WHAT'S HAPPENING IN

Neurology® Clinical Practice

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Abstracts

Articles appearing in the April 2018 issue

Neurologic provider views on patient-reported outcomes including depression screening

Background We sought to assess neurologic provider satisfaction with the systematic electronic collection of patient-reported outcome measures (PROMs) for both disease-specific measures and depression screening (Patient Health Questionnaire [PHQ-9]).

Methods A web-based survey was sent to 299 staff physicians and advanced practice providers on the staff email list of a large group neurologic practice, 206 of whom used the PROM system. The survey consisted of 11 questions with Likert response options regarding perceived usefulness of PROM collection; usefulness of PROM data for clinical care, quality, and research activities according to provider age group and type; and perceived usefulness between disease-specific information and the PHQ-9 depression screen.

Results Of those who use the PROM system, 73.3% (151/206) responded. PROM collection was useful for patient care (strongly agree or agree 59.6%), research (strongly agree or agree 68.5%), and to a lesser extent, quality improvement (strongly agree or agree 48.6%). Providers aged 66–75 years believed PROM data were less useful for research ($p < 0.01$). PROM collection affected patient interactions or clinical management (always or usually 34.6% for disease-specific information and 31.3% for the PHQ-9). Responses were similar concerning perceived clinical usefulness (strongly agree or agree 67.3%) for center-selected disease-specific PROMs and the mandated PHQ-9 (69.8%).

Conclusions Providers favorably viewed systematic electronic collection of PROMs in neurologic patients. A mandated depression screening was perceived as favorably as center-selected disease-specific information and should be considered when implementing PROMs in neurologic practice.

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Stroke code simulation benefits advanced practice providers similar to neurology residents

Background Advanced practice providers (APPs) are important members of stroke teams. Stroke code simulations offer valuable experience in the evaluation and treatment of stroke patients without compromising patient care. We hypothesized that simulation training would increase APP confidence, comfort level, and preparedness in leading a stroke code similar to neurology residents.

Methods This is a prospective quasi-experimental, pretest/posttest study. Nine APPs and 9 neurology residents participated in 3 standardized simulated cases to determine need for IV thrombolysis, thrombectomy, and blood pressure management for intracerebral hemorrhage. Emergency medicine physicians and neurologists were preceptors. APPs and residents completed a survey before and after the simulation. Generalized mixed modeling assuming a binomial distribution was used to evaluate change.

Results On a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree), confidence in leading a stroke code increased from 2.4 to 4.2 ($p < 0.05$) among APPs. APPs reported improved comfort level in rapidly assessing a stroke patient for thrombolytics (3.1–4.2; $p < 0.05$), making the decision to give thrombolytics (2.8 vs 4.2; $p < 0.05$), and assessing a patient for embolectomy (2.4–4.0; $p < 0.05$). There was no difference in the improvement observed in all the survey questions as compared to neurology residents.

Conclusion Simulation training is a beneficial part of medical education for APPs and should be considered in addition to traditional didactics and clinical training. Further research is needed to determine whether simulation education of APPs results in improved treatment times and outcomes of acute stroke patients.

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Practice Current

Neurology: Clinical Practice has launched their next Practice Current survey on a universally controversial topic: When do you order ancillary tests to determine brain death? Given the broad range of approaches to determining brain death in diverse settings with varying resources, this survey promises to provide interesting insights. Please consider completing the survey to add your own perspective.

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