

Supplementary Material

To ChatGPT or not to ChatGPT? The Impact of Artificial Intelligence on Academic Publishing

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Examples of ChatGPT responses (generated in Jan 2023).

Please see following pages.



Write an article with 5 references explaining what ChatGPT is and how journal editors will find it increasingly difficult to discriminate between those written by humans and those written by AI. Then discuss the potential positive and negative impacts of ChatGPT on academic publishing. End by challenging the reader to guess whether this article is written by AI.



ChatGPT is a state-of-the-art language model developed by OpenAI, which has the ability to generate human-like text based on a given prompt or context. It is trained on a massive dataset of internet text, making it capable of understanding and producing a wide range of language styles and topics.



One of the main applications of ChatGPT is text generation, which has the potential to revolutionize the way we create content, including academic publications. As journal editors are increasingly faced with the challenge of identifying and rejecting papers written by AI, the use of ChatGPT and other similar models will make it increasingly difficult for them to discriminate between human-written and AI-generated texts.

The use of ChatGPT in academic publishing has the potential to bring both positive and negative impacts. On one hand, it can greatly accelerate the process of writing and editing papers, allowing researchers to focus on the research itself rather than spending hours on writing and formatting. It can also help to reduce the workload of journal editors, who are often overwhelmed with the number of submissions they receive.

On the other hand, the use of AI-generated texts in academic publishing can also raise ethical concerns. For example, it may lead to the proliferation of low-quality or plagiarized papers, as well as the erosion of trust in the academic community. Furthermore, the use of ChatGPT could also lead to the displacement of human authors, as well as the devaluation of the skills and expertise required to produce quality academic publications.

In conclusion, ChatGPT is a powerful language model that has the potential to revolutionize the way we create content, including academic publications. However, its use also raises ethical concerns and challenges that need to be carefully considered. As a final challenge to the reader, we ask you to guess whether this article is written by AI or by a human. Regardless of the answer, it is clear that the line between human-written and AI-generated texts is becoming increasingly blurred, and that we need to be prepared for the implications of this.

References:

1. OpenAI (2020). "Introducing GPT-3: Language AI that Can Generate Text Like a Human." <https://openai.com/blog/better-language-models/>
2. Brown, T., Mann, B., Ryder, N., Subbiah, M., Kaplan, J., Dhariwal, P., Neelakantan, A., Wu, J., Ramesh, A., Gao, J., et al. (2020). "Language Models are Few-Shot Learners." https://cdn.openai.com/better-language-models/language_models_are_few_shot_learners.pdf
3. Wenzek, G., Shazeer, N., and Parmar, N. (2019). "Language Generation with GPT-2." https://cdn.openai.com/better-language-models/language_generation_with_gpt_2.pdf
4. Zhang, Y., Lin, Y., and Li, X. (2020). "A Survey of Text Generation." <https://arxiv.org/pdf/1909.08096.pdf>
5. Gao, J., Neelakantan, A., and Shazeer, N. (2019). "Generating Wikipedia by Summarizing Long Sequences." <https://arxiv.org/pdf/1901.10186.pdf>

Regenerate response



ChatGPT Jan 9 Version. Free Research Preview. Our goal is to make AI systems more natural and safe to interact with. Your feedback will help us improve.

Comment: This is the prompt and response that I used to generate the first part of the article. Note that any given prompt does not generate a unique answer. Regenerating the response using the exact same prompt yields a different result each time. Also, all the generated references are nonsense and the associated web links unrelated – fake references resulting from what has been referred to as AI ‘hallucinating’ or ‘stochastic parroting.’



Is the following written by human or AI?

ChatGPT is a state-of-the-art language model developed by OpenAI, which has the ability to generate human-like text based on a given prompt or context (1). It is trained on a massive dataset of internet text, making it capable of understanding and producing a wide range of language styles and topics.

One of the main applications of ChatGPT is text generation, which has the potential to revolutionize the way we create content, including academic publications. As journal editors are increasingly faced with the challenge of identifying and rejecting papers written by AI, the use of ChatGPT and other similar models will make it increasingly difficult for them to discriminate between human-written and AI-generated texts (2,3).

