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Stroke Services BC Stroke Unit & Inpatient Stroke Rehabilitation Core Competency Tool – Physical Therapy, Occupational Therapy, & Speech Language Pathology

Background

The Canadian Stroke Best Practice Recommendations (2022) provide current, evidenced based guidelines for stroke care across the continuum. A stroke unit is a geographically defined area where persons with stroke are cared for (Canadian Stroke Best Practice Recommendations, 2022), which includes an interprofessional team with expertise in stroke care who engage in regular education and training (Canadian Stroke Best Practice Recommendations, 2022; Langhorne et al., 2020). These qualities aims to ensure high-quality care received on stroke units, which leads to better care, fewer complications, better outcomes, and decreased mortality (Canadian Stroke Best Practice Recommendations, 2022; Stroke Unit Trialists' Collaboration, 2020). While the Canadian Stroke Best Practice Recommendations (2022) are well defined, and the available research is clear, there are gaps in the translation of this evidence into practice provincially. Variability currently exists across the province in the provision of standardized competencies for clinicians on acute stroke units. To support high-quality, holistic, and evidence-based care to persons with stroke across BC, the Stroke Services Stroke Unit Core Competencies were developed in 2024. This was a collaborative effort between all the Regional Health Authorities and reflects the current Canadian Stroke Best Practice Recommendations (2022) and expert opinions from its working group.

For the purposes of this framework, and in alignment with the Stroke Services BC Provincial Stroke Unit Care Definition, a Stroke Unit is defined as the physical space or hospital unit where stroke patients are cared for. Stroke Unit Care is the care that is provided to stroke patients in that physical space. The best practice elements of a stroke unit and stroke unit care are further defined in the Canadian Stroke Best Practice Recommendations (2022) and should be considered when planning and evaluating stroke unit care at the regional and site level.

Purpose & Scope

The Stroke Services BC Stroke Unit Core Competencies are intended to support clinicians in providing consistent, evidence-based, best practice care to persons with stroke. This tool can be used to promote collaboration and provide a framework for education, training, evaluation, and/or professional development in the context of acute stroke unit and inpatient stroke rehabilitation care.

This tool is intended to be accessed by allied health clinicians providing care, educators, managers or designates, and/or professional practice administrators. These competencies are specific to the scope of Physical Therapists (PT), Occupational Therapists (OT), and Speech Language Pathologists (SLP) in British Columbia, however this tool can be used as a reference/informational resource by any healthcare providers who provide or oversee care for persons with stroke. These competencies should not be considered as covering all the skills required for practice and should be used in conjunction with entry level competencies required by each Health Authority, the standards of practice outlined by each disciplines regulatory body, and any other requirements of practice determined at the regional and/or site level. This document will be updated to remain consistent with the Canadian Stroke Best Practice Guidelines. It is the responsibility of the clinician/individual to ensure they are using the most current version of this document.

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Other Education and Recommendations

In addition to the competencies in this framework, it is important for each health authority and/or site to evaluate which supplementary courses, certifications, and education resources they will incorporate into their education and requirements for practice. The use of validated, standardized assessment tools is imperative to support evidenced-based stroke care. These include, but are not limited to:

- AlphaFIM ®
- Montreal Cognitive Assessment (MoCA)
- Functional Independence Measure (FIM)
- Modified Rankin Scale (mRS)

Refer to the Canadian Stroke Best Practice Recommendations for a comprehensive list of screening tools recommended by stage on the stroke continuum. In addition, clinicians should be able to describe where to find region-specific stroke resources and education. Knowledge of the Canadian Stroke Best Practice Recommendations (CSBPRs) is essential to the delivery of high-quality, evidenced-based stroke care. Clinicians should be able to describe where to find CSBPRs and practice in alignment with the recommendations. In addition, it is also recommended that clinicians have a basic understanding of the importance and impact of data collection and performance indicators in monitoring the quality of stroke care, including the BC Stroke Quality Standards (Health Quality BC, 2022). It is also recommended that clinicians have a sound understanding of the provincial stroke system in which they operate. This includes the ability to describe their regional stroke network, including the location of stroke and rehabilitation units, transient ischemic attack (TIA) prevention clinics, and endovascular thrombectomy (EVT) centers. It is also suggested that general knowledge of the Tiers of Service, and regional repatriation processes, including key partners (i.e., PTN), is beneficial. Finally, an awareness of The International Classification of Functioning, Disability and Health (ICF) is an important conceptual framework to ensure all components of functioning and disability are considered in the care of persons with stroke.

Indigenous Cultural Safety

Culturally safe, anti-racist practice is a main component of high-quality care for First Nations, Metis, and Inuit patients and stroke survivors and families. In Plain Sight (Turpel-Lafond ME., 2020) provides evidence of Indigenous-specific racism in the B.C. health care system, which negatively affects Indigenous clients' access to stroke care, prevention, and outcomes. It is important to acknowledge that standard, evidence-based, and best practice guidelines are rooted in western knowledge systems that do not often capture Indigenous cultural safety, humility, anti-racism, and Indigenous ways of knowing, being, and doing, and therefore, are likely to reinforce existing health inequities. That said, allied health professionals have a responsibility through their Cultural Safety, Humility, and Anti-Racism Practice Standards (College of Health Care Professionals BC, 2022) to take active steps to identify, address, prevent, and eliminate Indigenous-specific racism and to facilitate safe health care experiences where Indigenous patients' clients' wholistic needs are met through trauma- and violence-informed approaches. As such, the Stroke Services BC Competency Tool highlights Indigenous cultural safety, humility, and anti-racism as a core competency that must be upheld in all aspects of stroke care and prevention for Indigenous patients and families.

