses a learned target ✓
- No need for negative samples ✓
- Targets updated infrequently ✗
- Quantized targets ✗



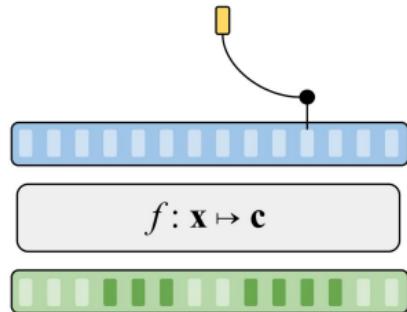


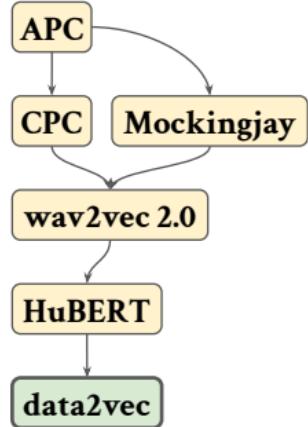
- Uses a teacher-student framework.
- Teacher:
 - EMA of student (online) ✓
 - Target is average of top K layers ✓





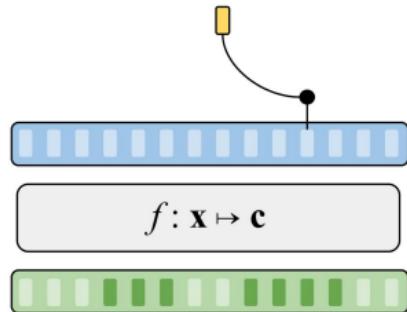
- Uses a teacher-student framework.
- Teacher:
 - EMA of student (online) ✓
 - Target is average of top K layers ✓
- Student training: Smooth ℓ_1 loss.





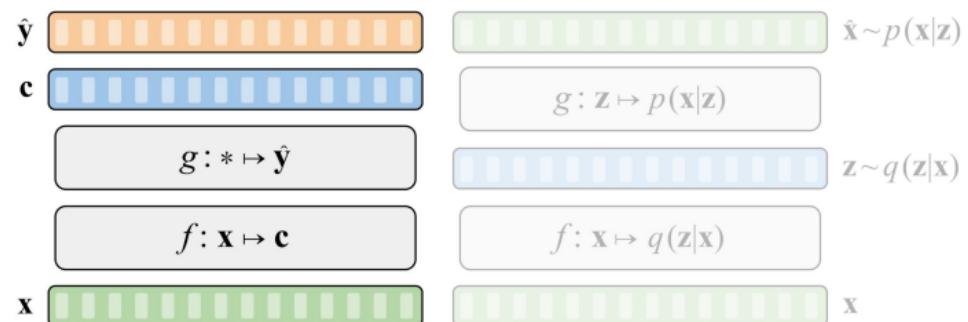
- Challenges:

- Encodes the entire input ✓
- Uses a learned target ✓
- No need for negative samples ✓
- Targets updated continuously ✓
- Continuous-valued targets ✓



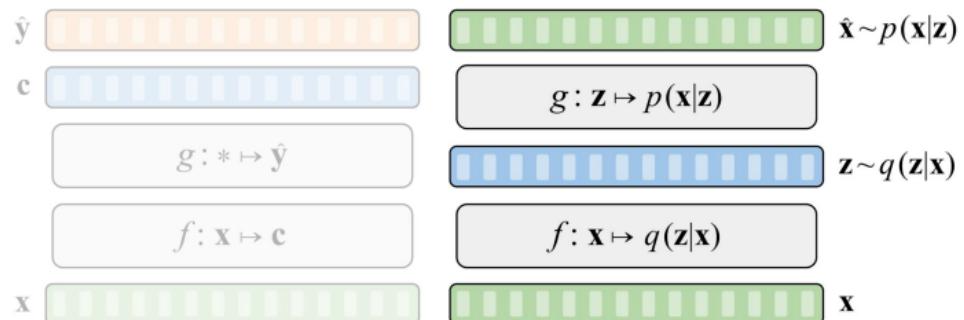
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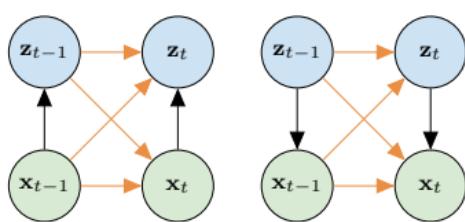
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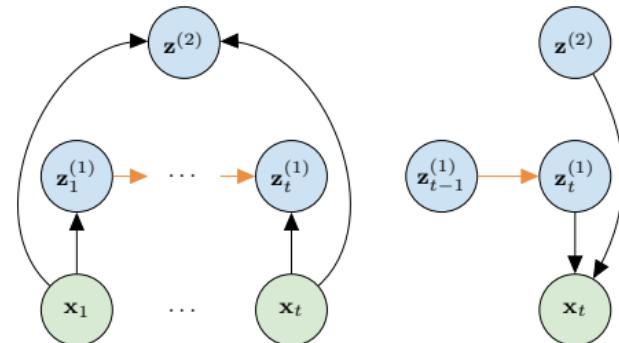


