The Stroke Core Competency Framework

Provincial Stroke Rounds February 1, 2023
Presented by: Sandy Lyeo, Jodi Powell

OREG SCCF Working Group:
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Evaluation

For the **Provincial Stroke Rounds Planning Committee**:

- To plan future programs

- For quality assurance and improvement

For **You**: Reflecting on what you've learned and how you plan to apply it can help you enact change as you return to your professional duties

For **Speakers**: The responses help understand participant learning needs, teaching outcomes and opportunities for improvement

Online Evaluation

Please take 2 minutes to fill out the evaluation form, either online or in the room.

Thank you!

Mitigating Potential Bias
(Provincial Stroke Rounds Committee)

The Provincial Stroke Rounds Committee mitigated bias by ensuring there was no Industry involvement in planning or education content.

Disclosures of Affiliations, Financial Support & Mitigating Bias

Speaker Names: Sandy Lyeo and Jodi Powell

Affiliations: *Champlain Regional Stroke Network and North & East GTA Stroke Network; Ontario Regional Education Group*

Financial Support:

This session/program has not received financial or in-kind support.

Mitigating Potential Bias:

There are no conflicts or mitigating bias to disclose

Objectives

At the end of this presentation, participants will:

- Understand the background and development of the Stroke Core Competency Framework (SCCF)

- Demonstrate how to access the SCCF

- Apply the SCCF from the perspective of a novice to an expert healthcare provider

- Utilize the SCCF resources to support identified learning need(s)

Best Practice Stroke Care

"All professional members of the interdisciplinary stroke team should have specialized training in stroke care and recovery"

Canadian Stroke Best Practice Recommendations, 8.1-ii-d, 2022
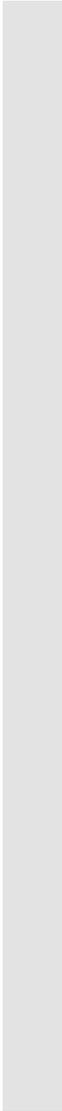
Development of the Stroke Core Competency Framework

History

2004
- Partnership between Hamilton Health Sciences with Heart & Stroke Foundation to support interprofessional stroke expertise
- Developed the Multidisciplinary Learning Objectives for Stroke Care Project

2014
- Ontario Regional Education Group (OREG) Core Competency Task Group was convened

History

2015

- Provincial Interprofessional Stroke Core Competency Framework was identified as a provincial priority and transitioned to become a Provincial Integrated Work Plan

- The Knowledge to Action Framework, SMART objectives, adult learning principles & an external review process were utilized to develop the original Competency Framework

- Six discipline-specific groups created to develop specific core competencies using 16 shared competency categories

Nursing	Recreation Therapy
Occupational Therapy	Social Work
Physiotherapy	Speech-Language Pathology

History

2016
- 4-month province-wide pilot was launched
- Introductory webinar was held
- Approach to utilization was determined by each site
- Feedback was obtained from participating sites

2017
- Formal launch of the Provincial Interprofessional Stroke Core Competency Framework was launched in April 2017 and was housed on the CorHealth website

History

2021

- **Identified challenges included:**
    - No formal process was established to review, maintain or update
    - Not up-to-date or in alignment with current Canadian Stroke Best Practice Recommendations
    - Multiple broken resource links
    - Many stakeholders were not aware of the Competency Framework

Time for Change

Review Process

1. Conducted an environmental scan on the use of the Competency Framework (June/July 2021)

2. Compared the existing Framework to:

   - Hamilton Health Sciences modified version

   - The Champlain Region Stroke Network's (CRSN) Standardized Stroke Orientation E-Modules

3. Explored the options of having:

   - Discipline-specific vs. Interdisciplinary Framework

   - Continuum-specific vs. Cross-Continuum Framework

Time for Change

Revision Process

✓ Selected the Hamilton Health Sciences format which uses Benner's Stages of Clinical Competence and provides a key list of resources

✓ Aligned competencies with updated Canadian Stroke Best Practice Recommendations

✓ Modified from the CRSN's Standardized Stroke Orientation learning objectives

✓ Obtained OREG's vote of support to move forward with a non-discipline, non-continuum-specific format in June 2022

✓ Obtained feedback on proposed revisions from stroke stakeholders (Provincial groups, Networks and RDAC)

✓ Rebranded to the Stroke Core Competency Framework (SCCF) for healthcare providers working in Ontario.

