



Stroke

Core Competencies for Healthcare Staff

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Stroke – core competencies for healthcare staff

What do we mean by core competencies?

Core competencies are those which all healthcare staff working with individuals with stroke should know of or be able to perform.

(Note: in this document, ‘individuals’ will be used to mean ‘individuals with stroke’ or ‘individuals with stroke or at risk of it’.)

The core competencies set out here might apply to a phlebotomist working on a stroke unit, somebody who serves meals to patients with stroke, or someone who cares for a person with a stroke in their own home or in a nursing or residential home.

Healthcare professionals working in specialist stroke services will have more specific roles, however, which will demand additional knowledge and skills. These are being developed by the relevant professional groups.

Defined in this way, core competencies are those which all staff need to care for individuals in an environment which is safe, and which meets their physical and emotional needs.

All people being cared for in a health or social care environment have a right to be treated in accordance with the Generic Standards set by NHS QIS (NHS Quality Improvement Scotland (2004) Healthcare Governance: Working towards Safe and Effective, Patient-focused Care. Edinburgh, NHS QIS: www.nhshealthquality.org/nhsqis/files/healthcare%20governance.pdf).

The Standards emphasise the person as an individual, and indicate that from a person's very first contact with NHS services they should:

- be treated politely and with consideration and respect in a setting which is safe
- be involved in, and informed about, all decisions on their pathway of care
- receive treatment and care based on clinical effectiveness
- be cared for by members of a healthcare team who have all been trained for the job they are doing, are taking part in ongoing training for their current role, and see themselves as members of a healthcare team
- know that privacy, dignity and confidentiality will be respected.

The core competencies shown below assume that staff are aware of these Generic Standards and already have the competencies to match them.

The core competencies

These are presented as a series of 20 statements. Each one states the knowledge and skills required, then gives an example of the potential benefit to the individual.

1. Cause of stroke

Knowledge

Stroke is due to an interruption of the blood flow to part of the brain; effects will depend upon the part of the brain affected and the amount of damage.

Skills

To explain this to an individual or a relative in simple language.

Benefits

Individuals and their families will receive an accurate and consistent explanation of their condition.

2. Effects of stroke

Knowledge

The effects of stroke usually come on rapidly over minutes or hours and should be considered a medical emergency. Symptoms may worsen in the first few days due to a further stroke or due to medical complications. Medical treatment given within three hours of onset of stroke can improve the outcome for some individuals.

Skills

To recognise when a person may be having a stroke, and call for immediate assistance.

Benefits

Individuals will have early identification of stroke and will access medical treatment earlier, when it is most effective, thus having a greater chance of recovery.

3. Reducing the risk of stroke

Knowledge

Lifestyle factors increase the risk of stroke. These include: smoking, excessive alcohol intake, a diet high in salt and saturated fats, obesity and lack of exercise. A previous stroke or mini stroke,

and medical conditions such as high blood pressure, diabetes, high cholesterol and heart disease also increase the risk of stroke. Staff should be aware that modifying lifestyle and treating medical conditions may reduce the risk of stroke.

Skills

To advise the individual to seek medical advice concerning adverse lifestyle and medical conditions.

Benefits

The individual will receive consistent information and advice about reducing the risk of stroke.

4. Specialist care

Knowledge

Care for stroke within a specialist stroke unit results in better outcomes than care within a non-specialist environment.

Skills

To access specialist stroke input within the working environment.

Benefits

Individuals are more likely to receive specialist stroke care if everyone they meet is aware of its importance.

5. Common effects of stroke

Knowledge

Staff should be aware of, and be able to recognise, the common effects that a stroke may have on an individual.

Skills

To understand the implications these common effects have for their own interaction with that individual.

Benefits

Individuals will receive input from all members of staff which maintains their safety, dignity and wellbeing.

The following statements refer to specific effects of stroke which

some individuals may suffer. Understanding these will help staff to recognise individuals who have had a stroke and ensure the individual is managed appropriately. Individuals may also gain other more specific benefits.

6. Level of consciousness

Knowledge

Stroke may cause drowsiness or loss of consciousness.

Skills

If the individual is unconscious, the staff member should be able to determine whether their airway is clear (Airway), that they are breathing (Breathing) and that they have a pulse (Circulation). Staff should have basic life support skills to deal with a blocked airway, and know what do if the individual is not breathing or has no pulse.

Benefits

Individuals are less likely to suffer irreversible brain damage due to lack of oxygen and blood to their brain.

