



AI驱动数据库精准检索

ProQuest Research Assistant

郭谷雨 科睿唯安客户成功经理 | 2026

培训内容

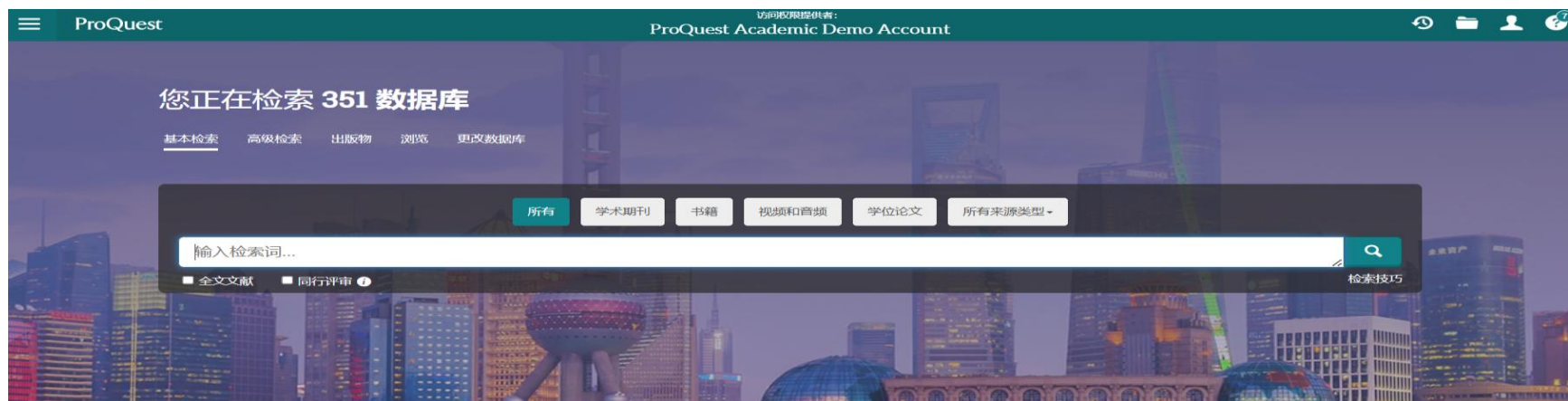
本讲座包含的主要内容：

1. ProQuest资源构架及CALIS组团库介
2. PQRA赋能文献挖掘与解读
3. ProQuest的主要检索路径和技术
4. 获取更多服务的渠道



ProQuest资源构架及CALIS组团库介绍

登录检索平台



<https://www.proquest.com> 注册IP直接登录，远程访问(VPN, 统一认证等)，支持移动访问(无需APP)

ProQuest资源构架及CALIS组团库介绍

The screenshot shows the ProQuest One Academic homepage. At the top left, the text 'ProQuest One Academic' is displayed. Below it are navigation links: '基本检索' (Basic Search), '高级检索' (Advanced Search), '出版物' (Publications), '浏览' (Browse), and '更改数据库' (Change Database). A purple banner at the top right contains the text 'PQ1A为最大的刊、书、论文、视频订阅库' (PQ1A is the largest subscription database for journals, books, theses, and videos). The main search area features a large white search bar with the placeholder text '输入检索词...' (Enter search term...). Above the search bar are several filter buttons: '所有' (All), '学术期刊' (Academic Journals), '书籍' (Books), '视频和音频' (Videos and Audio), '学位论文' (Theses), and '所有来源类型' (All Source Types). Below the search bar, there are checkboxes for '全文文献' (Full Text) and '同行评审' (Peer Review), and a '检索技巧' (Search Tips) link on the right.

Included in ProQuest One Academic

PQ1A包括4种出版物类型的最大订阅单元

This section displays four panels, each representing a different content category available in ProQuest One Academic. Each panel has a background image and a pink box at the bottom with large white Chinese characters. The panels are: 1. 'Academic Complete' with the subtitle 'Comprehensive collection of ebooks' and the Chinese characters '电子图书' (Electronic Books). 2. 'Academic Video Online' with the subtitle 'Documentaries, films, and more' and the Chinese characters '学术视频' (Academic Videos). 3. 'ProQuest Central' with the subtitle 'Multi-disciplinary research collection' and the Chinese characters '期刊为主' (Journals as the Main Focus). 4. 'ProQuest Dissertations & Theses Global' with the subtitle 'Cutting edge scholarly research' and the Chinese characters '博硕论文' (Master's and Doctoral Theses).

PQ1A - ProQuest Central

ProQuest Central

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检索技巧

期刊为主

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Find top peer-reviewed journals from over 175 subject areas including the humanities, business, healthcare, science, and more.



The Journal of School Nursing; Thousand Oaks


Nursing Ethics; London

Nursing Research and Practice; New York

[Browse all Scholarly Journals](#)

Essential Newspapers

Read the latest news from important local, national, and international sources



The New York Times

New York Times, Late Edition (East Coast); New York,...

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- [ABI/INFORM Collection ⓘ](#)
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- [Arts & Humanities Database ⓘ](#)
- [Asian & European Business Collection ⓘ](#)
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- [Business Market Research Collection ⓘ](#)
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47个库

ProQuest Central中CALIS组团库介绍 - ABI

ABI/INFORM Collection

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输入检索词...

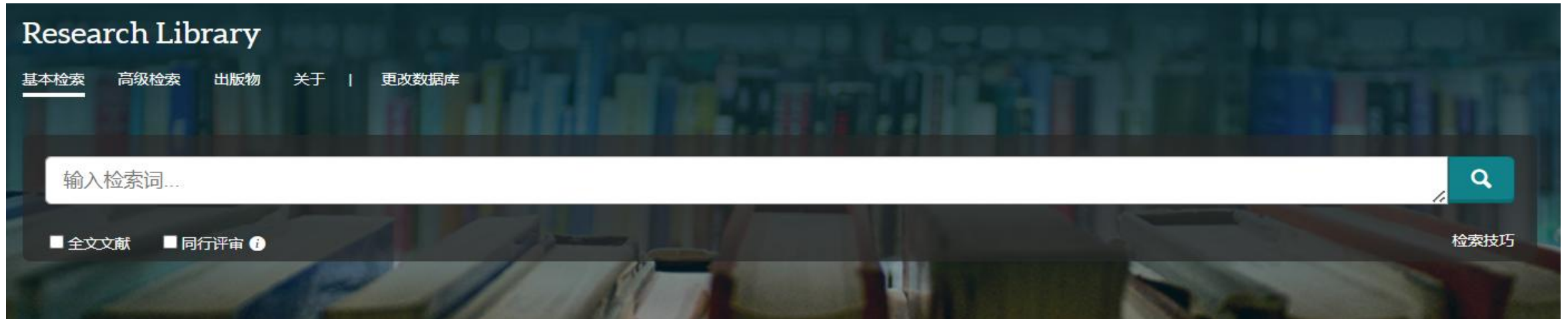
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[检索技巧](#)

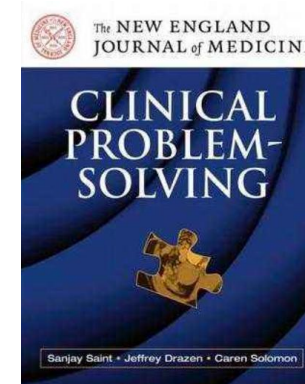
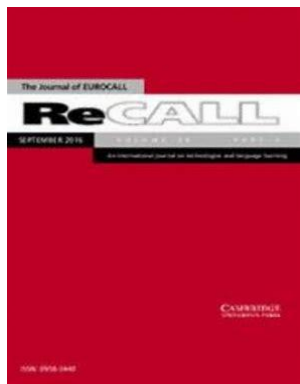
10,000多种经济管理商业等出版物（含8,500多种全文出版物），同时提供全球55,000多篇商学博硕论文全文，Fitch Solutions、EIU等机构的研究报告、经济数据，OECD等全球研究手稿，全球重要财经杂志和新闻等



