WA Health Stroke Education Framework
A State-wide approach for Stroke Services
Training and Development

TRAining Centre in Subacute Care (TRACS WA)
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Executive Summary

The endorsement of the WA Stroke Services Project Report¹ by the A/Director General of WA Health, Professor Bryant Strokes in July 2014 has been the catalyst for the development of a state-wide Stroke Education Framework and coordinated training program under the direction of the WA Stroke Services Director, Dr Andrew Wesseldine and the TRAining Centre in Subacute Care WA (TRACS WA)².

The WA Health Stroke Education Framework (the Framework) (See diagram 1) is designed for acute and subacute care stroke clinicians across nursing, medical and allied health disciplines to improve stroke education across WA Health. Essentially, it outlines a set of minimum requirements around knowledge, skills and experience according to the level of experience that have been identified as fundamental to delivering quality stroke care. This set of knowledge and skills has been developed in consultation with stroke clinicians as well as reference to clinical literature and existing stroke education resources.

The education model draws upon work already completed in Australia and overseas to develop a framework unique to WA. It incorporates specific stroke learning domains and WA state-wide stroke key performance indicators and also aligns closely with the Australian Stroke Specific Education Framework³.

Importantly, it identifies a universal set of knowledge and skill level requirements that is relevant to all clinicians delivering stroke care. It also acknowledges and facilitates access to the wealth of educational materials and practical training opportunities available across WA Health that feed into the existing performance development review process.

The design of the framework promotes consistency in clinical practices and structured performance development review processes that meet the Australian Council of Health Care Standards (ACHS) National Safety and Quality Health Standards (NSQHS), associated Clinical Care Standards and EQuIP Content ⁴ and contribute to the National Health Performance Framework (NHPF)⁵ reporting. This relationship is illustrated in Diagram 2, which maps Stroke Education to the relevant Standards and aligns with a set of WA Health Stroke KPIs which will be collected across WA Health, including a KPI focusing on the education of stroke clinicians. Education data will be collected and monitored via the TRACS WA website.

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¹ WA Stroke Services Director, Aged and Continuing Care Directorate, Neurosciences and the Senses Health Network, Epidemiology Branch – Geographic Information Systems (GIS) Unit, WA Stroke Services Project: Six Month Progress Report; WA Department of Health July 2014
² Established through NPA Schedule C, Subacute Care COAG funding; 2008-2012
⁴ Australian Commission on Safety and Quality in health Care (ACSQHS) (September 2011) Sydney
⁵ National Health Performance Authority 2012
### Diagram 1: WA Health Stroke Education Framework

<table>
<thead>
<tr>
<th>Level Descriptor</th>
<th>New Practitioner</th>
<th>Current Practitioner</th>
<th>Experienced Practitioner/Team Leader</th>
<th>Leader/Stroke Coordinator</th>
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<tbody>
<tr>
<td></td>
<td>New Graduate</td>
<td>1-3 years continuous practice</td>
<td>3+ years’ experience and continuous practice / leadership position</td>
<td>Leadership/Management position</td>
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<tr>
<td></td>
<td>Clinician returning to work</td>
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<thead>
<tr>
<th>Learning Domains</th>
<th>Knowledge/ Skills/ Attitude</th>
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<td>Knowledge/ Skills/ Attitude</td>
<td>Knowledge/ Skills/ Attitude</td>
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<th>KSA</th>
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<tbody>
<tr>
<td>Clinical Intervention</td>
<td>Knowledge/ Skills/ Attitude</td>
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<th>KSA</th>
<th>KSA</th>
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<tbody>
<tr>
<td>Procedural</td>
<td>Knowledge/ Skills/ Attitude</td>
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<th>KSA</th>
<th>KSA</th>
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<tbody>
<tr>
<td>Organisational</td>
<td>Knowledge/ Skills/ Attitude</td>
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<th>KSA</th>
<th>KSA</th>
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<tr>
<td>Ethical</td>
<td>Knowledge/ Skills/ Attitude</td>
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<tr>
<th>KSA</th>
<th>KSA</th>
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<tbody>
<tr>
<td>Policy</td>
<td>Knowledge/ Skills/ Attitude</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>KSA</th>
<th>KSA</th>
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</thead>
</table>

### Knowledge/ Skills/ Attitude

**Clinical Intervention**
- Basic Neuroanatomy
- Physiology and presentation of Stroke (CNS, cerebrovascular & cardiac systems)
- Signs and symptoms of Stroke (FAST)
- Risk factors and assessment
- Screening tests, early treatment and timeframes (vital signs, ABCDs)
- Pharmacological & non-pharmacological interventions
- ADL rehabilitation

