Neuropathy Simulation: Natural Language Processing

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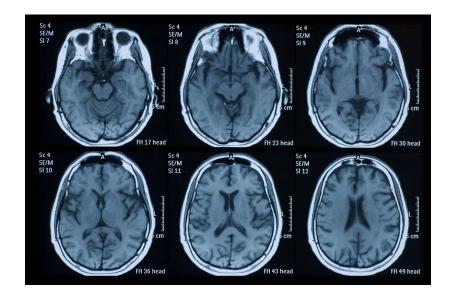
Traumatic Brain Injury: Defining the Problem



- Traumatic Brain Injury (TBI) is an alteration in brain function caused by an external force
- Diagnosed with neurological examinations in conjunction with radiology
- Majority of graduating medical students uncomfortable performing neurological examinations due to:
 - Lack of clinical exposure
 - Lack of practice (1)

Traumatic Brain Injury: Defining the Problem

- Over-reliance on radiology
 - No significant correlation between CT / MRI abnormalities and TBI severity (2,3,4)
- TBI misdiagnostic rate
 - Up to 56% for mild TBI
 - Up to 51% for severe
 TBI (6)

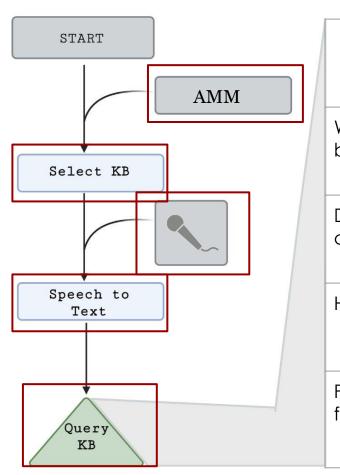


Project Goal / Deliverables

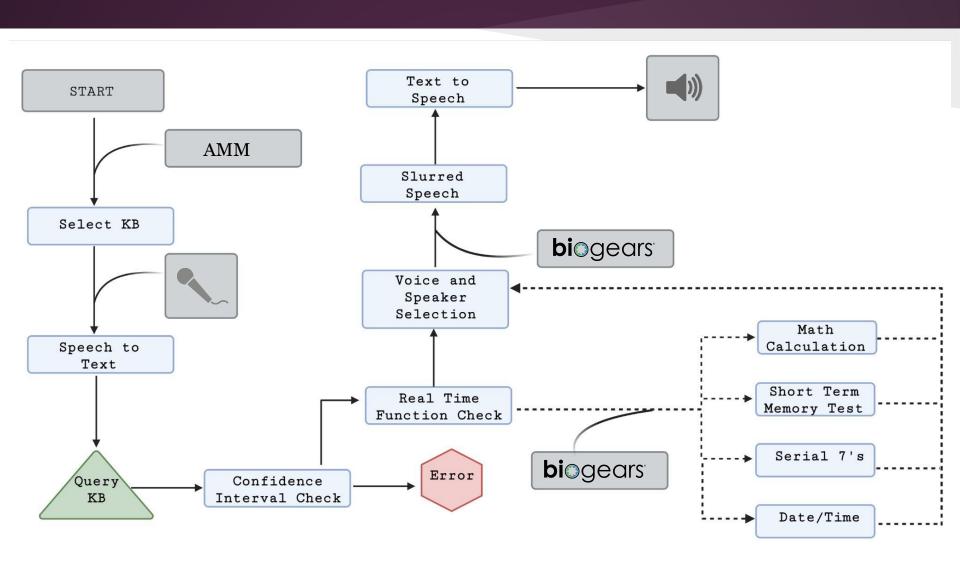
Goal: Increase physician competence performing neurological examinations by establishing interactive natural language processing capabilities specific to neuropathies in a medical training manikin by UW CREST (Advanced Modular Manikin).

