NEUROSCIENCE EDUCATION

P.016

Re-norming medical education: centering patient experience and diverse bodies in Lumbar Puncture (LP) instruction

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Background: Medical curricula are often created with limited patient and student input and underrepresent certain body types. Traditional medical education often prepares learners to perform procedures, such as lumbar punctures (LPs), on a young white able-bodied 70kg male. When approaching diverse patients, this educational gap can lead to medical learners' lack of confidence, skill, and knowledge, resulting in poor patient experiences. Methods: This co-design project involves patient and student input. We interviewed five patients who underwent LPs and explored their experience through a trauma-informed approach. To visualize landmarking across body types, we recruited nine volunteers of diverse body sizes, ages, tattoos, and skin colour (Fitzpatrick Scale). Incorporating patient narratives, as well as videos and photographs showing landmarking on diverse bodies, we crafted an online LP instructional module. Focus groups of 6-10 students will be held to collect student perception of the effectiveness of the module. Results: Our learning module and related media will be built into Western University's Undergraduate Medical Education curriculum, available under a Creative Commons license through the Western Health Education Media Library. Conclusions: Integrating patient experience and student feedback, we are developing a comprehensive educational tool to better equip medical learners to deliver patient-centered LPs across diverse body types.

NEUROVASCULAR AND NEUROINTERVENTIONAL

P.017

Ischemic stroke in young adults: a comparison of outcomes, stroke risk factors and etiologies between males and females

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Background: The primary aim was to determine if functional outcomes among young adults with stroke differed based on sex. The secondary aim was to identify differences in stroke risk factors and etiologies between females and males. Methods: Retrospective analysis of acute ischemic stroke patients aged 18 to 55 years from a stroke registry between 2018 to 2022. Multivariable logistic regression to analyse if modified Rankin Scale at 3-6 months (mRS, 0-2 versus 3-6) was associated with sex. Results: 315 patients (127 female), median age 48 years (IQR 42-52), median NIHSS 10 (IQR 4-19, median mRS (3-6 months) 2 (IQR 1-3). Following adjustment for vascular risk factors, clinical stroke characteristics, baseline mRS and stroke time metrics no significant difference in mRS (3-6 months) based on sex (p=0.40). Females more frequently had an unknown time of stroke onset (p=0.03). Large-artery atherosclerosis as a stroke etiology (p=0.01), known atrial fibrillation (p=0.03) and drug use (p=0.003) were more frequent in males. Conclusions: Patient-oriented outcomes maybe of interest in future studies as functional mRS outcomes do not differ between young male and female stroke patients. Males had a higher prevalence of large-artery atherosclerosis and risk factors including drug use and atrial fibrillation. These findings could help develop targeted stroke prevention strategies.

OTHER ADULT NEUROLOGY

P.019

A shared decision-model toolkit for pregnancy related care in neurology

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Background: Shared decision-making (SDM) is a dynamic, patient-engaged approach to collaborative medical care. Limited SDM tools exist in pregnancy. We aimed to examine the need and usability of a novel SDM tool for pharmaco-therapeutic treatment of neurological conditions in pregnancy. Methods: This is an exploratory mixed-methods study. Non-pregnant women of any age were recruited using convenience, purposive sampling from an academic neurology clinic in Toronto. Participants reported the user friendliness of the SDM by completing the systems usability (SUS) questionnaire and participated in a focus group to further elaborate on their experience. Results: Eleven participants completed the survey 45% each between age 31-40, and 51-60. Median time spent on the tool was 17.2 minutes, and median SUS score 70 (<68 being not usable). Thematic data analysis from 2 focus groups, identified technical and content improvements: use of inclusive language, simplified design, and importance of patient engagement in SDM. Conclusions: Based on our preliminary results, a SDM web-tool for medication-related concerns of pregnant patients with neurological conditions is needed and usable. With integration of patients' lived experiences, this novel tool may serve as an anchor point for future work in this field.