Stroke Competency Toolkit (SCoT)

Specialising Competencies
For Physiotherapists working in Stroke Care
# Stroke Competency Toolkit (SCoT)

**Specialising Competencies**

For Physiotherapists working in Stroke Care

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<th>Name:</th>
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<tbody>
<tr>
<td>Job title:</td>
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<td>Place of work:</td>
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<td>Date received:</td>
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<td>Date completed:</td>
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**NHS Scotland**

**NHS Education for Scotland**

**Chest Heart & Stroke Scotland**

**Scottish Stroke AHP Forum**

Promoting the highest quality of rehabilitation for people with stroke

April 2013
Introduction and Acknowledgements

Stroke Competency Toolkit (SCoT)
Specialising Competencies for Physiotherapists working in Stroke Care

The SCoT Specialising Competencies for Physiotherapists are a progression from core level of the Stroke Competency Toolkit. While following the model of the Core Competency Framework (2005), the specialising competencies have been written to address specific knowledge & skills in stroke care for the Physiotherapist.

The competencies are designed for Physiotherapists who have demonstrated core competency in stroke care, who work independently (or are working towards independent practice) and wish to progress in their clinical professional development (CPD)

A wide range of professionals contributed, supported and guided the development of the SCoT Specialising Competencies for Physiotherapists. Thanks are extended to the working group members:

Mark Smith  Consultant Physiotherapist, NHS Lothian
Gill Alexander  AHP Stroke Consultant, NHS Greater Glasgow & Clyde
June Lawrie  Physiotherapy Team Lead for Stroke, NHS Greater Glasgow & Clyde
Rhona McWhinney  Physiotherapy Team Lead, NHS Lanarkshire
Heather Bryceland  SCoT Project Manager, Chest Heart & Stroke Scotland

The SCoT Specialising Competencies for Physiotherapists completed a consultation process through the Scottish Stroke AHP Forum (SSAHPF) and is supported by NES and the National Advisory Committee for Stroke (NACS)
### Specialising Competencies for Physiotherapists Working in Stroke Care

#### Competency Summary Sheet

<table>
<thead>
<tr>
<th>Competency</th>
<th>Overview of Progress (date on completion)</th>
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<tbody>
<tr>
<td>1. Cause of Stroke</td>
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<tr>
<td>2 &amp; 5. Common Presenting Features of Stroke</td>
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<tr>
<td>3. Reducing the Risk</td>
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<tr>
<td>4. Specialist Care</td>
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<tr>
<td>6, 13 &amp; 21. Level of Consciousness, Swallowing &amp; Respiratory Care</td>
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<tr>
<td>7, 10 &amp; 19. Limb Weakness, Loss of Feeling (Including Head &amp; Trunk) &amp; Rehabilitation</td>
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<td>8. Moving &amp; Handling</td>
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<td>9 &amp; 17. Activities of Daily Living &amp; Safety</td>
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<td>11. Changes in Vision</td>
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<td>12. Communication</td>
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<td>14. Preventing Pressure Ulcers</td>
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<td>15. Incontinence</td>
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<td>16 &amp; 20. Thinking Processes, Changes in Behaviour</td>
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<td>18. Emotions</td>
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**Specialising Knowledge and Skills for Physiotherapists working in Stroke Care**

**Competency 1: Cause of Stroke**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Knowledge and skills required to meet Indicator</th>
<th>NHS KSF</th>
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</table>
| • Stroke classification          | 1. Explain the classification of stroke:  
• TACS  
• PACS  
• LACS  
• POCS                                                                 |                                                                                                                                                                                   | **Core Dimension** | **Level** |
| • Anatomy of the brain           | 2. Describe the anatomy of the brain and the cerebral circulation.                                                                                                                                                                         |                                                                                                                                                                                   | 1                    | 3         |
| • Diagnosis of stroke            | 3. Explain the relationship between the location of the stroke and the resulting neurological deficits.  
4. Have knowledge of the specific investigations which may be used in the diagnosis and treatment of stroke. Be competent in explaining the need for and possible outcome from these investigations to an individual and / or carer / family as appropriate. |                                                                                                                                                                                   | 2                    | 2         |
| • Brain Imaging                  | 5. Be familiar with the national standard associated with brain imaging in the acute stage of stroke, and the implications and limitations of neuro-radiological investigations.                                                                 |                                                                                                                                                                                   | **HWB**             | **Level** | 6         | 3         |
| • Carotid Doppler                | 6. Explain the rational for carotid doppler and the implications that the result may have on patient management.                                                                                                                                                                                     |                                                                                                                                                                                   |                       |           |            |
| • Stroke Assessment Tool         | 7. Demonstrate knowledge of assessment tools used in the recognition / diagnosis of stroke. Explain the implications for an individual regarding the results of these assessments and be aware of the significance of any changes from the initial score. |                                                                                                                                                                                   |                       |           |            |
**Stroke Competency Evidence**