- Complications after stroke
- Time frame of changes
- Future risk of stroke/TIA
- Prevention Strategies
- Identification & treatment of stroke mimics
- Types of aphasia
- Stroke specific assisting and facilitating patient movement & positioning
- Bladder management
- Neuro assessment
- Discharge planning

**Procedural**
- Recovery pattern of stroke
- Understanding terminology
- Services available
- Stroke specific manual handling
- Accurate completion of paperwork

- Terminology between professions
- Take & interpret thorough history & assessing mental capacity
- Pathway from acute to subacute
- Goal setting in action
- Patient handover

**Interpersonal**
- Cultural awareness
- Principles of Goal setting
- Person Centred Care

- Enabling strategies for patients
- Family dynamics - implications for lifestyle
- Person & family led management

**Organisational**
- Interprofessional practice

- Interprofessional practice
- Assess services available locally
- Assessment of psychological, physical, emotional & relationship problems for referral

- Enabling Interprofessional practice
- Facilitating Stroke pathway
- Protocols for imaging & reporting
- Equipment, adaptations & assistive technology
- Maintenance plans
- Information sharing
- Quality improvement

**Ethical**
- Methods of changing behaviour assuring adherence to therapy
- The principles of chronic condition self-management, self-efficacy, community integration.

- Create an open & honest environment for stroke survivors and carer(s)
- Social & relationship changes for survivor & carer(s)

- Translate the views of those affected by stroke into service planning, development, delivery & monitoring

**Policy**
- Stroke policy development
- Inter –unit handover

- Clinical Risk Management

- Relevant methods of nutrition
- Assess motivation and augment management
- Stroke recovery pathways and meeting consumer expectations
- Management of cognitive problems

- Treatment plans – how to address treatment drop-outs
- Referrals to other agencies and services
- Patient flow practices
- Delegation

- Negotiating opportunities to work across health services
- Handling complaints

- Service coordination
- Community engagement
- Identify hard to reach groups
- Implement information sharing
- Pathways for transfer
- All agency involvement

- Incorporating ethics into Stroke unit
- Advocacy & methods for empowering people with stroke
**Diagram 1 ALIGNING WA HEALTH STROKE EDUCATION AND RELEVANT NATIONAL STANDARDS**

<table>
<thead>
<tr>
<th>NSQHS STANDARDS</th>
<th>WA HEALTH STROKE KPIs</th>
<th>WA Stroke Model of Care Recommendation</th>
<th>NSQHS / EQuIP</th>
<th>Acute Stroke Clinical Care Standard</th>
<th>RoGS</th>
<th>LEARNING DOMAINS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Governance for Safety and Quality in Health Organisations</td>
<td>1. Receiving Stroke Unit Care</td>
<td>3, 4, 7</td>
<td>9.5, 11.5, 12.1, 12.2, 12.3</td>
<td>3</td>
<td>Effectiveness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Admission into a stroke unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clinical</td>
</tr>
<tr>
<td>2. Partnership with Consumers</td>
<td>2. Receive intravenous thrombolysis if ischaemic stroke</td>
<td>5</td>
<td>4.1, 4.3, 9.5, 12.1, 12.2, 12.3</td>
<td>2</td>
<td></td>
<td>Training</td>
</tr>
<tr>
<td>5. Patient Identification and Procedure Matching</td>
<td>5. Aspirin within 48 hours of stroke onset if ischaemic stroke</td>
<td>3</td>
<td>4.3, 12.1</td>
<td></td>
<td></td>
<td>Organisational</td>
</tr>
<tr>
<td>a. Assessment by PT within 48hrs</td>
<td></td>
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<td>Policy</td>
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<tr>
<td>b. Rehab within 48hrs of assessment</td>
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<tr>
<td>7. Minimise risk of another stroke</td>
<td>7. Transition from hospital care</td>
<td>10, 12, 13</td>
<td>6.2, 6.3, 11.1, 12.4, 12.8, 12.9, 12.10</td>
<td>7</td>
<td></td>
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<tr>
<td>a. Written care plan</td>
<td></td>
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<tr>
<td>b. Discharge summary sent to GP</td>
<td></td>
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</tr>
<tr>
<td>8. Further rehabilitation</td>
<td>8. Carer training and support</td>
<td>8</td>
<td>12.3, 12.10</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Carer support needs assessment</td>
<td></td>
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<tr>
<td>b. Carer training</td>
<td></td>
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<tr>
<td>9. TIA Management</td>
<td>11. Annual Education</td>
<td>6, 12</td>
<td>12.1, 12.2, 12.3</td>
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<tr>
<td>11. Service Delivery</td>
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<tr>
<td>12. Provision of Care</td>
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<td>13. Workforce Planning and Management</td>
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<td>14. Information management</td>
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<td>15. Corporate Systems and Safety</td>
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Background