Time for Change

Benefits of the Revised Framework

- Comprehensive tool to facilitate self-assessment, reflection, and evaluation of competence

- Provides a cross-continuum and cross-discipline foundation in stroke care competencies

- Accessible to <u>anyone</u> working in stroke care

- Reflective of the Canadian Stroke Best Practice Recommendations

Time for Change

The Framework Supports:

- Orientation of new staff

- Ongoing professional development

- Stroke-specific performance appraisals

- Individual or group learning opportunities

- Learning gap analysis

- Guidance for annual education plans

- Accreditation processes (i.e. Accreditation Canada's Stroke Distinction)
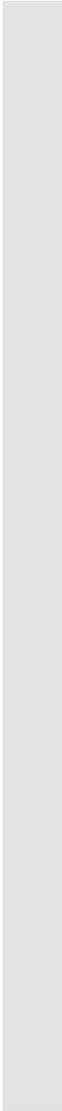
The Stroke Core Competency Framework

Self-Assessment Tool

Purpose

- The SCCF is intended to provide healthcare providers with an accessible, comprehensive self-assessment tool that will help identify specific learning objectives to support stroke best practice implementation.

- The SCCF can be used by both new and experienced healthcare providers working across the continuum of stroke care.

How to Access the Tool

Resources for Healthcare Planners & Providers

Stroke – General

Core Competencies

Provincial Integrated Work Plans

Inventory

Quality Based Procedures Resource

Centre

Telestroke

https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers

How to Access the Tool

https://www.corhealthontario.ca/core-competencies

The SCCF Self-Assessment Tool

- There are 23 competencies

- Each competency has their own learning outcomes

- As a healthcare provider, you are asked to self-rate your level of competence for each learning outcome *rating is based on the Benner's Stages of Clinical Competence

Competency	Novice	Advanced Beginner	Competent	Proficient	Expert	Not applicable	Learning outcomes The numbered learning outcomes are for everyone working in stroke care. The bulleted learning outcomes are for persons who either assess, manage, or make recommendations within this specific competency.
10.0 Changes in Communication							1. Explain the implications of communication impairments on participation and engagement in therapy and activities
							2. Demonstrate strategies to improve or assist with communication when interacting with those who have communication deficits (e.g., utilize Supported Conversations for Persons with Aphasia (SCA™) to assist with participation in conversation, following instructions, and informed decision making.
							3. Describe the impact of the environment on communication and provide strategies to maximize successful communicative interactions
	For those who assess and recommend interventions and/or strategies to improve communication:						
							• Select and complete the most appropriate screening tool and evaluate results to determine next steps
							• Select and complete the most appropriate validated assessment(s)
							• Interpret assessment results and implement appropriate recommendations
							• Effectively communicate the recommendations and appropriate referrals, services, and resources to the persons with stroke, families/caregivers, and the interprofessional team
Identified Learning Need:							

Using the Tool to Improve Stroke Care

Individuals

Leaders

Organizations

Using the Tool to Improve Stroke Care

Individuals

1. Rate yourself on your level of expertise using Benner's Stages of Clinical Competence.

2. Identify areas for improvement and develop professional learning plans.

3. Seek professional development opportunities to fulfill professional learning plans.

Using the Tool to Improve Stroke Care

Leaders

4. Leadership may use learning plans to support professional development reviews.

Organizations

5. Leadership may collate results to inform organizational priorities for stroke care that can be integrated into strategic planning.

Using the Tool to Improve Stroke Care

1. Rate yourself on your level of expertise using Benner's Stages of Clinical Competence.

2. Identify areas for improvement and develop professional learning plans.

3. Seek professional development opportunities to fulfill professional learning plans.

4. Leadership may use learning plans to support professional development reviews.

5. Leadership may collate results to inform organizational priorities for stroke care that can be integrated into strategic planning.

