

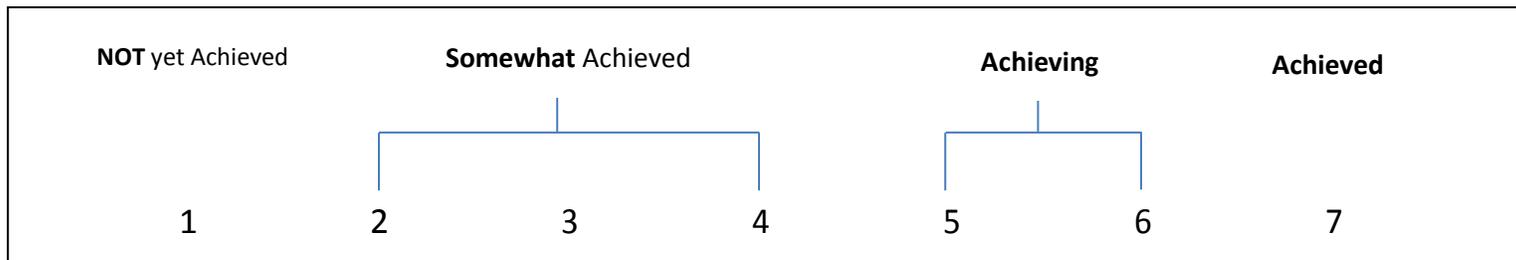
NURSING CORE COMPETENCIES FOR STROKE: Self-Evaluation Template

Self-Rating: Using the rating scale provided below, enter a number that most closely reflects your knowledge/skill/experience with respect to each of the 16 competencies, and their sub-competencies.

Note: For additional resources, knowledge translation tools and suggested methods of evaluation please visit

<http://ontariostrokenetwork.ca/core-competencies-for-stroke/discipline/?termid=550>

Core Competency Level



Competencies	Self-Rating 1-7			Date Completed
	Start Date	6 months	12 months	
Principles of Stroke Care				
1.1 Discuss and compare roles of other disciplines involved in the care of stroke survivors within the context of an Interprofessional model of care.				
1.2 Acknowledges cultural differences and values and supports stroke survivors and caregivers' cultural needs and coping styles.				
1.3 Describe the components of an acute comprehensive stroke assessment.				
1.4 Demonstrates awareness of the purpose of the assessment tools and outcome measures used by other disciplines and the implications of the results.				
1.5 Describe the importance of applying stroke best practices & Quality Based Procedures (QBP)				
Anatomy and Physiology of Stroke				
2.1 Describes neuroanatomy and physiology, including the; <ul style="list-style-type: none"> • different types of stroke and their clinical presentation • cerebral vascular system • organization of the brain's functions and the associated clinical presentations of right and left hemispheric strokes. 				
2.2 Describes the sudden and new onset of the signs and symptoms of stroke as a medical emergency.				
2.3 Describes the clinical presentation and risks associated with transient ischemic attacks and their relationship to stroke.				

2.4 Differentiates the penumbra and its significance to functional recovery and factors that influence this area including the impact on neurological presentation. Describes the clinical presentation of left and right hemispheric strokes and brainstem strokes.				
2.5 Discusses the rationale for the diagnostic tests used in the assessment and management of stroke and incorporates results as appropriate into the plan of care.				
2.6 Summarizes discipline-specific standardized assessment tools, and demonstrates the ability to administer the appropriate tools to systematically assess the stroke survivor.				
2.7 Discusses the pathophysiology, clinical presentation and management of secondary stroke complications including <ul style="list-style-type: none"> • Hemorrhagic transformation • Reperfusion injury • Increased intracranial pressure • Cerebral edema • Seizures • Recurrent Stroke 				
2.8 Describes the basic pharmacological management of stroke.				
Cardiovascular and Respiratory Effects				
3.1 Describes the anatomy and physiology of cardiovascular and respiratory systems as it relates to risk factors for stroke.				
3.2 Identify cardiovascular and respiratory systems complications as a result of a stroke including: <ul style="list-style-type: none"> • Deep vein thrombosis and pulmonary embolism • Myocardial infarctions • Dysphagia • Aspiration pneumonia • Obstructive Sleep Apnea 				
Psychosocial Effects				
4.1 Describes potential changes in emotions of the stroke survivor and caregiver related to the stroke event.				
4.2 Identifies the importance of addressing the stroke survivor and caregivers coping abilities.				
4.3 Demonstrates knowledge of appropriate responses to the stroke survivor's alternations in mood such as depression and frustration .				
4.4 Identifies signs and symptoms of anxiety, depression and self- destructive behaviour.				
4.5 Determines the stroke survivor and caregiver's understanding of the effects of stroke, and their learning needs.				
4.6 Identifies basic knowledge of resources inside and outside the organization for stroke survivors and caregivers.				

