Introduction

High-quality care and services for people with stroke need to be delivered by staff with appropriate knowledge and skills. Currently there is no co-ordinated strategic approach to workforce development through education and training.

A new strategy and education framework

At the UK Stroke Forum in 2007, it was agreed that a new UK-wide Forum for Stroke Training should be created to support the development of high quality stroke services and provide information on how stroke care should be delivered and by whom. It would consist of a Steering Group supported by four Task Groups. A Stroke-Specific Education Framework (SSEF) would be developed, which would be a fundamental first step in establishing transferable education and learning programmes in stroke.
Introduction

Share your views

The UK Forum for Stroke Training would like your views on this document, which sets out a way in which the stroke community can link training and education, workforce competences, professional development, career pathways and nationally recognised standards for stroke training. Health Departments in Scotland, Wales and Northern Ireland are developing their own service standards, and discussions are continuing to align training across the UK.

The Stakeholder Engagement exercise will run from 17 April to 12 June 2009 and all responses must be received by 12 June 2009. Full instructions on how to respond are included within this document. If you have any questions, or would like more information on what is being proposed, please contact: Professor Caroline Watkins
Introduction

Why we need a Stroke-Specific Education Framework

The overall purpose of the Stroke-Specific Education Framework (SSEF) is to create UK-recognised, quality assured and transferable standards for stroke training. It will also outline stroke-specific knowledge and skills which need to be added to the generic skills that health, social, voluntary and independent care staff already possess.

Stroke care can be divided into 16 elements of care that span the whole Stroke Pathway.
The Stroke Pathway (adapted from the National Stroke Strategy)

**Prevention**
1. Awareness raising
2. Managing risk
5. Assessment (TIA)
8. Assessment (stroke)

**First contact**
3. Information, advice and support
4. Involving individuals in developing services
7. Urgent response

**Treatment and rehabilitation**
9. Treatment (stroke)
10. High-quality specialist rehabilitation
12. Seamless transfer of care

**Long-term support and review**
11. End of life care
13. Long-term care and support
15. Participation in community life
14. Assessment and review
16. Return to work

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**Introduction**

The Stroke Pathway (adapted from the National Stroke Strategy)
In this exercise, for each of the 16 elements of care within the SSEF, we would like your comments on:

- whether the content is comprehensive; and
- whether there is too much information.

You’ll find these questions at the end of this document.
Task Groups and elements of care

There are four Task Groups in the UK Forum for Stroke Training, with an overarching Steering Group. The Task Groups, as well as the Steering Group, have:

- explicit representation from relevant professional bodies (stroke-specific and stroke-relevant); health and social care; and voluntary organisations;
- involvement of people who have had a stroke; and
- representatives from England, Wales, Scotland and Northern Ireland.

Each Task Group developed key aspects of the Stroke-Specific Education Framework (SSEF) around specific elements of care. The elements of care they are responsible for are:

- Awareness and Information (1–4);
- Time is Brain (5–9);
- Life After Stroke (10–16); and
- Implementation (consideration of the future development and embedding of the SSEF in the workforce, including accreditation).
Implementation Task Group

This Task Group will guide the process of Stakeholder Engagement, targeting individuals and organisations likely to use the SSEF. The Implementation Task Group has made recommendations about how to:

- avoid duplication by linking the SSEF to existing resources (e.g. National Library for Stroke, UK Stroke Forum), or forthcoming bodies;
- link the SSEF to other frameworks (e.g. for long-term conditions);
- ensure that the SSEF remains up to date, useful, used and continually supported;
- establish a process to update the SSEF in line with changes in treatment and new research evidence;
- include the whole of the Stroke Pathway within the scope of the SSEF; and
- ensure that feedback and audit are in place to evaluate whether the SSEF is making a difference in service quality.
Who should use the Stroke-Specific Education Framework?

The Stroke-Specific Education Framework (SSEF) will offer UK-recognised, quality-assured, transferable learning programmes in stroke at all levels.

It is for people or groups who provide stroke-specific training and those working in health, social, voluntary and educational services who are, or who are likely to be, in contact with people who have had a stroke or a Transient Ischaemic Attack (TIA).

> Stroke-specific and stroke-relevant professional bodies
> Course designers
> Commissioners of services for those affected by stroke
> Health, social, voluntary and independent sector organisations
> People who are likely to be looking for a suitable course or training in stroke
> Independent providers of enhanced services
> Patient charitable organisations and user groups and individuals

This exercise, involving potential users of the SSEF, will enable the UK Forum for Stroke Training to check that the SSEF’s content is full and accurate and that nothing is included that is not needed, and to offer suggestions as to how the final version might be presented.
Introduction

Groups who may find this Stroke-Specific Education Framework a useful resource

Stroke-specific and stroke-relevant professional bodies
Professional bodies related to the NHS promote recognised training and qualifications and ensure quality. They can endorse training courses that provide knowledge and skills in keeping with the SSEF.

Course designers
Using the SSEF when designing courses will not only offer quality assurance and accreditation, but also increase training opportunities for education providers. If a course is planned, or has already been developed, that includes information about stroke and TIA then the SSEF will demonstrate the type of knowledge and skills that should be included in the curriculum. The course designer will be able to decide on the level of knowledge and understanding that is appropriate for their students and target audience.

Commissioners of services for those affected by stroke
In meeting quality standards in NHS contracts, commissioners, e.g. local authorities, primary care trusts (PCTs), third sector organisations and practice-based commissioners, should recognise the need for improving skills in the stroke workforce. Using the SSEF, they can ensure that service providers have staff with appropriate training. A consequence of this is that elements of their service (e.g. the Stroke Unit) could also become quality assured. This could be applied to both private and public providers of services.
Introduction

Health, social, voluntary and independent sector organisations
Establishing the SSEF means that both voluntary and paid staff can be given the best training at an appropriate level for the service they are providing. Having proven competences could ensure that their remuneration is commensurate with their knowledge and skill level. For employers, when developing job plans and recruiting, it will be possible to stipulate the qualifications required, based on the SSEF.

People who are likely to be looking for a suitable course or training in stroke
To develop skills for working in stroke it is critical that courses provide appropriate training. The SSEF can be used to determine if the content of a course is comprehensive and meets an individual’s training needs. Such courses will be consistent, transferable and recognised across organisations. As such, the SSEF can be used by anyone who works on the Stroke Pathway at any level. Individuals will be able to demonstrate that they have the appropriate competences for their level or to meet qualifications in job advertisements – and if they further their level of knowledge and understanding they will be able to use the SSEF to develop their careers. Within the SSEF, the knowledge and understanding required at different levels can vary from basic to critical, which means it can be used by both specialists or generalists and support individuals who want to take on advanced roles.
Introduction

Independent providers of enhanced services
The SSEF can be used to ensure that employees have the right training for the service they provide. Moreover, it can be used to show commissioners that employees provided by third parties have appropriate training.

Patient charitable organisations and user groups and individuals
The SSEF can be used by those affected by stroke to identify what treatment they should be receiving and the level of training that people providing their treatment, whether volunteer or paid, should have.
Introduction

References

Introduction

Glossary

Commissioners – primary care trust/health boards which have the responsibility for contracting the right services for their community and providing links with GPs and social services.

Haemorrhage – a stroke caused by a bursting of blood vessels producing bleeding into the brain, which causes damage.


Ischaemic – the most common form of stroke (85%), caused by a clot narrowing or blocking blood vessels so that blood flow is reduced to some areas of the brain, which leads to the death of brain cells due to lack of oxygen.

Professional – is used to reflect professionalism rather than to indicate certification or licensing. Therefore, the term professional relates to a person respecting others and considering confidentiality, dignity and culture.