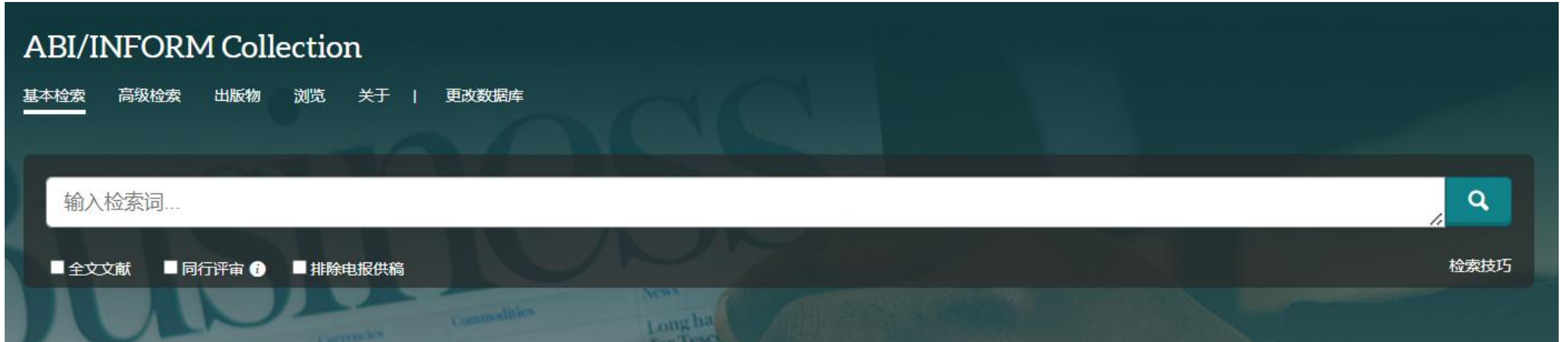
ProQuest Central中CALIS组团库介绍 - PRL



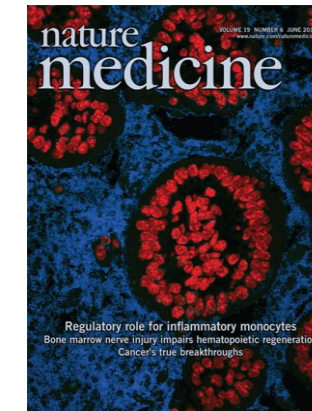
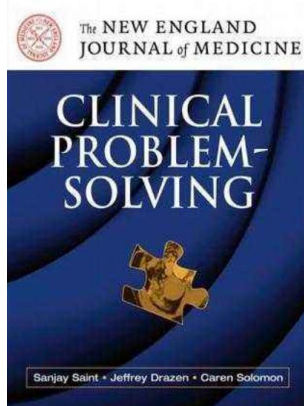
7,300多种各学科出版物（其中5,600多种全文出版物），OECD等机构的研究报告，Dow Jones 等机构的财经新闻等



ProQuest Central中CALIS组团库介绍 - PHMC



5,100多种医学等出版物（其中4,200多种全文出版物），同时提供全球41,000多篇医学博硕论文全文，Springer Nature Medical Video等学术视频



ProQuest Central中CALIS组团库介绍 - AESC

Agricultural & Environmental Science Collection

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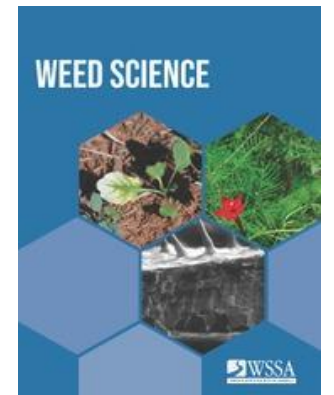
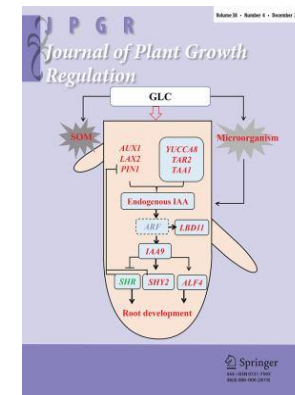
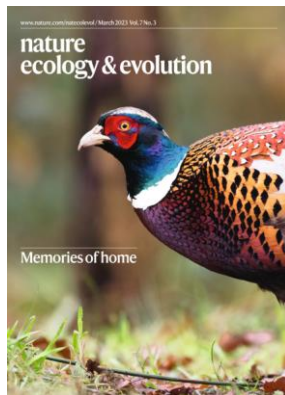
输入检索词...



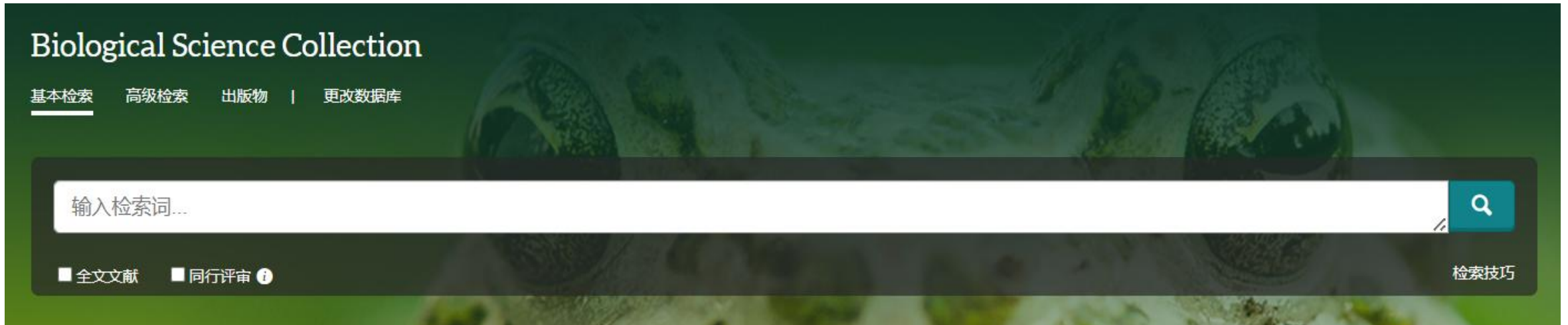
全文文献 同行评审 排除电报供稿

[检索技巧](#)

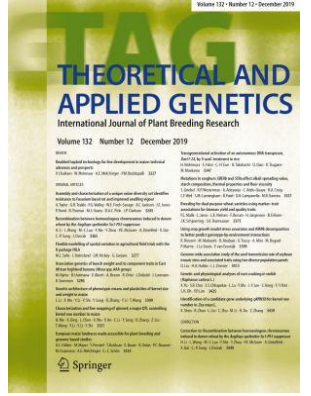
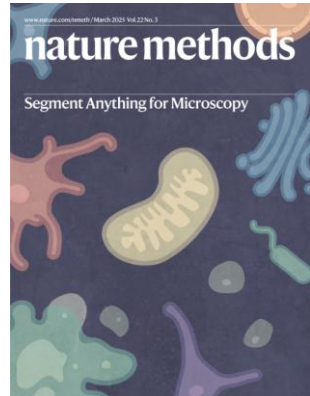
4,700多种农学、环境学等出版物（其中包含3,000多种全文出版物），全球17,000多篇农业与环境学博硕论文全文



