

Modernisation Initiative

stroke services

Improving local healthcare

Stroke Competencies

For qualified staff

Welcome to the Stroke Competency Framework

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Learning from people who have had strokes

Before you start reading this competency framework, please read the quotes below from people who have had a stroke and have used your health and social care services. Remember that your skill and competence will have a significant impact on the lives of the people who use your service. By viewing rehabilitation and care from the person's perspective you will take a meaningful step towards being an effective part of their rehabilitation and care.

Communication

- "Information was important, but the way it is given and when it is given is vital to help a person's recovery."
- "There are times when you know what you want to say but it doesn't come out."
- "You can't take in lots of words. If they can say just a few words. But they talk too much and use words you can't understand."
- "Could you please talk to ME – don't assume that I don't understand."
- "Need to consider the broader context with the patient and the family."
- "Patience and understanding are very important."
- "Patients' questions may seem silly to you but it's essential for them."
- "Personalisation is important."
- "To be a good communicator you need to be a good listener."
- "If you give written communication, find out if the person has trouble reading..."
- "I may hear something today, but need to ask again next week. Don't make me feel like an idiot."

Care Pathway

- "Patients often don't know which therapist does what."
- "Information is sometimes 'gate kept' by staff, people are not told everything that is relevant to them."

Prevention and Health Promotion

- "A person came every day for a month and she taught me everything I needed to know about stroke... all she knew she passed on – it was immensely helpful."
- "When I heard stroke I thought that was it – no more life."
- "Make sure staff give the message of hope with advice, provide a positive, not a negative message."
- "Patients need to take ownership – professionals need to monitor the patients' individual health care plan – not just the message. Patient to take responsibility."
- "Prior knowledge is going to affect your ability to take on this information."

Immediate Care

- "You are in shock; you don't know what to expect."
- "Please remember that you're in a strange world (when you have had a stroke), you can feel isolated."
- "Ask if we are in pain and help us manage it, not just medication but other things that make the pain worse like posture or movement."
- "As far as I was concerned explanations were non-existent."

“At the start I couldn’t understand. I couldn’t talk properly. Five months down the line (I could), check the patient’s understanding and see if they have got it.”

“Need to check patient’s understanding.”

Early and Continuing Rehabilitation

“There is a need for confidence building, encouragement and help with motivation.”

“Goals should have been set and they weren’t.”

“All the tips you pick up from other people are essential.”

“A lot of information could have been reinforced with the carer as well.”

“Moving and handling is very important so you don’t end up with a broken back.”

“Emotional functioning didn’t come up; it wasn’t considered an issue.”

“You can’t just engage with an individual, you need to put them in that wider context (consider family needs etc. etc.)”

“Motivation came from the therapist. He was confident he could get me walking. The belief in his ability is what worked.”

“Personalised involvement and positive motivation is key.”

“A set amount of time needs to be set aside for explanations e.g. 14 minutes physio, six minutes of explanation.”

“When I could go to the loo on my own, without pressing the buzzer for attention, it felt like someone had given me a million dollars!”

Long Term Care

“No-one – doctors, social worker etc. said anything about talking to the children. No-one offered counselling.”

“Introducing me to Peckham Pulse – community gym – I would never have thought of going there, now I still go twice a week.”

“Need to empower carers and families - need to provide information as required.”

“Training for carers and families, tell people their options.”

“This type of information (community support) is more important for people who live alone, they need to be supported to find community activities.”

Qualified Staff Stroke Competency Framework

This document is a learning and development resource to be used with an individual learning plan or personal development plan. It has been designed to allow the staff member and supervisor to select competencies and indicators that are relevant to their practice and put them into the local team's staff development and appraisal formats.

Purpose of the Framework

The framework is intended to:

- Improve knowledge, communication and skills
- Share best practice
- Increase awareness of the contribution made by each team member
- Provide guidance as to the agreed level of practice for qualified staff
- Facilitate an effective service for people who have had a stroke by ensuring that the staff providing the service are appropriately skilled.

We recommend that staff identify together with their supervisor which competencies are most relevant to them. Learning needs can be identified to achieve the competencies and reviewed using individual learning plans or personal development plans.

It is important to remember that while these competencies relate to staff who work with people who have had a stroke, many of the competencies will be equally applicable to other diagnoses and service users.

Structure of the Framework

The competency framework is broken into six distinct dimensions, each relating to an aspect of care for people who have had a stroke. These dimensions have been adapted from and are linked to the Knowledge and Skills Framework as set out in Agenda for Change.

Dimensions of Competence	Sub-sections
1: Communication	Person/carer Colleagues/professionals Multi-agency working
2: Care Pathway	Person's journey Multi-disciplinary team
3: Prevention and Health Promotion	Primary and Secondary Prevention and Health Promotion (combined)
4: Immediate Care	Understanding stroke Acute care of the person who has had a stroke
5: Early and Continuing Rehabilitation	Rehabilitating the person who has had a stroke Continence Diet/swallowing Moving and handling Activities of Daily Living
6: Long term care	Stroke and community services Person Carer

Structure of the Competency Framework

**Name and number of competence dimension:
sub-section title**

Indication of which staff groups have chosen the statement as their minimum standard level of practice.

Note – there may be more than one statement of competence depending on speciality

The member of staff will be able to:

This is a broad statement defining what health and social care staff will need to be able to do and know in order to provide a high quality service to the person who has had a stroke.

Knowledge and Skills Framework to which the competence is linked

Indicators

A more detailed statement of the knowledge and skills that will be required to achieve the competence

Staff Type

The types of staff to which the Indicator applies, as agreed by the working groups.

Key Terms and Definitions

Term	Definition
Competence	A general statement that defines the knowledge, understanding and skill required to perform a specific task (Skills for Health)
Indicator	Statements which define in further detail the actions required to achieve the competence
Core	Applies to all qualified staff
Specialist	Applies to a named specialist group of staff and may be applied to other qualified practitioners as appropriate to their role
Plain English	This means pitching the language used in verbal or written contexts at a level of sophistication that suits the receiver and using appropriate structure and terminology to help them understand the information
Person	The person who has had a stroke and is using the service
Carer	Any person involved in assisting or caring for the person who has had a stroke, this may include children, other family members and friends
OT	Occupational Therapist
PT	Physiotherapist
SALT	Speech and Language Therapist
Nurse	Nursing Staff
SW	Social Worker
MDT	Multi-disciplinary team
ADL	Activities of Daily Living
TIA	Transient Ischaemic Attack

How to use the Framework

The competency and training frameworks are to be used by both the manager and staff member during supervision and Personal Development/Appraisal sessions. The staff member should refer to the competency framework and the learning resources during protected learning times.

Step 1

The manager and staff member select from the Stroke Competency Framework which competencies and indicators are applicable to the staff member's practice.

Step 2

The manager and staff member identify which competencies are a priority and set dates for completion (Note: it is recommended to start with Communication and Care Pathway Competencies and the Core indicators).

Step 3

The manager and staff member identify and agree the most appropriate method to achieve and assess competencies. Self directed learning and reflective practice are essential components of learning. If the staff member decides on this method of learning, the level of self directed learning or reflective practice must be appropriate to the competency tier that is being worked towards.

Step 4

The manager and staff member agree a date for completion and method of assessing that the indicators and competencies have been achieved. There are a range of different methods of assessment, for example observation of practice, client feedback, production of a written piece, development of a resource, delivering of a presentation/training session. The manager feeds the agreed objectives into the team's training plan to inform the annual training priorities.

Step 5

The manager and staff member evaluate whether the competencies have been achieved and decide the next steps to take that are appropriate to the successful completion of the objectives set.

Examples of learning and assessment methods

- Reflective Practice written work
- Reported by team members from observation/joint sessions
- Written assignment/Reflective piece
- Observation of written records
- Observation of practice
- Deliver training or presentation
- Able to verbalise
- Develop a resource
- Course completed
- Previous learning/competence
- Feedback from clients that have been involved with the staff member

To promote the application of learning to practice it is recommended that hands on learning and observation of skills/knowledge always be utilised as learning and assessment methods. These may be combined with other methods where applicable. This is recommended as good practice in adult learning methodologies.





1. Communication

Competence 1.1: Communication – Person/Carer

Minimum standard for OT, PT, Nursing, SW, other practitioners

The member of staff will be able to:

- Describe communication in stroke and TIA
- Communicate effectively with patients/carers

Minimum Standard for SALT, Psychologists

The member of staff will be able to:

- Describe in-depth, communication impairments in stroke/TIA and the impact that altered communication has on social and emotional wellbeing
- Use appropriate assessment and rehabilitation techniques

Knowledge and Skills Framework

Dimension 1: Communication

Indicators	Staff Type
Describe and demonstrate the components of effective communication e.g. listening skills, verbal and non-verbal skills, negotiation and influencing	Core
Communicate with people who have had a stroke and their carers/family using Plain English and monitor understanding	Core
Explain the basic neuro-anatomy of communication	Core (Except SW)
Describe communication problems in stroke, their presentation and the meaning of terminology – receptive and expressive aphasia, dysarthria, verbal dyspraxia and cognitive communication disorder	Core
Briefly describe the effect of memory, concentration, anxiety and emotional responses to stroke on communication	Core
Describe and utilise basic methods and resources to support/maximise communication with people who have had a stroke and regularly monitor their understanding	Core
Identify the person’s and carer’s communication and language needs, wishes and preferences using supported communication as needed (verbal and non-verbal)	Core
Provide information in a manner and format that is suitable to the person’s and/or carer’s needs and preferences, and check their understanding	Core
Demonstrate awareness of own communication style and attitudes towards stroke and disability	Core

Demonstrate rapport building, empathy and personalising communication for the individual during interactions with the person/carer	Core
Demonstrate a working knowledge of anatomy and neuro-anatomy of communication	SALT
Linguistics: describe the structure of language, including sounds, word formation, sentence structure, and meaning	SALT
Cognitive Neuro-psychology: describe current theoretical models of language processing	SALT/Psychologist
Phonetics and Phonology: describe the sound system of language including speech sounds, speech patterns and rules that apply to those sounds	SALT
Summarise the theories of speech organisation and production	SALT
Explain syntax and pragmatics relevant to communication and typical vs. atypical language	SALT
Describe vocal and oro-facial tract function and speech (including respiration, phonation, articulation, prosody, resonance and intelligibility)	SALT
Assess communication and participation and identify barriers to successful communication and participation	SALT
Plan and implement treatment to maximise communication and participation in immediate and likely future environments	SALT
Describe in detail communication in stroke – receptive and expressive aphasia, dysarthria (and the range of dysarthric conditions and their characteristics), dyspraxia and cognitive-communication disorder) using supported communication where needed	SALT
Describe and apply strategies and techniques to facilitate communication such as Total Communication, Supported Conversation and AAC	SALT
Advise others on communication strategies to use with the person /carers	SALT/Psychologist
Identify and apply counselling approaches relevant to communication problems	SALT/Psychologist
Assess neuropsychological and wider factors affecting adjustment to communication disorders experienced following a stroke using supported communication (verbal and non-verbal modes of communication)	Psychologist
Plan, implement and support MDT interventions to promote psychological adjustment to communication difficulties using supported communication (verbal and non-verbal modes of communication)	Psychologist