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<thead>
<tr>
<th>Indicator</th>
<th>Action (How are you going to do this?)</th>
<th>Evidence (How can you show you have achieved this?)</th>
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</thead>
<tbody>
<tr>
<td>• Stroke classification (1)</td>
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<tr>
<td>• Anatomy of the brain (2)</td>
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<tr>
<td>• Diagnosis of stroke (3 &amp; 4)</td>
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<tr>
<td>• Brain Imaging (5)</td>
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<tr>
<td>• Carotid Doppler (6)</td>
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<td>• Stroke Assessment Tool (7)</td>
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**Notes**
### Competency 2 & 5: Common Presenting Features of Stroke

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<tbody>
<tr>
<td>• Features of stroke</td>
<td>1. Assess an individual for the common presenting features of stroke e.g. impairment in: movement, sensation, cognition and perception, communication, swallow, vision, mood and continence.</td>
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<tr>
<td>• Intervention following stroke</td>
<td>2. Plan, implement and evaluate the interventions required to support the care/treatment/rehabilitation of these features of stroke.</td>
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<td>• Deterioration following stroke</td>
<td>3. Monitor for any deterioration in the individual’s condition following stroke and implement appropriate action.</td>
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<td>4. Monitor for the common complications of stroke and implement appropriate action (e.g. seizures, venous thrombo-embolism, chest infections, urinary tract infections, constipation, pain, swallowing difficulties, falls, loss of weight)</td>
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<td></td>
<td>5. Have the knowledge and understanding to enable timely communication with the appropriate member of the multidisciplinary team.</td>
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#### NHS KSF

<table>
<thead>
<tr>
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## Stroke Competency Evidence

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<tr>
<td>• Features of stroke (1)</td>
<td></td>
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<tr>
<td>• Intervention following stroke (2)</td>
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<tr>
<td>• Deterioration following stroke (3 - 5)</td>
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**Notes**
Competency 3: Reducing the Risk of Stroke

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<tbody>
<tr>
<td>Risk factors</td>
<td>1. Have knowledge of an individual’s risk factors for stroke.</td>
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<td>2. Have knowledge of disease processes associated with the individual’s risk factors</td>
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<td>3. Have knowledge of the main drug groups used to reduce the risk of stroke.</td>
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<td>4. Be aware of recommended lifestyle modifications and related services to support an individual and their carer / family.</td>
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<td>Reducing the risk</td>
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<tbody>
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<td>• Risk factors (1 - 2)</td>
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<td>• Reducing the risk (3 - 4)</td>
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**Notes**
## Competency 4: Specialist Care

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| • Specialist care following Stroke         | 1. Explain the evidence-base for specialist care of an individual following a stroke.  
2. Promote admission to the stroke unit as per national standards.  
3. Actively participate in MDT meetings to discuss progress, goals, problems and discharge plans. Demonstrate the skills required to effectively evaluate the individual’s care plan, updating as required to maximise individual outcome.  
4. Recognise that an individual’s rehabilitation occurs over a 24 hour period and that each member of staff is responsible for evaluating and updating the individual’s care plan.  
5. Be aware of the national standards related to thrombolysis in acute management and the implications that thrombolysis may have on patient outcome.  
6. As part of the multidisciplinary team, assess, plan, implement and evaluate care for the individual requiring end of life care following stroke. Have the knowledge and understanding to support the individual and their carer/ family; refer to the NHS QIS Best Practice Statement. | |

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<tr>
<td>• Specialist care following Stroke (1 - 6)</td>
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**Notes**
## Competency 6, 13 & 21: Level of Consciousness, Swallowing and Respiratory Care