ProQuest Central中CALIS组团库介绍 - BSC



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- [Science Database](#) ⓘ
- [Technology Collection](#) ⓘ

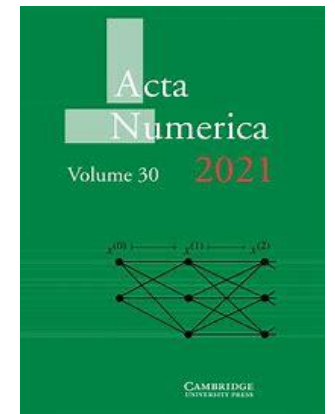
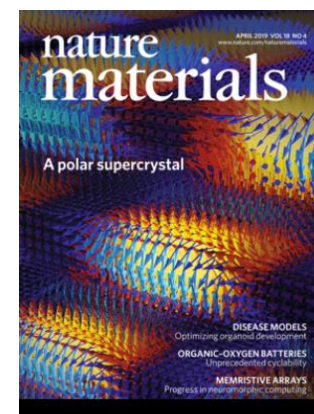
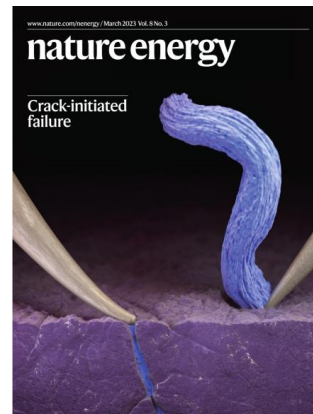
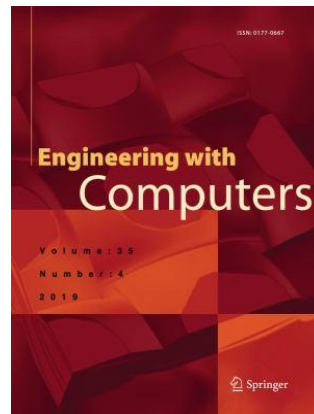
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- [Criminology Collection](#) ⓘ
- [Education Collection](#) ⓘ
- [International Bibliography of the Social Sciences \(IBSS\)](#) ⓘ
- [Library & Information Science Collection](#) ⓘ
- [Linguistics Collection](#) ⓘ
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- [Social Science Database](#) ⓘ

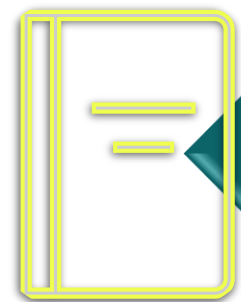
包含的数据库

- [ARTbibliographies Modern \(ABM\)](#) ⓘ
- [Arts & Humanities Database](#) ⓘ
- [Design & Applied Arts Index \(DAAI\)](#) ⓘ
- [International Bibliography of Art \(IBA\)](#) ⓘ

包含了35种学科库方案，有SciTech Premium Collection, Social Science Premium Collection, Art, Design & Architecture Collection及各层级子库构成，合计提供12000多种全文出版物，同时提供30多万篇博硕论文全文，及专业文摘库，比如NTIS, ERIC, ASFA等



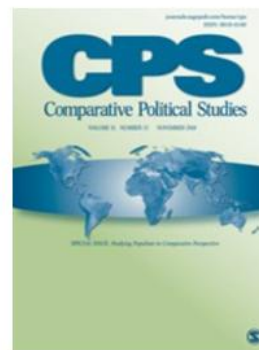
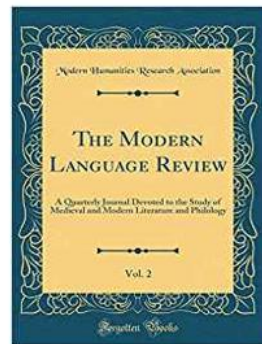
CALIS 组团库 - 典藏期刊数据库 PAO



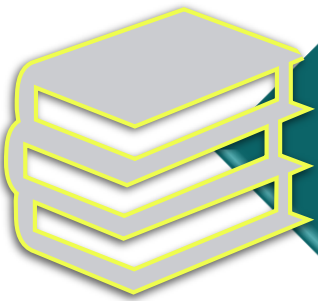
Periodicals Archive Online

学科	全文出版物种	收录时间
人文社科 为主	561 (PAO1-7) 774 (PAO1-10)	1802-2006, 大多 可回溯到创刊

- 语种：英语为主，法语、德语、西班牙语、意大利语、俄语、瑞典语等
- 来自500多家出版机构，例Sage, American Marketing Association, Yale University Press等



CALIS 组团库 - 早期英文图书 EEBO



Early English
Books Online

学科	全文著作和文章种	收录时间
广泛主题的研究史料	147,000+	1473-1700

来自全球上百家图书馆，例：



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第一本英文书：特洛伊城简史

"here begynneth the volume intituled and named the recuyell of the histories of Troy; ..."

Printed by William Caxton, 1473

Bib Name / Number: STC (2nd ed.) / 15375

Copy from: Henry E. Huntington Library and Art Gallery



文学 - 杰佛利·乔叟

"The workes of our antient and lerned English poet, Geoffrey Chaucer, newly printed...." by Chaucer, Geoffrey, d. 1400. London: [Printed by Adam Islip] impensis Geor. Bishop, 1598

Bib Name / Number: STC (2nd ed.) / 5077

Copy from: Henry E. Huntington Library and Art Gallery

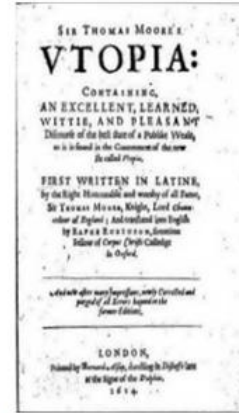


伊丽莎白一世

Queene Elizabeths speech to her last parliament - by Elizabeth I, 1533-1603. London: 1628.

Bib Name / Number: STC (2nd ed.) / 17168

Copy from: University of Illinois (Urbana-Champaign)

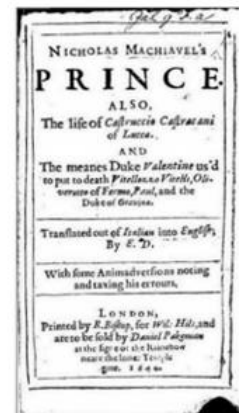


哲学 - 托马斯·莫尔

Sir Thomas Moore's Utopia: by More, Thomas, Sir, Saint, 1478-1535. London: Printed by Bernard Alsop, dwelling in Distaffe lane at the signe of the Dolphin, 1624

Bib Name / Number: STC (2nd ed.) / 18097

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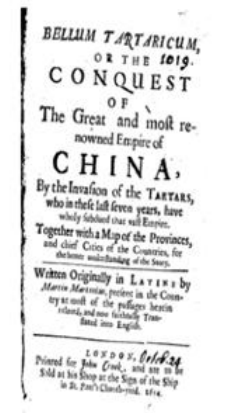


政治 - 尼古拉斯·马基雅维里的《君主论》

Nicholas Machiavelli's Prince - by Machiavelli, Niccolò, 1469-1527. London: Printed by R. Bishop, for Wil: Hills, and are to be sold by Daniel Pakeman near the signe of the Rainebow neare the Inner Temple gate, 1640

