

TRAINING: LLMs in Medicine

SPEAKER: Sanddhya Jayabalan

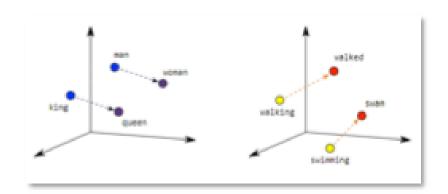




SACHSEN Diese Maßnahme wird gefördert durch die Bundesregierung aufgrund eines Beschlusses des Deutschen Bundestages. Diese Maßnahme wird mitfinanziert durch Steuermittel auf der Grundlage des von den Abgeordneten des Sächsischen Landtags beschlossenen Haushaltes.







LLMs are the best model of human language we have!

Large Language Models.





LLMs are highly performant – zero-shot! Select Al Index technical performance benchmarks vs. human performance LLMs can replace Source: Ni Index, 2005 | Chart: 2005 Al Index report. medical doctors Human baseline ACTs. Image classification (ImageNet Top-6) Visual reasoning (VQA) Medium-level reading comprehension (SQuAD 2.0) - English language understanding (SuperSLUE) Multitask language understanding (MMLU) Competition-level mathematics (MATH): --- PhD-level science questions (GPQA Diamond). - Multimodal understanding and reasoning (MMMU) Source: https://www.tum.de/en/news-and-events/ell-news/press-



https://hai.stamford.edu/ai-index/2025-ai-index-report



releases/details/chatgpt-gruender-sam-altmann-an-der-tum

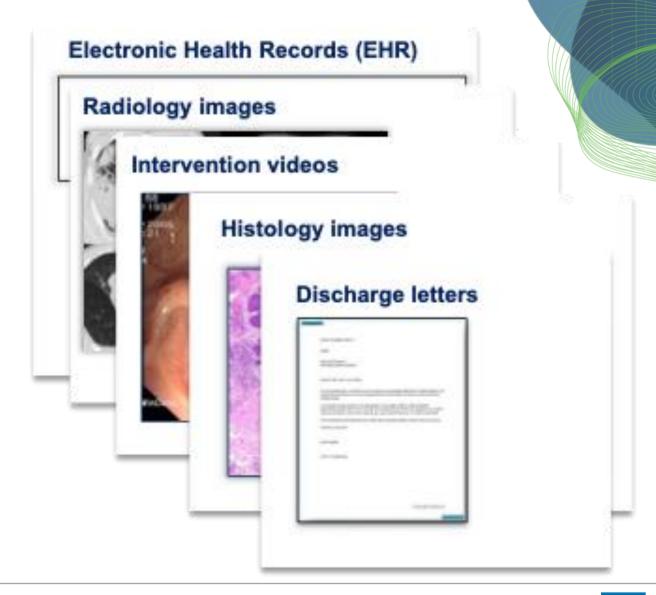
Medicine.

80% of medical data is unstructured

Growing knowledge

Narrative, free text contains valuable insights

Need for personalized medicine







Today's Roadmap



Overcome





Real World Implementation



LLMs as new class of tools in medicine





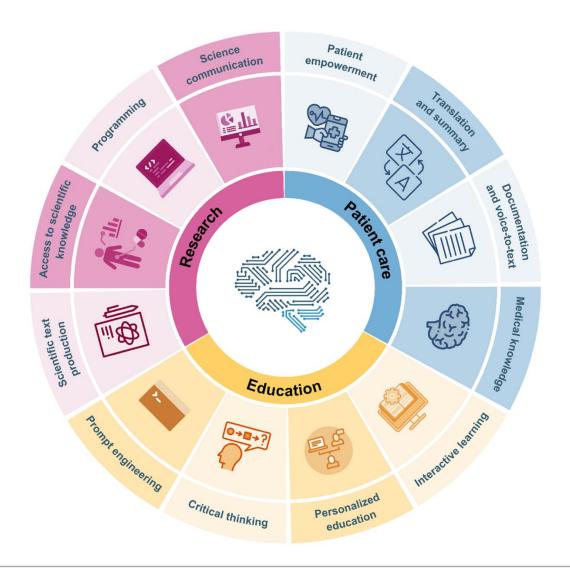
näre Datenwissenschaften





Large Language Models: A new class of tools in

medicine







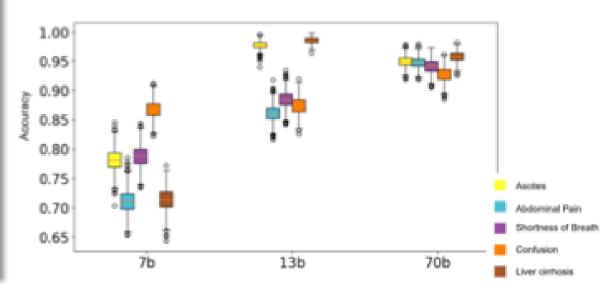
Large Language Models: A new class of tools in medicine

npj | digital medicine

Privacy-preserving large language models for structured medical information retrieval

