MedicBot: A New Virtual Assistance For The Auditory Processing Disorder People

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MedicBot: A New Virtual Assistance For The Auditory Processing Disorder People

Abstract—Central Auditory Processing Disorder affects up to 5% of school-aged children who have difficulty processing the information they hear and are usually characterized as "poor listeners". They have normal hearing ability, but there is a disconnect between what is heard and what is understood. Medical researchers talk about a "forestalled elite" since these people are commonly not less intelligent than non-handicapped individuals. Still, they rarely make it to a university-entrance diploma; they get lost on the way because of missing standby facilities offered in primary and continuative schools. They require special needs and attention in order to learn and show their de facto potential. This report deals with the MedicBot: A new Virtual Assistance for the Auditory Processing Disorder people of learning environments provided by mixed-reality simulators. After a presentation of the scientific state of the art on the specific needs of affected students, it will be elaborated in how far virtual assistance used in the support and therapy of students can sufficiently not only meet those needs but support them in their study.

I. INTRODUCTION

Auditory processing disorder (APD) encompasses a range of developmental and acquired disorders that affect auditory analysis and cannot be directly explained by structural pathology in the brain or cochlea or generalized cognitive deficit. Patients typically have normal auditory threshold sensitivity but have difficulty identifying speech (Keith, 2000) and/or nonspeech sounds (Rosen, 2005; Moore, 2006). The usual presenting complaint is an impaired ability to hear speech in background noise in comparison to their peers. APD may coexist with peripheral hearing loss, complicating diagnosis (Moore et al., 2013). The auditory discrimination difficulties are especially marked in challenging listening environments, when target sounds are brief, masked, or degraded (ASHA, 1996; Jerger and Musiek, 2000). The diagnosis encompasses a number of overlapping clinical syndromes (Jerger and Musiek, 2000; Hind, 2006), and its underlying pathological basis is poorly understood. Of those children complaining of symptoms consistent with APD, only around 5% have an underlying structural or other obvious neurological cause (Chermak and Musiek, 1997).

On the other hand, artificial intelligence (AI) is a self-running engine for growth in healthcare. According to Accenture analysis, when combined, key clinical health AI applications can potentially create \$150 billion in annual savings for the US healthcare economy by 2026. AI in health represents a collection of multiple technologies enabling machines to sense, comprehend, act and learn² so they can perform administrative

and clinical healthcare functions. Unlike legacy technologies that are only algorithms/ tools that complement a human, health AI today can truly augment human activity. With immense power to unleash improvements in cost, quality and access, AI is exploding in popularity. Growth in the AI health market is expected to reach \$6.6 billion by 2021–that's a compound annual growth rate of 40%. In just the next five years, the health AI market will grow more than $10x.^3$. AI applications focus on Robot-assisted surgery, Virtual nursing assistance, Administrative workflow assistance, Fraud detection, Dosage error reduction, Connected machines, Clinical trail participant identifier, Preliminary diagnosis, Automated image diagnosis, and Cybersecurity⁴.

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II. PROBLEM DEFINITION

How to identify, recognize, and diagnosing students with Auditory Processing Disorder (APD) based on their sentiment behavior, speech, and response.

How to help users to solve their issues above and comment the therapy to them by training.

III. PROPOSED SOLUTIONS

This may be a modified version of your proposal depending on previously carried out research or any feedback received.

A. Your first solution

Describe your first solution here.

B. Your second solutionDescribe your second solution here.

C. Your third solution

Describe your third solution here.

1) Subsubsection Heading Here: Use the subsubsection command with caution—you probably won't need it at, but I'm including it this an example.

IV. CRITERIA FOR ASSESSING SOLUTIONS

This may be a modified version of your proposal depending on previously carried out research or any feedback received.

¹http://caddac.ca

²Accenture; "AI is the Future of Growth"

³Frost & Sullivan

⁴https://www.accenture.com

V. RESEARCH METHODOLOGY

The main difference between this section and the one in your report proposal is use of verb tense: there you suggested what you will do and here you will describe what you did. Be concise and precise when outlining how you researched your potential solutions. Remember that your research should be guided by:

- Relevance to the context of application
- Your assessment criteria
- Practicality

So it may be worth commenting on your research methodology in light of the above (e.g., justifying a particular approach).