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</table>
| **Level of consciousness** | 1. Demonstrate awareness of an individual’s level of consciousness following stroke using the Glasgow Coma Scale or other appropriate assessment tool.  
2. Understand the clinical significance of altered conscious level on physiotherapy intervention following stroke.  
3. Demonstrate knowledge of the effects stroke may have on the individual’s ability to maintain a patent airway and have the skills to ensure the airway is not compromised.  
4. Demonstrate an awareness of swallowing status and the impact on respiratory function. Explain and implement appropriate respiratory physiotherapy intervention as a result of the swallowing impairment.  
5. Know the normal range of physiological parameters and how these may be compromised following stroke such as:  
  - Respiratory rate  
  - O2 Saturation  
  - Pulse  
  - BP  
  - Temperature | **Core Dimension** | **Level** |
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| • Airway, breathing, ventilation & perfusion | 6. Assess, plan implement and evaluate the physiotherapy interventions required to manage respiratory status following stroke such as:  
  • Auscultation  
  • Oxygen therapy in collaboration with medical staff  
  • Positioning to maximize ventilation & perfusion  
  • Respiratory physiotherapy  
  • Suctioning as appropriate  
  
  And advise and collaborate with the multidisciplinary team appropriately, to ensure continuity of care. | Core Dimension | Level |
| | | 1 | 3 |
| | | 2 | 2 |
| | | 5 | 3 |
| • Circulation | 7. Recognise and respond appropriately to the signs of compromised peripheral circulation following stroke. For example:  
  • Swelling  
  • Skin colour  
  • Skin temperature  
  • Pulses  
  • Pain | HWD | Level |
| | | 6 | 3 |
| | | 7 | 3 |
## Stroke Competency Evidence

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<tbody>
<tr>
<td>• Level of consciousness (1 &amp; 2)</td>
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<tr>
<td>• Airway, breathing, ventilation &amp; perfusion (3 &amp; 6)</td>
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<tr>
<td>• Circulation (7)</td>
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Competency 7, 10 & 19: Limb Weakness & Loss of Feeling (including head and trunk) & Rehabilitation

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<tr>
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</table>
| • Assessment of motor and sensory impairment | 1. Demonstrate appropriate skills in the physical assessment of an individual following stroke, addressing the following areas:  
• Body alignment / posture  
• Visuospatial awareness  
• Pain  
• Sensation including proprioception  
• Muscle tone  
• Range of joint motion  
• Quality of movement  
• Dyspraxia  
• Coordination  
• Muscle strength  
• Undesirable compensatory activity  
• Balance  
• Mobility e.g. walking, transfers, stair climbing  
• Physical fitness  
2. Have awareness of other presenting features of stroke that may impact on the physical assessment and rehabilitation of the individual. (Refer to Competencies: 2 & 5 Common Presenting Features of Stroke)  
3. Demonstrate use of appropriate tools to record initial assessment findings.  
4. Demonstrate the ability to translate assessment findings into appropriate physical interventions using a person centred multidisciplinary team approach to goal planning, involving family / carers when appropriate. | Core Dimension | Level |
<p>| | | 1 | 3 |
| | | 2 | 3 |
| | | 5 | 3 |
| | HWB | Level | |
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| | 7 | 3 |</p>
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<tr>
<td>• Education &amp; Support</td>
<td>5. Demonstrate the ability to draw from a range of treatment approaches to achieve the individual’s goals, using the most appropriate intervention(s) according to the individual’s needs. (Neuro physiological treatment approaches may include the methods of Bobath, Carr &amp; Shepherd, Brunnstrom, Rood and PNF.) See SIGN 118 4.2.7 for further guidance)</td>
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<td>6. Demonstrate an ongoing process of evaluation and measurement of the effectiveness of physiotherapy interventions through the use of clearly identified outcome measures. Show how treatment can be progressed or modified to reflect the outcomes.</td>
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<td>7. Enable and support the individual and their carers / family to understand how the stroke has affected the individual’s ability to move, and the implications of this in relation to recovery.</td>
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<td>8. Support the multidisciplinary team in the ongoing physical management of the individual who has had a stroke e.g walking.</td>
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<td>9. Enable and support the individual / carers in self management on discharge from physiotherapy.</td>
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<tbody>
<tr>
<td>• Assessment of motor and sensory impairment (1 - 3)</td>
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<tr>
<td>• Treatment planning and intervention (4 - 6)</td>
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<tr>
<td>• Education &amp; Support (7 - 9)</td>
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### Competency 8: Moving & Handling

