

# Resident Comfort with Obtaining Informed Consent for IV tPA

Vascular Neurology Fellowship Program

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## BACKGROUND

The standard of treatment for acute ischemic stroke (AIS) is the emergent administration of intravenous tissue plasminogen activator (IV tPA) in a timely manner.

Qualified individuals with suspected AIS must receive IV thrombolytics within a specific 4.5 hour time window based on American Heart Association and American Stroke Association guidelines.

Prior to administration of the medication, it is recommended to discuss the risks and benefits of the treatment, if patient or proxy caregivers are capable of providing informed consent. Comfort levels as well as practices of the residents may vary with obtaining informed consent from patients or caregivers.

## AIM STATEMENT

Increase resident comfort levels in obtaining informed consent for IV tPA for qualifying patients.

MUSC Pillar: Innovation (Resident comfort and patient informed consent practices)

## METHODS/INTERVENTION

Initial survey questionnaire sent to neurology residents questioning comfort levels with obtaining informed consent

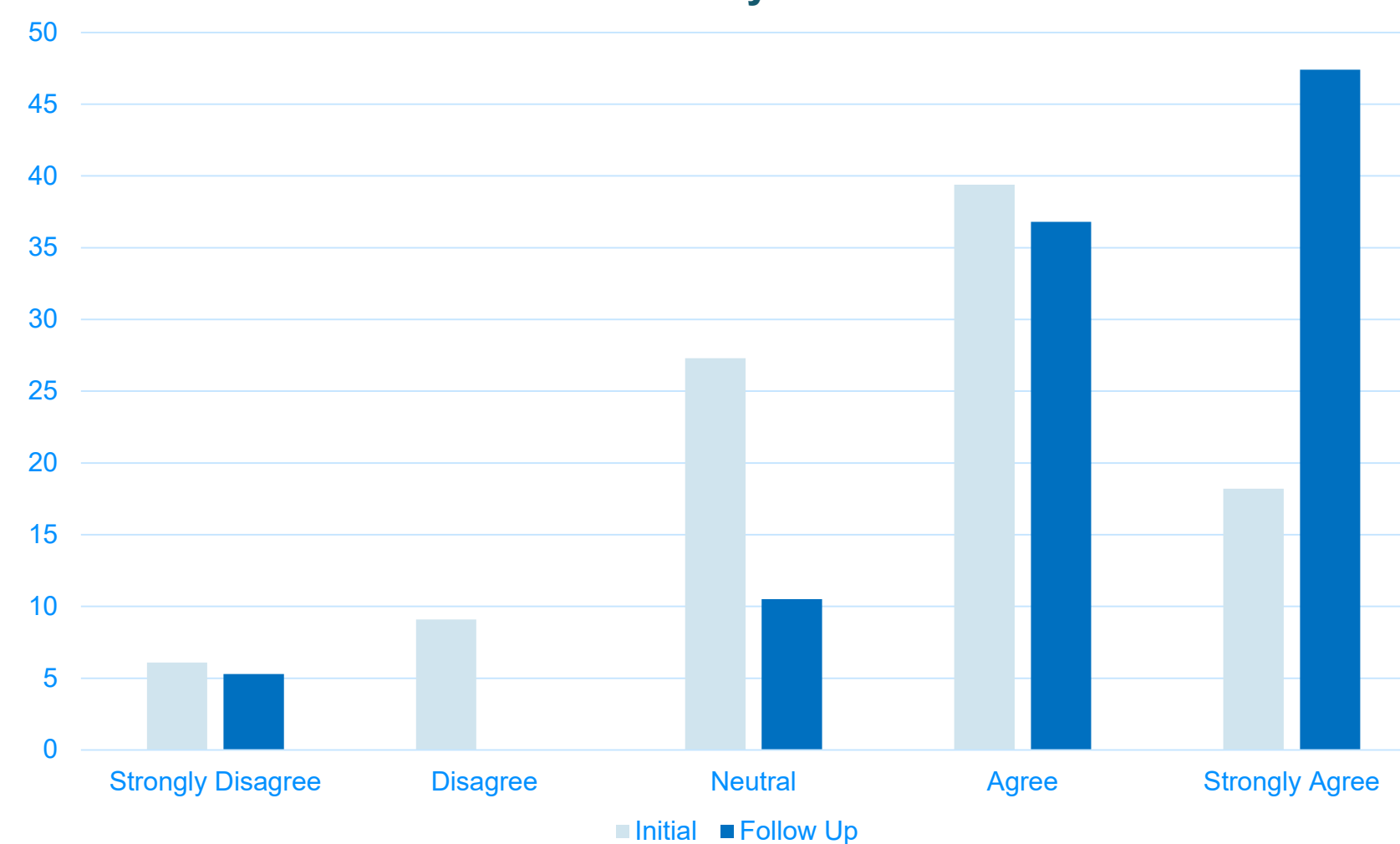
Education to neurology residents about obtaining informed consent