Improved Stroke Care

**Steps 4 and 5 require organizational support and collaboration

Using the SCCF to Improve Stroke Care

Case Study: Sumi Manager

- Sumi is the new manager of an integrated stroke unit. She is familiar with the SCCF as she used it when she was a clinical bed side nurse. As part of her staff performance evaluation plan Sumi has decided to include the SCCF. However, she realized that many of the staff are new and have never seen the SCCF.

What would be a good approach for Sumi to take to integrate the SCCF into the performance evaluation?

Using the Tool to Improve Stroke Care

Potential Approaches

- Hold an education session with staff to provide orientation to the SCCF
- Discuss the SCCF with staff during rounds, huddles
  - Share expectations for completion
    - Learning needs for professional development plan
    - Planning unit-based education
  - Frequency of self-assessment
  - Providing protected time vs 3 months to complete it
- Complete check-ins to see if staff require support to complete
- Collaborate with the educator to review the learning needs and develop next steps
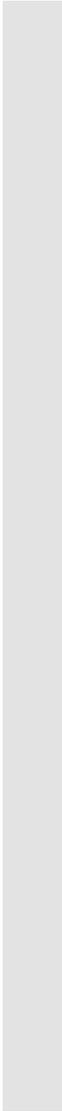
The Stroke Core Competency Framework

Benner's Stages of Clinical Competence

Benner's Stages of Clinical Competence

- Derived from the Dreyfus Model of Skill Acquisition (Novice to Expert).

- Benner's theory proposes expertise and understanding in healthcare over time

- Based on educational background/knowledge as well as experience/situation-based learning (Benner, 1982).

How to use Benner's Stages of Clinical Competence

The goal is not to become an expert in all areas of stroke care, but to identify learning needs based on your current environment, knowledge, skill, experience, and scope of practice.

Note: Years of experience are guidelines based on Benner's research in building nursing expertise. These stages have since been incorporated by various healthcare providers.

Stage	Knowledge, Skill, and Experience
Stage 1: Novice	• Has foundational knowledge to achieve the learning outcome (e.g., education/training, orientation) • No experience with performing the learning outcome, task, or skill expected to be performed; Unable to use discretionary judgment • Lacks the confidence to demonstrate safe practice; requires support (verbal and physical cues) in clinical practice from someone at least at the "Competent" level. • Suggestion: New graduates and those under provisional practice supervision
Stage 2: Advance Beginner	• Developing an understanding of the learning outcome based on knowledge and similar experience • Prior experience with the learning outcome, task, or skill expected to be performed; requires occasional cueing/support, may or may not execute/perform with a delay • Suggestion: Recent graduate with up to 2-3 years of experience related to stroke care
Stage 3: Competent	• Has experience in the same or similar environment for 2-3 years • Demonstrates efficiency, is coordinated and confident in their action/decision to achieve the learning outcome, task, or skill expected to be performed • Able to develop a plan based on current and anticipated outcomes • The learning outcome is achieved within a suitable timeframe without supporting cues • Many staff will remain in the competent stage. To advance to the next stage, improving the speed in decision-making and mental flexibility are required. Suggested learning opportunities include decision-making games and simulations that give practice in planning and coordinating multiple, complex patient care demands.
Stage 4: Proficient	• Decision-making is quicker and more holistic • Guidelines, processes, protocols, and algorithms used with an in-depth understanding of the situation presenting itself • Understands which of the many attributing factors and aspects of care are important and is able to modify care plan in response • Can narrow down the scope of a problem, and recognize when the expected norm is missing • To advance to the expert stage, use case studies where they describe and explain anticipated outcomes. To be effective, case studies should have complexity and ambiguity similar to real clinical situations.
Stage 5: Expert	• Extensive background and experience in the related field • Has an intuitive grasp of each situation and the capacity to make rapid patient assessments and clinical decisions • Performance is fluid and flexible and highly proficient • Uses past concrete experiences; no longer relies on using rules and formulas to guide common practice • Ability to problem solve and perform a new or modified skill in a familiar or unfamiliar environment • Has a holistic approach to any situation vs. fractionated, procedural, or incremental • Clinical knowledge development through systematic documentation (recording and describing) of critical incidents from practice of their performance (1984, p.35) • Provide consultation and coaching based on practice, experience, and intuition to address difficult and uncomfortable circumstances (e.g., dying, acute decline in function); help others to understand and cope

References:
Benner, P. (1982). From novice to expert. American Journal of Nursing, 82(3), 402-407
Benner, P. (1984). From Novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34

Stage 1: Novice

Stage 2: Advance Beginner

Stage 3: Competent

Stage 4: Proficient

Stage 5: Expert

Knowledge, Skills and Experience

- Has foundational knowledge to achieve the learning outcome (e.g., education/training, orientation)

- No experience with performing the learning outcome, task, or skill expected to be performed; Unable to use discretionary judgment

- Lacks the confidence to demonstrate safe practice; requires support (verbal and physical cues) in clinical practice from someone at least at the "Competent" level.