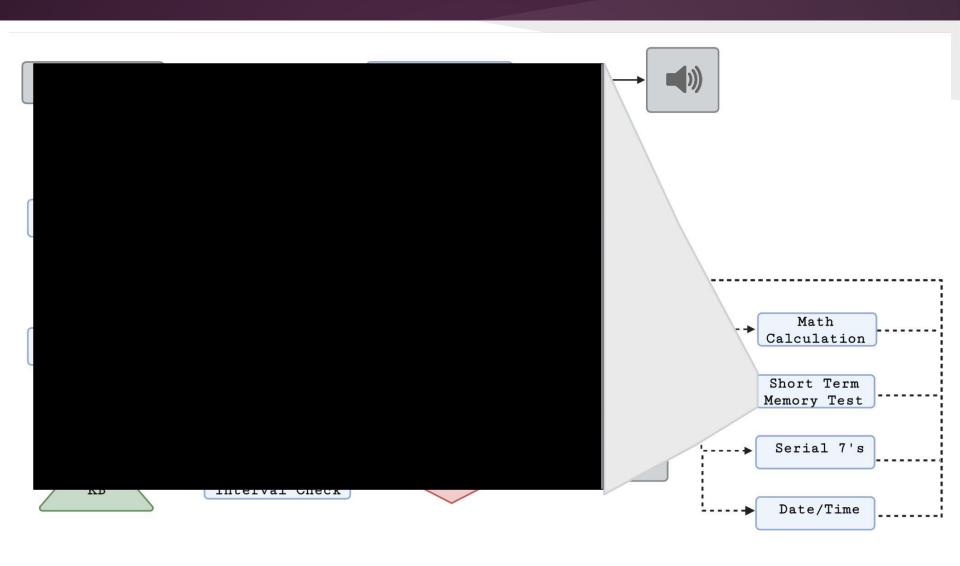
Deliverables:

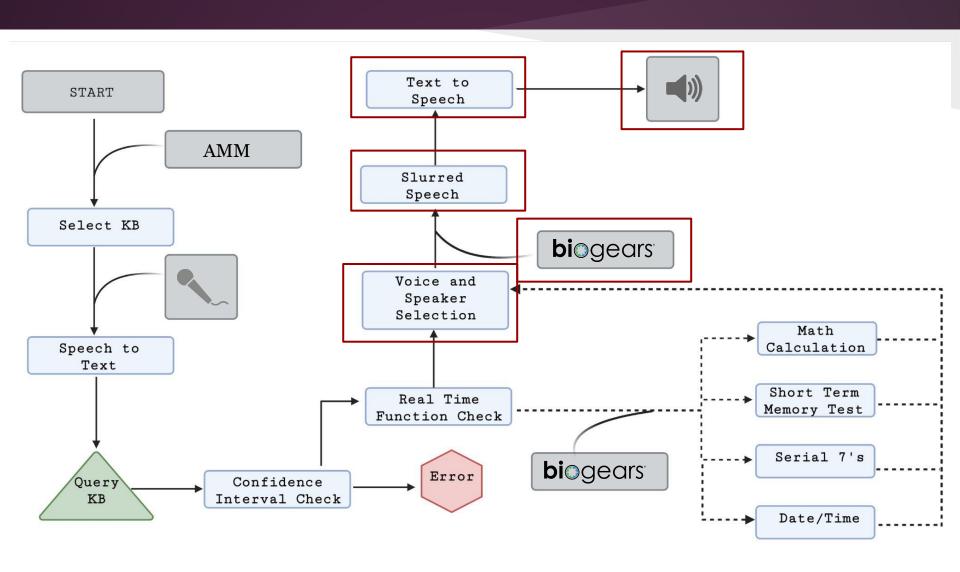
- Natural Language Processing Program
- Neuropathy-specific simulation capabilities



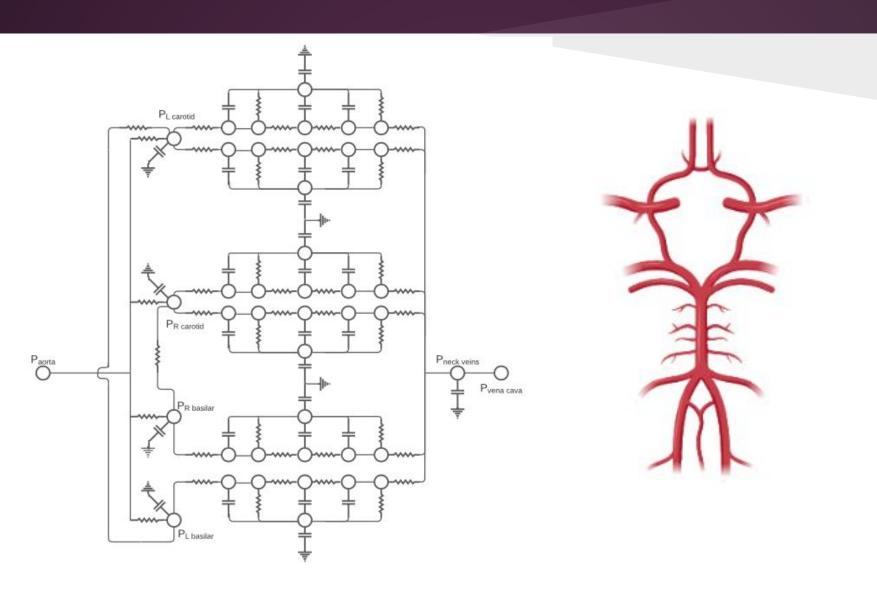
<u>Question</u>	<u>Answer</u>
When did your symptoms begin?	
Do you know where you are right now?	
How are you feeling?	
Please remember the following words:	