Following the 2006 WA Stroke Model of Care and the subsequent publication of the WA Stroke MOC in 2012, a Comprehensive Work Plan outlining an approach to address a coordinated and organised stroke service for stroke patients was endorsed by the A/Director General Professor Bryant Strokes. The Work Plan identified workforce training and development related to stroke care as an area of priority linked to the recommendations made in the Stroke MoC 2012. (Appendix 1)

As a result of the inaugural meeting of WA Stroke Network Working Group on 19 November 2014, three project initiatives were identified:

- Defined Stroke Pathways
- Consistent data collection
- WA Stroke Training and Education Framework

At the meeting on November 19, 2014 the “WA Stroke Training and Education Working Group” (Appendix 2) was established, consisting of interested stakeholders and clinicians, to provide guidance in the development and facilitation of the framework.

Earlier work by TRACS WA in 2013 had already posed the concept of a “Stroke Learning and Development Framework” (“The Framework”) with the aim of creating a system wide progressive approach for ongoing clinical education to enhance skills in the care of stroke patients.

TRACS WA, in collaboration with the Aged and Continuing Care Directorate (ACCD) subsequently undertook to facilitate the Training and Education Working Group to develop a system wide approach to training and development in stroke care. It also became clear, that with ongoing funding guaranteed for TRACS WA, the agency provided WA Health with a sustainable mechanism to deliver such a systematic approach to improving stroke education across WA Health.

It was essential that the framework would meet the National Safety and Quality Health Standards (NSQHS) and contribute to the National Health Performance Framework (NHPF) reporting. The development of the Framework is informed by the following key documents:

- The WA Stroke Services Report recommends the development of a state-wide coordinated training program under the direction of the WA Stroke Services Director for acute and subacute care stroke clinicians across nursing, medical and allied health disciplines. The report recommends that the framework demonstrate direct links to NSQHS standards and the whole of WA health staff performance development review process.
- The Clinical Guidelines for Stroke Management provide an overview of the research evidence and current evidence based recommendations for clinical care. These guidelines document

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6 Health Networks Branch. Model of Stroke Care. WA Department of Health, 2012
7 WA Stroke Services Project, 2014.
8 Summary: WA – Stroke Services Project (“Project”) - Aged and Continuing Care Directorate 24 November 2014
9 WA Stroke Services Project 2014
critical aspects of care for stroke patients along the continuum of care from prevention and public education, acute, subacute, rehabilitation and community care as well as symptom management, all underpinned by proactive, person centered and goal oriented care.

- *The Model of Stroke Care for WA*\(^{11}\) comprehensively outlines the journey of a stroke patient from initial recognition of the symptoms of stroke to discharge into community care and ongoing management.

- The document acknowledges the unique geography of Western Australia and its impact on the design and delivery of a quality stroke service. This document emphasizes the need to focus on the regional services and integrate these within the whole of WA stroke plan.

- *The Australian Stroke-Specific Education Framework*\(^{12}\) is the product of the Australian Stroke Coalition (ASC), established by the National Stroke Foundation in 2008. With permission, the ASC adapted the comprehensive work done by the UK to develop the Australian Stroke Specific Education Framework.

### The Development of the Framework

Essentially, the Framework provides an overarching structure linking the components of WA Stroke Training and Development so that planning, communication and performance development review processes are consistent across WA Health.

Dedicated stroke services staffed by highly trained and educated medical, nursing, allied health and support staff are the most appropriate option to provide coordinated and quality care to stroke patients. It is envisaged the learning and development framework will support WA Stroke Services, contributing to success by ensuring all staff have the required skills, knowledge and experience to fulfill their role in the patient journey.

With this in mind, the following four principles guide the implementation of the framework:

- Education is supported by, and integrated into the culture of the WA Health.
- Learning is a state-wide, collaborative responsibility between all stakeholders.
- Professional development is life long and embraces formal, informal and reflective educational activities.
- Learning and development opportunities are evidence based and are continually reviewed to ensure relevance to current clinical practices.

The next section of this document outlines the rationale behind the design of the framework and its alignment with WA health quality reporting frameworks.

