



Machines with intercultural competence - developing conversational AI for diverse populations

異文化対応能力を持つ機械 ~多様な人々のための会話型AIの開発

Spencer Hazel



Presentation outline

1. Introduction - conversational AI and conversation design
2. The project
3. Second language users and conversational AI
4. Changing usability testing to improve design
5. Looking to the future

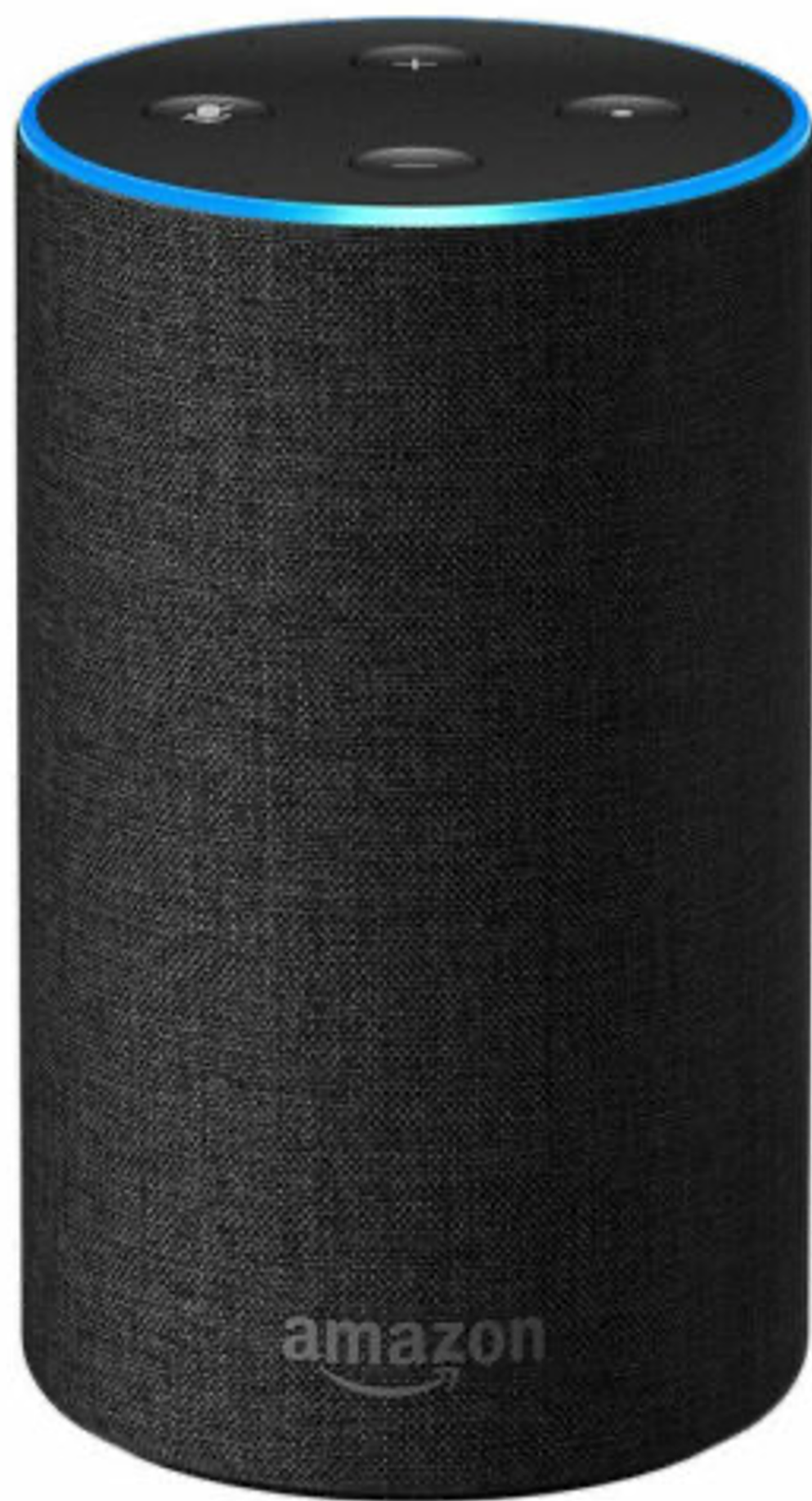


OpenAI



ChatGPT





Artificial Intelligence 人工知能

- When a machine provides an illusion of *human intelligence*

Conversational AI systems ユーザインタフェース

- Conversational User Interface (CUI)
- Voice User Interface (VUI)

1. Introduction: conversational AI and conversation design

Leading in Conversation Design

We're the world's leading training and certification institute for conversation design. Our proven workflow helps you create human-centric experiences for AI Assistants, like chatbots and voice assistants.

Whether you're an individual designer entering the field or an enterprise looking to close your team's skill gap, our courses and certificates help you design, develop, and deploy valuable conversational experiences.

[Read more →](#)

What is Conversation Design?

Conversation Designers make AI Assistants more natural.

 Want to know more?



Conversation Design

Welcome to conversation design.

 Filter

Conversational design

Welcome

What is conversation design?

Learn about conversation

Conversation design process

How do I get started?

Is conversation the right fit?

Gather requirements

Create a persona

Write sample dialogs

Test and iterate

Design for the long tail

Scale your design

Help users find your Action

Style guide

Language

Designing Actions on Google

Creating Actions for the Google Assistant requires a breadth of design expertise (for example, voice user interface design, interaction design, visual design, motion design, and UX writing) that we've refined into a single discipline: conversation design.

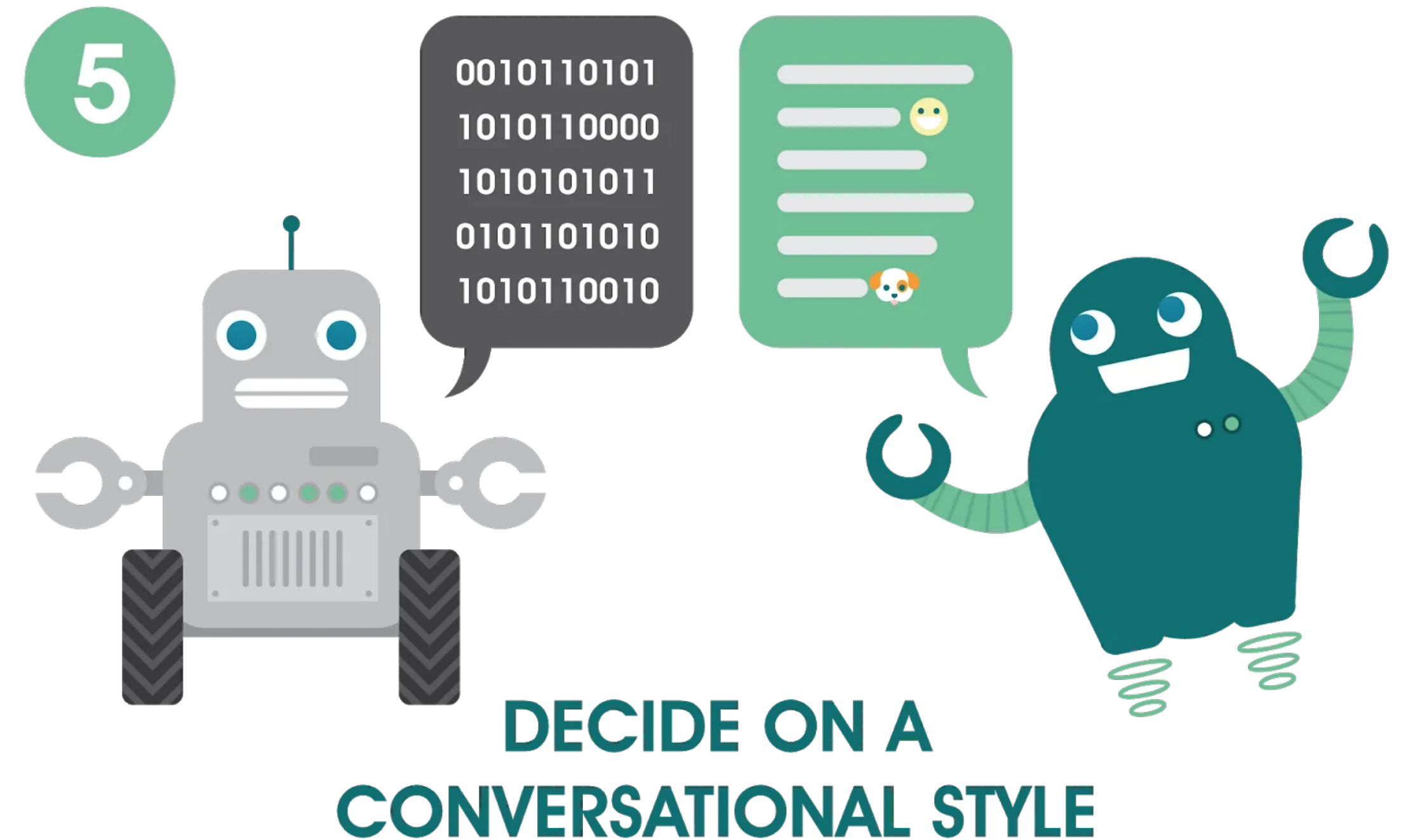
Our goal is to help you:

- Craft conversations that are natural and intuitive for users
- Scale your conversations across all devices to help users wherever they are

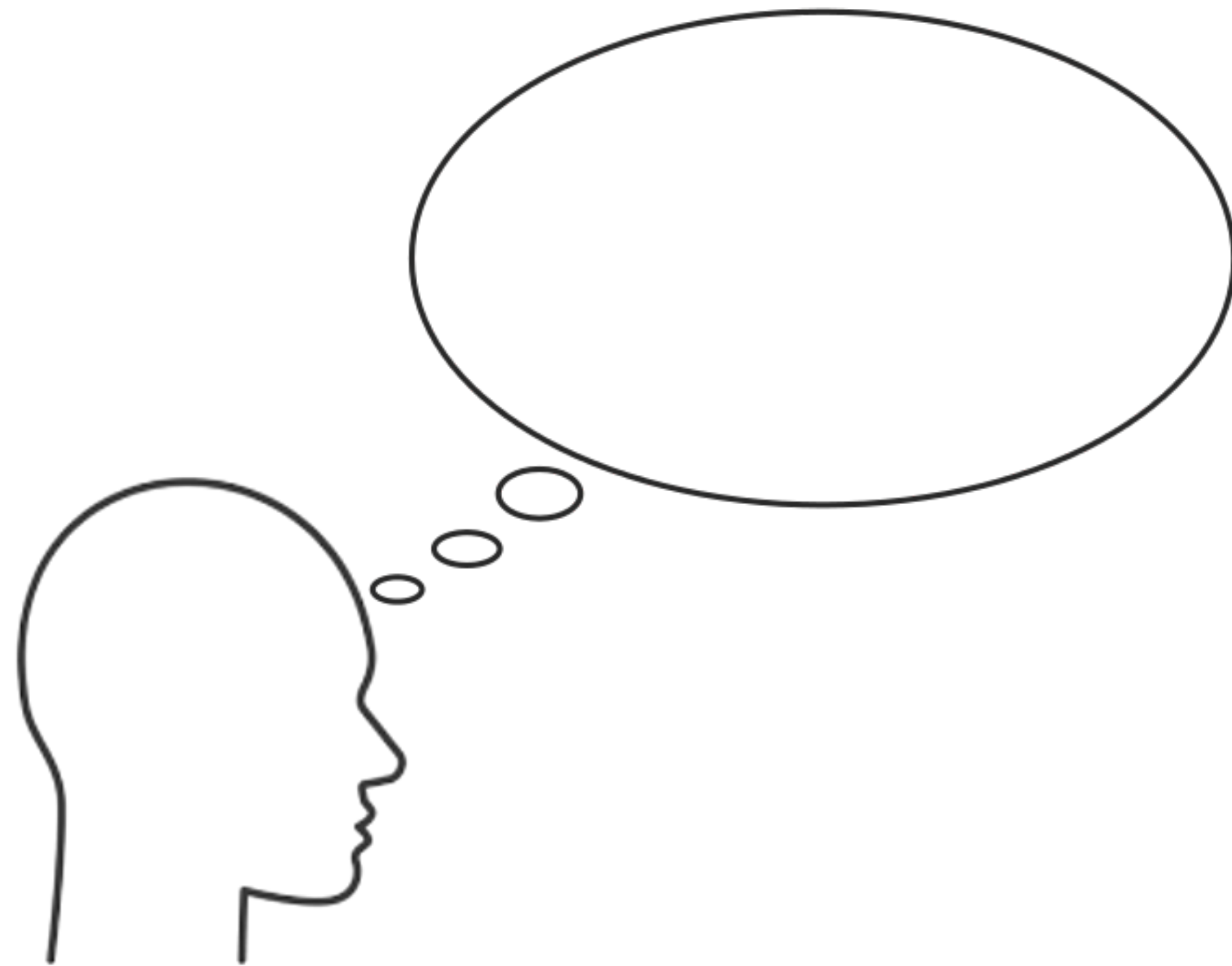




USE DISCOURSE MARKERS



What we are trying to help with



There is a **lack of practical design guidelines** available to help designers provide a more natural user experience (e.g., Murad et al. 2019)

2. The project

2. The project



Project team



Adam Brandt
Senior Lecturer in
Applied Linguistics



Spencer Hazel
Reader in
Applied Linguistics



Kleopatra Sideridou
PhD candidate in
Applied Linguistics



Joe Tindale
Lead Software
Engineer

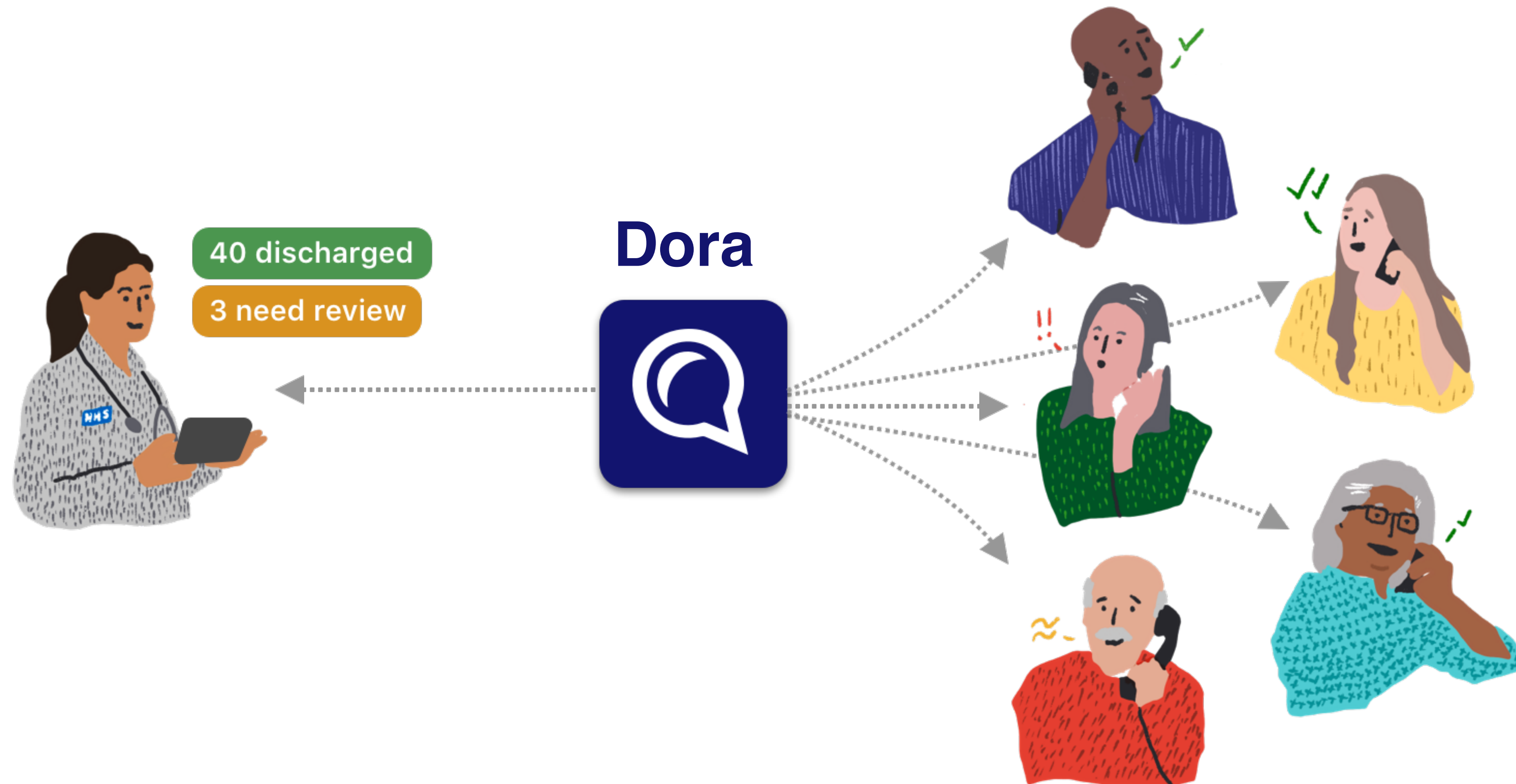


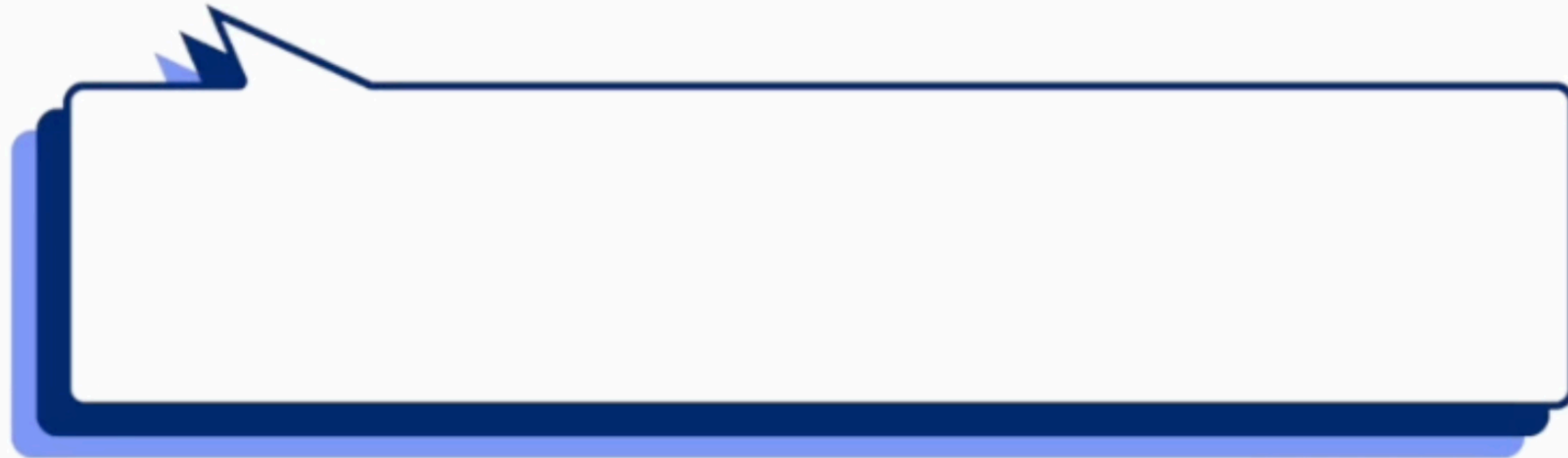
Nikoletta Ventoura
Senior Product
Researcher



Rory McKinnon
Product Engineer







Dora is deployed at 13 NHS Trusts (with contracts for 12 more):



2. The project



NHS
University Hospitals of Leicester
NHS Trust

**Post-COVID Triage: 60% reduction
in nurse calls**



NHS
University Hospitals of Leicester
NHS Trust

**Orthopaedic Waiting Lists: £730k
worth of activity released**



NHS
Buckinghamshire Healthcare
NHS Trust

**Cataract Follow-up: 167% increase
in appointment capacity**

Dora is deployed at 13 NHS Trusts (with contracts for 12 more):



2. The project

BBC

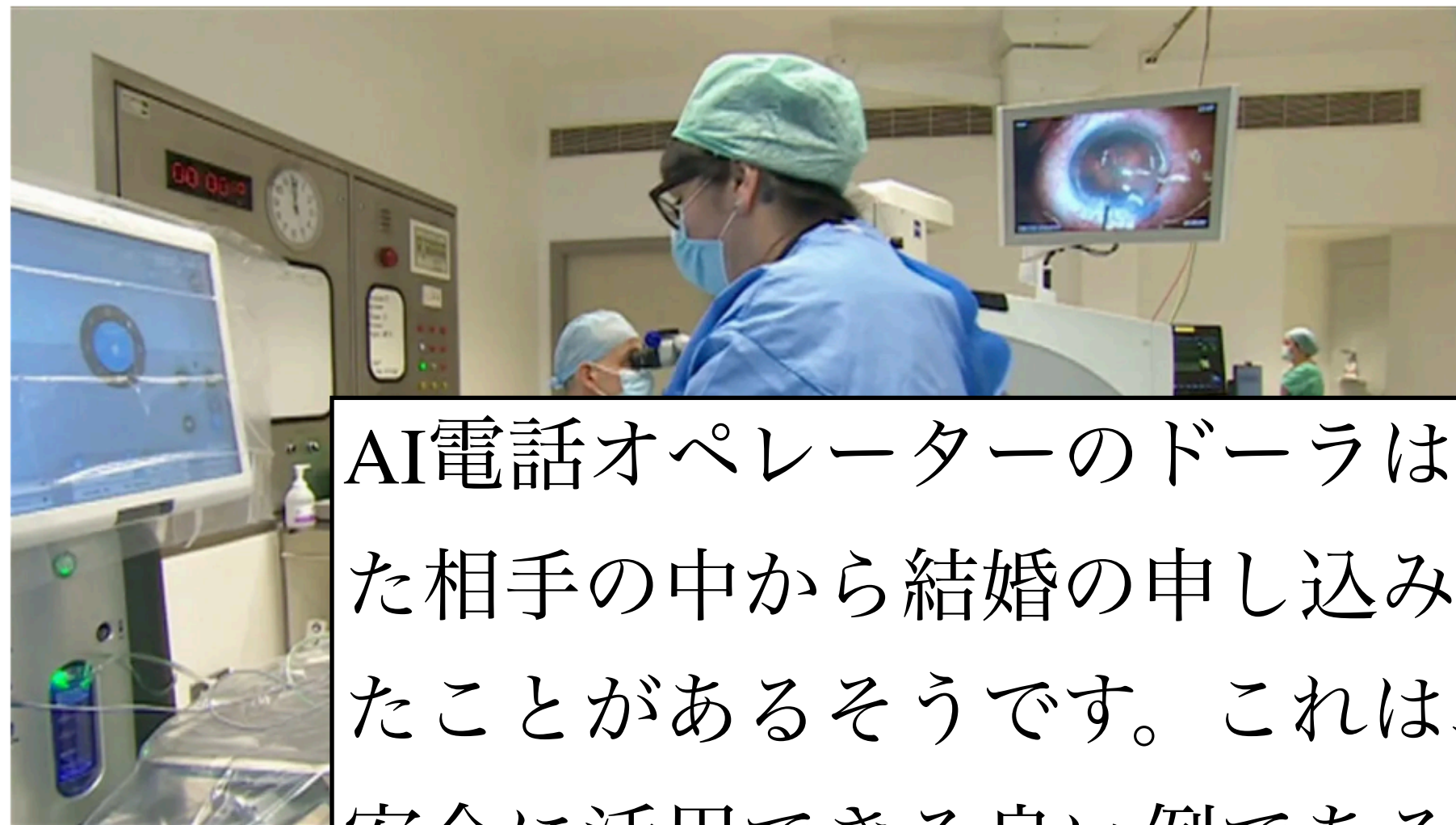
Home News Sport Business Innovation Culture Travel Earth Video Live

AI assistant eases NHS pressure in cataract care

6 August 2024

Share

Katharine Da Costa
BBC News, South • @katharinedc



An AI telephone

Artificial intelligence in cataract patients

An automated system for answering questions, in a clinical setting.

AI電話オペレーターのドーラは、話した相手の中から結婚の申し込みを受けたことがあるそうです。これは、AIを安全に活用できる良い例であると同時に、看護師が電話対応の時間を省くことができるという点でも優れた例です。

A study, published in The Lancet's [eClinicalMedicine](#) journal in July, found Dora's decisions strongly agreed with the supervising ophthalmologist.

The AI-powered tool is currently being used by nine hospital trusts, mainly in the south of England.

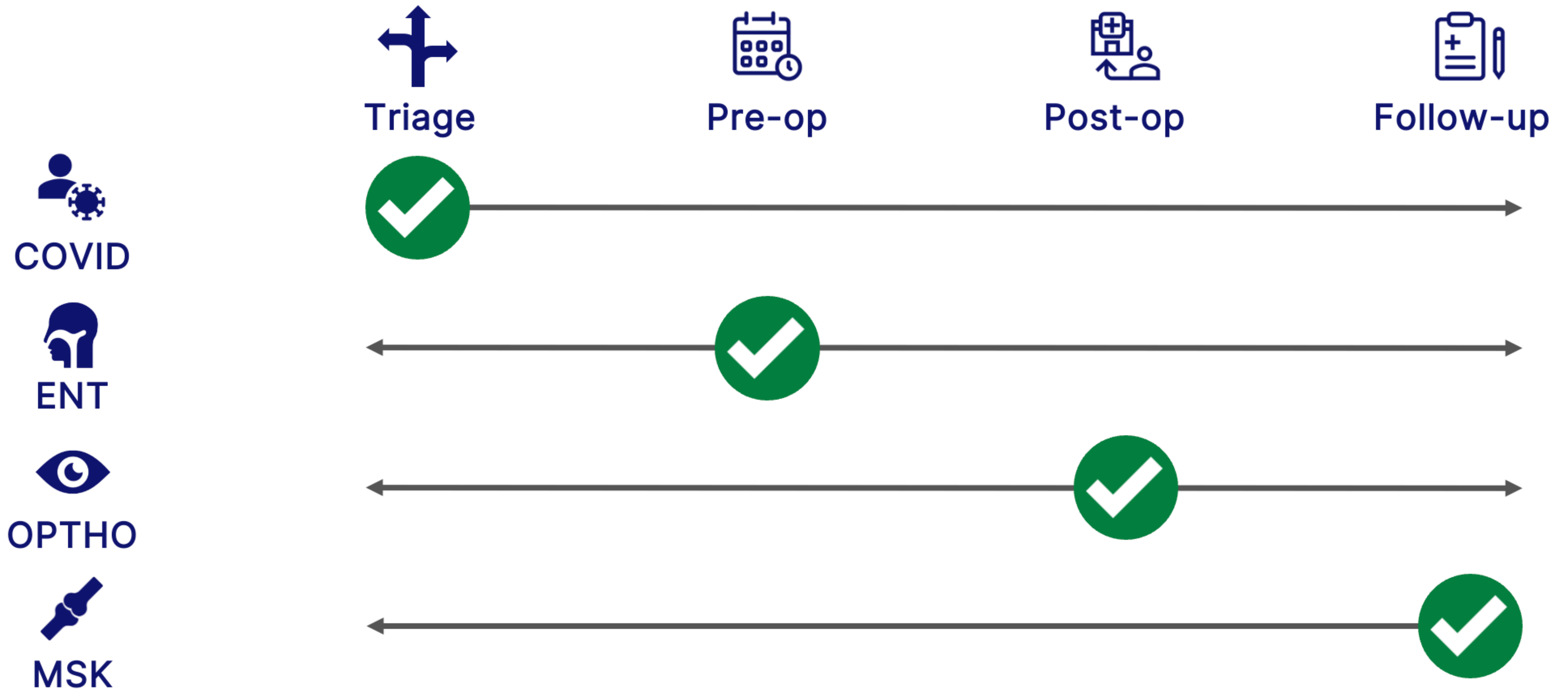
THE TIMES

Secretary of State for Health Victoria Atkins ... **gave the example of an AI bot called Dora, which is being used at the hospital to conduct follow-up phone consultations with cataract patients.** Atkins said: **“Dora the AI telephonist has apparently had proposals of marriage from some of the people that she’s spoken to. That is a really good example of how AI can be used safely, but also free up nurses from making phone calls.”**

