

Learning From People Who Have Had a Stroke

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 & 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. 5 months down the line (I could), check the patient’s understanding and see if they have got it.”

“Need to check patients understanding”

“Simple language not technical, tell a story “computer story” give the patient multiple options so they can understand.”

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 6 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.”

“For the healthcare worker change of focus not to “do to” the patient support them to do it”

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

Non- 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 non-qualified **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.

This framework has been designed to apply to all non-qualified staff, for example; therapy assistants, rehabilitation support workers, healthcare assistants of various levels.

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 non-qualified staff

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 people who use health and social care services.

Structure of the Framework

The competency framework is broken into the following six distinct dimensions, each relating to an aspect of care for the person who has 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 and the Multi-disciplinary team
3: Prevention & Health Promotion	Prevention and Health Promotion (combined)
4: Immediate Care	Understanding Stroke and Care of the 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 & Handling Activities of Daily Living
6: Long term care	Stroke and Community Services Person Carer

Structure of the Competency Document

Name and number of competence dimension: sub section title

Statement of Competence
<p>The member of staff will be able to:.....</p> <p>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.</p>
Knowledge and Skills Framework to which the competence is linked

Indicators
<p>A more detailed statement of the knowledge and skills that will be required to achieve the competence.</p>

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 than the competence the actions required to achieve the competence
MDT	Multi-disciplinary team
ADL	Activities of Daily Living
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
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
OT	Occupational Therapist
PT	Physiotherapist
SALT	Speech and Language Therapist
Nurse	Nursing Staff
SW	Social Worker
Ψ	Psychologist
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)

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 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.

Example 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.

Competence 1.1 Communication - Person / Carer

Statement of Competence
The member of staff will be able to: Describe the communication changes that occur with stroke Demonstrate alternative communication methods & use appropriately with direction
KSF Dimension 1: Communication

Indicators
Demonstrates the components of effective communication – active listening skills, verbal and non-verbal communication skills
Recognise the emotional responses to stroke by both the person and carer(s) and demonstrate an appropriate response to these when they are displayed
Recognise communication barriers in stroke and explain in Plain English how they can present. Locates definitions/ information on terminology relating to communication
Demonstrate awareness of own communication style and attitudes towards stroke and disability
Describe the impact of memory, concentration, anxiety and emotional responses to stroke on communication
Able to modify own communication method appropriately with direction and/or in accordance with SALT communication guidelines to support communication
Identify person's / carer's individual communication, language and cultural needs, wishes and preferences. Locates resources to increase knowledge about these issues if unsure
Select and use common methods of supported communication with people who have had a stroke and present with communication difficulties and regularly monitor their understanding
Demonstrate rapport building, empathy and personalised communication for the individual during interactions with the person / carer

Competence 1.2 Communication - Colleague / Professional / Agency

Statement of Competence

The member of staff will be able to:
Communicate effectively with colleagues & other professionals using a variety of appropriate communication styles

KSF Dimension 1: Communication

Indicators

Identify common stroke terms, explain them in Plain English, and locate further information where applicable

Demonstrate effective communication including face to face, telephone and written

Describe and practice confidentiality and information sharing standards

Complete appropriate record keeping as per service standards

Identify external agencies available and implement referral procedures when directed.

Competence 2 Care Pathway - Patient Journey & the Multidisciplinary Team

Statement of Competence

The member of staff will be able to:

Describe the Care Pathway and be able to interpret the plan of care

Discuss their role within the Care Pathway & the multi-disciplinary team

KSF Dimension 8: addressing individual's health & well being
KSF Dimension 13: production & communication of information & knowledge

Indicators

Describe the journey of a stroke patient throughout their care

Define personal role in stroke care as a member of the MDT

Differentiate and describe the role of team members within the stroke care pathway– OT, PT, SLT, Nurse, Doctor Psychology, Social Worker, Dietician etc

Competence 3 - Prevention & Health Promotion

Statement of Competence
The member of staff will be able to: Identify the common risk factors for stroke and stroke prevention in relation to lifestyle and health pre and post stroke
KSF Dimension 9: improvement of health & well being KSF Dimension 10: protection of health & well being

Indicators
List and explain lifestyle risk factors pre and post stroke
Describe basic health promotion principles including smoking cessation
Under supervision, locate and provide information about services in the community available to improve health and well-being
Provide information appropriately to the person, with direction (including advising people who have had a stroke to seek medical advice concerning lifestyle and medical risk factors)

Competence 4 Immediate Care - Stroke and Acute Care

Statement of Competence
<p>The member of staff will be able to: Describe stroke / TIA causes and effects to the level of information for people who have had a stroke. Discuss treatment and investigations and follow treatment plans.</p>
<p>KSF Dimension 2: Personal & people development KSF Dimension 7: Assessment of Health & well being KSF Dimension 8: addressing individual's health & well being needs</p>

