Stroke Competency Toolkit (SCoT)
Specialising Competencies
For Registered Nurses working in Stroke Units
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For Registered Nurses working in Stroke Units

Name: ____________________________
Job title: __________________________
Place of work: _____________________
Date received: _____________________
Date completed: ___________________
Knowledge and Skills for Registered Nurses in Stroke Units Toolkit

The Better Heart Disease and Stroke Care Action Plan (2009) suggests that nurses working in a stroke unit demonstrate that they have achieved specialist knowledge and competence in stroke care. There has been a great deal of discussion as to what defines such specialist knowledge and competence. The Scottish Stroke Nurses Forum (SSNF), Chest, Heart & Stroke Scotland (CHSS) and NHS Education Scotland (NES) have developed a knowledge and skills toolkit for nurses working in stroke units that aligns with NES Stroke Core Competencies (2005) and the NHS KSF Health and Wellbeing dimensions. The; “Knowledge and Skills for Nurses in Stroke Units Toolkit” has completed a consultation process through the SSNF and has been endorsed by NES and the National Advisory Committee for Stroke (NACS).

This toolkit has been developed to allow progression from the stroke core competency framework that has been designed for use by all members of the multi disciplinary team. The specialising section of the stroke nurses toolkit identifies the specific knowledge and skills required by stroke nurses. The toolkit encourages the use of peer support and reflection. It is hoped that stroke nurses will use this toolkit in their place of work and as a resource for their continuing professional development.

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Education Programmes Manager
Chest Heart & Stroke Scotland
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**Specialising Competencies for Registered Nurses Working in Stroke Units**

Competency Summary Sheet

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<td>2 &amp; 5. Common Effects of Stroke</td>
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<td>3. Reducing the Risk</td>
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<td>4. Specialist Care</td>
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<td>6. Level of Consciousness</td>
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<td>13. Swallowing</td>
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<td>16 &amp; 20. Thinking Processes, Changes in Behaviour</td>
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<tr>
<td>18. Emotions</td>
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## Specialising Knowledge and Skills for Nurses in Stroke Units

### 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                                                                                                                                                                                                                 | HWB Dimensions Level 2/3 |
| Anatomy of the brain     | 2. Explain the anatomy of the brain and the cerebral circulation.                                                                                                                                                                          |                          |
| Diagnosis of stroke      | 3. Describe the relationship between the location of the stroke and the resulting neurological deficits.                                                                                                                                      |                          |
| Brain Imaging            | 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 the patient and/or carer/family. |                          |
| Carotid Doppler          | 5. Be familiar with the national standard associated with brain imaging in the acute state of stroke, and the implications and limitations of neuro-radiological investigations.                                                                 |                          |
| Stroke Assessment Tool   | 6. Explain the rational for carotid doppler and the implications that the result may have on patient management.                                                                                                                           |                          |
|                          | 7. Demonstrate knowledge of assessment tools used in the recognition/diagnosis of stroke. Explain the implications for the patient 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>
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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>• 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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<tr>
<td>• Stroke Assessment Tool (7)</td>
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### Notes
### Competency 2, 5 & 6: Common Effects of Stroke/Level of Consciousness

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| • Effects of stroke  
• Physiological monitoring | 1. Monitor the individual’s condition following stroke and implement appropriate action.  
2. Airway: Know of the effects that stroke may have on a person’s ability to maintain a patent airway and have the skills required to ensure the airway is not compromised.  
3. Demonstrate an understanding of the early warning tools used to monitor temperature, BP, pulse, respiration and oxygen saturation, taking into account the individual’s medical status. Demonstrate the procedure for reporting results out with acceptable parameters to medical staff.  
4. Blood Glucose: Know the normal parameters of blood glucose following stroke and the effect that hypo/hyperglycaemia may have on a patient. Demonstrate the procedure for reporting results out with acceptable parameters to medical staff.  
5. Haematology/clinical chemistry results: Know the normal parameters expected in routine blood sampling on stroke patients. Have an understanding of the implication on patient outcome if blood sample results are out with normal parameters. Use local reporting procedures to alert medical staff when appropriate.  
6. Assess, plan, implement and evaluate the interventions required to care/treat/rehabilitate the effects of stroke; including thrombolysis treatment where appropriate.  
7. Monitor for the common complications of stroke and implement appropriate action. Refer to local protocols/use assessment tools to ensure the effective management of:  
   • Swallowing difficulties (refer to cc 13)  
   • Prevention of falls (refer to cc 7, 8 and 10)  
   • Venous thrombo-embolism.  
   • Infection.  
   • Pain: shoulder, head and central post stroke pain  
   • Deterioration in conscious level.  
   • Pressure ulcers (refer to cc 14)  
   • Malnutrition.  
   • Seizures.  
   • Continence problems (refer to cc 15)  
   (refer to NHS QIS Best Practice Statement).  
8. Have the knowledge and understanding to allow appropriate reporting to medical staff. | HWB Dimensions Level 2/3 |
# Stroke Competency Evidence