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\(^{11}\) Department of Health WA (2012)  
\(^{12}\) Australian Stroke Coalition
The Design

It is important to distinguish this training and education framework from a competency based training tool.

Competency based training outlines defined sets of concepts, values, assumptions and competencies required to be demonstrated and assessed by individuals working in specific roles. Many professions such as nurses (anmf.org.au) and occupational therapists (www.atous.com.au) have nationally published frameworks with a set of standards to specify competencies relevant for assessment, practice and professional registration purposes.

Furthermore, the intention is that the Framework is adaptable, having the capacity to create cohesive inter-professional teams that are more flexible and responsive to evidence based changes in practice. It not only recognises the existence of prior learning and established educational support, but facilitates the transfer of learning across professional boundaries.

Learning Domains

Within the THE FRAMEWORK are six learning domains which have been guided by those identified in the Australian Stroke Specific education framework13. These are:

1. Clinical Intervention
2. Procedural
3. Interpersonal
4. Organisational
5. Ethical
6. Policy

The learning domains are limited to six as too many learning domains may impede implementation and can appear confusing and daunting to learners. Within these domains are groups of elements of specific skills and knowledge which will be illustrated in the WA Stroke Services Training and Development Matrix discussed later in this document.

WA Health Quality Reporting Frameworks

A key objective in the design of the Framework has been to align it to the Australian Council on Healthcare Standards (ACHS) National Safety and Quality Health Service Standards and Clinical Care Standards (NSQHS) and EQuIP Content and the National Health Performance Framework (NHPF).

The NSQHS provide a nationally consistent set of measures of safety and quality for application across health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes for health consumers. These standards were endorsed by all Australian Health Ministers in November 2010 and accreditation against these standards became mandatory from 1st January 201314.

13 Australian Stroke Coalition
14 ASCQHS 2011
The NSQHS and EQuIP Standards identified as key drivers in the development of the Framework are listed in Appendix 3.

The National Health Performance Framework (NHPF) is designed to report on the overall performance of the Australian health system. It outlines a set of indicators that each hospital reports on and, as such, is inextricably linked to the Framework. These indicators can be summarized as:

- Effectiveness
- Safety
- Continuity of Care
- Accessibility
- Responsiveness
- Efficiency and sustainability

**Implementing the WA Health Stroke Education Framework**

The Framework acknowledges the role of education and learning in all aspects of the delivery of stroke services across WA. With this in mind collecting data for annual education for WA Health clinicians is a specific WA Stroke KPI (KPI 14, Annual Education). Building education into the reportable KPIs ensures that a culture of continuous professional learning is embedded across WA Health for stroke education.

The Framework is designed to encourage health professionals to take responsibility for their own learning. It can be also be used as a whole of department document in conjunction with existing performance development tools and reviews.

The following sections outline the key areas to ensure that stroke education is successfully embedded in WA Health:

1. The Framework matrix
2. Levels of knowledge and skill
3. Educational methodologies to support learning
4. Examples of learning and development tools that can be adapted to meet clinical requirements
5. Roles and responsibilities of key stakeholders
1. The Framework

The Stroke Working Group participated in discussions designed to build on previous work already achieved.

From this workshop a fundamental set of broad knowledge and skills around stroke care was progressed, in the form of the WA Stroke Services Training and Development Framework.

The framework is not intended to address individual discipline core competencies, but is a guide to assist staff caring for stroke patients to plan stroke specific learning opportunities across disciplines and across roles.

It combines education, learning methodologies, performance improvement and reporting into an overarching professional development strategy that can be translated into all areas of stroke care across metropolitan, regional and remote areas.

Clinical staff will work towards and demonstrate this broad set of knowledge and skills identified as fundamental to providing quality stroke care. The matrix takes into account four areas:

- Knowledge: What do I need to know?
- Skills: How do I apply what I know?
- Attributes: How do I approach what I do?
- Experience: How do I maintain my knowledge and skills?

It is important to note that these elements are general and not exhaustive. Stroke staff will use these elements to determine their current knowledge and ability in these areas and whether there are any gaps. Within the four groups are broad areas of practical knowledge and skill as illustrated in the Framework on page 4.

The Framework recognises the diverse range of roles that contribute to the overall journey and care of the stroke patient, as well as the level and intensity of input.

For each of these roles, the level of knowledge and skill required is determined by a range of factors such as the specific role within the stroke unit, geographical location, level of staffing and ready access to specialist expertise and equipment.

These factors will influence the degree of knowledge and skill that is expected of individual staff caring for stroke patients.