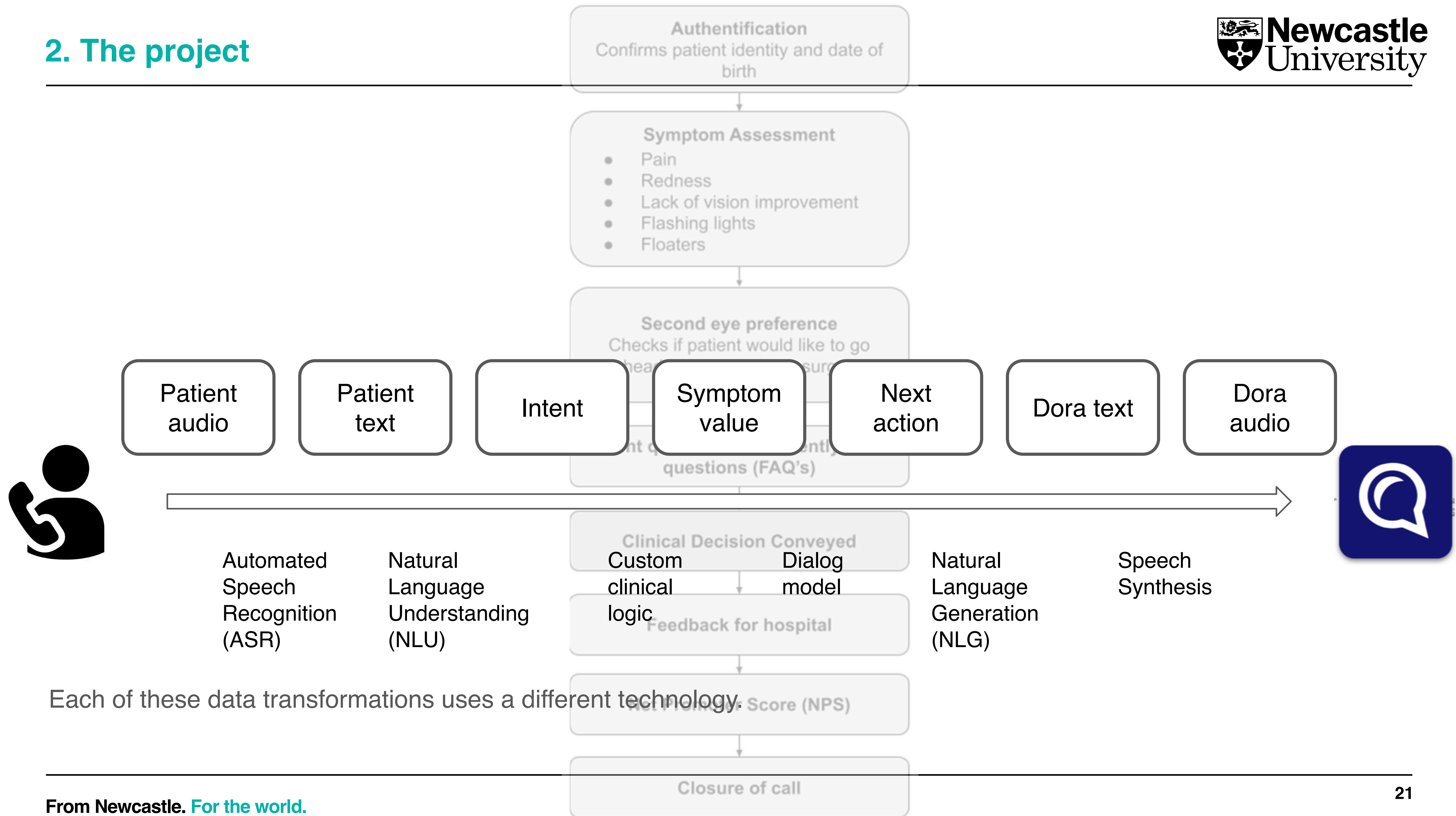
The Times March 07, 2024



2. The project

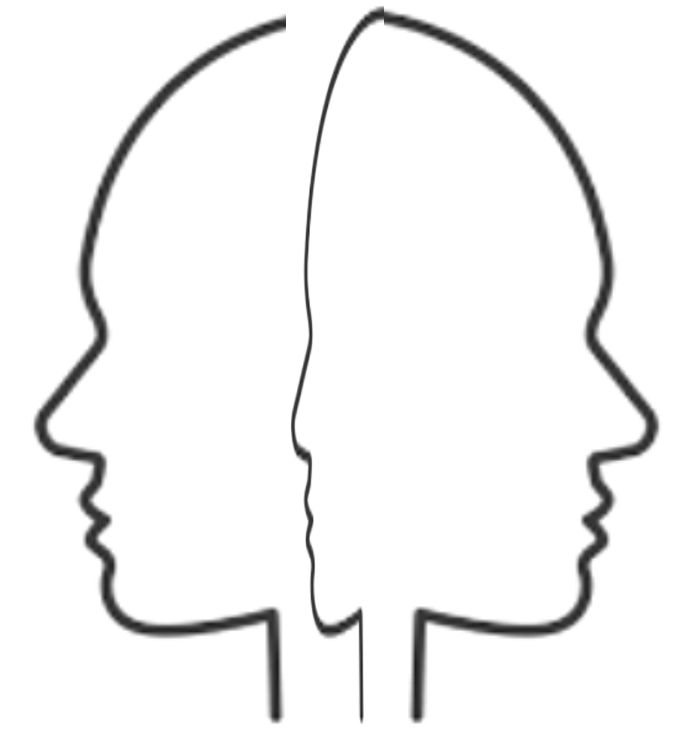


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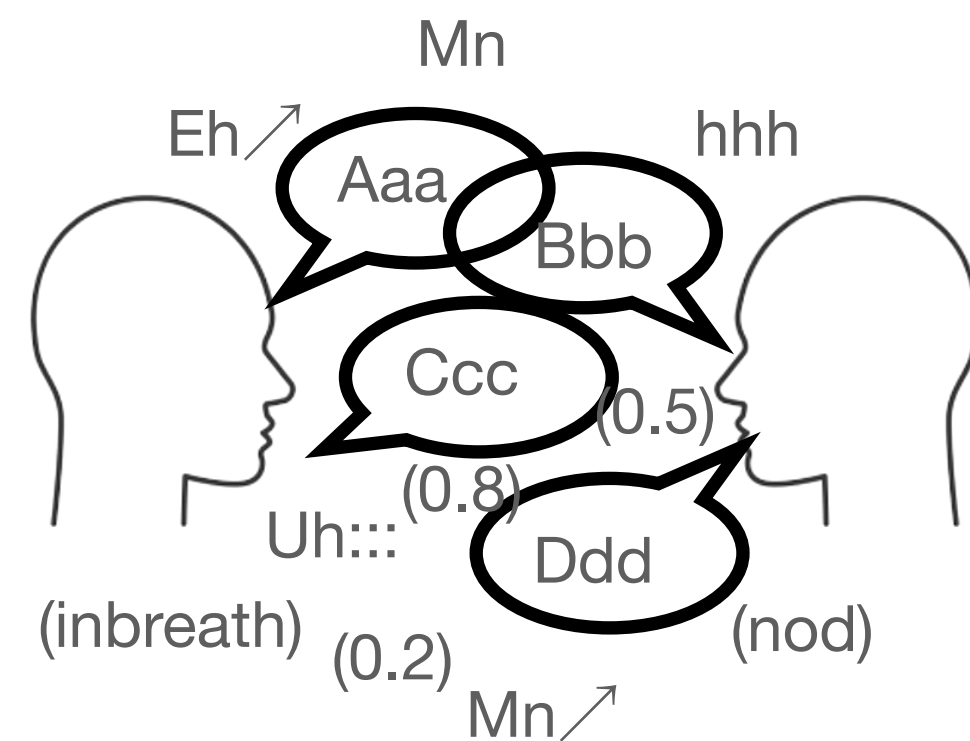
Starting point

- Q: How do we make the user experience (UX) as 'natural' as possible?
 - ユーザー体験 (UX) をできるだけ『自然なもの』にするにはどうすればよいですか？
- Q: How can we - Conversation Analysts (CA) - help Conversation Designers (CxD) to make the product better?
 - 会話分析者 (CA) は、会話デザイナー (CxD) が製品をより良いものにするために、どのように支援できるでしょうか？



The CA-for-CxD collaboration - how we go about it

Conversation Analysis



Studying the **human social world** in its natural settings*, with a main interest in **social interaction**

*not in experimental settings

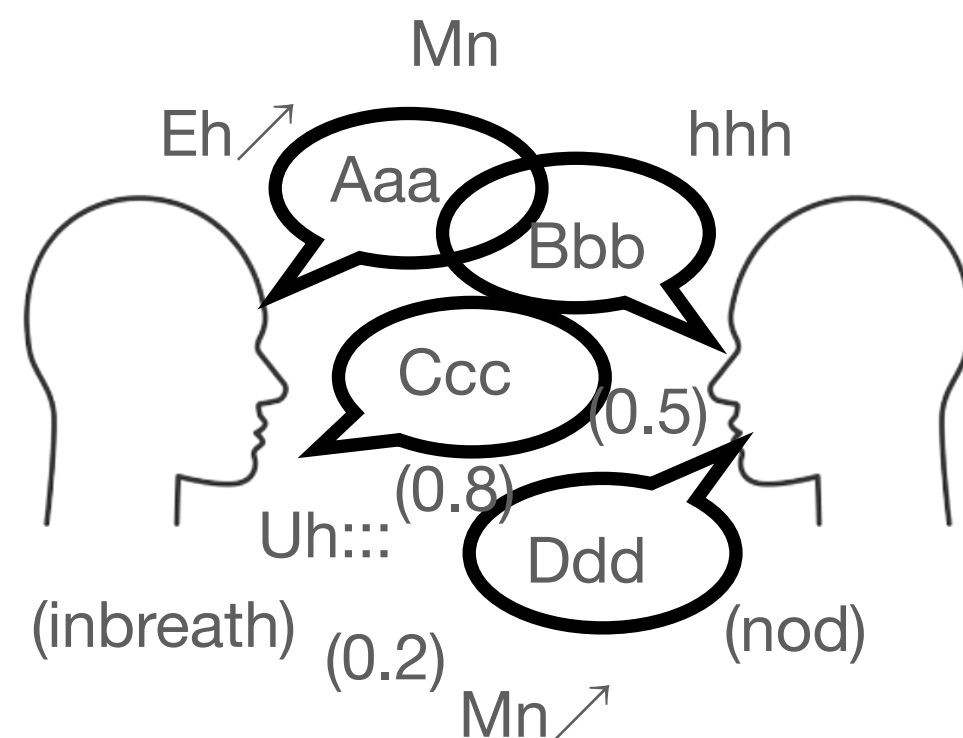
Conversation Analysis

Social interaction in its natural settings

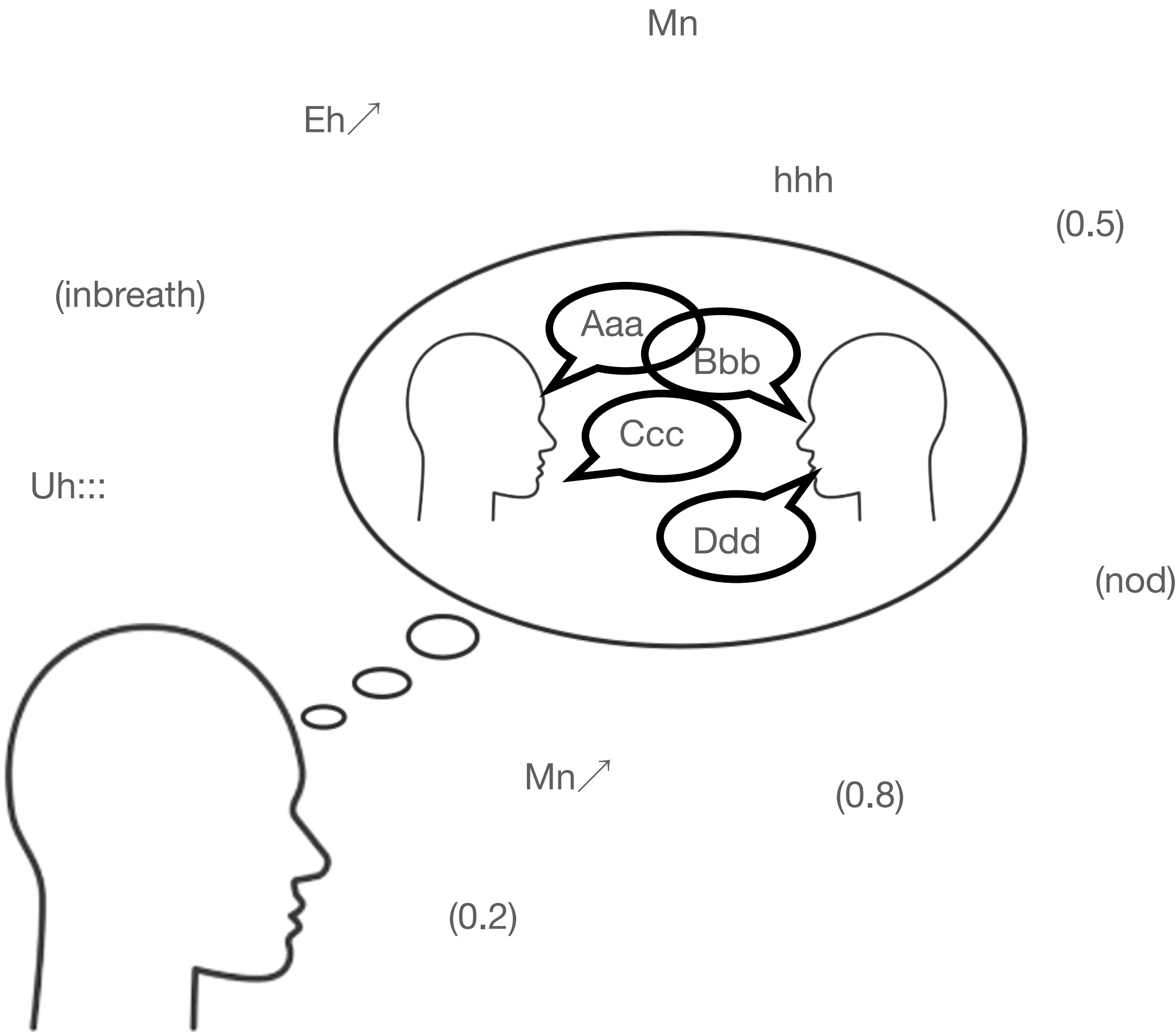
How?

Analyse **recordings** of naturally occurring social interaction, instead of imagined data

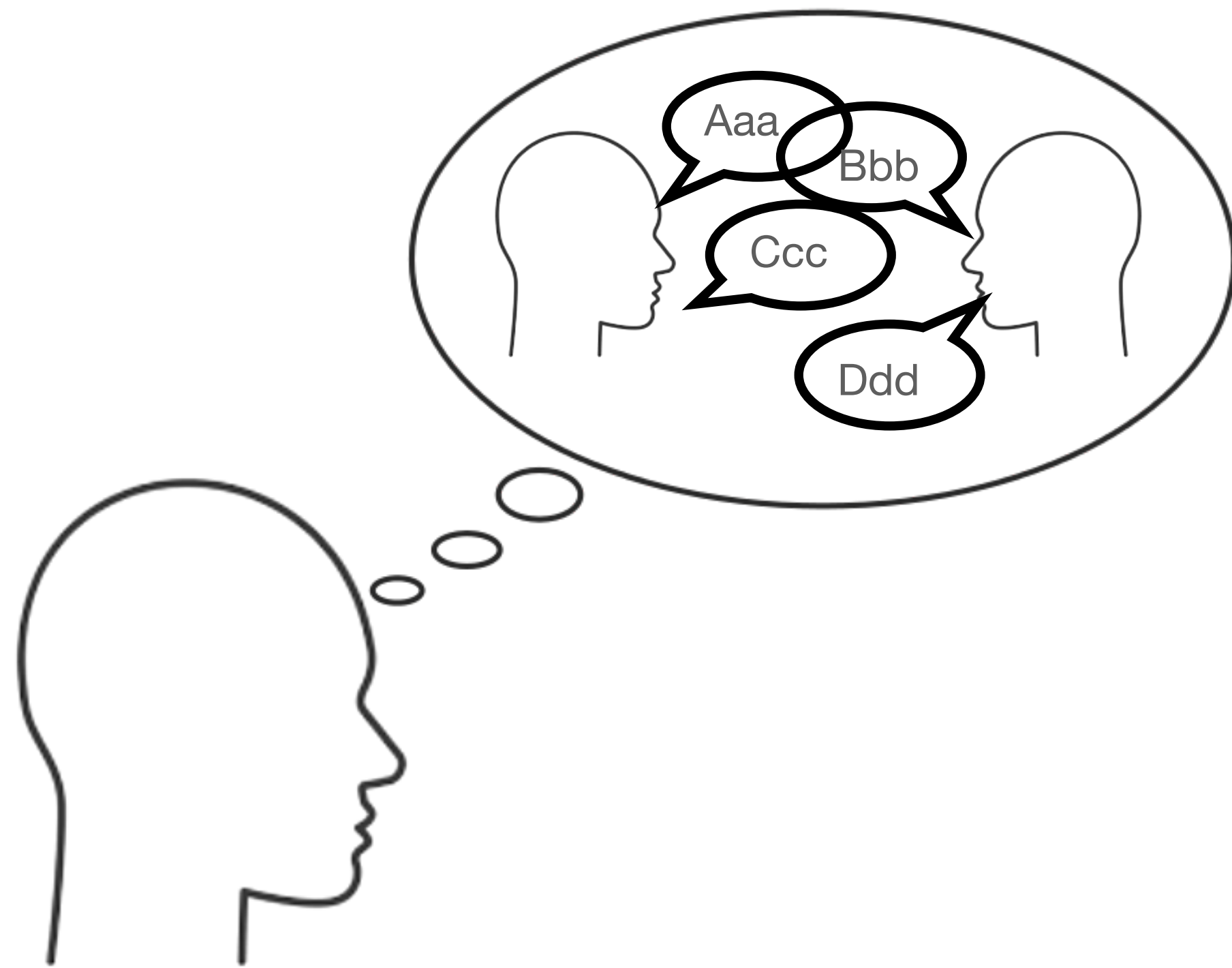
Why?



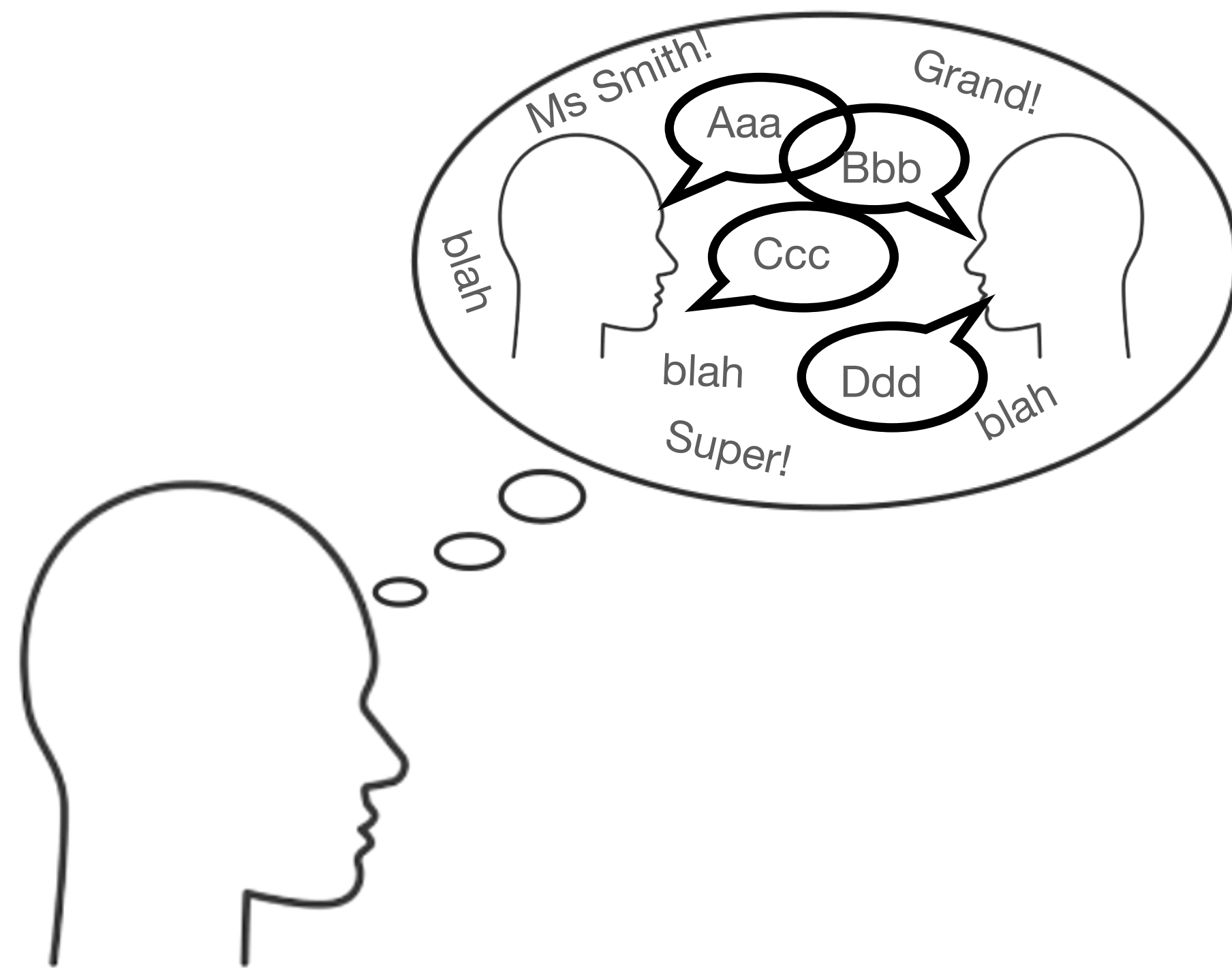
Imaginings of social interaction



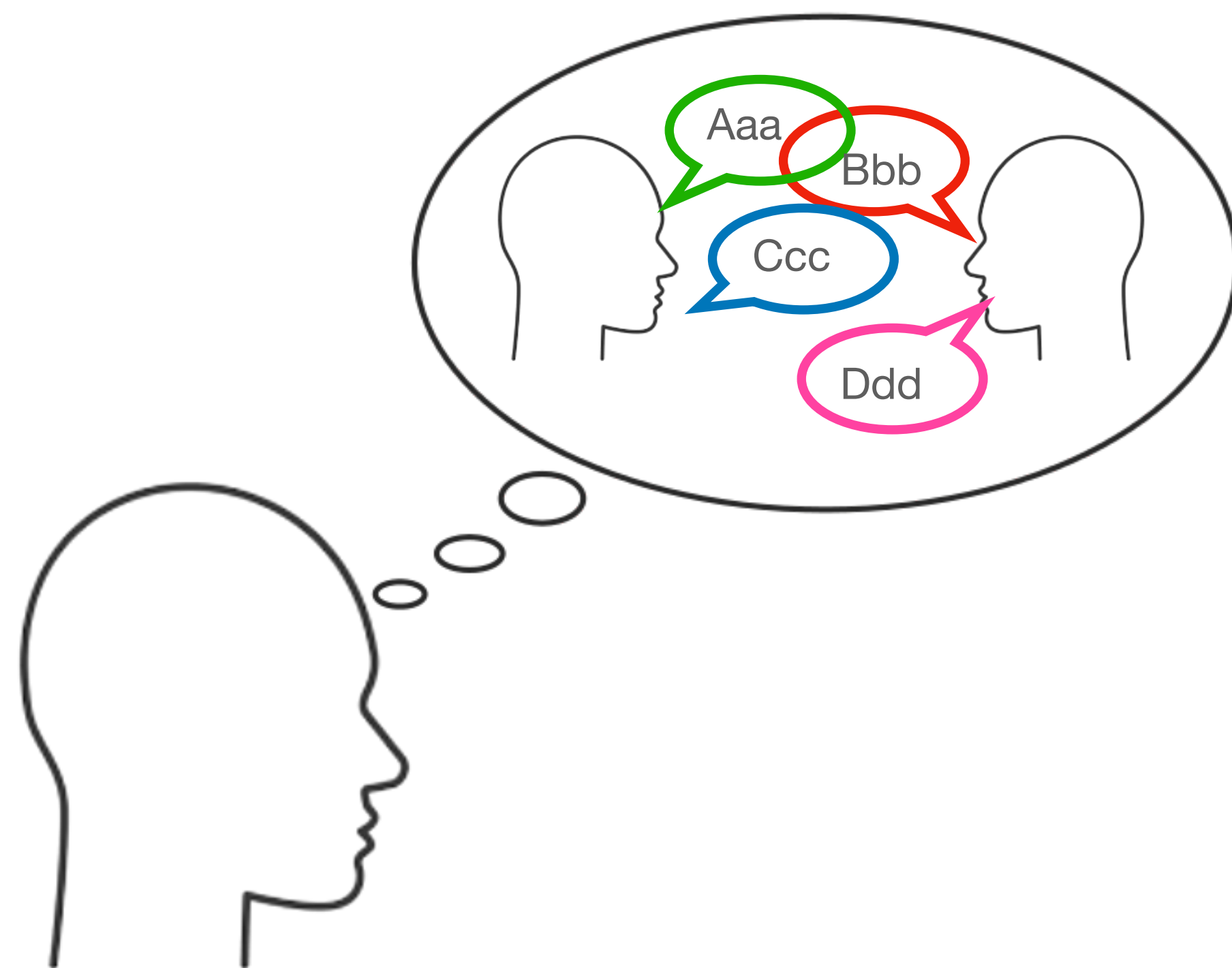
Imaginings of social interaction



Imaginings of social interaction



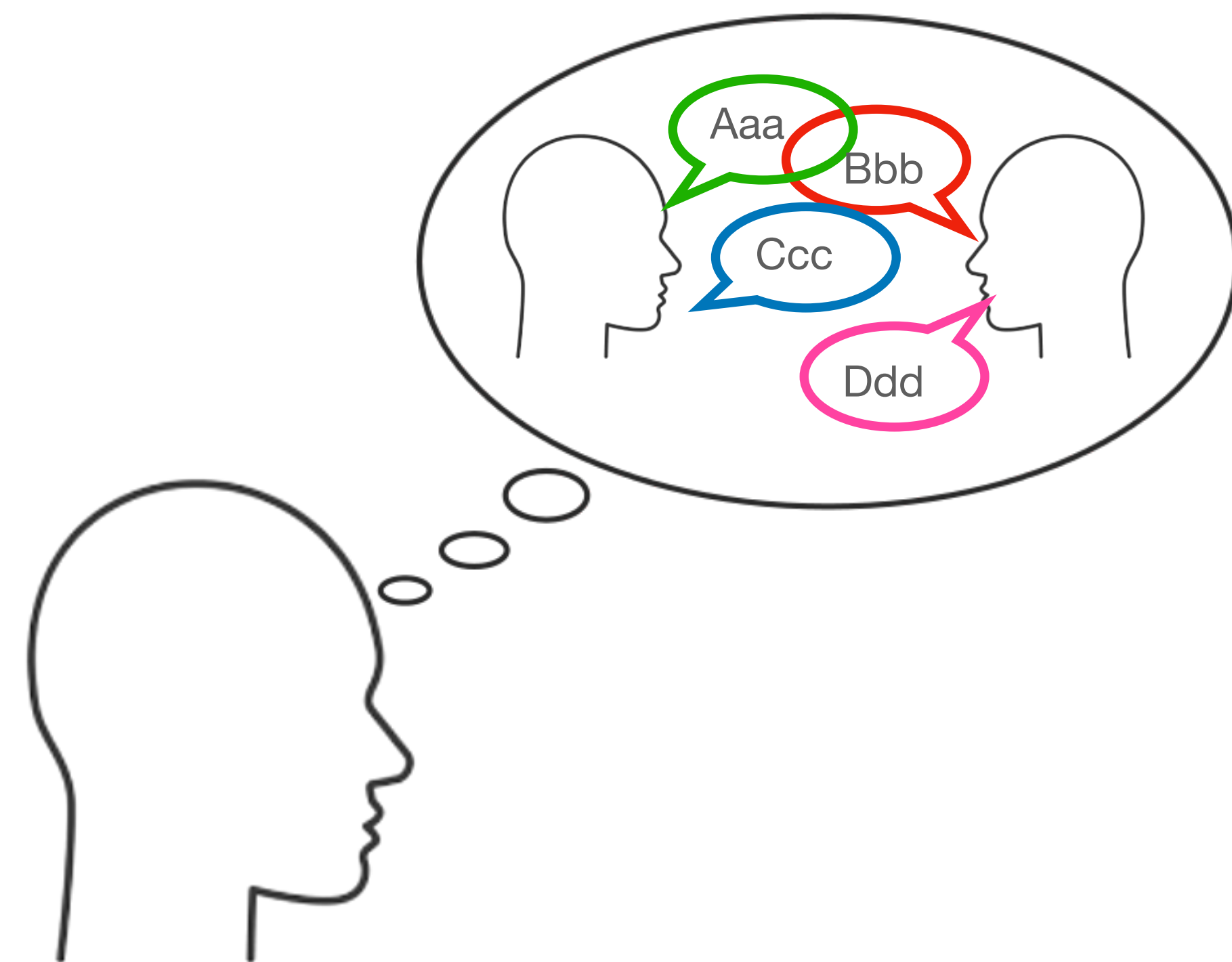
Imaginings of social interaction Sacks (1984)



“one characteristic way social science proceeds [...] is **to use hypotheticalized, proposedly typicalized versions of the world as a base for theorizing about it.** ... somebody will say, "Let us suppose that such and such happened," or, "Typical things that happen are . . .".
... On the basis of assertions, suppositions, proposals about what is typical, some explanation about the world is built.”