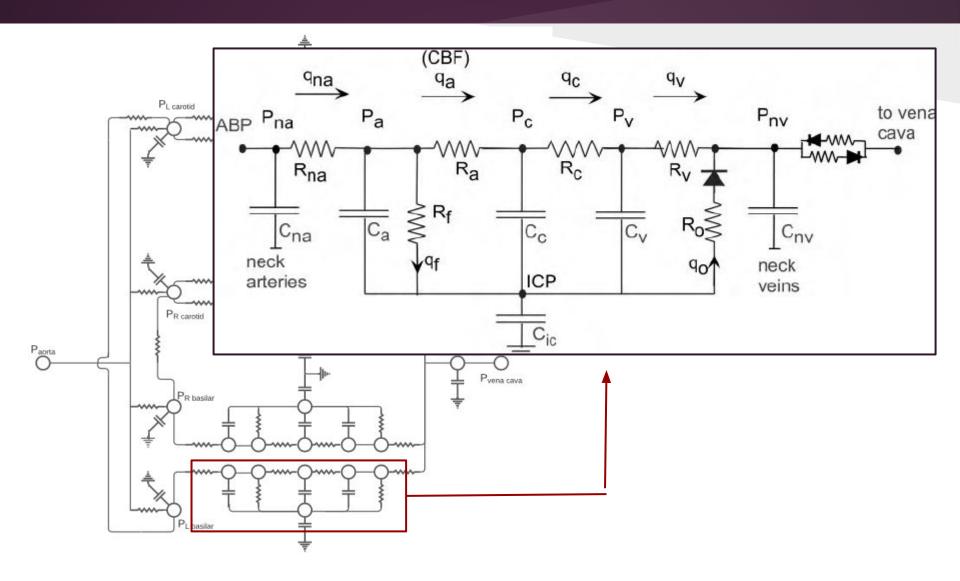




Advanced Cerebral Circuit



Advanced Cerebral Circuit



Medical Personnel, Students Programmers, Software Developers, Engineers

 Basic console interface for adding, deleting, or altering knowledge bases

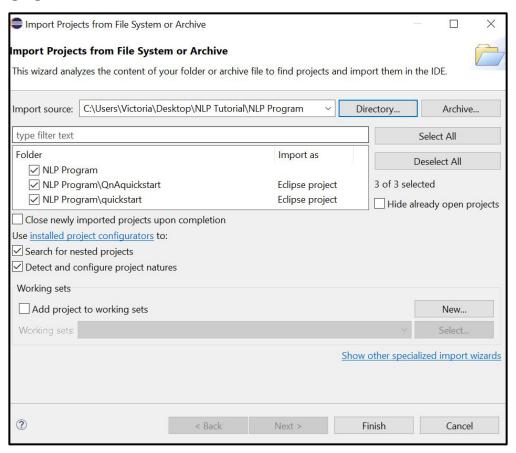
```
Welcome to the Knowledge Base Manager. The following knowledge bases exist:
Name:
                                                Knowledge Base ID String:
Right Parietal Stroke Patient
                                                 4b65e5d7-f218-4c32-88a7-e225d89abcca
                                                 7576efa7-985b-40b0-8de7-d694e8cf8409
Healthy Patient
Practice Healthy Patient
                                                 7be066cc-2c48-42c2-b6c5-e66c6103e2d1
Sepsis Patient
                                                 94a5387f-f2a5-4a96-8f7b-9af8034761bc
Left Parietal Stroke Patient
                                                 a4f57396-e1a5-4704-8c44-6dab18949d44
Occipital Stroke Patient
                                                 e7dc1d06-f0c8-4706-aada-d8ae59ec3136
Enter the number of the operation you would like to perform, or 0 to quit:
```

1. Create .xlsx file summary of an existing knowledge base.

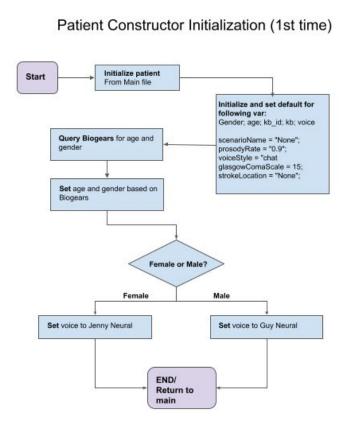
2. Update an existing knowledge base.