Third sector – a collective term of neither public nor private organisations i.e. organisations that are non-governmental, are value-driven and which principally reinvest surpluses in the organisation or the community. This includes all organisations that would define themselves as voluntary and community organisations, charities, social enterprises, mutuals or co-operatives.
Those affected by stroke – can mean the patient, carer, relatives, friends or society.

Transient Ischaemic Attack (TIA) – sometimes also known as a minor stroke, in which symptoms of a stroke subside within 24 hours.

UK Forum for Stroke Training – a UK-wide organisation that supports the National Stroke Strategy and provides information on how stroke care should be delivered and by whom in England. It is run by a Steering Group, supported by four Task Groups.

Voluntary sector – charities and the wider not-for-profit organisations.

Workforce – is any group of people who may provide service or input for stroke patients, and so includes health, social services and voluntary organisations.
Introduction

Abbreviations
- **ABCD2**: Age, Blood pressure, Clinical features, Duration, Diabetes
- **ADL**: Activities of Daily Living
- **ASD**: Atrial Septal Defect
- **FAST**: Face, Arm, Speech, Time
- **FES**: Functional Electrical Stimulation
- **IMCA**: Independent Mental Capacity Advocate
- **MDT**: Multidisciplinary Team
- **NIHSS**: National Institutes of Health Stroke Scale
- **NSS**: National Stroke Strategy
- **PALS**: Patient Advice and Liaison Services
- **PFO**: Patent Foramen Ovale
- **PPI**: Patient and Public Involvement
- **QOF**: Quality and Outcomes Framework
- **SNSS**: Scandinavian Neurological Stroke Scale

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- Why we need a Stroke-Specific Education Framework
- Task Groups and the Stroke Pathway
- Who should use the SSEF?

Education framework

Stakeholder Engagement

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Introduction

UK Forum for Stroke Training members

The UK Forum for Stroke Training has the following list of members, who represent their respective groups, as well as patients and carers.

- Allied Health Professions Federation
- Ambulance Service
- British Association of Stroke Physicians (BASP)
- British Society of Neuroradiologists (BSNR)/Royal College of Radiologists (RCR)
- Chest, Heart and Stroke Scotland
- Department of Health
- Education for Health
- National Institute for Health and Clinical Excellence (NICE)
- National Library for Health
- National Stroke Nursing Forum
- NHS Direct
- NHS Stroke Improvement Programme
- Primary Care Neurology Society
- Psychologists Researching in Stroke/British Psychological Society (PSYRIS/BPS)
- Public Health
- Safe Implementation of Thrombolysis in Stroke – Monitoring Study (SITS-MOST)
- Scottish Stroke Network
- Skills for Health/Skills for Care (SFH/SFC)
- Social Services
- Society and College of Radiographers
- Society for Vascular Technology (SVT)
- Strategic health authorities (SHAs)/Deaneries
- Stroke Association
- Stroke Research Network (SRN)
- Stroke Strategy Implementation Project, Northern Ireland
- RDInfo
- Royal College A&E Consultants
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Royal College of Speech and Language Therapists (RCSLT)
- Royal Pharmaceutical Society (RPS)
- Workforce Review Team
The Stroke-Specific Education Framework

At the Stroke Forum in 2007, it was recognised that no framework exists to guide training for people involved in stroke care and services. Establishing the UK Forum for Stroke Training and a Stroke-Specific Education Framework (SSEF) will go a long way towards improving stroke services nationwide.

It is not the Forum's intention to dictate to colleagues involved in stroke care and services how staff should be trained and it understands that there are many locally provided training programmes that are valuable. However, if we as a group of practitioners wish to demonstrate the quality of service that we provide, our training must be consistent and measurable.

We can do this through the SSEF.

We can also offer all our colleagues involved in stroke care acknowledgement for the work they do and meaningful career progression.
Developing a stroke-skilled workforce

The Stroke-Specific Education Framework (SSEF) is based around the Stroke Pathway and relates to the 16 elements of care. The SSEF plays just one part in the development of a stroke-skilled workforce. In the classroom, an individual can demonstrate that they have the requisite knowledge, understanding, skills and abilities listed in the SSEF. In the workplace, to be truly considered as stroke-skilled, they need to be able to combine theory learned in the classroom with their practice.

This marriage of theory and practice should provide progressive learning as evidenced by Continuing Professional Development (CPD). Fundamental to stroke-specific skills and work-based learning are more generic skills and competences; for example, clinical skills, ethics, communication and team-working.

Individuals should also be aware of current guidelines and recommendations – and keep up to date with advances in practice. The relationship between generic and stroke-specific competences, as well as work-based learning, can be seen in the following diagram.
Education framework

Developing a stroke-skilled workforce

The contribution of the Stroke-Specific Education Framework:

- Generic Competences
- Stroke-Specific Knowledge and Skills
- Work-based Learning
- Continuing professional development
- First Contact - Treatment and Rehabilitation - Evidence Based Care
- Stroke Skilled Workforce - Delivering Evidence Based Care

References | Glossary and abbreviations | UK Forum members
Developing a stroke-skilled workforce

Generic competences
Generic competences are not stroke-specific but are expected of someone working in health or social care (or the voluntary sector) who provides a service for others. These competences relate to behaviour and skills that are not necessarily formally taught. Generic skills that an individual may have could include leadership, communication and advocacy, or the ability to train, research or manage. We should also be aware of the generic skills required for working effectively independently – or as part of a team.

Stroke-specific competences
The SSEF is guided by the 16 elements of care in the Stroke Pathway, which are the responsibility of the different UK Forum for Stroke Training Task Groups. The SSEF specifies the stroke-specific knowledge and skills that an individual should have if they are working with those affected by stroke. To co-ordinate stroke services and support, organisations and staff should work in partnership and be risk aware.
Work-based learning

The SSEF will define the knowledge and skills that should be offered to individuals through training, but these need to be translated into practice if workforce development is to be effective. The degree of independence expected from individuals for a particular task (whether a physical task or a decision-making process) will vary according to the level of learning, professional group and local clinical environment.

In many learning situations the individual will:

- observe a task or learn about a task performed by someone else;
- perform the task with help;
- perform the task themselves under supervision;
- perform the task without supervision (including the management of complications and variations); or
- gain experience such that they are able to demonstrate and supervise another learner.

To reinforce their learning, individuals should reflect on how their practice relates to the knowledge they have recently acquired. Ideally, this involves discussion of work-based practice opportunities with a clinical supervisor and keeping a written record of these developmental experiences, which will vary according to the complexity of the task.

As part of the learning experience, all individuals should be allowed to take time to reflect and consider how their practice relates to their factual knowledge and be able to ask for the advice of a supervisor who is aware of...
the learning outcomes of the related training. Training opportunities that include this element of work-based consolidation of learning are much more likely to be viewed as compliant with the SSEF.

**Continuing Professional Development**

CPD is crucial for maintaining workforce skills and developing new knowledge and new evidence, and for service redesign and progression. Health, social, voluntary and independent care providers who use the SSEF should be aware of current guidelines for stroke – as well as local pathways, services, and support for stroke and Transient Ischaemic Attack (TIA). Professionals should also maintain and update their knowledge of guidelines and be aware of new developments within the local pathway. Within the SSEF, methods for accreditation will need to be considered.
How to use the Stroke-Specific Education Framework

The Stroke-Specific Education Framework (SSEF) is presented in 16 elements of the Stroke Pathway, each with three sections.

Within each element, the three separate sections relate to:

- the service required;
- knowledge and understanding of; and
- skills and ability to.