In this section, only describe how you collected data, and explain what you did to test your criteria. *Do not include* your findings in this section.

VI. ANALYSIS AND INTERPRETATION

In this section you will mainly analyze your data in terms of your assessment criteria; e.g., do the data suggest that a particular solution is "cost effective" "environmentally acceptable", "technically feasible" or "affordable"?

Be logical and selective when analyzing/interpreting your research data. For example, if a proposed solution is proven to be far too expensive to realistically implement in your context, is there any value in discussing whether it is "culturally viable" or "technically sustainable"? Perhaps in this case you can focus more attention on solutions that your research suggests are more valid. Do not just throw huge quantities of raw data at your reader and leave them to interpret it. Present enough to transparently support any

Be honest and reflective while discussing your data. Your data might be too limited or unclear to interpret with accuracy—explain this, perhaps suggesting how this shortcoming could be addressed. Admitting the above will help you draw more honest and worthwhile conclusions. Remember that research is an imperfect and ongoing process that should be open to question and verification. Therefore, unless convinced by the absolute strength of your evidence, you should be tentative in your language choice when interpreting/analyzing research results. Selectively use hedging (language which indicates a lack of certainty) to

conclusions you draw and make sure that you offer

justifications for your analysis.

result from this.

Here are some examples that show differing degrees of certainty:

modify the tone of your analysis and any conclusions that

- it appears that ...
- it can be tentatively concluded that ...
- it is almost certain that ...
- perhaps the evidence indicates ...
- this seems to point to the fact that ...
- this could be interpreted as evidence of ...
- without doubt its application would prove beneficial for ...

	Growth Media					
Strain	1	2	3	4	5	
GDS1002	0.962	0.821	0.356	0.682	0.801	
NWN652	0.981	0.891	0.527	0.574	0.984	
PPD234	0.915	0.936	0.491	0.276	0.965	
JSB126	0.828	0.827	0.528	0.518	0.926	
JSB724	0.916	0.933	0.482	0.644	0.937	
Average Rate	0.920	0.882	0.477	0.539	0.923	

TABLE I. SOME IMPRESSIVE NUMBERS

Finally, don't introduce any new content (e.g., research methods or solutions) within this section—this will prove confusing for the reader. The reader should clearly understand that you are, based on specific criteria, interpreting the results of your research in order to test the viability of various solutions to remedy a particular problem. The sole function of this part of the report is to openly discuss your research findings in order to set up your conclusions/recommendations.

A reference to Table I.

VII. CONCLUSIONS AND RECOMMENDATIONS

Conclusion shows what knowledge comes out of the report. As you draw a conclusion, you need to explain it in terms of the preceding discussion. You are expected to repeat the most important ideas you have presented, without copying. Adding a table/chart summarizing the results of your findings might be helpful for the reader to clearly see the most optimum solution(s).

It is likely that you will briefly describe the comparative effectiveness and suitability of your proposed solutions. Your description will logically recycle language used in your assessing criteria (section IV): "Solution A proved to be the most cost effective of the alternatives" or "Solution B, though a viable option in other contexts, was shown to lack adaptability". Do not have detailed analysis or lengthy discussions in this section, as this should have been completed in section X.

As for recommendations, you need to explain what actions the report calls for. These recommendations should be honest, logical and practical. You may suggest that one, a combination, all or none of your proposed solutions should be implemented in order to address your specific problem. You could also urge others to research the issue further, propose a plan of action or simply admit that the problem is

either insoluble or has a low priority in its present state. The recommendations should be clearly connected to the results of the report, and they should be explicitly presented. Your audience should not have to guess at what you intend to say.

APPENDIX A WHAT GOES IN THE APPENDICES

The appendix is for material that readers only need to know if they are studying the report in depth. Relevant charts, big tables of data, large maps, graphs, etc. that were part of the research, but would distract the flow of the report should be given in the Appendices.

$\begin{array}{c} \text{Appendix } B \\ \text{Formatting the Appendices} \end{array}$

Each appendix needs to be given a letter (A, B, C, etc.) and a title. LATEX will do the lettering automatically.

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