Graphical models for LVMs

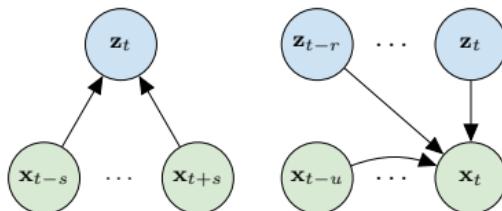
VRNN



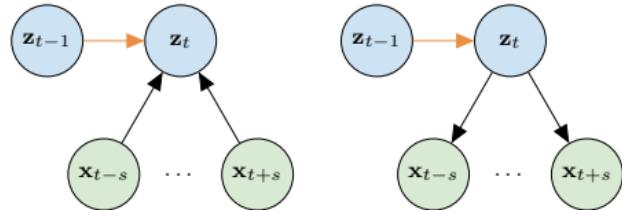
FDMM



VQ-VAE



CONVDMM



Orange edges indicate parameters shared between inference and generative models.

Overview of LVM probabilistic components

TYPE		FORM
OBSERVATION MODEL		
ARX	Autoregressive on x_t	$p(x_t x_{1:t-1})$
LOC	Local latent variable	$p(x_t z_{1:t})$
GLB	Global latent variable	$p(x_t z)$
PRIOR		
ARX	Autoregressive on x_t	$p(z_t x_{1:t-1})$
ARZ	Autoregressive on z_t	$p(z_t z_{1:t-1})$
IND	Locally independent z_t	$p(z_t)$
GLB	Global latent variable	$p(z)$
INFERENCE MODEL		
ARZ	Autoregressive on z_t	$q(z_t z_{1:t-1})$
FLT	Filtering	$q(z_t x_{1:t})$
LSM	Local smoothing	$q(z_t x_{t-r:t+r})$
GSM	Global smoothing	$q(z_t x_{1:T})$
GLB	Global latent variable	$q(z x_{1:T})$

Classification of selected LVMs for speech

MODEL	OBSERVATION			PRIOR				INFERENCE					
	ARX	LOC	GLB	ARX	ARZ	IND	GLB	ARZ	FLT	LSM	GSM	GLB	HIE
VRNN [14]	✓	✓	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗
SRNN [18]	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✗	✗
HMM-VAE [16]	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✓
ConvVAE [26]	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✓	✓	✗
FHVAE [27]	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗	✓	✓	✓
VQ-VAE [44]	✓	✓	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗
BHMM-VAE [20]	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗
STCN [1]	✗	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗	✓
FDMM [30]	✗	✓	✓	✗	✓	✗	✓	✓	✓	✗	✗	✓	✓
ConvDMM [31]	✗	✓	✗	✗	✓	✗	✗	✓	✗	✓	✗	✗	✗

Comparison of LVMs and SSL methods

MODEL	MODEL AND TASK DESIGN						RESOLUTION			USAGE	
	MSK	PRD	CON	REC	QTZ	GEN	LOC	GLB	VAR	FRZ	FTN
SELF-SUPERVISED MODELS											
CPC [43]	✗	✓	✓	✗	✗	✗	✓	✗	✗	✓	✗
APC [13]	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✗
wav2vec [51]	✗	✓	✓	✗	✗	✗	✓	✗	✗	✓	✗
Mockingjay [39]	✓	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓
wav2vec 2.0 [4]	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✓
NPC [38]	✓	✗	✗	✓	✓	✗	✓	✗	✗	✓	✗
DeCoAR 2.0 [37]	✓	✗	✗	✓	✓	✗	✓	✗	✗	✓	✗
HuBERT [25]	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✓
data2vec [3]	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✓
LATENT VARIABLE MODELS											
VRNN [14]	✗	✗	✗	✓	✗	✓	✓	✗	✗	✓	✗
SRNN [18]	✗	✗	✗	✓	✗	✓	✓	✗	✗	✓	✗
ConvVAE [26]	✗	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗
FHVAE [27]	✗	✗	✗	✓	✗	✓	✓	✓	✗	✓	✗
VQ-VAE [44]	✗	✗	✗	✓	✓	✓	✓	✗	✗	✓	✗
STCN [1]	✗	✗	✗	✓	✗	✓	✓	✗	✗	✓	✗
FDMM [30]	✗	✗	✗	✓	✗	✓	✓	✓	✗	✓	✗
ConvDMM [31]	✗	✗	✗	✓	✗	✓	✓	✗	✗	✓	✗

Conclusions

- **Main conclusions:**
 - The most popular self-supervised speech models can be compactly described by a few core design choices.
 - Many of these design choices are mirrored in earlier work on speech embedding models.
- **Open questions and limitations:**
 - Which design choices benefit which downstream tasks?
 - It is difficult to compare methods as model size and evaluation procedures differ widely between papers.

