

Current Concepts in Ischemic and Hemorrhagic Strokes

9/28/2023

This activity was created to address the professional practice gaps listed below:

- Recognizing minimally invasive technology currently available to treat ischemic and hemorrhagic stroke.
- Recognizing post-stroke headache and utilizing best methods for treatment.
- Recognizing the expanded criteria for stroke treatment (tPA, MT).

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Disagree		Agree	
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [38-3.79]	(0)	(0)	(8) 21.05%	(30) 78.95%

2. Please elaborate on your previous answer. (24)

CV care

I found today's Stroke Symposium to be very educational. I will take the knowledge from today and share it with my ASRH stroke committee members.

Other than headache, the focus seemed to be on surgical interventions with a lot of time dedicated to aneurysm at the exclusion of other important stroke topics.

Being more aware of the current treatments used for strokes and post-stroke headache
being more aware of current treatments for stroke and post-stroke headache

NA

Comprehensive discussion of Stroke and Vascular Neurosurgery

I'm more aware of post-stroke headache

I am now aware of the current concepts in ischemic & hemorrhagic strokes

I now am aware of the current concepts in ischemic & hemorrhagic strokes

Better understanding of resources available in KY. Better understanding of strokes

Better understanding of resources available in KY. Better understanding of different types of strokes' and management

The only new content was related to post-stroke headache. Therefore there was not a change in a level of my competence.

Very informative presentations.

Very informative presentations.

learned a lot about headache management in post-CVA patients.

increased knowledge in post-CVA headache management

n/a

great summary of MT and headache

Excellent lectures full of information that is useful in understanding and having compassion for ongoing symptoms and issues that need to be addressed.

I feel more confident in treatment options for post stroke HA.

learned the importance of treating BP to prevent stroke

Very educational

3. Please evaluate the effectiveness of the following speakers in improving your competence. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Kim Meyer, PhD, ACNP-BC, CNRN, APRN [38-3.89]	(0)	(1) 2.63%	(2) 5.26%	(35) 92.11%
Josh Abecassis, MD [37-3.78]	(0)	(0)	(8) 21.62%	(29) 78.38%
Dale Ding, MD [37-3.86]	(0)	(0)	(5) 13.51%	(32) 86.49%
Louis Kim, MD [38-3.84]	(0)	(0)	(6) 15.79%	(32) 84.21%
Kari Moore, MSN [38-3.84]	(0)	(0)	(6) 15.79%	(32) 84.21%
Sri Prakash L. Mokshagundam, MD [31-3.74]	(0)	(0)	(8) 25.81%	(23) 74.19%

4. Please elaborate on your previous answers. (22)

Great talks

Despite sound technology difficulties for virtual attendees like myself at the beginning of the meeting, all the presenters did an amazing job.

All the speakers did a great job!

Dr Elnazier was difficult to hear and understand. Kari Moore's slides seemed mostly outdated.

First speaker was difficult to understand on zoom audio, technical difficulties took away from her presentation.

first speaker was difficult to understand. Had audio and video difficulties so pretty much missed her presentation

Dr Kim instead of mokshagundam

Kim misspoke on a few things. She reported that lamotrigine is a controlled substance, which it isn't and that venlafaxine is a SSRI, which it is not. You also don't need to follow depakote levels. She didn't seem familiar with the medications she was presenting.

None

Excellent presentations

Great presenters.

Great presenters. Concise and good audio-visual aids.

I think the last person list should be Marwa Elnazeir, MD

I think the last presenter listed above should be Marwa Elnazeir, MD.

n/a

Mokshagundam did not present. I gave this rating for Marwa El_Nazeir MD

I really appreciated all the work that is being accomplished by many people on all levels. I congratulate your work, effort and deep dedication to all people that need care, prevention and maintenance

I really enjoyed Kari and Kim's discussions

I enjoyed Kari and Kim's presentations

Dr. Mokshagundam did not present

na

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (32)

CV care

I plan to share the knowledge regarding EMS prenotification and screenings from Kari's presentation with my stroke committee.

EMS pre-notification and screening

Post stroke Headache management

Headache treatment change

Notify MD's when post-stroke headache occurs or when treatment is not helping due to knowing that early treatment helps minimize risk for chronic headaches. And watching for headaches that are worse when pt awakens, notify MD pt may need sleep study for OSA

Notify MD's of post-stroke headaches and when treatments are not helping to help prevent chronic post-stroke headaches. Notify MD's of headaches when patient awakens, they may need sleep study for OSA

Referring patients with asymptomatic cerebral aneurysms of any size

Alert to options for open vs endovascular management of aneurysms.