Indicators
Identify the basic anatomy of the brain and circulatory system
List the signs and symptoms of stroke
Describe the presentation of acute stroke and recognise the tests and interventions used in acute stroke care
Name the types of stroke and briefly describe how they occur
Briefly describe a Transient Ischaemic Attack
Recognise when a person may be having a stroke and call for immediate assistance (Use the FAST test as good practice guide)
Recognise tests used in acute clinical management including stating of normal values and changes in: conscious level, blood pressure, pulse, heart rhythm, temperature, blood glucose, oxygen saturation, and hydration as is applicable to setting
Recognise basic drug therapy – anti-thrombotic treatment, thrombolysis
Describe the principles and demonstrate the practice of: <ul style="list-style-type: none"> - pressure care - shoulder care - positioning in bed and chair
Describe the principles of early mobilisation / rehabilitation once the person is medically stable
Briefly explain the psychological, emotional and social impact of having a stroke and demonstrate an appropriate empathic response

Competence 5.1 Early & Continuing Rehabilitation - Rehabilitating the Stroke Patient

Statement of Competence
The member of staff will be able to: Describe the principles of rehabilitation of the person who has had a stroke & be able to implement treatment programmes
KSF Dimension 8: Addressing individual's health & well being
Indicators
Describe relevant functional anatomy and movement, in order to implement prescribed therapy treatment guidelines
Briefly describe the theories and principles of enabling and rehabilitation
Describe the process and benefits to all parties, of setting and following person centred SMART goals
Describe the relevance of following treatment programs and consistently implement programs according to instructions
Briefly explain the precautions and contraindications in stroke care and incorporate these into everyday practice
Recognise (at a basic level) if a rehabilitation task is no longer appropriate for the person (e.g. too easy / difficult or unsafe), report to the relevant team member and document
Briefly describe the emotional and behavioural changes that can occur with stroke, act with sensitivity and seek advice on the best way(s) to deal with them
Apply principles of risk assessment and safety to rehabilitation activities undertaken
Briefly explain the psychological, emotional and social impact of the rehabilitation process following stroke and demonstrate an appropriate empathic response

Competence 5.2 Early & Continuing Rehabilitation - Continence

Statement of Competence
The member of staff will be able to: List common causes of incontinence, and state the physical problems associated Describe continence equipment used Briefly explain the psychological, social & emotional impact of incontinence
KSF Dimension 8: Addressing individual's health & well being

Indicators
Explain why incontinence can occur in stroke
Describe how other factors may contribute to difficulties with continence: age, medical condition, beliefs and preferences, diet, mobility.
Able to maintain the person's privacy and dignity and act with sensitivity to the individual's perception of the situation
Provides client with a means of calling for help when using toilet facilities and can describe why this is good practice
Describe the role of nursing staff and continence specialists and identify how to access specialist advice and support
Explain the effect of incontinence on moving and handling, pressure care, positioning, skin integrity and ADL's
State the psychological, social and emotional effects of incontinence and demonstrate an appropriate empathic response

Competence 5.3 Early & Continuing Rehabilitation - Diet / Swallowing

Statement of Competence
The member of staff will be able to: Describe the nutritional needs & swallowing problems following stroke State the psychological, social & emotional impact
KSF Dimension 8: Addressing individual's health & well being
Indicators
Check person's swallowing status and guidelines before food or drink is given to ensure safe eating / drinking
Recognise swallowing problems following stroke and demonstrate how to report them
Identifies who to contact to assess swallowing and / or diet problems
Locates and follows a client's individual guidelines regarding swallowing status
Briefly explain how diet, nutrition and hydration can impact recovery and health
Describe the risks associated with swallowing and nutrition problems
Demonstrate basic safe swallowing strategies for eating and drinking (e.g. ensuring the person is sitting up and taking small mouthfuls)
Briefly describe different methods of feeding e.g. NG, PEG
State the psychological, social & emotional impact of swallowing problems and demonstrate an appropriate empathic response

Competence 5.4 Early & Continuing Rehabilitation - Moving & Handling

Statement of Competence
The member of staff will be able to: Describe the physical problems that result from stroke Demonstrate methods / techniques to prevent injury to the person Explain the Moving & Handling policy State the psychological, social & emotional impact
KSF Dimension 8: Addressing individual's health & well being

Indicators
Briefly describe the impact each of the following stroke problems may have on moving and handling: <ul style="list-style-type: none">• Changes in tone or movement and trunk / limb weakness• General weakness / fatigue• Pain or altered sensation• Communication• Continence• Cognitive and motor planning (dyspraxia) problems• Insight and behavioural issues• Hearing, visual and perceptual changes• Level of consciousness
Describe and demonstrate relevant positioning, seating and mobility of the person with a stroke
Explain and demonstrate preventative care and management of the hemiplegic side
Able to follow moving and handling policy and complete basic moving and handling tasks safely (complete moving and handling training)
Able to establish the individual's abilities (by observation, checking records or asking a competent member of staff) and take account of these
Explain and demonstrate the use of basic techniques and equipment to assist moving and handling an individual as relevant to role (e.g. transfer board, sliding sheet, transfer belts)
Apply the TILE method of risk assessment to everyday moving and handling practice and complete a simple risk assessment
State the psychological, social & emotional impact of moving and handling problems and demonstrate an appropriate empathic response

