

**Dietitian Clinical Competencies**  
**Integrated Stroke Program**

Name: \_\_\_\_\_ Professional Designation \_\_\_\_\_  
 Number of years in current position: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Novice</b>	<p><b>Marginal conceptual understanding, minimal clinical experience, very little foundational knowledge of the topic area, textbook/classroom knowledge</b></p> <ul style="list-style-type: none"> <li>• You frequently seek assistance in making clinical decisions</li> <li>• You have minimal practice in this area</li> </ul>
<b>Advanced Beginner</b>	<p><b>Conceptual understanding, minimal clinical experience, some foundational knowledge of the topic area</b></p> <ul style="list-style-type: none"> <li>• You have had limited exposure to clinical situations</li> <li>• You are able to identify normal findings</li> <li>• You are guided by what you need to do rather than by patient responses</li> </ul>
<b>Competent</b>	<p><b>Conceptual understanding and skill performance (competent) and clinically experienced</b></p> <ul style="list-style-type: none"> <li>• You have had varied exposure to many situations</li> <li>• You are able to identify normal and abnormal findings</li> <li>• You have an awareness of patient and family view points</li> <li>• You are able to manage complex situations</li> <li>• You are able to prioritize based on patients needs</li> </ul>
<b>Proficient</b>	<p><b>Conceptual understanding, proficient performance, clinically experienced, and able to make quick and accurate clinical judgments</b></p> <ul style="list-style-type: none"> <li>• You have had extensive exposure in most situations</li> <li>• You are able to anticipate potential assessment changes</li> <li>• You are able to prioritize in response to changing situations</li> <li>• You are able to interpret the patient and family experience from a wider perspective</li> </ul>
<b>Expert</b>	<p><b>Analysis, synthesis, application, highly skilled clinically with extensive and well-developed knowledge</b></p> <ul style="list-style-type: none"> <li>• You have had extensive exposure with deep understanding of the situation</li> <li>• You are able to rapidly and consistently identify actual and potential assessment changes</li> <li>• You are able to rapidly change priorities under all conditions</li> <li>• You are able to keep personal values in perspective and therefore able to encourage and support patient and family choices.</li> </ul>
<b>Not Applicable</b>	<p><b>The topic area is not relevant to your practice. In your current role, you would not require this knowledge/skill.</b></p>

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Core Competencies for Stroke	Novice	Beginner	Advanced	competent	Proficient	Expert	Not applicable	Resources	Date
<b>1. Principles of Stroke Care</b>									
1.1 Acknowledges the unique needs of each person with stroke using a patient-centered approach and gives consideration to their ethnic and cultural sensitivities, their values, their coping styles, and their ultimate participation in life									
1.2 Adopts the competencies for interprofessional collaborative practice and integrates them into practice to better support the person with stroke									
1.3 Selects evidence-based discipline-specific or interdisciplinary team assessment tools to systematically complete a timely assessment of the individual to determine an appropriate plan of care									
1.4 Recognizes the Ontario Stroke System and the Ontario Stroke Network as the model for provincially-organized best practice stroke care									
1.5 Describes the importance of applying best practices and understands how the current government health care system funding will change practice									
<b>2. Anatomy and Physiology of Stroke</b>									
2.1 Describes the neuroanatomical structures									

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that impact stroke clinical presentation and recovery <ul style="list-style-type: none"> <li>• Brain functions according to lobe, hemisphere</li> <li>• Penumbra region</li> <li>• Vascular supply</li> <li>• System-based neuroanatomy (e.g. corticospinal system, reticulospinal system, vestibulospinal system, cerebellum, basal ganglia)</li> </ul>								
2.2 Differentiates the penumbra and its significance to functional recovery and factors that influence this area including the impact on neurological presentation								
2.3 Summarizes discipline-specific standardized assessment tools, and demonstrates the ability to administer the appropriate tools to systematically assess the stroke survivor								
2.4 Discusses the pathophysiology, clinical presentation and management of secondary stroke complications including <ul style="list-style-type: none"> <li>• Hemorrhagic transformation</li> <li>• Reperfusion injury</li> <li>• Increased intracranial pressure</li> <li>• Cerebral edema</li> </ul>								

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<ul style="list-style-type: none"> <li>•Seizures</li> <li>•Recurrent Stroke</li> </ul>								
<b>3. Cardiovascular and Respiratory Effects</b>								
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"> <li>•Deep vein thrombosis and pulmonary embolism</li> <li>•Myocardial infarctions</li> <li>•Dysphagia</li> <li>•Aspiration pneumonia</li> <li>•Obstructive Sleep Apnea</li> </ul>								
<b>4. Psychosocial Effects</b>								
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								

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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.									
<b>5. Communication</b>									
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.									
<b>6. Independence in Mobility and Prevention of Complications of Immobility</b>									
6.1 Identifies that the quality of the stroke									

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survivor’s movement can be affected by the following changes that accompany a stroke: <ul style="list-style-type: none"> <li>•Muscle tone</li> <li>•Posture</li> <li>•Balance</li> <li>•Muscle weakness/motor loss</li> <li>•Sensory loss</li> <li>•Cognitive, perceptual, behaviour changes</li> <li>•Fatigue</li> </ul>								
<b>7. Routine Activities of Daily Living</b>								
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.								
<b>8. Instrumental Activities of Daily Living</b>								
8.1 Identify components of Instrumental Activities of Daily Living (IADL’s) including meal preparation.								
8.2 Describe assistive devices, strategies and								

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services to support patient education and contribute to the care plan as needed.								
<b>9. Cognitive, Perceptual and Behavioural Changes Following Stroke</b>								
9.1 Implements management strategies used with stroke survivors who demonstrate cognitive, perceptual and behavioural changes following stroke.								
<b>10. Sexuality</b>								
There are no registered dietetics learning objectives for Sexuality								
<b>11. Nutrition</b>								
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 & 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								

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modified diets used with stroke survivors.									
11.5 Demonstrates knowledge of the role of nutrition in palliative and end of life care, and act as a resource for staff and family on life sustaining measures (i.e. feeding tubes), oral care, and comfort feeding for quality of life.									
<b>12. Dysphagia</b>									
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.									
12.4 Implement treatment strategies to change the physiology or the developmental pattern of the swallow, to improve the safety, efficiency and effectiveness of the oropharyngeal swallow and maintain nutrition and hydration including: <ul style="list-style-type: none"> <li>•Compensatory strategies that can enhance the physiology of the swallow</li> </ul>									



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<ul style="list-style-type: none"> <li>•Exercises to improve oral motor functioning</li> <li>•Exercises to improve laryngeal strength and coordination</li> </ul>									
<b>13. Skin Care</b>									
13.1 Discuss the importance of risk assessment for skin breakdown and describe strategies that can be used to prevent skin breakdown.									
<b>14. Continence Management</b>									
14.1 Discuss how stroke can effect the bowel and bladder.									
14.2 Demonstrates the ability to support and educate the stroke survivor and caregiver related to their impairment in bladder and bowel function and its management.									
<b>15. Primary and Secondary Stroke Management</b>									
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									

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Primary and Secondary Prevention.								
<b>16. Transition Management</b>								
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.								