仮定化され、提案的に典型化された世界のバージョンを基盤として、それについて理論化したい

Imaginings of social interaction Sacks (1984)



CxD

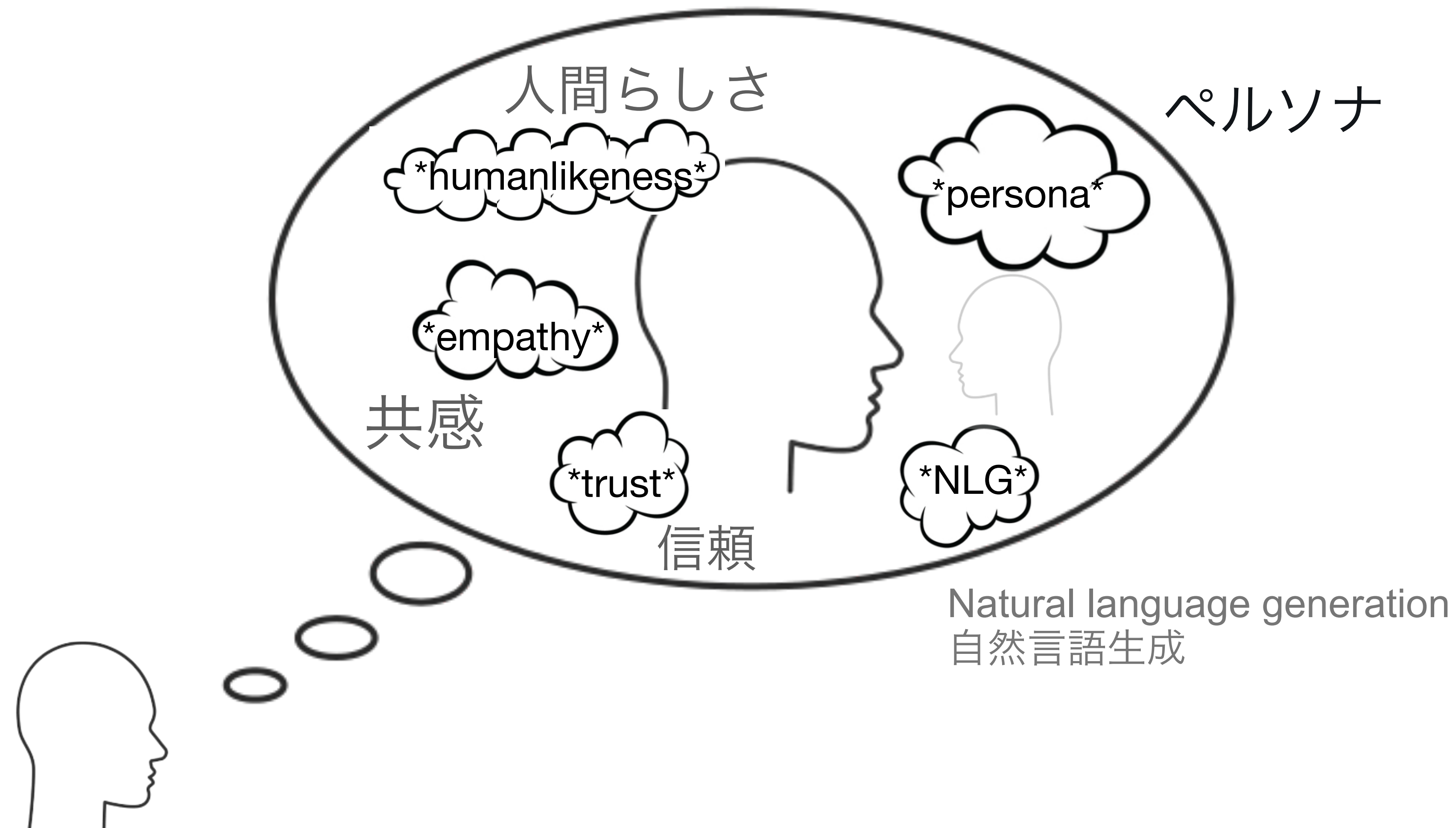
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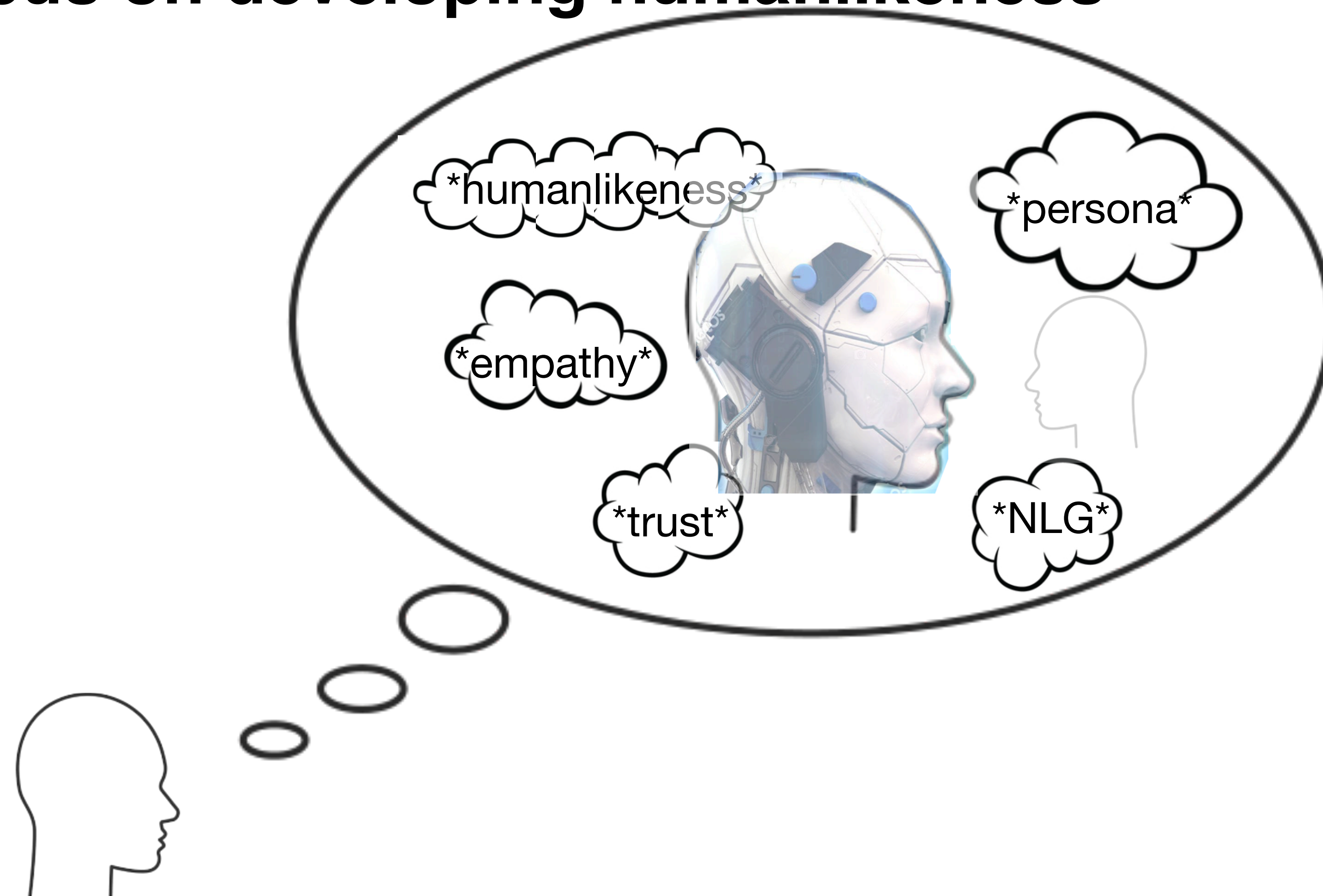
AI

仮定化され、提案的に典型化された世界のバージョンを基盤として、それについて理論化したい

The Ghost in the Shell (攻殻機動隊) - the bot or voice persona



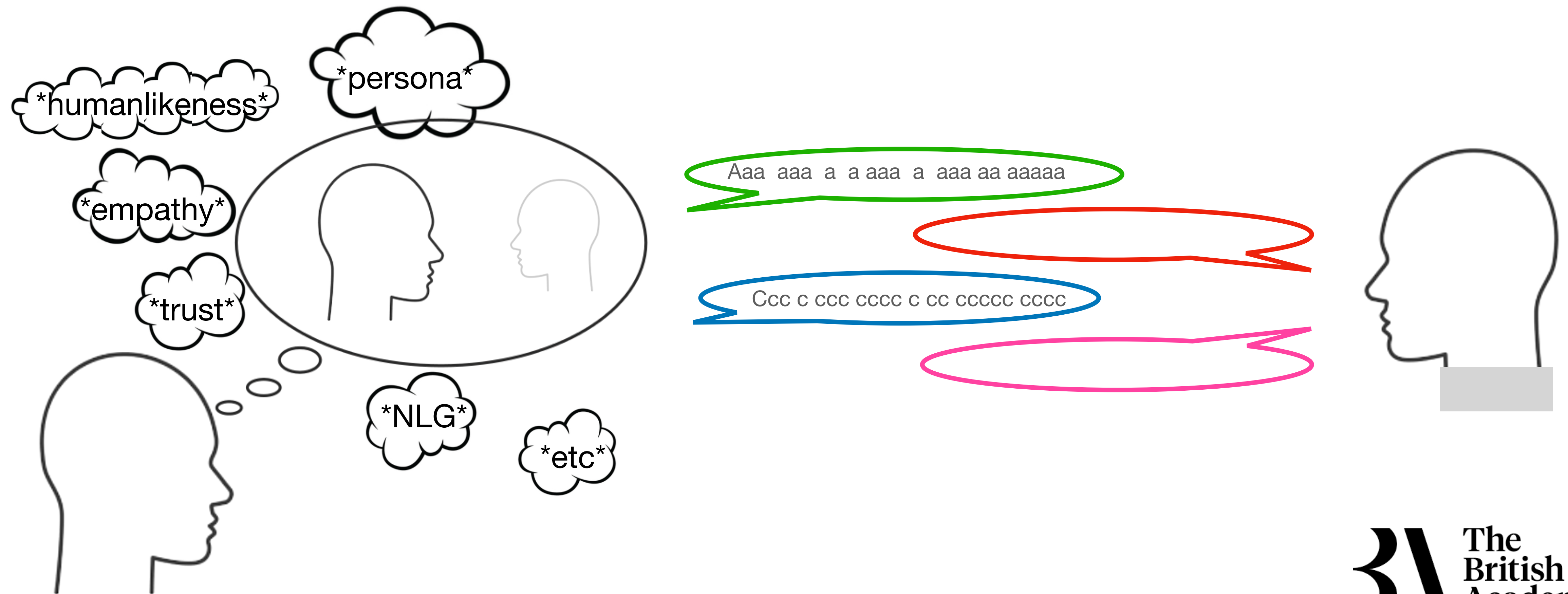
A focus on developing humanlikeness



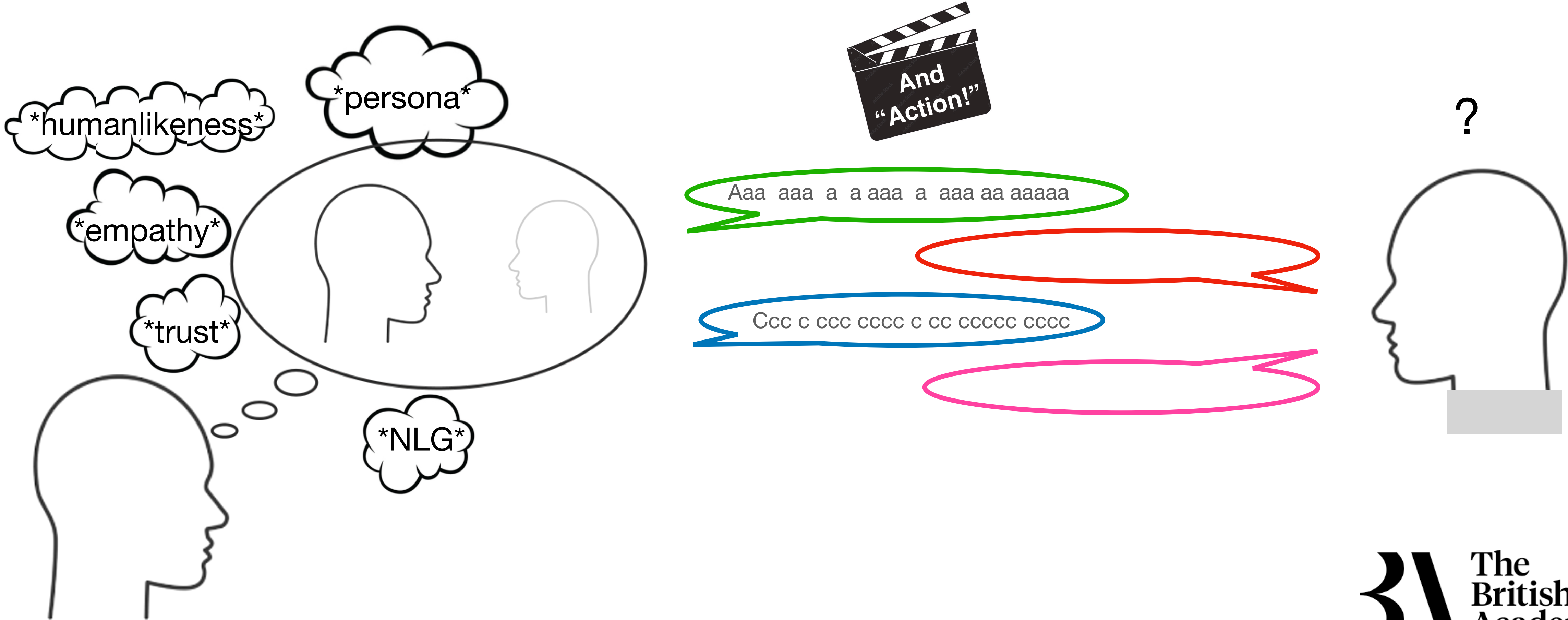
A focus on developing persona

From Google: “When people hear a voice, they instantly make assumptions about the speaker’s **gender, age, social status, emotional state, and place of origin**, as well as personality traits like **warmth, confidence, intelligence**, etc. People can’t help but do this with virtual assistants, too—so guide the assumptions they make about your Action by choosing a voice that is consistent with your persona.”

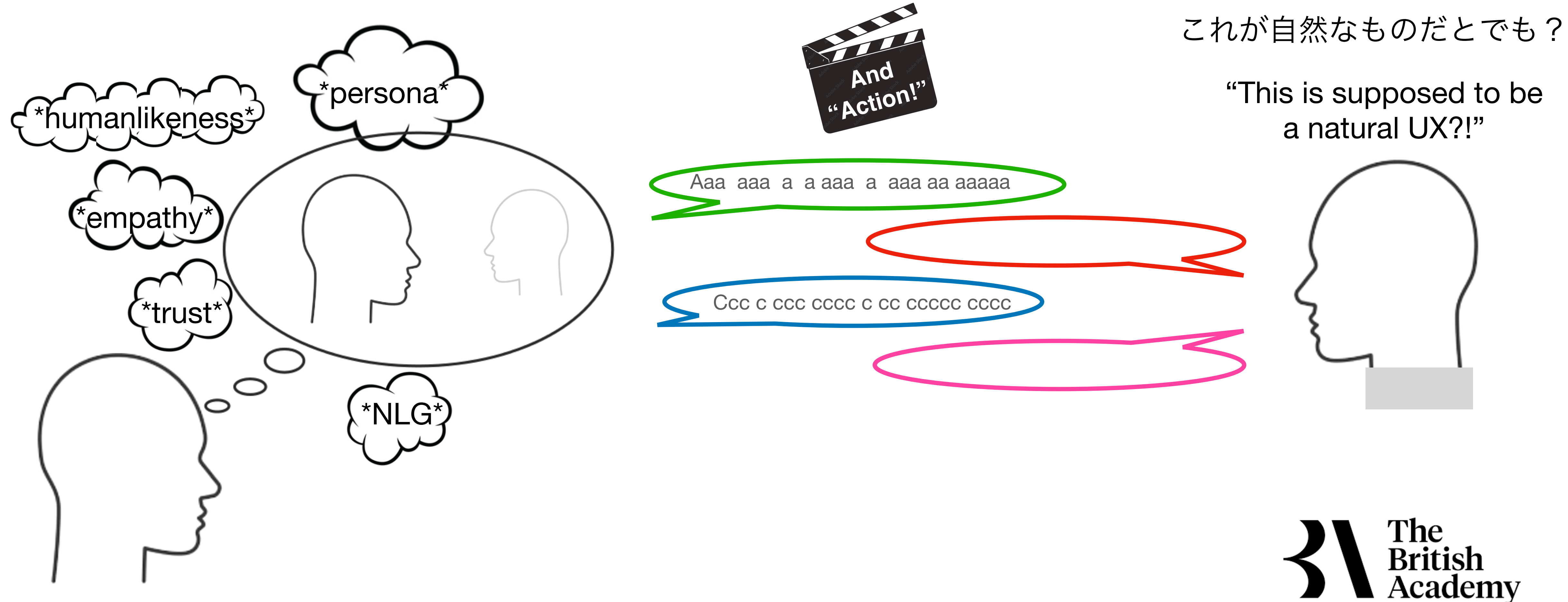
Human imaginings and CUI design

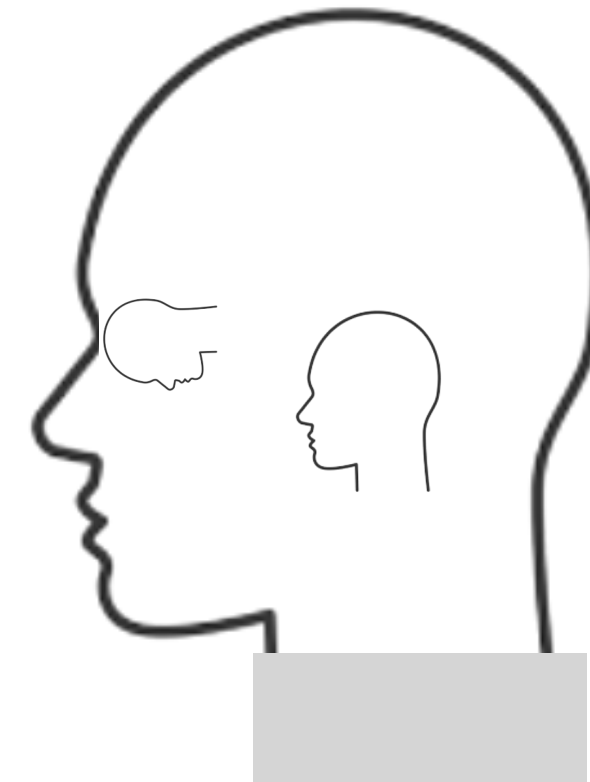
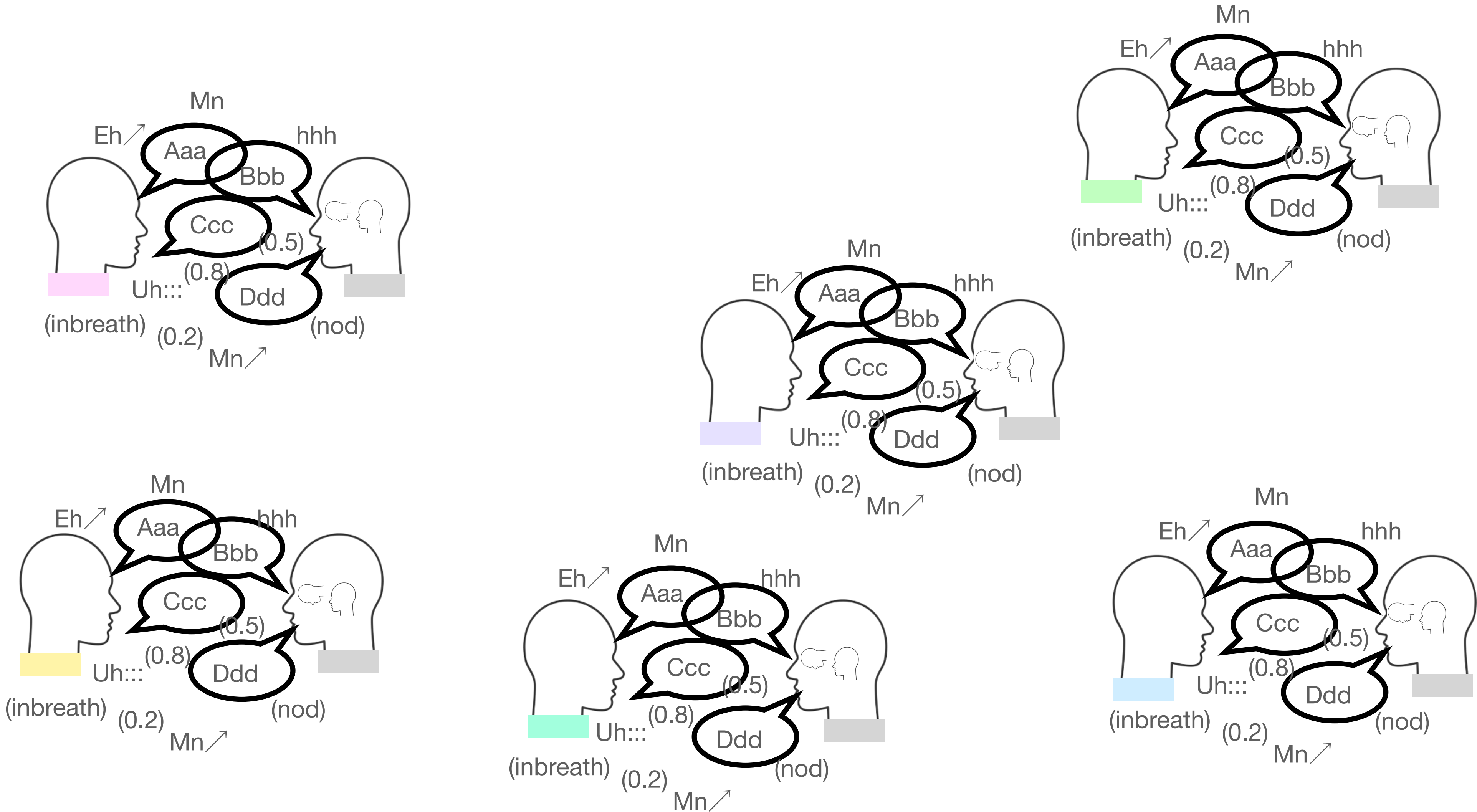


Human imaginings and CUI design



Human imaginings and CUI design





Example: Organisation of call openings

Pre-intervention call opening (post cataract op follow-up)

Speech Synthesis Input

Good morning. I'm calling from the Ufonia testing team to follow up after your cataract surgery.
Is this mX XXX speaking?

((patient answers phone))

01 (0.6)

02 CUI: good morning↘ (0.2)

03 I'm calling from the Ufonia testing team

04 to follow up after your cataract surgery↘

05 (0.7)

06 is this mX XXX speaking↗

07 (1.3)

08 PAT: ((responds))

09 (3.0)

10 CUI: okay↘ (0.3) great↘

11 CUI: I'm dora↘ (0.2) an automated assistant↘ (0.2)

12 calling to follow-up after your cataract surgery↘

Redesigned call opening (post cataract op follow-up)

Hi, good afternoon. This is Dora, the automated clinical assistant from Trentwood cataract clinic.

```
01 CUI: hi↘ (0.2) good afternoo:n↘ (0.4)
02      this is dora↘ (0.3)
03      the automated clinical assistant
04      from trentwood cataract clinic↘
```

Redesigned call opening (post cataract op follow-up)

