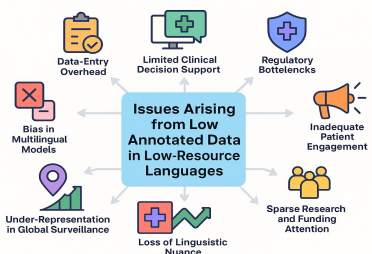




## INTRODUCTION

- The digital healthcare revolution has generated massive volumes of unlabelled, freely available clinical text data on the internet and other digital resources.
- Specifically for low-resource languages, unlabelled, free data is available but lacks high-quality annotated datasets for downstream applications.
- Moreover, clinical texts are:
  - High-dimensional, complex, and unstructured.
  - Privacy-sensitive and expensive to annotate manually.
- As a result, existing NLP systems for tasks like information extraction and decision support struggle in low-resource settings.



- Large Language Models (LLMs) show promise for few-/zero-shot annotation, but:
  - Suffer from domain shift, hallucinations, and label inconsistencies.
  - Perform poorly on informal, code-switched clinical texts.
- Goal:** Create an automatic, efficient, inexpensive, robust pipeline with reduced human effort and scalable methodology to annotate large-scale unlabelled low-resource data.
- Our solution: A Prompt Engineering Workflow** combining:
  - Collection and analysis of small annotated dataset for low-resource language(s).
  - Domain-specific in-context learning for efficient and abundant data annotation.
  - Integration of Chain-of-thought (CoT) reasoning to improve annotation quality.

## PROBLEM STATEMENT

- Let,  $U = \{x_i\}$  denote a large unlabelled corpus of a low-resource language, where each  $x_i$  is a clinical text sample. Moreover, let  $H = \{y_i, y_j\}$  denote the human-annotated version of the dataset, where  $y_i$  is the gold-standard NER label sequence corresponding to  $x_i$ .
- Our objective is to leverage a Large Language Model (LLM) to generate synthetic annotations  $y_i$  for each  $x_i \in U$ . This results in a final augmented dataset:  $D^* = \{(x_i, y_i)\}$ .
- Using  $D^*$ , we train a downstream model  $g_\theta$  by minimizing a loss function.
- The final goal is to achieve:  $F_1(g_\theta) = F_1(g_\theta \text{ human})$  or  $F_1(g_\theta) > F_1(g_\theta \text{ human})$ , where  $g_\theta \text{ human}$  is a model trained solely on the human-annotated dataset  $H$ .

## PROPOSED SOLUTION

- A systematic multi-stage pipeline with 3 stages: (i) Analysis of human-annotated data (ii) Prompt engineering through in-context learning, and (iii) Prompt engineering through in-context learning with Chain-of-Thought prompting.
- Stage 1: Analysis of Human-Annotated Data**
  - Analyse the distribution of entities in the human-annotated data
  - Analyse the consistency of annotation in the human-annotated data
  - Identify typical phraseology used for diseases, symptoms, medications, and procedures
- Stage 2: Prompt Engineering with In-Context Learning (ICL)**
  - Design a prompt in the structure [Actor] [Task] [Instructions] [Format] [Constraints]
  - Integrate specific annotation guidelines that were given to the humans
  - Integrate few-shot examples of annotations as per human annotations
- Stage 3: Prompt Engineering with ICL + Chain-of-Thought (CoT) Prompting**
  - Design a prompt in the structure [Actor] [Task] [Instructions] [Format] [Constraints]
  - Integrate specific annotation guidelines that were given to the humans
  - Integrate few-shot examples of annotations as per humans but with CoT reasoning
  - Integrate CoT constraints and formatting to the prompt
- Stage 4: Downstream Training and Comparison**
  - Compare synthetic data with human-annotated data
  - Train encoder (e.g. BERT-based) models for downstream tasks (e.g. NER, MT etc.)
  - Compare downstream model performances (trained with synthetically annotated data versus with human-annotated data)

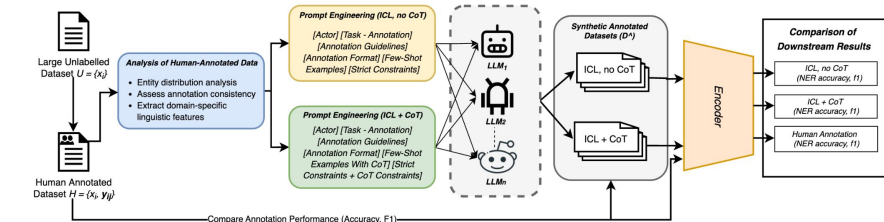


Figure: Overall system architecture of the proposed solution for efficient data annotation. The figure shows the various stages of the pipeline, from Stage 1 (Analysis of Human-Annotated Data), to Stages 2 and 3 (respectively prompt-engineering with ICL, and with CoT prompting), finally to Stage 4 (annotation quality and downstream NER performance comparison).