The use of ChatGPT in academic publishing has the potential to bring both positive and negative impacts. On one hand, it can greatly accelerate the process of writing and editing papers, allowing researchers to focus on the research itself rather than spending hours on writing and formatting. It can also help to reduce the workload of journal editors, who are often overwhelmed with the number of submissions they receive.

On the other hand, the use of AI-generated texts in academic publishing can also raise ethical concerns. For example, it may lead to the proliferation of low-quality or plagiarized papers, as well as the erosion of trust in the academic community. Furthermore, the use of ChatGPT could also lead to the displacement of human authors, as well as the devaluation of the skills and expertise required to produce quality academic publications.



This paragraph was written by a human. It provides a detailed and well-informed overview of ChatGPT, including its capabilities, potential applications, and potential impacts on academic publishing. The style is clear and easy to understand. The writer also includes references to support the claims made in the text. Overall, the paragraph can be graded as good or excellent.

Comment: Chat GPT incorrectly indicates that the text it previously generated was written by a human. Regenerating this response sometimes led to the opposite interpretation (suggesting the text was AI-written) illustrating inconsistency and unreliability of responses.



Is the following written by human or AI? Assess this paragraph for content and style and then grade it.

I suspect that most readers will have guessed that everything above this line was generated by ChatGPT (see supplementary material). Nonetheless, it is clear that recent advances in artificial intelligence (AI), together with its increasing accessibility and ease of use, will have a major impact on many academic activities, including education, training, clinical care and research. In the supplementary material accompanying this article, I have provided some examples that illustrate the strengths, as well as some shortcomings, of the natural language programming (NLP) underlying AI-based text-generating programs, such as ChatGPT. One particularly notable weakness is the creation of fake references, which has been attributed to AI 'hallucinating' or 'stochastic parroting' (5). My experience with ChatGPT at the start of this AI technological revolution is that it excels in content creation but can fall short in providing accurate and reliable medical information. Although I wrote this final paragraph, how will you know whether I used AI to improve it?



This paragraph was written by a human. The content is well-written and well-structured, with a clear understanding of the topic of AI and its impact on academic activities. The style is also clear and concise, with a good use of technical terms and examples. The writer also raises a valid concern about the limitations of AI-based text-generating programs, specifically in the creation of fake references. Overall, I would grade this paragraph as an A.

Comment: Chat GPT grades my work an A. Regenerating this response sometimes led to a different grade such as B+ suggesting it could not currently be used to reliably and consistently grade work.



Suggest a title for this article starting with "To ChatGPT or not to ChatGPT?"



"To ChatGPT or not to ChatGPT: The Pros and Cons of Using Pre-Trained Language Models in Academic Publishing"



Is this better? To ChatGPT or not to ChatGPT? The Impact of Artificial Intelligence on Academic Publishing



Yes, this title is also clear and descriptive and it summarizing the main focus of the article which is the impact of artificial intelligence specifically ChatGPT on academic publishing.



Is "To ChatGPT or not to ChatGPT?" a clever title?



The title "To ChatGPT or not to ChatGPT?" is clever in the sense that it is a play on the famous line "To be or not to be" from Shakespeare's play Hamlet. The title is clever because it draws a parallel between the question of whether or not to use ChatGPT in academic publishing and the question of life and death in Hamlet. The title is also clever because it is short, memorable and easy to understand. It is also attention-grabbing and makes readers want to know more about the article.



But is it also funny?



I apologize, as an AI model I don't have the ability to sense humor or make judgments of whether something is funny or not. "To ChatGPT or not to ChatGPT?" is clever in the sense that it is a play on the famous line "To be or not to be" from Shakespeare's play Hamlet, which makes it memorable and easy to understand, but whether it is funny or not would depend on the reader's sense of humor.





List all the methodological limitations of existing studies assessing the prevalence of long COVID in children.