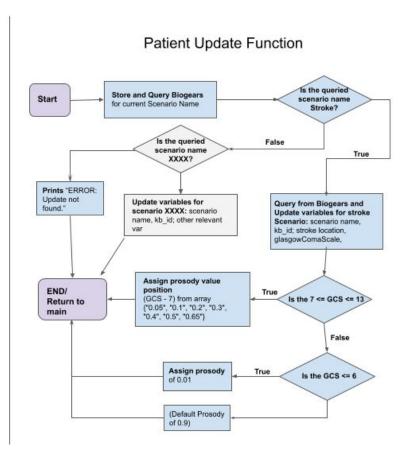
Create new knowledge base.
 Delete a knowledge base.

Visual graphics instructional file as optional download



Visual graphics instructional file as optional download





- Instructional file included in program download package
 - Summary of program & functions
 - Types of variable inputs and outputs available
 - Program dependencies
 - 'How-to' instructions
- Commented Code
- Streamline code editing process

Measurements for Success



Accuracy



Usability



Authenticity

Numbers to Meet

90%

Intent & Query Correctness

90%

Student and Software Engineer Task Completion

< 3 seconds

Response Time

90%

Neurologist Content Satisfaction

Program Accuracy - Summary

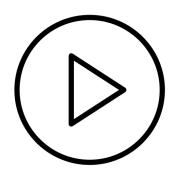
Correct Response Frequency (CRF)

	Verbatim KB Questions	Synonymous KB Questions	Non-KB Questions	Overall
Average CRF	100%	92%	93%	95%

Response Time

	Trial 1	Trial 2	Trial 3	Overall
Average Response Time (s)	2.732	2.854	2.814	2.800

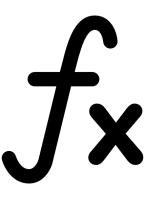
Student Usability Study: Defining Tasks



Run NLP Program



Add new Knowledge Base

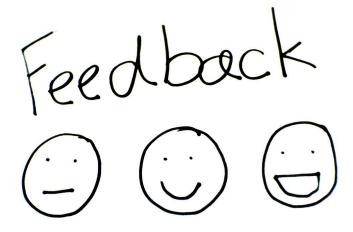


Add a new Function

Results - Student Usability Study

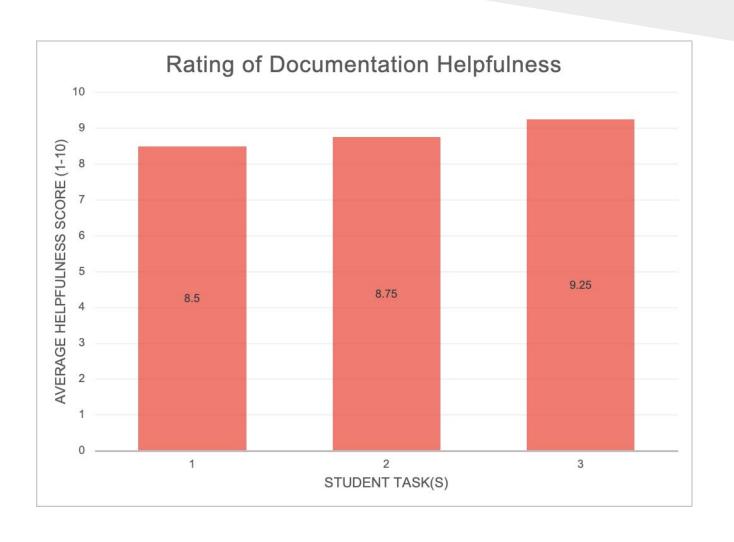


User Profile



User Feedback

Results - Student Usability Study



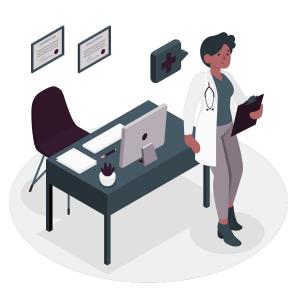
Ongoing Testing - SE and Neurologist

Usability - Software Engineers (SE)

- Assess and provide feedback for NLP program
- Tasks: Program set-up, knowledge bases, and function alterations, etc.

Authenticity - Clinical Validation

- Assess and provide feedback for response content
- Task: Diagnose different stroke locations and GCS from simulated patient interaction



Future Works

- Feedback from usability study
- Expand the current questions and answers
- Addition of dynamic functions
- Addition of more scenarios
- Adapt patient response with more than one scenario
- And more...



