

Recreation Therapy Clinical Competencies
Integrated Stroke Program

Name: _____ Professional Designation _____
 Number of years in current position: _____ Date: _____

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

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Core Competencies for Stroke	Novice	Advanced Beginner competent	Proficient	Expert	Not applicable	Resources https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/core-competencies/disciplines/Recreation-Therapy	Date
1. Principles of Stroke Care							
1.1 Recognize the long-term effects of stroke on Quality of Life and adopt a client-centered approach to care.							
1.2 Identify and acknowledge the cultural demographics unique to the local community, individual and organization, and possible impact on leisure engagement.							
1.3 Adopt stroke best practice by routinely using appropriate assessment tools.							
1.4 Adopting an interdisciplinary model of care, discuss and compare the role of the other disciplines involved in the care of the person with stroke.							
1.5 Identify the most common tools used by your team members and their implications/impact on Therapeutic Recreation practice.							
2. Anatomy and Physiology of Stroke							
2.1 Demonstrates an understanding of the neuroanatomy and physiology of stroke and transient ischemic attacks.							
2.2 Identify and differentiate between the tests used in the diagnosis and treatment of stroke and stroke complications (e.g., CT scan,							

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MRI, chest x-ray, electrocardiogram, carotid dopplers, echocardiogram, blood work).							
3. Cardiovascular and Respiratory Effects							
3.1 Identify the potential complications of cardiovascular and respiratory systems following stroke including: •Deep Vein Thrombosis and pulmonary embolism •Myocardial Infarctions •Dysphagia •Aspiration pneumonia							
3.2 Recognize that medications/treatment used in management of cardiovascular and respiratory systems impact leisure engagement.							
3.3 Acknowledge the impact of the following during leisure engagement and integrate management techniques into practice: •Exercise tolerance •Energy conservation/post-stroke fatigue							
4. Psychosocial Effects							

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4.1 Recognizes the impact of the person with stroke’s psychosocial well-being on leisure engagement.							
4.2 Recognize the prevalence of post-stroke depression and define the signs of depression.							
4.3 Identify and apply standardized tools used for depression screening.							
5. Communication							
5.1 Identify types of communication disorders and possible impact on persons with stroke leisure engagement.							
5.2 Identify alternative communication strategies, aids and/or devices, and educational resources available to assist persons with stroke in optimizing leisure engagement.							
6. Independence in Mobility and Prevention of Complications of Immobility							
6.1 Recognize that stroke can affect the movement, motor function and independence of persons with stroke.							

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6.2 Demonstrates proper transferring, positioning and mobilization of stroke survivors, and the application / use of assistive devices.							
6.3 Assess and demonstrate appropriate activity modifications and adaptations needed for independent mobility during leisure engagement.							
7. Routine Activities of Daily Living							
7.1 Recognize that stroke impacts a person with stroke’s ability to complete ADL’s.							
7.2 Identify and apply aids/adaptations and assisted devices when performing ADL’s during leisure engagement.							
8. Instrumental Activities of Daily Living							
8.1 Recognize that stroke impacts a person with stroke’s ability to complete iADL’s							
8.2 Identify and apply aids/adaptations and assisted devices when performing IADL’s during leisure engagement.							
9. Cognitive, Perceptual and Behavioural Changes Following Stroke							

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9.1 Identify common cognitive, perceptual, mood and behavior changes associated with stroke and their possible affects.							
9.2 Identify the strategies and treatment for cognitive, perceptual and behavioural changes following a stroke as it relates to leisure engagement.							
10. Sexuality							
10.1 Recognize issues related to sexual function and relationships following stroke.							
11. Nutrition							
11.1 Recognize the importance of adequate nutrition, alternative feeding methods and modified diets for stroke recovery, secondary prevention and leisure engagement.							
12. Dysphagia							
12.1 Demonstrate and apply strategies for management of feeding and swallowing during leisure engagement.							
13. Skin Care							
13.1 Recognize the risk factors and management strategies for stroke-related skin breakdown.							

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14. Continence Management							
14.1 Recognize the effect of stroke on bladder and bowel function and strategies for continence management during leisure engagement.							
15. Primary and Secondary Stroke Management							
15.1 Describe modifiable and non-modifiable risk factors, warning signs of stroke and transient ischemic attacks and appropriate intervention.							
15.2 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 leisure engagement.							
16. Transition Management							
16.1 Define stroke transitions of care and participate in transition planning to support persons with stroke and their caregivers.							
16.2 Collaborate with next transfer points and community agencies to support transitions.							

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