How to Use this Tool

Rate the competencies in this document from novice – expert either independently or in collaboration with your practice leaders and/or educators using the Benner Self-Assessment Tool (Benner, 1982). Following completion, reflect on and/or discuss your current level of competence with your clinical educator and identify any learning needs. Create a continuing education plan and reassess as needed or as determined by your clinical educator. 'X' denotes learning outcome required or expected for that discipline, and a shaded box indicates the learning outcome is not applicable.

Note: The goal of this document is to identify learning needs based on your current environment, knowledge, skill, experience, and scope of practice, and not to become an expert in all areas of stroke care.

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| Novice = 1 | Advanced Beginner = 2 | Competent = 3 | Proficient = 4 | Expert = 5 |
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| <ul style="list-style-type: none">Foundational knowledge and skills to achieve the learning outcome.Limited to no experience to achieve the learning outcome, unable or limited ability to provide rationale for practice.Requires close support and guidance.Example: New graduates | <ul style="list-style-type: none">Developing understanding, experience, and skills required to achieve learning outcome.Needs practice and feedback, may require occasional guidance and support.Limited or developing ability to perform task or achieve learning outcome, with a limited or developing ability to provide rationale for practice. | <ul style="list-style-type: none">Has the knowledge, skills, judgement, and experience to provide safe and efficient care without guidance.Able to perform task or achieve learning outcome without prompting or supervision in an appropriate or expected timeframe and provide rationale for practice.Able to develop plan of care and anticipate care and outcomes. | <ul style="list-style-type: none">Has the experience, knowledge, skills, and judgement to provide safe, efficient, and holistic care.Processes, protocols, and resources used with an in-depth understanding and ability to provide rationale for practice.Intuitive and analytical approach to care. Ability to understand and provide care in complex situations. | <ul style="list-style-type: none">Extensive background and experience in the area, skills are mastered.Able to provide quick, intuitive care in complex situations.Performances is fluid and flexible and highly proficient.Able to teach and mentor others |

| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|---|--------------|----|-----|----------------------|-------------------|-------------------|--|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| <i>Competency Area 1: Core Principles and Systems Awareness</i> | | | | | | | |
| Acute Stroke & Rehab Unit Care | X | X | X | | | | <ul style="list-style-type: none">Provide the Stroke Services BC Definition of an acute stroke unit. Define an inpatient stroke rehabilitation unitDemonstrate an awareness of inpatient stroke rehabilitation care in your region and/or site |
| | X | X | X | | | | <ul style="list-style-type: none">Describe the various roles and scope of practice of other disciplines, including the role and function of support personnel that are a part of team-based care<ul style="list-style-type: none">Describe how competencies and care may overlap |
| | X | X | X | | | | <ul style="list-style-type: none">Describe the continuum of stroke care |
| | X | X | X | | | | <ul style="list-style-type: none">Demonstrate an awareness of where to find best practice guidelines, evidence and literature and the ability apply to practice |
| | X | X | X | | | | <ul style="list-style-type: none">Demonstrate knowledge of interpreter services, including:<ul style="list-style-type: none">How to access themAbility to assess when a professional interpreter is neededHow to work collaboratively with interpreters in care delivery |
| | X | X | X | | | | <ul style="list-style-type: none">Demonstrate ability to partner with patients, families, and communities to provide patient- and family-centered care in all aspects of care (i.e. involvement of the patient in care planning, goal setting, and discharge planning) |
| | X | X | X | | | | <ul style="list-style-type: none">Describe when to involve the temporary substitute decision maker in care (TSDM) |

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| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| Competency Area 2: Cultural Safety, Humility, and Anti-Racism | | | | | | | |
| Cultural safety and eradicating Indigenous-specific racism are part of an ongoing learning journey. While scoring these competencies offers a general sense of where you are in your personal journey, reconciliation is a continuous commitment to growth, reflection, and action. Though these competencies are highlighted in isolation in this document, principles of cultural safety should be embedded in every aspect of care, respecting each patient's unique beliefs, preferences, and circumstances. More important than any score is your dedication to fostering culturally safe care and meaningful change. It is encouraged that in addition to a score, you reflect on each of these learning outcomes in your learning plan. For further learning and support, connect with your health authority's Indigenous Health and Cultural Safety teams. | | | | | | | |
| | X | X | X | | | | <ul style="list-style-type: none">Reflect on, identify, and do not act on any bias, stereotypes or assumptions about Indigenous peoples, and how privilege and power impact the relationship with Indigenous clients and patientsEngage in ongoing education about historic and ongoing colonialism, Indigenous-specific racism in health care, the Indigenous specific determinants of health, and cultural safety and humility |
| | X | X | X | | | | <ul style="list-style-type: none">Describe how indigenous-specific racism and discrimination have impacted stroke care in BC<ul style="list-style-type: none">Demonstrate understanding of how Indigenous-specific racism, discrimination, and stereotyping impacts stroke care (delayed diagnosis, misdiagnosis, delayed treatment/intervention, delayed or withheld treatments for symptom management, lack of communication, medical mistakes)Demonstrate an understanding of the social determinants of health, including the impacts of colonialism, that result in higher stroke prevalence rates in Indigenous populations |
| | X | X | X | | | | <ul style="list-style-type: none">Takes active steps to identify, address, prevent, and eliminate Indigenous-specific racism |
| | X | X | X | | | | <ul style="list-style-type: none">Facilitates culturally safe health care experiences where Indigenous clients/patients physical, mental, emotional, spiritual, and cultural needs are metAcknowledge and incorporates Indigenous cultural rights, values, and practices, including ceremonies and protocols and the involvement of family and others (e.g., Elders) as requested |
| Competency Area 3: Respect for Diverse Populations | | | | | | | |
| | X | X | X | | | | <ul style="list-style-type: none">Reflect on own practice to minimize risks to patients associated with biases with respect to culture, race, religious practice, gender, sexual orientation, or abilityEngage in intentional learning activities to address own biasesCompletion of Diversity, Equity, & Inclusion education and training as mandated by your Health AuthorityDemonstrate understanding of interprofessional teams available to help organize and inform comprehensive stroke care plans (Indigenous Liaison, Diversity, Equity, & Inclusion resources)Demonstrate respect for cultural differences and values when providing care to persons with stroke, caregivers, and families |
| Competency Area 3: Brain Anatomy and Physiology | | | | | | | |

