

CHORUS Bridge2AI Standards Office Hours-20240725_172703-Meeting Recording

July 25, 2024, 4:58PM

27th Feb

Alvarez, Marta 0:10

And

Williams, Andrew E 0:10

Hey

Which I think of that presentation

Alvarez, Marta 0:20

Yeah, I was great people.
We got really good response, which was awesome.
It seems really good.

Williams, Andrew E 0:20

Cheers.

Alvarez, Marta 0:42

It's funny how you can tell people's personalities by a talk.

Alajbeg, Tamas Wlad A 0:44

You it's. Yeah.

Alvarez, Marta 1:20

I missed the recording of the sound and I should be able to share it in time.
So you know it's about 30 minutes.

Williams, Andrew E 1:20

OK.

I would assume just let people go do that rather than have us all watch it collectively here. Unless,
Yeah, that would be my preference since it's since Jared want to be trouble to record it and enables us to do it as needed and recover 1/2 hour

Heh, Gus

Yeah, it's a mix

Set of heavy pine

What kind of wood is it that's visible above you?

Yeah on main

Alvarez, Marta 2:00

And it.

Williams, Andrew E 2:10

They will arrive to show.

Can you hear us, Jeff?

Maybe not

We can't hear you.

Yeah, some styles, you'll

There we go.

Clement, Gilles 2:40

This is helpful.

Williams, Andrew E 2:40

And now the pressing question of what kind of wood it is that we're looking at above you.

Clement, Gilles 2:55

Ohh time as you.

Williams, Andrew E 3:00

I thought it was naughty pine

It's very attractive

I feel I feel as if I'm in the countryside and smelling pine needles when I look at it.

Clement, Gilles 3:00

You are

It's, uh, 62 degrees Fahrenheit and windy so.

Williams, Andrew E 3:17

Heh, Paula.

Heh, Paula.

Thank you for joining us.

Talaguna, Paula 3:22

Heh, everyone.

Clement, Gilles 3:24

So.

Williams, Andrew E 3:27

So have further ask, we're going to keep into what will be a shortened office hours.

Jared was going to provide a walkthrough of how to use the flow sheet mappings that everybody has been so wonderful in First Class drafting and everybody validating how to use that and actually

Getting the data that's not related to the current one

He's doing that first in terms and has created a video walkthrough of it.

Marty going to take it in the chat

It's about 1/2 hour long, and so we're hoping folks will take the time to look at that engineering types, folks who might need to understand how to use that eventually would say that work is pretty far along, but not exactly in the state that we're it's going to be in when we're asking you to do it.

So it's more familiarity of what Jared has done so far.

I think there's some eyes to be dotted and it's to be created, but it's still going to be useful.

I mean, you know, some really innovative stuff.

Jared's done so, that's.

The second half of the call so we'll probably end the call a little bit early and the rest of the call is going to be devoted to getting decisions on board who can help resolve some of the questions.

Paula, you've already responded to all of the comments and questions that people still in the process of doing the clinical validation mappings, and I think you want to just take the rest of the time to kind of lead folks through trying to go into some, but mostly to let them have to respond to asynchronously

So it's not exclusively happening on the call, so people can look at what you've done and we can get this all wrapped up.

So it's a regular feedback loop.

Everybody did a great job and we're kind of at the end of this.

Really challenging an important process.

We're got public representations that are searchable and usable and downloadable for doing sets of this very difficult to map set of things because of everybody's effort here.

So everybody should be really proud of the work that they put in to make this happen.

And it's about to start to pay off in terms of really high quality ETAs of difficult to get but important information.

So that's the end.

But having said that, Paula do you want to take it away from there?

Talaguna, Paula 3:30

Yeah.

Thank you, Andrew very much.

Ohh finally I want to extend my gratitude to all 15 experts for their time and knowledge.

Your contributions have been monumental and I do hope you also gained some valuable experience from this collaborative work.

So of today 100% of validation are completed.

With only one map in review without validation at level 4 and make the specialist volunteer specialist in both knowledge and critical care to review this mapping during our office hours.

Uh, there is a hybrid flow reconstruction team and it will be the last one.

And also according to asynchronous responses, Uh.

There are different requests for all experts involved in the validation of mappings, so when you have time and opportunity, please revisit the workspace and review the mappings you previously deemed incorrect or run or uncertain, and please perform the following steps that I will show you right now.

One second.

OK.

So here we are.

It's a status tab, but would like to tell you what I would ask you to do with the comments and final decisions that we should make for every mapping.