Competence 1.2: Communication – Colleague/professional

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Communicate effectively with various colleagues
- Initiate appropriate contact/liaison across multi-professionals
- Explain stroke terminology

Knowledge and Skills Framework

Dimension 1: Communication

Indicators	Staff Type
List, define and explain in Plain English common stroke terms, obtain further information as required	Core
Communicate in a professional manner through various means (face to face, telephone, in writing)	Core
Describe and practice confidentiality and information sharing standards	Core
Record all direct and indirect contact with the person in a structured and accurate format that complies with legal and organisational requirements	Core
Communicate effectively in situations where there has been a communication breakdown/conflict/challenging situation	Core
Handover all relevant information concisely and accurately to other team members e.g. use of SBAR (Situation Background Assessment Recommendations)	Core
Initiate and complete joint working with MDT members as required	Core
Participate effectively in multi-disciplinary team meetings as required	Core

Competence 1.3: Communication – Multi-professional/agency

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Access services and communicate effectively about stroke with members of other agencies

Knowledge and Skills Framework

Dimension 1: Communication

Indicators	Staff Type
Describe common external agencies available and how to find and access them	Core
Identify specialist services that will meet the needs of the person and refer appropriately and in a timely manner	Core
Explain stroke terminology and communicate clearly with agency staff	Core
Obtain permission from the person to share information about them/refer them to other agencies, and inform them they may receive copies of correspondence using supported communication (verbal and non-verbal) where needed	Core
Provide appropriate, timely and accurate information to agencies, that meets professional standards, to enable them to assist as required	Core



2. Care Pathway

Competence 2.1: Care Pathway – Patient Journey

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Describe the stroke care pathway and how to implement it
- Implement the care pathway within their role

Knowledge and Skills Framework

Dimension 8: Addressing individual’s health and wellbeing

Dimension 13: Production and communication of information and knowledge

Indicators	Staff Type
Describe the journey of a person who has had a stroke throughout their care and apply it to own caseload	Core
Present the person and carers with pathway options so they are involved in decision-making about their own journey	Core
Complete appropriate and timely referral receipt procedures and refer to other agencies in the person’s journey/pathway	Core
Implement the care pathway appropriately during multi-disciplinary team meetings	Core
Discharge plan effectively and arrange longer-term support as needed following transfer from own services	Core

Competence 2.2: Care Pathway – Multi-disciplinary Team

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Describe their own role and the role of members of the MDT within the pathway
- Work as part of an effective multi-disciplinary team

Knowledge and Skills Framework

Dimension 8: Addressing individual’s health and wellbeing

Dimension 13: Production and communication of information and knowledge

Indicators	Staff Type
Define own role in stroke care pathway as a member of the MDT and be able to explain it using Plain English to people who have had strokes and their family	Core
Define the role in the stroke care pathway of all other members of the MDT – e.g. OT, PT, Nursing, SALT, SW, Psychology, Assistants, Medics, Dietician	Core
Recognise own limitations and the need for referral to other disciplines	Core
Identify need, make and receive referrals and/or complete joint sessions within the MDT appropriately	Core



3. Prevention and Health Promotion

Competence 3: Prevention and Health Promotion

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Describe the causes of stroke/TIA and recognise the risk factors
- Describe and practice the principles of health promotion and prevention
- Enable people pre and post stroke to understand and reduce the risk of stroke/TIA

Knowledge and Skills Framework

Dimension 9: Improvement of health and wellbeing

Dimension 10: Protection of health and wellbeing

Indicators	Staff Type
List the modifiable and non-modifiable risk factors of stroke and TIA	Core
Take a person's history during assessment and identify lifestyle risk factors for stroke/TIA (smoking, exercise, blood pressure, diet, weight, salt, alcohol etc.)	Core
Describe and use basic health promotion and behaviour change principles e.g. cycle of change, motivational interviewing	Core
Provide verbal and written information in a positive way to people on lifestyle factors (smoking, exercise, diet, weight, salt/alcohol intake) and treatment options (including seeking medical advice)	Core
Promote person's ownership of their health and self care and support them to take appropriate action (See Dept. of Health, Self Care guidelines)	Core
Identify and utilise available services in the community to improve health and wellbeing	Core
Educate people who have had a stroke on the importance of: <ul style="list-style-type: none"> ■ Controlling blood pressure and ■ Drug therapy – anti-thrombotic and anti-lipid and assess their understanding of this education	Core
Monitor a person's health and risk factors and refer to the appropriate service(s) as needed in a timely manner	Nurse
Monitor concordance with treatment/lifestyle changes including the use of drugs and monitoring of side effects	Nurse
Explain in detail: <ul style="list-style-type: none"> ■ Control of blood pressure ■ Drug therapy – anti-thrombotic/lipid including teaching plan 	Nurse
Assess and address risk-taking behaviour associated with neuropsychological or psychological factors	Psychologist





4. Immediate Care

Competence 4.1: Immediate Care – Stroke

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Explain the types and effects of stroke/TIA

Knowledge and Skills Framework

Dimension 2: Personal and people development

Indicators	Staff Type
Describe the basic anatomy, physiology and functions of the brain and it's circulatory system	Core
Describe the demographics and incidence of stroke in the UK population	Core
List the effects of stroke/presentation including: <ul style="list-style-type: none"> ■ Immediate signs (FAST – Face Arm Speech Test) ■ Physical ■ Cognitive ■ Sensory ■ Perceptual ■ Behavioural ■ Psychological and emotional 	Core
Describe the types of stroke and pathophysiology – ischaemic (embolic and thrombotic) and haemorrhagic	Core
Describe Transient Ischaemic Attacks – what they are, links to risk of stroke, how they differ from a stroke and emergency actions to take if suspected	Core
Recognise the effects that existing diagnoses or disabilities may have on stroke symptoms and outcomes (acute and long term)	Core

Competence 4.2: Immediate Care – Care of the Acute Patient

Minimum standard for all qualified practitioners (not SW)

The member of staff will be able to:

- Describe the investigations and immediate treatments required in the acute care of the person who has had a stroke/Transient Ischaemic Attack (TIA)

Knowledge and Skills Framework

Dimension 7: Assessment of health and wellbeing

Dimension 8: Addressing individual’s health and wellbeing needs

Dimension 16: Biomedical investigation and reporting

Dimension 17: Measuring, monitoring and treating physiological conditions through the application of specific technologies

Indicators	Staff Type
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Briefly describe specific medical investigations used in stroke care and explain why they are carried out e.g. CT, MRI, ECG, carotid Doppler, chest x-ray, angiogram, biochemical and haematological tests	Core
Use the results of investigations to direct assessment and treatment	Core
Explain the importance of, and use methods to prevent complications – pressure care, shoulder care, positioning, swallowing screen (see also moving and handling and diet/swallowing competencies)	Core
Briefly describe commonly used drug therapy – e.g. anti-thrombotic treatment, thrombolysis	Core
Briefly describe the clinical management of stroke clients – conscious level, BP, pulse, heart rhythm, temperature, blood glucose, O2 saturation, hydration	Core
Demonstrate empathy and provide support to the person and carers during the initial stage of the acute stroke experience	Core
Complete clinical nursing assessments using a recognised tool e.g. Roper, Logan and Tierney	Nurse
Complete and interpret clinical test of conscious level, BP, pulse, heart rhythm, temperature, blood glucose, O2 saturation, hydration	Nurse
Administer drug therapy in immediate care including anti-thrombotic treatment and thrombolysis	Nurse



5. Early and Continuing Rehabilitation

Competence 5.1: Early and Continuing Rehabilitation – Rehabilitating the person who has had a stroke

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Describe and apply evidence based principles of stroke rehabilitation
- Assess and implement treatment/care plans required for rehabilitating the person who has had a stroke

Knowledge and Skills Framework

Dimension 8: Addressing individual’s health and wellbeing

Indicators	Staff Type
Select and complete appropriate standardised and non-standardised clinical assessments within the parameters of own role	Core (not SW)
Complete screening assessments for cognitive function and emotional difficulties, interpret the results and develop intervention plans with the MDT	Core (not SW)
Understand and interpret results of the assessments and feedback the results to the person, family and team	Core (not SW)
Negotiate, set and evaluate person centred SMART goals with the person, carers and MDT, incorporating discharge plans	Core
Develop a positive working relationship with the person and their family and encourage and motivate them towards their rehabilitation goals	Core
Describe and apply the principles of repetition of tasks to promote recovery	Core (not SW)
Explain and apply principles of risk assessment and complete risk assessments and plans as needed	Core
Describe the common precautions and contra-indications in stroke rehabilitation	Core
Continuously evaluate rehabilitation intervention and goals with the person/carers and adapt it appropriately to meet the person’s need(s)	Core (not SW)
Utilise outcome measures in practice as part of the MDT	Core (not SW)
Maintain awareness of current research and innovative rehabilitation techniques as they apply to own practice	Core (not SW)
Provide timely, accessible stroke education and support to the person and their families and monitor understanding	Core

Competence 5.1

Identify need, seek advice and refer individuals for further specialist assessment	Core
Locate and utilise department of health and clinical guidelines relevant to practice – Royal College of Physicians Stroke, National Service Frameworks, Nursing Concise Guide for Stroke, Royal College of SALT, College of OT, Chartered Society of Physiotherapy	Core (not SW)
Explain the psychological, emotional and social impact of stroke and incorporate assessment and intervention of these factors into rehabilitation	Core
Complete a comprehensive assessment of swallowing – oral and pharyngeal stages	SALT
Complete a comprehensive assessment of speech – articulation, phonation, resonance, prosody, respiration	SALT
Complete a comprehensive assessment of verbal and written expressive language – syntax, semantics, and phonology	SALT
Complete a comprehensive assessment of auditory and written comprehension – syntax, semantics, and phonology	SALT
Describe and apply current models of language processing	SALT
Explain the impact of communication disorders on conversation and on key communication partners	SALT
Choose and implement up-to-date and appropriate rehabilitation methods within parameters of own role and RCSLT guidelines	SALT
Briefly describe the RCSLT Clinical Guidelines 2005, sections Aphasia (p97), Dysarthria (p93) and Dysphagia (p63)	SALT
Complete a comprehensive neurological physiotherapy assessment	PT
Describe the principles of neuroplasticity, muscle physiology, the most recognised approaches in neuro-rehab and current motor rehabilitation research	PT
Explain and practice the principles of facilitation of normal movement	PT
Briefly explain the implications of altered tone and its management, including: positioning, medication (Botox), splinting, self management	PT
List the adjuncts to treatment, including: orthotics/splinting, FES, CIMT, treadmill (+/- PBWS)	PT
Describe and apply exercise/leisure strategies to integrate rehabilitation into ongoing lifestyle management	PT
Briefly describe and incorporate assessment and treatment of cognitive and perceptual impairments into practice	PT
Complete basic assessment and treatment of respiratory problems	PT
Describe and practice the principles of early mobilisation	PT
Describe and practice principles of positioning for support and function - wheelchair, bed, chairs	PT/OT