Within these sections there are links to guidelines and evidence for more detailed information.

For each of the 16 elements of stroke care within the SSEF, we would like your comments on:

- whether the content is comprehensive; and
- whether there is too much information.

You will find these questions and how to submit your responses at the end of this document.
Service required (first section)
This is a list of the services and inputs that are relevant to the level of care for each element within the Stroke Pathway.

Services required along the Stroke Pathway include: Assessment; Preliminary diagnosis/decision; Investigation; Final diagnosis/decision; Treatment/Management; Referral to other agencies and services; and Communication.

Knowledge and understanding of (second section)
This is a list of the stroke-specific knowledge and understanding that someone working in stroke should possess. The level of understanding or knowledge will be dependent on the group that is being targeted. Within the SSEF, in the column headed ‘Knowledge and understanding of’, the level required could be prefixed by one of the following (definitions from Skills for Health):

- **Basic** – the criteria demand only a very limited and generalised understanding that something exists but an individual would not need to know any details.
Factual – the criteria call for a knowledge that is detailed on a factual level, but does not involve any more than a superficial understanding of any principles or theories.

Working – the criteria call for the application of factual knowledge of widely understood technical principles and implications within the field of practice.

In-depth – the criteria demand a broad and detailed understanding of the theoretical underpinning of an area of practice, including conflicting theories and constructs.

Critical – the criteria call for the ability to evaluate and devise approaches to situations that depend on the critical application of theories and conceptual constructs within the area of practice.

It will be the remit of the people who provide the course to decide on which level is appropriate for each individual trainee, but at each level the trainee should understand why they are doing what they are doing.
Skills and ability to (third section)
This section is about translating knowledge and understanding into practice, in particular with regard to the availability of the relevant services that are available locally or that can be accessed outside the local area. The following list summarises the focus of the skills, where “it” could be any investigation, intervention or referral:

- **What** it is that needs to be done
- **When** it needs doing
- **Where** it is done
- **How** it should be done
- **Who** it is done to.

Additional skills include communication and participation in research and audit.

The stroke population has very specific and severe communication difficulties. Communication needs to be at a level, and using a method and format, appropriate for the individual and the situation.

It is important that staff participate in research and audit for improving patient care.
Elements of care on the Stroke Pathway

1. Awareness raising: stroke as a medical emergency
2. Managing risk: primary and secondary prevention
3. Information, advice and support to those affected by stroke
4. User involvement in care and service planning
5. Assessment (TIA): assessment and management at time of event
6. Treatment (TIA): assessment and management at follow-up
7. Urgent response: pre-hospital assessment and management
8. Assessment (stroke): emergency assessment and management
9. Treatment (stroke): hyperacute assessment and management
10. High-quality specialist rehabilitation
11. End-of-life care
12. Seamless transfer of care
13. Long-term care and support
14. Review
15. Participation in community life
16. Return to work
The Stroke Pathway

**Prevention**

1. Awareness raising

2. Managing risk

**First contact**

3. Information, advice and support

4. Involving individuals in developing services

5. Assessment (TIA)

6. Treatment (TIA)

7. Urgent response

8. Assessment (stroke)

9. Treatment (stroke)

10. High-quality specialist rehabilitation

**Treatment and rehabilitation**

11. End-of-life care

12. Seamless transfer of care

13. Long-term care and support

14. Assessment and review

15. Participation in community life

16. Return to work

**Long-term support and review**
1. Awareness raising: stroke as a medical emergency

This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
- Communication
## Awareness raising: stroke as a medical emergency

### Knowledge

- signs and symptoms of stroke
- features of less common (atypical) presentation of stroke
- stroke mimics and likely presentation
- stroke and TIA as medical emergencies
- emergency response, investigations, interventions and treatments for stroke and TIA
- timeframe for emergency investigations, interventions and treatments for stroke and TIA
- anatomy and physiology of the central nervous system
- timeframe of physiological and neurological changes during a stroke

## Knowledge and understanding of…

In addition, take into account the knowledge and understanding relating to 7. Urgent response.
1. Awareness raising: stroke as a medical emergency

Skills and ability to…

- initiate emergency protocol (Stroke Improvement Programme)
- communicate current event and need for emergency treatment
- know when to apply screening tests for stroke (FAST) and how to act on the results

In addition, take into account the skills and ability required under 7. Urgent response.

- know when to apply vascular risk assessment tools for TIA (ABCD2) and how to act on the results
- identify emergency interventions and treatments for stroke and TIA available locally and know how to refer patients efficiently
- take and interpret thorough history, taking third party information where possible, and assess mental capacity
- identify and appropriately treat stroke mimics, e.g. hypoglycaemia, epileptic seizure
Managing risk: primary and secondary prevention

Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
- Referral to other agencies and services
Managing risk: primary and secondary prevention

Knowledge and understanding of...

- risk factors for stroke and TIA (e.g. lifestyle, socioeconomic, cultural, vascular, familial, genetic, concurrent medications, comorbidities)

In addition, take into account the knowledge and understanding relating to 5. Assessment (TIA).

- stroke types and their aetiologies
- risk of stroke depending on type and aetiology
- who provides interventions for primary and secondary prevention of stroke
- pharmacological and non-pharmacological interventions for primary and secondary prevention of stroke, and side effects of treatment
- methods of changing behaviour

In addition, take into account the knowledge and understanding relating to 3. Information.
Skills and ability to…

- take and interpret thorough history, taking third party information where possible, and assess mental capacity
- determine, plan and initiate appropriate assessments/investigations and interventions/treatments; and provide information, relevant to individual needs (personalise information)
- elicit needs of those at risk of stroke and those affected by stroke
- identify risk factors and apply vascular risk assessment tools
- communicate: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; and possible side effects of treatment; and to provide advice
- assess services (health, social, voluntary and independent) available locally for those affected by stroke: identify full range available; establish relevance; communicate and liaise with services; and signpost service

In addition, take into account the skills and abilities required under 3. Information and 4. User involvement.

- assess motivation and take steps to augment management
- monitor progress and agree or change a maintenance or management plan
- assess and facilitate concordance
Information, advice and support to those affected by stroke

Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
- Referral to other agencies and services
Knowledge and understanding of…
- stroke types and their aetiologies
- risk factors for further vascular events (e.g. type and aetiology of current event, lifestyle, socioeconomic, cultural, vascular, familial, genetic, concurrent medications, comorbidities)
- pharmacological and non-pharmacological interventions for primary and secondary prevention of stroke
- who provides interventions for primary and secondary prevention of stroke
- assessment and management of problems: psychological and emotional; social and relationship; cognitive and communication; physical and functional; sensory impairment and pain; and medical

In addition, take into account the knowledge and understanding relating to **10. Specialist rehabilitation**.
- the impact of stroke on the individual, carer and family
- the implications of stroke for lifestyle, driving, work and family
- methods of changing behaviour

In addition, take into account the knowledge and understanding relating to **2. Managing risk**.
Skills and ability to…

- take and interpret thorough history, taking third party information where possible, and assess mental capacity
- elicit needs of those affected by stroke
- communicate: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; and possible side effects of treatment; and to provide advice
- assess services (health, social, voluntary and independent) available locally for those affected by stroke: identify full range available; establish relevance; communicate and liaise with services; and signpost service

In addition, take into account the skills and abilities required under 2. Managing risk and 10. Specialist rehabilitation.

