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Pilot Study: ChatGPT-enabled Task Sharing and Team Building Improve Workflow in Lymphedema Care

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Background: Lymphedema care requires multidisciplinary collaboration, substantial documentation, and interfacility communication. Large language models, including ChatGPT, may streamline these processes and support team-based care; however, concerns remain regarding accuracy, privacy, and governance.

Methods: We conducted a cross-sectional, anonymous survey at a lymphedema specialty clinic in Tokyo 24 months after ChatGPT implementation (May 2023), following STROBE guidelines. All staff (N = 12; physicians, nurses, therapists, and administrative staff; mean age 39.6 y) participated. Responses were collected using 5-point Likert scales and multiple-choice formats, and descriptive statistics were summarized.

Results: All staff reported using ChatGPT at least once, with frequent use reported by 58.3%. Efficiency improved in 83.3% (Likert 4–5), and preparation time for information-sharing materials decreased in all respondents (≤50% in 33.3%, ≤30% in 41.7%). Primary uses included drafting documents/emails (~92%) and referral reports (~83%). ChatGPT improved external communication (mean Likert score 4.42/5), reduced perceived work-related stress, and increased confidence (≥4 in 66.7%). Staff reported moderate trust, occasional hallucinations, and the need for training and guidelines. Privacy concerns were noted by more than half of respondents.

Conclusions: ChatGPT enhanced efficiency, communication, and teamwork in a lymphedema clinic while reducing stress. Safe use requires human oversight, verification processes, and privacy safeguards. Under appropriate governance, large language models may facilitate task sharing and support clinical education, including prelearning for lymphatic ultrasound. We believe this version retains the essential points while meeting the journal's requirements. *(Plast Reconstr Surg Glob Open 2026;14:e7626; doi: 10.1097/GOX.0000000000007626; Published online 12 June 2026.)*

INTRODUCTION

Lymphedema management requires multidisciplinary collaboration among plastic surgeons, nurses, and physiotherapists (lymphedema therapists). Beyond direct patient care, it involves the preparation of educational materials, interfacility communication, and extensive documentation. Conversational artificial intelligence (AI), particularly ChatGPT by OpenAI, has recently gained attention for reducing administrative burden and improving team communication. ChatGPT, a large language model, can generate natural text and has potential utility for drafting clinical documents, preparing patient information, and accessing medical knowledge.[1,2]

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Reports suggest that ChatGPT may support clinical practice by assisting with documentation and information provision, thereby reducing the workload of healthcare providers and allowing them to dedicate more time to patient care. However, concerns regarding data privacy, data accuracy, and AI hallucinations remain, highlighting the need for staff training and institutional guidelines.[3,4]

AI hallucinations refer to instances where an AI model generates information that seems plausible but is factually incorrect or unsupported by evidence. In clinical settings, such errors may lead to misinformation if not verified by human review, emphasizing the importance of source verification and human oversight when using generative AI tools.

This study describes our initial multidisciplinary experience, focusing on the impact of ChatGPT on interprofessional collaboration and task-sharing. The study aims to clarify both the effectiveness and challenges of ChatGPT deployment in a specialized clinical setting.

Takeaways

Question: Does ChatGPT deployment in a lymphedema specialty clinic improve multidisciplinary collaboration and enable task-sharing?

Findings: In an institutional review board–approved cross-sectional survey (N = 12), 83% of respondents reported improved efficiency with ChatGPT use, all reported time savings for information-sharing documents, and 92% agreed that ChatGPT-supported prelearning aided the acquisition of lymphatic ultrasound and edema-assessment skills.

Meaning: With human verification, privacy safeguards, and structured training, ChatGPT can enhance documentation and communication and function as an enabler of task-sharing in specialized plastic-surgery practices.

METHODS

This study was a descriptive, cross-sectional investigation conducted at a single institution. It was conducted in accordance with the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines. The full staff survey questionnaire (item wording and response options) is provided in Supplemental Digital Content 1, and the completed STROBE checklist is provided in Supplemental Digital Content 2. (**See Supplemental Digital Content 1**, which displays a staff survey questionnaire on ChatGPT implementation, **https://links.lww.com/PRSGO/E765**.) (**See Supplemental Digital Content 2**, which displays the STROBE checklist for cross-sectional study, **https://links.lww.com/PRSGO/E766**.) The survey templates used in this study have also been provided as supplemental files for transparency and reproducibility. The participants were 12 staff members employed at a lymphedema specialty clinic (Lymphedema Clinic Tokyo, Director: Makoto Mihara), where ChatGPT was implemented for some clinical operations. The staff comprised 3 physicians, 3 lymph therapists (rehabilitation therapists), 2 nurses, 3 administrative/reception staff members, and 1 other member.

ChatGPT was introduced in the clinic in May 2023, primarily using the version provided by OpenAI (GPT-4). The director, a board-certified plastic surgeon (Makoto Mihara), actively incorporated ChatGPT into the daily tasks and shared its utility with the staff. For the team, verbal guidance was provided not only on the basic usage of ChatGPT but also on important precautions, including awareness of potential AI hallucinations and the prohibition of entering identifiable patient information.

Approximately 26 months after its introduction (May 2023), an anonymous, self-administered survey was distributed to all staff via Google Forms. The survey included questions on the frequency of ChatGPT use, perceived impact on efficiency and the time required for documentation, effects on interprofessional collaboration and trust, experiences with incorrect information or hallucinations, and concerns regarding privacy, as well as free-text responses addressing the perceived benefits and challenges of implementation. The structured data collection tool used a 5-point Likert scale or single-choice formats (with some items allowing multiple selections), and free-text fields captured specific experiences or opinions.

