

## LEARNING OBJECTIVES

11-1-22

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**PERFORMANCE GAP/ ACTIVITY NEED:** Posterior strokes account for 20-25% of all strokes but are often missed due to subtle, progressive, atypical, or fluctuating neurological deficits that can be missed by even experienced healthcare providers, with potentially devastating neurological sequelae due to irreversible injury to the cerebellum, brainstem, thalami, and occipital lobes. It is important for healthcare providers to be able to identify signs and symptoms and become familiar with acute stroke activation protocols. [SN, personal communication, 10/21/22].

**DESIRED OUTCOMES:** At the end of the activity, attendees will be able to:

- identify signs and symptoms of posterior circulation strokes.
- apply acute and extended stroke triage and imaging protocols for vertebrobasilar strokes.
- formulate an evidence-based therapeutic plan (e.g., thrombolytic, mechanical thrombectomy) for patients with acute vertebrobasilar ischemia.
- manage patients with vertebrobasilar large-vessel occlusions (LVO) following intervention.

**LEARNERS:** neurosurgeons, neurologists, cardiologists, internists, general/family practitioners, radiologists, research

**DESIRABLE PHYSICIAN ATTRIBUTE:** provide patient centered care, apply evidence-based practice

**CULTURAL/LINGUISTIC DIVERSITY/IMPLICIT BIAS (AB241)** Reflect on the patient populations most affected and consider how implicit bias may impact appropriate care of these patients. It is important to be aware of norms related to preferences regarding procedures for therapies for stroke (possibly fatalistic attitudes and the need to convince that effective treatments exist, when offered in a timely manner).