- Suggestion: New graduates and those under provisional practice supervision

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Stage 1: Novice

Stage 2: Advance Beginner

Stage 3: Competent

Stage 4: Proficient

Stage 5: Expert

Knowledge, Skills and Experience

- Developing an understanding of the learning outcome based on knowledge and similar experience

- Prior experience with the learning outcome, task, or skill expected to be performed; requires occasional cueing/support, may or may not execute/perform with a delay

- Suggestion: Recent graduate with up to 2-3 years of experience related to stroke care

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Case Studies #1: Dee

Stage 1: Novice

Stage 2: Advance Beginner

Stage 3: Competent

Stage 4: Proficient

Stage 5: Expert

- Dee has worked on an acute medicine floor for the past 3 years and is now moving to the ED

- Dee completes the SCCF self-assessment and assesses herself as competent in areas such as oral care and nutrition & hydration as this has been part of her regular clinical practice over the past 3 years. She is accustomed to working with multiple complex patients and working with the patient and other team members in the development of care plans.

- Dee knows that before she starts work in the ED she needs to increase her knowledge of caring for stroke patient when they first arrive in the department.

- She identifies competency #4 Hyperacute Stroke Care as a knowledge gap.

Case Study #1: Dee (Novice and Advance Beginner)

Competency	Novice	Advanced Beginner	Competent	Proficient	Expert	Not applicable	Learning outcomes The numbered learning outcomes are for everyone working in stroke care. The bulleted learning outcomes are for persons who either assess, manage, or make recommendations within this specific competency.
4.0 Hyperacute Stroke Care	x						1. Describe the role of Emergency Medical Services (EMS) in the management of acute stroke
		x					2. Recognize signs of stroke and how to respond appropriately based on your role
	x						3. Explain the importance of timely assessment and tools to promote rapid identification of an acute stroke
	x						4. Explain care processes for Transient Ischemic Attack (TIA) management in the emergency department
	x						5. Describe hyperacute stroke therapies (i.e., thrombolysis, endovascular thrombectomy)
	x						6. Identify stroke complications during the hyperacute phase (i.e., orolingual angioedema, hemorrhage after thrombolysis, change in level of consciousness)
	x						7. Describe interventions to prevent and manage hyperacute stroke complications (i.e., orolingual angioedema, hemorrhage after thrombolysis, change in level of consciousness)
For those who assess and manage hyperacute stroke care							
	x						• Select and complete the most appropriate neurological assessment(s) (e.g., large vessel occlusion screening, National Institutes of Health Stroke Scale, Canadian Neurological Scale, Glasgow Coma Scale)
	x						• Interpret assessment results and implement the appropriate interventions for management of hyperacute stroke care
	x						• Manage hyperacute stroke care and associated complications (i.e., orolingual angioedema, hemorrhagic transformation, and systematic hemorrhage after thrombolysis)
	x						• Effectively communicate the recommendations and appropriate referrals, services, and resources to the persons with stroke, families/caregivers, and the interprofessional team

Identified Learning Need: To be able to identify stroke complications in the hyperacute phase and support the assessment and management of hyperacute care

Stage 1: Novice

Stage 2: Advance Beginner

Stage 3: Competent

Stage 4: Proficient

Stage 5: Expert

Knowledge, Skills and Experience

- Has experience in the same or similar environment for 2-3 years

- Demonstrates efficiency, is coordinated and confident in their action/decision to achieve the learning outcome, task, or skill expected to be performed

- Able to develop a plan based on current and anticipated outcomes

- The learning outcome is achieved within a suitable timeframe without supporting cues

- Many staff will remain in the competent stage. To advance to the next stage, improving the speed in decision-making and mental flexibility are required. Suggested learning opportunities include decision-making games and simulations that give practice in planning and coordinating multiple, complex patient care demands.

