Kick-off
NTCIR-19: MedNLP-CALL

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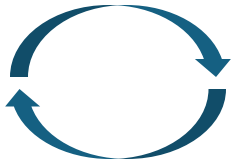
About MedNLP-CALL

Emergency
Medical Situation



Nurse/Medical
Dispatcher

Telephone Triage System
To sort and prioritize calls from the most serious, life-threatening cases to cases with no immediate medical treatment needs.

Very urgent
Semi-urgent
Low Urgency
No Urgency

Medical Notes
To provide essential context for healthcare providers, who will later take over the case, based on the information provided by the caller.

- **S** SUBJECTIVE
- **O** OBJECTIVE
- **A** ASSESSMENT
- **P** PLAN

Task Overview

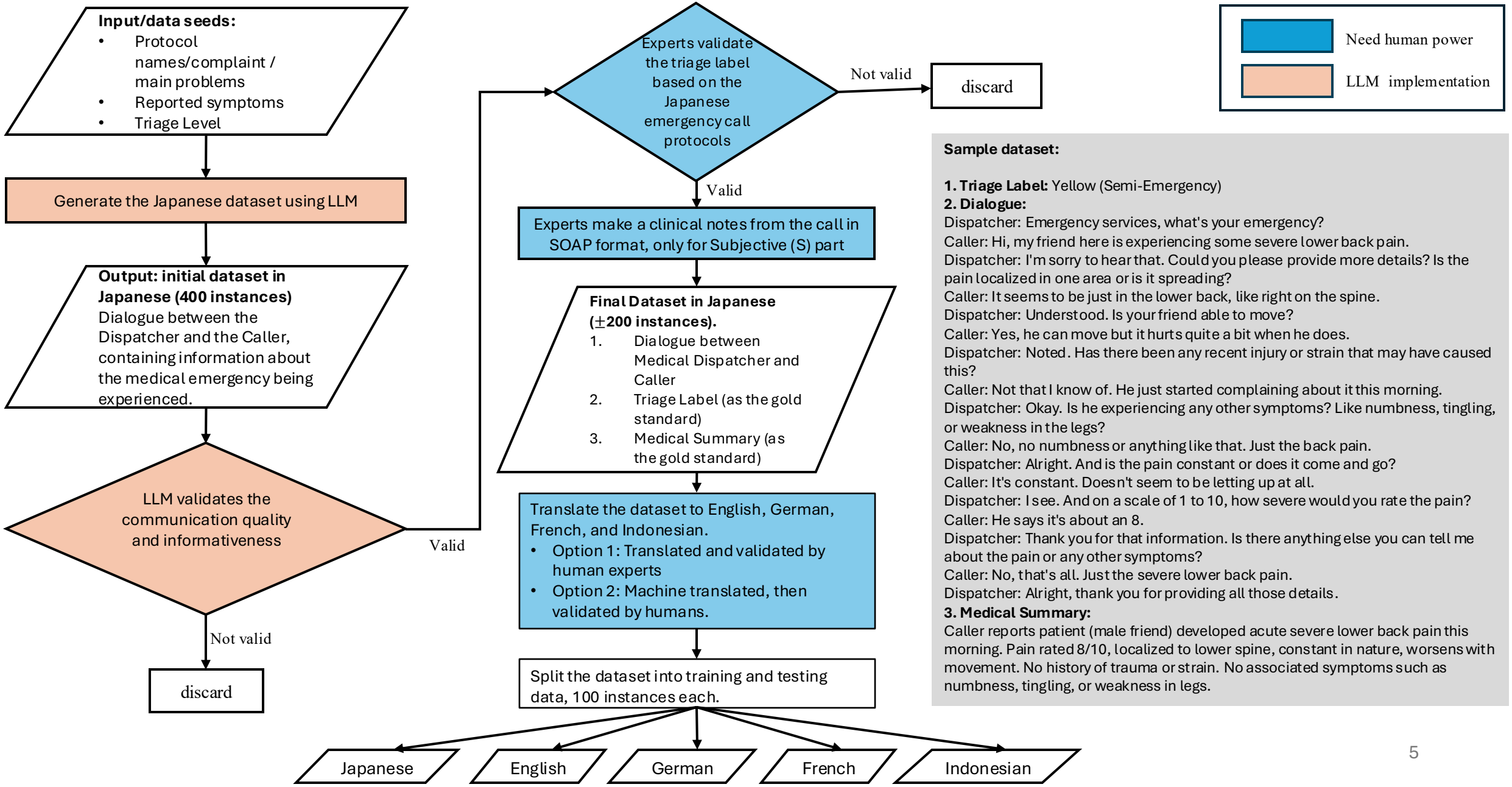
To automatically classify the triage level of patients based on information from the telephone calls and generate the corresponding medical notes.

- Input
  - Call dialogue between the dispatcher and the caller.
- Output
  - Task 1: Determining emergency triage level based on the call (Very urgent, semi-urgent, low-urgency, no urgency)
  - Task 2: Generating a medical note from the call in SOAP format, only for the Subjective (S) part, which contains information details from the caller.

Dataset

- The dataset consists of dialogues between dispatchers and callers, each paired with a triage label (very urgent, semi-urgent, low urgency, no urgency) and a medical note.
- The dialogues are synthetically generated using LLM, then validated by the LLM for communication quality and information accuracy.
- Triage labels are reviewed by medical experts.
- The medical notes are annotated directly by experts based on the call content.
- **Languages**: Japanese, English, German, French, and Indonesian.

Data Generation Process



Sample dataset:

1. Triage Label: Yellow (Semi-Emergency)
2. Dialogue:
Dispatcher: Emergency services, what's your emergency?
Caller: Hi, my friend here is experiencing some severe lower back pain.
Dispatcher: I'm sorry to hear that. Could you please provide more details? Is the pain localized in one area or is it spreading?
Caller: It seems to be just in the lower back, like right on the spine.
Dispatcher: Understood. Is your friend able to move?
Caller: Yes, he can move but it hurts quite a bit when he does.
Dispatcher: Noted. Has there been any recent injury or strain that may have caused this?
Caller: Not that I know of. He just started complaining about it this morning.
Dispatcher: Okay. Is he experiencing any other symptoms? Like numbness, tingling, or weakness in the legs?
Caller: No, no numbness or anything like that. Just the back pain.
Dispatcher: Alright. And is the pain constant or does it come and go?
Caller: It's constant. Doesn't seem to be letting up at all.
Dispatcher: I see. And on a scale of 1 to 10, how severe would you rate the pain?
Caller: He says it's about an 8.
Dispatcher: Thank you for that information. Is there anything else you can tell me about the pain or any other symptoms?
Caller: No, that's all. Just the severe lower back pain.
Dispatcher: Alright, thank you for providing all those details.
3. Medical Summary:
Caller reports patient (male friend) developed acute severe lower back pain this morning. Pain rated 8/10, localized to lower spine, constant in nature, worsens with movement. No history of trauma or strain. No associated symptoms such as numbness, tingling, or weakness in legs.

Important Dates

- September 3, 2025: Kickoff event
- January 2026: Sample dataset release
- March 2026: Training dataset release (ja)
- May 2026: Training set release (complete version)
- July 1, 2026: Registration deadline
- July 1, 2026: Test set release
- July 1-8, 2026: Formal run
- July 15, 2026: Evaluation results return
- August 1, 2026: Task overview release (draft)
- September 1, 2026: Submission due for participant papers (draft)
- November 1, 2026: Camera-ready participant paper due
- December 8-10, 2026: NTCIR-19 Conference @ NII, Tokyo, Japan