- assess motivation and take steps to augment management
- monitor progress and agree or change a maintenance or management plan as well as identifying resources to facilitate participation and inclusion
User involvement in care and service planning

Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Investigation
- Treatment/Management
- Referral to other agencies and services

Stroke-Specific Education Framework

Introduction

1. Awareness raising
2. Managing risk
3. Information
4. User involvement
5. Assessment (TIA)
6. Treatment (TIA)
7. Urgent response
8. Assessment (stroke)
9. Treatment (stroke)
10. Specialist rehabilitation
11. End-of-life care
12. Seamless transfer of care
13. Long-term care
14. Review
15. Participation in community
16. Return to work

Stakeholder Engagement
Knowledge and understanding of...
- the services relevant for stroke patients and carers
- how to assess and manage problems: psychological and emotional; social and relationship; cognitive and communication; physical and functional; sensory impairment and pain; and medical

In addition, take into account the knowledge and understanding relating to 10. Specialist rehabilitation.
- methods that can be used to involve stroke patients and carers in service planning
- methods that can be used to capture stroke patient and carer views
- methods for using views to influence services
- factors that influence people’s ability to contribute and access the consultation process
- methods of feeding back to stroke patients and carers how their contributions have influenced services
- how commissioning works and how it can be influenced
4 User involvement in care and service planning

Skills and ability to...

- assess services (health, social, voluntary and independent) available locally for those affected by stroke: identify the full range available; establish relevance; communicate and liaise with services; and signpost service

In addition, take into account the skills and abilities required under 2. Managing risk.

- create an open and honest environment that is not intimidating and offers stroke patients and their carers the opportunity to freely give their views
- interact with people who have one or more of the following problems: communication; physical/functional; psychological; social; and medical
- translate the views of those affected by stroke into service planning, development, delivery and monitoring
- identify hard-to-reach groups and ensure that their views are included
- overcome the factors that prevent those affected by stroke from contributing to the consultation process
- identify local opportunities and appropriate formats for formal and informal feedback (e.g. PALS, PPI)
- handle complaints to the satisfaction of all parties
5 Assessment (TIA): assessment and management at time of event

Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
  - Initiate treatment
  - Secondary prevention
  - Vascular surgery
- Referral to other agencies and services
- Communication
  - Lifestyle, work and driving advice
Knowledge and understanding of…

- anatomy and physiology of the central nervous system
- risk factors for stroke and TIA (e.g. lifestyle, socioeconomic, cultural, vascular, familial, genetic, concurrent medications, comorbidities)

In addition, take into account the knowledge and understanding relating to 2. Managing risk.

- the signs and symptoms of TIA
- how to distinguish between stroke and TIA
- the future risk of stroke and TIA (e.g. ABCD2 and other risk scoring methods)
- the features of atypical presentation of TIA/stroke and mimics and how to act when they are identified
- investigations, interventions and treatments for TIA (e.g. imaging, vascular, medical, cardiac, surgical)
- the timeframe for emergency and follow-on investigations, interventions and treatments for TIA
- how to initiate emergency and ongoing treatment for TIA and vascular prevention
- the indications and contraindications for investigations and interventions
- any complications of surgical procedures (e.g. stenting, carotid endarterectomy, closure of atrial septal defect (ASD) and patent foramen ovale (PFO))
- the results of investigations
- the implications of TIA for lifestyle, driving, work and family
- management options for TIA/stroke and mimics, and other conditions
Skills and ability to...

- take and interpret thorough history, record third party information where possible, and assess mental capacity
- determine, plan and initiate appropriate assessments/investigations and interventions/treatments; and provide information, relevant to individual needs (personalise information)
- identify risk factors and apply vascular risk assessment tools for TIA (ABCD2) and screening tests for stroke (FAST)
- identify stroke, high risk TIA, lower risk TIA, atypical stroke and stroke mimics
- establish the cause of TIA
- recognise patients who have had a stroke rather than a TIA and to refer on for appropriate investigation and management

In addition, take into account the skills and abilities required under 8. Assessment (stroke); 9. Treatment (stroke); 10. Specialist rehabilitation; 12. Seamless transfer of care; 13. Long-term care; 14. Review and 15. Participation in community.

- communicate on the: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; and possible side effects of treatment; and to provide advice
- identify emergency interventions and treatments for TIA available locally and know how to refer patients efficiently
- identify the service(s) to which the individual should be referred and to liaise effectively with those services
- perform a physiological assessment and assess vital signs
- decide on a relevant investigation and its level of urgency
### Skills and ability to… (continued)

- apply radiological knowledge for recognised investigations
- apply technical knowledge for recognised investigations and interventions
- apply surgical knowledge for recognised vascular interventions
- recognise and manage postoperative complications after stenting, endarterectomy, PFO and ASD closure
- obtain and interpret the results of investigations: this includes formulating an immediate and ongoing management plan, and initiating treatments within the relevant timelines
- confirm and communicate diagnosis, lifestyle advice and methods of secondary prevention to patients and carers
- communicate to the patient, carer, and health and social care professionals a diagnosis, the results of investigations and subsequent needs and a management plan, as well as the actions to be taken if a further vascular event occurs
- advise on lifestyle, driving, work and family
- identify local management and referral routes for TIA/stroke and mimics, and other conditions
Service required

This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Final diagnosis/decision
- Further investigation
- Treatment/Management
  - Follow-up at one month
  - Secondary prevention: constant re-checking
- Referral to other agencies and services
  - TIAs with ongoing problems, TIA mimics and strokes
- Communication
  - TIA/minor stroke advice
  - Lifestyle and driving advice
Knowledge and understanding of…

- the signs and symptoms of TIA
- atypical presentation of TIA and TIA mimics and how to act when they are identified
- how to distinguish stroke and TIA
- risk factors for further vascular events (e.g. type and aetiology of current event, lifestyle, socioeconomic, cultural, vascular, familial, genetic, concurrent medications, comorbidities)
- pharmacological and non-pharmacological interventions, and the level of urgency for risk factor management
- side effects of pharmacological and non-pharmacological interventions as well as the prevention and management of vascular events
- late complications of surgical procedures (e.g. stenting, carotid endarterectomy, closure of ASD and PFO) and the implications of the procedures on lifestyle
- implications of TIA for lifestyle, driving, work and family
- potential interventions for immediate and ongoing risk factor management
- methods of changing behaviour
- how QOF and community targets for risk factor management affect prevention strategies
- concordance: how to assess; how it is affected by individual preference; how to manage treatment drop-outs

In addition, take into account the knowledge and understanding relating to **10. Specialist rehabilitation**.

- likely persistent deficits or other ongoing problems
- why TIA/stroke review is important
Skills and ability to…

- recognise recurrent vascular events
- perform a holistic overview, including assessment of pharmacological and non-pharmacological interventions
- perform and interpret blood pressure measurement and ECG
- assess and facilitate concordance
- assess motivation and take steps to augment management
- monitor progress and agree on or change to a maintenance or management plan
- use results of history and investigations to confirm a diagnosis and make an individual management plan for the patient, taking into account personal preferences
- identify interventions and treatments for stroke and TIA available locally and know how to refer patients efficiently
- communicate to the patient, carer, and health and social care professional a diagnosis, results of investigations and subsequent needs and management plan, as well as the actions to be taken if a further vascular event occurs
- identify who provides interventions for immediate and ongoing risk factor management locally and refer
- identify where QOF and community targets for risk factor management may affect prevention strategies and take steps to overcome this
- recognise individuals with persistent deficits or other ongoing problems and arrange rehabilitation, support and management

In addition, take into account the skills and abilities required under 13. Long-term care and 14. Review.