A central theme of the framework is that it is not discipline specific but supports existing professional competencies by identifying broad areas of knowledge and skills that are part of the spectrum of good clinical practice in the area of stroke care.

In particular it promotes practical, interdisciplinary and collaborative learning opportunities to improve health outcomes for patients who experience a stroke that can be directly linked to nationally recognised quality health care standards.
2. **Level of knowledge and skill articulated in the WA Health Stroke Education Framework**

Specific knowledge and skills can be categorised to the degree of understanding expected for each area by a set of level descriptors. These are:

<table>
<thead>
<tr>
<th>Level of Knowledge and Skill</th>
<th>Description</th>
<th>Experience Required</th>
</tr>
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<tbody>
<tr>
<td><strong>NEW PRACTITIONER</strong></td>
<td>The level of knowledge and skill required is general and the clinician operates best when guided by specific instructions, boundaries and support.</td>
<td>New graduate or person returning to clinical practice after a significant absence.</td>
</tr>
<tr>
<td><strong>CURRENT PRACTITIONER</strong></td>
<td>The level of knowledge and skills is detailed on a factual level and practices demonstrated are technically sound and replicated, based on what has been learned from previous experiences.</td>
<td>1–3 years continual practice</td>
</tr>
<tr>
<td><strong>EXPERIENCED PRACTITIONER / TEAM LEADER</strong></td>
<td>The level of skill and knowledge is comprehensive with a detailed understanding of the theory underpinning practice. The experienced practitioner is a role model to the less experienced practitioner providing opportunities to discuss and reflect on practice.</td>
<td>3+ years’ experience and continual practice</td>
</tr>
<tr>
<td><strong>LEADER / STROKE COORDINATOR – SYSTEMS RESPONSIBILITY</strong></td>
<td>The level of skills, knowledge and experience calls for the ability to critically examine, evaluate, plan and apply the critical application of theories within the area of practice and seek out opportunities to learn and facilitate learning in others.</td>
<td>Management position</td>
</tr>
</tbody>
</table>

Clinicians can determine their current level and identify which level they need to aim for themselves and/or with input from their direct supervisor.

3. **Learning methodologies**

The Framework promotes self-directed education and is intended to support staff working with stroke patients to develop their knowledge, skills and experience required to coordinate best practice evidence based care to their patients.

There are currently multiple educational resources available to staff who are interested in learning more about stroke. The challenge for staff and particularly Stroke Unit coordinators is how to best plan for educational opportunities in a busy clinical environment. Factors that need to be taken into consideration:

- Equity of access
Staff are encouraged to identify their own knowledge and skills gaps and source educational opportunities to meet their learning requirements. TRACS WA will assist by establishing:

- A repository of stroke specific literature and resources;
- A calendar of stroke specific educational events.
- An online portal to access Stroke related resources

Examples of learning methodologies that feed into the framework are reflected in the diagram below.

Continuous learning is about expanding one’s skills set so that a professional is flexible enough and able to adapt to changes in the work environment. The changes may be in clinical practice, technological advancements or reporting procedures. It can be achieved through:

- Day to day clinical practice
- Observing and discussions with experienced colleagues
- Asking for help from a colleague when something is not understood
- Accessing on site and off site training opportunities
Workplace learning

Workplace learning is when activity in the workplace is in fact driving learning and development. This means that in a health setting learning is being dictated by the needs of the patients, is evidence based and leads to an improvement in the quality of care delivered\textsuperscript{15}.

Workplace learning is one of the most effective methods for consolidating new skills learned from another educational setting. Examples may include:

- Mentoring by experienced colleagues
- Shadowing clinicians in the workplace
- Supervision
- Peer feedback
- Reflective practice (including case studies)
- Team meetings with an educational focus
- Journal clubs
- Building partnerships with other health sites, particularly between regional and metropolitan,
- Peer consultation groups

E-learning

E-learning is a flexible method of learning, particularly for those in remote regions as well as those who work part time or are unable to attend onsite training. It can be supported through a variety of technologies including desktop computers, laptops, mobile devices, and web-based applications such as email and social networking sites. E-learning is often used as a pre- or post-exercise to support and consolidate a face-to-face and workplace learning. Examples may include:

- Online competency-based modules
- Online learning tailored to specific learning gaps
- Webinars
- Streamed presentations
- Virtual classrooms
- Forums

Face to face

Face to face learning opportunities will always be an integral component of any educational program. Group education provides the opportunity for spontaneous discussion and exploration of topics relevant to the learner’s area of interest. Face-to-face education may be provided internally, or by

other organisations both external to and within WA Health. Examples may include but are not limited to:

- Orientation workshops
- Specific key knowledge and skills based workshops
- Seminars
- Community agency / Peak Body presentations
- Joint educational events

Interprofessional learning

A key aspect to the success of this framework is interprofessional learning. Interprofessional learning can be defined as:

> learning arising from interaction of members of two or more professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings.\(^{16}\)

Interprofessional learning is not a new concept, but it is one that is not always practiced to its full potential in the health sector. The World Health Organisation (WHO) in its 2010 report, ‘Framework for Action on Interprofessional Education and Collaborative Care’\(^{17}\) emphasises the benefits of interprofessional learning in health education and practice and recommends the importance of incorporating interprofessional learning in the health curriculum.(p7)

A valuable outcome of incorporating interprofessional learning within stroke units is the increase in communication and collaboration between professions in the workplace and this will only serve to improve the overall quality of care for the patient.

Evidence based practice

Evidence based practice is a component of continuous learning and allows health professionals to integrate the best available information with person centred care into their current working environment.\(^{18}\) It combines background learning such as core clinical knowledge and skills with researched and ratified knowledge. The clinician applies the knowledge and skills in the workplace, on a case by case basis, thereby continuing their learning journey. Education using evidence based practice can lead to addressing gaps in knowledge, skills and improving service delivery.

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Skills Exchange Program

The Skills Exchange Program is characterised by the sharing of professional learning and skills between a specific group of professionals who have common practices, work environments, goals and client groups. Informal linkages and skills exchanges are already a feature of the WACHS service. This program seeks to manage the process to achieve more coordinated and sustained outcomes and will be supported by processes brokered by TRACS WA.

Telehealth

Telecommunications technology provides the opportunity for face to face interactions of health workers in remote regions with health care experts located in metropolitan areas.

Examples of this type of technology include:
- Telehealth
- Scopia
- Skype

These methodologies are not discrete but should be combined to achieve the most effective results.

4. Learning Resources

Website

TRACS WA will support the implementation of the Framework by developing and maintaining section of the TRACS WA website dedicated to stroke resources including access to online training, articles, a calendar of events and access to stroke ‘experts’. The website will also be the conduit for collecting training data to report against the WA Stroke KPI 14 – Annual Education.

Development Tools

The website will also provide a suite of tools to assist staff with their stroke learning journey and feed into their existing Performance Development Review process.

For example, a key supporting tool that can be incorporated into existing performance-related documentation is the *WA Stroke Interprofessional Education and Training Record* (Appendix 5). This tool is available to download from the dedicated WA Stroke Services section of the TRACS WA website.

It is designed to assist staff to identify their current level of knowledge and skills, reflect on their practice and plan a development pathway that can be used as part of the generic learning and development cycle illustrated below. The record can also be used as a formal component of the Performance Development Review process and to support Stroke data reporting and overall organisational professional development reporting requirements.

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19 Subacute Skills Exchange Framework, ACCD 2011
All the tools available on the TRACS WA website can be used by health professionals in consultation with their line manager to determine where skills gaps may be apparent and the agreed development activities that will take place.

Quality tool

TRACS WA has also developed a guide to assist subacute services achieve the vision of all West Australians requiring subacute care receive coordinated, best practice care from skilled, engaged and committed clinicians. The tool entitled “Aiming for Excellence: A Guide for Subacute Care” is a quality tool designed to assist services to:

- Assess how well they are achieving best practice standards
- Identify areas that can be improved
- Implement positive change

This guide has an extensive reach across all aspects of health care and therefore supports the implementation of THE FRAMEWORK. A copy of the guide is located on the TRACS WA website www.subacute.org.au. In addition TRACS WA is developing a stroke specific quality improvement tool that aligns to the National Safety and Quality Health Service Standards (NSQHS), EQuIP Content and the WA Health Stroke KPIs.

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5. Roles and Responsibilities

The WA Model of Stroke Care 2012 offers two recommendations specific to education and training:

- Recommendation 14: Increased Investment in Workforce Planning
- Recommendation 15: Develop a WA stroke specific education and training framework

The WA Health Stroke Education Framework is a foundation for health professionals from all disciplines, across WA to develop their knowledge and skills in stroke care.

While the framework promotes self-directed learning and professional development, it also acknowledges and outlines the role of WA Health in establishing an environment where continuous learning is embraced and investing in ongoing education and access to clinical leadership and support.