OVERVIEW Presentation



CHAPTER 1-3 INTRODUCTION, RESEARCH QUESTIONS, AND BACKGROUND

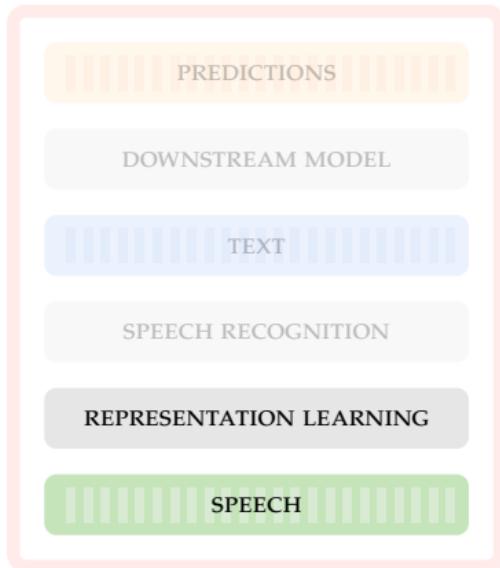
CHAPTER 4 HIERARCHICAL VAES KNOW WHAT THEY DON'T KNOW

CHAPTER 6 A BRIEF OVERVIEW OF UNSUPERVISED SPEECH
REPRESENTATION LEARNING

CHAPTER 9 A RETROSPECTIVE STUDY ON MACHINE LEARNING-
ASSISTED STROKE RECOGNITION FOR MEDICAL HELPLINE CALLS

CHAPTER 10 DISCUSSION AND CONCLUSION

UNCERTAINTY



OVERVIEW Presentation



CHAPTER 1-3 INTRODUCTION, RESEARCH QUESTIONS, AND BACKGROUND

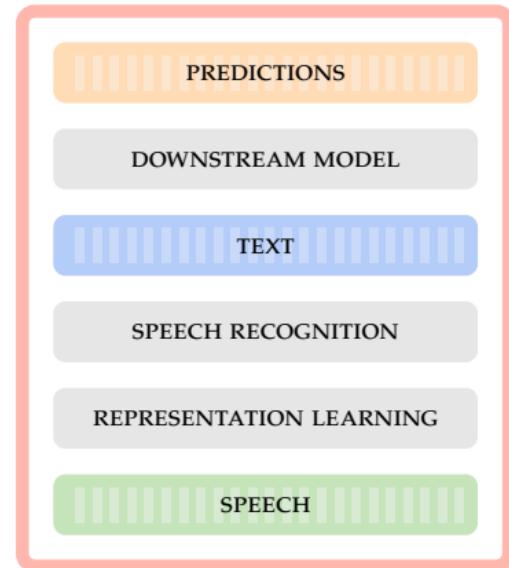
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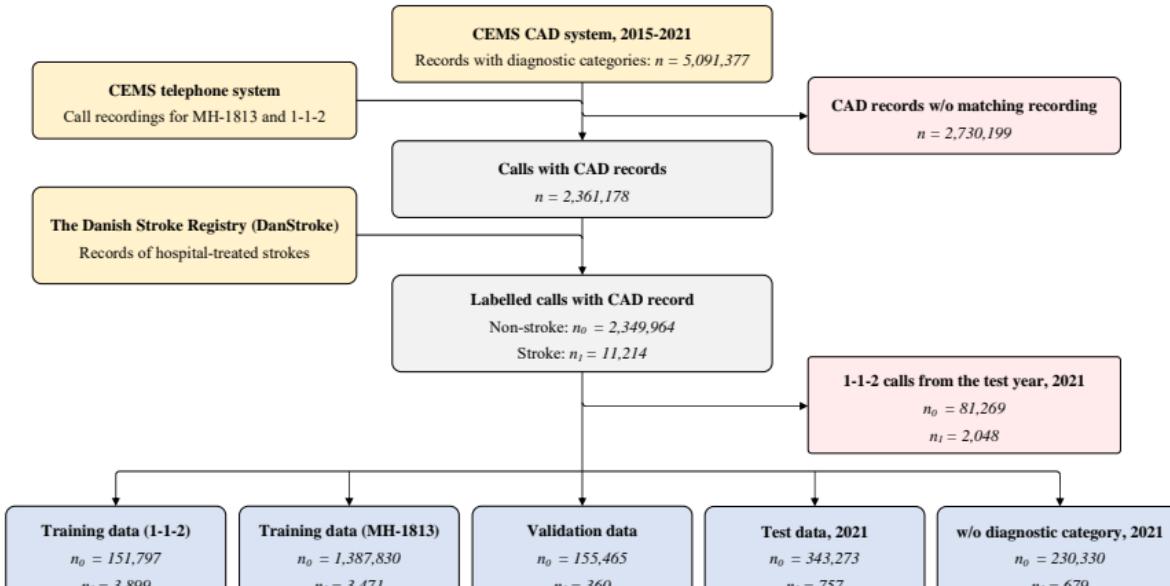
Stroke