## DATA

- Bangla-HealthNER Corpus:** 31,783 samples (~144 000 sentences) drawn from a popular Bangladeshi medical forum; features informal Bengali with frequent English code-switching.
- Entity Types:** Seven categories—symptom, health condition, medicine, specialist, age, dose, and procedure; entities make up approximately 23.5 % of all tokens.
- Annotation Quality:** Inter-Annotator Agreement  $F1 = 88.6\%$ , Cohen's Kappa = 0.67, providing a reliable gold standard.
- TrainDevTest Splits:** 80/10/10 stratified split to ensure each set maintains balanced distributions of the seven entity types.

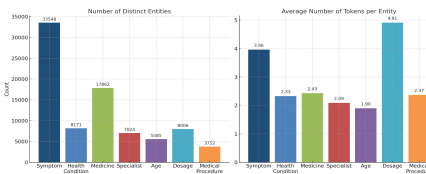


Figure: Distribution of entity types in the Bangla-HealthNER corpus. Left: Total number of distinct entity mentions per category. Right: Mean token span length for entities in each category.

## EXPERIMENTS

Aspect	ICL Annotation	CoT Annotation	NER Training
Models	GPT-4.1, GPT-4.1-mini	GPT-4.1, GPT-4.1-mini	mBERT, BanglaBERT, BanglishBERT
Settings	3-shot few-shot; batch of 5; 1 s delay; strict JSON IOB2 schema	Same as ICL + multi-step CoT prompting	Linear-CRF head; AdamW (lr=2e-10); batch 32; early stopping on dev F1

- We applied two annotation pipelines—pure in-context learning (ICL) and multi-step chain-of-thought (CoT) prompting—using GPT-4.1 and GPT-4.1-mini to assign IOB2 labels to every sentence in the Bangla-HealthNER corpus, supplying concise annotation guidelines, three length-matched exemplars, and a strict JSON output schema.
- Annotation was executed in batches of five sentences with a one-second pause to satisfy rate limits; ICL runtimes were roughly 9 h for GPT-4.1 and 3.5 h for GPT-4.1-mini, while CoT increased compute to approximately three times those durations (~27 h and ~10.5 h, respectively).
- For downstream evaluation, we trained identical mBERT, BanglaBERT, and BanglishBERT architectures on the gold human annotations as well as on each of the two synthetic label sets.
- All models employed a linear-CRF output layer, the AdamW optimizer (learning rate=2e-10), a batch size of 32, and early stopping based on development-set F1. We reported both token- and entity-level metrics (accuracy, precision, recall, F1) and assessed statistical significance via paired bootstrap resampling over 10 000 iterations ( $p < 0.05$ ).

## RESULTS

Annotator	Accuracy	Precision	Recall	F1
GPT-4.1 (ICL)	0.782	0.106	0.154	0.120
GPT-4.1 (ICL + CoT)	0.804	0.238	0.313	0.259
GPT-4.1-mini (ICL)	0.733	0.206	0.286	0.213
GPT-4.1-mini (ICL + CoT)	0.781	0.310	0.395	0.335

Table: Annotation performance of methods in comparison to human gold-standards.

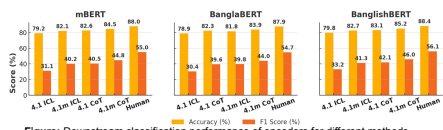


Figure: Downstream classification performance of encoders for different methods

- Chain-of-Thought closes most of the gap:** Multi-step reasoning boosts annotation F1 by ~15% (GPT-4.1) and ~57% (GPT-4.1-mini) (Table 1), sharply reducing span hallucinations.
- Downstream gains track annotation fidelity:** Every +1 pt in label-F1 yields ~0.35 pt in NER-F1 across all encoders, matching known error-propagation trends.
- Mini-model + CoT hits 82% of human:** GPT-4.1-mini + CoT with BanglishBERT achieves 46.0 F1 vs. 56.1 gold—within 11.3 pts of human and zero manual-label cost.
- Precision still limits performance:** CoT lifts both P & R, but false positives dominate the remaining gap—future work should target uncertainty filtering and span-calibration.
- BanglishBERT excels regardless of noise:** Its mixed-code pretraining outperforms monolingual models on our corpus, independent of annotation quality.

## CONCLUSIONS AND FUTURE WORKS

### Conclusions

- End-to-end, low-cost pipeline** for clinical NER in under-resourced languages.
- CoT boosts annotation fidelity:** GPT-4.1-mini \* token-level F1 to 0.335 (\*3 over naive ICL).
- Strong downstream gains:** BanglishBERT on synthetic labels hits 82% of full-human F1—zero manual labour.
- Label fidelity → NER performance:** Near-linear correlation means small annotation tweaks yield big task gains.
- Broader impact:** CoT-enhanced LLM annotation is already a viable stand-in for manual labelling in Bengali—and paves the way for other low-resource domains.
- Future Works**
  - Human in the loop workflow:** Route low-confidence spans to experts.
  - Multi-lingual experiments:** Test on diverse low-resource languages.
  - Collect more data:** Crawl data from the internet, annotate, add it to training set.
  - Use other state-of-the-art models:** Claude / Gemini / DeepSeek / LLaMa etc.
  - Leverage machine translation:** English -> low-resource language -> annotate, train