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Stage 1: Novice

Stage 2: Advance Beginner

Stage 3: Competent

Stage 4: Proficient

Stage 5: Expert

Knowledge, Skills and Experience

- Decision-making is quicker and more holistic

- Guidelines, processes, protocols, and algorithms used with an in-depth understanding of the situation presenting itself

- Understands which of the many attributing factors and aspects of care are important and is able to modify care plan in response

- Can narrow down the scope of a problem, and recognize when the expected norm is missing

- To advance to the expert stage, use case studies where they describe and explain anticipated outcomes. To be effective, case studies should have complexity and ambiguity similar to real clinical situations.

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Stage 1: Novice

Stage 2: Advance Beginner

Stage 3: Competent

Stage 4: Proficient

Stage 5: Expert

Knowledge, Skills and Experience

- Extensive background and experience in the related field

- Has an intuitive grasp of each situation and the capacity to make rapid patient assessments and clinical decisions

- Performance is fluid and flexible and highly proficient

- Uses past concrete experiences; no longer relies on using rules and formulas to guide common practice

- Ability to problem solve and perform a new or modified skill in a familiar or unfamiliar environment

- Has a holistic approach to any situation vs. fractionated, procedural, or incremental

- Clinical knowledge development through systematic documentation (recording and describing) of critical incidents from practice of their performance (1984, p.35)

- Provide consultation and coaching based on practice, experience, and intuition to address difficult and uncomfortable circumstances (e.g., dying, acute decline in function); help others to understand and cope

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Benner, P. (1984). From Novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34

Stage 1: Novice

Stage 2: Advance Beginner

Stage 3: Competent

Stage 4: Proficient

Stage 5: Expert

Case Study #2: Evan

- Evan is a Speech-Language Pathologist who worked on an integrated stroke unit for 14 years before moving to the community. He has been providing outpatient rehab and in-home care for the past 5 years.

- Within the past 5 years there have been a lot of changes to the support and resources in the community including personnel.

- Evan completes the SCCF self-assessment and assesses himself as competent in most areas. He has extensive cross-continuum experience in stroke care and has been a resource and mentor for many of his peers.

- He identifies himself as an EXPERT in the areas of Dysphagia, Oral Care and Changes in Communication. However, in his current position, he recognizes that he should be beyond competent in 19.0 Transitions and Community Reintegration.

Case Study #2: Evan (Competent to Expert)

Competency	Novice	Advanced Beginner	Competent	Proficient	Expert	Not applicable	Learning outcomes The numbered learning outcomes are for everyone working in stroke care. The bulleted learning outcomes are for persons who either assess, manage, or make recommendations within this specific competency.
19.0 Transitions and Community Reintegration					x		1. Develop individualized care plans with persons with stroke and their families that are person-centered and culturally appropriate
				x			2. Provide comprehensive and relevant information in a timely manner to ensure seamless transitions and continuity of care
				x			3. Describe the process for accessing post-acute stroke rehabilitation services
				x			4. Identify the impacts of transitions on persons living with stroke and understand how to prepare for transitions between care
				x			5. Identify available transitional/discharge resources and services for post-stroke care and recovery relevant to your areas of practice
				x			6. Describe the impact of stroke on the caregiver and family members post-stroke
							**For those supporting transitions and recommending or referring community supports:**
				x			• Gather the most relevant information to enable a warm handover
		x					• Remain knowledgeable on the current resources and supports available including their inclusion and exclusion criteria
		x					• Foster relationships with partners across the continuum to better support smooth transitions and community reintegration
		x					• Effectively communicate the recommendations and appropriate referrals, services, and resources to the persons with stroke, families/caregivers, and the interprofessional team

Identified Learning Need: to remain up to date in the current resource available, to build relationships to better support smooth transitions for patients needing further SLP, and ensure the most appropriate recommendations and referrals are provided to my clients/families

The Stroke Core Competency Framework

Resources

Professional Development Plan

- Under the competency you identified your learning needs you can write out smart goals, and how you plan to attain them

- In a year's time reflect on your practice changes and update your goal status

Year	Competency	SMART Goal	Specific actions I plan to take to achieve this goal		How this has changed my practice	Status of Goal
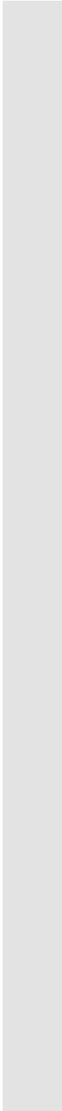
Stroke Core Competency Framework - Resources

Listed below are links to recommended resources for your reference. Please contact your local Regional Stroke Network for additional opportunities to support your learning and development.