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<tbody>
<tr>
<td><strong>Risk Assessment</strong></td>
<td>1. Demonstrate an understanding of how the clinical features of stroke affect an individual’s ability to move either independently or with assistance.</td>
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<td>2. Demonstrate the ability to complete an individualised risk assessment and based on the findings select the appropriate methods of moving and handling e.g. hoist (weight bearing/non weight bearing), assisted / unassisted transfer and number of operatives. Identify appropriate timescales for positioning.</td>
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<td>3. Explain the need for an ongoing review of an individual’s risk assessment.</td>
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<td>4. Recognise the impact that the clinical features of stroke may have on the individual’s physical ability / function and within the multidisciplinary team implement strategies to reduce the individual’s risk of falls and increase their general safety.</td>
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<td>5. Demonstrate use of handling skills to improve an individual’s postural alignment.</td>
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<td>6. Within the multidisciplinary team identify appropriate supportive equipment for example seating, cushions, wheelchairs, and orthotics.</td>
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<td>7. Apply positioning and handling techniques to prevent or manage complications following stroke e.g. upper limb oedema, altered muscle tone, sensory loss and soft tissue shortening.</td>
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<tr>
<td>• Methods of supporting an individual with problems related to movement following stroke</td>
<td>8. As part of the multidisciplinary team management of the individual’s physical needs show evidence of implementation of local positioning protocols. E.g. positioning chart.</td>
</tr>
<tr>
<td>• Upper Limb</td>
<td>9. Explain why the arm is the most commonly affected limb following stroke and demonstrate good practice in its management.</td>
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<tr>
<td>• Shoulder</td>
<td>10. Describe the anatomy of the shoulder complex and explain why it is susceptible to damage/pain following stroke.</td>
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<tr>
<td>Core Dimension</td>
<td>Level</td>
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<tbody>
<tr>
<td>• Risk Assessment (1 - 4)</td>
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<tr>
<td>• Methods of supporting an individual with problems related to movement following stroke (5 - 8)</td>
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<td>• Upper Limb (9)</td>
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<td>• Shoulder (10)</td>
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### Competency 9 & 17: Activities of Daily Living & Safety

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<tr>
<th>Indicator</th>
<th>Knowledge and skills required to meet Indicator</th>
<th>KSF HWD</th>
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| • Activities of daily living | 1. Within the multidisciplinary team contribute to the assessment of the physical, cognitive, perceptual and psychological effects of stroke on an individual's ability to perform activities of daily living.  
2. As part of the multidisciplinary team, plan, implement and evaluate goals and interventions to empower individuals to perform activities of daily living.  
3. Enable and support the individual and their carer/family to understand how the stroke has affected an individual's ability to perform activities of daily living safely, and the implications of this in relation to recovery. |         |
| • Safety          |                                                                                                                                           |         |

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<thead>
<tr>
<th>Core Dimension</th>
<th>Level</th>
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<th>HWD</th>
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## Stroke Competency Evidence

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<th>Indicator</th>
<th>Action (How are you going to do this?)</th>
<th>Evidence (How can you show you have achieved this?)</th>
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<tbody>
<tr>
<td>• Activities of daily living (1 &amp; 2)</td>
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<td>• Safety (3)</td>
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### Notes
## Competency 11: Change in Vision

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<th>Indicator</th>
<th>Knowledge and skills required to meet Indicator</th>
<th>KSF HWD</th>
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</table>
| • Assessment of visual problems               | 1. Explain the different types of visual problems that may affect an individual following stroke. For example:  
  • Eye movement disorders  
  • Visual field disorders  
  • Visual neglect  
  2. Be able to identify the effects of visual problems on an individual following stroke for example through observation on a functional task.  
  3. Working with the multidisciplinary team, assess, plan, implement, and evaluate strategies to assist an individual with visual problems following stroke.  
  4. Be able to effectively provide an explanation and accessible information to an individual and their carer/family about visual problems following stroke.  
  5. Be aware of the referral system for specialist intervention, e.g. orthoptist. | Core Dimension | HWB |
| • Methods of supporting an individual with visual problems post stroke |                                                                                                                                                                                                                                           | 1       | 6   |
|                                                |                                                                                                                                                                                                                                           | 2       | 7   |
## Stroke Competency Evidence

