

**Sample answers: Post: Acute Ischemic Stroke: Thombolysis is an Effective Therapy**

Name

First  Last

Email

CFPC ID number

What is the impact of this article? (Check all that apply).

- My practice is (will be) changed and improved
- I learned something new
- I am motivated to learn more
- This information confirmed I did (am doing) the right thing
- I am reassured
- I am reminded of something I already knew
- I am dissatisfied
- There is a problem with this information
- I disagree with the content of this information
- I think this information is potentially harmful

Is this information relevant for at least one of your patients (vote/choose)?

- Totally relevant
- Partially relevant
- Not relevant

Will you apply this information to at least one patient?

- Yes
- No
- Possibly

**Indicate at least 2 changes in your practice or confirmation of your practice based on the content in a few sentences. If there are no specific changes that you plan to make, please indicate 2 areas in which your present practice approach was confirmed. First response (change/confirmation):**

I have used this approach in the past - in fact, initially it was my own mother who I assured got to the correct hospital quickly. Although she didn't require thrombolysis (was a reversible stroke/TIA) she was investigated quickly and thoroughly. Since then, I have referred several others to VGH on an expedited basis to obtain quick assessment. It is interesting to see the results of this study, and it's reassuring to know this is the treatment with better outcomes. I will continue to give this advice to any individuals who may have symptoms of stroke.

**Second response (change/confirmation):**

This is very relevant in my practice, especially when doing walk-in clinic shifts as clients may need to be redirected to the ER immediately upon arrival at the clinic. This is especially an issue with the elderly/less mobile, who may not communicate to their family/caregivers the severity of their symptoms, and may show up at the clinic rather than going to a hospital. It is important that the medical assistants who greet clients as they arrive at such a clinic are able to "triage" to some extent and alert the FP if there is a potentially urgent situation.

**Specific comments/argument or references that led you to the above change/confirmation.**

The initial research and practice around thrombolytic stroke/thrombolysis ("Brain Attack") seemed logical, given the results with MI and thrombolysis/angioplasty/stenting. The alternative - to do nothing (other than supportive care and rehab) seemed unethical and expensive when we had the means to potentially reduce the neurological injury. It is reassuring to see the results of this study. I would be curious to know which hospitals in the province provide this type of care. Educating the general public could also make a difference in terms of actions taken immediately after stroke symptoms develop.