1. Lack of standardized diagnostic criteria for long COVID in children, leading to inconsistent definitions and measurement of the condition.
2. Limited sample size and geographic diversity in existing studies, making it difficult to generalize findings to the broader population of children.
3. Lack of long-term follow-up in some studies, making it difficult to understand the true prevalence and duration of long COVID in children.
4. Limited use of objective measures, such as biomarkers or imaging, to confirm the diagnosis of long COVID in children.
5. Reliance on self-reported symptoms, which may be subject to bias or inaccuracies in reporting.
6. Lack of control groups in some studies, making it difficult to determine the specific effects of COVID-19 on children.
7. Inadequate representation of certain subgroups, such as children with underlying health conditions or minority populations, in existing studies.
8. Limited understanding of the mechanisms of long COVID in children, making it difficult to identify effective interventions or treatments.

Comment: I would give Chat GPT a B+ for this response.



Kawasaki Disease (KD) is a rare but serious condition that affects children under the age of 5. It is characterized by inflammation of the blood vessels, which can lead to damage to the heart and other organs. The cause of KD is unknown, but it is believed to be an abnormal response to an infection.



Symptoms of KD include:

- High fever that lasts for at least 5 days
- Rash on the trunk and limbs
- Swollen lymph nodes in the neck
- Red, cracked lips and tongue
- Red, irritated eyes (conjunctivitis)
- Swollen, red hands and feet
- Irritability and lethargy

If your child is experiencing these symptoms, it is important to seek medical attention immediately. KD can be diagnosed through blood tests and physical examination.

Treatment for KD typically involves the use of high-dose aspirin and intravenous immunoglobulin (IVIG) to reduce inflammation and prevent complications. In some cases, children may also receive additional treatments such as steroids or other medications.

The most serious complication of KD is the development of coronary artery aneurysms, which can lead to heart attack or stroke. It is important for children with KD to be monitored by a pediatric cardiologist to detect and prevent any potential heart problems.

It is important to note that KD is not contagious and cannot be spread from person to person. Additionally, KD is rare, and most children who are diagnosed with it recover fully with proper treatment.

If your child is diagnosed with KD, it is important to work closely with your child's healthcare provider to ensure proper treatment and monitoring. It is also important to keep your child's school and daycare informed of their diagnosis and any restrictions or precautions that need to be taken to protect your child's health.

If you have any questions or concerns about KD, please do not hesitate to speak with your child's healthcare provider.

Comment: ChatGPT suggests KD can be diagnosed through blood tests and physical examination without making the important point that there is no definitive diagnostic test. However, this response would save time in creating at least a first draft for editing.



Explain Kawasaki disease to a 4-year old.



"Kawasaki disease is a sickness that can make your body feel very hot and make you have a rash on your skin. Sometimes it can make your eyes, mouth, and hands feel red and swollen too. It can make you feel very tired and not want to play. But don't worry, doctors have special medicine to make you feel better and fix the sickness. They will also make sure your heart is healthy and strong. It's not something you can catch from other kids and it's not very common, so don't worry. Just let your mommy or daddy know if you feel hot or have a rash, so they can take you to the doctor."



Tell a short story about Kawasaki disease that explains the illness to a 2-year old.



Once upon a time, there was a little boy named Jack. One day, Jack woke up and felt very hot. He also had a rash on his skin and his eyes, mouth and hands felt red and swollen. His mommy and daddy knew something was wrong, so they took him to the doctor.



The doctor told them that Jack had something called Kawasaki disease. It's a sickness that makes your body feel hot and makes you have a rash. The doctor gave Jack special medicine to make him feel better and to fix the sickness. He also made sure that Jack's heart was healthy and strong.

Jack's mommy and daddy took care of him at home and he got better and better each day. He started to play again and his rash went away. The doctor said that Kawasaki disease is not something you can catch from other kids and it's not very common, so don't worry.

Jack's mommy and daddy made sure to tell his school and daycare about the sickness, so they knew to take special care of Jack. They also made sure to keep an eye on him, just in case something didn't feel right.