I will screen more for post-stroke headache.

Different medications that can be used with stroke patients.

I can use different medications on these patients.

none

Headache management post-stroke

new protocols.

using trigger point injections and sphenopalatine blocks for headache management.

use of trigger point injections and sphenopalatine block for headaches.

n/

Headache screenign and treatmentg

Refer patients appropriately sooner

Refer appropriately sooner

Headache care and advocacy

Following the AHA guidelines for Blood pressure management & goals (130/80)

follow the AHA guidelines for treatment of BP (goal 130/80)

Use current practice

Referring patients for possible PFO closure

Referring patients for PFO closure

N/A

Na

treating post-stroke HA differently

6. How certain are you that you will implement this change?

(35)

Certain ⁽⁵⁻
14.29%)

Very Certain ⁽²⁰⁻
57.14%)

Maybe ⁽³⁻
8.57%)

N/A ⁽⁶⁻
17.14%)

Not Certain ⁽¹⁻
2.86%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (28)

CV care

Dysphagia

Post stroke rehab

Recovery from hemorrhagic and ischemic strokes, after the acute phase.

Nursing-focused issues to know what to watch for in certain emergency situations to quickly recognize when to notify MD

nursing related topics of things to watch for and when to notify MD for time-critical diagnosis

Anything stroke related

Current challenges and potential solutions

Incidental strokes found on MRIs done for other reasons.

No suggestions at this time

Base skull surgeries and neuromonitoring

Skull base surgery and neuromonitoring

Introduction of anticoagulation and antiplatelet therapies in high risk patients. Selection of antiplatelet therapy. Patient selection for CAS vs CEA. Blood pressure management in the non-interventional LVO. When and how to you reduce blood pressure and minimize deficits.

Systems of care and future research projects.

Systems of care and future research protocols. Local investigator initiated research.

ischemic stroke guidelines

post stroke fatigue

Most up to date management and care of circle of willis aneurysm

Up to date management of circle of willis aneurysm

more indepth care of all neuro patients that pertain to bedside, to post surgery and to home care

Anything related to acute stroke management

Na

posterior stroke

8. Were the patient recommendations based on acceptable practices in medicine?

(37)

Yes (37-
100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (10)

N/A

NA

10. Do you think the presentation was without commercial bias?

(38)

Yes (37-
97.37%)

No (1-
2.63%)

11. If you answered No on the above question, please list the topics that were biased? (9)

N/A

NA

None

12. Please indicate any barriers you might encounter in implementing these changes in your practice (select all that apply).

Lack of support from management [38] (1- 2.63%)

Reimbursement issues [38] (1- 2.63%)

Lack of authority to facilitate such change(s) [38] (3- 7.89%)

Not enough time [38] (2- 5.26%)

I do not anticipate any barriers to implementing these strategies [38] (29- 76.32%)

Other (please specify): (5)

N/A

NA

13. The format and functionality of this educational activity was effective.

(38)

Yes (38-
100.00%)

If no, please explain. (14)

N/A

Once the audio/visual difficulties were fixed, it was effective.

once the audio/visual difficulties were fixed, it was effective

NA

Would recommend future meetings in person.

It was great to have both an in-person and virtual presentation options.

The virtual option did have challenges in the beginning but it was resolved and worked well for the remainder of the symposium.

Technical difficulties with the Zoom meetings audio and visual, but after correction, it was fine.

14. Please provide any additional comments you may have about this educational activity. (17)

Great symposium

N/A

Good talk. Nice to learn different scoring symptoms of intracranial aneurysm.

Thanks for this FREE CEU offering!

Thank you for the FREE CEU opportunity!

NA

None at this time

Poor audio during the whole first presentation and no visual (slides) at the beginning of it was unfortunate but glad it was corrected. Thank you for this webinars.

No visual (slides) at the beginning and poor audio during the first presentation were a problem but it was corrected for the subsequent presentations. Thank you for such an excellent webinars.

good symposium

Thanks and please keep presenting

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

Names or contact information of learners will not be shared with any ineligible company or its agents without the explicit consent of the individual learner.

We look forward to seeing you at future University of Louisville events. Thank you very much.