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<td>• Effects of stroke (1)</td>
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<tr>
<td>• Physiological monitoring (2,3,4 &amp; 5)</td>
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<tr>
<td>• Intervention following stroke (6)</td>
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<tr>
<td>• Deterioration following stroke (7 &amp; 8)</td>
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</table>
### Competency 3: Reducing the Risk of Stroke

<table>
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<th>Indicator</th>
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<tbody>
<tr>
<td>• Risk factors</td>
<td>1. Assess an individual’s risk factors for stroke.</td>
<td>HWB Dimensions Level 2/3</td>
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<td>2. Define the risk factors for stroke, modifiable and non-modifiable.</td>
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<td>3. Outline the main drug groups used to reduce the risk of stroke and their contraindications. Have the knowledge and skill to provide individuals and their carer/family with information related to the use of such medication.</td>
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<td></td>
<td>4. Be aware of the cycle of change related to lifestyle modifications and support the patient and their carer/family to help them make appropriate changes. Document accurately these recommendations in the patients care plan and involve other members of the Multi Disciplinary Team (MDT) as required.</td>
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<tr>
<td>• Reducing the risk</td>
<td>5. Be aware of the national standards relating to carotid endarterectomy following stroke and its rationale.</td>
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## Stroke Competency Evidence

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<td>• Reducing the risk (3, 4 &amp; 5)</td>
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### Notes
## Competency 4: Specialist Care

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| • Specialist care following stroke | 1. Explain the evidence-base for stroke unit care for someone following 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 patient’s care plan, updating as required to maximise patient outcome.  
4. Recognise that an individual’s rehabilitation occurs over a 24hr period and that each member of staff is responsible for evaluating and updating the patients care plan.  
5. Be aware of the national standards related to thrombolysis in acute stroke management and the implications that thrombolysis may have on patient outcome.  
6. Assess, plan, implement and evaluate care for the patient requiring end of life care following stroke and have the knowledge and understanding to support the patient and their carer/family; refer to the NHS QIS Best Practice Statement. | HWB Dimensions Level 2/3 |
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<tr>
<td>Specialist care following stroke (1-6)</td>
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**Notes**
Competency 7, 8 & 10: Limb Weakness, Moving and Handling, Loss of Feeling

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</table>
| • Assessment of motor and sensory impairment | 1. Have an awareness of problems related to:  
• Muscle weakness  
• Muscle tone  
• Sensory loss  
2. Recognise the impact that these features may have on the individual’s physical ability/function and how these features may increase the individual’s risk of falls and their general safety.  
3. Explain how these features may result in compensatory activity which can adversely affect the individual’s physical ability/function.  
4. Explain how appropriate and safe moving, handling and positioning of the individual can influence the above features and contribute to rehabilitation.  
5. Describe the anatomy of the shoulder and explain why it is susceptible to damage following stroke.  
6. Apply external supports/devices as recommended. Utilise appropriate handling skills and techniques to ensure the individual is safely transferred and positioned.  
7. Monitor an individual’s pain levels and deliver appropriate pain relief; refer to the NHS QIS Best Practice Statement. | HWB Dimensions Level 2/3 |
| • Shoulder pain  
• Methods of supporting an individual with problems related to muscle weakness and/or sensory loss following stroke | | |
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<tr>
<td>• Assessment of motor and sensory impairment (1-4)</td>
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<tr>
<td>• Shoulder pain (5)</td>
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<tr>
<td>• Methods of supporting an individual with problems related to muscle weakness and/or sensory loss following stroke (6 &amp; 7)</td>
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## Notes
## Competency 9, 17 & 19: Activities of Daily Living, Safety & Rehabilitation

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| • Activities of daily living | 1. Liaising with the MDT assess the physical, cognitive, perceptual and psychological effects of stroke on the individual’s ability to perform activities of daily living.  
2. Working with the MDT, plan, implement and evaluate interventions to assist individuals to perform activities of daily living.  
3. Support the individual and their carer/family to understand how the stroke may have affected safety and the ability to perform activities of daily living; and the degree and rate of recovery expected.  
4. Have an understanding of the implications for the individual related to driving post stroke and have the skills to provide advice and information to the patient and their carer/family.  
5. Assess, plan, implement and evaluate patient centered goals and interventions to promote rehabilitation, safety and independence following stroke. | HWB Dimensions Level 2/3 |
| • Safety and independence | | |