Competence 5.5 Early & Continuing Rehabilitation - Activities of Daily Living

Statement of Competence
The member of staff will be able to: Describe the impact stroke has on the ability to complete functional activities State the psychological, social & emotional impact of stroke Incorporate this knowledge into a treatment program under direction from a therapist
KSF Dimension 8: Addressing individual's health & well being
Indicators
List common tasks that make up activities of daily living (ADL)
Describe how stroke impairments impact on activities of daily living performance: <ul style="list-style-type: none">• Changes in tone or movement and trunk / limb weakness• General weakness / fatigue• Pain or altered sensation• Communication• Continence• Cognitive and motor planning (dyspraxia) problems• Insight and behavioural issues• Hearing, visual and perceptual changes Demonstrate basic strategies that can be used to maximise independence where these impairments are present
Describe the principles of promoting independence, and integrate these principles when following therapy guidelines
Briefly describe and apply the principles of positioning and assisting normal movements in ADL to promote recovery and independence
Identify and use relevant equipment and adaptations to promote independence
Able to locate and follow ADL guidelines to ensure safety while enabling maximum independence, autonomy and dignity
State the psychological, social and emotional impact of loss of independence in ADL and demonstrate an appropriate empathic response

Competence 6.1 Long Term Care - Stroke and Community Services

Statement of Competence
The member of staff will be able to: Identify the stroke support and community services in their area Locate local community resources & explain how to access them
KSF Dimension 8: Addressing individual's health & well being
Indicators
Identify stroke specific support services for people and carers in Lambeth / Southwark and explain how to access them
Identify local statutory and voluntary community services and resources and methods of access
Provide information and support to people who have had a stroke to access appropriate stroke and community services with direction if required
Make appropriate use of www.mystrokeservices.net resources and other stroke resources such as Stroke Association website and helpline

Competence 6.2 Long Term Care - Person

Statement of Competence
The member of staff will be able to: Explain the long term problems caused by stroke & recognise when to request professional assessment / advice State the psychological, social & emotional impact
KSF Dimension 7: Assessment of health & well being needs KSF Dimension 8: Addressing individuals' health & well being needs

Indicators
Briefly explain the long-term effects of stroke on the individual's physical, cognitive and spiritual functions and therefore quality of life
Identify deviations from normal states (e.g. deterioration, new events), seeks advice, and report to the relevant team member
State the long term psychological, emotional and social impact of stroke and explains how this may affect long term function and care for the person and their family and demonstrate an appropriate empathic response

Competence 6.3: Long Term Care: Carer

Statement of Competence
The member of staff will be able to: Acknowledge the carer as an individual & appreciate the need for the carer's psychological, physical & social well-being
KSF Dimension 7: Assessment of health & well being needs KSF Dimension 8: addressing individuals' health & well being needs
Indicators
Identify the impact of stroke and resulting disability on family and carers and document and reports needs to relevant qualified team member
Briefly describe carer's rights and services and how to obtain further information
Incorporate the needs of the carer and their psychological, physical and social well being into practice and demonstrate an appropriate empathic response

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
<http://www.appraisal-skills.nhs.uk/>
- Liberating Learning
<http://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
<http://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
- 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.

Health Care Assistant Rachel Morven is working on an intermediate care ward within a Primary Care Trust. Many of Rachel's patients 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 utilizes 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 Physiotherapy Assistant 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 PTA and provides 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 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 Non-Qualified Staff Stroke Competency Framework:

- Occupational Therapists
- Physiotherapists
- Speech and Language Therapists
- Nurses
- Non-Qualified Staff
- Rehab Support Worker Managers

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 non-qualified staff practice and agreed a minimum standard of competence.

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

- People who have had a stroke and used local health and social care services
- Lead Psychologists from South London and Maudsley NHS trust
- Stroke specialist General Practitioner's
- Connect – the communication disability network
- Stroke Association Trainers

Other members of the multi-disciplinary team have reviewed the work completed by the working group.

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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Yvonne Wren Clinical Therapy Lead for Intermediate Care Services Southwark PCT	Adrienne Little Lead Psychologist SLAM	Sarah Prescott OT King's College Hospital
Fran Brander PT King,s College Hospital	Steve Boddington Lead Psychologist SLAM	Jo Daly Urgent Care Team Leader
Angela Posada SALT Southwark PCT	Sarah Pullinger OT and RSW Manager Southwark PCT	Samantha Dolor OTA Lambeth PCT
Tess Baird OT Southwark PCT	Linnemore Jantjes PTA King's College Hospital	Kate Swinburn Product Developer (Training lead) Connect
Sandy Chambers PT St Thomas' Hospital	Fran Green PT Lambeth PCT	Catherine Atkinson OT Lambeth PCT
Jane Tippins Stroke Association Trainer		
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