→ **CorHealth Ontario**
  - CorHealth Ontario, part of Ontario Health, has a mandate to connect and coordinate our province's health care system to help ensure that Ontarians receive the best possible care. This website brings together important information from two legacy organizations – the Cardiac Care Network of Ontario and the Ontario Stroke Network. You will find information for health care planners and providers working in stroke care.

→ **Aphasia Institute**
  - The Aphasia Institute through direct service, research, education, and training, have pioneered programs and practices which help people with aphasia learn how to communicate in new ways and with the skills to begin to navigate their own lives again.
  - You will find programs and services, education and training, and the Community Hub to access more resources such as the free introduction to Supported Conversation for Adults with Aphasia (SCA™) eLearning modules and pictographic images

→ **March of Dimes**
  - The March of Dimes Canada After Stroke Program provides information about stroke recovery for persons living with stroke, caregivers, and healthcare providers

→ **Evidence-Based Review of Stroke Rehabilitation**
  - The 19th edition of the Evidence-Based Review of Stroke Rehabilitation (EBRSR) includes in-depth reviews of over 4,500 studies including over 2,170 randomized controlled trials. This website also includes a Clinician's Handbook, Educational Modules, and Appendices.

→ **Heart & Stroke Canada**
  - Heart & Stroke is a leading funder of life-saving research, which has led to breakthroughs such as heart transplant surgery and a revolutionary stroke treatment that cuts the death rate by 50%. This website includes information for professionals as well as information appropriate for Patients & Families including: What is stroke? Signs of Stroke; Treatments; Risk and Prevention; Recovery and Support.

→ **Canadian Stroke Best Practices Recommendations**
  - These recommendations drive evidence-based stroke care to achieve optimal patient outcomes and quality of care. This website includes current best practice recommendations, key quality indicators, stroke reports, and resources - for both healthcare providers, persons with stroke, and their caregivers.
  - Canadian Stroke Best Practices - Resources

→ **Stroke Engine**
  - This website was built with the goal of bridging the gap in knowledge translation between research findings and current clinical practice. This site can be used to find current information about the psychometric and pragmatic properties of assessment tools used in stroke rehabilitation as well as the value of various interventions used in stroke rehabilitation. This website also includes information about the consequences of stroke and offers additional resources.

→ **SWOSN Acute Stroke Unit Orientation**
  - This resource was developed and is maintained by the Southwestern Ontario Stroke Network. It is available to healthcare providers as an acute stroke unit (ASU) orientation self-directed learning program. It consists of 11 core modules and 5 supplemental modules.

→ **SWOSN Stroke Rehabilitation Unit Orientation**
  - This resource was developed and is maintained by the Southwestern Ontario Stroke Network. It is available to healthcare providers for use as a rehabilitation unit orientation self-directed learning program. It consists of 12 core modules and 6 supplemental modules.

→ **Apex Innovations Canadian Hemispheres 3.0™**
  - Canadian Hemispheres 3.0™ Stroke Competency Series presents 9 guideline-based courses from stroke basics to urgent management, with an emphasis on excellence in quality care. This series promotes a healthcare team's skill, strategy, and performance, resulting in positive patient outcomes.

