coverage remotely to hospitals that do not have on-site neurology support.

There is an increasing incidence of acute stroke and a growing need for coverage in areas underserved by vascular neurology, both of which can be addressed with new and expanding telestroke programs. With the increasing demands for vascular neurology coverage and the increasing complexity of treatment options, formal telestroke training in neurovascular fellowship can address the intricacies of evaluating and managing patients remotely. With such training, those of us in the field have the potential to exponentially increase our patient catchment and fill in the daunting gaps in acute stroke coverage. We therefore recommend an approach to formally incorporate telestroke training into ACGME fellowship programs. Training programs will need guidance on offering consistent, high-quality telestroke curricula. An accreditation committee is needed to develop standards of training.

Comment: Telemedicine training during stroke fellowship

In 2009, the American Heart Association recommended the implementation of telemedicine within stroke systems of care.¹ Telestroke services have expanded throughout the United States, and have led to improvements in access to care, recombinant tissue plasminogen activator utilization, and cost-effectiveness. Medical trainees must be educated to utilize these new technologies and health care delivery models. There is limited information on the training of telemedicine providers and what education is necessary. A recent article recommended telemedicine-related enhancements to Accreditation Council for Graduate Medical Education (ACGME) Core Competencies.²

Jagolino et al.³ describe the integration of telestroke services into the curriculum of a vascular neurology (VN) fellowship program. The authors provide evidence of a growing need for telestroke services, address the lack of formal training in the field, and discuss the skills required to provide these services. They describe the feasibility of training and discuss the impact on stroke patients and recent graduates. They propose an educational model with associated ACGME VN milestones that could be incorporated into existing VN fellowship programs. The challenges to incorporating telestroke training into an ACGME VN fellowship program include access, licensure, and an effective educational program. It is unclear how many ACGME VN fellowships have access to telestroke services or could provide this training. Licensure and credentialing of VN fellows within networks may take several months and could affect training. An educational model with measurable learning objectives that address the competencies required to provide telestroke services would also be needed.

Telestroke services will likely expand in the future to address the projected undersupply of neurologists and burden of stroke. We need to prepare our trainees for a changing health care system, including telemedicine. Residency and fellowship programs must continuously update their curricula to address new technologies and changes in health care delivery.²

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AUTHOR CONTRIBUTIONS

Dr. Amanda L. Jagolino contributed to the design and conceptualization of the manuscript, interpretation of the data, and drafting/revising the manuscript for intellectual content. Dr. Judy Jia contributed to the design and conceptualization of the manuscript, analysis and interpretation of the data, and drafting/revising the manuscript for intellectual content. Dr. Kasey Gildersleeve contributed to the design and conceptualization of the manuscript, interpretation of the data, and drafting/revising the manuscript for intellectual content. Christy Ankrom contributed to the design and conceptualization of the manuscript, and drafting/revising the manuscript for intellectual content. Dr. Chunyan Cai contributed to the analysis and interpretation of the data. Dr. Mohammad Rahbar contributed to the analysis and interpretation of the data. Dr. Sean I. Savitz contributed to the design and conceptualization of the manuscript, analysis and interpretation of the data, and drafting/revising the manuscript for intellectual content. Dr. Tzu-Ching Wu contributed to the design and conceptualization of the manuscript, analysis and interpretation of the data, and drafting/revising the manuscript for intellectual content.

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DISCLOSURE

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