Purpose of Fund
The Stroke Network of Southeastern Ontario has established this professional educational stroke fund to facilitate the development of local, individual or group stroke-specific knowledge and skill and to further develop best practice stroke care and professional networks in stroke care. This fund is made up of 2 different stroke education support programs that you can choose from. These programs include the (1) Shared Work Experience and the (2) Field Training Education Support programs. Both of these programs make available financial support to bring learners and experts together for the planned learning activity.

Target Audience
The fund is available to healthcare professionals working in stroke care at any point in the continuum of care (ie. pre-hospital, emergency, acute, rehabilitation, community and long term care) in Southeastern Ontario. Southeastern Ontario is defined as including the counties of Lanark, Leeds, Grenville, Frontenac, Lennox & Addington, Hastings, and Prince Edward.

The Shared Work Experience fund can also be made available for regional stroke experts who would like to share time with an expert from outside SEO, but within Ontario or Quebec. These funds are not for participating in formal courses.

Program Descriptions
You have 2 stroke education programs to choose from. Review these 2 programs and choose the education program that best supports your learning needs and complete the attached application form.

1. Shared Work Experience Program

The Shared Work Experience Program will support one or more learners, to spend time with a health care provider(s), working in stroke care, to share expertise, knowledge and develop hands-on skills. You will have the opportunity to develop your expertise in stroke assessment/management and to promote integration of stroke care across the continuum of care. The following is an outline of the components of the Shared Work Experience Program:
   a) Identify Learning Needs- The learner must first identify the learning needs. This may include and is not limited to learning about a different part of the continuum of care, a different stroke care program or a new skill.
   b) Identify Learning Participants- The learner will then contact an appropriate healthcare professional, working in stroke care, to set up and participate in the learning experience.
      o You may also contact the Stroke Network of SEO for ideas about possible teachers, mentors and peers that you may want to contact to help you arrange your learning program.
      o We can put you in touch with local Stroke Champion Nurses, PTs, OTs, Dieticians, Social Workers, Pharmacists and SLPs, etc. to help you plan your program.
c) **Identify Learning Objectives and Plan**- This learning pair will set the objectives and the plan for how to meet the learning objectives for a day or part(s) of a day.

d) **Application Submission**- The Shared Work Experience application form must then be completed by both parties and submitted for approval to the Stroke Network of Southeastern Ontario office.

e) **Evaluation Form**- Upon completion of the Shared Work Experience event each participant will complete and submit the evaluation form to the Stroke Network Southeastern Ontario office. Each organization or independent participant will receive a copy of the evaluations.

f) **Funding**- Once the evaluation form is submitted each party (ie. organization or independent participant) will receive a financial incentive of up to $200, in proportion to the amount of time spent in the learning activity, to support each person’s participation in the learning activity. The remuneration amount will be determined during the application process. The funding would be paid to the employer of the participant or directly to the independent participant with a condition that it be used to back fill the professional’s time, assist in staffing coverage or be set aside for further professional staff development in stroke care.

2. **Field Training Program**

The Field Training program is designed to support an educational event for a group of health care workers working in stroke care to develop their knowledge and skills related to stroke. The following is an outline of the components of this Field Training Program:

a) **Identify Learning Needs**- The learner group must first identify their learning need(s). This may include and is not limited to learning about assessments, interventions, treatment processes, skills, a different part of the continuum of care, or a stroke care program.

b) **Identify the Instructor**- The learners will then contact an appropriate healthcare professional (ie. Instructor) to facilitate and or deliver the learning activity.

   o You may also contact the Stroke Network of SEO for ideas about possible teachers, mentors and peers that you may want to contact to help you arrange your learning program

   o We can put you in touch with local Stroke Champion Nurses, PTs, OTs, Dieticians, Social Workers, Pharmacists and SLPs, etc. to help you plan your program.

c) **Identify Learning Objectives and Plan**- The learner group and the Instructor will set the objectives and the plan for how to meet the learning objectives.

d) **Application Submission**- The application form must then be completed jointly by both parties (learner group representative and Instructor) and submitted for approval to the Stroke Network of Southeastern Ontario office.

e) **Evaluation Form**- At the end of the Field Training event each member of the learner group will complete an evaluation form and submit it to the Instructor who will then submit the evaluation forms to the Stroke Network of Southeastern Ontario office. The learner group’s organization and Instructor will receive a copy of the evaluations.

f) **Funding**- Once the evaluation forms are submitted, the Instructor will receive a financial incentive of up to a maximum of $200. The remuneration amount will be determined during the application process. The funding would be paid to the employer of the participant or directly to the independent participant with a condition that it be used to back fill the Instructor’s time, assist in staffing coverage or be set aside for further professional staff development in stroke care.