Isabella Catharina Wiest, Dyke Ferber, Jiefu Zhu, Marko van Treeck, Sonja K. Meyer, Radhika Juglan,
Zunamys I. Carrero, Daniel Paech, Jens Kleesiek, Matthias P. Ebert, Daniel Truhn & Jakob Nikolas Kather

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LLMs structure unstructured data



- Cancer registries
- Electronic Patient Records
- Medical Coding
- ...

LLM-Alx







Large Language Models: A new class of tools in medicine

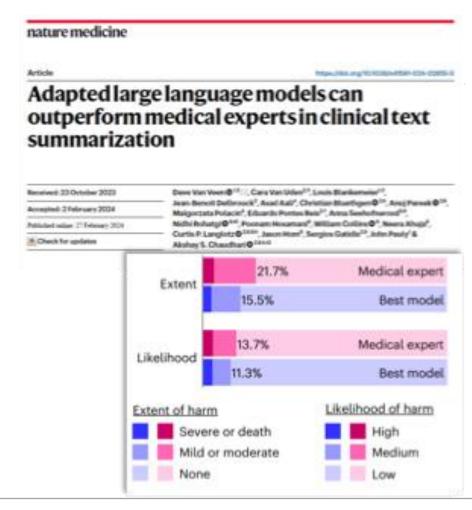


LLMs summarize medical text



- Chart review
- Actionable guideline summaries









Doctor LLM is ready to see you now.



https://greator.com/bealehungsprobleme/



NEJM AT 2025 2(R) DOI: 10.1016/JAN-240302

ORIGINAL APPOCLE

Randomized Trial of a Generative AI Chatbot for Mental Health Treatment

Michael V. Heinz (B. M.D.) - Damel M. Macker (B. Ph.D.) - Brianna M. Trudeau (B. B.A.) Sukanya Shattacharya (B. B.A.) Yirohou Wang (B. M.S.) Halley A. Barria (B.) Abr. D. Jewest (B. B.A.) Abigali J. Salahauer (B. B.A.) Tess Z. Griffin (B. Ph.D.) and Nicholas C. Jacobson (B. Ph.D.)

Received: August 11, 2024; Revised: November 18, 2024; Accepted: February 2, 2025; Published Marith 17, 2025.

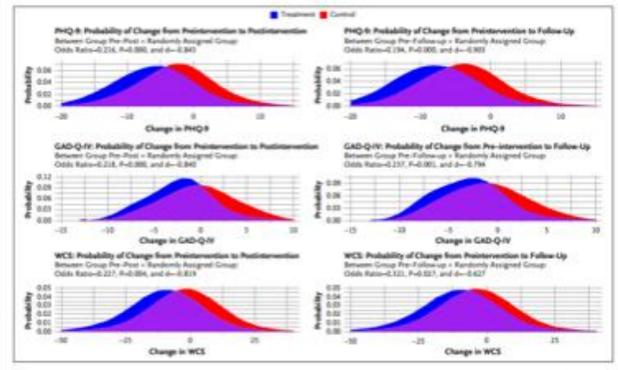


Figure 3. Distributions Representing Smoothed Probability of Changes in Clinical Outcomes (Depression, Anxiety, Weight Concerns, Row-Wise) Postintervention (4 Weeks, Left Column) and at Follow-Up (8 Weeks, Right Column).

The probabilities shown in these plots are derived directly from the CLMMs through predicted probabilities for each possible change score under treatment and control conditions. The treatment group is visualized in blue, and the control group is visualized in red. CLMM denotes cumulative-link mixed model; CAD-Q-IV, Ceremilized Anxiety Disorder Questionnaire for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; PHQ 9, Patient Health Questionnaire 9; and WCS, Weight Concerns Scale.





LLMs have impressive zero-shot abilities





Zero-shot!





Does this plign with the procedure you're thinking of, or do you believe a different procedure is:

bring shown?

on Author?