Acknowledgements

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References

- (1) Moore, F. G., & Chalk, C. (2009). The essential neurologic examination: what should medical students be taught?. *Neurology*, *72*(23), 2020–2023. https://doi.org/10.1212/WNL.0b013e3181a92be6
- (2) Goldberg, Charlie. (2018). Practical Guide to Clinical Medicine: A comprehensive physical examination and clinical education site for medical students and other health care professionals. UCSD School of Medicine.
- (3) Dikmen, S., Machamer, J., & Temkin, N. (2017). Mild Traumatic Brain Injury: Longitudinal Study of Cognition, Functional Status, and Post-Traumatic Symptoms. Journal of neurotrauma, 34(8), 1524–1530. https://doi.org/10.1089/neu.2016.4618
- (4) Wäljas, M., Iverson, G. L., Lange, R. T., Hakulinen, U., Dastidar, P., Huhtala, H., Liimatainen, S., Hartikainen, K., & Öhman, J. (2015). A prospective biopsychosocial study of the persistent postconcussion symptoms following mild traumatic brain injury. Journal of neurotrauma, 32(8), 534–547. https://doi.org/10.1089/neu.2014.3339
- (5) Jacobs, B., Beems, T., Stulemeijer, M., van Vugt, A. B., van der Vliet, T. M., Borm, G. F., & Vos, P. E. (2010). Outcome prediction in mild traumatic brain injury: age and clinical variables are stronger predictors than CT abnormalities. Journal of neurotrauma, 27(4), 655–668.
- (6) Powell JM, Ferraro JV, Dikmen SS, Temkin NR, Bell KR. Accuracy of mild traumatic brain injury diagnosis. Arch Phys Med Rehabil. 2008 Aug;89(8):1550-5. doi: 10.1016/j.apmr.2007.12.035. Epub 2008 Jul 2. PMID: 18597735

Questions?

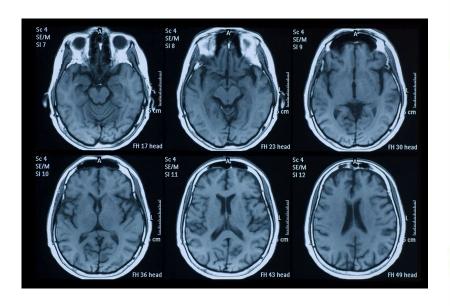
Appendix

Traumatic Brain Injury: Defining the Problem



- Traumatic Brain Injury (TBI) is an alteration in brain function caused by an external force
- TBI is considered the **leading cause of death** and disability among children and young adults in the United States
- The average cost of medical malpractice is \$668,000 per case with annual costs ranging from \$1.56 billion to \$5.6 billion

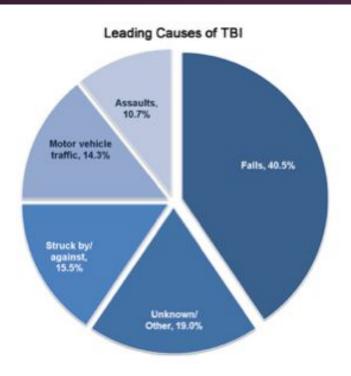
Current Diagnostic Methods





- Imaging Tests: Computerized Tomography (CT), Magnetic Resonance Imaging (MRI)
- Nerve Function Test
- Blood tests
- Glasgow Coma Scale
- Speech and language tests

Medical Errors + TBI



Misdiagnosis

- Approximately 12 million people in the U.S. seeking outpatient medical care experience some form of diagnostic error
- Fifty-six percent of mild TBI cases identified by study personnel did not have a documented mild TBI-related diagnosis in the ED record.

Associated cost

 The average cost of medical malpractice is \$668,000 per case with annual costs ranging from \$1.56 billion to \$5.6 billion

Ongoing Testing - Program Accuracy

- Average Response Time
- Methodology:
 - Ask a set of 20 randomized verbatim questions
 - Set timer in program
 - Start: Question received
 - End: Response begins
 - Print times

 $t = \sum T / N$

t = Average time per response T = time for response N = 20 questions

Ongoing Testing - Program Accuracy

Methodology:

 Ask a set of 20 questions and calculate CRP%

Categories

- Verbatim Questions (Baseline)
- Synonymous Questions
- Random Questions

 $CRP \% = C/N \times 100\%$

C = Number of Correct Response N = 20 questions

Planned Assessment

Usability - SE	Authenticity - Neurologist	
 Percentage of task completion Mean ratings and standard deviation for documentation clarity Number of reported errors 	 Percentage of error of diagnosed GCS Percentage of correct stroke location diagnosis Bernoulli trial for expected error question 	
Summary of future improvements and errors		