- encourage people to come for review
Urgent response: pre-hospital assessment and management

Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
  - Recognise suspected stroke
- Preliminary diagnosis/decision
  - Make preliminary diagnosis
  - Clinical assessment
  - Confirm preliminary diagnosis
- Treatment/Management
  - Initiate monitoring
  - Prevent complications
  - Take to correct place
- Communication
Knowledge and understanding of…

- signs and symptoms of stroke

In addition, take into account the knowledge and understanding relating to 1. Awareness raising.

- features of less common (atypical) presentation of stroke
- stroke mimics and likely presentation
- stroke and TIA as medical emergencies
- emergency response, investigations, interventions and treatments for stroke and TIA

In addition, take into account the knowledge and understanding relating to 5. Assessment (TIA) and 8. Assessment (stroke).

- the timeframe for emergency investigations, interventions and treatments for stroke and TIA
- the anatomy and physiology of the central nervous system
- the physiological and neurological effects of stroke and their timeframe during and after a stroke
- monitoring and acting upon physiological and neurological changes during and after a stroke
- how stroke can affect communication
- complications after stroke (e.g. aspiration, airway obstruction, hypoxia, hypotension, hypertension, hyperglycaemia, bedsores), and preventing and managing them
Skills and ability to...

- take and interpret thorough history, record third party information where possible, and assess mental capacity
- communicate the: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; and possible side effects of treatment; and to provide advice
- identify suspected stroke, perform screening tests (e.g. FAST) and act on results
- perform basic neurological (e.g. NIHSS, SNSS) and physiological assessment (vital signs)
- perform ABCDs (airways, breathing, circulation, disability), pulse oximetry and blood glucose assessment and to act on abnormal findings
- identify and use therapeutic methods of moving and handling the patient that are safe, depending on the individual patient or staff needs
- recognise stroke-related communication problems and to adapt methods of communication
- identify emergency investigations, interventions (SITS-MOST) and treatments for stroke and TIA patients available locally (Stroke Networks) and know where to take them
- identify and appropriately treat stroke mimics, e.g. hypoglycaemia, epileptic seizure
### Service required

This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- **Assessment**
  - Preliminary diagnosis/decision
    - Identification of suspected strokes
    - Make a clinical diagnosis
  
- **Investigation**
  - Biochemistry and haematology
  - Brain imaging
  - Cardiac assessment
  
- **Treatment/Management**
  - Initiate treatment
  - Prevent and detect deteriorations
  - Access to rapid neurovascular/vascular surgery
  - Intensive care
  - Young/Atypical stroke
  - Specialist assessment of stroke with unusual presentations and/or in young people
  - Highly specialised treatments
  
- **Communication**
Knowledge and understanding of…

- the signs and symptoms of stroke
- the neurological and physiological effects of stroke and the timeframe of changes during and after a stroke
- how to monitor, and act upon, neurological and physiological changes during and after a stroke
- features of atypical presentation of stroke and stroke mimics
- stroke types and their aetiologies
- different modalities to facilitate diagnosis and treatment of stroke (e.g. telemedicine)
- emergency investigations (e.g. imaging of brain, heart and cerebral arteries, blood tests) and interventions for stroke (e.g. intravenous and intra-arterial thrombolysis, vascular surgery, stenting, hemicraniotomy, evacuation of haematoma) and the timeframe within which they should be given
- the indications and contraindications for investigations, interventions and treatments for stroke
- any potential complications of investigations, interventions and treatments for stroke and how to prevent and manage them

In addition, take into account the knowledge and understanding relating to 9. Treatment (stroke).

- how to manage complications of vascular surgery, stenting and PFO/ASD closure
Skills and ability to…

● take and interpret thorough history, record third party information where possible, and assess mental capacity
● determine, plan and initiate appropriate assessments/investigations and interventions/treatments; and provide information, relevant to individual needs (personalise information)
● perform neurological and physiological assessment and assess vital signs
● perform a standardised neurological assessment using a recognised stroke scale (e.g. NIHSS, SNSS)
● interpret the results of investigations (e.g. imaging, vascular, blood tests) and the actions to be taken as a result
● diagnose stroke using clinical information and investigations: distinguish between a stroke and a TIA; identify atypical strokes and stroke mimics; and formulate and implement a management plan accordingly

In addition, take into account the skills and abilities required under 5. Assessment (TIA) and 6. Treatment (TIA).

● communicate the: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; and possible side effects of treatment; and to provide advice
● identify the need for more specialist or differing treatments when necessary
● monitor progress, identify complications or deteriorations and deliver treatments for complications or deteriorations
● identify the level of urgency for any relevant medical, surgical and radiological investigations, interventions and treatments
● obtain and interpret the results of investigations and formulate an immediate and ongoing management plan; initiate treatments within the relevant timescales
Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Final diagnosis/decision
- Investigation
- Treatment/Management
  - Preventing complications
  - Provide rehabilitation with appropriate
    - frequency
    - intensity
    - duration
  - Discharge planning

In addition, take into account the service required under 12. Seamless transfer of care.
- Communicating effectively with patient/family/team
- Referral to other agencies and services
  - Individuals with other specialist support and management needs
Knowledge and understanding of…

- Signs and symptoms of stroke
- Neurological and physiological effects of stroke, monitoring, and the timeframe of changes, during and after a stroke
- The need for early mobilisation and positioning
- Assessing swallowing and managing dysphagia
- Alternative methods of feeding, hydration, and drug administration for patients with dysphagia
- The interactions between enteral feeds, fluids, and drug treatment
- The effects of stopping ongoing drug treatment because of swallowing problems
- Symptoms and effects of starvation
- The importance and methods of oral care
- The importance of avoiding catheters, as well as managing retention and promoting continence
- Assessing and managing problems: psychological and emotional; social and relationship; cognitive and communication; physical and functional; sensory impairment and pain; and medical

In addition, take into account the knowledge and understanding relating to 10. Specialist rehabilitation.

- Cognitive effects of the stroke and its impact on the patient’s ability to consent to treatment
- The impact of the stroke on family
- Assessment and management options for neurological, physiological, functional, and psychological problems after stroke
- Complications after stroke and how to prevent and manage them
Knowledge and understanding of… (continued)

- when to refer for other specialist care (e.g. intensive care unit, hemicraniotomy, haematoma evacuation, interventional radiology, vascular surgery etc)
- any complications of investigations, interventions and treatments for stroke and how to prevent and manage them

In addition, take into account the knowledge and understanding relating to 8. Assessment (stroke).

- the roles, level and number of health and social service professionals who should contribute to the care and support of individuals with stroke and those affected by stroke
- how to manage strokes that occur as a complication of another primary pathology
Skills and ability to...

- take and interpret thorough history, record third party information where possible, and assess mental capacity
- determine, plan and initiate appropriate assessments/investigations and interventions/treatments; and provide information, relevant to individual needs (personalise information)
- perform neurological and physiological assessment and assess vital signs
- perform a standardised neurological assessment using a recognised stroke scale (e.g. NIHSS, SNSS)
- identify the need and level of urgency for the relevant medical, surgical and radiological investigations, interventions and treatments; obtain and interpret the results of investigations: formulate an immediate and ongoing management plan; and initiate treatments within the relevant timescales
- diagnose stroke using clinical information and investigations: distinguish between a stroke and a TIA; identify atypical strokes and stroke mimics; and to formulate and implement a management plan accordingly

In addition, take into account the skills and abilities required under 5. Assessment (TIA) and 6. Treatment (TIA).