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| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| Competency Area 4: Stroke Pathophysiology | X | X | X | | | | <ul style="list-style-type: none"> • Name and describe the functions of each major area of the brain |
| | X | X | X | | | | <ul style="list-style-type: none"> • Describe the clinical presentations and large vessels/vascular territory involved with right and left hemisphere and brainstem strokes. <ul style="list-style-type: none"> ▪ Ex: Left and Right MCA syndromes, lacunar syndromes (pure motor, pure sensory, sensorimotor, ataxic hemiparesis, dysarthria-clumsy hand), top of the basilar syndrome, Left and Right PCA territory syndromes |
| | X | X | X | | | | <ul style="list-style-type: none"> • Describe the underlying principles of neuroplasticity, including experience-dependent plasticity and implications for dose, intensity, and timing of therapy |
| Definitions | X | X | X | | | | <ul style="list-style-type: none"> • Provide the definition of a stroke • Provide the definition of a minor stroke |
| | X | X | X | | | | <ul style="list-style-type: none"> • Describe the pathophysiology and incidence of ischemic and hemorrhagic strokes |
| | X | X | X | | | | <ul style="list-style-type: none"> • Demonstrate an understanding of the etiologies and risk factors for ischemic and hemorrhagic strokes |
| | X | X | X | | | | <ul style="list-style-type: none"> • Demonstrate basic knowledge of types of cerebral bleeds (epidural, subdural, subarachnoid, and intracerebral) |
| Transient Ischemic Attack | X | X | X | | | | <ul style="list-style-type: none"> • Define transient ischemic attack (TIA) |
| | X | X | X | | | | <ul style="list-style-type: none"> • Describe relationship of TIA to stroke |
| | X | X | X | | | | <ul style="list-style-type: none"> • Demonstrate basic understanding of TIA/minor stroke risk stratification and implications for management of TIA and risk of future stroke |
| Competency Area 5: Hyperacute Stroke Care (Inpatient Stroke ONLY) | | | | | | | |
| Incidence and Risk | X | X | X | | | | <ul style="list-style-type: none"> • Demonstrate understanding of the prevalence of inpatient stroke, including outcomes in comparison to outpatient stroke and high-risk populations |
| Process | X | X | X | | | | <ul style="list-style-type: none"> • Demonstrate understanding of hospital specific inpatient acute stroke protocols, if applicable |
| Assessment & Care | X | X | X | | | | <ul style="list-style-type: none"> • Describe the importance of timely assessment and tools to promote rapid identification of acute stroke |
| | X | X | X | | | | <ul style="list-style-type: none"> • Perform a standardized stroke assessment using a tool endorsed in the CSBPR's (i.e., FAST) |
| | X | X | X | | | | <ul style="list-style-type: none"> • Describe signs and symptoms of acute stroke using stroke specific assessment tools <ul style="list-style-type: none"> ▪ Describe the FAST-VAN (Face, Arm, Speech, Time; Vision, Aphasia, Neglect) scale and how it is used in the care of persons with stroke |
| | X | X | X | | | | <ul style="list-style-type: none"> • Demonstrate awareness of required patient care when acute stroke is suspected |
| | X | X | X | | | | <ul style="list-style-type: none"> • Describes processes/who to alert if you suspect a patient is having symptoms of an acute stroke |

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| | PT | OT | SLP | Initial (1 - 5) | Follow up (1 - 5) | Follow-up (1 - 5) | |
| | | | | Date: | Date: | Date: | |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate understanding of treatment for hyperacute stroke including:<ul style="list-style-type: none">▪ Utility of thrombolytics, including treatment window▪ Utility of endovascular thrombectomy (EVT), including treatment window, and where EVT is provided in your region |
| <i>Competency Area 6: Ischemic and Intracerebral Hemorrhage Acute Stroke Care</i> | | | | | | | |
| Complications | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate ability to describe, assess, and support management of post-stroke complications (as relevant to your discipline) including:<ul style="list-style-type: none">▪ Intracerebral hemorrhage/hemorrhagic transformation▪ Reperfusion injury▪ Increased intracranial pressure▪ Cerebral edema▪ Seizure▪ Recurrent stroke▪ Angioedema▪ Respiratory complications (i.e. pneumonia)▪ DVT/PE▪ UTI▪ Bowel/bladder complications including incontinence and urinary retention▪ GI bleed▪ Upper extremity pain and/or dysfunction▪ Skin breakdown/pressure injuries▪ Physical deconditioning▪ Anxiety/depression▪ Delirium▪ Falls▪ Nausea▪ Dizziness▪ Limb edema▪ Postural hypotension▪ Behavioural changes |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate ability to recognize signs of acute neurologic deterioration (i.e. increase in NIHSS, decrease in LOC, nausea/vomiting, severe headache etc.) |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe role specific clinical interventions to prevent and manage complications |
| Management & Care | X | X | X | | | | <ul style="list-style-type: none">• Describe the diagnostic tests used to support stroke diagnosis and treatment in the acute and sub-acute phase of stroke (i.e., on the stroke and inpatient rehab unit).<ul style="list-style-type: none">▪ CT, CTA, MRI |