Complete appropriate assessment and intervention for mobility – bed, wheelchair, functional walking, all transfers	PT/OT
Practice the use of evidence based motor rehabilitation approaches	PT/OT
Briefly describe and incorporate the principles of neuroplasticity into intervention	PT/OT
Complete a comprehensive neurological Occupational Therapy assessment	OT
Describe and apply principles of handling, weight-bearing, and normal movement into all activities of daily living treatment tasks	OT
Complete cognitive assessment (including observation of functional performance), interpret results and apply principles of re-training	OT
Complete perceptual assessment (including observation of functional performance), interpret results and apply principles of re-training	OT
Complete motor assessment (including observation of functional performance), interpret results and apply principles of re-training	OT
Describe and teach the principles of energy conservation for stroke	OT
Provide safety recommendations and education specific to stroke – e.g. neglect, sensation, cognition, positioning	OT
Explain the importance of repetition and the use of daily activities to promote recovery and independence and apply these principles to practice	Nurse
Interpret and follow therapy guidelines to create 24 hr rehabilitation practice e.g. – splinting, self-care, transfers, mobility, perception, cognition, positioning	Nurse
Complete brief and comprehensive neuropsychological assessments, interpret the results, and feed back sensitively and effectively to the person, carers, and the MDT	Psychologist
Develop and implement cognitive rehabilitation plans	Psychologist/OT
Assess emotional/mood difficulties (both person and carer) and develop a formulation including a treatment plan	Psychologist
Complete comprehensive assessments of challenging behaviour	Psychologist
Develop and monitor plans to manage challenging behaviour	Psychologist/OT
Work with the MDT and care agencies to address neuropsychological and psychological factors which impact on rehabilitation, recovery and adjustment to stroke disability	Psychologist
Supervise MDT staff implementing treatment plans and provide training as needed	Psychologist
Carry out specific, evidence based psychological interventions to address emotional effects of stroke (e.g. Cognitive Behaviour Therapy, Systemic Therapy)	Psychologist

Competence 5.2: Early and Continuing Rehabilitation – Continence

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Describe common continence issues and implement appropriate action
- Explain the psychological, social and emotional impact of incontinence

Knowledge and Skills Framework

Dimension 8: Addressing individual’s health and wellbeing

Indicators	Staff Type
Explain how stroke can affect continence	Core
Describe other factors that may contribute to difficulties with continence (age, medical condition, beliefs and preferences, diet, mobility etc.)	Core
List the actions to take if there are any problems or you have any concerns about the person and take action when need identified	Core
Describe the role of nursing staff and continence specialists and how to access advice and support	Core
Encourage individuals to use recommended continence equipment, techniques and clothing	Core
Explain the importance of and demonstrate the ability to maintain privacy and dignity	Core
Provide the person with a means of calling for help when using toilet facilities/describe why this is good practice	Core
Briefly explain the effect of incontinence on moving and handling, pressure care, positioning, skin integrity and ADLs	Core
Briefly describe psychological, social and emotional effects of incontinence	Core
Describe the basic anatomy and physiology of elimination systems and why incontinence can occur in stroke	Nurse
Describe the principles and methods of assessing, managing and rehabilitating continence	Nurse
Complete a continence assessment using a local tool and develop an action plan to address the person’s needs	Nurse
List the options available for the promotion of continence (continence equipment, exercises, medication, lifestyle, environmental factors)	Nurse
Describe and apply the principles of bladder re-training and toileting programmes	Nurse
Encourage the person to make regular use of the toilet facilities to help them achieve a pattern of elimination in accordance with the care plan	Nurse

Competence 5.3: Early and Continuing Rehabilitation – Diet and Swallowing

Minimum standard for OT, PT, SW, Nursing, Psychologists, other practitioners

The member of staff will be able to:

- Describe and recognise swallowing problems,
- Describe different feeding methods and referral procedures to appropriate services
- Briefly explain the psychological, social and emotional impact of swallowing problems

Minimum standard for SALT

The member of staff will be able to:

- Demonstrate specialist knowledge of swallowing problems
- Assess and implement treatment techniques
- Explain the psychological, social and emotional impact of swallowing problems

Knowledge and Skills Framework

Dimension 8: Addressing individual's health & well being

Indicators	Staff Type
Explain and recognise the possibility, risks and the signs and symptoms of swallowing problems following stroke	Core
Name the referral mechanisms and identify and make appropriate referrals to speech and language therapy	Core
Briefly describe the importance of hydration and nutrition	Core
Identify hydration and nutrition issues and make appropriate referrals for specialist input	Core
Briefly describe common adapted methods of feeding e.g. NG, PEG	Core
Briefly explain the psychological, social and emotional impact of swallowing problems	Core
Describe the anatomy and physiology of swallowing	Nurse
Describe the potential observable effects of stroke on swallowing	Nurse
Describe the importance of adequate hydration and the risks related to stroke	Nurse
Describe the signs of aspiration and how to assess for the signs and symptoms	Nurse
Complete a swallowing screening assessment using trust protocols	Nurse
Monitor for and identify signs of decreased nutrition and hydration and take appropriate action	Nurse

Complete a nutrition assessment and implement appropriate intervention using local tools	Nurse
Provide education to the person and family regarding swallowing and nutrition needs and interventions and monitor understanding	Nurse
Explain and implement recommended swallowing strategies and exercises	Nurse
Briefly explain the ethical issues regarding feeding/not feeding	Nurse
Ensure appropriate consistency of diet/fluids being provided	Nurse
Describe referral triggers and make appropriate referrals for further specialist assessment e.g. Home Enteral Nutrition Team, SALT	Nurse
Describe the anatomy, physiology and neurology (cranial nerves) of swallowing	SALT
Describe the effects of stroke on swallowing	SALT
Describe typical and atypical presentation of swallowing	SALT
Describe the principles of and demonstrate skill in bedside assessment techniques	SALT
Describe how hydration, nutrition, respiration, medication, reflux, oral hygiene and non-oral feeding relate to swallowing	SALT
Explain best practice related to independent and assisted feeding	SALT
Describe and implement appropriate client management – including therapy and adaptive methods (RCSLT Clinical Guidelines 2005)	SALT
Describe instrumental techniques and referral criteria and make appropriate referrals (VFS, FEES)	SALT Community
Describe the principles of and complete objective instrumented assessment techniques appropriate to setting e.g. VFS/FEES	SALT Acute
Describe indicators for second opinions and make appropriate use of other professionals such as gastro teams, ENT etc.	SALT

Competence 5.4: Early and Continuing Rehabilitation – Moving and Handling

Minimum standard for SALT, SW , Psychologists, other practitioners

The member of staff will be able to:

- Describe specific physical problems resulting from stroke and assess moving and handling risks
- Explain the psychological, social and emotional impact of moving and handling

Minimum standard for OT, PT, Nursing

The member of staff will be able to:

- Assess specific areas of mobility and implement treatment techniques from a range of modalities
- Explain the psychological, social and emotional impact of moving and handling

Knowledge and Skills Framework

Dimension 8: Addressing individual’s health and wellbeing

Indicators	Staff Type
Briefly describe impairments following stroke and their consequence on moving and handling: <ul style="list-style-type: none"> ■ Abnormal movement ■ Weakness and fatigue ■ Pain ■ Communication ■ Continence ■ Sensation/perception ■ Cognition/behavioural issues ■ Vision/hearing ■ Level of consciousness 	Core
Describe and utilise the TILE method of moving and handling risk assessment: <ul style="list-style-type: none"> ■ Task (what is to be done) ■ Individual’s capability (abilities of the person assisting) ■ Load (include psychological, social and emotional factors) ■ Environment 	Core
Briefly describe and demonstrate best practice risk management strategies	Core
Accurately document risk assessment and management strategies	Core

State the psychological, social and emotional impact of moving and handling problems	Core
Describe the specific moving and handling difficulties related to stroke effects including: <ul style="list-style-type: none"> ■ Increased/decreased tone and abnormal movement ■ Sensation and perception changes ■ Weakness and fatigue ■ Pain – specifically shoulder and post stroke central pain ■ Shoulder care – risks of subluxation, handling of at risk shoulders ■ Inattention – related to all modalities – visual, motor and sensory ■ Perseveration on motor tasks and motor planning difficulties ■ Cognitive impairments – insight, impulsiveness, safety awareness ■ Vision – specifically hemianopia and hemi-inattention ■ Level of consciousness ■ Balance and motor control ■ Communication ■ Continence 	Nurse PT OT
Assess, plan and evaluate care for the moving and handling of the person including care of all deficits listed above	Nurse PT OT
Conduct a safety and risk assessment related to moving and handling and all associated risks as appropriate to own remit	Nurse PT OT
Communicate clearly the potential and actual risks related to moving and handling to the person/family	Nurse PT OT
Demonstrate safe moving and handling techniques including use of equipment (with equipment demonstration as needed)	Nurse PT OT
Seek advice and make referrals for further specialist or professional review for people with complex moving and handling problems following stroke	Nurse PT OT
Apply and care for splints/devices to assist the person's mobility	Nurse PT OT
Describe and implement best practice risk management strategies and techniques	Nurse PT OT
Apply neuro-anatomy and physiology knowledge to clinical reasoning re: impact of impairments and assessment of the person's movement ability and therapist skill	PT OT
Describe and practice the principles and facilitation of normal movement within moving and handling tasks	PT OT

Competence 5.5: Early and Continuing Rehabilitation – Activities of Daily Living

Minimum standard for PT, SALT, Nursing, SW, Psychologists, other practitioners

The member of staff will be able to:

- Describe the impact that stroke has on function and completion of tasks/roles and the importance of aiming to maximise independence in ADL as relevant to professional intervention
- Incorporate the psychological, social and emotional impact of lost independence into practice

Minimum standard for OT

The member of staff will be able to:

- Demonstrate and apply an in depth understanding of ADL and the complex nature of stroke and its effect on function
- Utilise ADL as the primary assessment and treatment modality to promote independence.
- Incorporate the psychological, social and emotional impact of lost independence into practice

Knowledge and Skills Framework

Dimension 8: Addressing individual’s health and wellbeing

Indicators	Staff Type
Describe the daily activities and roles in which people engage – personal, domestic, work/study, leisure, sexual, cultural, spiritual, social, community etc.	Core
Identify activity limitations and participation restrictions post Stroke	Core
Identify impairments that impact on activity and participation e.g. decreased strength/range of movement, cognitive/perceptual difficulties, mood/behavioural changes	Core
Incorporate ADLs and the promotion of independence into intervention as appropriate to own role	Core except SW
Assess for, provide and give education on the use of aids/equipment/ adaptations as relevant to professional intervention	Core except SW
Assess for the most effective means of accessing the community and complete appropriate risk assessment	Core

Educate and support the carers/family on the impact of stroke on ADL as relevant to own role e.g. safety awareness, equipment, eating, medication management etc.	Core
Educate and support the carers/family on how to incorporate relevant treatment principles into ADL and adjust to limited independence	Core except SW
Identify the appropriateness for participating in vocational rehab/return to work programmes and refer appropriately	Core
Identify and work with the appropriate agency/team member to improve ADL independence (therapies, nursing, specialist care agencies)	Core
Incorporate basic techniques to improve participation and independence e.g. facilitating upper/lower limb, cognitive or perceptual strategies, positioning etc.	Core except SW
Complete a detailed assessment of ADL performance, using standardised and non-standardised methods and make accurate observations of functional performance	OT
Conduct an activity analysis of selected ADL tasks	OT
Appropriately set up the person (handling skills), task (activity requirements and grading of complexity) and environment (structure environment) to enhance practice of ADL	OT
Describe and practice specific evidence based adaptive and remedial interventions within ADL e.g. unilateral techniques for personal care and food preparation, energy conservation, ergonomic assessment, etc.	OT
Incorporate the basic principles of motor (e.g. normal movement and motor relearning) and cognitive (e.g. multi-context treatment approach) retraining approaches into ADL	OT
Set up an effective vocational rehab/return to work programme:	OT
<ul style="list-style-type: none"> ■ Identify abilities necessary for return to work and treat as appropriate ■ Review work commitments from client and employer perspective ■ Conduct work site visits ■ Make necessary adaptations as appropriate ■ Provide advice and support within the work environment 	



6. Long Term Care

Competence 6.1: Long Term Care – Stroke and Community Services

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Identify and utilise the local stroke and community support services that meet the person’s or carer’s needs

Knowledge and Skills Framework

Dimension 8: Addressing individual’s health and wellbeing

Dimension 18: Partnership

Indicators	Staff Type
Locate stroke specific support services in Lambeth and Southwark and refer appropriately	Core
Describe and appropriately utilise statutory and non-statutory community resources	Core
Effectively utilise www.mystrokeservices.net resources and other stroke resources such as Stroke Association website and helpline	Core
Provide information and support to the person and family to access appropriate services	Core

Competence 6.2: Long Term Care – Person

Minimum standard for all qualified practitioners

The member of staff will be able to:

- Recognise and assess change in the person’s condition and initiate appropriate action e.g. further rehabilitation or change of care plan
- Describe and recognise the psychological, social and emotional impact of living with a long term disability

Knowledge and Skills Framework

Dimension 7: Assessment of health and wellbeing needs

Dimension 8: Addressing individual’s health and wellbeing needs

Indicators	Staff Type
Complete holistic assessments of person and carer needs (e.g. Single Assessment Process where applicable)	Core
Identify risks to health, safety and independence/changes in function and develop a plan to address these risks	Core
Support the person to locate and participate in activities that enable them to maintain their health and independence in the community long term	Core
Seek advice and refer the person for further specialist assessment or support	Core
Explain how factors in people’s lifestyles (e.g. physical activity, smoking, diet, alcohol consumption, finances, cultural or religious practices) can affect their long term outcome	Core
Recognise and describe the psychological, emotional and social impact of stroke and how this may affect long term function and care	Core

End of Life Care – Nursing Staff

Case manage people who have had a stroke to achieve the best possible outcomes for disease stability and quality of life	Nurse
Promote and educate the person and carer to self care and maximise independence in ADLs, disease management and monitoring	Nurse
Work in partnership with the multidisciplinary team, acute care and other agencies	Nurse
Recognise own limitations and professional accountability when dealing with death, e.g. to the dying person and their family	Nurse
Identify when and how to refer for palliative care advice or commence the palliative care pathway	Nurse
Describe the different treatment options used for the dying person	Nurse
Identify different religious and cultural needs and refer on as needed	Nurse
Offer support to family and carers and refer for counselling/support	Nurse
Explain the person's right for autonomy	Nurse
Describe the psychological, social and emotional impact of the dying process for both the person and family/carers	Nurse

Competence 6.3: Long Term Care – Carer

Minimum standard for Nursing, OT, PT, SALT, Psychologists, other practitioners

The member of staff will be able to:

- Support the carer with carer specific issues and offer stroke specific training to the carer
- Acknowledge the carer as an individual and incorporate the need for the carer’s psychological, physical and social wellbeing into practice

Minimum Standard for SW

The member of staff will be able to:

- Describe carer’s needs/rights,
- Complete carer assessments and set up appropriate requirements
- Identify emergency/respite services/and benefits
- Acknowledge the carer as an individual and incorporate the need for the carer’s psychological, physical and social wellbeing into practice

Knowledge and Skills Framework

Dimension 7: Assessment of health and wellbeing needs

Dimension 8: Addressing individual’s health and wellbeing needs

Indicators	Staff Type
Describe the impact of stroke and disability on family and carers	Core
Briefly describe carer’s rights and services and provide appropriate information	Core
Make appropriate referrals to social/health care and other agencies and work jointly as needed	Core
Train and support carers with stroke specific issues relevant to own role (for example nutrition, equipment use continence aids, upper limb care, ADLs)	Core
Incorporate the needs of the carer and their psychological, physical and social wellbeing into assessment and intervention practice	Core
Explain in detail carer’s rights and services including emergency and respite services and financial benefits	SW
Clearly explain to carers the reasons for completing a carers assessment	SW
Complete a thorough carer assessment using appropriate format and develop and implement a plan to address identified needs	SW

APPENDIX A

Resources to assist the learning process

It is recommend that both the supervisor and supervisee complete the following online course to facilitate the learning process:

- Education Appraisal Skills: an interactive programme for trainees and trainers
www.appraisal-skills.nhs.uk
- Liberating Learning
www.healthcareskills.nhs.uk/Liberating-learning.html

It is recommend that some key supervising staff complete the following online course:

- Teaching and Learning in Clinical Contexts: A Resource for Health Professionals
www.clinicalteaching.nhs.uk/site/HomePage.asp

Accompanying this competency document is a learning resource that contains the following information:

- Website links containing stroke information at various levels
- Details of books or journal articles
- Clinical guidelines
- Website links with updated evidence based reviews of stroke rehabilitation
- General and stroke specific journal or guideline weblinks
- Details of courses that have been researched and are available for staff

These links are also available on www.mystrokeservices.net

This is not a comprehensive list of all resources available and staff are encouraged to conduct their own research to locate sources of information and learning. These resources provide theoretical knowledge only and should always be used in conjunction with practical training, supervision and observation so that staff develop the skills required for their work.

All staff are encouraged to add learning resources to the competency folder as they locate them during their own research and self-directed learning.

APPENDIX B

Example applications of the Framework

Whoever is using them, the framework can be combined and used in a variety of ways. For example it can be used to:

- Identify what knowledge and skills certain staff need to carry out their work
- Identify areas where further learning is needed
- Support performance review and appraisal
- Form an action plan to guide future learning and development
- Analyse or describe a role, including role design or job descriptions
- Develop education and training programmes

Using the Framework

The following examples illustrate possible uses of the framework.

Nurse Rachel Morven is working on an intermediate care ward within a Primary Care Trust. Many of Rachel's patients are at risk of developing a stroke or have been admitted following stroke and she is aware that her knowledge and skills in relation to caring for this group of people could be improved. During the review of her personal development plan, Rachel advises her supervisor that she would like to identify competencies from the stroke framework. Rachel and her manager identify a number of competencies and agree an action plan to address her learning needs.

David Cole is a Practice Manager with responsibility for educating and training the practice's support staff. David knows that the practice is working on identifying individuals at risk of stroke. He decides to use the stroke competencies to help him design a training and development programme for staff.

Sonia Dean is a lead therapist in a community therapy service. She has been asked to develop the skills of therapy assistants within the neuro pathway. She utilises the competency framework together with staff and supervisors to develop and assess staff learning and competence.

Kath Ballser is a Band 7 Physiotherapist who has a new rotational Band 6 Physiotherapist joining her team on the stroke rehab unit of a major hospital. Kath uses the framework to set learning and competency goals for the new Physiotherapist during her placement and provide the framework and learning resources as a guide to practice and learning.

APPENDIX C

Method of Development

This competency framework has been developed by groups of specialist staff from across Southwark PCT, Lambeth PCT, King's College Hospital and St Thomas' Hospital.

The following staff groups have been involved in the development of this Qualified Staff Stroke Competency Framework:

- Occupational Therapists
- Physiotherapists
- Speech and Language Therapists
- Nurses
- Social Workers
- Psychologists

The Stroke Modernisation Initiative identified a Stroke Competency Framework that was developed in County Durham and Tees Valley that could be applied to all staff. This framework was then taken to working groups who identified the level of competence and indicators appropriate to their professional practice and agreed a minimum standard of competence. Where there has been commonality between professional groups these competences and indicators have been identified as core competencies for all qualified staff.

The following groups have been consulted and have contributed to the frameworks by offering their opinions and feedback:

- People who have strokes and used local health and social care services
- Lead Psychologists from South London and Maudsley NHS trust
- Stroke specialist General Practitioners
- Connect - the communication disability network

Where there are differences between the professions in competency and indicator statements these have been labelled as specialist to that professional group. This means it is applicable to that staff group as part of their minimum standard but other staff groups may adopt it if it is assessed as appropriate to their role.

Other members of the multi-disciplinary team have reviewed the work completed by professional groups.