- communicate the: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; and possible side effects of treatment; and to provide advice
- identify the need for more specialist or differing treatments when necessary and be able to refer to those services
- monitor progress, identify neurological and non-neurological complications or deterioration and to deliver treatments
- obtain and interpret the results of investigations and formulate a management plan accordingly
Skills and ability to… (continued)

- identify and use therapeutic methods of moving and handling the patient that are safe, depending on the individual patient or staff needs
- assess and manage: oral problems including dysphagia and nutrition; cognition; psychological and emotional problems; continence; pressure areas; mobility problems etc in collaboration with members of the multidisciplinary team

In addition, take into account the skills and abilities required under 10. Specialist rehabilitation.

- deliver relevant methods of nutrition, hydration and medication in patients with dysphagia
- assess and discuss realistic goals with those affected by stroke, plan discharge and link to follow-up services for patients and carers

In addition, take into account the skills and abilities required under 12. Seamless transfer of care; 13. Long-term care; 14. Review and 15. Participation in community.

- recognise impending death and initiate palliative care where necessary

In addition, take into account the skills and abilities required under 11. End-of-life care.
Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
  - Effective MDT assessment
  - Goal setting
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
  - Person and family-centred management (medical and rehabilitation)
  - Initiating treatment
    - Medical
    - Non-medical
  - Utilising a range of methods
  - Talking to people
  - Identifying priorities
  - Understanding how to change behaviour
  - Immediate access to stroke specialist rehabilitation
- Referral to other agencies and services
- Communication
Knowledge and understanding of…

- the impact of stroke on the individual, carer and family
- the implications of stroke for lifestyle, driving, work and family
- MDT assessment: the principles of stroke rehabilitation and rehabilitation referral; and therapy techniques and their application
- a range of neurological treatment approaches and their applications
- psychological and emotional problems after stroke (e.g. depression, emotionalism, anxiety, self esteem, confidence, well-being, challenging behaviour)
- social and relationship problems after stroke (e.g. lifestyle, work, housing, driving, transport, leisure, financial/income, work/employment, children, family, support network, carers, relating, respite, pets)
- cognitive and communication problems after stroke (e.g. spatial awareness (neglect/inattention); hemianopia; memory; attention; praxis; executive function; speech problems: aphasia, dysarthria, articulatory dyspraxia)
- physiological, physical and functional problems after stroke (e.g. rest and sleep; respiratory, mobility; balance; vision/senses; incontinence; bladder and bowel management; swallowing; feeding and nutrition; skin integrity; sexual; motor control; ADL)
- neurological, sensory impairment and pain problems (e.g. shoulder pain, central post-stroke pain, spasticity)
- medical problems (e.g. medication, comorbidities, complications)
- the process of transfer to the community (e.g. discharge planning, long-term management, further rehabilitation, social function)
Knowledge and understanding of… (continued)

- the causes of, and how to assess, manage and treat, problems after stroke: psychological and emotional; social and relationship; cognitive and communication; physiological, physical and functional; neurological, sensory impairment and pain; and medical
- the impact of problems after stroke on day-to-day and outdoors functioning: psychological and emotional; social and relationship; cognitive and communication; physiological, physical and functional; neurological, sensory impairment and pain; and medical
- methods that will support patients with their recovery and help them to cope with problems after stroke: psychological and emotional; social and relationship; cognitive and communication; physiological, physical and functional; neurological, sensory impairment and pain; and medical

In addition, take into account the knowledge and understanding relating to 3. Information; 4. User involvement; 9. Treatment (stroke); 12. Seamless transfer of care and 13. Long-term care.

- risk factors for further vascular events (e.g. type and aetiology of current event, lifestyle, socioeconomic, cultural, vascular, familial, genetic, concurrent medications, comorbidities)

In addition, take into account the knowledge and understanding relating to 2. Managing risk and 5. Assessment (TIA).

- pharmacological and non-pharmacological interventions for secondary prevention that will also help recovery after stroke, and their side effects
- any support services, organisations and resources available (e.g. health, social, voluntary, independent sector; packages of care, finance, respite care, equipment, adaptations, rehabilitation, psychological, educational, employment, housing)
- methods to facilitate communication with those affected by stroke
Knowledge and understanding of… (continued)

- therapeutic moving and handling
- methods of changing behaviour
- the use of assessments and measures
- the principles of goal setting
- assistive technology and other therapy interventions (e.g. FES)
- equipment and adaptations
- concordance: how to assess; how it is affected by individual preference; how to manage treatment drop-outs

In addition, take into account the knowledge and understanding relating to 6. Treatment (TIA).
Skills and ability to...

- take and interpret thorough history, including information from carers, relatives and other agencies where possible, and assess mental capacity
- determine, plan and initiate appropriate assessments/investigations and interventions/treatments; and provide information, relevant to individual needs (personalise information)
- provide a range of neurological intervention processes and to be able to clinically reason the selection and administration of an approach
- communicate the: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; and possible side effects of treatment; and provide advice
- assess, discuss and review with those affected by stroke, including client-centred goal-setting and outcomes
- identify rehabilitation and support services in hospital and after discharge: inform the individual about services and how to access them; check availability and agree referral
- identify need and when to refer for more specialist or differing treatments where necessary: also agree referral (e.g. assistive technology, major adaptations to the home, disability employment adviser)
- provide advice and support on driving and refer to specialist centres as required
- identify local services and resources (e.g. health, social, voluntary, independent sector; equipment and adaptations, rehabilitation, psychological, educational, employment, housing) to facilitate participation and inclusion: also identify waiting times and implications for those affected by stroke
- monitor progress and agree or change a maintenance or management plan
- identify resources to help with participation and inclusion
Skills and ability to… (continued)
- assess motivation and take steps to augment management
- assess and help with concordance
- identify and use therapeutic methods of moving and handling the patient that are safe, depending on the individual patient or staff needs, and that will help with the optimum return of functional abilities
- assist, encourage and facilitate post-stroke physical, social and cultural reintegration

In addition, take into account the skills and abilities required under 13. Long-term care and 14. Review.
- recognise the signs, symptoms and impact of psychological and emotional problems after stroke (e.g. depression, emotionalism, anxiety, self esteem, confidence, well-being, challenging behaviour) and to help patients and their families to cope and manage; and encourage recovery
- recognise the signs, symptoms and impact of social and relationship problems after stroke (e.g. lifestyle, work, housing, driving, transport, leisure, financial/income, work/employment, children, family, support network, carers, relating, respite, pets) and to help patients and their families to cope and manage; and encourage recovery
- recognise the signs, symptoms and impact of cognitive and communication problems after stroke (e.g. spatial awareness (neglect/inattention); hemianopia; memory; attention; praxis; executive function; speech problems: aphasia, dysarthria, articulatory dyspraxia) and to help patients and their families to cope and manage; and encourage recovery
Skills and ability to… (continued)

- recognise the signs, symptoms and impact of **physiological, physical and functional** problems after stroke (e.g. rest and sleep; respiratory, mobility; balance; vision/senses; incontinence: bladder and bowel management; swallowing; feeding and nutrition; skin integrity; sexual; motor control; ADL) and to help patients and their families to cope and manage; and encourage recovery
- recognise the signs, symptoms and impact of **neurological, sensory impairment and pain** problems (e.g. shoulder pain; central post-stroke pain; spasticity) and to help patients and their families to cope and manage; and encourage recovery
- recognise the signs, symptoms and impact of medical problems (e.g. medication, comorbidities, complications) and to help patients and their families to cope and manage; and encourage recovery
- use a range of communication media to ensure that patients and their carers are fully involved in the decision-making process and their care
- provide a client-centred approach to care and manage any challenging behaviour
Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
  - All care settings
  - Deliver, wherever possible, choice of where people end up
    - Home
    - Hospital
    - Institution
- Referral to other agencies and services
- Communication
Knowledge and understanding of…

