Neuromuscular Disease and EMG

P.069

Development of a streamlined multi-disciplinary care pathway for compression neuropathies

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Background: Care for patients with compression neuropathies (carpal tunnel syndrome, ulnar neuropathy) is often fragmented, uncoordinated, and slow. Patients go through multiple steps (neurology consultation, nerve testing, ultrasound, splints, injection, surgical opinion, surgery) with waits between each step. We used a Value-Based Health Care (VBHC) model to develop a multidisciplinary clinic with a novel care pathway. Methods: A Shared Care initiative supported the development of an Integrated Practice Unit (IPU). Key multidisciplinary team members were identified. Participants attended a curated three part VBHC workshop. Process mapping enabled identification of efficiencies. Results: 14 team members participated in the workshops. Condition specific outcome measures were identified (Boston CTS measure, 10-point touch, MRC strength and pain scale) and will be collected longitudinally. Criteria and clinical pathways were developed for mild, moderate, and severe carpal tunnel syndrome. Resource materials for patients and providers were developed. Conclusions: A VBHC framework supported development of a novel clinic for compression neuropathy. Responsibility for the full cycle of care rests with the IPU. Systematically tracking functional outcome measures enables quality improvement. By streamlining the patient journey and substantially reducing wait times between steps, the new care pathway reduces complexity and improve outcomes. Evaluation of impact if this new clinical model is ongoing.

Neuroscience Education

P.070

Using AI to revolutionize clinical training through OSCE-GPT: a focused exploration of user feedback on otolaryngology and neurology cases

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Background: OSCE-GPT (https://learnmedicine.ca/) is an AI-based app that integrates history, physical exam, and relevant components for case guidance across medical disciplines to help trainees improve clinical skills. With global users across 60+ countries, this preliminary quality improvement study gathers user feedback on neurology and otolaryngology cases. Methods: A survey was distributed to users at the University of Ottawa and Cumming School of Medicine. Participants provided insights on the app's use, perceived benefits, and suggested improvements. Results: Using 5-point Likert scales, 13 respondents, 9 of which evaluated an otolaryngology case, rated the overall usefulness of the learning tool 4.57± 0.51 (1=very poor, 5=very good), with a score of 4.00±0.65 relative to other teaching methods, such as didactic lectures or grand rounds (1=much worse, 5=much better). Users noted realistic interactions and self-paced learning as beneficial factors. Areas for improvement included a more fluid transition between physical exams and history, geographic variations in cases, and the addition of elements such as non-verbal patient cues or emotional. Conclusions: This study demonstrates utility of OSCE-GPT for medical trainees, particularly for otolaryngology and neurology cases. As cases continue to be added, feedback will be implemented to further improve user experience.

Other Adult Neurology

P.071

Improving care for patients with neurofibromatosis 1 in British Columbia

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Background: Neurofibromatosis 1 is a multisystem, neurocutaneous disorder with a predisposition for various malignancies. There is no established care pathway or multidisciplinary clinic for adult patients with NF1 in British Columbia (BC). Patients may miss timely screening or therapeutic interventions. The development of new therapies for NF1 highlights the urgency for coordinated care. Methods: A review of existing programs and guidelines was conducted. The estimated population with NF1 in BC was determined. A working group consisting of neuromuscular neurology, pediatric neuro-oncology, adult neuro-oncology, and medical genetics identified gaps in care. Results: Approximately 2200 adult individuals with NF1 are estimated to live in BC. A three-prong approach to address identified gaps was developed: A quarterly multidisciplinary NF Case Conference was initiated. The initial session was attended by 18 providers. Focus groups for patients and providers to enhance understanding of both perspectives are being conducted. Informed by the focus groups, an NF1 Care Pathway for BC will be developed. Conclusions: Advances in treatment for NF1 prompted the formation of the BC NF Working Group to develop a strategy to improve longitudinal, multidisciplinary care. The development of a care pathway, with patient input, will improve care coordination and access to care.

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