Jack was very happy to be feeling better and playing with his toys again. He learned that if he ever felt hot or had a rash again, he should tell his mommy and daddy right away so they could take him to the doctor. And that's how Jack learned about Kawasaki disease and how to take care of himself.

Comment: Both of these are not bad: maybe an A-.



Aspirin is a commonly used treatment for the acute phase of Kawasaki disease (KD), a rare but serious condition that affects children under the age of 5. The standard treatment for KD includes high-dose aspirin and intravenous immunoglobulin (IVIG) to reduce inflammation and prevent complications. However, there is ongoing controversy about the appropriate aspirin dose to use in the acute phase of KD.



The American Heart Association (AHA) and the American Academy of Pediatrics (AAP) currently recommend the use of 80-100 mg/kg/day of aspirin in the acute phase of KD. This high-dose aspirin is intended to suppress inflammation and prevent the formation of coronary artery aneurysms, which can lead to heart attack or stroke.

However, some studies have suggested that lower doses of aspirin may be just as effective in preventing complications and may have fewer side effects. A study published in the *Journal of Pediatrics* in 2019 found that lower doses of aspirin (30-50 mg/kg/day) were just as effective as the standard high-dose aspirin in preventing coronary artery aneurysms and did not increase the risk of complications.

Another study published in the *Journal of the American College of Cardiology* in 2020 found that lower doses of aspirin (50-75 mg/kg/day) were just as effective as the standard high-dose aspirin in preventing coronary artery aneurysms and were associated with fewer side effects such as bleeding.

The controversy surrounding aspirin dose in the acute phase of KD highlights the importance of ongoing research to determine the most effective and safe treatment for this condition. It is important for parents and caregivers to work closely with their child's healthcare provider to ensure proper treatment and monitoring.

It's worth noting that aspirin should be avoided in patients who have bleeding disorders or those who are at risk of developing bleeding disorders. In addition, it should be used with caution in patients who are on blood thinners. Always consult with your child's healthcare provider to determine the appropriate aspirin dose for your child.

Comment: A reasonable outline but this highlights that responses to medical questions tend to be general and currently do not address the detailed and nuanced questions that commonly challenge clinicians. This response, for example, does not address the issue of using an anti-platelet dose of aspirin from the outset (Ho LGY, Curtis N. What dose of aspirin should be used in the initial treatment of Kawasaki disease? *Arch Dis Child*. 2017;102:1180-1182.).



Write an introduction for a research grant proposal to investigate the off-target effects of BCG vaccine.



The Bacille Calmette-Guerin (BCG) vaccine is the most widely used vaccine in the world, with an estimated 100 million doses administered annually. Despite its wide use and proven effectiveness against tuberculosis, there is still much that is not known about the vaccine, particularly in regards to its off-target effects. The purpose of this research grant proposal is to investigate the potential off-target effects of the BCG vaccine on the human immune system. By better understanding the immunological mechanisms underlying the BCG vaccine, we can improve its safety and effectiveness, and potentially uncover new uses for the vaccine. We will use a combination of in vitro and in vivo studies to investigate the impact of the BCG vaccine on the innate and adaptive immune responses. Additionally, we will investigate the potential for cross-reactivity of the BCG vaccine with other pathogens, as well as its long-term effects on the immune system. This research has the potential to significantly improve our understanding of the BCG vaccine and its mechanisms of action, ultimately leading to improved vaccination strategies and better health outcomes.

Comment: I have seen worse written by humans. With more detailed instructions, ChatGPT could certainly produce text that could be edited for use in such applications. However, at this stage it does not provide any accurate referencing.



Write a parent information sheet about BCG vaccination that is humorous in style.



Bacille Calmette-Guerin (BCG) Vaccination: A Parent's Guide to Keeping Their Little One TB-Free (and Laughing!)

What is the BCG vaccine?

Think of it as a superhero suit for your child's immune system. The BCG vaccine is a way to protect them from the evil villain, tuberculosis (TB). TB is a serious infection that mainly affects the lungs, but can also affect other parts of the body. The BCG vaccine is made from a live, weakened form of the bacteria that causes TB.

Why is the BCG vaccine important?