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| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | | | | |
| | | | | | | | <ul style="list-style-type: none">▪ Holter and ECG▪ Echocardiogram, including TTE, TEE, and bubble study▪ EEG▪ Ultrasound (carotid)▪ Lab investigations (A1C, lipid panel, etc.) |
| | X | X | X | | | | <ul style="list-style-type: none">• Communicate findings, interventions, outcomes, and patient progress in a timely manner using interprofessional team communication tools (i.e. huddles, rounds, chart, SBAR) |
| | X | X | X | | | | <ul style="list-style-type: none">• Escalate care to correct interprofessional team member based on assessed urgency and/or hospital protocol |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify and describe a validated stroke assessment tool to quantify stroke severity (i.e., NIHSS)<ul style="list-style-type: none">▪ Describe and define how the score of a stroke assessment tool translates to stroke severity |
| <i>Competency Area 7: Dysphagia</i> | | | | | | | |
| Assessment & Management | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate understanding of your role as it relates to dysphagia assessment and management (region and/or site-specific)• Describe post-stroke dysphagia, its implications, and how it might impact interventions and care related to your discipline |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe purpose and importance of swallow screening, including timing of administration (i.e. before the provision of first oral medication/food/drink, and as soon as possible within the first 24 hours)• Distinguish between a swallow screen and a swallow assessment |
| | | | X | | | | <ul style="list-style-type: none">• Identify a validated screening tool (region-specific) including when to use |
| | | X | X | | | | <ul style="list-style-type: none">• Demonstrate ability to conduct a swallow screen using a validated tool (with required training for the tool) |
| | | X | X | | | | <ul style="list-style-type: none">• Demonstrate ability to provide education to other health care professionals on how to conduct a swallow screen |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe signs and symptoms of swallowing difficulties and associated complications |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate understanding of effective positioning to facilitate safe oral and/or tube feeding and secretion management (if applicable) |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate understanding of the referral process for SLP |
| | X | X | X | | | | <ul style="list-style-type: none">• Explain the importance of dysphagia assessment and management to other health care professionals, patients, and their caregivers |
| | | | X | | | | <ul style="list-style-type: none">• Demonstrate ability to explain principles of safe feeding and swallowing to patients and caregivers• Demonstrate ability to educate other health care professionals, patients, and caregivers regarding various texture modifications to diet |

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| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| Competency Area 8: Nutrition and Hydration | | | X | | | | <ul style="list-style-type: none">Identify risk factors for silent aspiration for stroke patients and prevention strategies |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate understanding of the options for secretion management (e.g. positioning, medical, behavioural, etc.) |
| | | | X | | | | <ul style="list-style-type: none">Describe the connection between dysphagia and the location of the stroke |
| | | | X | | | | <ul style="list-style-type: none">Identify the most appropriate assessment tools for dysphagia (i.e., clinical bedside assessment, video fluoroscopic swallow study (VFSS), Flexible endoscopic evaluation of voice and swallowing (FEEVS), etc.)<ul style="list-style-type: none">Describe pros and cons of various swallow assessment tools |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate an ability to interpret assessment results (within scope and with appropriate certified practice certificate) and provide recommendations (diet modifications, feeding modifications/strategies, safe swallow protocols and strategies, risk factors for pneumonia, etc.) |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate ability to educate patient and/or caregivers regarding level and type of risks and benefits of oral intake |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate ability to implement and monitor swallow screening protocols, dysphagia care plans, etc. |
| | | | X | | | | <ul style="list-style-type: none">Describe and implement dysphagia rehabilitation techniques |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate an understanding of advanced management of dysphagia, including complication management (i.e., aspiration pneumonia, nutrition, and hydration needs, etc.) and when to refer to other disciplines |
| Oral Care - Dysphagia | | | X | | | | <ul style="list-style-type: none">Demonstrate an ability to perform an oral cavity assessment and determine appropriate oral care management (products, frequency, etc.)Describe the importance of the completion of oral care in pneumonia prevention, secretion management, and patient comfort |
| <i>Competency Area 8: Nutrition and Hydration</i> | | | | | | | |
| Assessment & Management | X | X | X | | | | <ul style="list-style-type: none">Describe the importance of screening for nutrition and hydration |
| | X | X | X | | | | <ul style="list-style-type: none">Demonstrate an understanding of when and how to refer to a Registered Dietitian (region-specific) |
| | | | X | | | | <ul style="list-style-type: none">Describe the various non-oral feeding methods used with stroke survivors |
| | | | X | | | | <ul style="list-style-type: none">Identify the various texture and fluid modified diets available for stroke survivorsUnderstand the importance of traditional foods for Indigenous peoples and stroke survivors |
| Oral Care | | X | X | | | | <ul style="list-style-type: none">Describe why oral care in stroke is important and the recommended frequencyExplain method and rationale of oral care to patients and their families |
| <i>Competency Area 9: Activity, Mobility, and Prevention of Related Complications</i> | | | | | | | |