Bib Name / Number: STC (2nd ed.) / 17168

Copy from: British Library



汉学研究 - 卫匡国的《鞑靼战纪》

Bellum Tartaricum, or the conquest of the great and most renowned empire of China, by the invasion of the Tartars, who in these last seven years, have wholly subdued that vast empire. Together with a Map of the provinces, and chief cities of the countries, for the better understanding of the story. 1654

Copy from: British Library

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会议论文



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MEDICAL SOCIETY



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SLACK®
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MIT Sloan
Management Review

The
Economist Intelligence
Unit



Dustri-Verlag



aci American Concrete Institute
Always advancing



Association for
Information Systems



berghahn
NEW YORK · OXFORD



Fitch Solutions



Policy Press

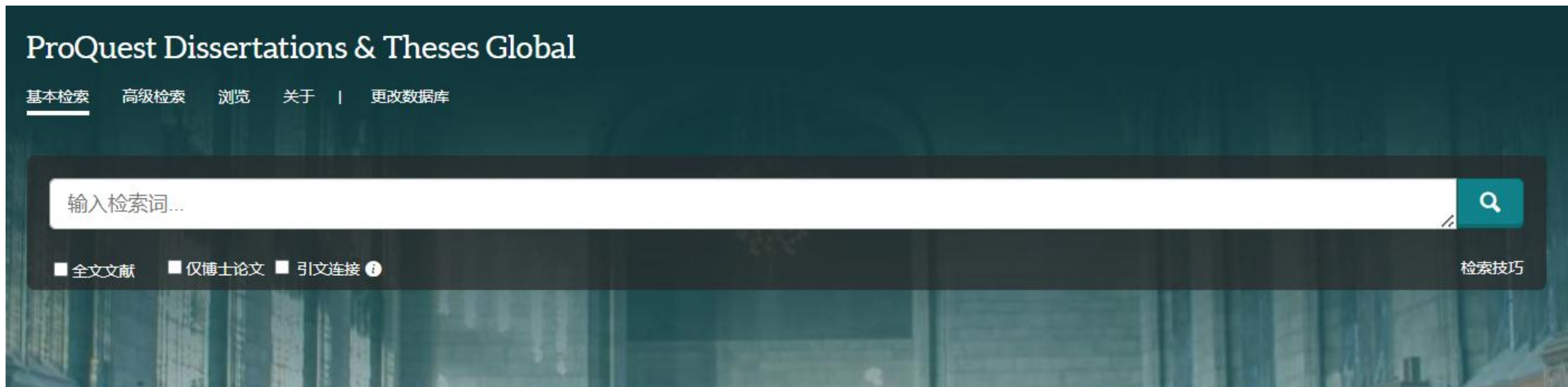


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science publishers

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PQ1A - PQDT Global



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- [联系客户支持](#) 如果您需要进一步帮助。

检索技巧

PQDT Global全球博硕论文库



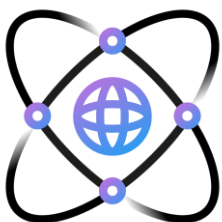
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420万+ 篇
全文



4,100+ 所
机构



70+ 个
国家/地区



60+ 种
语言



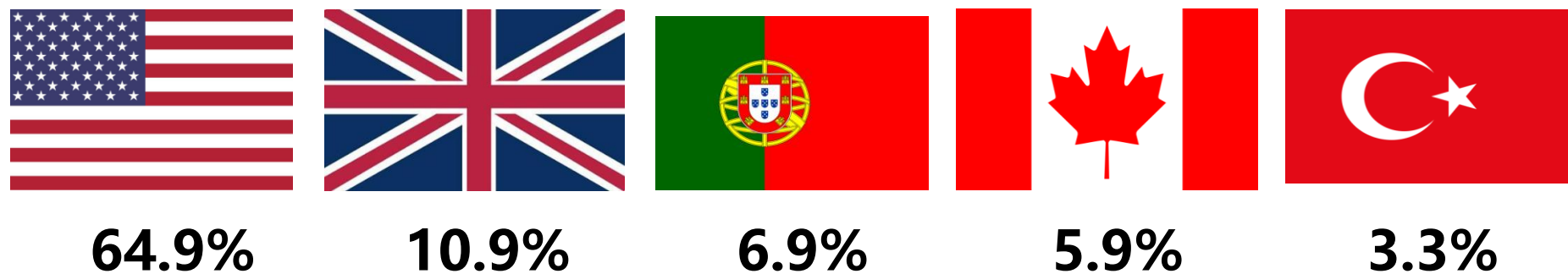
290万+ 条
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全球核心博硕论文资源，全面的学科、高质量的内容，丰富的元数据、深度的全文资源。

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掌握高校的博硕论文产出，例如

ProQuest Dissertations & Theses Global

sch(harvard university)

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46,932 个检索结果

修改检索 近期检索 保存检索/提醒

应用的筛选器

Harvard University

排序条件

相关性

限定条件

全文文献

出版日期

1832 - 2025 (十年每格)

输入日期范围

更新

选择 1-20

1 **AP[®] STEM Student Assessment of ChatGPT Prompt Responses**

备选题目: AP[®] STEM 学生对 ChatGPT 提示回答的评估
Friske, Zachary Michael. **Harvard University** ProQuest Dissertations & Theses, 2025. 31839358.

学位论文

摘要/索引 预览 - PDF 格式 (656 KB) 全文 - PDF 格式 (23 MB) 订购

2 **More Than the Sum of Our Parts: Identity, Bioethics, and Plastination in China**

Wheelan, Alexandra L. **Harvard University** ProQuest Dissertations & Theses, 2025. 31769388.

学位论文

摘要/索引 预览 - PDF 格式 (426 KB) 全文 - PDF 格式 (2 MB) 订购

3 **Finding Underlying Morphology Trends and Significant Genes Across Mental Illnesses Using Dimensionality Reduction**

Noronha, Sharon. **Harvard University** ProQuest Dissertations & Theses, 2025. 31768224.

学位论文

摘要/索引 预览 - PDF 格式 (451 KB) 全文 - PDF 格式 (3 MB) 订购

4 **Evaluating the Strategic Context of SEATO, 1954-1977**

MCl aren Patrick **Harvard University** ProQuest Dissertations & Theses, 2025. 31766622