7. Limb weakness

Knowledge

Stroke often causes weakness or clumsiness of the face, arm or leg on one side of the body. Sometimes the individual may be completely unable to move the arm or leg. Individuals with a weak arm are at risk of shoulder injury and should never be pulled by the arm, and the weak arm should usually be supported on a pillow or table.

Skills

To recognise when an individual is not moving one part of their body and especially be aware of arm weakness. They should be able to replace any arm support which has become displaced.

Benefits

Individuals will not be assumed to be able to do something of which they are incapable. They will be less likely to develop shoulder pain.

8. Moving and handling

Knowledge

Stroke may mean the individual is unable to sit, stand or walk safely due to poor balance, leg weakness or loss of co-ordination.

Individuals may be at risk of falling or of injury if they try to move themselves when unsupervised, or are moved by people without training in moving and handling.

Skills

To establish the individual's abilities (by direct observation, accessing the medical records, or asking another member of healthcare staff) and take account of these. Staff who need to move individuals with stroke should be given appropriate training in moving and handling.

Benefits

Individuals and staff are less likely to sustain injury or discomfort.

9. Activities of daily living

Knowledge

Stroke may mean that the individual is unable to perform functional tasks because of weakness, sensory, visual, cognitive or perceptual problems. It may cause individuals to have difficulties performing activities such as washing, dressing, domestic, work and leisure tasks.

Skills

To know (or at least know how to find out) which activities the individual requires assistance with. Those staff whose role it is to provide assistance with everyday activities should be able to do so in a way which ensures safety while retaining as much of the individual's independence, autonomy and dignity as possible.

Benefits

Individuals will maximise their independence whilst ensuring their safety and dignity. For example, they will not become malnourished because they are unable to eat independently, and will be more likely to recover the ability to look after themselves.

10. Loss of feeling

Knowledge

Stroke may cause loss or change of feeling in the face, arm or leg (e.g. numbness, pins and needles). The individual may not therefore be able to feel pain or extremes of temperature on the affected parts of their body.

Skills

To know (or at least know how to find out) whether individuals have such difficulties. Staff should be able to ensure that the individual does not sustain injury due to loss of feeling – for instance, by providing padding to stop accidental injury or by testing the temperature of bath water or drinks.

Benefits

Individuals are less likely to sustain injury (e.g. burns from scalding water or bruises from cot sides).

11. Change in vision

Knowledge

Stroke may cause loss of vision to one side, so that the individual may not see people or things to the left or right of them. This is **not** the same as losing sight in one eye.

Skills

To know (or at least know how to find out) whether individuals have such difficulties. Staff should be able to position themselves and objects such as cups, plates of food or buzzers where the individual can see them. They should also ensure that individuals wear spectacles if needed, and that these are clean.

Benefits

Individuals will be more aware of their environment and will be able to do more for themselves. For example, they may be able to feed themselves and drink enough if they can see the plate and cup.

12. Communication

Knowledge

Stroke may cause problems with communication – speech may be slurred and difficult to follow, and / or the words may become jumbled and not make sense. Even though the individual's speech may not be understandable, it does not necessarily mean the individual is confused or muddled. Individuals may not be able to understand speech or writing. Staff should be aware that some individuals with severe communication problems, who cannot consent, even with the help of a Speech and Language Therapist, to basic healthcare procedures, may need to receive care under a Certificate of Incapacity according to the Adults with Incapacity Act.

Skills

To know how to seek information and advice about an individual's specific communication needs and preferences. Staff should have basic skills to help them communicate with individuals with communication problems. These might include: speaking slowly and clearly, use of gesture, and knowing how to check on understanding. Staff should also be able to support the use of other means of communicating such as picture and word boards or drawing. They should be able to check that if the individual uses a hearing aid this is functioning properly.

Benefits

Individuals will be able to maximise their opportunities to communicate with staff and thus make their needs and wishes known. This is likely to benefit the individual both physically and emotionally.

13. Swallowing

Knowledge

Stroke often affects swallowing so that individuals have difficulty eating and drinking safely. This may lead to dehydration and malnutrition; there is also a risk that individuals may inhale food or drinks into their lungs, causing a chest infection or breathing problems. Individuals may also have difficulty maintaining good oral hygiene, resulting in discomfort, infection and 'bad breath'.

Skills

To recognise the signs that an individual may have swallowing problems. These include: drowsiness, coughing when eating, 'wet-sounding' voice or drooling of saliva or foods. They should be able to report any signs that indicate a change in the individual's condition to the appropriate staff. Staff who are responsible for giving food and / or fluids to individuals should know how and where the individual's ability to swallow is recorded. These staff should be able to act on recommendations detailed in a swallowing care plan. These may include: altering food and fluid consistencies, utilising feeding utensils, adjusting seating position, delivering oral care and supervising specific recommendations. All staff should be able to give appropriate first aid to someone who is choking.