The framework has also been reviewed against the following:

- Stroke Core Competencies for Healthcare Staff – NHS Education for Scotland
- Competency-based Framework for Training in Stroke Services - County Durham and Tees Valley Workforce Development Confederation
- Learning from people who have had strokes – Modernisation Initiative Stroke Services
- Skills For Health Competencies as relevant to stroke care provision.

APPENDIX D

Acknowledgements and references

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Paran Govender

OT King's College Hospital

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Nurse King's College Hospital

Clare Chester SW Southwark

Fran Brander PT King's College Hospital

Matilda Sequira Nurse Lambeth PCT

Steve Boddington Psychologist SLAM

Angela Posada SALT Southwark PCT

Anita Macro Nurse Lambeth PCT

Adrienne Little Psychologist SLAM

Tess Baird OT Southwark PCT

Sharon Moodie SW Southwark

Yvonneke Roe GP

Kate Balzer SALT Lambeth PCT

Madeleine Anlezark SW Lambeth

Raj Mitra GP

Sandy Chambers PT St Thomas' Hospital

Joanne Humphrey SW Lambeth

Kyna O'Brien OT Lambeth PCT

Natasha Williams OT St Thomas' Hospital

Steve Bethel SW Southwark

Catherine Atkinson OT Lambeth PCT

Rukiye Ahmet PT Lambeth PCT

Sabina Smith SW Lambeth

Gill Cluckie Nurse St Thomas' Hospital

Yvonne Wren PT Southwark PCT

Katrina Clarkson

SALT St Thomas' Hospital

Kate Swinburn Product Developer
(Training lead) Connect

People who have had strokes and have used local health and social care services: Rae Shepherd, Janet Jackson, Gertel Bent, Reita Faeron, Dave Morrison and Nanik Pursani.

Modernisation Initiative staff that have been involved in this work:

David Coleopy (Lead), Sonia Denisenko, Jane Stopher, Gaynor Smith.

This competency framework has utilised the following references:

Competency Based Framework for Training in Stroke Services – all practitioners/care staff. County Durham and Tees Valley Workforce Development Confederation, compiled by Sarah Jane Ashcroft, Project Worker, December 2003.

NHS Education for Scotland, Stroke – Core Competencies for Healthcare Staff.

Skills for Health Competencies
www.skillsforhealth.org.uk

Learning from people who have had strokes – Good Practice Guide, Stroke Modernisation Initiative 2005.

For future information on competencies applicable to stroke care please check www.skillsforhealth.org.uk

Stroke Competencies Learning Resources for Qualified Staff

Area of Competence

1: Communication

Interpersonal skills and relationship building

Sub-sections

Person/carer

Colleagues/professionals

Multi-agency working

Health Care Skills Online Course 'Communication in Healthcare'

Provides an understanding of the principles of good communication

www.healthcareskills.nhs.uk

King's College London Communication Skills in Supportive Care 2 day short course page 46 of Study Days Prospectus

The aim of the two days is to reflect on the use of communication skills in the practitioner's current practice and to provide an opportunity to consolidate and build on these skills. Subjects covered are breaking bad news, working with collusion, anger and denial, communication within an inter disciplinary team and the patient's perspective.

Stroke Association Factsheets Communication

Explains the different communication problems that can arise after a stroke, and some practical ways in which they can be overcome

www.stroke.org.uk/information/factsheets/factsheets_list.html

Cognitive Problems

Explains what cognition is, how stroke can affect someone's cognitive processes and how to cope with cognitive problems

www.stroke.org.uk/information/factsheets/cognitive.html

Dysphasia and Dysarthria

www.patient.co.uk/showdoc/40000746

Neuro-Anatomy of communication

www.sparknotes.com/psychology/neuro/brainanatomy/language.html

<http://biology.about.com/gi/dynamic/offsite.htm?site=http://www.furman.edu/%7Eeinstein/general/neurodemo/lang.htm>

Glossaries of Stroke Terms

www.stroke.org.uk/information/glossary/index.html

www.strokecenter.org/education/glossary.html

Stroke Rehabilitation – A Function Based Approach 2nd Ed Glossary p691

Health Care Skills Online Course 'Teams and Leadership'

Why teamwork is good for patient care and what makes a good team

www.healthcareskills.nhs.uk

Resource Pack

SOAP notes and record keeping standards, SBAR communication technique, Professional Code of Conduct

Inservice Training from team Speech and Language Therapists

The Stroke and Aphasia Handbook

A book for users about stroke, aphasia and living after a stroke with communication problems

Speakability Factsheets

Aphasia – types, fast facts, information technology and activities that do not rely on speech

www.speakability.org.uk/Pages/Factsheets/Factsheets1.htm

Professional Code of Conduct

OT, PT, SALT and Mandatory Training

Evidence Based Resource for Qualified Staff

StrokEngine – Review of Aphasia

www.medicine.mcgill.ca/strokengine/module_aphasia_intro-en.html

Evidence Based Review of Stroke Rehabilitation

Aphasia

www.ebrsr.com/index_modules_sub3.html

RCSLT Clinical Guide

www.rcslt.org/resources/RCSLT_Clinical_Guidelines.pdf

Information on external agencies

www.mystrokeservices.net

Speech and Language Therapy Resources

Neurology for the Speech and Language Pathologist 3rd Ed.

Love and Webb

Butterworth Heinemann 1996

Acquired Speech and Language Disorders - A neuroanatomical and functional neurological approach

BE Murdoch 1992

Neuroscience of Communication

D Webster

Singular Publishing Group 1999

Beyond Aphasia - Therapies for living with communication disability

Pound, Parr, Lindsay and Woolf

Winslow Press 2000

Stroke Talk

Available from Connect

www.ukconnect.org

£60 plus £5 postage

Area of Competence 2: Care Pathway

Sub-sections

Patient's journey

Multi-disciplinary team

Care Pathway training from senior staff
Induction to service and team structures
and procedures

Attend case conferences and

Multi-Disciplinary meetings

Joint working with members of the
Multi-Disciplinary team

Self directed learning, research and

Reflective Practice

Roles of the MDT

Scottish Intercollegiate

Guidelines Network – Management
of patients with stroke P24

www.sign.ac.uk/pdf/sign64.pdf

Rehabilitation and the basic
roles of therapists

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/index.html

Factsheets on rehabilitation –
OT, SALT, PT, Complimentary

www.stroke.org.uk/information/factsheets/factsheets_list.html

Care of Stroke Patients - Guidelines

Royal College of Physicians

www.rcplondon.ac.uk/pubs/books/stroke

SIGN 64

www.sign.ac.uk/pdf/sign64.pdf

Evidence Based Resources for Qualified Staff

The Efficacy of Stroke Rehabilitation

www.ebrsr.com/index_modules_sub1.html

The Elements of Stroke Rehabilitation

www.ebrsr.com/index_modules_sub1.html

Area of Competence 3: Prevention and Health Promotion

Encouraging lifestyle changes and monitoring health and identifying those at risk

Sub-sections

Primary Prevention

Secondary/Tertiary Prevention

Health promotion

Stroke Risk Factors

www.americanheart.org/presenter.jhtml?identifier=9217

www.ninds.nih.gov/disorders/stroke/stroke_bookmark.htm

www.strokecenter.org/pat/risk.htm

Prevention

www.bbc.co.uk/health/conditions/stroke/prevention_index1.shtml

Chest Heart and Stroke Scotland

Factsheet – Reducing the Risk of Stroke

www.chss.org.uk/advice/stroke.shtml

Stroke Association information on lifestyle and risk factors

www.stroke.org.uk/information/publications_list/preventing_a_stroke/index.html

Smoking and how to give up

British Heart Foundation

www.bhf.org.uk/publications/uploaded/smoking%20and%20how%20to%20give%20up.pdf

British Heart Foundation Publications

www.bhf.org.uk/publications/results.asp?keywords=§ion=3&Submit=+++Search+++

Stroke Care Manual Chapter 10

Preventing Strokes and Other

Vascular Events

King's College London – 'Lifestyle Coaching for Health Illness' course

Short Courses and Study Days Prospectus p40

Effective methods of initiating and supporting lifestyle change (lifestyle coaching) will be identified. Participants will have the opportunity to practice their skills in imparting health messages and devising programmes of health promotion for individuals, communities and population groups.

Health First courses

Motivating clients to change their behaviour

www.healthfirst.org.uk/training/health_first/motivating_clients_change_behaviour.htm

Health Promotion

Monica Melling – General training on the principles of health promotion

www.healthfirst.org.uk

Motivational Interviewing

<http://motivationalinterview.org/clinical/index.html>

www.optumanswers.com/research/articles/lifestylecoaching.shtml

Medication Management and Concordance

<https://webapp.walgreens.com/cePharmacy/programsHTML/compliance.html>

Cycle of Change

www.lifecoachsolutions.co.uk/details/cycle_of_change.htm
www.tdan.com/i014fe02.htm

Smoking Cessation and the Cycle of Change

www.pjonline.com/pdf/cpd/pj_20031213_changebehaviour.pdf
www.stopsmokingmanchester.co.uk/docs/PROFworkingwithSmokrs.pdf

Cholesterol

www.bhf.org.uk/hearthealth/index.asp?secondlevel=78&thirdlevel=166&artID=444

Smoking Cessation courses

Julie Pearson – Lambeth Stop Smoking Service 020 7411 6124

Training on the effects of smoking and useful methods of changing lifestyle and assisting people to quit.

In southwark visit

www.southwarkpct.nhs.uk

Blood Pressure

www.bpassoc.org.uk/information/information.htm
www.nhlbi.nih.gov/health/public/heart/hbp/hbp_low/hbp_low.pdf
www.stroke.org.uk/information/preventing_a_stroke/factsheets/high_blood.html?gclid=CMvw-siaougCFUwIQgodzhhb5hQ

Medication

www.stroke.org.uk/information/preventing_a_stroke/factsheets/medicines_for.html

<http://bhf.org.uk/hearthealth/index.asp?secID=1&secondlevel=79&thirdlevel=479&artID=1680>

www.bhf.org.uk/professionals/uploaded/bhf_factfile_december-1998.pdf
www.aidsmap.com/en/docs/AD374028-206A-4B71-80EA-B7745E3264A0.asp

Health Promotion in Nursing Practice

www.amazon.co.uk/gp/product/0131194364/sr=1-1/qid=1155222841/ref=sr_1_1/202-0389579-4047832?ie=UTF8&s=books

Evidence Based resource for Qualified Staff

Secondary Prevention of Stroke

www.ebrsr.com/index_modules_sub2.html

Area of Competence

4: Immediate Care

Urgent hospital admission and treatment by specialist stroke teams to improve the chance of survival and minimise the risk of complications

Sub-sections

Understanding stroke

Care of the acute patient

Anatomy, Physiology and Investigations

www.strokecenter.org/education/index.html

Basic Neuro Anatomy

www.sparknotes.com/psychology/neuro/brainanatomy/index.html

Blood vessels of the brain

www.strokecenter.org/education/ais_vessels

Basic information about what is stroke?

including demographics and incidence

Stroke Association –

www.stroke.org.uk/information/publications_list/what_is_a_stroke/index.html

About Stroke – Various

www.ninds.nih.gov/disorders/stroke/stroke.htm

www.medic8.com/healthguide/articles/stroke.html

www.strokecenter.org/pat/about.htm

www.bodytalk-online.com/stroke/stroke1.htm

Basic processes of strokes

Chapter 1 of Stroke Rehabilitation – A Function Based Approach

(and complete written work)

Stroke Care Manual Chapter 1 –

Is it a stroke?