000000







LLMs come with limitations



LLMs hallucinate or present factual inaccuracies



LLMs are better reasoning engines, do not use them as knowledge bases



If your model is not hosted locally, you can never be sure about data privacy



Always be sensitive about bias and fairness issues

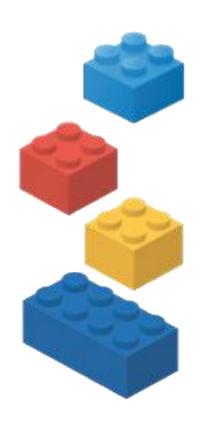






How to build a great prompt





Use examples

Define style, audience, role

Give structure

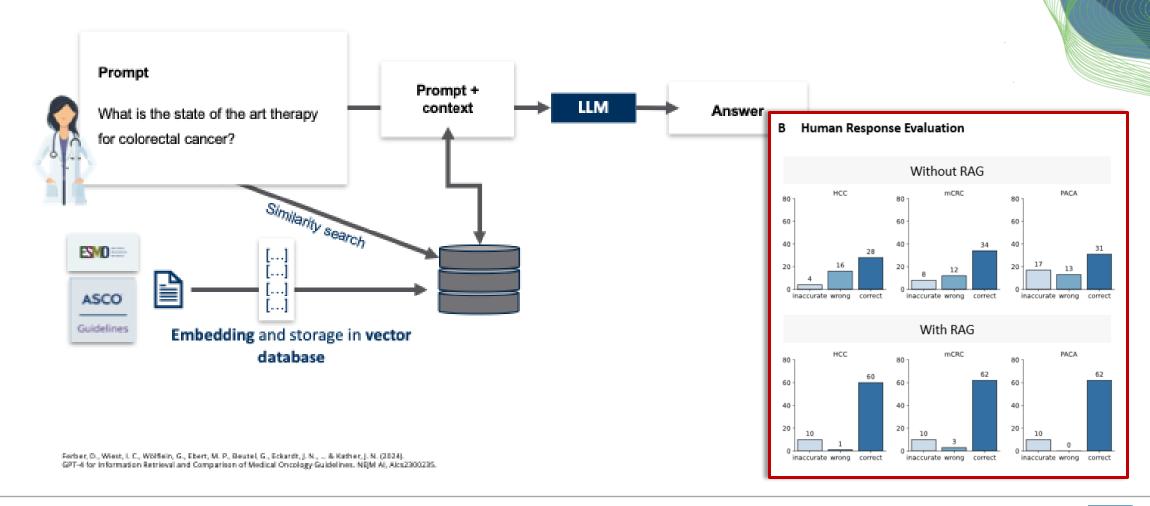
Be clear and precise







LLMs can be augmented with information from solid knowledge databases







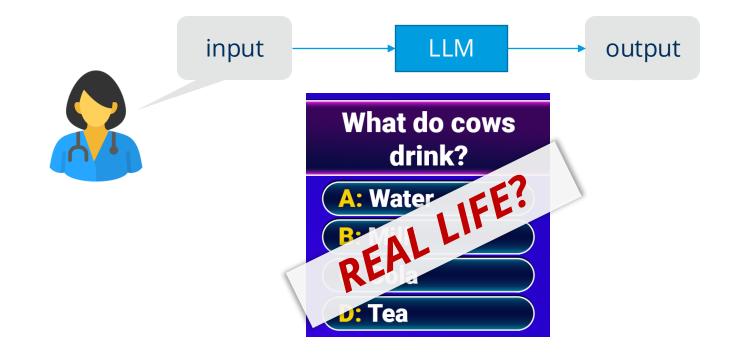


- Prompt engineering: clear instructions, structure, examples
- Use as reasoning engines, not static knowledge bases
- Reliable knowledge base: retrieval, curated corpora, RAG
- Stepwise reasoning: "think step by step," chain-of-thought
- Tool use & multimodality: calculators, EHRs, APIs, websearch
- Human-in-the-loop: expert validation & oversight
- Domain adaptation: fine-tuning or instruction tuning
- Cross-checking: ensembles, multiple prompts, consistency
- Safety guardrails: rules, filters, clinical guidelines
- Awareness & training: educate users about risks/limits





