MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

Cerebrovascular accident and transient ischemic attack (stroke)

(February 2017)

Rationale

Transient ischemic attack (TIA) and cerebrovascular accident (CVA) consist in the acute loss of arterial blood flow to a part of the brain or brainstem, resulting in temporary or permanent loss of function.

TIA and CVA are among the most common causes of death and disability in Canada. Lifestyle and risk factor modifications are ways of preventing these disorders, which can be treated with urgent medical or surgical intervention in some cases.

Causal Conditions

(list not exhaustive)

- Ischemia
    a. Thrombotic
    b. Embolic
- Hemorrhage
    a. Intracerebral and cerebellar
    b. Subarachnoid

Key Objectives

Given a patient with acute neurological deficits (e.g., aphasia, amaurosis fugax), the candidate will obtain an appropriate history and perform a physical examination leading to the possible diagnosis of TIA or CVA, and take action. The candidate will recognize the need for preventive health care in order to decrease the risk of TIA or CVA.

Enabling Objectives

Given a patient with risk factors for a TIA or CVA, the candidate will

- list and interpret critical clinical findings, including results of a history and physical examination aimed at detecting an early pathology (e.g., bruits, hypertension) that is treatable or correctable.

Given a patient with acute, intermittent or chronic neurological deficits, the candidate will

- list and interpret critical clinical findings, including results of a history and physical examination aimed at determining whether TIA or CVA is a possible cause;
- list and interpret critical investigations, including
    a. imaging (e.g., computed tomography);
    b. laboratory testing (e.g., lipid profile);
- construct an effective management plan, including
    a. proceeding with acute or chronic medical and surgical interventions (e.g., blood pressure control);
    b. referring for specialized services (e.g., rehabilitation, speech-language therapy);
    c. anticipating medium and long-term complications (e.g., psychosocial impact, safety).