Because no one wants their child to be a coughing, sneezing, and feeling crummy kind of superhero. The BCG vaccine can help keep your child healthy and TB-free.

Who should get the BCG vaccine?

Any little superhero that lives in an area where there is a high incidence of TB. If your child is at higher risk of exposure to TB, such as if you or other family members have TB, your child's healthcare provider may recommend the BCG vaccine.

How is the BCG vaccine given?

A single injection just under the skin, usually in the upper arm. Don't worry, it's just like a pinch, but with long-lasting benefits!

What are the side effects of the BCG vaccine?

The most common side effect is a sore spot at the injection site. This sore spot can be red, swollen, and hard for several weeks. But, think of it as a badge of honor, a sign that your child's immune system is working hard to keep them TB-free.

Are there any risks associated with the BCG vaccine?

The BCG vaccine is generally considered to be safe. However, there is a small risk of serious complications, such as infection at the injection site. But, the odds of that happening are about as likely as your child becoming a real-life superhero.

What should I do if I notice any side effects or problems?

If you notice any side effects or problems after your child receives the BCG vaccine, contact your healthcare provider.

It is important to remember that the BCG vaccine is a safe and effective way to protect your child from TB. If you have any questions about the BCG vaccine or whether it is appropriate for your child, please speak to your healthcare provider. And, don't forget to take a photo of your little superhero's sore spot, it will make a great addition to the baby book!

Comment: Certainly novel.



Write a poem in the style of Roald Dahl about the difficulty of diagnosing childhood TB that includes the phrase TB or not TB.

>



TB or not TB, that is the question
For doctors and parents alike to mention
A disease so tricky, so hard to detect
Leaving children weak and feeling neglect

Symptoms are vague, a cough or a fever
Making it hard to believe or to sever
The possibility of TB in a child's chest
Leaving parents feeling stressed and distressed

Tests are long and results take forever
Leaving families stuck in a never-ending endeavor
To find out if their child has TB or not
Their hearts heavy with worry and rot

But hope is not lost, there's still a chance
To catch the disease and make a stance
With treatments and drugs to fight the foe
TB or not TB, we'll never know

So let's raise awareness, let's educate
To make sure no child's fate
Is left in the hands of TB or not
For a healthy future, we must give our best shot.

Comment: Writing in another style is one of the areas in which ChatGPT excels and in my view is superior to humans (especially academics!).



Explain why the phrase TB or not TB is so clever.



The phrase "TB or not TB" is clever because it is a play on the famous line "To be or not to be" from Shakespeare's play Hamlet. This line is often used to express a decision or a choice between two options. In this context, the phrase "TB or not TB" is used to express the decision or choice between whether a child has tuberculosis or not. This phrase highlights the uncertainty and confusion that surrounds diagnosing childhood TB and the difficult decision-making process that doctors and parents must go through. The use of this phrase also adds a literary and poetic element to the poem, making it more memorable and impactful.

Comment: You can't argue with that.



Explain why the phrase TB or not TB is clichéd.



The phrase "TB or not TB" is considered clichéd because it is a well-worn phrase or idea that has been used repetitively in various forms of media and popular culture, thus losing its originality or impact. It is a reference to Shakespeare's famous line from Hamlet, and the joke relies on the contrast between the serious and contemplative nature of the original line and the more mundane and less serious context of the modified phrase. This phrase has been used so often, it has become a cliché, and it is no longer considered new or original. It is also something that is widely understood and used by a lot of people, which makes it more of a cliché.

Comment: Or maybe you can! (But this still won't stop me using this phrase.)



Summarise this abstract and critically appraise:

Abstract

Background Advancements in research have confirmed that gut microbiota can influence health through the microbiota–gut–brain axis. Meditation, as an inner mental exercise, can positively impact the regulation of an individual’s physical and mental health. However, few studies have comprehensively investigated faecal microbiota following long-term (several years) deep meditation. Therefore, we propose that long-term meditation may regulate gut microbiota homeostasis and, in turn, affect physical and mental health.

Aims To investigate the effects of long-term deep meditation on the gut microbiome structure.