Stroke Care Manual Chapter 4 –

Subarachnoid Haemorrhage

Basic evaluation and FAST test

www.strokecenter.org/education/ais_evaluation/

www.stroke.org.uk/campaigns/current_campaigns/stroke_is_a_medical_emergency/act_fast.html

Signs and symptoms

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/index.html

www.stroke.org.uk/information/publications_list/what_is_a_stroke/index.html

Transient Ischaemic Attacks

Stroke Care Manual – p4, 230-231

www.stroke.org.uk/information/publications_list/what_is_a_stroke/transient.html

Tests and investigations

Stroke Care Manual chapters –

2-5 sections on tests

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/hospital_tests.html

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/heart_and_blood.html

Clinical Management

Stroke Care Manual Chapters 2 and 3

www.strokecenter.org/pat/medications.htm

Swallowing, feeding and nutrition

Stroke Care Manual p46, 62

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/swallow_test.html

Joint sessions with nursing and SALT staff

Drug therapy

Chapter 1 of Stroke Rehabilitation – A Function Based Approach
(plus medication tables)

Prevention of complications – physical and psychological
Stroke Care Manual Chapters 2 and 3
Chapters 1 and 2 of Stroke Rehabilitation – A Function Based Approach

Evidence Based Resources for Qualified Staff

Clinical Consequences of Stroke

www.ebrsr.com/index_modules_sub1.html

King's College London 1 day course

Neurological Assessment – Nurses

Evidence Based Resources for Qualified Staff

Managing the Stroke Rehabilitation Triage Process

Medical Complications Post Stroke

Post Stroke Depression

Miscellaneous Treatments

Area of Competence

5: Early and Continuing Rehabilitation

Early, expert and intensive rehabilitation to improve the long term outcomes

Sub-sections

Rehabilitating the stroke patient

Continence

Diet/swallowing

Moving and handling

Activities of Daily Living

Due to the highly practical nature of this set of competencies it is recommended that most learning is completed as part of work practice with more senior and specialist staff. However the following resources will help provide a guide for self directed learning

Rehabilitating the stroke patient

King's College London Rehabilitation Course p150 Post-registration prospectus – Nursing

The module provides an evidence based, interpersonal introduction to client centred principles of rehabilitation

Health Care Skills online course on Patient Safety and Clinical Risk Management

www.healthcareskills.nhs.uk/Patient-safety.html

The Effects of Stroke and Rehabilitation

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/index.html

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/rehabilitation.html

Stroke Care Manual Chapter 8 - Rehabilitation

Psychological Aspects of Stroke Rehabilitation
Stroke Rehabilitation – A Function Based Approach – Chapter 2
Psychological Aspects

Assessing and Interpreting Assessments
Joint sessions with supervisor and specialist staff observing assessments and administering with observation. Use of supporting material accompanying assessments, self directed learning and Reflective Practice.

Goal Setting
Occupational Therapy and Stroke
p33-35

Resource pack/Appendices
Discharge planning and preparation

Stroke Care Manual Chapter 9 – Discharge

Evidence Based Practice for Rehabilitation
Self directed learning, use of journals and specialist staff.

www.ebrsr.com/index_home.html
Psychological Aspects of Stroke Rehabilitation
Stroke Rehabilitation – A Function Based Approach – Chapter 2

Risk Assessment and Planning
Local risk assessment policy and procedures, guidelines and assessment forms
Mandatory Training
Health Care Skills online course on Patient Safety and Clinical Risk Management
www.healthcareskills.nhs.uk/Patient-safety.html

Clinical Guidelines and Department of Health Guidelines
Occupational Therapy RCP Concise Guide
www.cot.org.uk/specialist/nanot/pdf/otcg_1104.pdf
Sections of Royal College of Speech and Language Therapy Clinical Guidelines
www.rcslt.org/resources/RCSLT_Clinical_Guidelines.pdf
Physiotherapy RCP Concise Guide
www.rcplondon.ac.uk/pubs/books/stroke/stroke_physio.pdf
www.rcplondon.ac.uk/pubs/books/stroke/
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeoplesNSFStandards/fs/en
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/LongTermConditions/LongtermNeurologicalConditionsNSF/fs/en

Principles of Neurological Rehab

www.ebrsr.com/iframe_index_modules3.htm

Stroke Rehabilitation – A Function Based Approach – Chapter 5

In house training

Reflective Practice

Specialist profession specific courses

Self directed learning

Evidence Base Resource for Qualified Staff

Background Concepts of Stroke Rehabilitation

The Lower Extremity

Upper Extremity Interventions

Painful Hemiplegic Shoulder

Cognitive Disorders and Apraxia

Perceptual Disorders

Post Stroke Depression

Outcome Measures in Stroke Rehabilitation

www.ebrsr.com/index_modules_sub1.html

StrokEngine – Evidence Based Review Topics

www.medicine.mcgill.ca/strokengine

Dysphagia

www.sign.ac.uk/pdf/sign78.pdf

Occupational Therapy Rehabilitation Specific Learning Resources

Occupational Therapy RCP Concise Guide

www.cot.org.uk/specialist/nanot/pdf/otcg_1104.pdf

Positioning

Stroke Care Manual P48-51

Occupational Therapy and Stroke P39-48

Team guidelines and assessments/procedures

Mobility

Stroke Rehabilitation – A Function Based Approach Chapter 14 – Functional Mobility

ADL and Normal Movement Stroke Rehabilitation – A Function Based Approach Chapters 5 and 6

ADL Retraining

Stroke Rehabilitation – A Function Based Approach Chapters 3 and 4

Cognition and Perception

Stroke Rehabilitation – A Function Based Approach Chapters 17, 18 and 19

Motor Rehabilitation

Stroke Rehabilitation – A Function Based Approach Chapters 10, 11, 12

For information on various aspects of rehabilitation and Occupational Therapy

Occupational Therapy and Stroke

ISBN: 1861561989

Stroke Rehabilitation – A Function Based Approach

2nd Edition ISBN: 0-323-02431-9

Walker et al (1999). Occupational therapy for stroke patients not admitted to hospital: A randomised controlled trial.

Lancet, 354, 278-280.
This study demonstrated significantly higher scores on ADL scale and Bartel index for group receiving OT intervention.

Walker et al (1996). Evaluation of dressing practice for stroke patients after discharge from hospital.

Clinical Rehabilitation, 10, 23-31.
Demonstrated that dressing practise at home for 3/12 led to a sustained reduction in problems.

Esther, M.J et al (2003). Occupational Therapy for stroke patients. A systematic review.

Stroke, 34, 676.
Provided evidence for improvement in primary ADLs with skills training.

Walker et al (2004). Individual patient data meta-analysis of randomised controlled trials of community occupational therapy for stroke patients.

Stroke, 35, 2226.
OT intervention emphasising ADLs demonstrated improvements using outcome measures.

Rehabilitation therapy services for stroke patients living at home: A systematic review of randomised trials.

The Lancet, 363, 9406. 31st January 2004, 352-356.
Rehabilitation at home increased ability to perform ADLs and decreased likelihood of deterioration.

Trombly, C.A. (2002). Restoring the role of the independent person.

In Occupational Therapy for physical dysfunction (5th edition), 629-663.

Splinting

Gracies, J.M., Marosszeky, J.E., Renton, R., Sandanam, J, Gandevia, S.C., Burke, D. (2000). Short-Term Effects of Dynamic Lycra Splints on Upper Limb in Hemiplegic Patients.

Archives of Physical Medicine and Rehabilitation, 81, (12), 1547-55.

Lannin, N.A. & Herbert, R.D. (2003). Is Hand Splinting Effective for Adults Following Stroke? A Systematic Review and Methodologic Critique for Published Research.

Clinical Rehabilitation, 17, (8), 807-16.

Paternostro-Sluga, T. & Stieger, M. (2004). Hand Splints in Rehabilitation.

Critical Review of Physical Rehabilitation Medicine, 16, (4), 233-56.

**Energy Conservation/
Fatigue Management**

Canning, B. & Sanchez, G. (2004). Considering Powered Mobility for

Individuals with Stroke. Topics in Stroke Rehabilitation, 11, (2), 84-88.

Cochrane, J.W. (2001). Effect of Modafinil of Fatigue Associated with Neurological Illness. Journal of Chronic Fatigue Syndrome, 8, (2), 65-70.

DeGroot, M.H., Phillips, S.J., Eskes, G.A. (2003). Fatigue Associated with Stroke and Other Neurologic Condition: Implication for Stroke Rehabilitation. Archives of Physical Medicine Rehabilitation, 84, (11), 1714-20.

Ingles, J., Eskes, G., & Phillips, S. (1999). Fatigue After Stroke. Archives of Physical Medicine and Rehabilitation, 80, 173-178.

MacKay-Lyons, M.J., Macko, R. & Howlett, J. (2006). Cardiovascular Fitness and Adaptations to Aerobic Training After Stroke. Physiotherapy Canada, 58, (2), 103-113.

Michael, K. (2002). Fatigue and Stroke. Rehabilitation Nursing, 27, (3), 89-94.

Pang, M.Y.C., Eng, J.J, Dawson, A.S., McKay, H.A., & Hariis, J.E. (2005).

A Community-based Fitness and Mobility Exercise Program for Older Adults with Chronic Stroke: A Randomized, Controlled Trial.

Journal of the American Geriatrics Society, 53, (10), 1667-1674.

Schepers, V.P., Visser-Meily, A.m., Ketelaar, M., Lindeman, E. (2006). Post-stroke Fatigue: Course and Its

Relation to Personal and Stroke-Related Factors. Archives of Physical Medicine Rehabilitation, 87, (2), 184-8.