知名研究人员的博士论文 – 诺奖获得者为例



Yang, Chen Ning,
1957诺贝尔物理学奖



Lee, Tsung-Dao
1957诺贝尔物理学奖



Ting, Chao Chung
1976诺贝尔物理学奖



Steven Chu
1997诺贝尔物理学奖



Tsui, Daniel Chee
1998诺贝尔物理学奖



Bawendi, Moungi Gabriel
2023诺贝尔化学奖



Drew Weissman
2023诺贝尔生理学或医学奖



Goldin, Claudia Dale
2023诺贝尔经济学奖

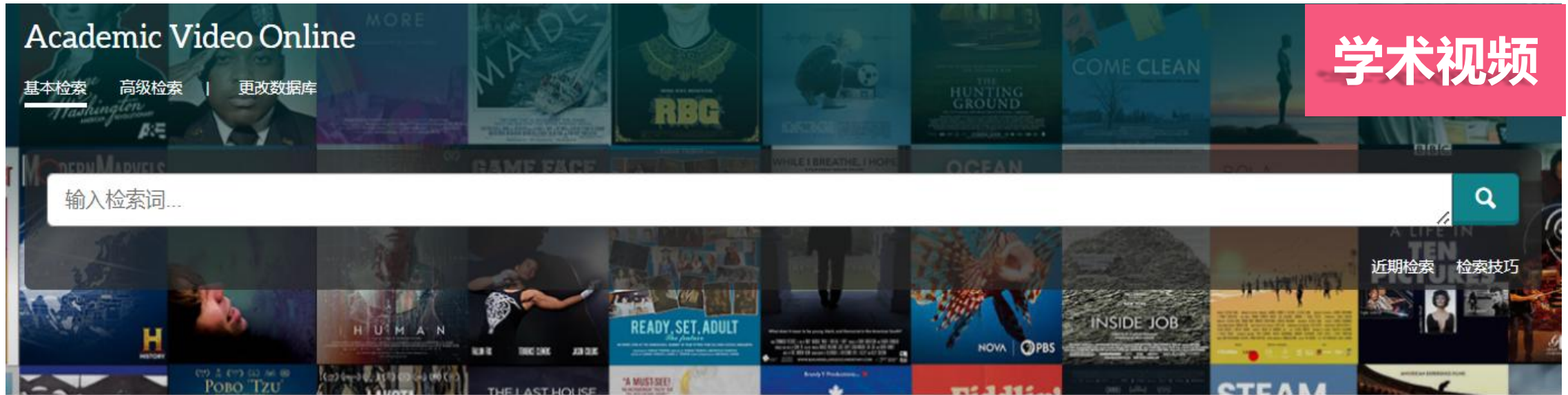


Bertozzi, Carolyn Ruth
2022诺贝尔生理学或医学奖



Diamond, Douglas Warren
2022诺贝尔经济学奖

Academic Video Online



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- Fashion
- Business & Economics
- Nursing
- Diversity Studies
- Education

另外，部分

Academic Video Online 也可作为以

- ProQuest One Academic 
- ProQuest One Community College 

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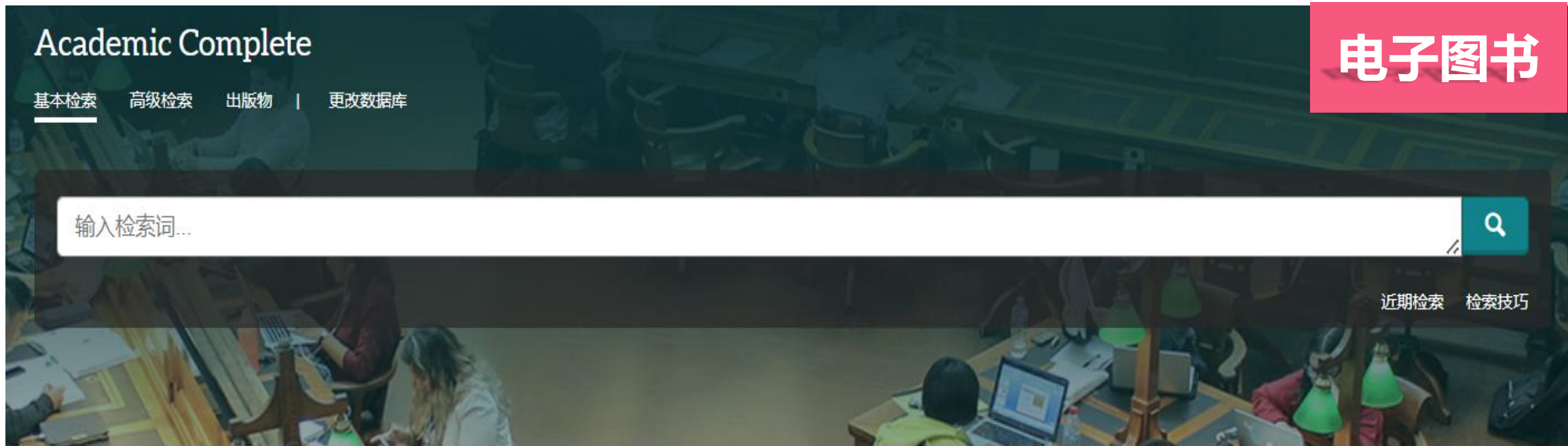
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**提供59种CALIS组团方案
包括AVON 学术视频全集 和
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Academic Video Online



Ebook Central AC



Academic Complete provides authoritative, full-text e-books in a wide range of subject areas along with powerful tools to find, use, and manage the information.

想要了解更多内容?

另外, 部分

Academic Complete 也可作为以下的一部分进行检索:

- ProQuest One Academic [i](#)
- ProQuest One Community College [i](#)

提供11种CALIS组团方案
包括EBC 学术全集 和 10个学科专辑

的答案。


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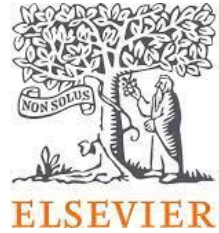
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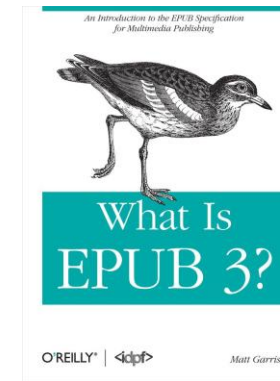
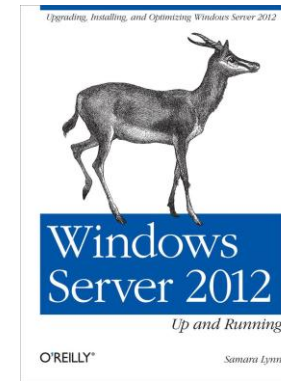
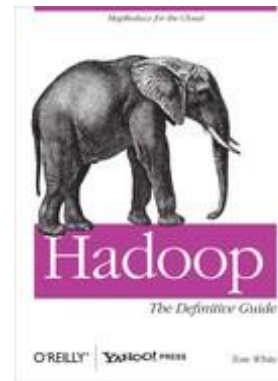
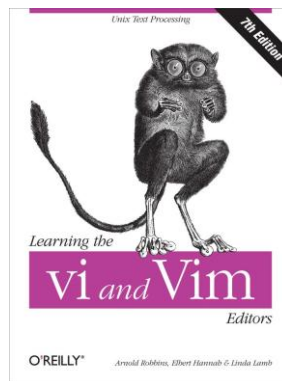
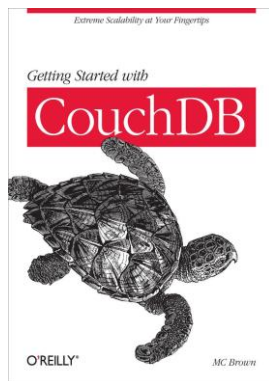
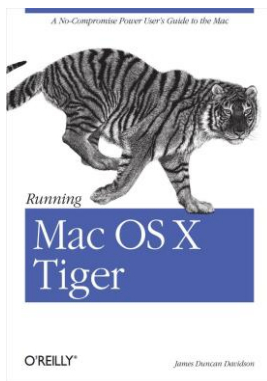
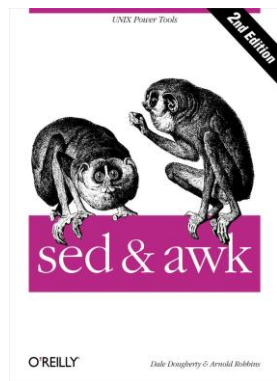
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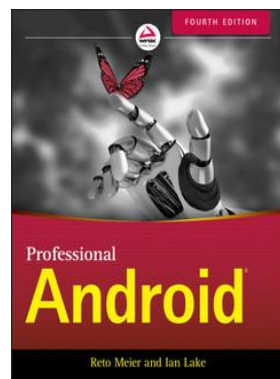
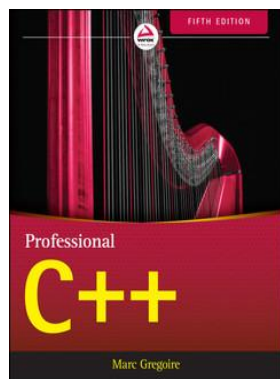
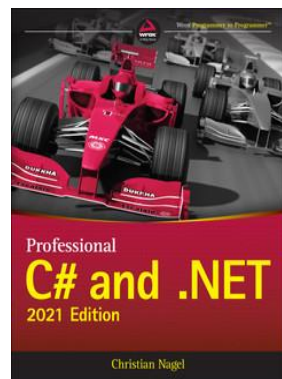