- Stroke is a leading cause of **disability and death** worldwide [19, 29, 33].
- Effective treatment is very **time-sensitive**. [5, 56].
- The gateway to **ambulance transport and hospital admittance** is through **prehospital telehealth services**.
- **Mobile stroke units** has made it possible to deliver advanced treatment faster [21, 42].
- The effectiveness of mobile stroke units hinges on **call-taker recognition of stroke** [21, 42].
- But stroke

The study

- Collaboration between Corti and the Copenhagen Emergency Medical Services (CEMS) (“Region Hovedstadens Akutberedskab”).
- CEMS provides prehospital telehealth services in the Capital Region of Denmark (1.9M people).
- CEMS operates the 1-1-2 emergency line (similar to 9-1-1) and the 1813 medical helpline (non-life-threatening conditions when general practitioner is unavailable).
- Approximately half of all patients with stroke do not receive the correct triage for their condition from call-takers [8, 45, 58].
- We wanted to investigate if a machine learning model could assist call-takers of 1813 in recognizing stroke.

Population selection and datasets

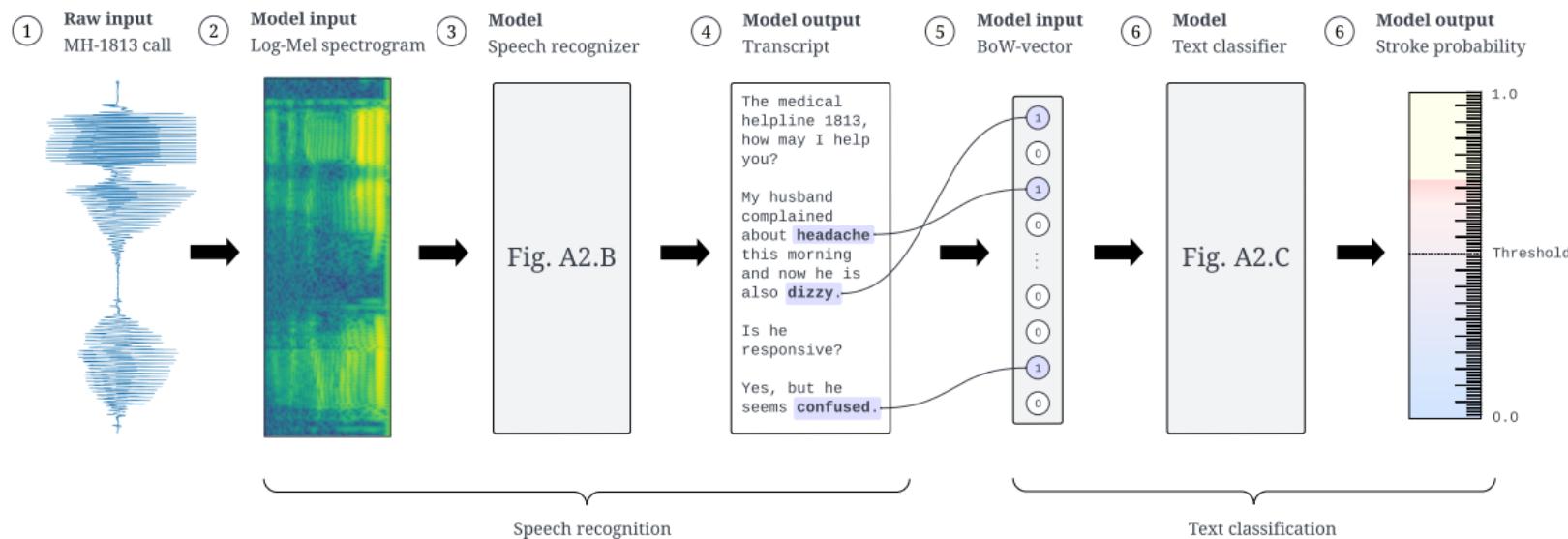


Population characteristics

		Training (112)	Training (MH-1813)	Validation	Test	2021 w/o category
All calls	Num. calls	155,696	1,391,301	155,825	344,030	231,009
	Female	74,640 (47.94%)	792,783 (56.98%)	86,959 (55.81%)	190,974 (55.51%)	134,324 (58.14%)
	Male	79,564 (51.10%)	596,760 (42.89%)	68,866 (44.19%)	153,050 (44.49%)	96,258 (41.67%)
	65+ years	72,930 (46.84%)	335,146 (24.09%)	30,313 (19.45%)	65,652 (19.08%)	81,488 (35.27%)
	Age (mean ± std.)	59.47 ± 21.24	47.12 ± 21.38	44.63 ± 20.08	44.31 ± 20.10	50.36 ± 22.77
Stroke calls	Num. calls	3,899	3,471	360	757	679
	Female	1,784 (45.76%)	1,654 (47.65%)	161 (44.72%)	349 (46.10%)	366 (53.90%)
	Male	2,115 (54.24%)	1,815 (52.29%)	199 (55.28%)	408 (53.90%)	313 (46.10%)
	65+ years	2,968 (76.12%)	2,421 (69.75%)	250 (69.44%)	555 (73.32%)	567 (83.51%)
	Age (mean ± std.)	72.91 ± 12.77	70.68 ± 13.85	70.93 ± 13.83	71.51 ± 13.41	73.41 ± 14.11
Non-stroke	Num. calls	151,797	1,387,830	155,465	343,273	230,330
	Female	72,856 (48.00%)	791,129 (57.00%)	86,798 (55.83%)	190,625 (55.53%)	133,958 (58.16%)
	Male	77,449 (51.02%)	594,945 (42.87%)	68,667 (44.17%)	152,642 (44.47%)	95,945 (41.66%)
	65+ years	69,962 (46.09%)	332,725 (23.97%)	30,063 (19.34%)	65,097 (18.96%)	80,921 (35.13%)
	Age (mean ± std.)	59.12 ± 21.30	47.06 ± 21.36	44.57 ± 20.05	44.25 ± 20.08	50.29 ± 22.76