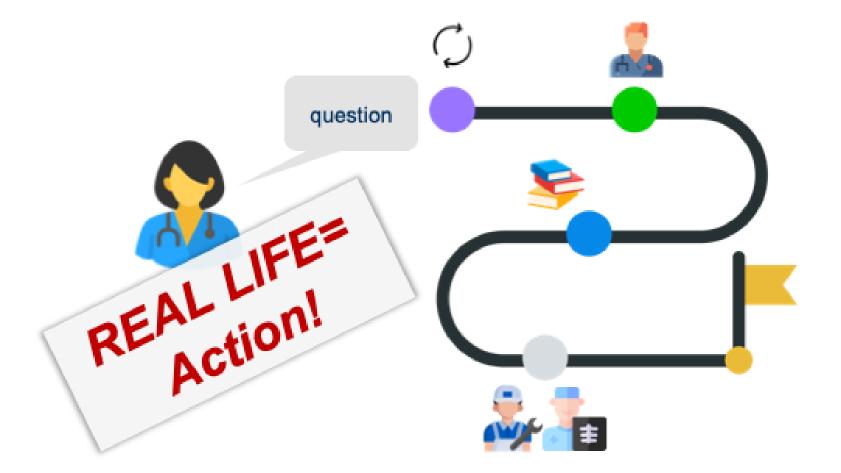
The era of agentic AI - from models to AI Agents







The era of agentic AI - from models to AI Agents

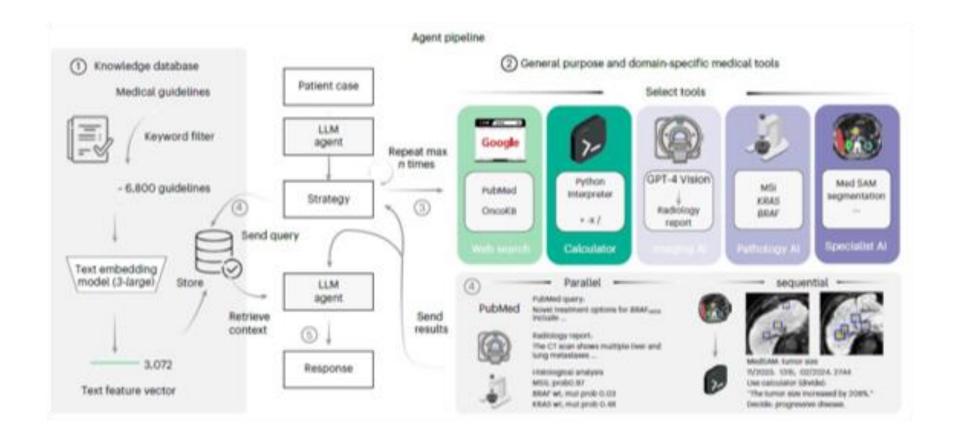


- ✓ Reason
- ✓ Consult experts
- ✓ Knowledge
- ✓ Tools





LLM agents for Clinical Decision Support

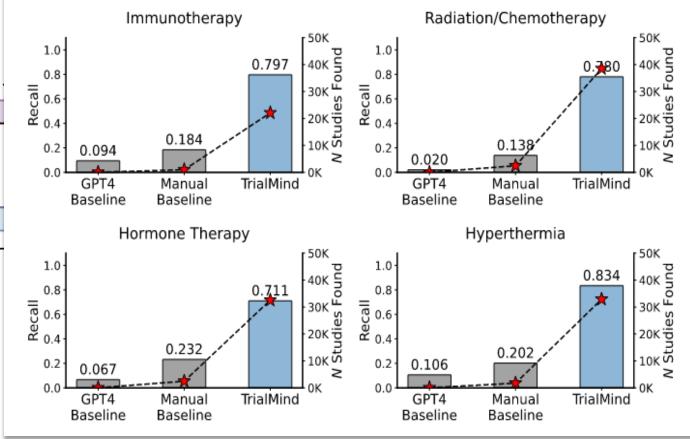


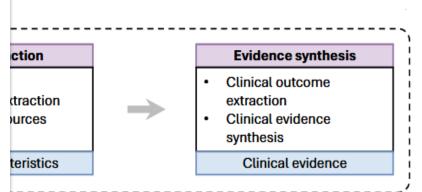
Ferber, D., El Nathhau, O.S.M., Wölflein, G. et al. Development and salidation of an autonomous artificial intelligence agent for clinical decision-making in encology. Nat Cancer 6, 1337–1349 (2025). https://doi-org.exprosy.medma.uniheidelberg.de/10.1038/s43018-625-00991-6