The collected data were analyzed using R (Version 4.2.3, R Foundation for Statistical Computing, Vienna, Austria). Descriptive statistics are presented. Given the ordinal nature of the 5-point Likert scale data and the small sample size (N = 12), results for these items are reported using the median and interquartile range. To assess whether the observed responses significantly differed from neutrality, a 1-sample Wilcoxon signed-rank test was performed for key outcome variables. This test was conducted against a null hypothesis (with a test value of $\mu = 3$), representing the neutral midpoint ("no change" or "neither agree nor disagree") of the scale. No adjustments were made for multiple comparisons; therefore, the resulting *P* values should be interpreted as exploratory and for reference only. A *P* value of less than 0.05 was considered nominally significant. This study was approved by the institutional review board of Aichi Medical University (approval no. 2024-303). Participation was voluntary. Informed consent was obtained from all respondents, and anonymity was ensured throughout the process.

Governance and Staff Training Framework

To ensure ethical and secure use of ChatGPT, our clinic implemented a structured governance and training framework at the time of introduction. The following safeguards were established:

1. No personal health information (PHI) input policy: Staff were strictly prohibited from entering any personally identifiable patient information into ChatGPT.
2. Source verification protocol: All factual outputs were generated using the *Deep Research* function, which provides verifiable reference links (eg, PubMed, WHO, official medical societies). Each output was manually reviewed by licensed clinicians, and unverifiable or inaccurate content was excluded.

3. Dual human review: Drafts produced by ChatGPT were reviewed by at least 2 staff members, including a board-certified physician, before external use or inclusion in medical documentation.
4. Audit and record-keeping: Prompts and outputs were logged and stored locally for traceability and transparency.

In addition, structured training modules were conducted for all staff at implementation and repeated annually. The program included:

- Basic operation and prompt-writing techniques.
- Ethical and privacy considerations in AI use.
- Recognition and correction of hallucinations.
- Case-based exercises for safe and efficient use in clinical documentation.

These measures fostered a clinic-wide culture of "human-in-the-loop" verification, ensuring responsible AI use and compliance with institutional data governance standards.

ChatGPT License and Usage Criteria

During the study period, the clinic subscribed to the ChatGPT Pro plan (USD 200/mo), which provided access to the GPT-4 model and the *Deep Research* function used for source verification. ChatGPT was not used for every document or email. Staff decided whether to use ChatGPT based on the task characteristics. It was typically used when creating new types of clinical or educational documents, complex communications, or messages requiring more patient-friendly wording. For routine or repetitive tasks, staff generally found manual documentation faster and more efficient. Thus, ChatGPT was mainly used for new, cognitively demanding, or communication-sensitive tasks, whereas standardized tasks were completed without AI assistance.

RESULTS

Use of ChatGPT and Impact on Work Efficiency

The response rate was 100% (12 of 12). The use of ChatGPT in the clinic increased steadily following its introduction. Initially, use was largely limited to the director; however, after simplified training and demonstration of benefits, usage progressively increased among staff, with monthly use counts rising consistently until mid-2025 (Fig. 1).

All 12 staff members reported using ChatGPT (Fig. 2). On a 4-point scale (1 = never to 4 = frequent), the frequency use among the 12 members was as follows: 58.3% (7 of 12) used ChatGPT "almost daily," 16.7% (2 of 12) used it "weekly," and 25.0% (3 of 12) used it "rarely."

The overall impact on work efficiency was positive (Fig. 3). On a 5-point Likert scale (1 = markedly worsened to 5 = markedly improved), the median (Q1–Q3) was 4 (4–5) (Wilcoxon test, $P = 0.005$). Ten respondents (83.3%) indicated "improved" or "markedly improved," whereas 2 (16.7%) reported slight worsening.

The perceived effects of ChatGPT on readability and clarity of the written materials were favorable (Fig. 4). The median (Q1–Q3) was 5 (4–5) (Wilcoxon test, $P = 0.003$), with 91.6% indicating improvement and none reporting deterioration.

Figure 5 shows the specific tasks that staff reported as becoming more efficient with the use of ChatGPT. The most frequently cited uses were drafting documents and composing emails (each reported by 91.7% of staff, 11 of 12), followed by preparing referral letters and medical reports (83.3%, 10 of 12). Additional tasks included summarizing clinical records, preparing patient education materials, creating presentation drafts, and supporting research-related activities. Less frequently, ChatGPT was used for staff education materials, communication notes

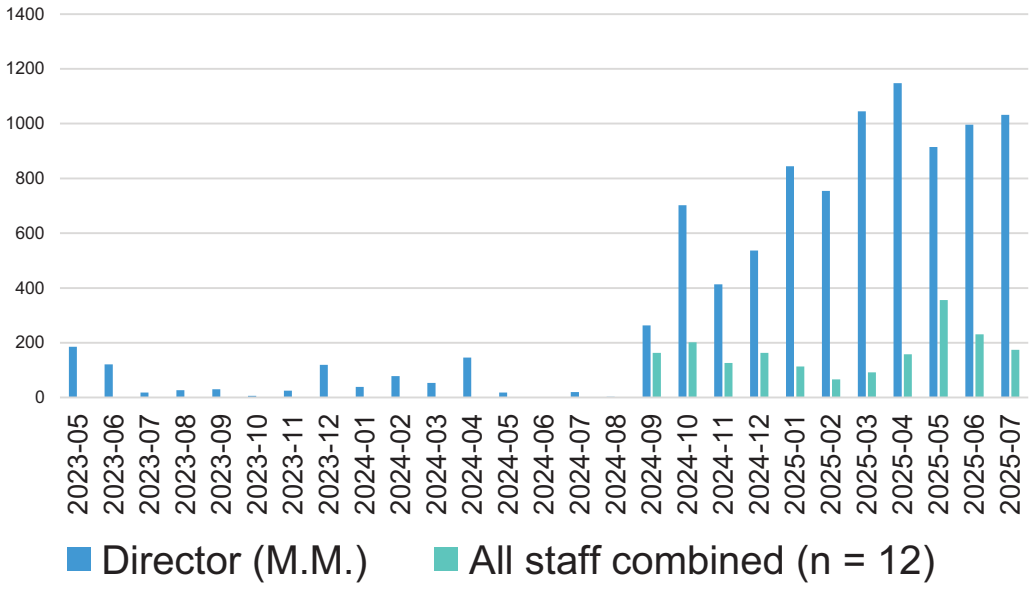

Fig. 1. Monthly counts of ChatGPT use from May 2023 to July 2025 by the lead author (blue) and by staff combined (green), showing differences between leader-driven adoption and team-wide use.

