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Insights from the first eighteen months of CBME implementation across Canadian neurology residency training programs

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Background: Canadian neurology residency programs recently transitioned to Competence Based Medical Education (CBME), designed to provide residents with stage-appropriate learning to develop and demonstrate competence. The successful implementation of CBME requires iterative evaluation as the adoption process may differ from the intended design due to systemic or program-specific factors. This study aims to (1) examine the variability in CBME implementation across Canadian neurology residency programs; (2) determine the barriers toward uptake of CBME; and (3) identify the benefits and pitfalls of CBME in neurology residency programs. Methods: A separate national survey was developed for residents and staff neurologists who participated in CBME for at least six months. Surveys were distributed through email, and responses were anonymized. Quantitative data were analyzed by response frequency and mean, where applicable. Free-form responses were analyzed qualitatively. Results: Staff neurologists felt prepared for CBME, but were divided on its fairness and impact on education quality. Residents experienced frequent but not necessarily timely or high-quality feedback. Barriers to implementation included increased paperwork, dissatisfaction with online platforms used to facilitate CBME, and bidirectional burden of initiating evaluations. Conclusions: Staff and residents have expressed unique perspectives on the first iteration of CBME. There remain opportunities for improvement in subsequent iterations.

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Effects of cerebellar Theta Burst Stimulation (TBS) on working memory

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Background: Recent evidence suggests that the cerebellum is involved in cognitive functions. Theta burst stimulation (TBS), a modality of transcranial magnetic stimulation (TMS), on the cerebellum can change its contribution to working memory. Therefore, we hypothesize that excitatory intermittent TBS (iTBS) on the cerebellum would improve performance on working memory tasks, whereas inhibitory continuous TBS (cTBS) would disrupt it. Methods: As this is an ongoing study, nine participants (6 women) took part in this study so far. TBS was applied on the cerebellum bilaterally. All subjects received iTBS, cTBS, and sham iTBS in three sessions in random order. After TBS in each session, participants performed three types of working memory tasks: letter 2-back, digit span forward (DSF), and digit span backward (DSB). Results: The preliminary results suggest that participants performed better in the sham condition in the letter 2-back and the DSB tasks compared to the iTBS and cTBS conditions, but the results did not reach statistical significance due to the small sample size. Conclusions: The preliminary results show that the cerebellar contribution to working memory may be disrupted by TBS. As we gain more statistical power by recruiting more participants, we hope to further demonstrate the effects of cerebellar TBS on working memory.

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Efficacy and safety of using standardized size of stents in patients with carotid artery stenosis

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Background: Carotid artery stenosis causes up to 20% of ischemic strokes. Stenting is used as an alternative to endarterectomy in symptomatic patients. Most centers customize each individual stenosis to a specific stent size. However, this process can be time consuming and costly while the relative benefit has not been well evaluated yet. We hypothesized that a 'one-size-fits-all' approach to carotid stenting results in non-inferior results to a customized approach. Methods: We conducted a descriptive retrospective cohort study on patients who underwent carotid artery stenting looking for peri- and post-procedural complications. The primary outcomes were periprocedural (within 24 hours) or post procedural (within 30 day) TIA, stroke, or death. The secondary outcome was the estimated degree of stenosis on follow up ultrasound performed within 6 months of the procedure. Results: The complication rate was 4.5%, 6.5% for 24 hours and 30 day post-procedure, respictively. Age and degree of stenosis on post procedural cerebral angiogram were associated with increased risk of complication. Severe restenosis or occlusion was reported in 16.8% of patients within 6 months post-procedure. Conclusions: Our study suggests that using a simplified, one-size-fits-all, approach to carotid stenting results in safe and effective outcomes, suggesting a route to possibly simplify a complex medical procedure.

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Basilar artery stenting in hyperacute stroke: a systematic review of published cases

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Background: Basilar artery stenting is a rescue therapy in the management of hyperacute stroke Published data on efficacy and safety are limited. Methods: A systematic review of published

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