

## Many emergency programs get failing grade when it comes to stroke training

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Medical residents training to work in the emergency department need more formal stroke training, says a study presented today at the Canadian Stroke Congress, noting that, as the first point of contact in stroke care, they see nearly 100 per cent of stroke patients taken to hospital.

Researchers surveyed 20 emergency medicine residency programs across Canada and found that very limited lecture time and mandatory on-the-job training are devoted to stroke and neurological care.

Only two of 20 emergency medicine residency programs required on-the-job training in stroke neurology. The major benefits of on-the-job training are more practical experience with stroke and more thorough training by specialists in the field.

"The treatment of stroke and TIA—[transient ischemic attack](#) or 'mini-stroke'—has changed dramatically over the last 15 years," says Dr. Devin Harris, lead researcher of the study and staff [emergency physician](#) at St Paul's Hospital in Vancouver. "We need to meet these challenges."

He recommends that emergency residency programs include more stroke training to match the prevalence of stroke and the growing number of time-sensitive treatments.

Without supplementary training in stroke, emergency physicians may take longer to diagnose stroke and administer clot-dissolving drugs. "If

you can intervene after a TIA with drugs that block the formation of blood clots and tests to detect [irregular heartbeat](#), you can prevent stroke," says Dr. Harris.

Researchers found:

- Three of 20 emergency medicine residency programs had compulsory on-the-job training in general neurology, compared to mandatory cardiology training in 19 out of 20 programs;
- Only five of 20 programs offered training electives in general or stroke neurology; and
- Only one of 20 programs offered on-the-job training in radiology or neuroradiology.

The study also found that less than two per cent of lecture time per year was devoted to stroke, but people with stroke account for 5% of [emergency department](#) patients.

"As we've increased our public awareness campaigns around the warning signs of stroke, more people are doing the right thing and calling 9-1-1 immediately," says Ian Joiner, director of stroke for the Heart and Stroke Foundation. "Increased stroke training for triaging and treating them in the emergency department is vital."

"As the first point of [stroke care](#), the emergency department sets in motion the steps required to give people the best possible outcomes," says neurologist Dr. Michael Hill, Co-Chair of the Canadian Stroke Congress. "It's important that there's a high level of training so we can ensure every Canadian who goes to hospital gets the best possible care."

Provided by Heart and Stroke Foundation of Canada

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