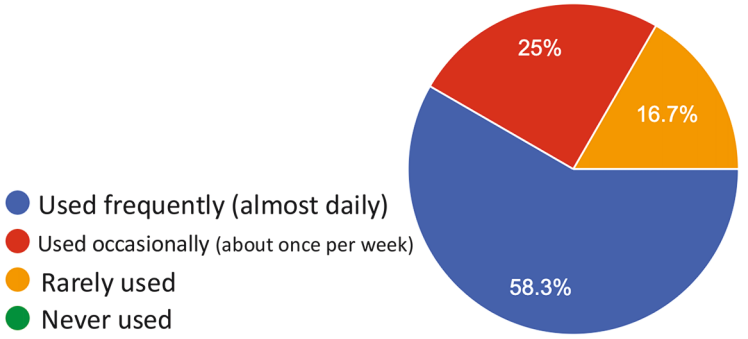

Fig. 2. Frequency of ChatGPT use for work. Responses to the question: "Have you used ChatGPT for work?" (N = 12). Options were "used frequently (almost daily)," "used occasionally (about once per week)," "rarely used," and "never used."

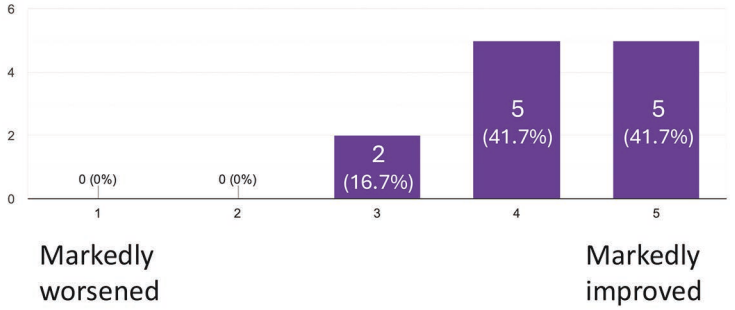

Fig. 3. Perceived change in overall efficiency (5-point Likert scale). Responses to the question: "Has your work efficiency improved with the use of ChatGPT?" (N = 12). Scale: 1 = markedly worsened to 5 = markedly improved.

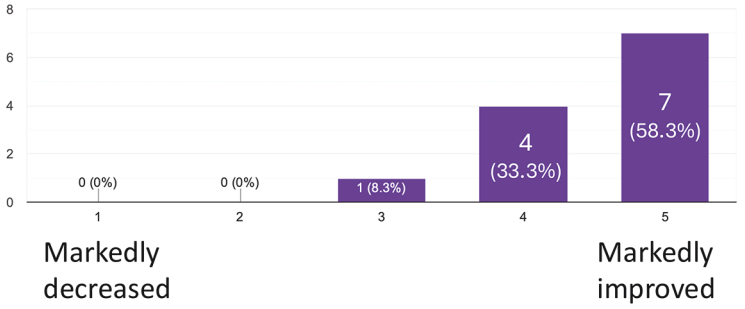

Fig. 4. Perceived change in the readability and clarity of texts. Responses to the question: "Has the readability/clarity of written materials improved?" (N = 12). Scale: 1 = markedly decreased to 5 = markedly improved.

for other professionals, and website or macro content creation.

Regarding the proportion of ChatGPT-generated text used directly (Fig. 6), most respondents (66.7%, 8 of 12) reported using "most of it (50–80%)," whereas the remaining 33.3% (4 of 12) reported using "about half (30–50%)."

The time savings in preparing information-sharing documents were notable (Fig. 7). Of the 12 participants, 33.3% (4 of 12) reported completing tasks in "half the time or less," and 41.7% (5 of 12) reported "approximately 30% less time." Conversely, 16.7% (2 of 12) reported the time was "about the same." One participant (8.3%) selected "not applicable," and none reported an increase in time required.

External Communication and Teamwork

The usefulness of ChatGPT for regional collaboration and interfacility communication (eg, referral letters and liaison emails) was rated highly (Fig. 8). The median

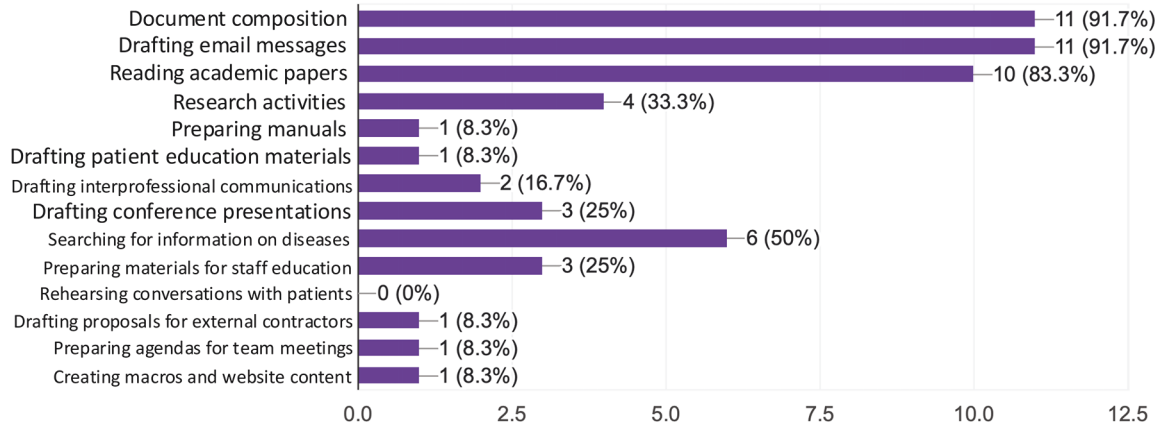

Fig. 5. Tasks reported as becoming more efficient through the use of ChatGPT (multiple responses allowed, N = 12): document composition; drafting email messages; reading academic papers; research activities; preparing manuals; drafting patient education materials; drafting interprofessional communications and explanatory notes; drafting conference presentations and manuscripts; searching for information on diseases and treatment methods; preparing materials for staff education and study sessions; rehearsing conversations with patients; drafting proposals for external contractors; preparing agendas for team meetings; and creating macros and website content.