Hi, good afternoon. This is Dora, the automated clinical assistant from Trentwood cataract clinic.

```
01 DOC: thi:
02      good afternoo:n→
03      it's ↓doctor grey calling from the
04      trentwood u:h ↑cataract clinic↗
```

```
01 CUI: hi↘ (0.2) good afternoo:n↘ (0.7)
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Call opening comparison (post cataract op follow-up)

Hi, good afternoon. This is Dora, the automated clinical assistant from Trentwood cataract clinic.

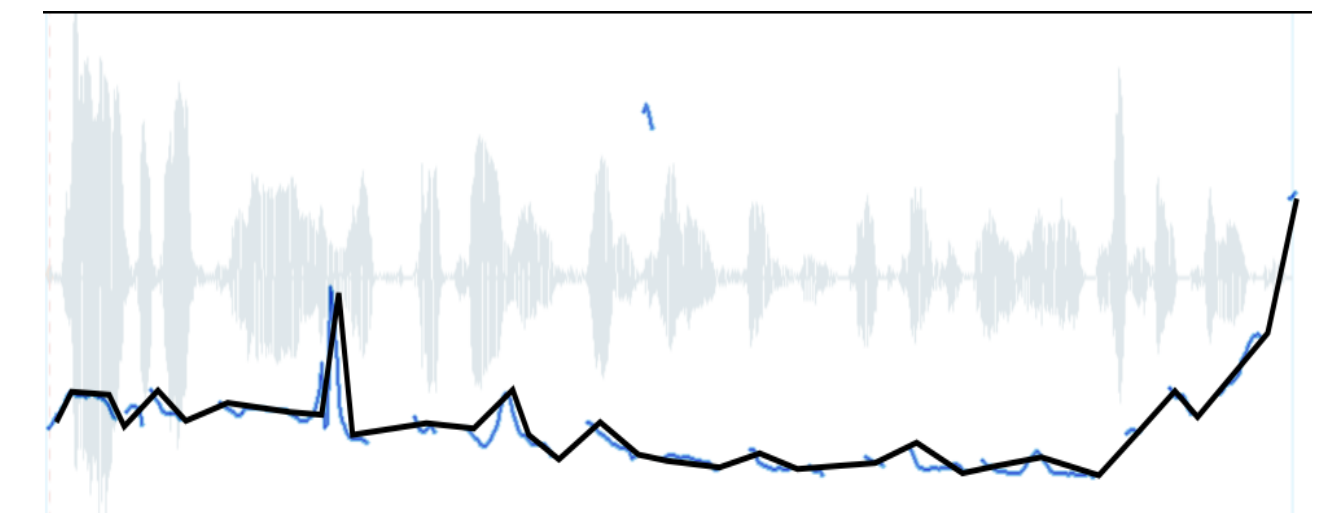
```
01 DOC: thi:  
02      good afternoo:n→  
03      it's ↓doctor grey calling from the  
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```

```
01 CUI: hi↘ (0.2) good afternoo:n↘ (0.7)  
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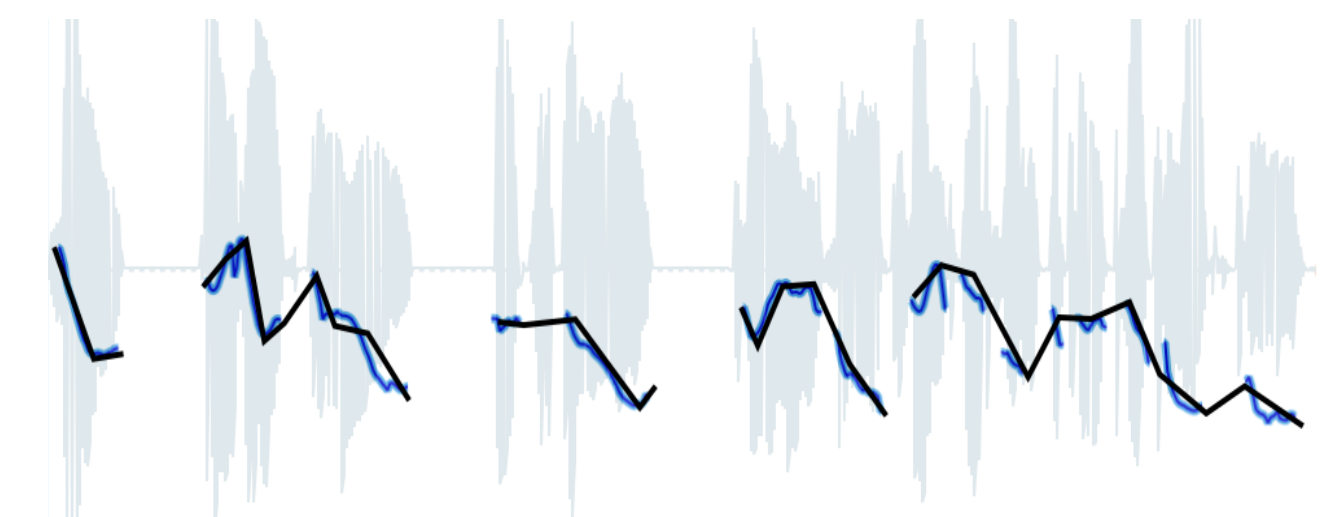
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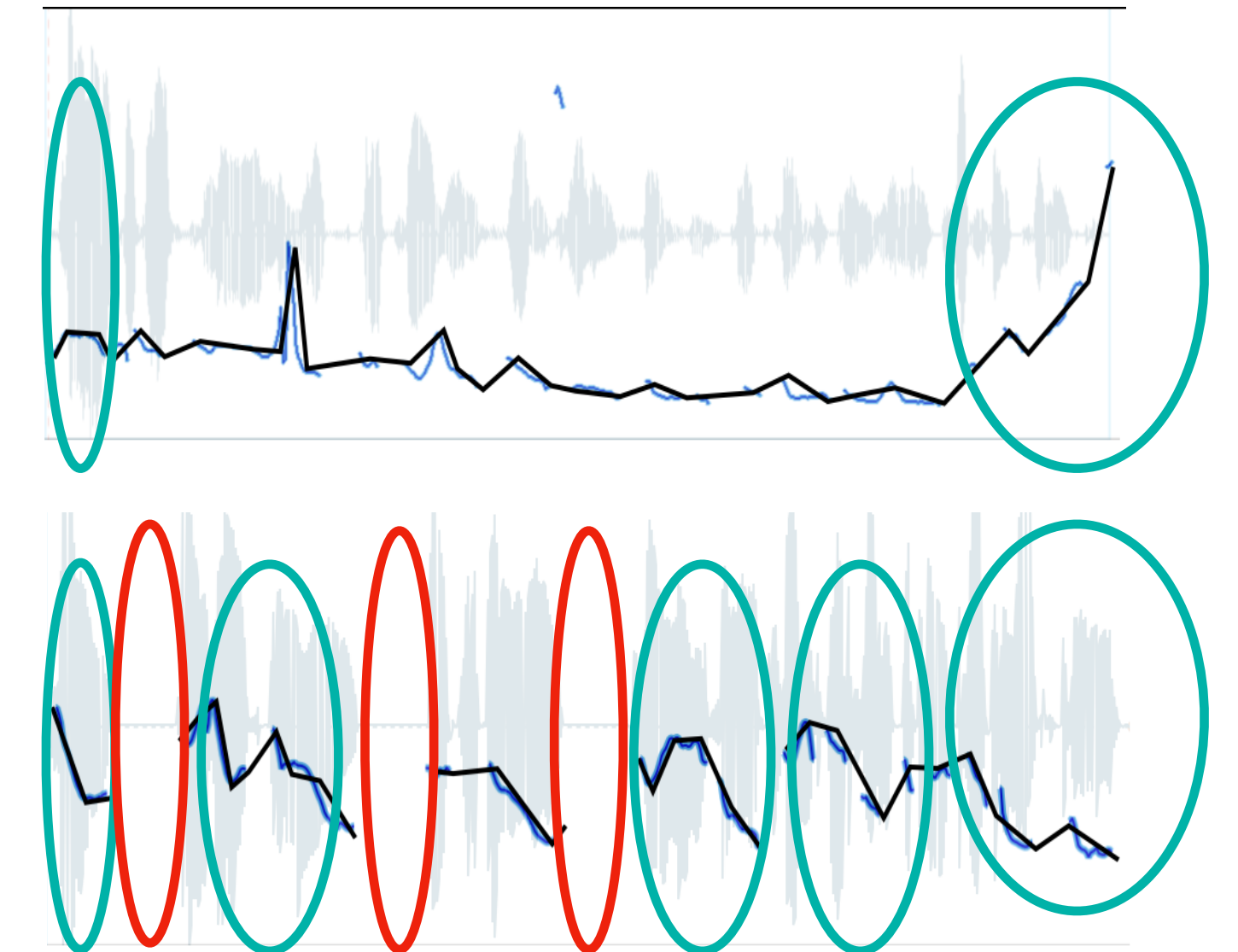


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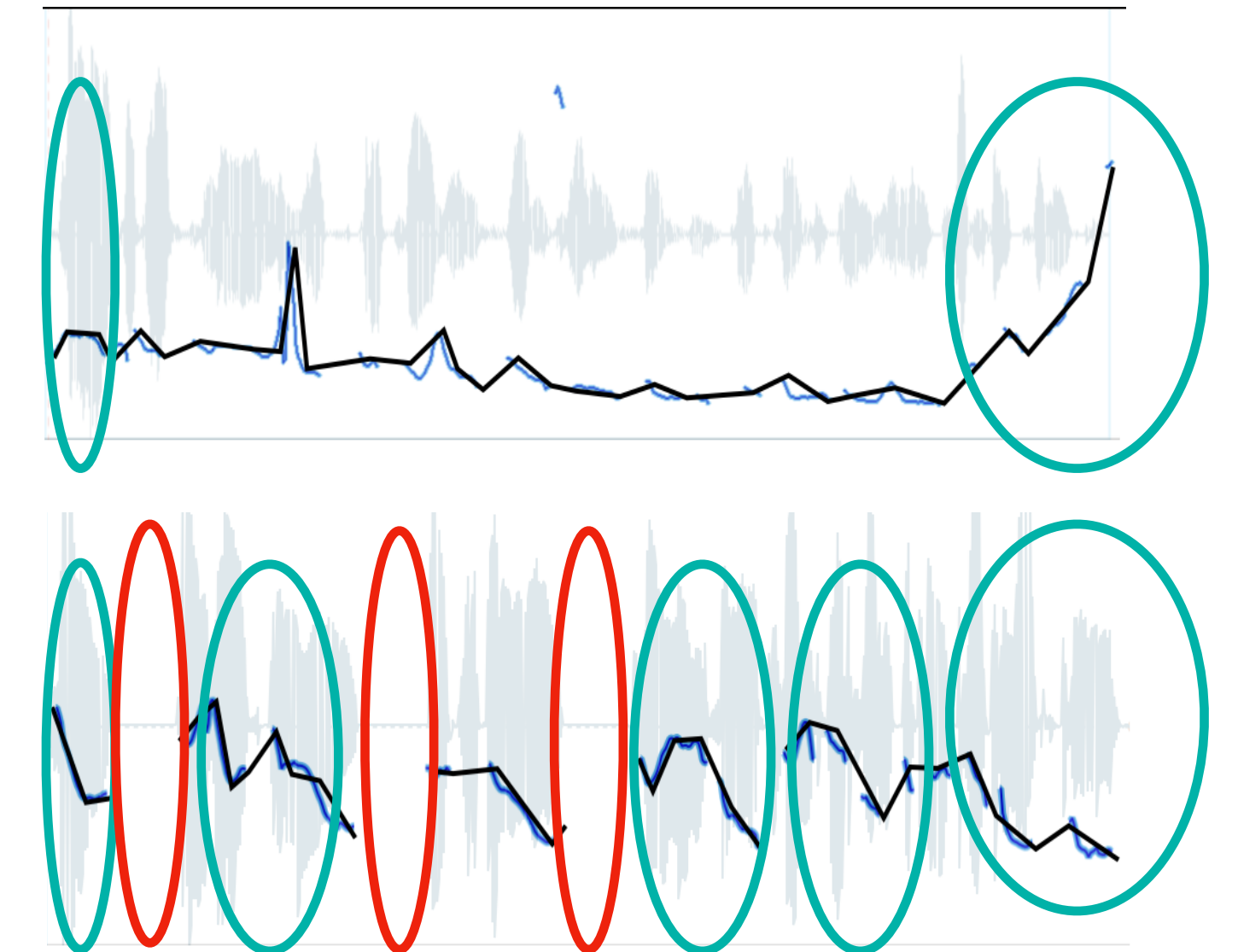


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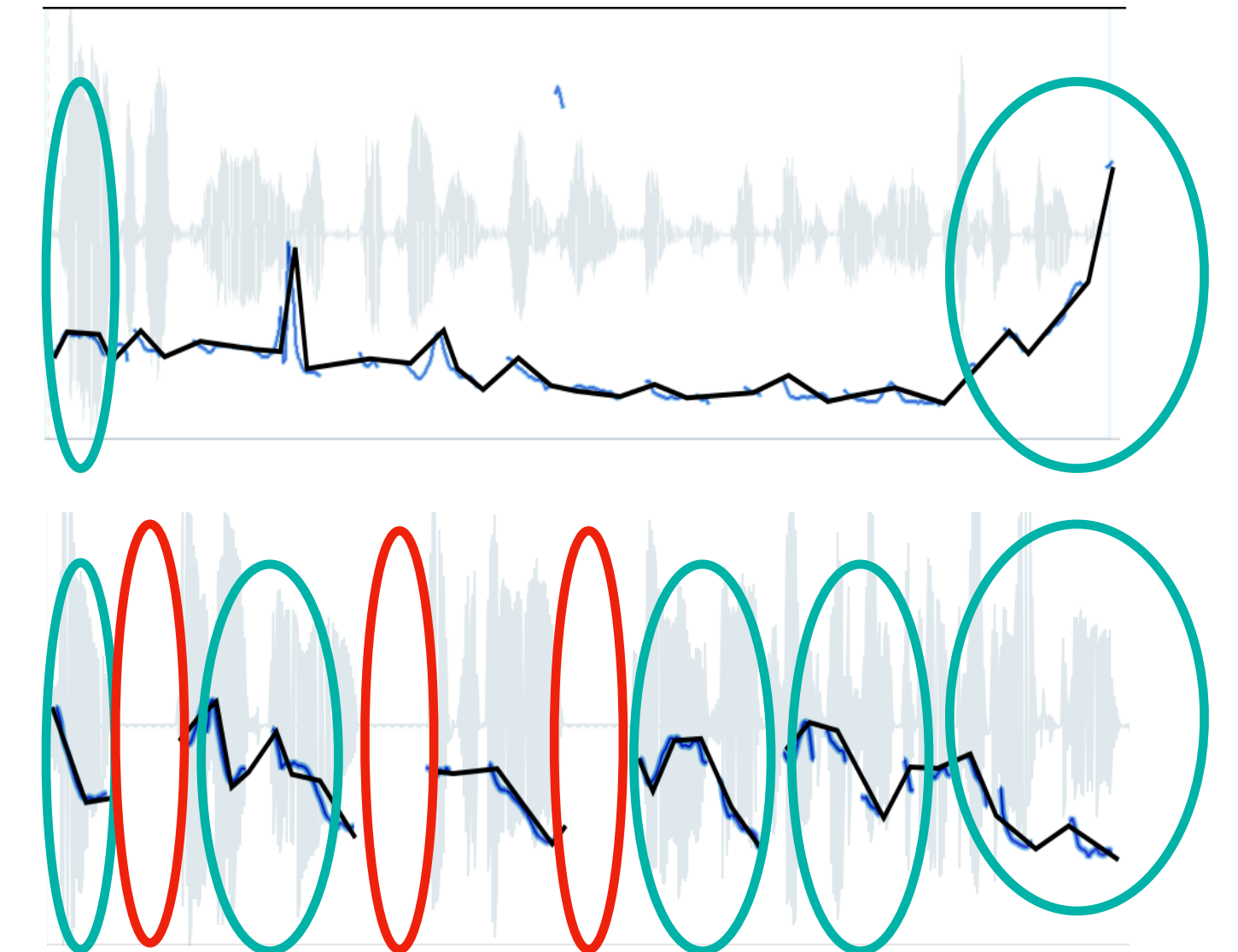


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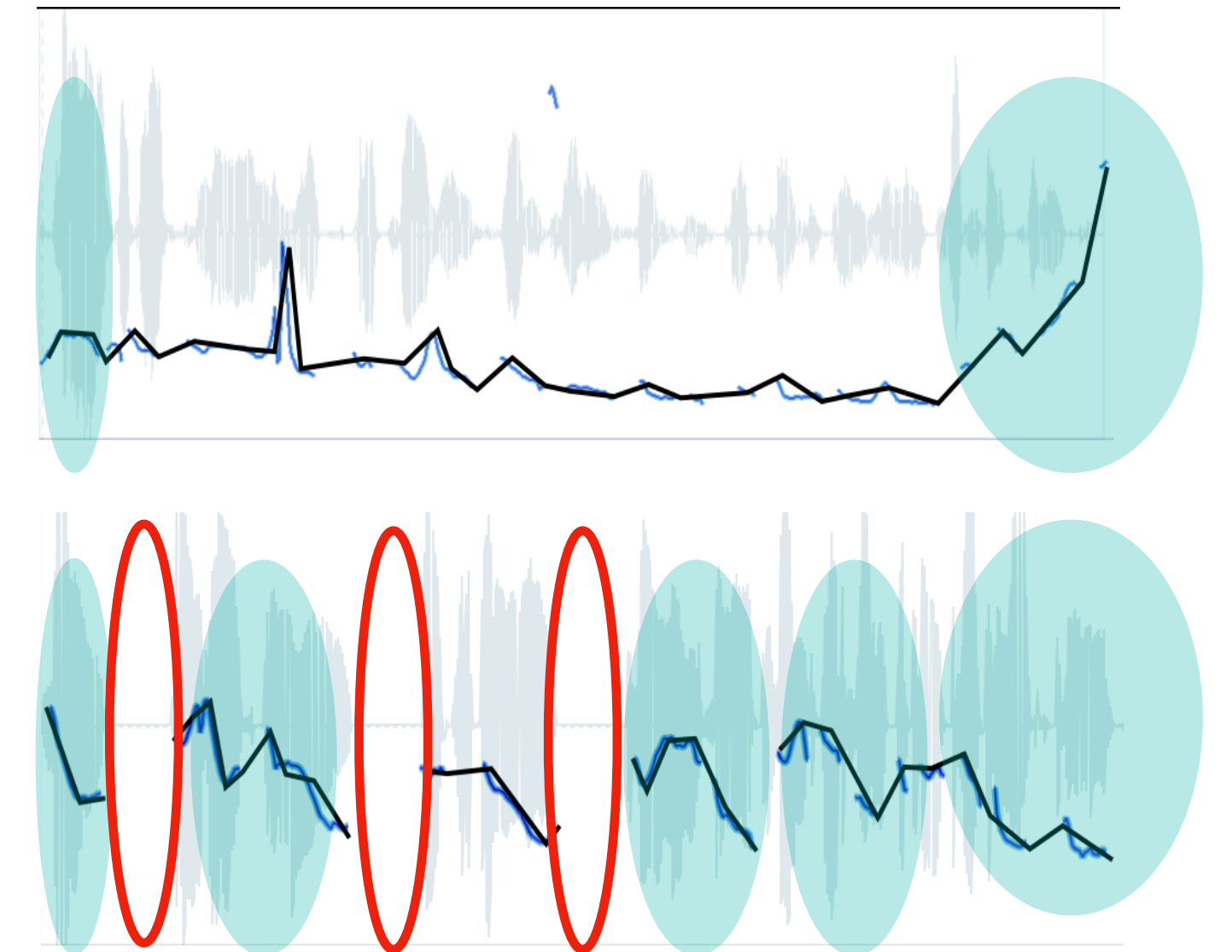


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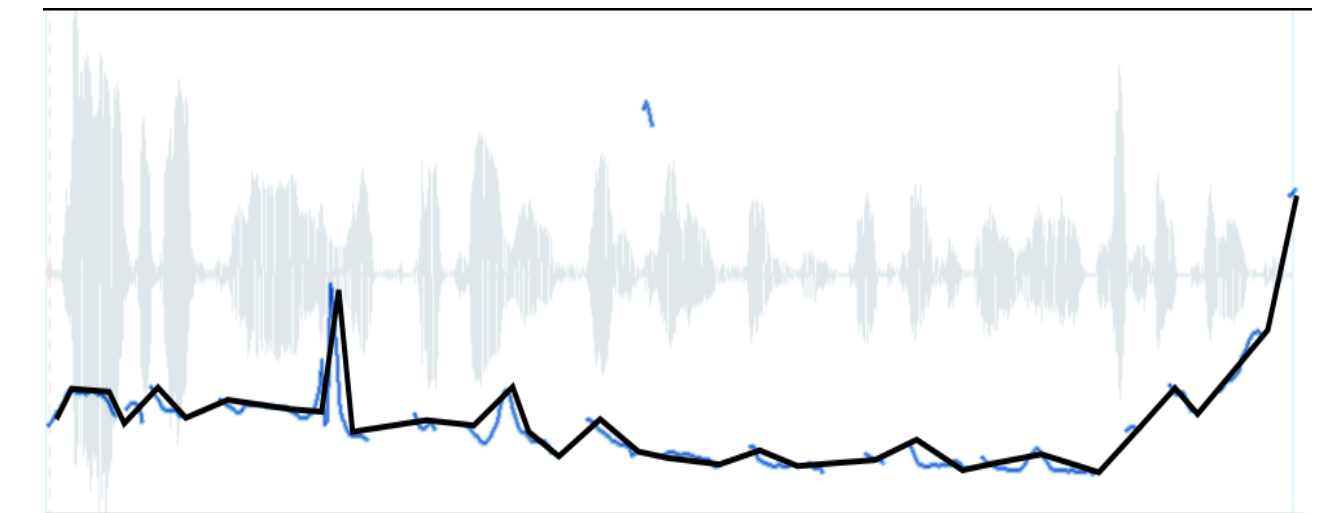
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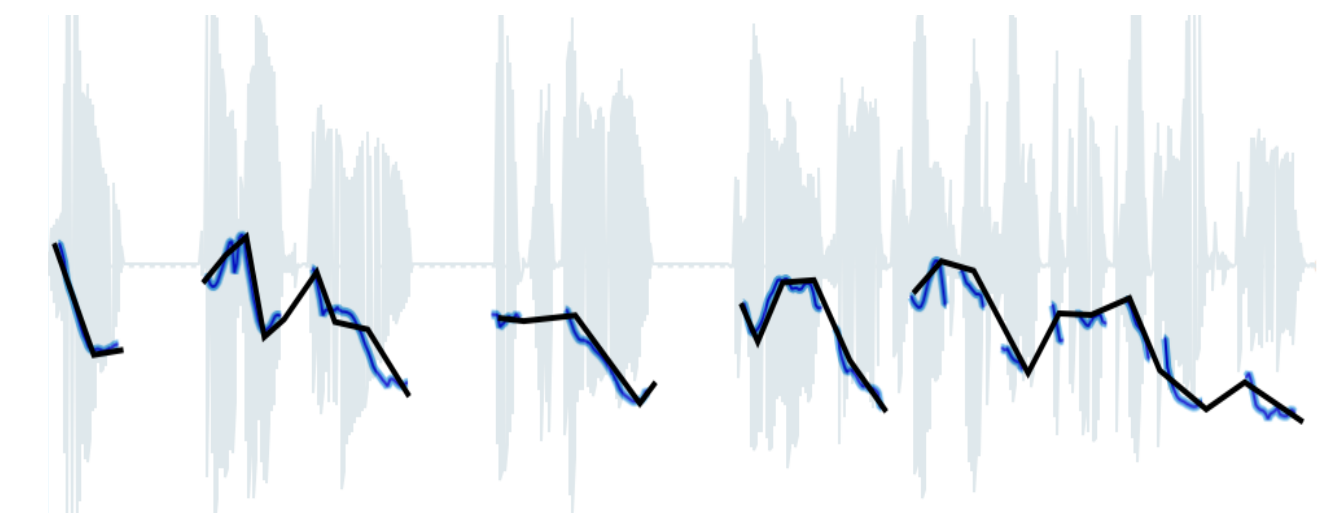
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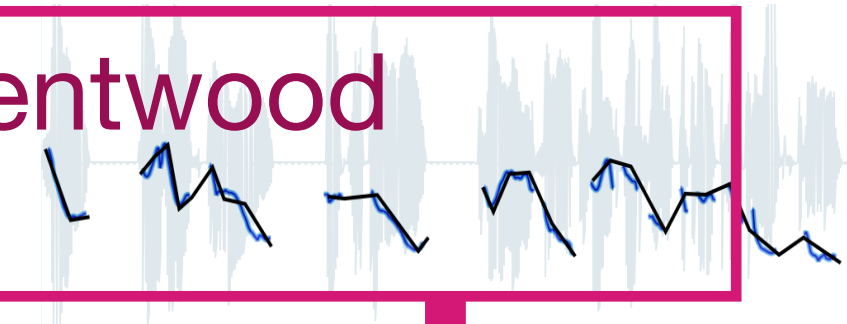


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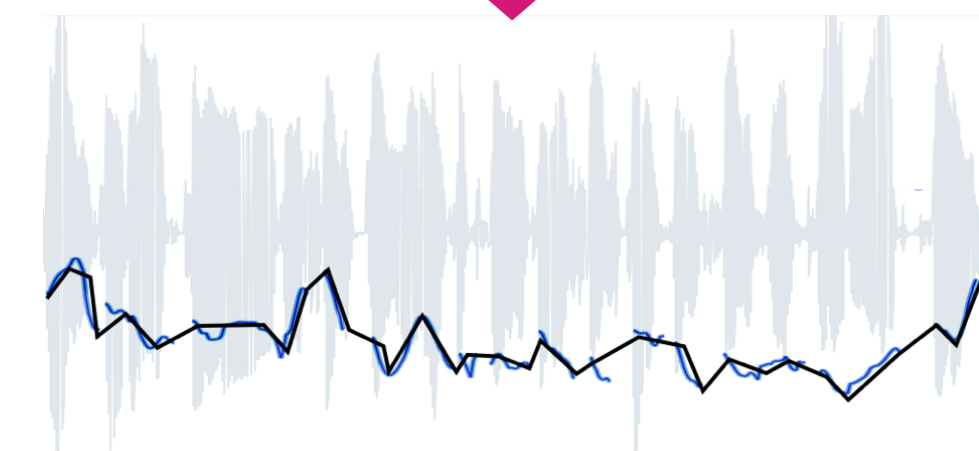
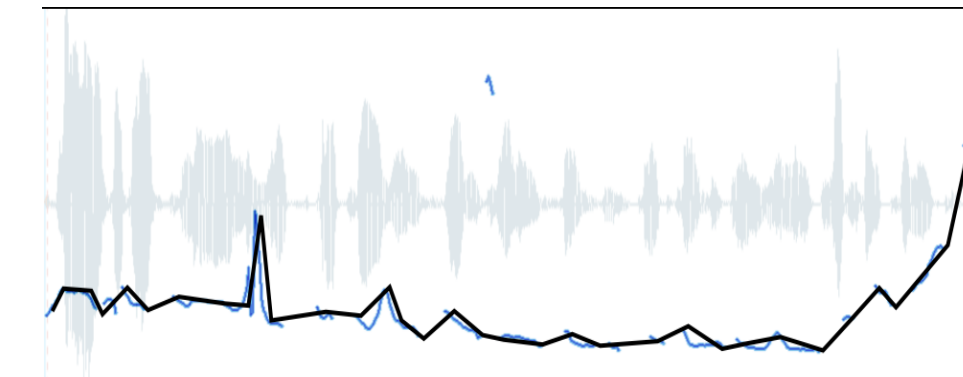
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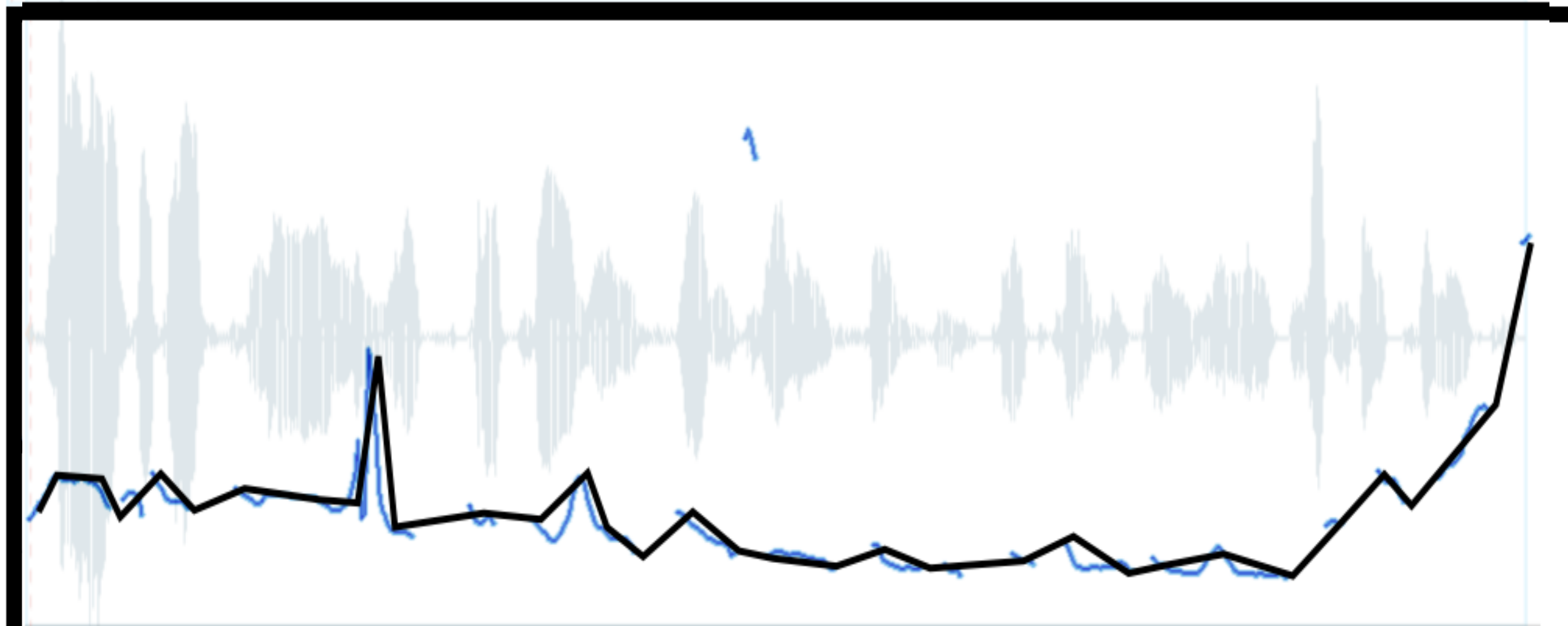
SSML

Speech Synthesis Markup Language