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<th>Evidence (How can you show you have achieved this?)</th>
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<tbody>
<tr>
<td>• Assessment of visual problems (1)</td>
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<tr>
<td>• Methods of supporting an individual with visual problems post stroke (2 - 5)</td>
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### Notes
## Competency 12: Communication

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<tr>
<th>Indicator</th>
<th>Knowledge and skills required to meet Indicator</th>
<th>KSF HWB</th>
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</table>
| - Assessment of Communication | 1. Recognise when an individual’s communication has been affected by stroke. Work collaboratively with the members of the multidisciplinary team to support an individual’s communication.  
2. Have the skill to perform as an effective communication partner with an individual with communication impairments following stroke.  
3. Implement strategies to assist an individual with communication impairments following stroke.  
4. Be able to effectively provide an explanation and accessible information to an individual and their carer / family about communication impairments following stroke. | **Core Dimension**
| | | **Level** |
| | | 1 | 3 |
| | | 2 | 2 |
| | | 5 | 2 |
| | | 6 | 2 |
| | **HWB** | **Level** |
| | 6 | 2 |
| | 7 | 2 |
# Stroke Competency Evidence

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<th>Indicator</th>
<th>Action (How are you going to do this?)</th>
<th>Evidence (How can you show you have achieved this?)</th>
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<tbody>
<tr>
<td>• Assessment of Communication (1)</td>
<td></td>
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<tr>
<td>• Methods of supporting an individual with communication impairments following stroke (2 - 4)</td>
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Notes
### Competency 14: Preventing Pressure Ulcers

**Indicator: Assessment of pressure areas**

1. Monitor an individual’s skin and pressure areas.

**Indicator: Prevention/management of pressure ulcers**

2. Within the multidisciplinary team plan, implement and evaluate strategies to prevent/manage pressure ulcers following stroke.

3. Consider the specialist equipment/products which may be used to prevent pressure ulcers.

4. Identify and refer for specialist intervention e.g. orthotic services, postural management services.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Knowledge and skills required to meet Indicator</th>
<th>KSF HWD</th>
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<tbody>
<tr>
<td>Assessment of pressure areas</td>
<td>1. Monitor an individual’s skin and pressure areas.</td>
<td>Core Dimension</td>
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<tr>
<td>Prevention/management of pressure ulcers</td>
<td>2. Within the multidisciplinary team plan, implement and evaluate strategies to prevent/manage pressure ulcers following stroke.</td>
<td>HWD</td>
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</table>
### Stroke Competency Evidence

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<tbody>
<tr>
<td>• Assessment of pressure areas (1)</td>
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<td></td>
</tr>
<tr>
<td>• Prevention/management of pressure ulcers (2 - 4)</td>
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</table>

**Notes**
## Competency 15: Incontinence

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<tr>
<th>Indicator</th>
<th>Knowledge and skills required to meet Indicator</th>
<th>KSF HWB</th>
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<tbody>
<tr>
<td>• Assessment of continence</td>
<td>1. Be aware of an individual’s continence status following stroke.</td>
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<tr>
<td>• Methods of supporting</td>
<td>2. Demonstrate knowledge of the physical and psychological effects that incontinence may have on an individual’s ability to engage in rehabilitation</td>
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<td></td>
<td>3. Within the multidisciplinary team plan, implement, evaluate and modify interventions to assist an individual with urinary and/or faecal incontinence problems following stroke.</td>
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<td></td>
<td>4. Within the multidisciplinary team enable and support an individual with continence problems following stroke, involving their carer / family as appropriate.</td>
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<td></td>
<td><strong>Core Dimension</strong></td>
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## Stroke Competency Evidence

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<tbody>
<tr>
<td>• Assessment of continence (1)</td>
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<tr>
<td>• Methods of supporting (2-4)</td>
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**Notes**
## Competency 16 & 20: Thinking Processes & Changes in Behaviour