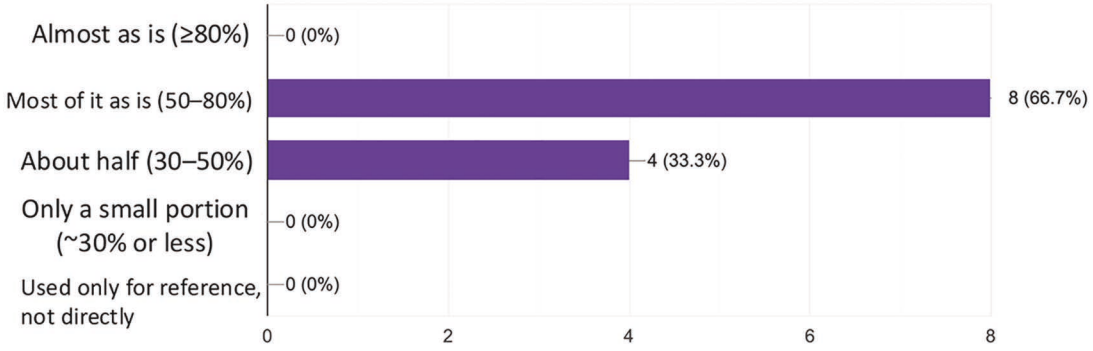

Fig. 6. Proportion of ChatGPT text used verbatim or with minor edits. Responses to the question: "To what extent do you use ChatGPT-generated text as is?" (N = 12). Options: "almost as is (≥80%)," "most of it as is (50–80%)," "about half (30–50%)," "only a small portion (~30% or less)," and "used only for reference, not directly."

(Q1–Q3) was 5 (4–5) (Wilcoxon test, P = 0.004), with 83.3% indicating "agree" or "strongly agree."

For the speed of information sharing (Fig. 9), the median (Q1–Q3) was 3 (3–4) (Wilcoxon test, P = 0.072), with 66.7% reporting "unchanged" and 33.3% reporting "improved."

Perceived improvement in multidisciplinary communication within the clinic (Fig. 10) was variable, with a median of 3 (2–4) (Wilcoxon test, P = 0.608). Although 41.6% indicated "agree" or "strongly agree," 33.3% reported minimal improvement.

Reliability, Hallucinations, and Privacy

Trust in the correctness of the ChatGPT responses was moderate (Fig. 11). The median (Q1, Q3) was 3 (2.75–3.25) (Wilcoxon test, P = 0.004), with 50.0% reporting a neutral position, 25.0% indicating some trust, and 25.0% indicating limited or no trust.

Experiences with hallucinations were common (Fig. 12). The median (Q1–Q3) was 3.5 (3–4) (Wilcoxon test, P = 0.124); half of the respondents reported that it happened "sometimes," whereas 16.7% reported it happened "often/very often."

Concerns regarding privacy and information security (Fig. 13) yielded a median of 3 (2–3) (Wilcoxon test, P = 0.386), with 58.4% expressing at least moderate concern, although 16.7% reported no concerns.

Stress, Confidence, and Learning

Overall, work-related stress decreased (Fig. 14). The median (Q1–Q3) was 2 (2–3) (Wilcoxon test, P = 0.008), indicating a shift toward reduced burden, with no respondents reporting an increase.

Confidence and assurance in daily work also improved (Fig. 15). The median (Q1–Q3) was 4 (3–4) (Wilcoxon test, P = 0.008); 66.7% indicated "increased" or "greatly increased," and none reported a decline.

The respondents also reported learning new medical knowledge or terminology through ChatGPT (Fig. 16).

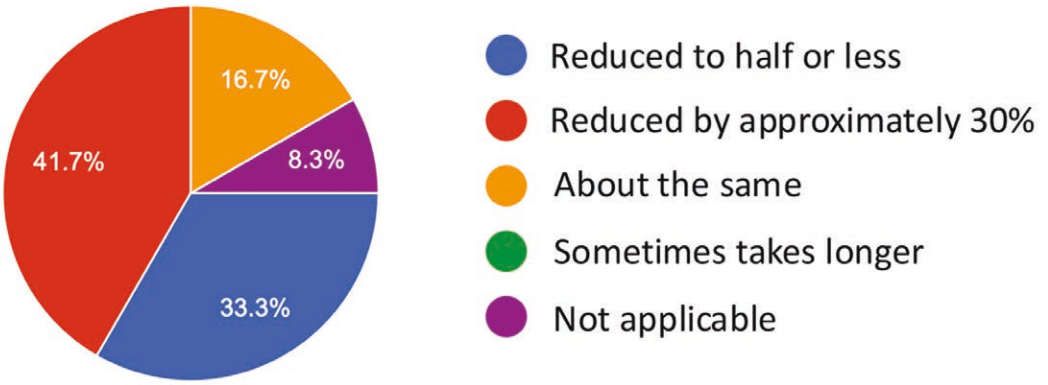

Fig. 7. Time required for information-sharing materials vs preimplementation. Responses to the question: "Compared with the preimplementation period, by how much did the time required to prepare information-sharing materials for patients and other facilities decrease?" (N = 12). Options: "reduced to half or less," "reduced by approximately 30%," "about the same," "sometimes takes longer," and "not applicable."

