

**Occupational Therapy 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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<b>1. Principles of Stroke Care</b>							
1.1 Demonstrates awareness of the principles of impairment, activity and participation as described by the World Health Organization, and how these principles are relevant to function and quality of life of persons with stroke, while maintaining cultural sensitivity.							
1.2 Demonstrates knowledge of the guiding principles of client-centered care and supports this approach in practice (e.g., includes the person with stroke / caregiver in goal setting, treatment planning and decision-making.)							
1.3 Demonstrates an understanding of neuroplasticity as a core concept of stroke recovery and the key underlying principles relevant to occupational therapy assessment and interventions.							
1.4 Demonstrates an understanding of the concepts that impact stroke rehabilitation.							
1.5 Demonstrates knowledge of the other disciplines' roles in the management of a person with stroke and has an understanding of the concept of interprofessional collaborative practice.							

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1.6 Uses evidence-based discipline-specific or interdisciplinary team assessment tools to systematically complete a timely assessment of the person with stroke to determine an appropriate plan of care.							
<b>2. Anatomy and Physiology of Stroke</b>							
2.1 Demonstrates knowledge of neuroanatomical structures that impact clinical presentation and stroke recovery: <ul style="list-style-type: none"> <li>•Brain functions according to lobe, hemisphere</li> <li>•Penumbral region</li> <li>•Vascular supply</li> <li>•System-based neuroanatomy (i.e.corticospinal system, reticulospinal,vestibulospinal system, cerebellum, basal ganglia)</li> </ul>							
2.2 Demonstrates awareness of the effects of a stroke and potential complications including: <ul style="list-style-type: none"> <li>•Deep vein thrombosis and pulmonary embolism</li> <li>•Dysphagia and aspiration pneumonia</li> <li>•Impaired respiratory function</li> <li>•Impaired cardiovascular function</li> <li>•Skin breakdown and decubitus ulcers</li> <li>•Urinary tract infection</li> </ul>							

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<ul style="list-style-type: none"> <li>•Bowel and bladder dysfunction</li> <li>•Cognitive and perceptual deficits</li> <li>•Muscle weakness</li> <li>•Changes in muscle tone and contractures</li> <li>•Shoulder and other joint injuries</li> <li>•Pain Emotional changes (e.g., depression, ability, anxiety)</li> <li>•Communication difficulties Visual difficulties</li> <li>•Behavioural changes</li> <li>•Neglect</li> <li>•Sexual dysfunction</li> </ul>							
2.3 Demonstrates a basic understanding of vital signs, their normal ranges, and implications of abnormal values with respect to appropriateness for OT intervention, secondary stroke prevention and impact on daily functioning.							
<b>3. Cardiovascular and Respiratory Effects</b>							
3.1 Demonstrates awareness of the signs and symptoms of altered cardiovascular and respiratory function as it relates to the person with stroke.							
3.2 Demonstrates awareness of the medications or treatments/equipment that are							

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used in the management of cardiovascular and respiratory conditions/complications.							
<b>4. Psychosocial Effects</b>							
4.1 Demonstrates the ability to recognize behavioural, mood, and cognition changes for person with stroke and how this may impact OT treatment.							
4.2 Demonstrates the ability to assess the signs and symptoms of anxiety, depression and fatigue post-stroke and use standardized tools within OT practice.							
4.3 Demonstrates an understanding of your role as an OT relative to other team members in assessing and addressing psychosocial issues.							
<b>5. Communication</b>							
5.1 Describes the communication disorders can occur after a stroke including aphasia, dysarthria, and apraxia and their impact on daily functioning, activity engagement, and OT assessment/intervention.							
5.2 Describes accessible communication and alternate communication methods, devices and referral sources (e.g. SLP)							

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5.3 Identifies principles of effective communication in stroke and demonstrates effective communication strategies when interacting with persons with stroke.							
<b>6. Independence in Mobility and Prevention of Complications of Immobility</b>							
6.1 Utilizes appropriate tools to assess motor impairments and functional limitations and to design appropriate OT treatment for stroke patients.							
6.2 Utilizes safe, proper handling and positioning of the person with hemiplegia to prevent complications (e.g. shoulder subluxation, skin breakdown, changes in muscle tone etc.) and optimize mobility and function.							
6.3 Utilizes OT skills in positioning and transfers including application of seating principles to facilitate and promote motor recovery and active movement to optimize function.							

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6.4 Considers stroke best practices when selecting adaptive equipment for stroke patients.							
<b>7. Routine Activities of Daily Living</b>							
7.1 Knowledge of ADL assessments (e.g. feeding, toileting, grooming, dressing, bathing) commonly used with persons with stroke that guide OT interventions.							
7.2 Educate persons with stroke and their caregivers on maximizing independence related to activities of daily living.							
<b>8. Instrumental Activities of Daily Living</b>							
8.1 Administers IADL assessments (e.g. working, school, play, sexuality, transportation/driving, managing finances, shopping, caregiving. meal prep, med management., housework, etc.) and incorporates the findings to implement evidence based, goal oriented OT interventions.							
8.2 Identifies community resources and associated referral processes to support IADL needs.							

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8.3 Identifies performance and skill deficits related to driving and the role of the OT.							
8.4 Describes Ministry of Transportation policies related to the reporting of driving after stroke and identifies referral processes for local resources for driving assessment and driving rehab.							
8.5 Utilizes OT assessment results to facilitate goal setting related to return to work.							
8.6 Utilizes assessment findings to facilitate goal setting related to leisure activities.							
<b>9. Cognitive, Perceptual and Behavioural Changes Following Stroke</b>							
9.1 Demonstrates the ability to administer and interpret evidence based assessments of cognition and perception.							
9.2 Has knowledge of cognitive, perceptual and behavioural issues with stroke and how these can impact on safe and independent participation in daily activities.							
9.3 Demonstrates the ability to educate families or caregivers and team members about cognitive, perceptual and behavioral							



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changes with stroke and provide management strategies.							
<b>10. Sexuality</b>							
10.1 Awareness and transfer of knowledge to patients and family members about the impact of stroke on relationships, intimacy and sexual functioning.							
<b>11. Nutrition</b>							
11.1 Understands the relationship of nutrition, hydration, modified diets, and alternative-feeding methods as it relates to participation in occupational therapy.							
<b>12. Dysphagia</b>							
12.1 Demonstrates an understanding of dysphagia and its management.							
<b>13. Skin Care</b>							
13.1 Identifies factors that affect skin integrity as it relates to occupational therapy.							
<b>14. Continence Management</b>							
14.1 Identifies common continence issues related to stroke and deficits (e.g. cognition, perception etc.) that may impact continence goals.							

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<b>15. Primary and Secondary Stroke Management</b>							
15.1 Identifies the signs of stroke TIA and the knowledge that this indicates a medical emergency.							
15.2 Describe modifiable and non-modifiable risk factors for stroke and TIA and appropriate intervention.							
15.3 Advise persons with stroke and their caregivers about the rationale supporting secondary prevention management including lifestyle change, physical activity, and stress management as it relates to functional activity.							
<b>16. Transition Management</b>							
16.1 Collaborate with the team and the patient to ensure effective and efficient transfers of care and information to the next stage and setting of care.							

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