

[P01.023] Are Neurology Residencies Adequately Preparing Graduates for Stroke Emergencies?

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OBJECTIVE: The purpose of this study was to describe the scope of resident involvement in the assessment and treatment of acute stroke patients at academic stroke centers. **BACKGROUND:** As neurologic care becomes increasingly specialized, residency programs will be challenged to ensure trainees are sufficiently prepared to manage common neurologic emergencies. The environment necessary for residents to develop competency in acute stroke management may be influenced by institution-specific variability in acute stroke coverage systems and the presence of stroke fellowship programs. **DESIGN/METHODS:** Representatives from 19 geographically disparate academic stroke centers were asked to complete a survey describing the role of neurology residents (by year of training), stroke fellows, stroke attendings, emergency department physicians, and ancillary providers in the assessment and treatment of patients eligible for: (a) standard I.V. rt-PA therapy and (b) endovascular therapy (I.A. or mechanical clot disruption/retrieval). Resident roles were defined as: (1) *Primary* –capable of determining eligibility and making treatment decisions with or without telephone approval by stroke attending, (2) *Adjunctive* –active participant in evaluation with final eligibility and treatment decision made by fellow/attending, and (3) *Supportive* –no primary responsibility. Where the resident role varied by level of training, the highest level of responsibility was used for categorization purposes. **RESULTS:** Survey response rate was 84%. Fourteen of 16 programs had a stroke fellowship program. For standard I.V. rt-PA therapy the resident role was: primary in 5/16 (31%), adjunctive in 5/16 (31%), and supportive in 6/16 (38%). For endovascular therapy the resident role was: primary in 2/16 (12%), adjunctive in 8/16 (50%), and supportive in 6/16 (38%). **CONCLUSIONS/RELEVANCE:** These data suggest there is measurable variability in the scope of resident involvement in evaluation and treatment of stroke emergencies. Scrutiny of this aspect of neurology residency training may prove valuable to accreditation bodies responsible for program certification and educational outcomes assessment.