First of all, um, we need to pay attention to.

To me with the votes, um, in most cases they are in yellow color and it should be more or less useful.

And then once you have done it for instance, your turn that you reviewed before, uh, I would recommend to reflect the information about the status.

So first of all, look again the source description target concept name.

Read what is the predicate also that connects the term?

In our case, it's exact match and it's stated here and also in the tab name and then go to.

Review comment section.

So it's a place where you left for your thoughts.

Could it be map to then read it and after that?

Uh, please read the author comment as well in the so uh field for Color and after reading this you will be able to understand whether you have enough information to make the make a decision or not.

Once you understand this.

Go to the last final column that we have here.

It's a change required and it's explained final decision and final comment change required.

It's my suggestion whether we need a particular change in predicate ID or in mapping for this case that was detected, but it's only suggestion.

It means that if you don't, uh, I don't agree with this.

You can say this openly in final comment field and final decision.

Yeah, it means you final decision according to the comment according to recommendation given in this comment and outcome that is provided in the majority of cases.

Also, uh, uh.

If a decision proves to be unimplementable in this case, such mappings will be included from the data set and we flag them as ambiguous.

Besides the short story of the work that we would ask you to do.

OK.

Please let me know if you have any questions.

Alvarez, Marta 10:15

I see that Bill Cox and some, Sergei and Mark are on the call.

Those are three clinicians that did participate in this work, so it might be, um, especially valuable for them to ask questions if there are any.

That might help others who watch this video later to do this.

Clement, Gilles 11:40

I do not think so.

So if I just recap what I'm understanding, I'm looking at column N where there is a disagreement, and so I can sort of filter on the Tuesday there.

Then I look at the authors comment and then make a judgment as to whether or not.

I agree with that determination.

So and indicate me.

Talaguna, Paula 12:15

Correct.

Clement, Gilles 12:20

Ed.

So yeah, I'm thinking it's pretty clear.

Talaguna, Paula 12:24

Good.

Alvarez, Marta 12:20

I'm going to ask the silly question I just cause just cause she'll just said he's gonna filter on the team.

Is that going to?

Uh cause any issue with the but she the filters Paula have any if any of the and I should filters.

Talaguna, Paula 12:40

If you know there is individual filters as well, that usually all these filters do not violate the order of rows for other people, but usually should be very careful with this.

It can be tricky and surprising

Waterwright, Mark 13:00

Not a question.

Arrange these variables are the sum that are more critical or important than others.

Imagine that for some one.

Uh.

Is that I'm trying to begin with, but there may not be a lot of clinical issues at stake, but for others may be more important to be we're gonna have a limited amount of time with a sense that you think we should prioritize looking at first.

Talaguna, Paula 13:10

Uh, all of them were prioritized here and Delphi process, and we should agree with these prioritization.

But if you consider some terms with higher priority, please go first with them so you can start with them.

If you want to possible.

Waterwright, Mark 13:50

OK.

Clement, Gilles 14:20

So would you like us to break and start doing this right now?

It's it.

That was that the intent.

Talaguna, Paula 14:30

Andrew, you need your answer.

Williams, Andrew E 14:35

I think we probably can spend some time going through one or more.

I think it.

I just gonna make sure I get that you're both.

Mark and Jill are OK.

Remember anybody else who's going to be participating in doing The Who raised questions and would be participating in this.

Has any questions or any need of a walkthrough before we break?

I guess that's the thing I want to end out.

So anybody else?

Yes, Mark.

Waterwright, Mark 15:00

Uh, uh, up to you, you know, many of these gonna be outside.

Certainly my direct area of expertise and I'm a little concerned that the ambiguity just looking at Eric's comments that for someone like Eric is gonna strike me in a different way, but I'm no authority to say can be the final arbiter of

Lines for some of the these questions, so I'm not really sure this is a good a definitive approach to it actually.

Williams, Andrew E 15:40

I think we are likely at the end to have a bit of a lull.

Representation of how much validation and how much agreement has happened.

Think we're going when we move from this to actually having sites work with their own data.

We're going to have less resources and not to currently trying to scope how many additional mappings might be need to be done at that.

Sites certainly won't have the ability if it's very large at each of the 14 sites to do this same kind of effort.

And out of that assumption is correct and that's my suspicion, we're going to have some more automated approaches that are less dependent on clinician time and question resolution that were stuck with the end, right.

It's good.

It's all good.

We've got excellent work that's gone into this and we'll have some understanding of whether we should have some greater amount of trust in some of the mappings than in others.