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Knowledge and skills required to meet Indicator</th>
<th>NHS KSF</th>
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</table>
| • Assessment of thinking processes and behaviour | 1. Be familiar with the effects that a stroke may have on an individual’s thinking processes and behaviour following a stroke.  
2. Have an understanding of the assessment tools that would be useful in assessing cognitive and perceptual function in an individual following stroke.  
3. Assess, plan, implement and evaluate interventions used to manage/treat an individual with affected thinking processes and/or behaviour changes following a stroke.  
4. Explain the importance of involvement of the multidisciplinary team in the management of an individual with affected thinking processes and/or behaviour changes following a stroke.  
5. Have the knowledge and skills to support and provide accessible information about altered thinking processes and/or behavioural changes following stroke to an individual and their carer/family.  
6. Be familiar with local procedures/protocols for referring an individual for specialist intervention, e.g. occupational therapy, psychology. |
| • Methods of supporting an individual with altered thinking processes and/or behavioural changes following stroke | | [Core Dimension | Level] |
| | | 1 | 3 |
| | | 2 | 2 |
| | | 5 | 2 |
| | | [HWB | Level] |
| | | 6 | 3 |
| | | 7 | 3 |
## Stroke Competency Evidence

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<tr>
<td>• Assessment of thinking processes and behaviour (1 - 2)</td>
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<tr>
<td>• Methods of supporting an individual with altered thinking processes and/or behavioural changes following stroke (3 - 6)</td>
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### Notes
## Competency 18: Emotions

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<tr>
<th>Indicator</th>
<th>Knowledge and skills required to meet Indicator</th>
<th>NHS KSF</th>
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</table>
| • Assess the emotional well being of an individual following stroke | 1. Be familiar with the effects that a stroke may have on an individual’s emotional well-being.  
2. Have an awareness of assessment tools that would be useful in assessing the emotional well being of an individual following a stroke.  
3. Understand and explain the impact of emotionalism on physical performance after a stroke.  
4. Within the multidisciplinary team, assess, plan, implement and evaluate interventions used to manage/treat an individual with adverse emotional issues following a stroke.  
5. Be familiar with local procedures/protocols for referring an individual for specialist interventions/services, e.g. psychology, psychiatry.  
6. Have the knowledge and skills to support and provide accessible information to the individual who has adverse emotional issues following a stroke, and their carer/family. | Core Dimension | Level  
| | | 1 | 3  
| | | 2 | 2  
| | | 5 | 2  
| | | 6 | 2  
| | HWB | Level  
| | 6 | 3  
| | 7 | 3  |
### Stroke Competency Evidence

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<th>Evidence (How can you show you have achieved this?)</th>
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<tr>
<td>• Assess the emotional well being of an individual following stroke (1 - 4)</td>
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<tr>
<td>• Methods of supporting an individual with adverse emotional issues following stroke (5 &amp; 6)</td>
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**Notes**
Learning Contract

This section is designed to help you plan your competency work with your mentor/line manager. It is not compulsory, but may help guide you in the completion of your toolkit.
**Stroke Competency: Learning Contract**

Learner’s Name: ________________________________________________________________

Mentor’s Name: ________________________________________________________________________________________

Date Toolkit Received: _____________________________________________________________________________________________________________________

Date of initial meeting: ____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Goal</th>
<th>Timescale / Review Date</th>
<th>Achieved - Yes / No (State brief reason for not achieving if No)</th>
<th>Signature - Mentor &amp; Learner</th>
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Certificate of Achievement

This is to certify that

Has completed the Physiotherapy Specialising Competencies in the Stroke Competency Toolkit (S.C.o.T)

Signed (Learner) ____________________________ Date: ____________________________

Signed (Mentor) ______________________________ Date: ____________________________
Resources & Evidence
Stroke Competency Toolkit: for Physiotherapists working in Stroke Care

Key Resources

Web links

NHS Education for Scotland: The Knowledge Network
www.knowledge.scot.nhs.uk
• access to some resources requires an Athens username and password

Stroke Training and Awareness Resources (STARs)
www.StrokeTraining.org
• a multidisciplinary interactive e-learning resource which covers a wide range of knowledge and skills required by staff delivering stroke care
• There are different levels: Stroke Core Competencies, Advancing Modules and Thrombolysis Masterclass

Scottish Intercollegiate Guideline Network (SIGN)
www.sign.ac.uk
Tel: 0131 623 4720
• aims to improve the quality of health care for patients in Scotland by reducing variation in practice and outcome, through the development and dissemination of national clinical guidelines containing recommendations for effective practice based on current evidence
• SIGN Guidelines 97,108, 118, 119 are online

Scottish Stroke Knowledge into Action (SSKIA)
www.knowledge.scot.nhs.uk/sskiacomunity.aspx
• A community of people working together to promote improvements in stroke prevention and care.