```
<speak>
<prosody rate="90%" pitch="+4st" > hai </prosody>
<prosody rate="98%" pitch="+2st" > good afternoon </prosody>
<prosody rate="105%" pitch="+4st" > this </prosody>
<prosody rate="105%" pitch="+8st" > is </prosody>
<prosody pitch="+3st">DORA</prosody>
<prosody rate="120%">the clinical assistant from </prosody>
<prosody rate="110%"> trentwood cataract clinic? </prosody>
</speak>
```

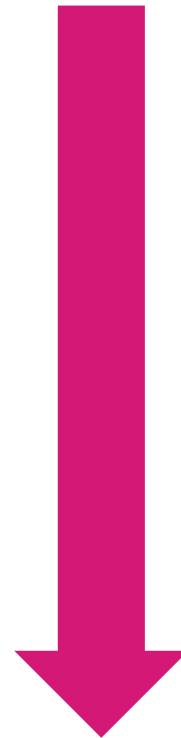


hi→ good afternoon→
it's doctor grey
calling from the
trentwood uh
cataract clinic↗

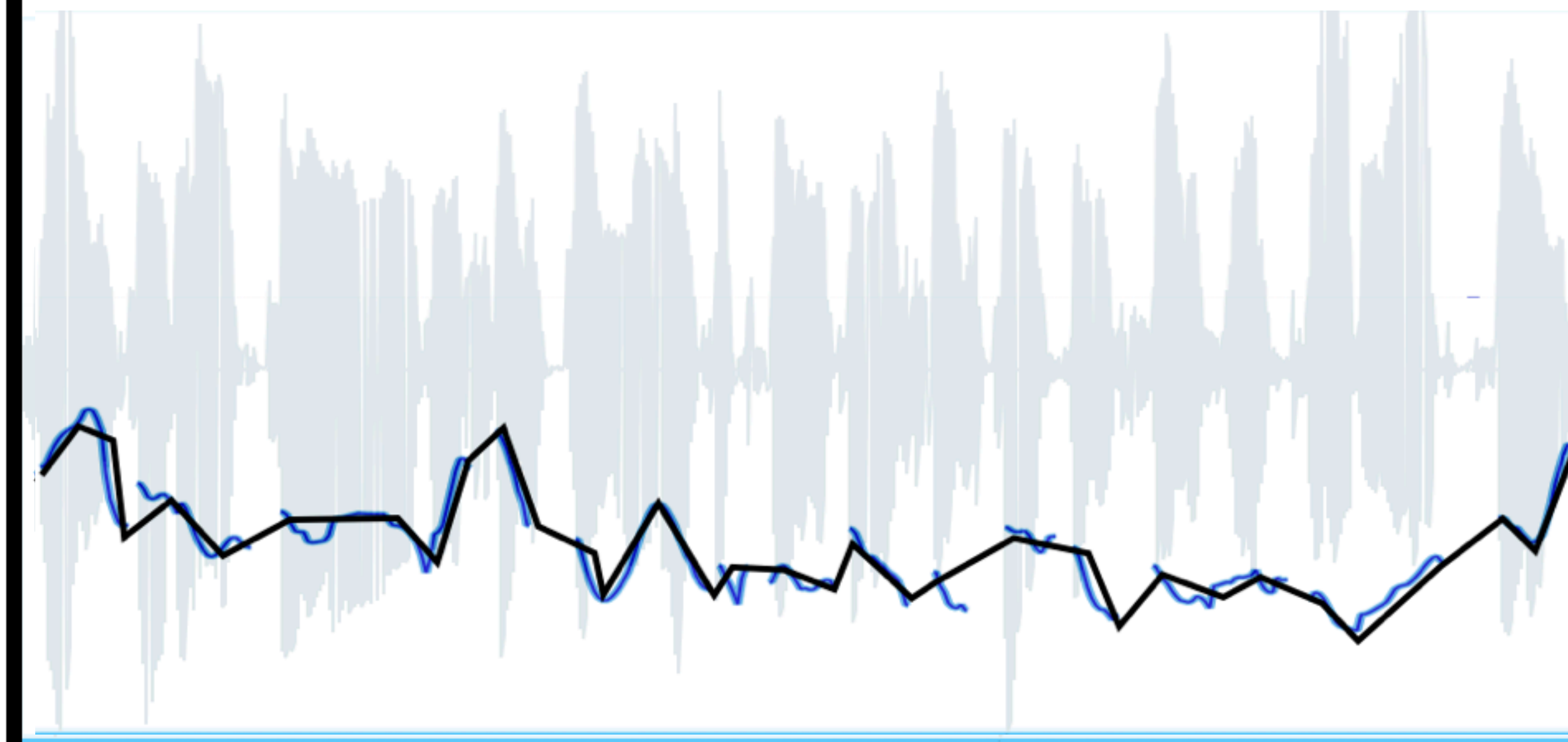


SSML

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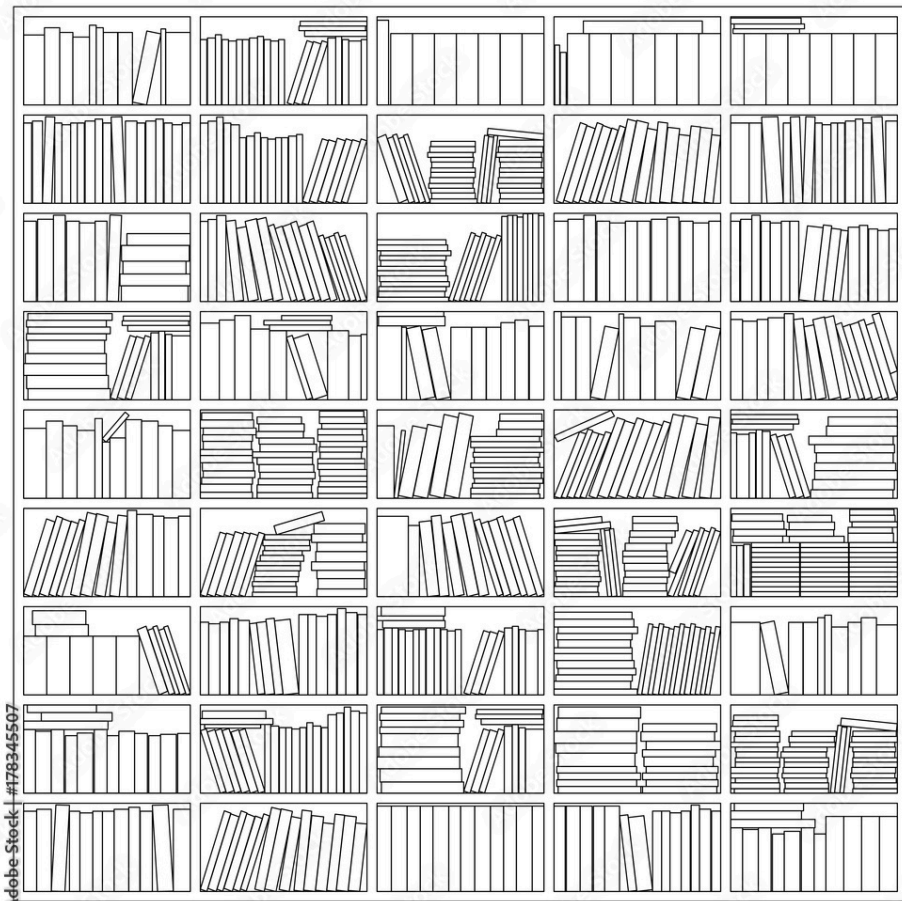


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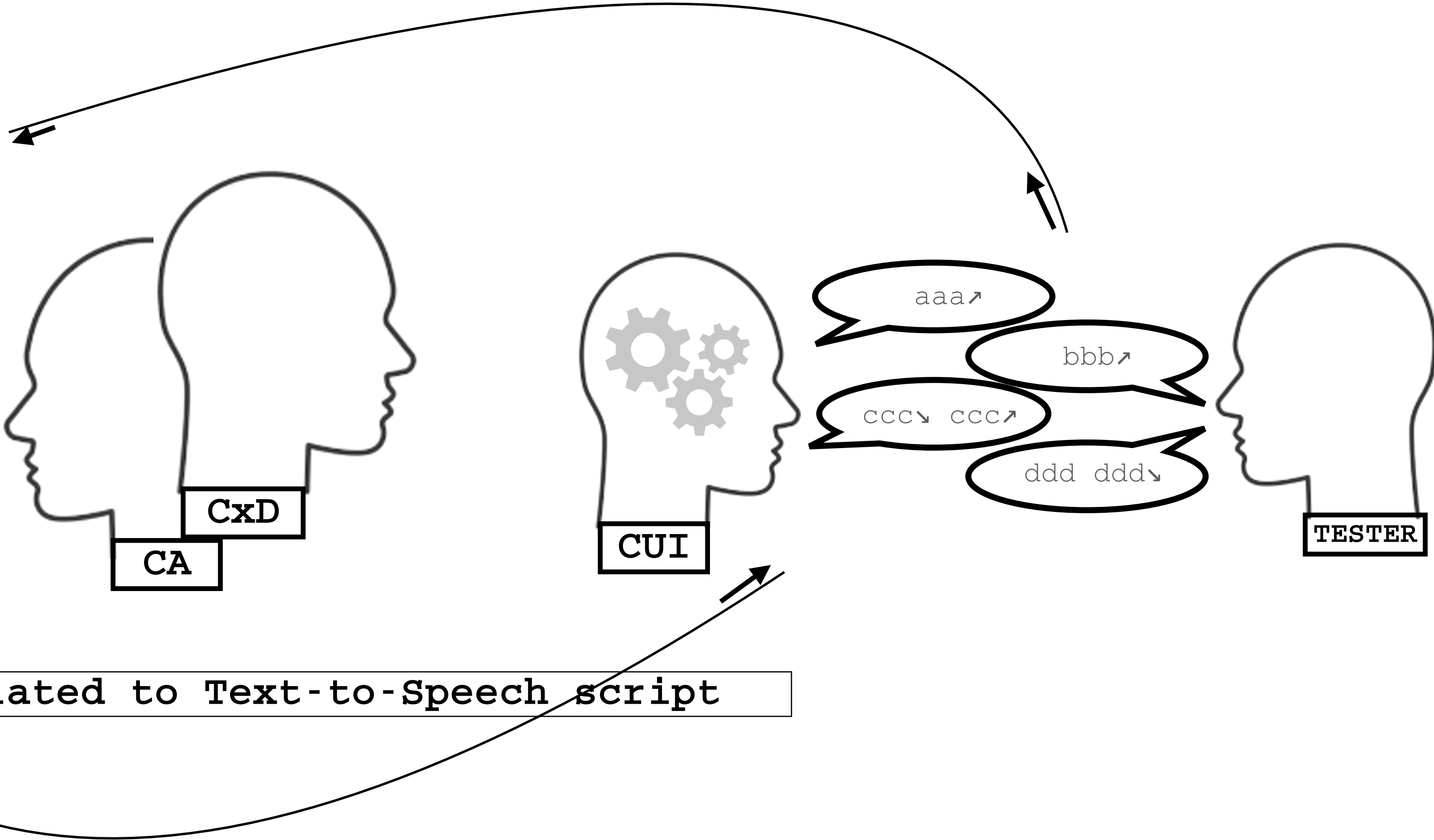


Intonation contour of VUI prompt produced through SSML

01 KEL: a:lri:ght↗
02 mn so what's the last↘ name↗
03 SMI: Smith↘
04 KEL: a:lri:ght↗
05 (0.5)
06 KEL: a::nd (0.2) it'll be::↘ (0.4)
07 three hundred and Δtwentyfive dollarsΔ↗
08 SMI: would that be cash↗
09 KEL: let's see::↘
10 i need to Δreserve †it with aΔ
11 ‡credit card number if that's alright↗
12 SMI: sure let me just grab that
13 KEL: no problem↘

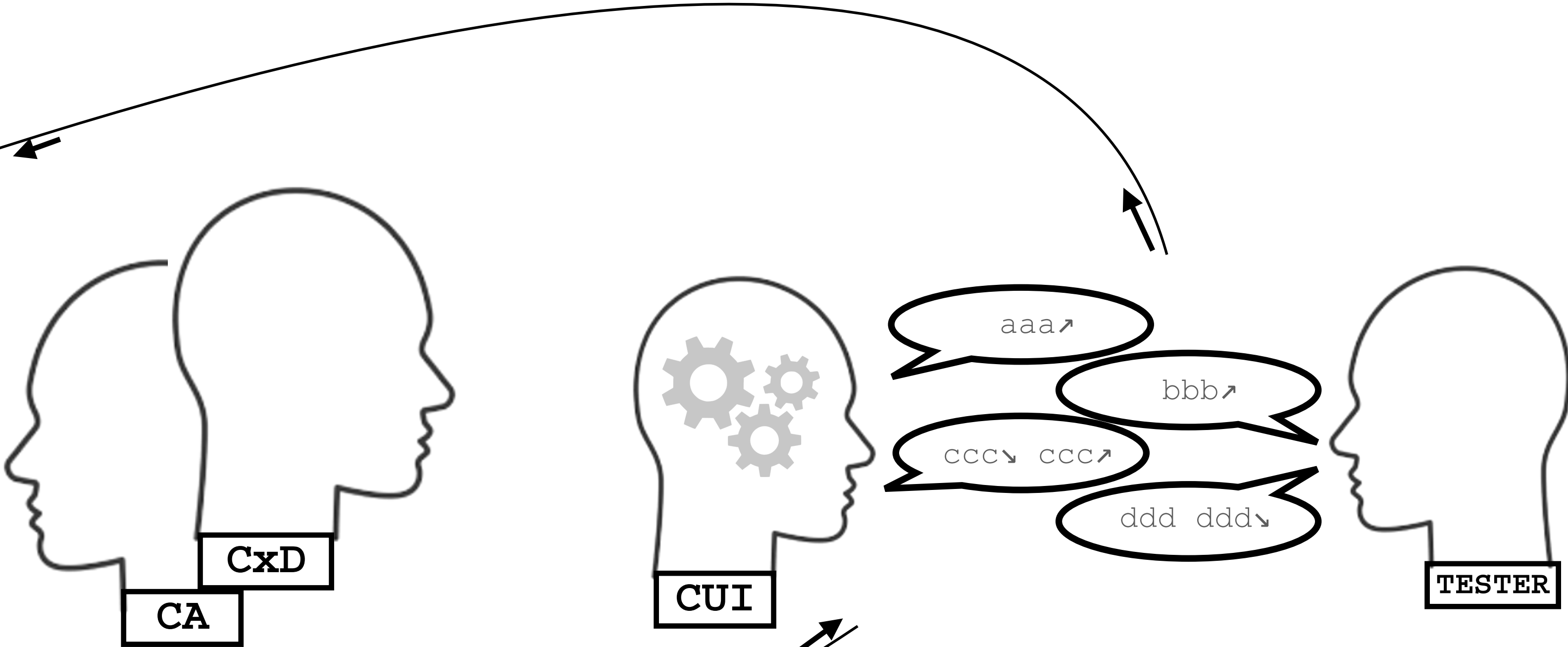
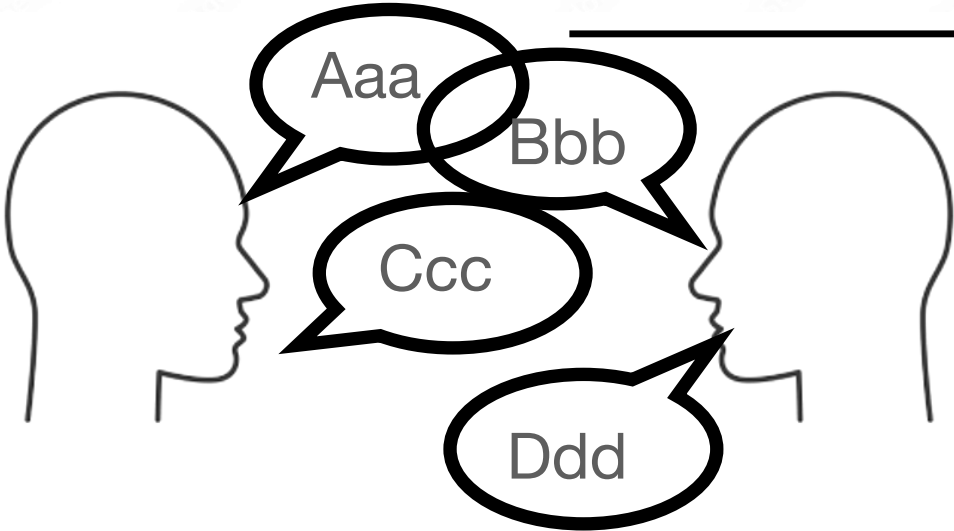


Archie Stock | #78345507



Conversation Analytic Design for an Enhanced Natural Conversation Experience (CADENCE)

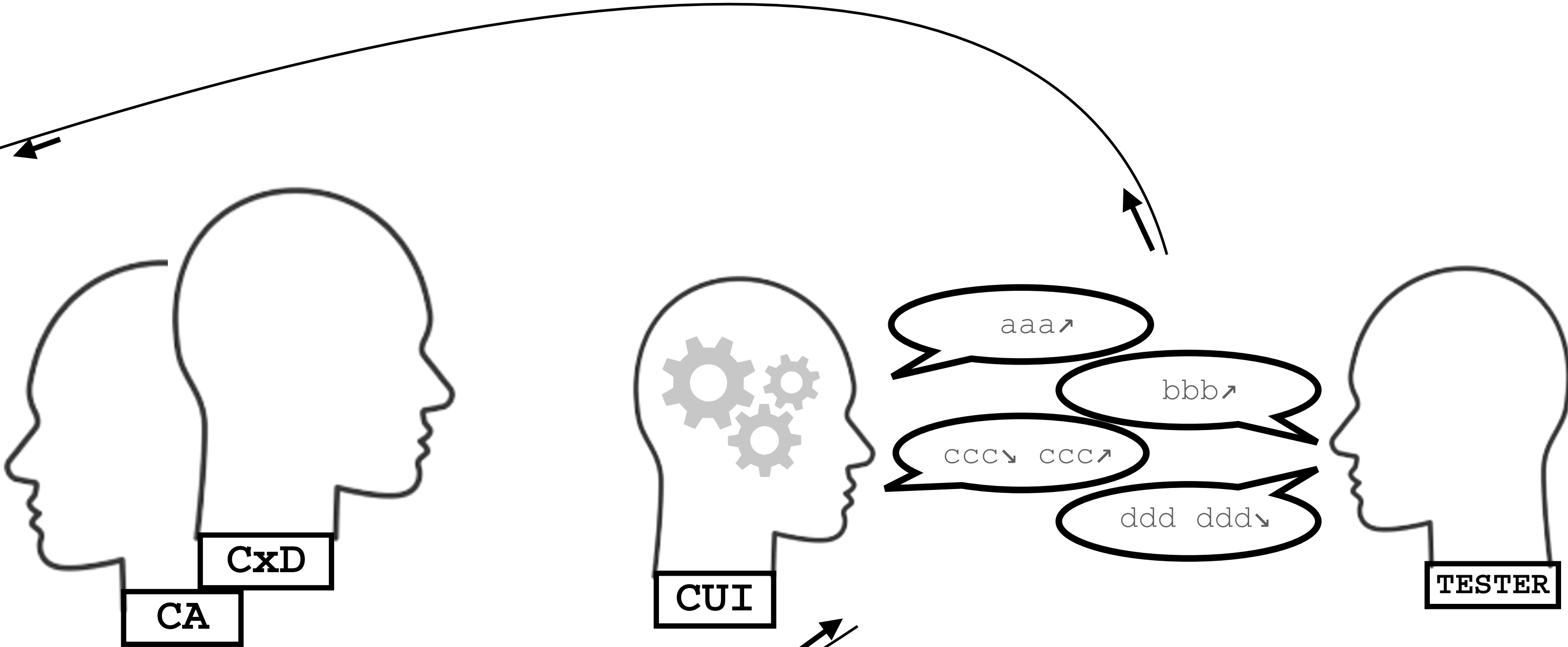
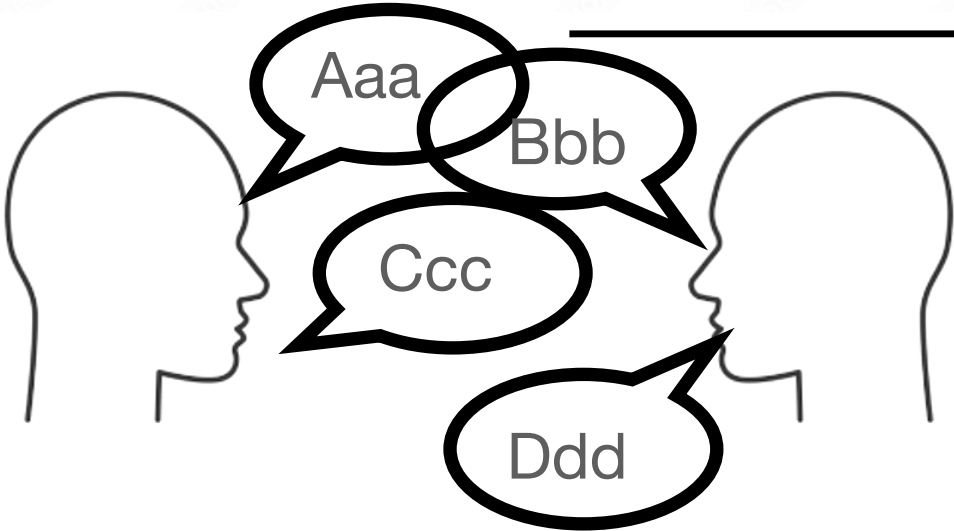
- Turn taking
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- Intonation contouring
- Pause/silence
- Non-lexical vocalisations
- Repair
- Social norms
- Normative expectancy
- Institutionality
- Transgression
- Social norm violations
- Alignment
- Affiliation
- Projectibility
- Action sequencing
- Procedural relevance
- Sequential organisation
- Sequence organisation
- Preference organisation
- Culture specific patterns



Translated to Text-to-Speech script

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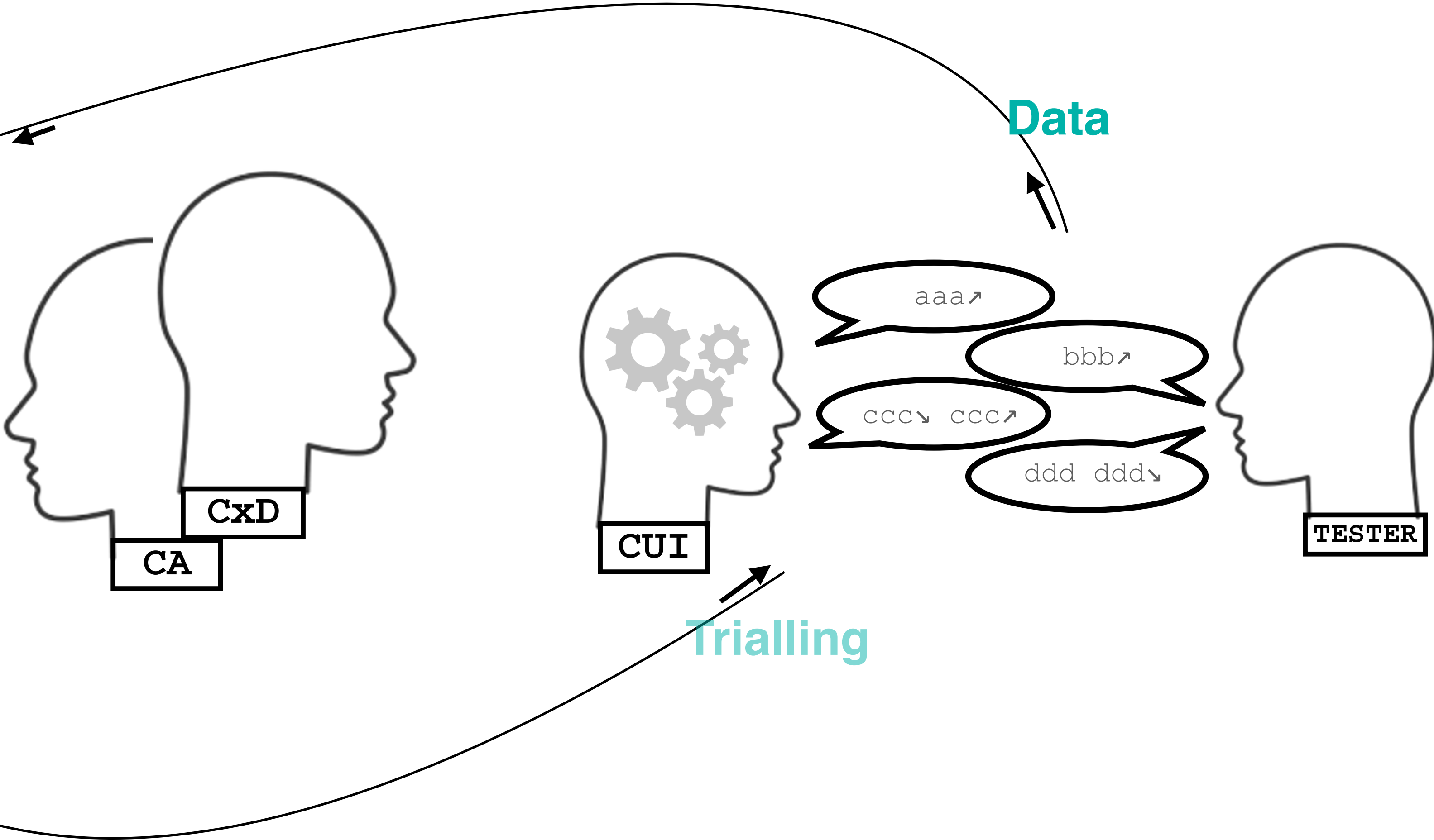
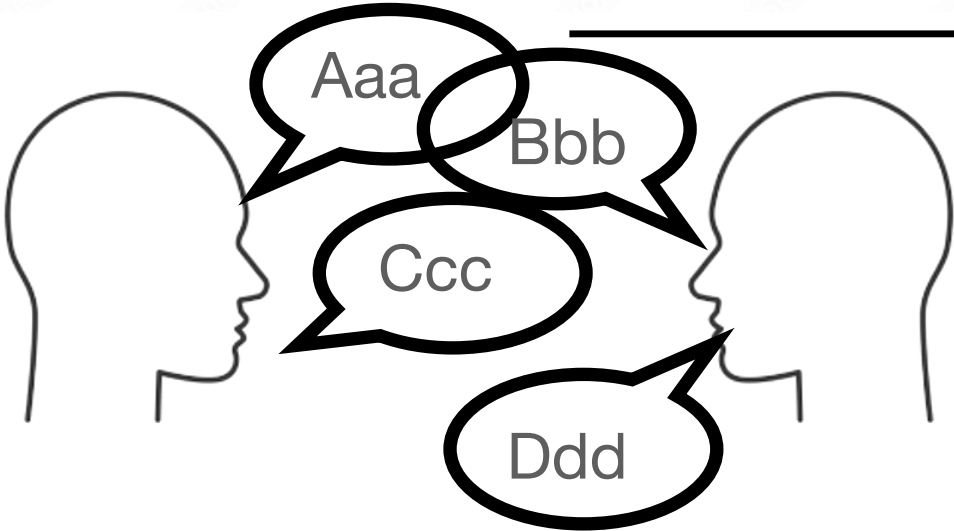
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Trialling

The CA-for-CxD collaboration

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Conversation Analysis

Data

Trialling

CA
CxD

CUI

TESTER

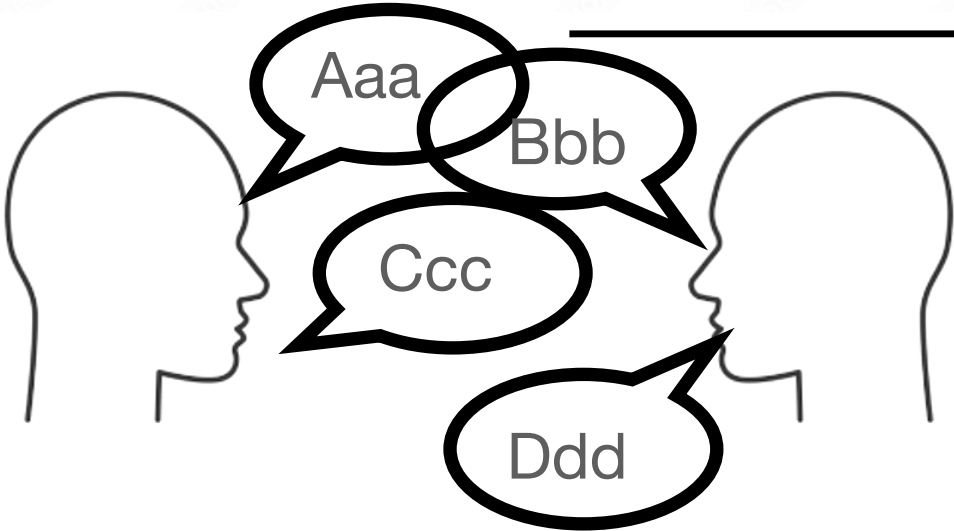
aaa ↗
bbb ↗
ccc ↘ ccc ↗
ddd ddd ↘

Aaa
Bbb
Ccc
Ddd

The CA-for-CxD collaboration

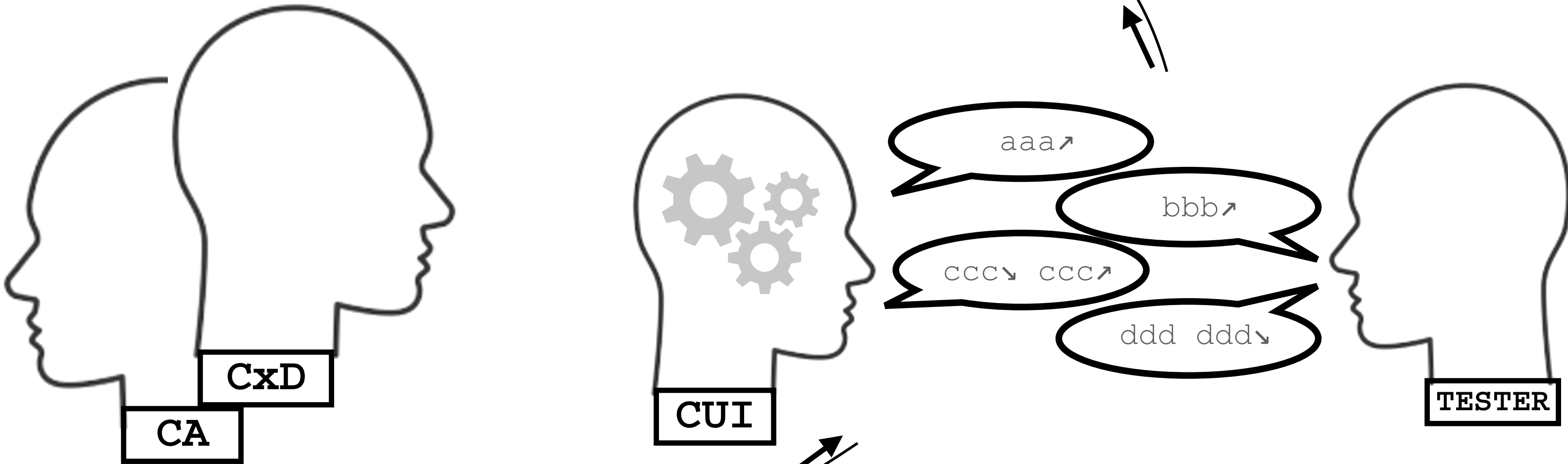
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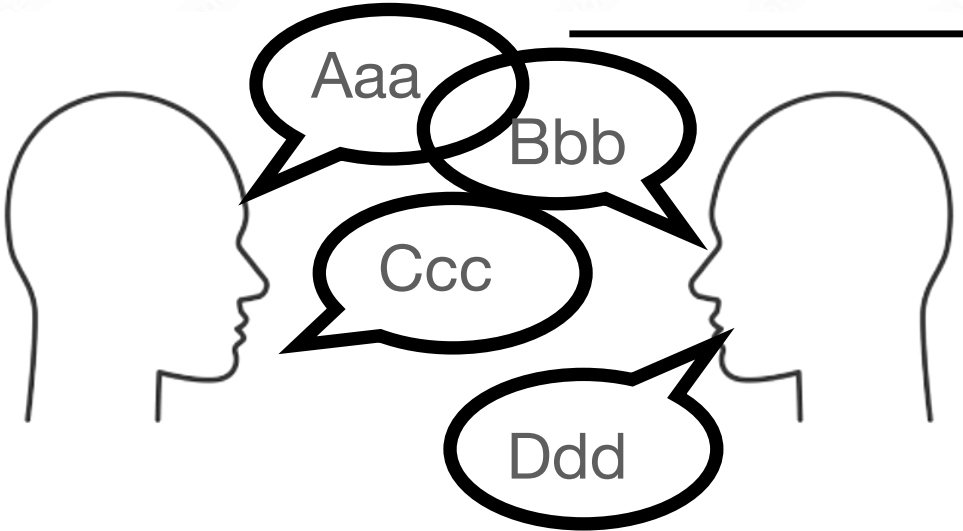


Suggestions for improvement

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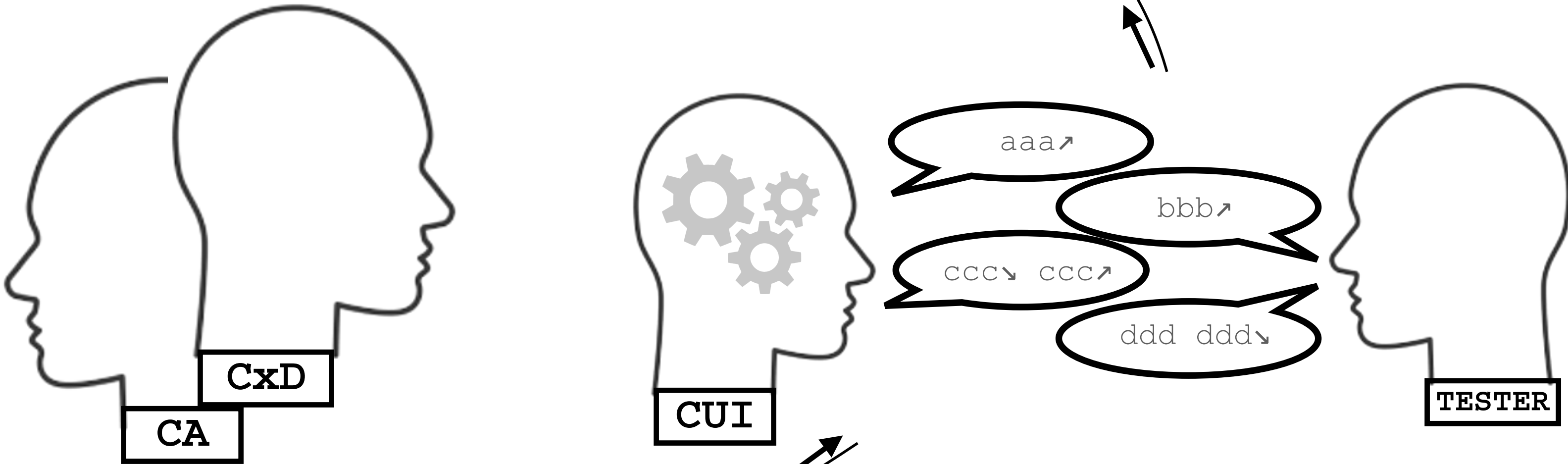
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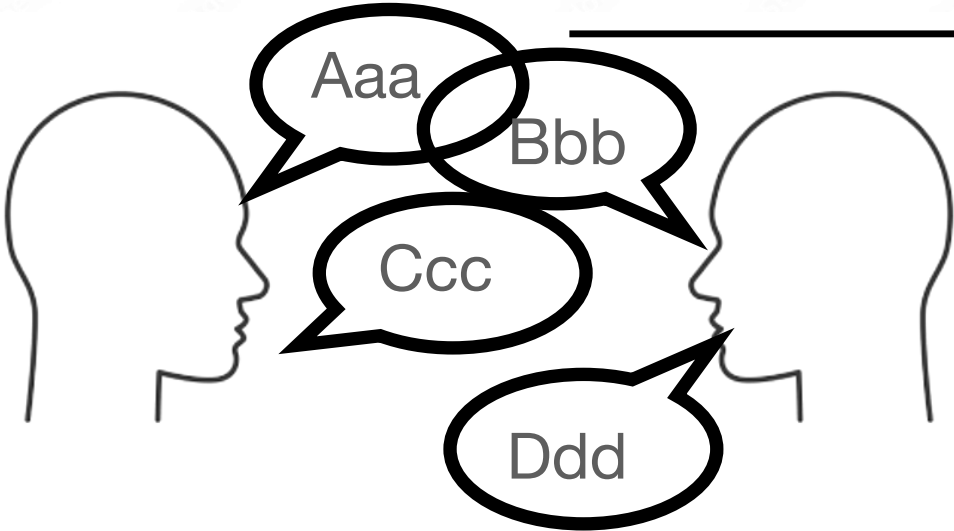
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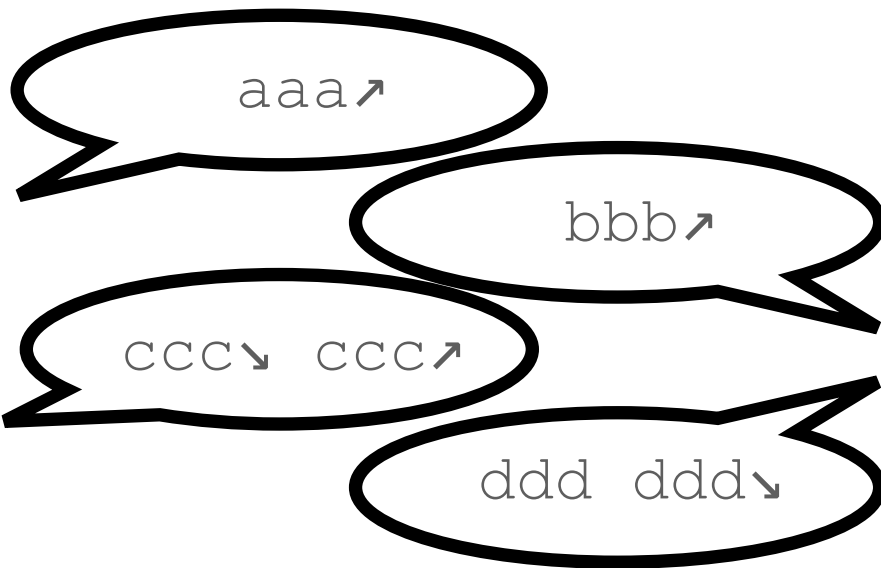
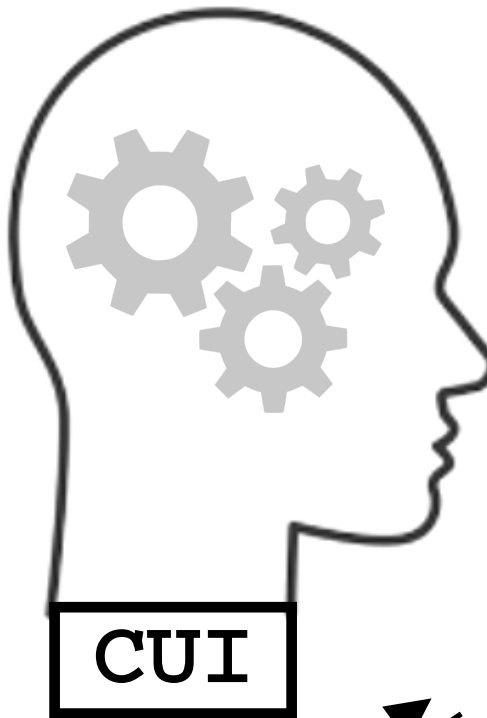
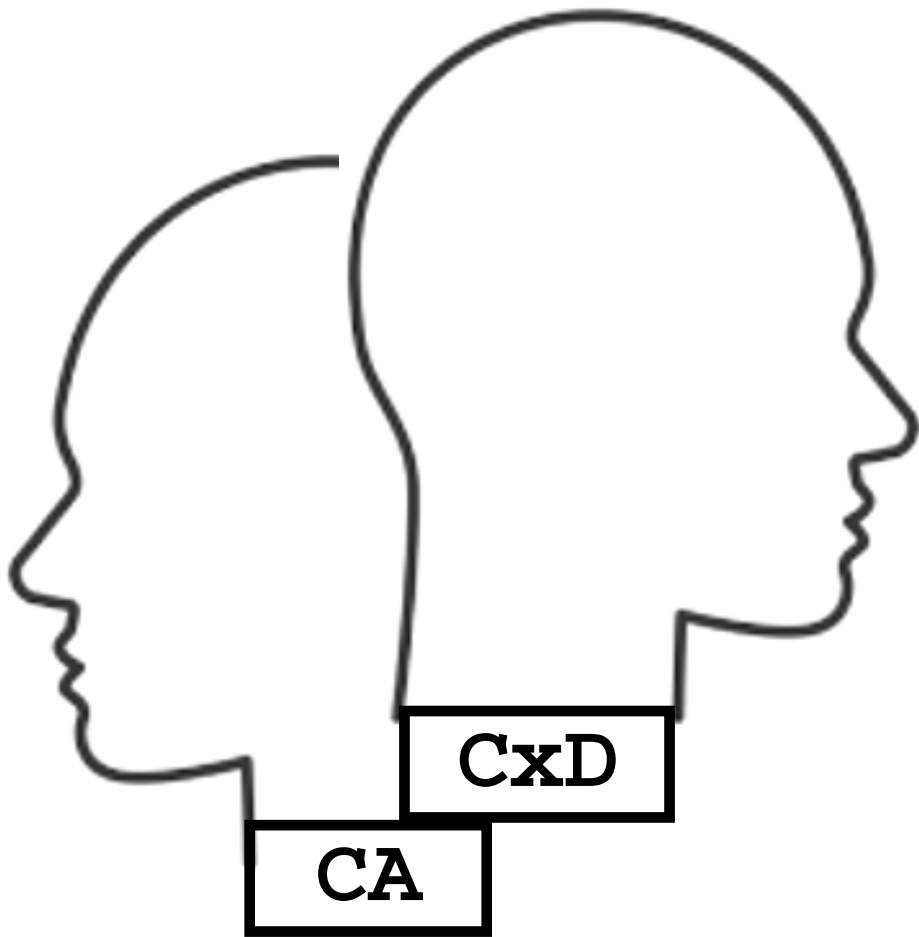
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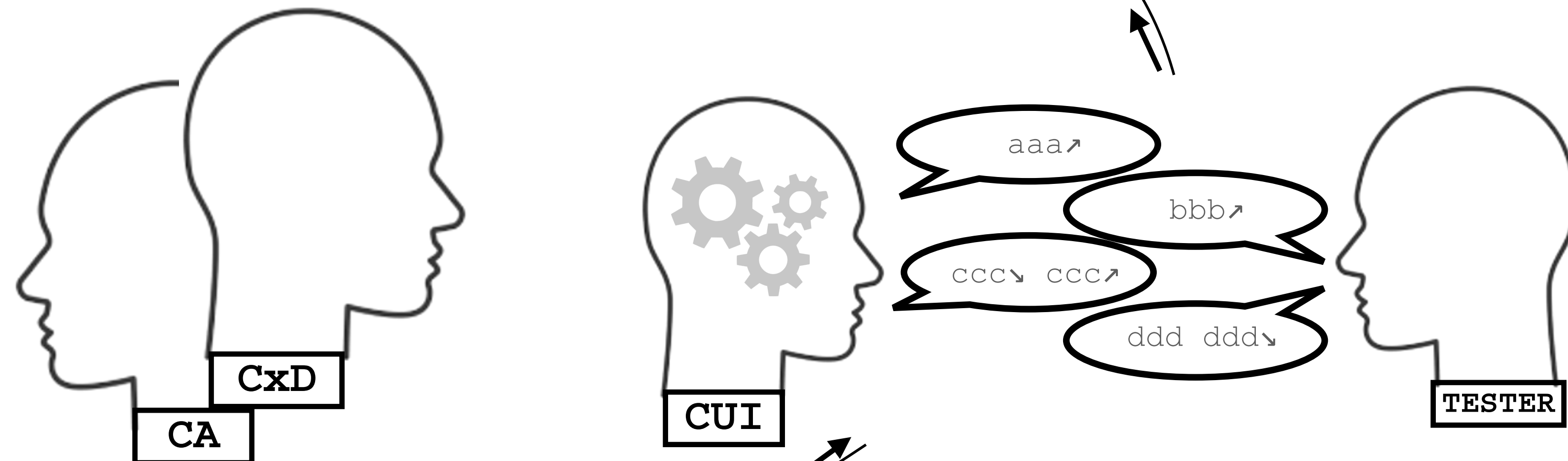
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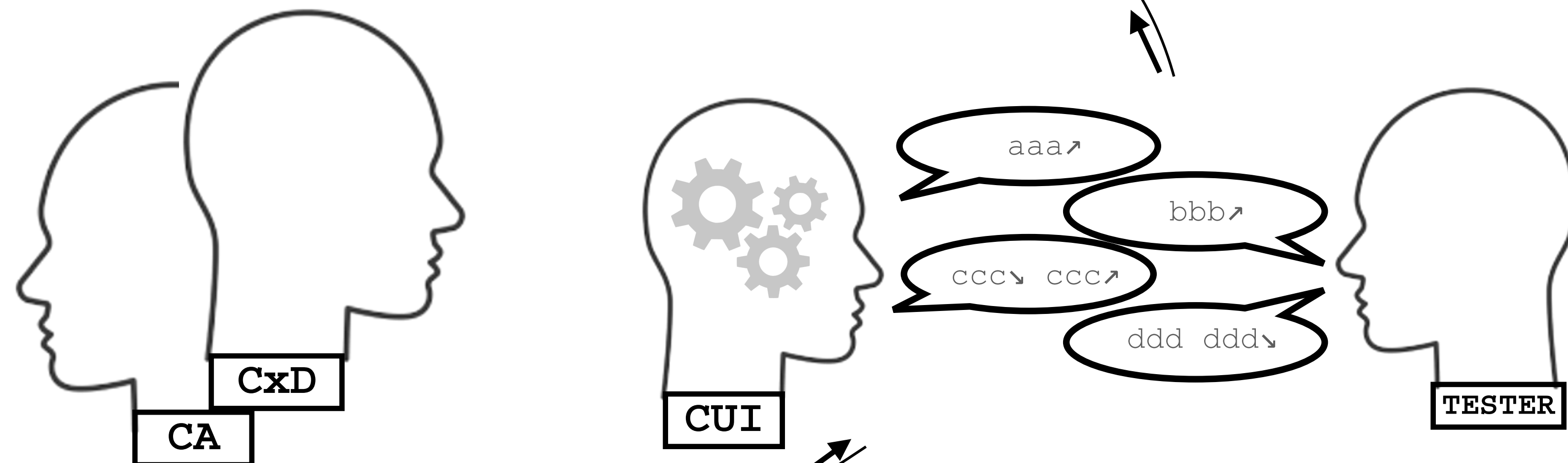
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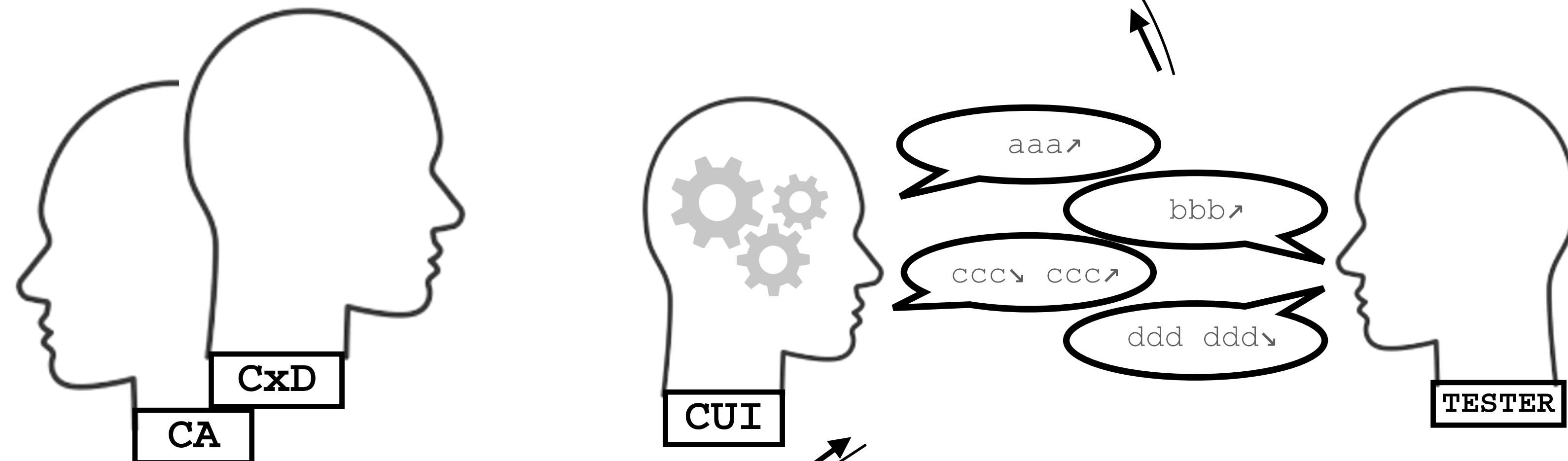
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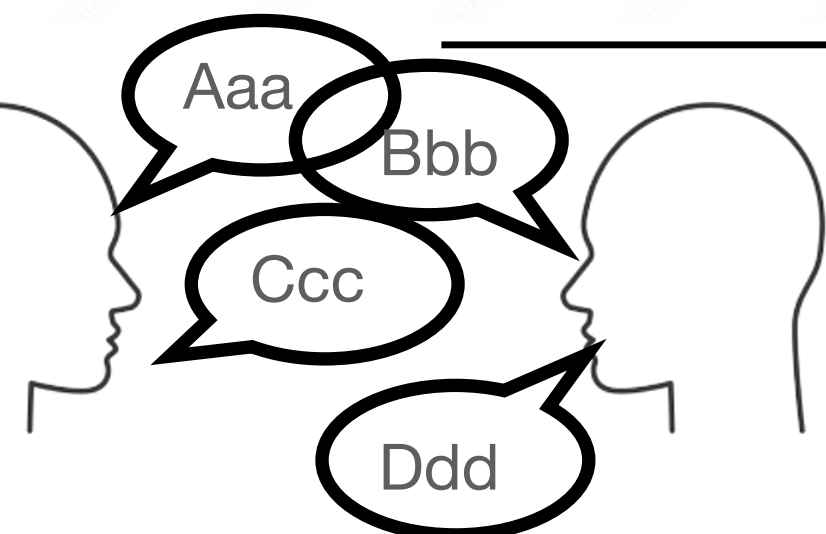
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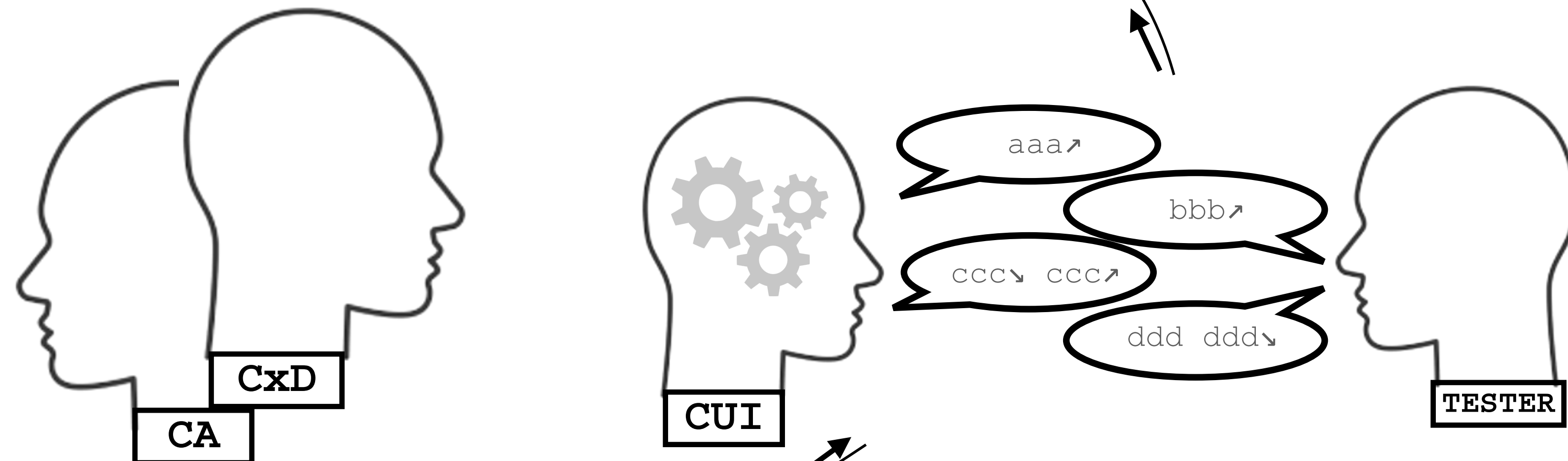
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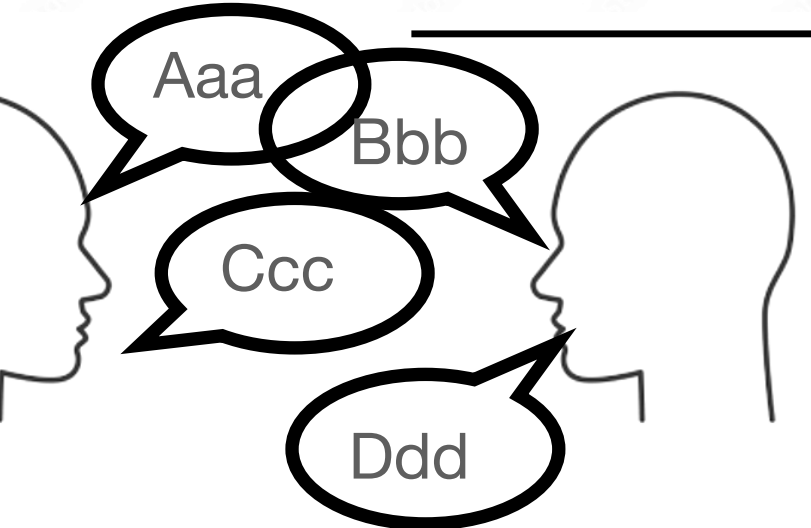
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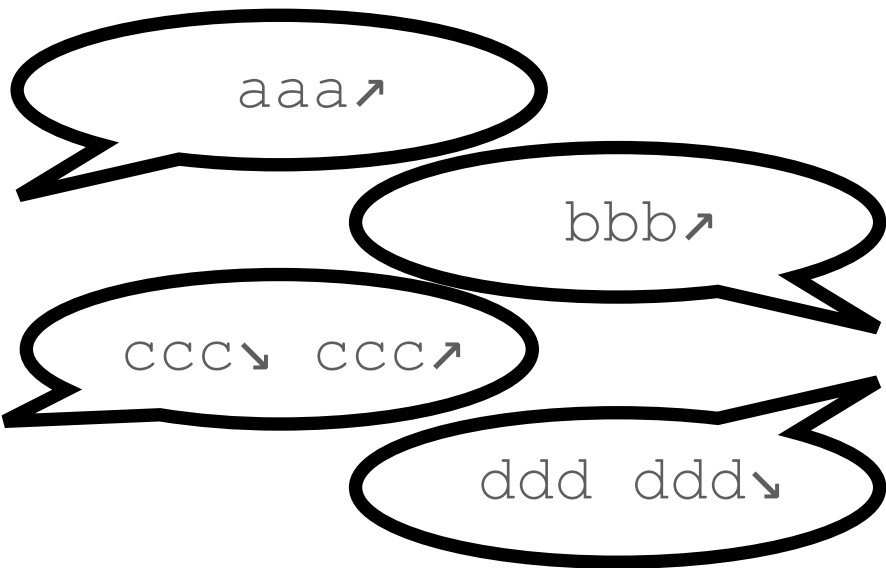
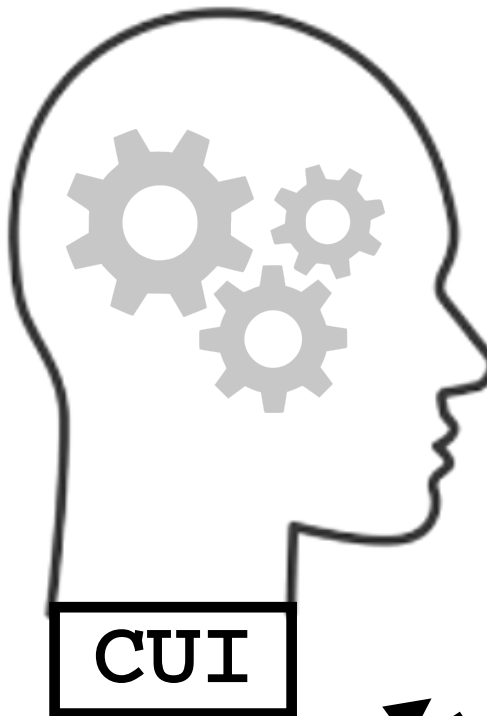
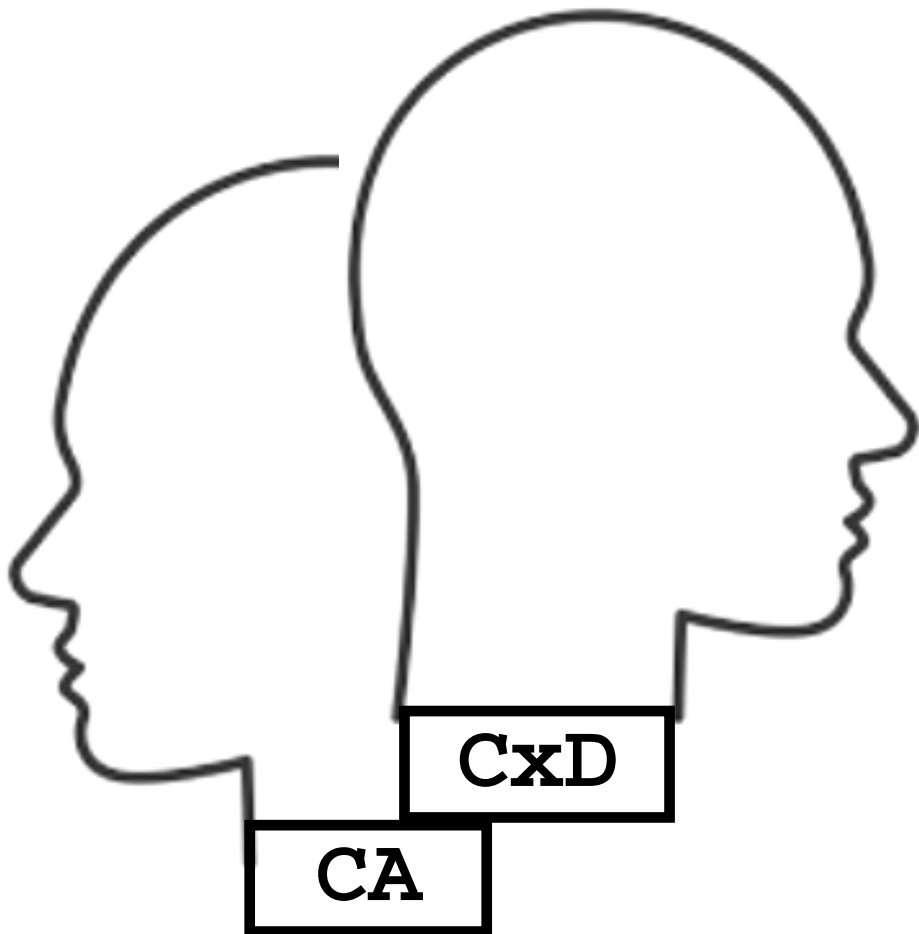
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Conversation Analysis

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Rollout with patients

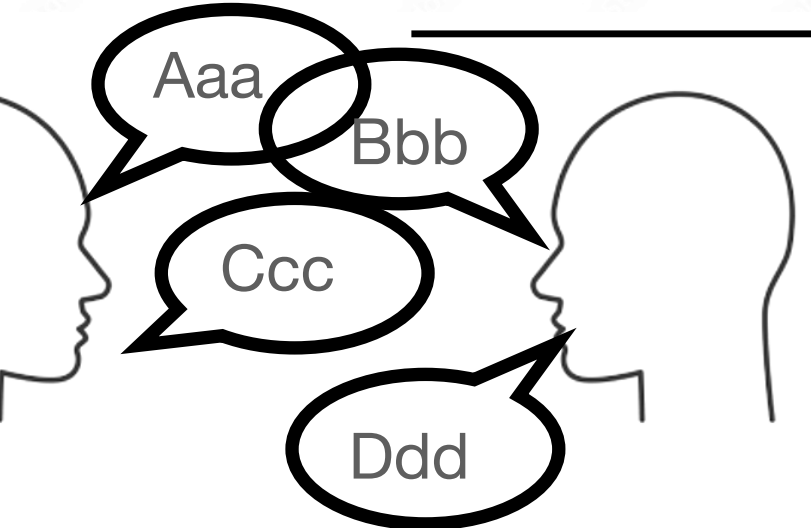
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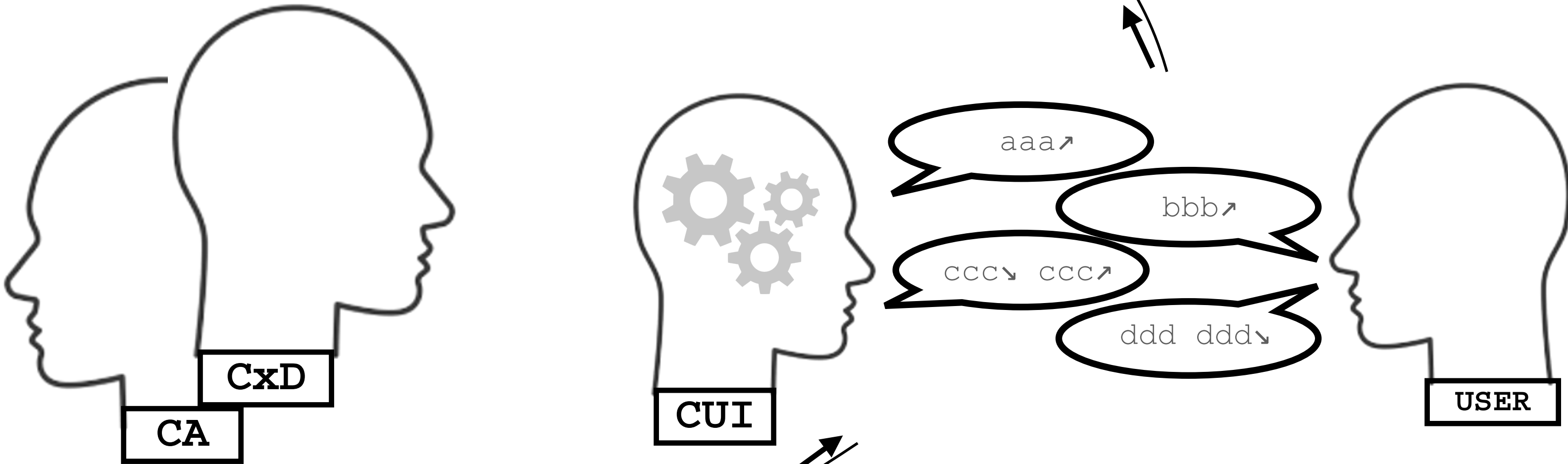
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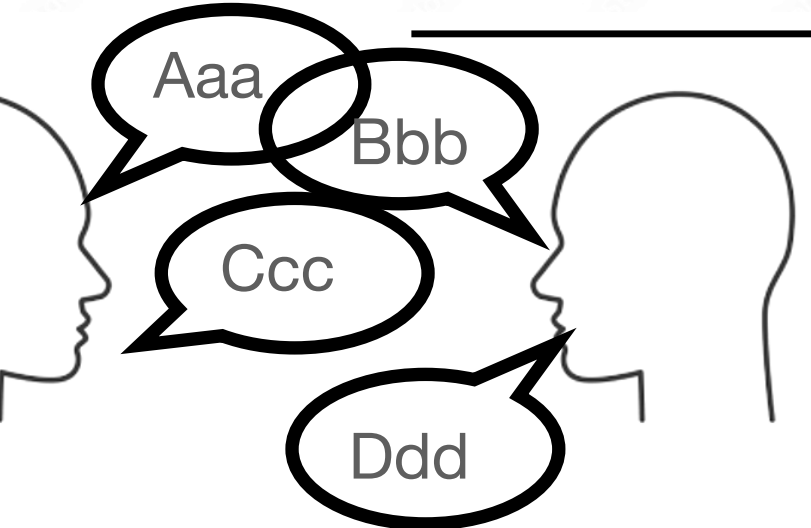
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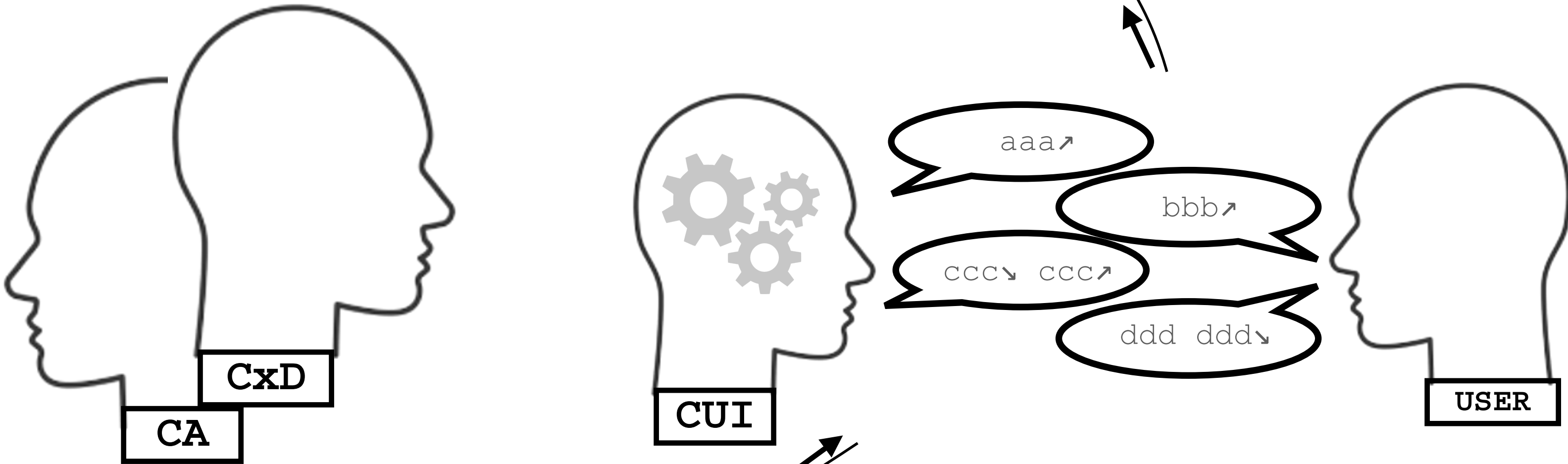
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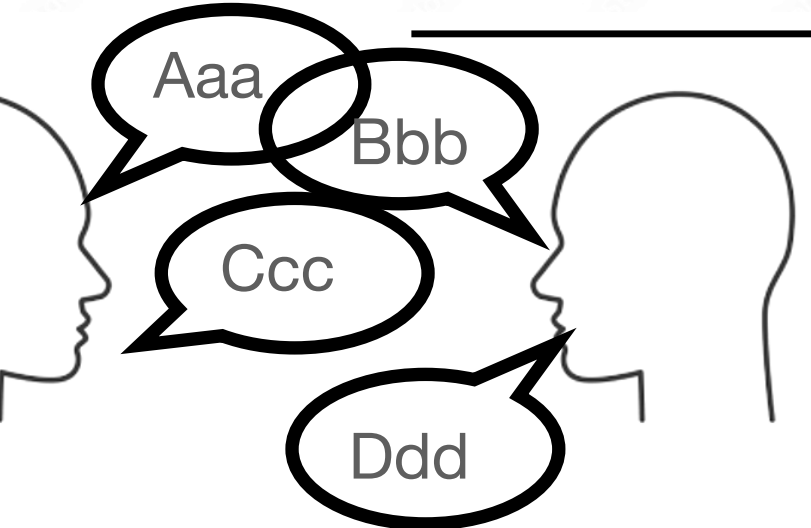
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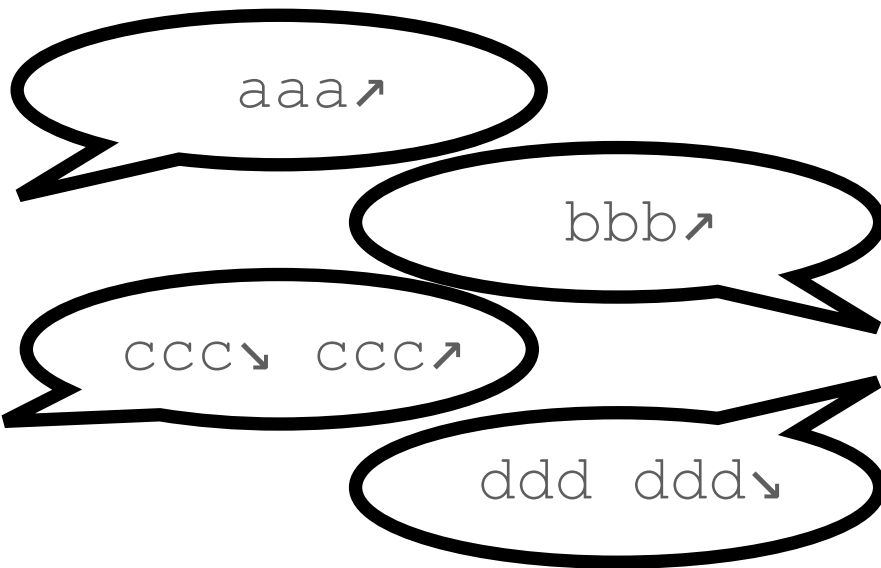
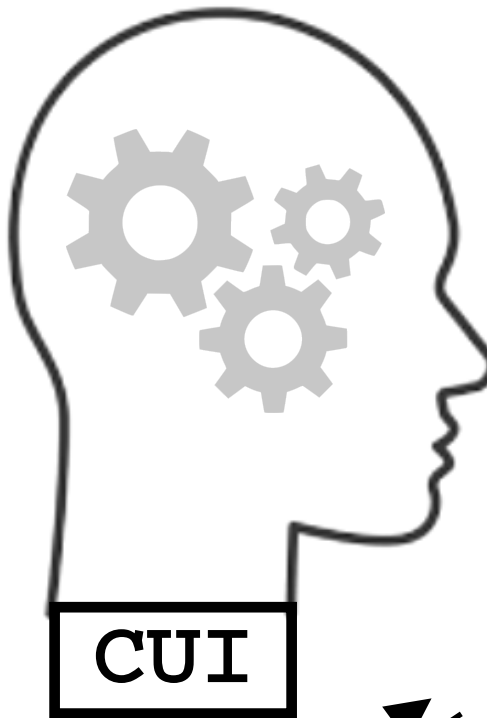
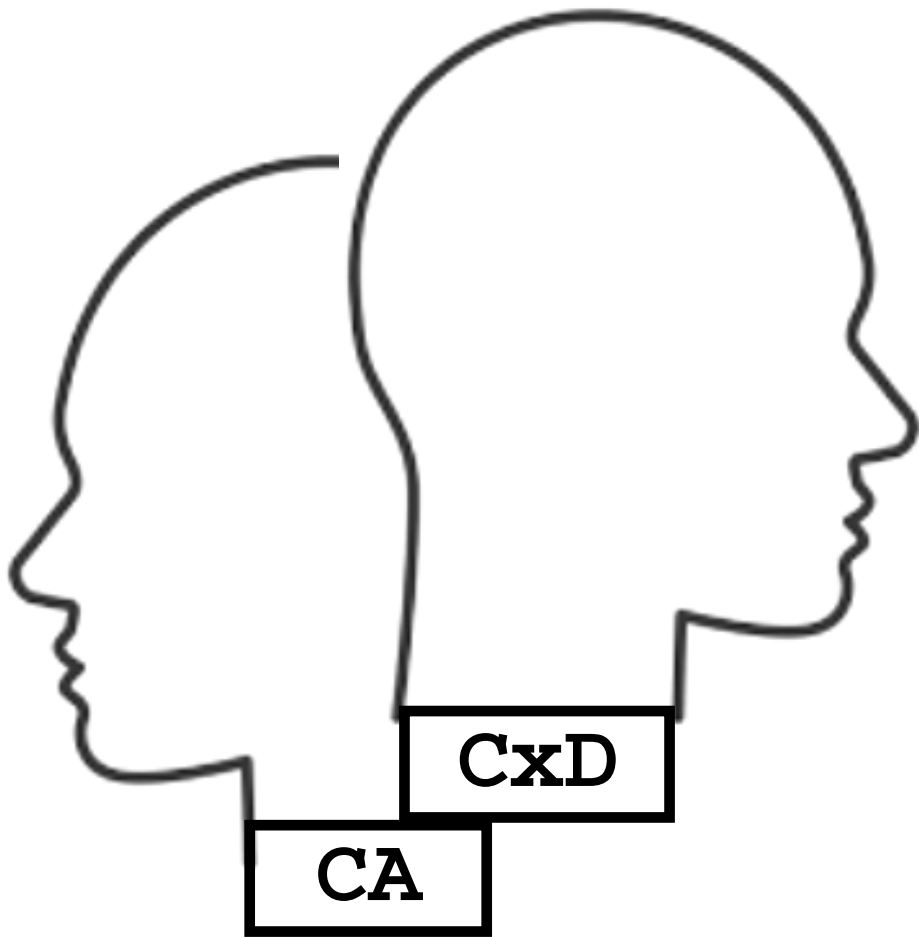
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Rollout with patients

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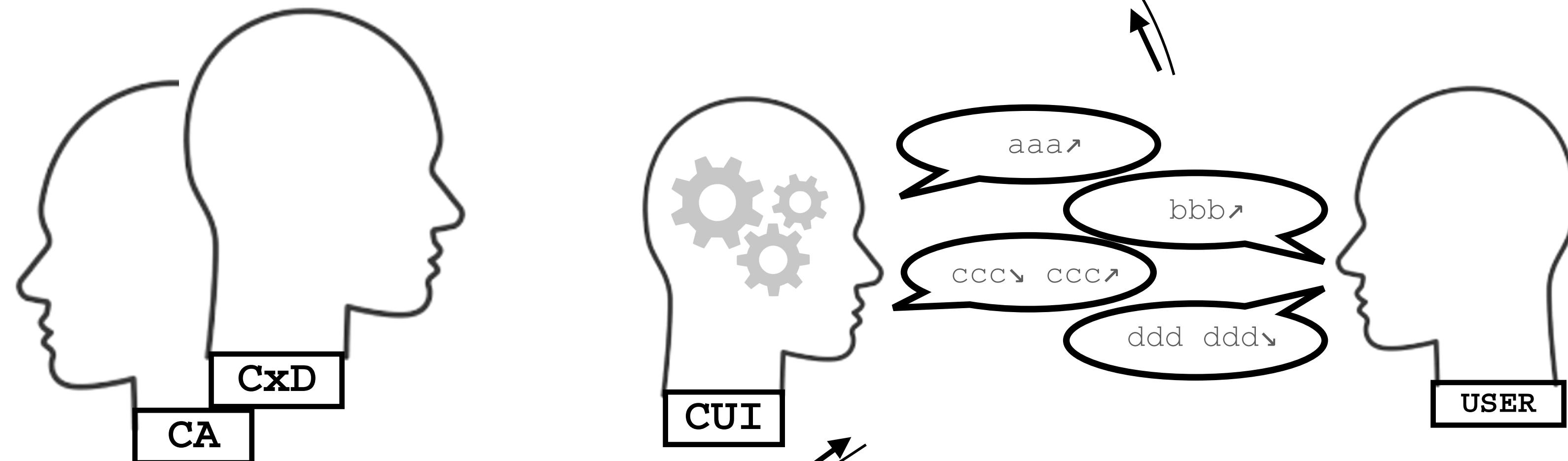
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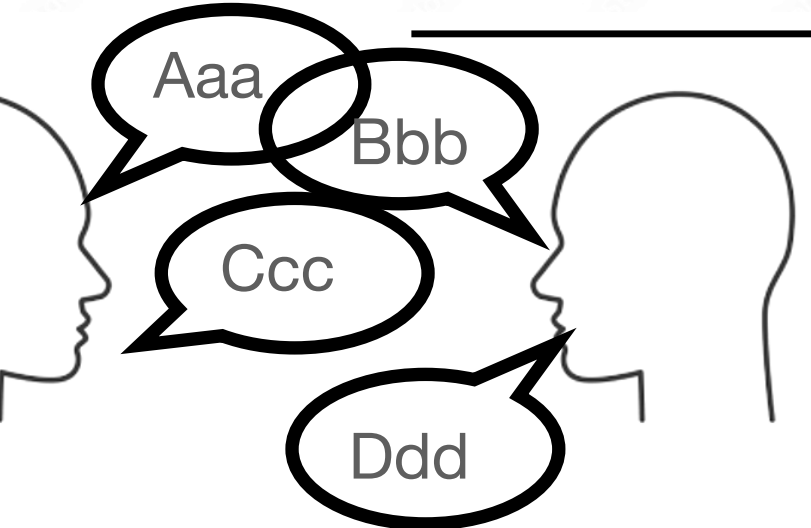
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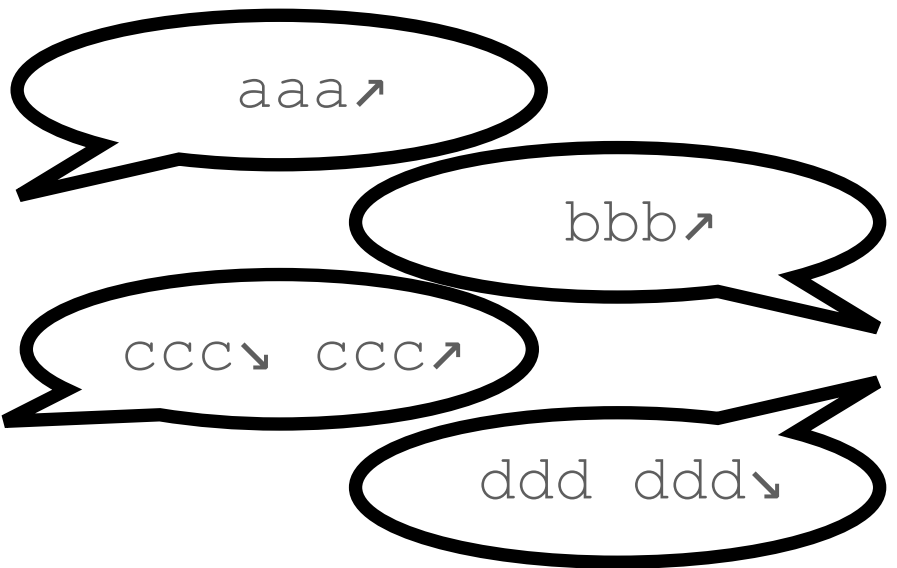
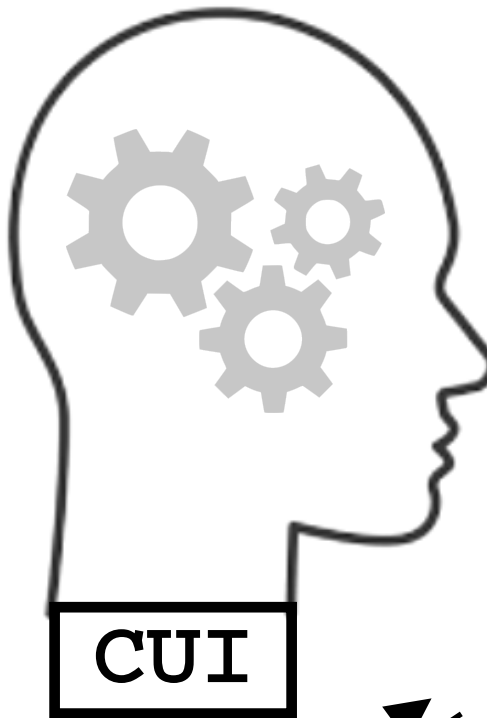
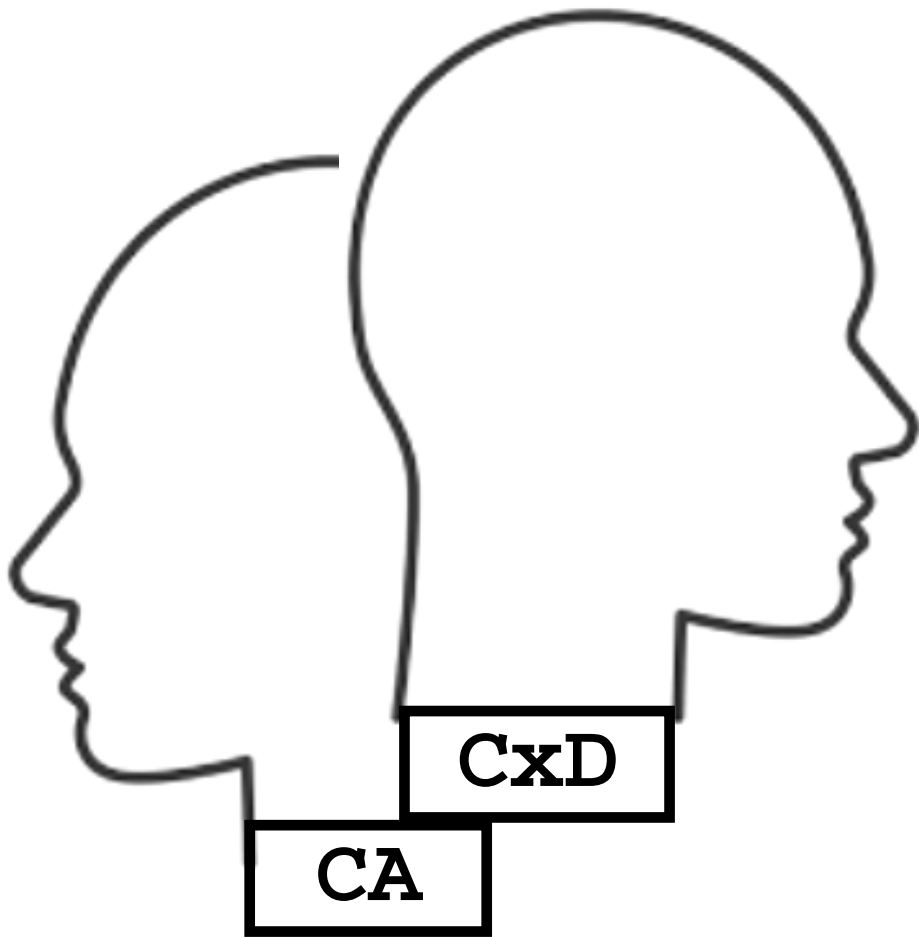
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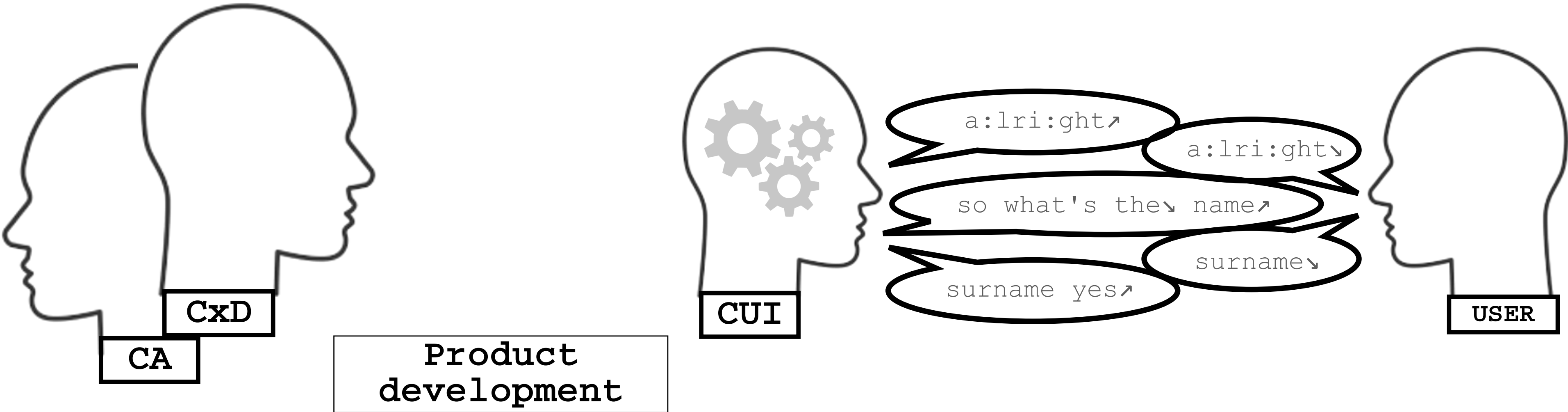
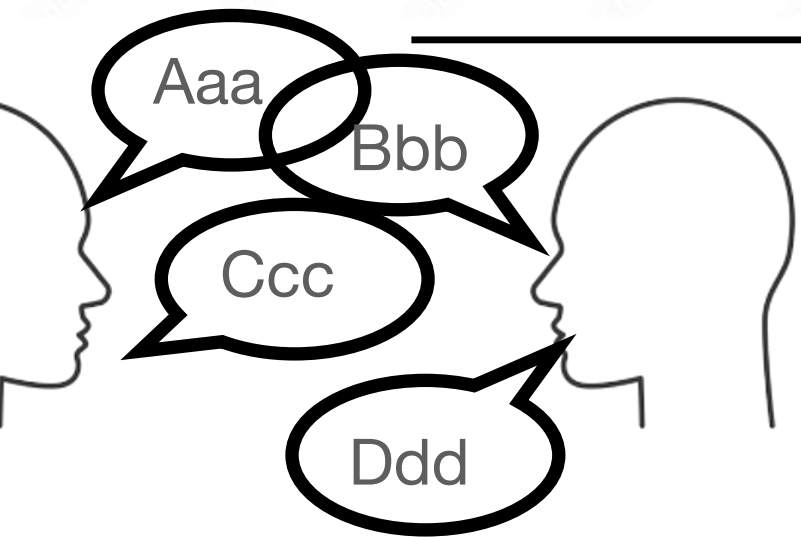
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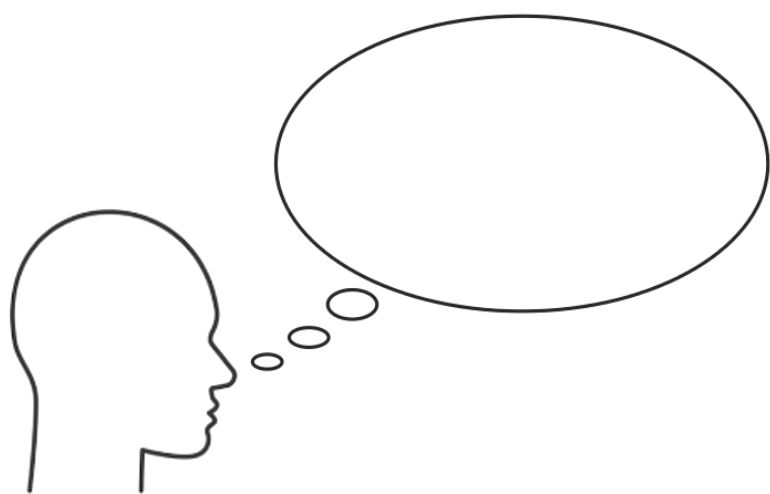


3. Second language users and conversational AI

One area we are looking into

What are some of the challenges when users speak to conversational AI systems in a second language (L2)?

第二言語（L2）の話者が会話型AIシステムと話す際の課題は何ですか？



Some challenges

- 1. Automated Speech Recognition (ASR) - 音声認識**
- 2. Adaptability - Recipient design - 聞き手に合わせた話し方の設計**
- 3. L1 & L2 behaviour differences - 第一言語と第二言語の行動の違い**

Some challenges

1. Automated Speech Recognition - 音声認識

- Speech recognition systems are usually trained on L1 speech (e.g. for English: 'standard' British English or American English)
- Systems are not so successful in recognising L2 speech

L1 user

077 CUI: is your eye painful↵
078 (1.0)
079 PAT: .hh no it's not now↵
no it's not now (87.4%)

L2 user

114 CUI: is your eye painful↵
115 (1.3)
116 PAT: u:h no↗
I know (52.2%)

117 (3.1)
118 CUI: sorry↗ (0.3) i didn't catch that↘
119 (0.3)