Yekutieli M, Guttman E. J Neurol Neurosurg Psychiatry. (1993) Mar; Evidence base for sensory retraining

A controlled trial of the retraining of the sensory function of the hand in stroke patients. 56(3):241-4

Evidence for Anxiety Management

Very limited evidence to support occupational therapists completing anxiety management treatment with clients post stroke, however the need for anxiety issues to be addressed is common.

RCP Stroke Guidelines

Patient mood and carer strain during stroke rehabilitation in the community following early hospital discharge: Jones A. L.¹; Charlesworth J. F.¹; Hendra T. J: Disability and Rehabilitation, Volume 22, Number 11, 20 July 2000, pp. 490-494(5)Publisher: Taylor and Francis Ltd

Treatment of Poststroke Anxiety in an Older Adult Male: A Single-Case Analysis: Melton M.A.¹; Van Sickle T.D.¹; Hersen M.²; Van Hasselt V.B.¹Source: Journal of Clinical Geropsychology, Volume 05, Number 3, July 1999, pp. 203-213(11)Publisher: Springer William Feinberg Lecture 2002 Emotions, Mood, and Behavior After Stroke J. Bogousslavsky, MD From the Department of Neurology, University Hospital, Lausanne, Switzerland. BMJ

Evidence Based Practice for Perceptual Treatment

Edmans & Lincoln (1989) Treatment of visual perceptual deficits after a stroke: 4 single case studies.

International Disability Studies, 11(1), 25-33

Gordon WA, Hibbard MR, Egelko S, Diller L, Shaver MS, Lieberman A & Ragnarsson K (1985) Perceptual remediation inpatients with right brain damage: a comprehensive program.

Archives of Physical Medicine and Rehabilitation, 66, 353-359

Grieve J, (1993) Neuropsychology for Occupational Therapists.

London, Blackwell

Jutai JW, Nhogia SK, Foley NC, Bauley M, Teasell RW, Speechley MR (2003) Treatment of visual perceptual disorders post stroke.

Topics in stroke rehabilitation, 10 (2), 77-106

Menon A, Korner-Bitensky N (2004) Evaluating unilateral spatial neglect post stroke: working your way through the maze of assessment choices.

Topics in Stroke Rehabilitation, 11(3), 41-66

Neistadt ME (1990) A critical analysis of occupational therapy approaches for perceptual deficits in adults with brain injury.

American Journal of Occupational Therapy, 44, 299-304

Neistadt ME (1988) OT for adults with perceptual deficits.

American Journal of Occupational Therapy, 42 (7), 434-440

Rubio KB, Van Deusen J (1995) Relation of perceptual and body image dysfunction to activities of daily living of persons after stroke.

American Journal of Occupational Therapy, 49(6),551-9

York CD, Cermak SA (1995) Visual perception and praxis in adults after stroke.

American Journal of Occupational Therapy, 49(6), 543-50

Physiotherapy Rehabilitation Specific Learning Resources Books:

Wade, D.T. (1992) Measurement in Neurological rehabilitation

Oxford University Press

ISBN: 0192619543

**Partridge Cecily (edited by)
Neurological Physiotherapy: Bases
of Evidence for Practice**

ISBN: 186156225X

**Barker, R.A. and Barasi, S.
Neuroscience at a glance**

ISBN: 1405111240

**Hill K, Denisenko S, Miller K, Clements
T, Batchelor F (2005) Clinical Outcome
Measurement in Adult Neurological
Physiotherapy 3rd Edition**

Australian Physiotherapy Association

National Neurology Group

ISBN: 1920948732

**Janet Carr & Roberta B. Shepherd
Stroke Rehabilitation – Guidelines
for exercise and training to
optimise motor skill**

ISBN: 0750647124

**Michael P. Barnes & Garth R. Johnson
(Editors) Upper Motor Neurone
Syndrome & Spasticity; Clinical
Management and Neurophysiology**

ISBN: 0521794277

**Susan Edwards Neurological
Physiotherapy: A Problem-Solving
Approach** ISBN 0443064407

StrokEngine Topics

www.medicine.mcgill.ca/strokingengine/index-en.html

Physiotherapy RCP Concise Guide

www.rcplondon.ac.uk/pubs/books/stroke/stroke_physio.pdf

**Speech and Language
Therapy Rehabilitation
Specific Learning Resources**

Sections of Royal College of Speech and
Language Therapy Clinical Guidelines
www.rcslt.org/resources/RCSLT_Clinical_Guidelines.pdf

Evidence Based Review of
Stroke Rehabilitation
Aphasia

www.ebrsr.com/modules/module14.pdf

Dysphagia and Aspiration Post Stroke
www.ebrsr.com/modules/module15.pdf

Nutritional Interventions Following Stroke
www.ebrsr.com/modules/module16.pdf

StrokEngine

Aphasia

Dysphagia

www.medicine.mcgill.ca/strokingengine

Continence

How Stroke can affect Continence

Stroke Care Manual p174 – 177

**Stroke Rehabilitation – A function
Based Approach** p22 – 23

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/factsheets/stroke_and.html

StrokEngine

www.medicine.mcgill.ca/strokingengine/module_ui_intro-en.html

Contenance and Management

King's College London Contenance Study Day p11 of Short Course and Study Days Prospectus.

The day includes an overview of the physiology of micturition and defecation, types and causes of incontinence, principles of continence assessment and interventions to promote continence and manage incontinence.

Basic professional training
Visit to continence service/advisor
Self Directed Learning
Reflective Practice

Diet/swallowing – SALT

Evaluation and Treatment of Swallowing disorders 2nd Ed.

By Jeri Logemann 1998 Pro-Ed publishing

Regular reading of articles in **Dysphagia journal**

VFS courses run at UCL
(basic and advanced)

FEES/nasendoscopy courses run at UCH by the SLT department

Diet/swallowing

Swallowing problems signs and symptoms

Stroke Association Factsheets

www.stroke.org.uk/information/publications_list/when_a_stroke_happens/factsheets/swallowing.html

Stroke Care Manual p46-47

Stroke Rehabilitation – A function Based Approach – Chapter 22

Dysphagia Management

Dysphagia Online

http://164.109.68.222/en/1patient/01_What_is_dysphagia.jsp

Hydration and Nutrition

Stroke Care Manual p46-47 and p62-63

Speech and Language Therapy workbooks/training pack

Awareness raising sessions – dietician

Basic professional training

Work based learning with dysphagia specialist/SALT/dietician

Self Directed Learning

Reflective Practice

Evidence Based Resource for Qualified Staff

Dysphagia and Aspiration Post Stroke

Nutritional Interventions Following Stroke

www.ebrsr.com/index_modules_sub3.html

StrokEngine

www.medicine.mcgill.ca/strokengine/module_dysphagia_quick-en.html

Moving and Handling

Joint sessions with specialist OT and PT
Manual Handling Training
Utilise manual handling policy
Normal movement course/joint work and self directed learning
Attend Physiotherapy/Occupational Therapy in-house training
Self Directed Learning
Reflective Practice

Activities of Daily Living

Stroke Rehabilitation a Function Based Approach 2nd Edition

book - ISBN

Occupational Therapy and Stroke

book – ISBN -

Joint sessions with specialist OT/PT
Work shadowing
Self Directed Learning
Reflective Practice
Relevant specialist courses
Basic normal movement

Area of Competence

6: Long term care

Provide ongoing support with access to advice, reassessment, long term care or specialist care

Sub-sections

Stroke Services
Community resources
Person
Carer

Stroke Specific Services

Stroke Association 'Experiences of a Stroke'
www.stroke.org.uk/information/experiences_of_stroke/index.html

Stroke Association general information
www.stroke.org.uk/information/publications_list/after_a_stroke/index.html

My Stroke Services MI website
www.mystrokeservices.net/service_finder

Stroke Association Helpline
www.stroke.org.uk/information/local_services_directory/london/index.html

Different Strokes Information on Services for Stroke Survivors
www.differentstrokes.co.uk/download/InfoPack/2Info_on_services_for_ss.pdf

Different Strokes
www.differentstrokes.co.uk

Statutory and non-statutory community resources

Lambeth

www.lambeth.gov.uk/Services/HealthSocialCare

Southwark

www.southwark.gov.uk/YourServices/SocialServicesSection

How to Get Help from Social Services

www.differentstrokes.co.uk/download/InfoPack/6Social_services.pdf

Resource Pack

Stroke Association information leaflets

Self Directed Learning

Reflective Practice

Communication Skills

Person

Single Assessment Theory and Practice

Risk assessment theory and practice

Basic professional training

Communication skills

Self Directed Learning

Reflective Practice

Stroke Association 'Experiences of a Stroke'

www.stroke.org.uk/information/experiences_of_stroke/index.html

Stroke Association general information

www.stroke.org.uk/information/publications_list/after_a_stroke/index.html

My Stroke Services MI website

www.mystrokeservices.net/service_finder

Stroke Rehabilitation – A Function Based Approach

Survivors Perspectives
Chapters 29 and 30

Carer

Stroke Rehabilitation – A Function Based Approach

Helping the Family Support The Patient – Chapter 31

Caring about Carers website

www.carers.gov.uk

Stroke Association – Stroke: A Carers Guide

www.stroke.org.uk/information/publications_list/after_a_stroke/factsheet/s/stroke_a.html

Awareness raising

Resource pack

Self Directed Learning

Reflective Practice

Counselling skills

Evidence Base Resource for Qualified Staff
Community Reintegration

www.ebrsr.com/index_modules_sub4.html

Other Miscellaneous Learning Resources – Stroke, Medical and Rehabilitation Care Online Lectures and Resources

1. www.stroke-university.com

Log in and click on eCME for series of lectures and tests e.g.

- Clinical trials
- Epidemiology
- Acute stroke
- Risk factors and prevention
- Rehabilitation

Can print off certification for each section completed (at least 4 correct papers per section)

Also access list of lectures including audio

and powerpoint slides – click on speakers.

Recommended:

Phillip Bath (UK)

Primary prevention
Arterial hypertension

Michael Brainin

Evidence based stroke rehabilitation
Secondary prevention
Overview – elements of stroke unit care

Thomas Brandt

Update on dissections

Livia Candelise

Acute plus rehabilitation model

Louis Caplan

Worsening stroke

Stefano Cappa

Aphasic syndrome
Cognitive rehabilitation – do we really need it?