SHOW – Scottish Health on the Web
www.scot.nhs.uk
• Official website of NHS Scotland (National Health Service for Scotland). Comprehensive range of searchable information, statistics and publications

RCP - National Clinical Guidelines for Stroke - fourth edition
www.rcplondon.ac.uk
• The Royal College of Physicians (RCP) aims to ensure high-quality care for patients by promoting the highest standards of medical practice. It provides and sets standards in clinical practice and education and training

Books

Stroke: Practical Management 3rd Edition
Oxford: Blackwell Science

Hankey, G J (2007)
Stroke: Your Questions Answered 2nd Edition
Edinburgh: Churchill Livingstone

Williams, J, Perry L, Watkins, C eds (2010)
Acute Stroke Nursing
Oxford: Wiley-Blackwell

Edmans, J (2010)
Occupational Therapy and Stroke 2nd Edition
Oxford: Blackwell Publishing
Grieve, J (2008)
Neuropsychology for Occupational Therapists: Cognition in Occupational Performance 3rd Edition
Oxford: Blackwell Publishing

Mead G, Van Wijck F (2013)
Exercise & Fitness After Stroke – A Handbook for Evidenced Based Practice
Edinburgh: Churchill Livingstone

Journals

Full text articles for some of these journals can be assessed online via the OVID databases www.gateway.ovid.com. You will require an Athens username and password available to NHS Scotland Staff

- Advances in Clinical Neurosciences and Rehabilitation
- Archives of Neurology
- International Journal of Therapy and Rehabilitation
- Journal of Stroke and Cerebrovascular Diseases
- Neurology Today
- Stroke: Journal of the American Heart Association
- Topics in Stroke Rehabilitation
- Clinical Rehabilitation
- Archives of Physical Medicine and Rehabilitation
**Stroke Competency Toolkit: for Physiotherapists working in Stroke Care**

**Other Resources**

**Research and Best Evidence**

**Cochrane Stroke Group**
[www.dcn.ed.ac.uk/csrg](http://www.dcn.ed.ac.uk/csrg)
Tel: 0131 537 2273

- part of the Cochrane Collaboration that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews and the effects of healthcare interventions

**Scottish Stroke Research Network**
[www.scotland.uksrn.ac.uk](http://www.scotland.uksrn.ac.uk)

- working with professional, industry, academic and funding bodies to enhance and increase stroke research

**DORIS: Database of Research Into Stroke**
[www.askdoris.org](http://www.askdoris.org)

- DORIS aims to bring together representatives from all relevant Scottish groups to design and manage a shared web-based information database, aimed at meeting the shared information needs of these groups

**Evidenced Based Review of Stroke Rehabilitation**
[www.ebrsr.com](http://www.ebrsr.com)

- The goal of EBRSR is to produce an up-to-date, easily accessible evidence-based review of stroke rehabilitation literature.

**PEDro**
[www.pedro.org.au](http://www.pedro.org.au)

- PEDro is a free database of randomised trials, systematic reviews and clinical practice guidelines in physiotherapy.

---

**Stroke Engine**
[www.strokeengine.ca](http://www.strokeengine.ca)

- An evidenced based site for individuals who have experienced stroke, their families and health professionals who work in the field of stroke rehabilitation.

**NMAHP-RU: Nursing, Midwifery & AHP Research Unit**
[www.nmahp-ru.ac.uk](http://www.nmahp-ru.ac.uk)

- The Nursing, Midwife and AHP Research Unit is a multidisciplinary national research unit funded by the Chief Scientists Office. They produce high quality research which aims to inform and improve patient care.

**Best Practice Guidelines**

**Oral feeding difficulties and dilemmas: a guide to practical care, particularly towards the end of life**


**Best Practice Statement – End of Life Care Following Acute Stroke**

- NHS Quality Improvement Scotland (2010)

**Best Practice Statement – Use of Ankle Foot Orthoses Following Stroke**

- NHS Quality Improvement Scotland (2009)

**Best Practice Statement – Pain Management Following Acute Stroke**

- NHS Quality Improvement Scotland (2011)
Best Practice Guidance for the Development of Exercise after Stroke Services in Community Settings
• University of Edinburgh (2010)

Government Publications

Scottish Government
www.scotland.gov.uk
• Better Heart Disease and Stroke Care Action Plan (2009)
• Co-ordinated, integrated and fit for purpose: A Delivery Framework for Adult Rehabilitation in Scotland (2007)
• The National Delivery Plan for the Allied Health Professions in Scotland, 2012–2015
• Adults with Incapacity (Scotland) Act 2000
• The Healthcare Quality Strategy for Scotland (2010)