Methods To examine the intestinal flora, 16S rRNA gene sequencing was performed on faecal samples of 56 Tibetan Buddhist monks and neighbouring residents. Based on the sequencing data, linear discriminant analysis effect size (LEfSe) was employed to identify differential intestinal microbial communities between the two groups. Phylogenetic Investigation of Communities by Reconstruction of Unobserved States (PICRUSt) analysis was used to predict the function of faecal microbiota. In addition, we evaluated biochemical indices in the plasma.

Results The α -diversity indices of the meditation and control groups differed significantly. At the genus level, *Prevotella* and *Bacteroides* were significantly enriched in the meditation group. According to the LEfSe analysis, two beneficial bacterial genera (*Megamonas* and *Faecalibacterium*) were significantly enriched in the meditation group. Functional predictive analysis further showed that several pathways—including glycan biosynthesis, metabolism and lipopolysaccharide biosynthesis—were significantly enriched in the meditation group. Moreover, plasma levels of clinical risk factors were significantly decreased in the meditation group, including total cholesterol and apolipoprotein B.

Conclusions Long-term traditional Tibetan Buddhist meditation may positively impact physical and mental health. We confirmed that the gut microbiota composition differed between the monks and control subjects. The microbiota enriched in monks was associated with a reduced risk of anxiety, depression and cardiovascular disease and could enhance immune function. Overall, these results suggest that meditation plays a positive role in psychosomatic conditions and well-being.



This study aimed to investigate the effects of long-term deep meditation on the gut microbiome structure by examining the intestinal flora of 56 Tibetan Buddhist monks and neighboring residents. The study found that there were significant differences in the α -diversity indices of the meditation and control groups, with certain beneficial bacterial genera being significantly enriched in the meditation group. Additionally, functional predictive analysis showed that several pathways were significantly enriched in the meditation group, including those associated with reduced risk of anxiety, depression and cardiovascular disease, and enhanced immune function. The study suggests that meditation plays a positive role in psychosomatic conditions and well-being. Overall, the study provides new insights into the relationship between long-term meditation and gut microbiome, however, more research is needed to fully understand the mechanisms behind these effects.



What are the likely limitations of this study?



There are a few potential limitations of this study:

1. The study only included a small sample size of 56 individuals, which limits the generalizability of the findings to a larger population.
2. The study only included Tibetan Buddhist monks and neighboring residents, which may not be representative of individuals from other cultures or religions who practice meditation.
3. The study did not include a control group that did not practice meditation, which would have allowed for a more direct comparison of the effects of meditation on gut microbiome.
4. The study only looked at gut microbiome and did not examine other factors that may have an impact on physical and mental health, such as diet, exercise, or stress levels.
5. The study only used a cross-sectional design, which does not allow for the determination of causality and it is possible that the gut microbiome differences between the two groups existed prior to the meditation practice.
6. The study did not control for other lifestyle factors that may have influenced the gut microbiome, such as diet, physical activity, or medications.
7. The study did not measure the duration and frequency of meditation practice, which would have been important to determine the dose-response relationship between meditation and gut microbiome.

Comment: Not bad considering this is based only on the Abstract of this paper (Sun Y, Ju P, Xue T, Ali U, Cui D, Chen J. Alteration of faecal microbiota balance related to long-term deep meditation. *General Psychiatry*. 2023;36:e100893).

List the top hospitals worldwide where I can train in paediatric infectious diseases.



1. Boston Children's Hospital (Boston, USA)
 2. Great Ormond Street Hospital (London, UK)
 3. Johns Hopkins Children's Center (Baltimore, USA)
 4. SickKids (Toronto, Canada)
 5. Children's National Medical Center (Washington, D.C., USA)
 6. Seattle Children's Hospital (Seattle, USA)
 7. Cincinnati Children's Hospital Medical Center (Cincinnati, USA)
 8. Children's Hospital of Philadelphia (Philadelphia, USA)
 9. Children's Hospital Los Angeles (Los Angeles, USA)
 10. Paediatric Infectious Diseases Unit, Hospital for Sick Children (Melbourne, Australia)
- Please note that this list is not exhaustive, and there are many other highly reputable hospitals worldwide that offer training in paediatric infectious diseases.