Benefits

Individuals will avoid unnecessary chest infections; they will receive adequate fluids and food, and avoid the consequences of poor oral hygiene.

14. Preventing pressure sores

Knowledge

Stroke increases the risk of an individual developing pressure sores. The risk is greatest in those who are unable to move themselves around the bed or trolley, and those who are undernourished or have problems with infections or incontinence. Although pressure sores are often painful and may take months to heal, they are usually preventable.

Skills

All staff should be aware of their part in reducing the risk of pressures sores. For example, the hospital porter might reduce the time the patient lies on a trolley and the carer may help optimise the patient's food intake.

Benefits

The individual is less likely to develop a pressure sore, and more likely to avoid the pain and prolonged hospitalisation which is often associated with them.

15. Incontinence

Knowledge

Stroke often causes individuals to be incontinent of urine and / or faeces. Incontinence may cause individuals to refuse to drink or eat; it may affect their mood; and it increases the risk of pressure sores. There are many factors which contribute to incontinence – addressing these can help the problem.

Skills

To be aware of the problem, and to be able to deal with it in a sensitive manner which minimises the individual's distress.

Benefits

The frequency and the physical and emotional effects of incontinence will be minimised.

16. Thinking processes

Knowledge

Stroke may cause difficulties with normal thinking (cognitive) processes. This includes difficulties with attention, concentration and memory, leading to confusion, problems knowing what day it is, problems concentrating over time, remembering what has happened, or remembering to do things. The person may have problems with vision and perception, so that they may not be able to see or attend to parts of the normal visual field, or they may have difficulties recognising familiar objects or people or difficulties knowing the position of their limbs. There may be difficulties planning, problem solving, thinking or acting flexibly (executive difficulties) or difficulties with carrying out physical movements, gestures, and sequences of actions even when no weakness is present (apraxia). The specific types of problems that occur will depend on the area of brain damaged by the stroke.

Skills

To know (or at least know how to find out) whether individuals have such difficulties. Staff should ensure that they follow recommended treatment plans and use those strategies and routines when assisting the person with any activity of daily life which is affected by these problems. These might include allowing time and minimising distractions when completing tasks, providing written information to aid memory, giving small pieces of information at a time, reviewing information with the person to check for understanding, using prompts to help people initiate tasks, or orientating people using cues in the environment (clocks, calendars, etc.).

Benefits

Individuals will maximise their independence in a safe and effective manner, while carrying out everyday activities. They are less likely to fail tasks. This is likely to benefit the individual emotionally and improve their quality of life.

17. Safety

Knowledge

Stroke may make the individual unaware of any of their difficulties and limitations (see statements 8 -16). This means that they may be able to do less than they themselves believe and they may put themselves at risk of injury without realising it.

Skills

Staff should not uncritically accept an individual's statements about their own abilities and if in doubt should check with other members of staff to establish the individual's true abilities. If an individual does lack awareness of their abilities, staff should be sensitive to this issue and all staff should give consistent feedback on the individual's true abilities.

Benefits

Individuals will receive appropriate input from staff to maximise their safety, dignity and autonomy.

18. Emotions

Knowledge

An individual may be emotionally distressed following a stroke due to difficulties coping with the impact of the stroke on their lives. This may cause them to be anxious or depressed and make it difficult to engage in rehabilitation. Stroke can also make it difficult for them to control their emotions; for instance, they may laugh or cry without obvious cause.

Skills

Staff should be sensitive to the emotional problems of individuals and seek advice on how best to deal with them.

Benefits

Individuals' emotional needs will be met.

19. Rehabilitation

Knowledge

If patients survive the early phase of stroke, many of its effects will lessen over the next weeks and months and sometimes even years. However, the rate and degree of recovery is difficult to predict.

Skills

To respond to an individual's enquiries about the future in general terms, and to advise the individual to speak to their specialist for specific advice.

Benefits

Individuals will receive accurate and consistent advice about their likelihood of improvement.

20. Changes in behaviour following stroke

Knowledge

Emotional distress, cognitive impairment and frustration with physical limitations may cause someone to behave in a manner which is difficult for others to cope with and understand.

Skills

Staff should be aware that individuals may have such difficulties and should seek advice on the best way to cope with and understand this behaviour.

Benefits

Individuals will receive appropriate, consistent input from staff to increase the likelihood of having their emotional and cognitive needs supported, and to enhance their quality of life.

