Proposed Referring Physician Competencies

Level	Clinical competency	Technical competency
1	Awareness of Canadian Best Practice Recommendations for Stroke Care	Basic training on OTN videoconferencing system (powering on, mute, zoom, basic troubleshooting)
2	NIH Stroke Scale certification	
3	Awareness of the Alberta Stroke Program Early CT Score (ASPECTS)	

Level 1 is the minimum requirement for a physician working in the ED of a Telestroke Referring Site. For example, a new referring site in a rural area with limited experience dealing with stroke cases would be expected to have all physicians sign off as having completed Level 1 (Dryden, Fort Frances). This type of site would require full support from the neurologist including performing the NIHSS. Often, these sites are staffed with temporary locums making it difficult to enforce all three levels of competency training.

Level 2 includes Level 1 plus certification on the NIHSS. The ED clinicians or internist may require mentoring support or CT interpretation. A videoconference may not be required (eg Brantford, Niagara).

Level 3 includes Levels 1 and 2 plus an awareness of the ASPECTS. This would typically represent a mature experienced Telestroke site which only requires backup with a Telestroke neurologist via telephone. The local physician should be able to supply the Telestroke neurologist with both a NIHSS score and an ASPECTS score. The local physician would not be expected to calculate the ASPECTS score, but should be able to liaise with local radiology support to obtain a score and have a working knowledge of the rationale behind the ASPECTS score. Interpretation of the CT by the Telestroke neurologist is mandatory in the absence of interpretation by a local radiologist.

The role of a Telestroke neurologist for a Level 3 site would therefore primarily involve mentoring for challenging scenarios, although the opportunity for the Telestroke neurologist to independently review the CT imaging should nevertheless always remain possible.

Reference: CMAJ. December 2 2008; 179 (12). doi: 10.1503/cmaj.081148.R2.
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