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**NHS KSF**

- **• Activities of daily living**
  - Liaising with the MDT assess the physical, cognitive, perceptual and psychological effects of stroke on the individual’s ability to perform activities of daily living.
  - Working with the MDT, plan, implement and evaluate interventions to assist individuals to perform activities of daily living.
  - Support the individual and their carer/family to understand how the stroke may have affected safety and the ability to perform activities of daily living; and the degree and rate of recovery expected.
  - Have an understanding of the implications for the individual related to driving post stroke and have the skills to provide advice and information to the patient and their carer/family.
  - Assess, plan, implement and evaluate patient centered goals and interventions to promote rehabilitation, safety and independence following stroke.

**HWB Dimensions**

- Level 2/3

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**Stroke Competency Toolkit (SCoT)**
## Stroke Competency Evidence

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<td>• Safety and independence (3, 4 &amp; 5)</td>
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Competency 11: Change in vision

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| • 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 MDT, 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 the individual and their carer/family about visual problems following stroke.  
   5. Be aware of the referral system for specialist intervention, e.g. orthoptist. | HWB Dimensions Level 2/3 |
| • Methods of supporting an individual with visual problems post stroke | | |
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<tr>
<td>• Methods of supporting an individual with visual problems post stroke (3, 4 &amp; 5)</td>
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### Notes
## Competency 12: Communication

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| - Assessment of communication | 1. Recognise when an individual’s communication has been affected by stroke. Work collaboratively with the members of the MDT to support the patient’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 the individual and their carer/family about communication impairments following stroke. | HWB Dimensions Level 2/3 |
| - Methods of supporting an individual with communication impairments post stroke | | |
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<tr>
<td>• Methods of supporting an individual with communication impairments post stroke (2-4)</td>
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**Notes**
## Competency 13: Swallowing

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</table>
| • Identification of swallowing problems | 1. Assess an individual’s:  
   • Swallow using a water swallow screen test as per national standards.  
   • Hydrational status using a fluid balance chart and monitoring other physiological signs.  
   • Nutritional status using MUST. Monitor and evaluate nutritional risk throughout patients care.  
   • Oral health.  

2. Assess, plan, implement and evaluate interventions to assist with swallowing problems, hydration, nutritional support and oral health following stroke.  

3. Have an understanding of the implications that swallowing difficulties may have on the administration of drug therapies and be aware of alternative methods/routes for delivering medication.  

4. Monitor change or deterioration in the individual’s ability to swallow following stroke and implement appropriate remedial action.  

5. Have an understanding of the issues related to the management of enteral feeding regarding MDT roles and be familiar with local/national protocols and guidelines.  

6. Have the knowledge and skills to explain and provide accessible information and support to the individual and their carer/family about swallowing problems, hydration, nutritional support, and oral health following stroke; particularly the implications of ‘nil by mouth’ or modified liquids and diets. | HWB Dimensions Level 2/3                              |
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<tr>
<td>• Identification of swallowing problems (1)</td>
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<tr>
<td>• Interventions to support swallowing problems (2-6)</td>
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**Notes**
## Competency 14: Preventing Pressure Ulcers

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| Assessment of pressure ulcers | 1. Demonstrate knowledge of the national guidelines related to the prevention and treatment of pressure ulcers.  
2. Have an understanding of the assessment tools used to assess an individual's risk of developing a pressure ulcer.  
3. Explain the specific risk factors that may increase the risk of pressure ulcers for an individual following stroke.  
4. Access, plan, implement and evaluate interventions required to prevent/treat pressure ulcers.  
5. Be familiar with local procedures/protocols for accessing specific pressure relieving equipment and devices.  
6. Have an understanding of the physiological and psychological implications for the individual if a pressure ulcer develops.  
7. Explain the roles of the MDT members in relation to prevention and treatment of pressure ulcers.  
8. Be familiar with the procedure for referring the individual for specialist intervention.  
9. Have the knowledge and skills to explain and provide accessible information to the individual and their carer/family regarding pressure ulcers. | HWB Dimensions Level 2/3 |
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<td>• Assessment of pressure ulcers (1 &amp; 2)</td>
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<tr>
<td>• Prevention/management of pressure ulcers (3-9)</td>
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**Notes**
Competency 15: Incontinence