  **This program requires a registration fee. Please consult your local Stroke Network about availability and access

Regional Stroke Networks in Ontario:
  - Central East Stroke Network
  - Central South Stroke Network
  - Champlain Regional Stroke Network
  - Northeastern Ontario Stroke Network
  - Northwestern Ontario Regional Stroke Network
  - North & East GTA Stroke Network
  - Southeastern Ontario Stroke Network
  - South East Toronto Stroke Network
  - West GTA Stroke Network
  - Southwestern Ontario Stroke Network
  - Toronto West Stroke Network

Professional Development Plan- Dee

- **Identified learning need was**: To be able to identify stroke complications in the hyperacute phase as well as assess and manage hyperacute stroke care

Year	Competency	SMART Goal	Specific actions I plan to take to achieve this goal		How this has changed my practice	Status of Goal
2023	#4: Hyperacute					
2023	#4: Hyperacute					

In the chat function please write down a SMART goal for Dee, how she could achieve this goal and at least one resource that would be helpful

Professional Development Plan- Dee's Example

- **Identified learning need was**: To be able to identify stroke complications in the hyperacute phase as well as assess and manage hyperacute stroke care

Year	Competency	SMART Goal	Specific actions I plan to take to achieve this goal		How this has changed my practice	Status of Goal
2023	#4: Hyperacute	I will independently be able to identify the top 3 signs of anaphylaxis post Thrombolysis administration by December 2023	1. I will review the hospital policy 2. I will review the signs with the nurse educator and pharmacist 3. I will read the literature on stroke complications		*To be completed in December 2023	Rate as met, in progress or not initiated
2023	#4: Hyperacute	I will independently support the team in managing anaphylaxis post Thrombolysis administration by December 2023	In addition to actions 1-3: 4. I will shadow the code stroke team before caring for patients post thrombolysis 5. I will debrief with my team following a situation where a patient required management for anaphylaxis		*To be completed in December 2023	Rate as met, in progress or not initiated

- Resources to support Dee:
  - Contacting her local regional stroke networks for appropriate support and resources (i.e. learning modules, upcoming relevant courses, and training opportunities)
  - ED nurse educator and pharmacist
  - Canadian Stroke Best Practice Recommendations

Professional Development Plan- Evan's Example

- **Identified learning need was:** To remain up to date on current resources and build relationships with external partners to better support smooth transitions for patients needing further SLP. To ensure the most appropriate recommendations and referrals are provided to my clients/families

Year	Competency	SMART Goal	Specific actions I plan to take to achieve this goal		How this has changed my practice	Status of Goal
2023	#19: Transition					
2023	#19: Transition					

In the chat function please write down a SMART goal for Evan, how he could achieve this goal, and at least one resource that would be helpful

Professional Development Plan- Evan

- **Identified learning need was:** To remain up to date on current resources and build relationships with external partners to better support smooth transitions for patients needing further SLP. To ensure the most appropriate recommendations and referrals are provided to my clients/families

Year	Competency	SMART Goal	Specific actions I plan to take to achieve this goal		How this has changed my practice	Status of Goal
2023	#19: Transition	I will foster/build relationships with 5 SLPs from external partnering organization, between February 1st 2023 – July 1st 2023, to support smooth transitions for patients requiring ongoing SLP support/treatment.	1. Each month, I will meet with 1 SLP partner to understand their services() and how best to refer and provide a warm hand-off. 2. Explore the potential for a community of practice between my organization and external partners		*To be completed in December 2023	Rate as met, in progress or not initiated