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| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| Assessment & Management | X | X | X | | | | <ul style="list-style-type: none">Describe the role of the interprofessional team in supporting activity and mobilization for persons with stroke<ul style="list-style-type: none">Describe when and how to refer to members of the interprofessional teamDescribe the importance of positioning in stroke recovery and complication preventionDescribe the importance of early mobilization in stroke recovery and complication preventionDemonstrate understanding of patient-specific parameters and diagnosis specific precautions (i.e., vital signs, type of stroke) that may impact mobility, including where to find this information in the patient chartDemonstrate safe therapeutic handling techniques used for mobilizing and positioning patients with strokeDescribe, select, and complete, the most appropriate assessment(s) and/or standardized outcome measures to evaluate:<ul style="list-style-type: none">Muscle tone/spasticityPostureBalanceMuscle weakness/motor lossSensory loss (light touch, deep pressure, temperature, pain, proprioception, perception, etc.)CoordinationDescribe how identified impairments can affect functional mobility and activities of daily livingInterpret results, and identify and implement recommendations and/or a care plan in collaboration with the patient and or their temporary substitute decision maker (TSDM) |
| | X | X | | | | | <ul style="list-style-type: none">Demonstrate understanding of basic skin care management and pressure injury prevention devices and/or tools to prevent skin breakdownDescribe, select, and implement, the most appropriate evidenced-based interventions to address impairments and promote function (site and discipline-specific), for example:<ul style="list-style-type: none">Motor retrainingStrength trainingBalance and posture activitiesMental imageryMirror therapyTraditional or modified constraint induced movement therapy (CIMT)Range of motionOrthoses (e.g. splinting and bracing)Functional electrical stimulation (FES)Aerobic trainingHydrotherapy |
| | X | X | | | | | |

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| | | | | Date: | Date: | Date: | |
| Competency Area 10: Communication | | | | | | | <ul style="list-style-type: none">▪ Virtual reality▪ Sensory and perceptual reintegration▪ Patient and caregiver education• Create a treatment plan, and adapt the treatment plan according to patient response in collaboration with the patient and or their temporary substitute decision maker (TSDM), including assignment of task to rehab assistants (RA)• Describe, select, and implement the most appropriate evidenced-based interventions to address activity limitations and participation restrictions (site and discipline-specific), for example:<ul style="list-style-type: none">▪ Gait training (i.e., high-intensity, treadmill based, rhythmic auditory stimulation)▪ Task and goal orientated training▪ Patient and caregiver education▪ Adaptive devices and or strategies▪ Compensatory techniques▪ Activities of daily living retraining▪ Wheelchair mobility▪ Functional mobility retraining▪ Environmental modification▪ Stair training▪ Splinting and bracing• Create a treatment plan, and adapt the treatment plan according to patient response in collaboration with the patient and or their temporary substitute decision maker (TSDM), including assignment of task to rehab assistants (RA) |
| | X | X | | | | | <ul style="list-style-type: none">• Demonstrate knowledge and proper use of appropriate equipment or devices to facilitate activity and safe handling (e.g., slings, gait aids, lifts) (specific to work area) |
| | X | X | | | | | <ul style="list-style-type: none">• Demonstrate ability to perform wheelchair assessment or referral to appropriate clinic |
| | X | X | | | | | <ul style="list-style-type: none">• Demonstrate an ability to educate healthcare professionals on safe patient handling, mobility adaptation strategies, physical changes post stroke, etc. as relevant to your discipline• Demonstrate an understanding of resources (e.g., handouts, education, etc.) to support safe patient handling, mobility, and function for patients and their caregivers |
| | X | X | | | | | <ul style="list-style-type: none">• Identify contraindications to activity and mobilization post stroke |
| | X | X | | | | | <ul style="list-style-type: none">• Identify fall risks and implement prevention strategies |
| | | | | | | | <ul style="list-style-type: none">• Identify communication impairments that may occur from a stroke |
| | | | | | | | |
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| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|--|--------------|----|-----|----------------------|-------------------|-------------------|---|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| Definitions | X | X | X | | | | <ul style="list-style-type: none">Describe the difference between aphasia, cognitive communication disorders, dysarthria, and apraxia of speech and the variety of ways it may impact communication |
| Management & Care | | | X | | | | <ul style="list-style-type: none">Identify strategies and/or tools to improve or assist with communication (e.g., Supported Communication, Alternative Augmentative Communication (AAC), pocket talker, etc.) |
| | X | X | X | | | | <ul style="list-style-type: none">Describe the importance of utilizing pre-morbid personal equipment to support communication (e.g., glasses, dentures, hearing aids etc.) |
| | X | X | X | | | | <ul style="list-style-type: none">Demonstrate the ability to utilize communication strategies identified and recommended by SLP (e.g., Supported Communication, AAC, pocket talker, etc.) |
| | X | X | X | | | | <ul style="list-style-type: none">Describe the impact of environment on communication |
| | X | X | X | | | | <ul style="list-style-type: none">Develops strategies to optimize environment to support communication (i.e. noise, light, distraction, etc.) |
| | | | X | | | | <ul style="list-style-type: none">Identify education needs and priorities for caregivers and family on communication difficulties post-stroke |
| | X | X | X | | | | <ul style="list-style-type: none">Identify the need to perform a hearing screen |
| | | | X | | | | <ul style="list-style-type: none">Perform a hearing screenDetermine the need and timing for Audiology referral to support patient recovery |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate ability to select the most appropriate tool to assess communication and diagnose aphasia, apraxia, dysarthria, and cognitive-communication impairment using validated tools |
| | | | X | | | | <ul style="list-style-type: none">Identify appropriate recommendations and develop a communication care plan in collaboration with the patient and/or their TSDM, including assignment of task to SLP-RA/SLPAs etc. |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate ability to implement appropriate treatments for aphasia, apraxia, dysarthria, and cognitive-communication impairments |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate ability to educate other healthcare professionals, patients, and their caregivers strategies to optimize communication and provide education on communication disorders |
| | | | X | | | | <ul style="list-style-type: none">Demonstrate knowledge of how to refer to outside resources (e.g., Communication assistance for youth and adults (CAYA), and assistive technology services and seating (ATSS) etc.) to support communication as appropriate |
| <i>Competency Area 11: Cognition, Mood, Fatigue, and Behaviour</i> | | | | | | | |
| Definitions | X | X | X | | | | <ul style="list-style-type: none">Identify and describe common cognitive and behavioural changes post-stroke including:<ul style="list-style-type: none">OrientationLevel of arousalAttention/ConcentrationInformation processing (ability to follow direction)Memory |