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| • Assessment of continence | 1. Identify and monitor the individual for adverse urinary/bowel symptoms following stroke.  
2. Explain the rationale regarding local/national continence assessment tools used in stroke management.  
3. Assess, plan, implement and evaluate interventions to assist an individual to recover bladder and bowel function or effectively manage incontinence.  
4. Be competent in the skills required to support and provide accessible information to the individual with continence difficulties, and their carer/family.  
5. Demonstrate knowledge of the physical and psychological effects that incontinence may have on the patient's rehabilitation.  
6. Be aware of the equipment available to support an individual who has continence difficulties. Have an understanding of the most appropriate use for such equipment.  
7. Be familiar with the individual roles that the members of the MDT have in supporting the individual with continence difficulties.  
8. Be aware of the local policy/procedure for referring the individual for specialist intervention, e.g. Continence Advisor. | HWB Dimensions Level 2/3 |
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<tr>
<td>• Methods of supporting an individual with continence problems following stroke (3-8)</td>
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**Notes**
## Competency 16 & 20: Thinking Processes, Changes in Behaviour

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| • Assessment of thinking processes and behaviour                          | 1. Be familiar with the effects that stroke may have on an individuals thinking processes and behaviour following a stroke.  
2. Have an understanding of 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 stroke.  
4. Explain the importance of involvement of the MDT in the management of an individual with affected thinking processes and/or behaviour changes following stroke.  
5. Be familiar with local procedures/protocols for referring an individual for specialist intervention, e.g. Psychologist.  
6. Have the knowledge and skills to support and provide accessible information to the individual who has affected thinking processes and/or behavioural changes following stroke and their carer/family. | HWB Dimensions Level 2/3                                      |
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<tr>
<td>• Methods of supporting an individual with affected thinking processes</td>
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<td>and/or behavioural changes following stroke (3-6)</td>
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### Notes
## Competency 18: Emotions

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| • Assess the emotional well being of an individual following stroke | 1. Be familiar with the effects that stroke may have on an individuals emotional well being.  
2. Have an understanding of assessment tools that would be useful in assessing the emotional well being of an individual following stroke.  
3. Assess, plan, implement and evaluate interventions used to manage/treat an individual with adverse emotional issues following stroke.  
4. Explain the importance of involvement of the MDT in the management of an individual with adverse emotional issues following stroke.  
5. Be familiar with local procedures/protocols for referring an individual for specialist intervention, e.g. Psychologist.  
6. Have the knowledge and skills to support and provide accessible information to the individual who has adverse emotional issues following stroke, and their carer/family.  
7. Have an understanding of the importance of the cultural, spiritual and religious beliefs of a person and how these may be considered throughout their management.  
8. Be familiar with local stroke services available for an individual and their carers. Have the appropriate skills to support patient and carer information needs regarding local services. | HWB Dimensions Level 2/3 |
| • Methods of supporting an individual with adverse emotional issues following stroke | | |

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*Stroke Competency Toolkit (SCoT)*
### Stroke Competency Evidence

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<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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<tr>
<td>• Assess the emotional well being of an individual following stroke (1 &amp; 2)</td>
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<tr>
<td>• Methods of supporting an individual with adverse emotional issues following stroke (3-8)</td>
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**Notes**
## Stroke Competency Evidence

### Specialising

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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: _________________________________________________________________________________________________________________

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**Stroke Competency Toolkit (SCoT) - Learning Contract**
Stroke Competency: Learning Contract

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Certificate of Achievement

This is to certify that

Has completed the Specialising Level in the Stroke Competency Toolkit (S.C.o.T) for Registered Nurses working in Stroke Units

Signed (Learner) ___________________________ Date: _____________________

Signed (Mentor) ___________________________ Date: _____________________

NHS Scotland  NHS Education for Scotland  Chest Heart & Stroke Scotland  Scottish Stroke Nurses Forum
Resources & Evidence
Stroke Competency Toolkit: for Registered Nurses working in Stroke Units

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 Registered Nurses working in Stroke Units

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*
• Report of a working party, Royal College of Physicians & The British Society of Gastroenterology (2010)

*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 Registered Nurses working in Stroke Units

Other Resources

**Stroke Related Networks**

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

**The Scottish Stroke Nurses Forum (SSNF)**
Tel: 01236 703108
- for registered nurses with an interest in stroke

**Association of Chartered Physiotherapists interested in Neurology (ACPIN)**
[www.acpin.net](http://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](http://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](http://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](http://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](http://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](http://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](http://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.aphasiahelp.org](http://www.aphasiahelp.org)
- a resource for people who have aphas
Useful Organisations

**B.A.S.I.C. The British Brain and Spinal Injury Charity**
[www.basiccharity.org.uk](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://www.thistle.org.uk)
Tel: 0131 661 3366
- Supporting people with disabilities and health conditions to lead full lives