

# Neurosurgical operative report

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## The use of generative artificial intelligence-based dictation in a neurosurgical practice: a pilot study

In a [pilot comparative study](#) Hopkins et al. from the Keck School of Medicine, USC, Los Angeles (Neurosurgery; Endocrinology) published in [Neurosurgical Focus](#) to evaluate whether a modified [OpenAI Generative artificial intelligence](#) model can match or improve upon the accuracy of a commercial dictation tool (Nuance Dragon Medical One) in [neurosurgical operative report](#) generation. [Whisper](#)-based model demonstrated non-inferior overall word error rate (WER) versus Dragon (1.75% vs 1.54%,  $p=0.08$ ). Excluding linguistic errors, Whisper outperformed Dragon (0.50% vs 1.34%,  $p<0.001$ ; total errors 6.1 vs 9.7,  $p=0.002$ ). Whisper's performance was robust to faster speech and longer recordings, unlike Dragon <sup>1)</sup>.

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## Critical Review

### \* Strengths:

- Direct comparison of a cutting-edge generative AI (Whisper) to an established clinical tool in a real-world neurosurgical workflow.
- Objective metrics (WER) with appropriate statistical analysis.
- Mixed-case operative reports cover cranial and spinal procedures, enhancing generalizability.

### \* Weaknesses & Limitations:

- Small sample size ( $n=10$  reports, 3 physicians) limits statistical power.
- Lack of real-time clinical integration assessments—only offline comparisons.
- No analysis of downstream impact on report quality, clinician satisfaction, or patient safety.

- Commercial Dragon may not represent the latest version or fully optimized settings.

\* **Methodological concerns:**

- Manual WER calculation introduces potential reviewer bias; no inter-rater reliability reported.
- Recording conditions and audio quality not standardized across sessions.
- Exclusion of “linguistic errors” may bias interpretation toward AI advantage.

\* **Clinical relevance:**

- Whisper’s stability with faster dictation may support efficiency gains in high-volume clinical settings.
- Noninferiority demonstrated, but real-world deployment needs integration, EHR compatibility, user training, and error recovery workflow.

**Verdict: 6.5 / 10**

| Criteria               | Score | Comments                                                          |
|------------------------|-------|-------------------------------------------------------------------|
| Innovation             | 8     | Novel application of transformer-based AI to dictation            |
| Methodology            | 6     | Solid but limited by small sample and manual error assessment     |
| Clinical Applicability | 6     | Promising, yet lacks prospective implementation data              |
| Statistical Rigor      | 6     | Basic significance testing performed; confidence intervals absent |

**Key Takeaway for Neurosurgeons:** Modified [Whisper](#) offers comparable, or potentially better, transcription accuracy than Dragon in neurosurgical dictation, especially under faster speech rates—but further large-scale, workflow-integrated trials are essential before clinical adoption.

**Bottom Line:** This pilot suggests generative AI could reduce documentation burden, but robustness and clinical utility must be validated in real-world settings.

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**Categories:** Research, AI in Neurosurgery, Clinical Workflow, Pilot Studies **Tags:** generative AI, transcription, Whisper model, Dragon Medical One, neurosurgery documentation, word error rate

1)  
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