



## Stroke Competency Toolkit Framework (SCoT): Making care for stroke patients safer

*“The Scottish Government has set ambitious Health Service targets including the elimination of avoidable harm to patients. Education has an essential role to play which should not be overlooked just because it is difficult to quantify the impact of staff education on patient outcomes. Patient Safety education scenarios build on the established success of patient stories in using narrative and qualitative data as powerful levers for improvement. The scenarios in our portfolio demonstrate the impact of educational interventions on healthcare staff as they treat their patients.”*

**Professor Philip Cachia**

Chair, NES Patient Safety Multi-disciplinary Steering Group,  
Postgraduate Medical Dean

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“The Stroke Competency Toolkit (SCoT) provides a framework for the training of all NHS staff in Scotland, and meets the requirement for all staff in specialist stroke units to have achieved, as a minimum, the NES Stroke Core Competencies within the first three months of being appointed. Patients, whether in stroke units or not, will receive the highest level of care by staff who are well informed and can demonstrate continuing professional development in stroke care, rehabilitation and the prevention of further strokes.”

Clare Adams and Lynn Reid (Chest, Heart and Stroke Scotland),

Dorothy Armstrong, Programme Director (NMAHP, NHS Education for Scotland)

Half of those who survive a stroke have some level of impairment: for one third this involves a communication impairment such as aphasia; up to 70 per cent can be affected by a visual impairment; over a third have cognitive problems - stroke is the second major cause of dementia after Alzheimer's; and between 20-50 per cent experience depression<sup>1</sup>.

The Stroke Competency Toolkit (SCoT) has been developed as a framework to help staff evidence how their learning translates into their care of patients. It is a stroke-specific continuing professional development (CPD) resource, and is aligned to the NHS Knowledge and Skills Framework (KSF).

Providing a competency framework on its own is not guaranteed to improve clinical practice. Partnership research in 2008<sup>2</sup> found that in some health board areas, while 88 per cent of staff were aware of the stroke core competencies, only 17% were actively using them and 35% said they did not know how to use the guidance.

“Completing a module is not enough to demonstrate competency. The key question is: what is the evidence that knowledge is translating into practice on the ground and patient safety is improving as a result?”

Project Manager, SCoT

“An evaluation of the CHSS Introductory Course in Stroke Care, 2007, identified the following learning outcomes for safer clinical practice – “updated my knowledge of safe working practices”, “gained greater understanding of risk factors”, “to be able to communicate effectively with stroke patients and their carers.”

Fiona Gailey, Educational Projects Manager, NES

“For example if someone has a communication problem and/or reduced sensation, they would be unable to tell you if they had a crease in the sheet and therefore would be more at risk of pressure damage. This increases the risk and distress for the patient and may have cost implications for the NHS.”

CHSS Lead Training Coordinator

<sup>1</sup> The Scottish Government (2009) *Better Heart Disease and Stroke Care Action Plan*. [pdf] Edinburgh: Available at: <http://www.scotland.gov.uk/Resource/Doc/277650/0083350.pdf> . [Accessed 11 November 2011]

<sup>2</sup> Adams, C. (2008) *An evaluation of the implementation of a competency framework for stroke*. NHS Education for Scotland, Chest, Heart and Stroke Scotland, NHS Lothian.

## The NHS Lanarkshire pilot of the Toolkit

NHS Lanarkshire piloted the SCoT toolkit between 2008 and 2010 as part of their new stroke education pathway, which is raising the knowledge and skills of staff working both in specialist stroke units and in other areas. The toolkit involves attending a two and a half day course structured around the 20 aspects of stroke care, as detailed in the NES Stroke Core Competencies for Healthcare Staff (2005). The course content includes aspects of care such as swallowing and communication, in addition to nutrition and spiritual care, which were not included in the original NES Stroke Core Competencies. Nineteen courses were delivered between September 2008 and May 2011 and more than 100 mentors are supporting learners in completing their toolkits.

Staff complete a portfolio of evidence within six months of their training and receive a certificate of competence at core level. They demonstrate that they have both the relevant knowledge and skills and can apply this to their clinical practice and to patient safety.