To ensure the success of the WA Health Stroke Education Framework it is suggested key stakeholders consider the following:

**WA Health**

Support a learning culture

- A positive learning culture is one in which people are encouraged to continually improve their skills and knowledge within a supportive environment. Implementing policies and investing in appropriate technologies and resources to facilitate learning creates a sustainable workforce delivering quality care to patients.
- Establish performance development reporting mechanisms that incorporates the Framework

Encourage stakeholder collaboration.

- The Skills Exchange Program directly encourages the collaboration and sharing of skills and information across health sites and between departments. Opportunities for hands on skills exchange or the use of telecommunication technologies to exchange information are examples of simple opportunities to collaborate. Investing in these technologies will assist the program to achieve its objectives.

**TRACS WA**

Assist the implementation of the Framework across WA Health

- TRACS WA is a key stakeholder in the implementation of the framework through chairing the WA Stroke Services Training & Development working party. TRACS WA will disseminate information, source, organise and develop stroke related resources in a variety of modalities.

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21 Stroke MoC WA Department of Health 2012
The website will also be the conduit for collecting training data to report against the WA Stroke KPI 14 – Annual Education.

Guide access to professional development opportunities

- TRACS WA will develop, implement, and maintain a section of the TRACS WA website dedicated to stroke resources including access to online training, a calendar of events and access to stroke ‘experts’.

**Stroke Team Coordinator**

- Recognise organisational training and development needs across disciplines
  - Stroke Team Coordinators must incorporate all disciplines in professional learning in order to achieve clinical and organisational goals. The THE FRAMEWORK will assist them to identify the skills and knowledge required to deliver quality person centred stroke care regardless of discipline.
  - Align and integrate learning and development with Stroke WA KPIs and NSQHS Standards

- Share expert skills and knowledge with partnered health sites
  - Understanding the benefits of interprofessional learning and creating opportunities for staff to engage in interprofessional learning opportunities is a key component of the success of the framework.

- Commit to maintain and enhance current skills and knowledge
- Teams must commit to meaningful performance development planning that enhance skills and engage in ongoing professional development. Clinical leaders must ensure the workplace environment is one where learning is encouraged and feedback is welcome.

**Staff**

- Maintain current skills and knowledge and apply new found skills and knowledge
  - Honestly identify one’s skills gaps. When given the opportunity to improve knowledge and skills, staff must take the opportunity to apply these skills and learn from other experienced staff.

- Actively participate in learning activities
  - Understand one’s learning style and explore the most appropriate training intervention that balances the efficiency of the work place and addresses learning needs.

- Share skills and knowledge with colleagues
  - Staff have the ability to teach and learn from others and to share learning to ensure optimum patient care.
Bibliography


AIHW, Series S. “How we manage strokes in Australia, Australian Institute of Health and Welfare.” 2006; AIHW, cat .No CVD 31

Australian Commission on Safety and Quality in Health Care (ACSQHS) (September 2011), National Safety and Quality Health Service Standards (ACSQHS), Sydney


Australian Stroke-Specific Education Framework, Australian Stroke Coalition; Accessed December 2014


National Health Workforce Planning and Research Collaboration; University of Queensland; “Competency based education and competency based career frameworks: Informing Australian health workforce development” Accessed February 2015

National Stroke Foundation, National Stroke Audit Rehabilitation Report 2014. Melbourne, Australia


Appendices

Appendix 1

WA Model of Stroke Care 2012 outlines sixteen recommendations identified across the patient pathway for stroke. Key recommendations that support a coordinated, consistent and progressive approach to interprofessional education and training include:

- Recommendation 14: Increased Investment in Workforce Planning
- Recommendation 15: Develop a WA stroke specific education and training framework
- Recommendation 3: Reduce delays in treatment of acute stroke by establishing protocols for early intervention
- Recommendation 7: Initiate standardised and evidence based acute therapies and stroke unit care by a multidisciplinary team
- Recommendation 8: Commence rehabilitation based on standardised protocols for timing and intensity on day one following a stroke
Appendix 2

WA Stroke Services Project

Training and Education Working Group Terms of Reference

Name
The group shall be known as the Training & Education Working Group (the Group).

Purpose
- To implement standardised education and training to support WA Health staff of all disciplines
  - Develop a stroke care learning framework to support best-evidenced delivery of care
  - Develop and implement a stroke care education and training program to meet identified requirements of the WA stroke workforce
  - Support stroke care training initiatives and individual clinician’s professional development
  - Develop skills exchange component to WA Stroke Project metro-regional stroke referral pathways and clinical handover
- Provide expert advice to WA Stroke Director and the WA Stroke Services Project team on matters related to stroke services and the development/implementation of the learning framework and the education and training program
- Engage with all key stakeholders at each site to ensure the development and implementation of the relevant education and training is evidence based and sustainable.