120 CUI: is your eye painful↘
121 (1.2)
122 PAT: u::h→ (0.6) u it's not painful↗ (0.5)
123 occasionally i fee:l a bit scratch something scratch behind
uh, it's not painful. occasionally feel a bit scratch, something scratch
behind. (61.8%)
124 (0.7)
125 PAT: but everything is fine↗
126 (0.9)
127 CUI: and is it painful just some of the time or all of the time→
128 (1.3)
129 PAT: u::h no→
no (91.2%)
130 (2.6)
131 PAT: 「it's u:h」
it's (91.2%)
132 CUI: 「sorry↗ 」 (0.3) i didn't catch that↘
133 (0.3)
134 CUI: and is it painful just some of the time or all of the time→
135 (2.1)

117 (3.1)
118 CUI: **sorry↗ (0.3) i didn't catch that↘**
119 (0.3)
120 CUI: is your eye painful↘
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131 PAT: 「it's u:h」
it's (91.2%)
132 CUI: **「 sorry↗ 」 (0.3) i didn't catch that↘**
133 (0.3)
134 CUI: and is it painful just some of the time or all of the time→
135 (2.1)

Some challenges

2. Adaptability - Recipient design - 聞き手に合わせた話し方の設計

- Systems cannot (yet) understand the language **level** of the speaker
- Not designed to adapt to **different kinds of speaker**

Some challenges

2. Adaptability - Recipient design - 聞き手に合わせた話し方の設計

Example 1

01 CUI: before we start. (0.2) have you had an eye operation. (.)
02 an eyesight test. (.) a change of glasses. (.)
03 or a sudden change in eyesight in the past month.

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04 (4.2)
05 PAT: i- i'm ready only i speak english very bad.
I am really only I speak English very bad (69%)
06 (3.5)

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09 CUI: have you had an eye operation. (.)
10 an eyesight test. (.) a change of glasses. (.)
11 or a sudden change in eyesight in the past month.

Fall back:
Exactly the same
question!

Example 1

01 CUI: before we start. (0.2) have you had an eye operation. (.)
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09 CUI: have you had an eye operation. (.)
10 an eyesight test. (.) a change of glasses. (.)
11 or a sudden change in eyesight in the past month.
12 (2.7)
13 PAT: i (u)have a cataract uh uh operation very well.
14 (0.4)
15 PAT: and now i uh am waiting fo:r uh operation to another eye
16 (3.0)

Non-type fitted answer

Example 1

01 CUI: before we start. (0.2) have you had an eye operation. (.)
02 an eyesight test. (.) a change of glasses. (.)
03 or a sudden change in eyesight in the past month.

Question

04 (4.2)

05 PAT: i- i'm ready only i speak english very bad.
I am really only I speak English very bad (69%)

I don't understand

06 (3.5)

07 CUI: sorry. (0.3) i didn't catch that.

I don't understand you

08 (0.4)

09 CUI: have you had an eye operation. (.)
10 an eyesight test. (.) a change of glasses. (.)
11 or a sudden change in eyesight in the past month.

Question again

12 (2.7)

13 PAT: i (u)have a cataract uh uh operation very well.

Wrong answer

14 (0.4)

15 PAT: and now i uh am waiting fo:r uh operation to another eye

16 (3.0)

17 CUI: thanks (0.3) i've made a note.

Accepted

Example 1

Example 2

01 CUI: so. (0.3) in the past month. (0.3)
02 how much has your eyesight interfered with your life in general.
03 (2.1)

Example 2

01 CUI: so. (0.3) in the past month. (0.3)
02 how much has your eyesight interfered with your life in general.
03 (2.1)
04 PAT: m::: sorry i don't you you speak very quickly
05 i don't understand.
06 (2.0)

Repair:
speech too
fast

Example 2

01 CUI: so. (0.3) in the past month. (0.3)
02 how much has your eyesight interfered with your life in general.
03 (2.1)
04 PAT: m::: sorry i don't you you speak very quickly
05 i don't understand.
06 (2.0)
07 CUI: alright. (0.3) would you say that is. (.)
08 an extremely large amount. (.)
09 a lot, (.)
10 a fair amount. (.)
11 a little, (.)
12 hardly at all, (.) or, (.)
13 not at all.
14 (4.8)

Repair:
speech too
fast

No change of Q
No change in speed

Example 2

01 CUI: so. (0.3) in the past month. (0.3)
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15 PAT: i am okay. i don't know→ i am okay (0.3) after operation.
16 (2.1)

Non-type fitted answer

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16 (2.1)
17 CUI: sorry. (0.3) i didn't catch that.

Non-type fitted answer

Example 2

Some challenges

2. Adaptability - Recipient design - 聞き手に合わせた話し方の設計

- No recipient design
 - at language level
 - at pragmatic, discourse, syntax, vocabulary level

3. L1 vs L2 behaviours 第一言語と第二言語の行動の違い

- L1 speakers say they find the device easier to use than L2 speakers (Pyae & Scifleet 2018; Pyae et al 2020)
- When things go wrong with conversational AI (Wu et al 2020)
 - > L1 users blame the technology
 - > L2 users blame themselves
- So AI systems can give **L2** speakers **worse experience AND damage their confidence**

L1 user

01 CUI: okay. (0.4)
02 has your vision improved as you expected (0.2) since the surgery?
03 (0.4)
04 PAT: well it's very good yes thank you yes,
05 (3.0)
06 CUI: sorry. (0.2) I didn't catch that. (0.4)
07 has your vision improved as you expected (0.2) since the surgery?
08 (0.4)
09 PAT: yes.
10 CUI: that's good to hear.

L1 user

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L1 user

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09 PAT: yes.
10 CUI: that's good to hear.

L1 user

01 CUI: can I just ask (0.4) were you expecting this call today.
02 PAT: yes we were told it on 27th between 10 and 11
03 we going to get these calls.
04 (3.5)
05 CUI: sorry. (0.3) i didn't catch that.
06 were you expecting this call today.
07 PAT:

L1 user

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L1 user

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05 CUI: sorry. (0.3) i didn't catch that.
06 were you expecting this call today.
07 PAT: yes.

01 CUI: Would you like a quick reminder of the purpose of this call?
02 PAT: yes I would please I believe it's about the cataract,
03 (2.7)
04 CUI: sorry. (0.3) i didn't catch that. (0.4)
05 would you like a quick reminder of the purpose of this call?
06 PAT:

L1 user

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05 would you like a quick reminder of the purpose of this call?
06 PAT: yes please.
07 CUI: Of course.

Example 3

01 CUI: so. (0.3) first off (.) in the past month. (0.3)
02 have you felt that your bad eye is affecting or
03 interfering with your vision overall.
04 (1.9)

01 CUI: so. (0.3) first off (.) in the past month. (0.3)
02 have you felt that your bad eye is **affecting** or
03 **interfering with** your vision overall.
04 (1.9)

Yes / no question

But also two Qs in one

Example 3

01 CUI: so. (0.3) first off (.) in the past month. (0.3)
02 have you felt that your bad eye is affecting or
03 interfering with your vision overall.
04 (1.9)
05 PAT: i'm okay.
06 (2.4)

No Y/N answer

Indicates *okay now*, so we can hear it as '*no affect or interference*'

Example 3

01 CUI: so. (0.3) first off (.) in the past month. (0.3)
02 have you felt that your bad eye is affecting or
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04 (1.9)

05 PAT: i'm okay.

Indicates *okay now*, so we can hear it as '*no affect or interference*'

06 (2.4)

07 CUI: just to confirm. (0.2) Treats answer as partially understood, but needing confirmation
08 would you say that it affects your vision. (0.2) of understanding
09 never. (0.2) or further detail

10 some of the time. (.)

11 most of the time. (.) or. (.)

12 all of the time.

13 (1.4)

Example 3

01 CUI: so. (0.3) first off (.) in the past month. (0.3)
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09 never. (0.2) or further detail

10 some of the time. (.)

11 most of the time. (.) or. (.)

12 all of the time.

13 (1.4)

14 PAT: now i e::h see all the time.

Reformulates earlier response,
adds more information

no I see all the time (91%)

15 (3.0)

Example 3

16 CUI: sorry. (0.3) i didn't catch that.
17 (0.4)
18 CUI: would you say that it affects your vision. (0.2)
19 never. (0.2)
20 some of the time. (.)
21 most of the time. (.) or. (.)
22 all of the time.
23 (2.1)

Fall back

Example 3

16 CUI: sorry. (0.3) i didn't catch that.

Fall back

17 (0.4)

18 CUI: would you say that it affects your vision. (0.2)

19 never. (0.2)

20 some of the time. (.)

21 most of the time. (.) or. (.)

22 all of the time.

23 (2.1)

24 PAT: before operation

25 i lhu-u:- was uh (.) saw (.)

26 eh very badly all the time.

27 now i look and: see very nice.

before operation I was so

very badly all the time

I look and see very nice (90%)

28 (3.2)

Reformulates earlier response,
with **even more information!**

Example 3

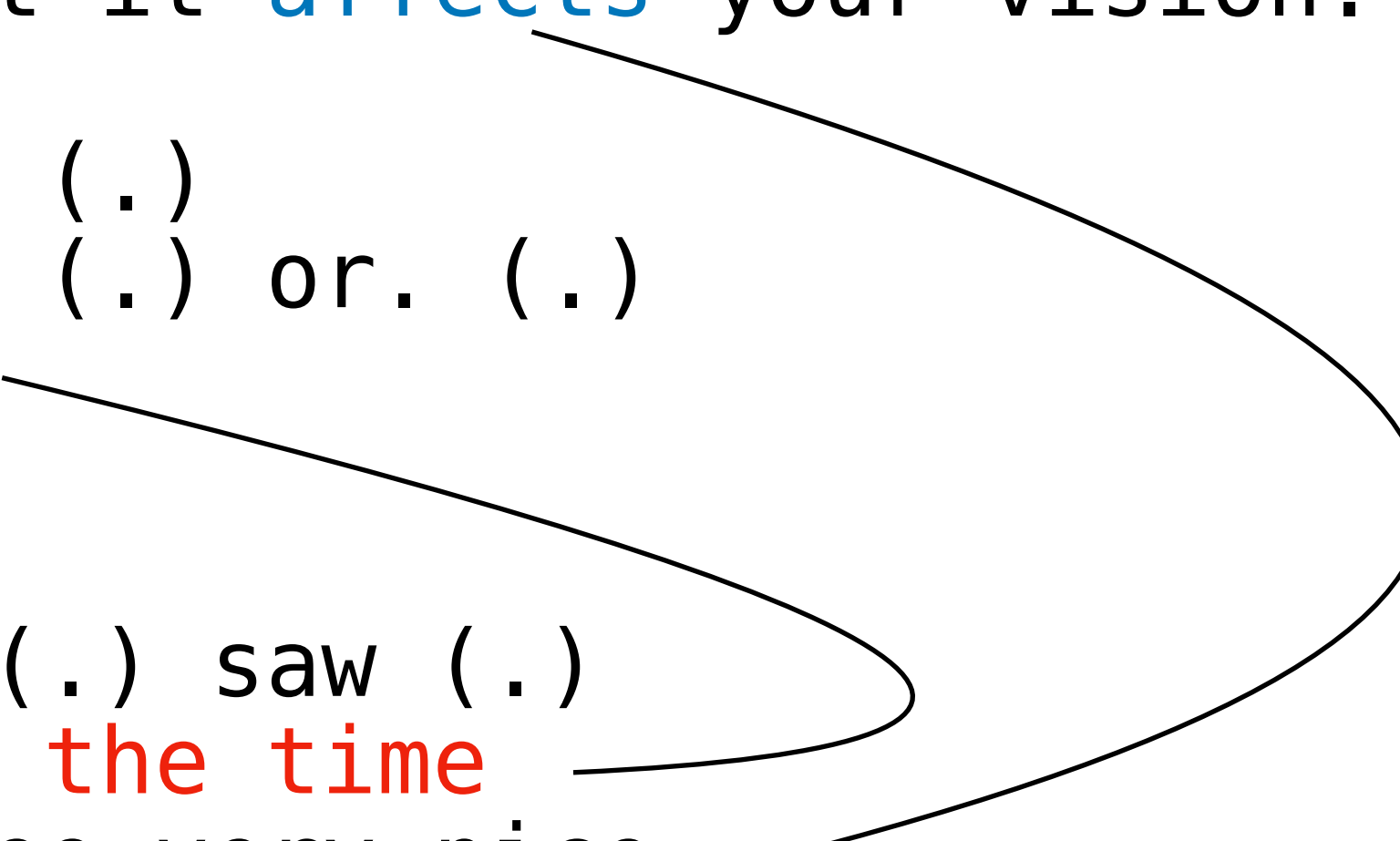
16 CUI: sorry. (0.3) i didn't catch that.
17 (0.4)
18 CUI: would you say that it **affects** your vision. (0.2)
19 never. (0.2)
20 some of the time. (.)
21 most of the time. (.) or. (.)
22 **all of the time.**
23 (2.1)
24 PAT: before operation
25 i lhu-u:- was uh (.) saw (.)
26 eh very badly **all the time**
27 now i look and: see very nice
before operation I was so
very badly all the time
I look and see very nice (90%)
28 (3.2)

Fall back

Reformulates earlier response,
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Example 3

16 CUI: sorry. (0.3) i didn't catch that.
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I look and see very nice (90%)
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Example 3

16 CUI: sorry. (0.3) i didn't catch that.
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24 PAT: **before operation**
25 i lhu-u:- was uh (.) saw (.)
26 eh very badly **all the time**
27 **now** i look and: see very nice
before operation I was so
very badly all the time
I look and see very nice (90%)
28 (3.2)
29 CUI: okay, (0.3) i'll let the team know,

Acceptance of **wrong answer**

Example 3

16 CUI: sorry. (0.3) i didn't catch that.
17 (0.4)

18 CUI: would you say that it affects your vision. (0.2)
19 never. (0.2)
20 some of the time. (.)
21 most of the time. (.) or. (.)
22 all of the time.
23 (2.1)

24 PAT: before operation
25 i lhu-u:- was uh (.) saw (.)
26 eh very badly all the time
27 now i look and: see very nice
before operation I was so
very badly all the time
I look and see very nice (90%)
28 (3.2)

29 CUI: okay, (0.3) i'll let the team know,

She: “all good now” (no affects)

Information passed on:
“Affects her vision all the time”

Example 3

Challenges - L1 vs L2 Behaviours

- Systems often designed for one type of speaker (L1 speaker)
 - Designed to understand only certain responses
 - Designed to look for particular answers
 - Basic structures: for example Questions -> answers
- Speakers do not always behave in the same ways
 - Differences between how they deal with trouble
 - Systems not always designed to recognise this
 - Conversation Designers often cannot imagine what a speaker will do

4. Changing usability testing to improve design

Why is Usability Testing important?

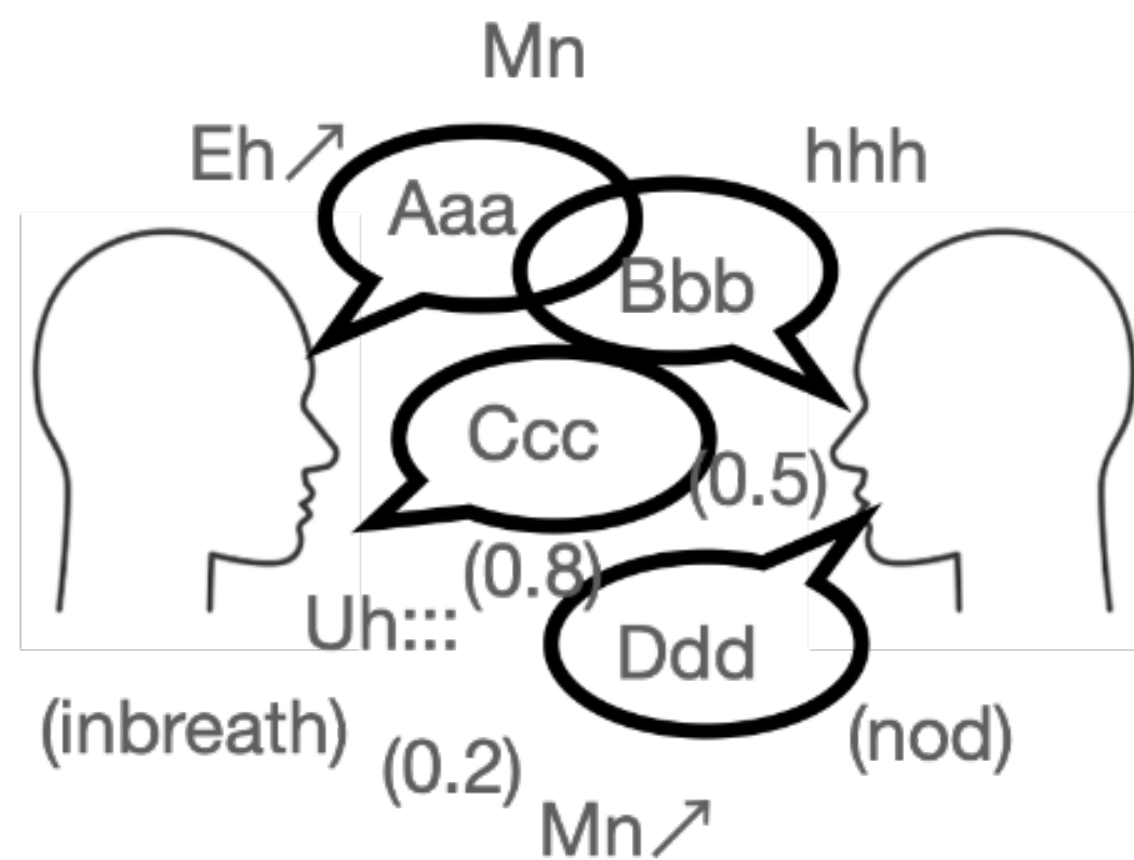
- In Healthcare you have to test a product before patients can use it
- It is an essential part of Product Development, especially in Conversational AI
- But...

Why is Usability Testing important?



Do we really know how the product will perform *with patients* based on how it performs *with testers*?

Conversation Analysis for usability testing?



AI+Patient vs AI+tester

Both 'natural' settings

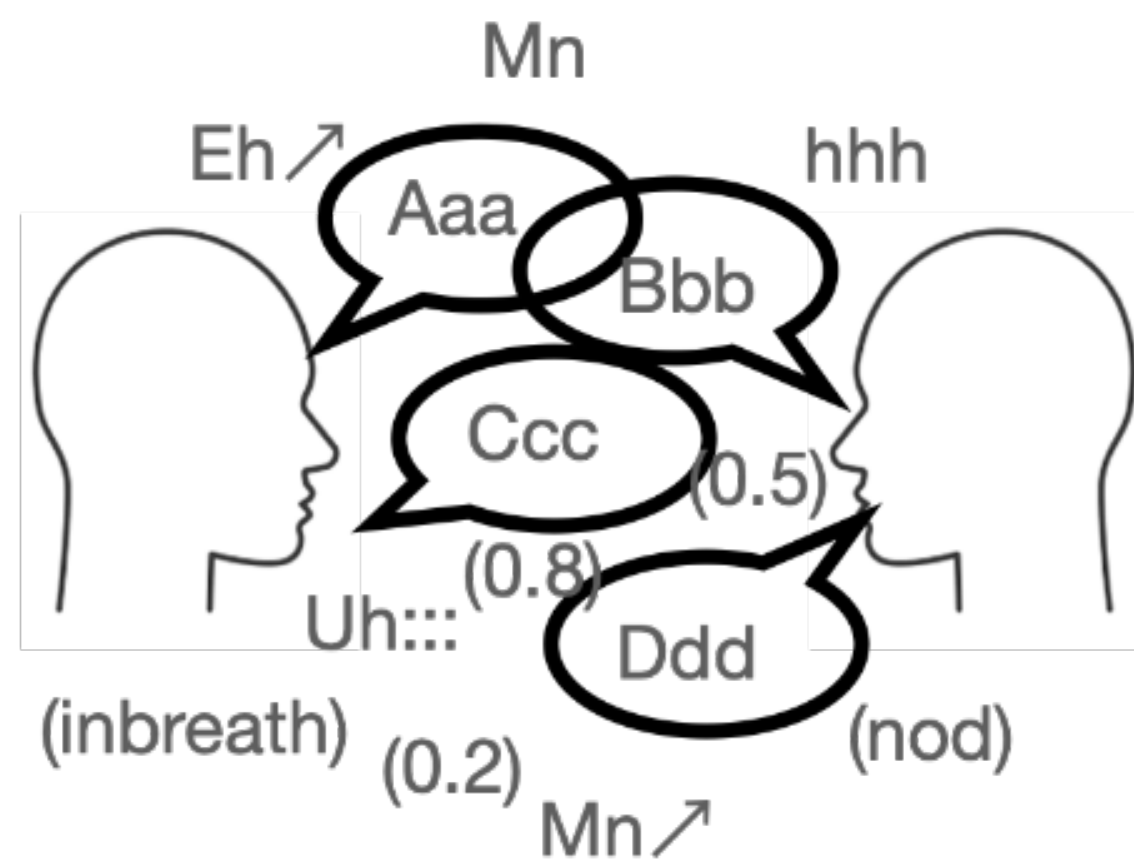
But

User-testers are testing the AI, so they think about what is asked of them, and what they need to do to fulfil their role and task

Patients have a very different set of goals



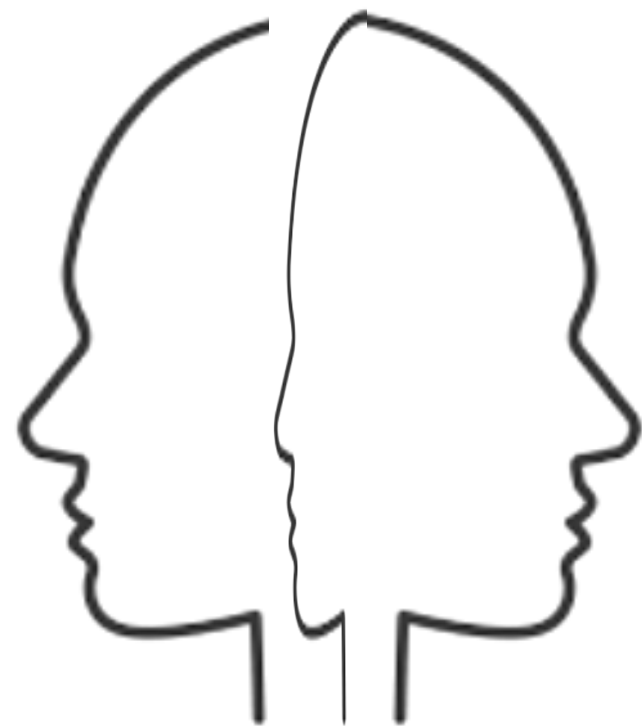
Conversation Analysis for usability testing?



Both are engaged in a pretend conversation (**clinician-patient** meeting), but one scenario (**Tester**) is a role-play of the other simulation (**Patient**)

Tester and **Patient** organise their talk differently.





Imagine presenting the User with a '**question**'

What do we imagine a question invites as '**user response**'?

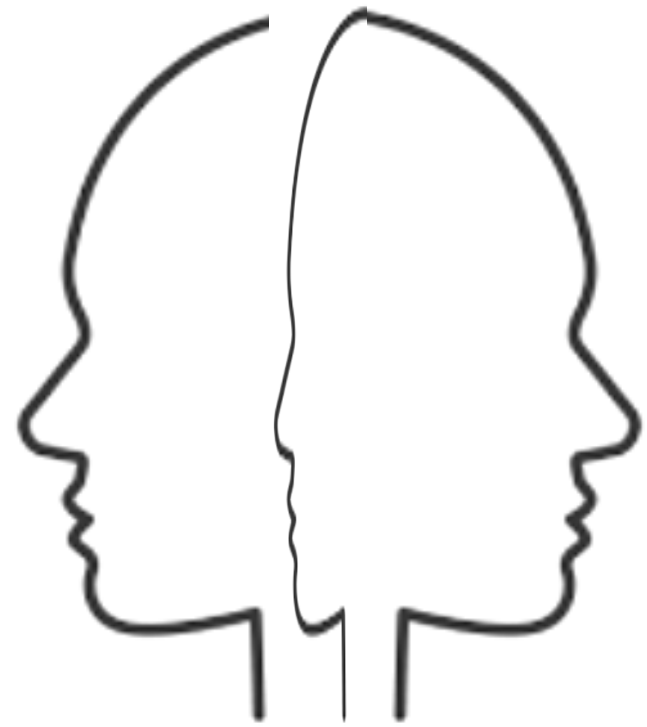