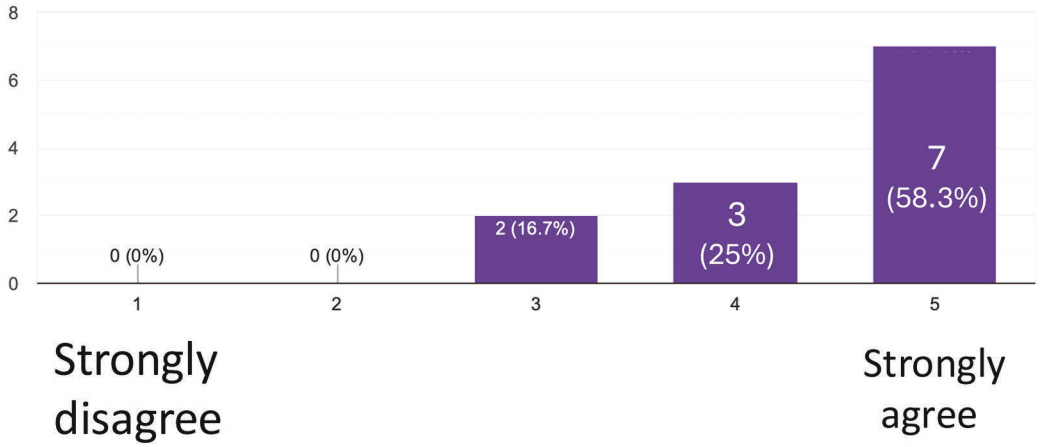

Fig. 8. Helpfulness for regional collaboration/liaison emails. Responses to the question: "Was ChatGPT helpful for regional collaboration and communication with other facilities (eg, drafting referral letters and liaison emails)?" (N = 12). Scale: 1 = strongly disagree to 5 = strongly agree.

The median (Q1–Q3) was 4 (3.75–4.25) (Wilcoxon test, P = 0.029), with 75.0% indicating "often" or "sometimes."

The presence of a culture of sharing use cases and tips among the staff (Fig. 17) was moderate to strong. The median (Q1–Q3) was 4 (3–4) (Wilcoxon test, P = 0.042), with 58.3% indicating agreement, although 8.3% reported little adoption.

Qualitative Findings: Thematic Analysis of Free-text Responses

In addition to the quantitative survey items, free-text comments provided by staff members (n = 33) were analyzed qualitatively using reflexive thematic analysis as described by Braun and Clarke.[5] Five major themes were identified.

1. Awareness of safe use and data governance: Participants emphasized the importance of repeated reminders not to input PHI and to avoid directly copying AI-generated text into patient records.
2. Hallucinations and verification burden: Several respondents mentioned the need to confirm factual accuracy and the additional time required to correct AI-generated inaccuracies.
3. Prompt-writing skills and training needs: Many staff expressed a desire to improve their prompting skills and requested further institutional training on effective ChatGPT usage.
4. Practical benefits and psychological support: Participants reported that ChatGPT reduced the emotional burden when writing difficult or complaint-related emails and facilitated smoother documentation.
5. Future improvement and expansion: Respondents suggested expanding ChatGPT applications to internal training and website question-and-answer systems.

Overall, staff demonstrated both a strong awareness of information security and a proactive attitude toward learning and integrating ChatGPT into clinical and educational tasks.

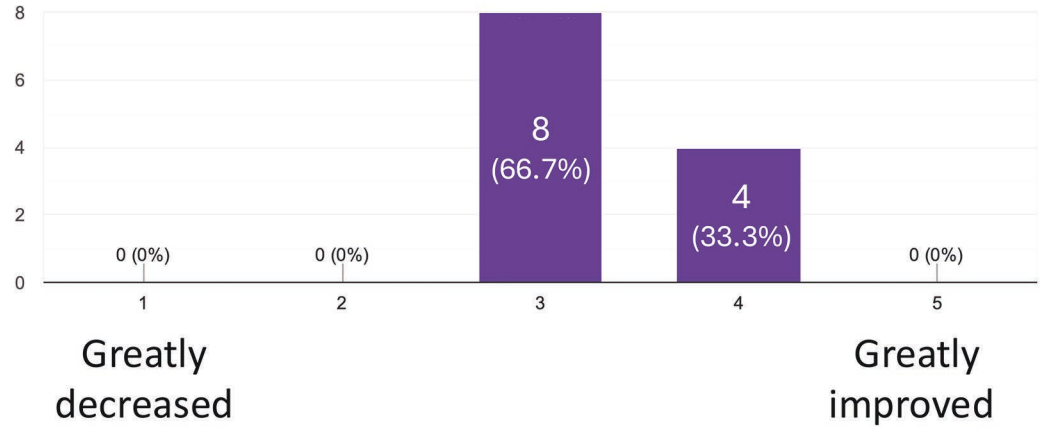

Fig. 9. Speed of information sharing with other professions/facilities. Responses to the question: "Did the speed of information sharing with other professions/facilities improve with the use of ChatGPT?" (N = 12). Scale: 1 = greatly decreased to 5 = greatly improved.

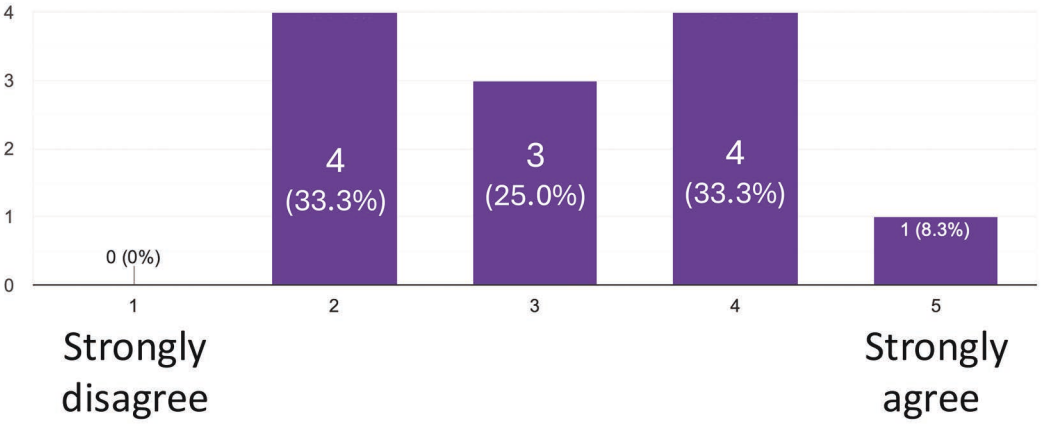

Fig. 10. Smoother multidisciplinary sharing/coordination within the team. Responses to the question: "Do you feel that the use of ChatGPT has made information sharing and coordination among professions (physicians, therapists, nurses, etc.) smoother?" (N = 12). Scale: 1 = strongly disagree to 5 = strongly agree.