Chair and Executive Support
The Chair of the Group will be a member of the Aged and Continuing Care Directorate (ACCD) Stroke Services Project team. Executive support to the Group will be provided by the ACCD.

Membership
Membership of the Group will consist of:
- Representatives of metropolitan stroke services
- Representatives of WACHS Regions stroke services
- Representatives of health services’ learning and development with an interest in education and training for stroke care delivery

The Group may agree to appoint additional members as required.
Meetings
In recognition of the busy workload of members, face-to-face meetings will be kept to a minimum and the aim will be to carry out business electronically as much as possible. Video- / tele-conferencing will be available for members unable to physically attend face-to-face meetings.

Record Keeping
Supporting material will be distributed in advance and a brief record (summary discussion points and agreed actions) will be circulated within 1 week of each meeting.

Reporting and Communications
The Group will be required to regularly report, via the Chair, to the WA Stroke Director and Manager of the ACCD Stroke Services team on progress of the Group’s aims.
Each member of the Group will consult and provide feedback to all key stakeholders at their site in relation to outcomes of the meetings.
Appropriate levels of confidentiality should be maintained.

Quorum
50% of the members constitute a quorum with the requirement that a representative of ACCD is present.

Proxies
Members unable to attend meetings may send informed proxies subject to advice to the Chair.

Adoption and Amendment of Terms of Reference
These Terms of Reference shall be altered only with the approval of the Chair of the Group.
Subsequent revision dates:

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Appendix 3

The NSQHS and EQuIP Standards identified as key in the development of the Framework:

- **NSQHS Standard 1 Governance for Safety and Quality in Health Service Organisations**
  - Criterion 3 – Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality healthcare.

- **NSQHS Standard 6 Clinical Handover**
  - Criterion 2 - Health service organisations have documented and structured clinical handover processes in place

- **NSQHS Standard 9 Recognising and responding to clinical deterioration in acute health care**
  - Criterion 2 – patients whose condition is deteriorating are recognized and appropriate action taken to escalate care

- **EQuIP Content 11 Service delivery**
  - Criterion 6 – Better health and wellbeing are promoted by the organisation for consumers / patients, staff, carers and the wider community.

- **EQuIP Content 12 Provision of Care**
  - Criterion 1 – Assessment and care planning ensure that current and ongoing needs of the consumer / patient are identified

- **EQuIP Content 13 Workforce planning and management**
  - Criterion 3 - The continuing employment and development system ensures the competence of staff and volunteers
Appendix 4 – Sample Only

The Stroke Services Interprofessional Education and Training Record is used in conjunction with PDR to identify areas of development for health professionals delivering Stroke Care.

Record supporting evidence to indicate proficiency is being achieved through observation, demonstration of skill acquisition, reflective practice and professional development.

<table>
<thead>
<tr>
<th>Learning Domain</th>
<th>Current Areas for Development</th>
<th>External L &amp; D Activities Undertaken</th>
<th>Internal L &amp; D Activities Undertaken</th>
<th>Resources Utilised</th>
<th>Links/Mentor Identified</th>
<th>Evaluation Methodology</th>
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<td>Ex: Physiology &amp; presentation of stroke Signs &amp; symptoms of stroke (FAST) Risk factors &amp; assessment</td>
<td>Ex: TRACS COP (MNWC)</td>
<td>Ex: Case study Stroke specific training modules/sessions(RITH) Stroke education sessions (WACHS)</td>
<td>Ex: e-Stroke (NSF) TRACS (Learning Activities Plan to address Clinical Skill Gaps) Medications after stroke (NSF)</td>
<td>Ex: Stroke Coordinator</td>
<td>Ex: Supervision Certificates of completion</td>
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<td>Procedural</td>
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<td>Simulation Workshop Neurology Inpatient Core Competencies (SCGH)</td>
<td>WA Model of Care: Stroke Services (2012) Risk stratification tool for TIA</td>
<td>Telehealth with all facilities</td>
<td>Reflective Practice Certificates of completion Supervision</td>
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<td>Person Centred Care</td>
<td>e-learning –Being Age Friendly</td>
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<td>Certificate of completion Peer and patient feedback</td>
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<td>Intro to motivational interviewing</td>
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Note: This record is a component of the Stroke PDR and is available to download from the TRACS WA website