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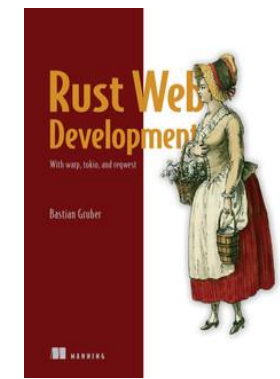
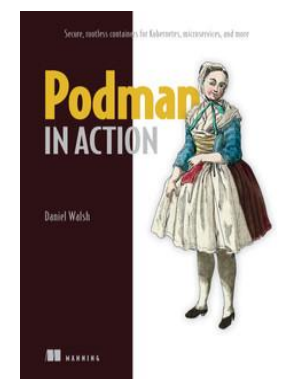
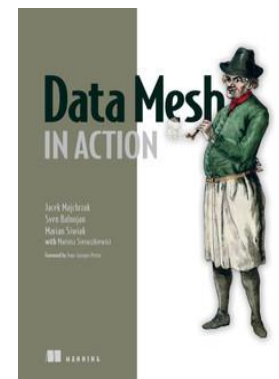
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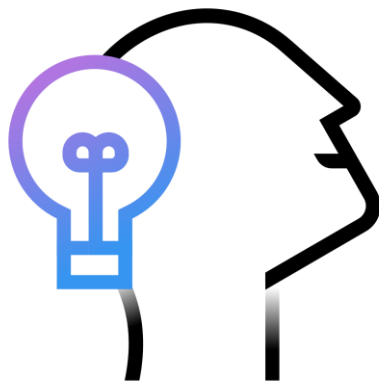


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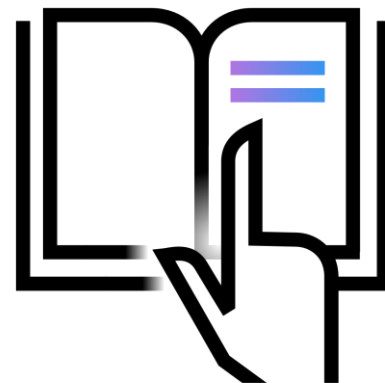
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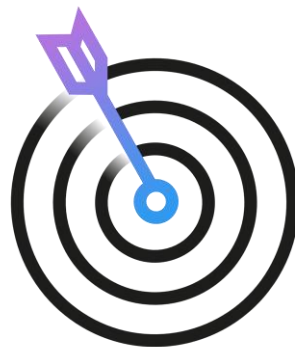
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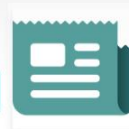
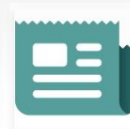
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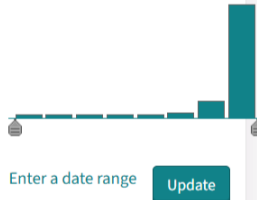
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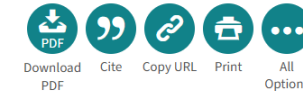
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4 AI-based **medical ethics** education: examining the potential **of** large language models as a tool for virtue cultivation
Okamoto, Shimpei; Kataoka, Masanori; Itano, Makoto; Sawai, Tsutomu. **BMC Medical Education; London** Vol. 25, (2025): 1-9.
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AI and XAI second opinion: the danger of false confirmation in human–AI collaboration

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DOI:10.1136/jme-2024-110074



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Abstract

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Can AI substitute a human physician's second opinion? Recently the *Journal of Medical Ethics* published two contrasting views: Kempt and Nagel advocate for using artificial intelligence (AI) for a second opinion except when its conclusions significantly diverge from the initial physician's while Jongsma and Sand argue for a second human opinion irrespective of AI's concurrence or dissent. The crux of this debate hinges on the prevalence and impact of "false confirmation"—a scenario where AI erroneously validates an incorrect human decision. These errors seem exceedingly difficult to detect, reminiscent of heuristics akin to confirmation bias. However, this debate has yet to engage with the emergence of explainable AI (XAI), which elaborates on why the AI tool reaches its diagnosis. To progress this debate, we outline a framework for conceptualising decision-making errors in physician–AI collaborations. We then review emerging evidence on the magnitude of false confirmation errors. Our simulations show that they are likely to be pervasive in clinical practice, decreasing diagnostic accuracy to between 5% and 30%. We conclude with a pragmatic approach to employing AI as a second opinion, emphasising the need for physicians to make clinical decisions before consulting AI; employing nudges to increase awareness of false confirmations and critically engaging with XAI explanations. This approach underscores the necessity for a cautious, evidence-based methodology when integrating AI into clinical decision-making.

Full text

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Correspondence to Rikard Rosenbacke, rikard@rosenbacke.com

Introduction

Sometimes patients or their families may request a second medical opinion. There are several reasons to confirm a diagnosis, to explore other treatment options, to confirm what they have been told or because they have lost confidence in their clinical team. A recent systematic review found high levels of patient satisfaction with second opinions and while the figures varied among clinical areas, relatively high frequencies of changes in diagnosis or treatment.¹ However, second opinions are not always advantageous. They can lead to distress, delay treatment and interrupt continuity of care.²

While second opinions have always been possible, demand has increased, reflecting patient empowerment and greater access to medical information on the internet,³ which may or may not be accurate or relevant to the case in question. Some health systems or plans include an explicit entitlement to a second opinion in certain circumstances, such as the recently announced Martha's Rule in the English National Health Service, named after a young girl who died after a failure to seek such an opinion.⁴

The process of a physician-initiated second opinion has traditionally involved consulting another physician, often with specialised expertise, to review and potentially challenge the initial clinical decision. This collaborative approach ensures a thorough exploration of diagnostic possibilities, with a focus on ensuring the highest standard of patient care. However, the increasing use of artificial intelligence (AI) in healthcare offers a potential alternative, although one that raises significant ethical and practical implications.⁵

The *Journal of Medical Ethics* published two contrasting views of how AI could fulfil the role of a second opinion traditionally reserved for medical professionals. Kempt and Nagel⁵ argue for a 'rule of disagreement', by which AI can provide a second opinion. When it concurs with the initial physician assessment, no further action is required, but when it differs substantially, another human opinion is imperative. However,

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Insights

Here is the key takeaway.

False confirmation errors in AI-assisted medical decision significantly decrease diagnostic accuracy, necessitating evidence-based approach to integrating AI into clinical practice.

Additional topics discussed include:

- The impact of patient empowerment on second opinion
- The role of explainable AI in clinical decision-making
- Cognitive psychology techniques to mitigate decision errors

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The document discusses AI ethics in medical advice, particularly in the context of false confirmation errors and the need for critical engagement with AI outputs.

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Here is the **key takeaway**.

False confirmation errors in AI-assisted medical decision-making can significantly decrease diagnostic accuracy, necessitating a cautious, evidence-based approach to integrating AI into clinical practice.

Additional topics discussed include:

- The impact of patient empowerment on second opinions
- The role of explainable AI in clinical decision-making
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Here are the **important concepts**.