**How to Apply**

1. Identify your individual’s or group’s learning need(s).
2. Select either the Shared Work Experience or Field Training Education Support Program.
3. Identify and contact an appropriate learning partner or Instructor. You may want to contact the Stroke Network of SEO office to assist in the identification of potential contacts.
4. Complete the Shared Work Experience/Field Training application form with the learning partner or Instructor and email (charlette.eves@kingstonhsc.ca) or fax (613-548-2454) the form to Charlette Eves.
5. The Stroke Network of SEO office will notify you of acceptance of the application including funding approval.
6. Learning experience/event takes place.
7. Upon completion of the education event each participant will complete and submit the attached evaluation form to the Stroke Network of SEO office. In the case of a Field Training event the Instructor will collect and submit the completed evaluations forms. Copies of the evaluations will be sent to either the sending organization, participant and/or Instructor.
8. Once receipt of the completed evaluation form has occurred any financial incentives previously agreed upon will be sent from the Stroke Network of SEO office to the relevant parties.
Criteria for Funding Approval

- The learning participants must:
  - Work with stroke patients in any part of the continuum of care
  - Indicate the specific learning objectives on the application form and state how these objectives are expected to be achieved. The identified learning objectives are intended to contribute to the development of Best Practices in Stroke Care.
  - Work in Southeastern Ontario, however, in some cases where the necessary experience is not available in Southeastern Ontario, the learning experience may occur outside of the region.
  - Complete and submit the evaluation form
- This funding is not available for use to attend a stroke care course or conference.
- Travel will not be reimbursed by this fund.
- In the case of two applications competing for funding (ie. fund nearing depletion) the choice for allocation of funding will be based on:
  - Impact on daily care of stroke survivors
  - Number of stroke survivors expected to be impacted
  - Clarity of statement of learning objectives
  - Regional distribution; access to the fund should be made available to the region of Southeastern Ontario and be equally distributed across the region.
  - Distribution across the continuum of rehab care
  - Distribution across disciplines.
Stroke Network of Southeastern Ontario
Professional Education Stroke Fund

**Shared Work Experience**

And

**Field Training**

Education Support Programs

**Application Form**

(Updated Mar 2018)

Date of Application: __________________

Complete for either the Shared Work Experience OR the Field Training Education Support Program

<table>
<thead>
<tr>
<th><strong>Shared Work Experience Program</strong></th>
<th><strong>Field Training Program</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicant #1</strong></td>
<td><strong>Applicant #1</strong></td>
</tr>
<tr>
<td>Name(s):</td>
<td>Learning Organization:</td>
</tr>
<tr>
<td>Work Address:</td>
<td>Work Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>E-mail:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Organization Name:</td>
<td>Organization Name:</td>
</tr>
<tr>
<td>Occupation/Profession:</td>
<td>Occupation/Profession(s):</td>
</tr>
<tr>
<td>Professional Title(s):</td>
<td>Professional Title(s):</td>
</tr>
<tr>
<td>Provide an average estimate:</td>
<td>Provide an average estimate:</td>
</tr>
<tr>
<td>How many stroke clients do you care for per week? ___</td>
<td>How many stroke clients do you care for per week? ___</td>
</tr>
<tr>
<td>How many stroke clients are part of your daily workload? ____</td>
<td>How many stroke clients are part of your daily workload? ____</td>
</tr>
</tbody>
</table>

**Applicant #2**

Name(s):

Work Address:

Phone:

E-mail:  Fax:

Organization Name:

Occupation/Profession:

Professional Title:

Provide an average estimate:

How many stroke clients do you care for per week? ___

How many stroke clients are part of your daily workload? ____

**Applicant #2 (ie. Instructor)**

Name:

Work Address:

Phone:

E-mail:  Fax:

Organization Name:

Occupation/Profession:

Professional Title:

Provide an average estimate:

How many stroke clients do you care for per week? ___

How many stroke clients are part of your daily workload? ____
Learning Objectives:
1. ______________________________________________________________________________
2. ______________________________________________________________________________
3. ______________________________________________________________________________

How will these objectives be achieved?
1. ______________________________________________________________________________
2. ______________________________________________________________________________
3. ______________________________________________________________________________

Proposed Date of Education Experience/Event ________________________________

Where will the learning activity take place? ______________________________________

What will be the duration of the learning activity? _____________________________ (hours)

Financial Incentive Request:

1) Shared Work Experience Fund
A financial incentive of up to $200, in proportion to the amount of time spent in the learning activity, may be
requested. The funding would be paid to the employer of the participant or directly to the independent
participant with a condition that it be used to back fill the professional’s time, assist in staffing coverage or
be set aside for further professional staff development in stroke education.

   Shared Work Experience Fund amount requested:

   Applicant #1 ______________________
   Applicant #2 ______________________

2) Field Experience Fund
Once the evaluation form is submitted the Instructor will receive a financial incentive of up to a maximum of
$200.

   Field Experience Fund amount requested:

   Instructor ______________________

   You will be notified of acceptance of this application including funding approval.

Please submit electronically or by fax to:
Charlette Eves, Administrative Assistant
Stroke Network of Southeastern Ontario
Email: charlette.eves@kingstonhsc.ca
FAX: 613-548-2454