For example: a rejection, a question, an acceptance, a complaint, an answer

Either: An answer

To this question, and not to another

Or: An account for not providing an answer

Responding to a question



A question can be heard to invite more than an answer.

“before we finish, do you have any questions?”

“No”



“Yes”



“Yes, if my eye starts itching again, what should I look out for?”



What testers do

Short and to the point

Example 1:

01 DOR: before we finish↘ (0.3) do you have any questions↗
(1.8)
02 TES: **no**:→

Example 2:

01 DOR: before we finish↘ (0.3) do you have any questions↗
02 (1.3)
03 TES: **n:o not at the moment thank you**

What testers do



Short and to the point

Example 3:

01 DOR: before we finish↵ (0.3) do you have any questions↗
02 (2.3)
03 TES: **when is my next appointment↵**

What testers do

Why?

Performing exactly as they should perform

The role of the tester is to do just that: test the system for the designers.

Here, to do the task, they have to respond to what the system invites them to do, so the designers can see if/how the system works.

So: **testers' behaviour is in line with designers' expectations**

So what do patients do with this question?

Many different types of response

1. Turning down the opportunity to ask a question is done differently
 - For example, hedging the response; leaving the door open; giving a reason for not having a question
2. Asking questions is done differently
 - more elaborate, questions with turn increments, multiple consecutive questions
3. Patients often use this slot to do something other than ask a question

So what do patients do with this question?

Many different types of response

1. Turning down the opportunity to ask a question is done differently
 - For example, hedging the response; leaving the door open; giving a reason for not having a question
2. Asking questions is done differently
 - more elaborate, questions with turn increments, multiple consecutive questions
3. **Patients often use this slot to do something other than ask a question**

So what do patients do with this question?

Give positive feedback (褒める)

Example 1:

01 DOR: before we finish (0.2) do you have any questions relating
02 to your operated eye↗
03 (1.8)
04 PAT: **no, i'm very happy with what's been g- done to me↘**

Example 2:

01 DOR: before we finish↘ (0.3) do you have any questions↗
02 (2.2)
03 PAT: **um no i don't think so↘ (0.6) i'm very- i'm very happy**
04 **with↘ (0.2) how the surgeries both surgeries were performed↘**

So what do patients do with this question?

Express concern (心配を示す)

Example:

01 DOR: before we finish↘ (0.3) do you have any questions↗
02 (2.4)
03 PAT: **the only question:: i: have c- concern that i have→** (0.4)
04 is that **i might run out of eye drops↘** (0.3)
05 **i've** (0.4) u:h pursued this with my (0.9) u::h gee pee surgery X
06 (0.5) u::h and <they are taking: uh steps to uh> (0.6) see
07 to do to get that↘ [but that d-]

So what do patients do with this question?

Make a request (要求する)

Example:

01 DOR: before we finish (0.2) do you have any questions↗
02 (1.5)
03 PAT: **can i talk to anybody**↗
04 (1.9)
05 DOR: i understand you'd like to speak to someone. (0.4)
06 unfortun[ate]ly=
07 PAT: [yeh]
08 DOR: =i can't transfer you right now
09 (0.4)
10 DOR: if you feel this is an urgent issue (.) please contact the
11 hospital on the phone number that you were given after
12 your surgery.

So what do actual patients do with this question?

Make a correction (修正する)

Example:

45 DOR: oh good (0.2) do you have any other questions↗

46 (1.6)

47 PAT: **one more (0.2) just to say↘**

48 (0.4)

49 PAT: **you thought i had a bit of pain↘ i don't have any pain↘**

50 (3.1)

51 DOR: okay→ (0.2) now i just need a few seconds to check next

52 steps based on your responses (.) is that okay↗

What actual patients do

Real patients do exactly what they should do:

- provide information that needs to be considered by clinical team
- they treat this as an AOB (*any other business*) request
 - *as they would if they were speaking to a person.*

Different from how **testers** treat this question.

What actual patients do

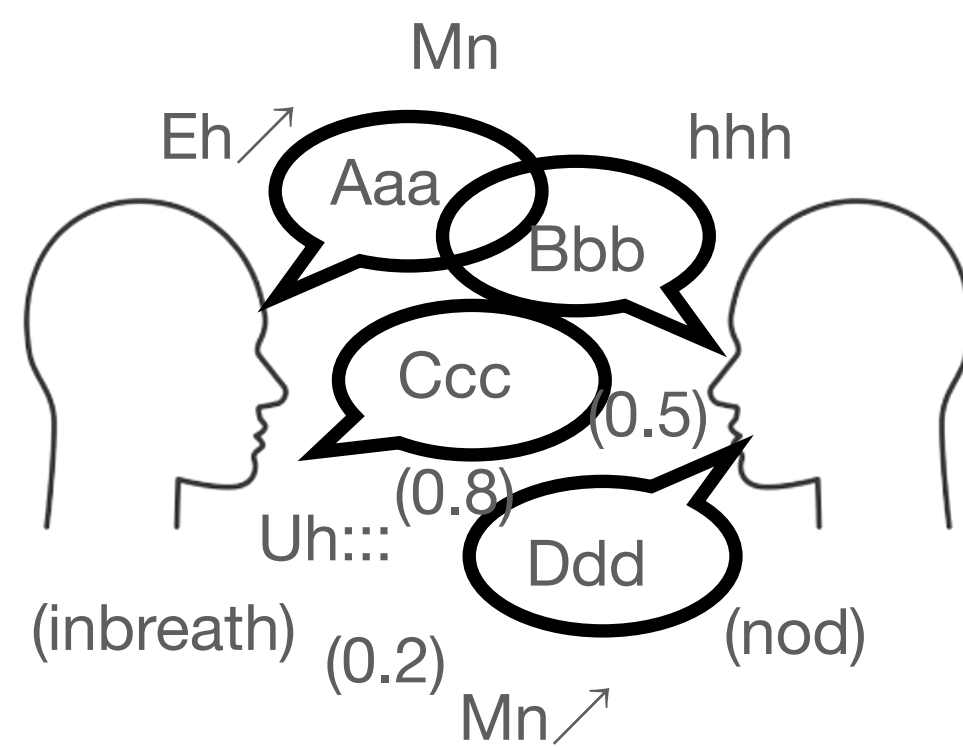
Conclusion: **real patients' behaviour** can **differ from designers' expectations**

So, how can we design for **patient** behaviour and not for **tester** behaviour?

Here, a designer can **anticipate what a user will do** by **looking at equivalent patient-clinician interactions**

同等の患者と臨床医のやり取りを参考にすることで、ユーザーがどのように行動するかを予測できます。

Suggestions



Start by looking at human-human
conversations

Identify what people actually do.

Design from there.

Test from there.

5. Looking to the future

Opportunities

- Current systems: limited to knowledge of Conversation Designer
 - Language + linguacultural norms
 - Or limitations of Google Translate
- Future possibility for systems to draw upon a far wider set of knowledge than an individual Conversation Designer
 - Could potentially offer language choice
 - And adopt appropriate conduct for each speaker

Next project/s

- Large Language Models (e.g. ChatGPT)
 - Can we train LLMs to talk?
 - Conversation Designer > prompt engineer
- 'Encoding empathy' (Innovate UK 2024-26)
 - (How) can we prompt conversational agents to simulate rapport and empathy?

- Adam Brandt, Spencer Hazel, Rory Mckinnon, Kleopatra Sideridou, Joe Tindale, and Nikoletta Ventoura. (2023). From Writing Dialogue to Designing Conversation: Considering the potential of Conversation Analysis for Voice User Interfaces. In ACM conference on Conversational User Interfaces (CUI '23), July 19–21, 2023, Eindhoven, Netherlands. ACM, New York, NY, USA, 6 pages.
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- Adam Brandt, Spencer Hazel, Rory McKinnon, Cleopatra Sideridou, Joe Tindale, & Nikoletta Ventoura (2024). Educating Dora: Teaching a conversational agent to talk. Discourse & Communication, 18(6), 905-916.



thank you