DISCUSSION

This study described the implementation of ChatGPT in a lymphedema specialty clinic and assessed its impact from a multidisciplinary perspective. ChatGPT improved efficiency, reduced documentation burden, and facilitated smoother communication both within the team and with external collaborators.[6] However, the risks of misinformation and privacy breaches highlight the importance of human oversight, continuous staff training, and institutional governance. At Lymphedema Clinic Tokyo, all outputs were reviewed by a multidisciplinary team and verified by a physician before adoption, reducing the likelihood of hallucinations.

The thematic analysis of free-text responses revealed multifaceted effects of ChatGPT implementation on staff cognition and behavior. Staff frequently mentioned increased awareness of data safety and ethical use, in accordance with our governance framework, which prohibits PHI input and requires source verification and final physician approval. Concerns about hallucinations emphasized the need for critical review and indicated that a culture of "human-in-the-loop" validation has begun to take root. Staff also expressed motivation to learn effective prompting skills and differentiate between free and professional ChatGPT versions, suggesting that implementation itself stimulated educational engagement. Interestingly, several respondents viewed ChatGPT as psychological support in emotionally demanding tasks, such as responding to complaints or writing difficult emails. This suggests that generative AI may help reduce both cognitive and emotional workload among healthcare professionals.

Approximately 80% of staff reported improved efficiency, especially in documentation and preparation tasks, with reported time reductions of up to 50%. These results align with prior reports showing 40%–70% time savings in administrative tasks. ChatGPT was mainly used for text-heavy tasks, such as document drafting and referral letters, which are central but time-consuming aspects of clinical operations. By alleviating these burdens, staff could devote more time to direct patient care and interprofessional collaboration. Confidence increased, particularly among nonphysician staff, and stress reduction was

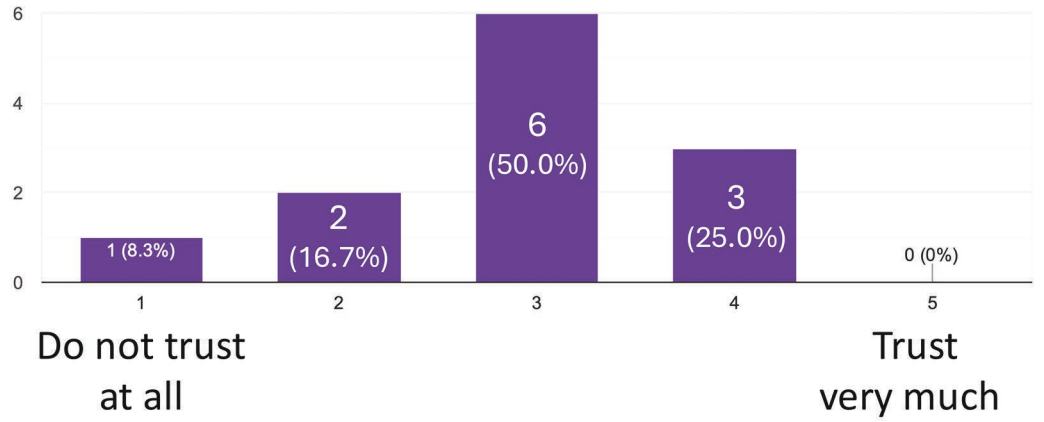

Fig. 11. Trust in the correctness of ChatGPT answers. Responses to the question: "How much do you trust the correctness of ChatGPT's answers?" (N = 12). Scale: 1=Do not trust at all to 5=Trust very much.

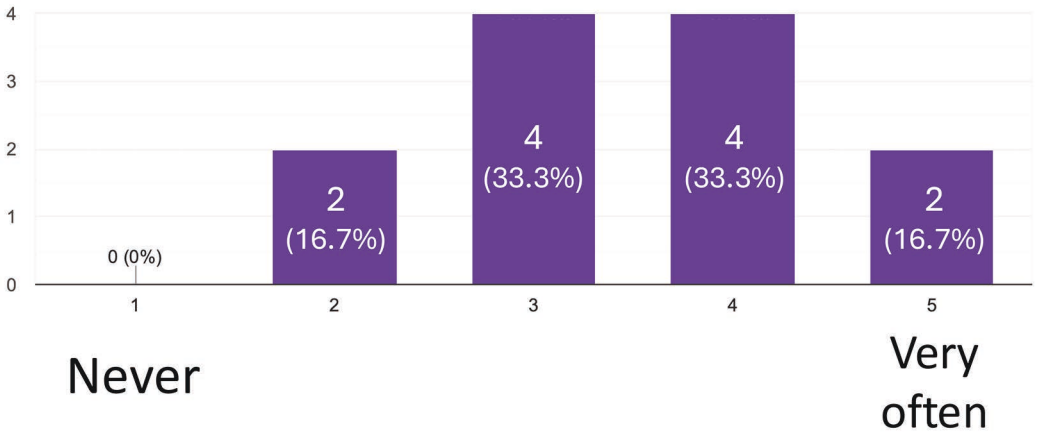

Fig. 12. Frequency of hallucinations/misinformation. Responses to the question: "Have you ever received incorrect information or plausible hallucinations from ChatGPT?" (N = 12). Scale: 1 = never to 5 = very often.

