Using Algorithms and Accredited Education Sessions to Address Physician Knowledge Gaps Regarding Transient Ischemic Attack (TIA) Diagnosis and Treatment in Nova Scotia

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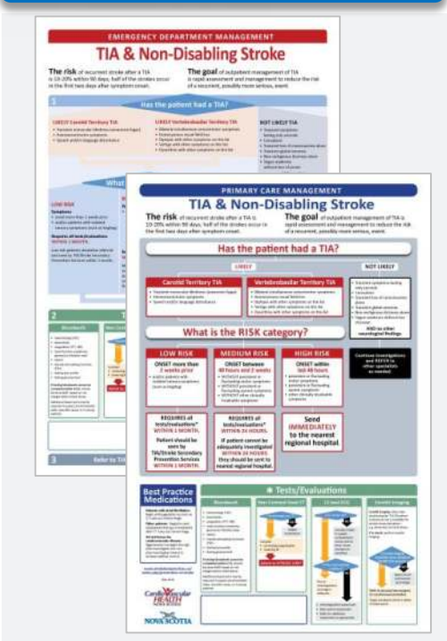
INTRODUCTION

TIA patients in Nova Scotia access care through their local Emergency Department (ED) or primary care physician when experiencing stroke symptoms. Provincial data revealed there was an opportunity to increase knowledge and awareness of the Canadian Stroke Best Practices for the diagnosis and treatment of TIA among physicians across the province. Cardiovascular Health Nova Scotia, a provincial program in the Nova Scotia Health Authority, facilitates and supports stroke professional education opportunities in the province.

METHODS



Two TIA algorithms, one for EDs and one for primary care, were developed in 2014 based on the Canadian Stroke Best Practices (strokebestpractices.ca) covering the areas of diagnosis, risk assessment, tests/evaluation, and medications. The algorithms were reviewed by a wide range of stroke team members and physicians across the province during development.

To support the implementation and use of the algorithms, a Continuing Medical Education (CME) program was developed and accredited through The College of Family Physicians of Canada. The learning objectives were to:

- Increase knowledge in diagnosing TIA and the investigations required
- Improve comprehension of TIA risk categorization
- Apply learning through case studies

Stroke Coordinators advertised the voluntary sessions in their local area inviting health professionals to attend. Evaluations were completed at the end of each CME session.

RESULTS

880 TIA algorithms were disseminated province-wide

Eleven CME sessions (10 face-to-face, one web-based) were held across the province during pre-existing meeting times or outside of regular working hours. All CME sessions occurred between February and September 2017. A total of 140 healthcare providers attended: 61% were physicians, 25% were nurses, 4% were pharmacists, and 10% were from other disciplines.

Session evaluations were completed by 107 (76%) attendees:

96% ✓ session met the stated objectives

92% ✓ session enhanced their knowledge

82% ✓ planned to use the TIA algorithm in their practice

The top five ways attendees planned to change their practice in the care of TIA patients were:

1. Dual antiplatelet use
2. Use TIA algorithm
3. Order CT angiogram
4. Improve assessment of potential TIAs
5. Risk stratification/Triage/More rapid investigations

CONCLUSION

The education intervention was appreciated by the majority of those who attended the CME sessions; however, measuring the impact of the program on patient care remains a challenge. Following up with attendees to determine if they made the identified changes to their practice in the care of TIA patients might be beneficial. Offering the education sessions again could assist in reaching more physicians across the province.

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