- Resources to support Evan:
  - Contacting his local regional stroke networks for appropriate support and resources (i.e. learning modules, upcoming relevant courses, and training opportunities)
  - Canadian Stroke Best Practice Recommendations
  - Aphasia Institute
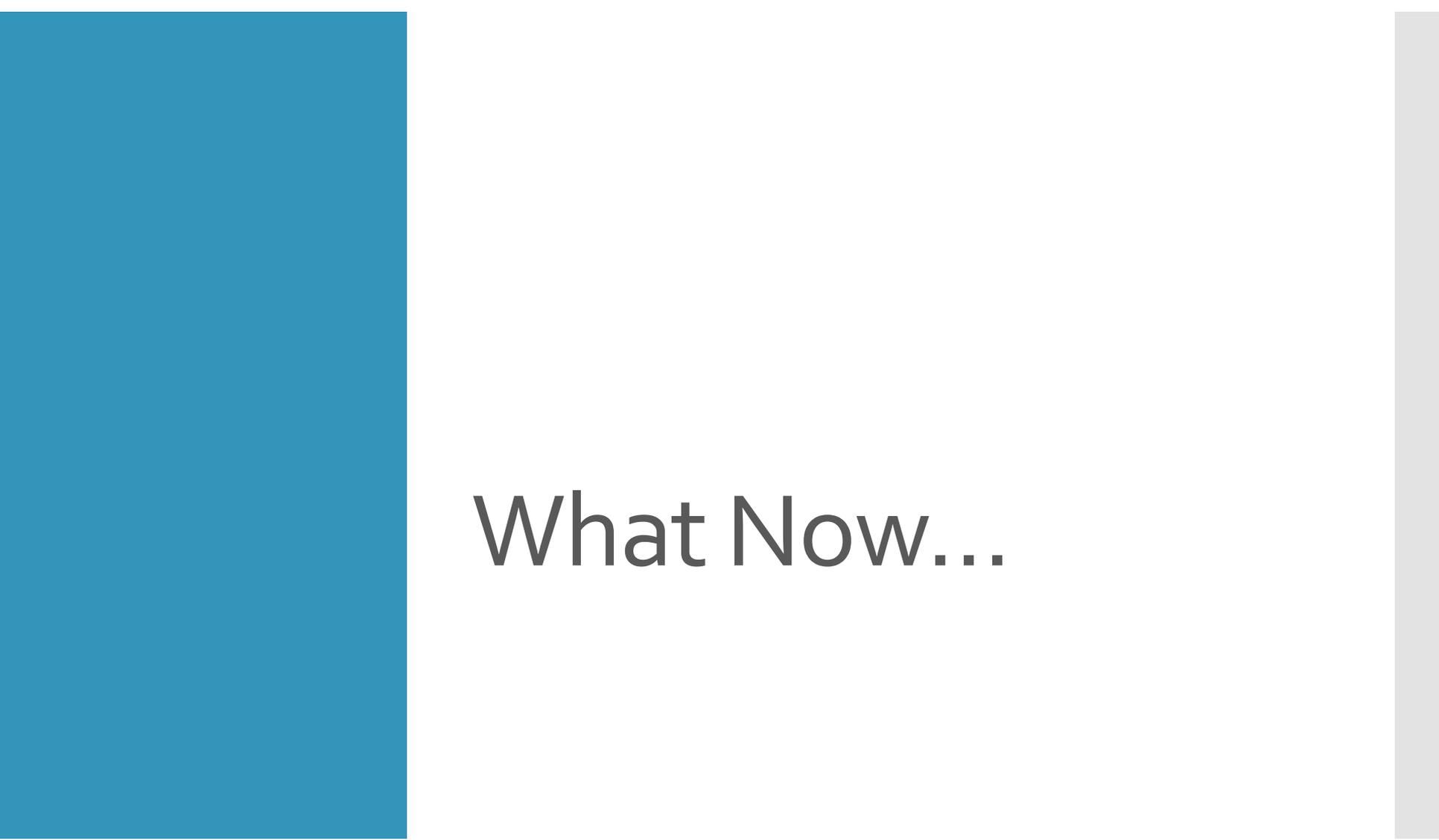
What Now…

Implementation Plan

- We encourage you to take the SCCF back to your organization and implement it as part of your professional development strategy and/or review of performance
- The Ontario Regional Education Coordinator Group (OREG) will continue to promote the utilization
- Regional Stroke Network teams are encouraged to disseminate to regional stakeholders

Sustainability Plan

- OREG will review the SCCF annually to ensure alignment with evidence-based stroke care. This includes, but is not limited to, updates to the Canadian Stroke Best Practice Recommendations.

- Every two years, OREG will evaluate the tool's :
  - Usefulness
  - Accessibility
  - Need for any changes to better support healthcare providers working in stroke to self-evaluate their competency and develop a professional development plan

Any Questions?

For more information, please contact:

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Evaluation

For the **Provincial Stroke Rounds Planning Committee**:

- To plan future programs

- For quality assurance and improvement

For **You**: Reflecting on what you've learned and how you plan to apply it can help you enact change as you return to your professional duties

For **Speakers**: The responses help understand participant learning needs, teaching outcomes and opportunities for improvement

[Online Evaluation](#)

Please take 2 minutes to fill out the evaluation form, either online or in the room.

Thank you!