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| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|-------------------------------|--------------|----|-----|----------------------|-------------------|-------------------|--|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| Assessment, Management & Care | | | | | | | <ul style="list-style-type: none">▪ Executive functioning (insight, judgement, problem solving, planning organization)▪ Perseveration▪ Impulsiveness |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify and describe the potential changes in mood of the survivor and caregivers related to stroke including:<ul style="list-style-type: none">▪ Depression▪ Anxiety▪ Apathy▪ Frustration▪ Grief▪ Loss▪ Emotional lability▪ Changes in affect |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe how the location of the stroke impacts cognition, mood, and behaviour |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the connection and relationship between mood and cognitive changes post-stroke |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe post-stroke fatigue |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the impact of environment on cognitive function and changes |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe how changes in cognition might impact interventions and care related to your discipline |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe how changes in mood might impact interventions and care related to your discipline |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe how post-stroke fatigue might impact interventions and care related to your discipline• Describe how co-morbidities and/or medications may exacerbate fatigue (e.g. depression, sleep disorders, pain, UTI, sedation drugs) |
| | | X | | | | | <ul style="list-style-type: none">• Demonstrate an ability to identify and implement a validated screening tool for post-stroke fatigue |
| | | X | | | | | <ul style="list-style-type: none">• Identify, describe, and implement management strategies for post-stroke fatigue including: psychotherapy, mindfulness, graduated exercise, energy conservation, sleep hygiene• Demonstrate an ability to provide education to patients and their caregivers on post-stroke fatigue and the importance of energy conservation strategies |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the impact of cognitive changes on independence in daily activities, patient safety, and discharge planning |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe how stroke can affect and/or cause changes in sleep |
| | | X | | | | | <ul style="list-style-type: none">• Identify management strategies to help improve quality of sleep |
| | | X | X | | | | <ul style="list-style-type: none">• Identify, describe, and implement an evidenced-based cognitive screening tool, including knowing when and how to use (region/site specific with training, as required) |

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| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|--|--------------|----|-----|----------------------|-------------------|-------------------|--|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| <i>Competency Area 12: Vision and Perception</i> | X | | | | | | <ul style="list-style-type: none">• Demonstrate the ability to perform a cognitive assessment, interpret the results, and identify and implement appropriate recommendations, strategies, therapy, and treatment |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify, describe, and implement an evidenced-based mood screening tool, including when and how to use (region/site specific)• Demonstrate ability to perform the screening tool, interpret results, and identify next steps (region/site specific) |
| | | X | | | | | <ul style="list-style-type: none">• Describe the relationship of stroke to vascular cognitive impairment• Identify assessment and management strategies for vascular cognitive impairment, and how this may impact rehabilitation and/or discharge planning• Identify members of the interprofessional team who may support care for patients with vascular cognitive impairment (i.e., psychiatry, geriatric psychiatry, neuropsychiatry) |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe when and how to refer to and/or engage the interprofessional team for support (site-specific, e.g., psychiatry, neuropsychiatry, social work, spiritual care, recreation therapist)• Demonstrate an ability to collaborate with team members to implement strategies and a supportive plan to optimize participation in functional and daily activities when cognitive deficits exist |
| <i>Competency Area 12: Vision and Perception</i> | | | | | | | |
| Definitions | X | X | X | | | | <ul style="list-style-type: none">• Identify perceptual and/or visual changes that can be associated with stroke including:<ul style="list-style-type: none">▪ Visual status (e.g., visual fields, diplopia, acuity, oculomotor function)▪ Visual perception (e.g., body schema, right/left discrimination, agnosia, stereognosis, figure-ground)▪ Apraxia/motor planning▪ Neglect/inattention |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the impact of visual and perceptual changes on function and independence in daily activities |
| Assessment, Management & Care | X | X | X | | | | <ul style="list-style-type: none">• Describe the impact of environment on visual-perceptual function, strategies to optimize functional activities, and related treatments |
| | | X | | | | | <ul style="list-style-type: none">• Demonstrate an ability to identify, describe, and implement an evidenced-based vision and perception screening tool and/or assessment, including when and how to use (region/site-specific)• Demonstrate an ability to select the most appropriate screening and/or assessment tool for vision or perception, perform the assessment, interpret the results, and identify and implement appropriate recommendations, strategies, therapy, and treatment |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify members of the interprofessional team that may be consulted for visual-perceptual changes post-stroke (ophthalmology, neuro-ophthalmology, OT) |
| <i>Competency Area 13: Continence</i> | | | | | | | |