Provide residents with print out / digital copy of blurb with wording for informed consent stating specific data for risks and benefits of the medication

Residents asked to complete second survey questionnaire after 6 months to assess progress in resident's comfort levels with obtaining informed consent.

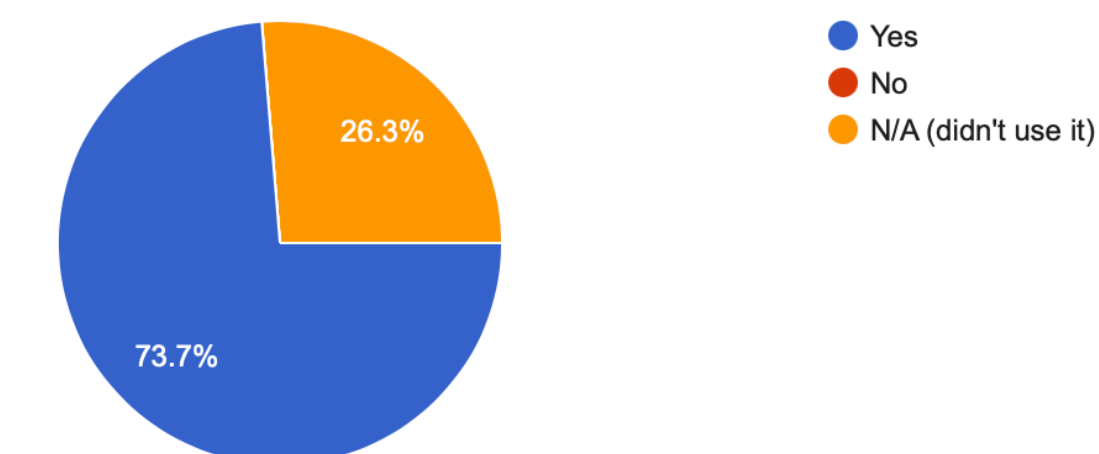
## RESULTS

Survey response to "I feel comfortable and capable of consenting patients for tPA" at initial and follow up survey



Do you feel that the tPA blurb increased your comfort level and ability to safely and efficiently consent patients for tPA?

19 responses



## CONCLUSIONS

Response to initial survey showed that only 30.3% of neurology residents received formalized training on consenting patients for IV tPA. Indicating need for more formalized education.

At 6 month follow up survey, there was increase in the amount of residents who had consented patients for tPA, witnessed patients being consented for tPA, and administered tPA. There was overall increase in residents who felt comfortable obtaining consent.

57.9% of residents utilized the consent blurb provided at the beginning of the study. 73.7% of residents felt that the badge attachment helped increase comfort levels.

## BARRIERS:

- Emergent administration of medication limits ability for residents to reliably use standardized consent
- Inability for patient to provide consent in setting of AIS or lack of available proxy decision makers
- Limited resident response to follow up survey

## NEXT STEPS

Improve and formalize educational tools for entering neurology interns.

Provide IV tPA consent print outs to place on badges for entering neurology interns at the beginning of the year.