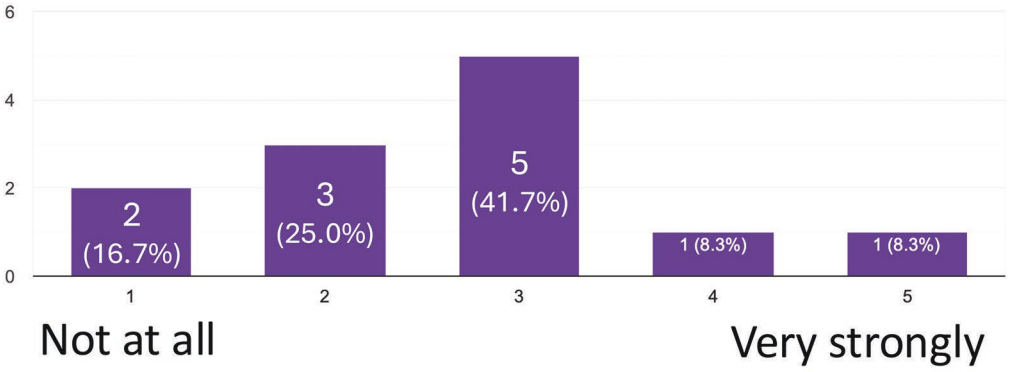

Fig. 13. Privacy concerns when using ChatGPT. Responses to the question: "When using ChatGPT, have you felt concerns regarding patient privacy protection or ethical issues?" (N = 12). Scale: 1 = not at all to 5 = very strongly.

consistently noted, likely reflecting a decline in repetitive workload.

Our findings are broadly consistent with prior reports on the clinical application of generative AI. Bahir et al[7] showed that ChatGPT-3.5 matched ophthalmology experts in accuracy for patient education, whereas Ali et al[8] demonstrated task-dependent strengths between DeepSeek-R1 and ChatGPT-4.5 in plastic surgery tasks. Zhang et al[9] reported improved readability and empathy in AI-driven online consultations, and Isch et al[10] found comparable accuracy between ChatGPT and Gemini in automated CPT coding, emphasizing the ongoing need

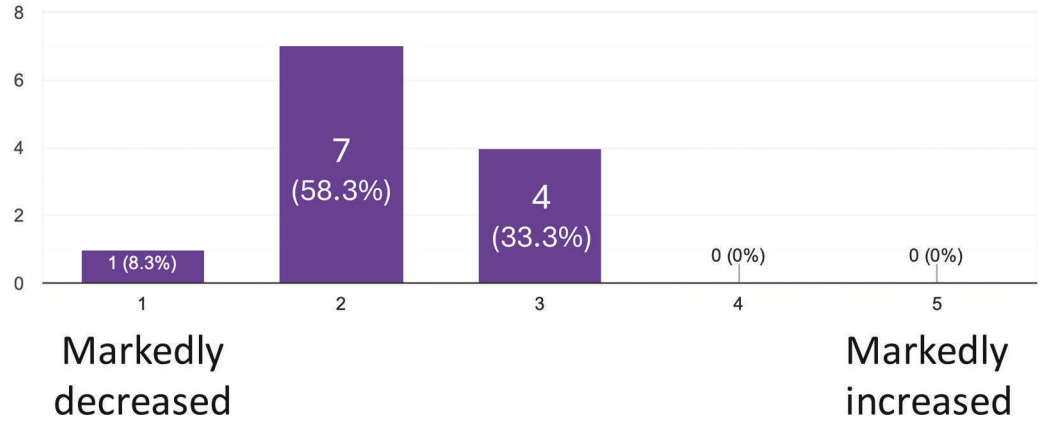

Fig. 14. Change in work-related stress/mental burden. Responses to the question: "With the use of ChatGPT, how has your work-related stress or mental burden changed?" (N = 12). Scale: 1 = markedly decreased to 5 = markedly increased.

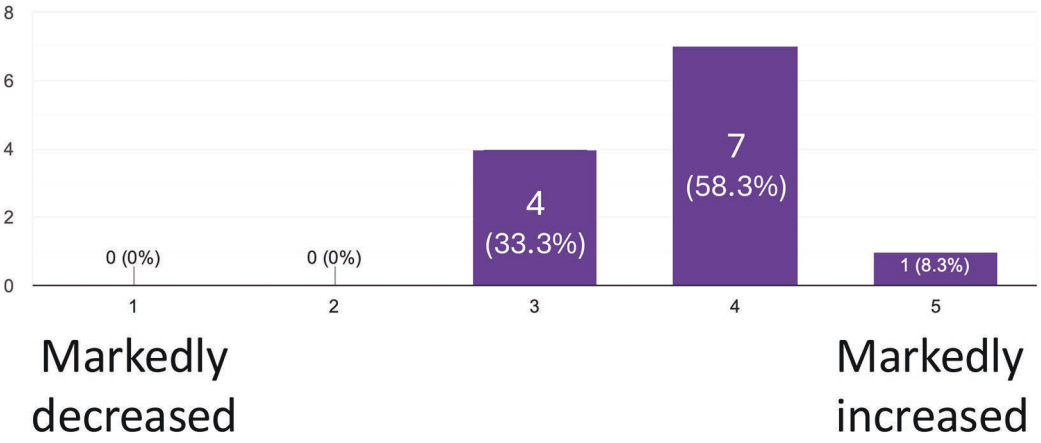

Fig. 15. Increased assurance/confidence in routine work. Responses to the question: "Has using ChatGPT increased your sense of assurance and confidence in your work?" (N = 12). Scale: 1 = markedly decreased to 5 = markedly increased.

for human verification. Similarly, our study observed efficiency gains, enhanced learning motivation, and stress reduction, balanced against the need for oversight and privacy safeguards. However, our results are unique in demonstrating ChatGPT's team-level role, fostering task shifting, collaborative learning, and organizational cohesion within and beyond the clinic. Some staff initially expressed anxiety toward AI use, but as familiarity grew, they reported greater confidence, participation, and trust, illustrating the tool's potential to strengthen team dynamics.