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| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|---|--------------|----|-----|----------------------|-------------------|-------------------|--|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| Definition | X | X | | | | | <ul style="list-style-type: none"> Describe loss of bladder (urinary retention and/or incontinence) and bowel control (fecal incontinence and/or constipation) in the context of stroke and the related care needs (as relevant to your discipline) |
| Management & Care | X | X | X | | | | <ul style="list-style-type: none"> Describe strategies to support toileting and continence |
| | X | X | | | | | <ul style="list-style-type: none"> Describe the importance of catheter management and reassessment for removal as soon as clinically indicated |
| | X | X | | | | | <ul style="list-style-type: none"> Describe the benefits and physiology of bowel and bladder training |
| | X | X | | | | | <ul style="list-style-type: none"> Identify members of the interprofessional team that may be consulted to support toileting and continence, including the development of a toileting care plan |
| <i>Competency Area 14: Post-Stroke Pain</i> | | | | | | | |
| Definition | X | X | X | | | | <ul style="list-style-type: none"> Describe common types of post stroke pain and interventions including: <ul style="list-style-type: none"> Complex regional pain syndrome Central post stroke pain Hypersensitivity Neuropathic pain |
| | X | X | X | | | | <ul style="list-style-type: none"> Describe complications seen in the hemiplegic shoulder (glenohumeral joint) Describe possible causes of pain in the hemiplegic shoulder |
| | X | X | X | | | | <ul style="list-style-type: none"> Describe post-stroke dependant edema (e.g., hand edema, lower limb edema) |
| Management & Care | X | X | X | | | | <ul style="list-style-type: none"> Describe common interventions to manage post-stroke pain (e.g., desensitization strategies, mindfulness, medications) |
| | X | X | | | | | <ul style="list-style-type: none"> Identify and apply strategies to prevent hemiplegic shoulder pain and subluxation and prevent injury and/or pain including: <ul style="list-style-type: none"> Positioning techniques Supportive surfaces Taping Gentle stretching Mobilization techniques Electrical stimulation Education and self-management strategies Demonstrate appropriate assessment of the hemiplegic shoulder (glenohumeral joint) prior to mobilizing the shoulder Demonstrate and ensure the scapula is upwardly rotated AND shoulder is laterally rotated before moving the shoulder beyond 90 degrees for flexion and abduction |

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| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|---|--------------|----|-----|----------------------|-------------------|-------------------|--|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| | X | X | | | | | <ul style="list-style-type: none">Identify and apply strategies to prevent complications associated with dependant edema (e.g., pain, loss of range of motion (ROM), skin breakdown)<ul style="list-style-type: none">Active, active-assisted, or passive range of motion exercisesPosition and elevationRetrograde massageGentle grade 1-2 mobilizations for accessory movements of the hand and fingers |
| | X | X | | | | | <ul style="list-style-type: none">Identify and apply strategies to manage hemiplegic shoulder pain and subluxation including:<ul style="list-style-type: none">TapingGentle stretchingMobilization techniquesPositioning |
| | X | X | | | | | <ul style="list-style-type: none">Identify and apply strategies to prevent Complex Regional Pain Syndrome (CRPS):<ul style="list-style-type: none">Active, active-assisted, or passive ROM exercisesLiaising with a physician for appropriate and timely pain management |
| Competency Area 15: Post-Stroke Abnormal Tone & Spasticity | | | | | | | |
| Definitions | X | X | X | | | | <ul style="list-style-type: none">Describe the types of abnormal muscle tone and how it can affect persons with stroke |
| | X | X | | | | | <ul style="list-style-type: none">Define post-stroke spasticity and the identify potential complications associated with it:<ul style="list-style-type: none">Loss of ROMPainSkin integrity/woundsMobilityTransfersHygieneDressingAbility to wear splints/bracesWheelchair seating |
| | X | X | | | | | <ul style="list-style-type: none">Demonstrate an awareness of aggravating factors for increased spasticity (i.e., infection, pain, environmental factors, mood/personal factors, etc.) |
| Management & Care | X | X | | | | | <ul style="list-style-type: none">Describe the importance of early and routine assessment of spasticity |
| | X | X | | | | | <ul style="list-style-type: none">Select the appropriate assessment and outcome measures for spasticity |
| | X | X | | | | | <ul style="list-style-type: none">Describe and apply recommended positioning techniques, interventions, and tools to prevent loss of ROM |

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| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|--|--------------|----|-----|----------------------|-------------------|-------------------|--|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | | | | |
| | X | X | | | | | <ul style="list-style-type: none">• Describe and apply recommended positioning techniques, interventions, and tools to minimize spasticity• Demonstrate an awareness and understanding of medical management of spasticity, including differentiating systemic versus local treatment (i.e., oral medication vs. chemo-denervation using botulinum toxin) |
| | X | X | | | | | |
| <i>Competency Area 16: Stroke Prevention</i> | | | | | | | |
| Definition | X | X | X | | | | <ul style="list-style-type: none">• Define and provide examples for modifiable and non-modifiable risk factors for stroke |
| Education | X | X | X | | | | <ul style="list-style-type: none">• Describe management strategies for modifiable risk factors for the prevention of secondary or recurrent stroke• Understand the barriers to stroke prevention for rural and remote and First Nations communities, including access to healthy foods and safe drinking water |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify education and teaching resources for secondary stroke prevention, where to find them, and how to use them including:<ul style="list-style-type: none">▪ Stroke education▪ Lifestyle/risk factor management▪ Medication management▪ Community resources |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify education in signs and symptoms of stroke or deterioration of stroke and how to get help for stroke survivors and their caregivers |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate an ability to educate patients and caregivers on stroke signs and symptoms and what to do (call 911)• Understand the barriers to accessing timely, culturally safe emergency care for rural, remote, and First Nations communities |
| | X | X | X | | | | <ul style="list-style-type: none">• Effectively communicate the recommendations, referrals, and resources to the persons with stroke, families, caregivers, and the interprofessional team as relevant to your discipline, site, and/or region |
| | | | | | | | |
| <i>Competency Area 17: Transitions and Community Reintegration</i> | | | | | | | |
| Care Planning | X | X | X | | | | <ul style="list-style-type: none">• Describe role in development of individualized care plans for persons with stroke and their families that are person- and family-centered and culturally appropriate• Describe elements that contribute to evaluating rehabilitation readiness including:<ul style="list-style-type: none">▪ Consent▪ Motivation▪ Realistic goals▪ Participation |
| | X | X | X | | | | |