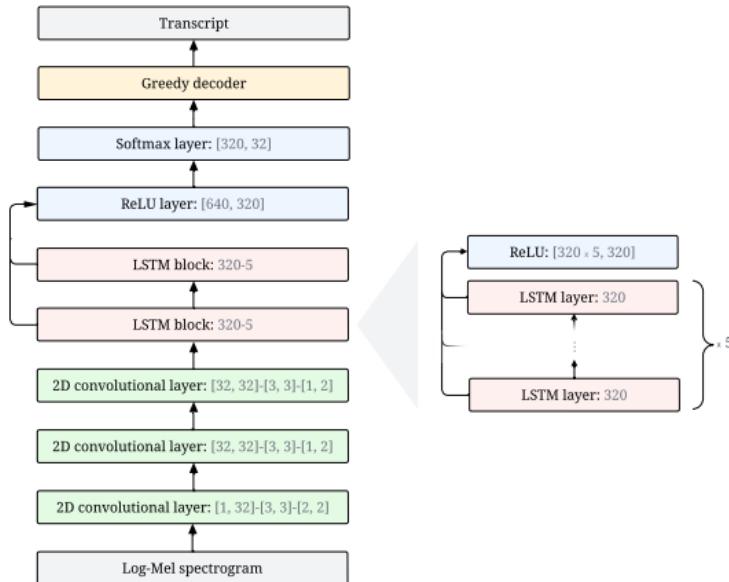
Model design

A. Schematic Overview of Stroke Classification Pipeline

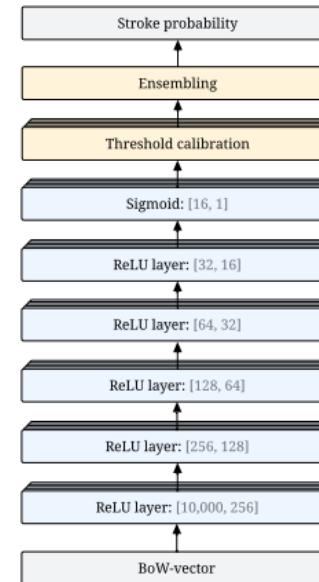


Model design

B. Speech Recognition Model



C. Text Classification Model



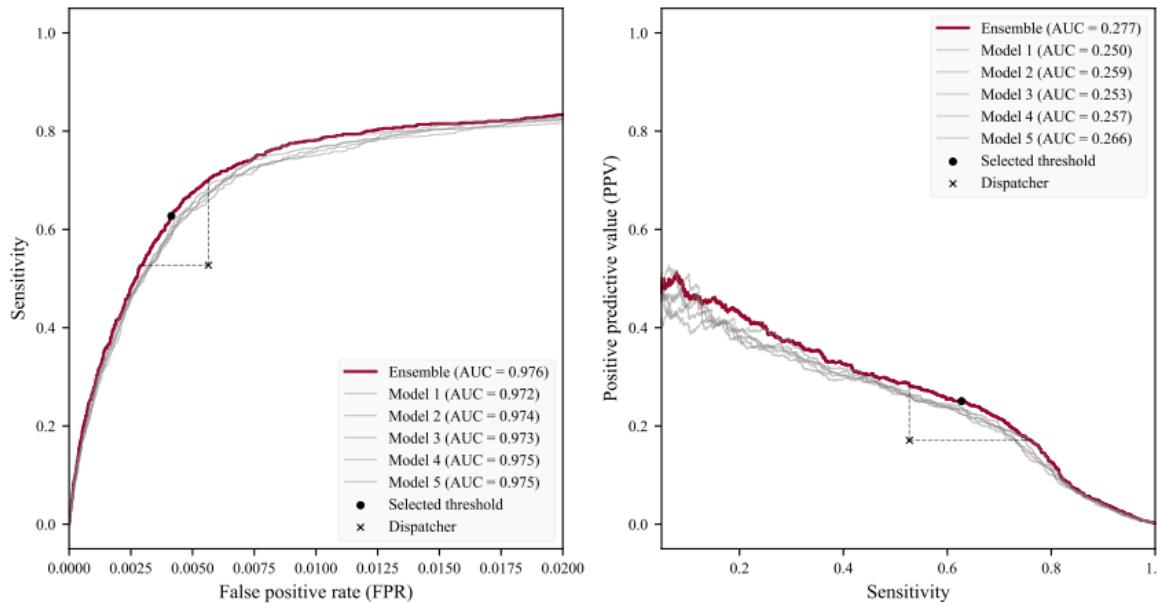
Main results

MH-1813 test set performance in demographic subgroups (age/sex) [mean (95% CI)].