- end-of-life care strategies, advanced directives, and palliative care tools in relation to stroke
- the implications of the Mental Capacity Act for stroke patients*
- advocates for stroke patients when there is a legal duty to instruct an IMCA*
- the range of support groups and services for those affected by stroke with palliative care needs
- the needs of those affected by stroke (i.e. patient, carer and family)
- the assessment and management of problems, how they can be controlled and the implications for prognosis: psychological and emotional; social and relationship; cognitive and communication; physiological, physical and functional; neurological, sensory impairment and pain; and medical
- pharmacological and non-pharmacological interventions for end-of-life care after stroke
- the side effects of pharmacological and non-pharmacological interventions for end-of-life care after stroke

* In Scotland the Adults with Incapacity Act would apply
Skills and ability to…

- take and interpret thorough history, including information from carers, relatives and other agencies where possible, and assess mental capacity
- determine, plan and initiate appropriate assessments/investigations and interventions/treatments; and provide information, relevant to individual needs (personalise information)
- communicate the: current event; interventions/treatments and their timeframes; rationale for treatment; possible side effects of treatment; and provide advice and prognosis
- assess capacity and “best interests” according to the statutory principles
- provide sufficient information to enable informed choice and decision making by carers
- identify need and when to refer for more specialist or differing treatments where necessary: and agree referral
- recognise and manage symptoms taking account of individual needs
- use palliative care, or other relevant tools
- identify local services and resources, including waiting times and implications for those affected by stroke
- use strategies to help with breaking bad news, managing emotions and obtaining information on advanced directives
- develop mechanisms to support the palliative care team and provide opportunities for debriefing sessions
12 Seamless transfer of care

Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
  - Person and family-centred assessment and management plan
- Referral to other agencies and services (smooth and seamless pathway of care across and between)
- Communication
Knowledge and understanding of...

- the assessment and management of problems: psychological and emotional; social and relationship; cognitive and communication; physiological, physical and functional; neurological, sensory impairment and pain; and medical; and how to involve users and carers

In addition, take into account the knowledge and understanding relating to 4. User involvement and 10. Specialist rehabilitation.

- the implications of stroke for lifestyle, driving, work and family
- methods to facilitate communication with those affected by stroke
- support services, organisations and resources available (e.g. health, social, voluntary, independent sector; packages of care, finance, respite care, equipment, adaptations, rehabilitation, psychological, educational, employment, housing)
- the principles of good planning for transfer of care to the community
- all agencies that are potentially involved along the whole of the Stroke Pathway
- the principles of multi-agency working
Skills and ability to...

- take and interpret thorough history, including information from carers, relatives and other agencies where possible, and assess mental capacity
- determine, plan and initiate appropriate assessments and treatments; and provide information, relevant to individual needs (personalise information)
- assess, discuss and review with those affected by stroke: goal-setting and outcomes
- monitor progress and agree or change a maintenance or management plan
- identify need and when to refer for more specialist or differing treatments when necessary
- identify local services and resources (e.g. health, social, voluntary, independent sector; equipment and adaptations, rehabilitation, psychological, educational, employment, housing) to facilitate participation and inclusion: check availability and waiting times; inform individual about services, identify how to access, or re-access, them and agree referral
- liaise with and work across agencies
- identify and utilise resources available locally and nationally to support those affected by stroke
- reflect on processes and pathways of care including mechanisms for review
Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
  - Person and family-centred assessment and management
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
  - Secondary prevention
    - Health
    - Social care
    - Respite
    - Equipment
  - Adaptations
  - Secondary prevention
    - Lifestyle
    - Concordance (ensure that the patient takes medication)
- Referral and re-referral to other agencies and services
- Communication
Knowledge and understanding of…

- the assessment and management of problems: psychological and emotional; social and relationship; cognitive and communication; physiological, physical and functional; neurological, sensory impairment and pain.

In addition, take into account the knowledge and understanding relating to 10. Specialist rehabilitation.

- the needs of those affected by stroke, particularly those related to the problems listed above, and how these needs can be met.
- the impact of stroke on the individual, carer and family.
- the implications of stroke for lifestyle, driving, work and family.
- risk factors for further vascular events (e.g. type and aetiology of current event, lifestyle, socioeconomic, cultural, vascular, familial, genetic, concurrent medications, comorbidities).

In addition, take into account the knowledge and understanding relating to 2. Managing risk and 5. Assessment (TIA).

- pharmacological and non-pharmacological interventions for secondary prevention and to facilitate recovery after stroke and their side effects.
- support services, organisations and resources available (e.g. health, social, voluntary, independent sector; packages of care, finance, respite care, equipment, adaptations, rehabilitation, psychological, educational, employment, housing).
- assistive technology and other therapy interventions (e.g. FES).
- methods to facilitate communication with those affected by stroke.
- concordance: how to assess; how it is affected by individual preference; how to manage treatment drop-outs.

In addition, take into account the knowledge and understanding relating to 6. Treatment (TIA).
Skills and ability to…

- take and interpret thorough history, including information from carers, relatives and other agencies where possible, and assess mental capacity
- communicate the: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; possible side effects of treatment; and provide advice
- monitor the individual’s progress and agree on or change a maintenance or management plan
- assess, discuss and review with those affected by stroke: goal-setting and outcomes
- identify need and when to refer for more specialist or differing treatments when necessary
- identify relevant rehabilitation and social support services after discharge: inform the individual about services and how to access them and agree referral
- identify the individual’s motivation and take steps to modify behaviour
- know of local services, their waiting times and implications for those affected by stroke
- ensure that the individual is aware
- understand how to empower
- assess and facilitate concordance
Service required

This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
  - Person who has had the stroke review
  - Specialist review
  - Information
  - Support
  - Rehabilitation
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
  - 6 week review (post-discharge) and
  - 6 month and
  - 12 month
- Communication
Knowledge and understanding of…

- the assessment and management of problems: psychological and emotional; social and relationship; cognitive and communication; physiological, physical and functional; and neurological, sensory impairment and pain

In addition, take into account the knowledge and understanding relating to **10. Specialist rehabilitation**.

- the needs of those affected by stroke, particularly those related to the problems listed above, and how these needs can be met
- support services, organisations and resources available (e.g. health, social, voluntary, independent sector; packages of care, finance, respite care, equipment, adaptations, rehabilitation, psychological, educational, employment, housing)
- the impact of stroke on the individual, carer and family
- the implications of stroke for lifestyle, driving, work and family
- risk factors for further vascular events (e.g. type and aetiology of current event, lifestyle, socioeconomic, cultural, vascular, familial, genetic, concurrent medications, comorbidities)

In addition, take into account the knowledge and understanding relating to **2. Managing risk** and **5. Assessment (TIA)**.

- pharmacological and non-pharmacological interventions for secondary prevention and how to help recovery after stroke
- side effects of risk factor interventions and treatments to help with recovery after stroke
- methods to help communication with those affected by stroke when conducting a review
- concordance: how to assess; how it is affected by individual preference; and how to manage treatment drop-outs

In addition, take into account the knowledge and understanding relating to **6. Treatment (TIA)**.
Skills and ability to:

- take and interpret thorough history, including information from carers, relatives and other agencies where possible, and assess mental capacity
- communicate the: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; possible side effects of treatment; and provide advice
- monitor the individual's progress and agree or change a maintenance or management plan
- assess, discuss and review with those affected by stroke: goal-setting and outcomes
- plan assessments and treatments; and provide information, relevant to individual needs (personalise information)
- identify need and when to refer for more specialist or differing interventions/treatments when necessary
- review process in your area and act on the review
- assess and facilitate concordance
15 Participation in community life

Service required
This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- Assessment
  - Person and family-centred assessment and management
  - Specialist review
  - Information
  - Support
  - Rehabilitation
- Preliminary diagnosis/decision
- Investigation
- Treatment/Management
  - Provision of
    - equipment
    - adaptations
- Communication
Knowledge and understanding of…

- the assessment and management of problems: psychological and emotional; social and relationship; cognitive and communication; physiological, physical and functional; and neurological, sensory impairment and pain

In addition, take into account the knowledge and understanding relating to **10. Specialist rehabilitation**.