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| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|-----------------|--------------|----|-----|----------------------|-------------------|-------------------|--|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| | | | | | | | <ul style="list-style-type: none">▪ Stamina/Activity Tolerance▪ Carry over▪ Ability to learn▪ Medical stability▪ Progression• Demonstrate ability to utilize standardized tools for evaluating rehabilitation readiness, interpret results, and identify and implement recommendations and/or a treatment plan |
| Transitions | X | X | X | | | | <ul style="list-style-type: none">• Describe the importance of and implements timely and comprehensive documentation and communication to support seamless transitions, continuity of care, and interprofessional team collaboration |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the importance of early and intensive rehabilitation, including the importance of collaborating with the interprofessional team in the rehabilitation process (e.g., physiatry) |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the importance of early and effective discharge planning, as relevant to your discipline, with an awareness of your region-specific resources and processes including:<ul style="list-style-type: none">▪ Involvement of the patient and caregiver(s)▪ Components of discharge planning, including assessment of the individual, their home environment, and education▪ Referrals to home care and home assessment▪ Referrals to community services and programs |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe site and/or region-specific processes for accessing post-acute stroke rehab and community services as relevant to your discipline• Describe Best Practice recommendations and your region and/or site-specific goals for admission to rehabilitation post-stroke |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the inpatient and outpatient rehabilitation programs and services for patients and/or their caregivers in your region, including admission criteria and referral process as relevant to your discipline• |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the referral processes for rehabilitation services outside your region (i.e., patients returning to their community or transferring to a rehabilitation center) as relevant to your discipline<ul style="list-style-type: none">▪ Describe the importance of communication, transfer of information, and care plans in transitions of care both to patients, caregivers, and receiving care teams |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify where patients and caregivers can access adaptive equipment, if needed, as relevant to your discipline• Demonstrate an understanding of provincial and regional processes for obtaining adaptive equipment |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe the importance of peer support in stroke recovery (i.e., share experiences, resources, knowledge, and provide support) and how and where this can be accessed |
| | X | X | X | | | | <ul style="list-style-type: none">• Provide patients and their caregivers a summary of the impacts of stroke. This includes information, |
| | | | | | | | |

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| COMPETENCY AREA | TEAM MEMBERS | | | ASSESSMENT/FOLLOW UP | | | LEARNING OUTCOMES |
|---|--------------|----|-----|----------------------|-------------------|-------------------|---|
| | PT | OT | SLP | Initial (1 – 5) | Follow up (1 – 5) | Follow-up (1 – 5) | |
| | | | | Date: | Date: | Date: | |
| | | | | | | | <p>education, training, access, and referrals to services to support transitions to the community and optimize the return to life roles, activities and social participation including:</p> <ul style="list-style-type: none">▪ Sexuality▪ Relationships▪ Driving▪ Vocation▪ Leisure activities▪ Cultural activities |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate ability to screen for potential impact on life roles and social participation and make appropriate referrals as relevant to your discipline:<ul style="list-style-type: none">▪ Identify and complete appropriate screening tool(s) and/or assessment(s)▪ Interpret results and identify appropriate recommendations▪ Communicate recommendations with the healthcare team, the patient, and their caregivers |
| Education | X | X | X | | | | <ul style="list-style-type: none">• Describe ways to assess learning needs for persons with stroke and their caregivers and how to develop individualized plans with the interprofessional team |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe how stroke impairments (e.g., receptive aphasia, cognition, visual, and hearing) may impact education efforts and strategies for adaptation |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate an ability to document education provided |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify where to find resources on stroke transitions, rehab, discharge, and follow up for persons with stroke and their caregivers |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate an ability to provide stroke specific patient and caregiver education on topics related to your discipline |
| Competency Area 18: Advanced Care Planning | | | | | | | |
| Care Planning | X | X | X | | | | <ul style="list-style-type: none">• Describe site or regional processes for advanced care designations, who is responsible for documenting and updating designations, and how it is used for informing plan of care for stroke and emergency management |
| | X | X | X | | | | <ul style="list-style-type: none">• Demonstrate communication skills and knowledge to address physical, spiritual, cultural, psychological, ethical, social needs, and the patient's right to live at risk when engaging in advanced care planning |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify members of the interprofessional team that may be involved in discussions in advanced care planning |
| | X | X | X | | | | <ul style="list-style-type: none">• Identify the importance of knowing your patient's code status and/or advanced care designation |
| Palliative & End-of-life Care | X | X | X | | | | <ul style="list-style-type: none">• Understand your role in advanced care planning conversations, including Medical Assistance in Dying (MAiD) |
| | X | X | X | | | | <ul style="list-style-type: none">• Describe key content to be addressed to support comfort and quality of life as relevant to your discipline (e.g., nutrition and hydration, oral care, pain, positioning, etc.) |

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Adapted from the Stroke Core Competency Framework (2023, Ontario Regional Education Group) and the Stroke Core Competency Checklists (Alberta Health Services, 2014) with permission and thanks.

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Ongoing Learning Goals

| Competency Learning Goal | Plan | Timeline | Actions Taken/Evidence Goal has been met | Date/Initials |
|--------------------------|------|----------|---|---------------|
| | | | <input type="checkbox"/> Goal Achieved <input type="checkbox"/> Ongoing | |
| | | | <input type="checkbox"/> Goal Achieved <input type="checkbox"/> Ongoing | |
| | | | <input type="checkbox"/> Goal Achieved <input type="checkbox"/> Ongoing | |
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| | | | <input type="checkbox"/> Goal Achieved <input type="checkbox"/> Ongoing | |