1. **AI**: Artificial Intelligence (AI) is a central theme in the document, representing a technological tool that can provide second opinions in medical diagnoses. **Its significance lies in** the debate over its reliability and the potential for 'false confirmation' errors in clinical decision-making.
2. **XAI**: Explainable AI (XAI) refers to AI systems designed to provide understandable explanations for their decisions, which is crucial in medical contexts. **The document emphasizes** XAI's role in enhancing the transparency of AI diagnoses and mitigating the risks associated with false confirmations.
3. **Kempt and Nagel**: Kempt and Nagel are proponents of using AI for second opinions in medical diagnoses, advocating for a 'rule of disagreement' when AI's conclusions diverge from human assessments. **Their views are significant** as they represent one side of the ongoing ethical debate regarding AI's role in healthcare.
4. **Jongsma and Sand**: Jongsma and Sand argue for the necessity of a second human opinion regardless of AI's agreement, highlighting the fallibility of both human and AI judgments. **Their perspective is influential** as it challenges the reliance on AI and calls for a more cautious approach in clinical decision-making.
5. **false confirmation**: False confirmation is a critical concept

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1. **AI in medical second opinions**: Exploring the role of AI in providing second opinions can enhance diagnostic accuracy and patient care. 
2. **False confirmation in ai-assisted diagnosis**: Understanding false confirmation errors is crucial to prevent misdiagnoses and improve patient outcomes. 
3. **Explainable ai (xai) in healthcare**: XAI can improve trust and understanding in AI systems, facilitating better decision-making in clinical environments. 
4. **Cognitive biases in physician-ai collaboration**: Investigating cognitive biases can help mitigate errors in decision-making processes involving AI. 
5. **Ethical implications of ai in medicine**: Examining the ethical considerations surrounding AI use in healthcare is essential for responsible implementation. 

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Here are the **findings or conclusions**.

The document explores the implications of integrating artificial intelligence (AI) into the medical decision-making process, particularly regarding the use of AI as a second opinion in clinical settings. It aims to address the potential risks associated with "false confirmation," where AI erroneously validates incorrect human decisions, and to propose a framework for mitigating these risks.

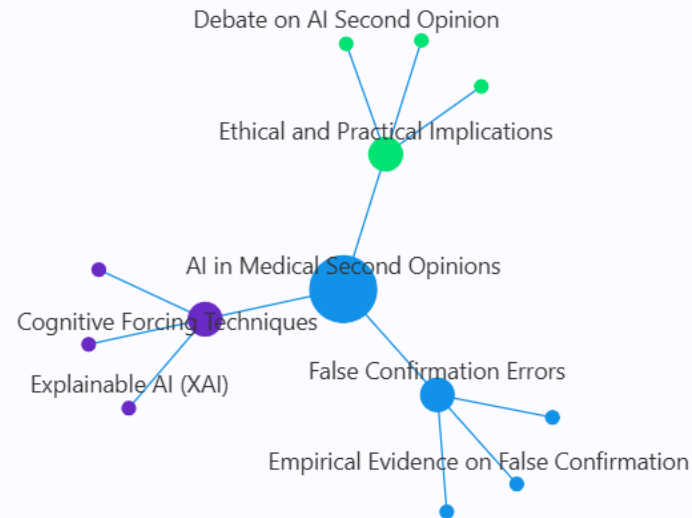
The main findings of the document highlight several critical points:

- 1. False Confirmation Risks:** The study identifies that false confirmation errors can significantly undermine diagnostic accuracy, with rates potentially ranging from 5% to 30% in clinical practice. [1](#) [2](#) [3](#)
- 2. Debate on AI's Role:** There is a contrasting debate within the medical community regarding the role of AI in providing second opinions. Some advocate for AI's use when it aligns with human assessments, while others stress the necessity of a human second opinion regardless of AI's agreement. [4](#) [3](#)
- 3. Cognitive Biases:** The document discusses how cognitive biases, particularly confirmation bias, can lead physicians to accept AI confirmations without sufficient scrutiny, thereby increasing the

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Here's a **mind map** about this document's topics.

AI in Medical Second Opinions



AI in Medical Second Opinions

The document explores the role, risks, and mitigation strategies of using artificial intelligence as a second opinion in clinical decision-making, focusing on the problem of false confirmation errors in physician-AI collaboration.

基本详细信息 理解文档/文章的每一部分，提供生成内容文中链接

Here are the **essential details**.

Main Point

The document discusses the implications of using AI as a second opinion in medical decision-making, particularly focusing on the risks of false confirmation errors. [1](#) [2](#)

Purpose/Hypothesis

The purpose is to outline a framework for understanding decision-making errors in physician-AI collaborations and to review evidence on the prevalence of false confirmation errors. [1](#)

Study Design/Methods

The study includes simulations and empirical research involving 11 physicians assessing 10 patients with potential diagnoses, examining the accuracy of AI and the occurrence of false confirmations. [3](#)
[4](#)

Results/Outcomes

Findings indicate that false confirmation rates can range from 5% to 30%, with physicians often accepting AI confirmations without critical questioning. [5](#) [4](#)

Implications

The study suggests that reliance on AI for second opinions could lead to significant medical errors, advocating for a cautious approach that includes human oversight. [2](#)

Research Assistant: 基本详细信息

AI, **artificial intelligence**.

Having indicated the pervasiveness **of** false confirmation, we next revisit cognitive psychology literature to assess approaches that might mitigate it.

Mitigating the threat **of** false confirmation: evidence from cognitive psychology

Having noted the risk **of** false confirmation and the difficulty in detecting it,¹⁰ we apply insights from cognitive psychology, in particular **of** Simon,¹⁹ Tversky and Kahneman²⁰ and Thaler and Sunstein²¹ who have explored the dual processes **of** the human mind: rapid, heuristic thinking and slower, more deliberate reasoning. By understanding these, we can develop strategies to refine **decision-making** and reduce false confirmation risks when using AI in **clinical** second opinions.

Three main cognitive interventions could apply to physician-AI collaboration. These involve explainability, cognitive forcing and/or nudging techniques. Explainability aims to stimulate a reasoning-based discussion **of** the **clinical** rationale for **decision-making**. This could, in theory, enable a better dialogue between the physician and the second AI opinion, mirroring the role **of** a human second opinion. Yet, the only study evaluating this to our knowledge found no effect **on** identifying false confirmation errors.⁹

The second technique, cognitive forcing, aims more directly to disrupt heuristic thinking and promote analytical reasoning.²² Techniques include checklists and diagnostic timeouts or asking the physician to make a **clinical** assessment before seeing the AI diagnosis or any associated explanations.^{8,23} Our preliminary study tested the possibility that asking physicians to make a diagnostic decision prior to being exposed to AI or XAI advice had no **impact on** false confirmation errors; physicians virtually always accepted AI confirmations without scrutiny,⁹ akin to the heuristic confirmation bias.

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Having noted the risk of false confirmation and the difficulty in detecting it,¹⁰ we apply insights from cognitive psychology, in particular the works of Simon,¹⁹ Tversky and Kahneman²⁰ and Thaler and Sunstein²¹ who have explored the dual processes of the human mind: rapid, heuristic thinking and slower, more deliberate reasoning. By understanding these, we can develop strategies to refine decision-making and reduce false confirmation risks when using AI in clinical second opinions. Three main cognitive interventions could apply to physician-AI collaboration. These involve explainability, cognitive forcing and/or nudging techniques. Explainability aims to stimulate a reasoning-based discussion of the clinical rationale for decision-making. This could, in theory, enable a better dialogue between the physician and the second AI opinion, mirroring the role of a human second opinion. Yet, the only study evaluating this to our knowledge found no effect on identifying false confirmation errors.⁹ The second technique, cognitive forcing, aims more directly to disrupt heuristic thinking and promote analytical reasoning.²² Techniques include checklists and diagnostic timeouts or asking the physician to make a clinical assessment before seeing the AI diagnosis or any associated explanations. ^{8 23} Our preliminary study tested the possibility that asking physicians to make a diagnostic decision prior to being exposed to AI or XAI advice had no impact on false confirmation errors; physicians virtually always accepted AI confirmations without scrutiny,⁹ akin to the heuristic confirmation bias.