Subset	Predictor	F1-score [%] ↑	Sensitivity [%] ↑	PPV [%] ↑	FOR [%] ↓ (1 - specificity)	FPR [%] ↓ (1 - NPV)
<i>Overall</i>	Call-takers	25.8 (23.7-27.9)	52.7 (49.2-56.4)	17.1 (15.5-18.6)	0.105 (0.094-0.116)	0.565 (0.539-0.590)
	Model	35.7 (35.0-36.4)	63.0 (62.0-64.1)	24.9 (24.3-25.5)	0.082 (0.079-0.085)	0.419 (0.413-0.426)
<i>18-64 years</i>	Call-takers	15.9 (13.1-18.5)	50.5 (43.6-57.2)	9.40 (7.61-11.2)	0.036 (0.028-0.043)	0.353 (0.331-0.375)
	Model	22.9 (21.8-24.0)	54.1 (52.1-56.3)	14.5 (13.8-15.3)	0.033 (0.031-0.035)	0.231 (0.226-0.236)
<i>65+ years</i>	Call-takers	32.9 (30.1-35.7)	53.5 (49.4-57.6)	23.7 (21.4-26.0)	0.401 (0.352-0.449)	1.467 (1.373-1.560)
	Model	42.8 (41.9-43.7)	66.3 (65.1-67.5)	31.6 (30.8-32.4)	0.290 (0.278-0.303)	1.224 (1.198-1.249)
<i>Male</i>	Call-takers	30.2 (27.2-33.3)	53.9 (49.1-58.9)	21.0 (18.5-23.5)	0.124 (0.105-0.141)	0.542 (0.506-0.580)
	Model	39.0 (38.0-40.1)	63.7 (62.3-65.2)	28.1 (27.3-29.0)	0.097 (0.093-0.102)	0.435 (0.425-0.445)
<i>Female</i>	Call-takers	21.9 (19.1-24.6)	51.3 (46.0-56.6)	13.9 (12.0-15.8)	0.090 (0.076-0.103)	0.582 (0.547-0.616)
	Model	32.4 (31.4-33.4)	62.3 (60.7-63.8)	21.9 (21.1-22.7)	0.069 (0.066-0.073)	0.407 (0.399-0.416)

Main results

ROC curve and PPV-sensitivity curve (precision-recall curve). Models 1-5 are the individual models that make up the ensemble model.



Main results

Confusion matrices of predictions for call takers and the model on the test set. Numbers for the model are given as the rounded mean over eleven runs.

		Ground truth labels	
		Positives	Negatives
Call taker predictions	Positives	True positives 399	False positives 1,938
	Negatives	False negatives 358	True negatives 341,335

		Ground truth labels	
		Positives	Negatives
Model predictions	Positives	True positives 477	False positives 1,440
	Negatives	False negatives 280	True negatives 341,833

Which features are important?

Let $z^{(n,d,w)}$ be the logit output of model n in the ensemble for transcript d when the word w is occluded. For transcript d , we computed the word impact score $i^{(d,w)}$ as the mean difference between the logit before and after occlusion.

$$i^{(d,w)} = \frac{1}{N_d} \sum_{n=1}^{N_d} (z^{(n,d)} - z^{(n,d,w)}) . \quad (9)$$

To select words for inspection, we computed a word-rank score, $r^{(w)}$, as the sum of the signed squares of the impact:

$$r^{(w)} = \sum_{d=1}^N \text{sign}(i^{(d,w)}) (i^{(d,w)})^2 . \quad (10)$$

Squaring $i^{(d,w)}$ favors rare features with a high impact over common features with a low impact.

Which features are important?

"Features with positive ranking score ($r^{(w)} > 0$) computed on stroke positive predictions ($D = 1,897$)					
Rank	Word, w (translated)	Occurrences, $D^{(w)}$	Rank	Word, w (translated)	Occurrences, $D^{(w)}$
1.	Ambulance	1,680	16.	Difficulties speaking	44
2.	Blood clot	895	17.	Hemorrhagic stroke	133
3.	Left	1,108	18.	Hand	297
4.	Right	1,050	19.	The ambulance	521
5.	Double vision	84	20.	Slurred speech	58
6.	The words	344	21.	Blood clots	224
7.	Suddenly	783	22.	Fast	663
8.	Arm	709	23.	Express	44
9.	Side	1,139	24.	Blood thinner	259
10.	Stroke	117	25.	Incoherent	15
11.	Double	113	26.	Lopsided	211
12.	Control	134	27.	Reduced	528
13.	Call	39	28.	Hangs	628
14.	Numb	94	29.	Transient	48
15.	Minutes	763	30.	Not making sense	14