- the needs of those affected by stroke, particularly those related to the problems listed above, and how these needs can be met
- support services, organisations and resources available (e.g. health, social, voluntary, independent sector; packages of care, finance, respite care, equipment, adaptations, rehabilitation, psychological, educational, employment, housing)
- the impact of stroke on the individual, carer and family
- the implications of stroke for lifestyle, driving, work and family
- methods to help communication with those affected by stroke, including when conducting a review
Skills and ability to...

- take and interpret thorough history, including information from carers, relatives and other agencies where possible, and assess mental capacity
- communicate the: current event; risk of future vascular event; need for assessments/investigations, interventions/treatments and their timeframes; rationale for treatment; possible side effects of treatment; and provide advice
- assess, discuss and review with those affected by stroke: goal-setting and outcomes
- monitor the individual's progress and agree on or change a maintenance or management plan
- plan assessments and treatments; and provide information, relevant to individual needs (personalise information)
- identify need and when to refer for more specialist or differing treatments when necessary
- know of local services, their waiting times and implications for those affected by stroke
- use individual commissioning
## Service required

This is a list of the services and inputs that are relevant for this element within the Stroke Pathway.

- **Assessment**
  - Identify relevant individuals
  - Person centred
  - Specialist assessment
  - Information
  - Support
  - Rehabilitation

- **Preliminary diagnosis/decision**
  - Investigations
    - Visual
    - Cognitive
    - Physical
    - Sensory

- **Treatment/Management**
  - Home
  - Hospital
  - Education institution

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### Home

#### Introduction

1. Awareness raising
2. Managing risk
3. Information
4. User involvement
5. Assessment (TIA)
6. Treatment (TIA)
7. Urgent response
8. Assessment (stroke)
9. Treatment (stroke)
10. Specialist rehabilitation
11. End-of-life care
12. Seamless transfer of care
13. Long-term care
14. Review
15. Participation in community
16. Return to work

#### Stakeholder Engagement
Service required (continued)

- Workplace
- Community
- Referral to other agencies
  - Access to stroke specialist vocational rehabilitation
  - Worksite/place assessment
  - Job analysis
  - Work hardening
  - Return to work planning
  - Goal setting for work return/retention
  - Risk assessment
  - Benefits advice
  - Work review
  - Provision of
    - equipment
    - adaptations
- Communication
  - Return to work education
  - Liaison with employers/educators and other agencies
Return to work

Knowledge and understanding of…

- the effects of stroke (cognitive, physical, sensory, visual, emotional, confidence) and how it may affect a return to work and/or education
- assessing the effects of stroke (cognitive, physical, sensory, visual, emotional, confidence)
- employment law, the Disability Discrimination Act, health and safety at work
- the roles of healthcare and other professionals in employment-related services (occupational health, occupational psychologist, disability employment adviser)
- the occupational therapist’s role in vocational rehabilitation
- Jobcentre Plus, its services and its effectiveness for stroke
- what is meant by “reasonable adjustment” in the workplace, how to adapt or instigate adaptation to the work environment and the employer’s responsibility
- available helpful technology for overcoming functional and activity limitations in the workplace
- ergonomic principles and how to overcome access issues
- return to work education
- health, work and well-being – the role of purposeful occupation and the detrimental effects of worklessness
- the benefits system in relation to work
- workplace assessment including risk, job analysis, work hardening, return to work planning and job retention
- models of vocational rehabilitation for stroke and vocational case management
- vocational rehabilitation guidelines and standards for people with stroke (British Society of Rehabilitation Medicine; Vocational Rehabilitation Association; UK Rehabilitation Council)
Skills and ability to...

- assess or refer for the assessment of visual, cognitive, functional and physical deficits following stroke
- identify local and national services for return to work, their availability and how they can be accessed
- know which professionals people should be referred to for employment-related services
- assess for, advise on and review the need for workplace adaptation
- assess for, advise on and review the need for assistive technology and environmental adaptations to overcome work-related activity limitations
- with a stroke survivor, advise, prepare and plan a return to work or education and how they can be supported on the return to work pathway
- advise employers/educators about stroke and its effects and negotiate a return to work of the stroke survivor
- communicate stroke-related deficits to employers, colleagues, educators, family members and friends
- give benefits advice or refer
- carry out a workplace assessment and risk assessment, or refer
- carry out job analysis, or refer
- set goals for work return/retention
- case manage and refer to a case management service for a return to work after stroke
- implement guidelines in practice
- help the stroke survivor to remain in work, review the stroke survivor at work/in education and advise on workplace accommodations
- set up, deliver and refer to a vocational rehabilitation service
Stakeholder Engagement

How to respond
This exercise runs from 17 April and all responses must be received by 12 June 2009.

Complete the response form which is available on the Department of Health website (www.dh.gov.uk/stroke)
or here

- Response form

Responses can be made by post to: SSEF
c/o Professor Caroline Watkins
Clinical Practice Research Unit
Brook Building
School of Nursing and Caring Sciences
University of Central Lancashire
Preston
Lancashire PR1 2HE

By email: clwatkins@uclan.ac.uk or stroke@dh.gsi.gov.uk

Please use the term “SSEF” as the subject of the email.
Stakeholder Engagement

Stroke Specific Education Framework – Future Work

We will collate and reflect comments received from key stakeholders in the final version of the Framework.

In parallel with this targeted stakeholder engagement, we will be seeking an organisation to take responsibility for hosting the UK Forum for Stroke Training, and the web-based Framework. This will include developing mechanisms to embed the Framework, to keep it up-to-date and to publicise it, such that it makes a full contribution to developing the stroke skilled workforce needed for improved outcomes for all stroke patients.

We will update the http://www.dh.gov.uk/stroke as this work progresses.
Stakeholder Engagement

Questions

Stroke-Specific Education Framework questions for each element (1–16)

1. Consider for each element of the Stroke Pathway:
   - Is the content of the Stroke-Specific Education Framework comprehensive?
   - If not, what additional content would you like to see included?

2. Consider for each element of the Stroke Pathway:
   - Is there too much information in the Stroke-Specific Education Framework?
   - If there is too much, what content would you like to see taken out?

3. The intention is to design a website to hold the final version of this framework. Do you think the current format of the Stroke-Specific Education Framework is accessible?

4. Please provide suggestions that you think would make this material easier to use.

5. Do you have any suggestions to encourage use of the framework?

6. Further comments.
Further comments

If you have any other comments or suggestions on how the Stroke-Specific Education Framework can be better presented, navigated or promoted, please include them here.

This exercise closes on 12 June 2009.
## UK Stroke Specific Education Framework (SSEF)

### Description
The SSEF aims to build on the generic skills that health, social, voluntary and independent care staff already possess through the clear identification of additional stroke-specific knowledge and skills. The views of all key stakeholders are now sought on the content of the SSEF over the next 8 weeks.

### Cross Ref
Relevant Stroke Strategies, Guidelines and Frameworks for England, Northern Ireland, Scotland and Wales.

### Superseded Docs
N/A

### Action Required
Key stakeholders are asked to comment on the content of the SSEF

### Timing
Responses required by 12 June 2009

### Contact Details
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