*An example of the kind of evidence we're looking for is reflection on specific patients cared for - Have you had a patient with a swallowing problem? What were the risks for that particular patient? All the time we try to make the evidence patient-focussed, and to get across how healthcare staff can daily improve clinical practice.*

Stroke Practice Development Facilitator,  
NHS Lanarkshire

Examples of competencies covered by the Stroke Competency Toolkit where patient safety can be enhanced by staff having the appropriate knowledge and skills:

- Common effects of stroke
- Understanding levels of consciousness
- Limb weakness; moving and handling; loss of feeling
- Activities of daily living; safety; rehabilitation
- Swallowing
- Preventing pressure ulcers

*The toolkit highlights safety aspects of stroke care for patients and families throughout. Specific examples include competencies incorporating altered consciousness levels, moving and handling, falls prevention, visual impairments, communication problems, swallowing impairments, and mental and behavioural changes that could impact on safety.*

Stroke Nurse Consultant, NHS Lanarkshire

Fifty eight percent of respondents to the Lanarkshire pilot evaluation reported that their clinical practice had changed as a result of using the toolkit.<sup>3</sup>

<sup>3</sup> Adams, C. (2010) *Stroke Competency Toolkit (SCoT): Evaluation of SCoT Pilot Project, 2008-2010*. Edinburgh: Chest, Heart and Stroke Scotland.

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Stroke training is by definition multi-disciplinary. Modern management of stroke patients involves multi-disciplinary teams in order to improve outcomes by preventing further stroke, reducing disability and promoting recovery. Allied Health Professionals (AHPs) are key to the delivery of rehabilitation services, including early discharge and outreach e.g. Physiotherapists, Dieticians, Occupational Therapists, Speech and Language Therapists, and staff providing communication and vision support. The toolkit encourages healthcare staff to source out colleagues from other professions to act as mentors in completing different competencies within the toolkit. This adds to an appreciation of the contribution of different professions and the importance of team working to patient safety and patient outcomes.

*“While one mentor is responsible for overall learning, within the toolkit there are various competencies and so learners can tap into other disciplines. So for moving and handling competency a nurse can tap into a Physiotherapy colleague.”*

Stroke Practice Development Facilitator, NHS Lanarkshire

## Ongoing development of stroke educational resources

The Scottish Stroke Nurses Forum has developed separate guidance on competencies for registered nurses working in stroke units. There is now a core level for all health workers, trained and untrained, and also a specialist level for stroke nurses. The core level is the same in both toolkits but the specialising section is very different. By tailoring competencies to the specific needs of specialist staff the framework ensures that staff have the skills they require to ensure the safety of patients.

From 2011, training in the use of the toolkit is being rolled out across Scotland by CHSS in conjunction with the health board Managed Clinical Networks (MCNs).

*“The toolkit supports the application of evidence-based knowledge into clinical practice ensuring staff achieve safe, effective and person-centred stroke care. Competency in patient safety features at both core and specialising levels. The core level focuses on safety issues for patients following stroke such as: self awareness, activities of daily living, and promotion of rehabilitation and independence. The specialising level develops staff ability to assess, plan, implement and evaluate goals and interventions to promote safety using a multidisciplinary approach.”*

Mentor and member of the MCN Executive Committee

## Useful links

Stroke Core Competencies for Healthcare Staff developed by NES, Chest Heart and Stroke Scotland and the University of Edinburgh.

<http://www.strokecorecompetencies.org>

Chest Heart and Stroke Scotland

<http://www.chss.org.uk>

Stroke Competency Toolkit (SCoT):

[http://www.chss.org.uk/education\\_and\\_training/stroke\\_competency\\_toolkit.php](http://www.chss.org.uk/education_and_training/stroke_competency_toolkit.php)

## For further information contact:

### **Robert Parry**

Associate Director, NMAHP  
NHS Education for Scotland  
[robert.parry@nes.scot.nhs.uk](mailto:robert.parry@nes.scot.nhs.uk)

### **Lynn Reid**

Lead Training Coordinator  
Chest, Heart and Stroke Scotland  
[lynn.reid@chss.org.uk](mailto:lynn.reid@chss.org.uk)