Communication				
5.1 Describe the communication impairments that may follow a stroke.				
5.2 Collaborates with speech-language pathology to implement and provide feedback regarding communications strategies and/or devices.				
5.3 Utilizes different strategies or alternative communication strategies and/or devices as recommended by speech- language pathology.				
5.4 Identifies difficulties with communication for stroke survivors and their caregiver, who are non-English speaking, and takes steps to ensure that information is translated.				
5.5 Educates stroke survivor and caregivers on basic information about post stroke communication difficulties.				
5.6 Describes impact of energy level, Post Stroke Fatigue; presence of pain, mood and attention span on a stroke survivor’s ability to communicate.				
Independence in Mobility And Prevention Of Complications Of Immobility				
6.1 Discusses the importance of early mobilization in stroke.				
6.2 Identifies that the quality of the stroke survivor’s movement can be affected by the following changes that accompany a stroke: <ul style="list-style-type: none"> • Muscle tone • Posture • Balance • Muscle weakness/motor loss • Sensory loss • Cognitive, perceptual, behaviour changes • Fatigue 				
6.3 Demonstrates safe proper handling, positioning, and transferring of the stroke patient while considering complication such as hemiplegic shoulder, decreased balance, paralysis and muscle weakness.				
6.4 Applies a rationale and understanding of indicators for selecting different transfer approaches and techniques (e.g., 1 or 2 man pivot, independent mechanical lift).				
6.5 Identifies the proper use of correct walking aids (e.g., quad cane, walker), positioning equipment, and assistive devices (e.g., splints, slings, assistive feeding devices).				
6.6 Collaborates with physiotherapy and/or team members to contribute to a comprehensive plan of care regarding mobilization and positioning.				
Routine Activities of Daily Living (ADL)				
7.1 Demonstrates Awareness of the components of Activities of Daily Livings (ADLs)				

7.2 Identifies proper handling and safety issues (including recognizing safety risks in the home where applicable) as well as possible strategies that can be used to support ADL's.				
Instrumental Activities of Daily Living (IADL)				
8.1 Identify components of Instrumental Activities of Daily Living (IADL's) including meal preparation, financial management, driving, medication management and return to work).				
8.2 Recognize safety issues (including safety risks in the home where applicable) concerning IADL's and can communicate this with the patient and caregiver/family.				
8.3 Describe assistive devices, strategies and services to be able to support patient education and contribute to the care plan as needed.				
8.4 Describe how cognitive, perceptual and behavioural deficits may impact the stroke survivor's ability to complete IADL's and adjusts treatment plan to address deficits.				
Cognitive, Perceptual and Behavioural Changes Following Stroke				
9.1 Describes common cognitive changes that can be associated with stroke (level of arousal, attention, memory, orientation, ability to follow directions, insight, judgment, problem solving and motor planning)				
9.2 Describes perceptual changes that can be associated with stroke including neglect, hemianopia, apraxia, visual spatial deficits.				
9.3 Identifies how mood and behaviour are affected by stroke including ability, depression, frustration, preservation and impulsiveness, and how these mood and behaviour changes impact care and safety.				
9.4 Screens for changes in cognition, perception and behaviour, and makes referrals to appropriate team members.				
9.5 Implements management strategies used with stroke survivors who demonstrate cognitive, perceptual and behavioural changes following stroke.				
Sexuality				
10.1 Describes issues related to changes in sexual functioning and relationships following stroke which may include: <ul style="list-style-type: none"> • Altered body image • Fear • Changes in physical mobility • Impact of medications • Energy levels • Self-esteem • Spouse versus caregiver role • Continence • Family planning • Changes in sexual behaviours related to frontal lobe changes. 				
Nutrition				
11.1 Discuss the importance of adequate nutrition for stroke recovery and secondary stroke prevention.				

11.2 Identify, manage, and evaluate the symptoms of dehydration and malnutrition after a stroke.				
11.3 Describe and demonstrate the management of various alternative-feeding methods used with stroke survivors (e.g. tube feeding, total parenteral nutrition).				
11.4 Summarize the various therapeutic and/or modified diets used with stroke survivors.				
Dysphagia				
12.1 Discuss the rationale that all stroke survivors require a validated dysphagia screening protocol prior to resuming oral intake.				
12.2 Identify the early signs and symptoms of dysphagia				
12.3 Identify and demonstrate how positioning, feeding, pocketing and oral hygiene affect the potential for aspiration.				
Skin Care				
13.1 Discuss the importance of risk assessment for skin breakdown and describe strategies that can be used to prevent skin breakdown.				
13.2 Describes the staging of wounds and their management: <ul style="list-style-type: none"> • Pathophysiology of skin ulcers • Physiology of normal skin healing • Five staging of wounds and management of each stage. 				
Continence Management				
14.1 Discuss how stroke can affect the bowel and bladder.				
14.2 Demonstrates the strategies that promote continence, independence, safety and prevent complications.				
14.3 Define common complications that affect continence, such as UTI, and develop, monitor and evaluate the plan of care as appropriate.				
14.4 Demonstrates the ability to support and educate the stroke survivor and caregiver related to their impairment in bladder and bowel function and its management.				
Primary and Secondary Stroke Prevention				
15.1 Promotes primary and secondary stroke prevention by identifying stroke related risk factors and related management strategies.				
15.2 Identifies the signs of stroke and transient ischemic attacks and demonstrates appropriate interventions.				
15.3 Educates patient and family regarding Primary and Secondary Prevention.				

Transition Management				
16.1 Acknowledges that changing care environments are difficult and stressful for stroke survivors and therefore provides support and education to prepare them for transitions.				
16.2 Participates in discharge planning with stroke survivor and caregiver.				

*This chart was adapted from the [Nursing Core Competencies for Stroke](#) located on the Ontario Stroke Network Website.
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