Second, our study used a cross-sectional design, capturing staff perceptions at a single time point. This design precluded the collection of objective preimplementation data; thus, direct comparison of pre- versus postimplementation time logs or productivity scores was not possible. Consequently, findings regarding efficiency and time savings (eg, Fig. 7) are based on self-reported perceptions rather than longitudinal objective measures. Future prospective studies should incorporate time tracking, workload monitoring, and productivity indicators to objectively quantify ChatGPT's impact.

Study Limitations

This study represented the experience of a single specialized facility with a relatively small number of participants, which limits its generalizability. However, all 12 staff members across multiple professions were included, making this one of the most comprehensive surveys in a specialized lymphedema setting. The clinic director, a coauthor, actively promoted ChatGPT use, which may have influenced responses despite the anonymous survey design. Additionally, the cross-sectional nature limits causal inference. Future multicenter and longitudinal studies involving diverse clinical environments are warranted to validate and expand these findings.

In summary, ChatGPT functioned not only as an efficiency tool but also as a facilitator of psychological safety, education, and teamwork.[11,12] These findings provide practical insights for the safe and effective integration of generative AI in specialized clinical practice.

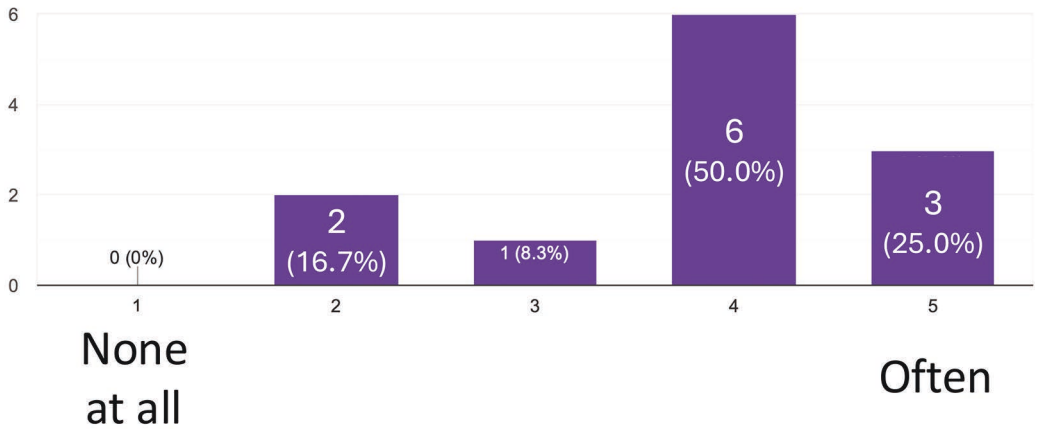

Fig. 16. Learning new medical knowledge/terminology through ChatGPT. Responses to the question: "Through ChatGPT, have you had experiences of learning new medical knowledge or terminology?" (N = 12). Scale: 1 = none at all to 5 = often.

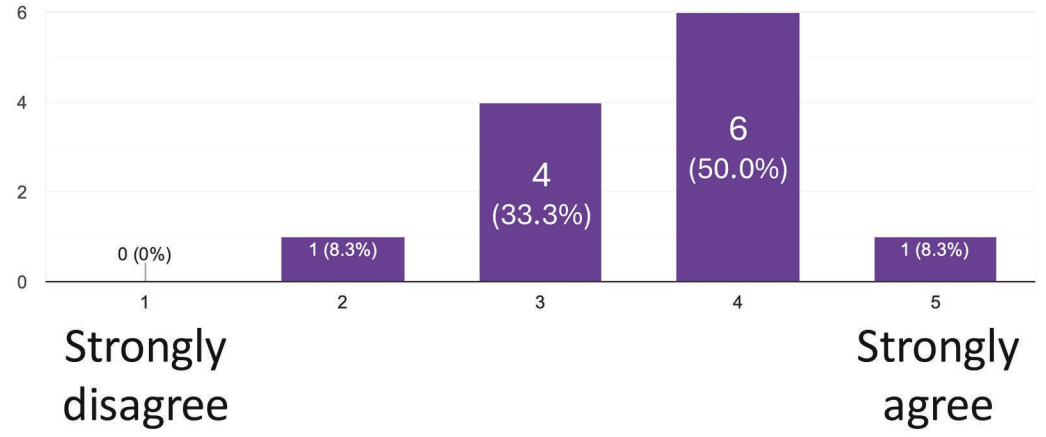

Fig. 17. Culture of sharing use cases/tips within the team. Responses to the question: "Do you feel that a culture of sharing use cases and practical tips for ChatGPT has taken root within the team?" (N = 12). Scale: 1 = strongly disagree to 5 = strongly agree.

CONCLUSIONS

The introduction of ChatGPT in lymphedema specialty clinics improved efficiency, reduced documentation burden, and facilitated smoother communication across disciplines. Despite these benefits, the potential for misinformation and privacy issues necessitates human oversight, training, and clear governance. Although occasional hallucinations were observed, our predefined verification framework—comprising source verification, dual human review, and auditing—effectively prevented any clinically significant misinformation. Consequently, no treatment plans or clinical decisions were altered. This experience underscores the necessity of human-in-the-loop verification when applying generative AI in medical contexts. Overall, this study demonstrates the value of generative AI as a supportive tool in small, team-based clinical practice. With proper leadership and institutional systems, ChatGPT can enhance productivity, strengthen collaboration, and promote safe task-sharing across professional roles.

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DISCLOSURES

Hiroki Yoshida is the CEO of Data Seed Inc. His company has an ongoing professional service agreement with the Lymphedema Clinic Tokyo to provide statistical analysis support. The analysis for this study was conducted under this agreement, for which his company receives fees. The other authors have no financial interest to declare in relation to the content of this article.

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