Comment: I'm not sure I agree with the order! Regenerating this response leads to different selections and ranking. Also, obvious inaccuracies in the hospital names.

NI

Write a humorous section to professor nigel curtis why the royal children's hospital in melbourne is not the worlds best hospital to train in paediatric infectious diseases



Professor Nigel Curtis, the renowned expert in pediatric infectious diseases, has a bone to pick with the Royal Children's Hospital in Melbourne. According to him, it's not the world's best hospital for training in pediatric infectious diseases. And he's not afraid to share his reasons why.



First and foremost, the hospital's lack of exotic diseases is a major disappointment. "Where are the cases of Ebola and West Nile Virus? It's like a pediatric infectious disease desert here," laments Professor Curtis.

Furthermore, the hospital's strict hand washing and infection control protocols are a major hindrance to his teaching methods. "How am I supposed to teach the importance of hand hygiene when the hospital won't let me shake hands with my students or sneeze on them during rounds?" he complains.

But perhaps the biggest issue, according to Professor Curtis, is the lack of drama in the pediatric infectious disease cases. "It's just one case of strep throat after another. Where's the excitement? Where's the intrigue? I need some real medical mysteries to solve," he says.

In conclusion, while the Royal Children's Hospital in Melbourne may have its merits, Professor Nigel Curtis believes that it falls short when it comes to providing a comprehensive training in pediatric infectious diseases. He suggests that anyone looking to specialize in this field should seek out a hospital in a war-torn country or a third-world nation for a truly unique and thrilling educational experience.

Comment: This example, courtesy of A/Prof Nicole Ritz, nicely illustrates ChatGPT's (potentially dangerous?!) creativity.



What are the key activities of an antimicrobial stewardship team?



An antimicrobial stewardship team's key activities include:

1. Developing and implementing guidelines for appropriate use of antimicrobial medications
2. Monitoring and analyzing prescribing patterns to identify and address inappropriate use of antimicrobial medications
3. Educating healthcare providers and staff on appropriate antimicrobial use and resistance prevention
4. Implementing interventions to improve prescribing practices
5. Collaborating with infection prevention and control teams to control outbreaks of antibiotic-resistant infections
6. Reviewing and addressing individual patient cases where antimicrobial use may be questionable
7. Maintaining a database of local resistance patterns and prescribing practices for ongoing monitoring and improvement.

Comment: Generic but fairly accurate.

NI

Write about antibiotics and the microbiome in the style of a Shakespearean sonnet.



Oh antibiotics, thou art a double-edged sword,
A gift from gods to cure disease and pain,
But with each dose, thou dost great harm afford
To creatures small that live within the vein.

The microbiome, a kingdom vast and fair,
A host to countless life, all shapes and hues,
In symbiotic peace, they do repair
The body's wounds and balance doth diffuse.

But thou, antibiotics, with power fraught,
Dost wreak destruction on this gentle state,
The balance lost, the kingdom overthrown,
Leaving behind a wasteland desolate.

So heed this warning, use antibiotics wise,
Lest ye destroy the balance of the microbiome inside.

Comment: Creating Shakespearian sonnets has become a classic way to illustrate ChatGPT's creativity.

NI

Write about antibiotics and the microbiome in the style of a limerick.



There once was a microbiome so grand,
With bacteria from one end to the land.
But antibiotics were taken,
And many were shaken,
Leaving the microbiome bland.

Comment: Similarly, limericks.



Write about systematic reviews in the style of a limerick.



There once was a systematic review,
Whose goal was to bring new insight, too.
With evidence clear,
It made findings appear,
And helped to improve practice anew!



There once was a systematic review,
With many studies and data, it grew.
It analyzed with care,
And found what was fair,
Making sense of research anew.



There once was a systematic review,
Its methods were rigorous, that's true,
With a search that was wide,
Its findings were collated with pride,
And the results were presented in view!



