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Evaluating AI Chatbot Empathy and Probing Skills in Automated Patient In-Trial Interviews: A Proof-of-Principle Experiment

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Background

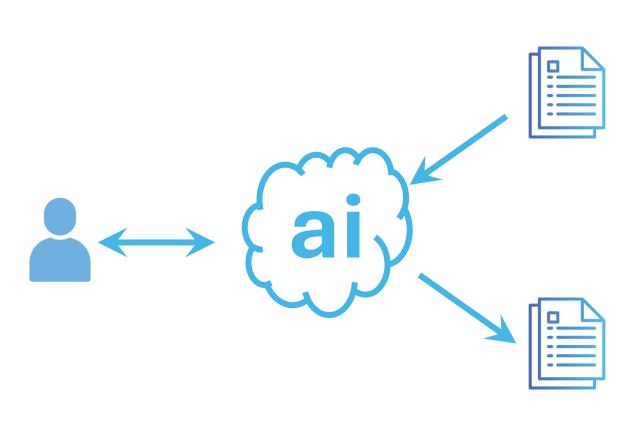
In-trial interviews are emerging as a valuable tool in clinical trials to capture patient experiences and perspectives throughout drug development [1,2]. They are typically conducted as 60-minute one-on-one telephone interviews by trained, independent qualitative interviewers. For practical purposes, in-trial interviews are normally conducted on a sub-sample of study participants. Resulting interview transcripts are redacted and synthesized using qualitative data analysis (e.g., thematic analysis) [3].

Aims

To evaluate the feasibility of using an AI chatbot to conduct qualitative in-trial interviews with clinical trial participants, according to qualitative interview scientific best practices.

Methods

A proof-of-principle experiment was conducted using Claude 3.5 Sonnet (Anthropic, October 2024) to perform an exit interview exploring study participation experience and COA measures by role play with a mock participant from a hypothetical NSCLC trial. The figure below illustrates the inputs provided to the AI model, and the requested output.



Inputs: study information, patient profile, COAs, interview objectives, summary qualitative interview best practices.

Outputs: (1) redacted transcript, and (2) interview summary key findings report.

Results

We rated interview conduct with reference to qualitative interview best practices using a 'green-amber-red' indicator scale (green: acceptable quality; amber: minor limitations; red: major failings). In general, the chatbot delivered a relatively successful qualitative interview, with all aspects assessed rated either green or amber (See Table).

Interview element	Evaluation	Overall readiness
Providing opening context and obtaining consent	 Followed the interview guide to provide an appropriate introduction and explain purpose, use of data, anonymity, recording of conversation. Requested consent to proceed. 	
Establishing rapport	Friendly tone.	
Active listening	 Paraphrasing failed to test understanding using a follow up question (e.g., "Am I understanding that correctly?"). Provided context-related empathetic remarks. Used follow-up questioning on occasion. 	
Empathy	 Provided context-related empathetic remarks. Some unqualified assumptions about patient feelings in empathetic responses (e.g., "That sounds frustrating"). 	
Probing appropriately	 Used follow up probing questions to understand detail. Sometimes combined multiple probes into a single question. 	
Understanding colloquialisms	• Understood colloquialisms (e.g, "eat like a horse").	
Understanding study context	 Identified PRO items stated as missing from one measure were in fact included in a different measure used in the study. Understood the content of the PROMs used. 	
Closing the interview	 Asked participant whether they had anything else to share, but failed to check if there were further items before closing. Thanked participant appropriately. 	
Following the interview guide	 The chatbot covered all the topics in the interview guide. Some questions contained multiple questions which should have been asked separately. More depth could have been explored in some topic areas. 	

The chatbot was able to provide a friendly welcome, use probing questions to explore symptom impact (e.g., "Could you tell me more about how the shortness of breath affected you in your daily life?"), and show empathy during conversation (e.g., "That sounds like quite a journey for each visit..."). Greater consistency/improvement areas included: (a) timing probing questions to not over-direct conversation, (b) making unqualified assumptions about patient feelings, and (c) asking consecutive questions / probes together.

Conclusion

Al chatbot technology has the potential to efficiently administer qualitative in-trial interviews, at a scale not practical with human interviewers. Further work is needed refining the approach, evaluating in multilingual settings, and extending to voice and associated transcription.

References