Angel Chammoro

Early infections and stroke

Stephanie Clark

Unilateral neglect

Andrew Coull

The need for emergency treatment of TIA and minor ischaemic stroke

Jaques De Reuck

Post-stroke epilepsy

Jose Ferro

Overview of neuro-behavioural syndromes in acute stroke

Georg Goldenberg

Apraxia

Philip Gorelick

Lifestyle management for stroke prevention

Allison Halliday and Dafydd Thomas

Update on asymptomatic carotid stenosis

Per Hansson

Post-stroke pain

Hans-Goran Hardemark

Spontaneous ICH – the course of the disease

Peter Langhorne

Stroke units

Kennedy Lees

Acute stroke and diabetes

Didier Leys

Problems in the young

Anthony Rudd

Stroke registries and prevention in Western Europe

Juhani Sivenius

Rehabilitation

Danilo Toni

Acute stroke treatment

Robert Waagener

Forced use versus conventional physiotherapy for post-stroke motor deficit

2. Lectures available online via Boehringer Ingelheim site. You will need a login www.strokeforum.com

click on symposia then virtual symposia

Good site with lectures – audio and powerpoint slides. Some slightly out of date with new research and it's a drug company site so some are heavily leaning to support their specific drugs. With a little common sense – a very good site.

Albers, Gregory W.

Introduction

Anderson, Craig

Part II: hypertension as risk from "hope" to "ontarget"

Audebert, Heinrich

Opportunities of telemedicine

Bath, Philip

Early blood pressure management as part of secondary prevention

Caplan, Louis R.

Prevention of stroke: the role of antiplatelet agents and pleiotropic effects of other drugs

De Reuck, Jacques

How to use a stroke unit efficiently

Diener, Hans-Christoph

Efficacy and safety of antiplatelet agents therapy for patients with stroke or TIA

Fitzgerald, Desmond J.

Aspirin

Hacke, Werner

Thrombolysis - state of the art - an update of acute stroke studies

Jauch, Edward C.

Improving outcome in acute stroke patients - speed up treatment workflow

Lutsep, Helmi L.

Interactive acute stroke case studies

Rothwell, Peter

Risk factor modification

Can also click on ICH virtual symposium for lectures on ICH and treatment – very medical based

3. Also CDs available from American Heart Association

Stroke Prehospital Care With Continuing Education Hours (CEH)

Product code: 70-2253

Price: \$35.00

Brief description: This interactive CD-ROM was designed to increase prehospital providers' knowledge about the two types of stroke and to demonstrate potential stroke-related complaints. The Stroke Prehospital Care CD is a self-paced continuing education product that teaches the pathophysiology and risk factors of stroke as well as recognition, assessment and management of potential stroke. Through four interactive cases, participants are presented with patients who have stroke-related complaints and are prompted to make prehospital management decisions.

This continuing education activity is approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

Purpose: Intended for use by prehospital care providers such as EMT-I and EMT-P.

Acute Stroke

Product Announcement

Date: March 28, 2003

Product code: 70-2249

New ECC product: Acute Stroke

Price: \$15

Product supersedes another?

Yes. Acute Stroke is a new continuing education product that replaces Acute Stroke (70-1131), which was discontinued in December 2000.

Brief description: This 50-page booklet is abstracted from Chapter 18 of ACLS – The Reference Textbook. Volume I: ACLS: Principles and Practice (70-2500). It describes the symptoms, diagnosis and management of ischemic and hemorrhagic stroke and complications of stroke. It's for healthcare workers who are involved -- from the pre-hospital setting to the brain-oriented intensive care unit – in treating suspected stroke victims.

Accreditation: The American Heart Association (AHA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The AHA designates this educational activity for a maximum of 1.75 category 1 credits toward the AMA Physician's Recognition Award. This program (03-NC-511) has been approved by an AACN-approved provider (11527) under established AACN guidelines for 2.0 contact hours, CERP Category A.

Purpose: For healthcare workers who are involved in the care and treatment of suspected stroke victims

4. American Heart Association

GWTG-Stroke "Getting Started"

Online Course. Click on:

www.americanheart.org

Link to US based improving stroke care teaching resource

5.

www.docnmail.com/learnmore/medical/disease/stroke.htm

Link to some online material, books and overview of stroke

6.

www.depts.washington.edu/cm/online/course/EN0603

For a link to lecture called Stroke update incorporating primary prevention, acute care, thrombolysis and secondary prevention

7. Online CME – Striking back at ischemic stroke

Continuing medical educational courses and medical education resources online.

Physicians can register online, take electronic CME tests over the Internet

http://patientcare.cmeweb.com/gcourse_view.php?course_id=5539

Need to register then can access the stroke lecture and complete post-test questions – acute focused

Overall Courses and Training/Learning

General

Recommend that both supervisor and supervisee complete the following online course to facilitate the learning process.

Education Appraisal Skills:
an interactive programme for trainees and trainers

www.appraisal-skills.nhs.uk

Liberating Learning

www.healthcareskills.nhs.uk/Liberating-learning.html

Recommend that some key supervising staff complete the following online course

Teaching and Learning in Clinical Contexts:
A Resource for Health Professionals

www.clinicalteaching.nhs.uk/site/HomePage.asp

Stroke Training

Stroke Care

PIN336, Level 6, 15 credits, Price: Core.

This module is designed to give healthcare professionals who work with stroke patients the knowledge and basis for skills needed to provide effective care and case management. The module components include the scientific basis of stroke and stroke syndromes and assessment and management of acute care and rehabilitation. The module is suitable for healthcare professionals working in stroke units, accident

and emergency departments, high dependency units, neurological units, rehabilitation units, medical admission wards, primary care nurses and nursing home staff.

Contact Anne Jones:

020 7848 3213

c.anne.jones@kcl.ac.uk

Term 2 Monday (all day) weeks 1 to 6.

Assessment by written assignment.

See

www.kcl.ac.uk/content/1/c4/33/24/post-reg2006.pdf for course prospectus

Covers epidemiology, risk factors, acute stroke care and investigations, physio, OT, SLT, dietetics needs incorporating KSF elements. Also covers psychological and emotional needs and long term care.

Includes one session of patient's experience.

Assessment by written assignment. Main

teaching staff are from KCL, GSTT and KCH e.g. Tony Rudd, Gill Cluckie, Katrina

Clarkson, Sandy Chambers, Marousa

(PT, KCH). Always fairly undersubscribed

as most areas can only free 1 or 2 staff

per course – numbers around 10-12.

Marketed throughout London and South

East so staff on the course can be from

any surrounding stroke areas.

Nottingham STROKE MODULE – Part of MSc in Rehabilitation – Mostly Therapy Focused

This two-day workshop will be aimed at a multi-professional audience and will be of particular interest to individuals who want to familiarise themselves with the current evidence for stroke rehabilitation, the gaps in current knowledge, the

methodological issues and the difficulties in interpreting the evidence. There will be a mixture of informal lectures and practical sessions. Topics include recovery and rehabilitation, acute stroke care, occupational therapy, physiotherapy, cognitive deficits, severe stroke, perceptual problems, stroke management, speech and language therapy. **Cost:** £150 pp

Stroke Association Stroke Care Training – mostly Non-qualified focused.

The training package can be provided in six half-day modules. It is delivered flexibly, in-house or on open access. For people unable to attend the full series of half-day modules, we also offer a one-day intensive course. **Cost:** £40 - £60 pp

Resources

Evidence Based Review of Stroke Rehabilitation
www.ebrsr.com/index_home.html

StrokEngine – Review of Evidence Base for Rehabilitation
www.medicine.mcgill.ca/strokengine

Management of Adult Stroke Rehabilitation Care: A Clinical Practice Guideline
American Heart Association Journal
<http://stroke.ahajournals.org/cgi/content/full/36/9/e100>

National library for Health – Browse and search for topics stroke related
www.library.nhs.uk

Best Treatments – Evidence for Patients from the BMJ
www.besttreatments.co.uk/btuk/condition_index.jsp

Royal College of Physicians
Stroke Guidelines
www.rcplondon.ac.uk/pubs/books/stroke

Scottish Intercollegiate Guidelines Network
www.sign.ac.uk/guidelines/published/index.html#CHD

Nursing RCP Concise Guide
www.man.ac.uk/rcn/strokeguide/nursingstrokeguide.pdf#search=%22nursing%20stroke%20concise%20guide%22

Occupational Therapy RCP Concise Guide
www.cot.org.uk/specialist/nanot/pdf/otcg_1104.pdf

Sections of Royal College of Speech and Language Therapy Clinical Guidelines
www.rcslt.org/resources/RCSLT_Clinical_Guidelines.pdf

Physiotherapy RCP Concise Guide
www.rcplondon.ac.uk/pubs/books/stroke/stroke_physio.pdf

Chest Heart and Stroke Scotland
www.chss.org.uk/advice/stroke.shtml

Stroke Association
www.stroke.org.uk

For doctors
www.umassmed.edu/strokestop/index.html

For health professionals
www.strokecenter.org/prof

Association of Chartered
Physiotherapists/Interested in Neurology
www.csp.org.uk www.acpin.net

Bodytalk Online
[www.bodytalk-online.com/
stroke/stroke1.htm](http://www.bodytalk-online.com/stroke/stroke1.htm)

British Association of Stroke Physicians
www.basp.ac.uk

British Hypertension Society
www.bhsoc.org/default.stm

British Psychological Society
www.bps.org.uk

Chest Heart and Stroke Scotland
www.chss.org.uk

College of Occupational Therapists
www.cot.co.uk

Connect
www.ukconnect.org

DH National Service Framework –
Older People 2001
[www.dh.gov.uk/assetroot/04/01/26/8
3/04012683.pdf](http://www.dh.gov.uk/assetroot/04/01/26/83/04012683.pdf)

DVLA
www.dvla.gov.uk

e-Library
www.elib.scot.nhs.uk

European Stroke Initiative
www.eusi-stroke.com

General Medical Council
www.gmc-uk.org

Health Professions Council
www.hpc-uk.org

International Stroke Society
www.internationalstroke.org

National Clinical Guidelines for Stroke –
2nd edition
[www.rcplondon.ac.uk/pubs/books/st
roke/stroke_conciseguide_2ed.pdf](http://www.rcplondon.ac.uk/pubs/books/stroke/stroke_conciseguide_2ed.pdf)

Nursing and Midwifery Council
[www.nmc-
uk.org/nmc/main/publications/codeof
professionalconduct.pdf](http://www.nmc-uk.org/nmc/main/publications/codeofprofessionalconduct.pdf)

Royal College of Speech and
Language Therapists
www.rcslt.org.uk

Scottish Intercollegiate Guidelines
Network (SIGN)
www.sign.ac.uk/guidelines/index.html

Speakability
www.speakability.org.uk

The Stroke Association
www.stroke.org.uk

The Stroke Guide
www.bbc.co.uk/health/stroke

Stroke Virtual University - Online Lectures
and Slide Shows covering medical care
of Stroke
www.stroke-university.com