

ICMJE DISCLOSURE FORM

Date: September 18, 2023 [09/18/2023]

Your Name: Jitendra Singh

Manuscript Title: Artificial Intelligence, Chatbots and Chat GPT in Healthcare – Historical Overview, Evolution, Current Application, and Change Management Approach to Increase Adoption

Manuscript number (if known): Manuscript ID: JMAI-23-92

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	None
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	None
6	Payment for expert testimony	None	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

Please summarize the above conflict of interest in the following box:

<p>I do not have any conflict of interest.</p>
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/21/2023

Your Name: Brandi Sillerud

Manuscript Title: Artificial Intelligence, Chatbots, and Chat GPT in Healthcare- Historical Overview, Evolution, Current Application, and Change Management Approach to Increase Adoption

Manuscript number (if known): JMAI-23-92

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	Employed at Minnesota State University Moorhead provides funding for faculty meetings and travel through professional development funds via faculty union contract.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	PioneerCare Board of Trustees- Treasurer (Senior Services Center) PioneerCare Corporation – Board Member (Senior Services Center) Minnesota Organization of Leaders in Nursing- Board Member and Treasurer North Dakota Chapter of American College of Healthcare Executives – Board Member/Faculty Chair Member of Minnesota Organization of Leaders in Nursing – professional organization Member of American College of Healthcare Executives- Professional Organization All of the above are volunteer positions- no money or stipends are provided for service.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Descriptions of activities are provided above. For board memberships, these are voluntary, and no stipends are provided. Employment at Minnesota State University Moorhead allows access to professional development funds to support travel and meeting time via faculty union contract.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: September 18, 2023 [09/18/2023]

Your Name: Advitya Singh

Manuscript Title: Artificial Intelligence, Chatbots and Chat GPT in Healthcare – Historical Overview, Evolution, Current Application, and Change Management Approach to Increase Adoption

Manuscript number (if known): Manuscript ID: JMAI-23-92

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