The era of agentic AI - from models to AI Agents





System-designed LLMs outperform humans and simple LLMs

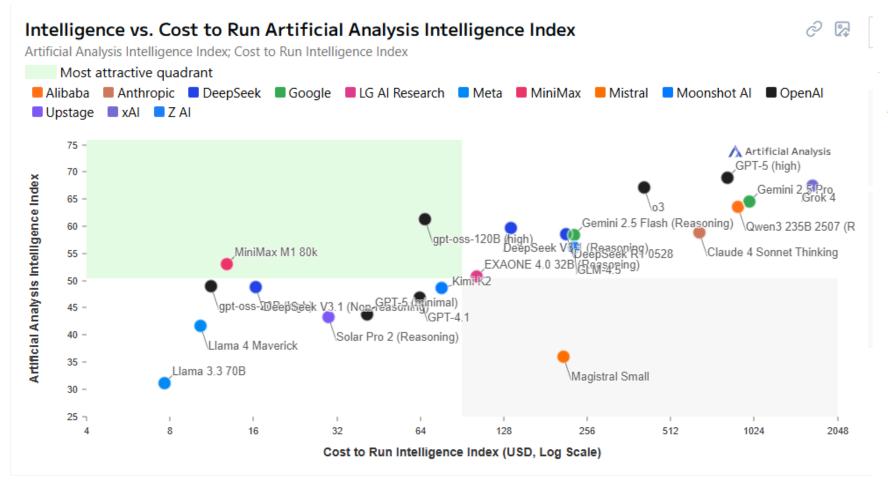
Wang, Zifeng, et al. "Accelerating clinical evidence synthesis with large language models." npj Digital Medicine 8.1 (2025): 509.





The era of agentic AI – questions for implementation





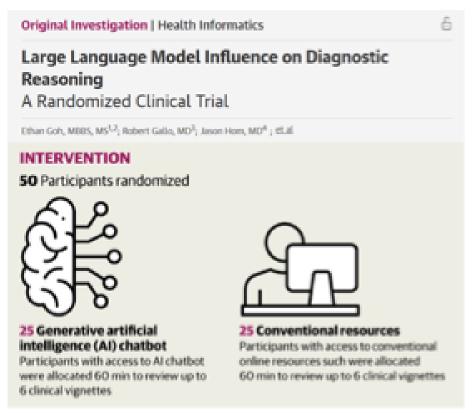
https://artificialanalysis.ai/

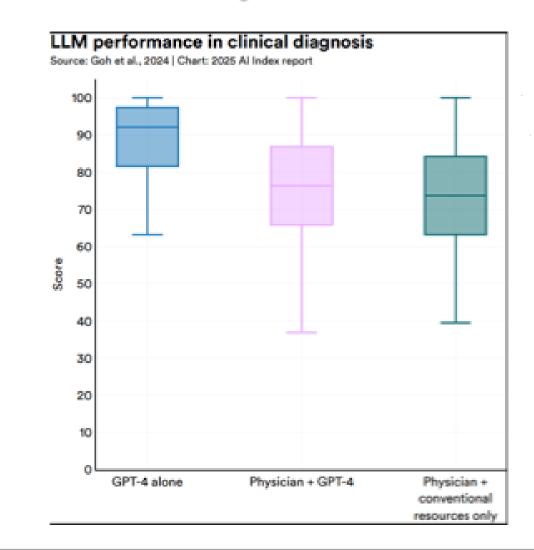




Model Performance and real world effectiveness might differ







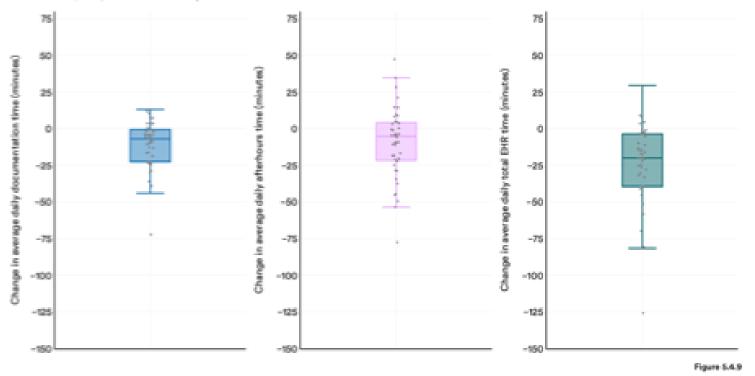




Find Use Cases that Matter

Impact of Al Scribe on physician EHR usage

Source: Ma-et al., 2004 | Chart: 2005 Al Index report



Al scribe led to

- ↓ 30 seconds per note
- ↓ 20 minutes EHR time per day
- ↓ ~30% less burden and burnout





Any questions or remarks?

Let's practice – Python Basics in Jupyter Lab