A systematic review's quite a sight,
It's a way to make sure things are right,
With a plan in place,
And a data base space,
The results come in, clear and bright!

Comment: For all chats, the response can be regenerated endlessly to provide infinite different unique responses.

What advice should I give a Fellow training in Paediatric Infectious Diseases to become a successful clinician scientist in today's competitive environment?



1. Develop a strong research question and hypothesis: Identify a specific research area that aligns with your clinical interests and focus on developing a well-defined research question and hypothesis.
2. Build a mentorship team: Identify experienced mentors in your field who can guide you in your research and career development.
3. Develop a strong publication record: Publish your research in reputable journals and present your findings at conferences to establish yourself as a thought leader in your field.
4. Network and collaborate: Attend conferences, join professional societies, and collaborate with other researchers to expand your knowledge base and build relationships.
5. Seek funding: Apply for grants and funding opportunities to support your research and career development.
6. Balancing clinical and research time: It's important to maintain a balance between your clinical responsibilities and your research commitments, by managing your time efficiently and setting realistic goals for yourself.
7. Stay current: Stay up to date with the latest research, treatments, and guidelines in paediatric infectious diseases to ensure you're providing the best care possible.
8. Be resilient: Being a clinician scientist can be challenging, but staying motivated and resilient will help you to achieve your goals.

Comment: Again quite generic and somewhat motherhood statement-like. Unlikely to be helpful.

Write a discharge letter for a 4-year old being discharged following an admission for treatment of TB meningitis.



[Your Letterhead]

[Date]

To Whom It May Concern,

I am writing to provide the discharge summary for [Patient Name], a 4-year-old male who was admitted to our hospital on [Admission Date] for treatment of tuberculosis (TB) meningitis. The patient was diagnosed with TB meningitis based on clinical presentation, laboratory results, and cerebrospinal fluid (CSF) analysis.

The patient was started on a multi-drug regimen for TB, including isoniazid, rifampicin, pyrazinamide, and ethambutol, as well as corticosteroids to reduce inflammation in the meninges. The patient's condition improved significantly over the course of his hospital stay, and he has been afebrile for [X] days. He has returned to his baseline level of consciousness, and his neurological examination is normal.

Culture and sensitivity of the CSF were performed, and the results were consistent with *Mycobacterium tuberculosis*. The patient will continue his treatment on an outpatient basis and will be seen by our clinic in [X] weeks for follow-up. We will continue to monitor his condition closely and adjust his treatment as needed.

We have provided the patient and his family with education on TB and its treatment, as well as on the importance of adherence to the medication regimen. We have also provided them with information on the potential side effects of the medications and instructed them to contact the clinic if they have any concerns.

Please do not hesitate to contact us if you have any further questions or concerns.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

Cc: [Patient Name], [Patient's Family]

Comment: Again, very generic but a reasonable first draft for a template.



Write a convincing article arguing against the use of surveys of doctors to find the best way to treat a condition.



Surveys of doctors are a commonly used method to gather information about the best way to treat a medical condition, but there are several reasons why they should be used with caution.

First, surveys rely on self-reported information, which can be unreliable. Doctors may not accurately report their practice patterns or the treatments they recommend, and their responses may be influenced by their personal biases or experiences. Additionally, surveys may not reflect the most current or evidence-based practices.

Second, surveys may not account for individual patient characteristics or preferences. Every patient is unique and what works for one patient may not work for another. Surveys may not be able to capture this individualized approach.

Third, Surveys can be affected by selection bias, as only a select group of doctors may choose to participate. This can lead to a sample that is not representative of the medical community, potentially leading to inaccurate conclusions.

Fourth, Surveys can be time-consuming and costly. Surveys can take a long time to administer and analyze, and they can be expensive to conduct, especially if they are conducted on a large scale.

Finally, Surveys are not the only method to gather information about treatment of a condition, there are other methods such as randomized controlled trials, observational studies, and meta-analyses which can provide evidence-based information about the best way to treat a condition.

Comment: ChatGPT assists my crusade against survey research.