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Here are the essential details.

Main Point

of using AI as a second opinion, primarily focusing on the risks

understanding decision-making and to review evidence for errors. **1**

clinical research involving 11 essential diagnoses, examining false confirmations. **3 4**

rates can range from 5% to 10% of confirmations without critical

questioning. **5 4**

Implications

The study suggests that reliance on AI for second opinions could lead to significant medical errors, advocating for a cautious approach that includes human oversight. **2**

Study Limitations

The research highlights the difficulty in detecting false confirmations and the potential for cognitive biases to influence decision-making. **6 2**



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Here are the findings or conclusions.

The document explores the implications of integrating artificial intelligence (AI) into the medical decision-making process, particularly regarding the use of AI as a second opinion in clinical settings. It aims to address the potential risks associated with "false confirmation," where AI erroneously validates incorrect human decisions, and to propose a framework for mitigating these risks.

The main findings of the document highlight several critical points:

...s that false
...ne diagnostic
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...date within the
...providing second
...aligns with human
...of a human second

opinion regardless of AI's agreement. (4) (3)

3. Cognitive Biases: The document discusses how cognitive biases, particularly confirmation bias, can lead physicians to accept AI confirmations without sufficient scrutiny, thereby increasing the risk of diagnostic errors. (5) (6)

4. Framework for Errors: A framework is proposed to categorize errors in physician-AI collaborations into three types: true conflict errors, false conflict errors, and false confirmation errors, each with distinct implications for clinical practice. (7)

5. Mitigation Strategies: The authors suggest several strategies to mitigate the risks of false confirmation, including cognitive forcing techniques, nudging, and the use of explainable AI (XAI) to enhance understanding of AI-driven diagnoses. (6) (8) (9)

In conclusion, the document emphasizes the need for a cautious and evidence-based approach to integrating AI into clinical decision-

Quote from document

Framework to identify errors in human-AI/XAI decision-making We can differentiate three distinct errors in joint physician-AI decision-making, to which we have assigned the following terminology: true conflict error—when the physician is incorrect but AI is correct; false conflict error—when the physician is correct but AI is incorrect; and false confirmation error—when the physician and AI agree but both are wrong⁹ (see table 1). Table 1 Potential sources of error in human-AI/XAI collaboration⁹ Physician right Physician wrong AI right Correct True conflict error AI wrong

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second opinion in clinical practice.

Framework to identify errors in human-AI/XAI decision-making

We can differentiate three distinct errors in joint physician-AI decision-making, to which we have assigned the following terminology: true conflict error—when the physician is incorrect but AI is correct; false conflict error—when the physician is correct but AI is incorrect; and false confirmation error—when the physician and AI agree but both are wrong⁹ (see table 1).

Table 1

Potential sources of error in human-AI/XAI collaboration⁹

	Physician right	Physician wrong
AI right	Correct	True conflict error
AI wrong	False conflict error	False confirmation error

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AI in Medical Second Opinions

The document discusses the role and challenges of using artificial intelligence as a second opinion on the risks of false confirmation

False Confirmation Risks ^

This subtopic explores the prevalence of confirmation errors where AI influences clinical decisions in clinical settings.

[More about False Confirmation Risks](#)

- **Confirmation Bias Heuristic**

Discusses how false confirmation errors are influenced by heuristics like confirmation bias in human-AI collaboration.

[More about Confirmation Bias Heuristic](#)

- **Diagnostic Accuracy Impact**

Examines how false confirmation errors reduce diagnostic accuracy to between 5% and 30% in clinical practice.

[More about Diagnostic Accuracy Impact](#)

- **Simulation Evidence**

Reviews simulation studies demonstrating the pervasiveness of false confirmation errors in physician-AI decision-making.

[More about Simulation Evidence](#)

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What is the role of AI (XAI) in clinical decision making?

Role of Explainable AI (XAI) in Clinical Decision Making

- The document states that XAI (explainable AI) is designed to clarify how AI systems reach their diagnoses, allowing physicians to understand and discuss the reasoning behind AI decisions (see "Framework to identify errors in human-AI/XAI decision-making").
- XAI can support more thorough decision-making by enabling doctors to compare their own clinical reasoning with the AI's logic, helping to spot differences or potential errors.

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"Quel est le rôle de l'intelligence artificielle explicable (XAI) dans la prise de décision clinique?"

Rôle de l'intelligence artificielle explicable (XAI) dans la prise de décision clinique

- Selon le document, l'IA explicable (XAI) vise à fournir des explications sur la façon dont l'IA arrive à ses diagnostics, permettant ainsi aux médecins de mieux comprendre et discuter les raisons derrière les décisions de l'IA (voir « Framework to identify errors in human-AI/XAI decision-making »).
- XAI peut enrichir le processus de prise de décision en favorisant une analyse comparative entre le raisonnement du médecin et celui de l'IA, ce qui aide à détecter des divergences ou des erreurs potentielles.
- Cependant, l'étude citée dans l'article montre que l'ajout d'explications XAI n'a eu que peu d'effet sur l'identification des erreurs de confirmation fausse, car les médecins acceptaient souvent les confirmations de l'IA sans les remettre en question (voir « Empirical evidence of the frequency of false confirmations »).
- En résumé, XAI a le potentiel d'améliorer la transparence et la réflexion critique, mais son impact réel dépend de la façon dont les médecins utilisent et interrogent ces explications.



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3 Advanced Privacy-Preserving Decentralized Federated Learning for Insider Threat Detection in Collaborative Healthcare Institutions
Newman, King David D. *The George Washington University ProQuest Dissertations & Theses*, 2025. 31639476.
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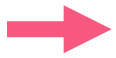
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3 **Privacy-Preserving Federated Learning with Consistency via Knowledge Distillation Using Conditional Generator**
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+ Data sovereignty + Open platform + Dual-use technology + Deep Space + Unsupervised + Feedforward + Tomographic reconstruction

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修改检索 近期检索 保存检索/提醒

排序条件: 相关性

限定条件: 全文文献 同行评审

出版物类型: 学术期刊 (40)

出版日期: 2020 - 2025 (年)

选择 1-20

1 Advancing COVID-19 diagnosis with privacy-preserving collaboration in artificial intelligence
Bai Xiang; Wang, Hanchen; Ma, Liya; Xu, Yongchao; Gan Jiefeng; 等. *Nature Machine Intelligence; Basingstoke* Vol. 3, Iss. 12, (Dec 2021): 1081-1089.
学术期刊 摘要/索引 全文文献 全文 - PDF 格式 (1 MB) Times cited 40 on Web of Science 50 参考文献 全文文献

2 End-to-end privacy preserving deep learning on multi-institutional medical imaging
Nature Machine Intelligence; Basingstoke Vol. 3, Iss. 6, (Jun 2021): 473-484.
学术期刊 摘要/索引 全文文献 全文 - PDF 格式 (3 MB) Times cited 194 on Web of Science 67 参考文献 全文文献

Adversarial interference and its mitigations in privacy-preserving collaborative machine learning



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谢谢!

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