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Features with negative ranking score ($r^{(w)} < 0$) computed on stroke-negative predictions (D = 342,133)					
Rank	Word, w (translated)	Occurrences, D ^(w)	Rank	Word, w (translated)	Occurrences, D ^(w)
1.	Tetanus	4,378	16.	The pharmacy	10,085
2.	Pregnant	8,749	17.	The stomach	42,105
3.	Cut	7,592	18.	Psychiatric	3,688
4.	Bandage	4,561	19.	Pneumonia	7,597
5.	Amager (a location)	23,776	20.	Stomach pain	10,551
6.	O'clock	94,436	21.	Stool	19,155
7.	The emergency room	42,809	22.	The ribs	3,928
8.	The police	2,903	23.	Bleed	10,501
9.	Swollen	60,559	24.	Bleeding	24,313
10.	Over the counter (OTC)	4,641	25.	Ribs	2,941
11.	The neck	30,151	26.	Broken	19,415
12.	Fever	112,586	27.	Inflammation	10,050
13.	Prescription	5,450	28.	Common cold	8,127
14.	Centimeter	12,026	29.	Morning or morrow	78,558
15.	The knee	8,875	30.	Swelling	17,762

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Simulated prospective study

I. **When** is the model prediction presented to the call-taker?

1. Notify the call-taker after the call ends.
2. Notify the call-taker during the call.

II. **How** does prediction influence the diagnostic code the call-taker assigns to the call?

- A. Call-takers mirror model positives.
- B. Call-takers mirror model negatives.
- C. Call-takers mirror model predictions (corresponds to main results of the model itself).

To simulate the online scenario (2.), we **stream the transcript** to the model and make predictions every 50 words. A stroke positive is triggered only when three consecutive positive predictions are made. This is similar to the strategy implemented for a previous RCT on cardiac arrest [7].

Simulated prospective study

Predictor	Call-taker	Model		Call-taker supported by the model (simulated)			
When	During call	After call	During call	After call	During call	After call	During call
Method	-	-	-	neg → pos	neg → pos	pos → neg	pos → neg
F1-score [%] ↑	25.8 (23.7-27.9)	35.7 (35.0-36.4)	33.1 (32.4-33.7)	28.9 (28.3-29.5)	27.6 (27.0-28.1)	33.3 (32.5-34.1)	32.7 (31.8-33.5)
Sensitivity [%] ↑	52.7 (49.2-56.4)	63.0 (62.0-64.1)	58.7 (57.7-59.8)	72.4 (71.5-73.3)	72.3 (71.4-73.3)	43.4 (42.3-44.5)	39.1 (38.1-40.1)
PPV [%] ↑	17.1 (15.5-18.6)	24.9 (24.3-25.5)	23.0 (22.5-23.6)	18.0 (17.6-18.4)	17.0 (16.7-17.4)	27.0 (26.3-27.8)	28.1 (27.3-28.9)
FOR [%] ↓ (1 - NPV)	0.105 (0.094-0.116)	0.082 (0.079-0.085)	0.091 (0.088-0.094)	0.061 (0.059-0.064)	0.061 (0.059-0.064)	0.125 (0.121-0.129)	0.134 (0.131-0.138)
FPR [%] ↓ (1 - specificity)	0.565 (0.539-0.590)	0.419 (0.413-0.426)	0.432 (0.426-0.439)	0.726 (0.717-0.735)	0.776 (0.767-0.786)	0.258 (0.253-0.263)	0.221 (0.216-0.226)

Fine-tuning a large language model

- Large language models are effective in a wide range of NLP tasks [15, 47].
- Might BERT be useful for recognizing stroke?

Fine-tuning a large language model

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Subset	Predictor	F1-score [%] ↑	Sensitivity [%] ↑	PPV [%] ↑	FOR [%] ↓ (1 - NPV)	FPR [%] ↓ (1 - specificity)
Overall	Call-takers	25.8 (23.7-27.9)	52.7 (49.2-56.4)	17.1 (15.5-18.6)	0.105 (0.094-0.116)	0.565 (0.539-0.590)
	MLP	35.7 (35.0-36.4)	63.0 (62.0-64.1)	24.9 (24.3-25.5)	0.082 (0.079-0.085)	0.419 (0.413-0.426)
	BERT (fine-tuned)	33.8 (31.5-36.2)	57.5 (53.9-60.9)	23.9 (21.9-25.9)	0.094 (0.084-0.104)	0.403 (0.381-0.424)

Future work

- Machine learning
 - Learning to predict directly from audio data (SSL).
 - Investigate learning to defer to predict methods [57].

Future work

- Machine learning
 - Learning to predict directly from audio data (SSL).
 - Investigate learning to defer to predict methods [57].
- Clinical applications
 - Mental health (Screening for suicide risk in emergency and medical helpline calls).
 - Maternity ward (Screening for serious pregnancy complications.)