Standards and Audit

NHS Health Improvement Scotland
www.nhshealthquality.org
Tel: 0131 623 4300 / 0141 225 6999
• role is to translate the latest scientific research, expert opinion and patient experience into practical improvements that can be implemented in the health service
• Stroke Service Standards: Care of the Patient in the Acute Setting – update June 2009

Scottish Stroke Care Audit
www.strokeaudit.scot.nhs.uk
Tel: 0131 537 3127
• to evaluate stroke care delivered by NHS boards against national standards and to drive improvements
Stroke Competency Toolkit: for Physiotherapists working in Stroke Care

Other Resources

**Stroke Related Networks**

*The British Association of Stroke Physicians (BASP)*
www.basp.ac.uk
- to promote the advancement of Stroke Medicine within Great Britain

*The Scottish Stroke Nurses Forum (SSNF)*
www.chss.org.uk/links/ssnf/ssnf.shtml
Tel: 01236 703108
- for registered nurses with an interest in stroke

*Association of Chartered Physiotherapists interested in Neurology (ACPIN)*
www.acpin.net
- clinical interest group for registered physiotherapists with an interest in neurology

*The College of Occupational Therapist Specialist Section - Neurological Practice*
www.ssnp.co.uk
- clinical interest group for registered occupational therapists with an interest in neurology

*The Royal College of Speech & Language Therapists (RCSLT)*
www.rcslt.org
- Professional body of and for speech and language therapists (SLTs) in the United Kingdom and Ireland.

*UK Stroke Forum*
www.ukstrokeforum.org
- bringing together the multidisciplinary stroke community to improve stroke care in the UK

*Patient, Carer and Family (Stroke Specific)*

*Stroke4Carers*
www.stroke4carers.org
- An e-learning resource containing a set of topics which provide on-line advice, support and information for informal carers.

*Stroke Information*
www.strokeinfoplus.scot.nhs.uk
- stroke e-library for stroke survivors, their carers and families, and interested members of the public

*Healthtalkonline*
www.healthtalkonline.org
- a wide variety of personal experiences of stroke. You can watch, listen to or read their interviews, find reliable information on treatment choices and where to find support

*Aphasia Help*
www.aphasiashelp.org
- a resource for people who have aphasia
Useful Organisations

B.A.S.I.C. The British Brain and Spinal Injury Charity  
www.basiccharity.org.uk  
Tel: 0870 750 0000  
• for people and their families in crisis following a traumatic brain injury or neurological diagnosis

Brain and Spine Foundation  
www.brainandspine.org.uk  
Tel: 0808 808 1000  
• aims to develop research, education and information programmes aimed at improving the prevention, treatment and care of people affected by disorders of the brain and spine and to stimulate the greater allocation of resources across all neurological disorders

Bridges  
www.bridges-stroke.org.uk  
Tel: 020 8725 2445  
• aims to find better ways of supporting people in the longer term following stroke

Chest Heart & Stroke Scotland  
www.chss.org.uk  
Tel: 0131 225 6963  
• aim to improve the quality of life for people in Scotland affected by stroke illness  
• wide range of information, stroke study resources online or factsheet available  
• Advice Line 0845 077 6000 provides advice to health professionals on all aspects of stroke illness  
• Stroke innovation, career development and travel awards, small and large research grants

Connect  
www.ukconnect.org  
Tel: 020 7367 0840  
• to promote effective services, new opportunities and a better quality of life for people living with aphasia

Different Strokes  
www.differentstrokes.co.uk  
Tel: 0845 130 7172  
• run by stroke survivors for stroke survivors, for active self help and mutual support

Speakability  
www.speakability.org.uk  
Tel: 020 7261 9572  
• supports and empowers people with aphasia to overcome the barriers they face

Stroke Association  
www.stroke.org.uk  
Tel: 0303 303 3100  
• working for a world where there are fewer strokes and all those touched by stroke get the help they need

Thistle Foundation  
www.thistle.org.uk  
Tel: 0131 661 3366  
• Supporting people with disabilities and health conditions to lead full lives

Stroke Competency Toolkit: for Physiotherapists working in Stroke Care

Other Resources

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