OVERVIEW Presentation

CHAPTER 1-3 INTRODUCTION, RESEARCH QUESTIONS, AND BACKGROUND

CHAPTER 4 HIERARCHICAL VAES KNOW WHAT THEY DON'T KNOW

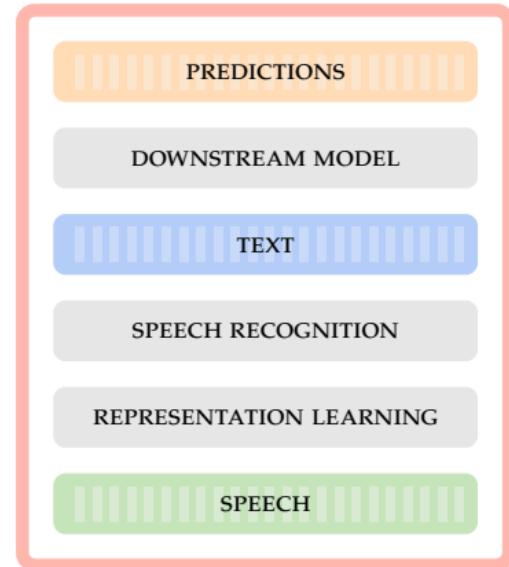
CHAPTER 6 A BRIEF OVERVIEW OF UNSUPERVISED SPEECH
REPRESENTATION LEARNING

CHAPTER 9 A RETROSPECTIVE STUDY ON MACHINE LEARNING-
ASSISTED STROKE RECOGNITION FOR MEDICAL HELPLINE CALLS

CHAPTER 10 DISCUSSION AND CONCLUSION



UNCERTAINTY



OVERVIEW Presentation



CHAPTER 1-3 INTRODUCTION, RESEARCH QUESTIONS, AND BACKGROUND

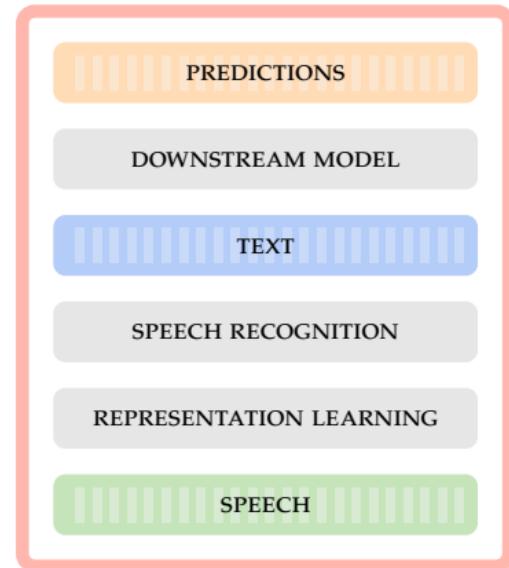
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The broad picture: The field of AI since 2020

2020 :

- Out-of-distribution detection with generative models: Mysterious new topic.
- Speech recognition: Inflection point between supervised methods and dawning self-supervised approaches.
- Large language models such as BERT and GPT were becoming popular for fine-tuning on specific tasks.

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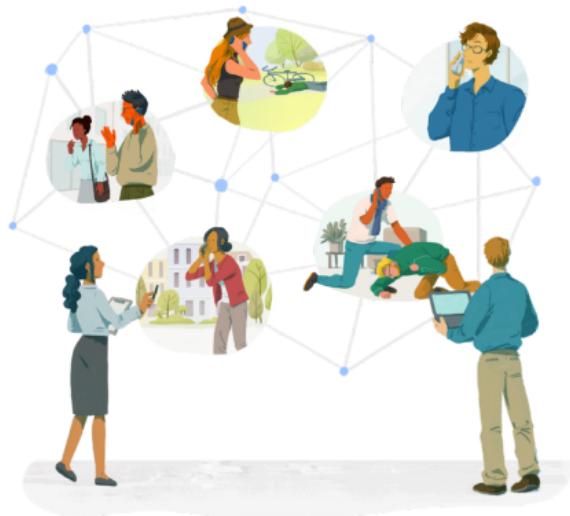
2024 ·

- Out-of-distribution detection is a mature field with a wide range of methods.
- Self-supervised learning is the dominant paradigm in speech recognition.
- Large language models are a commodity and the paradigm of fine-tuning for instruction (RLFH/DPO [46, 48]) has fundamentally changed how they are used.

The role of uncertainty in an operational decision support system

- Do we need true uncertainty estimates? Pragmatism versus idealism.
- European Parliamentary Research Services [17]:

"Future AI solutions for healthcare should be implemented by integrating uncertainty estimation, a relatively new field of research that aims to provide clinicians with clinically useful indications on the degree of confidence in AI predictions"



Future work: If I had three more years

Thank you for your attention

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Types of self-supervised speech representation learning methods

Schematic of self-supervised methods. Each subfigure illustrates the loss computation for a single time-step. The temporal subscript has been left out for simplicity.

